



VA Pride

Vol. 6 No. 4 An Information Guide for the Veterans We Serve in Southeast Texas July/August 2007

Beaumont VA Outpatient Clinic • Charles Wilson VA Outpatient Clinic, Lufkin • Conroe VA Outpatient Clinic
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New Technology Gives Cardiologists a Vivid View of Coronary Artery Disease Using Colors of the Rainbow

HOUSTON – The Michael E. DeBakey Veterans Affairs Medical Center (MEDVAMC) is the first hospital in Texas Medical Center and among the first VA hospitals in the country to use an innovative, catheter-based technology based on color to assess and treat coronary artery disease.

Heart disease is the leading cause of death in the United States and is a major cause of disability. Almost 700,000 people die of heart disease in the U.S. each year. Heart disease is a term that includes several more specific heart conditions. The most common heart disease is coronary heart disease, which can lead to heart attack. Coronary heart disease develops when one or more of the coronary arteries narrow from a buildup of cholesterol. This plaque buildup decreases the blood flow to the heart muscle.

Virtual histology intravascular ultrasound (VHIVUS) is a minimally invasive, catheter-based system that allows physicians to acquire images of diseased vessels from inside a coronary artery. Intravascular ultrasound is generated from the transducer on the catheter tip and the reflected signals from the artery wall produce a color-coded map of the arterial disease inside the heart.

“Virtual histology intravascular ultrasound is an extremely useful tool allowing us to better see a patient’s arteries and decide if surgery is warranted,” said David Paniagua, M.D., F.A.C.C., F.S.C.A.I., co-director, Cardiac Catheterization Laboratory. “This tool will also assist our physicians in identifying patients with vulnerable plaques who are prone to having heart attack or unstable angina.”

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

Robot-Surgeon Scrubs in at DeBakey VA Medical Center for Urological Surgery

HOUSTON - The Michael E. DeBakey VA Medical Center (MEDVAMC) recently initiated clinical use of the da Vinci®, a surgical robotic system to perform minimally invasive urological operations, including the removal of cancerous prostate glands.

According to the Prostate Cancer Foundation, prostate cancer is the most common non-skin cancer in America. In 2006, over 232,000 men will be diagnosed with prostate cancer, and over 30,000 men will die from it. One new case occurs every 2.5 minutes and a man dies from prostate cancer every 17 minutes.

“Adding robotics to our vast range of advanced surgical capabilities dramatically expands our ability to perform minimally invasive techniques,” said David H. Berger, M.D., MEDVAMC Operative Care Line executive. “Robotics allow us to perform complex procedures endoscopically, through tiny ports of access, which means our patients have less physical trauma, less blood loss, less pain,

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Seated at the system’s master console 10 feet away from the patient, MEDVAMC Urology Resident Chief Elias Hsu, M.D. moves the surgical instruments inside the access ports through ergonomic hand and foot controls. Each of Hsu’s hand, wrist, or finger movements is seamlessly translated by the robotic surgical system into corresponding micro-movements of the surgical instruments, which are held steady by the system’s robotic arms.

Combat veterans are at higher risk for psychiatric problems and more frequent and more intense combat is associated with higher risk.

Houston VA Striving to Meet Health Needs of Returning Troops

HOUSTON - The Michael E. DeBakey VA Medical Center (MEDVAMC) has developed and expanded several programs to provide mental health screening, counseling, and early treatment to meet the needs of our nation’s newest veterans — the men and women who have served in Operation Enduring Freedom in Afghanistan (OEF) and Operation Iraqi Freedom in Iraq (OIF).

Combat veterans are at higher risk for psychiatric problems than military personnel serving in noncombat locations, and more frequent and more intense combat is associated with higher risk. Many of the challenges facing these service members are stressors that have been identified and studied in veterans of previous wars. In response, VA has developed world class expertise in treating chronic mental health problems, including post-traumatic stress disorder (PTSD).

An OEF/OIF combat veteran’s

first contact with the MEDVAMC consists of two screenings: 1) a medical appointment with a general practitioner in a Primary Care Clinic; and 2) an appointment with a mental health professional to be checked for symptoms of a variety of mental health complaints including depression, PTSD, anxiety disorder, substance abuse/dependence, and adjustment disorder.

If a diagnosis is made, the veteran is referred to the appropriate Mental Health Care Line program, service, or professional. As of March 2007, 86 percent of veterans who were referred have accepted mental health treatment. One critical challenge faced by mental health care professionals is reducing the stigma of mental health care.

The MEDVAMC recently conducted a survey of OEF/OIF veterans titled, “Tell Us How We Can Better Serve You.” One veteran wrote,

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Special Event:

**21st National Veterans Golden Age Games
August 27-31, 2007
For a schedule of events, visit**

www.veteransgoldenagegames.org

Michael E. DeBakey VA Medical Center is the first hospital in Texas, not to mention the VA, to install a computerized system able to integrate all the steps required for surveillance MRSA testing: sample preparation, amplification, and detection.

New Weapon Unleashed Against Deadly Bacteria

HOUSTON – As part of its fight against Methicillin-Resistant Staphylococcus aureus (MRSA), the Michael E. DeBakey VA Medical Center (MEDVAMC) is the first hospital in Texas and in the Department of Veterans Affairs to install a computerized system able to integrate all the steps required for surveillance MRSA testing: sample preparation, amplification, and detection.

MRSA is a more serious form of a common bacteria that frequently inhabits the skin or nostrils of healthy people. Due to its resistance to antibiotics commonly used in treatment, MRSA is one of the most rapidly growing and virulent health care associated infections, and according to the Centers for Disease Control and Prevention (CDC), is responsible for more than 100,000 U.S. hospitalizations each year.

The new computerized system at the MEDVAMC utilizes real-time polymerase chain reaction (PCR) to amplify and detect target bacteria. Designed to simplify hands-on preparation, the system provides PCR test results from a raw sample in 70 minutes or less, enabling time-critical

bacteria tests at the point of care. Current techniques for accomplishing this same series of procedures require extensive labor by skilled laboratory professionals and can take hours to several days to deliver results.

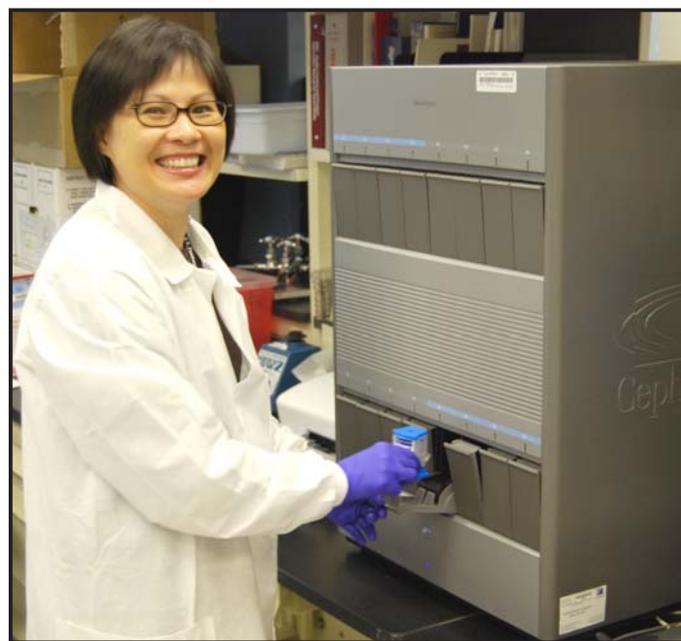
“A key factor with this new system is now we have “on-demand” capabilities. Testing can occur at any time,

on any day. This quick turn-around will give us actionable results in minutes and will decrease the window for potential transmission of MRSA,” said Patricia A. Byers, R.M., M.(A.S.C.P.), C.I.C., M E D V A M C Infection Control practitioner.

Anyone can get a MRSA infection, but the risk is greatest among people treated in hospitals

and health care facilities, such as nursing homes and dialysis centers, with weakened immune systems. These health care-associated staph infections include surgical wound infections, urinary tract infections, bloodstream infections, and pneumonia.

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



Medical Technologist Chau Nguyen, MT (ASCP) tests a patient's nasal swab for Methicillin-Resistant Staphylococcus aureus, one of the most rapidly growing and virulent health care associated infections. According to the CDC, MRSA is responsible for more than 100,000 U.S. hospitalizations each year.

is health care workers' hands.

When MRSA is introduced into a hospital, it tremendously increases the total burden of infection for the patient and increases the risk of death four-fold.

These patients have hospital stays lasting more than two and a half times longer than the average patient.

The MEDVAMC has teamed up with 18 other VA medical facilities for the VA MRSA Prevention Initiative, “Getting to Zero.” Through pilot studies conducted at the VA Pittsburgh Healthcare System focusing on enhancing MRSA control, the major barriers to effective MRSA prevention were identified. The war on MRSA in Pittsburgh VA facilities has succeeded in reducing the hospital's MRSA infection cases from 20 per year to as few as two per year.

“As the only VA with this new cutting-edge technology, the Michael E. DeBakey VA Medical Center is eager to use this critical tool to improve health care and safety for our veterans,” said Thelma Gray-Becknell, R.N., M.S.N., MEDVAMC chief nurse executive.

As a result of the pilot studies, the VA developed the “MRSA Bundle” as a packaged prevention strategy. These measures include (1) Active Surveillance cultures (swabbing performed on admission, discharge, and transfer within the hospital); (2) Hand Hygiene (before and after patient contact); (3) Contact Precautions (gloves and gowns); and (4) Cultural Transformation (staff and leadership engagement).

You can be a part of the “Getting to Zero” Initiative to stay healthy. Wash your hands after using the restroom, touching trash, coughing, or sneezing. It is also important to wash before eating and after being near someone sick. Rub alcohol-based hand cleaner vigorously over your hands for 30 seconds or use antimicrobial soap, lather and rub vigorously for 15 seconds, rinse and dry well, then turn off the water with a paper towel. ♦ Fran Burke, MEDVAMC Public Affairs Specialist

“As the only VA with this new cutting-edge technology, the Michael E. DeBakey VA Medical Center is eager to use this critical tool to improve health care and safety for our veterans,” said Thelma Gray-Becknell, R.N., M.S.N., MEDVAMC chief nurse executive.

A Word from the Director . . .

New 211 Hotline for Emergency Preparedness

HOUSTON - As hurricane season gets started this year, the Michael E. DeBakey VA Medical Center (MEDVAMC) is fine-tuning our own emergency preparedness plans. Currently, we are placing emphasis on identifying veterans with medical disabilities or special transportation needs who may be potentially at risk during a crisis situation.

The MEDVAMC plan focuses on two populations: 1) veterans living in the area with medical needs who would need assistance to evacuate, and 2) veterans living in the area who have no means of evacuation, but are otherwise medically independent.

The first group includes spinal cord injury, home oxygen, ventilator-dependent, dialysis, methadone, and home care patients. For example during Hurricane Rita, we transported outpatient spinal cord injury patients to the MEDVAMC to shelter during the storm and confirmed home oxygen patients had sufficient oxygen supply for a long term emergency. The second group of at risk veterans is less defined and more difficult for us to identify. These individuals might be visually impaired, hearing impaired, homeless, with a prosthesis device, or without a

family/friend support network.

Our partners in this effort include the City of Houston's Office of Emergency Management, Harris County Office of Emergency Management, and the State of Texas. The Governor's Division of Emergency Management has established a special telephone number, 211, for those who live in an evacuation zone and have special health care needs or require transportation in the event of possible evacuations.

Operators answering the phones at 211 are prepared to register you for transportation and special assistance now, before an emergency occurs. Do not wait until a storm is in the Gulf to register.

If you believe you, your family, friends, or neighbors may potentially be at risk during a crisis situation, I strongly encourage you to call 211 today. Afterward, please let your MEDVAMC health care provider know you have registered with 211.

In addition, there are many things you can do to prepare for the unexpected. Put together an emergency supply kit with water, food, a first aid kit, medications, and special needs items. Develop a family communications plan



Edgar L. Tucker, Medical Center Director

and plot your evacuation route.

The U.S. Department of Homeland Security's Web site, www.ready.gov, contains suggestions, facts, and information on a wide variety of emergency situations. If you do not have access to the Internet, call toll free 1-800-BE-READY. The Harris County Office of Homeland Security and Emergency Management's Web site, www.hcoem.org, includes evacuation maps by zip code for Brazoria, Galveston, and Harris Counties; weather information; helpful telephone numbers; and safety checklists. Their telephone number is (713) 881-3100. Planning what to do in advance is an important part of being prepared. ♦

Assistant Secretary of Defense Visits DeBakey VA

HOUSTON - Assistant Secretary of Defense for Health Affairs S. Ward Casscells, III, M.D., visited the Michael E. DeBakey VA Medical Center (MEDVAMC) on April 25, 2007 to tour the facility and learn about the medical center's research program, computerized patient record system, quality of care initiatives, and services for returning veterans.

In his position as assistant secretary, Casscells is responsible for overall leadership of the Military Health System, serves as the principal advisor to the secretary of defense for all Department of Defense (DoD) health policies and programs, and oversees all DoD health resources. Prior to his appointment, Casscells was a distinguished professor and vice president of biotechnology at the University of Texas Health Science Center in Houston and director of clinical research at the Texas Heart Institute. A colonel in the U.S. Army Reserve, he was deployed to Iraq in 2006 as the liaison from Multinational Force-Iraq to Ambassador Zalmay Khalilzad.

Escorted by MEDVAMC Director Edgar L. Tucker and Michael E. DeBakey, M.D., Baylor College of Medicine's Chancellor Emeritus and internationally known as the father of modern cardiovascular surgery, the assistant secretary toured the MEDVAMC's state-of-the-art hybrid surgical suite, cutting-edge cardiac intervention laboratory, 14,000 square foot Cancer Center, and Fisher House.

Suffering an elbow injury in Iraq when the Humvee he was riding in swerved to avoid an improvised-explosive-device tripwire, Casscells has said he will bring a patient's perspective to his job. 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.

In March 2006, the MEDVAMC added an extremely important and timely program to its array of available health care services, a Polytrauma Network Center to care for returning war-wounded with complex, multiple injuries such as amputations, traumatic brain injuries, and psychological adjustment problems. A combat veteran's first contact with the MEDVAMC consists of two screenings: 1) a medical appointment with a general practitioner in a Primary Care Clinic; and 2) an appointment with a mental health professional to be checked for symptoms of a variety of mental health complaints including depression, post-traumatic stress disorder, anxiety disorder, substance abuse/dependence, and adjustment disorder.

The MEDVAMC is also expanding outreach efforts to military units in southeast Texas. The Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF) coordinator, along with health care professionals from the Mental Health Care Line, proactively meet with local Reserve and National Guard Units before and after they deploy in order to brief them about available VA benefits, placing special emphasis on mental health screening and counseling. Staff members regularly attend meetings of various community and veterans groups in an attempt to contact eligible veterans who have not yet enrolled for VA care.

Casscells has said he would continue, and accelerate, if possible, efforts to implement electronic medical records and other improvements to ensure efficiency and accountability in DoD medical facilities.

The Computerized Patient Record System in place at the MEDVAMC offers health care providers a complete electronic record covering all aspects of



From left to right: Assistant Secretary of Defense for Health Affairs S. Ward Casscells, III, M.D.; Carlos R. Escobar, B.E.D.-Arch, M.H.A., MEDVAMC associate director; Richard E. Wainerdi, P.E., Ph.D., Texas Medical Center president, chief executive officer, and chief operating officer; and Michael E. DeBakey, M.D.

patient care, including reminders for preventive health care, electronic entry of pharmaceutical orders, display of laboratory results, consultation requests, x-rays, and pathology slides. The importance of this system was demonstrated after Hurricane Katrina. Medical information for every New Orleans VA patient was available at any VA medical center and by any VA physician nationwide in a matter of three days.

The assistant secretary praised the MEDVAMC management, physicians, nurses, and staff members for the quality of care provided to our Nation's veterans. "You have created a culture of quality improvement and caring here. I believe the Department of Defense can learn from the VA," said Casscells. "It helps me enormously to be able to tell our soldiers they are going to a first-class health care system where people are held accountable." ♦

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 all veterans. 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.

Robots in Surgery at VA

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and a more cosmetically-pleasing outcome compared to open surgery."

Seated at the system's master console 10 feet away from a patient, a surgeon moves the surgical instruments inside the access ports through ergonomic hand and foot controls. Each of the surgeon's hand, wrist, or finger movements is seamlessly translated by the robotic surgical system into corresponding micro-movements of the surgical instruments, which are held steady by the system's robotic arms. The robotic system provides so-called "intuitive motion" so that in whichever direction the surgeon twists the controls, the instruments twist in the same direction. In standard laparoscopic surgery, the movement of the instruments is reversed – or similar to doing surgery while looking into a mirror.

"Because the prostate is situated low in the pelvis, it can be difficult to view the area up close and reach it through non-invasive means," said Donald Griffith, M.D., chief, MEDVAMC Urology Section. "With this new system, we can view the area with the navigational camera in a magnified, high-resolution, 3-D view

and only need to make a few tiny, one centimeter access ports to do so."

In 2007, the MEDVAMC received notification from the National Veterans Affairs Surgical Quality Improvement Program Executive Committee that it had demonstrated consistently low observed-to-expected mortality rates in general surgery, all surgery, and all non-cardiac surgery seven years in a row. The MEDVAMC is the only VA facility with this record.

"Robotic surgery for prostate cancer is not appropriate for all patients or for all prostate glands. Prostates, cancers, and pelvic anatomy differ from patient to patient. At the Michael E. DeBakey VA Medical Center, we recommend the treatment that is most appropriate for the patient and his particular medical condition," said Griffith.

In the future, the MEDVAMC plans to expand use of robotic surgery techniques into the areas of cardiac, thoracic, gynecological, and oncology procedures. The MEDVAMC already uses innovative, minimally invasive techniques to treat such medical conditions as atrial fibrillation, spinal fractures due to osteoporosis, and heart valve surgery. ♦

Heart Disease in Living Color

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With VHIVUS, different histological constituents of the plaque produce different reflected signals and these are assigned different colors. For example, dark green means the area is fibrous; yellow and green, fibrofatty; white, calcified; and red, necrotic lipid core plaque. This color-coded map projects color where there is a blockage and assists the physician to understand more fully how a lesion will behave at the moment of treatment, whether it will resist complete stent deployment, or be liable to embolization.

"We believe the information generated by this new technology is exceptionally important for our patients," said Biswajit Kar M.D., F.A.C.C., director, Cardiac Catheterization Laboratory. "It reveals important correlations between disease states and underlying arterial structure."

"We strive to offer our veterans the latest and the best in the field of cardiology," said Biykem Bozkurt, M.D., F.A.C.C., chief, Cardiology Section. "However, we encourage our patients to reduce their risk of heart disease by taking steps to control factors that put them at greater risk. This includes controlling their blood pressure, lowering their cholesterol, quitting smoking, and getting enough exercise." ♦

Fireworks Eye Safety: Protect Your Vision

HOUSTON - On the 4th of July holiday weekend, the American Academy of Ophthalmology urges families to attend public fireworks displays, instead of using fireworks at home, as a safe and patriotic way to honor our tradition of independence, our shared value of national unity, and our hopes for a healthy future.

Why We Recommend Public Fireworks Displays:

There are approximately 8,500 fireworks-related injuries each year in the United States. Of these, about 2,000 are eye injuries. One-third of these injuries result in permanent eye damage and one-fourth in permanent vision loss or blindness. Almost one in twenty victims loses all useful vision or requires removal of the eye. Eye injuries are equally divided among burns, contusions and lacerations and other diagnoses, the last category including foreign bodies in the eye.

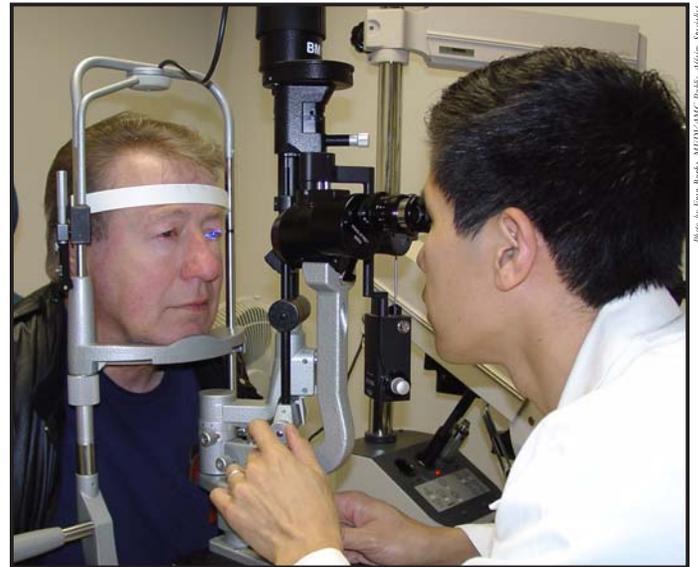
One-fourth of all eye injuries caused by consumer fireworks are inflicted on bystanders. Three-fourths of all fireworks-related eye injuries are boys between the ages of 13 and 15.

The single most dangerous type of firework is the bottle rocket, which flies erratically, causing bystander injuries. The bottles and cans used to launch bottle rockets often explode, showering fragments of glass and metal.

For children under the age of five, sparklers, which can easily ignite clothing, account for three-quarters of all firework injuries. Young children find these sticks of fire – burning as hot as 1,800 degrees Fahrenheit – irresistible to touch.

Safety Tips:

Never let children play with fireworks of any type, including



Veteran Harry Montou has his eyes examined by Richard Ou, M.D., Eye Care Line staff physician. Ou warns veterans, their friends, and family about fireworks eye safety. There are approximately 8,500 fireworks-related injuries each year in the United States. Of these, about 2,000 are eye injuries. One-third of these injuries result in permanent eye damage and one-fourth in permanent vision loss or blindness. Almost one in twenty victims loses all useful vision or requires removal of the eye.

sparklers. View public firework displays from a safe distance – at least 500 feet away or up to a quarter of a mile.

Respect safety barriers set up to allow pyrotechnicians to do their jobs safely. Leave the lighting of fireworks to trained professionals.

Adhere to directives given by event ushers or public safety personnel such as firemen or police.

If you find unexploded fireworks remains, do not touch them. Immediately contact your local fire or police department.

More Information:

Your eye care professional at the Michael E. DeBakey VA Medical Center can answer any questions you might have about eye health and safety. For more information about eye safety and the dangers of fireworks, visit the American Academy of Ophthalmology's public information Web site at www.medem.com or the National Library of Medicine and National Institutes of Health's Web site at www.medlineplus.gov. ♦ Richard Ou, M.D., Eye Care Line staff physician

Houston VA Striving to Meet Health Needs of Returning Troops

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"I think counseling is needed for all soldiers returning. Even though they may not think so, the soldier may need to talk through some things."

The MEDVAMC Mental Health Care Line offers full interdisciplinary assessments of all patients and provides on-site treatment and referrals as needed, medication management, individual and group therapy, PTSD education groups, PTSD and substance abuse dual diagnosis groups, an intensive day hospital program, a sexual trauma track, a trauma recovery program, applied research such as medication trial and psychotherapy, specialized smoking cessation program, alumni peer support groups, and coordination and formal consultation with the Houston Vet Centers.

Vet Centers provide readjustment counseling and outreach services to all veterans who served in any combat zone in consumer-friendly facilities apart from traditional VA medical centers. Services are also available for their family members for military related issues. In Houston, one Vet Center is located at 701 N. Post Oak Road, (713) 682-2288, and the other at 2990 Richmond Avenue,

Suite 225, (713) 523-0884.

In response to the special needs of OEF/OIF veterans, the MEDVAMC has recently added new programs to facilitate a positive mental health experience and additional staff including a psychiatrist, a psychologist, a social worker, and a program support assistant. The Moving Forward Program focuses on OEF/OIF veterans who do not require treatment for mental illness, but need assistance in coping with stress, vocational counseling, and information about education opportunities. The Reintegration Program provides care to those veterans requiring mental health intervention and uses individual/group/family therapy and medication referrals as the situation requires.

The MEDVAMC is also expanding outreach efforts to military units in southeast Texas. The OEF/OIF Coordinator Fern Taylor, along with health care professionals from the Mental Health Care Line, proactively meet with local Reserve and National Guard Units before and after they deploy in order to brief them about available VA benefits, placing special emphasis on mental health screening and counseling. Staff members regularly attend meetings of various community and veterans groups

in an attempt to contact eligible veterans in southeast Texas who have not yet enrolled for VA care.

While homelessness in the OEF/OIF population has not yet become a perceptible problem, the Health Care for Homeless Veterans (HCHV) Program at the MEDVAMC is committed to assisting homeless veterans with chronic mental illnesses to reach their highest level of functioning. HCHV staff assists veterans with securing safe housing reflective of their abilities and preferences, as well as assistance with obtaining desired skill development services.

Treatment goals for each veteran through HCHV are individualized and may include meeting their immediate basic needs of food and protective housing; stabilization of mental health problems including substance abuse treatment and sobriety maintenance; individual and group psychotherapy; evaluation for financial disability benefits; vocational assessment; gainful employment; and schooling or a training program.

Houston is one of 30 communities where the VA will take its substance abuse services directly to the area's homeless. Under its HCHV Program, the

MEDVAMC will hire an addiction therapist to work directly in homeless shelters, counseling veterans with substance abuse problems.

MEDVAMC's goal is to ensure every seriously injured or ill serviceman and woman returning from combat receives easy access to benefits and world-class service. Combat veterans have special health care eligibility. For two years after discharge, these veterans have special access to VA health care, even those who have no service-connected illness. Veterans can become "grandfathered" for future access by enrolling with VA during this period. This covers not only regular active-duty personnel who served in Iraq or Afghanistan, but also Reserve or National Guard members serving in the combat theaters.

Veterans with service-related injuries or illnesses always have access to VA care for the treatment of their disabilities without any time limit, as do lower-income veterans. Additional information about VA medical eligibility is available at <http://www.va.gov/healtheligibility>. To contact the MEDVAMC OEF/OIF Coordinator Fern Taylor, call (713) 794-7034. Her alternate is Vickie Toliver at (713) 794-8825. ♦

One Veteran's Story of Losing His Leg and Learning to Walk Again

HOUSTON – Don Bosworth, a 79-year-old United States Navy veteran of WWII and the Korean War, did not become an amputee from the current conflicts in Iraq and Afghanistan, but through another enemy, staphylococcus.

Staphylococcus is a group of bacteria, familiarly known as staph (pronounced – staff). There are over 30 types, but *Staphylococcus aureus* causes most staph infections, including skin infections, pneumonia, food poisoning, and blood poisoning.

In December 2000, Bosworth underwent knee replacement surgery at a local Houston hospital. Approximately eight months later, he was told he developed a staph infection from the surgery. Doctors were forced to operate again to remove the staph infection.

After developing the infection, Bosworth was given antibiotics and pain medication, but the pain in his right leg was just too severe to bear and his body had become immune to the medications. His doctors soon advised him there was no cure for his infection. After careful thought and consideration, he made the life-altering decision to have his leg

amputated.

“I was worried about the amputation and it was much more dramatic than I thought it would be. But I had no choice, the pain was just unbearable,” said Bosworth. He then turned to the Michael E. DeBakey VA Medical Center for help.

On December 11, 2006, surgeons at the MEDVAMC amputated Bosworth's leg above the knee. Prior to the amputation, he received six months of counseling about the procedure and its possible effects. It took approximately eight weeks for his body to heal. He diligently followed his MEDVAMC health care providers' instructions to better assist with the healing process. While recuperating, he began to think about walking again.

Prior to receiving a prosthesis from the MEDVAMC, it was necessary for Bosworth to qualify according to established medical criteria. One of the main prerequisites was the ability and the likelihood of his success with using the prosthesis. Bosworth underwent several types of examinations including pre-exercises and visual screenings.

Jeremy Hillard, a resident prosthetist at the MEDVAMC with a certification from the American Board for Certification in Orthotics and Prosthetics, fitted Bosworth for his prosthesis in March 2007. To be fitted requires accurate measurements and several molds of the veteran's stump to ensure the prosthesis will fit precisely. The prosthetist measures the lengths of relevant body segments and determines the location of bones and tendons in the remaining part of his limb.

Once the initial measurements are completed, the prosthetist makes a temporary prosthesis made of clear plastic. This type of plastic enables the prosthetist to see through the prosthesis to ensure an accurate fit. The temporary device is fragile and can easily break. Once the temporary prosthesis fits the veteran correctly, an exact duplicate prosthesis is made from an extremely durable co-polymer plastic. It takes about two weeks to make a prosthesis at the MEDVAMC. A veteran usually returns for adjustments to the prosthesis every two months for the first year.

Bosworth was fitted both by hand and a special computer that takes three dimensional images. The entire process took about five weeks. Once a veteran is properly fitted for the prosthesis, he receives two hours of counseling per week.

No less important than new prosthetic technology is the overall care an amputee receives during rehabilitation. The model for that care has changed over the years to improve services to VA patients. The goal is not only to teach amputees to walk or use an artificial arm and hand, but to integrate body, mind, and machine. Continuing care and long-term support from VA multi-disciplinary teams have shown that patients often can improve their functioning months or years after their injuries or amputation.

Staff members in the MEDVAMC Rehabilitation Care Line, like Kinesiotherapist Kent Probst, RKT, are teaching Bosworth to walk again by practicing special exercises that strengthen the muscles used to move the prosthesis. Learning to use a prosthesis is not easy; it takes many lessons, hard work, and a lot of practice.

Bosworth believes he has received good care at the MEDVAMC. “I really benefited from the counseling to prepare me for this life-changing event, and would like to see more offered,” said Bosworth.

Although Bosworth had a recent medical setback not related to his amputation, he is very optimistic about his future. He plans to compete in checkers, dominoes, and shuffleboard at the upcoming 21st National Veterans Golden Age Games in Houston, August 27-31, 2007.

For those veterans who are contemplating a major life decision such as amputation, Bosworth offers a bit of advice, “Get as much information as possible about the surgery and follow all instructions given by the hospital staff.” ♦ Kendra E. Price, Secretary, External Affairs

Hepatitis C Appears to Increase Risk of Non-Hodgkin Lymphoma

HOUSTON - Hepatitis C infection is associated with an increased risk of non-Hodgkin lymphoma of 20 percent to 30 percent, and a three-fold increase in the risk of another type of lymphoma, according to a study in the May 9, 2007 issue of *The Journal of the American Medical Association*.

The prevalence of hepatitis C virus (HCV) is estimated at 1.6 percent of the U.S. population. It is more common among U.S. military veterans, with approximately five percent infected with HCV. HCV infection causes liver cancer and cirrhosis, and may also increase the risk of other tumors. Previous studies have been too small to adequately assess these risks, according to the article.

Thomas P. Giordano, M.D., M.P.H., of the Michael E. DeBakey Veterans Affairs Medical Center and colleagues conducted a retrospective cohort study to test the hypothesis that HCV infection is associated with increased risk for malignancies of the blood and blood-forming tissues, related disorders, and thyroid cancer. The study involved patients from VA health care facilities from 1997-2004, and included 146,394 individuals with HCV and 572,293 without HCV. The research examined the risks of hematopoietic malignancies (relating to the formation of blood cellular components), related lymphoproliferative precursor diseases (referring to the proliferation of the bone marrow cells that give rise to lymphoid cells), and thyroid cancer.

There were 1,359 cases of non-Hodgkin lymphoma, 165 cases of Waldenström macroglobulinemia (a low grade lymphoma), 551 cases of cryoglobulinemia, and 320 cases of thyroid cancer.

“We found a small but significant 20 percent to 30 percent increase in the risk of NHL [non-Hodgkin lymphoma], including all subtypes, and an almost three-fold increased risk of the low-grade lymphoma subtype Waldenström macroglobulinemia in persons with HCV infection,” the authors report. Low-grade lymphoma tends to grow and spread slowly.

HCV infection was also associated with an increased risk of nonmalignant plasma cell disorders.

“We demonstrated infection precedes development of these outcomes, and the risk in individuals infected with HCV is consistently increased, with over five years of follow-up,” the authors continue.

The study found no significantly increased risk for other hematological malignancies. The risk for thyroid cancer was not increased.

“Although the clinical significance of these findings is unknown, it is possible that screening of individuals infected with HCV could identify early stage lymphoproliferative conditions suitable for early intervention strategies. Future epidemiological and pathophysiological studies are needed to further explore the relationship between HCV and NHL,” the authors concluded. ♦ Kimberlee Barbour, Baylor College of Medicine



Navy Veteran Don Bosworth works with MEDVAMC Kinesiotherapist Kent Probst, RKT to regain his ability to walk. For those veterans who are contemplating a major life decision such as amputation, Bosworth offers a bit of advice, “Get as much information as possible about the surgery and follow all instructions given by the hospital staff.”

Know How to Protect Yourself from Bedsores

HOUSTON - A bedsore or pressure ulcer is an injury to the skin and to the tissue under it. Pressure ulcers usually happen when there has been pressure on certain parts of the body for long periods of time, like the hips or heels. But you can also get a pressure ulcer in a short time.

Pressure ulcers are also called decubitus (d-q-buh-tus) ulcers. A pressure ulcer can be mild (minor skin reddening) to severe (deep craters down to muscle and bone).

People at high risk for a pressure ulcer include those who must remain in bed or a chair for long periods of time, who cannot eat a balanced diet, who cannot change positions without help, who cannot keep their skin free of urine, stool, or perspiration, and who are not mentally aware.

You can get a pressure ulcer anywhere on your body. But it is more common to have a pressure ulcer over a bony area, like a hip or your heel.

There are many things you can do to prevent pressure ulcers from starting or to heal existing ones. Eat foods with enough protein and calories. If you are unable to eat a normal diet, talk to your health care provider about nutritional supplements.

If you smoke, quit. Smokers have a

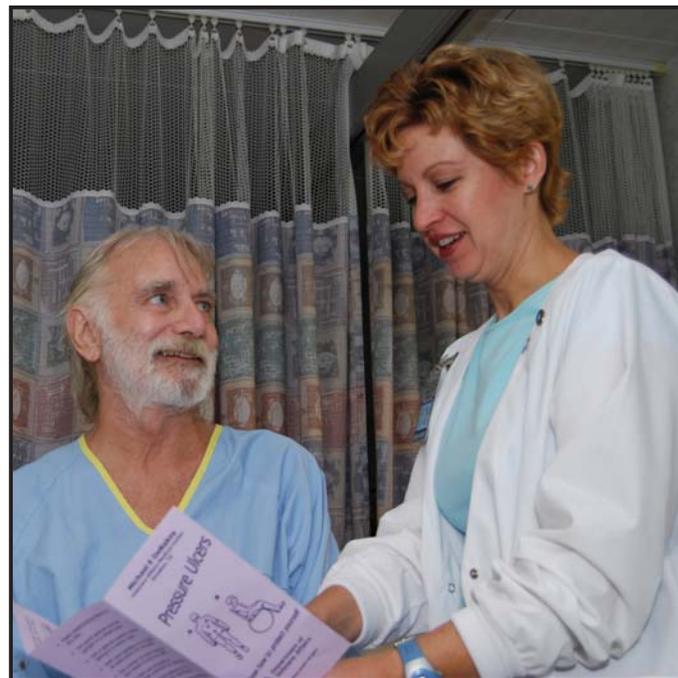
higher incidence of pressure sores than nonsmokers do. They also tend to develop more severe wounds and to heal more slowly, mainly because nicotine impairs circulation and reduces the amount of oxygen in your blood.

If you are confined to bed, talk to your health care provider about obtaining a special mattress. Keep the head of your bed as low as possible, 30 degrees or less. Turn in bed at least every 2 hours.

It is also important to avoid positioning directly on your trochanter (hip bone). Use a pillow or a foam wedge to keep this position. Keep your heels off the bed by placing a pillow under your legs from calf to ankle. Use pillows or foam wedges to keep bony prominences from direct contact. Keep the bottom sheet smooth and clean and make sure there are no hard items on the bed, such as crumbs or hairpins.

To help with circulation and to maintain muscle tone, you can do exercises when in bed or in a wheelchair. Change positions to relieve pressure if you find a reddened area.

Check your skin at least once a day where pressure ulcers are likely to form, like your heels, hips, or buttocks. Keep your skin clean and dry all the time. Protect skin from urine and feces with barrier ointments as needed. Use mild soap



Anita Prinz, RN, CWOCN, MEDVAMC enterostomal therapy nurse discusses tips for preventing the development of pressure ulcers with veteran John Munch. There are many things you can do to prevent pressure ulcers from starting or to heal existing ones.

and warm water, and then carefully pat your skin dry. Apply moisturizing lotion to dry skin.

Use good posture and sit upright in your wheel chair. Use a special cushion

when sitting in a wheel chair. Shift your position in a chair at least every 30 minutes. Set a timer to help remind you when to turn or shift. Do not use doughnut shaped cushions or devices.

Get medical attention immediately if you develop a pressure ulcer. For more information, talk to your health care provider at the Michael E. DeBakey VA Medical Center. Health care professionals at the VA Network Telecare Center at (713) 794-8985 or toll-free 1 (800) 639-5137 are also ready to help answer your questions 24 hours a day, seven days a week. ♦ MEDVAMC Skin Risk Management Committee

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.

Vet to Vet Support Group

Meets every Tuesday, 3-4 p.m. and every Wednesday, 11 a.m. - noon & 6-7 p.m., Room 6B-117. No facilitator involved. POC: Dr. Sara Allison, (713) 794-7848

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

Fibromyalgia Education & Support Group

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

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Sure It's Hot Outside, But Exercise Should Still Be Part of Daily Activities



MEDVAMC Dietetic Intern Melissa Vernor discusses the benefits of daily exercise and good nutrition with Veteran Robert McCaleb. In southeast Texas, it is also important to drink water before you feel thirsty. By the time you feel thirsty, you are already dehydrated. For counseling with a registered dietitian, call the MEDVAMC Nutrition Clinic at (713) 791-1414, ext. 4295 or ext. 6166.

HOUSTON - Summer is here and Texas summer months are hot. But, don't put away those tennis shoes. If you don't exercise regularly, your muscles will become flabby and weak, your heart and lungs won't function efficiently, and your joints will be stiff and easily injured. Exercise reduces stress, lifts moods, and helps you sleep better. It can keep you looking and feeling younger throughout your entire life.

However, there are some important tips you should know before you start exercising in the heat of the summer. Avoid exercise during midday, which is the hottest time of the day. Try to exercise during the cooler parts of the day, like in the early morning or after the sun sets.

Remember to take frequent water breaks. It is important to drink water before you feel thirsty. By the time you feel thirsty, you are already dehydrated. This is especially true as you get older. Avoid beverages with alcohol and caffeine because these can cause dehydration. Drink plenty of fluids before, during, and after exercise. Choose water or a low-calorie sport drink for hydration.

Wear light, loose-fitting clothing, made of breathable fabric in light colors to stay cooler. Reduce speed or distance as needed. Exercise indoors during ozone alerts, extreme heat, and very high humidity. Listen to your body. Stop if you feel chest pain, shortness of breath, dizzy, lightheaded, weak, very fatigued, nauseated, or if your heart is pounding. Be sure to use sunscreen, hats, and sunglasses to protect yourself from the sun.

Now we have covered the warm weather exercise guidelines, here are some tips to get the most out of your physical activity. Remember to build your frequency slowly. Make a goal to be active five or more days of the week. You should exercise at a rate that allows you to talk. Be active at a moderate intensity similar to a brisk walk. Remember to slow down if you have trouble breathing or feel you cannot

catch your breath.

Try to stay active for at least ten minutes without stopping. Aim for 30 minutes a day. Set a goal for the amount of time of physical activity for a week. Increase the length of time you are active before you increase the intensity of the activity. Do aerobic activities like brisk walking, biking, swimming, or dancing unless you have been instructed otherwise by your health care provider.

Wade Fisherman and Oyster Lovers Beware!

HOUSTON - Did you know that every summer an average of 50 people in the Gulf Coast region (Texas, Louisiana, Alabama, Mississippi, and Florida) contract a serious infection caused by the bacteria, *Vibrio vulnificus*? Healthy people are not usually affected by these bacteria, but if you have liver disease (hepatitis or cirrhosis), diabetes, cancer, iron overload disease (hemo-chromatosis), stomach disorders, or a weak immune system you are at risk.

You can avoid illness by not eating raw shell fish, especially oysters, handling oysters shells, and not swimming or wade fishing in the Gulf seawaters. Eat only shellfish that have been thoroughly cooked. Never swim or wade in seawater when you have open sores or wounds.

Healthy persons who contract a *Vibrio vulnificus* infection usually recover without any long-term consequences. Infections in high-risk individuals have a 50 percent fatality rate according to the Centers for Disease Control and Prevention. Symptoms usually occur within 24 to 48 hours, and may include fever, chills, blistering skin lesions, stomach pain, nausea, vomiting, diarrhea, and shock.

If you have any of these symptoms

People who have joint and muscle pains often have less pain with water exercise.

It is important to include a warm-up and a cool-down session with your physical activity to help prevent injuries and soreness of muscles. Warm-ups including stretching help prepare your muscles for activity. Cool-downs help gradually slow your heart rate down and prepare muscles for the next time you work out. Try to include strength and flexibility activities. Warm-up and cool-down should both take about five to 15 minutes.

To keep safe when you are outside exercising, here are a few safety guidelines before you get started. Wear bright colored clothing so you can be seen by vehicles, bicycles, joggers, and other traffic. Wear comfortable shoes and socks, and be prepared for the weather. Make sure someone knows where you are going and how long you plan to be gone. Use a familiar route and avoid poorly lighted places. If you have a cell phone, carry it with you for emergencies. Be cautious of loose gravel, puddles of water, uneven pavement, and cracks in the sidewalks.

Being active refreshes the mind, keeps bones and muscles strong, manages your weight, prevents and manages diabetes, eases depression, helps with pain and stress, and reduces your risk of certain types of cancer. So, what are you waiting for!

For more information on how to get started, visit these Web sites: www.move.va.gov, www.smallstep.gov, and www.healthiersveterans.va.gov. ♦ Melissa Vernor, MEDVAMC Dietetic Intern

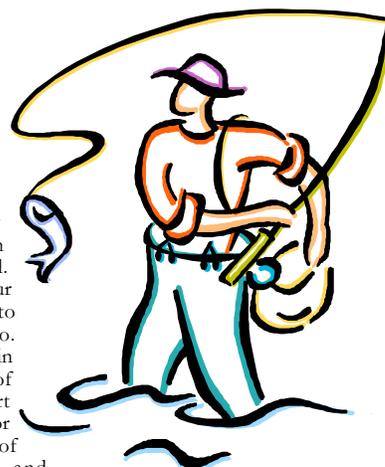
Do You Suffer from Chronic Lower Back Pain?

HOUSTON - If you have experienced lower back pain for at least six months, you may be eligible to participate in a new research study at the Michael E. DeBakey VA Medical Center (MEDVAMC).

This study will assess the effectiveness of hypnosis and/or biofeedback in the treatment of pain. Hypnosis involves entering an altered state of consciousness; whereby, suggestions made while an individual is in an altered state can lead to changes in behavior or, in the case of pain, altered physical sensations.

Biofeedback is a technique that teaches people to use visual or sound cues to control their own biological responses to pain and stress. To teach people to "listen" to their bodies, a biofeedback trainer may use a device that detects electrical signals from the muscles and translates those signals into a sound, like a beep, or a visual, like a light.

If you are interested, talk with your MEDVAMC health care provider and ask for a referral. For more information, call Jackie Grad or Jack Tsan at (713) 794-7491. This study has been approved by the Baylor College of Medicine Institutional Review Board. ♦



after exposure from ingesting raw oysters or swimming, seek medical attention immediately. Early diagnosis and treatment with antibiotics is critical to survival. Severe wound infections may occur when open sores are exposed to warm seawaters with *Vibrio*. Necrotizing fasciitis, a deadly skin infection, can develop as a result of a skin prick from a seafood part such as fish fin, shrimp spine, or crab leg. Surgical debridement of wounds is often required and occasionally amputation is necessary.

The bacteria, *Vibrio vulnificus*, exists naturally in the Gulf Coast waters. *Vibrio* is not a result of pollution and does not change the appearance, taste, or odor of shellfish.

More than 85 percent of infections occur between May and October when the bacteria levels are higher due to warmer water temperatures. Restaurant and store bought oysters have the same contamination rates as individual harvesting.

Many veterans living close to the Gulf Coasts of Galveston, Matagorda, San Luis Pass, and Baytown are avid fishermen. Saltwater anglers having any of these high risk health conditions

should stay off-shore and never wade fish. Consider fishing from a boat or pier, and wear gloves when handling fish. Consider letting your buddy bait your hooks, or use only fakes and lures. If you suffer a cut or scratch while fishing, wash it immediately with soap and water or Betadine.

Treat these bacteria with the respect of a bull shark. If you have the smallest suspicion of a *Vibrio* infection, seek medical attention immediately and tell the doctors of your exposure. For more information, contact Interstate Shellfish Sanitation Conference at 1-800-416-4772 or www.issc.org. ♦ Anita C. Prinz, RN, Certified Wound, Ostomy, Continence Specialist (CWOCN)



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

Question: I am trying to lose weight. Can the VA help?

Answer: The VA has several programs to help veterans lose weight. The Managing Obesity of Veterans Everywhere (M.O.V.E.) program is free for all veterans, spouses, and MEDVAMC employees. It consists of a three to four class intensive, goal-oriented weight loss program that educates participants about nutrition, behavioral changes, and physical activity.

Individual counseling sessions are available in the MEDVAMC Nutrition Outpatient Clinic. These one-on-one individual nutrition education sessions concentrate on specific health issues. If you are interested in participating in any of these programs, contact Deborah Patterson, MEDVAMC Clinical Nutrition Section chief at (714) 791-1414, ext. 5427.

Question: I was wondering if you offer an on-line service to help patients keep up with their appointments?

Answer: The VA does offer the My HealthVet Website at www.myhealth.va.gov. It is the gateway to veteran health benefits and services and provides access to trusted health information, links to Federal and VA benefits and resources, a Personal Health Journal, and online VA prescription refill.

In the future, registrants will be able to view appointments, co-pay balances, and key portions of their VA medical records online. Until that time, the Michael E. DeBakey VA Medical Center offers an automated appointment information hotline at (713) 794-7648 or toll-free 1 (800) 454-1062.

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: Is there a way to screen myself for mental health issues without anyone knowing?

Answer: The stress of overseas deployment and combat can be a breeding ground for mental health problems, but a negative stigma often keeps military men and women from getting professional help. Now, there's a new way troops can seek help anonymously. The Pentagon has

launched a new Web site at <https://www.militarymentalhealth.org> that allows members of the military and their spouses to screen themselves for mental illness - everything from post traumatic stress syndrome to bipolar disorder.

Question: How can I find out about working for the VA?

Answer: The VA has information about employment opportunities, benefits, and how to apply for a job at its Web site www.va.gov/jobs. Information about working for the other agencies in the federal government can be found at www.usajobs.opm.gov.

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

Answer: The Houston METRO offers discount fares to persons with disabilities and senior citizens. These discounts are available for both local and commuter fixed-route buses, which are all wheelchair accessible.

Riders age 62 through 69 may apply for the senior citizen discount. Riders age 70 and over may travel for free using the 70+ lifetime pass if eligible. METRO's RideStores are located downtown at 1001 Travis and 1900 Main St., open Monday-Friday, 7:30 a.m. to 5:30 p.m. Call METROLine at 713-635-4000 for more information on discounts or METRO RideStores.

Question: What are the signs and symptoms of Parkinson's disease?

Answer: Parkinson's disease is a chronic, progressive neurological condition that impacts movement and balance. Signs and symptoms include shaking, poor balance, slow movement, muscle stiffness, difficulty swallowing, and muffled speech. For more information about treatment options and research,

contact Naomi D. Nelson, Ph.D., R.N. at the Houston Parkinson's Disease Research, Education, and Clinical Center (PADRECC) at (713) 794-7841 or naomi.nelson@med.va.gov. The PADRECC also has an informative Web site at www.va.gov/padrec_houston.

Question: I want to go visit family in Florida this summer. If I need to, can I go to a VA hospital there?

Answer: VA enrollment allows health care benefits to become portable throughout the entire VA system. Enrolled veterans who are traveling or who spend time away from their primary treatment facility may obtain care at any VA health care facility across the country without the worry of having to reapply.

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

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

Question: I am a recently discharged veteran with service in a theater of combat operations, can the VA provide me with health care?

Answer: Yes. The VA can provide you free medical care for two years from your discharge from active duty for conditions possibly related to your service, regardless of your income status. If you require assistance or just have questions, contact Operations Enduring Freedom & Iraqi Freedom Coordinators Fern Taylor at (713) 794-7034 and Vickie Toliver at (713) 794-8825.

Important VA Telephone Numbers

Michael E. DeBakey VA Medical Center	(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

Operations Enduring Freedom & Iraqi Freedom Coordinators

Fern Taylor	(713) 794-7034
Vickie Toliver	(713) 794-8825

Vet Center (701 N. Post Oak Road)	(713) 682-2288
Vet Center (2990 Richmond Ave.)	(713) 523-0884

Patient Representatives

Houston/Galveston/Texas City	(713)794-7884
Beaumont	1-800-833-7734, ext. 113
Conroe	(936) 522-4010, ext. 1952
Lufkin	(936) 633-2753

Houston VA National Cemetery	(281) 447-8686
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VA Regional Office

Main Number	(713) 383-1999
	or toll-free 1-800-827-1000
Compensation/Pension	1-800-827-1000
Home Loans	1-888-232-2571
Education	1-888-442-4551

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.

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.