



# VA Pride

Vol. 2 No. 6 An Information Guide for the Veterans We Serve in Southeast Texas November/December 2003

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

## Gulf War Service - ALS Link Confirmed

**WASHINGTON, D.C.** – A recent scientific study supports a policy by the Department of Veterans Affairs (VA) to recognize amyotrophic lateral sclerosis (ALS) among veterans of the Gulf War as a service-connected illness.

The study found that veterans who were deployed to the combat theater during the Gulf War were nearly twice as likely to develop the disease as veterans not deployed to the Gulf, accounting for 40 of the 107 cases identified among military personnel. The incidence of ALS was especially high among deployed Air Force personnel, who were 2.7 times more likely to develop ALS than non-deployed Air Force personnel.

“Earlier research did not provide a definitive answer to this issue,” said lead author Ronnie D. Horner, Ph.D. Horner was with VA’s Epidemiologic Research and Information Center when the research was conducted. “We now have compelling evidence that service in the Gulf is associated with the occurrence of ALS among veterans of the ‘90-’91 Gulf War.”

The new ALS study, published in a recent issue of the scientific journal *Neurology* and funded by VA and the Department of Defense, does not identify a cause for the disease or the increased occurrence in this group of veterans.

ALS, or Lou Gehrig’s disease, kills cells in the brain and spinal cord that control muscle movement, resulting in gradual wasting of the muscles. Fatal in most cases, the disease usually strikes people between ages 40 and 70. The cause is unknown.

Earlier this year, VA established a national ALS registry to identify veterans with the disease, regardless of when they served, and track their health status. For more information about VA’s ALS Registry, call 1-877-342-5257 or e-mail [ALS@med.va.gov](mailto:ALS@med.va.gov).

Since 1994, the departments of Defense, Veterans Affairs, and Health and Human Services have spent \$213 million on 224 research projects relating to the health effects of military deployment. VA plans to spend up to an additional \$20 million by the end of fiscal 2004. ■

*Conventional processed plain films have been replaced with convenient, computerized, digital images . . .*

## Houston VA Leaves the Days of Large, Brown X-Ray Envelopes Behind

**HOUSTON, TX** - Remember the days of doctors, nurses, and veterans lugging around those huge, brown envelopes with giant X-ray films inside? If you wanted to take a peek at your sinus cavity X-rays, you had to be very careful not to get fingerprints on the film. And then there was the problem of where to store those unwieldy things. Well, those days and those problems are a thing of the past at the Houston VA Medical Center (HVAMC).

HVAMC has entered the remarkable world of the Picture Archiving and Communications System (PACS) and is transitioning to a filmless radiology department. Traditional radiology film is now a thing of the past and has largely been phased out in this medical center.

Conventional processed plain films have been replaced with digital images stored on a special computer system called the VistA Imaging System PACS. These computerized images are available for viewing on any computer in the medical center – be it a computer in the Emergency Room or a computer in your Prime Care Provider’s office.

Radiology images including plain films, fluoroscopy, Computed Tomography Scan (CT), angiography and special procedures, Magnetic Resonance



*HVAMC Diagnostic and Therapeutic Care Line Executive Meena Vij, M.D. (right) and Rebecca Matejovsky M.D., staff radiologist analyze the computerized Computed Tomography Scan (CT) of a veteran with stomach pain. With a filmless radiology department, images are conveniently available for quick viewing on any computer in the Houston VA Medical Center.*

Imaging (MRI), and ultrasound are sent directly sent to the VistA Imaging System for storage. The images are immediately available for interpreting radiologists and other clinicians throughout the hospital.

The HVAMC has found that digital images have quite a few advantages: 1) Elimination of environmental hazards

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*Lone Star Team (Prime Care Clinic #2) is testing a new system that changes the way appointments for that clinic are scheduled . . .*

## Houston VA Tries Out New Way to Schedule Appointments

**HOUSTON, TX** - In the past, many veterans seeking medical care at the Houston VA Medical Center (HVAMC) experienced problems with wait times and delays. Staff members examining the problem determined HVAMC’s appointment scheduling process contributed to this problem.

In an effort to fix this problem, reduce veteran wait times, and make it easier for veterans to see their Primary Care Providers on a day and at a time most convenient for them, the Lone Star Team (Prime Care Clinic #2) is testing a new system that changes the way appointments for that clinic are scheduled.

Beginning November 2003, Lone Star Team (Clinic #2) appointments will no longer be randomly scheduled. Just like a physician in the private sector, veterans seen in this clinic, *and this clinic*

*only right now*, will receive a postcard in the mail asking them to call to make their provider appointments. When these veterans call, they will talk with a “live” person. Each veteran in the Lone Star Team (Clinic #2) will be able to set his or her own appointment date and time.

Make sure you let your Primary Care Provider know of any change in your address or telephone number.

The goal of this new appointment system is to 1) Reduce veteran wait times, 2) Allow veterans to control their own appointment dates and times, 3) Save veterans time, and 3) Increase veteran satisfaction.

In order to test this new appointment system, all Lone Star Team (Clinic #2) Primary Care Provider appointments scheduled after November 2003 will need

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**Special Note:**  
Ask Your Houston VA Medical Center Primary Care Provider about Getting Your Annual Flu Shot Today!



The team of health care professionals in the Eye Care Line is dedicated to providing quality, full-spectrum eye care to all eligible veterans . . .

## 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, pupillary 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 believe you need new glasses let us know. If you believe 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 examine 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 about the eye exam.

**Question: What is dilation and why is it necessary?**

In order for the doctor to get a careful look into the eye, the pupil must



*Veteran Samuel Strickland is checked by Christine Harden, O.D., staff optometrist 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.*

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.

**Question: Why do I need a dilated eye exam every 1 to 2 years?**

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.

**Question: What is refraction?**

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. Qualification for glasses is determined by the HVAMC Prosthetics Department.

**Question: What is glaucoma and how do you check for it?**

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.

It is our goal to screen and discover patients with this disease before the central vision becomes involved. The normal eye pressure is 8-22 mm 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.

**What are cataracts?**

A cataract is a clouding of the eye's lens that causes a loss of vision. A person's lens is normally made mostly of water and protein that is easy to look through, like a clear, clean window. As people get older, sometimes proteins in the lens stick together and form what is called a cataract. Looking out through these clumpy proteins in the lens is like trying to see through a piece of cloudy glass - things are difficult to see and may look blurry (out of focus).

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

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. 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 Orango-Nania, M.D., Eye Care Line Executive*

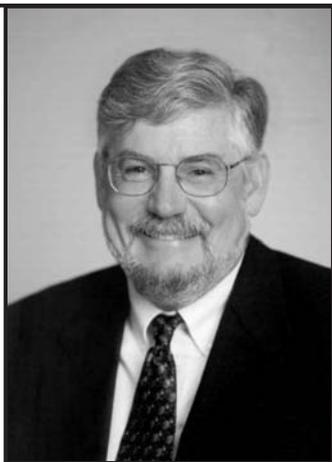
*A Word from the Director . . .*

### Respect and Commitment Drive Our Efforts

**HOUSTON, TX** - "Veterans have earned our respect and commitment, and their health care, benefits, and memorial services needs drive our actions." This is the first core value of the Department of Veterans Affairs Strategic Plan for 2003-2008 published in July 2003. This elegant statement of commitment sets the foundation for an ambitious course of action for the entire Department.

It is also a call to action that translates into the more detailed plans we develop and implement here at the Houston VA Medical Center (HVAMC) to meet the health care needs of the veterans in Southeast Texas. We have just finished our planning efforts for fiscal year 2004. First on our list of initiatives are continued improvements in the areas of quality of health care, veteran satisfaction, access, and functional status/outcome.

This past year, we opened a Triage center to meet the medical needs of walk-in patients; developed processes to support compliance with the 2003 Joint Commission on Accreditation of Healthcare Organizations National Patient Safety Goals; improved the timeliness of scheduling new, follow-up, and specialty appointments, with the exception of Prime Care which we are still working on; and continued to pursue Nursing Magnet status. Another improvement you will soon notice is a valet parking service for veterans. To reduce the number of complaints, especially in the hot weather, we will offer this service beginning the first part of 2004. These are but a few of the improvements we worked on last year.



*Edgar L. Tucker, Medical Center Director*

While we made significant progress, there is still more to do. As our planning documents for the coming year are finalized, these areas will again be scrutinized in great detail. The remaining planning initiatives support the ones already mentioned by ensuring we provide an outstanding environment for our employees, expanding our teaching and research successes, and guaranteeing our responsibility as good stewards of the financial resources we are given.

We believe veterans have earned our respect and commitment, and through the success of our planning efforts, we will continue to demonstrate that belief. We believe veterans' health care needs drive our actions and our past success in reducing wait times, improving access, and demonstrating quality predict our future success!

Veterans Day is the Nation's time to say "Thank You!" to her veterans. For those of us at the HVAMC, every day is Veterans Day and another opportunity to demonstrate our commitment to the core value of respect for veterans. ■

# Houston VA Welcomes New Neurology Care Line Executive

**HOUSTON, TX** - Thomas A. Kent, M.D. joins the staff of the Houston VA Medical Center (HVAMC) as the Neurology Care Line Executive. Kent graduated from The University of Kansas Medical Center and completed his internship, a psychiatry residency, and a fellowship in clinical and basic psychopharmacology at the University of Kansas. He graduated from UTMB, Galveston in 1985 after completing a neurology residency. Kent was UTMB's co-director of neurosciences and a professor of neurology.

The Neurology Care Line at the HVAMC provides a variety of neurological care services to all eligible veterans. The Neurology acute inpatient unit consists of 16 beds and is housed on the second floor of the HVAMC. This unit provides acute care to patients with diverse neurological problems including cerebrovascular disease, seizures and epilepsy, neuromuscular diseases, dementias, movement disorders and other neurological diseases.

The inpatient unit also houses a state-

of-the-art electroencephalographs (EEG)/Video Long-Term Monitoring, two-bed unit that monitors patients with difficult to control seizure disorders and pseudoseizures, provides alternate treatment modalities, and evaluates patients for possible seizure surgery.

The Neurology consult service provides continuous coverage for emergent and urgent neurological problems within HVAMC.

The Neurophysiology laboratory is also located on the second floor of the HVAMC. The staff provides neurophysiological diagnostic testing such as EEG, electromyographs (EMG), nerve conduction studies (NCS), and evoked potentials.

The Neurology outpatient clinics are located on the first floor of the HVAMC. There are currently 33 outpatient clinics with over 7,000 visits per year. The staff provides a variety of services including follow-up neurological care, initial neurological evaluation, outpatient procedures (lumbar puncture, muscle and nerve biopsy, and medication



*From left, P. Jay Foreman, Ph.D., director of the HVAMC Clinical Neurophysiology Laboratory and Paul Schultz, M.D., director of the HVAMC Cognitive Disorders Clinic consult with Thomas A. Kent, M.D. the new HVAMC Neurology Care Line Executive. The Neurology Care Line at the HVAMC provides a variety of neurological care services to all eligible veterans.*

administration), and neuropsychological testing.

One of the VA's six Parkinson's Disease Research, Education and Clinical Centers (PADRECC) is located on the second floor at the HVAMC and falls under the Neurology Care Line. The PADRECC conducts research covering basic biomedicine, rehabilitation, health services delivery, and clinical trials.

The PADRECC also provides evaluation, treatment, consultation, and education on Parkinson's disease and related nervous system disorders such as paralysis agitans, secondary parkinsonism, cerebral and cerebellar degeneration, spinocerebellar disease, tremor, cerebral ataxia and other basal ganglia disorders, extrapyramidal disease and abnormal movement disorders, and supranuclear paralysis. ■

*As the holiday season approaches, the smell of good home cooking and a few extra inches around the waist come to mind . . .*

## Eat Smart This Holiday Season

**HOUSTON, TX** - As the holiday season approaches, the smell of good home cooking and a few extra inches around the waist come to mind. But take heart, there are ways to enjoy all the wonderful food without worrying about weight gain during the holidays.

All foods, even traditional holiday treats, can fit into a healthful eating plan for the weight conscious. The secret to enjoying and celebrating at parties, holiday festivities, and other social gatherings is moderation and balance.

Here are some tips to help you eat well and enjoy the holiday season.

✓ **Be realistic** and don't try to lose weight during the holiday season. Try to maintain your current weight by balancing party meals with your other meals. Eat small, lower calorie meals during the day so you can enjoy the celebration and food without adding extra inches around the waistline.

✓ **Avoid overeating.** Eat a small low-fat snack before you attend the festivities so that hunger doesn't get the best of you. Drink a low-calorie beverage or, better yet, water, before running to the buffet and do plenty of socializing since conversation is calorie-free.

✓ **Make just one trip to the buffet line.** Be selective and choose only foods you really want to eat and make the portions small. Also, when socializing, stay away from the buffet table to avoid nibbling.

✓ **Choose lower calorie party foods.** Eat raw vegetables with a small amount of dip, boiled shrimp, or scallops and to help ensure there are healthy treats, bring a vegetable or fruit tray.

✓ **Be active and keep moving.** Walk the isles of the mall, go ice-skating, or plan a party that involves some kind of physical activity (bowling, dancing, etc.).

✓ **Share the holiday spirit as well as the food.** Share holiday treats with a friend so you don't eat them all yourself.

✓ **Eat breakfast or a snack before conquering the mall.** Shopping on an empty stomach can lead to an overblown lunch.

✓ **Choose food wisely when you are on the run.** Rushing through the mall or keeping a hectic holiday schedule can lead you directly to the drive-thru of a fast food restaurant. The key to eating healthy, when you have to yell your order into a speaker box, is to scan the menu for items that are baked or grilled, and not fried.

Grilled chicken sandwiches (when you cut the cheese and mayonnaise) are much lower in fat and calories than a fried chicken sandwich or corn-dog.

For those of you who are asking, "Where's the beef?" a small hamburger with no cheese and mustard instead of mayonnaise is a reasonable choice every now and then. Skip the fries, add a side salad, and you have yourself a much heart-healthier meal. Remember to steer clear of those double-meat cheeseburgers and "Super-Size" options.

Many restaurant chains now offer salads and vegetable "wraps" with or without grilled meat that can help you get those five fruits and vegetables per day. Be careful of salad dressings or sauces. You could easily bump your healthy salad to the calorie level of a cheeseburger if you're not careful. Choose low-fat dressings or skip them all together.

Other healthy fast food options include deli-style sandwiches made with lean meats and lots of vegetables. Again, be careful of adding cheese, dressings, or oil. A diet soda and a small bag of baked chips will help fill you up without packing on the pounds.

✓ **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 or strenuous physical activity like dancing or playing a game of touch football with relatives in the backyard. 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.

Try these tips and remember moderation is the key to enjoying all the holiday food and fun. ■ *Brandy Hodge, HVAMC Dietetic Intern-Class of 2002, Pamela Baggett, HVAMC Dietetic Intern-Class of 2002, and Nancy Baker, RD, LD, Prime Care Dietitian*

## We're Here to Help . . .

### Cancer Support Group

The group meets the first Tuesday of every month, 1-2 p.m. in the Nursing Unit (NU) 4D dayroom. Group facilitator: Lisa Whipple, LMSW and Chaplain Douglas Ensminger, D.Min., (713) 791-1414, ext. 5273

### Pain Support Group

The group meets every Wednesday and Thursday, 2 p.m. in Room 5C-215. Group facilitator: Gabriel Tan, PhD, (713) 794-8794

### Pain Education Group

The group meets every Wednesday, 1 p.m. in Room 5C-215. Group facilitator: Gabriel Tan, PhD, (713) 794-8794

### Pain Coping Skills Group

The group meets every Thursday, 1 p.m. in Room 5C-215. Group facilitator: Gabriel Tan, PhD, (713) 794-8794

### Better Breather's Club

The group meets the last Wednesday of every month, 1:30-3:30 p.m. in Room 1C-361. Group facilitator: Paula Denman, (713) 794-7317

### Stroke Support Group

The group meets second and fourth Thursdays of every month, 3 p.m. in the NU 2A Rehab Dining Room. Group facilitator: Laura Lawhon and Tommie Espinosa, (713) 791-1414, ext. 4241/5254

### Amputee Support Group

The group meets first and third Thursdays of every month, 3 p.m. in the NU 2A Rehab Dining Room. Group facilitator: Betty Baer or Roger McDonald, (713) 794-7793

### Prostate Cancer Support Group

The group meets third Thursdays of every month, 2 p.m. in Room 4C-122. Group facilitator: Lillie Sonnier, (713) 794-7111

### Hepatitis C Support Group

The group meets the first Friday of every month, 1:30 p.m. in Primecare Clinic 4 (NASA) Room 1A-442. Group facilitator: Collene Gasca and Alana Howard, (713) 791-1414, ext. 3656

### HIV Support/Educational Group

The group meets every Tuesday, 2 p.m. in Clinic 4, Room 1A-442 and every Thursday, 10 a.m. in Clinic 4, Room 1B-318. Group facilitator: Susan Sievers, (713) 791-1414, ext. 6183 or 5292

### Lufkin Hypertension Classes

The class meets the first Thursday of every month, 2 p.m. Ask your nurse or your Primecare provider, or stop by the front desk at the Lufkin Outpatient Clinic to register for this class.

*Dr. Audrius J. Bredikis' particular expertise in cryoablation puts him at the top of the field and will improve HVAMC's ability to provide advanced clinical care and research in this rapidly expanding area . . .*

## Award-Winning Cardiac Physician Joins Houston VA Staff

**HOUSTON, TX** - Audrius J. Bredikis, M.D., Ph.D., joins the staff of the Houston VA Medical Center (HVAMC) as the director of Cardiac Electrophysiology. The term "electrophysiology study" applies to any procedure that requires the insertion of an electrode catheter into the heart. Electrode catheters are long, flexible wires that transmit electrical currents to and from the heart.

Bredikis received his medical diploma from Kaunas Medical University in Kaunas, Lithuania where he graduated with honors in 1985. From 1985-1990, he did a Fellowship in Cardiac Surgery at Kaunas Medical University, a leading institution for arrhythmia surgery in Europe. During his Fellowship, Bredikis actively investigated cryoablation effects on the myocardium in an experimental setting. This he summarized in his Ph.D thesis. His particular expertise in cryoablation puts him at the top of experts in this field and will improve HVAMC's ability to provide advanced clinical care and research in this rapidly expanding area.

As evidence of the stunning innovation of his work, Bredikis patented a cryosurgical device for use in cardiac surgery. His articles in the *Journal of Thoracic and Cardiovascular Surgery* reported on his success in developing surgical techniques for the treatment of posteroseptal accessory pathway without using cardiopulmonary bypass. Use of this technique has enabled physicians to perform cardiac arrhythmia surgery without stopping the heart and without using cardiopulmonary bypass.

To enable him to pursue his increasing interest in cardiac electrophysiology, Bredikis completed a residency in internal medicine at Illinois Masonic Medical Center, and a fellowship in cardiology and a two-year



Photo by Beth D. Conner, HVAMC Public Affairs Officer

*From left, Diane Davis, RN and Maribel Salcedo, RN review a veteran's electrograms with Audrius J. Bredikis, M.D., Ph.D. Dr. Bredikis recently joined the staff of the HVAMC as the director of Cardiac Electrophysiology. Cardiac electrophysiology is the study of the heart's electrical system. The term "electrophysiology study" applies to any procedure that requires the insertion of an electrode catheter into the heart. Electrode catheters are long, flexible wires that transmit electrical currents to and from the heart. Some electrophysiology studies are done to diagnose abnormalities, while others are done to access the heart for treatment or correction of certain conditions such as pacemaker implantation or Implantable Cardioverter Defibrillator Insertion.*

fellowship in cardiac electrophysiology at Rush Presbyterian St. Luke's Medical Center in Chicago.

For the last three years Bredikis was on the faculty at Loyola University Chicago, where he continued his advanced research in cardiology. His experimental work at Loyola led to the development of a new method and

instruments for treatment of atrial fibrillation - Argon cryoablation, which is widely used in US and abroad.

Bredikis is Board Certified in Internal Medicine and Cardiovascular Diseases. He is a council member of Basic Sciences and Clinical Cardiology of the American Heart Association and Fellow of American College of Cardiology. ■

## Houston VA Goes Filmless

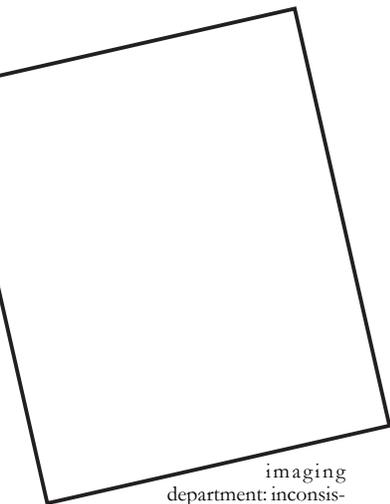
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associated with chemical film processing; 2) Faster turn around of radiology examinations with images made available to health care providers immediately after the examination has been completed and the images sent to the PACS system; 3) Internal improvement of the HVAMC imaging operation and communication systems; 4) Operational efficiency because film no longer has to be printed, distributed, and stored; 5) Improved productivity because the elimination of film printing reduces patient waiting times for examinations; 6) Improved timeliness and appropriateness of patient care delivery with images being available immediately for review in multiple locations throughout the facility; 7) Elimination of lost hard copy examinations; 8) Faster report turnaround and real-time access to information, and 10) Cost savings

because no hard copies need to be stored and expensive film is eliminated.

Planning for this transition started several years ago. Equipment had to be purchased; radiologists, technologists and support staff had to be trained; procedures had to be redefined; and workflow issues resolved. A VistA Imaging Task Force was established to tackle these issues. This task force continues to meet weekly and includes representatives from the HVAMC Information Management Service Line as well as the HVAMC Radiology Department.

"The Houston VA Medical Center now offers our veterans a breakthrough medical image and information management system. Our health care providers now get the exact information they need, when, and where they need it. Our new system solves the cost and productivity problems inherent to a film-based



imaging department: inconsistent image quality due to technologist error, a high amount of image retakes due to misplaced or lost images, and wasted staff time spent transporting images across the hospital," said Meena Vij, M.D., HVAMC Diagnostic & Therapeutic Care Line Executive. ■

By far, the best defense against this devastating illness is to get a flu shot now . . .

# Officials Warn This Year's Flu Bug Worse Than Last

**HOUSTON, TX - USA** Today recently printed a story that advised Americans to get their influenza immunizations this year. Public health officials warn the virus that is most likely to appear during the 2003-2004 flu season will be a very strong one. The article went on to say that despite the fact that flu kills about 36,000 Americans each year and puts 114,000 in the hospital, just 70 million people get the flu vaccine.

The Houston VA Medical Center (HVAMC) annually vaccinates over 17,000 veterans, but this is also only around half of the at-risk veterans who come to the HVAMC for care. Many of those who should get the vaccine, incorrectly refuse.

The flu bug has already arrived in the Houston area this year. By far, the best defense against this devastating illness is to get your flu shot now, before you are exposed. The HVAMC began giving flu shots to veterans in mid-September and has already vaccinated nearly 6,000 veterans.

Although most flu occurs in children, it is most dangerous to people over 65 years of age or people with medical conditions that make them more likely to have flu complications. Flu complications include pneumonia or the worsening of acute or chronic respiratory diseases.

Flu shots are highly recommended for people over 50 years of age; adults or children with a chronic heart or lung disease including asthma; adults or children who have had regular medical follow-up for chronic metabolic diseases like diabetes, renal disease, hemoglobinopathies, or immunosuppression from, for example, medications or HIV; residents of nursing homes or other chronic care facilities that house persons of any age with chronic medical



*Prime Care nurse, Jewel Thornton, LVN, gives veteran John Wells his annual flu shot. In the United States, flu is responsible for around 114,000 hospitalizations and 36,000 deaths each year. Although most flu occurs in children, it is the most dangerous to people over 65 years of age or people with medical conditions that make them more likely to have flu complications. Flu complications include pneumonia or the worsening of acute or chronic respiratory diseases.*

conditions; and women who will be in their second or third semester of pregnancy during the flu season.

At the HVAMC, we take very seriously the recommendation from the Centers for Disease Control and Prevention that all employees who work with people at high risk of flu and its complications should get flu shots. It is for that reason the HVAMC has a very important and successful Employee Vaccination Program whose goal is to

protect our veterans.

Flu viruses change enough each year that everyone must get vaccinated each year with the updated flu vaccine.

The new intranasal vaccine (Flu Mist Vaccine) you might have heard about in the news has only been approved for healthy persons between the ages of five and 50. If you cannot get the injected flu shot because of current fever, pregnancy, or specific allergies, you should not get the intranasal vaccine either.

Studies have shown that people receiving the new Flu Mist Vaccine shed vaccine virus in their nasal and throat secretions for up to three weeks after receiving it. Therefore, there is a small risk that people who receive the new Flu Mist Vaccine may transmit the vaccine virus to others during this three week period, causing influenza disease. The manufacturer is currently conducting studies of viral shedding and transmission in adults.

In order to protect our veterans, volunteers, and employees, the HVAMC will not be using the nasal vaccine this year. In addition, all HVAMC employees who receive the Flu Mist Vaccine will be required to be evaluated by Employee Health for the risk of infecting others. The HVAMC is especially concerned about accidental transmission to individuals whose immune system has been weakened by acute or chronic disease.

If you have questions about whether you should or can have a flu shot, talk to your HVAMC Prime Care Provider or call the VA Network Telecare Center at (713) 794-8985 or toll-free 1 (800) 639-5137. ■ Charles E. Wright, PhD, HVAMC Preventive Medicine Coordinator

## New Appointment Scheduling System Being Tested

(continued from page 1)

to be rescheduled. Don't worry. A few weeks before the Primary Care Provider wants to see the patient, veterans receiving medical care from the Lone Star Team (Clinic #2) will receive a postcard in the mail with a telephone number printed on it, reminding them to call and make their appointment.

If this new appointment system proves to be successful in the Lone Star Team (Clinic #2), it will be expanded to the other HVAMC Primary Care Clinics. The determination of success will be made in the next six months by examining such factors as documented veteran wait times, satisfaction scores, and veteran feedback.

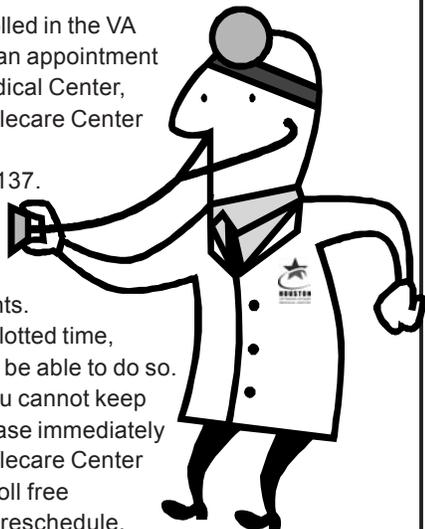
As always, remember that if you have a question or concern that cannot wait until your next appointment, please call the VA Network Telecare Center at (713) 794-8985 or toll-free 1 (800) 639-5137. All telephone calls made to the VA Network Telecare Center are answered by a staff of professionals who are experienced in telephone assessment of medical situations and crisis intervention. Telecare nurses provide both medical and emotional support. They are trained to provide symptom analysis, answer medication questions, explain lab test results, educate patients about specific diseases, and check appointments.

The HVAMC is committed to providing excellent health care for the veterans we serve. If you are a member of the Lone Star Team and have questions about this new appointment system test, call your Primary Care Team Nurse. ■

## How to Make or Change a VA Appointment

If you are already enrolled in the VA system and you need an appointment at the Houston VA Medical Center, call the VA Network Telecare Center at (713) 794-8985 or toll free 1 (800) 639-5137.

It is very important for you to keep your scheduled appointments. If you cannot use the slotted time, another veteran might be able to do so. If, for some reason, you cannot keep your appointment, please immediately call the VA Network Telecare Center at (713) 794-8985 or toll free 1 (800) 639-5137 and reschedule.



**Houston VA Medical Center**  
2002 Holcombe Blvd.  
Houston, Texas 77030  
(713) 791-1414  
[www.houston.med.va.gov](http://www.houston.med.va.gov)

Edgar L. Tucker, BA, MPH, CHE, Director  
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Maurilio Garcia-Maldonado, MD, Beaumont Outpatient Clinic Care Line Executive  
Anthony Zollo, MD, Lufkin Outpatient Clinic Care Line Executive  
Bobbi D. Gruner, Public Affairs Officer/Editor

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## VA Seeks Former POWs For Possible Benefit Awards

**WASHINGTON, D.C.** – The Department of Veterans Affairs (VA) is asking former prisoners of war not currently using VA benefits to contact VA to find out if they may be eligible for disability compensation and other services.

More than 23,000 former prisoners of war (POWs) already receive compensation from VA. This year, the department mailed information about benefits to another 4,700 known ex-POWs not on its rolls. However, VA estimates there could be as many as 11,000 more POWs for whom it does not have an address.

VA is asking former POWs not receiving benefits who did not receive a VA letter recently to call 1-800-827-1000.

Secretary of Veterans Affairs Anthony J. Principi said VA has expanded policies to cover increasing numbers of former POWs as new illnesses have been found related to captivity. The administration currently is pressing to get even more compensation and medical care benefits for former POWs.

"These veterans sacrificed for their country in time of war, and it's the nation's turn to serve them, to help them determine if they are entitled to compensation, health care, or other services," Principi said.

Nine out of ten former POWs are veterans of World War II, and their service predates the use of Social Security numbers as a military "service number." That, coupled with the decades that have elapsed since their service, makes it difficult for VA to track down those who have not opened a file with VA in recent years.

The most recent expansion of VA benefits for former POWs was a July regulation that added cirrhosis of the liver to the list of diseases to which entitlement to disability compensation is presumed in former POWs.

Similar policies making it easier for former POWs to obtain compensation have been enacted for POWs detained for 30 days or more who develop specific illnesses.

Former POWs have a special eligibility for enrollment in VA medical care and are exempt from making copayments for inpatient and outpatient medical care. They have the same copay rules as other veterans for medications and for extended care. Free dental treatment for any dental condition is available to former POWs held for more than 90 days.

More information about VA services for former POWs is available at <http://www.vba.va.gov/bln/21/Benefits/POW/>. ■

## 'Legs For Life' Campaign Walks into Houston VA for Fifth Successful Year



*May Beck, RN, staff nurse for the HVAMC Special Procedures Unit screens veteran Clyde Floyd for Peripheral Vascular Disease (PVD). PVD is a common circulation problem in which the arteries that carry blood to the legs or arms become narrowed or clogged. PVD affects about one in 20 people over the age of 50 in the United States. More than half the people with PVD experience leg pain, numbness, or other symptoms, but many people dismiss these signs as "a normal part of aging" and don't seek medical help.*

**HOUSTON, TX** - The Houston VA Medical Center (HVAMC) held its 5th Annual "Legs For Life Campaign" in September. This important *free* screening clinic for Peripheral Vascular Disease (PVD) is held each year to assist veterans, employees, and their families and friends to recognize early symptoms of this disease.

PVD is a common circulation problem in which the arteries that carry blood to the legs or arms become narrowed or clogged. PVD is sometimes called peripheral arterial disease, or PAD. PVD interferes with the normal flow of blood, sometimes causing pain, but often causing no symptoms at all.

The most common cause of PVD is atherosclerosis (often called hardening of the arteries). Atherosclerosis is a

gradual process in which cholesterol and scar tissue build up, forming a substance called "plaque" that clogs the blood vessels. In some cases, PVD may be caused by blood clots that lodge in the arteries and restrict blood flow.

PVD affects about one in 20 people over the age of 50 in the United States. More than half the people with PVD experience leg pain, numbness, or other symptoms, but many people dismiss these signs as "a normal part of aging" and don't seek medical help. Only about half of those with symptoms have been diagnosed with PVD and are seeing a doctor for treatment.

The most common symptom of PVD is painful cramping in the leg or hip, particularly when walking. This symptom, also known as "claudication,"

occurs when there is not enough blood flowing to the leg muscles during exercise. The pain typically goes away when the muscles are given a rest.

Other symptoms may include numbness, tingling or weakness in the leg. In severe cases, you may experience a burning or aching pain in your foot or toes while resting, or develop a sore on your leg or foot that does not heal.

People with PVD also may experience a cooling or color change in the skin of the legs or feet, or loss of hair on the legs. In extreme cases, untreated PVD can lead to gangrene, a serious condition that may require amputation of a leg, foot, or toes. If you have PVD, you are also at higher risk for heart disease and stroke.

Unfortunately, the disease often goes undiagnosed because many people do not experience symptoms in the early stages of PVD or they mistakenly think the symptoms are a normal part of aging. As many as 8 million people in the U.S. may have PVD. The disease affects everyone, although men are somewhat more likely than women to have PVD.

Those who are at highest risk are over the age of 50, smokers, diabetic, overweight, people who do not exercise, or people who have high blood pressure or high cholesterol. A family history of heart or vascular disease may also put you at higher risk for PVD.

The screening process for PVD is quite simple. Your HVAMC health care provider will take your pulse in various parts of your legs. If the pulses in your legs are absent or severely decreased, an Ankle Brachial Index will be performed next.

If you are concerned about PVD or just have questions, ask your HVAMC Primary Care Provider during your next appointment or call the VA Network Telecare Center, 24 hours a day, seven days a week, at (713) 794-8985 or toll-free 1 (800) 639-5137. ■ *portions of this article courtesy Society of Interventional Radiology at [www.sirweb.org](http://www.sirweb.org)*

## VA Reduces Claims Backlog

**WASHINGTON, D.C.** – In October, Secretary of Veterans Affairs Anthony J. Principi declared partial victory in the battle to reduce the backlog of veterans' compensation claims.

On Sept. 30, the Secretary made good on his pledge when the Department of Veterans Affairs (VA) pending inventory dropped to 253,000 claims, representing a 41 percent reduction in inventory from a high of 432,000.

A cornerstone of Principi's pledge to the nation in 2001 was to reduce the pending claims workload in VA to 250,000 rating claims by Sept. 30, 2003. This number represents a normal workload inventory because of the complex process involved in gathering all the information and evidence needed to decide a veteran's claim.

To convert that pledge to an actionable plan, Principi chartered the VA Claims Processing Task Force shortly after taking office. Chaired by the current Under Secretary for Benefits, Daniel L. Cooper,

the task force recommended a series of changes to improve the claims process, which Cooper has implemented.

As a result, VA has over the past two years decided about 68,000 claims per month, an increase of more than 70 percent from the 2001 level of about 40,000 per month.

"Reducing the claims inventory level is important, but is only part of the administration's goals for improving service to veterans," said Cooper. "VA is continuing to make gains in reducing the time a veteran must wait for a decision on a claim while focusing equal attention on ensuring the accuracy of our decisions."

Principi also set as a goal the completion of veterans' claims in an average of 100 days. This goal, while not yet achieved, is within VA's grasp.

"In February 2002, it took an average of 233 days, or more than seven months, to adjudicate a new disability claim. Although we have reduced that average

to 156 days, I hope that in the months ahead we'll be able to announce we are at 100 days, giving veterans the service they deserve," Principi said. It is also significant to note that the average age of the claims in VA's inventory has been reduced from over 200 days to 111 days.

The improvements in claims processing have not been made at the expense of quality. VA's measure of the accuracy of its benefit entitlement decisions is now at 85 percent, an improvement from an 81 percent accuracy level in fiscal year 2002.

As VA works toward continued improvement in quality and the 100-day goal to render a decision, Principi has directed all employees to give special priority to the claims of veterans returning home with injuries sustained in Iraq and Afghanistan.

VA continues to work closely with the Department of Defense to find better ways to coordinate efforts related to delivery of benefits to service members returning home from conflicts around the world. ■

Recently, Mehran Rabbar, M.D. joined the staff of the Houston VA Medical Center as the new chief of the Anesthesiology Service Pain Section . . .

# At the Houston VA, "Pain" Has Become the 5th Vital Sign

**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 six 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



*Houston VA Medical Center's new Anesthesiology Service Pain Section Chief Mehran Rabbar, M.D. meets with veteran Dianne Chapman. The mission of the Pain 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.*

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 patient and the physician. 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 Houston VA

Medical Center (HVAMC) health care provider(s) if you have any pain. They will be happy to assist you or refer you to the appropriate section.

The 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.

Recently, Mehran Rabbar, M.D. joined the HVAMC staff as the new chief of the Anesthesiology Service Pain Section. Rabbar completed his anesthesiology residency at Baylor College of Medicine and Pain Management and Rehabilitation fellowship at the University of Texas, Houston. He graduated from Tehran University School of Medicine in 1986 and completed a urology residency at National University of Iran School of Medicine from 1989 to 1993, followed by a fellowship in renal transplantation at the University of Claude Bernard, Lyon in France from May 1993 to November 1995.

During his training years in France, Rabbar became certified in microsurgical techniques. He served as a consulting urologist and urodynamicist at Edouard Herriot Hospital in France until November 1997, when he moved to the U.S. He also obtained his master's degree in biomedical engineering from the University of Claude Bernard, Lyon and was a Ph.D. candidate from September 1996 to December 1997.

Rabbar has conducted several clinical and experimental studies, particularly in urodynamics and urinary dysfunction. His special research interest is pelvic pain. This is his primary motive to pursue his career in pain management.

The Pain Clinic is located on the fifth floor in the surgery clinics. For more information, call (713) 794-7723. ■ portions of this article by Bilal F. Shanti, M.D., Pain Section

## New Web Site for Houston VA PADRECC

**HOUSTON, TX** - The Houston VA Medical Center (HVAMC) Parkinson's Disease Research, Education and Clinical Center announces a new Web site at [www.va.gov/padrecec\\_houston/](http://www.va.gov/padrecec_houston/). This Web site is full of information about the Houston Center, its programs, patient newsletters, and information about Parkinson's disease.

The Department of Veterans Affairs (VA) took a major step toward improving patient care and pursuing a cure for Parkinson's disease by establishing six Parkinson's Disease Research, Education and Clinical Centers (PADRECCs), one at the Houston VA Medical Center.

Operating as a national consortium, each PADRECC conducts research covering basic biomedicine, rehabilitation, health services delivery, and clinical trials. Each is participating in a landmark clinical trial to assess the effectiveness of surgical implantation of deep brain stimulators in reducing the symptoms of Parkinson's disease.

Parkinson's disease is a serious health problem in the United States. The National Parkinson Foundation, Inc. (NPF) estimates that up to 1.5 million Americans have the disease and that approximately 50,000 new cases are diagnosed each year. VA medical centers treat at least 20,000 Parkinson's disease patients every year. ■

## Houston VA Library Launches New Patient Education Web Site

**HOUSTON, TX** - The Houston VA Medical Center Library has developed HVAMC's first Patient Education Web site.

This site highlights "Hot Topics" identified by the Patient Health Education Committee and provides wellness and prevention information.

Veterans and their families can also find out about health services at the HVAMC and get information on programs and services that support patients in their journey to wellness. Included on this site are brochures, handouts, and links to online information resources that address health concerns.

This new Web site can be found on the Internet at [www.houston.med.va.gov/patedu/](http://www.houston.med.va.gov/patedu/).

Contact Marsha Sullivan, HVAMC Librarian Supervisor at (713) 794-7856 for more information. ■



*Dr. Mehran Rabbar, Pain Section chief discusses a patient's case with nurse practitioner Melissa Lockhart, Ph.D., A.P.R.N., B.C. During his training years in France, Rabbar became certified in microsurgical techniques. He served as a consulting urologist and urodynamicist at Edouard Herriot Hospital until November 1997. Rabbar also obtained his master's degree in biomedical engineering from the University of Claude Bernard and was a Ph.D. candidate from September 1996 to December 1997.*



# From our Veterans

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

**Question: Is it true that veterans from the fighting in Afghanistan and the recent Gulf War can only receive VA health care for two years?**

**Answer:** No, that is not true. Since Nov. 11, 1998, VA has offered a special benefit to newly discharged combat veterans. Under the new program, these veterans can receive free VA health care for conditions that may be related to their military service for two years after discharge from the military. They may be charged copayments for non-service-related care. This benefit waives VA's customary requirement that veterans prove a connection between a current medical problem and their military service, or show that they fall below an income threshold.

At the end of that two-year period, these veterans will be treated like combat veterans from earlier conflicts. They can apply for enrollment in VA's health care system. There is no copayment for veterans with medical care related to service-connected problems or for veterans with limited resources.

**Question: Does the government pay anything to people who help veterans unable to manage their own finances?**

**Answer:** People known officially as fiduciaries manage the finances of veterans who are incapable of handling their own financial affairs. Frequently, they serve without compensation. Those who are paid withdraw their payments from the compensation or pensions given by VA to the veteran.

Court-appointed fiduciaries receive fees set by state law, commonly about 5 percent of the VA income. Attorneys acting as fiduciaries may be entitled to reimbursements – again, drawn from VA's total payment to the veteran – for certain activities such as filing motions or accounting.

**Question: Besides health care, what other benefits do combat veterans receive?**

**Answer:** The newest generation of combat veterans receives the same benefits traditionally associated with

military service. That includes disability compensation for those with service-connected health problems, VA pensions for veterans with limited incomes, VA home loan guarantees and educational assistance for those who contributed to the Montgomery GI Bill while in the military. Other governmental agencies have their own benefits for veterans. The federal government and many state, territory and local governments have a hiring preference for veterans. Additional state benefits are available for veterans. For more information, see <http://www.va.gov/partners/stateoffice>.

**Question: I've heard there's a deadline for veterans who want to be seen in a Vet Center. What is it? Who does it affect?**

**Answer:** There is no application deadline for veterans who served in a combat zone and who want to take advantage of the many readjustment programs offered by VA's 206 Vet Centers.

However, veterans who served in the military during the Vietnam War but who weren't assigned to the Republic of Vietnam have until Jan. 1, 2004 to be seen at a Vet Center. Those who are seen by that date can take advantage of the centers' group, individual and family counseling at a later date.

Note that the deadline affects veterans who served in the combat zone during the Vietnam War in such places as Thailand and aboard ship but who didn't serve in the Republic of Vietnam.

**Question: Do military service members who die during Operation Iraqi Freedom or Operation Enduring Freedom receive special treatment for burial?**

**Answer:** Service members who die on active duty are eligible for burial at Arlington National Cemetery. They are

also eligible for burial in any of the national cemeteries operated by VA. Regardless of burial location, VA will provide a headstone or marker for the deceased's grave. If the remains of the deceased are cremated and placed in a niche in a stone wall called a columbarium, VA will furnish a niche marker. Veterans who die of any cause may receive military honors on request, with funeral directors generally contacting the Department of Defense on behalf of the family.

**Question: None of VA's 120 national cemeteries are located near my home, but I'd like to be buried in a military cemetery with other veterans. Is there a way?**

**Answer:** Fifty-two state veterans cemeteries are available to veterans. Eligibility rules are generally the same as for burial in a national cemetery: anyone who dies on active duty, a veteran of active service discharged under conditions other than dishonorable and the spouse and dependent children of such veterans. Some states also impose residency requirements, which are defined differently among states. Not every state has a state veterans cemetery. To find out if one is available, call the VA toll-free information line at 1-800-827-1000.

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

**Answer:** The VA does not maintain records of veteran's military service, except as is necessary for providing benefits. To obtain a copy of your military personnel record, visit the National Archives and Records Administration on the Web at [www.archives.gov/research\\_room/vetrecs/](http://www.archives.gov/research_room/vetrecs/) or call 1-866-272-6272. The VA Regional Office, at 1-800-827-1000, can also send you the necessary request form.

## Important VA Telephone Numbers

Houston VA Medical Center Main Line .....	(713) 791-1414
	or toll-free 1-800-553-2278
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
Patient Education Resource Center (PERC) .....	(713) 794-7856
VA Police .....	(713) 794-7106
<b>Vet Center (Post Oak Road) .....</b>	<b>(713) 682-2288</b>
<b>Vet Center (Westheimer) .....</b>	<b>(713) 523-0884</b>
<b>Patient Advocates</b>	
Houston .....	(713) 794-7884
Beaumont .....	1-800-833-7734
	extension 113
Lufkin .....	(936) 633-2753
<b>Houston National Cemetery .....</b>	
	<b>(281) 447-8686</b>
<b>VA Regional Office</b>	
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



# Veterans Day

A special **Veterans Day Celebration** will be held Tuesday, November 11, 2003 in downtown Houston. A **Commemoration Ceremony** will take place from 10 a.m. to 11 a.m. at Hermann Square at City Hall. A **Parade of Heroes** will follow at 11:30 a.m. and take place on Smith Street from Texas to Lamar.

The ceremony program features master of ceremonies Don Clark, KPRC-TV Ch. 2 (NBC); a keynote speech by Major Keith A. Coleman, Commander, Houston Military Entrance Processing Station; a flyover by the 147th Fighter Wing, Texas Air National Guard; and an AH-64 Apache Helicopter flyover by Texas Army National Guard, 1<sup>st</sup> Battalion, 149<sup>th</sup> Aviation Regiment.

This event is free and open to the public. For more information, please call (281) 447-8686.