Michael E. DeBakey Veterans Affairs Medical Center

VA Star

Vol. 7 No. 4 An Information Guide for the Veterans We Serve in Southeast Texas July/August 2008

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

DeBakey VA Awarded Re-Accreditation from The Joint Commission

HOUSTON – The Michael E. DeBakey VA Medical Center (MEDVAMC) has achieved re-accreditation from The Joint Commission as a result of its demonstrated compliance with the organization's nationally recognized health care standards. The Joint Commission's on-site survey of the MEDVAMC and its outpatient clinics occurred April 7 – 11, 2008.

The Joint Commission evaluates and accredits more than 15,000 health care organizations and programs in the United States. An independent, not-for-profit organization, The Joint Commission is the nation's predominant standards-setting and accrediting body in health care. Since 1951, The Joint

(continued on page 7)

Inside This Issue

Word from the Director "Fight Against Superbug" .. 2
Vets Have Direct Input into Quality of Health Care 2
Novel Aquatic Plyometrics Advances Patient Rehab 3
In the Works: Cocaine Vaccine . 3
Free Legal Assistance Clinic 4
Your Risk for Skin Cancer 4
Do Herbal Therapies Work? 5
Be Prepared: Hurricane Season ... 5
High-Tech Dentistry 6
Support Group Listing 6
Sugar and Sugar Substitutes 7

New, Revamped VA Web Site: www.houston.va.gov

Houston VA Opens New Residential Facility for Homeless Veterans

HOUSTON – The Michael E. DeBakey VA Medical Center (MEDVAMC) opened a 40-bed domiciliary residence for homeless veterans on June 30, 2008. The new facility, located at 7329 Fannin Street, features 14 apartments with kitchenettes and a 40-person dining facility. A ribbon-cutting ceremony is planned for July 7, 2008 at 10 a.m.

"We are committed to the struggle against chronic homelessness among our nation's veterans," said Edgar L. Tucker, MEDVAMC director. "This new domiciliary residence is another way for the Michael E. DeBakey VA Medical Center to bring veterans in need of assistance together with the wide range of programs and services VA provides."

MEDVAMC's Domiciliary Care for Homeless Veterans (DCHV) Program provides medical care and rehabilitation services in a residential and therapeutic setting to eligible ambulatory veterans challenged by medical conditions, psychiatric disorders, or physical injuries who do not need hospitalization or nursing home care.

The mission is to provide an opportunity for motivated, at-risk veterans to achieve his/her optimal level of functioning and return to independent community living. This short-term residential rehabilitation program allows veterans to learn skills needed to live in the community and avoid a return to homelessness.

Photo by Bobby D. Grauer, MEDVAMC Public Affairs Officer

Domiciliary Assistant Carl Poole (left) and Peer Tech Specialist David Tillman raise the flag for the first time at the new 'Crossroads' domiciliary residence for homeless veterans. The Domiciliary Care for Homeless Veterans Program provides medical care and rehabilitation services in a residential and therapeutic setting to eligible ambulatory veterans.

"This is a place where a person must make a decision or choice on which direction to take," said one resident of the new facility. "The Domiciliary Program is a place where you can choose to change your direction in life and get on the road to recovery and positive living."

Residents in the DCHV Program participate in a full range of rehabilitation

(continued on page 4)

Suicide Prevention Essential Part of Care and Support for Returning Troops

HOUSTON - The Michael E. DeBakey VA Medical Center (MEDVAMC) has developed and expanded several programs to provide mental health crisis response, 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, the MEDVAMC has developed world class expertise in treating mental health problems and responding to crisis situations.

VA Suicide Prevention Hotline
1-800-273-TALK
or
1-800-273-8255

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, suicide crisis, PTSD, anxiety disorder, substance abuse/dependence, and adjustment disorder.

In addition to this screening, veterans experiencing emotional and suicidal crisis, and their concerned family members or friends, have immediate access to emergency counseling services 24 hours a day, seven days a week by calling the VA Suicide Prevention Hotline, 1-800-273-TALK (8255).

The VA staff member receiving the call determines if emergency rescue services are needed, provides counseling, or sends an electronic consult to the Suicide Prevention Coordinator in the veteran's immediate area.

(continued on page 3)

Veterans Have Direct Input into Quality of Health Care

HOUSTON – The Michael E. DeBakey VA Medical Center (MEDVAMC) has formed two new nursing governance councils, the Nursing Leadership Council (NLC) and the Clinical Staff Council (CSC). The purpose of these councils is to ensure its patients continue to receive only the highest quality nursing care with access to the latest in nursing innovations and technology. Veterans play key roles and offer valuable insight as committee members on these councils.

Rebecca Johnson, a disabled U.S. Army veteran from the Vietnam Era who competes regularly in the National Veterans Wheelchair Games, is a member of the newly formed Nursing Leadership Council (NLC).

The NLC is a committee for interaction between the chief nurse executive, care line nurse executives, associate chief, clinical practice, associate chief, nursing research, professional resources director, social work practice manager, education executive, advanced practice nurse, and clinical staff councils.

In other words, the NLC functions to ensure and facilitate resolution of issues brought to the council through multiple avenues. It is the approving board for all new or revised nursing practices and procedures for the MEDVAMC.

Ed Peniche, a 20-year U.S. Army veteran who served valiantly during the Battle of the Bulge in World War II and was awarded the Purple Heart with Oak Leaf Cluster medal, is a member of the Clinical Staff Council (CSC).

The CSC consists of clinical staff from each nursing unit at the MEDVAMC, and this committee meets to discuss and review issues related to clinical practice, standards of patient care, patient outcomes, and research utilization.

"The continuous assessment, evaluation, and improvement of our nursing practice are essential in providing high quality, safe nursing care," said Thelma Gray-Becknell, R.N., M.S.N., MEDVAMC chief nurse executive. "We encourage active participation from our veterans, their families, and our frontline staff in policy decisions that determine the professional nursing practice environment at the Michael E. DeBakey VA Medical Center."

American Nurses Credentialing Center, the nation's leading nursing credentialing organization, awarded its Magnet Recognition for Excellence in Nursing Services to the MEDVAMC in August 2004. MEDVAMC was only the second VA hospital in the nation to achieve this recognition and joined fellow Texas Medical Center facilities, the Methodist Hospital, St. Luke's Episcopal Hospital, Texas Children's Hospital, the University of Texas Medical Branch at Galveston, and the University of Texas M.D. Anderson Cancer Center, with this status.

In conclusion, Magnet is the highest honor a health care organization can receive for nursing services and was developed to recognize health care organizations that provide the best in quality patient care and uphold excellence in professional nursing practice. ♦

Photo by Bobbi Gurney, MEDVAMC Public Affairs Officer

Army veteran Rebecca Johnson (second from right), a member of the Nursing Leadership Council, voices her opinion during a recent meeting of the Nursing Leadership Council. "I believe this is an outstanding medical center, but there are many issues and questions I want to bring to the table on behalf of my fellow veterans." Also pictured from left, Marcella Louis, R.N., M.P.H., Quality Management director; Thelma Gray-Becknell, R.N., M.S.N., MEDVAMC chief nurse executive; Johnson; and Cynthia Andrus, R.N., Bar Code Medication Administration coordinator.

A Word from the Director . . .

Houston VA Fight Against Superbug Recognized

Edgar L. Tucker, Medical Center Director

HOUSTON - The Michael E. DeBakey VA Medical Center (MEDVAMC) will be featured in an upcoming educational video produced by The Joint Commission, the nation's predominant standards-setting and accrediting body in health care.

The film focuses on our organization's top-to-bottom emphasis on preventing the spread of infections, particularly Methicillin-Resistant Staphylococcus aureus (MRSA).

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

We were selected for this film project because during our site survey by The Joint Commission in April, the team leader was extremely impressed by the staff knowledge, attitude, and involvement she witnessed time after time during her visit.

The Joint Commission surveyor expected to see staff and nurses from our Infection Control Department active in the fight against MRSA, but was surprised to find patient support assistants talking with physicians about hand washing and wearing gowns and gloves, housekeepers leading discussions of data trends, and nursing assistants suggesting product changes to manufacturers.

We are honored by this recognition of our infection control efforts by The Joint Commission. However, we are extremely proud that our staff members support each other and are focused on our mission to ensure the highest quality health care possible is provided to our veterans.♦

Sunscreen: How To Select, Apply, and Use Correctly

When To Apply Sunscreen

- ✓ Apply sunscreen about 30 minutes before being in the sun so it can be absorbed and less likely to wash off if you perspire.
- ✓ Remember to reapply sunscreen after swimming or exercise.
- ✓ Apply sunscreen often if you work outdoors.

How To Apply Sunscreen

- ✓ Shake well before use to mix particles.
- ✓ Be sure to apply enough. Use a handful to cover your entire body.
- ✓ Use on all parts of your skin exposed to the sun including your ears, back, shoulders, and the back of your knees and legs.
- ✓ Apply thickly and thoroughly, but be careful around your eyes.

What To Look for When You Buy Sunscreen

- ✓ Pick a sunscreen that protects against UVA and UVB rays and has a sun protection factor (SPF) of at least 15.
- ✓ Look for a waterproof brand for sweating or swimming. Buy a non-stinging product or one specifically formulated for your face.
- ✓ If you do not like a flowery or feminine smell, look for unscented brands. They are just as effective.
- ✓ Try a sunscreen with different chemicals if your skin reacts badly to the one you are using. Not all sunscreens have the same ingredients.
- ✓ Be aware that more expensive does not mean better or more effective and look at the expiration date because some sunscreen ingredients degrade over time.

From the Centers for Disease Control and Jeff Triebel, MEDVAMC Safety Manager

Houston VA Uses Novel Aquatic Plyometrics to Advance Patient Rehab

HOUSTON – The Michael E. DeBakey VA Medical Center (MEDVAMC) uses aquatic plyometrics as an integral component of its rehabilitation program. Aquatic therapists at the MEDVAMC combine plyometric exercise with water to assist patients who have balance difficulties or are recovering from injury. This technique helps augment the rehabilitation process and may allow a patient to begin a difficult exercise in a weight-limited environment.

Plyometric exercises are specialized, training techniques used to develop strength and speed. Plyometric training involves high-intensity, explosive muscular contractions that invoke the stretch reflex; stretching the muscle before it contracts so that it contracts with greater force. The most common plyometric exercises include hops, jumps, and bounding movements. One popular plyometric exercise is jumping off one box and rebounding off the floor onto another, higher box. These exercises typically increase speed and strength and build power.

"Using the properties of water allows for increased ability to move and perform exercises that might be more difficult on land," said Kyle Davis, RKT, ATRIC, kinesiotherapist. "Research has found that doing plyometric exercises in a swimming pool and using the benefits of buoyancy allows some patients to exercise to an intensity level they could not otherwise achieve."

The primary goal of physical medicine and rehabilitation at the MEDVAMC is to help patients regain physical, psychological, and social functioning. This includes recovering skills as well as learning new strategies to accomplish everyday tasks.

Rehabilitation Care Line staff work with each patient and his or her family to develop individual treatment programs that will maximize each patient's potential and enable the veteran to achieve the highest level of independence possible.

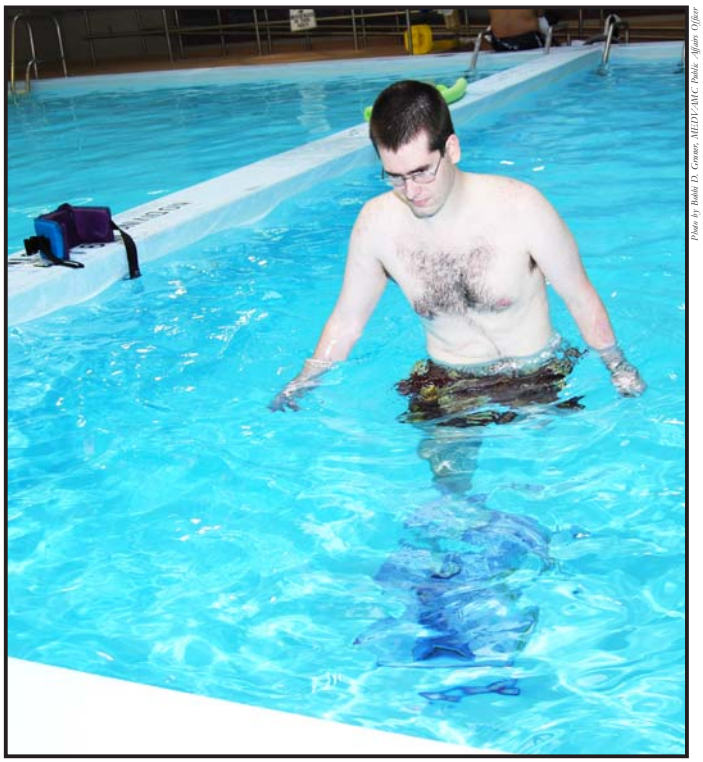

Photo by Bobbie D. Greaser, MEDVAMC Public Affairs Officer

One popular plyometric exercise is jumping off one box and rebounding off the floor onto another, higher box. These exercises typically increase speed and strength and build power. Wounded in Iraq by an improvised explosive device, Army veteran Robert Engelbrecht is exhausted but happy after his 40-minute, aquatic plyometrics workout session. "This is great," he said. "It's an extremely tough and demanding therapy session, but not so taxing on my body. That's the most important factor – I can build up my strength without getting injured."

Wounded in Iraq by an improvised explosive device, Army veteran Robert Engelbrecht is exhausted but happy after his 40-minute, aquatic plyometrics workout session. "This is great," he said. "It's an extremely tough and demanding therapy session, but not so taxing on my body. That's the most important factor – I can build up my strength without getting injured." ♦

An effective vaccine will induce antibodies that bind to the drug of interest. As a result, the antibodies can block the induction of drug craving and reduce the likelihood of relapse to substance abuse.

Vaccinations for Cocaine Addictions Could Soon Be Treatment Reality

HOUSTON - The Department of Veterans Affairs recently awarded a research grant to three researchers at the Michael E. DeBakey VA Medical Center - Frank Orson, M.D., Therese Kosten, Ph.D., and Thomas Kosten, M.D. - to develop an improved cocaine vaccine. Further testing will take place this year and the vaccine should hopefully receive FDA approval around 2010.

Although substance abuse affects society as a whole, veterans and their families experience increased problems with this health issue. Military service, particularly in times of war, may increase the frequency of post-traumatic stress disorder (PTSD); as a result, increased problems with substance abuse sometimes accompany PTSD.

"Development of the vaccines proposed by this research could have significant positive impact for our nation's veterans," said Orson. "Relapse to drug dependence most commonly occurs during the first several months after completing withdrawal treatment. An effective vaccine will induce antibodies that bind to the drug of interest. As a result, the antibodies can block the induction of drug craving and reduce the likelihood of relapse to substance abuse."

The goal of this research is to develop safe and effective vaccines for drug addictions, specifically cocaine, but the results of this work may be directly applicable to other addictions, such as nicotine, methamphetamine, and heroin.

Previous vaccine studies have demonstrated promising effects in human subjects. However, only about 30 percent of the subjects achieved levels of antibody sufficient to block the physiological effects of the absorbed doses. This research effort is designed to improve the quantity and quality of responses to such vaccines.

"Ideally, when a vaccinated individual uses the drug, the characteristic increase in drug cravings called drug reinforcement will be diminished or completely blocked by the antibody," said Therese Kosten. "This decrease in the drug's reinforcing effects may discourage patients from trying the drug again."

The study at the Houston VA facility brings together a group of investigators with substantial experience in substance abuse and vaccine development in a focused effort to utilize this promising preliminary data to generate truly effective vaccines.

"This is a very exciting new era of prevention just now opening up to VA health care professionals to help our veterans to avoid addiction problems," said Thomas Kosten. ♦ *Jessica Jacobsen, APR, Deputy Director, Dallas Regional Office of Public Affairs*

VA Suicide Prevention Hotline 1-800-273-TALK (8255)

Essential Care for Returning Troops

(continued from page 1)

"I work to connect the veteran with mental health services at the DeBakey VA; one of five VA outpatient clinics in Beaumont, Conroe, Lufkin, Galveston, Texas City; one of two Houston Vet Centers; or community mental health services, all depending on the individual needs of the veteran," said MEDVAMC Suicide Prevention Coordinator Loretta A. Coonan, L.C.S.W. Coonan can be reached at (713) 791-1414, ext. 3415.

Also, Coonan is responsible for providing suicide risk training for both clinical and non-clinical staff throughout the MEDVAMC, performing on-going identification of patients at risk, and monitoring individual cases to maintain continuous care.

In addition to building national tracking and trending program so VA can learn more about veterans at risk and provide more targeted interventions, the VA Suicide Prevention Program identifies those veterans who have attempted suicide and works with Mental Health Patient Safety Teams to review the care provided and determine where improvements are needed.

Furthermore, the MEDVAMC also operates the VA Network Telecare Center Hotline at (713) 794-8985 or toll-free 1-800-639-5137. Registered nurses, social workers, and mental health professionals are ready to provide emergency counseling assistance and answer veteran health care questions 24 hours a day, seven days a week.

There has not been an inpatient suicide at the MEDVAMC for at least 25 years. Of the 120,000 veterans enrolled for VA health care in southeast Texas, there are approximately six deaths due to suicide per year.

Suicide is the 11th most frequent cause of death in the U.S. Someone dies from suicide every 16 minutes. Suicidal ideas and attempts to harm oneself are the result of problems that may seem like they can not be fixed. When it seems like there is no hope, there is help and comfort from mental health professionals who uniquely understand the military experience. The MEDVAMC stands ready to reach out and support veterans at risk for suicide. ♦ *Loretta A. Coonan, L.C.S.W., MEDVAMC Suicide Prevention Coordinator*

1 Out of Every 5 People Will Develop Skin Cancer

HOUSTON - Skin cancer is the most common type of cancer occurring in the United States. It is also the most rapidly increasing cancer. For the past thirty years, skin cancers have been increasing in incidence by about three percent each year. One person out of every five people in the United States will develop skin cancer sometime during their life. It is estimated about 50 percent of all people who live to age 65 years will develop at least one form of skin cancer.

The good news is that skin cancer can be prevented, or if caught early, is highly curable. In fact, if detected early, skin cancer is almost 100 percent curable.

Skin cancer can be divided into two major types: nonmelanoma and melanoma skin cancer. Malignant melanoma (MM) is the more deadly of the two.

The American Cancer Society estimates there will be more than one million people diagnosed with non-melanoma skin cancers in the year 2008. Approximately 65,000 people will be diagnosed with malignant melanoma.

Even though malignant melanoma is diagnosed far less often, MM skin cancers will take more lives than any other type of skin cancer, causing about 8,000 deaths per year. That represents about one malignant melanoma death every hour. Malignant melanoma is responsible for 80 percent of all skin cancer deaths.

The primary cause of all types of skin cancer is exposure to ultraviolet radiation (UV) - the sun. It is easy to get a sunburn in Texas because of the state's geographic location, mild climate, and the many opportunities to work and play out of doors. Reflection of the sun's rays off water, sand, or snow can double your ultraviolet radiation exposure.

Clouds do not block out UV rays. When the weather is cloudy, cool, and breezy, we may not become hot or realize the amount of UV exposure until after we have developed a sunburn.

A recent multi-center study showed that we get less than 25 percent of our total sun exposure by age 18. In fact, it is men over the age of 40 who spend the most time outdoors and get the highest annual doses of UV rays. Since adult Americans are living longer and spending more leisure time outdoors, preventing ongoing skin damage isan important part of a healthy lifestyle.

Besides avoiding the sun, early diagnosis and treatment are the next best prevention option. Make it a habit to check your skin for abnormalities and changes. Look at each of your moles and evaluate them using the following test:

A is Asymmetry. When the lesion is divided into halves, if the right half does NOT look like the left half, it is asymmetrical in shape.

B stands for Border. Moles that have irregular or poorly defined borders should be reported. The borders appear notched or seem to fade or "stream out" onto the surrounding skin.

C stands for Color. Is the color of the individual mole varied? Does the mole have tan, brown, black, blue, red, or white areas?

D refers to Diameter. Is the mole larger than six millimeters in diameter (the size of a pencil eraser)?

Although six millimeters is used as a general guideline for evaluating growth of a mole, any mole that is asymmetrical, has an irregular border, has color variations, bleeds, itches, and is *changing* should be evaluated by your VA health care provider - even if it is less than six millimeters in diameter. A positive finding of any of the ABCDs may indicate the mole is a malignant melanoma.

Malignant melanoma can develop anywhere on your skin from head-to-toe, so remember to wear appropriate protective attire including long sleeves and hats, avoid working in the sun if possible, use sunscreens, and do regular self-examinations of your skin. Protect your eyes from the harmful ultraviolet rays by using gray or brown lenses that offer both UVA and UVB protection.

An exam is recommended every three years for persons between the age of 20 to 40 years, and every year for anyone age 40 and older. Take charge of your skin. Get regular checkups and take precautions when you are out in the sun.

If you have questions about your "*Spots and Dots*" ask your primary health care provider at the Michael E. DeBakey VA Medical Center. He or she will be ready to help you learn how to prevent sunburns or schedule a cancer-related checkup including a skin exam. ♦

ABCDs of Moles

A Asymmetry
Half of the mole looks different from the other.

B Border
The edge appears ragged, notched, or blurred.

C Color
The mole has a variety of hues and colors.

D Diameter
Any mole that differs from others, changes, itches, or bleeds, even if it is smaller than 6 millimeters, should be looked at by a dermatologist.

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

MICHAEL E. DEBAKEY VETERANS AFFAIRS MEDICAL CENTER

HVLP Opening Doors to Justice

Free Legal Assistance Clinic for Veterans

WHAT: The MEDVAMC has partnered with the Houston Volunteer Lawyers Program to provide a once a week Legal Clinic for veterans every Friday from 2:30 – 5 p.m. Volunteer attorneys offer free or low cost legal services. This is done by appointment, but walk-ins are welcome on a first-come, first-served basis.

WHEN: Fridays, 2:30 - 5 p.m.

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

TOPICS: Divorce, Child Support, Custody/Guardianship, Wills/Probate, Incapacity Planning, Consumer/Contracts, Landlord/Tenant, Property, Chapter 7 Bankruptcies, Veteran Disability Claims, Social Security Issues, Immigration Issues. If you have a legal issue not listed, you will still be referred to speak with an attorney.

CONTACT: See the Social Worker located in your Clinic or Unit for a referral. Once your referral is received, you will be contacted with an appointment date and time.

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

Homeless Veterans

(continued from page 1)

services in a recovery model of care. Services include comprehensive medical and psychiatric assessments; "bio-psycho-social" treatments that include medications, psychotherapies for problems like addiction, depression, and anxiety, and social interventions such as vocational and occupational therapies; and opportunities to enhance one's spirituality. The facility does not provide shelter-type housing; veterans must be willing to participate in treatment activities while they are living there.

"While the amount of time varies for each resident, most veterans live at the facility between one and six months depending on the programs the veteran is involved with and the veteran's individual needs," said DCHV Director Sally Eddins, L.C.S.W.

VA estimates that about one-third of the adult homeless population served in the U.S. Armed Forces. Current population estimates suggest about 195,000 veterans (male and female) nationwide are homeless on any given night and perhaps twice as many experience homelessness at some point during the course of a year.

Many other veterans are considered near homeless or at risk because of their poverty, lack of support from family and friends, and dismal living conditions in cheap hotels or in overcrowded or substandard housing.

Family background, access to support from family and friends, and various personal characteristics, rather than military service, seem to be the strongest indicators of risk for homelessness.

About 45 percent of homeless veterans suffer from mental illness and, with considerable overlap, slightly more than 70 percent suffer from alcohol or other drug abuse problems.

For more information about programs for homeless veterans, contact the MEDVAMC Health Care for Homeless Veterans Program, now co-located with the DCHV, at (713) 794-7848. New patient intakes continue at the McGovern Drop-in Center, (713) 794-7533, located at 1418 Preston Street, one block from Minute Maid Park at the corner of Preston and La Branch. Veterans needing immediate assistance may also call the VA Network Telecare Center at (713) 794-8985 or toll free 1 (800) 639-5137 seven days a week, 24 hours a day.♦

Check with your primary care provider before starting any herbal therapy.

Do Herbal Therapies Really Work?

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

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

There is a growing movement in the United States towards using natural therapies and herbal dietary supplements as alternatives to western drugs. Since the passage of the Dietary Supplement Health and Education Act of 1994, marketing of supplements containing herbal ingredients has increased.

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

Before choosing or trying an herbal product, talk with your primary health care provider. Not all herbal therapies are safe for all people. It is possible to have an allergic or toxic reaction to an herb. Herbs may interfere with the effects of your other prescribed medicines.

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

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

Photo by Bobbie Greaser, MEDVAMC Public Affairs Officer

Primary Care Staff Physician Nicholas Masozera, M.D. examines U.S. Army veteran Eddie Benoit, Sr. during a recent appointment. Check with your primary health care provider before beginning any herbal therapy. This way you will know about the side effects of the herbs and whether the herbs will interact with any other medications you are taking.

Chamomile tea can cause a severe allergic reaction in people allergic to ragweed. Lobelia can cause vomiting, breathing problems, convulsions, and even coma and death when used in large amounts; people with heart disease are especially susceptible. Comfrey has caused severe and even fatal liver disease.

According to FDA, these red flags should make you think twice about remedies not prescribed by your primary health care provider: celebrity endorsements; inadequate labeling; claims that the product works by a secret formula; and promotion of the treatment only in the back pages of magazines, over the phone, in newspaper ads in the format of news stories, or 30-minute commercials in talk show format.

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

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

Check with your primary health care provider before beginning any herbal therapy. This way you will know about the side effects of the herbs and whether the herbs will interact with any other medications you are taking. ♦ *Paulette Russell Wilson, Ph.D., RN, Education Service Line Executive*

Be Prepared

This Hurricane Season

For more information, visit www.hurricanes.gov/prepare or www.ready.gov

Your Medications & Prescriptions:

- Have with you 15 days of medication and supplies
- For medications requiring refrigeration, have a small portable cooler/ice chest ready for transport
- Do not forget your glasses, contact lens, hearing aids, canes, and dentures
- Bring prescription bottles of all medications you are currently taking - whether full or empty
- For prescription needs if you are evacuated, call the VA Help Line at **1-800-507-4571**

Follow-up Care & Scheduled Appointments:

- Keep a record of your scheduled appointments for follow-up visits, laboratory work, and specialty care services
- For urgent care needs requiring continuing care if you are evacuated, please contact any VA facility by calling the VA Help Line at **1-800-507-4571**
- Once you have returned to Southeast Texas after an evacuation, re-schedule any appointments you may have missed by calling the VA Telecare Center at **1-800-639-5137**

Basic Emergency Supply Kit:

- Three gallons of water per person for drinking and sanitation
- At least a 3-day supply of non-perishable food for each person
- Battery-powered or hand crank radio, and a NOAA Weather Radio with tone alert and extra batteries for both
- Flashlight and extra batteries
- First aid kit and whistle to signal for help
- Dust mask to help filter contaminated air, and plastic sheeting and duct tape to shelter-in-place
- Moist towelettes, garbage bags, and plastic ties for personal sanitation
- Wrench or pliers to turn off utilities
- Local maps and list of emergency contacts
- Important family documents such as copies of insurance policies, birth certificates, deeds, driver's license or other I.D., and bank account records in a waterproof, portable container
- Personal care items including sunscreen, sunglasses, and hat

If You Have Special Health Care Needs:

Gulf coast residents with special health care needs (including those who are disabled or medically fragile) who live in evacuation zones and do not have friends or family to help in an evacuation should register for a ride in advance by dialing 2-1-1. The 2-1-1 registry must be dialed IN ADVANCE. Do not wait until a storm is in the Gulf to register for assistance. This service is for people who cannot drive themselves or make transportation arrangements.

Don't Be A "No Show"

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

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.

Interesting Facts about Veterans

There are about 23.8 million living veterans, 7.5% of whom are women. There are about 37 million dependents (spouses and dependent children) of living veterans and survivors of deceased veterans. Together, they represent 20% of the U.S. population. Most veterans living today served during times of war. The Vietnam Era veteran, about 7.9 million, is the largest segment of the veteran population. In 2007, the median age of all living veterans was 60 years old, 61 for men and 47 for women. Median ages by period of service: Gulf War, 37 years old; Vietnam War, 60; Korean War, 76; and WW II 84. Sixty percent (60%) of the nation's veterans live in urban areas. States with the largest veteran population are CA, FL, TX, PA, NY, and OH, respectively. These six states account for about 36% of the total veteran population.

Veterans Get New Smiles Fast Using High-Tech Dentistry

HOUSTON - Dentists at the Michael E. DeBakey VA Medical Center are restoring teeth and giving veterans new smiles in a single sitting thanks to the latest in computer-design technology.

With computer-aided design/computer-aided manufacturing (CAD/CAM) technology, combining advanced software and milling units, MEDVAMC dentists are able to prepare, fit, and permanently cement a dental crown for a patient in a single appointment. The technology uses scanning videography and lasers to take pictures of the teeth and digitizes the images using a three dimensional software program.

"This new technology is exceptionally versatile and precise. For patients, the traditional impression-making process is eliminated and having temporary crowns fall off while eating is no longer a concern," said Harry D. Gilbert, D.D.S., Dental Section chief. "With no need for temporaries, the patient leaves the appointment with a final restoration in place."

The software, under the direction of the dentist, constructs the restoration on the digitized model and sends the information to a milling device which carves out the final crown for insertion. The process can be completed during a two-hour office visit saving up to two- to six-week waits and office visits required by conventional techniques.

More than 100 veterans have been treated with this technology, and many more are scheduled.

Veterans are eligible for outpatient dental treatment if they are determined by VA to meet one of the following criteria:

✓ Those having a service-connected compensable dental disability or condition are eligible for any needed dental care.

✓ Those who were prisoners of war and those whose service-connected disabilities have been rated at 100 percent, or who are receiving the 100 percent rate by reason of individual unemployability are eligible for any needed dental care. This includes veterans with temporary ratings of 100 percent for duration of that rating or waiting for unemployability classification.

✓ Those who are participating in a VA rehabilitation program are eligible for limited dental care necessary to complete their program.

✓ Those having a service-connected noncompensable dental condition or disability may receive one-time treatment if it can be shown to have existed at the time of discharge or release from active duty of at least 90 days and application is made within 180 days of separation from active duty.

✓ Those having a service-connected noncompensable dental condition or disability resulting from combat wounds or service trauma and those having a service-connected noncompensable dental condition or disability are eligible for repeat care for the service-connected condition(s).

✓ Those having a dental condition clinically determined by VA to be currently aggravating a service-connected medical condition are eligible for limited dental care to resolve the problem.

✓ Those with nonservice-connected dental conditions or disabilities for which medical treatment began while in a VA medical center, when it is clinically determined to be necessary to complete such dental treatment on an outpatient basis.

✓ Those receiving outpatient care or scheduled for inpatient care may receive dental care if the dental condition is clinically determined to be complicating a medical condition currently under treatment.

Veterans may receive one-time dental treatment if the dental condition can be shown to have existed at discharge or release from active duty of at least 90 days. For more information about eligibility, contact the Eligibility and Enrollment Office at (713) 794-7288. ♦

Photo by Bobbi Gruner, MEDVAMC Public Affairs Officer

Prosthodontist Peter J. Gerngross, D.D.S. treats Army veteran Jocqueline Endicott with state-of-the art computer-aided design/computer-aided manufacturing (CAD/CAM) technology. With this new equipment, MEDVAMC dentists are able to prepare, fit, and permanently cement a dental crown for a patient in a single appointment.

Support Group Listing

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

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

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

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

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

Pain Coping Skills Training Group
Meets every Tuesday, 1 p.m. , Room 5C-215. Facilitator: Gabriel Tan, (713) 794-8794

Alcoholics Anonymous (AA)
Meets every Wednesday, 7 p.m., Room 6C-105. Facilitator: Bo Cook, (713) 791-1414, ext. 6987

Breast Cancer Support Group
Meets last Tuesday every month, 12 noon, Cancer Center Conference Room, 4C-345. Facilitators: Magdalena Ramirez (713) 791-1414, ext. 5287 & Shirley LaDay Smith, (713) 794-7926

Fibromylgia Education & Support Group
Contact facilitator for information: Gabriel Tan, (713) 794-8794

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.va.gov

Edgar L. Tucker, BA, MPH, FACHE, Director
Carlos R. Escobar, BED-Arch, MHA, Associate Director
Blase A. Carabello, MD, Acting Chief of Staff
Thelma Gray-Becknell, RN, MSN, Chief Nurse Executive/Clinical Practice Office Director
James W. Scheurich, MD, Deputy Chief of Staff
Francisco Vazquez, BSCS, Assistant Director
Bobbi D. Gruner, BS, MSBA, Public Affairs Officer/Editor
Frances M. Burke, Public Affairs Specialist/Writer

This publication is funded by the Department of Veterans Affairs and is an authorized publication for veterans of the Michael E. DeBakey VA Medical Center. Contents of the newspaper are not necessarily the official views of, or endorsed by, the United States Government or the Department of Veterans Affairs. *VA Pride* is produced bimonthly 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@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.

Sugar and Sugar Substitutes: Are they bad for you and do they make you fat?

Photo by Bobbi Greuer, Public Affairs Officer

MEDVAMC Dietetic Intern Kendal Glover discusses sugar content in different types of food with Army veteran Maurice Faucheaux. For counseling with a registered dietitian, call the MEDVAMC Nutrition Clinic at (713) 791-1414, ext. 4295 or ext. 6166.

HOUSTON - There is a huge amount of information in the media concerning sugar and sugar substitutes. Some stories claim they make you gain weight and cause high blood sugar. Other reports say sugar substitutes are bad, and natural sugar is better than refined sugar, etc. So what is the *truth* about sugar and sugar substitutes and are they safe to eat?

The truth is both sugar and sugar substitutes, when used as part of a healthy diet, can promote eating pleasure, good nutrition, and health. There is no research to support the claim that sweeteners by themselves cause obesity or chronic diseases. Also, sugar substitutes have been extensively tested by the Food and Drug Administration and proven safe when consumed in normal amounts.

So does that mean I can eat as much sugar as I want? And which is the better choice: natural sugar or refined sugar?

Sugar exists naturally in foods like fruit; but it is also added to processed foods. The body actually digests all sugar, whether it is added sugar or natural sugar, in the same way. Hence, there is no evidence that natural sugar is any better for you than refined sugar. Sugar is considered empty calories, because sugar does not have any vitamins or minerals.

If your diet is high in sugar, you may not be getting enough of other nutrients; therefore, it is important that your diet is well-balanced with foods from all food groups. However, many foods high in sugar are also high in fat and calories. You should limit the amount of high sugar beverages, desserts, and candy you consume for weight control purposes.

Sugar is a carbohydrate and if you have diabetes, you should limit the amount of sugar to help control blood sugar.

There are two different kinds of sugar substitutes: nonnutritive sweeteners and sugar alcohols. Nonnutritive sweeteners, such as aspartame, contain either zero calories or a very, very small amount. Sugar alcohols contain very few calories and are not fully absorbed, so eating large amounts can result in gas, bloating, cramps, and diarrhea.

Neither nonnutritive sweeteners nor sugar alcohols contain enough calories or carbohydrate when consumed in normal amounts to cause weight gain or a high rise in blood sugar for people with diabetes. For these reasons, sugar substitutes are a good option to sweeten coffee, tea, cereal, or fruit.

Always read the label to make sure the sugar-free food is the best choice, because food labeled "sugar free" sometimes have more fat or calories than the versions made with sugar!

Finally, sugar substitutes have been found to be safe when consumed in amounts not more than the established Accepted Daily Intake (ADI) levels. The ADIs are based on the maximum daily amount that when combined over a lifetime is considered safe and based on body weight. For example, a 132 pound person in a day would have to drink more than 4.5 cans of soda sweetened with Splenda or use more than 60 Splenda packets to exceed the ADI level.

The bottom line is sugar substitutes are safe and can be helpful for the management of weight, diabetes, and other chronic diseases. Remember to eat a balanced diet from all food groups, but eating small portions of sugar and sweets is not harmful. Fruit is always a better choice over empty calorie sweets like cookies, cakes, and candy to satisfy your sweet tooth.

People who have diabetes or are watching their weight especially need to monitor their intake of sweets and sugar. Sugar substitutes are a good choice over regular sugar because they are safe and they do not cause weight gain or a high rise in blood sugar.

Try this recipe as part of a healthy breakfast or for a snack:

Easy Strawberry Smoothies
(4 servings)

Ingredients:

- 1 cup plain nonfat yogurt
- 1/4 cup fat free skim milk
- 6 Tbsp Equal sweetener
- 3 cups frozen unsweetened strawberries
- 1 cup ice cubes

Instructions:

Combine yogurt, milk, and Equal in a blender or food processor covered. With blender running, add straw berries a few at a time. Process until smooth. Add ice cubes slowly, blend until slushy. Pour into 4 glasses and serve.

Nutrition Information per serving:

Calories 80, total fat 0g, saturated fat 0g, cholesterol 2mg, sodium 60 mg, total carbohydrate 16 g, protein 5g

Enjoy your Strawberry Smoothies. And enjoy sugar and sugar substitutes, just make sure you do it in moderation! ♦ *Kendal Glover, 2008 MEDVAMC Dietetic Intern*

VA Re-Accreditation

(continued from page 1)

Commission has maintained state-of-the-art standards that focus on improving the quality and safety of care provided by health care organizations. The Joint Commission's comprehensive process evaluates an organization's compliance with these standards and other accreditation or certification requirements.

The MEDVAMC was surveyed and received accreditation in the following programs: hospital, long term care, behavioral health care, and home care.

Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards. To earn and maintain The Joint Commission's Gold Seal of Approval™, an organization must undergo an on-site survey by a Joint Commission survey team at least every three years.

Medical Center Director Edgar L. Tucker stated that he is proud of his staff whose members proactively and continuously ask what should be done in order to be accredited by The Joint Commission. "In addition, our staff appreciates the educational aspect of the survey and the opportunity to interact with the team of surveyors."

He called the accreditation, "proof of an organization-wide commitment to provide the highest quality health care possible to the veterans in Southeast Texas." ♦

VA "Best of the Best" in Providing Clear Info

WASHINGTON, D.C. – Continuing its commitment to give veterans clear, valuable information on how the Department of Veterans Affairs (VA) is performing, for the ninth year in a row, VA has been rated by an independent research center as having one of the best annual performance reports in the federal sector.

"Veterans have the right to know whether this Department is meeting its obligations to them," said Secretary of Veterans Affairs Dr. James B. Peake. "This prestigious, independent group has found — once again — that VA is among the best of the best in the federal sector for providing meaningful information to the American public about our operations and performance."

Since 2000, the Mercatus Center at George Mason University has examined the performance and accountability reports issued annually by federal agencies. This year, VA's report was third among 24 federal departments and agencies. The second largest federal agency behind the Department of Defense, VA also tied for having the highest score in both transparency and leadership, an example of the Department's commitment to provide information that is useful and easy to understand and that clearly describes VA's contribution to America.

Called *Ninth Annual Performance Report Scorecard: Which Federal Agencies Best Inform the Public?*, the new Mercatus study found VA's report is "a user-friendly and informative document."

"The Department [of Veterans Affairs] continues to be an innovator in performance accountability and reporting," the study's authors said in a press statement.

"These findings show that VA has developed a management culture that sets high standards, measurable goals, and encourages accountability to the American public," Peake said.

VA published its latest performance and accountability report in November 2007. It documents the Department's progress toward ensuring America's veterans and their families receive timely, compassionate, high-quality care and benefits.

The Department's report can be found on the Internet at *www.va.gov/budget/report*. ♦

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

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

Question: Can I get my medications at VA?
Answer: Yes, generally, to receive medications from a VA pharmacy, the prescriptions must be written by a VA health care provider. You may be charged a $8 copayment for each 30-day or less supply of each medication provided for treatment of a non-service connected condition.

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/geriatricsshg*.

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

If you have a medical problem after hours and cannot wait until your next appointment, call the VA Network Telecare Center at (713) 794-8985 or toll-free 1 (800) 639-5137. Seven days a week, 24 hours a day, registered nurses with specialized training are ready to answer health care questions, provide medical and emotional support plus symptom analysis, help with stress and anxiety, explain laboratory and test results, and educate patients about specific diseases. Program support clerks in the Telecare Center assist with general information, scheduling and checking appointments, and transferring calls to specialists. In addition, a Telecare pharmacist helps with medication concerns during busy peak periods.

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@va.gov* to sign up to receive news releases and information. You can also visit *www.houston.va.gov* and click on the "News Center" 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 create mental health problems, but a negative stigma often keeps military members from getting professional help. A new Web site at *www.militarymentalhealth.org* allows members of the military and their spouses to anonymously screen themselves for mental illness - everything from post traumatic stress syndrome to bipolar disorder.

Question: Hearing aids and eyeglasses are listed as "limited" benefits. Do I qualify?
Answer: To qualify for hearing aids and eyeglasses you must have a VA service-connected disability rating of 10 percent or more. You may also qualify if you are a former prisoner of war, Purple Heart recipient, require this benefit for treatment of a zero percent service-connected condition or are receiving increased pension based on your need for regular aid and attendance or being permanently housebound.

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
or toll-free 1-800-553-2278, ext. 1979
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
Suicide Prevention Hotline ..... toll-free 1-800-273-TALK (8255)
Appointment Information ..... (713) 794-7648
or toll-free 1-800-454-1062
VA Eligibility & Enrollment ..... (713) 794-7288
Health Care for Homeless Veterans Program ..... (713) 794-7848
Homeless Veterans Drop-In Center (1418 Preston St.) .. (713) 794-7533

Operations Enduring Freedom & Iraqi Freedom Support Team
Team Members ..... (713) 794-7034/8825/7928

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

VA Regional Office
Main Number ..... (713) 383-1999
or toll-free 1-800-827-1000

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 at (713) 794-7491. This study has been approved by the Baylor College of Medicine Institutional Review Board.