

Lufkin VA Outpatient Clinic Holds Renaming Ceremony

LUFKIN, TX - The Michael E. DeBakey Veterans Affairs Medical Center (MEDVAMC)'s Outpatient Clinic in Lufkin, Texas has officially been renamed under Public Law 108-422 (S. 424), November 30, 2004 in honor of former U.S. Representative Charles Wilson.

A renaming ceremony will be held on Thursday, July 7, 2005, at 11 a.m. in the Pitser Garrison Civic Center located at 601 North 2nd Street in Lufkin.

Special guest speakers at the ceremony include the Secretary of Veterans Affairs R. James "Jim" Nicholson, U.S. Senator Kay Bailey Hutchison, and U.S. Representative Louie Gohmert. All members of the community are invited to attend. For more information, call the Charles Wilson VA Outpatient Clinic at (936) 633-2717.

Wilson, born in Trinity, Texas in 1933, was a student at Sam Houston State University in Huntsville, Texas when he received an appointment to the United States Naval Academy. He received a bachelor's degree from the Academy in 1956 and served in the United States Navy, with the rank of lieutenant from 1956 to 1960.

He was elected to the Texas House of Representatives in 1960 and then elected to the Texas Senate in 1966. In 1973, Wilson was elected to the 93rd United States Congress and served as a U.S. Representative until 1997.

Opened in 1991, the Charles Wilson VA Outpatient Clinic in Lufkin provides primary care, pharmacy, laboratory, radiology, and mental health services to veterans in the area. In fiscal year 2004, there were 45,155 outpatient visits to the clinic, dramatically up from the 18,441 visits in the year 2000.

VA officials are currently involved in the contracting process for a new clinic to replace the current Lufkin facilities. ♦

Local Hospitals Follow VA's Lead With Computerized Patient Records

HOUSTON - U.S. Air Force veteran Clayton Murphy likes the fact that each one of his doctors and nurses at the Michael E. DeBakey VA Medical Center (MEDVAMC) can access important information about his health and medical care in just a matter of seconds. Using the VA's Computerized Patient Record System (CPRS), MEDVAMC health care providers are not hindered like their non-VA colleagues with poorly organized folders filled with wrinkled and faded papers.

As more and more doctors and hospitals, like Houston's Methodist Hospital System and St. Luke's Episcopal Health System, are converting paper medical records to electronic versions, the computer system in place at the MEDVAMC since 1999 demonstrates the VA is ahead of the game with its unmatched patient care technology.

CPRS allows Murphy's health care providers to quickly review everything from his prescriptions and his X-Ray results to his glucose levels during his last ten primary care appointments. He also firmly believes the MEDVAMC

(continued on page 6)



"The patient computer system at the Michael E. DeBakey VA Medical Center makes me feel extra comfortable about getting my medical care here. No matter what clinic I go to when, they can pull my records up and make sure everything is going smoothly, and that I am receiving the right treatment," said veteran Clayton Murphy (above right) with Hardeep Singh, M.D., M.P.H., MEDVAMC general medicine staff physician and a patient safety clinical investigator. The Computerized Patient Record System (CPRS) has allowed the MEDVAMC to dramatically progress in its management and utilization of patient information. The patient directly benefits from the greater accuracy, consistency, and speed the system has brought about.

VA "Bright Star" in Health Care

WASHINGTON - The health care system of the Department of Veterans Affairs (VA) is "a bright star" within the health care profession for its dedication to patient safety, according to an editorial in the prestigious *Journal of the American Medical Association*.

"Our patients and staff know that VA's commitment to quality is second to none," said the Honorable R. James Nicholson, Secretary of Veterans Affairs. "It's gratifying when a top publication for health care professionals reaches the same conclusion."

The glowing comments came in the May 18 edition of the journal, which examined the progress - or, too often, the lack of progress - among private-sector health care systems during the last five years on issues affecting patient safety. VA's health care system "quickly emerged as a bright star in the constellation of safety practice, with system-wide implementation of safe practices, training programs, and the establishment of four patient-safety research centers," according to the editorial.

Nicholson pointed out the *Journal of the American Medical Association's* authors are the latest in a list of independent reviewers who have cited VA for the quality of its health care system.

✓ "The Best Care Anywhere" was the headline of a January 2005 article about VA in the *Washington Monthly*.

✓ A study published in May 2003 in the *New England Journal of Medicine* compared VA health care and fee-for-service Medicare on 11 specific measurements of quality and found VA patients fared "significantly better" than the private sector.

✓ In December 2004, the *Annals of Internal Medicine* examined seven specific measurements of quality care for diabetes, and again found VA ahead of its private-sector counterparts.

✓ In December 2004, the independent National Committee for Quality Assurance, which ranks health care plans according to 17 performance criteria, found VA out-performing America's best private sector hospitals in all 17.

VA's health care system is an internationally recognized leader in health care quality and patient safety. With more than 180,000 health care professionals, VA operates the largest integrated health care system in the country. More than 7 million veterans are enrolled in VA's system, and the VA expects to treat about 5.2 million patients this year, including nearly 600,000 inpatient admissions and 54 million outpatient visits. ♦

Inside This Edition

Medical Team Training	
Focuses on Patient Safety	2
Word from the Director	
"VA Celebrates 75 Years	
of Serving Veterans	2
Fisher House Sees First Guests .	3
New Shingles Study	
Offers Hope	3
Houston VA First to Use	
FDA-Approved Devices	4
Support Groups	4
Great Medical Info Web site	5
New Mental Health Care	
Programs Begin	5
Stroke Center Opens	6
New Dementia Caregivers	
Support Group	6
Truth about VA's Prosthetic	
and Sensory Aids	7

- SPECIAL EVENT -
POW/MIA Day
Ceremony
Sept. 16, 2005, 10 a.m.
MEDVAMC
Gymnasium
(713) 794-7349

It is all about patient safety and improving communication among surgical team members at the Houston VA . . .

New Medical Team Training Focuses on Clinician Communication

HOUSTON - Patient safety is a top priority at the Michael E. DeBakey VA Medical Center (MEDVAMC). The Operative Care Line is leading the way with its Medical Team Training, an initiative to create an environment to enhance communication among clinicians and avoid medical errors.

Borrowing from aviation, surgeons at the MEDVAMC started doing pre-operative briefings with nurses and anesthesiologists to verify the plans for the surgery and make sure all necessary pre-operative drugs have been administered to the patient.

Collaboration and good communication in medicine is proven to enhance patient safety and quality of care. "It has been shown that failures in communication lead to medical errors. The purpose of the training instituted here at the Michael E. DeBakey VA Medical Center is to empower all members of a patient's health care team. We want each to speak candidly in the operating room to identify potential problems. Our goal is improved communication between providers," said David H. Berger, M.D., Operative Care Line executive.

By creating an environment where operating room team members communicate effectively using a number of tools, such as assertiveness and rules of conduct, patient safety and quality of care are enhanced.

"It's all about patient care and improving communication among team members. Promotion of patient safety is a key component," said Beverly Green-Rashad, R.N., Operative Care Line nurse executive.

Berger and Green-Rashad developed a "Pre-Operative Briefing Checklist" for use in the operating room setting.

"This is a very effective and inexpensive process to implement," said Berger. "It improves communication so that patient safety issues are covered before the surgery begins."

The checklist is reviewed in the operating room while the patient is still awake. The steps call for the surgery team to:

STEP 1: Discuss with the patient the procedure and body part to be operated on.

STEP 2: Review the patient's medication history.

STEP 3: Review and administer appropriate prophylactic antibiotics to prevent surgical site infections.

STEP 4: Ensure proper positioning of the patient.

STEP 5: Review special equipment, such as implants and blood products, required during surgery.



Nurses from the Operative Care Line (from left), Robert Carducci, R.N., Eunice Brown, R.N., and Sukunya Thunyodom, R.N. begin reviewing a "Pre-Operative Briefing Checklist" before a scheduled surgery. Communication is enhanced in the operating room by the use of a white board listing all the names of the surgical team members and other important factors related to the procedure. With education and training, all team members feel they have the power to speak up when they see a problem.

STEP 6: Discuss potential anesthesia issues, such as changes in blood pressure, that may prevent the anesthesia from working properly.

The Pre-Operative Briefing Checklist requires doctors to arrive at the operating room ten minutes earlier, and it already has caught potential mistakes, Berger says. In one case, a surgery was canceled when doctors going through a checklist found out from a patient that he had taken, against orders, anti-clotting drugs that could have caused bleeding.

Communication is further enhanced in the operating room by the use of a white board listing all the names of the surgical team members and other important factors related to the procedure.

With education and training, all team members now feel they have the power to speak up when they see a problem.

"The interaction and communication between the surgeon and anesthesiologist have greatly improved. This definitely enhances patient safety," said Salwa Shenaq, M.D., Anesthesiology Service chief.

To conclude the surgery procedure, a brief meeting is held afterwards to reflect on what happened and to discuss any needed improvements. The goal is to maximize learning from a recent experience.

"At the DeBakey VA Medical Center, we are always trying to improve patient safety and communication among caregivers," said Green-Rashad. ♦*Fran Burke, MEDVAMC Public Affairs Specialist*

A Word from the Director . . .

VA Celebrates 75 Years of Serving Our Nation's Heroes

HOUSTON - On July 21, 1930, President Herbert Hoover signed Executive Order 5398 "Consolidation and Coordination of Governmental Activities Affecting Veterans" implementing legislation passed July 3, 1930 by the United States Congress placing under one "administration" federal pension and other benefits program and veterans medical facilities. This consolidated the U.S. Veterans' Bureau, the National Homes for Disabled Soldiers, and the Bureau of Pensions, Interior Department, into the Veterans Administration (VA).

In the 1980s, proponents seeking Cabinet-level status for the Veterans Administration stressed that the VA was the largest independent federal agency in terms of budget and was second only to the Defense Department in the number of employees.

Because one-third of the U.S. population was eligible for veterans benefits, advocates argued, the agency responsible should be represented by a cabinet secretary having direct access

to the president. In 1988, President Reagan signed legislation to elevate VA to Cabinet status and, on March 15, 1989, the Veterans Administration became the Department of Veterans Affairs.

At the end of September 1930, VA operated 48 hospitals and 54 regional offices with a work force of more than 30,000. Today, that number has grown into 157 medical centers, with at least one in each state, Puerto Rico, and the District of Columbia. VA operates more than 1,300 sites of care including 862 ambulatory care and community-based outpatient clinics, 134 nursing homes, 42 residential rehabilitation treatment programs, 207 Veterans Centers, 88 comprehensive home-care programs, 57 regional offices, 25 benefits offices, and 120 national cemeteries. As of April 30, 2005, VA had 235,978 employees on the rolls.

In 2004, more than 5 million veterans nationwide received care in VA health care facilities. Here in southeast Texas, the Michael E. DeBakey VA Medical Center in

Houston logged 598,572 outpatient visits, admitted 11,111 inpatients, and received 235 veterans to the Transitional Care Center. The Charles Wilson VA Outpatient Clinic in Lufkin had 45,155 outpatient visits and the Beaumont VA Outpatient Clinic, 59,516. Earlier this year, MEDVAMC opened two new community based outpatient clinics in Galveston County.

This year, the Department of Veterans Affairs celebrates its 75th Anniversary with a full year of observance programs and activities. The Kick-off Program on July 21, 2005 will take place at the Daughters of the American Revolution Constitution Hall near the White House. The President and our own namesake, Michael E. DeBakey, M.D., along with 3,000 veterans and VA employees, have been invited to the event. The focus of all this activity is to highlight the history, ideas, initiatives, and achievements of the VA, one of the nation's most durable, dependable, and accomplished federal agencies.

Edgar L. Tucker, Medical Center Director

In upcoming months, we will be working together with the Houston VA Regional Office and the Houston National Cemetery to organize anniversary celebration activities here. We are extremely proud of the achievements of the Michael E. DeBakey VA Medical Center and the enthusiasm, dedication, and motivation of our staff members. Once again, we welcome an opportunity to share our accomplishments in regards to high quality veteran health care with our stakeholders and the community. ♦

First Guests Check into New Houston Fisher House

HOUSTON - On May 24, 2005, the first family, Mike and Joyce Kibler from Topeka, Kansas, checked into the new Fisher House at the Michael E. DeBakey VA Medical Center (MEDVAMC).

Expensive hotels and cramped couches are a faded memory for families of veterans being treated for long-term illnesses at the MEDVAMC. A Fisher House is "a home away from home" for families of patients receiving medical care at major military and VA medical centers.

"This beautiful facility relieves a lot of apprehension about where you're going to stay. Since it's located on the hospital grounds, you don't have to drive all over Houston. Financially, it's a great thing for veterans and their families," said Joyce Kibbler.

The Houston Fisher House is the largest one built to date, roomy enough to accommodate 21 families. Each bedroom suite has its own private bath. The house also has a communal kitchen, library/living room, dining room, family room, and laundry facilities. There is no cost for families staying at the new Houston Fisher House.

"Many people aren't sure how the Fisher House works and there are quite

a few myths about staying at one. The first is that only veterans can stay at a Fisher House. Actually, anyone can stay in the House as long as they meet the eligibility requirements. Another misperception is that you can stay only one night. The minimum a guest can stay is normally three nights, but there are exceptions," said Frank Kelley, manager of the Houston Fisher House.

Fisher Houses are given to the U. S. Government as gifts. Military service secretaries and the Secretary of Veterans Affairs are responsible for the operation and maintenance of the homes. The Fisher House Foundation, Inc., a not-for-profit organization under section 501(c)(3) of the IRS code, builds new houses, assists in the coordination of private support, and encourages public support for the homes.

In November 2003, the VA accepted an offer from the Fisher House Foundation to build a 21-suite facility on the Houston VA campus. Taking the lead in the fundraising effort for the Houston Fisher House, Richard E. Wainerdi, Ph.D., president, chief operating officer, and chief executive officer of Texas Medical Center, accepted the challenge to raise the necessary funds, a sum that



Houston Fisher House Manager Frank Kelley prepares to present veteran Mike Kibler with a room key. Kibler and his wife traveled from Kansas for his medical treatment at the Michael E. DeBakey VA Medical Center and were the first family to check into the brand new facility.

was matched by the Fisher Foundation for construction expenses. Former President George H. W. Bush served as honorary chair for the fund-raising effort.

Major foundations, corporations, veteran service organizations, individuals, federal and state lawmakers, and local businesses were quick to respond with support. Gallery Furniture, a local furniture store, donated all of the

furnishings for the home.

For more information or to make a donation to the Fisher House, contact Frank Kelley, Houston Fisher House manager at (713) 794-8095 or by email at frank.kelley@med.va.gov. Kelley is also available to speak at veteran service organization meetings in the community.

◆ *Frances M. Burke, MEDVAMC Public Affairs Specialist*

Shingles is caused by the same virus that causes chickenpox . . .

VA Study Gives New Hope to Shingles Sufferers

HOUSTON - Relief from the painful symptoms of shingles is closer for millions of Americans, thanks to a pioneering study by researchers predominately from the VA.

In one of the largest medical studies involving the VA, researchers found that an experimental vaccine cut the incidence of shingles in half and dramatically reduced its severity for other victims. The Michael E. DeBakey VA Medical Center (MEDVAMC) participated in the national, multi-center study, enrolling more than 600 veterans.

"The study found that even when the vaccine does not prevent the disease, it still reduces by two-thirds the chance that a shingles sufferer will be left with tormenting chronic pain that can make even the touch of clothing unbearable," said Richard Hamill, M.D., principal study investigator at the MEDVAMC and a professor of medicine and microbiology and immunology at Baylor College of Medicine.

Shingles is caused by the varicella-zoster virus, the same virus that causes chickenpox. After an attack of chickenpox, the virus lies dormant in the nerve tissue. Shingles, a reawakening of the virus, is an outbreak of a rash or blisters on the skin that may be associated with severe pain.

Shingles' symptoms may be vague and nonspecific at first. People with shingles may experience numbness, itching, or pain before the classic rash appears. In the pre-eruption stage, diagnosis may be difficult, and the pain can be so severe that it may be mistaken

for a torn muscle, gallstones, appendicitis, or even a heart attack, depending on the location of the affected nerve.

Typically, the rash begins at the spinal column and fans out in a wedge across a localized part of the face, chest, arm, or leg. The words "shingles" and "zoster" translate from the Latin into the word "belt," which describes the pattern of the rash of blisters as they appear on the body - generally a band on one side of the body. If the affected nerve is the one serving the surface of the eye, the blisters can cause ulcers resulting in blindness.

Although it is most common in people over age 50, anyone who has had chickenpox is at risk for developing shingles. The National Institutes of Health estimates shingles will affect two in every 10 persons in their lifetime and an average of 500,000 people develop shingles each year.

The Shingles Prevention Study, a VA cooperative study representing a scientific collaboration with the National Institute of Allergy and Infectious Diseases and Merck & Co., Inc., the vaccine's producer, involved more than 38,000 voluntary participants at 22 VA hospitals and university sites, all aged at least 60.

Half the participants received the new vaccine, the other half a placebo. The patients were followed, on average, for just over three years, with every rash even remotely suspicious evaluated for shingles. There were no major complications from the vaccine. The study's results were reported in the June 2 edition of the prestigious *New England Journal of Medicine*. ◆



Texas City Community Based Outpatient Clinic
9300 Emmett F. Lowry Expressway (Mainland Mall)

Galveston Community Based Outpatient Clinic
6115 Avenue L (Corner of 61st and L)

Both of these new clinics provide primary care and mental health services for Galveston County area veterans.

Veterans who wish to enroll in either the new Galveston CBOC or the new Texas City CBOC may call toll-free 1-800-310-5001.

Thoracic aortic aneurysms are known as a silent killer since patients typically have no symptoms until the aneurysm begins to leak or expand.

Houston First VA Hospital to Use FDA-Approved Endovascular Devices to Treat Thoracic Aorta Aneurysms

HOUSTON - The Michael E. DeBakey VA Medical Center (MEDVAMC) is among the first hospitals in the country to use an FDA-approved endovascular device to treat patients with thoracic aortic aneurysm.

Each year, more than 21,000 Americans are diagnosed with thoracic aortic aneurysms, which is a condition resulting in a ballooning of a large artery inside the chest caused by a weakening or stretching of the vessel wall. The aorta is the body's main blood vessel that carries blood from the heart through many branch arteries to the rest of body. When an aneurysm occurs in the thoracic aorta, the results can be fatal because of the risk of rupture.

Thoracic aortic aneurysms are known as a silent killer since patients typically have no symptoms until the aneurysm begins to leak or expand. Aneurysms can occur at any age, although they are more common in people who smoke, have family histories of aneurysms, and among people over age 60. Many of these patients also have other serious conditions such as heart disease, lung problems, high blood pressure, and diabetes, making it difficult for them to survive an open chest operation, which is the traditional treatment of choice.

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

In March 2005, the Food and Drug Administration (FDA) approved the Gore thoracic endovascular device for treatment of patients with aneurysm of the descending thoracic aorta. In this new treatment, a small incision is made in the patient's groin area, and physicians deliver a small device called a stent-graft inside the thoracic aorta. The stent graft is expanded and fixed in place to repair the aneurysm. This procedure does not require an open chest incision so most patients can return home in as little as one or two days after the procedure.

"The DeBakey VA Medical Center is the first VA hospital in the country to offer a minimally-invasive treatment approach for patients with thoracic aortic aneurysm using this FDA-approved device. This is extremely exciting because of the long tradition of excellent care our medical center provides to veterans with cardiothoracic and vascular diseases. This new therapy offers new options to many patients with thoracic aortic aneurysms who are too sick to undergo an open chest operation," said Peter Lin, M.D., chief, MEDVAMC Vascular Surgery Section.

Lin and two other MEDVAMC vascular physicians, Alan Lumsden, M.D. and Ruth Bush, M.D. have extensive experience in using the endovascular stent-graft devices to treat patients with aortic aneurysms. Since 1998, they have

collectively performed more than 1,000 endovascular procedures in the treatment of aortic aneurysms, including the thoracic and abdominal aorta, and this represents the largest experience in the VA.

"The FDA approval of this new technology is based on a large clinical study which showed endovascular treatment of thoracic aortic aneurysm provided excellent results with faster recovery periods when compared to traditional operations," said Lumsden.

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

Designated as a Cardiothoracic Center of Excellence, the MEDVAMC is widely known for its unsurpassed record in caring for veterans with cardiothoracic diseases. Joseph Huh, M.D., a MEDVAMC cardiac surgery physician, has received national recognition for his expertise and excellent outcomes in patients undergoing heart and chest operations at the MEDVAMC.

Working in conjunction with cardiac surgery physicians like Huh, Lin, Bush, and Lumsden are eager to combine their expertise to offer this minimally invasive therapy to veterans with thoracic aneurysms. Veterans may call (713) 794-7895 for more information. ♦



Veteran Mike Westberry asks Peter Lin, M.D., chief of the MEDVAMC Vascular Surgery Section and Ruth Bush, M.D., MEDVAMC vascular physician a few questions about his thoracic stent graft system procedure. The MEDVAMC is among the first hospitals in the nation to use a FDA-approved endovascular device to treat patients with thoracic aortic aneurysm.

We are Here to Help . . .

MS Self-Help Group

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

Cancer Support Group

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

Pain Education Group

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

Lufkin Hypertension Classes

Meets 1st Thursday 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.

Hepatitis C Support Group

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

Pain Management for Opioid Medication Maintenance

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

Renal Support Group

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

Prostate Cancer Support Group

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

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. Facilitator: Gabriel Tan, (713) 794-8794

Better Breather's Club

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

HIV Support/Educational Group

Meets every Tuesday, 2 p.m., Clinic 4, Room 1A-442. Facilitator: Kathy Molitor & Belinda Rainer, (713) 791-1414, ext. 6177/5292

Pain Support Group

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

Dementia Caregivers Group

Meets 3rd Tuesday every month, 5 p.m., Room 1C-270. Facilitator: Yvonne S. Mack, (713) 791-1414, ext. 4082

Alcoholics Anonymous (AA)

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

Stroke Support Group

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

Parkinson's Disease Education/Support Group

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

Are You Unsure About Where to Find Reliable Health Information on the World Wide Web?

HOUSTON - The VA's new health care information Web site, MyHealthVet, contains information compiled from the VA, government, and commercial resources to keep veterans informed about a wide variety of health topics.

Visit www.myhealthvet.va.gov and click on the "register now" section on the left side of the page. Instructions for how to obtain a user name and password to log on are available there.

This Web site includes information about preventive health, connections between certain health conditions and military service, and an encyclopedia of health information. You will also find health features with specific information on men's and women's health, sports and fitness, and aging and health.

A tool that everyone can use is the "Food and Nutrition" section of the "Health Gate" library. If you have a question about a specific vitamin or mineral, you can look up articles on its role in the body, where it comes from, and how much you should be getting every day. There is also a "Nutrition Scoop" section that features answers to common nutrition questions, such as which foods can help you sleep, why food cravings occur, and what are the effects of chocolate on your health.

Check out the "Food in the News"



Veteran Stephanie Wiggins (right) is shown the wide variety of health care and medical information available on the VA's new Web site MyHealthVet by MEDVAMC Librarian Felicia Little, M.I.S. MyHealthVet features "one-stop shopping" for VA benefits and application forms, VA health facilities and special programs, and veterans' news.

section to learn more about topics such as food safety and new types of no-calorie sweeteners.

If you are trying to lose weight, the weight management section gives

information about different types of weight-loss programs and tips for finding the right diet. The section on changing your food behavior suggests waiting 15 minutes before going for seconds, eating in a relaxed environment, and savoring the food you're eating.

If you have questions about the safety of weight loss medications and supplements, look at the "Weight Loss: What Are Your Options?" article.

Choosing healthy foods when dining out can be difficult. Try the "Dining Out" section for tips when eating in restaurants. The section on fitness can help you learn about walking, the health benefits of exercise, and what to look for when choosing a health club membership.

MyHealthVet also has interactive tools to keep track of your health goals. Go to the "My Care" toolbar, and then click on "E-log." The "Health E-logs" section allows you to enter your current blood pressure, blood sugar, cholesterol, heart rate, body temperature, weight, and pain level so you can keep track of these measurements over time.

In the Health Gate Library, you can put in information about yourself and an interactive tool will tell you your ideal body weight, body mass index, and calorie needs. You also can find your target heart rate and look at a personalized exercise guide for the number of calories you would like to burn.

There is material on this Web site for everyone. This one-stop site lets you to find out answers to health questions without having to spend time searching through Web sites that may not be reliable or accurate.

If you aren't sure about the Internet or computers in general, the Michael E. DeBakey VA Medical Center Library offers free, introductory computer classes for veterans. During each 30-minute session, you will learn how to navigate the Internet, establish an e-mail account, search for reliable health care information, and use search engines. Check it out and learn about how you can maintain and improve your health.

♦ Amy Bryce, MEDVAMC Dietetic Intern

Houston VA Receives Funding for New Mental Health Care Initiatives

HOUSTON - The Michael E. DeBakey VA Medical Center (MEDVAMC) was recently awarded new funding by the VA for four new veteran mental health care initiatives. These new initiatives will be integrated into several existing Mental Health Care Line programs.

The first will address the immediate priority of providing timely screening and comprehensive mental health services for veterans returning from Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF). The MEDVAMC Trauma Recovery Program received funding to develop and provide a comprehensive continuum of assessment, mental health treatment, and family interventions for OEF/OIF veterans. This includes outreach into the community to contact veterans who are eligible but not yet enrolled in VA care.

The second initiative focuses on the MEDVAMC's Health Care for Homeless Veterans Program (HCHV). This program received \$3 million in national VA funding to implement a domiciliary for homeless veterans, particularly those with chronic mental illness. Besides stable housing, the domiciliary program will provide on-site health care and social and vocational rehabilitation, along with access to health care. The new domiciliary will be developed by leasing an off-site space, pioneering a new model for VA domiciliaries.

The HCHV Program also received funding to establish a new program called Critical Time Intervention (CTI). The CTI team will provide intensive case management, treatment, and supportive housing services to homeless veterans with chronic mental illness, starting at the onset of hospitalization and then for several months thereafter.

Finally, the MEDVAMC Substance Dependence and Vocational Rehabilitation Program received funding to serve as a new mentor site for providing "Supported Employment" services to veterans with severe mental illness. This new model for vocational rehabilitation avoids lengthy prevocational assessments and shelter-style work experiences in favor of directly placing and supporting patients in community-based jobs tailored to their individual preferences, needs, and strengths.

The MEDVAMC believes these new initiatives will further our mission of maintaining and improving the health and well being of veterans. ♦ Joseph DeVance Hamilton, M.D., Mental Health Care Line Executive

STOP DISEASE IN ITS TRACKS!



WHEN:

- ✓ Before eating
- ✓ After using restroom
- ✓ After coughing or sneezing
- ✓ After being near someone sick, coughing, or sneezing
- ✓ After touching trash

HOW:

- ✓ Rub alcohol-based hand cleaner vigorously over all parts of hands for 30 seconds

OR

- ✓ Use antimicrobial soap and water then lather over hands
- ✓ Rub hands vigorously for 15 seconds
- ✓ Rinse and dry well
- ✓ Turn off tap water with paper towel

WHY:

- ✓ Prevent flu, colds, and diarrhea
- ✓ Stay healthy
- ✓ Prevent spread of other sicknesses and diseases

New Dementia Caregivers Support Group Begins Meetings at DeBakey VA

HOUSTON - A new Dementia Caregivers Support Group at the Michael E. DeBakey VA Medical Center (MEDVAMC) was launched June 21, 2005 in partnership with the Alzheimer's Association Houston and Southeast Texas Chapter.

The group will then meet the third Tuesday of each month, 5 p.m. in Room 1C-270, near Nursing Unit 1D, at the MEDVAMC. Yvonne S. Mack, R.N. is the facilitator for the group.

All veterans, family members, and friends impacted by the diagnosis of Alzheimer's disease or related dementias are invited to attend. Parking at the MEDVAMC is free.

Participants in this free support group receive emotional support, practical assistance in coping with the numerous problems they face, and the latest information about research, government programs, and other community resources. All meetings are confidential.

There are approximately 4.5 million people in the U.S. who have Alzheimer's disease, which causes brain deterioration for which there presently is not treatment or cure.

For more information regarding a schedule of upcoming group meetings, please contact Yvonne S. Mack at (713) 791-1414, ext. 4082 or the Alzheimer's Association at (713) 266-6400.

♦ Fran Burke, Public Affairs Specialist

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Local Hospitals Follow VA's Lead With Computerized Patient Records

(continued from page 1)

computer system allows his health care providers to better work together to provide him with the very best health care.

"The patient computer system at the Michael E. DeBakey VA Medical Center makes me feel extra comfortable about getting my medical care here. No matter what clinic I go to when, they can pull my records up and make sure everything is going smoothly, and that I am receiving the right treatment," said Murphy.

CPRS has allowed the MEDVAMC to dramatically progress in its management and utilization of patient information. The patient directly benefits from the greater accuracy, consistency, and speed the system has brought about.

Even the computer records of other hospitals do not stand up to the capabilities of the VA's CPRS. For example, the writing of progress notes is a feature that cannot be found in other systems. In addition, the computerized physician order entry feature has been shown to reduce medication errors and improve patient safety. This is also not routinely available in other systems.

"Since its introduction, CPRS has revolutionized the practice of medicine in our medical center. The providers' task of ordering and tracking tests, consultations, procedures, and medications has been made much easier. This system has made patient care safer and more efficient, and has saved precious time," said Hardeep Singh, M.D., M.P.H., MEDVAMC general medicine staff physician and a patient safety clinical investigator.

Singh has observed, firsthand, the difference this computer system has made. CPRS is a system that stores a complete record of a patient's medical history. All clinicians at the MEDVAMC can access this information immediately.

"For example, if a doctor wants to check the date of a patient's most recent appointment and what happened during the appointment, the information can be effortlessly retrieved. Information such as a physician's notes, a patient's blood pressure history, previous surgeries, or blood test results are also readily available," said Singh.

With CPRS, the provider can order lab tests, medications, diets, radiology tests and procedures, record a patient's allergies or adverse reactions to medications, and request and track consults. CPRS supports clinical decision-making and enables the provider to review and analyze patient data. If there is any indication of unhealthy results, CPRS automatically sends a physician an alert in order to ensure that the problem is quickly tackled.

Different departments around the MEDVAMC are directly connected through the system. This way, the radiologist has immediate first-hand clinical information when a doctor orders an X-ray. This reduces the delay between patient appointments, and diagnosis and treatment.

Health care providers at the MEDVAMC go through extensive training so they can use CPRS to the fullest advantage of the patient. Clinicians can smoothly maneuver through the

user-friendly system. Templates make information on the screen easy to read.

When a patient record is pulled up, basic information such as name, social security number, and birth date appear. When information is added, it is promptly stored and can be quickly retrieved. Health care providers input information into a database simply by typing into a screen with various interfaces that clearly display patient data.

In the past, the documentation of patient data at the MEDVAMC involved stacks of paperwork. Even one missing document from a patient's chart can cause difficulty.

MEDVAMC clinicians and patients are thankful that paperwork is a thing of the past. Doctors no longer scribble illegible medication orders onto slips of paper. The ability to precisely communicate with CPRS has substantially reduced medical errors of all types.

"Veterans do not have to worry about the confidentiality of their information. CPRS is equipped with multiple safeguards to keep information between only patients and authorized clinicians. It is also supported by a series of backup systems ensuring data is not accidentally erased or lost," said Kathy Taylor, chief, VistA Services, Information Management Services.

Veterans, like Murphy, can rest assured that MEDVAMC health care providers are working together to provide the very best health care, and the MEDVAMC offers the very latest in medical information processing technology and security. ♦

Stroke is the third leading cause of death in the United States and the VA estimates more than 15,000 veterans are hospitalized for a stroke each year . . .

New Stroke Center Opens at Houston VA

HOUSTON - Stroke is the third leading cause of death in the U.S. with 700,000 persons experiencing a new or recurrent stroke each year. The VA 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 operation of this center is the Acute Stroke Team led by Thomas A. Kent, M.D., stroke specialist and executive of the Neurology Care Line. 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 MEDVAMC Emergency Room with symptoms of a stroke.

One treatment option available 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. ♦



Veteran Larry Bunt consults with Jane Anderson, APRN-BC, nurse practitioner, Neurology Care Line and a member of the MEDVAMC Acute Stroke Team, during a follow-up appointment. Bunt suffered a stroke early this year and is a good example of the message the MEDVAMC wants veterans to know: Do not delay coming to the hospital when you have signs and symptoms of stroke.

The Truth about the VA's Prosthetic and Sensory Aids Service

WASHINGTON, D.C. - Don't let the name fool you. VA's Prosthetic and Sensory Aids Service does more than dole out artificial limbs and hearing aids. In fact, the service provides all sorts of medical equipment -from simple \$2 foam shoe inserts to hi-tech \$30,000 iBOT wheelchairs - to allow veterans with service-connected disabilities to live independent, fulfilling lives.

"People don't really understand what we do because there is no equivalent in any other health care system," said Frederick Downs Jr., who has led the service since 1980. "We are the VA's pharmacy for durable medical goods and equipment."

A quick look at the numbers confirms the truth about VA's Prosthetic and Sensory Aids Service - artificial limbs and sensory aids are a small piece of the pie.

Last year nationwide, the service saw nearly 1.4 million veterans and supplied \$812 million in medical appliances. Of those patients, only about 26,000 needed new artificial limbs or adjustments to old ones, at a cost of just under \$66 million. While some 631,000 veterans sought eyeglasses, hearing, and other neuro-sensory aids to the tune of about \$52 million.

Maybe it's time to change the name to something more reflective of the service's scope. "Sure we thought about it over the years," admitted Downs. But what do you call a service that provides crutches, braces, eyeglasses, hearing aids, artificial limbs, oxygen bottles, wheelchairs, hospital beds, pacemakers, stents, dental implants, money for clothes, automobile modifications, home adaptations, and more?

In the end, they decided not to change their name because, technically, the medical equipment they provide is considered prosthetics, explained Downs, who defined the term as "anything inorganic used to replace or support a bodily function or activity."

Sweeping Reform

VA's overall prosthetic operation was chaotic during the 1970s and 1980s. One

of the key problems was lack of organization. There was no national oversight. Funding and administration were decentralized to individual medical facilities. As the service's director, Downs said he struggled to "bring a sense of order to the program." The way he saw it, a veteran should get the same amputee care whether they visited a VA facility in Texas or California.

Pressure from Congress led to sweeping changes during the 1990s. The service, which had been in existence since 1948 and aligned as a separate VA service line since 1977, was finally able to standardize procedures as part of a comprehensive improvement plan.

It was good news to John R. Milani, who started his career in 1975 at the VA Prosthetics Center in New York City. "We've seen a lot of changes over the years, not just in the VA but in the field in general," said Milani, who now oversees VA's national artificial limb program.

He said the department has 63 labs staffed by 182 employees called prosthetists and orthotists. They're responsible for making and repairing artificial limbs and braces, or ordering them from commercial vendors.

According to Milani, they have access to the latest technologies and can provide any device deemed necessary by an examining physician. Last year, for example, they provided 176 veterans with the latest computerized "C" legs, which the service purchased through national contracts for the modest average price of \$36,000 each.

Over the last few years, the labs have made a concerted effort to get certified from one of the two accrediting organizations, the American Board for Certification in Orthotics and Prosthetics, and the Board for Orthotist/Prosthetist Certification.

In 2003, only five of the labs were accredited. Today, 34 have earned that distinction. Similarly, in 2003, there were 70 board-certified prosthetists and



Watching his patients take their first steps is one of the rewards of working for the MEDVAMC, according to Mark Benveniste, a certified prosthetist. He said he enjoys the latitude to provide the best care possible and not having to hassle with business quotas and insurance limitations, as private-sector prosthetists might.

orthotists. Today there are 97. "Certification brings a certain prestige to our labs," said Milani. "It demonstrates that we have the professional capabilities to meet veterans' needs." It also helps to attract recent graduates, who want to learn from the best in the field.

Several of the labs that earned accreditation went on to seek certification for prosthetic residency programs. So far, five labs, including one at the Michael E. DeBakey VA Medical Center (MEDVAMC) in Houston, have earned residency accreditation. Milani said they represent the department's "first national prosthetic residency program."

He is hoping students who complete a VA residency will want to stick around, just as he did back in the 1970s. "Once they [the residents] see our facilities and the training opportunities we offer, they're going to want to start their careers with us," Milani said.

A Lifetime Commitment

In the past, the majority of VA prosthetic patients lost limbs in combat. But this appears to be changing. National trends show today's typical patient is a middle-aged male who suffered an amputation due to vascular disease.

Someone like Dave Lemak, who served with the Marines in Vietnam from 1967 to 1968. Lemak was diagnosed with diabetes in 2001 and lost his right leg below the knee in February 2004. He received an artificial limb from the prosthetic lab at the MEDVAMC a few weeks later. "Those people are saints," said Lemak. "They took good care of me."

Richard H. Nelson, a certified orthotist, runs the lab at the MEDVAMC. His lab sees about 100 new patients like Lemak each year. First they evaluate the veteran's lifestyle to determine which type of prosthetic limb will meet their needs. Then they order the various components, put it

together in their workshop, and fit it to the veteran's residual limb.

Fitting the prosthesis can be the toughest part of the process, according to Mark Benveniste, a certified prosthetist who works in Nelson's lab. "The number one concern is getting a comfortable socket fitting," he said. "Without the right fit, nothing else matters."

In addition to building and fitting a limb, prosthetists serve on amputee clinic teams made up of therapists, doctors, and sometimes representatives from commercial vendors. They meet with veterans weekly to make sure their artificial limbs are functioning properly and meeting their needs.

Watching his patients take their first steps is one of the rewards of working for the MEDVAMC, according to Benveniste. He also enjoys the latitude to provide the best care possible and not having to hassle with business quotas and insurance limitations, as private-sector prosthetists might.

He is happy to see veterans like Lemak when they return to the hospital for follow-up services. And they're happy to see him. "Everyone should have someone like Mark," said Lemak. "He's always encouraging me and he's always available. He really takes an interest in you and that's what's so great about it," he said.

Just another perk of the job for Benveniste. "My patients are generally pretty pleased because I'm able to give them the best care possible, and that includes giving my time and attention. They deserve no less," he said.

Downs, the service chief, agrees. "We have a lifetime commitment to these veterans," he said. "We're going to help them regain their mobility and independence, help them regain their dignity as a human being. That's why we're here and that's why our work is so important." ♦
Matt Bristol, Assistant Editor, VAnguard

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VA Network Telecare Center

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From our Veterans

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

Question: Are back issues of the VA Pride newspaper available on the Web?

Answer: Yes, the Web site is www.bouston.med.va.gov/vapride.html. You will need Acrobat Reader software to view the issues.

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.bouston.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/fedben.pdf>.

In addition to health care and burial benefits, veterans may be eligible for programs providing home loan guaranties, educational assistance, training and vocational rehabilitation, income assistance pensions, life insurance, and compensation for service-connected illnesses or disabilities. In some cases, survivors of veterans may also be entitled to benefits.

The handbook describes programs for veterans with specific service experiences, such as prisoners of war or those concerned about environmental exposures in Vietnam or in the Gulf War, as well as special benefits for veterans with severe disabilities.

Question: Is there information on the Web about VA's medical care for veterans with Hepatitis C?

Answer: VA is the Nation's leader in hepatitis C screening, testing, and treatment. Tap VA's expertise at

www.hepatitis.va.gov for medical education resources; best practices, guidelines, and presentations; patient education materials; and comprehensive links to categories ranging from advice pages to VA program resources.

Question: Does the VA have brochures and other information for veterans of Operation Iraqi Freedom and Operation Enduring Freedom available on the Web?

Answer: Yes. There are several comprehensive VA Web sites available:

- Veterans Benefits Information
www.vba.va.gov
- Information for Iraqi Freedom Veterans
www.va.gov/gulfwar
- Afghanistan Service Information
www.va.gov/environagents
- VA Health Care Enrollment
www.va.gov/elig

Question: What documents do I need to apply for VA health care benefits?

Answer: In order to quickly process your application for VA health care, nursing home, domiciliary, or dental benefits, it is helpful to have either a copy of your discharge papers (DD-214 or "WD" form) if you are not currently receiving benefits from VA, your military service records indicating that you received a Purple Heart Medal, or evidence that you received hostile fire or imminent danger pay or a combat medal after this date if you indicated that you were in combat after Nov. 11, 1998.

There is a comprehensive booklet on the Internet at http://www.va.gov/healtheligibility/coveredservices/Benefits_Guide_v4.pdf containing information about VA enrollment, eligibility, benefits, covered services, and frequently asked questions about VA medical care and services.

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: 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.

Question: I want to go visit family in Florida this summer. If I need to, can I go to a VA hospital there?

Answer: VA enrollment allows health care benefits to become portable throughout the entire VA system. Enrolled veterans who are traveling or who spend time away from their primary treatment facility may obtain care at any VA health care facility across the country without the worry of having to reapply.

Question: Can I choose to get medical care outside of the VA system at VA cost? Will VA pay?

Answer: Generally, no. By law, the VA has to provide care within the VA system. If you meet certain eligibility criteria, VA may be able to pay for routine care you receive in your local community. This is called Fee Basis care. We may authorize you to receive Fee Basis care if we can not provide the medical services you need or if we find that you are not physically able to travel to our facilities because of your health or the distance you must travel. For more information, contact the MEDVAMC Fee Basis Office at (713) 794-7282.

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

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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