VA Pride

Vol. 4 No. 1 An Information Guide for the Veterans We Serve in Southeast Texas January/February 2005

Michael E. DeBakey Veterans Affairs Medical Center • Beaumont VA Outpatient Clinic • Lufkin VA Outpatient Clinic

VA Signs Contract to Open 2 Clinics in Galveston

HOUSTON - The Michael E. DeBakey Veterans Affairs Medical Center (MEDVAMC) has made significant progress toward establishing two community-based outpatient clinics (CBOCs) in Galveston County and leasing a larger building for the existing Lufkin Outpatient Clinic.

On December 13, 2004, the MEDVAMC awarded a contract to American Medical Services, LLC to operate two CBOCs in the Galveston area. This contract calls for one CBOC located on Galveston Island and one on Galveston County mainland. These clinics will provide primary care, pharmacy, laboratory, mental health, and nutrition services for veterans in the area.

Opening in March 2005, the new Galveston Island CBOC will be conveniently located immediately off Interstate 45 in Galveston, at 6115 Avenue L, the corner of 61st and L. The Galveston County Mainland CBOC will open in the summer of 2005 and will be located off Interstate 45 at 9300 Emmett F. Lowry Expressway, Suite 206 in Texas City.

In the next two months, veterans currently enrolled at the MEDVAMC and living in the Galveston area will be contacted to determine if they wish to receive health care services at one of the new clinics. Veterans who wish to enroll in the new Galveston clinics can also call toll free 1-800-310-5001.

The VA estimates approximately 25,000 veterans live in Galveston County. Each of the new clinics is expected to see about 4,000 veterans in the first year of operation.

"The new clinics in Galveston will greatly expand the VA's capacity for outpatient care in southeast Texas. The award of the contract for the Galveston clinics is just one step forward toward our goal of providing needed health care services closer to where our veterans live," said MEDVAMC Director Edgar L. Tucker.

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Michael E. DeBakey VA Medical Center research finds introducing certain types of bacteria into the bladder can actually prevent catheter-related urinary tract infections . . .

A Bug Can Be Better Than A Drug

HOUSTON - Two preliminary clinical trials funded by the Department of Veterans Affairs surprisingly indicate that introducing certain types of bacteria into the bladder can actually prevent catheter-related urinary tract infection. Prompted by this initial success, investigators led by Rabih O. Darouiche, M.D. a staff physician in the Medical and Spinal Cord Injury Care Lines at the Michael E. DeBakey VA Medical Center (MEDVAMC), are currently conducting a National Institutes of Health-sponsored multi-center clinical trial to confirm the effectiveness and safety of this approach for patients with spinal cord injury.

Infections of the urinary tract are the most common infections patients with dysfunctional bladders suffer. Persons with spinal cord injury are especially susceptible to urinary tract infections because of their use of an indwelling catheter. Physicians have found that drug-utilizing approaches, including systemic antibiotics, irrigation of the catheter and the bladder with antimicrobial agents, and disinfection of

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Photo by Robin D. Conner, MEDVAMC Public Affairs Officer

Veteran Howard Atkinson, a patient on the MEDVAMC Spinal Cord Injury Unit, discusses treatment options with Rabih O. Darouiche, M.D. a staff physician in the Medical and Spinal Cord Injury Care Lines. Atkinson is a participant in the clinical trail led by Darouiche researching the use of certain types of bacteria to prevent catheter-related urinary tract infections.

Surprisingly, popular antibacterial soaps found to be ineffective . . .

Study Pinpoints Causes of Gastrointestinal Illness and Identifies Best Prevention Tactics

HOUSTON - For the first time, scientists have examined the complex causes of acute illness affecting the stomach and intestinal tract and identified the most effective prevention methods. Most intriguing, the research finds no apparent benefit from the popular and commonly-used antibacterial soaps. The study, by Daniel M. Musher, M.D., chief, Infectious Disease Section, Michael E. DeBakey VA Medical Center and Benjamin L. Musher, M.D., staff physician, Department of Medicine, University of Pennsylvania School of Medicine, appears in the Dec. 2, 2004 New England Journal of Medicine.

Acute gastrointestinal illness is exceedingly common; viruses, bacteria, and protozoa are the principal recognized causes. "In our world, widespread media coverage of infections such as SARS, influenza in Asia, acute gastroenteritis on cruise ships and outbreaks in day-care centers have raised public interest in contagious diseases to new heights," said Daniel Musher.

Unlike agents that cause contagious respiratory infections, which are largely spread by humans, agents that cause acute gastrointestinal illness may spread from person to person or may be acquired from a common food or environmental source, often water. They may also result from exposure to animals.

The likelihood of becoming contagious depends on the age and self-reliance of an infected person, the nature of the social interaction, the intensity of the symptoms, and other, less well-understood factors.

"The immune status of the host undoubtedly plays a role in determining whether disease or infection results, but the nature of such immune factors is poorly understood," said Benjamin Musher.

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- NEWS FLASH - Company Hired by VA Calling Veterans at Home to Verify Personal Information. Details on Page 6

It is important for health care providers to understand a veteran's military history. This information can provide valuable information for diagnosing medical problems . . .

36 Years Later, Veteran Finally Gets Bronze Star Medal Thanks to VA Doc

HOUSTON - Sometimes, a chance encounter offers the opportunity to correct a 36-year-old oversight. Such was the case when former U.S. Army Specialist 5 Donald Lee Newland, a Vietnam veteran, was recently seen by Rehabilitation Care Line clinicians at the Michael E. DeBakey VA Medical Center (MEDVAMC).

Kuno P. Zimmermann, D.O., Ph.D., MEDVAMC Rehabilitation Care Line physician, routinely asks new patients about their military service - what branch, when they served, occupational specialty, rank, and about any combat experiences.

When Zimmermann asked Newland about his military service, the patient provided laconic answers. That was until Newland's wife brought up the fact her husband had earned a Bronze Star for his service in Vietnam and had the certificate, but no medal, to prove it.

In January 1968, Newland received a Bronze Star certificate, but was told the presenters had run out of medals and the Army would send him one. It never arrived, and according to Penny Newland, her husband has been "down in the dumps for years about it."

Photo by Ayanda Barnett, MEDVAMC Media Station

Last November, MEDVAMC Director Edgar L. Tucker (left) presented Donald Newland, a Vietnam veteran, (right) with his long-overdue Bronze Star in a ceremony attended by the veteran's family. Back in 1968, Newland received a Bronze Star certificate, but was told the presenters had run out of medals and the Army would send him one.

Zimmermann and Eric Spier, M.D., a MEDVAMC resident from Baylor College of Medicine, knew there had to be a way to provide the veteran with his missing medal. They turned to Henry J. Ostermann, Ph.D., Diagnostic and Therapeutic Care Line business office manager and a brigadier general in the U.S. Army Reserves. Armed with a copy of the veteran's citation, Ostermann was able to obtain the Bronze Star medal set while on reserve duty.

Last November, MEDVAMC Director Edgar L. Tucker and Zimmermann, who is also a lieutenant colonel in the Missouri National Guard, presented Newland with his long-overdue Bronze Star in a ceremony attended by the veteran's family.

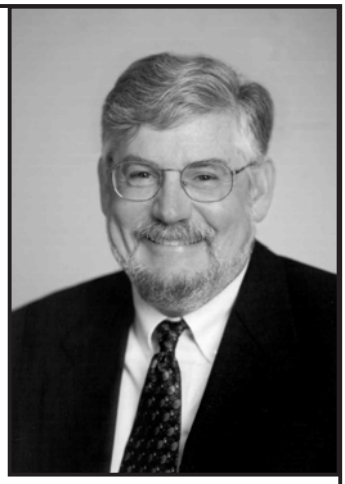
"It is important that clinicians integrate a veteran's military history into the diagnosis and treatment of his or her medical problems. For example, conditions as diverse as peptic ulcer disease, irritable bowel syndrome, anxiety states, cold injury, osteoarthritis, optic atrophy, ischemic heart disease, and coronary artery disease are statutorily considered to be service-connected if a veteran was a prisoner of war for more than 30 days,"said Zimmermann. "Awareness of POW status may thus lead the clinician to consider diagnostic alternatives that are not obvious."

Veterans or their surviving next of kin may obtain replacement medals and copies of military records by visiting the U.S. National Archives and Records Administration (NARA) Web site at *www.archives.gov* or calling 1-866-272-6272.

The NARA is the official repository for records of military personnel who have been discharged from the U.S. Air Force, Army, Marine Corps, Navy, and Coast Guard. The NARA's National Personnel Records Center responds to approximately 4,000 requests pertaining to military records each day, many for Separation Documents, usually the DD Form 214. ♦ *Taralyn Wanderer Brooks, MEDVAMC Rehabilitation Care Line Administrative Officer*

A Word from the Director . . .

2005 Brings More Excitement and New Challenges



Edgar L. Tucker, Medical Center Director

HOUSTON - The Michael E. DeBakey VA Medical Center (MEDVAMC) had much to celebrate during 2004: the renaming of our facility in honor of medical pioneer and gifted physician Michael E. DeBakey, M.D.; the groundbreaking for a 21-suite Fisher House; achieving Magnet Recognition for Excellence in Nursing Services; winning the Secretary of Veterans Affairs Robert W. Carey Organizational Excellence Achievement Award for demonstrating effective, systematic approaches to management and producing positive trends and performance levels in key areas of importance; and receiving a special award from the National VA Surgical Quality Improvement Program Executive Committee for having consistently low mortality rates in general surgery, all surgery, and all non-cardiac surgery four years in a row. These were just a few of the highlights of a very busy year.

The year 2004 also saw many of our staff recognized for their research efforts with a great many articles published in prestigious journals and presented at national conferences. I expect this to continue as our physicians, nurses, and research investigators search for new knowledge and better medical treatments for our veterans.

For 2005, we anticipate continued excitement and challenges; all in the pursuit of the highest quality of health care for our veterans. We have made significant progress toward improving veteran access to needed health care by awarding the contract to establish two community-based outpatient clinics (CBOC) in Galveston County. Expected to open March 2005, the new Galveston Island CBOC will be located at 6115 Avenue L. The Galveston County Mainland CBOC, opening summer 2005, will be located at 9300 Emmett F. Lowry Expressway, Suite 206 in Texas City. These clinics will provide primary care, pharmacy, laboratory, and mental health services for veterans in the area.

Also opening in the New Year, our Fisher House, the largest one built to date, to provide temporary lodging to families of hospitalized active duty military members and veterans.

Progress is also being made to lease a larger building for the existing Lufkin Outpatient Clinic. In December, the MEDVAMC sent a fact-gathering team to meet with Lufkin city officials. The team, which included two officials from the VA Real Property Office in Washington, D.C., collected information about zoning laws, city boundaries, and available construction locations.

Last year, the MEDVAMC expanded affiliations with colleges and universities, and we look forward to re-establishing a Pharmacy Residency Training Program this year to enhance our own recruitment and retention capabilities in this very important career field.

In 2005, we plan to use the improvements gained from earning Magnet designation and the Carey Award to continue improving the health care we provide to our veterans, particularly in the areas of timeliness, continuity of care, and coordination of services.♦

COPD/Emphysema . . .

If you are one of the millions of people for whom every breath is a struggle, here is important news.

Medical researchers at the Michael E. DeBakey VA Medical Center are enrolling patients in a clinical research study evaluating a medical technology for persons with emphysema.

Participation will include supervised medical care by health care professionals who will monitor your health as it relates to the clinical study.

If you can answer YES to each of the following questions, call **(713) 794-7709**.

Are you:

- ✓ *Age 40 to 75 years?*
- ✓ *Diagnosed with emphysema or COPD by a health care provider?*
- ✓ *A smoker or former smoker who has stopped smoking for at least 4 months?*
- ✓ *Willing to participate in a clinic research study and want to learn more?*

New ceiling-mounted patient lifts reduce staff injuries, advance patient care, and improve everyone's morale . . .

New Ceiling Lifts Glide Patients to Destination

HOUSTON - The Michael E. DeBakey VA Medical Center (MEDVAMC) recently completed installation of ceiling-mounted patient lifts for 40 beds on its Spinal Cord Injury Unit and 127 beds on its Transitional Care Center. In addition, one was installed to assist in the Urodynamic Lab.

The MEDVAMC has taken this action in response to the fact that nursing is the riskiest occupation for back injuries. According to a report from the Bureau of Labor Statistics, registered nurses, nursing aides, orderlies, and attendants top the list of occupations most associated with work-related musculo-skeletal disorders.

There are two main risk factors for back injury among nurses: lifting or transferring patients, and repositioning patients. The Spinal Cord Injury Unit provides medical care for veterans with spinal cord injury or dysfunction, while the Transitional Care Center cares for veterans who need prolonged nursing care, rehabilitation, or pressure sore care before going home, to a nursing home, or to an assisted-living environment.

During a typical shift on average, a MEDVAMC staff nurse will lift 20 patients into bed, and transfer 10 patients from bed to a chair. Patients typically weight in excess of 100 pounds, a load well above the weight that would be considered 'safe' for industrial workers for this frequency of lifting. Each of the recently installed patient lifts handles up to 550 pounds and can be upgraded to handle up to 1,100 pounds by adding another motor to the existing rail.

The new lift system allows nurses to easily turn a patient, transfer patients to and from their beds to chairs, wheelchairs, or stretchers. In the bathroom, the system is used to securely support the patient during bathing. The overhead lift system is fast becoming a favorite of the patients for its comfort and feeling of gliding to their destination.

On the staff side, patient lifts reduce the physical demands for the nursing staff. Because of the sling support from above, it is much easier for nurses to negotiate around furniture and equipment in the room. In addition, there is never a requirement to make a bed while the patient is still in it.

To test the devices, the MEDVAMC installed the ceiling-mounted lifts in its Nuclear Medicine Section examination rooms a year ago. "We found the ceiling-mounted lifts in our busiest Nuclear Medicine Section examination rooms to be extremely helpful. Our technologists successfully used them for lifting patients who are unable to transfer themselves to the examination tables. The lifts are very effective in preventing injuries of both patients and staff, especially lower back injuries," said Nicholas Kutka, M.D., chief, MEDVAMC Nuclear Medicine Section.

"The new lifts have been a great help in the Spinal Cord Injury Unit, not only to us, the nurses, but also to the therapists and the patients. It's great how easy it is to now lift a patient without worrying about the bulkiness and instability of the old system. Nurses are now more able to do more of the lift transfer themselves without the need for help. I can honestly say the lifts in each room and each patient assigned their own slings, have made a big difference in job satisfaction and staff morale on this unit," said Reginald Velasquez, LVN, Spinal Cord Injury Unit staff nurse.

The MEDVAMC plans to install patient lift systems in the Spinal Cord Injury Outpatient Clinic, Surgical Intensive Care Unit, Nursing Unit 4D, Radiology, and the Primary Care Clinics in the near future. ♦ *Bobbi D. Gruner, MEDVAMC Public Affairs Officer*

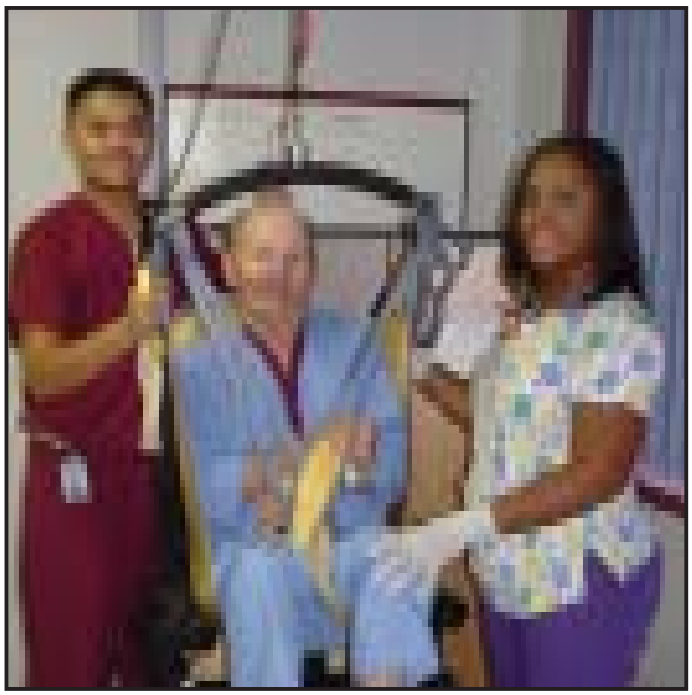


Photo by Bobbi D. Gruner, MEDVAMC Public Affairs Officer

Spinal Cord Injury Unit staff nurses Reginald Velasquez, LVN and Veleka Hill, LVN use the new patient lift system to transfer veteran Fred Johnson to his wheelchair. "The new lifts have been a great help, not only to us, the nurses, but also to the therapists and the patients. It's great how easy it is to now to lift a patient without worrying about the bulkiness and instability of the old system. Nurses are now more able to do more of the lift transfer themselves without the need for help. I can honestly say the lifts in each room and each patient assigned their own slings, have made a big difference in job satisfaction and staff morale on this unit," said Velasquez.

VA Offers Superior Care in Diabetes Management

Photo by Tom Burke, MEDVAMC Public Affairs Specialist

MEDVAMC Diabetes Clinic Chief Jose Garcia, M.D. examines veteran Thomas Mizell's foot for complications of diabetes. Diabetics should take extra care to monitor their eyes, feet, and diet. These patients are advised to protect their feet from hot and cold, and to wear socks and shoes at all times. Exercise is also very important to increase blood circulation in their legs and feet.

HOUSTON - Diabetes, a chronic disease where the body cannot properly turn sugar, starches, and other food into energy, affects about 18 million people and contributes to more than 200,000 deaths in the United States every year.

The VA provides diabetes care to more than 800,000 patients. VA spent almost $13 million on 93 diabetes-related studies in fiscal year 2003. One of these studies, conducted in conjunction with the CDC and the University of Michigan, shows that the VA offers superior care in diabetes management when compared to commercial managed care.

"While we are thrilled to set benchmarks, we are more thrilled by the better outcomes for our patients," said Dr. Jonathan Perlin, Acting Under Secretary of the Veterans Health Administration.

VA research is also examining why diabetes complications appear to differ by ethnic background. African Americans are nearly twice as likely as whites to have diabetes.

Diabetics should take extra care to monitor their eyes, feet, and diet. They should also protect their feet from hot and cold, wear socks and shoes at all times, and keep the blood flowing to their feet by keeping their feet elevated when sitting. Diabetics should also try to eat the same amount of food at the same times every day and incorporate exercise into their daily routine.

Type 1 diabetes, which was previously called insulin-dependent diabetes mellitus or juvenile-onset diabetes, may account for five to 10 percent of all diagnosed cases of diabetes. Type 2 diabetes, which was previously called non-insulin-dependent diabetes mellitus or adult-onset diabetes, may account for about 90 to 95 percent of all diagnosed cases of diabetes.

Risk factors for Type 2 diabetes include older age, obesity, family history of diabetes, prior history of gestational diabetes, impaired glucose tolerance, physical inactivity, and race or ethnicity. African Americans, Hispanic or Latino Americans, American Indians, and some Asian Americans and Pacific Islanders are at particularly high risk for Type 2 diabetes.

Risk factors are less well defined for Type 1 diabetes than for Type 2 diabetes, but autoimmune, genetic, and environmental factors are involved in developing this type of diabetes.

While Type 1 diabetes most often appears in childhood, steps may be taken to help prevent the onset of Type 2 diabetes:

✓ Eat a healthy diet. Increase intake of fruits, vegetables, and fiber. Cut back on sugars and fats. Moderation is the key.

✓ Being overweight increases your risk. Losing even 10 to 15 pounds can often delay or possibly prevent Type 2 diabetes.

✓ Be physically active. Try to incorporate exercise into your routine every day.

The Michael E. DeBakey VA Medical Center encourages any veteran with in-country Vietnam service and diagnosed diabetes mellitus to contact the Houston VA Regional Office at (713) 794-3678 for assistance on applying for benefits. For more about diabetes, visit VA's Web site at *www.vaprevention.com.* ♦

Sugar Alcohols: The Sweet News on the Label!

Photo by Bobbi D. Cormier, MEDVAMC Public Affairs Officer

MEDVAMC Dietetic Intern Lauren Sincox discusses the role of sugar alcohols in "low-sugar" foods with veteran Raymond Baylor. Some people believe they can eat unlimited amounts of "sugar-free" foods. But keep in mind that although sugar alcohols are lower in calories than regular sugar is, other ingredients in these foods still contribute calories. Moderation is key.

HOUSTON - According to the 2004 Calorie Control Council survey, 84 percent of consumers use low-calorie, reduced-sugar, and sugar-free foods and beverages. Many of these products contain sugar alcohols.

So what exactly are sugar alcohols? Well, they are neither sugar nor alcohol. Sugar alcohols, also known as polyols (short for polyhydric alcohols), are low-calorie, carbohydrate-based sweeteners. They are found naturally in fruits and vegetables, but can also be made for commercial use. The FDA has deemed them safe to consume.

Examples of sugar alcohol include mannitol, sorbitol, xylitol, lactitol, isomalt, maltitol, and hydrogenated starch hydrolysates (HSH).

Mannitol occurs naturally in pineapples, olives, asparagus, sweet potatoes, and carrots. It is extracted from seaweed for use in food manufacturing. Mannitol has 50 to 70 percent of the relative sweetness of sugar, which means more must be used to equal the sweetness of sugar. Mannitol lingers in the intestines for a long time and sometimes causes bloating and diarrhea.

Sorbitol is found naturally in fruits and vegetables. It is manufactured from corn syrup. Sorbitol has only 50 percent of the relative sweetness of sugar. This means twice as much must be used to deliver a similar amount of sweetness to a product. It has less of a tendency to cause diarrhea compared to mannitol. It is often an ingredient in sugar-free gums and candies.

Xylitol is also called "wood sugar" and occurs naturally in straw, corncobs, fruit, vegetables, mushrooms, and some cereals. Xylitol has the same relative sweetness as sugar and is found in chewing gums.

Lactitol has about 30 to 40 percent of sugar's sweetening power, but its taste and solubility profile resembles sugar so it is often found in sugar-free ice cream, chocolate, hard and soft candies, baked goods, and chewing gums.

Isomalt is 45 to 65 percent as sweet as sugar and does not tend to lose its sweetness or break down during the heating process. Isomalt absorbs little water, so it is often used in hard candies, toffee, cough drops, and lollipops.

Maltitol is 75 percent as sweet as sugar. It is used in sugar-free hard candies, chewing gum, baked goods, and ice cream because it gives a creamy texture to foods.

HSH are produced by the partial hydrolysis of corn. HSH provide 40 to 90 percent of the sweetness of sugar. HSH do not crystallize and are used extensively in confections, baked goods, and mouthwashes.

A manufacturer may voluntarily include the sugar alcohol content of a food on the nutrition label. If a claim such as "sugar-free" is made, then the sugar alcohol must be listed. If the sugar alcohol amount is on the label, it will be listed separate from the "total carbohydrates" number, but is actually a part of that number.

Sugar alcohols are not fully absorbed by the body, and so they offer less energy and calories than sugar. They provide between one and three calories per gram, whereas sugar provides four calories per gram. Sugar alcohols are considered to be "nutritive sweeteners." "Nonnutritive sweeteners" containing no calories include artificial sweeteners as Sweet & Low®, Equal® and Nutrasweet®.

Sugar alcohols have several health benefits. The first is that they taste like sugar, and provide the texture of sugar, but have fewer calories. They can also be used in combination with other low-calorie sweeteners, like aspartame, acesulfame-K, saccharin, and sucralose.

Another health benefit of sugar alcohols is that they do not promote tooth decay. The FDA and American Dental Association approved the health claim "does not promote dental decay" for sugar alcohol-containing products.

A third health benefit is the low glycemic response to sugar alcohols. Because they are absorbed and digested slowly, the sugar alcohols enter the bloodstream more slowly than other sugars, thus causing a lower rise in blood sugar levels. Therefore, little to no insulin is needed for metabolism. This is helpful information for diabetics.

Possible side effects from consuming large amounts (more than 30 grams/day) of sugar alcohols include gas, bloating, or diarrhea. This is due to slower digestion of the sugar alcohols. It is best not to consume more than 20 to 30 grams a day of sugar alcohols, for both the abdominal discomfort caused and the effect it could have on blood sugar levels.

For more about sugar alcohols, visit the American Dietetic Association's Web site at *www.eatright.org.* ♦ *Lauren Sincox, MEDVAMC Dietetic Intern*

New VA Clinics in Galveston

(continued from page 1)

Progress is also being made to lease a larger building for the existing Lufkin Outpatient Clinic. On December 7, 2004, the MEDVAMC sent a fact-gathering team to meet with the Lufkin mayor, the city planner, and the urban planner. The team, which included two officials from the VA Real Property Office in Washington, D.C., collected information about zoning laws, city boundaries, and available construction locations.

"In the January to February 2005 timeframe, we will place advertisements in the local Lufkin newspaper soliciting potential construction sites. The location will require approximately five acres of land and must be easily accessible for the Lufkin veteran population," said Larry Steward, MEDVAMC CBOC coordinator.

Recently awarded Magnet Recognition for Excellence in Nursing Services, the MEDVAMC serves as the primary health care provider for more than 137,000 veterans in southeast Texas. ♦

We are Here to Help . . .

MS Self-Help Group
The group meets the second Wednesday of every month, 2 - 3:30 p.m. in Nursing Unit (NU) 2A Dining Room. Group facilitators: Lisa Whipple, LCSW and Fe Runtanilla, RN , (713) 794-7951

Cancer Support Group
The group meets the first Tuesday of every month, 1-2 p.m. in Nursing Unit (NU) 4D Dayroom. Group facilitators: Maria Lozano-Vasquez, MSW, (713) 791-1414, ext. 5273 and Chaplain Douglas Ensminger, D.Min., (713) 791-1414, ext. 5273

Alcoholics Anonymous (AA)
This group meets every Wednesday, 7 p.m., Room 6C-105. Group facilitator: Billy M. (Bo) Cook, (713) 791-1414, ext. 6987

Pain Support Group
The group meets every Wednesday, 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

Pain Management for Women
This group meets every Thursday, 2 p.m. in Room 5B-224. Group facilitator: Gabriel Tan, PhD., (713) 794-8794

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

Better Breather's Club
The group meets the last Wednesday of every month, 1:30 p.m. in Room 3C-371, Home Oxygen Clinic. Group facilitator: Paula Denman, (713) 794-8979

Amputee Support Group
The group meets the first and third Thursday of every month, 3 p.m. in the NU 2A Dining Room. Group facilitators: Betty Baer and Roger McDonald, (713) 791-1414, ext. 4193

Prostate Cancer Support Group
The group meets the third Thursday of every month, 2 p.m. in Room 4C-122. Group facilitators: Lillie Sonnier, (713) 794-7111 and Linda Avery, (713) 791-1414, ext. 6183

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

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 facilitators: Collene Gasca and Delores Vanterpool, (713) 791-1414, ext. 3656

HIV Support/Educational Group
The group meets every Tuesday, 2 p.m. in Clinic 4, Room 1A-442. Group facilitator: Kathy Molitor, (713) 791-1414, ext. 6117/5292

Renal Support Group
This group meets the first Tuesday of every month, 9 a.m. in Room 2A-312. Group facilitator: Juanita Ibarra, (713) 791-1414, ext. 4727

Secretary of State-designate Condoleeza Rice underwent same procedure late last year . . .

Doctors Use New Method to Treat Women Veterans with Painful and Symptomatic Uterine Fibroids

HOUSTON, TX - The Michael E. DeBakey VA Medical Center (MEDVAMC) is among the first hospitals in the country to perform embolization procedures for uterine fibroids. This is good news for women veterans who suffer from symptomatic fibroids.

Uterine fibroids are the most common, noncancerous tumors in women of childbearing age, according to the National Institutes of Health. Uterine fibroids affect about 25 percent of all women in the U.S., and more than 200,000 women have hysterectomies every year due to uterine fibroids.

Uterine fibroid embolization is a relatively new method for treating fibroids. It is done to cut off the blood supply to the fibroid. This slows their growth and eventually causes them to shrink. The procedure takes from one to three hours, and the patient is awake but sedated.

According to published reports, Secretary of State-designate Condoleeza Rice underwent this relatively new procedure late last year to relieve uterine fibroid symptoms.

Photo by Bobbi D. Gruner, MEDVAMC Public Affairs Officer

"This new procedure safely reduces the size and symptoms of the fibroids. It decreases menstrual bleeding, urinary frequency, pelvic pain, and pressure. Many women have reported a significant improvement in their quality of life and are pleased they are able to avoid more drastic and invasive surgeries," said MEDVAMC Vascular Surgeon Ruth Bush, M.D.

Common symptoms of uterine fibroids include heavy periods, bleeding between periods, and pelvic pain. Some fibroids can affect a woman's ability to get pregnant.

"We work very closely with our OB/GYN physicians to make sure female veterans at the DeBakey VA Medical Center get the best care possible both before and after their embolization procedure," said Peter Lin, M.D., chief of Vascular Surgery at the MEDVAMC.

During uterine fibroid embolization a small cut is made in the crease at the top of the leg to access the femoral artery. A small catheter is inserted into the artery. The arteries that supply the blood to the uterine fibroid are injected with small particles, which block blood supply to the fibroid. The surgeon continues to add the particles until the blood supply to the uterine fibroid is cut off completely or nearly completely. Other uterine tissue remains unharmed by uterine fibroid embolization because other arteries supply it.

"This new procedure safely reduces the size and symptoms of the fibroids. It decreases menstrual bleeding, urinary frequency, pelvic pain, and pressure. Many women have reported a significant improvement in their quality of life and are pleased they are able to avoid more drastic and invasive surgeries," said MEDVAMC Vascular Surgeon Ruth Bush, M.D.

If you are a female veteran and are interested in learning more about this new treatment for symptomatic fibroids, please contact the MEDVAMC Vascular Surgery Clinic at (713) 794-7892 for more information. ♦

Veterans' New ID Cards Help Battle Identity Theft

HOUSTON - With identity theft as the major fraud reported by Americans in 2003, the VA has designed a new identity card for veterans to safeguard confidential information.

"The new identification card ensures veterans' personal information is protected," said Michael E. DeBakey VA Medical Center (MEDVAMC) Director Edgar L. Tucker. "It also helps prevent the theft of important benefits and services from veterans that they earned by their service to our country."

The card, formally known as the Veterans Identification Card (VIC), will have veterans' photos on the front and identify them as enrollees in the VA's health care system. The card includes the words "service connected" under the photo if the veteran has a service-connected disability.

Identity theft is one of the fastest growing crimes in the nation. "The new VIC ensures the security of veterans' personal information as well as ensuring that only eligible veterans receive the benefits and services they've earned," said Jim Eddins, MEDVAMC Business Office Service Line executive.

Veterans should request the new card at the Admissions Desk near the main lobby of the MEDVAMC. Processing will take five to seven days once eligibility is verified. The existing cards will remain valid until veterans receive their new cards. ♦

Michael E. DeBakey VA Medical Center is the only VA with accreditation in all three modalities of echocardiography . . .

Echocardiography Laboratory Receives Accreditation in 3 Areas

HOUSTON - The Michael E. DeBakey VA Medical Center (MEDVAMC) has been awarded a three-year accreditation for its echocardiography laboratory in the areas of transthoracic echocardiography, transesophageal echocardiography, and stress echocardiography as the result of a recent survey by the Intersocietal Commission for Accreditation of Echocardiography Laboratories (ICAEL).

"The Michael E. DeBakey VA Medical Center is honored to receive ICAEL accreditation," said Edgar L. Tucker, MEDVAMC director. "We are very pleased to be recognized in the industry for providing outstanding services. Such a distinction also underscores the quality of our work and our commitment to providing the highest quality of care to our veterans."

The purpose of the ICAEL is to ensure high quality patient care and to promote health care by providing a mechanism to encourage and recognize the provision of quality echocardiographic diagnostic evaluations by a process of voluntary accreditation. Through the accreditation process, laboratories assess every aspect of daily operation and its impact on the quality of health care provided to patients.

"This accreditation gives our veterans the assurance that our staff and equipment have passed the Intersocietal Commission for Accreditation of Echocardiography Laboratories' rigorous evaluation. It provides a high level of confidence for patients that only the highest quality of care is being provided at our facility, and acknowledges excellence in image acquisition by our sonographers and interpretation by our physicians," said Issam Mikati, M.D., F.A.C.C., F.A.S.E., F.A.H.A., MEDVAMC Echocardiography Lab director and Non-Invasive Cardiology chief.

The ICAEL is a nonprofit organization established with the support of the American Society of Echocardiography, the American College of Cardiology, the Society of Diagnostic Medical Sonography, and the Society of Pediatric Echocardiography. Representatives from these sponsoring organizations, including physicians and sonographers, serve on the ICAEL Board Of Directors.

"It is a matter of great pride to all of us that the Michael E. DeBakey VA Medical Center is one of only two VA centers who have this accreditation. On top of that, our VA facility is the only one with accreditation in all three modalities of echocardiography: stress echocardiography, transthoracic echocardiography, and transesophageal echocardiography," said MEDVAMC Chief of Staff Thomas B. Horvath, M.D., F.R.A.C.P.♦

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Stomach and Intestinal Tract Illnesses

(continued from page 1)

Within families, young children are the usual source for contagion because of their exposure to other children, their imperfect personal hygiene, and their dependence on adults. Severely affected persons are more contagious because they discharge greater volumes of infective material that contain large numbers of infectious particles.

"Spread of acute gastro-intestinal illness is common and problematic in all closed environments such as day-care centers, schools, and cruise ships," said Daniel Musher.

Person-to-person transmission is best prevented by the practice of excellent personal hygiene both by infected persons and by those exposed to them. Fecal-oral transmission is the usual route for spreading acute gastrointestinal illness, but several types of viruses are present in vomit, so kissing or sharing utensils should also be avoided. Dilution by hand washing reduces the number of germs, greatly diminishing the risk of contagion.

"However, our study found there is no apparent benefit from the antibacterial agents in soaps, although the regular use of alcohol-based gels will probably reduce transmission. The use of diluted household bleach on environmental surfaces may be necessary to completely clean them," said Benjamin Musher.

The study was supported by Merit Review Funding from the U.S. Department of Veterans Affairs. ♦

Donations Welcomed

HOUSTON - The Michael E. DeBakey VA Medical Center (MEDVAMC) receives many donations from community members throughout the year for our inpatient and outpatient veterans, and the facility. Popular donated items include books and magazines.

Reading materials in good condition are accepted through Voluntary Service located in Room 2A-104 on the 2nd Floor, and then fowarded to the MEDVAMC Library. The Library welcomes donations of hardbacks and paperbacks with the understanding the publications may be added to the facility collection or distributed throughout the medical center.

Please call the Voluntary Service Office at (713) 794-7135 to arrange a donation. ♦

Research into Prevention of Catheter-related Urinary Tract Infections

(continued from page 1)

the urinary collection bag, are not very effective in preventing urinary tract infection.

Spinal cord injuries occur in approximately 12,000 to 15,000 people per year in the U.S. About 10,000 of these people are permanently paralyzed, and many others die as a result of their injuries. Most spinal cord trauma occurs to young, healthy individuals. Males between 15 and 35 years of age are most commonly affected.

Over the last several years, investigators at the MEDVAMC and Baylor College of Medicine have conducted translational bench-to-bedside research on the efficacy and safety of introducing friendly non-virulent bacteria into the bladder in an effort to prevent unfriendly virulent bacteria from causing catheter-related urinary tract infections.

"The encouraging results from our clinical trials may constitute the basis for evidence-based adoption in the future of an innovative approach for patient care," said Darouiche.

Darouiche is also the founder and director of the Center for Prostheses Infection at Baylor College of Medicine. He is board certified in internal medicine, infectious disease, and spinal cord injury medicine and has been recognized worldwide for his work on infections associated with indwelling medical devices.

In 2003, he received the Investigator Award from the Society for Healthcare Epidemiology of America, an annual award presented to an investigator under the age of 45 for outstanding career contributions to infection control, health care, and epidemiology. In 2004, he was a recipient of the Houston's Intellectual Property Law Association Outstanding Inventor of the Year Award.

The Spinal Cord Injury Care Line at the MEDVAMC provides comprehensive rehabilitation services and sustaining medical care for veterans with spinal cord injury or dysfunction. Sustaining medical care includes preventive care, treatment of acute illnesses, and treatment of medical and surgical complications related to spinal cord injury or dysfunction. ♦

Photo by Bobbi D. Gruner, MEDVAMC Public Affairs Officer

Rabih O. Darouiche, M.D., a staff physician in the Medical Care and Spinal Cord Injury Care Lines at the Michael E. DeBakey VA Medical Center, is leading a group of investigators conducting a National Institutes of Health-sponsored multi-center clinical trial to confirm the effectiveness and safety of using certain types of bacteria to prevent catheter-related urinary tract infections in patients with spinal cord injury.

This initiative ensures VA has your correct mailing address in our computer files so we can be certain you receive your medications, appointment letters, and other important information in a timely manner . . .

VA Telephoning Veterans to Update Personal Information

HOUSTON - The Michael E. DeBakey VA Medical Center (MEDVAMC) in Houston, Texas is currently contacting veterans by telephone to update certain personal information for our computer files. This initiative includes veterans receiving care at the Beaumont and Lufkin VA Outpatient Clinics.

This project is called "**Pre-Registration"** and will help us update information regarding your:

- ✓ mailing address
- ✓ telephone number(s)
- ✓ emergency contact information
- ✓ employment information
- ✓ health insurance information

We have hired a company to conduct these telephone interviews for us. The name of the company is Allied Interstate and their employees are located in Minneapolis, Minnesota. To confirm whom you are talking with when they call, you are encouraged to ask for their callback telephone number, 1-800-597-6156.

Updating this information is important for you and for the VA because this ensures the MEDVAMC has your correct mailing address so we can be certain you receive your medications, appointment letters, and other important information in a timely manner.

It also ensures the MEDVAMC has emergency contact information on file for you. Plus, this ensures your physician and other VA health care providers can contact you with test results or whenever necessary.

By the MEDVAMC telephoning you at home for this information, you can answer these important questions in the privacy of your home. This method also allows you to get a family member's assistance in obtaining the information if necessary.

We appreciate your cooperation when the Allied Interstate staff calls you. The MEDVAMC is committed to providing excellent health care for the veterans we serve.

If you have questions or concerns, please call the Patient Access Center at the MEDVAMC at (713) 794-7034. ♦

Bobbi D. Gruner, MEDVAMC Public Affairs Officer

First step in figuring out food labels is to look under Nutrition Facts for 'serving size' and 'servings per container' . . .

Food Labels: What Does It All Mean?

HOUSTON - Searching for the answers hidden in food labels can seem like you're the mouse in a tangled maze, winding endlessly with the promise of cheese at the end. With good reason, people often question the content of food labels.

A little guidance and a few helpful tips can clear up confusion and help a person on their way. When using the following tips, keep a food label close at hand.

Tip One: Under "Nutrition Facts," look for "serving size" and "servings per container."

This should be your first priority in reading any food label. It serves as the basis for the rest of the information printed on the label. For instance, a can of soda may say "1 can," and a cookie box may say "2 cookies." Other units of measurement may include increments of cups or teaspoons. If these units confuse you, use measuring tools like spoons or cups for guidance until you recognize them.

Remember the nutrition facts are listed for one serving. The box or can probably contains more than one serving. Don't be fooled into thinking an entire bag of chocolate candy contains only 50 calories; that number might apply to just one piece.

Tip Two: The food labels and their percent contributions are based on a 2,000-calorie diet.

Many factors must be taken into account when determining daily calorie needs, including age, activity level, and gender. Active young teenagers may consume up to or more than 3,000 calories a day, but inactive elderly people may consume only 1,500 calories a day.

A food item's "% Daily Value" is the column on the right side of a label. For instance, a small carton of milk supplies 30 percent of the daily calcium requirement based on a 2,000-calorie diet. To ensure that you meet 100 percent of your calcium needs, you must drink three and a half cartons of milk.

Tip Three: As an extension of Tip Two, use the "% Daily Value" as a reference for your intake.

For instance, you call it "salt," but the label calls it "sodium." The general population should limit their daily sodium intake in an effort to control blood pressure. On your label, look for the sodium content. Now look at the percent daily value of sodium listed to the right.

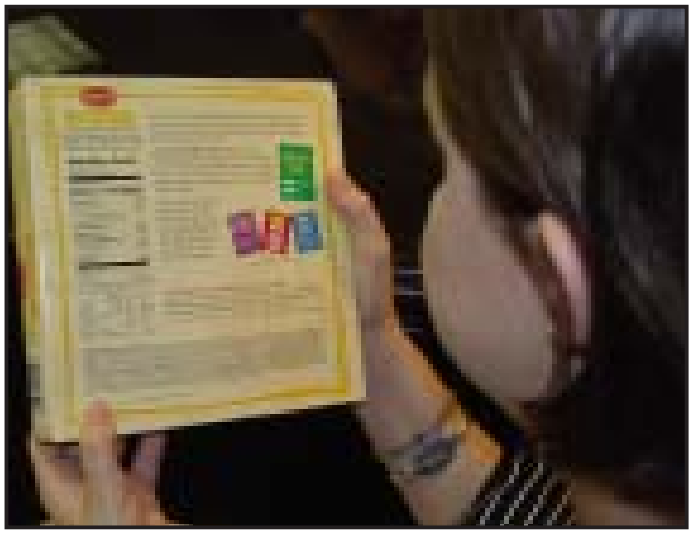


Photo by Bobbi D. Graves, MEDVAMC Public Affairs Officer

Food labels are helpful if you are required to limit your daily sodium intake to control your blood pressure. In general, consider values of 5 percent as "low" and values of 20 percent as "high." Avoid food products with sodium values higher than 20 percent.

Canned products normally contain much more sodium than fresh and frozen food products.

In general, consider values of 5 percent as "low" and values of 20 percent as "high." Avoid food products with sodium values higher than 20 percent.

Using the "% Daily Value" as a guide will help you to manage all parts of your diet, ranging from carbohydrates and fat to sugars, vitamins, and minerals.

Tip Four: Add up the numbers for Vitamins and Minerals.

Your goal here is 100 percent of each for the day. Don't count on one food to do it all. Let a combination of foods add up to a winning score.

Read the label to help choose foods that make up a healthful diet. Eating a healthful diet can help reduce your risk factors for some diseases. No one food can make you healthy. In addition to eating healthful foods, stay active, drink plenty of water, don't smoke, and watch your weight. ♦ *Kalli A. Schendel, MEDVAMC Dietetic Intern*

Goal is to break the cycle of homelessness by providing treatment, support, and assistance in obtaining permanent housing and income . . .

Homeless Veterans Benefit from Special Needs Grant

Photo by Fran Burke, MEDVAMC Public Affairs Specialist

Social Worker Theresa Riha, L.C.S.W. of the MEDVAMC Health Care for Homeless Veterans Program explains the details of the Critical Time Intervention program to a veteran. "By providing tools and support in this program, we can help homeless and chronically mentally ill veterans become independent and as self-sufficient as possible," said Riha.

HOUSTON - The Department of Veterans Affairs (VA) recently identified a local non-profit organization, United States Veterans Initiative, Inc. (USVI) as a grant recipient in the VA's Homeless Providers Grant and Per Diem Program. USVI is a partner with the Michael E. DeBakey VA Medical Center (MEDVAMC) Health Care for Homeless Veterans Program (HCHV) to provide care and services to homeless and chronically mentally ill veterans in the Houston/Galveston area.

"This special needs grant will enable the USVI and the Michael E. DeBakey VA Medical Center to provide additional and more comprehensive services that will better serve this special needs population, homeless and chronically mentally ill veterans, through a new program called Critical Time Intervention (CTI). Critical intervention begins at the time of admission," said Theresa Riha, L.C.S.W., HCHV social worker.

The MEDVAMC plans to hire a social worker, a registered nurse, and a part time psychiatrist specifically to support the new CTI program.

At the time of admission, the CTI treatment team will assess the needs of the veteran who has been identified as homeless and diagnosed as chronically mentally ill. During this critical time, intervention is important. Identified veterans are offered the opportunity to begin treatment through the program; however, it is the veteran's choice to participate.

Once a veteran has accepted this treatment option, they are assigned a case manager and provided housing at the DeGeorge Project. The CTI team provides services that address medical, psychiatric, psychosocial, and other treatment needs that are identified for up to nine months.

Along with this comprehensive treatment plan, USVI staff members enhance the treatment process by utilizing the Vet-to-Vet program. This program allows chronically mentally ill veterans who have made substantial recovery to be trained and employed as a peer/coach to other veterans in the program. The peer lead support group provides support services by encouraging others in the program to be successful and independent.

The goal of USVI and MEDVAMC is to break the cycle of homelessness by providing a homeless veteran with treatment, support, and assistance in obtaining permanent housing and income.

"Our program is designed to help the chronically mentally ill veteran reintegrate into the community," said Riha. "By providing these tools and support, we can help them become independent and as self-sufficient as possible."

The DeGeorge Project is a supportive housing project for homeless veterans made possible through cooperative efforts from The Housing Corporation of Greater Houston, the United States Veterans Initiative, Inc., the VA Health Care for Homeless Veterans Program, and the VA's Homeless Grant and Per Diem Program. The DeGeorge provides services ranging from accessing health care, employment assistance, transitional housing guidance, and outreach to homeless veterans.

The DeGeorge at Union Station is located at 1418 Preston Avenue in downtown Houston, one block from Minute Maid Park at the corner of Preston and La Branch. For referrals or more information on services for homeless veterans, please call (713) 794-7533 or visit the MEDVAMC Web site at *www.houston.med.va.gov.* ♦ *Fran Burke, MEDVAMC Public Affairs Specialist*

From our Veterans

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

Question: What should I know before I come to the VA to get a flu shot?
Answer: Only eligible veterans who are enrolled at the medical center can be given a flu shot. Spouses and family members cannot receive flu shots at the medical center. Vaccinations will be given at scheduled appointments. If you drop-in for a vaccination and there is more than a 30 minute wait, you will be given an appointment time to return for your vaccination. No vaccinations will be given to patients in the Emergency Room or in the Triage area.

Question: As a female veteran, can I receive my health care in one primary area?
Answer: Yes, services in the Women's Health Center are tailor-made for women's unique health care needs. Women veterans are provided a variety of preventive, acute, and chronic medical care in an appropriate, timely, and compassionate manner. The MEDVAMC has comprehensive medical, surgical, and mental health services all in one clinic. Counseling and treatment is also available for survivors of military sexual trauma.

Question: How do I get more news and information 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: What does Nurse Magnet designation mean for me as a veteran?
Answer: Magnet is the highest honor a health care organization can receive for nursing services. The Magnet program was developed to recognize health care organizations that provide the best in quality patient care and uphold excellence in professional nursing practice. Nursing staff members at the MEDVAMC are proud of the high quality care they provide to the veterans in Southeast Texas.

Question: What is valet parking?
Answer: Valet parking is a free service for veterans who have appointments at the MEDVAMC. It is available at the main entrance and operates Monday through Friday, 7 a.m. to 5:30 p.m., except for federal holidays. A "No Tipping" sign is posted at the main entrance and this policy is strictly enforced.

Veterans using the valet parking are greeted by a uniformed, valet-parking attendant when they pull up to the valet parking area at the main entrance. Veterans are asked to present their VA I.D. card and/or their appointment letter to the attendant. The attendant will give the driver a claim check and park the car in a parking space based on the length of stay, or direct the driver to a spot for self-parking.

All attendant-parked vehicles are locked, and the keys are appropriately secured. All parking attendants are in uniform and hold a valid Texas driver's license.

When a veteran returns from an appointment and wishes to leave, he or she should hand over his or her claim ticket and the valet parking attendant will deliver the vehicle. Parking attendants also assist patrons by removing wheelchairs, scooters, and carts from vehicles.

Question: What is the new building being constructed near the hospital?
Answer: Our newest addition to the facility is the Fisher House. The Fisher House is a "home-away-from-home" providing temporary lodging for families whose loved ones are receiving treatment at the MEDVAMC. The purpose of the Fisher House is to give families a clean, safe haven for as long as needed. The Fisher House is scheduled to open in spring 2005. Contact the Fisher House manager by email at *frank.kelley@med.va.gov* or (713) 794-7367 for more information.

Question: Who should I call if I am experiencing side effects from my medication?
Answer: For life-threatening emergencies, always call 911. Otherwise, call the VA Network Telecare Center at (713) 794-8985 or toll free 1-800-639-5137, or your Prime Care Team.

Question: Why did the Metro-Lift Bus stop move again?
Answer: The Metro-Lift Bus stop was relocated to the West Side Entrance (Transitional Care Center Entrance) to better serve our veterans. This new waiting area, for Metro-Lift Bus riders, Veteran Transportation Network van riders, and other county transportation van riders, has quite a few extra amenities.

The new glassed-in area allows riders to see their bus or van arrive without waiting outside in the heat, cold, wind, or rain. The doors are automatic with wheelchairs and walkers in mind, and the waiting room features air conditioning.

The room also has a nurse call system in the event of a medical emergency. An exterior access door has been installed for easy access. A restroom is also conveniently located in the waiting area.

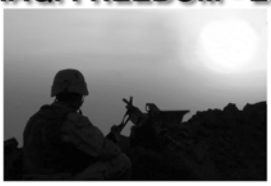
A volunteer is stationed at this new waiting area to notify Metro-Lift and veterans about departures, give directions, answer questions, and call escort services.

Question: What's the easiest way to get my prescriptions refilled without having to wait in line?
Answer: Call the MEDVAMC Pharmacy Refill line at (713) 794-7648 or toll free at 1 (800) 454-1062. You will need your social security number and your prescription number.

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

OPERATION
IRAQI FREEDOM - ENDURING FREEDOM



ENDURING AND IRAQI FREEDOM VETERANS

VA CAN PROVIDE YOU WITH HEALTH CARE AND BENEFITS ASSISTANCE IF YOU HAVE SERVED IN A RECENT THEATER OF COMBAT OPERATIONS.

If you were recently discharged from the military, with service in a theater of combat operations, VA can provide you free medical care for two years from your discharge from active duty for conditions possibly related to your service, regardless of your income status.

If you require assistance, please contact
Fern A. Taylor, Manager, Patient Access Center
at (713) 794-7034.

"To care for him who shall have borne the battle and for his widow, and his orphan,"
President Abraham Lincoln

Department of Veterans Affairs