



VA Pride

Vol. 6 No. 2 An Information Guide for the Veterans We Serve in Southeast Texas March/April 2007

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

Houston VA Maintains Excellence in Cardiac Surgery Despite Increased Patient Load

HOUSTON – In January 2007, the Michael E. DeBakey Veterans Affairs Medical Center (MEDVAMC) received praise from the VA Continuous Improvement in Cardiac Surgery Program (CICSP) for decreasing its already exceptionally low cardiac surgery mortality rate under challenging circumstances.

After Hurricane Katrina, the MEDVAMC became the primary provider of tertiary services for veterans who had received health care at the New Orleans VA Medical Center. More than 120 veterans from the hurricane-affected areas were admitted to the MEDVAMC in one week in September 2005. Hundreds others turned to a newly opened VA clinic inside the MEDVAMC gymnasium for outpatient care.

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Harvard Gives Federal Hospitals Top Grades

WASHINGTON, D.C. – A comprehensive study by Harvard Medical School concludes that federal hospitals, including those run by the Department of Veterans Affairs (VA), provide the best care available anywhere for some of the most common life-threatening illnesses.

“This recognition by Harvard should assure veterans of the quality of VA’s world-class health care system,” said Secretary of Veterans Affairs Jim Nicholson. “Veterans have earned only the best. And we can prove that’s exactly what VA is providing.”

The study was published December 11, 2006 in the *Archives of Internal Medicine*, a journal for health care professionals. Researchers looked at congestive heart failure, heart attack, and pneumonia across the health care industry and found that

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New operating room allows maximum flexibility and speed in the treatment of even the most complex patients.

Unique, State-of-the-Art Hybrid Surgical Suite Opens at Houston VA

HOUSTON – On January 19, 2007, Secretary of Veterans Affairs R. James “Jim” Nicholson cut the ribbon opening a new, state-of-the-art hybrid surgical suite at the Michael E. DeBakey VA Medical Center (MEDVAMC).

This new operating room combines endovascular, cardiac catheterization, cardiac surgical, laparoscopic, and radiological capabilities allowing maximum flexibility and speed in the treatment of patients with even the most complex cardiac and vascular conditions.

“The new operating suite greatly advances the ongoing collaborative work of cardiac and vascular patient care. Our physicians will now be able to provide collaborative clinical care for treating high-risk cases by combining cardiac catheterization and open heart surgery in one setting. This operating room brings the doctors to the patient instead of the patient to the doctors. In addition, we can provide the latest cutting-edge endovascular procedures to our veteran patients to repair their aneurysms or blocked vessels,” says Peter Lin, MD,

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Wei Zhou, M.D., vascular surgeon; Joseph Hub, M.D., Cardiac Surgery chief; VA Secretary R. James Nicholson; Salva Shenag, M.D., Anesthesiology chief; David Berger, M.D., Operative Care Line executive; and Grace Mathur, RN, Operating Room nurse manager cut the ribbon opening a new, state-of-the-art hybrid surgical suite at the DeBakey VA Medical Center.

New minimally invasive procedures are more effective against very aggressive tumors and also applicable to other forms of liver cancer.

Houston VA Uses One-Two Punch Against Liver Cancer

HOUSTON – The Michael E. DeBakey Veterans Affairs Medical Center (MEDVAMC) is the first VA hospital to perform laparoscopic Radiofrequency Catheter Ablation (RFA) to treat a primary liver tumor (hepatocellular carcinoma). 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 were the only options

for patients with inoperable liver cancer. Unfortunately, these types of treatments usually cannot be given in doses high enough to control most liver cancers because of their toxic effects, many of which are life-threatening.

Laparoscopic RFA is a minimally invasive procedure performed under real-time intra-operative laparoscopic ultrasound guidance. There is considerably less discomfort for the patient, a much shorter hospital stay, and a considerably faster return to normal activities compared with traditional, open surgical techniques.

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 or quality of life. Although RFA is not considered a cure for liver cancer,

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Special Event:
American Ex-POW Day Program
April 9, 2007, 10 a.m.
MEDVAMC
4th Floor Auditorium
(713) 794-7349

Women Veterans Provided Both Primary and Specialized Health Care at Houston VA

HOUSTON - The Women's Health Center at the Michael E. DeBakey VA Medical Center (MEDVAMC) offering routine and specialized health care services for women veterans opened on April 8, 1996.

Since the birth of this Nation, women have played key roles in serving our country during times of conflict and in times of peace. The history of women serving their country began during the American Revolution and continues today in Operations Iraqi and Enduring Freedom. Contributions by women to our country have changed over the years, as society has become more open to the changing roles and responsibilities of women.

According to 2005 data, there are 1.7 million female veterans. At the MEDVAMC, eight percent of the veterans enrolled are women. The VA has responded to the number of growing female patients by establishing a nation-wide Center for Women Veterans and the Veterans Health Administration Women Veterans Health Program. Each VA medical center and VA regional office has a Women Veterans Program Manager who assists women with their benefits and coordinates their care.

"Services here at the Women's Health Center are tailor-made for the unique health care needs of women veterans," said Shirley LaDay Smith, R.N., MEDVAMC Women Veterans Health Program manager. "Women veterans are provided a variety of preventive, acute, and chronic medical care in an appropriate, timely, and compassionate manner. We have comprehensive medical, surgical, and mental health services. Women veterans are integrated into the entire medical center including assignments to prime care providers within Prime Care and comprehensive services throughout the medical center. In addition, the Pharmacy maintains a full line of gender specific medications for women, as well as prosthetic needs and health care supplies.

In fiscal year 2005, 3,512 women veterans received health care services at the MEDVAMC. Women veterans at the VA Outpatient Clinics in Beaumont, Lufkin, Galveston, and Texas City receive the same standard of care and services as the veterans at the main hospital in Houston.

Health care providers have found hypertension and diabetes to be the top two medical conditions in patients seen at the MEDVAMC. These conditions



Gynecology Clinic RN Coordinator Maria Lee, R.N. discusses health care options with Army Veteran Rosemary Mark. Services at the Women's Health Center are tailor-made for the unique health care needs of women veterans.

are not gender exclusive and female patients are provided both health care and education about them. A diabetes clinic to monitor diet, weight, activity, and glucose levels is planned specifically for female veterans in the near future.

As part of VA's continuum of health care services, women veterans receive preventive health attention. The VA is focused on disease prevention, early detection, health promotion, and ease of access for women. Unless contrary to medical indications, each woman veteran receiving VA care is offered regular cervical cancer screenings, well woman examinations with Pap tests, and mammograms. In addition to preventive services, the high quality medical services available to women veterans include primary care, gender-specific care, reproductive health care, and evaluation and treatment for osteoporosis.

In July 2005, additional gynecology staff members were added to ensure full emergency room coverage was available around the clock. The Gynecology Clinic also moved into new space within the Surgery Ambulatory Care Clinics to accommodate the increasing number of women veterans.

The MEDVAMC offers a wide variety of support groups and counseling specifically for women veterans. A Pain Management for Women Support Group meets every Friday at 1 p.m. in Room 5C-215. The

facilitator, Gabriel Tan, PhD, may be reached at (713) 794-8794. A Women's Breast Cancer Survivors Support Group meets the last Tuesday of each month at 12 p.m. in the Cancer Center of Excellence Conference Room, Room 4C-345. The facilitators are Magdalena Ramirez, L.C.S.W., (713) 791-1414, ext. 5287 and Shirley LaDay Smith, R.N., M.S.N., (713) 794-7926. In addition, counseling and treatment is available for survivors of military sexual trauma.

MEDVAMC staff members are sensitive to the unique needs of female veterans and strive to make sure they are comfortable. For example, female inpatients are provided pink pajamas and robes. A volunteer from the Women Veterans of America visits each inpatient and gives them an information and orientation packet designed specifically for women veterans.

The MEDVAMC is committed to ensuring women veterans continue to receive the highest quality health care, benefits, and programs. The Women Veterans Health Program is an important component toward that goal. It has served as a model in raising awareness about women's health needs and working as an interdisciplinary team in improving and providing quality health care services and programs. For more information about the Women's Health Center, call (713) 794-7635. ♦ Fran Burke, MEDVAMC Public Affairs Specialist

A Word from the Director . . .

New Initiative to Increase and Improve Mental Health Services

HOUSTON - This issue of the VA Pride has showcased several of the new high-tech and subspecialty services we are adding at the Michael E. DeBakey VA Medical Center (MEDVAMC). All of these programs play essential parts in our role as a tertiary teaching hospital.

We are also expanding our Mental Health programs through a VA nationwide initiative to increase and improve mental health services for veterans. In total, the MEDVAMC has hired or will hire more than 45 new employees to support this important effort.

The largest number of these employees will be assigned to our Homeless Domiciliary. The rest will support the Health Care for Homeless Veterans Program, substance abuse programs, Prime Care Clinics, telepsychiatry, and psychosocial rehabilitation and recovery programs.

For veterans of Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF), MEDVAMC staff will expand efforts to provide outreach, counseling, and assessments at National Guard and Reserve Unit training sites and other related locations. Finally, additional staff will be added to our Polytrauma Team,



Edgar L. Tucker, Medical Center Director

established in August 2005, to provide counseling and vocational rehabilitation services to combat veterans who have suffered injury and/or impairment to more than one body system or organ.

The new staff for these Mental Health programs includes psychiatrists, psychologists, social workers, physician assistants, nurses, addiction therapists, vocational rehabilitation therapists, recreation therapists, and administrative support specialists. Many of these employees will be involved in outpatient and community settings including for the first time, homeless shelters.

This expansion of services reflects MEDVAMC's ongoing commitment to provide care and improve access for those veterans who need our services the most. ♦

Refill Your Prescriptions Online

It's fast, easy, convenient, and secure!

Visit www.myhealth.va.gov
on the Internet
and register today.



This Web site is the gateway to veteran health benefits and services, providing access to trusted health information, links to Federal and VA benefits and resources, your Personal Health Journal, and online VA prescription refills. In the future, registrants will be able to view appointments, copay balances, and key portions of their VA medical records online, and much more!

New VA Outpatient Clinic Opens in Conroe, Texas

CONROE, TX - On February 26, 2007, the Michael E. DeBakey Veterans Affairs Medical Center (MEDVAMC) held a Ribbon Cutting Ceremony officially opening its new Community Based Outpatient Clinic (CBOC) in Conroe, Texas.

The Conroe CBOC is located at 800 Riverwood Court near the Conroe Regional Medical Center, just off Loop 336 and Interstate 45. This clinic will provide primary care and mental health services for veterans in the area and will greatly expand the VA's capacity for outpatient care north of Houston.

"Our goal is to improve access to health care and this new clinic in Conroe will greatly expand the VA's capacity for outpatient care in southeast Texas. With this new clinic, veterans living north of Houston will now be able to obtain health care closer to where they live," said Edgar L. Tucker, MEDVAMC director. The Department of Veterans Affairs estimates more than 44,000 veterans live in Montgomery and surrounding counties.

In May 2004, the Secretary of Veterans Affairs announced the details of a comprehensive plan to modernize the VA health care system. The plan included new hospitals in Orlando and Las Vegas, 156 new CBOCs, four new spinal cord injury centers, two blind rehabilitation centers, and expanded

mental health outpatient services.

In the Houston area, the plan included new CBOCs in the vicinities of Galveston and Conroe. On March 4, 2005, the MEDVAMC held a ribbon cutting ceremony celebrating the opening of a new CBOC on 6115 Avenue L in Galveston. Another new CBOC, located at 9300 Emmett F. Lowry Expressway (Mainland Mall Shopping Center) in Texas City, opened on April 4, 2005.

VA officials are also working to replace the Charles Wilson VA Outpatient Clinic in Lufkin. In January 2006, VA obtained an assignable option to purchase approximately seven acres of land located at 2206 John Redditt Drive for the construction of a new outpatient clinic. Once completed, this new, larger facility will replace the current facility located at 1301 W. Frank Ave.

Veterans currently receiving care at the MEDVAMC, who wish to transfer to the new Conroe CBOC, are strongly encouraged to keep their next appointment with their current Prime Care Provider so their health care can be smoothly transitioned.

Veterans not enrolled with MEDVAMC, either new to VA or receiving care at other VA medical centers, are encouraged to visit www.va.gov/elig or call the MEDVAMC Eligibility Office at (713) 794-7288 for an application. ♦



The new Conroe Community Based Outpatient Clinic is located at 800 Riverwood Court near the Conroe Regional Medical Center, just off Loop 336 and Interstate 45. This clinic will provide primary care and mental health services for veterans in the area and will greatly expand the VA's capacity for outpatient care north of Houston.

What You Should Know about Post-Traumatic Stress Disorder

WASHINGTON, D.C. - Post-Traumatic Stress Disorder (PTSD) is an ailment resulting from exposure to an experience involving direct or indirect threat of serious injury or death.

The events that can cause PTSD are called "stressors." They include combat and other threats during military deployment, natural disasters (floods, earthquakes), accidents (car accidents, airplane crashes, large fires) or deliberate man-made disasters (bombing, torture, death camps).

Symptoms include recurrent thoughts of a traumatic event, reduced involvement in work or outside interests, hyper alertness, anxiety, sleep problems, and irritability. The disorder apparently is more severe and longer lasting when the stress is of human design. Untreated PTSD leads to complications such as substance abuse, marital and employment instability, and poor physical health.

In FY 2005, approximately 317,000 veterans with a primary or secondary diagnosis of PTSD received treatment at VA medical centers and clinics, and more than 50,000 veterans received PTSD-related services at Vet Centers.

VA operates an internationally recognized network of more than 160 specialized programs for the treatment of PTSD through its medical centers and clinics.

The Trauma Recovery Program at the Michael E. DeBakey VA Medical Center (MEDVAMC) is designed to provide comprehensive treatment to veterans with a diagnosis of PTSD or a related disorder. It is a flexible program allowing veterans to enter the component best designed to serve their identified needs. As veterans move from one program component to another, staff may modify treatment interventions to address

symptoms as they change. Patients leaving the inpatient component of the program also have opportunities to participate in partial or outpatient components. Family involvement is highly encouraged at all levels of treatment. Family education classes and a multi-family therapy group are available to address relationship issues arising from symptoms of PTSD.

Upon admission to the Trauma Recovery Program, each patient is assigned to a treatment team consisting of a psychiatrist, psychologist, social worker, nurse, and/or physician's assistant. This treatment team follows a veteran's progress throughout his or her enrollment in the program. This ensures the veteran always has familiar staff available who understand his or her individual treatment issues and needs. Professionals from other programs and services may also be involved in the care process.

VA earmarked an additional \$29 million for expansion of PTSD and Operations Enduring and Iraqi Freedom services in FY 2006. It is anticipated that these resource increases, and additional resources in support of other mental health programs (e.g., substance use disorder treatment programs, mental health in Community Based Outpatient Clinics) will be effective in meeting the needs of veterans suffering from PTSD and associated war related disorders.

VA readjustment counseling is provided through 207 community-based Vet Centers in all 50 states, the District of Columbia, Puerto Rico, the Virgin Islands and Guam. Vet Centers are located outside of medical facilities, often in community settings.

In Houston, there are two Vet Centers. The one on Post Oak Road can be reached at (713) 682-2288 and the

one on Westheimer can be contacted at (713) 523-0884.

The Vet Center mission features a mix of direct counseling and help accessing other programs to help veterans improve their social and economic prospects after the military. The Vet Centers provide psychological counseling for veterans exposed to war trauma or sexually assaulted during military service, family counseling, community outreach and education, and extensive social services and referral activities.

Vet Centers are staffed by interdisciplinary teams that include psychologists, nurses, and social workers. Vet Center teams reflect ethnic and gender diversity and include many veterans, most having served in a combat theater of operations.

Eligibility for Vet Center services includes all Vietnam theater veterans, other Vietnam era veterans who accessed Vet Center care prior to January 1, 2004, and any other veteran who served in any war, armed conflict, or peacekeeping mission. Eligibility for sexual trauma counseling at Vet Centers is open to any veteran, regardless of period of service.

Across the country, Vet Centers have added more than 100 newly returned combat veterans as outreach workers to assist troops in transition from military to civilian life. They provide a natural connection to separating service members, reaching out to them on issues of readjustment and PTSD.

For more information about the Trauma Recovery Program at the MEDVAMC, call (713) 794-7059. More information about PTSD is available on the Web at www.ncptsd.va.gov/ncmain/index.jsp. ♦



Do you know about “Aid and Attendance,” an under-used VA benefit?

WASHINGTON, D.C. – The VA is reaching out to inform wartime veterans and surviving spouses of an under-used, special monthly pension benefit called Aid and Attendance.

Although this is not a new program, not everyone is aware of his or her potential eligibility. The Aid and Attendance pension benefit may be available to wartime veterans and surviving spouses who have in-home care or who live in nursing-homes or assisted-living facilities.

Many elderly veterans and surviving spouses whose incomes are above the congressionally mandated legal limit for a VA pension may still be eligible for the special monthly Aid and Attendance benefit if they have large medical expenses, including nursing home expenses, for which they do not receive reimbursement. To qualify, claimants must be incapable of self support and in need of regular personal assistance.

The basic criteria for the Aid and Attendance benefit include the inability to feed oneself, to dress and undress without assistance, or to take care of one's own bodily needs. People who are bedridden or need help to adjust special prosthetic or orthopedic devices may also be eligible, as well as those who have a physical or mental injury or illness that requires regular assistance to protect them from hazards or dangers in their daily environment.

For a wartime veteran or surviving spouse to qualify for this special monthly pension, the veteran must have served at least 90 days of active military service, one day of which was during a period of war, and be discharged under conditions other than dishonorable.

Wartime veterans who entered active duty on or after September 8, 1980, (October 16, 1981, for officers) must have completed at least 24 continuous months of military service or the period for which they were ordered to active duty.

If all requirements are met, VA determines eligibility for the Aid and Attendance benefit by adjusting for un-reimbursed medical expenses from the veteran's or surviving spouse's total household income. If the remaining income amount falls below the annual income threshold for the Aid and Attendance benefit, VA pays the difference between the claimant's household income and the Aid and Attendance threshold.

For more information about Aid and Attendance, call the Houston VA Regional Office at 1-800-827-1000 or apply on the VA's Web site at www.vabenefits.vba.va.gov/vonapp/main.asp. ♦

One-Two Punch Against Liver Cancer Being Used by Houston Physicians



Veteran James Shafer is examined by Daniel Albo, M.D., Ph.D., chief of General Surgery and Surgical Oncology. The Michael E. DeBakey VA Medical Center is the first VA hospital to perform laparoscopic Radiofrequency Catheter Ablation to treat a primary liver tumor.

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preliminary research has shown that it can prolong and improve the quality of life.

“We are very excited about offering laparoscopic Radiofrequency Catheter Ablation to our veteran patients. This treatment modality is not only more effective against these very aggressive tumors, but also allows us to treat patients who would be otherwise untreatable. It is also applicable to other forms of liver cancer,” said Daniel Albo,

M.D., Ph.D., chief of General Surgery and Surgical Oncology at the MEDVAMC.

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. Radiofrequency (RF) energy causes atoms in the cells to vibrate and create friction. This generates heat and leads to the death of the cancerous cells. RF 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 do not alter the basic chemical structure of cells.

“Laparoscopic RFA has many advantages for our patients. It is less risky and has fewer complications compared to traditional, open surgery. Most patients can resume normal activities within a few days and the procedure may be combined with other treatment options,” said Albo.

Along with laparoscopic RFA, the MEDVAMC is also using preoperative liver-directed (intra-arteria) chemoembolization. This procedure, also minimally-invasive, allows physicians to remove the blood supply from a tumor and deliver high-dose chemotherapy directly into the tumor with minimal toxicity.

“We perform the preoperative chemoembolization in a multi-disciplinary fashion with our Vascular Surgery Section. Working with Peter Lin, M.D., chief of Vascular Surgery, the preoperative chemoembolization makes the laparoscopic RFA even more effective, sort of a one-two punch against the liver tumor,” said Albo, who is also an associate professor of Surgery at Baylor College of Medicine. ♦

New Cutting-Edge Hybrid Surgical Suite

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MEDVAMC Vascular Surgery chief.

The suite combines highly advanced equipment and computer systems; state-of-the-art technology; skilled surgeons, cardiologists, radiologists, and anesthesiologists; and specialized nursing and technical staff to perform complex cases involving two or more major services.

With VA's revolutionary e-technology, surgical team members are able to immediately access and retrieve critical health data and images such as X-rays, Computed Axial Tomography (CAT) scans, and Magnetic Resonance Imaging (MRI) as a procedure progresses.

Using a state-of-the-art digital angiography system to reconstruct arteries, physicians can now manipulate images and obtain a better vision of complex anatomy or overlapping blood vessels. This new technology improves decision-making during interventional procedures such as placing a stent in a narrowed blood vessel or a stent-graft inside an aortic aneurysm.

The hybrid suite enables less invasive, more accurate, and very precise treatment of cardiac and vascular diseases and conditions. Many veterans with complex

aortic aneurysms, for instance, will be able to undergo simultaneous, multiple procedures including open surgical and minimally invasive catheterization procedures utilizing the state-of-the-art imaging technology.

“This endovascular hybrid suite is also equipped with a high-tech laparoscopic imaging system. Because we already have a surgical robotic unit in the operating room, we will be able to offer minimally invasive robotic vascular procedures to our patients. This means instead of a large abdominal incision to repair a blood vessel, we can use a surgical robot guided by a small camera,” says Wei Zhou, M.D., MEDVAMC vascular surgeon.

“This is a tremendous opportunity to provide unmatched medical care to patients with serious heart conditions, because we can now provide minimally-invasive cardiac surgical care such as percutaneous heart valve repair by working jointly with our cardiology colleagues. This means rather than performing risky open heart surgery, we can provide collaborative clinical care in repairing a heart valve with little or no surgical incision,” says Joseph Huh, M.D., MEDVAMC Cardiac Surgery chief.

“Two obvious advantages are in the areas of time and space. The patient no

longer needs to be moved to a different procedure or operating room to accommodate multiple heart and vascular procedures or surgeries,” said Bilykem Bozkurt, M.D., MEDVAMC Cardiology chief.

MEDVAMC is a leader in the treatment of cardiac and vascular disease in the VA health care system. Even with a remarkable increase in cardiac surgery patient volume, the MEDVAMC cardiac surgical service is continually ranked as one of the best programs in the VA, not to mention the nation, for its excellent surgical patient outcome.

In January 2007, the MEDVAMC received praise from the VA Continuous Improvement in Cardiac Surgery Program (CICSP) for decreasing its already exceptionally low cardiac surgery mortality rate.

The CICSP report examined a total of 422 cardiac surgery cases performed in a two year time period at the MEDVAMC. From August 29, 2004 to August 28, 2005 with 132 cases, the operative mortality was 3 percent or an observed-to-expected mortality ratio of 0.79. From August 30, 2005 to August 29, 2006 with 290 cases, the operative mortality was 2.8 percent or an observed-to-expected mortality ratio of 0.56. ♦

Excellence in Houston Cardiac Surgery Program

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The CICSP report examined a total of 422 cardiac surgery cases performed in a two year time period at the MEDVAMC. From August 29, 2004 to August 28, 2005 with 132 cases, the operative mortality was 3 percent or an observed-to-expected mortality ratio of 0.79. From August 30, 2005 to August 29, 2006 with 290 cases, the operative mortality was 2.8 percent or an observed-to-expected mortality ratio of 0.56.

To achieve these remarkable results and handle the increase in surgical volume, the MEDVAMC created a dedicated transfer center to facilitate patient referral and transfer, developed greater flexibility in its operating room scheduling, and opened a new surgical step down unit to improve patient throughput from the Surgical Intensive Care Unit.

"While Hurricane Katrina resulted in a sudden and unexpected increase in the

number of cardiac surgery cases performed at the Michael E. DeBakey VA Medical Center in Houston, excellent surgical outcomes were maintained by using an effective team approach focusing on providing consistent, outstanding care to our veterans. The entire surgical team, including surgeons, anesthesiologists, nurses, and our support staff should be proud of their hard work," said Joseph Huh, M.D., MEDVAMC Cardiothoracic Surgery chief.

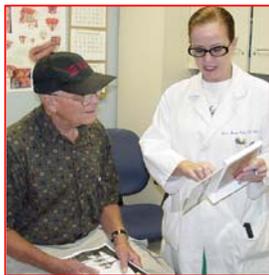
Since 1987, the CICSP has produced risk-adjusted mortality and morbidity reports for cardiac surgery teams and VA Cardiac Surgery Consultants Committee (CSCC) for continuous quality improvement purposes. The CSCC is responsible for reviewing the quality of cardiac surgical treatment at the VA cardiac surgical centers around the country. It does so by reviewing both the unadjusted and risk-adjusted operative mortality data and the incidence of perioperative complications. ♦



Physicians, nurses, and administrative staff working at the Patient Reception Team (PRT) at Ellington Field in Houston welcome a patient evacuated from New Orleans. With the first C-130 Air National Guard military transport aircraft arriving at 9 p.m. on August 31, 2005, the MEDVAMC PRT medically triaged almost 800 patients from 21 flights in five days.

Don't Be A "No Show"

Call (713) 794-8985
or toll free
1 (800) 639-5137
to cancel or reschedule your
appointment.



Please cancel at least 24 hours in advance so we can offer your appointment to another veteran.

- Keeping your scheduled VA health care appointments ensures your continued access to care and medications from the MEDVAMC.
- Failure to keep appointments may result in your removal from your primary care provider's panel of patients and cancellation of specialty care consultations.
- If you are taking certain medications requiring continuous medical monitoring, missing appointments may force your health care provider to cancel your refills.

Please don't be a "No Show."

If you cannot remember when your next appointment is or have not received an appointment letter from the MEDVAMC, call the Appointment Information Hotline at (713) 794-7648 or toll-free 1 (800) 454-1062.

VA Chaplains: Part of Your Health Care Team

HOUSTON - The history of the Department of Veterans Affairs Chaplain Service actually began on March 3, 1865, when Abraham Lincoln signed legislation establishing the first National Homes for disabled volunteer soldiers. Chaplains were paid a salary of \$1,500 per year and forage for one horse.

Today, as part of health care services at the Michael E. DeBakey VA Medical Center (MEDVAMC), professional chaplains are on staff to provide spiritual care and emotional support to veterans and family members, regardless of religious faith or spiritual interests.

The MEDVAMC chaplains are part of the patient care teams in all clinics and on all nursing units. They provide pastoral care services including bedside visitation; priority visits to critically ill, pre-surgery, and post-surgery patients; spiritual counseling in grief, trauma, addiction, and recovery; scriptures and devotional literature; sacraments and prayer; counseling for patients and families in crisis; spiritual growth counseling; and spiritual support to terminally ill and dying patients and their families.

The MEDVAMC Chaplaincy holds religious services in the chapel located on the 2nd Floor near the main elevators of the hospital. On Sunday, Protestant Worship is held at 9 a.m. and Catholic Mass at 10 a.m. Catholic Mass is also available daily at 11 a.m. All veterans, family members, employees, volunteers, and guests are invited to attend. These services are televised inside the MEDVAMC on channel 37. Inpatients who need assistance to attend services may call the Chaplains Office at (713) 794-7125. The chapel is open daily, 8 a.m. to 4 p.m. for prayer and meditation. To request a visit from a chaplain,

contact the Chaplains Office at (713) 794-7125 or ask your health care provider to contact the on-call chaplain. Upon request, the MEDVAMC chaplains will attempt to contact a representative of your faith to visit you.

Chaplains are available during the day shift every day of the year and on-call for emergencies 24 hours a day, seven days a week. ♦ *W. Douglas Ensminger, MEDVAMC Chaplain Manager*

MEDVAMC Chaplains

W. Douglas Ensminger
Chaplain Manager
Protestant
Room 2C-473
(713) 794-7200

Jimmie L. Capers
Staff Chaplain
Protestant
Room 2C-487
(713) 794-7204

Paschal Odemokpa
Staff Chaplain
Catholic
Room 2C-483
(713) 794-7203

Larry Rara
Staff Chaplain
Catholic
Room 2C-481
(713) 794-7202

Deborah Schloss
Staff Chaplain
Jewish
Room 2C-489
(713) 791-1414, ext. 4534

VA Improves Services for Blind and Low-Vision Veterans

WASHINGTON, D.C. – More than a million visually impaired veterans will receive enhanced health care services from the Department of Veterans Affairs (VA) under a reorganization of VA's vision rehabilitation services.

VA will make approximately \$40 million available during the next three years to establish a comprehensive nationwide rehabilitation system for veterans and active duty personnel with visual impairments. The system will enhance inpatient services and expand outpatient services throughout the 1,400 locations where VA provides health care.

Under the reorganization plan, each of VA's 21 regional networks — called Veterans Integrated Service Networks, or VISNs — will implement a plan to provide eye care to veterans with visual impairments ranging from 20/70 to total blindness. Basic low-vision services will be available at all VA eye clinics, and every network will offer intermediate and advanced low-vision services, including a full spectrum of optical devices and electronic visual aids.

In 2005, the Michael E. DeBakey VA Medical Center (MEDVAMC) began 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.

Serving more than 1,000 blind veterans in southeast Texas, the MEDVAMC Visual Impairment Service

Team hired a new outpatient rehabilitation specialist who, so far, has locally trained approximately 325 legally blind veterans. 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 be user friendly with only three buttons — one to turn it on and two to adjust 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.

The second device, the I.D. Mate™, can be used in the home, the workplace, or the shopping center to identify cans, food, jars, 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



Bill Johnson, Visual Impairment Service Team coordinator at the Michael E. DeBakey VA Medical Center, demonstrates the innovative ScripTalk™ prescription reader to Army Veteran Ronald Anderson. Marvin, the seeing-eye dog, listens intently. The goal of the ScripTalk™ and other optical devices and electronic visual aids offered by the VA is to help these unique veterans enjoy more independent and safe lives.

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 his black pants, toast wheat bread instead of white, or play a jazz music CD instead of a country one.

Last year, 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.

Under the reorganization, VA's 10 existing inpatient blind rehabilitation centers will continue to provide the Department's most intensive most comprehensive low vision intervention and blind rehabilitation programs, but each VISN now will also provide outpatient-based blind rehabilitation care.

"We intend to ensure that our visually impaired patients receive appropriate care and the latest technological devices at the right time and in the best setting to meet their needs," said Silvia Orengon-Nania, M.D., MEDVAMC Eye Care Line executive. "Our goal will be early intervention, so that we can maximize the independence of these veterans and substantially reduce their dependence on their families and communities."

VA estimates there are more than 1 million visually impaired veterans over the age of 45 in the United States. Within this group, approximately 157,000 are legally blind, and 1,026,000 have low vision. About 80 percent of all visually impaired veterans have a progressive disability caused by age-related macular degeneration, glaucoma, or diabetic retinopathy.

For more information about MEDVAMC's Visual Impairment Service Team Program, call (713) 794-7532 or visit the VA's Blind Rehabilitation Service Web site at www1.va.gov/blindrehab/. ♦

Support Group Listing . . .

Talk with a social worker on your nursing unit or in your Prime Care Clinic about available support groups for veterans and family members.

MS Self-Help Group

Meets 2nd Wednesday every month, 2 - 3:30 p.m., SCI Dayroom (NU) 1B. Facilitators: Lisa Whipple, (713) 794-7951 & Fe Runtanilla, (713) 791-1414, ext. 4559

Parkinson's Disease Education/Support Group

Contact facilitators for information: Naomi Nelson, (713) 794-8938 & Lisa Whipple, (713) 794-7951

Cancer Support Group

Meets 2nd Tuesday every month, 2-3 p.m., Cancer Center Family Room, Room 4C-365. 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

Pain Relaxation Training Group

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

Hepatitis C Support Group

Meets 1st Friday every month, 1:30 p.m., Primecare Clinic 5, Room 1A-442. Facilitators: Stacey Pelton, (713) 791-1414, ext. 6867 & Michelle Ray, (713) 791-1414, ext. 3394

Prostate Cancer Support Group

Meets 3rd Wednesday every month, 10 a.m., Cancer Center Conference Room, 4C-345. Facilitators: Tonjala Seals, (713) 791-1414, ext. 6227

Pain Management for Women

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

Pain Education Group

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

Alzheimer's & 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 Dining Room. Facilitators: Anna Bracero, (713) 794-7816 & Betty Baer, (713) 794-7793

Mended Hearts Support Group

Meets 3rd Thursday every month, 11 a.m., Nursing Unit 2A Dining Room. Facilitators: Tommie Gonzalez, (713) 791-1414, ext. 5254 & Patricia Suarez, (713) 791-1414, ext. 6101

HIV Support/Educational Group

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

Pain Coping Skills Training Group

Meets every Tuesday, 1 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, Cancer Center Conference Room, 4C-345. Facilitators: Magdalena Ramirez (713) 791-1414, ext. 5287 & Shirley LaDay Smith, (713) 794-7926

Fibromyalgia Education & Support Group

Contact facilitator for information: Gabriel Tan, (713) 794-8794

Dietary Fiber: An Essential and Important Part of A Healthy Diet



Photo by Heidi Gomez, MEDVAMC Public Affairs Officer

MEDVAMC Dietetic Intern Jenelle Woodard discusses the benefits of healthy eating with Army Veteran Andrew McCoy. For counseling with a registered dietitian, call the MEDVAMC Nutrition Clinic at (713) 791-1414, ext. 4295 or ext. 6166.

HOUSTON - Every day on television and in magazines, we hear about the benefits of adding more fiber to our diets. Well, what exactly is fiber? And why is it important?

Dietary fiber is a carbohydrate with many health benefits that is not digested by the body. Popular sources of fiber include bran muffins, oatmeal, and raw vegetables.

Fiber provides bulk to the stool making it easier to pass which helps prevent constipation. Fiber also plays an important role in preventing diverticular disease. This is an inflammation or infection in the pouches, known as diverticula, located in the colon. Fiber can help lower cholesterol levels and may reduce the risk for type 2 diabetes and heart disease. Fiber may also help with

weight loss as it helps you feel full longer preventing eating too often.

Dietary Guidelines for Americans recommend at least 14 grams per 1,000 calories. Men age 50 and under should consume 38 grams of fiber per day; over 50 should consume 30 grams. Women age 50 and under should consume 25 grams of fiber per day; over 50 should consume 21 grams.

Fiber is found in whole grains, fruits, vegetables, and legumes (dry beans and peas). Refined and processed foods such as white bread, fruit juice, and non-whole grain cereals are lower in fiber. Removing the skin from fruits and vegetables also decreases their fiber content. Fiber content varies between brands and products so check the food label for the fiber content per serving.

If you are not getting the recommended amount for your gender and age, try these tips to boost your fiber content:

- ✓ Start the morning with a high fiber cereal, five grams or more per serving. Look for cereals with bran or fiber in the name.
- ✓ Try fresh fruit on top of your cereal.
- ✓ Choose whole grain breads for sandwiches or toast. Look for whole wheat or whole-wheat flour as the first ingredient on the ingredients list. Look for bread that has at least two grams of fiber per serving.
- ✓ Eat whole fruit with meals or as snacks.
- ✓ Choose high fiber snacks such as fresh or dried fruit, raw vegetables, low fat popcorn, and whole grain crackers.
- ✓ Eat more dry beans, peas, and lentils. Add them to soups, casseroles, stews, and salads.
- ✓ Try whole grains such as brown rice and whole wheat pasta.
- ✓ Try whole grain flour in place of half or all of the white wheat flour when baking.

Use caution when adding fiber to your diet. Add it slowly over a couple of weeks to allow your body to adjust. Too much fiber too quickly can cause gas, cramping, and bloating. Also make sure to drink plenty of water.

Water transports nutrients and oxygen to your body cells and carries waste products away. Be sure to drink at least eight glasses per day (64 total fluid ounces).

For more information or tips for a healthy diet, call the MEDVAMC Nutrition Clinic at (713) 791-1414, ext. 4295 or ext. 6166 or visit www.mayoclinic.com/health/fiber/NU00033.

♦ Jenelle Woodard, MEDVAMC Dietetic Intern

Harvard Study on Federal Hospitals

(continued from page 1)

patients in federal facilities are more likely to receive high-quality care than those in for-profit hospitals. Michael J. Kussman, M.D., M.S., M.A.C.P., VA's Acting Under Secretary for Health, said the report is the latest example of VA setting standards for health care in the United States.

"This study further demonstrates that VA is providing high quality health care to veterans," said Kussman. "Our computerized system of electronic health records and performance measurement means that veterans are getting the top-level care and treatment they have earned through service to our country."

The study found that hospitals operated by the federal government and the military received higher performance ratings than other hospitals studied. A large percentage of federal hospitals are operated by VA.

"This suggests that lessons learned from (VA's) decades-long experience in quality improvement deserve further study," said Dr. Bruce Landon of Harvard, the study's lead author.

The study assessed the quality of care for congestive heart failure, acute myocardial infarction, commonly referred to as heart attack, and pneumonia in more than 4,000 hospitals in the United States.

The Harvard Medical School study is the latest recognition of the high quality of VA health care. In 2006, VA received a prestigious "Innovations in American Government" Award from Harvard's Kennedy School of Government for its advanced electronic health records and performance measurement system. ♦

The Michael E. DeBaKey Veterans Affairs Medical Center and the Houston Volunteer Lawyers Program presents:

Free Legal Advice Clinic (by appointment only)



WHEN: March 23, April 27, May 25, June 22, July 27, August 24, September 28, & October 26

WHERE: Geriatric & Neurology Clinic Area next to ER, Michael E. DeBaKey VA Medical Center 2002 Holcombe Blvd., Houston, Texas 77030

WHAT: Volunteer attorneys at the MEDVAMC/HVLP Legal Advice Clinic will provide brief legal advice by appointment only (20-30 minutes) to qualifying veterans. Only low-income Harris County veterans are eligible for assistance. Veterans from other counties will be given referral information to low cost or free legal services in their county. Veterans should bring all documents affecting their legal matter with them to their appointment.

TOPICS: Bankruptcy/Creditors, Contracts, Landlord/Tenant, Property, Divorce, Child Support, Custody/Guardianship, Wills/Probate, Incapacity Planning, and Immigration Law

CONTACT: See the Social Worker located in your Clinic or Unit for a needs assessment survey. Once you have been screened for eligibility, you will be contacted with an appointment date and time.

INFO: Established in 1981, the Houston Volunteer Lawyers Program mission is to provide pro bono legal services to low-income and indigent men and women of Harris County and to promote volunteerism among the local legal community.

**Michael E. DeBaKey
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2002 Holcombe Blvd.**

**Houston, Texas 77030
(713) 791-1414**

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copayments.

Question: I received medical treatment from VA many years ago when I got out of the service. I would like to receive medical care again. How do I start getting medical care again?

Answer: To resume medical treatment after a long break in receiving care, call the Eligibility & Enrollment Office at (713) 794-7288. They will determine if you are eligible to receive medical care, and if you are eligible, they will help you to re-enroll and set you up with a primary care provider. Additional information is available at www.va.gov/elig.

Question: I heard I have to get a new VA I.D. card. Why?

Answer: In order to reduce veteran vulnerability to identity theft, the VA is 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. All veterans enrolled in the VA health care system are strongly encouraged to replace their old cards before July 2007.

Veterans receiving care at the MEDVAMC are able to replace their old cards by stopping by the VIC Room in the Admissions Area near the Emergency Room in Houston, or the check-in desks at the outpatient clinics in Lufkin, Beaumont, Texas City, and Galveston. A clerk at these locations will take the veteran's photograph and the new VIC will be mailed to the veteran in seven to 10 days. Veterans are strongly encouraged to update their contact information including home address and telephone numbers at this time.

For more information, contact the Eligibility and Enrollment Office at (713)

794-7288 or visit the VA's Eligibility Web site at www.va.gov/healtheligibility.

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 bobby.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 get a copy of my VA medical records?

Answer: Your VA medical records are maintained at the facility or facilities where you were provided medical care. You will need to contact each facility to personally request a copy of any medical records maintained at that facility. Requests must be in writing and should indicate what records you are requesting, why you are requesting those records, and to whom they are to be released.

At the MEDVAMC, contact the Release of Information Office at (713) 794-7776.

VA does not maintain or have copies of any military medical records. If you need copies of your military records, write to the branch of service in which you served and request copies of those records.

Question: What is MRSA and should I be concerned?

Answer: Methicillin-Resistant Staphylococcus Aureus (MRSA) is a more serious form of a common bacteria that frequently inhabits the skin or nostrils of healthy people. The 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. 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).

Question: How do I amend or change my DD214 and other military records?

Answer: Changes to DD 214 or other military records cannot be done through VA. If your military service record requires a change or correction, you will need to submit DD Form 149, Application for Correction of Military Records to the relevant service branch (branch addresses are provided on the form). To obtain this form, call 1-800-318-5298.

Question: What health benefits and services are not covered by VA?

Answer: The following health benefits and services are not covered by VA: abortions and abortion counseling; in vitro fertilization; drugs, biological, and medical devices not approved by the Food and Drug Administration unless the treating medical facility is conducting formal clinical trials under an Investigational Device Exemption or an Investigational New Drug application, or the drugs, biologicals, or medical devices are prescribed under a compassionate use exemption; gender alterations; hospital and outpatient care for a veteran who is either a patient or inmate in an institution of another government agency if that agency has a duty to give the care or services; and membership in spas and health clubs.

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

vhaougeneralquestions@med.va.gov

Question: I am a recently discharged combat veteran. Must I pay copayments?

Answer: If the services are provided for the treatment of a condition that may be related to your military service, you will not be charged for any copayments. This benefit is limited to a two-year period following your military discharge. You will, however, be subject to means testing (and copayments, if applicable) for care of any condition clearly not related to your military service such as a broken limb or a problem that existed prior to entering the service.

Question: Why does VA require my income be updated annually? My income does not change that much.

Answer: Updating your income information, also known as the Means Test, helps determine the enrollment priority group for each veteran and whether he or she is eligible for cost-free VA health care. Higher income veterans may be required to share in the expenses of their care by making

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
Conroe VA Outpatient Clinic	(936) 522-4000
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
Vet Center (Post Oak Road)	(713) 682-2288
Vet Center (Westheimer)	(713) 523-0884
Patient Representatives	
Houston/Conroe/Galveston/Texas City	(713) 794-7884
Beaumont	1-800-833-7734 ext. 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

*The Michael E. DeBakey VA Medical Center
presents a special*

American Ex-POW Program

*honoring our Nation's
Former Prisoners of War*

Monday, April 9, 2007

10 a.m.

MEDVAMC 4th Floor Auditorium

Guest Speaker:

Robert E. Pennington, Jr.

Former POW in WWII Battle of the Bulge

Refreshments served.

*For more information,
contact the Public Affairs Office at (713) 794-7349.*