

DeBakey VA Named Most Wired Hospital for 2nd Year

HOUSTON - The Michael E. DeBakey Veterans Affairs Medical Center (MEDVAMC) was named one of the nation's "Most Improved" for the second year in a row, according to the results of the 2005 Most Wired Survey and Benchmarking Study recently released.

Survey results found the hospitals and health systems selected are making significant progress automating four core components of an electronic medical record: current medical records, medical history, patient demographics, and nurses' notes.

The survey measures the nation's hospitals on their use of Internet technologies for quality, customer service, public health and safety, business processes, and workforce issues.

Just over four years ago, the Department of Veterans Affairs introduced the Bar Code Medication Administration (BCMA) process. Administering medications, a significant component of delivering quality care, is a complex process, and previously, primarily paper-based. A breakdown at any step along the way could compromise patient safety.

The BCMA process consists of using a scanner, very similar to the device in supermarkets, to scan a patient's hospital identification band, and then scan the medications the patient is to receive. This allows a nurse or other health care provider to make sure that a veteran receives the correct medication in the correct dose at the correct time.

In addition, the MEDVAMC entered the remarkable world of the Picture Archiving and Communications System (PACS) last year and now has a filmless radiology department. PACS is just one part of the facility's Computerized Patient Record System (CPRS).

As more and more doctors and hospitals, like Houston's Methodist Hospital System and

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Lifelike Human Patient Simulator Teaches VA Anesthesia Residents

HOUSTON - The Michael E. DeBakey VA Medical Center (MEDVAMC), in collaboration with the Anesthesiology Department of Baylor College of Medicine, is the only VA facility in Texas to offer hands-on learning experience and true-to-life scenario training to its anesthesia residents, interns, student registered nurse anesthetists, and medical students using a high fidelity computer-model-driven, full-sized mannequin called the Human Patient Simulator (HPS).

Traditionally, students have honed their medical skills and techniques on cadavers, not ideal patients, or by observing more experienced health care professionals treat patients. The HPS allows MEDVAMC students to jump directly into patient care by practicing over and over, and learning to manage emergency situations first-hand.

"The simulator is utilized to enhance patient safety at the Michael E. DeBakey VA Medical Center, one of our prime objectives. It provides a key element of effective learning," said Salwa A. Shenaq, M.D., M.B.A., chief, Anesthesiology Service.

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Hal Doerr, M.D., MEDVAMC physician consultant and director of the Houston Center for Advanced Patient Simulation (center) conducts a training session with Baylor College of Medicine anesthesia residents at the Michael E. DeBakey VA Medical Center. "Practice sessions with the Human Patient Simulator teach critical thinking and critical communication," said Doerr. "Participants are able to develop their skills in a unique and non-threatening environment prior to caring for a patient in a clinical setting. They have the opportunity to deal with complex medical issues far earlier than other students."

Blinded by rocket-propelled grenade, soldier has recovered his vision far beyond his doctors' expectations . . .

Houston VA Cares for U.S. Marine Injured in Iraq

HOUSTON - In August 2004, fighting broke out in Najaf, Iraq between U.S. Marines and a group of Iraqi terrorists known as the al-Mahdi Army. The majority of the military conflict was located around the Imam Ali shrine and the Wadi al-Salam cemetery. It was during this conflict on August 5, 2004, that a local Houstonian, U.S. Marine 1st Lt. David Lewis was blinded in battle.

The 27-year-old platoon commander and his team of approximately 35 Marines had entered the cemetery to clear out insurgent fighters. It was around 8 p.m. and the sun was starting to set, so Lewis and his platoon fell back to prepare for the evening.

"I'd taken a knee and was putting Marines in place," said Lewis. In order to wipe the sweat away from his eyes, he lifted up the ballistic goggles that he wore for eye protection. "I hadn't had those things off for maybe more than two minutes, I mean I wore them religiously."

Just at that moment, something to the left caught his eye and he saw a flash of light. "I turned over just in time to see that a RPG [rocket-propelled grenade] had been fired from about 30 meters away."

Unable to escape from the RPG that he saw heading straight towards him, Lewis had only enough time to turn his head down away from the oncoming missile. Grazing off his helmet, the RPG exploded nearby and spun Lewis around.

Metallic pieces of shrapnel flew into Lewis' eyes, face, and body, causing him broken bones, blindness, and other serious injuries.

"It blew out my ear drum in my right ear, it cracked facial bones on the right side of my face around my eye, [and] I had a puncture wound in my right cheekbone," said Lewis.

A small piece of shrapnel even lodged in Lewis' brain, where it still

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

Houston VA Eye Specialists Care for U.S. Marine Injured in Iraq

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remains today. He also sustained shrapnel damage to the entire left side of his body. His eye injuries, however, were the most severe.

Immediately following the explosion, Lewis quickly assessed the extent of his damages and was relieved that he could still move his fingers and toes. But then he realized there was something seriously wrong.

"I was sitting there blinking and I was trying to open my eyes and I couldn't see anything," said Lewis. "I didn't want to touch my face in case I didn't have a face and I wanted to remain calm for my platoon."

Lewis was helpless in the midst of the fighting until he was found by his platoon sergeant and eventually taken to safety.

After being seen by military doctors in Baghdad, Germany, and then Bethesda, Maryland, Lewis chose to go to the Michael E. DeBakey Veterans Affairs Medical Center (MEDVAMC) in Houston, Texas for specialized care.

Examined by Mathew Benz, M.D., MEDVAMC surgical retina specialist; Mitchell Weikert, M.D., MEDVAMC anterior segment specialist; and Silvia Orengo, M.D., MEDVAMC Eye Care Line executive, Lewis was found to have multiple pieces of shrapnel in his eyes, some of which were embedded in the retina and in the macula of both eyes.

The particles of shrapnel were tiny little pieces, probably the size of a grain of salt and yet they caused significant

damage to his eyes. In addition to perforations, a retinal tear, and a traumatic cataract brought on by the concussion from the blast, Lewis had vitreous hemorrhage as well as early signs of retinal detachment.

"He was just able to see shadows, hand motions. It was very bad," said Benz.

Benz, Weikert, and their colleagues performed multiple surgical procedures on Lewis' eyes in order to remove the foreign bodies and to repair the substantial damage. In addition to removing the foreign bodies from the eyes, the team performed a cataract removal and implanted a new lens in the left eye. They also performed a pars plana vitrectomy and scleral buckle in both eyes. Silicone oil, which acts like a cast and keeps the retina in place, was also placed in the left eye.

"I just had confidence that the doctors were going to be able to fix my eyes," said Lewis.

Five months after Lewis' injuries occurred, Benz removed the oil as well as some scar tissue that had built up around Lewis' new lens. He hopes that this will be Lewis' final surgery.

Because of the expert medical care Lewis received at the MEDVAMC, the soldier's vision has recovered far beyond his doctor's expectations. In his right eye, Lewis' corrected visual acuity is 20/20, and he can now see well enough to recognize faces and even read. Although Lewis is near-sighted, with corrective eyewear, he will be able to live a normal life, have a normal job, and even drive.



U.S. Marine 1st Lt. David Lewis was a special guest speaker at the 2004 City of Houston Veterans' Day Parade, just a few months after shrapnel from a rocket-propelled grenade in Iraq left him blind. Because of the expert medical care Lewis received at the Michael E. DeBakey Veterans Affairs Medical Center in Houston, the soldier's vision has recovered far beyond his doctor's expectations.

In spite of the frustrations that result from having impaired vision, Lewis does not spend his time worrying or being angry about what his injured eyes prevent him from doing. He is grateful and thankful for the progress he has made.

In the past few months, Lewis has shared his experiences and his positive attitude with many community groups and organizations, including the Houston Military Affairs Association, the West

Point Society of Greater Houston, and the Paralyzed Veterans of American. He has also given motivational speeches to young adults at Reagan High School.

Stationed at Camp Pendleton near San Diego, California, Lewis is currently awaiting a medical discharge from the U.S. Marines, but would like to return to Iraq as a civilian contractor. ♦ *Mathew Benz, M.D., MEDVAMC Surgical Retina Specialist*

A Word from the Director . . .

Care for Returning Service Members

HOUSTON - On September 11, 2001, America as we knew, changed forever. Without warning, terrorists shook us from our early morning routines as they violently and indiscriminately took thousands of innocent lives. Patriot Day, as we have come to call September 11, illuminated Americans' resolve to rise to every challenge and bear every burden. Men and women of incredible courage and love for humanity, risked - and gave - their lives in uncounted acts of heroism.

For 229 years, 40 million citizen-soldiers have defended America's place in history. Their selfless service defeated tyrants and secured the rights and liberties we enjoy today. The example set by those veterans penetrates the darkness of 9-11 and illuminates our path to remembrance. Our nation's veterans passed the torch of freedom on to the young uniformed men and women now serving in Operation Iraqi Freedom and Operation Enduring Freedom (OIF/OEF). Those service members hold that torch high.

The Michael E. DeBakey VA Medical Center (MEDVAMC) continues to work closely with the Department of Defense to meet the medical needs of our newest veterans by creating a seamless transition from active duty to civilian life. As of

July 2005, 641 OIF/OEF veterans have registered here for health care.

Our goal at the MEDVAMC is to ensure every seriously injured or ill service member returning from combat receives priority consideration and world-class health care. We are working, in every way possible, hold open the doors to an uncomplicated passage from soldier to citizen.

Toward this goal, the manager of our Patient Access Center, Fern Taylor, proactively meets with local Reserve and National Guard units in southeast Texas before and after they deploy in order to brief them on available VA benefits. Working with her counterparts at the VA Regional Office, Walter Reed Army Medical Center, Camp Pendleton, and the National Naval Medical Center, Ms. Taylor coordinates travel, transfers, and medical care for OIF/OEF service members. Once at the MEDVAMC, she personally greets them and their family members so they know where to turn if they need help. If you are a recently discharged service member or the family member of one and need assistance or an information packet, call Ms. Taylor today at (713) 794-7034.

In another effort to improve health care for returning soldiers, our medical

center applied for and was designated this summer as a Level II Polytrauma Care Center. This means our facility is capable of providing medical care and rehabilitation to service members sustaining multiple conditions such as amputation, visual and auditory impairment, post traumatic stress as well as other mental health conditions, traumatic brain injury, and spinal cord injury.

In addition, the MEDVAMC recently obtained new funding to address the immediate priority of providing timely screening and comprehensive mental health services for OIF/OEF veterans. This initiative includes the hiring of two specialized psychologists to develop and provide a comprehensive continuum of assessment, mental health treatment, family interventions, and outreach into the community to contact veterans who are eligible, but not yet enrolled in VA care.

Every active-duty service member, Reservist, or National Guard member who serves in a theater of combat operations is eligible for hospital care, medical services, and nursing home care for injuries or illnesses he or she believes is related to combat service for a period up to two years beginning on the date of



Edgar L. Tucker, Medical Center Director

discharge or release from service. This two-year eligibility for medical care is available even if there is insufficient medical evidence available to conclude that the veteran's illness is the result of combat service. At the end of the two-year period, these veterans have the same eligibility for VA medical care as veterans of earlier conflicts.

With this critical mission on the forefront, the MEDVAMC continues in its pursuit of the highest quality of health care for our Nation's most deserving, our veterans. ♦

The report found MEDVAMC performance in caring for patients was above most nationwide and statewide health care organizations . . .

Heart Attack, Heart Failure, Pneumonia: Houston VA's Health Care Rated Top Nationwide

HOUSTON - According to a 2005 Quality Check report from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the health care the Michael E. DeBakey Veterans Affairs Medical Center (MEDVAMC) provides in three critical medical areas ranks among the very best nationwide. The report found MEDVAMC performance in caring for patients with heart attacks, heart failure, and pneumonia was above most nationwide and statewide Joint Commission-accredited organizations.

"The goals set by the Joint Commission outline optimal care for treating patients for these three medical conditions. These ailments are the most common reasons patients go to the hospital and they affect hundreds of thousands of patients each year. We understand patients who are treated according to the guidelines set by JCAHO are more likely to improve and have good outcomes of care. With this in mind, the Michael E. DeBakey VA Medical Center continually strives to offer the highest quality of health care possible to our veterans," said Blase A. Carabello, M.D., MEDVAMC Medical

Care Line executive.

The Joint Commission evaluates and accredits more than 15,000 health care organizations and programs in the United States. An independent, not-for-profit organization, the Joint Commission is the nation's predominant standards-setting and accrediting body in health care.

Since 1951, the Joint Commission has maintained state-of-the-art standards that focus on improving the quality and safety of care provided by health care organizations. The Joint Commission's comprehensive accreditation process evaluates an organization's compliance with these standards and other accreditation requirements.

The researchers compiling this report looked at how often hospitals said they complied with 10 basic treatments in their care of heart attack, pneumonia, and heart failure patients.

Those include administering aspirin and so-called "beta blockers," which lower blood pressure, to heart attack patients; checking the left ventricular function of heart-failure patients; and giving pneumonia patients a dose of antibiotics within four hours of arrival



MEDVAMC staff physician Shabriar Tavakoli-Tabasi, M.D. listens to U.S. Marine veteran Margarito Vasquez's heart during a Prime Care Clinic appointment. A recent report found MEDVAMC performance in caring for patients with heart attacks, heart failure, and pneumonia was above most nationwide and statewide Joint Commission-accredited health care facilities.

at the hospital.

Quality Check is one source of accreditation and comparison information that a person can use to determine whether a health care organization will meet his or her needs.

Awarded Magnet Recognition for Excellence in Nursing Services in 2004, the MEDVAMC serves as the primary health care provider for more than 137,000 veterans in southeast Texas.

Including clinics in Lufkin and Beaumont, MEDVAMC outpatient clinics logged over 700,000 outpatient visits in fiscal year 2004. In 2005, the MEDVAMC opened new community outpatient clinics in Galveston and Texas City.

Veterans can rest assured MEDVAMC health care providers are working together to provide the very best health care available anywhere. ♦ Bobbi D. Gruner, Public Affairs Officer

Participants Needed for Study Examining Spinal Cord Injury Pain

HOUSTON - If you have a Spinal Cord Injury and have pain below the level of injury, you may be eligible to participate in a new research study. Researchers from the Michael E. DeBakey VA Medical Center and Baylor College of Medicine want to learn whether cranial electrotherapy stimulation (CES) is effective in reducing central neuropathic pain below the level of injury in individuals with spinal cord injuries.

When CES is used, a tiny amount of electricity is passed across the head using ear clips. CES is safe and it has been shown to reduce pain, depression, anxiety, and stress in other studies. This study is funded by the Veterans Affairs Rehabilitation Research and Development Program. If you would like more information, please call Rebeca Matamoros at (713) 794-7468. ♦

OPERATION IRAQI FREEDOM - ENDURING FREEDOM



ENDURING AND IRAQI FREEDOM VETERANS

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

Please contact Fern A. Taylor, Manager, Patient Access Center at (713) 794-7034.

VA Reminds with Stroke, Every Minute Counts

HOUSTON - Stroke is the number one cause of adult disability in the U.S., and the third leading cause of death. More than 700,000 people experience a new or recurrent stroke each year. Every 45 seconds an American has a stroke; every three minutes someone dies of a stroke in this country; and 15-30 percent of stroke survivors have serious long-term disability.

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 guidelines established by the Stroke Council of the American Heart Association.

MEDVAMC wants you to know you can reduce the injury associated with stroke by getting to a hospital *fast*. Treatments are available to limit the damage of a stroke, but therapy must be started within the first hours after the onset of symptoms. The sooner you seek treatment, the better.

Everyone should have a plan for what they would do in the event of a stroke, and the first step is to recognize the symptoms. The second step is to call 911 if you experience one or more of these symptoms:

- ✓ Sudden numbness or weakness of face, arm, or leg, especially on one side of the body.

- ✓ Sudden confusion, trouble speaking, or understanding speech.
- ✓ Sudden trouble seeing.
- ✓ Sudden trouble walking, dizziness, loss of balance or coordination.
- ✓ Sudden severe headache.

A stroke is an injury to the brain caused when a blood vessel that feeds the brain is either closed off by a clot (cutting off the blood supply to part of the brain) or bursts (with bleeding into or around the brain).

Although anyone can have a stroke, it is more common in people over the age of 55 and in those who smoke, have high blood pressure, diabetes, or increased cholesterol.

The good news is you can take steps to reduce your risk, but you need to be able to recognize a stroke and have a plan for what you will do. The best way is to make a 'Plan for Prevention' with your doctor or primary care provider. Your plan should include regular check-ups, a plan to quit smoking if you smoke, regular exercise, and a well-balanced diet.

Remember, time is life. If you believe you are having a stroke, don't wait for symptoms to worsen. The longer the blood flow is cut off to the brain, the greater the damage will be. Get medical help immediately - it may make the difference in avoiding a lifelong disability. ♦

What Do the New 2005 Dietary Guidelines Mean For You?

HOUSTON - Every five years, a new set of Dietary Guidelines for Americans are published. The new 2005 Guidelines were released recently as a joint effort of the U.S. Department of Health and Human Services and U.S. Department of Agriculture. The intention of the guidelines is to provide all Americans with a framework to live by to help maximize total health and well-being. The main components of these guidelines are centered on making healthy food and lifestyle choices and maintaining regular physical activity.

So what does this mean for you? With the growing obesity trend in the U.S., many Americans are at increased risk of developing many major chronic diseases. Many of these life-threatening diseases can be prevented with proper diet and exercise. But where to start?

Here are some of the main ideas of the 2005 Dietary Guidelines for Americans and a few ideas how to use them to make choices every day to help you live a longer, healthier life.

Follow a balanced diet. Choose a variety of different nutrient-dense foods and beverages. This allows you to get a lot of nutritional value with the least amount of calories.

Eat plenty of these fruits, vegetables, whole grains, and fat-free or low-fat milk products. Aim for two cups of fruits and two and a half cups of vegetables each day. Choose different colors and types, and you will get a variety of vitamins, minerals, and fiber. Try three servings of whole grains daily. Look for "whole grain" or "whole wheat" on the food label for greater nutritional value. For fat-free or low-fat milk and milk products, a good goal is three cups a day. Skim milk or one percent milk, low fat yogurt, and low sodium cheese are excellent choices.

Limit saturated fat, trans fat, cholesterol, salt, and added sugar. Eat less refined grains, like white bread, rice, pasta, and crackers. Limit your total fats from food like cholesterol, saturated, and trans fats that can raise cholesterol levels in your blood. Eat no more than 300 milligrams of cholesterol daily. Less than 30 percent of your total calories should come from fat. Eat as little saturated fat and trans fat as possible, choose products that state they are "trans fat free."

Avoid added sugars, which only add calories without much nutritional value. This includes sweets, sodas, and sugar



Veteran Alton Ford discusses the new 2005 Dietary Guidelines and the DASH Diet with MEDVAMC Dietetic Intern Jennifer Meeks. Extra weight can put you at risk for type 2 diabetes, heart disease, high blood pressure, and even some types of cancer. A balanced diet and regular physical activity are the keys to good health.

you might add to foods. Limiting sodium (or salt) to no more than one teaspoon per day will help control your blood pressure. Limit alcohol; no more than one drink per day for most women and no more than two drinks per day for most men.

Maintain a healthy body weight. Balance the calories you take in from food with the calories you use throughout the day. Eating fewer calories while increasing physical activity

is key to controlling body weight.

Limit portion sizes to keep your daily caloric intake under control.

Get moving for at least 30 minutes every day and decrease your sedentary time. To prevent weight gain, get up to 60 minutes of moderate to vigorous activity. To lose weight, 60-90 minutes of activity will help with slow and steady weight loss. Check with your doctor before you begin starting any new exercise program.

Food safety is also important for your health. When handling food, wash hands with soap and water before and after handling food. Cook foods thoroughly. Keep cold foods properly chilled or frozen.

It is all about choosing to live a healthier life by making better choices every day. Are you ready to choose? If you need more information or help, just contact your Prime Care providers at the MEDVAMC. We have group nutrition classes available throughout the year, in addition to individual counseling session.

♦ Jennifer Meeks, MEDVAMC Dietetic Intern

Support Group Listing . . .

The Michael E. DeBakey VA Medical Center offers a wide variety of support groups, for both veterans and family members. Talk with the social worker in your Prime Care Clinic for more information.

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

Amputee Support Group

Meets 4th Wednesday every month, 3 p.m., Nursing Unit (NU) 2A Day Room. Facilitators: Anna Bracer, (713) 794-7816 & Betty Baer, (713) 794-7793

Bereavement Support Group

Meets 4th Thursday, quarterly, 2 p.m., Room 1C-270. Facilitators: Catherine Clancy & Matthelon Mcneil, (713) 794-7373

HIV Support/Educational Group

Meets every Tuesday, 2 p.m., Clinic 4, Room 1A-442. Facilitator: Kathy Molitor, (713) 791-1414, ext. 4161 & 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

Breast Cancer Support Group

Meets last Tuesday every month, 12 noon, Women's Health Center, Room 5B-224. Facilitators: Magdalena Ramirez & Shirley LaDay Smith, (713) 794-7926

Parkinson's Disease Education/Support Group

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

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Need Assistance Obtaining Your Entitled Veterans' Benefits?

HOUSTON - Texas Veterans Service Officers (VSO) are advocates tasked with the responsibility of assisting veterans and their survivors in obtaining entitled benefits from the Department of Veterans Affairs (VA) and the State of Texas. These officers cooperate with local government agencies as well as non-government service agencies to assist clients in obtaining needed specialized services.

VSOs are responsible for providing advisory service on benefits involved by reviewing a veteran's or surviving family member's situation and advising which benefits are most valuable; acting as an advocate of the veteran or his/her family in dealing with agencies, organizations, and institutions; consulting with the Texas Veterans Commission to develop policy and make claims; consulting with the VA Medical and Regional Office personnel in development of medical treatment claims; interviewing veterans and their dependents on obtaining benefits, rights, and entitlements; developing plans for conduction briefings, filing claims, correction, and upgrading of discharges; assisting veterans to obtain out-patient medical and dental treatment and admissions to VA medical centers; and participating in and conducting public information programs on veterans' benefits.

Here is a list of county VSOs and their telephone numbers for southeast Texas.

Angelina

Leamon "Lee" Ligon, Sr.
(936) 639-3833

Austin

Kirby E. Klump, Sr.
979-865-5911, ext. 129

Brazoria

John E. Jerabeck, (979) 864-1289

Chambers

Lynn Chauvin, (409) 267-8330

Colorado

Richard G. Luhrs, (979) 733-0903

Fort Bend

Patrick R. Conrad, (281) 341-4550

Galveston

Robert T. Dambach, (409) 766-2448

Grimes

Carl Dry
(936) 873-2606, ext. 289

Hardin

Charles E. "Pete" Landolt
(409) 246-5125

Harris

Vincent C. Morrison
(713) 755-5243
S. Gill Sosa
(281) 422-7911
(281) 837-8237

Jasper

Franklin E. Williams
(409) 994-5965

Jefferson

Hilary L. Guest
(409) 835-8604 or (409) 983-8385

Liberty

Margie Lyons
(936) 336-4558, ext. 235

Matagorda

Clarence Fenner, (979) 244-7691

Montgomery

Kay L. Lee, (936) 539-7842

Nacogdoches

Dan Singletary, (936) 560-7780

Newton

David McLane
(409) 379-9017

Orange

Gerard J. "Jerry" Childress
(409) 745-1535/1578

Polk

Glenn C. Clark
(936) 327-6838 or (936) 398-4114

San Jacinto

Harvey E. Hawthorne
(936) 653-2270

Sabine

Doyle Watson, (409) 787-2409

Trinity

Eugene "Gene" Prater
(936) 642-2309
(936) 594-8067

Tyler

John R. Craig, (409) 283-3751

Walker

Gerald L. Norwood
(936) 435-2474

Waller

Antonio "Tony" Romeo
(979) 826-7733

Washington

Kenneth Mueller, (979) 277-6228
Leroy H. Loesch, (979) 277-6228

Wharton

Harvey Stelzel, (979) 532-1311

For additional information concerning federal veterans' benefits, you may also contact the VA Regional Office directly at 1-800-827-1000 or via the Internet at www.va.gov. ♦

Houston VA Wins Award for Computer Technology Advances

(continued from page 1)

St. Luke's Episcopal Health System, are converting paper medical records to electronic versions, CPRS, 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 has allowed the MEDVAMC to dramatically progress in its management and utilization of patient information. The patient directly benefits from the sharper accuracy, consistency, and speed that the system has brought about.

"The Michael E. DeBakey VA Medical Center offers our veterans an innovative medical information and image management system. Our health care providers have access to the exact information they need, when, and where they need it. Once again, the MEDVAMC is ahead of the game with our unmatched patient care technology," said Edgar L. Tucker, MEDVAMC director.

The nation's 100 Most Wired hospitals and health systems, those that have invested significantly in health information technology, have lower mortality rates than other hospitals, according to results of a new analysis released in the July issue of *Hospitals & Health Networks* magazine. While the new survey does not establish a "cause and effect" relationship between information technology use and improved outcomes, it demonstrates that technology can play an important role in quality.

Since 1999, *Hospitals & Health Networks* has surveyed the nation's hospitals on their use of information technology to accomplish key goals, including safety and quality objectives. Based on a detailed scoring process, the magazine annually names the 100 Most Wired Hospitals and Health Systems. This year 502 surveys were submitted, representing 1,225 hospitals.

"There are three key differences in how hospitals apply and use information technology to improve care," said Alden Solovy, executive editor of *Hospitals & Health Networks*, the journal of the American Hospital Association (AHA). "The Most Wired use a wider array of IT tools to address quality and safety, they have a significantly larger percentage of physicians who enter orders themselves and they conduct a larger percentage of clinical activities via information technology." The entire report is available at www.hhnmag.com. ♦

VA Transportation Stops Update

Main Entrance "Bus Barn"

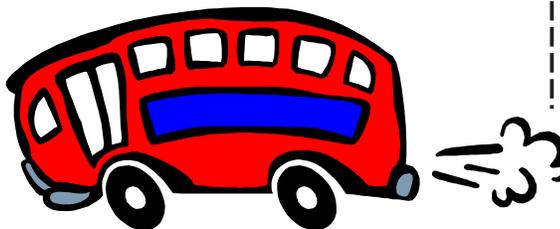
METRO-Lift Wheelchair buses, Veteran Transportation Network vans, and the MEDVAMC Parking Shuttle will now stop at the MEDVAMC Main Entrance, directly in front of the "Bus Barn."

Transitional Care Center/Nursing Home (West Side) Entrance

Metro buses will continue to stop at the Transitional Care Center/Nursing Home (West Side) Entrance.

Main Entrance Drive-Thru

Free valet parking will continue to be available at the Main Entrance Drive-Thru for veterans. This service operates Monday through Friday, 7 a.m. to 5:30 p.m., except for federal holidays.



The Michael E. DeBakey VA Medical Center apologizes for any inconvenience these changes may cause, as we work to improve the services offered to our veterans.

Family and friends may feel helpless when their loved one begins to experience even mild memory changes . . .

Tips for Working Through Memory Problems

HOUSTON - The frustration surrounding memory problems for those with Parkinson's disease (PD) also affects spouses, friends, and family members. Family and friends may feel helpless when their loved one begins to experience even mild memory changes for activities that are familiar, such as the sequence of steps required for putting gas in the car or weekly pills in a medicine container. Other challenging tasks are those that involve learning new motor skills (assembling a light fixture) and switching from one task to another (talking on the phone and paying the bills).

It is helpful to reduce anxiety for the person who has difficulty with memory and thinking. Give the person plenty of time to think over the question instead of immediately providing the answer or hurrying the discussion. Memory problems in PD require the patience and understanding of everyone because the patient's brain may be slower to respond (bradyphrenia) even if the changes are not severe.

Communication is essential when a

person with PD has mild memory problems. Ask the patient how much prompting and assistance he wants when he becomes forgetful. For example, many frustrations occur in the car when the person with PD is driving, when specific instructions are being given about the schedule for the day, or the completion of household tasks.

Ask your loved one: "How and when would you like me to comment or correct you when I know you are mistaken? I don't want to be critical but we need to work this out together."

Sometimes the person with PD will want family members to help them at the time of memory lapse, others prefer to ask for help or clarification before being corrected. Occasionally, persons with changes in memory may become agitated when reminded. This reaction needs to be handled with reassurance and kindness, and later followed by a sensitive discussion.

Communication about memory and thinking functions should take place at appropriate intervals because the PD



Photo by Brian P. Cooney, MEDVAMC Public Affairs Officer

Eugene C. Lai, M.D., Ph.D., director of the Michael E. DeBakey VA Medical Center's Parkinson's Disease Research, Education, and Clinical Center (PADRECC) examines veteran Cal Raines during a recent appointment. Memory problems in Parkinson's Disease require the patience and understanding of everyone because the patient's brain may be slower to respond even if the changes are not severe.

patient's preferences and abilities may change. These communication interactions should be relaxed and private, and need to be avoided when performing potentially dangerous activities such as driving.

The quality of life for persons with PD is improved when family members

and friends are supportive and understanding with their loved ones who are experiencing changes in their memory and thinking abilities. These few practical suggestions may reduce the stress for all involved. ♦ Naomi Nelson, PhD, RN, PADRECC Co-Associate Director of Education



New VA Outpatient Clinics in Texas City & Galveston Now Open!

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.

The Michael E. DeBakey Veterans Affairs Medical Center presents a special

Parkinson's Disease Patient & Family Forum



WHEN: Friday, September 9, 2005, 10:30 a.m. - Noon

WHERE: MEDVAMC 4th Floor Auditorium
Free valet parking is available.

WHAT: The Houston Parkinson's Disease Research, Education & Clinical Center (PADRECC) presents this free educational program and forum for veterans, family members, and friends.

CONTACT: For more information, please call Naomi Nelson, Ph.D., RN at (713) 794-8938.

INFO: The National Parkinson Foundation, Inc. estimates that up to 1.5 million Americans have Parkinson's disease and that approximately 50,000 new cases are diagnosed each year. VA medical centers treat at least 20,000 Parkinson's disease patients every year.

The VA took a major step toward improving patient care and pursuing a cure for Parkinson's disease by establishing six PADRECCs, one at the MEDVAMC. Each PADRECC conducts research covering biomedicine, rehabilitation, health services delivery, and clinical trials. Each is participating in a landmark clinical trial to assess the effectiveness of surgical implantation of deep brain stimulators in reducing the symptoms of Parkinson's disease.

Almost 40 percent of adults ages 40 to 70 have pre-diabetes, a condition that increases their risk of developing Type 2 diabetes, heart disease, and stroke . . .

It's Not Too Late to Prevent Diabetes!

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

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

In addition, almost 40 percent of adults ages 40 to 74 have pre-diabetes, a condition where a person's blood sugar level is higher than normal, but is not high enough to be considered diabetic. Pre-diabetes increases a person's risk of developing Type 2 diabetes, heart disease, and stroke.

You are at increased risk of developing pre-diabetes if you:

- ✓ Are over 45 and overweight.
- ✓ Are African-American, Hispanic or Latino American, American Indian, Alaska Native, Asian American, or Pacific Islander.
- ✓ Gave birth to at least one baby nine pounds or more.
- ✓ Had gestational diabetes while pregnant.
- ✓ Have high blood pressure.
- ✓ Have high cholesterol.
- ✓ Exercise less than 3 times a week.
- ✓ Have a family history of diabetes.

New scientific proof says that you can prevent diabetes, especially if you are 60 and older. The Diabetes Prevention Program's Clinical Trial showed people with pre-diabetes could lower their risk of developing diabetes by more than 50 percent by getting 30 minutes of physical activity five days a week and by losing five to seven percent of their body weight. For a 200-pound person, that would be 10 to 15 pounds. The risk for those 60 and older was reduced by 71 percent. This is great news since the risk of getting diabetes increases as you get older.

In the study, lifestyle changes were more successful than the use of diabetes medication, especially in those 60 and older. Following a low-fat, low-calorie meal plan, along with getting enough exercise, is the best method of



MEDVAMC Diabetes Clinic Chief Jose Garcia, M.D. examines veteran Thomas Mizell's foot for complications of diabetes. A recent study showed people with pre-diabetes could lower their risk of developing diabetes by more than 50 percent by getting 30 minutes of physical activity five days a week and by losing 5 to 7 percent of their body weight.

prevention for all ages. Changing your diet does not have to be difficult. It just involves small changes here and there. For example:

- ✓ Buy healthy snacks such as fruit, vegetables, and unsalted mixed nuts, rather than keeping cookies and chips around for grandkids.
- ✓ Drink less high sugar beverages, such as soda, fruit punch, and lemonade. Instead, drink the sugar-free versions or water.
- ✓ Switch to one percent or skim milk rather than higher fat milks.
- ✓ Choose low-fat cheese and light yogurt, both of which are great sources of calcium with fewer calories than the original versions.
- ✓ Buy whole grains, like 100 percent whole wheat bread and brown rice, which will give you valuable fiber.
- ✓ Beans and peas are also great sources of fiber. Avoid seasoning them with bacon, ham, or meat drippings.
- ✓ Select leaner cuts of meat at the market (chuck, round, and loin) and avoid high fat meats like sausage and bacon.
- ✓ Aim for five to nine servings of fruit and vegetables per day.
- ✓ Limit the sweets in your diet. When eating dessert, choose lower fat options like angel food cake, frozen

yogurt, or sugar free pudding or gelatin.

- ✓ Choose baked or grilled foods instead of fried.

Along with diet changes, physical activity is crucial in helping you to lose or maintain a healthy weight. You can start with small changes. Begin with just 15 minutes five days a week. Then, each week add five more minutes until you build up to the recommended 30 minutes five days a week.

Getting physical activity is as easy as parking farther out in the parking lot or taking the stairs rather than the elevator. When the weather cools down, try going to the park or walking around the neighborhood.

If you have knee trouble, swimming in a pool is a great activity that is easy on your joints. It is recommended that you check with your health care provider before beginning a physical activity regimen.

Write down everything you eat and drink. Most people find it easier to lose weight when they keep a food and exercise diary. This helps you to become aware of everything you are eating and may even prevent you from eating unhealthy foods.

Lastly, keep at it! Do not be discouraged. It takes a while to safely lose weight and keep it off. It is recommended you lose one to two pounds per week. It may be tough in the beginning, but preventing diabetes is worth the effort.

If you have any questions or would like one-on-one counseling with a registered dietitian at the Michael E. DeBakey VA Medical Center (MEDVAMC), call (713) 791-1414, ext. 4295, ext. 6166, or ext. 3976.

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

Human Patient Simulator Is No Dummy

(continued from page 1)

The high-tech HPS actually looks and feels like a real human being. "He" is 5 foot 11, weighs 167 pounds, and has blue eyes and sandy-colored hair. Under the mannequin urethane-silicon skin are electrical, mechanical, hydraulic, and pneumatic devices that control eerily accurate bodily functions.

"This patient simulator is no dummy," said Hal Doerr, M.D., MEDVAMC physician consultant and director of the Houston Center for Advanced Patient Simulation. "It blinks, breathes, has a heartbeat, the pupils react to light and medications, a pulse that can be felt in five locations, and lung sounds. About 200 physiologic parameters can be changed so we can create any type of patient and then simulate medical events that could happen. HPS reacts to intravenous drugs, CPR, defibrillation, intubation, ventilation, catheterization, and a host of other procedures."

The circulatory system of the HPS is a series of hoses laid out like veins and arteries and can contain water or fake blood. Air bags in the chest pneumatically rise and fall to simulate breathing, while external mechanical "lungs" replicate the flow of oxygen and carbon dioxide. This dramatically functional mannequin exhibits clinical signals so lifelike that students have been known to cry when the patient is not doing well.

"Since we started using the Human Patient Simulator in April, more than 75 individuals have been trained. In addition to teaching our interns, residents and student registered nurse anesthetists about providing anesthesia, my goal is to train nurses on conscious or moderate sedation prior to certification, which will include crisis resource management simulation," said Shenaq. "This will help nurses manage a crisis if it occurs in the real aspects of critical care patients."

"Practice sessions teach critical thinking and critical communication," said Doerr. "Participants are able to develop their skills in a unique and non-threatening environment prior to caring for a patient in a clinical setting. They have the opportunity to deal with complex medical issues far earlier than other students."

The MEDVAMC continues to pursue the highest quality of health care possible for our nation's veterans. This unique HPS teaching laboratory is just one of many initiatives to ensure they are among the first to benefit from scientific advances in medicine. ♦ Fran Burke, Public Affairs Specialist

24 Hours A Day, 7 Days A Week

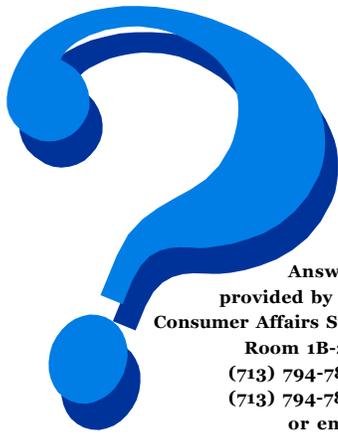


VA Network Telecare Center

(713) 794-8985 or
toll free 1 (800) 639-5137

Help is just a phone call away. Professionally trained, health care professionals at the VA Network Telecare Center are ready to help

answer your health care questions 24/7.
That's right - 24 hours a day, seven days a week.



**Answers
provided by the
Consumer Affairs Staff
Room 1B-270
(713) 794-7883
(713) 794-7884
or email
vhahougeneralquestions@med.va.gov**

Question: What is a VA Burial Allowance ?

Answer: VA burial allowance is a partial reimbursement of an eligible veteran's burial and funeral costs. When the cause of death is not service-related, the reimbursement is generally described as two payments: (1) a burial and funeral expense allowance, and (2) a plot interment allowance.

Question: Who is eligible for the VA Burial Allowance?

Answer: You may be eligible for a VA burial allowance if you paid for a veteran's burial or funeral AND you have not been reimbursed by another government agency or some other source, such as the deceased veteran's employer AND the veteran was discharged under conditions other than dishonorable.

In addition, at least one of the following conditions must be met. The veteran died because of a service-related disability OR the veteran was receiving VA pension or compensation at the time

of death OR the veteran was entitled to receive VA pension or compensation but decided not to reduce his/her military retirement or disability pay OR the veteran died in a VA hospital or while in a nursing home under VA contract, or while in an approved state nursing home.

Question: How much does VA pay under its VA Burial Allowance?

Answer: For Service-Related Death, VA will pay up to \$1,500 toward burial expenses for deaths prior to September 10, 2001. For deaths on or after September 11, 2001, VA will pay \$2,000. If the veteran is buried in a VA national cemetery, some or all of the cost of moving the deceased may be reimbursed.

For Nonservice-Related Death, VA will pay up to \$300 toward burial and funeral expenses, and a \$150 plot interment allowance for deaths prior to December 1, 2001. The plot-interment allowance is \$300 for deaths on or after December 1, 2001. If the death happened while the veteran was in a VA hospital or under contracted nursing home care, some of all of the costs for transporting the deceased's remains may be reimbursed.

Question: How do I apply for the VA Burial Allowance?

Answer: You can apply by filling out VA Form 21-530, Application for Burial Allowance. You should attach proof of the veteran's military service (DD 214), a death certificate, and copies of funeral and burial bills you have paid.

Question: Are Selected Reserve and National Guard members eligible for VA benefits?

Answer: Selected Reserve and National Guard members who served on regular *active duty* are eligible for the same VA

benefits as other veterans. The member must meet the same length of service required for any benefit.

Question: Are there VA benefits available for Selected Reserve and National Guard members who did not serve on active duty?

Answer: The following are some of the VA benefits, based on *non-active duty* service, for which they may be eligible:

Compensation - This is a monthly benefit that is paid for disabilities that resulted from a disease or injury incurred while on *active duty for training*, or an injury, heart attack or stroke incurred during *inactive duty for training*. Such disabilities are considered "service-connected."

Medical Care - VA will provide medical care for service-connected disabilities. Medical care for non service-connected conditions is determined by current Veterans Health Administration criteria.

Education & Training - Selected reservists and National Guard members may be entitled to receive up to 36 months of benefits under the Montgomery GI Bill - Selected Reserve (Chapter 1606). Benefit entitlement ends either (a) 10 years from the date of eligibility for the program, or until released from service; or (b) 14 years if eligibility began on or after October 1, 1992. To qualify, the participant must have a six-year obligation to serve in the in the Selected Reserve or National Guard (officers must agree to serve six years in addition to the original obligation), have completed initial active duty for training (IADT), meet the requirements to receive a high school diploma or equivalency certificate before applying for benefits, and remain in good standing while serving in a Selected Reserve or National Guard unit.

Vocational Rehabilitation &

Employment - This program helps individuals who have service-connected disabilities by offering them services and assistance to help them prepare for, find and keep suitable employment. For individuals with serious service-connected disabilities, VA also offers services to improve their ability to live as independently as possible.

Home Loan - VA guarantees loans to purchase a home, manufactured home, manufactured home and lot, certain types of condominiums, or to build, repair, and improve a home. This benefit may be used to refinance an existing home loan. Certain disabled veterans can receive grants to have their home specially adapted to their needs.

To qualify, the individual must have completed six years of service in the Selected Reserves or National Guard with an honorable discharge. If he/she was discharged due to service-connected disability, the required service time could be less. (Note: this eligibility expires on September 30, 2009.)

For information about all available VA benefits and services, contact the VA Regional Office at 1-800-827-1000.

Question: Can medication refills be processed by e-mail?

Answer: Currently, refill requests cannot be processed via e-mail. Please use the MEDVAMC Pharmacy Refill Hotline at (713) 794-7648 or toll-free 1-800-454-1062. If you have questions, call the Pharmacy Helpline at (713) 794-7653.

Question: How do I get a copy of my DD214 or my other military records?

Answer: Contact the National Archives and Records Administration for copies of military personnel records. On the Internet, visit their Web site at http://www.archives.gov/research_room/vetrecs/.

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/Galveston/Texas City	(713) 794-7884
Beaumont	1-800-833-7734 extension 113
Lufkin	(936) 633-2753
Houston National Cemetery	
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

Michael E. DeBakey VA Medical Center's
POW/MIA Program

Honoring Our Nation's Former Prisoners Of War
And Those Missing In Action

Friday, September 16, 2005, 10 a.m.

MEDVAMC
Recreation
Therapy
Gymnasium

**Keynote
Speaker:**
Lt. Colonel
Timothy R. Ayres,
U.S. Air Force (Ret.)
Prisoner of War
in Vietnam

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

