



VA Pride

Vol. 5 No. 1 An Information Guide for the Veterans We Serve in Southeast Texas January/February 2006

Beaumont VA Outpatient Clinic • Charles Wilson VA Outpatient Clinic, Lufkin • Galveston VA Outpatient Clinic
New Orleans Houston-based VA Outpatient Clinic • Texas City VA Outpatient Clinic

No Across-the-Board Review of PTSD Cases

WASHINGTON – The VA will not review the files of 72,000 veterans currently receiving disability compensation for post-traumatic stress disorder, the Department announced in November 2005.

On May 19, 2005, VA's Inspector General reported on an examination of the files of a sample of 2,100 randomly selected veterans with disability ratings for post-traumatic stress disorder (PTSD). The IG cited insufficient documentation in the files and a dramatic increase in veterans filing for disability compensation for post-traumatic stress disorder since 1999.

"We have now just completed our own careful review of those 2,100 files cited in the IG's report," said the Honorable R. James Nicholson, Secretary of Veterans Affairs. "The problems with these files appear to be administrative in nature, such as missing documents, and not fraud."

"In the absence of evidence of fraud, we're not going to put our veterans through the anxiety of a widespread review of their disability claims," Nicholson said. "Instead, we're going to improve our training for VA personnel who handle disability claims and toughen administrative oversight."

"Not all combat wounds are caused by bullets and shrapnel," Nicholson added. "We have a commitment to ensure veterans with PTSD receive compassionate, world-class health care and appropriate disability compensation determinations."

PTSD is a psychiatric disorder that can occur following the experience or witnessing of life-threatening events such as military combat, natural disasters, serious accidents, or violent personal assaults. People who suffer from PTSD often relive the experience through nightmares and flash-backs, have difficulty sleeping, and feel detached, and these symptoms can be severe enough and last long enough to impair the person's daily life.

For more information, visit the National Center for Post-Traumatic Stress Disorder's Web site at www.ncptsd.va.gov.

New treatment may give many patients a second chance at life . . .

Houston VA Using Innovative Technique to Treat Liver Cancer and Tumors

HOUSTON - The Michael E. DeBakey Veterans Affairs Medical Center (MEDVAMC) is among the first VA hospitals in the country to use Radiofrequency Catheter Ablation (RFA) to treat liver cancer and tumors. According to the American Cancer Society, about 14,000 cases of primary liver cancer are diagnosed each year.

Cancer in the liver usually is not detected until it reaches an advanced stage, and most liver cancers cannot be treated with surgery. This is because the tumor may be too large or has grown into blood vessels or other vital structures. Sometimes, many small tumors are spread throughout the liver, making surgery too risky or impractical. In fact, surgical removal is not possible for more than two-thirds of primary liver cancer patients and 90 percent of patients with secondary liver cancer.

Until recently, chemotherapy and systemic treatment was the only option for patients with inoperable liver cancer. Unfortunately, these types of treatments usually cannot be given in doses high

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Physicians at the Michael E. DeBakey VA Medical Center have begun using an innovative surgical technique called Radiofrequency Catheter Ablation to treat liver cancer and tumors. From left: Kyle Belek, M.D., Tulane University resident; Jaime Roman, M.D., chief resident of the MEDVAMC Bronze Team; Daniel Albo, M.D., Ph.D., MEDVAMC chief of General Surgery and Surgical Oncology; and Jeffrey Gaban, Baylor College of Medicine medical student.

Houston VA Vascular Surgeons First to Implant Wireless Pressure Sensor to Monitor Abdominal Aortic Aneurysms

HOUSTON - The Michael E. DeBakey VA Medical Center (MEDVAMC) is the first VA hospital to implant a cutting-edge, FDA-approved wireless pressure sensor to monitor aortic aneurysm pressure in patients undergoing endovascular aortic aneurysm repair.

Each year, approximately 15,000 people die from Abdominal Aortic Aneurysms (AAA), making this disease the 13th leading cause of death in the U.S. AAA is the third leading cause of sudden death among men over the age of 60 and affects 1.5 million people in the U.S., with approximately 200,000 new cases diagnosed each year.

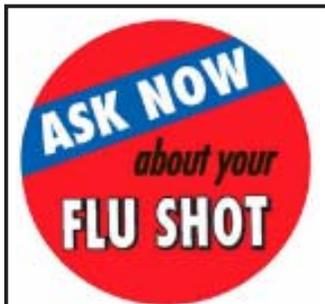
An aneurysm is a ballooning of an artery resulting from a weakening or stretching of the arterial wall. Aneurysms may occur in any blood vessel, but the most common place is in the abdominal aorta just below the kidney arteries. The aorta is the large arterial trunk that carries blood from the heart to be distributed by branch arteries through the body.

If an abdominal aortic aneurysm is

left untreated, it can rupture leading to catastrophic consequences. However, aneurysms can be successfully treated with stent grafts which are made of flexible fabric and metal tubes inserted via small incisions near the patient's groin and placed snugly inside an aneurysm to prevent aneurysm enlargement.

"Endovascular aneurysm repair is a less invasive and less painful treatment in patients with abdominal aortic aneurysm compared to the traditional open abdominal operation. The Achilles heel of endovascular repair, however, relates to a small incidence of endoleaks. That is, continued filling and pressurization of the aneurysm sac even after endovascular repair. Such pressurized sacs may remain at risk for rupture and, unfortunately, standard imaging methods such as angiography or CT scanning do not always show the leak," said Peter Lin, M.D., chief of Vascular Surgery at the Michael E. DeBakey VA Medical Center.

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New Technology at Houston VA Helps Blind Veterans Enjoy More Independent Lives

HOUSTON - The man squints at the bottle of pills but his vision is so poor he cannot make out if he has picked up his Coumadin or Celebrex. Many veterans have eyesight so bad they cannot read newspaper type. They rely on family, friends, or even guesswork to figure out what medication they are taking, the correct dosage, and the safety warnings.

The inability to read pill bottles can lead to dangerous mistakes: taking the wrong medication at the wrong time, the wrong dose, or missing the warning not to mix with a particular over-the-counter drug. According to the Institute of Medicine, more than 44,000 Americans die from medical errors annually.

The Michael E. DeBakey VA Medical Center (MEDVAMC) is

expanding its services for blind veterans and introducing new devices to assist them with reading prescription labels, shopping, preparing meals, and even choosing matching clothes. The goal is to help these unique veterans enjoy more independent and safe lives.

Serving more than 1,000 blind veterans in southeast Texas, the MEDVAMC Visual Impairment Service Team recently hired a new outpatient rehabilitation specialist who, so far, has locally trained approximately 175 legally blind veterans. Depending on the needs of the veteran, this training sometimes includes the innovative ScripTalk™ prescription reader and the state-of-the-art I.D. Mate™ device.

ScripTalk™ is a small machine about the size of a video tape. It is designed to



Bill Johnson, Visual Impairment Service Team coordinator at the Michael E. DeBakey VZA Medical Center, demonstrates an I.D. Mate™ to veteran Bernard Corbit. The I.D. Mate™ is just one of several new, high-tech devices available to veterans to assist them with reading prescription labels, shopping, preparing meals, and even choosing matching clothes. The goal is to help these unique veterans enjoy more independent and safe lives.

be user friendly with only three buttons – one to turn it on and two to adjust the setting. The veteran can hang it on the wall near his or her medicine cabinet.

Holding the device near a prescription bottle, it scans the encoded label and, using speech synthesis technology, tells the patient exactly what is inside. Pertinent information such as the name of the patient, the name of the drug, the dosage, general instructions, warnings, and the prescription number along with the doctor's name and telephone number are all converted into speech.

“Our goal is to help veterans remain in an independent-living environment. It gives individuals confidence in themselves to do what they need to do,” said Randall May, MEDVAMC outpatient blind rehabilitation specialist who makes home visits to train patients. “This is about rediscovering and enjoying life.”

The second device, the I.D. Mate™, can be used in the home, the workplace, or the shopping center to identify cans, food, jars, boxes, bottles, clothing, playing cards, compact discs, albums, cassette tapes, pictures, important documents, and thousands of other items. When shopping, a veteran holds an item near the device. The I.D. Mate™ scans the bar code on it and then verbally describes the contents. A headset can be used so the user can choose to be discreet.

The machine contains recorded product information on more than 700,000 items found at any grocery store and comes with a bar code label maker. This allows the user to make their own labels to identify individual pieces of clothing, shoes, or other items not in the machine's database. With the I.D. Mate™, a veteran independently can choose black socks to go with black

pants, toast wheat bread instead of white, or play a jazz music compact disc instead of a country one.

“If you were a blind veteran several years ago, I would give you a cane, talking watch, and large-button telephone, and send you on your way,” said Bill Johnson, Visual Impairment Service Team coordinator. “For anything else, I had to send them off to a training center in another city. Now with the advances the Michael E. DeBakey VA Medical Center has made, we're able to provide our veterans with local services in Houston and cutting-edge technology.”

Recently, the Visual Impairment Service Team began training veterans to use a new device that reads aloud magazines, mail, books, newspapers, and anything with typed print on it. While similar machines have been available for more than ten years, the SARA™ (Scanning and Reading Appliance) is more advanced, using the latest in advanced optical character recognition technology to scan text and then read it in crisp, clear speech in a variety of voices and languages.

A user simply places the book or document on the scanning area and presses the scan button. The device automatically scans and recognizes the text, and reads it aloud. During the reading, the user can adjust the voice rate and volume, as well as fast forward and rewind, or pause and take time to examine a document in detail. The machine will even spell out words to get a better understanding of what is being spoken.

“Veterans at the Michael E. DeBakey VA Medical Center continue to benefit from the latest scientific advances in health care and new technology available right here,” said Silvia Orengo-Nania, M.D., MEDVAMC Eye Care Line executive. ♦

A Word from the Director . . .

New Goals for 2006

HOUSTON - The year 2005 was remarkable in many ways, most notably for the devastation of and emergency relief response to Hurricanes Katrina and Rita. While overshadowed by the enormity of the storms, other significant events from last year deserve at least some mention.

In May 2005, the Michael E. DeBakey VA Medical Center opened the VA's largest Fisher House, roomy enough to accommodate 21 families. It has been as extremely well received by veterans and their families, and therefore, utilized as we hoped.

The MEDVAMC opened two new Community Based Outpatient Clinics in Galveston County. The Galveston CBOC opened March 4, 2005 and the Texas City CBOC opened April 4, 2005. Already, the enrollment at the new clinics has exceeded 7,000 veterans.

In July of last year, the MEDVAMC's VA Outpatient Clinic in Lufkin, activated in 1991, was officially renamed under Public Law 108-422 (S. 424) in honor of former U.S. Representative Charles Wilson. Much progress has been made to replace the existing clinic with a new building.

Partnering with the Department of Defense, the MEDVAMC has expanded our outreach to returning Operation Iraqi Freedom and Operation Enduring Freedom (OIF/OEF) veterans and hired two psychologists to address Post Traumatic Stress Disorder issues.

The MEDVAMC successfully passed a multitude of external reviews and audits, many with praise from the reviewers for the quality of our staff



Edgar L. Tucker, Medical Center Director

and programs we provide to veterans.

Our goals for 2006 are no less demanding - although hopefully without the hurricanes. We will establish a Polytrauma unit to work with other similar programs in the VA and the military to ensure returning OIF/OEF veterans receive comprehensive care. Our services for homeless veterans will continue to expand with the establishment of a unique community based domiciliary. We will also expand our Primary Care program to meet the increase in demand for basic health care. Our state-of-the-art technology will continue to be upgraded and expanded; most notably, through the addition of a new PET/CT scanner.

Most importantly, our staff remains committed to continually improve our programs and services in order to honor our commitment to veterans of every generation. Our receipt of the VA's Robert W. Carey Organizational Excellent Award in 2005 was not the end of our pursuit for excellence, but a validation of how far we have come and how important the results are for veterans. ♦

Notice to Veteran Patients

The Veterans Health Administration (VHA) is pleased you have selected us to provide your health care. We want to improve your health and well-being. We will make your visit or stay as pleasant for you as possible. As part of our service to you, to other veterans and to the nation, we are committed to improving health care quality. We also train future health care professionals, conduct research, and support our country in times of national emergency. In all of these activities, our employees will respect and support your rights as a patient.

Multi-disciplinary team approach at Michael E. DeBakey VA Medical Center specializes in diagnosing and treating colorectal cancer.

New Cancer Center Opens at Houston VA

HOUSTON – Colorectal cancer, cancer of the colon or rectum, is the second leading cause of cancer-related deaths in the United States. The American Cancer Society estimates that 56,730 Americans will die of colorectal cancer this year. Colorectal cancer is also one of the most commonly diagnosed cancers in the United States; more than 145,000 new cases were diagnosed in 2004. The Michael E. DeBakey VA Medical Center (MEDVAMC) hospitalized more than 140 veterans last year for treatment of colorectal cancer.

In response to this serious health issue, the MEDVAMC established a Colorectal Cancer Center, the first of its type in the VA, to ensure veterans receive timely evaluation with diagnostic procedures and appropriate, multiple, and innovative treatments and therapies.

The driving force behind the formation of the new center is its director, Daniel Albo, M.D., Ph.D., chief of General Surgery and Surgical Oncology at the MEDVAMC and assistant professor of surgery in the Department of Surgery at Baylor College of Medicine.

Albo assembled a multi-disciplinary team comprised of surgeons, hematology specialists, surgical oncologists, gastrointestinal medicine specialists, nurses, physician assistants,

surgical residents, social workers, and radiologists. Recruitment for an additional surgical oncologist has also begun.

Three other key components of the new center are a large database already established by Albo with information on patients with colorectal cancer diagnosed at the MEDVAMC in the last 10 years, a large tissue sample database, and tissue and blood sample repositories. These tools will allow MEDVAMC surgeons and physicians to follow recently diagnosed patients, track the progress of patients who have received treatment, and analyze patient data.

“Colon and rectal cancer can be very lethal. More than half of individuals with colorectal cancer have a chance of recurrence. Of those patients, 85 percent reoccur in the first two and half years. Recent studies have shown that intense follow up during this period leads to earlier detection, higher rates of therapeutic resection for recurrences, and an improvement in patient outcomes,” said Albo.

The key to colon and rectal cancer is early detection. In most people, colorectal cancers develop slowly over a period of several years. Common symptoms of colorectal cancer include a change in bowel habits; diarrhea, constipation, or feeling that the bowel does not empty completely; blood, either bright red or very dark, in



The Michael E. DeBakey VA Medical Center established a Colorectal Cancer Center, the first of its type in the VA, to ensure veterans receive timely evaluation with diagnostic procedures and appropriate, multiple, and innovative treatments and therapies. Above, Colorectal Cancer Center Director Daniel Albo, M.D., Ph.D. examines veteran Roy Torres during a recent appointment.

the stool; stools that are narrower than usual; general abdominal discomfort, frequent gas pains, bloating, fullness, and/or cramps; weight loss with no known reason; constant tiredness; and nausea and vomiting.

Most often, these symptoms are not due to cancer. Other health problems can cause the same symptoms. Usually, early cancer does not cause pain. It is important not to wait to feel pain before seeing a health care provider.

“The goal of this new center is to ensure each patient receives an individualized treatment plan targeted at

his or her type of cancer with his or her unique situation in mind. With our databases and analysis, we hope to learn more about colorectal cancer, find better ways to treat it, and to, eventually, find a cure. With collaboration from the Baylor College of Medicine Cancer Center, we plan on expanding the concept of the Colorectal Cancer Center to the other Baylor adult affiliated hospitals, St. Luke’s Episcopal Hospital and Ben Taub General Hospital,” said David H. Berger, M.D., MEDVAMC Operative Care Line executive. ♦ *Bobbi D. Gruner, MEDVAMC Public Affairs Officer*

New Procedure May Give Many Patients Second Chance at Life

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enough to control most liver cancers because of their toxic effects, many of which are life-threatening. RFA may be the only local treatment option for many cancers that cannot be surgically removed.

Because it does not have the bad side effects of other options, RFA can be performed without affecting the patient’s overall health. Although RFA is not considered a cure for liver cancer, preliminary research has shown that it can prolong and improve the quality of life. Most patients can resume normal activities within a few days after the procedure.

“The RFA procedure is extremely promising because it provides another option to treat veterans with even the most challenging clinical cases,” said Daniel Albo, M.D., Ph.D., chief of General Surgery and Surgical Oncology at the MEDVAMC and assistant professor of surgery in the Department of Surgery at Baylor College of Medicine.

RFA treats disease with heat, a technique preferred by many cancer experts because it can reliably destroy a small, targeted area of tissue without affecting healthy structures beyond the

treatment site. With RFA, the doctor can pinpoint target areas with accuracy, and monitor and control the temperature of heat therapy.

In RFA, energy is delivered through a metal tube or probe inserted into tumors or other tissues. When the probe is in place, metal prongs pop open to extend the reach of the therapy. RF energy causes atoms in the cells to vibrate and create friction. This generates heat and leads to the death of the cancerous cells.

Radiofrequency energy is safer than many cancer therapies because it is absorbed by living tissues as simple heat. Regardless of the heat source, cells will die when they reach a certain temperature, but RF energy and the heat it generates does not alter the basic chemical structure of cells.

“Radiofrequency Catheter Ablation has many advantages for our patients. It is less risky and has fewer complications compared to surgery and many procedures can be performed without general anesthesia. Most patients can resume normal activities within a few days and the procedure may be combined with other treatment options. It can also relieve pain and suffering for many cancer patients,” said Albo. ♦ *Bobbi D. Gruner, MEDVAMC Public Affairs Officer*

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.

Free Vascular Health Screening: VA Women’s Vascular Health Study

HOUSTON - Peripheral Vascular Disease (PVD) is a serious health problem causing hardening of the arteries that can lead to heart attacks, stroke, and impaired blood flow to the legs. Just like heart disease, research shows that women may not be diagnosed or treated as aggressively as men.

As part of an effort to narrow health care gaps, researchers at the Michael E. DeBakey VA Medical Center (MEDVAMC) are currently inviting women veterans between the ages 40-85 to schedule an appointment for a FREE vascular health screening. Less than an hour long, this painless screening involves a health questionnaire, blood pressure checks in a patient’s arms and legs, and ultrasound pictures of the arteries in the neck.

Appointments are available Mondays, Tuesdays, Wednesdays, and Fridays, 10 a.m. – 12 p.m. and 1:30 - 3:30 p.m. in the MEDVAMC Pre-Operative Screening Clinic on Unit 5D. To schedule, (713) 794-8643 or send an e-mail to Debra Liles at debra.liles@med.va.gov. ♦

Smoothing the Way for Wounded Warriors

HOUSTON - American troops returning from Iraq and Afghanistan are learning to overcome the trauma of war thanks to efforts by Departments of Veterans Affairs (VA) and Defense (DoD) to make their transition back to everyday life as smooth and seamless as possible.

Veterans of the war on terrorism seek VA help for a variety of needs. The most common is health care, provided free at VA medical centers and clinics for two years after a service member's discharge from the military. This includes National Guard and Reserve members coming off active duty after November 11, 1998.

For transition assistance, contact Fern A. Taylor, manager, Michael E. DeBakey VA Medical Center (MEDVAMC) Patient Access Center at (713) 794-7034. Working with her counterparts at the VA Regional Office, Walter Reed Army Medical Center, Camp Pendleton, and the National Naval Medical Center, Taylor coordinates travel, transfers, and medical care for Operation Iraqi Freedom and Operation Enduring Freedom service members.

Spinal cord injuries are debilitating, but today, veterans with these injuries work toward achieving an active, independent lifestyle through VA's network of 23 spinal cord injury centers.

Blind and low-vision veterans learn how to regain independence in VA's blind rehabilitation program, staffed by blind rehabilitation specialists and support personnel. Amputees receive physical therapy and prosthetic devices from VA, including computerized legs and

myoelectric arms that respond to the body's nerve impulses.

"Our goal at the Michael E. DeBakey VA Medical Center 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," said Edgar L. Tucker, director, MEDVAMC.

VA provides other benefits to meet the needs of returning service members, ranging from college tuition assistance to home loan guarantees. Job training and vocational rehabilitation services help disabled veterans get back into the work force. Severely disabled veterans can get an adaptive housing grant from VA to make their homes accessible. For more information, contact the Houston VA Regional Office at 1 (800) 827-1000.

A combat veteran's psychological adjustment to civilian life can be difficult. Veterans who experience such difficulties receive confidential counseling at VA's 207 Vet Centers throughout the country and can be evaluated and treated for Post Traumatic Stress Disorder. Family members of returning troops can also get counseling at Vet Centers and Vet Centers offer grief counseling for the families of soldiers who die in combat zones.

In Houston, there are two Vet Centers, one located at Post Oak Road, (713) 682-2288 and the other on Westheimer, (713) 523-0884. For more information about available benefits and services, visit www.seamlesstransition.va.gov or www.va.gov on the Web. ♦



The Michael E. DeBakey VA Medical Center in Houston 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 Operation Iraqi Freedom and Operation Enduring Freedom veterans have registered for health care at the Houston V.A.

The Michael E. DeBakey Veterans Affairs Medical Center Parkinson's Disease Research, Education & Clinical Center presents:

"Free Parkinson's Disease Patient and Family Forum"

WHEN: Friday, January 13, 2006, 10 - 11:30 a.m.

WHERE: 4th Floor Auditorium, Michael E. DeBakey VA Medical Center
2002 Holcombe Blvd., Houston, Texas 77030
Free valet parking is available.

WHAT: The Michael E. DeBakey Veterans Affairs Medical Center Parkinson's Disease Research, Education & Clinical Center (PADRECC) presents a free educational program and forum for veterans, family members, and friends: "Improving Care for Veterans with Parkinson's Disease." Guest speakers include Eugene Lai, M.D., Ph.D., Gabriel Hou, M.D., Ph.D., and Aliya Sarwar, M.D. A question and answer session will follow.

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

INFO: The Department of Veterans Affairs (VA) took a major step toward improving patient care and pursuing a cure for Parkinson's disease by establishing six Parkinson's Disease Research, Education and Clinical Centers (PADRECCs), one at the Michael E. DeBakey VA Medical Center in Houston.

Operating as a national consortium, each PADRECC conducts research covering basic 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.

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 40,000 Parkinson's disease patients every year.



Free Educational Classes for Veterans

2006 Brown Bag Veteran Education Program Schedule

February 9, 2006, 11 a.m.
"Know Your Medications: Homeopathic vs. Traditional"
by Elizabeth Hopkins, Clinical Pharmacist
Nursing Unit 1C Dining Room

May 11, 2006, 11 a.m.
"Nosocomial Infections: What, When, Where & Preventive Measures"
by Paula Abraham, Infection Control
Nursing Unit 1C Dining Room

August 10, 2006, 11 a.m.
"Know your Diet"
Nutrition & Food
Nursing Unit 1C Dining Room

November 9, 2006, 11 a.m.
"Know Your Patient Rights"
by Russell Martineau, Social Worker
Nursing Unit 1C Dining Room

Bring your lunch and join us.

For more information, contact Yvonne S. Mack RN, MS, CHES, Patient Educator at (713) 791-1414, ext. 4082.

Information for Veterans About the New Medicare Prescription Drug Plans

WASHINGTON - The Department of Veterans Affairs (VA) administers the nation's largest health care system. Many of the veterans enrolled in the VA health care system are also eligible for coverage by Medicare. With the advent of Medicare's new prescription drug program (Medicare Part D), VA offers the following information about this new program and its impact on veterans.

Starting January 1, 2006, prescription drug coverage will be available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans will provide at least a standard level of coverage set by Medicare. Some plans might also offer more coverage for a higher monthly premium.

VA has determined that its prescription drug coverage for veterans enrolled in the VA health care program is at least as good as the standard Medicare prescription drug coverage benefit, meaning that enrollment in VA health care provides veterans with "creditable coverage" for Medicare Part D purposes.

Veterans with Medicare can enroll in a Medicare prescription drug plan from November 15, 2005 through May 15, 2006. After that an annual enrollment period will be available each year, beginning in 2006, from November 15th through December 31st.

Although some people who choose to enroll later may be subject to a penalty, veterans enrolled in the VA health care

system can be assured that they can choose to delay enrolling in Medicare Part D until later enrollment periods without penalty because VA enrollment provides "creditable coverage."

Veterans should remember that in addition to prescription drugs, VA's Medical Benefits Package provides a full range of health care benefits. Veterans

applied for within the 62 day time limit to avoid the penalty.

In addition, a veteran who is or who becomes a patient or inmate in an institution of another government agency (for example, a state veterans home or a corrections facility), may not have creditable coverage from VA while in that institution. Veterans who are unsure whether this may apply to them should contact the institution where they reside or the VA Health Benefits Service Center at 1 877-222-VETS (8387).

Individuals with limited income and resources may be eligible for extra help paying for a Medicare prescription drug plan. Information about this extra help is available from the Social Security Administration at www.socialsecurity.gov or by calling them at 1-800-772-1213.

For information on how the Medicare prescription drug program may affect survivors and dependents of veterans eligible for benefits under the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA), call 1-800-733-8387 or visit www.va.gov/hac/forbeneficiaries/forbeneficiaries.asp.

Additional information about the new Medicare Prescription Drug Plan can be found by calling 1-877-222-8387 or visiting the VA's comprehensive Web site, www.va.gov/healtheligibility/home/healthmain.asp; Medicare, www.medicare.gov; or the Social Security Administration, www.socialsecurity.gov. ♦

How Medicare Part D Affects You

- ✓ You must decide whether to enroll in a Medicare Part D plan based on your own situation.
- ✓ Your VA prescription drug coverage will not change based on your decision to participate in Medicare Part D.
- ✓ VA prescription drug coverage is considered by Medicare to be at least as good as Medicare Part D coverage.

will still be eligible to receive all current health and prescription drug benefits if they choose to enroll in a Medicare prescription drug plan.

Veterans do not have to choose between VA coverage and a Medicare prescription drug plan; they may participate in either or both. However, if a veteran decides to enroll in a Medicare prescription drug plan and disenroll from VA, he or she may not be able to re-enroll later if VA is not enrolling all priority groups.

If VA takes some action that causes a veteran to lose VA coverage (e.g., VA makes an enrollment decision that would further restrict access to certain Priority Groups), affected veterans can enroll in a Medicare prescription drug plan, without penalty, within 62 days of the end of VA coverage. Enrollment in the Medicare Part D program must be

What Do Those Blood Pressure Numbers Mean?

HOUSTON - High blood pressure has long been recognized as the most common risk factor for suffering a heart attack or a stroke.

Blood pressure is traditionally measured as two separate numbers: the *systolic* (top) and the *diastolic* (bottom) blood pressure. A normal blood pressure usually is less than 120 (top) over 80 (bottom) mm hg.

Which number should you worry most about?

Traditionally, doctors focused on the diastolic blood pressure. But more recently, they have come to realize systolic blood pressure is, in fact, a more powerful predictor of the risk of a future heart attack or a future stroke.

A high systolic (top) blood pressure of 180 mm hg predicts a ten times greater risk of suffering a heart attack. In contrast, a high diastolic (bottom) blood pressure of 110 mm hg predicts only a two fold greater risk.

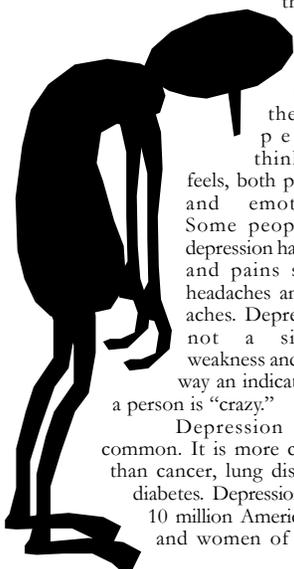
Why is a high systolic (top) blood pressure more dangerous than a high diastolic blood pressure? Elevation of the systolic (top) blood pressure indicates that hardening of the arteries, due to cholesterol build-up, has already begun. This means a greater risk for future heart attack or stroke.

Next time you see your Primary Care Provider, ask this important question, "How high is my systolic blood pressure and how can I get it lower to prevent a future heart attack or a future stroke?" ♦

Are You Just Feeling "Blue" or Is It Something More?

HOUSTON - We all feel "down" or "blue" at times. However, if these feelings are very strong or last for a long time, they may be due to a medical illness - depression.

Depression affects the whole person. It affects physical well-being,



thoughts, and feelings.

It can affect the way a person thinks and feels, both physically and emotionally. Some people with depression have aches and pains such as headaches and backaches. Depression is not a sign of weakness and is in no way an indication that a person is "crazy."

Depression is very common. It is more common than cancer, lung disease, or diabetes. Depression affects 10 million American men and women of all ages

each year. Studies show that up to 20 percent of people will experience depression at some point in their life.

People who suffer from other medical illnesses are more likely to have depression symptoms. As depression has become more widely discussed, more people have come forward to share their experiences. Mike Wallace, reporter on the TV program *60 Minutes*, former First Lady Barbara Bush and author Kurt Vonnegut are just a few people who have struggled with depression and have shared their experiences with the public.

This illness can be treated, but it is often not recognized by patients and VA health care providers. Some of the warning signs of depression are listed below. If you have any of these warning signs of depression, you should be sure to talk with your VA health care provider about depression.

Warning Signs of Depression

- ✓ Persistently feeling down, sad, blue, tearful, or irritable
- ✓ Difficulty sleeping such as insomnia, early waking, or sleeping too much
- ✓ Feeling fatigued, slowed down, or lacking energy
- ✓ Feeling restless or unable to sit still

- ✓ Changes in appetite or weight gain/loss
- ✓ Loss of interest in friends and activities previously enjoyed
- ✓ Feeling helpless, worthless, or guilty
- ✓ Feeling pessimistic or hopeless
- ✓ Problems concentrating, thinking, remembering, or making decisions
- ✓ Thinking about death or suicide
- ✓ Recurring aches and pains (such as headache, stomach ache, back pains) that do not respond to medical treatment
- ✓ Anxiety, nervousness, or tension

Your health care provider or a mental health professional can tell you if your symptoms are caused by clinical depression. You may have some lab tests to rule out medical problems such as hormone imbalances; however, there are no tests that directly diagnose depression.

You should not try to overcome clinical depression by yourself. Depression can be successfully treated with psychotherapy, antidepressant medicine, or both. Discuss this with your health care provider or therapist.

Depression is not a weakness or punishment. Many things can cause it. Some people can pinpoint a single trigger

event, while others experience a variety of events and feelings related to their depression. Still others become depressed for no apparent reason. It is not the depressed person's fault that he or she is depressed, nor is it a weakness. Depression may be an inherited condition for some people. One may have close relatives who also have suffered from depression. Depression can begin in the brain where messages about moving, thinking, and feeling are relayed by electrical and chemical signals in the nerve cells.

Research has shown people with depression may have different patterns of signals or different amounts of certain chemicals that result in some messages not being delivered between nerve cells. Chemical changes in the brain can be responsible for depression. Stress may trigger chemical changes in some people. Researchers are continuing to discover why chemical changes occur and how they contribute to symptoms of depression. Remember, depression is a medical illness. Getting professional help is important.

If you need to talk to someone, call the VA Network Telecare Center at (713) 794-8985 or toll-free 1 (800) 639-5137. Professionally trained registered nurses are available 24 hours a day, seven days a week. ♦

Cutting-edge, implantable sensor technology allows patients to avoid unnecessary radiation exposure and toxic dyes.

High-Tech Wireless Pressure Sensor Monitors Abdominal Aortic Aneurysms

(continued from page 1)

“Because of this risk, patients must have their stent grafts checked at least once a year by their health care provider. Besides being expensive, the CT scans used to monitor the stents sometimes fail to detect small leaks within the aortic aneurysm. These leaks can lead to a gradual enlargement of the aortic aneurysm which may result in rupture. Furthermore, CT scans are associated with certain risks including contrast dye which can be harmful to the kidneys as well as radiation exposure.” said Ruth Bush, M.D., MEDVAMC vascular surgeon.

The FDA recently approved a wireless implantable pressure sensor, which is implanted by physicians during the endovascular aortic aneurysm repair. This thin oval-shaped wireless sensor, about the size of a quarter, contains microchips that sense changes in pressure and a coil that works like a tiny radio antenna.

When health care providers want to gather pressure information from the

sensor during follow-up appointments, they use an electric wand that transmits a signal to the sensor. When the sensor bounces the signal back, the wand uses changes in the electrical signals to determine how much pressure the sensor is experiencing. The sensor can detect very subtle changes, equivalent to a one millimeter shift of the mercury in blood pressure readings, and if the pressure reading climbs, physicians know something is wrong.

“Because this cutting-edge device is inside the aneurysm, it can give us information we never had before. We are now able to monitor pressure changes and receive important feedback regarding the stent graft’s ability to appropriately seal off the aneurysm from systemic circulation. This system provides an opportunity for us to know whether the aneurysm is truly protected against rupture after endovascular repair and it represents a great step forward in medical device technology,” said Wei Zhou, M.D., MEDVAMC vascular surgeon.

MEDVAMC vascular surgeons



The Michael E. DeBakey VA Medical Center in Houston is the first VA hospital to implant a cutting-edge, FDA-approved wireless pressure sensor to monitor aortic aneurysm pressure in patients undergoing endovascular aortic aneurysm repair. Above, Peter Lin, M.D., chief of MEDVAMC Vascular Surgery examines veteran Wendell Sowel whose aneurysm was successfully treated with stent graft.

have extensive experience in using endovascular stent graft devices to treat patients with aortic aneurysms. Since 1998, they have collectively performed more than 1,500 endovascular

procedures in the treatment of aortic aneurysms, including the thoracic and abdominal aorta. This represents the largest experience in the VA health care system.

Veterans may contact the MEDVAMC Vascular Surgery Service at (713) 794-7892 for more information about endovascular aneurysms and cutting-edge treatment options.

“The Michael E. DeBakey VA Medical Center is the first VA hospital in the country to implant this wireless pressure sensor in patients undergoing endovascular aneurysm repair. This is extremely exciting because of the long tradition of excellent care our medical center provides to veterans with cardiothoracic and vascular diseases,” said Alan Lumsden, M.D., MEDVAMC vascular surgeon. ♦

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 Bracero, (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

Michael E. DeBakey

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New service on the Internet is fast, easy, and secure . . .

VA's Online Rx Refill Service the Right Prescription for Veterans

WASHINGTON – Tens of thousands of veterans are now receiving their prescription drug refills from the Department of Veterans Affairs (VA) with greater convenience, speed, and security, thanks to a new service available to veterans over the Internet.

More than 70,000 prescriptions have been refilled using the latest service added to VA's "MyHealthVet," the personal online health record system designed for veterans in the VA health care system. The prescription refill service began on August 31, 2005.

"VA's MyHealthVet prescription refill service is proving to be extremely successful in providing America's veterans with fast, easy, and secure access to their important medications," said Secretary of Veterans Affairs R. James Nicholson. "Given the overwhelmingly positive response VA has received to this initiative from our veterans, we anticipate that thousands more veterans will choose to take advantage of this convenient service."

The secure online prescription refill service has quickly emerged as one of the more popular features in the MyHealthVet system, which connects with VA's widely respected electronic records system.

When a veteran orders a prescription refill, the request is routed to VA's computer system to be filled by one of the department's outpatient mail pharmacies. The refill is then sent directly to the veteran, eliminating the need for a trip to the pharmacy and a wait in line.

On Veterans Day, November 11, 2005, MyHealthVet marked its second anniversary by adding three new health

records that veterans can keep in a secure electronic environment and make available to VA health professionals nationwide: blood oxygen levels taken from a pulse oximeter, daily food intake in the Food Journal, and physical activity and exercise in the Activity Journal.

By last month, more than 100,000 veterans had signed up to use MyHealthVet, which is located on VA's Web site at www.myhealth.va.gov.

Among the services available to veterans, their families, and VA care providers through the online personal record are the ability to track health conditions, entering readings such as blood pressure and cholesterol levels, and to record medications, allergies, military health history, medical events, and tests.

Veterans can also include personal information, such as emergency contacts, names of medical providers, and health insurance information. They can access health information on the Internet from VA, MedlinePlus from the National Library of Medicine, and Healthwise, a commercial health education library.

Future expansion of MyHealthVet will allow VA patients to view appointments and co-payment balances, access portions of their medical records, and give access to their records to doctors, family members, and others. In the works are other interesting features like secure doctor-patient messaging and Web-based education programs. My HealthVet is a powerful tool to help you better understand and manage your health. ♦

Pass the Sodium: Limiting Salt in Your Diet Will Decrease Your Risk for Heart Disease, High Blood Pressure, and Strokes

HOUSTON - Want an easy way to protect yourself from heart disease, high blood pressure, and strokes? Pass the sodium! Sodium chloride is also known

as common salt or table salt. By using less table salt and eating fewer foods containing salt, you can lower your risk for heart disease and stroke. If you have



Veteran Jose Romero discusses sodium intake and daily dietary limits with MEDVAMC Dietetic Intern Libby Spoede. Limiting the amount of sodium you consume, a balanced diet, and regular physical activity are the keys to good health.

STOP DISEASE IN ITS TRACKS!



IT JUST TAKES SECONDS!

CLEAN YOUR HANDS!

WHEN:

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

HOW:

- ✓ Rub alcohol-based hand cleaner vigorously over hands for 30 seconds **OR**
- ✓ Use antimicrobial soap, then lather over hands, rub hands vigorously for 15 seconds, rinse and dry well, & turn off water with paper towel

WHY:

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

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.

hypertension, or high blood pressure, reducing the amount of salt in your diet should be a part of your health care plan.

How much sodium should be in our diet in one day? The recommendation is no more than 2400 mg per day, about one teaspoon of salt.

Look on the food label to find out how much sodium is in a particular food. Make sure you know the serving size because that will determine the amount of sodium you are eating per meal. Compare several products when you go grocery shopping and choose foods with less sodium.

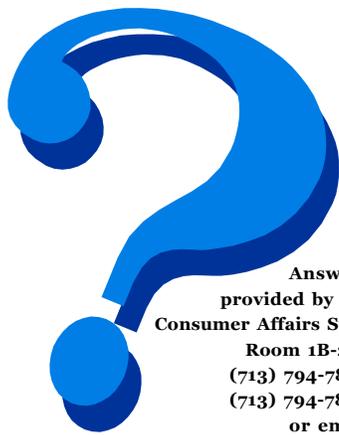
Most people don't eat all of their meals at home. How much sodium is in foods that we eat at restaurants? Some restaurant foods have more sodium in one meal than is recommended for an entire day. A deli sandwich may have up to 4400 mg of sodium, nearly twice the daily allowance for sodium! If you like Chinese food, a Lo Mein dish may have 3460 mg of sodium, well over the recommended 2400 mg.

Here are some tips to help reduce the amount of sodium in your diet:

- ✓ Don't use the salt shaker when cooking or at the table.
- ✓ Eat less cured foods such as bacon, sausage, cold cuts, pickles, and olives.
- ✓ Eat less processed foods such as soups, gravies, salad dressings, cheese, crackers, cookies, and frozen dinners.
- ✓ Limit condiments such as mustard, catsup, and sauces.
- ✓ Use herbs and spices to season foods and look for salt-free products.
- ✓ Buy fresh or frozen vegetables. If you use canned foods, rinse them with water.
- ✓ Choose foods labeled "sodium free," "low sodium," or "no salt added."
- ✓ Eat more fruits and vegetables.
- ✓ Compare food labels at the grocery store.
- ✓ At restaurants, ask for salad dressing "on the side."

Limiting the amount of sodium in your diet is important. Remember, it is also important to maintain a healthy weight, exercise, and limit alcohol.

For more information, please visit the National Heart, Lung, and Blood Institute's Web site at www.nhlbi.nih.gov. ♦ Libby Spoede, MEDVAMC Dietetic Intern



Answers provided by the Consumer Affairs Staff Room 1B-270 (713) 794-7883 (713) 794-7884 or email

vahougeneralquestions@med.va.gov

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

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

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

Answer: The Department of Veterans Affairs does not maintain records of veterans military service, except as is necessary for providing benefits. For information about obtaining your military record, please visit the Military Personnel Records Center in St. Louis, which is part of the National Archives and Records Administration. See see "Requests for Veterans' Military Information" at www.archives.gov/facilities/mo/st_louis/military_personnel_records/standard_form_180.html. That page gives instructions in submitting a SF 180 Request Pertaining to Military Records. Your questions may also be sent to

National Personnel Records Center, Military Personnel Records Center, 9700 Page Boulevard, St. Louis, MO 63132-5100.

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

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

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

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

Question: How do I know if I am eligible for dental care?

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

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

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

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

Question: Can I get a prescription by a non-VA physician filled at a VA health care facility?

Answer: Prescriptions written by non-VA doctors will not normally be filled or re-written by the VA. Only veterans with special eligibility such as veterans who receive increased compensation from VA because they are housebound or need regular aid and attendance as a result of service-connected disabilities; veterans who receive increased pension from VA as veterans of periods of war because they are housebound or need regular aid and attendance; veterans who previously received increased pension from VA, but VA discontinued their pensions because of their income, and their current annual income does not exceed the maximum annual income by more than \$1,000 (must be housebound

or need regular aid and attendance); veterans who VA determines are eligible for increased pension (i.e. they served during periods of war, meet applicable income limitation, and need aid and attendance or are housebound), but they receive compensation as the greater benefit; and under certain conditions if the veteran resides in a state home.

Question: Am I eligible for emergency care at non-VA facilities?

Answer: You are eligible if the non-VA emergency care is for a service-connected condition or, if enrolled, you have been provided care by a VA clinician or provider within the past 24 months and have no other health care coverage or ability to pay for the services. Also, it must be determined that VA health care facilities were not feasibly available; that a delay in medical attention would have endangered your life or health; and that you are personally liable for the cost of the services. For more information about emergency care in non-VA facilities, please call the MEDVAMC Fee Basis Mill Bill office at (713) 791-1414, ext. 3883 or the Fee Basis Office at (713) 794-7282.

Question: Is VA approval needed before I obtain non-VA emergency services?

Answer: While approval is not required, notification to the nearest VA health care facility must be made within 48 hours if hospitalization is required. Since VA payment is limited up to the point your condition is stable for transportation to a VA facility, transfer arrangements should be made as soon as possible. For more information about emergency care in non-VA facilities, please call the MEDVAMC Fee Basis Mill Bill office at (713) 791-1414, ext. 3883 or the 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/Galveston/Texas City	(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

Everything You Wanted to Know about Eyeglasses at the Michael E. DeBakey VA Medical Center!

Veterans, eligible for eyeglasses, will be provided one pair. If a veteran is unable to wear bifocals, an exception is made and that veteran will receive one pair of up-close eyeglasses and one pair of far-away eyeglasses. Duplicate pairs will not be provided yearly.

Replacement pairs will be provided when circumstances warrant. For example, if you break your eyeglasses, lose them, or have a change in prescription. Replacements cannot be provided if the original prescription is more than one year old.

Vanity lenses, tints, and progressives cannot be provided at VA expense. Your MEDVAMC eye doctor will determine which type of eyeglasses you need. Safety lenses will only be provided to veterans who have lost their complete vision in one eye.

For more information, read VHA Directive 2002-039 on the VA Web site at <http://www.va.gov/publ/direc/health/direct/12002039.pdf>