



VA Pride

Vol. 6 No. 3 An Information Guide for the Veterans We Serve in Southeast Texas May/June 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 Takes Substance Abuse Services Directly to Homeless Shelters

HOUSTON – Houston is one of 30 communities where the VA will take its substance abuse services directly to the area's homeless. Under its Health Care for Homeless Veterans Program, the Michael E. DeBakey VA Medical Center (MEDVAMC) will receive special funding to hire an addiction therapist who will work directly in homeless shelters, counseling veterans with substance abuse problems.

"This initiative reflects the VA's commitment to integrate treatment for substance abuse and other mental health conditions, and our progress in bringing these important services to some of our most vulnerable veterans – those who have become homeless.

Substance abuse and homelessness can form an unfortunate worsening cycle, and these new services

(continued on page 7)

VA's Polytrauma Rehabilitation Program: Rebuilding Injured Lives

HOUSTON - Recent combat in Iraq and Afghanistan has demonstrated the nature of modern warfare has changed. There are new causes of injury, improvements in body armor, and surgical stabilization at the front-line of combat. More war-wounded are returning with complex, multiple injuries such as amputations, traumatic brain injuries, spinal cord injury, visual impairments, and psychological adjustment problems. Moreover, improvised explosive devices, blasts (high pressure waves), landmines, rocket-propelled grenades, and explosive fragments now account for the majority of combat injuries.

Blast-related injuries are often "polytraumatic," meaning they result in injury and/or impairment to more than one body system or organ, and often require specialized intensive rehabilitation processes and coordination of care across the full continuum. Of these injured military personnel, about 60 percent have some degree of traumatic brain injury. The frequency and unique nature of these blast injuries create the need for a unique interdisciplinary polytrauma rehabilitation program to handle the ongoing rehabilitative, psychological, medical, and prosthetic needs of these individuals.

In August 2005, the Michael E. DeBakey VA Medical Center (MEDVAMC) added an extremely important and timely program to its array

(continued on page 4)



Wounded in Iraq by an improvised explosive device, Army CPL Robert Engelbrecht undergoes a kinesiotherapy session with Laura Lamhon, RKT, MEDVAMC kinesiotherapist.

Photo by Bobbi D. Gannett, Public Affairs Officer

Inside This Edition

- Word from the Director
- "Games More Than Medals" ... 2
- Surgical Intensive Care Mortality Rate Drops for 2nd Year ... 2
- Diabetic Eye Disease Screening ... 3
- Taking Steps for Better Health ... 3
- Information about Emergency Care in Non-VA Facilities ... 4
- Your Medication List ... 4
- Protect Your Eyes from Sun Damage ... 5
- Don't Be a "No Show" ... 5
- VA Cemetery Special Events ... 5
- Support Group Listing ... 6
- Good Posture Improves Health ... 6
- Disabled Veterans Ski Event ... 7
- Bipolar Disorder Medication Study ... 7
- New Vet to Vet Support Group ... 7
- Questions from Veterans ... 8

VA First Houston Hospital to Use Innovative, Minimally Invasive, Video-Assisted Technique to Treat Serious Heart Condition

HOUSTON – The Michael E. DeBakey Veterans Affairs Medical Center (MEDVAMC) is the first hospital in Houston and among the first VA hospitals in the country to use an innovative, minimally invasive, video-assisted surgical technique to treat atrial fibrillation (AF). AF is one of the most common heart arrhythmias, affecting millions of patients in the United States alone.

AF is a rapid, irregular heart rhythm commonly causing palpitations and fatigue, and greatly increasing the risk of stroke. Strokes in AF patients are thought to arise from clots in the left atrial appendage. Medical management

of AF with medications is usually not effective, requiring patients to consider other more invasive options.

The heart consists of four chambers in which blood flows. Blood enters the right atrium and passes through the right ventricle. The right ventricle pumps the blood to the lungs where it becomes oxygenated. The oxygenated blood is brought back to the heart by the pulmonary veins which enter the left atrium. From the left atrium blood flows into the left ventricle. The left ventricle pumps the blood to the aorta which will distribute the oxygenated blood to all parts of the body.

During this new surgical procedure, surgeons remove the atrial appendage, a cul de sac of the left atrium of the heart. This has been found to virtually eliminate the risk of stroke. In addition, abnormal areas in the heart that generate and produce AF are ablated or eliminated to restore regular rhythm.

"Atrial fibrillation can be effectively treated using transvenous ablation or with surgery. This new surgical technique, utilizing a bipolar radiofrequency clamp, has radically changed the way these procedures are performed - making them safer, faster,

(continued on page 2)

Special Event:
Flag Day Recognition Program
June 14, 2007, 10 a.m.
MEDVAMC
4th Floor Auditorium
(713) 794-7349

Serious Heart Condition

(continued from page 1)

and more effective,” said Audrius Bredikis, M.D., MEDVAMC Electrophysiology director.

Until recently, the most common surgical approach for treating AF has been to create a series of complex linear “scars” throughout the atria using a ‘cut and saw’ technique during open heart surgery. Called a Maze procedure, the ‘cut and saw’ technique proved to be very effective with more than a 90 percent cure rate, but because of its complexity not widely used. Recent advances in the understanding of AF and the development of new ablation technologies such as radio frequency, cryotherapy, microwave, and ultrasound have enabled surgeons to replace the ‘cut and saw’ technique and perform the Maze procedure rapidly and safely.

The next advancement in the surgical treatment of AF was the use of minimal access surgery. This concept took off after the discovery that in certain forms of AF, the abnormal electric triggers clustered around the openings of the four pulmonary veins. With video-assisted pulmonary vein isolation, surgeons are able to electrically isolate the pulmonary veins from the left atrium using a bipolar radiofrequency clamp and remove the atrial appendage through

small incisions between the ribs. This eliminates the need for cutting the breast bone, opening the heart, or using a heart lung machine.

“Video-assisted atrial fibrillation ablation is extremely promising because it provides a minimally invasive option to potentially cure a subset of patients who have atrial fibrillation and require anticoagulation. These patients typically have failed or are not suitable candidates for traditional medical treatment,” said Faisal Bakaeen, M.D., MEDVAMC Cardiothoracic staff physician.

“Our team of cardiothoracic surgeons at the Michael E. DeBakey VA Medical Center is excited about the introduction of this cutting-edge procedure. We work closely with cardiologists and cardiac electrophysiologists, and carefully screen our patients to identify those who will benefit from this intervention,” said Joseph Huh, M.D., MEDVAMC chief of Cardiothoracic Surgery.

AF is easy to diagnose in patients who are having the arrhythmia at the time they visit the doctor. A simple electrocardiogram will reveal the diagnosis in virtually all such patients. However, many patients with AF have transient episodes, lasting from minutes to hours.

These patients will generally complain of the sudden episodes of



The Michael E. DeBakey Veterans Affairs Medical Center is the first hospital in Houston and among the first VA hospitals in the country to use an innovative, minimally invasive, video-assisted surgical technique to treat atrial fibrillation. Above left to right, performing this advanced surgical procedure is Audrius Bredikis, M.D., MEDVAMC Electrophysiology director; Faisal Bakaeen, M.D., MEDVAMC Cardiothoracic staff physician; Joseph Huh, M.D., MEDVAMC Cardiothoracic Surgery chief; and Lucila Balitanas, RN, operating room nurse.

palpitations and perhaps shortness of breath. If the episode has ended by the time they receive medical attention, no sign of AF will be found. In these patients, some form of outpatient monitoring is necessary to make a diagnosis.

“We strive to offer our veterans the latest and the best in the field of surgery,” said David Berger, M.D., Operative Care Line executive. “Our cardiothoracic surgery service handles a high volume of patients and has been nationally recognized for its excellent patient outcomes.” ♦

A Word from the Director . . .

Games Are More Than Just Medals

HOUSTON - The 21st National Veterans Golden Age Games are coming to Houston this August 27-31 and the Michael E. DeBakey VA Medical Center is proud to serve as host for more than 600 competitors from all over the country.

The Games’ sporting events include swimming, bicycling, golf, dominoes, shuffleboard, horseshoes, nine-ball, bowling, checkers, and croquet. Veterans compete in seven categories based on age, and those who use wheelchairs or are visually impaired are also eligible to compete in separate divisions.

Most people recognize the Games as a national multi-event sports and recreational seniors’ competition designed to improve the quality of life for older veterans. But if you talk with the competitors, they boil it down to friendship, fun, a sense of family, personal growth, and an atmosphere of warmth and encouragement.

“The Games are a time to get with other veterans as a support for our different problems, because it seems that only another veteran can understand what we are going through,” said Air Force veteran Hillery Williams, Jr.

The Silver Eagles, more than 30 members strong, is made up of military veterans from across the Houston area who will compete at this year’s Games. At team practices, not a minute goes by without an exchange of jokes or a word of encouragement. The members’ concern for each other and the bonds



Edgar L. Tucker, Medical Center Director

they have forged are remarkable.

“The Golden Age Games and my teammates have given me my independence again,” said Army veteran Gloria Morris. “I am going out and doing things that I would not have done before. I used to just sit at home and not do anything, but staying active gives me a new purpose in life.”

One of VA’s greatest challenges is meeting the growing needs of a rapidly aging veteran population. Today, approximately 40 percent of all veterans are 65 or older, and VA is leading the health care industry in the development of innovative programs that enable veterans to maintain their independence and community ties.

More than 1,000 volunteers are needed to assist with a full range of exciting activities during the week. If you would like to be a part of this unique and memorable event, call MEDVAMC Voluntary Service at (713) 794-7135 or visit www.veteransgoldenagegames.org for more information. ♦

Commitment to excellent patient care and implementation of evidence-based protocols, teamwork, and has been key to achieving these results.

Houston VA’s Surgical Intensive Care Unit Mortality Rate Drops for Second Straight Year

HOUSTON - The Michael E. DeBakey Veterans Affairs Medical Center (MEDVAMC) received recognition from the Department of Veterans Affairs Inpatient Evaluation Center (IPEC) for having a significantly low standardized mortality rate (SMR) in its Surgical Intensive Care unit for fiscal years 2005 and 2006.

The IPEC is a national program to improve outcomes in VA intensive care units across the country, and eventually, in inpatient care through feedback of outcomes and implementation of evidenced-based practices. The program is supported by VA National Leadership including the Department of Veterans Affairs Undersecretary for Health and by the Veterans Integrated Service Network executive leadership.

This program measures risk adjusted mortality and length of stay at all intensive care units, reporting aggregated identified results by type of intensive care unit and by level of complexity of care.

The reports characterize intensive care unit performance compared to “average” and “best” performers for risk adjusted mortality and intensive care unit length of stay. Through imple-

mentation and measurement of best practices, VA’s goal is to reduce rolling risk adjusted mortality and length of stay.

The MEDVAMC Surgical Intensive Care Unit had a significantly low SMR for 2005 and 2006. In 2005 with 1,016 admissions to the MEDVAMC, the SMR was 0.7 compared to a national average of 0.9. In 2006 with 1,181 admissions, the SMR was 0.6 with a national average of 0.7. The most common diagnoses were coronary artery disease, renal disease, peripheral vascular disease, and abdominal aortic aneurysm.

“Implementation of evidence-based protocols, teamwork, and a commitment to excellent patient care has been the key to achieving these results. This is especially important for our veterans and their family members when you examine the average age of our patient population, their significant comorbidities, and the significant increase in admissions during this timeframe,” said Samir S. Awad, M.D., Operative Care Line associate executive for Clinical Affairs and Surgical Intensive Care Unit medical director. Awad is also an associate professor in the Michael E. DeBakey Department of Surgery at Baylor College of Medicine. ♦

New Technology Screens Veterans at Risk for Diabetic Eye Disease at Primary Care Appointments

HOUSTON – Many veterans with diabetes in southeast Texas are getting initial screening for possible eye disease during their primary care appointments at the Michael E. DeBakey VA Medical Center (MEDVAMC) and the Beaumont VA Outpatient Clinic, thanks to a national teleretinal imaging program.

“Teleretinal imaging reduces delays for patients at risk having their eyes screened for diabetic retinopathy. A few extra minutes of their time after their primary care appointments not only saves them a trip to the Eye Clinic, but might also save their vision,” said Nicholas Masozera, M.D., MEDVAMC Prime Care physician.

This new procedure does not take the place of a dilated eye exam. It is a good initial way; however, to identify patients at risk for visual loss from diabetes.

“Our goal is to see every veteran with diabetes once a year if there is any retinopathy and every two years if there is no evidence of retinopathy. If any abnormalities are seen in the screening exams, the patient is automatically scheduled to be seen in the Eye Clinic in Houston,” said Silvia Orengo-Nania, M.D., MEDVAMC Eye Care Line executive.

According to their individual

medical history and diagnoses, patients are scheduled automatically for the imaging by the VA’s Computerized Patient Record System (CPRS). The images of the retina taken at the primary care clinics are sent to an image reading center, where an eye care specialist determines the need for further care.

“The patients are delighted they do not have to make a separate visit to the VA. The results of their screenings are back in less than a week,” said Misty Spratlan, MEDVAMC Teleretinal Imaging Ophthalmic assistant.

Diabetic retinopathy causes 12,000 to 24,000 new cases of blindness each year in the United States, making diabetes the leading cause of new cases of blindness in adults 20-74 years of age.

“This cutting-edge technology will make a difference for our veterans. One out of every five VA patients has diabetes,” said Orengo-Nania. “Early detection of retinal abnormalities is essential in preventing vision loss from diabetes.”

The VA’s teleretinal imaging program began the first of this year and expected to expand significantly in the coming year. VA collaborated with the Department of Defense and the Joslin Diabetes Center in Boston to implement



After his primary care appointment with Nicholas Masozera, M.D., MEDVAMC Prime Care physician (right), U.S. Navy veteran Clendell Rundles (left) has his eyes screened for diabetic retinopathy by Misty Spratlan, MEDVAMC Teleretinal Imaging Ophthalmic assistant.

the technology involving digital retinal imaging and remote image interpretations to assess for levels of diabetic retinopathy. This is another

example of how VA has achieved efficiency and quality of care for its patients with diabetes that exceeds that in the private sector. ♦

Taking Steps for Better Health: Consider Walking



Another great way to become active is to get involved with the National Veterans Golden Age Games. Held August 27-31, 2007 in Houston, more than 600 veterans over the age of 55 are expected to participate, making it the nation’s largest senior sporting event for veterans. If you would like to register to compete, contact one of the MEDVAMC Team Coaches at (713) 791-1414, ext. 3537/5431. For more information, visit www.veteransgoldenagegames.org.

HOUSTON - There is a good chance you already know that being physically active is good for your health. But did you know that a lack of physical activity may actually lead to more visits to the doctor, more hospitalizations, and increased use of medicines for a wide variety of illnesses?

The good news is you do not have to run a marathon or even get a gym membership to reap the benefits of physical activity. All you have to do is walk. Walking can be done almost anywhere, can be easily included into your everyday lifestyle, and it is free!

According to recent studies, walking 10,000 steps per day is a reasonable estimate for daily activity to attain health benefits such as weight loss, reducing the risk for diseases, and having more energy. A pedometer is a great way to track the number of steps you take daily and help you to achieve your personal goals.

Wondering how to get started with a pedometer? Pedometers should be worn on the waistband of your clothing or a belt. It should line up directly over your knee. In order for it to work properly, it must be attached straight and not at an angle. During the first week of wearing a pedometer, the goal is to obtain a baseline of how many steps you take normally.

Do not change your daily activity during the first week. Wear your pedometer from morning until night every day. At the end of the day, record the number of steps you have taken. At the end of the first week, total your steps and divide by the number of days recorded. This will give you a daily average of steps taken.

Now it is time to step it up! Be realistic with your goals and consider the

daily average you obtained during the first week. Each week try to increase your steps by 500 per day.

Here is an example. If during the first week you walked 3,000 steps per day, aim for 3,500 steps per day for the next week and 4,000 steps per day for the week after that. Continue to record the number of steps you have taken daily. Keep in mind each person should have a different goal depending on factors such as age and medical conditions.

Here are some tips for increasing your steps:

- ✓ Take the stairs instead of the elevator.
- ✓ Park farther away and walk.
- ✓ Get off the bus a few blocks before your stop.
- ✓ Hide your remote and change channels the old-fashioned way.
- ✓ Walk your dog or mow the lawn.
- ✓ Vacuum your carpet.
- ✓ Take a 10 minute walk after dinner.
- ✓ Walk instead of driving your car short distances.
- ✓ Find a walking partner to motivate each other.

Before beginning any physical activity regimen it is important to consider safety first. Be sure to talk with your primary care provider at the Michael E. DeBakey VA Medical Center before you start. Stop exercising if you experience any severe pain, tightness, pressure, or discomfort in your chest, severe shortness of breath, severe dizziness, severe nausea or vomiting, sudden weakness or changes in sensation in your arm and/or leg on one side of your body, or difficulty swallowing, talking, or seeing. ♦ Colleen McCullough, MEDVAMC Dietetic Intern

Information about Emergency Care in Non-VA Facilities

HOUSTON - In 2001, the U.S. Congress provided VA with authorization to pay for emergency care in non-VA facilities for veterans enrolled in the VA health care system.

The Millennium Health Care and Benefits Act (called the Mill Bill) was enacted to provide a safety net for veterans enrolled in VA Health Care. This benefit will pay for emergency care rendered for non service-connected conditions for enrolled veterans who have no other source of payment for the care.

However, VA will only pay to the point of medical stability. If you stay beyond that point, you will assume full responsibility for the payment of costs associated with treatment.

Veterans have the responsibility to ensure the MEDVAMC Transfer Center is notified immediately upon admission to any non-VA medical facility.

The MEDVAMC Transfer Center can be reached during regular business hours at (713) 794-7109. If you are calling after hours, dial (713) 791-1414, ext. 3808 and ask to speak to the Medical Administrative Assistant on duty.

There are very strict guidelines concerning these types of claims. Veterans and non-VA health care providers/medical facilities should be aware these claims must be filed with the VA within 90 days from the last day of non-VA medical service; otherwise, the claim will be denied because it was not filed in a timely manner.

If you are billed for emergency care services, contact the MEDVAMC Fee Basis Mill Bill office at (713) 791-1414, ext. 3883 and a representative will assist you. A veteran may always submit a claim for payment consideration.♦

Houston VA Provides Needed Complex Health Care for Returning Troops



Paralyzed by a sniper's bullet in Iraq, Army Specialist Dillon Cannon undergoes a physical therapy session with Jeanine Stewart, PT, MEDVAMC physical therapist.

(continued from page 1)

of available health care services, a Network Polytrauma Program.

As part of the VA's Polytrauma System of Care, the program at the MEDVAMC provides both inpatient and outpatient services using an interdisciplinary team consisting of specialty physicians, rehabilitation therapists, audiologists, speech pathologists, neuropsychologists, blind rehabilitation specialists, prosthetists, psychologists, psychiatrists, social workers, and other disciplines, with access to the full range of medical and support services within the medical center to meet a patient's needs. Specialized rehabilitation programs are provided for traumatic brain injury, spinal cord injury, blind rehabilitation, and treatment for post traumatic stress disorder.

"In the Spinal Cord Injury Care Line, we strive to restore and maintain maximal health, independence, productivity, and quality of life in persons with spinal cord injury or dysfunction. We provide this specialty care to veterans for the rest of their lives," said Sally A. Holmes, M.D., Spinal Cord Injury Care Line executive and a supporting member of the Polytrauma Program.

The goals of the MEDVAMC Polytrauma Program are to provide post-acute medical assessment to patients injured by blasts or accidents; provide medical, rehabilitation, and psychological treatment services; coordinate care as patients move from acute hospitalization through rehabilitation and ultimately back to the home and community; provide case management and family support through all phases of treatment; monitor short and long-term outcomes for these individuals; and continue a program of research to better understand the effectiveness of treatments for traumatic brain injuries, spinal cord disabilities, and post traumatic stress disorders.

Key components of the Polytrauma Program are MEDVAMC's Orthotics and Prosthetics Program accredited by the American Board for Certification and its Comprehensive Integrated Inpatient Rehabilitation Program, Vocational Rehabilitation Program, and Spinal Cord Injury Programs, all fully accredited by the Commission on Accreditation of Rehabilitation Facilities.

"Our goals are to coordinate care as patients move from acute hospitalization through rehabilitation and ultimately back to their home and community, and to also monitor short and long-term outcomes for these individuals. It is extremely important for each patient to receive in-depth and consistent case management and family support through all phases of treatment," said Helene K. Henson, M.D., Rehabilitation Care Line executive with clinical and administrative responsibility for implementing the Polytrauma Rehabilitation Program at the

MEDVAMC.

Combat or post-deployment stress management or mental health services are provided as needed. Patients initially receive a comprehensive evaluation by a mental health practitioner. This evaluation includes self-reported medical history and current complaints, followed by a comprehensive physical examination from a physiatrist (a physician specializing in physical medicine and rehabilitation). Findings from these initial assessments trigger appropriate treatments and/or referrals to other specialists in the areas of brain injury evaluation and treatment, amputation management and prosthetics, visual and hearing impairment, and emotional adjustment/stress management.

A common finding from the polytrauma evaluations is the identification of previously unrecognized injuries or impairments that have ongoing adverse functional effects. What doctors call "closed-head injuries," from blows to the head or blasts, are more likely to have diffuse effects throughout the brain, particularly on the frontal lobes, which control the ability to pay attention, make plans, manage time, and solve problems.

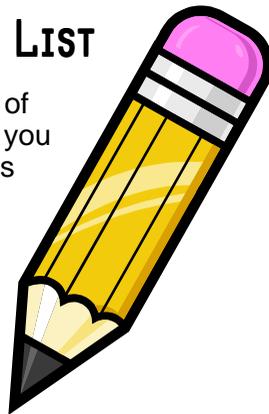
"I believe the majority of veterans who return to our level of care will require treatment with an emphasis on cognitive assessments and interventions. Working with the Mental Health Care Line, we have produced educational materials for our prime care providers to help identify veterans with hidden brain injury. My biggest concern is those patients with mild to moderate head injuries that may not be visible. These individuals are able to walk and talk, but their memory is not good, they lose their temper, they have personality changes, and they get into trouble with the law. We want to be sure these patients receive appropriate medical attention," said Henson.

VA's Polytrauma System of Care consists of four VA Polytrauma Rehabilitation Centers (PRC) and 17 Polytrauma Network Sites. The PRCs, located in Minneapolis, Palo Alto, Ca., Richmond, Va., and Tampa, provide acute intensive inpatient rehabilitation. The VA Polytrauma System coordinates the transfer and provision of health care for polytrauma patients within the VA and between VA and the Department of Defense to ensure timely access to veteran health care benefits. In addition to medical rehabilitation services and psychosocial support for both patient and family, each location offers education and training to prepare patients and families for success after going home.

"This Polytrauma Program reflects VA's commitment to care for the men and women who have served in uniform. A reality of combat is that some return with loss of limbs, traumatic brain injuries, and other severe injuries. The Michael E. DeBakey VA Medical Center recognized that it must provide specialized care for military service members and veterans who sustained multiple and severe injuries," said Thomas A. Kent, M.D., Neurology Care Line executive and a supporting member of the Polytrauma Program.♦

PROTECT YOUR HEALTH, MAKE A LIST

Keeping your health care providers informed of prescription and over-the-counter medicines you take is crucial to your safety as a patient. This information allows health care providers to detect possible dangerous drug interactions, allergic reactions, and errors before they happen. When you develop your list, make several copies. Keep one for your record, give one to a family member, and give one to each of your health care providers and pharmacists.



When making your list, keep the following guidelines in mind:

- ✓ List any medicine prescribed for you by a health care provider.
- ✓ List any over the counter medicines, such as pain relievers, antacids, laxatives, vitamins, eardrops, etc.
- ✓ List dietary supplements such as vitamins or herbs.
- ✓ List any food or beverage that is consumed as a "health supplement."
- ✓ Include dosages and directions for the all of the above.
- ✓ Any allergic reactions you have had to any medication.
- ✓ Keep your list updated.

Protect Your Eyes from UV Damage

HOUSTON - Houston has its abundance of humid weather and hot sun. Any factor that increases your exposure to sun and ultraviolet (UV) light, also increases your risk of eye damage. These factors include:

- ✓ Environment: UV exposure is greater on the snow, sand, and pavement, as well as on the water.
- ✓ Altitude: UV radiation levels rise in high altitudes (in the mountains).
- ✓ Latitude: UV radiation is higher at low latitudes (near the equator).
- ✓ Weather: UV radiation permeates through overcast conditions, such as haze and clouds.
- ✓ Time Spent Outdoors: the longer you spend in the sun, the more UV radiation you receive.
- ✓ Eye and Skin Color: People with light colored eyes and skin are at greater risk.
- ✓ Time of Day: UV radiation is highest between 10 a.m. and 4 p.m.
- ✓ Season: UV radiation is most intense in the spring and summer, moderate in the fall and least intense in the winter.
- ✓ Medication: Photosensitizing medications, such as tetracycline, doxycycline, allopurinol, phenothiazine, and psoralens increase your skin and eye sensitivity to light.

Damage to Your Eyes

Acute eye damage may be caused from single outings on very bright days. Excessive exposure to UV light reflected off sand, snow, water, or pavement can damage the eye's surface. Similar to a sunburn, eye surface damage usually disappears within a couple of days, but may lead to further complications.

Long-term exposure to UV radiation may contribute to the

development of various eye disorders, such as macular degeneration, the leading cause of vision loss among older Americans, and cataracts, a major cause of visual impairment and blindness around the world.

What to Look for in Sunglasses:

Plastic and glass lenses absorb some UV light; however, the UV protection in the plastic and glass lenses can be improved by adding a special coating to the lenses. Polycarbonate lenses offer 99 percent UV protection. Some labels read "UV protection up to 400nm" – this means 100 percent UV absorption. Be careful about purchasing sunglasses that say they "block UV" without stating the amount. They need to block 99 to 100 percent of UV rays to be protective of UV light. While a higher price generally means increased durability or better fashion, it does not mean greater protection.

The color and degree of darkness does not tell you anything about the lenses' ability to block UV rays. UV coating itself is colorless. Color choice is a personal decision based on your needs and wants. Each color has different qualities to consider.

Green offers some color contrast with little or no color distortion (best for multi-use). Gray is a flat color offering no contrast or color distortion. Brown offers very high contrast and depth perception, but it distorts color which is optimum for object definition. Yellow is optimum for object definition, but creates a harsh visible light. Vermillion is best on water to define water from other objects, but has the worst color distortion. Blue is best in snow because it counteracts white, but distorts other colors. Red and pinks are best for

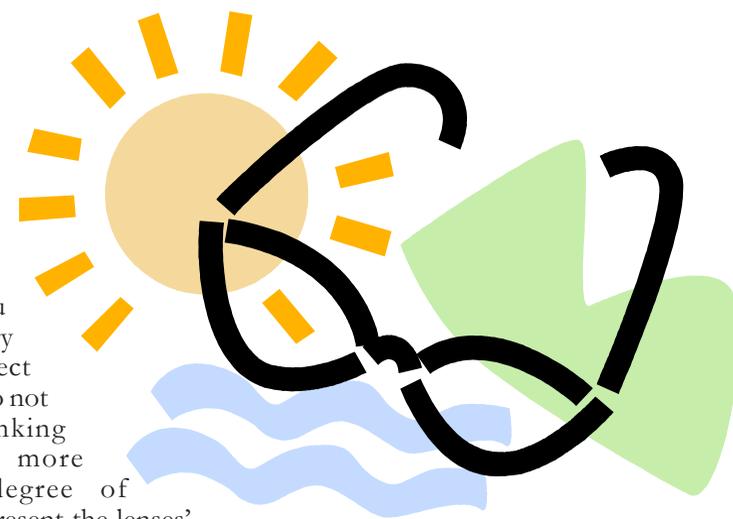
computer eyestrain, but causes color distortion.

A medium tinted lens is good for day-to-day wear, but if you use your glasses for very bright conditions select darker tinted lenses. Do not be fooled into thinking darker lenses offer more protection. The degree of darkness does not represent the lenses' ability to block UV light, so be sure to check the label.

Depending on the amount of UV ray exposure, photochromic lenses change from light to dark. Although some photochromic lenses may be good UV-absorbent sunglasses, it takes time for them to adjust to different light conditions. The majority of the darkening takes place in about 30 seconds; however, the lightening takes about five minutes. Often, these types of lenses do not darken in your car because the UV rays are filtered by the windshield.

Polarized lenses are the best way to reduce reflected glare such as sunlight that bounces off of smooth surfaces like snow or water. These lenses are useful for skiing, fishing, and driving. Polarization does not have any relation to UV light absorption, but many lenses are now combined with a UV coating. Be sure to check the label before making your purchase.

Sunglasses should cover the entire eye area and wrap all the way around to your temples. Full coverage means the sun's rays cannot enter from the side. Wrap around styles may also reduce the drying effect of the wind and exposure. Of the three lens materials



(polycarbonate, plastic, and glass), polycarbonate is considered the lens material of choice for having the safest, thinnest, and lightest lens combination. Individual activities and lifestyle can be important factors in determining the lens material best for you.

Sunglasses should be worn with a wide brimmed hat to further block the sun's rays. Contact lens wearers should additionally wear sunglasses to block out harmful sunlight. Keep children's eyes protected. Children's eyes are more prone to sun damage than adults because their lenses are clearer.

Never look at the sun directly. Even repeatedly staring at the sun reflected on water can damage eyes. Severe and often permanent eye damage can occur from gazing at the sun during a solar eclipse, due to the thermal, rather than UV radiation. Sunglasses cannot protect you from this type of radiation.

More Information:

If you would like more information on sunglasses and UV safety, visit the American Academy of Ophthalmology's Web site at www.medem.com/eyemd. ♦ Richard Ou, M.D., Eye Care Line staff physician

Houston VA National Cemetery Special Events

"EchoTaps Worldwide"
Armed Forces Day
Saturday, May 19, 2007, 10 a.m.

The goals of the "EchoTaps Worldwide" event are to honor and remember the sacrifices and contributions of our American military, foster a new generation of buglers, preserve the tradition of a live bugler to play 'Taps' for the final military honor, and raise awareness of veterans' cemeteries and VA benefits. If you are a brass player interested in performing at this event or military funerals for veterans, contact the Houston VA National Cemetery at (281) 447-8686, ext. 200.

Memorial Day Ceremony
Monday, May 28, 2007, 9:30 a.m.

In addition to keynote speaker W.E.B. (Willie) Blackmon, retired Houston Municipal Courts judge and former Texas Air National Guard lieutenant colonel, the event will feature a parade of colors and wreaths; flyovers by the Texas Air National Guard, 147th Fighter Wing and a U.S. Coast Guard rescue helicopter; taps performed by Josey Johnson, III, Texas State Guard; a riderless horse procession by the Houston Police Mounted Patrol; *Amazing Grace* performed by Bagpiper Bill Robertson of the Houston Highlander Pipe Band; and a rifle salute by the VFW District #4 Ceremonial Detail accompanied by Co. A 13th U.S. Regular Infantry with muskets.

DRIVING DIRECTIONS: The Houston VA National Cemetery is located 15 miles northwest of downtown Houston. From Bush Intercontinental Airport, take John F. Kennedy Blvd. south to Beltway 8. Turn right onto Beltway 8 west and exit at Ella. Follow the feeder road west to the third traffic light. Turn left on Veterans Memorial Drive. Proceed to the first traffic light and turn left on T.C. Jester. The cemetery entrance is on the right.

Don't Be A "No Show"

HOUSTON - It is very important to keep your scheduled VA health care appointments. If you cannot use the slotted time, another veteran might be able to do so.

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.

If, for some reason, you cannot keep your appointment, please immediately call the VA Network Telecare Center at (713) 794-8985 or toll free 1 (800) 639-5137 to reschedule or cancel.

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

Posture – Yesterday, Today, and Tomorrow

HOUSTON - “Stand up straight!” “Don’t slouch!” “Hold your head up!” Sound familiar? I suspect most people reading this article have memories from their childhood when their parents reminded them of the importance of having good posture both in sitting and standing. What less of us expected; however, is to continue to hear these words into our golden years, especially when they come from partners, children, or other care givers. And yet, the reality associated with Parkinson’s Disease (PD) is that one of the first (and last) things to suffer is our good posture and trunk control.

Why does it happen?

Like all of our muscular functions, the control of posture starts in our brains in a region known as the Basal Ganglia. Most of the time, those postural control functions occur automatically, which means we do not have to actively think about what to do in order for them to happen spontaneously.

But, as we get older, and perhaps a little weaker, and the joints in our spines become more rigid, then the brain has less control over posture. Add to that, the changes in the brain caused by PD, then we are even more likely to develop the postural characteristics known as kyphosis (rounding of the upper back and shoulders) and/or scoliosis (a side bending of the spine in one direction causing the shoulders to be uneven).

What can be done about it?

There is no magic bullet associated with correcting the postural changes that occur with PD. But by increasing our awareness of what good posture represents, stretching out tightness in our muscles and joints, and increasing the strength of the muscles that help hold the trunk and head upright, we can execute a 3-Step Program designed to keep our trunk control and posture as good as it can possibly be.

For starters, let us better understand what good *sitting* posture feels like. It all starts with our base of support, which refers to the area of the body that is being supported on a surface, in this case, the pelvis and back of the thighs. At the base of everyone’s pelvis are two projections that are technically known as the Ischial Tuberosities or the IT bones. If you add an “S” in front of that abbreviation, then you have your “SIT” bones, which describes one of their functions, i.e., to support the lower half of your body in sitting.

How you sit on your SIT bones is very important; however, because too often we let the pelvis rotate backwards, which puts more pressure on your buttocks area and keeps the lower back into a rounded position. If the low back area remains rounded, then the upper spine finds it easier to remain rounded as well (e.g., kyphosis).

To correct and improve your pelvic



Eugene C. Lai, M.D., Ph.D., director of the Michael E. DeBakey VA Medical Center’s Parkinson’s Disease Research, Education, and Clinical Center (PADRECC) examines veteran Debbie Cornor during a recent appointment.

alignment, which is the first step to correcting your posture, you need to rotate the pelvis downward by bringing your waist area up and forward. This movement should shift the weight to your SIT bones and the back of your thighs, thus creating a better base of support for bringing your shoulders up tall.

The next step to aligning your spine to feel what good upright posture is all about is to take a deep breath while lifting your shoulder blades up and back. This action will open your ribcage to allow

you to take in more air and will straighten out the rounded appearance of your spine. Finally, once your upper back is straighter, then you need to actively pull your head back to bring your ears up and over your shoulder blades. Keep your chin tucked without tilting your head so you are able to look straight ahead.

All of these movements to correct poor sitting posture are best done on a firm surface, like a dining room chair, as opposed to being done in a softer lounge chair.

So, there you have it. Sitting with good posture requires a good base of support and the proper mechanics for aligning your pelvis, shoulders, and head. Perform the above routine with three repetitions every hour during the day and you will begin to get the feel of what proper and tall posture feels like once again. ♦ *Betty MacNeill, PT, MEd, Associate Professor, School of Physical Therapy, Texas Woman’s University, Houston*

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 (Heart Disease) Support Group

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

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

Fibromylgia Education & Support Group

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

**Michael E. DeBakey
Veterans Affairs Medical Center
2002 Holcombe Blvd.
Houston, Texas 77030
(713) 791-1414
www.houston.med.va.gov**

Edgar L. Tucker, BA, MPH, CHE, Director
Carlos R. Escobar, BED-Arch, MHA,
Associate Director
Thomas B. Horvath, MD, FRACP, Chief of Staff
Thelma Gray-Becknell, RN, MSN, Chief Nurse
Executive/Clinical Practice Office Director
Francisco Vazquez, BSCS, Assistant Director
Bobbi D. Gruner, BS, MSBA, Public Affairs
Officer/Editor
Frances M. Burke, Public Affairs Specialist/Writer

This publication is funded by the Department of Veterans Affairs and is an authorized publication for veterans of the Michael E. DeBakey VA Medical Center. Contents of the newspaper are not necessarily the official views of, or endorsed by, the United States Government or the Department of Veterans Affairs. *VA Pride* is produced bi-monthly by Michael E. DeBakey VA Medical Center Public Affairs, Room 4A-206, mailcode 580/00PA, telephone number (713) 794-7349, e-mail address bobbi.gruner@med.va.gov, and fax number (713) 794-7038. Your comments, suggestions, ideas, and questions are always appreciated. All submissions are subject to editing and will not be returned to the sender.

Disabled Veterans Ski the Rockies



Photo courtesy 21st National Disabled Veterans Winter Sports Clinic

you're on top of the mountain, it's an awesome experience to ski down to the bottom. It gives me a chance to do things I didn't think I would be able to do again. I attended this clinic last year and I love it."

The annual winter clinic is a rehabilitation program open to all U.S. military veterans with spinal cord injuries or disease, visual impairments, certain neurological conditions, orthopedic amputations, or other disabilities, who receive care at any Department of Veterans Affairs (VA) health care facility.

At the event, participants had the opportunity to learn adaptive Alpine and Nordic skiing and be introduced to a variety of other adaptive activities and sports, such as rock climbing, scuba diving, snowmobiling, and sled hockey. The U.S. Secret Service also taught a course on self-defense designed for people with disabilities.

Most notably, however, the clinic again offered a training and development program designed for top-level skiers. The program has been made possible through an agreement with the United States Olympic Committee and is used to identify potential Paralympic athletes.

Known for inspiring "Miracles on the Mountainside," the National Disabled Veterans Winter Sports Clinic shows that the lives of veterans with disabilities can be changed forever when they discover the challenges they can overcome.

VA is a recognized leader in rehabilitation, with recreational therapy programs at each of its 155 hospitals. DAV, which has co-sponsored the event since 1991, is a nonprofit, congressionally chartered veterans service organization, with a membership of more than one million wartime disabled veterans.

For more information about the Winter Sports Clinic, visit the event Web site at www.wintersportsclinic.org. ♦

"I had never skiied before and I've really looked forward to the experience," said U.S. Marine Corps veteran Perdem. "I am a very aggressive athlete and I couldn't wait to get out on the slopes." Above seated, Perdem negotiates a slope with assistance from an event staffer.

HOUSTON — Five disabled veterans who receive treatment at the Michael E. DeBakey VA Medical Center (MEDVAMC) were among 350 other disabled veterans from across the country, including recently injured veterans from the Global War on Terror, to ski the Rocky Mountains at the 21st National Disabled Veterans Winter Sports Clinic in Snowmass Village at Aspen, Colo., April 1 - 6, 2007.

The local veterans attending this year include David Fowler, 46, an Army veteran from Katy; Kevin Kuddes, 37,

an Army veteran from College Station; Evo Marini, 62, an Air Force veteran from Bailey Prairie; Al Perdem, a Marine veteran from Pasadena; and William Watson, 44, an Army veteran from Needville.

Sponsored by VA and the Disabled American Veterans (DAV), the Clinic is hosted each year by the Grand Junction (Colo.) VA Medical Center and VA's Rocky Mountain Network.

"This is a great experience," said Watson. "It's a chance to get away and do something with the guys. Once

New Outreach Effort for Homeless Vets In Houston

(continued from page 1)

represent a chance to break that cycle," said Joseph DeVance Hamilton, M.D., Mental Health Care Line executive.

The MEDVAMC Health Care for Homeless Veterans Program's goal is to end homelessness among veterans through outreach efforts and community partnerships. VA, which operates the largest integrated network of homeless assistance programs in the country, helps hundreds of public and nonprofit organizations provide supportive housing and service centers for homeless veterans. Veterans are engaged in treatment and rehabilitation programs that enable them to achieve a better quality of life.

"We are focused on those veterans who are homeless and who will choose to become substance free so they may successfully return to independent living in their communities," said George Castillo, Health Care for Homeless Veterans Program director.

Any person who has served in the U.S. military/armed forces who meets VA eligibility requirements, as well as veterans who do not have adequate housing, are facing mental health or substance abuse problems, agree to a referral for VA assistance, and do not have adequate income or other resources that enable them to be self-supportive, are eligible for assistance from the MEDVAMC Health Care for Homeless Veterans Program.

The program offers services such as residential programs and transitional housing placement, medical care, alcohol and substance abuse treatment, mental health treatment, case management, veterans benefit counseling, vocational rehabilitation assessment, and job training and employment opportunities. If you would like more information, call the MEDVAMC Health Care for Homeless Veterans Program at (713) 794-7533.

The MEDVAMC also operates a Drop-In Center located inside the DeGeorge at Union Station at 1418 Preston Avenue near Minute Maid Park. The DeGeorge Project is a supportive housing project for homeless veterans providing services ranging from accessing health care, employment assistance, transitional housing guidance, and outreach to homeless veterans. The DeGeorge Project can be reached at (713) 224-1418. ♦

Bipolar Disorder Medication Study

WHAT: The Michael E. DeBakey VA Medical Center (MEDVAMC) is one of only six sites in U.S., and the first VA facility, to conduct a clinical research study comparing the effectiveness and side effects of two widely used medications (lithium and valproate) for bipolar disorder.

WHO: The study focuses on individuals, both veterans and non-veterans, over the age of 60 who are currently experiencing an elevated mood and who meet study eligibility criteria. In addition to this clinical study, VA researchers are establishing a database of individuals of all ages with bipolar disorder to facilitate future studies. Interested persons will be asked to sign a consent form and supply basic demographic information in order for researchers to contact them about upcoming studies.

WHY: This study is the first effort by clinicians to compare the effectiveness and side effects of these two widely prescribed bipolar medications among the elderly.

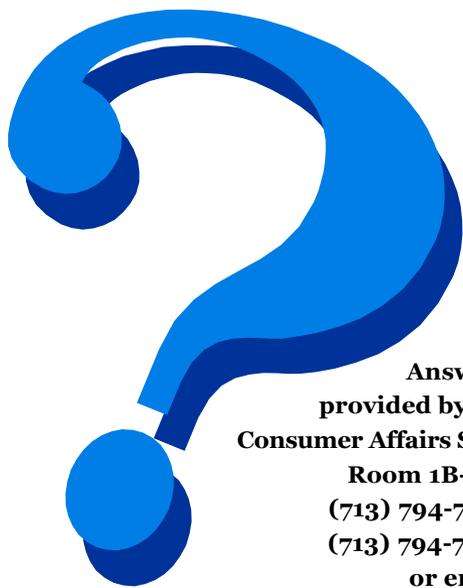
CONTACT: For a free, confidential bipolar screening or more information, call the MEDVAMC at (713) 791-1414, ext. 2247. This research study has been approved by the Baylor College of Medicine Investigative Review Board.

COMPENSATION: Participants will be compensated for their time and travel.

INFO: 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. The periods of highs and lows are called episodes of mania and depression.

SPONSOR: The study is funded by the National Institute of Mental Health.





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

Question: Where I can get information about available federal benefits?

Answer: The 2007 edition of the *Federal Benefits for Veterans and Dependents* is available on the Internet. This annually updated desk reference covering federal benefits programs for veterans and their families is available at www1.va.gov/OPA/vadocs/current_benefits.asp and www1.va.gov/OPA/vadocs/current_benefits.asp.

Question: I need to get help for a friend who is a veteran and homeless. Who do I call?

Answer: For immediate assistance, call or come by the McGovern Drop-In Center at the DeGeorge Project for Veterans in downtown Houston. The DeGeorge can be reached at (713) 224-1418. A shuttle van is available to the DeGeorge from the MEDVAMC.

The John P. McGovern Health Care and Service Center for Veterans can be reached at (713) 794-7533 and is co-located with the DeGeorge at 1418 Preston at LaBranch in downtown

Houston, one block north of Astros Field.

The main Health Care For Homeless Veterans Program (HCHV) office at the MEDVAMC is located on the 6th floor and can be reached at (713) 794-7848.

For mental health emergencies during nights, weekends, and holidays, call the MEDVAMC operator at (713) 791-1414 and ask for the psychiatrist or social worker on call.

Question: What is CHAMPVA?

Answer: CHAMPVA is a health benefits program in which the Department of Veterans Affairs (VA) shares the cost of certain health care services and supplies with eligible beneficiaries. CHAMPVA is managed by the VA's Health Administration Center in Denver, Colorado. They process CHAMPVA applications, determine eligibility, authorize benefits, and process medical claims. For eligibility and other information, call 1-800-733-8387.

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

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

Question: How do I see a VA health care provider for the first time?

Answer: For most veterans, entry into the VA health care system begins by applying for enrollment. To apply, complete VA Form 10-10EZ, Application for Health Benefits, which may be obtained from any VA health care facility or regional benefits office, on line at www.va.gov/1010ez.htm or by calling 1-877-222-VETS (8387). Once

enrolled, veterans can receive health care at VA health care facilities anywhere in the country.

The following three categories of veterans are not required to enroll, but are urged to do so to permit better planning of health resources: 1) Veterans with a service-connected disability of 50 percent or more; 2) Veterans seeking care for a disability the military determined was incurred or aggravated in the line of duty, but which VA has not yet rated, within 12 months of discharge; and 3) Veterans seeking care for a service-connected disability only.

Question: Where is the new Conroe VA Community Based Outpatient Clinic? And what type of services does it offer?

Answer: The Conroe VA Community Based Outpatient Clinic (CBOC) is located at 800 Riverwood Court near the Conroe Regional Medical Center, just off Loop 336 and Interstate 45. This clinic provides primary care and mental health services for veterans in the area. The telephone number is (936) 522-4000.

Question: I heard I could get a letter from the President recognizing my deceased grandfather's military service. Is this true?

Answer: Presidential Memorial Certificates are issued upon request to recognize the military service of honorably discharged deceased veterans. Next of kin, relatives, and friends may request them in person at the Houston VA Regional Office at 6900 Almeda or by mail: Presidential Memorial Certificates (41A1C), Department of Veterans Affairs, 5109 Russell Rd., Quantico, VA 22143-3903 or fax documents to (202) 565-8054.

No form is required and there is no time limit for requesting a certificate(s),

but all requests should include a copy of the veteran's discharge document and death certificate and clearly indicate to what address the certificate(s) should be sent. More information and a sample certificate can be found on the Web at www.cem.va.gov/pmc.asp.

Question: Where did the Westheimer Vet Center move to?

Answer: The Westheimer Vet Center moved to 2990 Richmond Ave., Suite 225. The telephone number remains the same: (713) 523-0884. Vet Centers provide readjustment counseling and outreach services to all veterans who served in any combat zone. Services are also available for their family members for military related issues.

Question: I want to apply for VA benefits. What documents do I need?

Answer: Those seeking a VA benefit for the first time must submit a copy of their service discharge form (DD-214, DD-215, or for WWII veterans, a WD form), which documents service dates and type of discharge, or give their full name, military service number, and branch and dates of service.

Question: I went to the ER for a simple prescription refill. I had to wait a long time. Why?

Answer: The MEDVAMC Emergency Room (ER) functions under an Emergent Care Triage Protocol System. This means critical cases such as cardiac emergencies, pneumonia, and difficulty breathing are seen before non-critical ones – no matter when a patient came in. This may result in very long waits for patients with non-life threatening illnesses such as colds, ingrown toenails, rashes, minor cuts, prescription refills, or minor illness that have been present for several days.

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 (701 N. Post Oak Road)	(713) 682-2288
Vet Center (2990 Richmond Ave.)	(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

Each One! Reach One! Teach One!

Vet to Vet



Vet to Vet is a new Peer Education & Support Group comprised of veterans teaching and learning from each other about mental illness as a means of achieving recovery. This group is open to any veteran with a mental illness. There are no therapists at the meetings, only peers helping peers.

The groups are held at the Michael E. DeBakey VA Medical Center in Room 6B-117 on Tuesdays, 3-4 p.m., Wednesdays, 11 a.m.-12 noon, and Wednesdays, 6-7 p.m.

For more information, contact Dr. Sara Allison at 713.791.1414, ext. 6729 or 713.794.7848.