

Houston VA Awarded 3-Year Accreditation for Inpatient Rehabilitation Program

HOUSTON, TX - In November 2003, the Commission on Accreditation of Rehabilitation Facilities (CARF) awarded a three-year CARF accreditation to the Michael E. DeBakey VA Medical Center (MEDVAMC) Rehabilitation Care Line's Comprehensive Integrated Inpatient Rehabilitation Program (CIIRP).

CARF is a private, not-for-profit organization that grew out of a need in the medical and vocational rehabilitation fields to promote quality programs for people with disabilities and others in need of services. CARF is committed to developing and maintaining practical, customer-focused standards to help organizations measure and improve the quality, value, and optimal outcomes in the lives of the persons they serve.

A three-year accreditation is the highest level of accreditation an organization can be awarded. In the survey summary, the MEDVAMC was recognized for strengths in many areas.

"I would like to point out the team members of the Rehabilitation Care Line were recognized for their dedication and commitment to the rehabilitation process and to their patients. The report remarked that staff interactions were respectful, promoted dignity, and furthered the therapeutic alliance," said Helene K. Henson, M.D., MEDVAMC CIIRP medical director and one of this year's best doctors in the field of physical medicine and rehabilitation as determined by the medical knowledge company, Best Doctors® Inc.

The survey team commented that patients and family members consistently expressed positive comments and their heartfelt responses exemplified the genuine interest the MEDVAMC staff members had in the overall well-being and quality of life of their patients. ■

During World War II, DeBakey worked to develop MASH units and establish a specialized medical and surgical center system for treating military personnel returning from war . . .

Houston VA Renamed for Surgeon and Veteran, Dr. Michael E. DeBakey

HOUSTON, TX - The Department of Veterans Affairs Medical Center in Houston, Texas has been renamed in honor of Michael E. DeBakey, M.D. in accordance with Public Law 108-70, Section 243. A renaming ceremony will take place in June 2004.

Considered the father of modern cardiovascular surgery, DeBakey is internationally recognized as an ingenious medical inventor and innovator, a steadfast veteran, a gifted and dedicated teacher, a premier surgeon, and an international medical statesman. In 1953, after three years of research, he introduced the Dacron and Dacron-velour artificial arteries that he had developed initially on his wife's sewing machine. This was followed by the perfecting of numerous innovative surgical techniques that would save thousands of lives in the years ahead.

Additional breakthroughs followed in the 1960s, and in 1968, DeBakey supervised the first successful multi-organ

(continued on page 6)



In December, Dr. Michael E. DeBakey (right) and Edgar L. Tucker, director of the Michael E. DeBakey VA Medical Center, joined President George H. W. Bush on a tour of the medical center's vascular surgery program and Spinal Cord Injury Unit. Along the way, Dr. DeBakey and the President stopped to visit and talk with veterans.

Best selling book series now includes "Alzheimer's For Dummies," a VA-authored realistic look at Alzheimer's disease . . .

Alzheimer's By The Book

HOUSTON, TX - It seems like you can't turn on a TV or pick up a newspaper these days without seeing something about Alzheimer's disease. If you think Alzheimer's disease is a hopeless diagnosis, think again. Houston health care experts Mark Kunik, M.D., M.P.H. and Mary Mitchell Kenan, Psy.D. in collaboration with award-winning health journalist Patricia Smith bring you an amazing new reference guide to walk you through the scary and uncertain world of Alzheimer's. Well-known television personality, and founder and chairperson of the Leeza Gibbons Memory Foundation, Gibbons describes the book as "a powerful tool for those who battle this disease" in its foreword.

Alzheimer's For Dummies takes a realistic look at Alzheimer's disease (the most common disease affecting memory), what it is and what it is not, and offers pertinent, realistic advice for dealing with the myriad of concerns and responsibilities a primary caregiver must assume when managing an Alzheimer's patient.

"This book is very practical. It can be read in its entirety or it can be read on an as-needed basis for answers to special problems or questions," said co-author Kunik. "As a family member caring for an Alzheimer's patient, you want to know how Alzheimer's disease is going to affect you and your loved ones. How will it change your life, and how can you provide the care and comfort your family needs as they deal with the effects of this disease? Alzheimer's For Dummies can help you answer these questions."

Kunik adds that "many people believe that treating persons with Alzheimer's disease is hopeless and futile. In fact, there are many things you can do, with and without medications, that improve the quality of life for persons with dementia and their caregivers. This book provides the most up-to-date information on Alzheimer's and is packed full of practical advice."

The book is divided into five parts.

(continued on page 6)

Inside This Edition

Weight - A Serious Health Issue ..	2
A Word from the Director	
"Houston Physician Wins National Research Award" ...	2
VA Surgeons Treating Thoracic Aorta Aneurysms	3
Disability Compensation Info	3
Support Groups	4
New Lab Testing at Lufkin	4
Mental Health Scores Improve ...	5
8 Ways to Share in Your Medical Decisions	5
Record VA Budget	5
Tips for Losing Weight	6
Fisher House Breaks Ground	7
With or Without Food?	7
Houston Cancer Program Granted Approval	7
Questions from Veterans	8

Special Note:
American Ex-POW Day Program
Friday, April 9, 2004
10 a.m.
MEDVAMC Gymnasium
Call (713) 794-7349 for details.

VA Focuses on Weight - A Serious Veteran Health Issue

WASHINGTON, D.C. - Escalating obesity prevalence and widespread physical inactivity in the United States population has been of increasing concern to clinicians, public health officials, and policy makers. However, obesity is treatable, and the resulting medical problems are preventable.

The most recent national data show that over half (61 percent) of adult Americans are overweight, while 26 percent are considered obese. Some of the serious health effects of obesity include diabetes, strokes, several types of cancer, coronary artery disease, gall stones, hypertension, and osteoarthritis.

Alarming, data have shown that excess weight is more prevalent in the veteran population than in the general U.S. population.

The VA National Center for Health Promotion and Disease Prevention (NCP) is developing a VA weight management and physical activity program entitled *MOVE!* This stands for "Managing Overweight/Obesity for Veterans Everywhere" and is a program designed for use throughout the Veterans Health Administration. The *MOVE!* program is scheduled to start at the Michael E. DeBakey VA Medical Center (MEDVAMC) this summer.

No experimental techniques or materials are included with this program. It is designed to be consistent with current standards for evidence-based medical practices. The treatment components are deliverable in modules, and tailored for individual differences in medical status, age, ethnicity, and readiness to engage in weight management and physical activity behaviors. *MOVE!* is meant to be a lifetime program, as opposed to a single or time-limited intervention.

Program Features

The program features comprehensive multidisciplinary treatment of overweight and obesity; a focus on lifetime weight management and physical activity; population-based intervention with intensity of intervention based on individual patient needs; individually tailored treatment based upon a computerized patient assessment; evidence based procedures; availability in primary and ambulatory care; a provider/staff manual with clear and simple instructions, including patient encounter scripts; capability to be carried out by non-specialized staff; an emphasis on health and well-being benefits rather than appearance; and *MOVE!* patient handouts and group session instruction modules available on the VA intranet during the next year.

Treatment Levels

The *MOVE!* program will utilize these five treatment levels. Level One is an initial assessment including an assessment of Body Mass Index (BMI), tailored self-help in the form of written materials and staff follow-up contact as indicated.

A BMI of 25 or more is identified as "overweight" and a BMI of 30 or greater is considered "obese." A waist circumference of 40 inches or more for males, and 35 inches or more for females, is considered "at risk" for obesity-related disease.

Level Two uses components as described in Level One, referral to specialized areas as needed, on site support groups (weekly multi-disciplinary group clinics/classes), and staff follow up contact as indicated.

Level Three adds weight control pharmacological agents to either of the above. Level Four includes brief admission to an inpatient weight control program in a VA Medical Center offering such treatment and staff follow-up contact as indicated. Finally,

Level Five includes consideration for bariatric surgery at VA Medical Centers offering such treatment and staff follow-up contact as indicated.

Computerized Patient Assessment

A computerized questionnaire will be completed by each patient enrolling in *MOVE!* The result will provide an individually tailored report for the patient, including instructions and recommendations for beginning the *MOVE!* program.

The computer assessment will generate a description of relevant factors regarding the patient for the medical staff. The report will provide specific instructions and recommendations for assisting the patient and include individually tailored patient information and instructional handouts.

The report may also be used as a progress note in the VA patient record. Specific "alarm flags" are generated by certain responses to questions. This may result in a patient referral to the indicated specialist for further evaluation or treatment of conditions that may impact potential weight loss and physical activity recommendations. The patient will be given a set of customized information and instructional handouts and will then receive frequent follow-up intervention by VA medical staff.

Some of the topics include nutrition and diet, physical activity, behavior modification, maintenance strategies, and social and professional support. Materials will be tailored with respect to individual differences in initial weight and BMI, cultural and ethnic factors, age, stage of readiness to change behavior, co-morbid medical conditions and overall medical status, and other complicating factors.

More Information

To find information about weight loss and physical activity, visit these online resources: Shape-Up America at www.shapeup.org, American Heart Association Fitness Center at www.justmove.org, Dr. Koop Fitness Center at www.drkoop.com/wellness/fitness/, or the American Council on Exercise at www.acefitness.com. To find a YMCA Fitness Center near you, visit www.ymca.net.

If you would like more information about safely losing weight, contact your MEDVAMC Prime Care Provider. In the meantime, turn to page 6 of this newspaper for a few healthy tips to lose weight. ■

A Word from the Director . . .

Outstanding Achievement

HOUSTON, TX - We have just received notice that our own Carol M. Ashton, M.D., M.P.H. has been selected as the recipient of VA's 2004 Under Secretary's Award for Outstanding Achievement in Health Services Research. This award is VA's highest honor for investigators in this field. The Health Services Research and Development Service, one of four research services within VA's Office of Research and Development, works to identify and evaluate innovative strategies that lead to accessible, high quality, cost-effective care for veterans and the nation.

Dr. Ashton serves as the director of the Houston Center for Quality of Care and Utilization Studies (HCQCUS), one of the nation's 13 Health Services Research Centers of Excellence funded by the VA. She is also chief of the Section of Health Services Research and professor of medicine at Baylor College of Medicine. Her longstanding research interest is in the assessment and improvement of quality of care, from the level of the individual veteran and doctor, all the way up to the level of the health care system.

We are extremely proud of Dr. Ashton and her efforts at the Michael E. DeBakey VA Medical Center (MEDVAMC) for winning this prestigious honor, especially in view of the award's criteria. First, the candidate's research must have added significantly to the understanding of factors that affect the health of America's veterans or led to a major improvement in the quality of veterans' health care. Next, the candidate must have made a substantive contribution to the future of VA health services research by inspiring a new generation of investigators through excellence in training and mentorship. Finally, the candidate must have enhanced the visibility and reputation of VA research through national leadership in the research community.

A talented physician at the MEDVAMC, Dr. Ashton is the chief of



Edgar L. Tucker, Medical Center Director

the General Medicine Section. In this role, she provides direct health care services to veterans, supervises the care provided to veterans by our medical residents, and teaches our residents how to improve their skills as physicians.

As mentioned above, Dr. Ashton is the director of our HCQCUS and administers the analytical efforts of more than 30 research team leaders, 13 from non-clinical disciplines and 17 from medicine. HCQCUS conducts research that advances knowledge about quality, access, utilization, and costs of health care.

Mentoring dozens of young VA health services investigators, Dr. Ashton has been extremely effective in formalizing the mentoring process resulting in numerous thriving research projects. She also has a flourishing research career of her own, and has led many externally approved research projects and published study findings in leading journals such as the *New England Journal of Medicine*. Dr. Ashton works with many talented colleagues and points out that her success is actually her team's success.

In each of these areas, Dr. Ashton not only has brought great credit to herself, the MEDVAMC, and the VA, but also has demonstrated her commitment to the most deserving, our Nation's veterans. ■



This trial is limited to 35 sites in the U.S. and the Michael E. DeBakey VA Medical Center in Houston is the only participating VA facility . . .

Houston VA Surgeons Treating Thoracic Aorta Aneurysms with New, Minimally Invasive Procedure

HOUSTON, TX - In an effort to evaluate the best treatment options for patients with life-threatening aneurysms involving the thoracic (chest) aorta, the body's largest artery, the Michael E. DeBakey VA Medical Center (MEDVAMC) in conjunction with Baylor College of Medicine and the Methodist Hospital are participating in an FDA-approved clinical trial of a thoracic stent graft system. This trial is limited to 35 sites across the country and the MEDVAMC is the only participating VA facility.

An aneurysm is a ballooning of an artery resulting from a weakening or stretching of the vessel wall. The aorta, as the largest blood vessel in the body, carries blood from the heart to be distributed by branch arteries through the body. When an aneurysm occurs in the thoracic aorta, the results can be fatal because of the risk of rupture.

It is estimated there are more than

21,000 patients diagnosed with thoracic aortic aneurysms every year in the U.S. Many of these patients also have other serious conditions such as heart disease, lung problems, high blood pressure, and diabetes, making it difficult - if not impossible - for them to survive an open chest operation, the traditional treatment of choice.

In an open chest operation, the thoracic aortic aneurysm is repaired by cutting open the aneurysm and replacing it with a synthetic vessel tube. This operation can be risky and can lead to death in many frail and elderly patients. For those patients considered ineligible for open surgical repair, conservative medical management or "watchful waiting" is often used as a treatment option and can lead to increased mortality and morbidity in many elderly patients.

The MEDVAMC is now offering a new treatment option where a catheter



Veteran Mike Westberry asks Peter Lin, M.D., chief of the MEDVAMC Vascular Surgery Section and Ruth Bush, M.D., MEDVAMC vascular physician a few questions about his thoracic stent graft system procedure. The MEDVAMC now offers a new treatment option where a catheter is placed in the groin artery leading to the aorta. The doctors use the catheter to place a small device called a stent graft inside the thoracic aorta. The stent graft is expanded and fixed in place to repair the aneurysm. "This is an extremely important trial because it will allow us to explore the safety and effectiveness of a stent graft device that could potentially save thousands of patients with thoracic aortic aneurysms who die each year because of rupture," said Lin.

is placed in the groin artery leading to the aorta. The doctors use the catheter to place a small device called a stent graft inside the thoracic aorta. The stent graft is expanded and fixed in place to repair the aneurysm. This new procedure does not require an open chest incision so most patients can return home in as little as one or two days following the procedure.

"The Michael E. DeBakey VA Medical Center, here in Houston, is the only VA hospital in the country that is participating in this study. This is an extremely important trial because it will allow us to explore the safety and effectiveness of a stent graft device that could potentially save thousands of patients with thoracic aortic aneurysms who die each year because of rupture," said Peter Lin, M.D., chief of the MEDVAMC Vascular Surgery Section and one of the lead investigators for the Houston trial.

Lin earned his undergraduate degree at the University of California, Riverside, California, and his medical degree at the University of Health Sciences/the Chicago Medical School. He served his residency in general surgery at the University of Health Sciences/the Chicago Medical School. He also completed a vascular research fellowship at the Loyola University Medical Center in Maywood, Illinois during his general surgery residency. He obtained his general vascular and endovascular fellowship training at Emory University School of Medicine, Atlanta, Georgia.

Lin specializes in all aspects of vascular and endovascular surgery, which include endovascular aortic aneurysm repair, operative and endovascular treatment of arterial occlusive disease, varicose veins, venous stasis ulcers, carotid endarterectomy, and stenting.

Lin and two other MEDVAMC vascular physicians, Alan Lumsden, M.D. and Ruth Bush, M.D. have been involved in similar thoracic stent graft trials since 1998. They have collectively performed more than 60 thoracic stent graft procedures. "The advantage of the stent graft technology is that it will allow us to treat thoracic aneurysm patients who previously would have been unable to undergo the open chest operation. The results of our patients who were treated with thoracic stent grafts have been excellent," said Lumsden.

"Patients who undergo the thoracic stent graft procedure can typically resume their normal activities within a week following the operation. This is in contrast to the two to three months of recovery if they undergo the conventional open chest operation. With patients who have underlying lung disease and do not tolerate general anesthesia, this procedure can be performed under local anesthesia," said Bush.

Designated as a Cardiothoracic Center of Excellence, the MEDVAMC is widely known for its unsurpassed record in caring for veterans with cardiothoracic diseases. Ernesto Soltero, M.D. and Joseph Huh, M.D., MEDVAMC cardiac surgery physicians, have received national recognition for their expertise and excellent outcomes in patients undergoing heart and chest operations at the MEDVAMC. Working in conjunction with these cardiac surgery physicians, Lin, Bush, and Lumsden are eager to combine their expertise to offer this minimally invasive therapy to veterans with thoracic aneurysms in this clinical trial. If you or someone you know would like more information about thoracic aortic aneurysms or this trial, please call (713) 794-7895. ■

Facts About VA Disability Compensation

HOUSTON, TX - Disability compensation for veterans is not subject to federal or state income tax. About 80 percent of veterans receive their VA benefits by direct deposit, which VA recommends for security reasons.

Veterans are rated at increments of 10 percent reflecting degree of disability. As federal regulations summarize the underlying principle, "The percentage ratings represent as far as can practicably be determined the average impairment in earning capacity resulting from such diseases and injuries and their residual conditions."

The largest category of veterans on the compensation scale is at 10 percent disability (\$106 per month), with 791,000 veterans at this rate at the end of fiscal year 2003 among the total 2.5 million veterans receiving disability compensation.

The criteria for rating the severity of each disability are available on the Web at www.access.gpo.gov/nara/cfr/waisidx_03/38cfr4_03.html. As medical knowledge, laws, and procedures change, VA regularly publishes proposed changes to these criteria in the "Federal Register" for public comment before a final regulation is adopted.

Where a veteran has more than one disability, the percentages are not added together to produce a new, overall rating. Instead, a formula described in federal regulations calculates the overall rating.

A veteran may have a number of disabilities individually evaluated as 0 percent which produce 10 percent combined disability and entitle the veteran to disability compensation. At the end of fiscal year 2003, there were 16,000 veterans in this category of "compensable zero" ratings.

In addition to the 2.5 million veterans on the compensation rolls, past studies have shown approximately 1.2 million veterans have overall ratings of 0 percent, but because they do not receive payments from VA, the exact number is not known.

The largest category of service-connected disabilities is musculo-skeletal problems, accounting for 40 percent of all disabilities. This includes such problems as impairment of the knee and arthritis due to trauma. Data on the number and type of disabilities are published annually and can be found at www.vba.va.gov/reports.htm.

Call the VA Regional Office at (713) 794-3678 for more facts. ■

We're Here to Help . . .

MS Self-Help Group

The group meets the second Wednesday of every month, 2-3 p.m. in Nursing Unit (NU) 2A dining room. Group facilitators: Lisa Whipple, LMSW, (713) 794-7951 and Fe Funtanilla, RN, (713) 791-1414, ext. 4559

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 facilitators: Laura Lawhon and Tommie Gonzalez, (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) 791-1414, ext. 4193

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 Primicare 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 Primicare provider, or stop by the front desk at the Lufkin Outpatient Clinic to register for this class.

New laboratory equipment now means same day results for veterans and health care providers in Lufkin . . .

New Equipment Allows More Blood Testing at Lufkin VA Outpatient Clinic

LUFKIN, TX - In December 2003, the Lufkin VA Outpatient Clinic (LOPC) installed a new machine that enables its laboratory to perform several types of blood tests in-house. This now means same day results for veterans and health care providers at the clinic.

This article will describe the new blood tests the LOPC laboratory is now able to perform. It also gives you an idea what the tests mean and what they are used for.

PSA (Prostate-specific Antigen)

PSA levels are used as an aid in the diagnosis of prostate cancer. Long-term serial assays are used to follow response to therapy and to detect recurrent disease. PSA is also being used as a screening test for prostatic cancer in asymptomatic men.

The PSA test is one of the VA's performance measures. This means we do this test on our patients at least once a year.

One important thing to know is that although PSA is thought to be prostate specific, there are reports of non-prostatic conditions leading to an elevated PSA. These may include testosterone administration, prostatic massage, urinary retention, and prostatitis (inflammation of prostate). Other conditions may elevate this test so it requires careful interpretation by a physician or provider.

TSH (Thyroid Stimulating Hormone)

This test is ordered to help establish the diagnosis of Graves' disease, the most common cause of hyperthyroidism (overproduction and elevated), and as a predictor of relapse after therapy. The symptoms of Graves' disease range from anxiety, heat intolerance, and restlessness to insomnia, diarrhea, and weight loss. In addition, the eyeballs may begin to protrude causing irritation and tearing.

Thyroid stimulating hormone (TSH) is elevated in about 80 percent of patients with Graves' disease (both treated and untreated). The new second-generation assays for TSH-receptor antibodies (which we perform) may be positive in up to 99 percent of patients with Graves' disease.

Thyroxine, Free T-4

Free thyroxine is elevated in hyperthyroidism and reduced in hypothyroidism. This test is used to confirm hypo- or hyperthyroidism in individuals with abnormal or equivocal screening tests of thyroid function such as the TSH test. TSH and Thyroxine Free T-4 tests are used in evaluating for hyperthyroidism and hypothyroidism.

Hyperthyroidism (elevated) is defined as a clinical state resulting from any one of several causes and is characterized by some of the following symptoms: nervousness, increased sweating, hypersensitivity to heat, palpitation, fatigue, weight loss, shortness of breath, weakness, goiter, and skin changes.



Now able to provide many same-day blood test results for veterans and health care providers in Lufkin, (from left) Wanda Stephens, B.S. M.T. (A.S.C.P.), supervisory medical technologist, Thomas French, M.T. (A.M.T.) M.L.T. (A.S.C.P.), medical technologist, and Debbie Huber, P.O.L.T., medical technician demonstrate the capabilities of the new Lufkin VA Outpatient Clinic laboratory machine.

Hypothyroidism (decreased) symptoms may include fatigue, sleepiness, lethargy, decreased memory, depression, impaired cognitive functions, slow speech, lack of interest, cold intolerance, muscle weakness and cramps, and hair loss.

Ferritin

Ferritin is the main storage molecule for iron. Serum Ferritin level is helpful in differentiating between iron deficiency anemia and anemia of chronic inflammation, infection, or chronic disease. In iron deficiency anemia, serum ferritin is low (below 10 ng/ml); a serum ferritin level lower than 50 ng/ml in a patient with obvious inflammatory disease is a strong indicator of iron deficiency. If you have a low hemoglobin, your provider may order a ferritin to aid in diagnosis of your condition.

Patients may also have elevated ferritin levels indicating iron overload. Ferritin levels are usually elevated in patients with hemochromatosis. During the development of hemochromatosis, iron is confined mainly to liver parenchymal cells and in the absence of cellular damage, relatively little ferritin is released.

A patient may require a therapeutic phlebotomy (the regular removing of units of blood) if their hemoglobin level becomes too high and causes stress on other parts of the body such the heart and circulatory systems. In order to relieve these symptoms, a unit of blood may be drawn from the patient in order to lower the iron stores. Ferritin is the most reliable way to monitor therapeutic phlebotomy. Therapeutic phlebotomy should be done to maintain the serum ferritin at 50 ng/ml or less.

Vitamin B12 - (Cobalamin)

Vitamin B12 measurements are useful in the diagnosis and evaluation of Vitamin B12 deficiency, macrocytic anemias, megaloblastic anemias, depression, neurological diseases, folate deficiencies, malabsorption and gastrointestinal disorders, rare inherited conditions, and some blood disorders.

Vitamin B12 measurements are often performed simultaneously with folate levels. Causes of decreased serum Vitamin B12 are inadequate diet, inadequate absorption, and interference with Vitamin B12 absorption due to medications.

Folate

Folate is ordered along with Vitamin B12 to evaluate dietary intake. Folate and folic acid are forms of a water-soluble B vitamin. Folate deficiency is most commonly encountered in pregnancy and alcoholism. Signs of folic acid deficiency are often subtle. Diarrhea, loss of appetite, and weight loss can occur. Additional signs are weakness, sore tongue, headaches, heart palpitations, irritability, and behavioral disorders. Folate deficiency is also seen in the elderly population. Serum folate values fluctuate significantly with diet.

Now that the LOPC laboratory can perform these additional tests, the blood specimens do not have to be sent to Michael E. DeBakey VA Medical Center in Houston to have the testing done. This means the results of the tests can be ready on the same day the blood is drawn and available to the clinical staff when they see the patient. Timing is everything! ■ Wanda Stephens, M.T. (A.S.C.P.), LOPC Supervisory Medical Technologist

The recently released scores indicate the Michael E. DeBakey VA Medical Center is in the top 2% compared to all VA psychiatry programs . . .

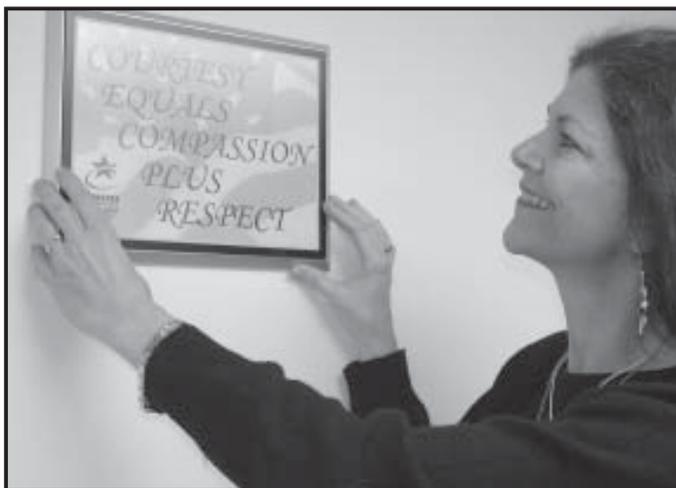
Houston VA's Mental Health Care Line Ranks High in Serving Veterans

HOUSTON, TX - In December 2003, the Michael E. DeBakey Veterans Affairs Medical Center (MEDVAMC) received notice that its Mental Health Care Line (MHCL) placed in the top two percent in 2003 VA-wide inpatient satisfaction scores.

The recently released scores indicate the Houston MHCL is in the top two percent compared to all VA psychiatry programs in coordinating care, providing education and information, giving emotional support, and meeting needs for physical comfort and of families.

These results come from confidential surveys conducted by the Department of Veterans Affairs' Office of Quality and Performance since 1995. The latest scores represent a dramatic improvement from some of the early years when some Houston MHCL scores were average at best.

The turnaround reflects the efforts of a team of doctors, nurses, and other MHCL staff members who work diligently to learn how to satisfy veterans more consistently. The MHCL, led by the Committee to Improve Patient and Employee Satisfaction, has actively attended to patient satisfaction by conducting focus groups with veterans and inpatient nursing staff, holding annual Jeopardy-like game shows highlighting patient and employee satisfaction, asking all patients being discharged to complete a patient satisfaction survey, posting written responses to each suggestion received from the patient suggestion boxes, and developing and hanging signs in prominent areas reminding staff that



This slogan, "Courtesy equals compassion plus respect" was developed by Karen Waldman, Ph.D., a MEDVAMC staff psychologist (pictured above) who won a MHCL-wide contest. These signs are posted throughout the Michael E. DeBakey Veterans Affairs Medical Center Mental Health Care Line.

"Courtesy equals compassion plus respect." This slogan was developed by Karen Waldman, Ph.D., a MEDVAMC staff psychologist who won a MHCL-wide contest.

The Committee to Improve Patient and Employee Satisfaction includes Robert Ong, R.N., Mamie Arbuckle, R.N., Mabelle George, R.N., Eva Allen R.N., veteran Vern DiPasca, Anthony Kerrigan, Ph.D., Jill McGavin, Ph.D. (chairperson), Cheryl Yount, L.C.D.C., Delorex Hendrix-Giles, L.C.S.W., John Moonnumakal, R.N.,

Andrea Cohen, Ph.D., Kay Edwards, M.A., and Karen Palmer.

"These top scores show that the Mental Health Care Line is strongly invested in the first and most important part of our VAMC's mission statement - 'Patients are Number One!' Getting to this level has been a team effort and we plan to maintain the gain," said Joseph Hamilton, M.D., MEDVAMC Mental Health Care Line executive. ■ Jill McGavin, Ph.D., Chairperson, Committee to Improve Patient and Employee Satisfaction, MHCL.

8 Ways to Share in Medical Decisions

- ① Let your doctor know what you want. Tell your VA health care provider that you want to help make decisions about what to do for your health problems.
- ② Do your own research. Sometimes you need to learn things on your own before you can fully understand what your health care provider is saying.
- ③ Ask "Why?" Always ask "Why?" before agreeing to any medical test, medication, or treatment. By asking why, you may discover another option that better meets your needs.
- ④ Ask about alternatives. Learn enough to understand the options your health care provider thinks are reasonable.
- ⑤ Consider watchful waiting. Ask your health care provider if it would be risky or costly to wait a while (day, week, month) before treatment.
- ⑥ State your preferences. Tell your health care provider if you prefer one option over another based on your personal desires and values.
- ⑦ Compare expectations. Tell your health care provider what you are expecting from the treatment and ask if that is realistic. If appropriate, discuss side effects, pain, recovery time, long-term limitations, etc.
- ⑧ Accept responsibility. When you share decisions with your health care provider, both of you must accept the responsibility for what happens.

VA Gets Record Budget for FY04

WASHINGTON, D.C. – The Department of Veterans Affairs (VA) received a record budget of \$64 billion for the current fiscal year, up \$4.2 billion from the previous spending level.

The budget for fiscal year 2004, which began Oct. 1, 2003, comes as VA is putting the finishing touches on the administration's proposed budget for fiscal year 2005.

Among the major items in fiscal year 2004 budget are \$28.4 billion (including \$1.7 billion in collections) for health care, up \$2.9 billion from the previous year, and \$32.8 billion in benefits programs.

Other budgetary categories include:

- ✓ \$143.4 million for the National Cemetery Administration, an \$11 million hike over last year, plus nearly \$32 million in grants for state cemeteries.

- ✓ Full funding to expedite the handling of veterans' claims for disability compensation and pensions – a total of \$1 billion for all programs.

- ✓ Nearly \$176 million for health care and other programs to assist homeless veterans, an increase of over \$22 million from fiscal year 2003.

- ✓ \$101 million to support state extended-care facilities, \$3 million more than last year.

- ✓ \$522 million for construction, plus the authority to transfer another \$400. ■

**Michael E. DeBakey
Veterans Affairs Medical Center
2002 Holcombe Blvd.
Houston, Texas 77030
(713) 791-1414
www.houston.med.va.gov**

Edgar L. Tucker, BA, MPH, CHE, Director
Adam C. Walms, MHA, MA, Associate Director
Thomas B. Horvath, MD, FRACP, Chief of Staff
Deloris W. Leftridge, RN, MSN, CNA, Chief
Nurse Executive/Clinical Practice Office
Maurilio Garcia-Maldonado, MD, Beaumont
Outpatient Clinic Care Line Executive
Anthony Zollo, MD, Lufkin Outpatient Clinic
Care Line Executive
Bobbi D. Gruner, BS, MSBA, Public Affairs
Officer/Editor

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Houston VA Renamed for Dr. DeBakey

(continued from page 1)

transplantations, when a heart, both kidneys, and a lung were transplanted from a single donor to four separate recipients. By this time, such was this physician's fame that numerous world figures turned to him, not only for medical help but for the single privilege of being associated with the man who Britain's Duke of Windsor referred to as "the maestro" and whose likeness appeared on the May 28, 1965 cover of *Time Magazine*.

Volunteering for military service during World War II, DeBakey was named director of the Surgical Consultants' Division of the U.S. Surgeon General's office. His work in that office led to the development of mobile army surgical hospital (MASH units). He later helped establish the specialized medical and surgical center system for treating military personnel returning from war, subsequently the Veterans Administration Medical Center System.

This prolific surgeon and humanitarian has performed more than 60,000 cardiovascular procedures and has trained thousands of surgeons who practice around the world.

Through his work with the Hoover Commission in 1948, DeBakey was instrumental in the conversion of the old Houston Navy Hospital to the Veterans Administration Hospital on April 15, 1949. Acting on orders from President Truman to assume operation of the Navy Hospital, Warren Magnuson, M.D., the medical director of the Veterans Administration in Washington, called upon DeBakey to organize and direct staffing at the hospital.

DeBakey, with the help of the full-time faculty at Baylor College of Medicine, provided the medical staff and established the Dean's Committee. As chief surgeon at the Houston Veterans Administration Hospital, DeBakey also created an accredited residency program for the facility.

"We are honored and thrilled to have our VA medical center named after Dr. DeBakey," said Edgar L. Tucker, director of the Michael E. DeBakey VA Medical Center. "A living legend, Dr. DeBakey has truly served his country and his fellow man his entire life."

As a member of the world's largest integrated health care system, the MEDVAMC serves as the primary health care provider for more than 103,000 veterans in southeast Texas. ■ **Bobbi D. Gruner, MEDVAMC Public Affairs Officer**

Alzheimer's

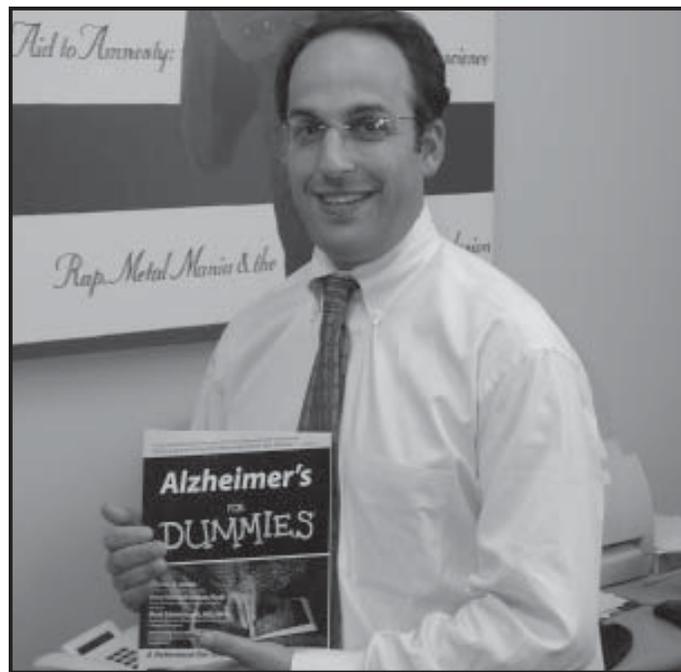
(continued from page 1)

Each section covers a different aspect of dealing with Alzheimer's disease. Part I identifies the symptoms and risk factors for Alzheimer's disease and walks you through the diagnostic process. With diagnosis in hand, Part II helps you understand the various stages of Alzheimer's disease and how they impact care giving. Part III is a crash course with valuable information regarding the myriad of medical, legal, and financial issues you have to deal with as an Alzheimer's caregiver. Providing care for a person with Alzheimer's disease can be a daunting task. Part IV offers some smart ideas to help caregivers manage stress and cope with the demands of care giving. Part V or the "Part of Tens" is a 'For Dummies' tradition, featuring quick resources providing a great deal of information in an easy-to-digest fashion.

"Professional and family caregivers face enormous emotional and physical challenges in caring for someone with Alzheimer's disease," said Kunik. "This book is the book that you want to have around to get quick, easy-to-understand, practical answers for the day-to-day challenges that arise in caring for someone with Alzheimer's disease or other related dementias."

A leading expert, Kunik is a practicing geropsychiatrist at the Michael E. DeBakey Veterans Affairs Medical Center (MEDVAMC) who has conducted extensive clinical and health services research on dementia. He has worked tirelessly to improve the quality of life for people with dementia, both as a caring physician to his patients and as a researcher who has published more than 40 papers on dementia-related issues alone.

The many patients whose lives he has



A leading expert, Mark Kunik, M.D., M.P.H. is a practicing geropsychiatrist at the Michael E. DeBakey Veterans Affairs Medical Center who has conducted extensive clinical and health services research on dementia. "Many people believe that treating persons with Alzheimer's disease is hopeless and futile. In fact, there are many things you can do, with and without medications, that improve the quality of life for persons with dementia and their caregivers," said Kunik.

touched since he first joined the MEDVAMC in 1993 would gladly attest to the thoughtful and sympathetic attention Kunik has shown to each one. After serving as the director of the Geropsychiatry Service at the MEDVAMC from 1993 to 1999, Kunik received an Advanced Research Career Development Award and moved to the VA's Houston Center for Quality of Care & Utilization Studies (HCQCUS) to further his research efforts on behalf of

those with dementia.

Recently, he was appointed to the position of associate director of the HCQCUS, offering leadership and guidance to numerous other researchers as well. He is also an associate professor in the department of psychiatry and behavioral sciences at Baylor College of Medicine where he has served as a faculty member since 1992. ■ **Matt Price, HCQCUS Chief Communications and Public Relations Director**

Tips for Losing Weight - Just in Time for Summer Shorts Season

HOUSTON, TX – Now that the holidays are over and the summer shorts season is on the horizon, losing those extra pounds can be a difficult task. However, being overweight can lead to serious health problems later in life. Extra weight can put you at risk for type 2 diabetes, heart disease, high blood pressure, and even some types of cancer. A balanced diet and regular physical activity are the keys to good health. So, how do you get started?

Change Your Eating Habits! Even small changes can make a difference. Here is a list of things to try:

✓ **Eat three meals every day.** Breakfast is especially important! People who skip meals are more likely to overeat at their next meal.

✓ **Eat a variety of colored vegetables everyday.** Vegetables are low calorie and provide a lot of nutrients. Each color provides a different nutrient. Mustard greens, cabbage, carrots, and tomatoes are all good choices.

✓ **Eat more whole grains.** Whole grains have lots of fiber that will help you to feel full. Try whole wheat breads, pastas, brown rice, and oatmeal.

✓ **Choose fresh fruit over fruit juice.** Fruit juice has little to no fiber and lots of calories.

✓ **Limit high sugar products.** Drink diet soda instead of regular. Use a sugar substitute instead of sugar when sweetening tea or coffee. You can even cook with some sugar substitutes.

✓ **Limit portion sizes.** At restaurants, eat only half your meal and take the rest home or split your meal with somebody else. At home, use a smaller plate.

✓ **Drink lots of water.** Water can help you to feel full and it is calorie free! Water also regulates your body temperature, keeping it constant at 98.6 degrees. It transports nutrients and oxygen to your body cells and carries waste products away.

✓ **Store high fat foods out of sight.** An even better idea is to not buy foods that will tempt you.

Get Active! Even a moderate amount of physical activity can help you lose weight and improve your health. Aim for small goals and build up from there. Here are some ways to add more activity to your day and help burn those extra calories:

✓ Take the stairs instead of the elevator.

✓ Park far away from stores, your home, or office and walk.

✓ After dinner take a walk instead of watching TV.

✓ Make it a social event. Include your friends and family in physical activities.

Most Importantly! Do not get discouraged. Everyone will experience setbacks from time to time. Forgive yourself and get back on track. Losing weight takes time and effort. Losing as little as five to 15 percent of your body weight can significantly decrease your chances for health risks later, so hang in there. A safe rate of weight loss is one to two pounds per week.

For more information, talk to your Prime Care Provider at the Michael E. DeBakey VA Medical Center during your next appointment or visit the following Web sites: American Obesity Association at <http://www.obesity.org> or National Heart, Lung, and Blood Institute at <http://www.nhlbi.nih.gov>. ■ **Kristin Balkar, MEDVAMC Dietetic Intern**

VA Fisher House Breaks Ground

HOUSTON, TX - Expensive hotel stays and cramped couches will soon be a thing of the past for families of veterans undergoing treatment for long-term or unexpected illnesses, diseases, or injuries at the Michael E. DeBakey VA Medical Center (MEDVAMC) when a Fisher House opens in late 2004.

In November 2003, Secretary of Veterans Affairs Anthony J. Principi accepted a proffer from the Fisher House Foundation to build a 21-suite facility on the Houston VA campus. The Fisher House Foundation, established in 1990 by Zachary and Elizabeth Fisher, provides temporary lodging to families of hospitalized active duty military members and veterans.

Once the home is completed, it will be officially donated to the VA for operation, management, and maintenance. Other Fisher Houses, which are similar in function to the Ronald McDonald Houses, are located in Colorado, Florida, Minnesota, New York, and Ohio.

The Houston home will be the largest



Above from left, at the groundbreaking ceremony on January 16, 2004, Texas Medical Center President Richard E. Wainerd, Ph.D. who took the lead in the community fundraising effort, Fisher House Foundation Chairman Kenneth Fisher, President George H. W. Bush who served as the honorary chair for the Houston Fisher House effort, and Secretary of Veterans Affairs Anthony J. Principi thank the organizations, businesses, and individuals in the Houston community who gave their time, resources, and energy to support the Fisher House cause.

Fisher House ever built and the seventh donated to the Department of Veterans Affairs by the Fisher House Foundation. Normally, Fisher Houses are built to support 11 sleeping rooms or less. However, space limitations on the MEDVAMC campus and the need to accommodate 21 families prompted the

Fisher House Foundation to build a larger facility. Each suite at the house will include two double beds and a private bath. The house will include a communal kitchen, living and dining rooms, a library/playroom, and a manager's office.

The MEDVAMC had more than 557,360 outpatient visits and admitted more than 10,000 inpatients in fiscal year 2003. ■

Do you wonder why your doctor or pharmacist instructs you to take your medications with food or without food?

Do I Take With or Without Food?

HOUSTON, TX - Do you ever wonder why your Michael E. DeBakey VA Medical Center doctor or pharmacist instructs you to take your prescription medications with food or without food?

There are many reasons behind their advice. Some medications need food to increase their absorption into the body. This makes these particular drugs more effective. Other drugs may cause stomach irritation and side effects, requiring food to help lessen the problem.

Many drugs are degraded when conditions in the stomach are too acidic. Food can help to alleviate this situation. Sometimes food can alter how the body processes a particular drug, making the medication less effective.

On the other hand, some drugs are hindered from working if taken with food. Food can sometimes slow the absorption of the drugs. Many foods and food products can bind to the drug rendering it ineffective. Ciprofloxacin or tetracycline with dairy products or antacids are examples.

The list to the right contains some of the most commonly prescribed medications and whether they should be taken with or without food. If the drug you are taking is not on this list, you may contact your doctor or pharmacist for instructions.

The MEDVAMC Pharmacy Helpline is available Monday through Friday from 8 a.m. to 4 p.m. by dialing (713) 791-1414 ext. 2421 or (713) 794-7653. A pharmacist is available to answer any questions you have concerning your medications. ■ *Victoria Bryant, PharmD, MEDVAMC Pharmacy*

Medications With or Without Food

Aspirin or Enteric-coated Aspirin	Take with food.
Ibuprofen or Naproxen	Take with food or milk.
Acetaminophen (also called Tylenol)	Take on empty stomach if not contraindicated.
Penicillin or Ampicillin	Take on an empty stomach.
Amoxicillin	Without regards to meals.
Tetracycline	Take 1 hour or 2 hours after meals. Do not take with antacids, dairy products or iron.
Ciprofloxacin or Gatifloxacin	Take 1 hour or 2 hours after meals. Do not take with antacids, dairy products or iron.
Phenytoin	Take with food.
Captopril	Take on empty stomach at same time everyday.
Atenolol	Without regards to meals, but take it same time everyday.
Digoxin	Take at same time as food. Avoid high fiber diets.
Hydrochlorothiazide	Take with food.
Labetalol	Take with food.
Metoprolol	Without regards to meals. Be consistent everyday.
Hydralazine	Take with food.
Metformin	Take with food.
Glipizide	Take 30 minutes before meals.
Glyburide	Take with food.
Rosiglitazone or Pioglitazone	Take with food.
Prednisone or Methylprednisolone	Take with food.
Lovastatin or Simvastatin	Take with food.
Atorvastatin	Without regards to meals.
Warfarin	Maintain a balanced diet without abrupt intake of large amounts of food rich in vitamin K.
Felodipine	Do not take with grapefruit or grapefruit products.

✂ *Get the latest VA news at www.houston.med.va.gov on the World Wide Web!*

Houston VA Cancer Program Granted Commission on Cancer Approval

HOUSTON, TX - On December 8, 2003, the Commission on Cancer of the American College of Surgeons granted a three-year approval to the cancer program at the Michael E. DeBakey VA Medical Center.

Established by the American College of Surgeons in 1932, the Approvals Program sets standards for cancer programs and reviews the programs to make sure they conform to those standards. Recognizing that cancer is a complex group of diseases, the program promotes consultation among surgeons, medical oncologists, radiation oncologists, diagnostic radiologists, pathologists, and other cancer specialists. This multidisciplinary cooperation results in improved patient care.

Receiving care at a Commission on Cancer approved cancer program ensures that a patient will have access to quality care close to home; comprehensive care offering a range of state-of-the-art services and equipment; a multispecialty, team approach to coordinate the best treatment options available to cancer patients; information about cancer clinical trials, education, and support; lifelong patient follow-up through a cancer registry that collects data on type and stage of cancers and treatment results; and ongoing monitoring and improvement of care.

Approval by the Commission on Cancer is given only to those facilities that have voluntarily committed to provide the best in diagnosis and treatment of cancer and to undergo a rigorous evaluation process and a review of its performance. In order to maintain approval, facilities with approved cancer programs must undergo an on-site review every three years.

The American Cancer Society estimated that approximately 1,334,100 cases of cancer would be diagnosed in 2003. Slightly more than one-fifth of the country's hospitals have approved cancer programs, and more than 80 percent of patients who are newly diagnosed with cancer are treated in these facilities. ■ *Bobbi D. Gruner, MEDVAMC Public Affairs Officer*



From our Veterans

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

Question: How do I get more news about the Michael E. DeBakey VA Medical Center and veterans' health care?

Answer: Send an email to bobbi.gruner@med.va.gov to sign up to receive news releases and information. You can also visit www.houston.med.va.gov and click on the "In the News" symbol.

Question: Do disabled veterans get health care priority from VA?

Answer: All veterans with service-connected medical problems will receive priority access to health care from the (VA) under a new directive.

"Caring for veterans with service-connected medical problems is a major reason VA exists," said Secretary of Veterans Affairs Anthony J. Principi. "This directive should ease the minds of veterans who no longer have to wait for health care appointments."

The new directive provides that all veterans requiring care for a service-connected disability — regardless of the extent of their injury — must be

scheduled for a primary care evaluation within 30 days of their request for care. If a VA facility is unable to schedule an appointment within 30 days, it must arrange for care at another VA facility, at a contract facility, or through a sharing agreement.

The directive covers hospitalization and outpatient care. It does not apply to care for medical problems not related to a service-connected disability. However, veterans needing emergency care will be treated immediately.

The new provision is an extension of rules that took effect in October 2002 for severely disabled veterans. Under the earlier rule, priority access to health care went to veterans with disabilities rated at 50 percent or more. For the severely disabled, the priority includes care for non-service-connected medical problems.

The number of veterans using VA's health care system has risen dramatically in recent years, increasing from 2.9 million in 1995 to nearly 5 million in 2003. Although VA operates more than 1,300 sites of care, including 162

hospitals and more than 800 outpatient clinics, the increase in veterans seeking care outstrips VA's capacity to treat them.

"VA provides the finest health care in the country, but if a veteran cannot see a doctor in a timely manner, then we have failed that veteran," Principi said. "I will work to honor our commitment to veterans," he said. "But when it comes to non-emergency health care, we must give the priority to veterans with service-connected disabilities."

Question: Will I be receiving a cost of living increase in my disability benefits check this year?

Answer: About 3.4 million veterans and family members will receive a 2.1 percent increase in their monthly VA benefits checks. The increase matches the rate hike for Social Security benefits.

The increase goes to veterans getting disability compensation and wartime pensions, and to survivors of veterans who died from a service-related condition or while receiving VA pensions. Recipients should see the increase in the benefits checks they get in the beginning of January, which applies to benefits earned in December.

Question: I served in the Gulf War in 1991 and recently received a survey in the mail from VA with health questions. Is this a legitimate survey?

Answer: Yes, VA is contacting veterans from the first Gulf War as a follow-up to a 1995 study. It's called the Longitudinal Health Study of Gulf War Era Veterans.

Selected veterans are being asked about their general health, functional status, chronic medical conditions, unexplained illnesses, plus visits to doctors and hospitals. Participation is voluntary and all information is confidential.

Not all Gulf War veterans will get the survey. Information from the survey will help VA's continuing research into the causes, treatments, and long-term health effects from service in the Gulf.

Question: Can a language other than English be used for inscriptions on VA furnished headstones and markers?

Answer: Inscriptions, such as terms of endearment, are permitted on VA headstones in a language other than English. Those inscriptions must be based on the Latin alphabet and be compatible with VA's mission to honor deceased veterans.

Standard inscription items — the veteran's name, date of birth, date of death, and military information — must be in English.

These rules apply to headstones in VA-run national cemeteries and to headstones and markers provided by VA for use in other cemeteries.

Question: Is there a Web site with information on health care issues affecting veterans from the last four major military conflicts?

Answer: The Institute of Medicine (IOM) has created a new Internet Web site with information about a variety of military-related health issues. The Web site, at <http://veterans.iom.edu>, has separate sections for health care issues affecting the last four major military conflicts — World War II, the Korean War, the Vietnam War and the Gulf War. At each section, visitors can read electronic versions of IOM-produced reports or purchase publications. Other sections list IOM's completed reports and reports in progress, while another area contains studies about chemical and biological agents suspected of causing health problems for military members.

Important VA Telephone Numbers

Michael E. DeBakey 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
Vet Center (Post Oak Road)	(713) 682-2288
Vet Center (Westheimer)	(713) 523-0884
Patient Representatives	
Houston	(713) 794-7884
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

*The Michael E. DeBakey VA Medical Center
presents a special*

American Ex-POW Program

*honoring our Nation's
Former Prisoners of War*

Friday, April 9, 2004, 10 a.m.

MEDVAMC Gymnasium

Guest Speaker: Ken Wallingford, POW in Vietnam

While serving as a United States military advisor to 200 South Vietnamese troops on April 5, 1972 at Loc Ninh, South Vietnam, Wallingford and four other Americans came under heavy fire from three divisions of North Vietnamese Army and Viet Cong soldiers. After two and a half days of fighting, the numerically superior enemy overran his camp. Severely wounded, Wallingford was one of three survivors taken prisoner. He spent the next ten months in a five-foot by six-foot "tiger cage" and was one of the first two Texans to return home following the signing of the Paris Peace Agreement.

The program also features a special oration by Caleb Edwards, a high school senior whose father is a U.S. Navy veteran and a POW table ceremony performed by the Texas United Veterans Association. Refreshments served.

*For more information, contact the MEDVAMC
Public Affairs Office at (713) 794-7349.*