

VA Opens Outpatient Clinic in Texas City

TEXAS CITY – The Michael E. DeBakey Veterans Affairs Medical Center (MEDVAMC) opened its second Community Based Outpatient Clinic (CBOC) in Galveston County on April 4, 2005. This much-anticipated facility, located at 9300 Emmett F. Lowry Expressway, Suite 206 in Texas City, is the second CBOC opened in Galveston County this year. The first, located immediately off Interstate 45 in Galveston, at 6115 Avenue L, opened on March 4, 2005.

The new CBOCs will provide primary care and mental health services for veterans in the area. The VA estimates approximately 25,000 veterans live in Galveston County and the two new clinics are expected to see a combined total of 7,500 patients the first year of operation.

“The new clinics in Galveston County will greatly expand the VA’s capacity for outpatient care in southeast Texas. This is another step forward toward our goal of providing needed health care services closer to where our veterans live,” said MEDVAMC Director Edgar L. Tucker.

The MEDVAMC is contacting veterans currently enrolled at the Houston VA and living in the Galveston area to determine if they wish to receive primary care health services at the new Texas City and Galveston CBOCs.

Veterans can choose to stay with their health care providers in Houston or have the VA transfer their primary health care to the new Texas City or Galveston CBOCs. Veterans requiring specialized care will continue to receive medical treatment at the MEDVAMC. Veterans who wish to enroll in either the Galveston CBOC or the Texas City CBOC may call toll free 1-800-310-5001.

If you have a question or concern that cannot wait until your next appointment, please call the VA Network Telecare Center toll-free at 1-800-639-5137. Health care providers are available to assist you 24 hours a day, seven days a week. ♦

Families of Veterans Now Have A Home Away From Home at Houston VA

HOUSTON - The wind was blowing and the sky threatened rain April 5, but nothing could put a damper on the spirits of those who gathered to dedicate the new Houston Fisher House on the Michael E. DeBakey VA Medical Center (MEDVAMC) campus.

Approximately 400 military veterans, Texas Medical Center leaders, a former U.S. president, and state and national legislators were on hand to celebrate the opening of this “home away from home” that will house veterans and their families as the veterans receive treatment for long-term illnesses or injuries.

Located throughout the U.S. and at two sites in Germany, Fisher Houses offer respite to the families of veterans who do not live within commuting distance of a U.S. military hospital or VA medical center. The Houston Fisher House is the 33rd and largest in the world to open its doors. Ground-breaking for the facility took place January 16 last year.

Michael E. DeBakey, M.D., the VA Medical Center’s namesake, said family

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Above from right, Ken Fisher, chairman, Fisher House Foundation, Inc.; the Honorable R. James “Jim” Nicholson, Secretary, Department of Veterans Affairs; David McNerney, Congressional Medal of Honor recipient; the Honorable George Bush, 41st President of the United States; Arnold Fisher, vice chairman, Fisher House Foundation, Inc.; Audrey Fisher, trustee, Fisher House Foundation, Inc.; and Michael E. DeBakey, M.D., Chancellor Emeritus, Baylor College of Medicine cut the ribbon for the new Houston Fisher House.

New Stroke Center Opens at Houston VA

HOUSTON - Stroke is the third leading cause of death in the United States with 700,000 persons experiencing a new or recurrent stroke each year. The Department of Veterans Affairs estimates 15,000 veterans are hospitalized for a stroke each year.

In response to this serious health issue, the Michael E. DeBakey VA Medical Center (MEDVAMC) established a Stroke Center to ensure veterans receive timely evaluation with diagnostic procedures and appropriate therapies based on guidelines established by the Stroke Council of the American Heart Association.

The vital link in the operations of the MEDVAMC Stroke Center is the Acute Stroke Team. Led by Thomas A. Kent, M.D., a stroke specialist and chief of the Neurology Care Line, the Acute Stroke Team is comprised of neurology residents and staff, a neurology nurse practitioner, emergency room physicians and nurses, radiologist and technicians, laboratory technicians, and medical consultants from neuroradiology, vascular surgery, cardiology and internal medicine. A

specialized paging system was developed and key individuals on the team are available 24 hours a day, seven days a week to provide immediate diagnosis and emergent treatment of veterans who are rushed to the Emergency Room with symptoms of a stroke.

One treatment option available at the MEDVAMC for veterans having an acute stroke is a medication called tissue plasminogen activator (tPA). This is a “clot-busting” drug shown to be helpful in treating ischemic strokes caused by blood clots, but it must be given within the first three hours after the start of symptoms. This is why it is very important for people who think they’re having a stroke to seek help immediately.

While tPA can significantly reduce the effects of stroke and reduce permanent disability, there is a significant risk of bleeding. Before tPA is given to a patient, the Acute Stroke Team completes a thorough evaluation and diagnostic workup to make sure a patient meets all the criteria for tPA. This process takes time, but it is vital to avoid serious

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- SPECIAL EVENT -
Memorial Day
Ceremony
May 30, 2005, 9:30 a.m.
Houston VA National
Cemetery
(281) 447-8686

One person out of every 5 in the United States will develop skin cancer sometime during their life . . .

Skin Cancer: Learn the Facts So You Don't Get Burned this Summer

HOUSTON - Skin cancer is the most common type of cancer occurring in the United States. It is also the most rapidly increasing cancer. For the past thirty years, skin cancers have been increasing in incidence by about three percent each year. One person out of every five people in the U.S. will develop skin cancer sometime during their life. It is estimated that about 50 percent of all people who live to age 65 years will develop at least one form of skin cancer.

The good news is that skin cancer can be prevented, or if caught early, is highly curable. In fact, if detected early, skin cancer is almost 100 percent curable.

Skin cancer can be divided into two major types: nonmelanoma and melanoma skin cancer. Malignant melanoma (MM) is the more deadly of the two.

The American Cancer Society estimates that there will be more than one million people diagnosed with non-melanoma skin cancers in the year 2005. Approximately 59,580 people will be diagnosed with malignant melanoma.

Even though malignant melanoma is diagnosed far less often, MM skin cancers will take more lives than any other type of skin cancer, causing 7,770 deaths per year. That represents about one malignant melanoma death every hour. Malignant melanoma is responsible for 80 percent of all skin cancer deaths.

The primary cause of all types of skin cancer is exposure to ultraviolet radiation (UV) - the sun. It is easy to get

a sunburn in Texas because of the state's geographic location, mild climate, and the many opportunities to work and play out of doors. Reflection of the sun's rays off water, sand, or snow can double your ultraviolet radiation exposure.

Clouds don't block out UV rays. When the weather is cloudy, cool, and breezy, we may not become hot or realize the amount of UV exposure until after we have developed a sunburn.

Studies suggest that heavy sunlight exposure in the first few decades of life may be of the greatest importance in determining a person's risk for skin cancer. Blistering sunburn in childhood or adolescence doubles the risk of developing a skin cancer. It is estimated that by the time someone reaches the age of 18 they have already obtained 80 percent of their lifetime UV light exposure.

Besides avoiding the sun, early diagnosis and treatment are the next best prevention option. Make it a habit to check your skin for abnormalities and changes. Look at each of your moles and evaluate them using the following test:

A is Asymmetry. When the lesion is divided into halves, if the right half does NOT look like the left half, it is asymmetrical in shape.

B stands for Border. Moles that have irregular or poorly defined borders should be reported. The borders appear notched or seem to fade or "stream out" onto the surrounding skin.

C stands for Color. Is the color of

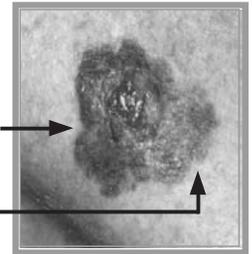
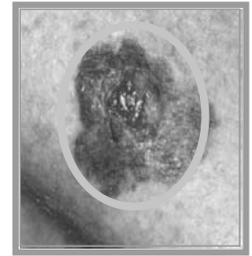
ABCDs of Moles

A Asymmetry

B Border

C Color

D Diameter



Notching
Fading

the individual mole varied? Does the mole have tan, brown, black, blue, red, or white areas?

D refers to Diameter. Is the mole larger than six millimeters in diameter (the size of a pencil eraser)?

Although six millimeters is used as a general guideline for evaluating growth of a mole, any mole that is asymmetrical, has an irregular border, has color variations, and is *changing* should be evaluated by your VA health care provider - even if it is less than six millimeters in diameter. A positive finding of any of the ABCDs may indicate the mole is a malignant melanoma.

Malignant melanoma can develop anywhere on your skin from head-to-toe, so remember to wear appropriate protective attire including long sleeves

and hats, avoid working in the sun if possible, use sunscreens, and do regular self-examinations of your skin. Protect your eyes from the harmful ultraviolet rays by using gray or brown lenses that offer both UVA and UVB protection.

An exam is recommended every three years for persons between the age of 20 to 40 years, and every year for anyone age 40 and older. Take charge of your skin. Get regular checkups and take precautions when you are out in the sun.

If you have questions about your "Spots and Dots" ask your primary care provider, many have participated in a public health grant lecture series and will be ready to help you learn how to prevent sunburns or schedule a cancer-related checkup including skin exam. ♦ Pam Willson, PhD, RN, FNP-C, Associate Chief of Nursing Research

A Word from the Director . . .

Ensuring Houston VA Health Care for Veterans Meets or Exceeds the Highest Standards

HOUSTON - This June, the Michael E. DeBakey VA Medical Center (MEDVAMC) including the Beaumont VA Outpatient Clinic and Charles Wilson VA Outpatient Clinic will host a survey team from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) for its scheduled three-year review of our hospital, long-term care, behavioral health care, substance abuse, and home care programs.

JCAHO is the premier accrediting program for hospitals in the United States, and is just one way we ensure that the quality of health care we provide to our veterans meets or exceeds the highest standards. While here, the JCAHO team will inspect the facility, interview staff, and review our records to measure our compliance and performance with hundreds of industry standards.

As we have in the past, we expect to do well in this survey. In 2002, we were pleased with the high scores JCAHO gave our programs and

eagerly made the handful of improvements the team suggested.

The true value of accreditation visits like JCAHO is in validating our ability to meet our foremost key driver: "Delivering quality health care services to veterans." Many of our programs are accredited by similar external agencies for the same reason.

Within the past three years, the MEDVAMC has been accredited, re-accredited, or reviewed by a wide range of groups. In 2003, the VA Office of Inspector General conducted a Combined Assessment Program review focusing on quality of care, cleanliness, and management controls.

The same year, the MEDVAMC was awarded three-year re-accreditation by the Commission on Accreditation of Rehabilitation Facilities (CARF) for our Rehabilitation Care Line's Comprehensive Integrated Inpatient Rehabilitation Program, the Spinal Cord Injury Program, and the Health Care for Homeless Veterans Program.

In 2004, the MEDVAMC was awarded a three-year accreditation for its radiation oncology services by the American College of Radiology. The same year, the MEDVAMC was awarded a three-year accreditation for its echocardiography laboratory by the Intersocietal Commission for Accreditation of Echocardiography Laboratories.

Also last year, the MEDVAMC's VA Network Telecare Center was awarded Health Call Center Accreditation from URAC and the MEDVAMC medical laboratory was awarded re-accreditation by the Commission on Laboratory Accreditation of the College of American Pathologists.

Most recently, the American Board for Certification in Orthotics and Prosthetics approved the MEDVAMC Orthotics and Prosthetics Center for another three-year re-accreditation.

In each case, we use these benchmarks for excellence as an opportunity to ensure that the Michael

Edgar L. Tucker, Medical Center Director

E. DeBakey VA Medical Center is providing not only good health care to our veterans, but programs and services that have been designed and tested against the highest standards available.

The staff members, who achieve these results, are to be commended for their professional commitment and dedication to continuously assessing their performance and challenging themselves to find ways to improve health care programs and services to our veterans. ♦

Free Lodging, Support for Families of Hospitalized Veterans

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support is critical to the success of recovering patients.

"Having had a great deal of personal experience with patients whose families lived a great distance from the hospital where I was taking care of them, I learned to appreciate the importance of the support of the family," he said. "Having a place where family can reside to be near their loved ones provides extraordinarily valuable medical support."

"We are very fortunate at this VA hospital to have one of the finest quality medical services in the country," DeBakey continued. "I am so proud to have my name associated with this hospital."

Prior to the Fisher House's opening, the MEDVAMC housed patients and their families in 35 guest quarters. The Fisher House provides additional accommodations because the guest rooms are always at capacity and can't accommodate the numerous requests for lodging.

On average, Fisher Houses are 5,000 to 8,000 square feet and hold eight to 11 suites. In light of demand, the new Houston structure is 13,000 square feet, two-stories and contains 21 fully handicapped-accessible suites, each with a private bathroom. The house also has a communal kitchen with private locked cupboards for each family, built-in range,

refrigerator, freezer and pantry area, as well as a large common room, dining room, family room, laundry room with multiple washers and driers, and a manager's office. Other amenities include televisions and telephones with state-of-the-art answering systems, a computer workstation in the common area, and a landscaped entryway and courtyard for outdoor recreation.

Gallery Furniture President Jim "Mattress Mack" McIngvale donated all of the furnishings, including sofas, chairs, tables, beds and lamps for the home.

Many Fisher House sites actually hold more than one house. However, the growing need in Houston justified two houses, said Fisher House Foundation Chairman Kenneth Fisher, nephew of foundation founder Zachary Fisher.

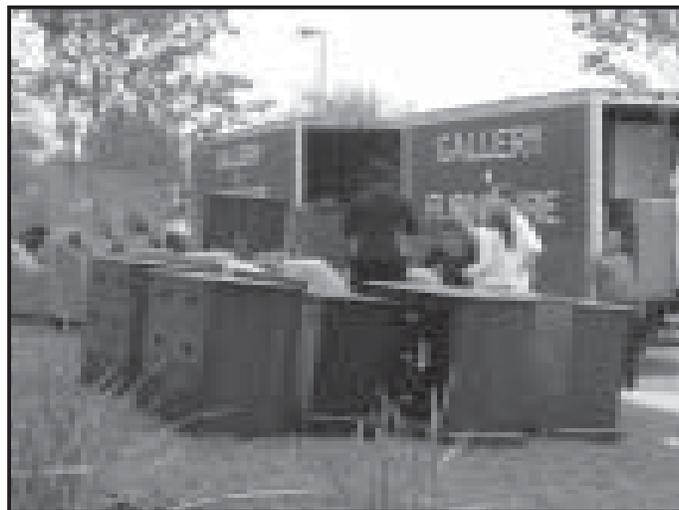
The plot of land wasn't large enough to accommodate two houses, so one large house was constructed instead.

Secretary of Veterans Affairs R. James Nicholson said facilities like the Fisher Houses were not available to veterans of World War II and Vietnam.

"A house like this gives warmth, offers facilities, and brings families together ... it's a gift," he said. "This is a red-letter day for the VA."

Typically, the average charge for lodging at a Fisher House is \$10 a night, but the stay is free at this newest addition to the "fleet," as it is at nine other Fisher House locations. However, for families of wounded soldiers from Operation Iraqi Freedom and Operation Enduring Freedom, lodging at any Fisher House is always free. Fisher said the first family is expected to check in relatively quickly.

Community support is integral to the Fisher House Foundation's mission. Half the money to support each new house comes from donations, which the foundation matches to cover



On March 31, 2005, Gallery Furniture trucks lined the road behind the new Houston Fisher House. Gallery Furniture President Jim "Mattress Mack" McIngvale donated all of the furnishings, including sofas, chairs, tables, beds and lamps for the home.

construction expenses. No money is borrowed to build. In Houston, more than \$1 million was raised in just 38 days.

"To be exact, that's \$1,012,000," said Richard E. Wainerdi, Ph.D., Texas Medical Center president and CEO, and the campaign committee's chairman.

Fisher called the campaign committee "phenomenal."

"The support for this house, and the foundation as a whole is just like the great state of Texas - larger than life," he said.

Former President George H. W. Bush, a former Naval Reserve lieutenant junior grade, was the committee's honorary chairman.

"The Texas Medical Center is a major city with all of these great hospitals, and as far as I'm concerned, it is home to the finest health care resources in the entire world," he said.

Nicholson said Fisher Houses are built on the cornerstones of love, wisdom, understanding, and knowledge.

"Our mission at the Department of Veterans Affairs is to honor our veterans' sacrifices with the best health care in the nation. Accommodations for veterans' families during their most vulnerable and trying moments is a very important part

of that care," he said. "The Fisher House Foundation is intimately familiar with the emotional and financial toll families experience when they are facing the traumatic newness of serious injuries to their loved ones. This habitat for healing and rehabilitation is arguably the brightest star in the seven-star constellation of VA Medical Centers that are blessed with Fisher Houses."

Bush said society owes a debt of gratitude to the men and women who have worn the nation's uniforms, particularly those who sacrificed to defend freedom.

"With the dedication of this newest Fisher House, we're doing more than just remembering," he said. "The Fisher House Foundation is as good as any example of what I mean when I talk about being one of 1,000 points of light. I am proud to salute the Fisher family and foundation for all they do to help support the men and women who have embraced the duty to honor and country. I am not aware of another organization that does as much as the Fisher House Foundation does across the entire country for our military." ♦ Kathleen Smith, Assistant Editor, story reprinted with permission from Texas Medical Center News

Computers Enhance VA Health Care

HOUSTON - Because of electronic files and a computerized tracking system, VA patients receive better care than those outside the VA system, according to a recent study.

The study revealed in the December 21, 2004 issue of *Annals of Internal Medicine*, noted that VA patients received 67 percent of the recommended care for their conditions. Non-VA patients received only 51 percent of the recommended care. The study monitored 1,588 men older than 35 with 26 medical conditions ranging from depression to diabetes to heart care.

"I think there are lessons for the rest of the country's health care system, said the study's lead author Steven M. Asch of the Los Angeles VA Medical Center. "The VA has built an information superhighway."

Health care providers at the Michael E. DeBakey VA Medical Center use the computer system to alert them to treatments, such as annual exams or flu shots, due a patient. ♦

Talking to a Computer Makes Getting X-Ray Results Quicker and Easier

HOUSTON - Remember when you waited days to learn the results of your X-rays? New technology at the Michael E. DeBakey VA Medical Center (MEDVAMC) now enables radiologists to quickly record medical test results without the time-consuming hassles of dictating and transcribing.

"Talk Technology is a digital dictation and speech recognition system that allows radiologists to dictate, transcribe, review, and approve radiology reports online. Voice recognition makes the process of transmitting diagnostic imaging results more efficient and timely. Health care providers receive results faster and are able to make prompt therapeutic decisions for their patients here at the Michael E. DeBakey VA Medical Center," said Meena Vij, M.D., Diagnostic and Therapeutic Care Line executive.

As a radiologist works at a diagnostic workstation viewing digital X-ray images using the Picture Archiving and Communications System (PACS) and dictates into a small microphone, the computer converts the spoken words into text on the screen.

"With the digital images available for review on the PACS monitors, the radiologist logs into 'Talk Technology' on a separate monitor, with a secure password, to begin the next phase, that of reporting the results," said Vij.

The radiologist can immediately read, review, and approve the radiology results electronically. Since the "Talk Technology" system is interfaced with VistA, the VA's internal computer system that supports day-to-day operations, results are available within seconds through the MEDVAMC Computerized Patient Record System to all health care providers involved in a

patient's care. Compared to the days of misplaced or lost paper reports, this system has made a substantial impact on patient care timeliness and safety.

The MEDVAMC began using this cutting-edge voice recognition technology in 1992. By 1995, manual transcription of medical results was completely eliminated in the facility's Radiology Section. The technology has continued to improve over the years. "Talk Technology" is the third generation of voice recognition used by the MEDVAMC. This version offers radiologists a highly desirable, complete workflow solution for reading and reporting results.

"This technology has enabled us to get medical results to our health care providers faster; therefore, substantially increasing the quality and safety of medical care our veterans receive," said Vij. ♦ Fran Burke, Public Affairs Specialist

Treatment Program Developed for Veterans Suffering Side Effects from Cardiac Events

LUFKIN, TX - In 2002, while working together to provide mental health services to veterans referred to the Charles Wilson VA Outpatient Clinic (CWOPC) in Lufkin, Social Worker Beverly Roach and Nurse Practitioner Darleen "Dee" Kimbrough noticed a pattern of similar symptoms in some of the veterans being referred to the CWOPC Mental Health Clinic.

These veterans all had a history of some type of cardiac event such as heart attack, by-pass surgery, heart transplant, or valve replacement, and presented with similar symptoms including anger, anxiety, unexplained fearfulness, depression, difficulty sleeping, feelings of loss of control and/or need to control their environment, inability to make decisions, memory problems, decreased or increased appetite, loss of interest in activities, decreased libido, as well as non-compliance with medical recommendations.

During the assessment process, the veterans gave information about their cardiac diagnosis and medical treatment; however, they had limited insight and knowledge about the mental health issues that were impacting their cardiac diagnosis. Many of these symptoms either developed, or were exacerbated, after the veteran experienced a cardiac event.

Utilizing a team approach, Roach and Kimbrough reviewed medical textbooks in an effort to identify the resources available to assist these veterans in coping with their cardiac

diagnosis and improving their overall functionality. While there was a large body of research available regarding the physical component of cardiac treatments, there was limited research available about the mental health effects frequently experienced after a cardiac event. There was only one program that addressed both the physical and psychosocial aspects in the treatment recommendations.

With this information, Roach and Kimbrough developed a holistic program in order to provide therapy that met the veterans' needs. With the primary focus on education and empowerment of the veteran, a time-limited group model was developed, with eventual transition to a cardiac support group for some of the members when appropriate.

The program Roach and Kimbrough developed was six-weeks long and was divided into two sections. The first three sessions, consisting of education groups, addressed the mental health factors that can contribute to cardiovascular disease. The last three sessions focused on the process of empowerment, encouraging the veteran to become an active participant in his medical care team.

Through education, the veterans learned the importance and benefits of following their health care providers' instructions regarding diet and exercise. In addition, the classes included education about various stressors, as well as the development of effective coping



Photo by: Dale Price, Charles Wilson VA Outpatient Clinic

While working together to provide mental health services to veterans referred to the Charles Wilson VA Outpatient Clinic in Lufkin, Social Worker Beverly Roach and Nurse Practitioner Darleen "Dee" Kimbrough (left) noticed a pattern of similar symptoms in some of the veterans being referred to the CWOPC Mental Health Clinic.

skills.

The first group of veterans began sessions in January 2003 and with encouraging results, the CWOPC continues to offer the six-week program several times a year. The positive feedback from the group members, along with the data collected from the different sessions, also convinced the CWOPC to offer an ongoing Heart

Support Group, now meeting weekly.

In fiscal year 2004, there were 45,155 outpatient visits at the CWOPC. In January 2005, officials at the Michael E. DeBakey VA Medical Center began the contracting process for a new, larger facility for the facility. ♦ Beverly R. Roach, LMSW, Social Worker and Darleen Kimbrough, RN, FNP-BC, Family Nurse Practitioner

New Stroke Center

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complications. For patients who cannot receive tPA, the Acute Stroke Team will examine the appropriateness of several alternative stroke therapies under investigation at the MEDVAMC. The important thing for veterans to remember is the earlier they arrive at the Emergency Room the better.

All veterans and their family members should know the warning signs of stroke. If you experience stroke symptoms, immediately call 911. ♦ Jane Anderson, APRN-BC, Nurse Practitioner, Neurology Care Line

Warning Signs of Stroke

- ✓ Sudden numbness or weakness of the face, arm, or leg, especially on one side of the body.
- ✓ Sudden confusion, trouble speaking or understanding.
- ✓ Sudden trouble seeing in one or both eyes.
- ✓ Sudden trouble walking, dizziness, loss of balance, or coordination.
- ✓ Sudden, severe headache with no known cause.

We are Here to Help . . .

MS Self-Help Group

Meets 2nd Wednesday of every month, 2 - 3:30 p.m., Nursing Unit (NU) 2A Dining Room. Group facilitators: Lisa Whipple, (713) 794-7951 and Fe Runtanilla, (713) 791-1414, ext. 4559

Cancer Support Group

Meets 1st Tuesday of every month, 1-2 p.m., Nursing Unit (NU) 4D Dayroom. Group facilitators: Maria Lozano-Vasquez, (713) 791-1414, ext. 5273 and Chaplain Douglas Ensminger, (713) 794-7200

Alcoholics Anonymous (AA)

Meets every Wednesday, 7 p.m., Room 6C-105. Group facilitator: Billy M. (Bo) Cook, (713) 791-1414, ext. 6987

Better Breather's Club

Meets last Wednesday of every month, 1:30 p.m., Room 3C-371, Home Oxygen Clinic. Group facilitator: Paula Denman, (713) 794-8979

Pain Management for Opioid Medication Maintenance

Meets every Tuesday, 1 p.m., Room 5C-215. Group facilitator: Gabriel Tan, (713) 794-8794

Pain Support Group

Meets every Wednesday, 1 p.m., Room 5C-215. Group facilitator: Gabriel Tan, (713) 794-8794

Pain Education Group

Meets every Wednesday, 2 p.m., Room 5C-215. Group facilitator: Gabriel Tan, (713) 794-8794

Pain Management for Women

Meets every Friday, 1 p.m., Room 5B-224. Group facilitator: Gabriel Tan, (713) 794-8794

Pain Management Pre-Pain Screening Group

Meets every Thursday, 9 a.m. and 1 p.m., Room 5C-215. Group facilitator: Gabriel Tan, (713) 794-8794

Lufkin Hypertension Classes

Meets 1st Thursday of every month, 2 p.m. Ask your nurse or your primary care provider, or stop by the front desk at the Charles Wilson VA Outpatient Clinic to register.

HIV Support/Educational Group

Meets every Tuesday, 2 p.m., Clinic 4, Room 1A-442. Group facilitator: Kathy Mollitor, (713) 791-1414, ext. 6177 and Belinda Rainer, ext. 5292

Prostate Cancer Support Group

Meets 3rd Thursday of every month, 2 p.m., Room 4C-122. Group facilitators: Lillie Sonnier, (713) 791-1414, ext. 5919 and Tonjala Seals, (713) 791-1414, ext. 6227

Stroke Support Group

Meets 2nd and 4th Thursday of every month, 3 p.m., NU 2A Dining Room. Group facilitators: Laura Lawhon and Tommie Gonzalez, (713) 791-1414, ext. 4241/5254

Renal Support Group

Meets 1st Tuesday of every month, 9 a.m., Dental Conference Room 2A-312. Group facilitator: Juanita Ibarra, (713) 791-1414, ext. 4834

Parkinson's Disease Education/Support Group

Call for dates and times. Group facilitators: Naomi Nelson, (713) 794-8938 and Lisa Whipple, (713) 794-7951

Hepatitis C Support Group

Meets 1st Friday of every month, 1:30 p.m., Primecare Clinic 4 (NASA), Room 1A-442. Group facilitators: Lauri Burke, (713) 791-1414, ext. 3613 and Michelle Ray, (713) 791-1414, ext. 3394

Counting Sheep? Here's 12 Reasonably Simple Tips to Help You Sleep.

HOUSTON - Sleep is critically important to one's overall health. An estimated 40 million Americans suffer from sleep disorders such as sleep apnea, narcolepsy, or chronic insomnia. An estimated 10 to 15 percent of the adult population suffers from a sleep-related breathing disorder (SRBD).

Sleepiness and sleep disorders cost America approximately \$15.9 billion per year in direct medical costs, not including the indirect costs associated with sleep-related accidents.

The most common SRBD is sleep apnea. Individuals with sleep apnea repeatedly stop breathing for a short time when they are sleeping. Some people with apnea may stop breathing as often as 50 times an hour, causing arousals, fragmenting sleep, and producing daytime sleepiness. Sleep apnea is usually caused by narrowing or closing of the airway and is made worse by aging and weight gain.

People with sleep apnea usually snore loudly and toss and turn during sleep. Other symptoms include daytime sleepiness, fatigue, irritability, memory problems, and diminished quality of life. Sleep apnea also carries serious cardiovascular consequences. The constant strain on the heart and brain from low oxygen levels during sleep often leads to high blood pressure, congestive heart failure, and a greater risk for strokes.

The middle-aged male population is at greatest risk for sleep disordered breathing. Obesity, cigarette smoking, and hypertension increase that risk. Because this risk profile describes a large percentage of veteran patients, the VA operates 55 sleep laboratories with 148 beds nationwide to diagnose and treat sleep disorders. Women are less affected because of hormonal differences from men; however, differences decrease after menopause.

VA offers the following tips to prevent sleep apnea or decrease its symptoms:

✓ Lose weight. Even the loss of 15 or 20 pounds can make a big change. Eat a balanced diet and exercise.



Michael E. DeBaakey VA Medical Center sleep disorders expert Max Hirshkowitz, Ph.D., D.A.B.S.M. adjusts veteran Robert Bailey's sleep breathing device. Hirshkowitz recently collaborated on a new reference guide offering advice on different sleep disorders and how to get a good night's rest. A leading authority on sleep disorders, Hirshkowitz currently directs the Sleep Disorders and Research Program at the MEDVAMC.

✓ Avoid sleeping pills near bedtime and drugs, such as alcohol, that relax the airways.

✓ Change sleep positions. Some find it easier to breathe sleeping on their sides instead of their back.

✓ Maintain a regular bedtime, even on weekends.

✓ Maintain a regular awakening schedule (avoid sleeping in).

✓ Do not nap during the day, especially if you have trouble falling asleep at night.

✓ Exercise in the morning or afternoon and avoid strenuous physical activity just before bedtime.

✓ Maintain a comfortable bedroom temperature.

✓ Avoid heavy meals within two hours of bedtime.

✓ Avoid stimulants and caffeine after 3 p.m.

✓ Don't smoke.

✓ If you can't fall asleep, don't stay awake in bed for more than 30 minutes.

Instead, get up and engage in some quiet activity, such as reading, until you become sleepy, then return to bed.

In addition to operating sleep laboratories, VA also is testing home-based technology such as portable sleep monitors and automatically adjusting positive airway pressure machines that allow veterans to sleep at home and send the data electronically to labs for analysis. Results published in the February 2005 issue of *Otolaryngology-Head and Neck Surgery*, comparing more than 1,220 patients' sleep testing at home to standard sleep laboratory, found less night-to-night variability during sleep testing in the home.

In 2004, VA funded 19 sleep research projects nationwide totaling nearly \$2.7 million and VA researchers participated in 83 non-VA funded sleep projects. If you have persistent or severe sleep difficulties, ask your MEDVAMC primary care provider if you can be seen for evaluation. ♦

Speech Therapy Study for Stroke Survivors

HOUSTON - If you are a stroke survivor with non-fluent aphasia (difficulty producing speech), you may be interested in participating in the Michael E. DeBaakey VA Medical Center's Rehabilitation Research and Development study investigating ways to help rehabilitate individuals with aphasia.

What is the Selection Criteria?

Volunteers eligible for the study must have suffered a left-hemisphere stroke at least one year ago and have difficulty speaking. Prior to the stroke, they must have been right-handed and English must have been their primary language. Volunteers should have no history of neurological impairment prior to the stroke, and should be able to see and hear, with corrections, adequately.

Volunteers cannot be receiving speech therapy services while participating in this study.

How Much Time is Involved?

Each volunteer will undergo a three-hour speech/language screening to find out if he or she is eligible for the study. If eligible, the volunteer will be randomly assigned to one of four possible treatment groups.

Two groups meet on an intensive schedule (four days a week for three weeks) and two groups meet on a distributed schedule (two days a week for twelve weeks), with a period of testing before, during, and after treatment, as well as follow-up testing one month and possibly again six months after the treatment phase.

The total time it takes to complete

the study will depend on which group the volunteer is assigned to, but ranges from three to five months, with an additional testing possible between three and six months post-treatment.

Are There Benefits for Participating?

There are no guarantees, but preliminary data suggest that participants may benefit from any or all of the proposed interventions in the form of improved communication and continued opportunities for social interaction. All therapy services in this study are free.

How do I Enroll in the Project?

Contact Stephanie Schmadeke M.A., CCC-SLP at (713)794-7493 or Lynn M. Maher, Ph.D., faculty and principal investigator of this study at (713) 794-7152. ♦

Cancer Information is Vital for a Healthier Tomorrow

HOUSTON - Quality cancer patient information is central to the nation's cancer prevention and treatment efforts. Cancer registrars are the professionals responsible for the collection and management of accurate and timely cancer patient information as part of the war on cancer. They serve as the primary link between patients and researchers plus health professionals who need access to quality cancer data in order to provide for a healthier tomorrow.

At the Michael E. DeBaakey VA Medical Center (MEDVAMC), the cancer registrar plays a central role in the cancer program by providing vital data and statistical reports to our health care providers. This is used to ensure that our veterans receive best treatment options for cancer.

Cancer registrars research patient charts and compile the patient-level data into registries that provide information for health care providers and health officials to use in monitoring and improving cancer treatment, conducting cancer research, and targeting cancer prevention programs.

Data collected by cancer registrars is also submitted to the National Cancer Database, a nationwide oncology outcomes database maintained by the American College of Surgeons that provides the basis for many patterns of care studies. The MEDVAMC cancer registrar submits data to Central VA Cancer Registry in Washington, D.C. and to Texas State Cancer Registry in Austin.

The MEDVAMC cancer registrar has multiple responsibilities in the Cancer Program, including providing administrative support to educational activities, conducting community outreach and clinical trials, and interacting directly with American College of Surgeons.

In the course of compiling information on cancer patients, cancer registrars also reach out to other health care professionals in radiation oncology, medical oncology, and urology departments to ensure the data's comprehensiveness.

In the rapidly evolving fields of cancer research and treatment, cancer registrars are required to stay on top of the latest information on new treatment protocols and ongoing clinical studies.

The MEDVAMC Cancer Program's main purpose is to oversee state-of-the-art cancer care to all veterans. As part of this ever changing and challenging field, the cancer registrar plays an increasingly important role in patient care development. ♦

Houston VA Orthotics and Prosthetics Center Earns Accreditation

HOUSTON - On April 8, 2005, the American Board for Certification in Orthotics and Prosthetics approved the Michael E. DeBakey VA Medical Center (MEDVAMC) Orthotics and Prosthetics Center for another three-year accreditation.

Edgar L. Tucker, MEDVAMC director was advised of the national recognition and congratulated by the organization for "scoring a perfect 100."

The American Board for Certification in Orthotics and Prosthetics (ABC) is the national certifying and accrediting body for the orthotic and prosthetic professions. By applying for and achieving ABC accreditation, organizations demonstrate a commitment to excellence in orthotic and prosthetic health care. This commitment to excellence is critical for improving the quality of life of the nation's orthotic and prosthetic patients.

ABC is recognized nationally and internationally for its adherence to the highest standards for the orthotics and prosthetics profession.

"It is important for the Michael E. DeBakey VA Medical Center to measure itself against the highest national standards. I am very proud of our staff and our center. Our personnel are very dedicated and we take seriously the job of serving those who have served our country," said Angela Bishop, chief, Prosthetic Treatment Center.

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

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Great Tips to Help You Lose Weight and Avoid Serious Health Problems

HOUSTON - Over the next few decades, life expectancy for the average American could decline by as much as five years unless aggressive efforts are made to slow rising rates of obesity, according to a team of scientists supported in part by the National Institute on Aging, a component of the National Institutes of Health of the Department of Health and Human Services.

Studies have shown that an alarming number of American adults are overweight or obese. Overweight means having a body mass index (BMI) of 25 while obese means having a BMI of 30 or more. A weight loss of as little as five to 10 percent of your body weight can lower your blood pressure and cholesterol levels, and reduce your risk for developing diabetes. The following tips will help get you started toward a healthier weight.

Set a realistic weight loss goal.

If you want to lose 50 pounds, but have not weighed that since your days in the military, then it is not likely you will be able to reach that goal. This can be discouraging and cause you to give up. Instead, aim for a weight loss of five to 10 percent of your current weight.

Don't skip meals.

By skipping breakfast or any other meal for that matter, you are more likely to overeat later in the day. Eating regular meals helps keep your blood sugar controlled and also helps prevent increased hunger.

Avoid "dieting."

Anything that sounds too good to be true usually is. Avoid diets that eliminate any of the different food groups.

Avoid sweetened beverages.

The healthiest way to cut calories is to limit your intake of added sugars, fats, and alcohol. One 12-oz regular soda contains 150 calories and 8-oz of fruit juice contains 110-140 calories. For some people, eliminating these beverages alone



MEDVAMC Dietetic Intern Whitney Moody discusses healthy dietary choices with veteran David Garner. Water is an important part of a healthy diet. Besides regulating body temperature, water transports nutrients and oxygen to your body cells and carries waste products away.

can help lose one pound a week!

Eat a balanced diet.

Eat a variety of foods including whole grains, fruits, vegetables, and lean meats. Try something new each time you go to the grocery store.

Eat smaller portions.

The key to weight control is moderation. Try using a smaller plate with your meals, split a meal when dining out, and read food labels to know your serving sizes.

Get moving!

Exercising is important when trying to lose weight and when trying to maintain weight loss. It is recommended to engage in physical activity for at least 30 minutes on most days of the week. The activity does not have to be strenuous. Walking through the mall, taking the stairs, gardening, swimming, or riding a bike are some examples.

Ask your MEDVAMC Dietitian for more resources.

Talk to a dietitian at the Michael E. DeBakey VA Medical Center (MEDVAMC) for more resources to assist you in achieving your weight loss goal. In particular, ask about the M.O.V.E. (Managing Overweight/Obese Veterans Everywhere) Program. This is a voluntary program offered to veterans at the MEDVAMC consisting of three to four scheduled classes taught over a six to eight week period.

The classes are taught by a dietitian, a psychologist, and a kinesiologist. It is an intensive program focused on nutrition, behavior, activity, and support. For more information, contact Debbie Patterson, MEDVAMC Clinical Nutrition Section chief at (713) 791-1414, ext. 5427.

With these tips, you are ready to get started toward a healthier weight and an enhanced lifestyle. ♦ *Whitney Moody, MEDVAMC Dietetic Intern*

Sunscreen: How To Select, Apply, and Use It Correctly

When To Apply Sunscreen

- ✓ Apply sunscreen about 30 minutes before being in the sun so that it can be absorbed and less likely to wash off if you perspire.
- ✓ Remember to reapply sunscreen after swimming or strenuous exercise.
- ✓ Apply sunscreen often if you work outdoors.

How To Apply Sunscreen

- ✓ Shake well before use to mix particles.
- ✓ Be sure to apply enough. Use a handful to cover your entire body.
- ✓ Use on all parts of your skin exposed to the sun including your ears, back, shoulders, and the back of your knees and legs.
- ✓ Apply thickly and thoroughly, but be careful when applying around the eyes.

What To Look for When You Buy Sunscreen

- ✓ Pick a sunscreen that protects against UVA and UVB rays and has a sun protection factor (SPF) of at least 15.
- ✓ Look for a waterproof brand if you will be sweating or swimming. Buy a non-stinging product or one specifically formulated for your face.
- ✓ Try a sunscreen with different chemicals if your skin reacts badly to the one that you are using. Not all sunscreens have the same ingredients.
- ✓ Be aware that more expensive does not mean better and look at the expiration date because some sunscreen ingredients degrade over time.

From the Centers for Disease Control and Jeff Triebel, MEDVAMC Safety Manager

Group meets the 2nd Wednesday of each month at the MEDVAMC.

Multiple Sclerosis Support Group Offers Help and Hope

HOUSTON - Multiple Sclerosis (MS) is a chronic disorder of the central nervous system that most often affects young adults. An estimated 400,000 Americans have MS. It generally first occurs in people between the ages of 20 and 50. It is potentially disabling and has a life-threatening impact on the lives of patients and their families.

Members of a new support group at the Michael E. DeBakey VA Medical Center (MEDVAMC) see it differently. The MEDVAMC MS Support Group was launched in January 2004 in partnership with the Multiple Sclerosis Society. This self-help group promotes education, information, and sharing of ideas for living successfully with MS and maintaining quality of life.

Group facilitators, Lisa Whipple, L.C.S.W. and Fe Funtanilla, R.N. work with the group members and encourage them to actively pursue a better quality of life. Participants at the meetings say they attend because they want to know as much as possible about MS. Each is in a different phase of MS, but they draw support and encouragement from each other.

"These meetings give me an opportunity to meet other veterans in my age group with MS," said veteran Pete Westerfield.

Whipple and Funtanilla are very proud of this group and its members. The members have taken ownership of the support group by reaching out to each other and other MS sufferers.

"The participants exemplify the courage it takes to live with this disease. The camaraderie and the support that each gives is heartwarming," said Whipple.

"They [the meetings] also give us a chance to visit and share how MS affects the major parts of our lives and gives us a positive outlook for the future," said one spouse.

"It is not just an individual disease but also rather a family disease. As a retired Marine who has served in combat, I thought I was prepared for anything in life, and then the diagnosis of multiple sclerosis," said veteran Hector Marin. "This support group gives me permission to have and to voice my feelings of frustration, anger, and hope. I come to get strength both mentally and



MEDVAMC Deputy Chief of Staff James Scheurich, M.D. speaks with the members of the MS Support Group on the topic of "How to Get the Most Out of Your Doctor Visit." Each month the topic for discussion is designed to help give participants more information on living successfully with this disease. The MS Support Group is free and open to veterans and the public.

emotionally. The facilitators open doors, give hope, and inspire all of us."

The MEDVAMC MS Support Group meets the second Wednesday of each month, 2 - 3:30 p.m. in the dining room on Nursing Unit 2A. Each month the topic for discussion is designed to help give participants more information on living successfully with this disease. For example, classes on general fire safety for MS patients and how to get the most

out of your doctor visit were presented in March and April.

The goal of the support group is to enhance the quality of life and to learn to live successfully with MS. The self-help group is free and open to veterans and the public. For more information, call Whipple at (713) 794-7951 or Funtanilla at (713) 791-1414, ext. 4559.

◆ Frances M. Burke, MEDVAMC Public Affairs Specialist

Program is designed to provide comprehensive treatment to veterans with a diagnosis of Post Traumatic Stress or a related disorder . . .

Houston VA offers Trauma Recovery Program

HOUSTON - The Trauma Recovery Program at the Michael E. DeBakey VA Medical Center (MEDVAMC) is designed to provide comprehensive treatment to veterans with a diagnosis of Post Traumatic Stress or a related disorder.

Family involvement is highly encouraged in the MEDVAMC program since symptoms of this condition greatly influence family life. Our commitment is to provide a wide range of services to help veterans better manage symptoms created by their condition. A team approach is employed at the MEDVAMC because bringing together professionals from psychiatry, nursing, social work, psychology, and other disciplines allows us to better assess, plan for, and treat veterans seeking assistance from the Trauma Recovery Program.

What does the Trauma Recovery Program do?

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

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

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

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

What is a Treatment Team?

Upon admission to the Trauma Recovery Program, each patient is assigned to a treatment team consisting of a psychiatrist, psychologist, social worker, nurse, and/or physician's assistant. This treatment team follows a veteran's progress throughout his or her enrollment in the program. This ensures the veteran always has familiar staff

available who understand his or her individual treatment issues and needs. Professionals from other programs and services may also be involved in the care process.

What is a Patient Care Coordinator?

A patient care coordinator is a veteran's personal link to the treatment staff. Upon admission, each patient is assigned a patient care coordinator who follows his or her progress throughout the program. The coordinator also assists the patient in resolving any problems he or she might experience while enrolled in the Trauma Recovery Program.

How do Specialty Groups help?

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

Because our patients have many treatment issues, we offer a number of specialty groups including but not limited to anger management classes, grief group, stress management, family group, sexual victims group, caregiver group, interpersonal and coping skills group, relaxation therapy, women's group, Korean veterans support group, and

communication skills education classes.

Why are Educational Groups so important?

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

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

A Final Note

The staff in the Trauma Recovery Program believes the veteran is the most vital link in the treatment team. Without the patient's input, health care providers cannot develop effective interventions to address each patient's special needs.

Veterans should not hesitate to ask questions and assume an active role in their treatment experiences. Regular attendance and compliance with prescribed medication and scheduled treatment activities are important and greatly increase the chances of a successful outcome.

For More Information

Call (713) 794-7059 for more information about the Trauma Recovery Program at the MEDVAMC. ◆



From our Veterans

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

Question: I believe my great uncle is buried at the Houston National Cemetery. How can I confirm this?

Answer: The National Cemetery Administration's nationwide gravesite locator is now available to the public on the Internet at www.cem.va.gov. The Web-based search engine contains 3.2 million burial records dating back to the Civil War era. The gravesite locator allows visitors to conduct basic and advanced searches using predetermined data fields. The names, date of birth and death, military service dates, branch of service, cemetery, and grave location are displayed for all records that meet the search criteria. The database, updated daily, includes burial records dating back to 1999 for VA's 120 national cemeteries, some state veterans cemeteries, and Arlington Nation Cemetery.

Question: I have questions about my medical bill. How do I get answers?

Answer: The VA now has a consolidated Call Center available to answer your billing questions. Call toll free 1-866-802-6381, Monday - Friday, 7 a.m. to 7 p.m.

Trained and friendly VA Health Revenue Center staff can assist with your VA billing statement questions. A new computer system will allow the staff there to view your billing records and get the information they need to answer your questions quickly. The new system is accurate, secure, and confidential.

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

Answer: Send an e-mail 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: How can I find information about benefits I qualify for?

Answer: The 2005 edition of Federal Benefits for Veterans and Dependents is now available on line. It is a 840 KB PDF that requires Adobe Acrobat (4.0 or later) or other PDF viewer. Federal Benefits for Veterans and Dependents

can be accessed through the "Current Benefits" link at the bottom of the VA Home page, <http://www.va.gov>. This will link you to <http://www.va.gov/opa/vadocs/jedben.pdf>.

Question: I am not sure what VA benefits I am entitled to. Where can I get answers?

Answer: If you have any questions concerning enrollment, eligibility, and benefits, you may contact the VA Health Benefits Service Center toll free at 1-877-222-VETS (8387) or via the Internet at www.va.gov/health/elig.

Question: Hearing aids and eyeglasses are listed as "limited" benefits. Under what circumstances do I qualify?

Answer: To qualify for hearing aids and eyeglasses you must have a VA service-connected disability rating of 10 percent or more. You may also qualify if you are a former prisoner of war, Purple Heart recipient, require this benefit for treatment of a 0 percent service-connected condition, or are receiving increased pension based on your need for regular aid and attendance or being permanently housebound.

Question: Am I eligible for dental care?

Answer: You are eligible for dental services if your dental care is for either a compensable service-connected condition, a dental condition resulting from service-connected trauma, or if you have a service-connected rating of 100 percent. You also qualify if you are a former prisoner of war, a participant in a VA vocational rehabilitation program, or if your dental condition is aggravating a medical problem under VA treatment. In addition, you may also qualify for one-time dental treatment if

you have been recently discharged from military service, had a documented dental condition while in service, and your discharge certificate does not include certification that all appropriate treatment had been rendered prior to being released.

Question: I'm elderly, on a fixed income, and have no transportation to the VA. What should I do?

Answer: The Houston METRO offers discount fares to persons with disabilities and senior citizens. These discounts are available for both local and commuter fixed-route buses, which are all wheelchair accessible. Riders age 62 through 69 may apply for the senior citizen discount. Riders age 70 and over may travel for free using the 70+ lifetime pass if eligible. METRO's RideStores are located downtown at 1001 Travis and 1900 Main St., open Monday-Friday, 7:30 a.m. to 5:30 p.m. Call METROLine at 713-635-4000 for more information on discounts or METRO RideStores.

Question: If I am enrolled at the VA for health care, what cost will there be for me?

Answer: It depends. Nonservice-connected veterans and noncompensable 0 percent service-connected veterans may have to agree to pay medical care copayments for treatment of their nonservice-connected conditions. If you have insurance, it may cover the copayments costs. The maximum copayment for the first 90-day period of hospital care in 2005 is \$912 and \$10 for each day of care. For outpatient care, the copayment is \$15 for a primary care visit and \$50 for specialty care visit.

For more information about eligibility and enrollment, visit the VA's Web site at www.va.gov.

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
Charles Wilson VA Outpatient Clinic (Lufkin)	(936) 637-1342 or toll-free 1-800-209-3120
Galveston VA Outpatient Clinic	(409) 741-0256 or toll-free 1-800-310-5001
Texas City VA Outpatient Clinic	(409) 986-1129 or toll-free 1-800-310-5001
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

PUBLIC NOTICE

The Joint Commission on Accreditation of Healthcare Organizations will conduct an accreditation survey of the **Michael E. DeBakey Veterans Affairs Medical Center, the Beaumont VA Outpatient Clinic, and the Charles Wilson VA Outpatient Clinic**, June 6-9, 2005, in the areas of hospital accreditation, long-term care accreditation, behavioral health care accreditation, and home care accreditation.

The purpose of the survey is to evaluate the organization's compliance with nationally established Joint Commission standards. The survey results will be used to determine whether, and the conditions under which, accreditation should be awarded the organization.

Joint Commission standards deal with organization quality, safety-of-care issues, and the safety of the environment in which care is provided. Anyone believing that he or she has pertinent and valid information about such matters may request a public information interview with the Joint Commission's field representatives at the time of the survey. Information presented at the interview will be carefully evaluated for relevance to the accreditation process. Requests for a public information interview must be made in writing and should be sent to the Joint Commission no later than five working days before the survey begins. The request must also indicate the nature of the information to be provided at the interview. Such requests should be addressed to:

**Division of Accreditation Operations
Office of Quality Monitoring
Joint Commission on Accreditation of Healthcare Organizations
One Renaissance Blvd.
Oakbrook Terrace, IL 60181**

or faxed to (630) 792-5636 or e-mailed to complaint@jcaho.org

The Joint Commission's Office of Quality Monitoring will acknowledge in writing or by telephone requests received 10 days before the survey begins. An Account Representative will contact the individual requesting the public information interview prior to survey, indicating the location date, and time of the interview the name of the surveyor who will conduct the interview.

Date Posted: May 1, 2005