



# VA Pride

Michael E. DeBakey Veterans Affairs Medical Center, Houston, Texas

Beaumont VA Outpatient Clinic • Charles Wilson VA Outpatient Clinic, Lufkin • Galveston VA Outpatient Clinic • Texas City VA Outpatient Clinic

## VA Organizes Stand Down for Houston Area Homeless Veterans

**HOUSTON** – The Michael E. DeBakey VA Medical Center (MEDVAMC), in cooperation with The Task Force for Houston Area Homeless Veterans, The Coalition for the Homeless, and the U.S. Veterans Initiative, Inc., will host the 6<sup>th</sup> Houston Area Stand Down for homeless veterans on November 8 - 9, 2006 at Midtown Terrace Suites located at 4640 Main Street, near Highway 59.

“Stand Down” is military terminology referring to the brief period of time a soldier leaves an active combat area in order to rest and regain strength.

The Houston Area Stand Down will bring a wide range of specialized resources together to provide homeless veterans with comprehensive medical and psychosocial services. This event will be an opportunity for homeless veterans to access a broad spectrum of services at one convenient location and to create a plan for re-entry into mainstream society.

Stand Downs are one element of the Department of Veterans Affairs’ program to provide services to homeless veterans. Stand Downs are typically one to three day events providing services such as food, shelter, clothing, health screenings, VA and Social Security benefits counseling, and referrals to a variety of other necessary services such as housing, employment, and substance abuse treatment to homeless veterans.

“The Houston Area Stand Down is an important VA and community outreach effort to provide needed assistance to homeless veterans in the Houston/Galveston area,” said George Castillo, director of the Health Care for Homeless Veterans Program at the MEDVAMC.

For more information about the Houston Area Stand Down or the MEDVAMC Homeless Veterans Program, contact Alicia McCarthy, LMSW at (713) 794-7848 or Azzie Watts, LCSW at (713) 794-7533. On the Internet, visit [www1.va.gov/opa/fact/bmlsfs.asp](http://www1.va.gov/opa/fact/bmlsfs.asp). ♦ Fran Burke, MEDVAMC Public Affairs Specialist

*First liver transplant procedure expected to take place next spring or early summer . . .*

## Houston VA Expands Surgery Services with New Liver Transplant Center

**HOUSTON** – In August 2006, the Michael E. DeBakey VA Medical Center (MEDVAMC) received official designation as a Liver Transplant Center from the Department of Veterans Affairs (VA). The MEDVAMC joins Portland, Oregon; Nashville, Tennessee; Pittsburgh, Pennsylvania; and Richmond, Virginia VA Medical Centers offering liver transplantation to veterans as an appropriate therapy for end-stage liver disease.

The VA National Transplant Program began providing solid organ transplants to veteran patients in 1961. Thomas E. Starzl, M.D. performed the VA’s first kidney transplant at the VA Medical Center in Denver. Since then, the VA National Transplant Program has expanded services to provide veteran patients with heart transplant services in 1980, bone marrow in 1982, liver in 1989, and lung in 1991. Most transplants are performed in-house in specific VA medical centers across the country. VA also utilizes several VA sharing agreements with university affiliates and

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*The Michael E. DeBakey VA Medical Center joins four other VA medical facilities offering liver transplantation to veterans as an appropriate therapy for end-stage liver disease. Above, David H. Berger, M.D., Operative Care Line executive (right) performs surgery with David Chafey, M.D., resident (left) and Kostas Votanopoulos, M.D., chief resident.*

*MEDVAMC boasts 22 staff physicians on Best Doctors list plus 58 consultants and attending physicians.*

## 80 Houston VA Docs Listed as “Best Doctors” in Nation

**HOUSTON** – The medical knowledge company, Best Doctors, Inc. has included 80 physicians who provide patient care at the Michael E. DeBakey VA Medical Center (MEDVAMC) in the latest compilation of The Best Doctors in America® database.

“I am very pleased with this recognition of our physicians’ clinical excellence by Best Doctors,” said Thomas B. Horvath, chief of staff, MEDVAMC. “This is yet another indicator the Michael E. DeBakey VA Medical Center continually strives to offer the highest quality of health care possible for the veterans living in southeast Texas.”

The MEDVAMC, located in Houston, boasts 22 staff physicians on the Best Doctors list, along with 58 physician consultants and attending physicians. The list of the MEDVAMC staff physicians selected as the best in their field for the year 2005-2006 is printed on page 3 of this newspaper.

According to its Web site, Best Doctors, Inc. is the global leader in providing information about, and access to, the best medical care in the U.S. and around the world. For over a decade, the company has conducted the largest independent surveys of the medical profession to identify the doctors that other doctors consider to be the best in their specialties.

The Best Doctors polling methodology is designed to mimic the informal peer-to-peer referral process that doctors themselves use to identify appropriate specialists for their patients. The company has expanded this local process to include regional and national groups of physicians. Using extensive proprietary polling and balloting software, the company’s peer-reviewed surveys bring together the insights and experience of tens of thousands of leading specialists all over the country,

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# New, Multidisciplinary Cancer Center Opens at Houston VA

**HOUSTON** – According to the National Cancer Institute, cancer is the second leading cause of death in the United States. However, improvements in cancer detection, diagnosis, and treatment have increased the survival rate for many types of cancer. In response to this serious health issue, the Michael E. DeBakey VA Medical Center (MEDVAMC) opened its new, multidisciplinary Cancer Center on October 16, 2006.

The new Cancer Center, a 14,000 square foot, completely remodeled wing on the fourth floor of the MEDVAMC, will bring together health care specialists from all parts of the medical center including Medical Oncology, Hematology, Surgical Oncology, Urology, Radiation Oncology, Digestive Diseases, Pulmonary Medicine, and Pathology with the goal of ensuring each veteran receives state of the art cancer care.

“The new Cancer Center at the Michael E. DeBakey VA Medical Center is a beautifully designed, well-lighted space that will put our patients at ease. This Center is designed to promote interdisciplinary interaction, with

providers from many disciplines working side by side to evaluate new patients who may need more than one treatment modality. This arrangement will promote communication between providers; thereby, increasing efficiency and improving quality of care,” said Daniel E. Epner, M.D., F.A.C.P., chief, Hematology/Oncology Section.

With a comfortable and modern design, the Center is complete with six patient treatment rooms, 13 examination rooms, 16 private chemotherapy areas, a special procedures room, a pharmacy, and a specimen collection laboratory.

“The staff of the Gastrointestinal (GI) Endoscopy Pre-Screen Clinic is tremendously excited about being a part of the new Cancer Center and having so many treatment options for our veterans right at our fingertips,” said Rosetta Brumfield-Brown, R.N., nurse manager, GI/Endoscopy Section.

The Cancer Center includes conference and classrooms for medical student and resident instruction and teaching. The MEDVAMC operates the largest VA residency program with more than 215 slots accounting for more than



*On opening day of the new Cancer Clinic at the Michael E. DeBakey VA Medical Center, veteran E.R. Baltazar talks with Sheryl Phipps, RN, charge nurse, Oncology Clinic and Rosetta Brumfield-Brown, R.N., nurse manager, GI/Endoscopy Section.*

580 residents per academic year. In addition each year, more than 1,000 students are trained through 112 affiliation agreements with institutions of higher learning in 13 states.

“The new Center also has space for multidisciplinary conferences, which will be directly integrated with the multidisciplinary clinics. We are working hard in collaboration with the Dan L.

Duncan Cancer Center at Baylor College of Medicine to greatly expand our clinical trials program in order to improve the standard of care for our cancer patients. Clinical trials are critical to the oncology mission, since they lead to better treatments. The new Cancer Center will enable us to offer new, exciting treatments to more of our patients,” said Epner. ♦

*A Word from the Director . . .*

## Wear Your Medals Proudly This Veterans Day

**HOUSTON** - Veterans Day reminds us why the United States of America is a great nation. This special day is our opportunity to salute and pay tribute to the men and women whose service and sacrifice during both wartime and peacetime have inspired generations. This year, Secretary of Veterans Affairs R. James Nicholson is actively encouraging all veterans to display their medals in a show of “Veteran Pride.”

What better place or time than the 8th Annual Veterans Day Commemoration and Parade of Heroes in downtown Houston on Saturday, November 11? The ceremony begins at 10 a.m. in Hermann Square at 901 Bagby Street, and the parade kicks off at Smith and Texas at 11:30 a.m.

Veterans are not only the patients we serve, but also an important segment of the staff of the Michael E. DeBakey VA Medical Center. From the basement to the sixth floor, from the Engineering Shops to the Research Buildings, and in every department and clinic in between, these are employees who add a special dimension to their skill, commitment, and care for veteran



*Edgar L. Tucker, Medical Center Director*

patients. We are proud of our veteran employees for their service to our country and their sense of duty to continue to serve their fellow veterans. Many of our staff members also serve in the Guard or Reserve, and have been activated for tours of duty in Iraq and Afghanistan.

Regardless of their period of service, veterans deserve and have earned the respect and gratitude of each and every one of us. Veterans should be proud of their service to the nation. As Secretary Nicholson said in his message for Veterans Day, “I am calling on America’s veterans to wear their military medals this Veterans Day, November 11, 2006. Wearing their medals will demonstrate the deep pride our veterans have in their military service and bring Veterans Day home to all American citizens.” ♦

## OPERATION IRAQI FREEDOM - ENDURING FREEDOM



### ENDURING AND IRAQI FREEDOM VETERANS

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

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

**If you require assistance, please contact Fern A. Taylor, OEF/OIF Coordinator at (713) 794-7034.**



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

# More than 20 Houston VA Physicians on “Best Doctors” List

(continued from page 1)

eliminating the biases that can distort smaller-scale surveys. Because doctors are not required, nor allowed to pay a fee to be listed, Best Doctors has gained the respect of the medical profession and patients alike as an unbiased source of top quality medical information. ♦ portions of this article are courtesy Best Doctors, Inc., [www.bestdoctors.com](http://www.bestdoctors.com)

**Kimberly A. Arlinghaus, M.D.**  
Mental Health Care Line  
Specialty: Psychiatry

**David H. Berger, M.D.**  
Operative Care Line  
Specialty: Surgical Oncology

**Timothy Boone, M.D.**  
Operative and Spinal Cord Care Lines  
Specialty: Urology

**Blase A. Carabello, M.D.**  
Medical Care Line  
Specialty: Cardiovascular Disease

**Rabih Darouiche, M.D.**  
Medical and Spinal Cord Care Lines  
Specialty: Infectious Disease

**Charles S. DeJohn, M.D.**  
Mental Health Care Line  
Specialty: Psychiatry

**Donald T. Donovan, M.D.**  
Operative Care Line  
Specialty: Otolaryngology

**Jeffrey Friedman, M.D.**  
Operative Care Line  
Specialty: Plastic Surgery

**Richard J. Hamill, M.D.**  
Medical Care Line  
Specialty: Infectious Disease

**Michael H. Heggeness, M.D., Ph.D.**  
Operative Care Line  
Specialty: Orthopaedic Surgery

**Helene K. Henson, M.D.**  
Rehabilitation Care Line  
Specialty: Physical Medicine & Rehabilitation

**Mark E. Kunik, M.D.**  
Mental Health Care Line  
Specialty: Psychiatry

**Douglas L. Mann, M.D.**  
Medical Care Line  
Specialty: Cardiovascular Disease

**Alice Y. Matoba, M.D.**  
Eye Care Line  
Specialty: Ophthalmology

**Daniel M. Musher, M.D.**  
Medical Care Line  
Specialty: Infectious Disease



Listed as one of the best doctors in the nation in the field of psychiatry, Kimberly A. Arlinghaus, M.D., Mental Health Care Line deputy executive (standing) confers with Nursing Unit 6F Charge Nurse Ramona Smith-Clay, R.N. Arlinghaus received her medical degree with honors in 1986 from Baylor College of Medicine. She also serves as an associate professor at Baylor College of Medicine's Menninger Department of Psychiatry and Behavioral Sciences, is a diplomate in psychiatry with the American Board of Psychiatry and Neurology, and was selected as a distinguished fellow by the American Psychiatric Association in 2003.

**David T. Netscher, M.D.**  
Operative Care Line  
Specialty: Hand & Plastic Surgery

**Silvia D. Orenge-Nania, M.D.**  
Eye Care Line  
Specialty: Ophthalmology

**Robert B. Parke, Jr., M.D.**  
Operative Care Line  
Specialty: Otolaryngology

**Maria C. Rodriguez-Barradas, M.D.**  
Medical Care Line  
Specialty: Infectious Disease

**Theodore Rosen, M.D.**  
Medical Care Line  
Specialty: Dermatology

**Robert S. Tan, M.D.**  
Extended Care Line  
Specialty: Family Medicine

**D. Robert Wiemer, M.D.**  
Operative Care Line  
Specialty: Plastic Surgery

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Due to its resistance to antibiotics commonly used in treatment, MRSA is one of the most rapidly growing and virulent health care associated infections and, according to the CDC, is responsible for over 100,000 hospitalizations in the U.S. each year.

## Houston VA Joins Fight Against Deadly Bacteria



Nursing Unit 3B Staff Nurse Grace Obi, R.N. performs a swab test on veteran David Sharp. The swab test is now part of the precautions the Michael E. DeBakey VA Medical Center uses to identify patients who are carriers of an antibiotic-resistant bacteria called Methicillin-Resistant Staphylococcus Aureus (MRSA).

**HOUSTON** - Methicillin-Resistant Staphylococcus Aureus (MRSA) is a more serious form of a common bacteria that frequently inhabits the skin or nostrils of healthy people. Due to its

resistance to antibiotics commonly used in treatment, MRSA is one of the most rapidly growing and virulent health care associated infections, and according to the Centers for Disease Control and

Prevention (CDC), is responsible for over 100,000 U.S. hospitalizations each year.

The Michael E. DeBakey VA Medical Center (MEDVAMC) has teamed up with 18 other VA medical facilities for the VA MRSA Prevention Initiative, “Getting to Zero.” The goal of this important health care effort is to improve the safety and quality of life for our nation’s veterans.

Anyone can get a MRSA infection, but the risk is greatest among people treated in hospitals and health care facilities, such as nursing homes and dialysis centers, with weakened immune systems. These health care-associated staph infections include surgical wound infections, urinary tract infections, bloodstream infections, and pneumonia.

MRSA is primarily spread by direct physical contact with a person or object carrying the bacteria, such as shared equipment. In the hospital setting, the most common vector of transmission is health care workers’ hands.

MRSA is diagnosed by obtaining a culture from the infection site and sending it to the laboratory. If Staphylococcus Aureus is isolated, the organism is then tested to determine which antibiotics will be effective for treating the infection.

When MRSA is introduced into a

hospital, it tremendously increases the total burden of infection for the patient and increases the risk of death four-fold. These patients have hospital stays lasting more than two and a half times longer than the average patient.

Through pilot studies conducted at the VA Pittsburgh Healthcare System focusing on enhancing MRSA control, the major barriers to effective MRSA prevention were identified. The campaign against MRSA in Pittsburgh VA facilities has succeeded in reducing the hospital’s MRSA infection cases from 20 per year to as few as two per year.

As a result of the pilot studies, the VA developed the “MRSA Bundle” as a packaged prevention strategy. These measures include (1) active surveillance (swabbing performed on admission, discharge, and transfer within the hospital); (2) hand hygiene (before and after patient contact); (3) contact precautions (gloves, gowns, masks, etc.); and (4) cultural transformation (staff and leadership engagement).

“The only VA in Texas participating at this time, the Michael E. DeBakey VA Medical Center is eager to be a part of this important, new initiative to improve health care and safety for our veterans,” said Maureen Koza, RN, MEDVAMC Infection Control Coordinator. ♦

Get the latest VA news at [www.houston.med.va.gov](http://www.houston.med.va.gov) on the World Wide Web! November/December 2006 VA Pride 3

## Study Examines Treatment Plans for Depression and Insomnia

**HOUSTON** - The Michael E. DeBakey VA Medical Center (MEDVAMC) is conducting a clinical research study comparing the feasibility and effectiveness of two treatment approaches for individuals with insomnia and a history of major depression or bipolar disorder. The study focuses on both veterans and non-veterans, over the age of 60 who have difficulty starting or initiating sleep four or more times a week for at least three months and who meet study eligibility criteria.

Major depression is when five or more symptoms of depression are present for at least two weeks. These symptoms include feeling sad, hopeless, worthless, or pessimistic. In addition, people with major depression often have behavior changes, such as new eating and sleeping patterns. Bipolar disorder, also known as manic-depressive illness, is a brain disorder causing unusual shifts in a person's mood, energy, and ability to function. Different from the normal ups and downs that everyone goes through, the symptoms of bipolar disorder are severe.

"Sleep disturbances and depression tend to go hand in hand. Troubled sleep is considered a hallmark of the mood disorder. At least 80 percent of depressed people experience insomnia, that is a difficulty falling asleep or, most often, staying asleep," said Rayan Al Jurdi, M.D., MEDVAMC psychiatrist and director of the MEDVAMC Mood Disorders Clinic.

The two treatment approaches being examined in this study are Cognitive-Behavioral Therapy (CBT) and the quetiapine medication therapy. CBT is a treatment focusing on patterns of thinking that are maladaptive and the beliefs that underlie such thinking. For example, a person who is depressed may have the belief, "I'm worthless," and a person with a phobia may have the belief, "I am in danger." While the person in distress likely holds such beliefs with great conviction, with a therapist's help, the individual is encouraged to view such beliefs as hypotheses rather than facts and to test out such beliefs by running experiments. The other treatment option being examined in this study is the use of quetiapine, an antipsychotic medication that works by changing the actions of chemicals in the brain.

"With this study, we hope to establish safe guidelines in the treatment of insomnia among elderly patients," said Al Jurdi.

This research study has been approved by the Baylor College of Medicine Investigative Review Board. Participants will be compensated for their time and travel. For a free, confidential screening, call (713) 791-1414, ext. 2247 or (713) 794-8709. ♦

# Houston VA Hospital Using Innovative Technology to Make Heart Procedures Safer, Faster, and More Effective



"ICE heralds a novel era of catheter-based intracardiac ultrasound imaging technology, promptly diagnosing procedural complications," said David Paniagua, M.D., F.A.C.C., F.S.C.A.I., co-director, Cardiac Catheterization Laboratory. Above, Paniagua examines U.S. Navy veteran Raylene Joslin during a recent appointment.

**HOUSTON** - The Michael E. DeBakey Veterans Affairs Medical Center (MEDVAMC) is the first VA medical center in the country to use Intracardiac Echocardiography (ICE) to diagnose and treat veterans needing specialized cardiac care.

A new form of catheter imaging technology, ICE uses sound waves to produce images of the heart in the same way a regular echocardiogram does. However, ICE allows visualization of the heart from within the heart, using a small ultrasound transducer mounted onto a flexible and steerable catheter placed within one of the cardiac chambers.

"This cutting-edge tool allows for

diagnostic and therapeutic information to be obtained during heart catheterization and electrophysiologic procedures, and has radically changed the way these procedures are being performed - making them safer, faster, and more effective," said Biswajit Kar, M.D., director, Cardiac Catheterization Laboratory.

Catheter-based procedures are commonly used to diagnose and treat heart-related problems. A catheter, a long, thin, flexible, hollow tube, is threaded inside the blood vessels and slowly moved into the heart. The catheter is initially inserted into a large vein through a small incision made

usually in the inner thigh. Tools needed to visualize or repair the vessel can be passed through this tube directly to the diseased areas.

"ICE heralds a novel era of catheter-based intracardiac ultrasound imaging technology, promptly diagnosing procedural complications. Additionally, use of these powerful imaging tools has been accompanied by a reduction of fluoroscopic exposure time for both the patient and the surgeon," said David Paniagua, M.D., F.A.C.C., F.S.C.A.I., co-director, Cardiac Catheterization Laboratory.

The MEDVAMC uses an interdisciplinary approach to provide veterans with education, prevention, diagnosis, treatment, and rehabilitation for heart disease. Cardiac procedures performed in the Cardiac Catheterization Laboratory balance, extend, or replace therapies that previously relied on major surgery. Many patients, who might not have been suitable for surgery, can now be treated using new techniques. These minimally invasive approaches on blood vessels in the heart and other major arteries lower the risks and shorten recovery time compared with traditional surgical approaches. Other benefits include shorter hospital stays, earlier return to work, less pain and infection, and no surgical scarring.

"Intracardiac echo imaging can potentially be one of the most useful tools in our arsenal for diagnosis and treatment of multiple disorders corrected in the cardiac catheterization and electrophysiology laboratories. No other system currently available can offer real-time, direct visualization of cardiac structures during procedures like ICE does," said Biykem Bozkurt, M.D., chief, MEDVAMC Cardiology Section. ♦ Bobbi D. Gruner, MEDVAMC Public Affairs Officer

## New Liver Transplant Center

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local emergency contracts for critical cases.

Partnering with John A. Goss, M.D., chief, Division of Abdominal Transplantation at Baylor College of Medicine and the program director of the liver transplant programs at St. Luke's Episcopal Hospital, The Methodist Hospital, and Texas Children's Hospital, the goal of the new MEDVAMC Liver Transplant Center is to provide the same high level of care to the veteran population. Goss' program is one of the most successful liver transplant programs in the United States with a 93 percent survival rate at the one year mark and 90 percent at the three year mark. The national average is 85 percent survival rate at the one year mark and 80 percent at the three year mark.

"One of the key reasons the Michael E. DeBakey VA Medical Center was selected to become a Liver Transplant

Center is our outstanding surgery program. This past April, the National Veterans Affairs Surgical Quality Improvement Program Executive Committee recognized our consistently low observed-to-expected mortality rates in general surgery, all surgery, and all non-cardiac surgery six years in a row. The MEDVAMC is the only VA facility with this record," said Edgar L. Tucker, MEDVAMC director.

In 1995, a national VA transplant office was established in Washington, DC. to ensure all veterans receive equal access to transplant services and establish a central referral center. A computerized database was developed and currently, there are more than 12,000 transplant records maintained in the national VA transplant database dating back to 1995.

The VA National Transplant Program office receives approximately 1,200 referrals per year. Approximately 350 transplants are performed

annually. The number of transplants performed has remained consistent since 1994.

"Currently, we are training and hiring staff, analyzing patient data for transplant suitability, and putting medical processes in place. We believe we will perform our first liver transplant next spring or early summer. Once our program matures, we estimate the Liver Transplant Center at the Houston VA will perform 40 to 60 transplants a year, limited most likely only by the availability of organs," said David H. Berger, M.D., MEDVAMC Operative Care Line executive.

Liver transplant candidates must undergo detailed physical, laboratory and psychological evaluations to ensure proper selection and therapy. Tests are done to confirm the diagnosis of end-stage liver disease, to rule out other potential treatments, and to assess the candidate's ability to tolerate surgery. ♦ Bobbi D. Gruner, MEDVAMC Public Affairs Officer

# Unique Swim Fins Allow Navy Veteran to Enjoy Lost Hobby Once Again

**HOUSTON** - Unique prosthetic stubby swim legs, made by the Prosthetics Section of the Michael E. DeBakey VA Medical Center (MEDVAMC), have allowed U.S. Navy veteran Jim Dyess to regain his sense of independence and freedom, while enjoying a hobby he thought he lost. Dyess thought he lost the joy of swimming and snuba diving (a form of scuba diving) when he lost his legs. That all changed when he got his "stubbies."

"Swim Stubbies" have rarely been made; however, a pair was fabricated by the MEDVAMC to fit Dyess' specific needs and abilities.

"Stubby" refers to prosthetic sockets that do not have knees attached. An adjustable ankle is attached to a socket which is connected to a prosthetic foot. In this case, a swimming fin was then placed on each foot. The adjustable ankle can be used to adjust the angle of the fin and for ease of transport. While containing titanium, stainless steel, and carbon fiber, the sockets are heavy duty to prevent buoyancy, resist damage from pool chlorine and ocean salt water, and sturdy enough to handle weight bearing on land if different feet were attached to it. These sockets have been fabricated using blue resin to add to the aquatic theme.

When Dyess found out the MEDVAMC had a pool, he talked with his Kinesiotherapist Laura Lawhon, RKT, about his desire to swim again. "I have been a swimmer and diver since I was a kid. I knew it was great exercise for my legs and thought it would help me with my weight management," said Dyess.

"I thought this would be a great way for him to exercise, work on range of motion, and use those large muscle groups," said Lawhon. Mark Benveniste,



"Swim Stubbies" have rarely been made; however, a pair was fabricated by the Michael E. DeBakey VA Medical Center to fit U.S. Navy veteran Jim Dyess' specific needs and abilities. "I have been a swimmer and diver since I was a kid. I knew it was great exercise for my legs and would help me with my weight management," said Dyess.

MEDVAMC prosthetist, was consulted about potential options for Dyess.

"Since he has limited ability to extend his hips because of tightness in his muscles from sitting in a wheelchair, he needed a way to get his hip muscles stronger and get more range of motion at the same time, in addition to improving his overall cardiovascular health," said Lawhon. "All of this will help him with his goal of walking with prosthetic legs and returning to work."

"I can hardly wait to get to the VA on Thursdays. That's my day in the pool

when I feel like I have legs again," said Dyess.

It takes a while for Dyess to get in the pool though. First, he lies on a mat table in the pool area so Lawhon can stretch each leg. After he puts a gel liner on his stubs, a Velcro strap is inserted through a slot in the socket and then attached to a metal ring where it is secured onto the socket. After he puts on the sockets, he wraps an additional one piece belt that looks like a pair of shorts made of wet suit material around his waist. The belt, which is attached to both sockets, is adjustable and stabilizes the sockets to his body.

Once the legs are on, he gets back into his wheelchair and proceeds to the ramp in the access area of the pool. He lowers himself into a sunken area designed specifically for patients to sit or stand on a ledge at the wall of the pool. Benveniste makes any adjustments needed for a better fit while Dyess is actually in the pool.

Lawhon has seen many positive changes in Dyess since he started his pool therapy. Since the legs weigh approximately eight to 10 pounds each, they took Dyess some getting used to. His hip range of motion has improved and as he has built up strength in those large muscles. He can swim for longer periods of time. This translates into improved standing tolerance on land and improved walking ability - important features for a bilateral above knee amputee whose energy needs for walking are exceptionally high. The best change is Dyess feels more independent and is also highly motivated to get in shape so he can attend the VA's Winter Sports Clinic.

The MEDVAMC continues to pursue the highest quality of health care possible for our Nation's veterans. "Our goal is to help veterans be as independent as possible. This is about rediscovering and enjoying life," said Angela Bishop, MEDVAMC Prosthetic Treatment Center manager. ♦ Fran Burke, MEDVAMC Public Affairs Specialist

*Before choosing or trying an herbal product, first talk with your Prime Care Provider . . .*

## Can Herbal Therapy Help or Hurt Me?

**HOUSTON**, - Herbal therapies have been around for hundreds, if not thousands, of years. Scientists have found evidence herbs were used in ancient Greece, Egypt, Rome, Russia, and China as medicinal remedies. In fact, many modern medicines come from Native American remedies.

There are many examples of drugs used today, that are derived from a variety of plant leaves, roots, flowers, or fruits. Digoxin comes from a plant source and is used to treat problems with heart rhythms or heart failure.

Today, herbal therapy has regained popularity in the United States and is used as a compliment to "conventional medicine." In the U.S., herbal therapies are treated as a food supplement.

The Federal Drug Administration (FDA) does not control herbal therapies, so there is no guarantee these products are safe or effective. However, in many other countries, herbs are already regulated by the government and available only by prescription.

Before choosing or trying an herbal product, talk with your Prime Care Provider.

Not all herbal therapies are safe for all people. It is possible to have an allergic or toxic reaction to an herb. Herbs may interfere with the effects of your other prescribed medicines.

For instance, Ginseng may be used to increase physical endurance and lessen fatigue, but this herb has cardiovascular side effects such as high blood pressure.

Ginseng also interacts with anticoagulants like Heparin and Warfarin by decreasing the anticoagulation effect. Ginseng also is known to decrease blood glucose so this herb should not be used at the same time with antidiabetic agents.

After you have checked with your Prime Care Provider at the Michael E. DeBakey VA Medical Center, only purchase brands that standardize their product. This means the same amount of herb is in each dose.

Avoid products that do not list the ingredients and their strengths on the label. The label should list the scientific name of the product, a lot or batch number, the date the product was manufactured, and the expiration date.

Check with your Prime Care Provider before beginning any herbal therapy. This way you will know about the side effects of the herbs and whether the herbs will interact with any other medications you are taking. ♦ Paulette Russell Wilson, Ph.D., RN, Extended Care Line Executive

...g You  
wanted to Know  
about Eyeglasses at the  
Michael E. DeBakey VA Medical Center!

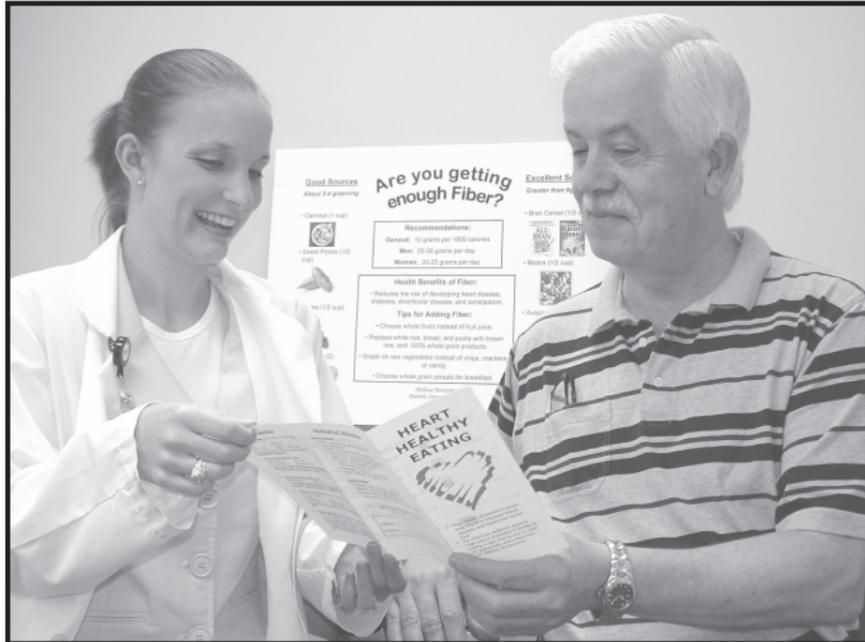
Veterans, eligible for eyeglasses, will be provided one pair. If a veteran is unable to wear bifocals, an exception is made and that veteran will receive one pair of up-close eyeglasses and one pair of far-away eyeglasses. Duplicate pairs will not be provided yearly.

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/pub/direc/health/direct/12002039.pdf>

# Strategies to Reduce Your Risk of Developing Diabetes



*Veteran Greg Teel discusses the benefits of healthy eating with MEDVAMC Dietetic Intern Tiffany Reeves. Diabetes can often be prevented by losing a small amount of weight (five percent of your body weight), eating healthy, and increasing your physical activity.*

**HOUSTON** - According to the latest data released from the Centers for Disease Control and Prevention (CDC), diabetes affects seven percent of the U.S. population and is the sixth leading cause of death in this country. Type 2 diabetes, or adult-onset diabetes, is a disease causing high blood sugar due to insulin resistance and decreased insulin production. Risk factors for developing

type 2 diabetes include obesity, age, family history, physical inactivity, and race/ethnicity.

The prevalence of type 2 diabetes continues to increase in the U.S. population with 40 percent of the diabetic population over the age of 65. It is unsettling to realize approximately six million Americans are unaware they have the disease.

Uncontrolled diabetes can cause health complications such as cardiovascular disease, hypertension, renal disease, high blood pressure, stroke, blindness, amputations, and nervous system damage. Diabetes is also the leading cause of blindness in Americans.

Diabetes can often be prevented by losing a small amount of weight (five percent of your body weight), eating healthy, and increasing your physical activity. Here are some useful tips:

- 1. Lose Weight**
  - ✓ Reduce portion sizes
  - ✓ Decrease snacking
  - ✓ Eat breakfast
- 2. Increase Physical Activity**
  - ✓ 30 minutes/5 days a week
  - ✓ Do something fun and enjoyable like dance, bowl, swim, or walk
- 3. Eat Healthy**
  - ✓ Lots of fruits and vegetables (5-9 servings/day)
  - ✓ Whole grains
  - ✓ Avoid frying food and red meat
  - ✓ Try baking or grilling instead
  - ✓ Switch from whole milk to 2%
  - ✓ Decrease sweets and sweetened beverages like sodas and juices

Losing weight can be accomplished through diet and exercise. Changing your dietary habits is a lifestyle change, not a temporary change. Eat three regular meals a day and try not to snack in

between. It is important to eat breakfast. Skipping breakfast may cause overeating later in the day because the body knows it will not be fed again for a while. Reduce your portion sizes at meals by eating on a smaller plate and only filling your plate once. When dining out, share an entrée or order an appetizer and fill up on vegetables first.

Physical activity is recommended along with a healthy diet. At least 30 minutes of moderate to intense exercise is recommended five days a week. If you are physically inactive, talk to your health care provider at the Michael E. DeBakey VA Medical Center before beginning an exercise program.

Physical activity does not have to be a chore and can be incorporated into your daily routine. For example, gardening, mowing the lawn, or swimming can be ways to fit exercise into your life. Make small choices that will make a big difference, such as taking the stairs or parking far away at the store.

Lastly, integrate a variety of healthy food choices into your diet. Aim for five to nine servings of fruits and vegetables a day. This may seem like a lot, but it can easily be achieved by eating four servings of fruit and five servings of vegetables. Whole grains, such as whole wheat flour and brown rice, should also be incorporated into your diet. Whole grains are a rich source of fiber, which is heart healthy and helps you feel full longer.

Limit the amount of fried foods and red meat you eat and choose baked, broiled, or grilled items instead. Decrease the amount of fat in your diet by choosing low-fat or fat-free milk and low-fat cheese. Compare food labels at the grocery store and choose items lower in calories, fat, sodium, and sugar.

Small daily changes can decrease your risk of diabetes and increase the quality of life as you age. For more information, call the MEDVAMC Nutrition Clinic at (713) 791-1414, ext. 4295 or visit [www.cdc.gov/diabetes](http://www.cdc.gov/diabetes). ♦ Tiffany Reeves, MEDVAMC Dietetic Intern

## Support Group Listing . . .

*Talk with a social worker about available support groups for veterans and family members.*

### 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

### Parkinson's Disease Education/Support Group

Meets 1st Friday every month, 10 a.m., Nursing Unit (NU) 2A Dining Room. No meetings in April or September. Facilitators: Naomi Nelson, (713) 794-8938 & Lisa Whipple, (713) 794-7951

### 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

### 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

### 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

### Dementia Caregivers Group

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

### 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

### Pain Education Group

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

### 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

### 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.

### Michael E. DeBakey

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# Mark Your Calendar: It's Time Again for Your Flu Shot

**HOUSTON** – This year, a plentiful supply of influenza vaccine is available at the Michael E. DeBakey VA Medical Center (MEDVAMC), and there are no vaccine shortages or early cases of flu to affect the MEDVAMC vaccination program. Vaccination at the MEDVAMC will continue through March 2007.

Veterans who should seriously consider vaccination are:

- ✓ Over 65 years of age.
- ✓ Residents of long-term facilities.
- ✓ Veterans with long-term health problems of the heart, lungs, asthma, kidneys, or diabetes and other metabolic diseases.
- ✓ Veterans with muscle or nerve disorders involving swallowing or breathing.
- ✓ Veterans with weakened immune systems.
- ✓ Women veterans who may be pregnant during the flu season.

An average of 36,000 Americans die each year from influenza and many of them are the unvaccinated elderly. No vaccine is 100 percent effective, but flu vaccine very clearly decreases severe illness and the outcomes of death, hospitalizations, and lost work days.

The decision to get vaccinated is also very important and recommended for veterans 50 to 64 years of age because of their increased risk of flu complications and early development of chronic illness; and for physicians, nurses, family members, or anyone else in close contact with people at risk of

serious influenza.

It is very important veterans ask to be vaccinated at their first available clinic visit to the MEDVAMC. Last year, 22,500 veterans and MEDVAMC health care workers were vaccinated. The MEDVAMC plans to vaccinate at least the same number this year.

Although the influenza virus may arrive earlier, the first cases of flu usually arrive in urban Houston in mid-December with most cases appearing in early January. For this reason, it is important to get vaccinated in November, if possible.

It may seem strange the MEDVAMC continues to vaccinate as late as March; however, in past years the experts at MEDVAMC have noticed influenza spreads into the rural areas of east Texas as late as March.

Another reason for vaccination until March is a second, very different strain of flu, known as Flu B, often appears in late winter or early spring. This strain of flu virus is less severe than the earlier flu, but it can still cause one to feel sick enough to miss work or see a doctor.

In fact, the two flu strains are so different that getting the first one does not mean you can not get the second. The vaccine the MEDVAMC administers is effective against both types of flu, and for that reason, we continue to vaccinate veterans through March.

Whether vaccinated or not, it is important for veterans, family members, and MEDVAMC staff to know about medical treatments to lessen the severity of a flu illness and public health



*Spinal Cord Injury Unit Nurse Reginald Velasquez, LVN administers a flu shot to veteran Elton Nodier. MEDVAMC health care providers are now offering vaccinations. Basic public health measures, such as washing your hands and covering your coughs, can make a huge difference in reducing the spread of the flu virus.*

measures to help prevent the spread of this infection.

Once flu begins to appear in your community, it is a good idea to avoid close contact with people who are sick. When you are sick, keep your distance from others. If you get the flu, stay home from work. Cover your mouth and nose with a tissue when coughing or sneezing. Wash your hands with soap/water or alcohol-based hand rubs, especially after coughing or sneezing. Avoid touching your eyes, nose, or mouth to prevent

germ transmission.

Consult your physician if you contract influenza as anti-viral therapy may offer some relief.

For more information about influenza and the vaccine, contact the MEDVAMC Preventive Medicine Program at (713) 794-8768 or visit the Centers for Disease Control and Prevention Web site at [www.cdc.gov/flu](http://www.cdc.gov/flu). ♦ Charles E. Wright, Ph.D., Preventive Medicine Coordinator and Hospital Epidemiologist

## Lousy vs. Healthy Cholesterol

**HOUSTON** - Do you know how you can make a difference in your health? Ask your doctor three important questions.

**#1** - What is my "Lousy" (LDL) cholesterol level?

**#2** - What is my "Healthy" (HDL) cholesterol level?

**#3** - Should I take a cholesterol medication?

It is important to know cholesterol levels because they are a key factor determining the chances of suffering a heart attack. In fact, the higher your blood cholesterol level, the greater your risk for developing heart disease or having a heart attack.

Heart disease is the number one killer in the United States. Each year, more than a million Americans have heart attacks.

Cholesterol is a wax-like, fatty substance produced by the liver from fat in the diet. Cholesterol is found in all animal tissues (including humans), but not in plants. So animal foods, like meat and dairy products, contain cholesterol.

Although some cholesterol comes from foods you eat, your body makes most of its own cholesterol. One form of cholesterol, called low density lipoproteins or LDL, is used to carry the fats to the rest of the body. That is why it is so important to reduce the fats in your diet. Eating saturated fats increases your LDL cholesterol. When you have too much, the extra cholesterol stays in your bloodstream, where it can cause problems.

When there is too much cholesterol

in your blood, it builds up in the walls of your arteries. Over time, this buildup causes "hardening of the arteries" so arteries become narrowed and blood flow to the heart is slowed down or blocked. Blood carries oxygen to the heart, and if blood and oxygen cannot reach your heart, you may suffer chest pain. If the blood supply to a portion of the heart is completely cut off by a blockage, the result is a heart attack.

High blood cholesterol itself does not cause noticeable symptoms, so many people are unaware their cholesterol level is too high.

It is important to find out what your cholesterol numbers are because lowering high cholesterol levels lessens the risk for developing heart disease and reduces the chance of a heart attack.

Cholesterol lowering is important for everyone; no matter if you are young, old, female, male, or with or without heart disease.

You can and will reduce your risk of a heart attack by as much as a third by lowering your **lousy** cholesterol and raising your **healthy** cholesterol levels.

By exercising regularly at least 15 minutes a day, eating a low fat diet, watching your weight in addition to taking prescribed medication every day, you can and will make a big difference in your own health.

So, the next time you talk with your Prime Care Provider, make sure you ask, "What are my lousy and healthy cholesterol levels?" ♦ Gabriel B. Habib, MD, Medical Care Line Staff Physician

## STOP DISEASE IN ITS TRACKS!



### WHEN:

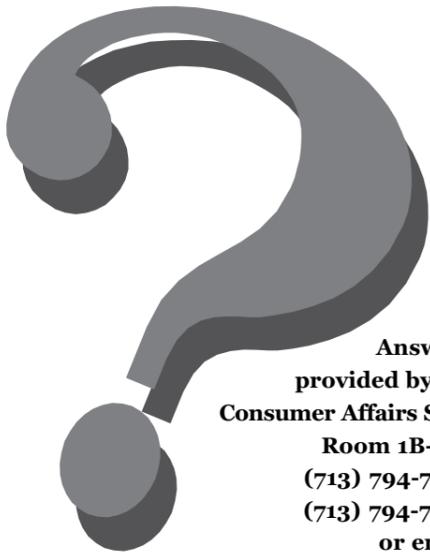
- ✓ After using restroom, touching trash, coughing, or sneezing
- ✓ Before eating
- ✓ After being near someone sick, coughing, or sneezing

### 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



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

**vhahougeneralquestions@med.va.gov**

**Question: I feel much better. Can I stop taking my medicine or just take half?**

**Answer:** To make sure you get the most out of your medicine, there are a few guidelines you should follow. First, when you are prescribed a new medicine, find out the right way to take it. Ask questions. Write down the answers. Do not skip doses of medication or take half doses.

Take your medicine until it is finished or until your doctor says it is okay to stop. Take your medicine in the exact amount and at the time your doctor prescribes. If you need to, use something to help you remember like weekly pill boxes, charts, or calendars. Some people use meals or bedtime as reminders to take their medicine. Find a system that works for you.

Finally, make a list of all the medicines you take. Show it to all your health care providers. Keep one copy in your medicine cabinet and one in your wallet or purse. The list should include the name of each medicine, the doctor

who prescribed it, the reason it was prescribed, the amount you take, and when you take it.

**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.

**Question: I am a blind veteran. Where do I find out about VA programs and services for the blind?**

**Answer:** For more information about the VA's Visual Impairment Service Team Program, call 1-877-222-VETS or visit the VA's Blind Rehabilitation Service Web site at [www1.va.gov/blindrehab](http://www1.va.gov/blindrehab). Blind veterans living in Southeast Texas should call the MEDVAMC VIST Program at (713) 794-7532.

**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: I heard I have to get a new VA I.D. card. Does this mean I can't use my old card anymore?**

**Answer:** In order to reduce veteran vulnerability to identity theft and to demonstrate VA's commitment to securing the confidential personal information of enrolled veterans, all VA medical facilities, including the MEDVAMC, are replacing prior versions of veteran and patient identification cards with a new, more secure one. This new card eliminates the sensitive identifying information printed on the front of the other cards.

Prior versions of veteran and patient identification cards display information such as a veteran's full social security number and date of birth. This is considered to be an unwarranted risk for veterans receiving VA health care services.

All veterans enrolled in the VA health care system are strongly encouraged to replace their old cards before August 2007. For more information about the new VIC card, contact the MEDVAMC Eligibility & Enrollment Office at (713) 794-7288 or visit the VA's Eligibility Web site at [www.va.gov/healtheligibility](http://www.va.gov/healtheligibility).

**Question: Where did the GI Endoscopy Pre-Screen Clinic that was on 5D move to?**

**Answer:** The GI Endoscopy Pre-Screen Clinic re-located to the new Cancer Center located on NU 4H. The new Cancer Center, a 14,000 square foot, completely remodeled wing of the MEDVAMC, will bring together health

care specialists from all parts of the medical center including Medical Oncology, Hematology, Surgical Oncology, Urology, Radiation Oncology, Digestive Diseases, Pulmonary Medicine, and Pathology with the goal of ensuring each veteran receives state of the art cancer care.

**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](mailto:bobbi.gruner@med.va.gov) to sign up to receive news releases and information. You can also visit [www.houston.med.va.gov](http://www.houston.med.va.gov) and click on the "In the News" symbol.

**Question: I heard the National Veterans Golden Age Games is coming to Houston, August 27-31, 2007. How do I register to compete? And how do my son and daughter sign up to be volunteers?**

**Answer:** Military veterans age 55 or older who receive health care at any VA medical facility are eligible to compete in the Games.

Competitive events include swimming, bicycling, golf, shot put, discus, 10-meter air rifle, table tennis, dominoes, shuffleboard, horseshoes, nine-ball, bowling, checkers, and croquet. Each event has seven age categories for participation, 55-59, 60-64, 65-69, 70-74, 75-79, 80-84, and 85 & up. Additionally, veterans with visual impairments and those who use wheelchairs may compete in the Visually Impaired or Wheelchair Divisions.

Call the MEDVAMC Recreation Therapy at (713) 794-7872 for a registration packet. All packets must be postmarked on or before June 1, 2007.

To volunteer, call MEDVAMC Voluntary Services at (713) 794-7135.

## 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
<b>Vet Center (Post Oak Road)</b> .....	(713) 682-2288
<b>Vet Center (Westheimer)</b> .....	(713) 523-0884
<b>Patient Representatives</b>	
Houston/Galveston/Texas City .....	(713) 794-7884
Beaumont .....	1-800-833-7734 ext. 113
Lufkin .....	(936) 633-2753
<b>Houston National Cemetery</b> .....	(281) 447-8686
<b>VA Regional Office</b>	
Main Number .....	1-800-827-1000
Compensation/Pension .....	1-800-827-1000
Home Loans .....	1-888-232-2571
Education .....	1-888-442-4551



*8th Annual Houston Salutes American Heroes*

## Veterans Day Commemoration & Parade of Heroes

**Saturday, Nov. 11, 2006  
Downtown Houston**

**Ceremony, 10-11 a.m.**

*Hermann Square  
901 Bagby Street*

*Master of Ceremonies:*

*Alan Hemberger,  
KHCW-TV Ch. 39 Anchor*

*Veterans Day Address:*

*State Guard Major General  
(Ret.) John H. Bailey, II*

**Parade, 11:30 a.m.**

*Begins at Smith and Texas  
Concludes at Bagby Street*

*For more information, call  
(713) 437-6351*

*or visit this Web site:*

*[www.houstonspecialevents.org](http://www.houstonspecialevents.org)*