



# VA Pride

November 8-9, 2007

## Event Provides Assistance and Support for Homeless Veterans

**HOUSTON** – The Michael E. DeBakey VA Medical Center (MEDVAMC), in cooperation with The Task Force for Houston Area Homeless Veterans, The Coalition for the Homeless, and the U.S. Veterans Initiative, Inc., will host the 7<sup>th</sup> Houston Area Stand Down for homeless veterans on November 8 - 9, 2007 at Midtown Terrace Suites located at 4640 Main Street, near Highway 59.

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

The Houston Area Stand Down will bring a wide range of specialized resources together

(continued on page 7)

## Life is About Showing Up . . . Please Don't Be a “No Show”

**HOUSTON** - As with almost everything in life, one must participate in order to enjoy the benefits. This certainly applies to keeping your medical appointments in order to maintain a healthy and active lifestyle.

During fiscal year 2007, more than one million clinic appointments were scheduled at the Michael E. DeBakey VA Medical Center (MEDVAMC) in Houston and its five outpatient clinics in Beaumont, Conroe, Galveston, Lufkin, and Texas City. Of that number, approximately 120,000 appointments were “No-Shows.”

A No-Show happens when a veteran fails to keep a scheduled appointment and does not notify his or her health care provider ahead of time.

No-Shows are missed opportunities because everyone loses. The veteran misses the chance to safeguard his or her health, and MEDVAMC, as a health care organization, loses the opportunity to provide quality and consistent health care to the veteran.

Keeping your scheduled VA health

(continued on page 3)



Prime Care Physician Claudine Johnson, M.D. examines Army Veteran Antonio Rosales, Jr. during a recent appointment. During fiscal year 2007, more than one million clinic appointments were scheduled at the Michael E. DeBakey VA Medical Center in Houston and its five outpatient clinics. Of that number, approximately 120,000 appointments were “No-Shows.”

November 11, 2007

## Veterans Day Ceremony Held in Downtown Houston

**HOUSTON** — The 9<sup>th</sup> Annual Houston Salutes American Heroes Veterans Day Commemoration and Parade is Sunday, November 11, 2007 in downtown Houston. The Houston VA National Cemetery, in conjunction with the City of Houston, is proud to continue the tradition of honoring the brave men and women who have risked their lives for our great nation. This year's theme is “Thank Veterans for the Blessings of Freedom.”

A Ceremony will take place from 11 a.m. to 12 p.m. at Hermann Square in front of City Hall, downtown Houston, 901 Bagby Street. A Parade of Heroes with a flyover will follow at 1 p.m. and begin at Smith and Texas, proceed down Smith to Lamar, right on Lamar and conclude at Bagby Street.

(continued on page 7)

## VA's Health Care System is National Model For Health Care, Says Author of New Book, ‘Best Care Anywhere’

**WASHINGTON, D.C.** — VA's health care delivery system is a model for the rest of America and offers solutions to the country's health care crisis, according to the author of a recently published book entitled “Best Care Anywhere: Why VA Health Care Is Better Than Yours.”

“I believe within 10 years, the evidence-based, patient-centered, Vista-driven model of care pioneered by the VA will be the delivery device by which most Americans and many foreigners as well receive their care,” said Phillip Longman, the book's author and a former economic journalist who is now a resident scholar at the Washington-based think tank, New America Foundation.

In a recent speech, Longman did note the VA faces a number of challenges in the years ahead, most notably the possibility of competition for funding from other programs such as Social Security and Medicaid and from the private sector.

Longman began researching health care as a free-lance writer for *Fortune* magazine which commissioned him to find who was doing the most to

modernize health care in the U.S. The assignment was especially important to him because he had lost his wife, Robin, to breast cancer five years earlier, and she had experienced significant difficulties with the care she received.

While doing his research, Longman read a number of articles praising VA for the innovations the Department had made in the last ten years. Pursuing the issue further, he discovered VA had completely changed its image from what the public saw through vehicles such as the movie, “Born on the Fourth of July.” Longman's research became the basis for an article he wrote for *Washington Monthly* magazine and for his book.

Longman noted that in recent years VA health care has received numerous accolades from well-respected independent expert organizations, including the American Consumer Satisfaction Index and the Innovations in Government Award from Harvard University.

In conducting his research, Longman visited a number of VA facilities and talked with numerous

(continued on page 4)



### Inside This Edition

Word from the Director	
“Veterans Day - Not Just A Parade” .....	2
Flu Season is Here .....	2
Conroe VA Outpatient Clinic Open for Business .....	2
PTSD Study .....	3
ED Research Study Results .....	3
What is Gout? .....	4
Take With or Without Food .....	4
Houston VA Tackles Spread of Deadly Bacteria .....	5
Vet Peer Support Group .....	5
Food: Survive the Holidays .....	6
Support Group Listing .....	6
Suffering from Shingles? .....	7
Lower Back Pain Study .....	8
Questions from Veterans .....	8

# Veterans: It's Time Again for Your Flu Shot

**HOUSTON** – This year, a plentiful supply of influenza vaccine is available at the Michael E. DeBakey VA Medical Center (MEDVAMC) and its five outpatient clinics, and there are no vaccine shortages or early cases of flu to affect the MEDVAMC vaccination program. Vaccinations at the MEDVAMC will continue through March 2008.

Veterans who should seriously consider vaccination are:

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

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

The decision to get vaccinated is also very important and recommended for

veterans 50 to 64 years of age because of their increased risk of flu complications and early development of chronic illness; and for physicians, nurses, family members, or anyone else in close contact with people at risk of serious influenza.

While flu shots are available in the community as early as late August, the VA strongly urges older veterans or those with weakened immune systems to wait until late October or early November to get vaccinated. This insures the person's immunity is at its strongest during the time that flu makes its appearance. The VA will still have a plentiful supply.

All Prime Care Providers at the MEDVAMC will vaccinate veterans on a walk-in basis. Last year, 22,500 veterans and MEDVAMC health care workers were vaccinated. The MEDVAMC plans to vaccinate even more this year.

Although the influenza virus may arrive earlier, the first cases of flu usually arrive in urban Houston in mid-December with most cases appearing in early January. For this reason, it is important to get vaccinated by late November, if possible. It may seem strange the MEDVAMC continues to vaccinate as late as March; however, in past years the experts at MEDVAMC have noticed influenza spreads into the rural areas of east Texas as late as March.



*Prime Care Nurse Bessie Jones, LVN gives Veteran Theophil Foltyn his annual flu shot. All Prime Care Providers at the MEDVAMC will vaccinate veterans on a walk-in basis. Last year, 22,500 veterans and MEDVAMC health care workers were vaccinated. The MEDVAMC plans to vaccinate even more this year.*

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

In fact, the two flu strains are so different that getting the first one does not mean you can not get the second.

The vaccine the MEDVAMC administers is effective against both types of flu, and for that reason, we continue to vaccinate veterans through March.

Whether vaccinated or not, it is important for veterans, family members, and MEDVAMC staff to know about medical treatments to lessen the severity of a flu illness and public health measures to help prevent the spread of this infection. Once flu begins to appear in

your community, it is a good idea to avoid close contact with people who are sick.

When you are sick, keep your distance from others. If you get the flu, stay home from work. Cover your mouth and nose with a tissue when coughing or sneezing. Wash your hands with soap and water or alcohol-based hand rubs, especially after coughing or sneezing. Avoid touching your eyes, nose, or mouth to prevent germ transmission. Consult your physician if you contract influenza as anti-viral therapy may offer some relief.

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

## A Word from the Director . . .

### Veterans Day, Not Just a Parade

**HOUSTON** - This Veterans Day brings the 9<sup>th</sup> Annual Houston Salutes American Heroes Veterans Day Commemoration and Parade to downtown Houston. I encourage everyone to participate in this community event to honor America's heroes.

The celebration and pageantry also are effective reminders of who we serve at the Michael E. DeBakey VA Medical Center (MEDVAMC) and why.

This past year, the MEDVAMC dramatically increased the array of services offered for our veteran patients. In January, we opened a new, state-of-the-art hybrid surgical suite combining endovascular, cardiac catheterization, cardiac surgical, laparoscopic, and radiological capabilities, allowing maximum flexibility and speed in the treatment of patients with even the most complex cardiac and vascular conditions. In February, we cut the ribbon on our newest outpatient clinic in Conroe and initiated clinical use of a surgical robotic system to perform minimally invasive urological operations, including the removal of cancerous prostate glands.

In April, as part of our fight against Methicillin-Resistant *Staphylococcus aureus* (MRSA), MEDVAMC was the first hospital in Texas and in the VA to install a computerized system able to integrate all the steps required for surveillance MRSA testing: sample preparation, amplification, and detection. As part of



*Edgar L. Tucker, Medical Center Director*

our strategic plan, we continuously and methodically strive for customer service improvements, state-of-the-art technology, and medical advances at the MEDVAMC.

Recently, we witnessed the community step forward with a program to build homes for our youngest veterans. We were honored when U.S. Representative Culberson presented a second Purple Heart to one of our oldest veterans. We welcomed home staff from active duty, many in Iraq and Afghanistan. We saluted others just beginning their tour of duty and wished them a safe return.

Veterans Day is more than just a parade. It is a call to honor those who have served and to remember their love of country and willingness to sacrifice. Most importantly for us at the MEDVAMC, it is a call to serve these heroes with respect, consideration, and appreciation each day. ♦

## New VA Outpatient Clinic in Conroe Now Open!

**Conroe Community Based Outpatient Clinic**  
800 Riverwood Court, Suite 100, Conroe, TX 77304

This new clinic provides primary care and mental health services for veterans in Montgomery County and surrounding areas.

Veterans who wish to enroll in the new Conroe CBOC may call (936) 522-4000 or visit [www.va.gov/elig](http://www.va.gov/elig).

## Not All ED Patients Comfortable with Both Male and Female Health Care Providers

**HOUSTON** – Researchers at the Michael E. DeBakey VA Medical Center (MEDVAMC) have found that while the gender of health care providers is not a concern for all men seeking treatment for erectile dysfunction (ED), there is a clear bias toward male providers among those who have an opinion.

The study, by Robert Tan, M.D., M.B.A., A.G.S.F., Extended Care Line clinical director, Maurita Carrejo, M.S., Extended Care Line health science research specialist, and Justin Balla, M.D., a former MEDVAMC extern, appeared in the July 26, 2007 issue of *International Journal for Impotence Research*.

“We investigated whether a preference by men regarding the gender of a health care provider to manage erectile dysfunction may be a factor in the diagnosis and care of this condition,” said Tan. “ED, many times, has a broader medical significance for patients and is an area of increasing interest in the medical field.”

A brief questionnaire was completed by 1,087 adult males in a primary care setting at the MEDVAMC. It explored provider gender preference and other possible biases. The prevalence of ED in the 40-69 age group in the surveyed population was 68.8 percent. The prevalence was 81 percent in the age group of 70 and older. Of those who reported having experienced ED, only 51.5 percent had discussed it with a provider and 28.1 percent had been treated.

Approximately, 57 percent expressed no provider gender preference, regardless of history of ED. Of those who had a preference, approximately 75 percent preferred male providers.

Most veterans surveyed believed males and females were equally qualified to manage ED. However, among those who did have an opinion about the qualification of providers, males were viewed more favorably.

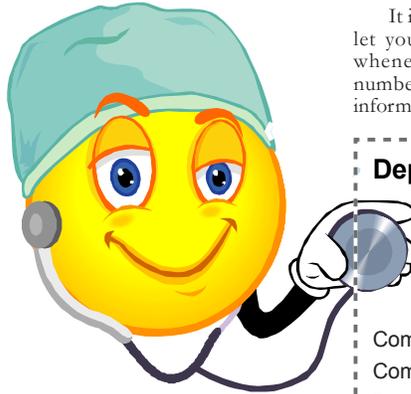
The *International Journal for Impotence Research* has the highest citation index for research in this area. This particular research initiative is the largest study on ED in veterans to date and the second largest study on ED in the United States.

“The study also confirmed the issue of privacy during the discussion of ED was very important to the respondents in this study,” said Carrejo. “The DeBakey VA Medical Center serves as an important teaching site for medical students, residents, and other health care students. We always strive to balance the privacy concerns of our patients with our teaching mission.”

The study, which began in 2004, was funded by the Consortium for the Study of Erectile Function and approved by the MEDVAMC and Baylor College of Medicine. ♦

More than 10% of all appointments at the MEDVAMC and its 5 outpatient clinics are “No Shows.”

## Please Don't Be a “No-Show” at Your Next VA Medical Appointment



(continued from page 1)

care appointments also 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 such as narcotics, missing appointments may force your health care provider to cancel your refills.

Additionally, when an appointment is not cancelled in advance, it is usually too late to reschedule another patient for the vacant slot. This results in longer wait times for other veterans who need to see a health care provider.

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

It is also important not to forget to let your health care provider know whenever your address, telephone number, or other important contact information changes.

Several departments at the MEDVAMC schedule their own appointments. Please call these clinics directly to make or cancel an appointment. ♦

### Department or Clinic Telephone Number

VA Network Telecare Center	-----	713) 794-8985 toll free 1 (800) 639-5137
Behavioral Medicine	-----	(713) 794-7101
Cardiology	-----	(713) 794-7300
Compensation & Pension	-----	(713) 794-7091
Comprehensive Mental Health	-----	(713) 794-8709
Dental Clinic	-----	(713) 794-7187
Dermatology Clinic	-----	(713) 791-1414, ext. 3452
ENT Clinic	-----	(713) 794-7180
Eye Clinic	-----	(713) 794-7450
GI Clinic	-----	(713) 794-7274
MRI	-----	(713) 794-7807
Neuropsychology	-----	(713) 794-7116
Oncology Clinic	-----	(713) 794-7454
Ostomy Clinic	-----	(713) 794-7501
Pacemaker	-----	(713) 794-7300
Spinal Cord Injury Clinic	-----	(713) 794-7057
Substance Dependence	-----	(713) 794-8700
Trauma Recovery Program	-----	(713) 794-8700
Urology Clinic	-----	(713) 791-1414, ext. 6424
X-ray	-----	(713) 791-1414, ext. 4516
Beaumont VA Outpatient Clinic	-----	(409) 981-8550
Charles Wilson VA Outpatient Clinic	----	(936) 633-2758 (Lufkin)
Conroe VA Outpatient Clinic	-----	(936) 522-4000
Galveston VA Outpatient Clinic	-----	(409) 741-0256
Texas City VA Outpatient Clinic	-----	(409) 986-1129

## Non-Drug PTSD Treatment Research Project for OEF/OIF Veterans

**WHO:** Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) veterans

**WHAT:** MEDVAMC is currently testing a non-drug treatment for veterans suffering from Post Traumatic Stress Disorder (PTSD).

**WHY:** By participating, you will receive an assessment of your heart rate variability (HRV). This is a measure of the “flexibility” of your heart. You may also be selected to participate in a non-drug treatment (HRV biofeedback) for PTSD. Your participation in this research project will help your fellow veterans who do have PTSD. *Eligible veterans will receive monetary compensation for their participation.*

**WHERE:** Michael E. DeBakey VA Medical Center

**CONTACT:** To set up an appointment or for more information, call John Sutherland (Research Assistant) at (713) 791-1414, ext. 6905 or Dr. Gabriel Tan (Primary Investigator) at (713) 794-8794.



This research project has been approved by the Houston VA Research Committee and the Baylor College of Medicine Institutional Review Board (IRB).

## New Book Declares VA is 'Best Care Anywhere'

(continued from page 1)

nurses and other VA employees. Among those he interviewed and featured in the book were the so-called "Hard Hats," a loose underground network of pioneering VA doctors, pharmacists, and technicians who, beginning in the 1970s, wrote the software that became VistA, the VA's world class system of electronic health records.

"VistA is a process, not a product," Longman said, noting one of the chief reasons for the system's success is the ideas for the computer programs were developed by doctors and other medical professionals.

Longman said the "hard hats" represented a revolution from below that set the stage for the decision to implement VistA throughout VHA led by Dr. Kenneth Kizer when he became Under Secretary for Health in 1995. Longman said Kizer's legacy is a model system veterans groups and health care experts now applaud.

He said in addition to its innovative use of technology for medical purposes, VA is successful because it has a near life-long relationship with its patients, beginning when they leave the service and lasting until the end of life — including long-term nursing home care.

This gives VA incentives for investing in prevention, evidence-based medicine, and effective disease management that are weak or lacking in other health care systems.

For example, if VA does not effectively manage its diabetes care, patients may require expensive care such as dialysis or amputations. This provides a financial incentive for preventive care.

"These incentives for quality care are lacking elsewhere in the health care system," Longman said.

Outside VA, the benefits of investing in electronic medical records or in preventive medicine wind up going not to the health care system but to other competitors. In short, from the provider's view, there is little or no business case for quality.

Longman said VA has proven it can be successful because its system of care gives the provider a stake in the patient's long-term interest.

Longman's book says there is a good case for merging the military health care system into the VA, which could be expedited because of plans to close some military bases and hospitals.

Longman's long-range plan would be to expand the system to other target publics, such as those on Medicaid or Medicare, and providing coverage for the 47 million people in the United States who do not have health insurance.

"After seeing what the VA can do, I believe the health care crisis is solvable," Longman said. ♦

## Take Pills With or Without Food?

**HOUSTON** - Do you ever wonder why your Michael E. DeBakey VA Medical Center (MEDVAMC) health care provider instructs you to take your medications with food or without food?

There are many reasons behind their advice. Some medications need food to increase their absorption into the body. This makes these particular drugs more effective. Other drugs may cause stomach irritation and side effects, requiring food to help lessen the problem.

Many drugs are degraded when conditions in the stomach are too acidic. Food can help to alleviate this situation. Sometimes food can alter how the body processes a particular drug, making the medication less effective.

On the other hand, some drugs are hindered from working if taken with food, so this means take the medicine one hour before or two hours after a meal. Food can sometimes slow the absorption of the drugs. Many foods and food products can bind to the drug rendering it ineffective.

Many strong medications are frequently misused or taken incorrectly. By not following instructions on how to take medicine safely, people can greatly lower the quality of their lives and in some extreme cases, put their lives at risk.

If you have questions, call the VA Network Telecare Center 24 hours a day, seven days a week at (713) 794-8985 or toll-free 1 (800) 639-5137. ♦

### Medications ..... With or Without Food

Aspirin or Enteric-coated Aspirin .....	Take with food.
Ibuprofen or Naproxen .....	Take with food or milk.
Acetaminophen (also called Tylenol) .....	Take on empty stomach if not contraindicated.
Penicillin or Ampicillin .....	Take on an empty stomach.
Amoxicillin .....	Without regards to meals.
Tetracycline .....	Take 1 hour or 2 hours after meals
<i>Do not take with antacids, dairy products, or iron.</i>	
Ciprofloxacin or Gatifloxacin .....	Take 1 hour or 2 hours after meals.
<i>Do not take with antacids, dairy products, or iron.</i>	
Phenytoin .....	Take with food.
Captopril .....	Take on empty stomach at same time everyday.
Atenolol .....	Without regards to meals, but take it same time everyday.
Digoxin .....	Take at same time as food. Avoid high fiber diets.
Hydrochlorothiazide .....	Take with food.
Labetalol .....	Take with food.
Metoprolol .....	Without regards to meals, but be consistent everyday.
Hydralazine .....	Take with food.
Glipizide .....	Take 30 minutes before meals.
Glyburide .....	Take with food.
Rosiglitazone or Pioglitazone .....	Take with food.
Prednisone or Methylprednisolone .....	Take with food.
Lovastatin or Simvastatin .....	Take with food.
Atorvastatin .....	Without regards to meals.
Warfarin .....	Maintain a balanced diet.
<i>Avoid abrupt intake of large amounts of food rich in vitamin K.</i>	
Felodipine .....	Do not take with grapefruit products.

## There's never a good time for an asthma attack.

But now is a great time to join our research study.

The Michael E. DeBakey VA Medical Center and Baylor College of Medicine are conducting an asthma research study to compare the long-term effectiveness of two different FDA-approved medicines (one combination treatment and one single drug treatment) to improve lung function and asthma control. You may be able to participate in this study if you:

- Are at least 18 years old and have been diagnosed with mild to moderate persistent asthma for at least the last 6 months.
- Have been taking low to medium doses of inhaled corticosteroids alone or in combination with other asthma controllers for at least the last 4 weeks.
- Have experienced asthma symptoms requiring albuterol use within the last 4 weeks.
- Do not have intermittent, seasonal, or exercise-induced asthma alone.

Qualified participants can expect study participation to last approximately 56 weeks, with 16 study clinic visits. All study-related medical exams, laboratory tests, and study medication will be provided to qualified participants at no cost.

**For more information, call 713.798.8726.**

Ask the Doctor . . .

## What is Gout?

**HOUSTON** - Gout is one of the most painful rheumatic diseases. It occurs when needle-like crystals of uric acid build up in connective tissue or in the joint space between two bones.

Uric acid is a waste product formed from the breakdown of purines. These are substances found naturally in your body as well as in certain foods such as liver, asparagus, and mushrooms.

Normally, uric acid dissolves in your blood and passes through your kidneys into your urine. But sometimes your body either produces too much or excretes too little of this acid.

Adult men, particularly those between the ages of 40 and 50, are more likely than women to develop gout. Women rarely develop the disease while still menstruating.

Gout frequently first attacks the joints in the big toe. The affected joint may become swollen, red, or warm. Attacks usually occur at night. This disease frequently affects joints in the lower part of the body such as knee, ankles, or toes.

To confirm a diagnosis of gout, a health care provider inserts a needle into the inflamed joint and draws a sample of synovial fluid, the substance that lubricates a joint. The fluid is examined for uric acid crystals under a microscope. If they are found in the fluid surrounding the joint, the person usually has gout.

Physicians often prescribe high doses of non-steroidal anti-inflammatory drugs or steroids for a sudden attack of gout. Patients often begin to improve within a few hours of treatment, and the attack usually goes away completely within a week or so. ♦

# Houston VA Tackles Spread of Deadly Bacteria - Both In and Out of the Hospital

**HOUSTON** - MRSA is the acronym for Methicillin-resistant Staphylococcus aureus, a strain of staph bacteria resistant to most antibiotics normally used to treat infections.

MRSA was first identified in hospitals in 1968, according to the Centers for Disease Control and Prevention. It remained confined to health care facilities for decades. That changed in the 1990s, as a new type of MRSA began showing up in healthy, non-hospitalized people. Called community-associated MRSA, this infection has been known to spread among athletes who compete on school teams or work out at local gyms.

Nevertheless, you do not have to be an athlete to get it. Anyone who has a cut or a scrape and comes in close personal contact with someone carrying the germ is at risk. Not everyone who carries MRSA is sick; healthy people often carry the germ on their skin and do not get sick unless it enters the body, usually through a wound.

MRSA starts as redness on the skin and is sometimes misdiagnosed as a spider bite. It then develops into a sore or a boil. The sores can fester and spread,

leading to blood infections or pneumonia. In some cases, MRSA can be fatal.

Anyone can get MRSA, but you are more at risk:

- If you are over age 65.
- If you have a chronic disease like diabetes, cancer, or heart disease.
- If you have a break in your skin, from surgery, sores, or scrapes.
- If you have any tubes in your body, fresh surgery wounds, or openings in your skin.
- If you are in a crowded place like a hospital, nursing home, or day care center.

You can get MRSA the same way you catch the common cold, by touching someone or something that has MRSA and then touching your eyes, nose, or skin. MRSA can live on people and surfaces like computer keyboards, TV remotes, telephones, and shopping carts for weeks.

When you have MRSA, you can pass it to others without knowing it. However, you can kill MRSA by using effective cleaning methods. Common sense hygiene practices - such as frequent hand washing, showering soon after



*If you are in the hospital, you can protect yourself by frequently using the antimicrobial soap or the alcohol hand cleaner in your room and found throughout the hospital. Wash and clean your hands as you enter and leave your room, and ask all visitors, including health care providers, to do the same. Above, Nursing Unit 3A Staff Nurse Tryphosia M. Tucker, LVN shows U.S. Army Veteran Trinidad Limon how to use the alcohol hand cleaner outside his room.*

**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:  
**Wednesdays, 6-7 p.m., Room 6B-117**  
**Thursdays, 9-10 a.m., Room 6B-117**  
**Thursdays, 11 a.m. - noon, Room 6C-166**

For more information, call 713.791.1414, ext. 6729 or ext. 4378.

contact sports, not sharing personal items, and spraying down frequently used items with a mild bleach solution before using - go a long way to preventing infection.

You can avoid passing MRSA to others by washing and cleaning your hands. It is also important to remind others to wash and clean their hands. It is okay to ask your health care provider if he or she has washed his or her hands.

If you are in the hospital, you can protect yourself and others by telling all your health care providers if you are a MRSA carrier, especially before you have surgery. Use the antimicrobial soap or the alcohol hand cleaner frequently in your room and found throughout the hospital. Wash and clean your hands as you enter and leave your room, and ask all visitors, including health care providers, to do the same. If you use a wheelchair, wash and clean your hands often, and wash and clean wheelchair gloves every day.

At home, you can protect your family and others from MRSA by washing and cleaning your hands before and after you care for yourself or others who have MRSA. Tell family members and others in close contact to wash and clean their hands. Wash and clean your hands before holding or feeding a child.

Always cover wounds or skin lesions with clean dry bandages. Wash and clean your hands and put on clean disposable gloves to change bandages, clean a wound, and touch a wound or a dirty bandage. After caring for a wound, remove gloves so they are inside out, do not touch the outside of the gloves, make sure gloves are disposed of carefully, never touch the used gloves after they are off your hands, and wash and clean your hands again.

It is also helpful to clean rooms and personal items daily. You can use a store-

bought disinfectant (cleaner) or make your own by mixing one tablespoon of bleach in one quart of water. Wash soiled linens and clothes with regular laundry detergent. Wash utensils and dishes as usual, with dish detergent and hot water. Use a dishwasher if you can.

As part of its fight against the spread of MRSA, the Michael E. DeBakey VA Medical Center has teamed up with 18 other VA medical facilities for the VA MRSA Prevention Initiative, "Getting to Zero." The goal of this important health care effort is to improve the safety and quality of life for our nation's veterans.

The MEDVAMC uses the "MRSA Bundle" as its 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).

In addition, MRSA is prevented from spreading by placing veterans who test positive for MRSA in private rooms or with other patients who have the same germ. It is our policy to give antibiotics for MRSA only to patients who have symptoms and are sick with MRSA or who have surgery. This is to prevent MRSA from becoming resistant to current treatments.

In April 2007, the MEDVAMC was the first hospital in Texas and in the VA to install a computerized system able to integrate all the steps required for surveillance MRSA testing: sample preparation, amplification, and detection.

To find out more about MRSA and prevention measures, contact the MEDVAMC Infection Control Office at (713) 794-7808. ♦ Patricia A. Byers, RM, M(ASCP), CIC, Infection Control Practitioner

# Food: Naughty or Nice? Surviving the Holidays

**HOUSTON** - Parties, dinners, family gatherings - the holidays are usually filled with events focusing on food and it has become common to gain up to four to five pounds. Many people begin their New Year's resolutions by pledging "I will lose weight before summer."

There are many ways to keep the holiday heft at bay. Houstonians have one great advantage over the rest of the country - mostly great weather throughout the fall and winter. Here are a few tips to help beat the bulge:

## Stay Active

If you have an exercise routine, do not use the holidays as an excuse to get off schedule. It is more important than ever to keep active during the holidays, because you most likely will be eating more fat and sugar. If you exercise regularly, your body will be better equipped to handle the extra calories. Try to get 30-40 minutes of activity daily. This can be broken into segments, like 10 minutes walking to the store or five minutes taking the stairs.

## Walk Away

Be selective and choose only foods you really want to eat and make the portions small. When socializing, stay away from the buffet table to avoid nibbling.

## High Fiber Foods

Snack on high fiber foods such as a small salad, fresh fruit, or maybe even a small bowl of oatmeal or raisin bran before the party. Fiber will help you feel full before you get to the party.

## Taste Test

It is okay to partake in the holiday bounty, but choose smaller portions or only one item. If the pie or cake is pre-cut, ask to share it with someone. Take half a spoonful instead of a heaping one and use the smallest plate available.

## Slow and Steady

Make sure you take your time when eating. It usually takes about 20 minutes for your brain to realize your stomach is full. Put your fork down between bites and relax and reminisce with your friends and family.

## Limit or Avoid Your Alcohol

In terms of calories, alcohol has almost the same amount of calories per gram as fat. Alcohol will dehydrate you and make you feel tired as well.

## Don't Skip

Skipping lunch or breakfast will not help you lose weight. It will only make you moody, tired, and hungry. Going to



MEDVAMC Dietetic Intern Michelle Turner discusses the benefits of daily exercise and good nutrition with U.S. Navy Veteran Jerald Archie. For counseling with a registered dietitian, call the MEDVAMC Nutrition Clinic at (713) 791-1414, ext. 4295 or ext. 6166.

a party hungry may also make you eat more than the calories you 'saved' from not eating early in the day.

## Drink Lots of Water

Water does far more than satisfy your thirst. Actually, thirst is more like a signal that your body needs more fluid to perform its many functions. Consequently, thirst is not a foolproof mechanism, especially during strenuous physical activity like dancing or playing a game of touch football.

## Get Involved

Offer to bring a dish. Veggie or fruit trays are great choices and that way, you will be sure there are healthy snacks at the party. People will secretly thank you for helping them limit their holiday overindulgences.

## Be A Picky Eater

Avoid anything pastry wrapped, creamy dips, fried items, and sugared nuts. Leaner protein choices, salsas, and nuts in shells are better choices. Pay attention to what you are eating and remember to balance your food groups.

Above all, do not beat yourself up about eating too much at one party. Common sense and "everything in moderation" can get you through a lot of the holiday nutritional pitfalls. Maybe these tips, along with what you already know about proper nutrition, will change your New Year's resolution. ♦ Molly Wong, MEDVAMC Dietetic Intern

## Support Group Listing

Talk with a social worker on your nursing unit or in your Prime Care Clinic about available support groups.

### Vet to Vet Support Group

Meets every Wednesday, 6-7 p.m. and every Thursday, 9-10 a.m. & 11 a.m. - noon. No facilitator involved. POC: Dr. Sara Allison, (713) 791-1414, ext. 6729

### 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

### Stroke Support Group

Meets 3rd Thursday every month, 3 p.m., Nursing Unit (NU) 2A Dining Room. Facilitator: Kathryn Kertz, (713) 791-1414, ext. 4192

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

Edgar L. Tucker, BA, MPH, FACHE, 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  
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](mailto: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.

## Assistance for Homeless Veterans

(continued from page 1)

to provide homeless veterans with comprehensive medical and psychosocial services. This event will be an opportunity for homeless veterans to access a broad spectrum of services at one convenient location and to create a plan for re-entry into mainstream society.

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

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

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

## Veterans Day Event

(continued from page 1)

This year, the ceremony's keynote speaker role will be shared by Col. Arch Ethun, U.S. Air Force (Ret.) representing World War II veterans; Charles Laird, U.S. Marine Corps, Texas Lone Star Chapter, Korean War Veterans representing Korean War veterans; Col. Bill Duncan, U.S. Marine Corps representing Vietnam War veterans; and Chase Freel, U.S. Army representing Gulf War and Operations Enduring Freedom and Iraqi Freedom veterans.

This event is free and open to the public. For more information, please call (713) 437-6351 or visit [www.houstontx.gov/specialevents/featured.html](http://www.houstontx.gov/specialevents/featured.html).

The Houston VA National Cemetery is the second largest national cemetery in the region, encompassing some 419 acres in northwest Houston. The cemetery's focal point is the horseshoe-shaped building at its center known as the Hemicycle. This exposed aggregate structure contains a chapel and a 75-foot bell tower.

All veterans with general or better discharges, their spouses, and dependent children are eligible for burial in a national cemetery. Eligible veterans may receive a VA grave marker or headstone even if they are not buried in a national cemetery. For more information, visit the National Cemetery Administration Web site at [www.cem.va.gov](http://www.cem.va.gov). ♦

# Suffering from Shingles? The Cause is More Common Than You Might Think

**BETHESDA, MD** - When the itchy red spots of childhood chickenpox disappear, the battle with the virus that causes chickenpox seems won. But for many people this triumph of immune system over virus is temporary. Actually, the virus was not destroyed but remains dormant in nerve cells, ready to strike again later in life. This second eruption of the chickenpox virus is the disease called shingles or herpes-zoster.

While young people can and do develop shingles, the disease most often strikes after age 40. But since shingles is so common, affecting an estimated one-quarter of Americans at some point during their lifetimes, cases in young people are not rare.

Virtually all adults in the United States have had chickenpox, even if it was so mild as to pass unnoticed, and so almost everyone is at risk to develop shingles later in life. In the original exposure to the chickenpox virus, some of the virus particles leave the blood and settle into clusters of nerve cells, where they remain for many years in an inactive form. These nerve cells, which are adjacent to the spinal cord and brain, relay information to the brain about what the body is sensing - heat, cold, touch, pain.

When the virus reactivates, it spreads down the long nerve fibers from the sensory cell bodies to the skin. The viruses multiply, the telltale rash erupts, and the person has shingles. With shingles, the nervous system is more deeply involved than it was during the bout with chickenpox, and the symptoms are often more complex and severe.

The first sign of shingles is often burning, aching, or tingling pain, or itch, in one particular location on only one side of the body. After several days or a week, a rash of fluid-filled blisters, similar to chickenpox, appears in one area on one side of the body. Recent studies have shown that subtle cases of



The most common location for shingles is a band, called a dermatome, spanning one side of the trunk around the waistline. The second most common location is on one side of the face around the eye and on the forehead. However, shingles can involve any part of the body.

shingles with only a few lesions, or none, are more common than previously thought. These cases will usually remain unrecognized.

Shingles pain can be mild or intense. Some people have mostly itching; some feel pain from the gentlest touch or breeze. The most common location for shingles is a band, called a dermatome, spanning one side of the trunk around the waistline. The second most common location is on one side of the face around the eye and on the forehead.

However, shingles can involve any part of the body. The number of lesions is variable. Some rashes merge and produce an area that looks like a severe burn. Other patients may have just a few scattered lesions that don't cause severe symptoms.

For most healthy people, shingles rashes heal within a few weeks, the pain

and itch that accompany the lesions subside, and the blisters leave no scars. Other people may have sensory symptoms that linger for months or years.

Shingles attacks can be made less severe and shorter by using prescription antiviral drugs. It is important not to miss any doses and not to stop taking the medication early. Antiviral drugs can reduce by about half the risk of being left with postherpetic neuralgia, which is chronic pain that can last for months or years after the shingles rash clears.

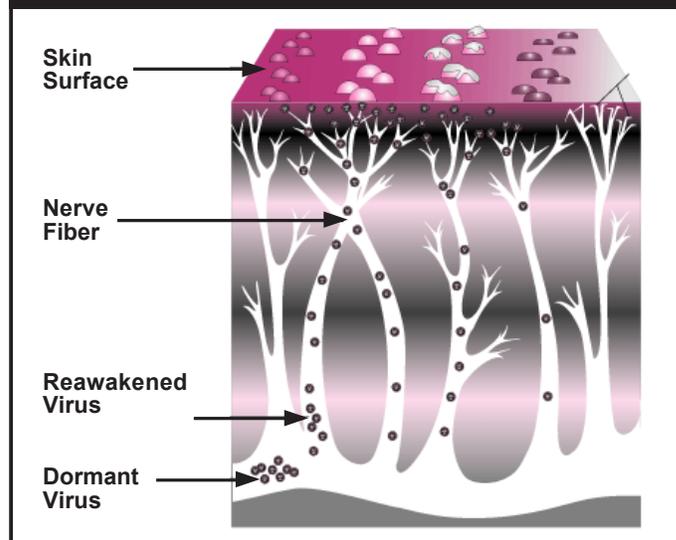
Doctors recommend starting antiviral drugs at the first sign of the shingles rash, or even if the telltale symptoms indicate a rash is about to erupt. Even if a patient is not seen by a doctor at the beginning of the illness, it may still be useful to start antiviral medications if new lesions are still forming. Other treatments to consider are anti-inflammatory corticosteroids; these are routinely used when the eye or other facial nerves are affected.

For postherpetic neuralgia, possible treatments options include lidocaine patches which relieve pain and discomfort by blocking signals sent to nerve endings in the skin and small doses of tricyclic antidepressants which affect key brain chemicals, including serotonin and norepinephrine, directing how your body interprets pain.

Recently, the Food and Drug Administration approved a shingles vaccine for use in people 60 and older who have had chickenpox. When the Centers for Disease Control and Prevention issues guidelines for vaccination, many older adults will for the first time have a means of preventing shingles.

Researchers found that giving older adults the vaccine reduced the expected number of cases of shingles by half. And in people who still got the disease despite immunization, the severity and complications of shingles were dramatically reduced. Unfortunately, the shingles vaccine is only a preventive therapy and not for those who already have shingles or postherpetic neuralgia. ♦ Information provided by National Institute of Neurological Disorders and Stroke ([www.ninds.nih.gov](http://www.ninds.nih.gov))

## A Course of Shingles



The reawakened virus generally causes a vague burning or aching sensation or tingling over an area of skin. A painful rash usually occurs two to five days after the first symptoms appear. A cluster of small bumps turns into blisters resembling chickenpox lesions. The blisters fill with pus, break open, crust over, and finally disappear.



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

[vahougeneralquestions@med.va.gov](mailto:vahougeneralquestions@med.va.gov)

**Question: I live in Lufkin and have a doctor appointment at the VA in Houston. What kind of transportation is available?**

**Answer:** A comfortable 50-passenger coach with a restroom and capacity for two wheelchair bound passengers is available for veterans with appointments at the MEDVAMC and up to one guest. Any veteran traveling to Houston for an appointment with the MEDVAMC can reserve, in advance, a seat on the bus by contacting the CWOPC Reception Desk at (936) 633-2740.

Reservations are on a first-come, first-served basis. The bus runs Monday through Friday except Federal Holidays, departing the Jennings Bus Station located at 302 South First Street in Lufkin at 7:30 a.m., and stopping at the Brazos Transit District Facility, 202 Pan American, in Livingston at

approximately 8:30 a.m., to pick up additional veterans. The bus will arrive at the MEDVAMC in Houston at approximately 10 a.m. and depart at about 3 p.m.

**Question: Do VA's health care benefits include long term care?**

**Answer:** VA health care benefits provide for a range of long-term care services, including Nursing Home Care, Domiciliary Care, Adult Day Health Care, Geriatric Evaluation, and Respite Care. For more information on VA programs for aging and chronically ill veterans, visit [www.va.gov/geriatricssbg](http://www.va.gov/geriatricssbg).

**Question: Who qualifies for nursing home care?**

**Answer:** Any veteran who has a service-connected disability rated at 70 percent or more qualifies for nursing home care. Veterans whose service-connected disability is clinically determined to require nursing home care also qualify. Care will be provided in a VA nursing home or contract nursing home.

**Question: What if I am a veteran who needs nursing home care, but I don't meet the requirements?**

**Answer:** VA may provide nursing home care to other veterans if space and resources are available. Veterans who have a service-connected disability are given first priority for nursing home care. Nonservice-connected veterans and zero percent, noncompensable, service-connected veterans requiring nursing home care for any nonservice-connected disability must complete an income and asset assessment to determine whether

they will be billed for nursing home care. For more information, contact the MEDVAMC Eligibility & Enrollment Office at (713) 794-7288.

**Question: Does the VA offer a support group for stroke survivors and their families?**

**Answer:** Yes, stroke survivors and their caregivers and family members are encouraged to attend the MEDVAMC's Stroke Support Group for support and information. This group meets the third Thursday of every month, 3-4 p.m., in the NU-2A Dayroom. There are open discussions as well as guest speakers. For more information, contact Kathryn Kertz, OTR at (713) 794-7793; Laura Lawhon, RKT at (713) 794-7816; or Lisa Whipple, LCSW at (713) 794-7951.

**Question: Does the VA have a suicide hotline?**

**Answer:** To ensure veterans with emotional crises have round-the-clock access to trained professionals, the VA operates a national suicide prevention hot line for veterans. The toll-free hot line number is 1-800-273-TALK (8255).

**Question: What is "Presumptive" Service Connection?**

**Answer:** VA presumes specific disabilities diagnosed in certain veterans were caused by their military service. VA does this because of the unique circumstances of their military service. If one of these conditions is diagnosed in a veteran in one of these groups, VA presumes that the circumstances of his/her service caused the condition, and disability compensation can be awarded. For

more information, contact the Houston VA Regional Office at 1 (800) 827-1000.

**Question: Why is there such an current emphasis by VA on brain injuries?**

**Answer:** It has been said that traumatic brain injuries - caused by Improvised Explosive Devices, mortars, vehicle accidents, grenades, bullets, mines, or falls - may be the hallmark injury faced by veterans of Iraq and Afghanistan. Even those who were not obviously wounded in explosions or accidents may have sustained a brain injury. It is important families, service members, and the community understand some of the subtle signs and seek screening at the MEDVAMC. For more information, contact the MEDVAMC Returning Veterans Coordinator Fern Taylor at (713) 794-7034.

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

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

**Question: How do I send flowers to my grandfather while he is a patient there?**

**Answer:** If you would like to send a card, gift, or flowers to an inpatient, the mailing address is Patient Name, Patient Room Number, c/o Michael E. DeBakey VA Medical Center, 2002 Holcombe Blvd., Houston, TX 77030.

## 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
<b>Operations Enduring Freedom &amp; Iraqi Freedom Coordinators</b>	
Fern Taylor .....	(713) 794-7034
Vickie Toliver .....	(713) 794-8825
<b>Vet Center (701 N. Post Oak Road) .....</b>	<b>(713) 682-2288</b>
<b>Vet Center (2990 Richmond Ave.) .....</b>	<b>(713) 523-0884</b>
<b>Patient Representatives</b>	
Houston/Galveston/Texas City .....	(713) 794-7884
Beaumont .....	1-800-833-7734, ext. 113
Conroe .....	(936) 522-4010, ext. 1952
Lufkin .....	(936) 633-2753
<b>Houston VA National Cemetery .....</b>	<b>(281) 447-8686</b>
<b>VA Regional Office</b>	
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

## Do You Suffer from Chronic Lower Back Pain?

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.

This study will assess the effectiveness of hypnosis and/or bio-feedback 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 process in which a physiological parameter such as near surface blood flow or muscle tension is recorded and shown to patients virtually instantly as the recording is made so patients can be coached to recognize levels of function and to control them.

For more information, call Donna Smith or Jack Tsan at (713) 794-7491. This study has been approved by the Baylor College of Medicine Institutional Review Board.

