

Veterans'

Winter 2004

HealthMatters

The Wellness Magazine from
the VA Sierra Pacific Network



**Returning
Combat
Veterans**

**Sacramento
Dedication**

My HealtheVet

**Pain
Management**

Diabetes

Network

Highlights

When Pain Continues

Everyone experiences pain. In most cases, pain is a symptom of an injury or illness. Generally, the pain is tolerable and is short-lived—it goes away when the underlying problem is resolved. This type of pain is actually beneficial. It can alert us to an injury (e.g., a “twisted” ankle) and help us to avoid further damage.

However, sometimes pain can be severe and last a long time (i.e., “chronic” pain). In these circumstances, pain is more than just a symptom. It becomes its own medical problem. Chronic pain has not only biological aspects, but also psychological and social components.

VA is committed to help every patient with pain—those with either recent-onset or chronic pain. The process starts with a recognition of pain.

You have probably already noticed that we inquire about pain whenever we take vital signs. An assessment of pain has become the “5th vital sign” (along with heart rate, blood pressure, temperature and respiratory rate) in VA facilities.

If the cause of your pain is understood and expected to be short-lived, your primary care provider may recommend various

treatment options. Your provider will address the underlying problem and may also suggest rest, physical therapy and/or analgesics (i.e., “pain killers”).

However, if the source of your pain is not clear or if you have long-standing pain that has not been resolved with prior treatments, your provider may refer you to one of our specialized pain clinics.

The following stories highlight some of the VA pain programs and clinics located throughout the Network. In each clinic there is a multi-disciplinary team available to address your unique circumstances. Working with you, the team will determine the appropriate treatment plan.

As noted earlier, VA is committed to helping every patient who has pain. Whether you are treated by your primary care provider or a pain specialist, the goal remains the same: improve your quality of life by maximizing comfort and function.

Robert L. Wiebe, MD, MBA
Director, VA Sierra Pacific Network

San Francisco VA Medical Center (SfVAMC): Improving quality of life

The SfVAMC Pain Clinic’s goal is to improve the quality of life of veterans suffering from chronic pain. The clinic offers multidisciplinary treatment for referred veterans with chronic pain and gives consultation to primary care providers. The clinic is staffed by an anesthesiology pain specialist who serves as the clinic director, and a nurse who manages the clinic. The staff also works regularly with health psychology, physical therapy, neurology and pharmacy to ensure each veteran receives

the most appropriate treatment for their situation.

To assure a consistent approach for treatment, the Pain Clinic coordinates the treatment plan and follow-up with the veteran’s provider. Additionally, though the clinic may initiate a prescription for pain, any needed refills of the prescription must be written by the veteran’s primary care provider.

The Pain Clinic offers an array of age-appropriate pain treatment options such as behavior modification, medication, nerve

block, and radio frequency ablation (burning of the nerve end to diminish permanent pain). Pain psychology offers biofeedback, meditation, group therapy, and hypnosis for appropriate patients. The staff uses the 1 to 10 Numeric Rating Scale for those veterans with good cognitive skills, but also uses alternative means to assess pain for those veterans with dementia or who cannot communicate.

For more information, contact Kathleen Campbell, R.N., at (415) 221-4810, ext. 3041.

VA Northern California Health Care System (VANCHCS): Helping you heal yourself

At VANCHCS, we believe that chronic pain is a complex phenomenon with biological, psychological and social dimensions. Your active participation is vital to the healing process. We employ broad pain management policy with algorithms and tools to assist the physician with managing your pain so we can help you heal yourself.

We offer a wide range of specialists, interventions and educational programs at various sites throughout VANCHCS. Interventions include, but are not limited to, physical therapy, acupuncture, surgery, injections and mental health. We will soon offer pulsed radiofrequency, a cutting edge application that treats nerves with electrical fields to modulate the way they transmit pain signals.

After a thorough assessment by your primary care physician, a referral may be made to a pain specialist. The pain physician will perform an evaluation, obtain a detailed history, and provide an examination. Patients are encouraged to bring medical records from other VA facilities or from non-VA providers to this evaluation. After the first visit, a treatment plan is formulated and you may be referred to a physical therapist, pain psychologist, or physical medicine and rehabilitation specialists. If you are an appropriate candidate, you may be scheduled to have interventional therapies such as nerve blocks.

For more information, call 1-800-382-8387.

VA Sierra Nevada Health Care System (VASNHCS): Pain: Only you know for sure

Your self-report of pain is the single most reliable indicator of pain. You can expect to be asked about pain each time you see your VASNHCS primary provider and when someone takes your other vital signs, such as your temperature or blood pressure. If you are in the hospital after surgery, you can expect that the nurse will ask you, very frequently, about your pain intensity. We will document the intensity of pain you report in your medical record to inform others of the pain you are experiencing and to evaluate the effectiveness of your treatment plan. You also have the right to expect a quick response to reports of pain. If you feel this is not occurring in your case, please ask to talk to the supervisor of the area so we might correct the situation.

Our approach to “conquering” pain, especially chronic pain, is multi-focal – attacking pain on all of its multiple faces. Psychology, physical therapy, medications, spiritual counseling, nutrition, and perhaps even surgery may be what are needed to enable you to gain control of your pain and get your life back.

For more information, contact Roxanne Cheney, R.N., pain management coordinator, at (775) 328-1453.

VA Pacific Islands Health Care System (VAPIHCS): Committed to decreasing pain

Pain management is a high priority with VAPIHCS and we have shown our commitment by establishing a Pain Improvement Committee that ensures constant monitoring and training of staff. Because of the diverse nationalities on our islands, it is necessary to be constantly alert to the cultural implications and expressions of pain. Patient and family education is provided individually and in groups. VAPIHCS has an ongoing pain management group, has added a pain management specialist to the staff and has biofeedback available.

For more information, contact Joan Foley, R.N., at (808) 433-7676.

VA Palo Alto Health Care System (VAPAHCS): Improving function, decreasing pain

The philosophy of VAPAHCS’s Pain Clinic is that all patients have the right to have a comprehensive pain assessment and be offered appropriate approaches for management of their pain. These approaches might include analgesics, adjuvant agents, interventional procedures (nerve blocks, radiofrequency ablation, nucleoplasty), physical modalities, back care classes, relaxation training or other options.

The Pain Clinic has a long-standing commitment to multi-disciplinary care. Our goal is to assist the patient in becoming as

comfortable and functional as possible. We recognize that all pain cannot be eliminated. We believe that all patients can be helped to cope more effectively with their pain if they actively participate in their rehabilitation. To address this goal, VAPAHCS Pain Clinic offers evaluation by rehabilitation medicine, behavioral medicine, and pain medicine evaluations. Consults are accepted from primary care providers and long-term care is available through the general medical clinic.

For more information, contact Jan Elliott, R.N., MSN, pain management clinical nurse specialist, at (650) 493-5000, ext. 65519.

VA Central California Health Care System (VACCHCS): Working together to decrease pain

To assure there is a consistent approach for the treatment of pain for all patients, VACCHCS’s pain management program is collaborative and interdisciplinary, which includes all members of the health care team working together with the patient and their family. Our Pain Management Committee has assisted in the development of several tools that are essential in treating patients with pain, including a comprehensive clinical practice guideline, computer clinical reminders for the providers and a non-pharmacological assessment tool that is used as an aid in treating pain in non-communicative patients.

Veterans can discuss their pain and treatment options in a newly formed primary clinic support group for patients with chronic pain. Clinicians respond quickly to reports of pain and use diagnostics in pain management to reduce pain and increase functionality. Patients receive an individualized treatment plan with frequent reassessments and comprehensive information about pain, including a pain management brochure, and if necessary, enter a pain management agreement with their provider.

For more information, contact Doretta Annis, R.N., at (559) 225-6100, ext. 5108.

Health Care & Benefits For a New Generation of Combat Veterans

The Department of Veteran Affairs (VA) and the Department of Defense (DoD) are coordinating efforts to identify the men and women returning from combat theaters and provide those discharged or needing VA services while on active duty with world-class VA service.

“A service member separating from military service and seeking health care through VA today will have the benefit of VA’s decade-long experience with Gulf War health issues,” says Robert H. Roswell, M.D., VA undersecretary for health. “VA has successfully adapted many existing programs, improved outreach, improved clinical care through practice guidelines and educational efforts, and improved VA health providers’ access to DoD health records.”

As of October 2003, VA records indicated that of approximately 17,000 veterans listed in the initial roster, about 2,000 have sought health care from VA for a wide variety of health problems. Each Veterans Health Administration (VHA) medical facility and each Veterans Benefits Administration (VBA) regional office has identified a point of contact to coordinate activities locally. These points of contact work as a team to assure that the needs of service members and veterans are met and that contact is made with veterans that relocate.

Combat Theater Veterans

VA is also actively working to ensure successful implementation of Public Law 105-368, which authorizes VHA to provide health care for a two-year period to veterans who serve on active duty in a theater of combat operations during a period of war after the Gulf War, or in combat against a hostile force during a period of hostilities after November 1, 1998. Consequently, those who have served or are now serving in Afghanistan or Iraq will have a two year period of access to free VA health care for conditions possibly related to their combat

OPERATION IRAQI FREEDOM - ENDURING FREEDOM



Enduring and Iraqi Freedom Veterans

VA 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 two years from your discharge from active duty for conditions possibly related to your service, regardless of your income status.

Points of Contact

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Information and brochures can be found at the following web sites:

Special VA Healthcare Eligibility for Combat Veterans

www.va.gov/environmentagents

Veterans Health Initiative

www.appl.va.gov/VHI

Veterans Benefits

www.vba.va.gov

VA National Center for Post Traumatic Stress Disorder

www.ncptsd.org

service. We are aggressively reaching out to this group of current and former service members, including those who served in the National Guard and Reserves.

Further, VA is actively working with DoD to develop separation physical examinations

that thoroughly document a veteran’s health status at the time of separation from military service and that also meet the requirements of the physical examination needed by VA in connection with a veteran’s claim for compensation benefits.

Sacramento VAMC inpatient tower dedicated

A perfect fall day greeted the dedication of the Sacramento VA Medical Center's Inpatient Tower on October 30, 2003. Secretary of Veterans Affairs Anthony J. Principi gave the keynote address at the dedication and key passing ceremony.

The 55-bed, five-story, \$39.5 million inpatient facility, located at the former Mather Air Force Base in Sacramento, includes an increased number of medical-surgical and intensive care unit beds, additional monitored, or "step-down" beds and operating rooms. The tower has a new cardiac catheterization lab and gastroenterology/endoscopy suite, angiography capability and 16,000 square feet of research laboratory, demonstrating VA's substantial commitment to basic science and clinical research. This vast research laboratory significantly enhances VA's efforts to find causes, and develop treatments and cures, for various diseases that affect our nation's veterans.

"This new facility has allowed us to significantly enhance clinical services available to veterans in northern California," says Brian O'Neill, M.D., chief of staff, VA Northern California Health Care System. "We are excited and energized at the possibilities for growth that lie ahead, and we have already begun to add many new programs including interventional radiology, cardiac catheterization and expanded vascular and urology services."

In addition, the new tower houses a nine-bed General Clinical Research Center (GCRC) that will be jointly operated by VA and the University of California, Davis (UCD).

"The GCRC will provide unique opportunities for VA and UCD researchers and clinicians to conduct cutting-edge clinical research right here in Sacramento," says Lars Berglund, M.D., VA staff physician, director of the GCRC, and professor in the UCD Division of Endocrinology, Clinical Nutrition and



Sacramento VAMC inpatient tower

Vascular Medicine. "This is an extremely positive development in the already successful affiliation between VA and UCD, and the commitment from both organizations illustrates a true partnership that presents extraordinary possibilities in the area of clinical research."

The Sacramento VA Medical Center offers a full range of comprehensive primary, medical, surgical and subspecialty services to veterans in northern California as well as a wide range of diagnostic services, including mammography, Magnetic Resonance Imaging, Computerized Tomography and Positron Emission Tomography scanning. The medical center also operates a 24-hour urgent care center. Since opening its doors in 1999, the medical center has experienced dramatic growth, with the number of patients treated having grown from 14,878 in Fiscal Year (FY) 2000 to more than 29,000 in FY 2003. The medical center is part of the VA Northern California Health Care System, a regional health care system that provides care to a geographic region that includes over 377,000 veterans.



VA Secretary Anthony J. Principi provides keynote address at inpatient tower dedication and key passing ceremony.

My HealthVet

VA has a new web-based application for veterans. *My HealthVet* is an online environment where veterans can explore health topics, research diseases and conditions, learn about veteran-specific conditions, understand medication and treatment options, assess and improve their wellness, view seasonal health reminders, explore a wellness calendar, and more.

In later phases of *My HealthVet*, veterans will be able to access valuable and timesaving services such as online prescription refills, view next appointment date and time, and see co-payment balance. Ultimately, when the health record portion of the application is available, a veteran will be able to view and maintain a copy of key portions of his/her secure personal health record from VA's health information system, HealthVet/Vista. The web link for *My HealthVet* is www.myhealth.va.gov.

TAKE 5 Pain: The 5th Vital Sign

- Pulse
- Blood Pressure
- Temperature
- Breathing Rate
- **Pain**

Pain is one of the most common reasons people consult a physician, according to the American Academy of Pain Medicine and the American Pain Society. In fact, it is the primary symptom in more than 80 percent of all doctor visits and affects more than 50 million people. Further, the incidence and severity of pain increases with increasing age, resulting in a large amount of chronic pain occurring in individuals over 60 years of age. Control of cancer pain remains a substantial, unresolved problem with 75 percent of advanced cancer patients experiencing “moderate” to “very severe” pain.

VA believes that no patient should suffer preventable pain. VA health care providers are required to treat pain as a “fifth vital sign,” meaning they should assess and record patient pain just as they note the other four health care basics – blood pressure, pulse, temperature and breathing rate. Health care providers ask patients to rate

their pain on a scale of zero to 10, and then consult with the patients about ways to deal with it.

Numeric Rating Scale

There is no pain thermometer. Measurements of pain must rely on the patient volunteering information. VA uses the Numeric Rating Scale (NRS) as the tool for pain screening. Pain intensity levels are measured upon initial visit and following treatment. *(See scale below.)*

When using the NRS for pain measurement, the health care provider will ask, “On a scale of zero to 10, where zero means no pain and 10 equals the worst possible pain, what is your current pain level?”

Pain Treatment

Zero pain is not always possible. Satisfactory pain relief is a level of pain that is not distressing, and one that enables the patient to sleep, eat, and perform other required physical activities. Understanding

and appropriately treating patients experiencing pain requires an accurate evaluation.

Pain treatment includes medicines such as antidepressants, antiseizure medicines, and narcotics. Not all types of medicine are right for every pain problem. For example, narcotics are useful for cancer pain, pain after surgery, and for some acute pains, but they may or may not be helpful for chronic pain. Other treatments include physical therapy, occupational therapy, injections, and surgery.

Pain Prevention

There are some actions you can take to help avoid pain. Here are a few:

- Don’t drink alcohol.
- Don’t smoke.
- Don’t use street drugs.
- Maintain a regular exercise program.
- Establish a regular sleep routine.
- Manage your weight, stress and anger.

Talk with your Primary Care Provider

If you have pain, tell your primary care provider the answers to these questions:

- When did your pain start and what started it?
- How bad is your pain on the zero to 10 scale?
- How would you describe your pain?
- What makes your pain better and worse?
- What have you tried for your pain? Did it work?

Numeric Rating Scale



Pain Definitions (in alphabetical order)

-  Acute Pain: Severe pain that has a sudden onset, but lasts a short time.
-  Breakthrough Pain: Pain that occurs although the patient is being medicated.
-  Chronic Pain: Pain that is constant and lasts a long time.
-  Neuropathic Pain: Pain, usually arising from nerve damage, that is burning, shooting or numbing.
-  Phantom Pain: Pain felt in a part of the body that is no longer there.
-  Somatic Pain: Pain, usually arising from the body wall or voluntary muscles in the legs or arms, that feels achy, throbbing and well localized in one spot.
-  Visceral Pain: Pain, usually arising from the internal organs, that feels like squeezing, cramping or pressure.

What is Diabetes?

Diabetes is a disorder of metabolism – the way our bodies use digested food for growth and energy. Most of the food we eat is broken down into glucose, the form of sugar in the blood. Glucose is the main source of fuel for the body.

After digestion, glucose passes into the bloodstream, where it is used by cells for growth and energy. For glucose to get into cells, insulin must be present. Insulin is a hormone produced by the pancreas, a large gland behind the stomach.

When we eat, the pancreas is supposed to automatically produce the right amount of insulin to move glucose from blood into our cells. In people with diabetes, however, the pancreas either produces little or no insulin, or the cells do not respond appropriately to the insulin that is produced. Glucose builds up in the blood, overflows into the urine, and passes out of the body. Thus, the body loses its main source of fuel even though the blood contains large amounts of glucose.

What are the types of diabetes?

There are three major types of diabetes:

Type 1 diabetes – results from the body's failure to produce insulin. It is estimated that five to 10 percent of Americans who are diagnosed with diabetes have type 1 diabetes.

Symptoms include increased thirst and urination, constant hunger, weight loss, blurred vision, and extreme fatigue.

Type 2 diabetes – results from insulin resistance (a condition in which the body



fails to properly use insulin) combined with relative insulin deficiency. Approximately 90-95 percent of Americans who are diagnosed with diabetes have type 2 diabetes. This form of diabetes usually develops in adults age 40 and older and is most common in adults over age 55. About 80 percent of people with type 2 diabetes are overweight.

Symptoms develop gradually. Some people have no symptoms. Symptoms may include fatigue or nausea, frequent urination, unusual thirst, weight loss, blurred vision, frequent infections, and slow healing of wounds or sores.

Gestational diabetes – develops only during pregnancy. Though it usually disappears after delivery, the mother is at increased risk of getting type 2 diabetes later in life.

Facts and statistics

- Diabetes is the 5th leading cause of death in America.
- Overall, the risk of death for people with diabetes is about 2 times that for people without diabetes.
- African Americans are 1.7 times as likely to have type 2 diabetes as the general population.
- Hispanics are almost twice as likely to have type 2 diabetes.
- Native Americans have an overall prevalence of type 2 diabetes of 12.2% vs. 5.2% of the general population. In some tribes, 50% have the disease.
- Diabetes afflicts 120 million people worldwide, and the World Health Organization estimates that number will skyrocket to 300 million by 2025.
- About 18.2 million Americans (6.2% of the population) have diabetes, although 5.9% don't know they have it.
- Each day, approximately 2,200 people are diagnosed with diabetes.
- The prevalence of type 2 diabetes has tripled in the last 30 years, with much of it due to an upsurge in obesity.

Who is a diabetes educator?

Education is at the heart of good diabetes self-management. Diabetes educators are health professionals who promote independence by teaching you about nutrition, exercise, medication, monitoring, and adjusting emotionally to diabetes.

Your family and friends can be included when you learn how and when to inject insulin or take diabetes pills, make healthy food choices, develop a regular exercise plan or learn how to self-monitor your blood sugar.

How can I keep my blood glucose at a healthy level?

- Eat about the same amount of food each day.
- Eat your meals and snacks at about the same times each day.
- Do not skip meals or snacks.
- Take your medicines at the same times each day.
- Exercise at about the same times each day.

Diabetes can cause major health problems. However, you can have a positive influence on your blood glucose and your overall health by choosing foods wisely, exercising regularly, reducing your stress level, and making modest lifestyle changes. When it comes to your health, even little steps can make a big difference.

Courtesy American Diabetes Association and National Institute of Diabetes and Digestive and Kidney Diseases



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