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***If Veterans don't help Veterans, who will?***

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# VETERANS' ADVANTAGE

WINTER 2003

THE WELLNESS MAGAZINE

FOR NEW YORK / NEW JERSEY VETERANS

2 What's happening now?

3 VA to grant benefits to more Vietnam veterans

6 Which veterans pay for which services



# What's happening now?

**E**ach region of the VA has identified specific market areas that will benefit from coordination and planning of healthcare services—through either VA facilities, the Department of Defense or private-sector facilities—to support a full healthcare delivery system (i.e., primary care, mental healthcare, inpatient care, tertiary care and long-term care). CARES Planning Initiatives represent the gaps between the current supply of services and predicted future workload demands within each market area.

Until April 15, 2003, plans will be developed to identify strategies for meeting projected demands in each identified market area. During this process employees, veterans service organizations, affiliates, union leaders and other stakeholders will conduct briefings to develop ideas and recommendations and to solicit input. Currently, VA is in the strategic planning process, including developing various scenarios and alternatives.

After April 15, an independent national CARES Commission will hold stakeholder meetings throughout the country and review the draft National CARES Plan before a recommendation is made to the Secretary of Veterans Affairs.

Executive Director of the CARES Commission, Richard Larson, will coordinate commission meetings and public hearings in Washington, D.C., and across the country to ensure the report's completion. The commission is expected to present its findings and recommendations to the Secretary in the fall of 2003. For more information on the CARES process, visit <http://www.va.gov/visns/visn03/cares.asp>.

James J. Farsetta, FACHE  
Network Director

<http://www.va.gov/visns/visn03>

## Subject to call to duty

**A**s of September 2002, 14,621 VA employees— 6.5 percent of the national VA workforce—serve as members of the National Guard and Reserves.

## We're just a phone call away

Veterans, do you need information about medication dosages or prescription interactions, or do you have questions about your general health? Day or night, get answers to all your healthcare questions by calling the VA Nurses Helpline, 24 hours a day, at **1-800-877-6976**.

Editor: Gerald Culliton

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# VA to grant benefits to more Vietnam veterans

Secretary of Veterans Affairs Anthony J. Principi has decided to extend benefits to Vietnam veterans with chronic lymphocytic leukemia (CLL), based on a recently released review of scientific studies.

"Compelling evidence has emerged within the scientific community that exposure to herbicides such as Agent Orange is associated with CLL," Principi says. "I'm exercising my legal authority to ensure that the full range of VA benefits is available to Vietnam veterans with this illness." This ruling means that veterans with CLL who served during the Vietnam War don't have to prove that illness is related to their military service to qualify for Department of Veterans Affairs disability compensation. Additionally, for more than 20 years, VA has offered special medical care access to Vietnam veterans with any health problems that Agent Orange exposure may have caused. This decision will ensure higher-priority access to future care.

The decision to provide compensation was based upon a recent report by the Institute of Medicine (IOM) that, among scientific studies, found "sufficient evidence of an association" between exposure to herbicides during the Vietnam War and CLL. The IOM review, conducted at VA's request, was the latest in a series after 1993, when the independent, non-governmental agency first published a report for VA that examined thousands of scientific studies on American servicemembers who may have been exposed to various substances in Vietnam. VA requested that the IOM experts focus on CLL in this report because of veterans' concerns that CLL shares some similarities with non-Hodgkin's lymphoma—which the IOM had previously

connected to Agent Orange exposure.

"On the modern battlefield, shrapnel and bullets don't cause all injuries," Principi says. "This latest IOM study and my decision to act upon it are the latest examples of VA's continuing efforts to care for our combat veterans' needs." Principi ordered the regulations development to allow VA to begin paying compensation benefits once a final rule takes effect. Veterans can expect publication of that regulation in the near future. VA will publish further details, when available, at <http://www.vba.va.gov/bln/21/benefits/herbicide/>.

In the meantime, veterans with questions about healthcare, compensation and survivor benefits may call a toll-

free help line at

1-800-749-8387.

VA also encourages Vietnam veterans who have not done so to request a subscription to *Agent Orange Review*, VA's free newsletter, to stay informed on this issue and other future policies and scientific findings. The helpline number above also provides newsletter subscription information. Those wishing to receive e-mail from VA with the latest news releases and updated fact sheets can subscribe at the following Internet address: [http://www.va.gov/opa/pressrel/opalist\\_listserv.cfm](http://www.va.gov/opa/pressrel/opalist_listserv.cfm). ■



Anthony J. Principi,  
Secretary of  
Veterans Affairs

## More about CARES

### CARES Commission news

VA Secretary Anthony J. Principi has announced the appointment of Richard Larson to serve as the executive director of the CARES Commission. A decorated combat veteran, Larson has assisted the VA Secretary in many ways and also worked for the Department of Labor for 27 years prior to joining VA. The commission will conduct an external assessment of VA's capital asset needs and address stakeholder and beneficiary concerns. It will also play a critical role in assessing proposed CARES initiatives for veterans' future healthcare needs. An independent commission, it will involve 11 public citizens with appropriate backgrounds and expertise who represent the interests of all VA stakeholders and will consider VA's recommendations under secretary for health, veterans' service organizations, individual veterans, Congress, medical school affiliates, VA employees, local government entities, community groups and others.

### What is CARES?

The Department of Veterans Affairs owns more than 4,700 buildings and more than 18,000 acres of land. But the very heart of VA is not in its infrastructure; it's in the veterans we serve. Some of the buildings and land VA owns don't suit veterans' healthcare needs well. Many buildings are underused or vacant, some are aging and in dire need of repair and others simply aren't located where veterans need them. For VA to continue to provide the quality care veterans deserve, it must assure that these veterans can use these resources effectively.

VA's primary national strategy for achieving that aim is called Capital Asset Realignment for Enhanced Services, or CARES—a program designed to help the veterans' healthcare system use its resources more effectively and deliver more care to more veterans, in places where veterans need it most.

Simply stated, CARES is a *nationwide* initiative to review existing medical facilities and project veterans' medical needs over the next 20 years. Visit <http://www.va.gov/visns/visn03/cares.asp> for more information.





VA MEDICAL CENTER  
BRONX, NEW YORK

## Better baking

**B**ake a healthier batch of good cheer using savvy substitutions:

- Use reduced-fat chocolate chips.
- Replace some of the oil or shortening in a recipe with fruit purees. Try apple, prune or banana.
- Cut sugar or honey in recipes by a third.
- Use egg substitutes or egg whites instead of whole eggs. Experiment with one whole egg and two egg whites for every three eggs in a recipe.
- Replace sour cream in recipes with plain nonfat yogurt or nonfat sour cream.
- Use evaporated skim milk as a low-fat alternative to cream in many sauces.

# A healthier 2003: Eating advice from the

**E**ach holiday season, does your cheer seem to grow with each helping of Tia Anna's famous arroz con pollo, Uncle John's sweet potato pie or Grandma's fancy fruitcake? If so, like millions of Americans, you probably greet the new year one size larger.

To make your winter dining a little lighter—but no less satisfying—experts at the Bronx VA Medical Center offer these

strategies:

- Be picky. Don't try to resist beloved dishes, but do be selective. When will just a taste of a family favorite do? What dishes are worth splurging on?
- Extend healthy habits to family and social meals. As with any ordinary day, let lean meat, chicken, fish, vegetables, legumes and whole-grain rolls be the foundation.
- Snack well. Amid a hectic



## Bronx VA

schedule, regular, balanced meals may become a memory. To compensate for gaps in nutrition, snack wisely.

- Please the eye. Your friends and family won't even miss the chips when you present a platter of colorful crudités, fruit kabobs made with melon wedges and strawberries or baked or boiled plantains.

- Adjust your cooking technique. Chances are, the baked version of your spicy chicken

tastes just as delicious as the fried one. And your guests might appreciate the lighter take on a heavy classic.

- Don't let company distract you from your hunger and satiety signals. It's easy to lose track of how much you're eating when gathered around a table for hours. Eat slowly and focus on what your body is telling you. When you feel full, put your fork down.

- Reinforce your inner resolve to stop eating by nudging your dish an inch away from you or placing your utensils or your napkin on your plate.

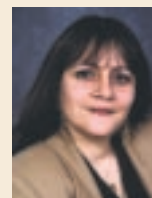
- Foil food pushers such as "Go on, have one more pastry." It's hard to say no to such prompting without feeling rude. Just say, "Aunt Tia, the pastry was so good, I'm still savoring my last bite. Thanks anyway."

Enjoy the winter season, veterans, and make sure to get your yearly checkups! ■



Every veteran served by the Bronx VA Medical Center has been assigned a primary care physician and should call 718-584-9000, ext. 5295, 5301 or 5264, for an appointment. First-time users and those veterans who have not taken advantage of our comprehensive health services for more than a year should ask for ext. 5271, 5344, 5370 or 5371.

The Bronx VA also operates a 24-hour VA Nurses Helpline. You can get answers to all your health questions by calling toll free at 1-800-877-6976.



Greetings from  
the director,  
Bronx VAMC

Now that we've entered the new year, I would like to wish all veterans, employees and their families a happy and healthy 2003. I'd like to also remind our veterans that it's not too late to take their annual flu and pneumonia vaccines, especially those over 65 years of age, two-thirds of whom are not vaccinated.

The Center for Disease Control (CDC) states that the flu shot is the best protection from the flu. About 20,000 people die of complications each year from the flu, and 114,000 are hospitalized. Flu can and does strike at any time but peaks in the winter months. The vaccine is, according to the CDC, about 80 percent effective, but immunized recipients who come down with the flu anyway usually experience less severe symptoms. Those with the greatest risk of flu complications are everyone over age 50; health care workers and household contacts of high-risk people; those with chronic illnesses such as lung or heart disorders, diabetes or weakened immune systems; and residents of nursing homes and long-term care facilities.

Your long-term prospects for good health depend on preventive measures such as a simple flu shot. Please see your primary care provider here at the Bronx VA Medical Center or at one of our easily accessible Community-Based Outpatient Clinics.

Best wishes for a healthy year!

Sincerely,  
MARYANN MUSUMECI



# Healthcare Happenings

Information for Veteran Patients of the VA New York Harbor Healthcare System

## The road to recovery:

VA New York Harbor Healthcare System's Comprehensive Physical Medicine and Rehabilitation Service lends a hand

**A**t VA New York Harbor Healthcare System, our Comprehensive Physical Medicine and Rehabilitation Service provides a full range of resources for patients to increase their ability to perform daily tasks and improve functional capacity. Here, our dedicated and friendly staff combines technical skill with genuine human compassion—essential to the rehabilitation process.

As a referral center for cardiac care, neurosurgery and prosthetics, VA New York Harbor Healthcare System offers broad rehabilitative expertise in a wide variety of disabilities. The Comprehensive Physical Medicine and Rehabilitation Service provides both acute and less intense rehabilitation in inpatient settings as well as outpatient rehabilitation and electrodiagnostic services at its three campuses in New York, Brooklyn and St. Albans.

The staff provides therapeutic intervention to patients with a wide variety of disabling conditions, including cerebral vascular accidents (CVA), amputations, orthopedic conditions such as hip or knee replacements and arthritis.

Therapists provide care that will improve veterans' functions and decrease their pain. They teach veterans how to exercise and perform tasks like eating, dressing, grooming and getting around. The ultimate aim is to restore independence.



### An interdisciplinary team approach to patient care

The Comprehensive Physical Medicine and Rehabilitation Service features a dynamic interdisciplinary team process. The veteran and his or her "team"—the physician, nurse, physical therapist, occupational therapist, recreation therapist and social worker—meet on an inpatient basis. As the team's focal point, the veteran makes all decisions regarding rehabilitative care.

### Exceptional cardiac rehabilitation services

The VA New York Harbor Healthcare System's New York and Brooklyn campuses feature excellent outpatient cardiac rehabilitation programs. With progressive exercise, veterans can improve their cardiovascular function. The New York campus offers inpatient



**F**or the best  
medical rehabilitation  
anywhere, choose  
VA New York Harbor  
Healthcare System.



cardiac rehabilitation as well.

### Special multiple sclerosis program

The New York campus of VA New York Harbor Healthcare System hosts a unique Multiple Sclerosis Day program. Veterans with multiple sclerosis receive physical, occupational and recreation therapy along with nursing, nutrition and social work services. Through the support of the Eastern Paralyzed Veterans Association, veterans attend trips that include bowling, shopping and other fun activities.



### New York campus recognized for quality care

The acute inpatient rehabilitation program at the New York campus recently received a three-year reaccreditation by CARF, the Commission on Accreditation of Rehabilitation Facilities. CARF Accreditation represents the rehabilitative standard of care in the community. As part of its outreach efforts, the comprehensive inpatient team publishes quarterly newsletters outlining its outcomes.

### A center of excellence in medical rehabilitation

The VA has designated VA New York Harbor Healthcare System as one of five national Centers of Excellence for Comprehensive Medical Rehabilitation. Come to the VA New York Harbor Healthcare System's Comprehensive Physical Medicine and Rehabilitation Service for all modern forms of rehabilitation therapy, clinical excellence and state-of-the-art treatment facilities. ■

# Refilling your prescriptions with convenience



Consolidated Mailout Pharmacy. This pharmacy will then mail your medication to your home.

3. Use the telephone. Two toll-free telephone numbers provide automated service 24 hours a day, seven days a week. Simply dial 1(888) 207-2004 or 1(888) 216-9094, enter your social security number and follow the directions. You can check the status of your request day or night.

If you do not have a touch-

tone phone, choose the option to speak with a live attendant during normal working hours. During periods of peak calls or when the outpatient pharmacy is closed, use the voice mail option and leave a message. You will

then receive a call back.

Rest assured that a registered pharmacist checks your prescriptions and medication history, dosage requirements and possible drug interaction hazards, one by one, to ensure your safety. Please remember that you are a partner in healthcare, so always educate yourself before you medicate. And again, use one of the above three methods 10 days before you run out of medicine. ■

**For refill requests,  
call the VA**

**New York Harbor  
Healthcare System**

**toll free at**

**1(888) 207-2004**

**or 1(888) 216-9094.**

**R**efilling your prescription medications has never been easier.

Use one of the follow-

ing three options 10 days before you run out!

1. Drop off your prescription refill request slips when at any of the VA New York Harbor Healthcare System campuses in boxes located near the outpatient pharmacies.

2. Mail your refill requests to any of our campuses. Once received, refill requests will be bar-coded into our computer system and transferred to our





# Winter emergencies

The Northeast winter season brings a host of unique safety challenges. The following are two common health and safety concerns you should know about.

By Sheryle Harris, R.N.



For medical attention or more information, contact your primary healthcare provider. On weekends, holidays or evenings, call the 24-hour Nurse Helpline at 1-800-269-8749.

## Frostbite

Frostbite develops when skin and blood vessels become damaged by being in temperatures below 32 degrees Fahrenheit. It mostly affects uncovered areas of the body or the nose, ears, cheeks, fingers and toes.

When frostbite occurs, victims require prompt medical attention to prevent infection and possible loss of limbs. If you experience frostbite, go to the nearest doctor or emergency care clinic to be treated. Beforehand, if possible, elevate the frost-bitten area and apply warm towels, or place the area in lukewarm water for 20 minutes. Never hold the area next to fire. ■

### Use caution in extreme cold weather:

- Bundle up with a hat or earmuffs, a scarf and mittens. Goose down or natural materials such as cotton or wool are the best insulators.
- Carry extra clothing with you if you know you are going to be out in the cold for a while.
- Keep a handkerchief on hand to wipe away moisture, which can steal body heat.
- Wear a waterproof moisturizer like Nivea or Candemyl to insulate exposed areas of the skin.
- Know the warning signs of frostbite so you can prevent or treat it.

## Carbon monoxide poisoning

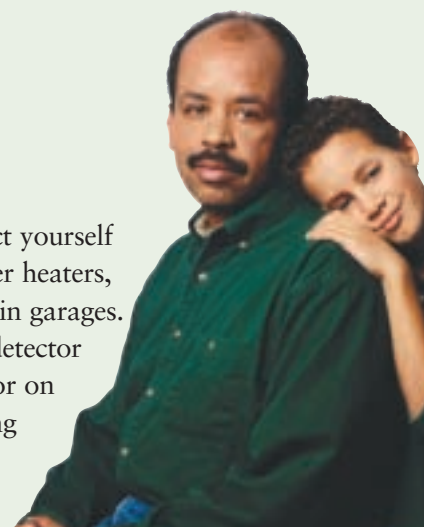
Carbon monoxide (CO) is a colorless, odorless, tasteless and toxic gas produced as a by-product of combustion. Symptoms of CO poisoning include headache, nausea, vomiting and unconsciousness. Examples of household devices that produce CO include:

- gas water heaters, stoves and dryers
- fireplaces and woodstoves
- charcoal grills
- lawnmowers, snow blowers and other yard equipment
- automobiles

### How to prevent CO poisoning

Accidental CO poisoning injures or kills many people each year. You can protect yourself by watching for cracked furnace heat exchangers, malfunctioning furnaces or water heaters, blocked chimneys and other unpredictable events—especially vehicles left running in garages.

The Consumer Product Safety Commission recommends that you insert a CO detector on each floor of your residence, but at minimum, you should place a single detector on each sleeping floor with an additional detector in the area of any major gas-burning appliance. Also be sure to consult the manufacturer's installation instructions for proper placement. ■





**The VA  
Hudson Valley  
Health Care System  
wishes you a safe  
winter!**

moisture. A moisture-wicking polypropylene or similar material under a Gore-Tex or other breathable shell is the best choice.

- **Protect yourself from falls**

Snow, sleet and ice are serious hazards that can cause slips and falls from poor traction, resulting in muscle pulls, sprains, strains, damage to tendons and ligaments and broken bones. Be cautious when running or walking in such conditions.

Make sure your shoes have adequate traction, and never use them if they are worn out.

# Winter exercise precautions from the VA Hudson Valley Health Care System

By Perry Hartmann, K.T.

**M**any exercises that are perfectly safe on a dry, warm summer day can be hazardous in the winter. The following guidelines from the VA Hudson Valley Health Care System can help you exercise safely this season.

- **Stay warm and dry**

You need to balance the amount of clothing with the outdoor temperature and intensity of your exercise. Avoid wearing too much clothing, which will cause a rise in body temperature, excessive sweating and will also make you colder due to sweat evaporation.

Also avoid wearing too little clothing, which can make muscles and other tissues cold, increasing

the likelihood of injury such as muscle strains and pulls. If exposure to cold continues for an extended period of time, it can cause frostbite or possibly hypothermia. But this is rare—usually the body heat built up during exercise is sufficient to protect against more serious cold injuries. Muscular strains and pulls are much more common, which is why adequate warm-ups and stretching are so important. The type of clothing is also significant. You want a wicking layer next to the skin to transmit moisture away from the body. On the outside, wear breathable wind-resistant material to protect from wind and other elements. Avoid wearing cotton underneath and/or nylon outside since both conditions trap

Also, use the weather to your advantage when possible. In snowy weather, cross-country ski or go for a hike in the snow. If you ice-skate, do laps on your local pond or on a skating rink for a great workout.

- **Lighten up**

During the winter months, it is more common for people to exercise after dark. The most practical method is to exercise indoors, but if you must exercise outside, wear reflective clothing so motorists can see you. Also wear a headlamp or carry a flashlight to spot potholes or other obstacles that may not be visible.

Although winter is a difficult time of year to exercise, it can be done safely if you follow the above guidelines. ■

# *East Orange VA* celebrates *50 years* of service



(Left to right): Director Kenneth H. Mizrach, VANJHCS; Chairperson Bob Maras, VANJHCS Stakeholders' Advisory Group; VISN 3 Director James J. Farsetta, New York/New Jersey; Chairperson Bob Tracey, VANJHCS Concerned Veterans Group; and Secretary of Veterans Affairs Anthony J. Principi partake in the cake-cutting ceremony for the East Orange VA celebration.

**V**A Secretary Anthony J. Principi joined more than 250 patients, employees, volunteers and leaders in the veterans' community along with the VISN 3 staff in celebrating the rededication and 50th anniversary of the East Orange Campus at the VA New Jersey Health Care System on October 8.

## Recognition of East Orange VA's efforts

Principi served as keynote speaker for the festive celebration, eloquently noting, "East Orange has made significant contributions to VA's overall success and is to be commended for 50 years of health care excellence." Network Director James J. Farsetta added, "The staff at the East Orange VA should feel proud. They have served our most important citizens with compassion and caring that is second to none." Director Kenneth H. Mizrach also

expressed his sincere thanks to the employees, volunteers, stakeholders, affiliates, elected officials and advocates for their "unwavering dedication and support of our mission in serving our nation's veterans." Principi, Farsetta and Mizrach presented nine employees with Certificates of Appreciation for their 35-plus years of service at the VA facility. During the program, Re-Creation U.S.A., Inc. presented "Tones—A Colorful Celebration of Song," a lively musical production that left the spirited audience reminiscent of years passed.

## About the East Orange VA

The East Orange Campus of the VA New Jersey Health Care System is comprised of 34 acres and is situated at South Center Street and Tremont Avenue in East Orange. It overlooks a residential area with an imposing view of the Manhattan

skyline. The site formerly belonged to the Bamberger Estate, which was endowed originally to Princeton University, and, in turn, was sold to a private owner and purchased by the government.

In 1943, The American Legion State Rehabilitation Chairman, William G. McKinley, at a convention sounded the alarm that New Jersey was in desperate need of a medical facility in the metropolitan area to service veterans. Later that year, passage of the appropriations and allocation for the construction of a VA hospital was achieved. McKinley's work helped break ground in 1948, and the VA took over the completed structures on July 31, 1952.

## The VA's progress

Today, the East Orange Campus is a tertiary-care teaching facility, providing a full range of patient care services with state-of-the-art technology, as well as education and research. It provides comprehensive health care through primary care, tertiary care and long-term care in the areas of medicine, surgery, psychiatry, physical medicine and rehabilitation, neurology, oncology, dentistry, geriatrics and extended care. It is part of the VA New Jersey Health Care System and includes the Lyons Campus; a satellite outpatient clinic in Brick, N.J.; and seven N.J. access points located in Trenton, Hackensack, Elizabeth, Jersey City, New Brunswick, Morris Plains and Newark. ■



# Ask the expert about medically unexplained illnesses



Dr. Benjamin Natelson, board-certified neurologist, answers questions about medically unexplained illnesses.

**D**r. Natelson is the Director of the War-Related Illness and Injury Study Center (WRIISC, pronounced “risk”) located in East Orange, New Jersey. This Center was established to clinically evaluate those veterans with war-related illnesses that are sometimes difficult to diagnose and treat, and to better understand how to help veterans with medically unexplained symptoms. Dr. Natelson is a board certified neurologist with extensive experience, both clinical and research, with illnesses in the “mind-body” dimension. The following are questions that he has answered for veterans.

**Q. I’ve been feeling fatigued and suffering from memory loss since I left the military service. My doctor can’t seem to find what is wrong with me. Could I have a medically unexplained illness?**

Fatigue is a feeling of extreme tiredness or weakness, making it difficult for you to go about your normal routine, and can be caused by not getting enough sleep, chronic disease or side effects of certain medications, or perhaps even stress or anxiety. If you’ve gone to your doctor to discuss your symptoms and have a thorough physical exam and it is still unknown what is going on with you, you may be experienc-

ing medically unexplained physical symptoms. Having medically unexplained physical symptoms is not that uncommon. And the good news is that by having had a work up by your doctor, most life-threatening diseases were probably ruled out. Our War-Related Illness and Injury Study Center may be able to fully evaluate you to determine possible cause.

**Q. What types of medical problems are Persian Gulf veterans reporting?**

A wide range of symptoms are being reported by Persian Gulf veterans since returning from the Persian Gulf. The most frequently reported symptoms are fatigue, muscle and joint pain, headache, difficulty concentrating, shortness of breath and skin rashes.

**Q. What are possible causes for the medical problems veterans are reporting?**

Troops may have been exposed to a variety of potentially harmful situations and/or substances during Operation Desert Shield/Storm. A list of some of these follows. Exposure to one or more of these factors could be responsible for the symptoms of the gulf war veteran. Veterans serving in Operation Desert Shield/Storm

may have been exposed to Pyridostigmine Bromide, a medication used to counteract the effects of possible nerve gas attacks; pesticides that were used to control sand flies and scorpions; depleted uranium used to battle hardened munitions; smoke from oil well fires and diesel fumes; and nerve gas agent. These exposures are known to have health effects when the level of exposure is high enough. With regard to gulf war syndrome, however, there are a number of veterans who report symptoms but did not have significant exposure to any of these agents. Also, veterans of other conflicts, such as Bosnia, report similar unexplained symptoms.

One common denominator to the Gulf, Bosnia and other combat zones is stress. Stress is known to make medical illness worse. For example, patients with diabetes or high blood pressure often need to have their medications adjusted when they are in stressful conditions. Stress also turns on bodily systems that can disturb sleep and lead to symptoms such as upset stomach and pain. If stress is found to play a role in your symptoms, the good news is that there are ways to help you reduce your stress “barometer.” ■

**For further information about the WRIISC, call 1-800-248-8005 or visit [www.wri.med.va.gov](http://www.wri.med.va.gov).**



# Facts about blood pressure from the Northport VA

**M**ore than 50 million Americans have high blood pressure, which means that their blood travels through their arteries at a pressure too high for good health. Known medically as hypertension, this “equal-opportunity” disease can strike anyone: male or female, rich or poor, city or country dweller.

## Understanding the risks

A temporary rise in blood pressure is a normal response to stress or physical exertion. But people with hypertension have high blood pressure at rest, which is extremely dangerous. Chronic hypertension causes atherosclerosis, or clogging of the arteries, which can lead to a heart attack. Left untreated, hypertension can also lead to stroke, heart failure, kidney damage and retinopathy (severe damage to the retina of the eye, which can cause blindness).

Hypertension is called the

silent killer because it tends to do its damage quietly, without causing symptoms that might alert people to its presence. As a result, about half of affected Americans don't even know that they have the disease. For thousands of people every year, the first sign of the condition is a heart attack or stroke. But high blood pressure is easy for doctors to detect and treat successfully. To avoid the deadly effects of hypertension, follow the three steps outlined here.

## Step 1: Get your blood pressure checked.

Unlike other diseases that cause pain, swelling or high fevers, high blood pressure probably won't alert you to its presence. Also, the likelihood of having hypertension increases as you age, another important reason to have your blood pressure checked regularly.

## Step 2: Change dangerous habits.

Although high blood pressure can't be cured, making certain changes in behavior and activities can control it.

- Maintain a normal weight. Being overweight can contribute to high blood pressure because the heart has to work harder to pump blood through excess fatty tissue. In some cases, people who lose excess weight lower their blood pressure.
- Keep moving. Exercise will help you shed excess pounds by burning calories and helping control your appetite. In addition, some studies show that it can

**Speak with your VAMC provider about your blood pressure.**



reduce blood pressure.

- Stop smoking. The nicotine in cigarettes causes blood pressure to rise and dramatically increases the risk of stroke. According to the American Heart Association, the benefits of quitting begin the day you give up cigarettes.

- Shake the salt habit. By causing the body to retain fluids, salt may contribute to high blood pressure. To reduce your salt intake, try using herbs and spices for seasoning. Avoid packaged snacks and processed meats, which are high in salt.

- Limit alcohol. Although one drink (1.5 ounces of hard liquor, 4 ounces of wine or 12 ounces of beer) a day doesn't raise blood pressure, indulging in two or three drinks a day is associated with an elevated risk of hypertension.

#### Step 3: Take prescribed medications.

When changes in lifestyle don't lower blood pressure, doctors may prescribe antihypertensive drugs. Some of these medications remove excess fluid and salt from the bloodstream, others open up narrowed blood vessels and still others prevent the smallest blood vessels (arterioles) from narrowing. To be effective, you must take prescribed medication regularly. People who stop taking their medications because they feel fine may ultimately suffer from rebound phenomenon, in which their blood pressure returns to a higher level than before.

Hypertension is a killer, but it can be treated and controlled. Don't be one of the many Americans who has this life-threatening condition but isn't aware of it; get your blood pressure checked regularly. ■

## Long Island veterans helping veterans

Last year, volunteers of the Disabled American Veterans (DAV) Transportation Network transported veterans without rides to more than 25,000 Northport VAMC Clinic appointments.

You, too, can help make a positive difference in the lives of your fellow veterans by becoming a volunteer driver. If you have a little time and a valid N.Y. State driver's license, please call (631) 261-4400, ext. 7183.

DAV volunteers find taking veterans to medical appointments a highly rewarding experience. You will too.

## Claims assistance

Veterans interested in filing a claim for a service-connected disability may contact the VA Regional Office at 1-800-827-1000 or their state or county veterans' service agency for assistance.



## Did you know...?

The Institute of Medicine's October 2002 Report, entitled *Leadership by Example*, praised the VA's use of Performance Measures to improve quality, calling the agency "one of the best in the nation."



## Women veterans' healthcare

Thousands of women veterans on Long Island are eligible for care at the Northport VA Medical Center. For information about services specifically for women veterans, please call Northport's Women Veteran Coordinator at 631-261-4400, ext. 5793.



# Which veterans pay for which services at VA healthcare facilities

(NOTE: This chart does not include long-term care copayment information.)

	Inpatient copayment		Outpatient copayment	Medication copayment*	Insurance billing	Insurance balanced billing	Insurance deductible/copayment	Humanitarian emergency billing
	GMT copay	MT copay						
Priority Group 1	No	No	No	No	Yes, if care was for NSC condition	No	No	No
Priority Groups* 2, 3**, 4***	No	No	No	Yes, if less than 50% SC and medication is for NSC condition	Yes, if care was for NSC condition	No	No	No
Priority Group* 5	No	No	No	Yes	Yes, if care was for NSC condition	No	No	No
Priority Group* 6 (WWI, Mexican Border & 0% SC compensable)	No	No	No	Yes, if care was for NSC condition	Yes, if care was for NSC condition	No	No	No
Priority Group 6* (Veterans receiving care for exposure or experience****)	No****	No****	No****	No****	Yes, if care was for NSC condition	No	No	No
Priority Group 7a	Yes	No	Yes	Yes, if provided for NSC condition	Yes, if care was for NSC condition	No	No	No
Priority Group 7c	Yes	No	Yes	Yes	Yes	No	No	No
Priority Group 7e	No	No	No	No	No	No	No	Yes
Priority Group 7g	No	No	No	No	No	No	No	Yes
Priority Group 8a	No	Yes	Yes	Yes, if provided for NSC condition	Yes, if care was for NSC condition	No	No	No
Priority Group 8c	No	Yes	Yes	Yes	Yes	No	No	No
Priority Group 8e	No	No	No	No	No	No	No	Yes
Priority Group 8g	No	No	No	No	No	No	No	Yes

\*An annual medication copayment cap of \$840 has been established for veterans enrolled in Priority Groups 2–6. Medications will continue to be dispensed when the copayment cap is met. An annual medication copayment cap was not established for veterans enrolled in Priority Groups 7 or 8.

\*\*Veterans in receipt of a Purple Heart are in Priority Group 3. This change occurred with the enactment of PL 106–117 on November 30, 1999.

\*\*\*Medical care copayment requires that veterans who are determined to be Catastrophically Disabled and who are placed in Priority Group 4 for treatment are still subject to the copayment requirements. Catastrophically Disabled veterans in this priority group can be subject to full medical care copayments or to reduced inpatient copayments under the Geographic Means Test criteria.

\*\*\*\*Priority Group 6: Health insurance and all applicable copayments will be billed when the care is for conditions not related to the veterans' exposure or experience. Veterans in this priority group can be subject to full medical care copayments or to reduced inpatient copayments under the Geographic Means Test criteria.

**Special Categories of Veterans** (i.e., Agent Orange, ionizing radiation, Persian Gulf, veterans receiving military sexual trauma counseling) are subject to medical care copayments when the treatment is not related to their exposure or experience. The initial registry examination and follow-up visits to receive results of the examination are not billed to the health insurance carrier. However, care provided not related to exposure, if it is nonservice connected, will be billed to the insurance carrier.

**Medication Copayment Exemption:** All veterans receiving prescriptions for NSC conditions who meet the low-income criteria (income limits for the VA NSC pension program) are exempt from the medication copayment.



#### Priority Groups 7a and 7c Veterans:

Veterans enrolled in this priority group have incomes above the VA Means Test threshold but below the Geographic Means Test threshold and are responsible for 20 percent of the inpatient copayment and 20 percent of the inpatient per diem copayment. The Geographic Means Test copayment reduction does not apply to outpatient and medication copayments, and veterans will be assessed the full applicable copayment charges. Note that reduced inpatient copayments can apply to veterans in Priority Groups 4 and 6, based on their income.

#### Priority Groups 7e and 7g Veterans:

Veterans assigned to Priority Groups 7e or 7g are not eligible for enrollment if a decision to restrict enrollment of new Priority Group 7 veterans has been made. These veterans are eligible for care of their NSC conditions on a humanitarian emergency basis and are charged the applicable tortuously liable billing rate for services provided.

Veterans in Priority Group 7e are eligible for care of SC conditions at no charge.

#### Priority Groups 8a and 8c Veterans:

Veterans enrolled in this priority group are responsible for the full inpatient copayment and the inpatient per diem copayment for care of their NSC conditions. Veterans in this priority group are also responsible for outpatient and medication copayments for care of their NSC conditions.

#### Priority Groups 8e and 8g Veterans:

Veterans assigned to Priority Groups 8e or 8g are not eligible for enrollment.

These veterans are eligible for care of their NSC conditions on a humanitarian emergency basis and are charged the applicable tortuously liable billing rate for services provided. Veterans in Priority Group 8e are eligible for care of SC conditions at no charge.



# Enrollment priorities

## January 2003

### Priority Group 1

- Veterans with service-connected conditions rated 50 percent or more disabling

### Priority Group 2

- Veterans with service-connected conditions rated 30 to 40 percent or more disabling

### Priority Group 3

- Veterans who are former POWs; who are awarded the Purple Heart; who have service-connected conditions rated 10 to 20 percent disabling; who are discharged from active duty for a disability incurred or aggravated in the line of duty; or who are awarded special eligibility classification under 38 U.S.C., Section 1151

### Priority Group 4

- Veterans who are receiving aid and attendance or housebound benefits, or who have been determined by VA to be catastrophically disabled

### Priority Group 5

- Nonservice-connected veterans whose income and net worth are below the established dollar threshold

- Zero percent noncompensable service-connected veterans whose income and net worth are below the established dollar threshold

- Veterans in receipt of VA pension

- Veterans eligible for Medicaid

### Priority Group 6

Includes all other eligible veterans not required to make a copayment for their medical care, including:

- World War I and Mexican Border War veterans

- Compensable 0 percent service-connected veterans

- Veterans solely seeking care for disorders associated with exposure to a toxic substance or radiation; or for disorders associated with service in the gulf war; or for any illness associated with service in combat in a war after the gulf war or during a period of hostility after November 11, 1998 (Note that for other treatments, these veterans are required to make copayments based upon their reported income either under the Geographic Means Test copayment levels or the full medical care copayment rate.)



### Priority Group 7

Veterans whose income is above the VA Means Test threshold but below the applicable Geographic Means Test threshold and who agree to copayments (inpatient copayments reduced by 80 percent):

- Group 7a. Noncompensable 0 percent service-connected veterans

- Group 7c. Nonservice-connected veterans

Veterans who are not eligible for enrollment if an enrollment decision to restrict enrollment of new Priority Group 7 veterans has been made, but are eligible for care of NSC conditions on a humanitarian emergency basis and for care of SC conditions:

- Group 7e. Zero percent noncompensable service-connected veterans who applied for enrollment after the date of an enrollment decision to restrict enrollment of new Priority Group 7 veterans

- Group 7g. Nonservice-connected veterans who applied for enrollment after the date of an enrollment decision to restrict enrollment of new Priority Group 7 veterans

### Priority Group 8

Veterans not included in priority groups 4, 6 or 7 who are eligible for care only if they agree to pay the medical care copayment:

- Group 8a. Zero percent noncompensable service-connected veterans

- Group 8c. Nonservice-connected veterans

Veterans who are not eligible for enrollment, but are eligible for care of NSC conditions on a humanitarian emergency basis and for care of SC conditions:

- Group 8e. Zero percent noncompensable service-connected veterans who applied for enrollment after January 16, 2003

- Group 8g. Nonservice-connected veterans who applied for enrollment after January 16, 2003

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Bronx  
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130 West Kingsbridge Road  
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White Plains, NY 10601  
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Sunnyside, NY 11104  
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Brooklyn, NY 11208  
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VA New Jersey  
Health Care System  
**Medical Centers:**  
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(973) 676-1000  
  
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(609) 989-2355  
  
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(973) 539-9791  
(973) 539-9794  
  
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Newark, NJ 07102  
(973) 645-1441  
  
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VA Hudson Valley  
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20 Squadron Boulevard  
New City, NY 10970  
(845) 634-8942  
  
110 Crystal Run Road  
Middletown, NY 10949  
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Poughkeepsie, NY 12603  
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65 Gleneida Avenue  
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(845) 228-5291  
  
VA Mobile Clinic  
Call 1-800-269-8749

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560 N. Delaware Avenue  
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(631) 884-1133 (Tues. only)  
  
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Islip, NY 11751  
(631) 581-5330 (Wed. only)  
  
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Mt. Sinai, NY 11766  
(631) 473-4068 (Mon. only)  
  
1425 Old Country Rd.  
Plainview, NY 11803  
  
**Mental Health Component:**  
(516) 572-8567 (Tues., Wed. & Fri. only)  
  
**Primary Care Component:**  
(516) 694-6008 (Mon.-Fri.)  
  
23 Foster Avenue  
Sayville, NY 11782  
(631) 563-1105 (Thurs. only)  
  
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(by appointment only)  
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