

DeBakey VA Names New Director

HOUSTON – Adam C. Walmus, B.A., M.H.A., M.A., F.A.C.H.E. was recently selected as the new director of the Michael E. DeBakey VA Medical Center (MEDVAMC) in Houston. He started his new position on August 2, 2009.

In his new post, Walmus, who has been with VA since 1981, serves as the MEDVAMC's chief executive officer charged with management of one of the most complex VA medical centers in the country with more than 3,500 employees and an annual budget of approximately \$585 million. In addition to caring for more than 120,000 Southeast Texas Veterans, the MEDVAMC also serves as a regional and national referral center for many services including cardiac surgery, liver transplant, neurological disorders, radiation therapy, and spinal cord injury care.

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Lufkin VA Clinic Celebrates New Home

LUFKIN, TX - The Charles Wilson VA Outpatient Clinic celebrated the opening of its new home at 2206 North John Redditt Drive in Lufkin with a Ribbon Cutting Ceremony on August 28, 2009.

Located on approximately seven acres of land on the west side of Lufkin just off Loop 287, this 37,000 square-foot facility has replaced both the Lufkin clinic located at 1301 West Frank Avenue and the Mental Health Clinic Annex at 1514 Ellis Avenue, a significant convenience for Veterans and staff who frequently travel between locations.

The main telephone number for the new clinic is (936) 671-4300 or toll-free 1-800-209-3120.

In primary care, the new clinic has eight provider offices, eight nurse offices, 24 examination rooms, a pulmonary function laboratory, and an observation room. On the mental health side of the building, there are 15 rooms for clinical staff and three group therapy rooms. The space for the laboratory, radiology, and pharmacy departments has more than doubled in size. The new facility also has 250 parking spaces, approximately three times that of the building at 1301 West Frank Avenue.

To assist Veterans with both federal



Photo by Patricia Penn, CIVOPC Clinic Secretary

Army Veteran Wesley Mosley, Supervisory Medical Technologist Wanda Stephens, B.S., M.T., Medical Technician Debbie Huber, P.O.L.T., and Army Veteran Robert Rodgers (left to right) enjoy the large blood collection area in the new Charles Wilson VA Outpatient Clinic. The clinic is 37,000 square feet and replaces the old facilities on West Frank Avenue and Ellis Avenue.

and state Veteran monetary and non-monetary claims, employment, and education benefits and services, a

representative from the Texas Veterans Commission has an office near the *(continued on page 5)*

VA Health Care Providers from Many Different Specialties Work Together to Save Veteran's Life



Photo by Susan James, Media Services

"Aortic dissection by itself, and particularly in the setting of a prior aneurysm, indicates a very grim prognosis and is a high mortality risk. We have the fortune to work closely with excellent vascular and cardiac surgeons and nurses," said Hani Jneid, M.D., interventional cardiologist (above right). "Our multifaceted team approach to clinical care is essential to enhancing patient care and saving Veterans' lives." Also pictured from left, Carlos Bechara, M.D., vascular surgeon, Danny Chu, M.D., cardiothoracic surgeon, and Veteran Richard McWharter.

HOUSTON – Health care providers from the Anesthesiology, Cardiology, Cardiothoracic, and Vascular Surgery departments at the Michael E. DeBakey VA Medical Center used a multidisciplinary approach to successfully treat a 57-year-old Veteran from Houston suffering from a thoracic aortic aneurysm complicated by dissection and rupture into his left chest.

Veteran Richard McWharter had a pre-existing thoracic aneurysm, a ballooning of an artery in his chest. Because of uncontrolled high blood pressure, he also suffered a tear in the inner wall of the artery splitting it into two lumens. This means two streams of blood were traveling down the same artery. The second, new lumen is dangerous because it can thin the vessel wall and possibly lead to a rupture of the artery.

"Mr. McWharter did suffer a rupture of the artery and had a dramatic reduction in his blood pressure, making his condition a complex aortic pathology," said Hani Jneid, M.D., interventional cardiologist. "It was clear his medical problem needed to be identified, diagnosed, and treated

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Robot-Assisted, Minimally Invasive Hysterectomy Surgery Now Available

HOUSTON - The Michael E. DeBakey VA Medical Center (MEDVAMC) recently initiated clinical use of a surgical robotic system to perform minimally invasive gynecological operations, including minimally invasive hysterectomies.

According to the Centers for Disease Control and Prevention (CDC), 600,000 hysterectomy procedures are performed annually and are the second most frequently performed surgical procedure for women in the United States after Cesarean section.

"Robotic surgery is the future of laparoscopy," said Ertug Kovanci, M.D., MEDVAMC Operative Care Line gynecologist. "This cutting-edge technology allows us to perform procedures endoscopically, reducing patient recovery time with less complications and a more cosmetically-pleasing outcome compared to open surgery."

Seated at the da Vinci® Surgical

System's master console approximately ten feet away from a patient, the surgeon moves the surgical instruments inside tiny cuts in the skin using ergonomic hand and foot controls. Each of the surgeon's hand, wrist, or finger movements is seamlessly translated by the robotic surgical system into corresponding micro-movements to the surgical instruments, which are held steady by the system's robotic arms.

The robotic system provides so-called "intuitive motion" so that in whichever direction the surgeon twists the controls, the instruments twist in the same direction. In standard laparoscopic surgery, the movement of the instruments is reversed – or similar to doing surgery while looking into a mirror.

"The robotic system is easy to learn and we can see the area with a navigational camera in a magnified, high resolution, three-dimensional view and only need to make a few tiny, one centimeter access



"This cutting-edge technology allows us to perform procedures endoscopically, reducing patient recovery time with less complications and a more cosmetically-pleasing outcome compared to open surgery," said Ertug Kovanci, M.D., MEDVAMC Operative Care Line gynecologist. Above, he reviews a patient's chart with Diana Maldonado, L.V.N., gynecology nurse before surgery.

A Word from the Director . . .

We Do Not Provide Free Health Care

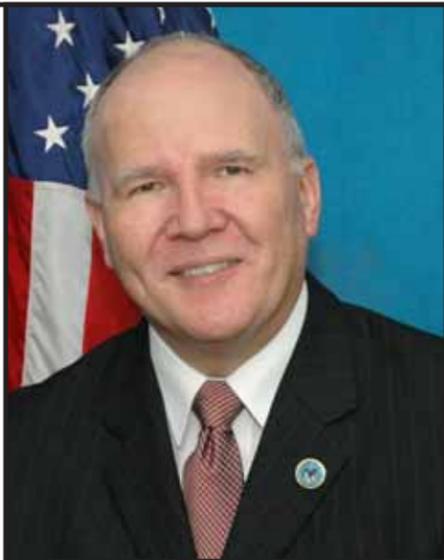
HOUSTON - The Michael E. DeBakey VA Medical Center does not provide free health care.

Yes, you heard me right. The care we provide has been paid for a thousand times over by our Nation's heroes and by the sacrifices they have made to keep our Nation free. What we do here at the VA, and the only reason for our existence, is pay back a portion of the debt this Nation owes to these heroes.

The price of freedom is visible when you walk into each clinic and on each unit. In an effort to refocus and become a more Veteran-centered medical facility, I ask and expect each employee to pause, look long and hard at the patient in front of them, and take to heart what that Veteran has endured.

This is what makes our mission and our medical center special. Our patients are not just simply patients. They are military Veterans and our Nation cares for their Veterans like no other country on earth.

My goal is to continue providing excellent health care to Veterans and serving as a research and educational facility for the next generation of health care providers while using tax payer funds in the most effective manner possible. In addition, I believe we



*Adam C. Walms, MA, MHA, FACHE
Medical Center Director*

must demonstrate integrity, transparency, and openness to all of our stakeholders: Veterans, family members, employees, volunteers, our affiliates, elected officials, and the community.

We have many challenges to overcome together, including the growing number of returning Veterans from the conflicts in Iraq and Afghanistan and the increasing percentage of women Veterans in the Armed Forces; each group with their own unique health concerns and issues. With this in mind, we also must ensure we reach out to all Veterans, regardless of their backgrounds and service eras.

To move forward, we must realize our diversity is a key synergistic element to future success. Dr. DeBakey's expectations and unwillingness to compromise are always with us. He would be proud of the compassionate, high quality, excellent care we provide, and will continue to provide, to American's heroes, our Nation's Veterans. ♦

ports to do so," said Kovanci.

By 2010, women Veterans will make up more than 14 percent of the total Veteran population. In addition to providing comprehensive primary and specialty care for women, VA is proactively focusing on their reproductive health issues. Reducing the risk of birth defects due to teratogenic medications, such as Retin-A, Anti-depressants, and anticoagulants, is a top priority. Other important efforts include improving follow-up of abnormal mammograms, tracking the timeliness of breast cancer treatment, and developing specific clinical action strategies for women with Human Papillomavirus, which can cause cervical cancer.

"Robotic surgery for hysterectomy procedures is not appropriate for all patients. Female anatomy differs from patient to patient," said Kovanci. "At the Michael E. DeBakey VA Medical Center, we recommend the treatment that is most appropriate for the patient and her particular medical condition."

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

VA Accepting Applications for Post 9/11 GI Bill Benefits

WASHINGTON, D.C. - The VA announced in May that Veterans can begin submitting applications on-line for the Post-9/11 GI Bill.

Veterans, service members, reservists, and National Guard members with active duty since September 10, 2001, may be eligible for this benefit. Veterans will remain eligible for benefits for 15 years from the date of last discharge or release from a period of active duty of at least 90 continuous days.

Eligible applicants must have served for an aggregate period of at least 90 days since September 10, 2001, or served at least 30 continuous days on active duty since September 10, 2001, and received a disability discharge.

Benefit payment rates range from 40 percent of the maximum benefit for a person with at least 90 days, but less than 6 months of aggregate service and

up to 100 percent of the benefit for people with at least 36 months of aggregate service or 30 continuous days and a discharge due to a service connected disability.

Prospective beneficiaries may apply on-line through the GI Bill Web site at www.GIBILL.VA.gov.

Qualified Veterans will receive a "Certification of Eligibility" as well as additional information regarding benefits they may qualify for under the Post-9/11 GI Bill, effective on Aug. 1, 2009.

The Post-9/11 GI Bill provides eligible applicants with tuition payments to assist them in getting a college education. For many participants, it also provides a housing allowance and a stipend for books and supplies.

For more information, call 1-888-GIBILL1 (1-888-442-4551). ♦

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

\$5 Million to Study and Treat Traumatic Brain Injury



Brooks King-Casas, Ph.D., study investigator and assistant professor in the Departments of Neuroscience and Psychiatry at Baylor College of Medicine, discusses a brain scan with Operation Iraqi Freedom Veteran John Buikema (left).

HOUSTON – The Michael E. DeBakey VA Medical Center (MEDVAMC) has been awarded a five-year \$5 million grant from the VA Office of Research and Development to establish a new VA Rehabilitation Research Center of Excellence focusing on mild to moderate traumatic brain injury.

The “Neurorehabilitation: Neurons to Networks Center of Excellence” will offer innovative tests that determine when a Veteran’s brain is functioning normally as well as help explain persistent impairments some Veterans may suffer. The tests will assist health care providers in determining how rehabilitation can facilitate recovery.

“I am ecstatic the Michael E.

DeBakey VA Medical Center was awarded this grant,” said Adam C. Walmus, MEDVAMC director. “It speaks volumes about our staff, our research and mental health programs, and our efforts to provide the best possible health care to Veterans in southeast Texas. The knowledge gained through this Center’s work will benefit Veterans and the community for years to come.”

The new Center addresses an increasingly serious issue in the VA and the nation. An estimated 300,000 Veterans have sustained brain injury from the wars in Iraq and Afghanistan. The MEDVAMC provides care to approximately 10 returning Veterans each day, one of the largest groups of returning

Veterans in the nation.

As many as 15 percent of returning Veterans have experienced some type of traumatic brain injury from explosions and blasts. If they lost consciousness for only a few minutes, their injuries are classified as mild to moderate. Many recover fully, but some have residual problems that interfere with their ability to work or adjust to life with their families and community.

Fifteen clinicians and scientists at the MEDVAMC have assembled new and diverse approaches to study traumatic brain injury. They use tests similar to computer games to measure a person’s ability to solve problems. These tests also evaluate short-term memory, ability to interact in a competitive contest, and ability to process information in a timely way.

New Magnetic Resonance Imaging (MRI) tests look at the delicate connecting structures in the brain that may be disrupted by exposure to a blast, and how the brain makes decisions. Still other tests evaluate how well a Veteran can reintegrate into day-to-day routines and family life after returning from active duty.

These new tests may identify subtle injuries not detected by current clinical tests. Better understanding of brain function means rehabilitation strategies can be customized for the individual.

As part of its rehabilitation efforts, the Center will host “Mending Minds Weekends - Making the Invisible Visible” for Veterans and their spouses. In addition to brain tests, the couples will take part in educational sessions for achieving success in the workplace or school, and discussions about the effects of traumatic brain injury on relationships.

State-of-the-art interventions including treatments involving virtual reality and a new technology known as

functional MRI-based neurobiofeedback will be offered to Veterans with traumatic brain injury.

“There are a great many advanced treatment options for traumatic brain injury on the horizon. The Michael E. DeBakey VA Medical Center constantly strives to open new doors and make these alternatives available for our Veterans,” said J. Kalavar, M.D., MEDVAMC chief of staff.

The “Neurorehabilitation: Neurons to Networks Center of Excellence” is under the direction of Harvey Levin, Ph.D., research psychologist and Kimberly A. Arlinghaus, M.D., Mental Health Care Line deputy executive.

Levin is a well known researcher in traumatic brain injury and also a professor and the director of research in the Department of Physical Medicine and Rehabilitation at Baylor College of Medicine (BCM). Arlinghaus is also an associate professor of psychiatry and behavioral science, physical medicine, and rehabilitation at BCM with more than 20 years of clinical and educational experience in the field of traumatic brain injury.

The Center brings together researchers from the MEDVAMC, the Departments of Neuroscience, Physical Medicine and Rehabilitation, Psychiatry and Behavioral Sciences, and Molecular and Human Genetics at BCM, and the University of Houston.

This Center is the second VA-funded Research Center of Excellence at the MEDVAMC. The Houston Center for Quality of Care and Utilization Studies is a VA-funded Research Center of Excellence. MEDVAMC is also home to a VA Quality Enhancement Research Initiative in Substance Use Disorders, a Mental Illness Research and Clinical Care Center, and a Parkinson’s Disease Research and Clinical Care Center. ♦

Did You Know?

✓ A pilot study conducted at the VA San Diego Healthcare System found the number of yoga sessions attended and frequency of home practice is associated with improved health outcomes for pain, depression, energy, and fatigue.



✓ Several studies have measured the beneficial effects animals can have on people, such as stroking a dog or cat can reduce blood pressure in individuals with hypertension.

✓ Research shows having a strong social support network, made up of family, friends, and peers, is beneficial in dealing with stress.

✓ Listening to music may decrease heart rate, blood pressure, and levels of anxiety.

Information courtesy of RESCUE: Research & Education for Stroke Caregivers’ Understanding and Empowerment Newsletter
www.rorc.research.va.gov/rescue

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Enduring and Iraqi Freedom Veterans

The Michael E. DeBakey VA Medical Center, with its 4 outpatient clinics, can provide you with health care and benefits assistance if you have served in a recent theater of combat operations.

If you are a recently discharged Veteran with service in a theater of combat operations, VA can provide you free medical care for 5 years from your discharge from active duty for conditions possibly related to your service, regardless of your income status.

For more information, contact the OEF/OIF Support Team at (713) 794-7034/8825/7928 or vhahouOEF/OIF@va.gov.

The National Veterans Wheelchair Games are open to all U.S. military Veterans who use wheelchairs due to spinal cord injuries, certain neurological conditions, amputations, or other mobility impairments.

Local Disabled Veterans Bring Home the Gold

HOUSTON – A wide range of disabilities could not stop five local wheelchair athletes from bringing home coveted gold and silver medals from the 29th National Veterans Wheelchair Games held in Spokane, Washington in July. The athletes are all disabled Veterans who receive their health care at the Michael E. DeBakey VA Medical Center (MEDVAMC).

Veterans from the MEDVAMC have participated in the National Veterans Wheelchair Games since 1981. The local Veterans, competing under the team name “Texas Blasters,” included David Fowler, 48, an Army Veteran from Katy; Rebecca Johnson, 54, an Army Veteran from Houston; Esteban Montes, 56, an Army Veteran from Houston; Franklynn Ellis, 38, a Navy Veteran from Wharton; and Kevin Kuddes, 39, an Army Veteran from College Station.

The National Veterans Wheelchair Games, presented by the Department of Veterans Affairs (VA) and Paralyzed Veterans of America (PVA), are open to all U.S. military Veterans who use wheelchairs for sports competition due to spinal cord injuries, certain neurological conditions, amputations, or other mobility impairments.

At the Games, Veterans competed in 17 different sports including air guns, archery, basketball, bowling, field, handcycling, nineball, a motorized wheelchair relay, power soccer, quad

rugby, softball, swimming, table tennis, track and field, trapshooting, weight-lifting, and wheelchair slalom.

For the third year, standup events were held in archery and table tennis for athletes who have amputations and choose to compete using prosthetic devices instead of their wheelchairs.

“The National Veterans Wheelchair Games give our disabled Veterans the opportunity to enjoy rigorous athletic competition. Every year, these heroes demonstrate their talent, stamina, and determination at this outstanding event, the same qualities they exhibited when helping preserve our nation’s freedom,” said Adam C. Walmus, B.A., M.H.A., M.A., F.A.C.H.E., MEDVAMC director.

“If it were not for the Games, I don’t know where I would be right now,” said Johnson who won four gold and one silver medals. “I grow and become stronger every time I compete. I always look forward to seeing old friends and making new ones.”

Sports can be very important in the therapy used to treat many disabilities. For many injured Veterans, the Wheelchair Games provide their first exposure to wheelchair athletics. VA is a recognized leader in rehabilitative and recreational therapies, and operates more than 1,400 sites of care, including 153 medical centers.

“This was my first time participating in the Wheelchair Games and I was



Army Veteran Rebecca Johnson puts it in high gear to win a gold medal in the Powerchair 220 race at the 29th National Veterans Wheelchair Games. “I grow and become stronger every time I compete. I always look forward to seeing old friends and making new ones,” said Johnson.

excited about the adventure of competing in an organized national event,” said Ellis. “I rolled away with new experiences, new found friendships, great memories, and a gold medal in archery.”

The Spokane VA Medical Center

and the Northwest Chapter of the PVA hosted the 2009 Games. They will be held in Denver next year. For more information, contact Recreation Therapy at (713) 794-7872. ♦ Frances M. Burke, Public Affairs Specialist

New Lung Cancer Surgery Offers Faster Recovery Time



“I am very grateful to Dr. Cornwell and her team. I specifically wanted a minimally invasive procedure to cut down on the amount of recovery time and was thrilled to find out the Houston VA offered this technique,” said Veteran Richard Rasmussen with Lorraine Cornwell, M.D., thoracic surgeon who is among the first surgeons in the VA health care system to employ this new treatment modality.

HOUSTON – Surgeons at the Michael E. DeBakey VA Medical Center (MEDVAMC) now offer a minimally invasive surgical treatment, video-assisted lobectomy, for Veterans with early-stage lung cancer.

Lung cancer is the leading cause of

cancer death in the United States, with approximately 180,000 new cases diagnosed each year.

While surgical resection offers the best chance of a cure for those with early-stage lung cancer, the traditional open-chest approach (called a thoracotomy)

typically requires five to seven days of recovery in the hospital, with an extended recovery at home.

Thoracic surgeons at the Michael E. DeBakey VA Medical Center (MEDVAMC) offer a less invasive surgical approach called a video-assisted lobectomy for select patients as treatment of early-stage lung cancer. This video-assisted thoracic surgery (VATS) technique reduces a patient’s hospital stay to about three to four days and the patient experiences a more rapid recovery with less pain after surgery as compared with the traditional thoracotomy approach.

“Video-assisted thoracic surgery represents a great advance in our ability to treat patients with early-stage lung cancer. The surgical outcomes of this minimally invasive procedure are comparable to traditional lobectomy outcomes,” said Lorraine Cornwell, M.D., thoracic surgeon who is among the first surgeons in the VA health care system to employ this new treatment modality. “By performing the less-invasive version of this surgery, the patient may enjoy a faster and less uncomfortable recovery.”

A lobectomy is the surgical removal of a large section of lung and is the most common surgery performed to treat lung cancer. Lobectomy has been traditionally performed during thoracotomy surgery. During thoracotomy surgery, an incision is made on the side of the chest between the ribs.

The ribs are then spread apart so the surgeon can see into the chest cavity and remove the tumor or affected tissue.

During VATS lobectomy, three 1-inch incisions and one 3- to 4-inch incision are made in the chest to provide access to the chest cavity without spreading of the ribs. A small video camera and surgical instruments are inserted into the incisions. The surgeon removes the tumor or affected tissue from the lung through the small incisions.

“I am very grateful to Dr. Cornwell and her team. I specifically wanted a minimally invasive procedure to cut down on the amount of recovery time and was thrilled to find the Houston VA offered this technique,” said Veteran Richard Rasmussen. “I feel so much better and look forward to going home.”

Although minimally invasive approaches are considered for every patient, some patients may not be candidates for video-assisted lobectomy. Traditional thoracotomy may be more appropriate for some patients with large tumors, involved lymph nodes, or prior chest surgery.

“There are a great many advanced treatment options for lung cancer and tumors on the horizon. The Michael E. DeBakey VA Medical Center constantly strives to open new doors and make these alternatives available for our Veterans,” said David H. Berger, M.D., Operative Care Line executive. ♦

The Butterfly Initiative: Bringing comfort and peace to the end of life



HOUSTON - The Butterfly Initiative highlights how the Palliative Care Unit (PCU) at Michael E. DeBakey VA Medical Center (MEDVAMC) was transformed through the vision and innovative ideas of the nursing staff.

The PCU is a five-bed inpatient unit specializing in the care of Veterans for a variety of terminal illnesses that require multidisciplinary interventions for end-of-life care. The unit is comprised of an interdisciplinary team providing all aspects of care to Veterans and their families.

"Palliative care is both a philosophy of care and an organized, highly structured system for delivering care to persons with life-threatening or debilitating illness," said Clinical Practice Manager Constance Ward, M.S.N., R.N.-B.C., C.N.R.N.

Palliative care is patient and family-centered care focusing on pain, depression, and biopsychosocial needs of patients at the end of life. Its philosophy incorporates family beliefs, culture, needs, and values into its structured care delivery system. The goal is to prevent and relieve suffering, and to support quality of life for patients and families facing the end-of-life journey.

The end-of-life journey is an important one filled with memories about the palliative care experience at the MEDVAMC. The PCU staff's motto and practice is "no Veteran will die alone."

Palliative care affirms life and eases the transition through that final common pathway. Two nursing-led innovations for the PCU have greatly impacted the families of our deceased Veterans and will further impact the families that will travel the end-of-life journey in the future.

Scope of Initiative

The Butterfly Initiative has had a positive impact on the aging Veteran population of the MEDVAMC facility-wide. It is estimated 27,000 Veterans die as inpatients annually in the U.S. There were 427 inpatient deaths at MEDVAMC in 2007. Out of those 427 inpatient deaths, 306 deaths occurred in an intensive care unit bed. These statistics are evidence of the need for an increase in the availability of palliative care services for present and future Veterans.

As a result of this initiative to improve palliative care for patients and family, the inpatient rooms and the family meditation room at MEDVAMC are better equipped to meet that need.

Magnet Impact

This improvement in end-of-life care has had a measurable impact on the quality of care provided to Veterans in the PCU. As one looks around at the PCU decorations and the family meditation room, there is evidence of a home-like environment in which patients receive comforting care.

This initiative demonstrates the use of two Forces of Magnetism a hospital must achieve to receive Magnet designation: (1) Professional models of care were demonstrated when the nurses took responsibility and authority for the provision of patient care and were accountable for their own practice, and (2) Quality of care is an organizational priority, and nurses are viewed responsible for the environment in which high-quality care can be provided.

Research shows nurses who view their work environment as empowering are more satisfied, committed to their organization, and deliver higher quality patient care.

Nurse Innovation No. 1

The PCU's five palliative care beds were originally located in separate areas throughout the hospital. To improve the delivery of palliative care and to provide continuity of care, renovations were undertaken to consolidate the five beds together in one location to create a PCU.

The renovations included the provision of a family meditation room. The room is designed to provide a home-like environment where patients and their families can spend quality time as they process through the end-of-life journey and the grief that comes thereafter.

With donations from the American Legion Auxiliary Department of Texas, the PCU rooms are impressively decorated. The walls are adorned with butterfly ornaments and patriotic model airplanes. Military vehicles are replicated on the shelves in patient rooms. A plush twin-sized foldout chair is located beside each patient bed to provide family members with the option of an overnight stay.

The family meditation room has materialized from an empty area that now possesses all the comforts of a living room. The room has been color-coordinated in shades of sage green furnishings that include two couches, plush recliners, and a dining set. The walls are decorated with butterflies and serene seascapes, and affirmations of the words "faith," "love," and "peace"

displayed on the room's shelves.

The room also provides patients and family the amenities of home with a refrigerator, coffee preparation area, and microwave oven. The Auxiliary has made radios, inspirational books, and blankets available to family members during their visits.

When entering the room, the inviting atmosphere speaks comfort, peace, and tranquility thanks to nurses who took the initiative to provide for the best interests of the Veteran patients and their family.

Nurse Innovation No. 2

The PCU's symbol is the butterfly and butterflies are displayed in the patient's rooms, the family meditation room, and the day room. Throughout history, colorful butterflies have been admired for their delicate beauty. They have a prominent place in art and literature as symbols of freedom, creativity, and the beauty of nature.

Annually, PCU staff organizes a remembrance ceremony in the community living center for Veterans who died. A butterfly decorated invitation is sent to the families of the deceased Veterans inviting them to attend, letting the family know "we are very privileged to have been a part of their lives and they certainly became a part of ours."

The remembrance service provides fellowship for the staff that cared for the Veteran and a time to give honor and reverence to the deceased Veteran and family.

A pictorial slide show of the Veterans who have passed is made; a DVD is produced with each Veteran's name, date of birth, date of death and their branch of service, which is depicted on the slide show screen prior to the display of the Veterans' photographs. Each family member is given a copy of the memorial DVD and the American flag in a gift bag after the ceremony.

The PCU nurses take great pride in what they have accomplished for this unit and are appreciative of the contributions made by the American Legion to enhance the unit's interior décor.

The changes implemented by the PCU nurses have had a positive impact on nurse quality indicators based on patient and family satisfaction, employee satisfaction, and improvement in overall PCU morale.

The end-of-life journey is an important one and the PCU nurses are constantly seeking ways to ensure Veterans and families have a comfortable and peaceful journey. ♦Constance Ward, MSN, RN-BC, CNRN, Conchetta Payne, ANP, & Rosemary Farr, MBA, BSN, RN

New VAMC Director Named

(continued from page 1)

Prior to his appointment as director of the Michael E. DeBakey VA Medical Center, Walms served as director of the Jack C. Montgomery VA Medical Center in Muskogee, Oklahoma. His 30 years of federal service includes VA positions in Houston, Dublin, Georgia, and New Orleans as well as a Department of Health & Human Services position in the Washington, D.C. area.

"Adam has a proven track record of success as a health care professional and a leader," said George Gray, South Central VA Health Care Network director. "His experience in health care administration, strategic planning, and management of capital resources will allow the Michael E. DeBakey VA Medical Center to continue providing world-class care to the Veterans in southeast Texas."

Walms obtained a bachelor's degree from Trinity College in Hartford, Connecticut. He holds two master's degrees, one in Health Care Administration from Tulane University and one in Asian Studies from the University of Michigan.

He is a Fellow of the American College of Healthcare Executives (ACHE) and has been appointed to the Department of Veterans Affairs ACHE Regent's Advisory Council. Walms served as a preceptor and clinical adjunct faculty member of the Health Care Administration Department at the University of Houston-Clear Lake and Oklahoma University. ♦

Lufkin Clinic Moves Into Brand New Building

(continued from page 1)

waiting room.

The VA outpatient clinic in Lufkin, activated in 1991, was officially renamed under Public Law 108-422 (S. 424) in honor of former U.S. Representative Charles Wilson. A renaming ceremony was held on July 7, 2005.

The Charles Wilson VA Outpatient Clinic provides primary care, laboratory, radiology, pharmacy, social work, nutrition, and mental health services to Veterans in the area. In the near future, optometry services will also be offered. In fiscal year 2008, there were 43,094 outpatient visits to the clinic. ♦

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Houston Selected as Site for VA Epilepsy Center of Excellence

HOUSTON – On July 29, 2009, the Michael E. DeBakey VA Medical Center (MEDVAMC) was notified it had been selected as a Department of Veterans Affairs Epilepsy Center of Excellence.

Epilepsy is a brain disorder that causes people to have recurring seizures. The seizures happen when clusters of nerve cells, or neurons, in the brain send out the wrong signals. People may have strange sensations and emotions or behave strangely. They may have violent muscle spasms or lose consciousness.

Epilepsy has many possible causes including illness, brain injury, and abnormal brain development. In many cases, the cause is unknown.

Doctors use brain scans and other tests to diagnose epilepsy. It is important to start treatment right away. There is no cure for epilepsy, but medicines can control seizures for most people. When medicines are not working well, surgery or implanted devices such as vagus nerve stimulators may help.

The VA National Neurology Office had previously conducted an analysis of the strengths and weaknesses for epilepsy care and electrodiagnostic capabilities within VA. There was a need to enhance epilepsy care to treat Veterans with epilepsy and to provide care for Veterans who would develop epilepsy as a consequence of traumatic brain injury.

"I am ecstatic the Michael E. DeBakey VA Medical Center was selected to be an Epilepsy Center of Excellence," said Blase A. Carabello, M.D., F.A.C.C., acting MEDVAMC

director. "It speaks volumes about our staff, our research and health programs, and our efforts to provide the best possible health care to Veterans in southeast Texas. The knowledge gained through this Center's work will benefit Veterans and the community for years to come."

The new Epilepsy Center will be funded at \$2.5 million over five years and will provide services to Veterans living in the Southwest and develop a network with VA medical centers in Los Angeles, San Francisco, and Albuquerque. After the initial five year period, the program will be evaluated to determine if it should be continued.

"The Michael E. DeBakey VA Medical Center was selected based upon our existing strengths in epilepsy and epilepsy surgery, and because we have an advanced polytrauma treatment program here," said Richard A. Hrachovy, M.D., Neurology Care Line deputy executive and director of the new Center.

Other Center members include epilepsy experts David Chen, M.D., Neurology Outpatient Clinic Director Vitor Pacheco, M.D., Neurosurgery Chief Bruce Ehni, M.D., and Daniel Yoshor, M.D. The Center will collaborate closely with the MEDVAMC Rehabilitation Care Line Executive Helene Henson, M.D. and her Polytrauma Rehabilitation Program staff as well as her colleagues within the Southwest region.

"One focus of the center will be



"The Michael E. DeBakey VA Medical Center was selected based upon our existing strengths in epilepsy and epilepsy surgery, and because we have an advanced polytrauma treatment program here," said Richard A. Hrachovy, M.D., Neurology Care Line deputy executive and director of the new Epilepsy Center of Excellence. Above, Navy Veteran David Garcia undergoes testing with (from left) epilepsy experts David Chen, M.D., Hrachovy, and Neurology Outpatient Clinic Director Vitor Pacheco, M.D.

epilepsy that follows head trauma and to expand our knowledge and expertise for this condition," said Thomas A. Kent, M.D., Neurology Care Line executive and co-director of the Center. "It will

permit us to double our long-term epilepsy monitoring capacity."

MEDVAMC is home to two VA-funded Research Centers of Excellence: Houston Center for Quality of Care and Utilization Studies and Neuro-rehabilitation: Neurons to Networks Center of Excellence. It is also home to a VA Quality Enhancement Research Initiative in Substance Use Disorders, a Mental Illness Research and Clinical Care Center, and a Parkinson's Disease Research and Clinical Care Center. ♦

SUPPORT GROUP LISTING

Talk with a social worker on your nursing unit or in your Primary Care Clinic about available support groups, meeting times, and locations.

Alcoholics Anonymous (AA)

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

Amputee Support Group

Meets 4th Wednesday every month, 3 p.m., Nursing Unit (NU) 2A Dining Room. Facilitators: Betty Baer, (713) 794-7793 & Stacy Flynn, (713) 791-1414, ext. 4441

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

Breast Cancer Survivors Support Group

Meets last Tuesday every month, 12 noon, Education Conference Room, 4th Floor, Room 4A-380H. Facilitators: Magdalena Ramirez (713) 791-1414, ext. 5287

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 & Douglas Ensminger, (713) 794-7200

Depression & Bipolar Disorder Support Group

Meets every Monday, 8:30 a.m., Room 6B-111. (713) 600-1131

Fibromyalgia Education & Support Group

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

HIV Support/Educational Group

Meets every Tuesday, 2 p.m., Clinic 4, Room 1A-442. Facilitator: Magdalena Ramirez, LCSW, ext. 5289

Hepatitis C Support Group

Meets 1st Friday every month, 1:30 p.m., Primecare Clinic 5. Facilitators: Garfield Norris, (713) 791-1414, ext. 6189 & Jodi M. Francis, (713) 791-1414, ext. 3394

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 & Rosa Lane-Smith, ext. 4034

Pain Coping Skills Training Group

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

Pain Education Group

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

Pain Support Group

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

Parkinson's Disease Education & Support Group

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

Stroke Support Group

Meets 3rd Tuesday every month, 3 p.m., Nursing Unit (NU) 2A Day Room. Facilitator: Lisa Whipple, (713) 794-7951

Vet to Vet Support Group

Meets every Wednesday, 6 p.m., Room 6B-117; every Thursday, 9 a.m., 6B-117; and every Thursday, 11 a.m., Room 6C-166. Veteran facilitator. POC for more information: Sara Allison, (713) 791-1414, ext. 3402

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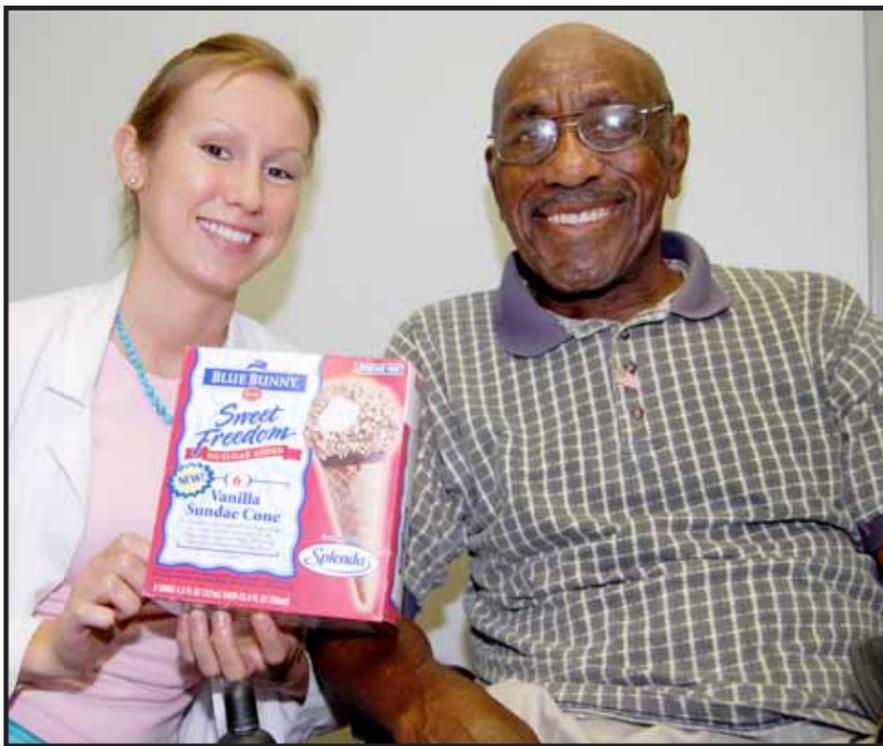
Nutrition Resources for People with Diabetes

HOUSTON – Have you or someone you love just been diagnosed with diabetes? If so, you likely have a lot of questions and concerns on your mind. The first step toward good diabetes care is to understand the disease and how to control it. What you eat is one of the key aspects of managing diabetes. Making the right choices and eating healthy can be hard, but there are a variety of resources available to make it easier. These include books, Web sites, classes, or individual nutrition counseling.

There are a variety of books available to assist diabetics in making better food choices. The American Diabetes Association (ADA) published a group of books titled “Month of Meals.” Each “Month of Meals” book contains 28 days worth of healthy meal choices and recipes for breakfast, lunch, and dinner, containing items such as Beef Burritos, Chicken Fried Steak, or Cheesy Grits. These books come in many varieties for all different tastes, including “Soul Food,” “Vegetarian,” and “All American Fare.”

Along with the “Month of Meals” books, there are many other cookbooks to help take the guesswork out of diabetes meal planning. “The Ultimate Diabetes Meal Planner” by Jaynie F. Higgins, contains 16 weeks of meal plans and more than 300 tasty recipes for healthy diabetic cooking. This book includes meal plans in four different calorie levels, along with shopping lists to make cooking as simple as possible.

You do not have to sacrifice good nutrition just because you live a busy lifestyle. “Lickety-Split Diabetic Meals” by Zonya Foco teaches you how to save time, eat smart, and lose weight with more than 175 meals that can be made in minutes! Each recipe includes a healthy tip to encourage you to eat right and exercise better. To help you take control



Dietetic Intern Ashley Colligan discusses the benefits of a good diet with World War II Army Veteran Napoleon Arrington. If you would like to receive more information on diabetes and nutrition, talk to a registered dietitian at the Michael E. DeBakey VA Medical Center at (713) 791-1414, ext. 4295.

of your diabetes, this guide acts as a cookbook, meal-planner, and self-management tool all-in-one.

While these are great books to help you cook at home, you do not have to avoid going out to eat just because you have diabetes.

“The Guide to Healthy Restaurant Eating,” by Hope S. Warshaw is an excellent book filled with calorie counts, carbohydrates, fat, and protein amounts for thousands of items from America’s most popular restaurants. It includes the exchanges and choices, as well as the serving sizes for each menu item. This guide also contains tips and facts for

healthier restaurant eating.

Knowing the carbohydrate content of your foods is important, but in order to manage your diabetes, you must know how to count all the carbohydrates you consume.

The “Complete Guide to Carb Counting,” by Hope S. Warshaw and Karmeen Kulkarni, teaches basic and advanced carbohydrate counting to help you control your blood sugar. It explains how to count carbohydrates in your meals, using food labels and at restaurants. It also contains a week of meal plans and recordkeeping forms to help you keep track of your information.

The Internet is another excellent source of information with countless Web sites. Caution though; it is important to make sure the Web sites you read are compiled by reputable sources.

One of the best places to obtain information online is the American Diabetes Association at www.diabetes.org. This site includes descriptions and definitions of diabetes related terms, additional information to help you learn more about the disease, nutrition, and fitness advice, as well as lifestyle and prevention techniques.

It provides a variety of materials related to government advocacy, community programs, and local events to help increase the awareness of diabetes. This site also has a feature called “My Food Advisor,” which is a calorie and carbohydrate counting tool that allows you to explore 5,000 different foods, search for healthier alternatives, and calculate the carbohydrates, fat, and nutrients you eat each day.

Using “My Food Advisor,” you can also browse recipes or save your own personal recipes to track everything you eat, helping you manage your diabetes to prevent the onset of further problems. Hopefully, these resources will help make living with diabetes easier.

If you would like to receive more information on diabetes and nutrition, talk to a registered dietitian at the Michael E. DeBakey VA Medical Center at (713) 791-1414, ext. 4295. ♦ Ashley Colligan, MEDVAMC 2008-2009 Dietetic Intern

Team Effort to Save Veteran’s Life

(continued from page 1)

expeditiously; otherwise, death was imminent.”

Jneid rapidly involved the necessary surgical specialties. McWharter was admitted to the Coronary Care Unit for close monitoring and optimization of medical therapies.

“Aortic dissection by itself, and particularly in the setting of a prior aneurysm, indicates a very grim prognosis and is a high mortality risk. We have the fortune to work closely with excellent vascular and cardiac surgeons and nurses,” said Jneid. “Our multifaceted team approach to care is essential to enhancing patient care and saving Veterans’ lives.”

Jneid consulted Danny Chu, M.D., cardiothoracic surgeon, for surgical repair evaluation. Historically, open surgical repair of this complex aortic disease has more than 40 percent mortality and more than a 20 percent risk of paralysis of the legs and lower part of the body.

McWharter was also seen by Carlos Bechara, M.D., vascular surgeon, for evaluation for minimally invasive surgery. He was deemed high risk for open surgical repair and the consensus was to perform a salvage endovascular procedure. In this procedure, the surgeon places a stent inside the artery to reroute the blood flow, stop the bleeding into the chest, and protect the problem area of the artery.

McWharter was immediately taken to the operating room equipped with fluoroscopic imaging technology. He was placed under general anesthesia and a spinal drain was placed by the Anesthesiology Team to reduce the post-operative risks of paralysis. In addition, Prasad Atluri, M.D., Anesthesiology Service Line acting chief, performed an intraoperative transesophageal echocardiography to guide the operating team into the correct lumen for successful stent placement.

The operating team consisted of Chu, Peter Lin, M.D., vascular surgeon, and Carlos Bechara, M.D., vascular/thoracic surgeon.

The procedure was performed by exposing the left femoral artery and threading wires, catheters, and stents through the vessel. The right femoral artery was accessed using an ultrasound. A catheter was placed to inject contrast and see the artery. After careful imaging, the stent was deployed in the correct area to cover the aneurysm and stop the bleeding.

“Because of the skill, dedication, and expertise of the entire team including the Surgical Intensive Care Unit staff, the patient did very well post-operatively,” said Lin. “Mr. McWharter was seen in clinic recently and is doing very well.”

“I will always remember my VA docs and nurses in my prayers for saving my life,” said McWharter.

“As a result of our multi-disciplinary approach and cutting-edge technology, we are able to offer treatment to our nation’s heroes for such complex and fatal diseases,” said Bechara. ♦

STOP DISEASE IN ITS TRACKS!

**IT
JUST
TAKES
SECONDS!**



**CLEAN
YOUR
HANDS!**

WHEN:

- ✓ After using restroom, touching trash, coughing, or sneezing
- ✓ Before eating ✓ After being near someone sick, coughing, or sneezing

HOW:

- ✓ Rub alcohol-based hand cleaner vigorously over hands for 30 seconds
- OR
- ✓ Use antimicrobial soap, then lather over hands, rub hands vigorously for 15 seconds, rinse and dry well, & turn off water with paper towel

WHY:

- ✓ Prevent flu, colds, and diarrhea ✓ Stay healthy
- ✓ Prevent spread of other sicknesses and diseases



Question: What is the easiest way to get my prescriptions refilled?

Answer: Use either the Automated Telephone Refill System or the VA's MyHealthVet Web site.

The Pharmacy's Automated Telephone Prescription Refill System is available seven days a week, 24 hours a day. The telephone number is (713) 794-7648 or toll-free 1 (800) 454-1062. You will need a touch-tone phone, your social security number, and your prescription number. Your prescription number is located on the top left corner of your prescription container. Please note that not all phones are touch-tone compatible. If you attempt to access the automated telephone refill system and have trouble, please check your telephone for touch tones.

Prescriptions may also be filled online using VA's My HealthVet Web

site at www.myhealth.va.gov. There are details instructions there to walk you through signing up and using the site.

Question: How do I get a copy of my DD 214?

Answer: The VA does not maintain records of Veterans' military service, except as necessary for providing benefits from VA.

To obtain or amend a copy of your military service record and/or your Official Military Personnel File (DD-214, OMPFs), please visit the Web site for the Military Personnel Records Center in St. Louis, which is part of the National Archives and Records Administration (NARA). Visit the NARA Web site at www.archives.gov/veterans/military-service-records.

Question: How do I get more VA news and information?

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

Answer: The following health benefits and services are not covered by VA: abortions and abortion counseling; in vitro fertilization; drugs, biological, and medical devices not approved by the Food and Drug Administration unless the treating medical facility is conducting formal clinical trials under an Investigational Device Exemption or an Investigational New Drug application, or the drugs, biologicals, or medical

devices are prescribed under a compassionate use exemption; gender alterations; hospital and outpatient care for a Veteran who is either a patient or inmate in an institution of another government agency if that agency has a duty to give the care or services; and membership in spas and health clubs.

Question: Am I eligible for free prescriptions?

Answer: Medication copayments are charged for each 30 day or less supply of medication provided on an outpatient basis for nonservice-connected conditions. Exemptions from this co-payment requirement are provided for Veterans service-connected 50 percent or more, former POWs, and for Veterans whose income is less than the established dollar threshold. Also exempt from the medication copayment are Veterans receiving medication for the treatment of conditions related to agent orange, ionizing radiation, Persian Gulf, military sexual trauma, and certain cancers of the head and neck. Recent combat Veterans are exempt from medication copayments for two years following discharge when being treated for conditions related to their military service.

Question: My boy scout troop has collected some items we wish to donate to the VA. Where do we drop them off?

Answer: Every donation, no matter how large or small, makes a difference in the lives of our Veterans. For a list of needed items and donation guidelines, visit our Web site at www.houston.va.gov.

Please contact the Voluntary Service

Office in Room 2A-104 at (713) 794-7135 or vhahouvolunteer@va.gov to arrange for acceptance of your donation. Donations left at the Information Desk are usually considered trash and thrown away by housekeeping personnel.

Question: Where did the PEAC Clinic move?

Answer: The functions of the Psychiatric Evaluation and Admission Clinic (PEAC) have relocated to make triage and assessment of Veterans with mental health issues more efficient and secure.

Veterans with psychiatric emergencies will first be evaluated in the Emergency Room. Veterans with emergent concerns or a condition requiring urgent attention and action will remain in the Emergency Room until the appropriate level of care can be administered.

Veterans with non-emergent concerns presenting during regular business hours are referred as follows: 1) If the Veteran is new to the MEDVAMC or new to Mental Health Care Line, the Veteran will be referred to the Prime Care Mental Health Clinic (previously called Behavioral Medicine/PEAC) located in Room 1B-394 on the east side of the building near the Spinal Cord Injury Entrance; or 2) If the Veteran is already enrolled in a Mental Health Program, the Veteran will be referred to their Principal Mental Health Provider.

Veterans with non-emergent concerns presenting after normal hours will be evaluated in the Emergency Room and seen by the appropriate Mental Health Provider.

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) 671-4300
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) 761-3200
- Pharmacy Refills (713) 794-7648
or toll-free 1-800-454-1062
or www.myhealth.va.gov
- Pharmacy Helpline (713) 794-7653
- Suicide Prevention Hotline toll-free 1-800-273-TALK (8255)
- Appointment Center toll-free 1-800-639-5137
- Automated 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 Advocates
Houston/Galveston (713) 794-7884
Beaumont 1-800-833-7734, ext. 113
Conroe (936) 522-4010, ext. 1952
Lufkin (936) 671-4300

Houston VA National Cemetery (281) 447-8686

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

Why wait in line to have your blood drawn at the Blood Lab?



Avoid the crowds, save time, and have your blood drawn in your **Primary Care Clinic!** You can also have blood drawn days before your appointment (afternoons are usually slow times) or at any one of the VA Outpatient Clinics: Beaumont, Conroe, Galveston, and Lufkin.



Air Force Veteran Jackie Latta has his blood drawn in Primary Clinic 2 by Phlebotomist Susan Alexander.