



Michael E. DeBakey Veterans Affairs Medical Center

# VA Star

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Beaumont VA Outpatient Clinic • Charles Wilson VA Outpatient Clinic, Lufkin • Conroe VA Outpatient Clinic  
Galveston Island VA Outpatient Clinic • Richmond VA Outpatient Clinic

Only 5% of the doctors in the country are selected: MEDVAMC boasts 46 staff physicians plus 32 consultant and attending physicians.

## 78 Houston VA Docs Listed as “Best Doctors” in the Nation

**HOUSTON** – The medical knowledge company, Best Doctors, Inc. has included 78 physicians who provide patient care at the Michael E. DeBakey VA Medical Center (MEDVAMC) in the latest compilation of The Best Doctors in America® database.

“I am very pleased with this recognition of our physicians’ clinical excellence by Best Doctors,” said J. Kalavar, M.D., MEDVAMC chief of staff. “This is yet another indicator of how the Michael E. DeBakey VA Medical Center continually strives to offer the highest quality health care possible for Veterans living in southeast Texas.”

The MEDVAMC, located in Houston, boasts 46 staff physicians on the Best Doctors list, along with 32 physician consultants and attending physicians. **A list of the MEDVAMC staff physicians selected as the best in their field is available on page 5.**

According to its Web site, Best Doctors, Inc. is the global leader in providing information about, and access to, the best medical care in the U.S. and around the world. Founded in 1989 by

doctors affiliated with the renowned Harvard University School of Medicine, the company uses continuous peer-to-peer surveys to identify specialists in more than 400 subspecialties of medicine who are considered by fellow physicians to be the most skilled in their fields and most qualified for reviewing and treating complex medical conditions. Their polling process is anonymous and confidential, qualitative, and quantitative. It provides detailed profiles of each physician, including his or her practice, research programs, and diagnostic and treatment procedures.

Best Doctors is completely independent. Doctors do not pay to be included in the database, nor does the company pay them to participate in the survey. The judgment of peers is the determining factor. Surveyors contact all currently elected physicians, including many department heads at major teaching hospitals, and ask them to rate specialists outside their own facilities. The process of peer review requires every listed physician be re-evaluated with each

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Listed as one of the best doctors in the nation in the field of ophthalmology, Elizabeth F. Baze, M.D., a staff ophthalmologist at the Michael E. DeBakey VA Medical Center, examines Navy/Air Force Veteran Walter Winsett during a recent appointment. Also an assistant professor of Ophthalmology at Baylor College of Medicine, Baze received her medical degree from the University of Texas Southwestern Medical School, Dallas, Texas in 1999. She did both her internship and ophthalmology residency at Baylor College of Medicine.

## World’s First Bionic Lower Leg System

**HOUSTON** – The Michael E. DeBakey VA Medical Center (MEDVAMC) recently became the first VA medical center to fit a patient with

the iWalk PowerFoot BIOM™, just weeks after Brooke Army Medical Center and Walter Reed. This technologically advanced prosthesis is the

world’s first bionic lower leg system to replace the action of the foot, Achilles tendon, and calf muscle and offer a near normalized gait for amputees.

This prosthetic device, funded by the Department of Veterans Affairs and the Department of Defense and developed by Hugh Herr, Ph.D. of the Massachusetts Institute Of Technology Biomechatronics Group, is clinically shown to replace lost muscle function, allowing amputees to walk with normal metabolic rate and speed.

Currently in early market release, preliminary results for the device are groundbreaking for the field of prosthetics.

“We have seen a significant difference in function in this device over the other 200 plus feet we have used here at the DeBakey VA,” said Mark Benveniste, R.N., B.S., C.P., MEDVAMC certified prosthetist. “It is the most improvement over conventional prosthetics in the last 20 years.”

In addition to metabolic cost reduction, the ankle range of motion is increased by nearly 50 percent thus actually replacing energy and generating propulsion. The PowerFoot BiOM uses sensors and a motor to propel the foot through each step, keeping simple

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“I feel like I have my leg back and I can do the things I used to do,” said Randall Tipton, a 20-year Army Special Forces Veteran who served in Iraq and Afghanistan, with Mark Benveniste, R.N., B.S., C.P., Michael E. DeBakey VA Medical Center certified prosthetist.



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**Texas City  
VA Outpatient  
Clinic  
Ribbon Cutting  
March 18, 2011, 10 a.m.**

**Call 409-761-3200, ext. 2620  
to transfer your health care.**

# Homeless Vet Turns Life Around with VA Support

**HOUSTON** – For 30 long, agonizing years, Air Force Veteran Oliver L. Avery, III abused alcohol to “survive life’s challenges.” In 2003, he found himself twice divorced, homeless, desperate, and ready for a change.

“I embraced recovery and haven’t looked back,” said Avery. “I give all the credit for where I am today to the Michael E. DeBakey VA Medical Center. The staff there saved my life.”

In March 2003, Avery entered the Vocational Rehabilitation Transitional Work Experience (TWE) Program and the Substance Dependence Treatment Program (SDTP) at the Michael E. DeBakey VA Medical Center.

These programs assist Veterans to recover from drug and alcohol dependence through comprehensive treatment which may include detoxification; case management; addiction education; relapse prevention skill training; support groups; urine, drug and alcohol screens; social work services; health screening; referrals for medical care and/or vocational rehabilitation;

and psychiatric assessment and care. Levels of care include partial hospitalization; day and night-time schedules for low intensity and aftercare, and alumni groups. The goal is for Veterans to reach their highest level of vocational productivity.

Veterans are provided vocational counseling, work therapy, job readiness training, and employment search assistance. Supported Employment Services are available to Veterans with severe mental illnesses.

“The VA helped me push the restart button. While in the Voc Rehab Program, I began work as a housekeeping aide, and then became a medical supply technician,” said Avery. “The job was what I needed to get back on my feet and into the workforce, plus I enjoyed working with fellow Veterans. It was a safe environment for me to heal.”

The VA’s Compensated Work Therapy programs were established in the 1950s. Veterans receive a certificate documenting their proficiency in hospital linen processing or general housekeeping.



“The VA helped me push the restart button,” said Air Force Veteran Oliver L. Avery, III with Environmental Management Service Housekeeping Aid Elizabeth Johnson. “I give all the credit for where I am today to the DeBakey VA. The staff there saved my life.” Today, Avery is the assistant chief of the Environmental Management Service at the Loch Raven VA Community Living & Rehabilitation Center in Baltimore, Maryland.

## A Word from the Director . . .

### How Do We Measure Quality of Veterans’ Health Care?

**HOUSTON** - Ensuring we provide quality health care to Veterans is the single most important work we do at the Michael E. DeBakey VA Medical Center. Towards this goal, we use both internal and external methods to review our policies, practices, and outcomes on a regular basis.

Daily, we monitor our activities to ensure compliance with not only our own, but also national standards. Any special incidents are thoroughly examined and reviewed.

Monthly and quarterly, we use subject matter experts to review our performance in a wide range of areas from infection rates to medical record documentation. These tracking and trending reports are also compared against accepted industry standards in the medical field. The results of these comparisons allow us to identify areas where we can improve, or in cases where we do significantly better than others, to share our best practices with other medical facilities, both VA and non-VA.

On an annual basis, we review our key measures for quality to assure we are meeting or exceeding the highest standards available. These results are also compared against other hospitals both within the VA and in the private sector.

To renew our facility accreditation, we are surveyed randomly by The Joint Commission, a private, not-for-profit organization dedicated to continuously improving the safety and quality of health care provided to the public.

The DeBakey VA expects a



Adam C. Walmus, MA, MHA, FACHE  
Medical Center Director

review by The Joint Commission in the near future. This will involve visits by several teams of surveyors comprised of physicians, nurses, administrators, and other health care professionals. The teams will assess our compliance with the highest standards for health care organizations by reviewing our policies and practices, observing our staff, and interviewing employees and patients.

The DeBakey VA is proud of its long-standing accreditation by The Joint Commission and we look forward to their visit.

In addition to The Joint Commission surveys, we have regular inspections by external groups such as the Commission on Accreditation of Rehabilitation Facilities, the Food & Drug Administration, the U.S. Department of Agriculture, the Nuclear Regulatory Commission, the College of American Pathology, and others.

The purpose of all of these reviews, whether daily, monthly, or annually, is to ensure we meet or exceed the standards of quality health care. Our Veterans have earned, truly deserve, and should expect, our very best efforts. ♦

Veterans with the desire to develop more advanced skills receive classroom and on-the-job training in hospital safety; patient room cleaning; equipment operation; proper handling of biohazard trash; customer service standards; infection control; special procedures for transporting wheelchair and stretcher patients; techniques to clean critical care areas such as surgical suites, spinal cord units, and nursing home areas; shipping and receiving; medical supply; grounds keeping; food service; or wheelchair repair.

“The goals of the program are very progressive. They include structured vocational evaluations, learning to follow work schedules, working with others, and accepting supervision,” said Clarence Mitchell, Vocational Rehabilitation specialist. “Going back to work reduces psychiatric and physical symptoms, improves relapse prevention skills and self-esteem.”

With restored hope and an improved quality of life, Avery gradually progressed in his career. In 2004, he became a full-time medical supply

technician and attained three certifications. After three years, he was promoted to a program support clerk to enhance his customer skills, and then to an assistant hospital housekeeping intern. In 2007 at age 51, Avery graduated from the VISN 16 Emerging VA Leadership Program and completed his bachelor’s degree in health administration.

Recently, Avery was selected to attend the VA’s year-long Leadership Development Institute, a program designed to enhance leadership skills of individuals with recognized potential for higher level leadership positions. Today, he is the assistant chief of the Environmental Management Service at the 120-bed Loch Raven VA Community Living & Rehabilitation Center in Baltimore, Maryland.

“My job is to honor a person’s dignity and self-esteem; but at the same time, help someone with psychosocial challenges walk the line between independence and recovery,” said Mitchell. “Mr. Avery is a true success story and should give other Veterans hope that they, too, can overcome their struggles.” ♦

## Lake Jackson VA Clinic to Open This Summer

**HOUSTON** - The Michael E. DeBakey VA Medical Center will open a new VA outpatient clinic in Lake Jackson this summer.

“Opening the Lake Jackson VA Outpatient Clinic will bring medical care closer to where our Veterans live and greatly expand VA health care access south of Houston,” said Adam C. Walmus, MEDVAMC director.

The approximately 10,000 sq. ft. clinic will be located at 208 South Oak Drive, Suites 700 and 800, Lake Jackson, 77566 near the Brazosport Regional Health System complex.

“An outpatient clinic in Lake Jackson is great, great news for Veterans living in

Brazoria County,” said John Jerabeck, Brazoria County Veterans Service Officer. “Veterans here are really looking forward to having easy access to local VA health care.”

The clinic with 12 exam rooms will be open Monday - Friday, 8 a.m. - 4:30 p.m. The VA-staffed facility will provide primary health care, mental health care, and women’s health services in addition to phlebotomy, X-ray, and telemedicine services. Emergency medication needs will be met on a local contract basis.

Veterans who wish to transfer their primary health care to the new Lake Jackson Clinic should call 713-791-1414, press 1, then dial ext. 4989. ♦

# Houston VA Physicians Help Draft American Heart Association Guidelines on Vascular Closure Devices

**HOUSTON** – Recommendations on the safety and effectiveness of vascular closure devices have been released by an American Heart Association expert panel made up of physicians and researchers, including two cardiologists from the Michael E. DeBakey VA Medical Center (MEDVAMC) and Baylor College of Medicine (BCM).

“Each year more than 6 million invasive cardiovascular procedures are performed worldwide, and the majority of these procedures use some type of vascular closure device,” said Hani Jneid, M.D., MEDVAMC Interventional Cardiology assistant director. “Many times these devices are overused for certain procedures or used with the purpose of preventing complications. There is no definitive evidence, statement, or guidelines to help direct the practicing invasive cardiologists on the use of these devices.”

In response to this concern, members of the Council on Clinical Cardiology of the American Heart Association, along with the Council on Cardiovascular Radiology and Intervention, and the Council on Peripheral Vascular Disease, worked jointly to objectively and systematically review the existing evidence and provide non-binding guidelines on the use of vascular closure devices.

A set of recommendations was created by this group and outlined in a

recent edition of the medical journal *Circulation*.

“Vascular closure devices are used by invasive cardiologists and vascular surgeons to close the femoral artery after diagnostic and interventional cardiovascular procedures and include a wide range of instruments,” said Jneid, who was on the panel and co-authored the statement of recommendations. “As we drafted these recommendations, our goal was to provide an overview of the benefits and risks of these devices and help guide the physicians as they decide which instrument is best for each procedure and patient.”

The AHA Statement focuses on when to use the devices to achieve faster clotting and shorter bed rest, and compares their effectiveness with alternative approaches, such as manual compression. It also gives recommendations for the use of these instruments during clinical trials and includes information on how the use of these devices and their complications should be recorded for future reviews.

“Our hope is that these recommendations are considered by doctors to help them enhance patient care,” said Jneid, also an assistant professor of medicine and interventional cardiologist at BCM.

The panel also included Glenn N. Levine, M.D., F.A.H.A., MEDVAMC staff cardiologist and BCM professor



“Our goal was to provide an overview of the benefits and risks of vascular closure devices and help guide the physicians as they decide which instrument is best for each procedure and patient,” said Hani Jneid, M.D. Interventional Cardiology assistant director (left) pictured with Francia Rojas-Delgado, M.D., Baylor College of Medicine fellow in the Cardiac Catheterization Lab at the Michael E. DeBakey VA Medical Center.

of medicine in cardiology. Drs. Manesh R. Patel, Colin P. Derdeyn, Lloyd W. Klein, Robert Lookstein, Christopher J. White, Yerem Yeghiazarians, and Kenneth Rosenfield participated on behalf of the American Heart Association Diagnostic and Inter-

ventional Cardiac Catheterization Committee of the Council on Clinical Cardiology, Council of Cardiovascular Radiology and Intervention, and the Council on Peripheral Vascular Disease. ♦ Gracie Gutierrez, Senior Communication Specialist, Baylor College of Medicine

# Veteran Praises VA Weight Loss Program; Says He's in Better Health Now at 63 Years Old Than at 36

**CONROE, TX** - Army Veteran Michael Ringenberg decided he wanted to be healthier, reduce his medications, and live longer. During a visit with his primary care physician at the Conroe VA Outpatient Clinic, the MOVE! Program was recommended.

Managing Overweight and/or Obesity for Veterans Everywhere (MOVE!) is a national VA weight management program designed to help Veterans lose weight, keep it off, and improve their health.

“When I first weighed in, I was 225 pounds. I said that can't be right, that's the weight of a small fullback in football,” said Ringenberg. “During the class, I took notes, really listened to the dietitian, and started setting goals for myself.”

The MOVE! Program teaches Veterans how to become healthier by emphasizing health and well-being as achievable goals. Through a comprehensive and multidisciplinary approach using behavioral changes, nutrition, and physical activity, Veterans individually tailor the program to meet their specific goals.

“The most challenging part for me was realizing that this was a lifestyle change, not a diet. The MOVE! dietitians taught me how to choose nutritious foods that were best for my body, how to read food labels, and that making

small changes would lead to big changes,” said Ringenberg. “I set a goal to walk four miles and I have already exceeded that. Next year, my goal is to

overweight or obese. Approximately 30 percent are obese.

Fat stored around the middle of the body (the waist or abdomen) can put

size that is greater than 35 inches for women or greater than 40 inches for men. Studies have shown that extra weight around the waistline is more dangerous to the heart than extra weight on the hips and thighs.

The MOVE! Program is the largest and most comprehensive weight management and physical activity program associated with a health care system in the United States.

“I'm down to 190 pounds and still have goals I want to achieve so I'm not done yet. I highly recommend the MOVE! Program,” said Ringenberg. “I feel I am in better health now at 63 years old than I was at 36.”

The MOVE! Program at the Michael E. DeBakey VA Medical Center addresses three of the nine Health Promotion and Disease Prevention Healthy Living Messages which include “Maintain a Healthy Weight,” “Eat Wisely,” and “Be Physically Active.”

The program allows the patient to participate in personal goal setting. Any Veteran receiving care at the VA and wants assistance in managing their weight can participate.

For more information about the MOVE! Program, weight loss strategies and plans, or to talk with a registered dietitian about eating healthier, call 713-791-1414, ext. 4295. ♦ Fran Burke, Public Affairs Specialist



225 lbs.

**BEFORE**



190 lbs.

**AFTER**

Before joining the VA MOVE! Program at the Conroe VA Outpatient Clinic, Army Veteran Michael Ringenberg weighed 225 pounds. Now, down to 190 pounds, he says he is in better health now at 63 years old than he was at 36.

walk for breast cancer awareness.”

The VA serves more than six million Veterans and about 70 percent are

you at risk for high blood pressure, high cholesterol, type-2 diabetes, heart disease, and stroke. This risk goes up with a waist

Check out the latest VA news and information at [www.houston.va.gov](http://www.houston.va.gov)

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# VA Docs Give Vet's Double Cancer a Quick 1, 2 Punch



Photo by Bobbie Gammie, Public Affairs Officer

Only a very few, highly specialized hospitals have the ability and expertise to treat both liver and rectal cancers using these minimally invasive techniques; the Michael E. DeBakey VA Medical Center being one," said Avo Artinyan, M.D., Operative Care Line staff surgeon (left) with Pam Mitchell, Army Veteran Jerial Mitchell, and Daniel A. Anaya, M.D., surgical oncologist, director of the DeBakey VA Liver Tumor Program.

**HOUSTON** – Cancer experts at the Michael E. DeBakey VA Medical Center (MEDVAMC) recently performed two unique procedures in a very short

timeframe to successfully treat a 71-year-old Veteran suffering from both liver and rectal cancer.

A colonoscopy performed by his doctor found Army Veteran Jerial Mitchell had rectal cancer. Further examination also discovered the cancer had spread to his liver. Doctors told him the bad news, but also gave him hope by outlining a specialized treatment plan for his particular medical condition.

"Mr. Mitchell was examined by our multidisciplinary team of experienced and knowledgeable cancer care specialists," said Daniel A. Anaya, M.D., surgical oncologist, director of the DeBakey VA Liver Tumor Program,

and an assistant professor of Surgery and Surgical Oncology at Baylor College of Medicine. "It was determined the appropriate course of action was an 'inverse strategy' with upfront chemotherapy immediately followed by a laparoscopic hepatectomy and subsequently by a robot-assisted laparoscopic rectal resection."

"The doctors did not want to waste any time," said Mitchell's wife, Pam. "When I told friends that Jerial was going to the VA for treatment, they asked if we had considered other choices. But I saw how careful and thorough the VA doctors were, and I knew they would take good care of him."

The inverse strategy together with the minimally invasive approach to Mitchell's liver and rectal surgeries, including a laparoscopic major hepatectomy (minimally invasive removal of part of the liver) followed by a robot-assisted laparoscopic rectal resection, allowed for the treatment of both cancer lesions simultaneously. Both surgeries were performed in the span of one month.

"Only treating one cancer at a time would have allowed the other to go unchecked for a significant period of time. That option was not acceptable for us, and definitely not for Mr. Mitchell and his family," said Avo Artinyan, M.D., Operative Care Line staff surgeon and assistant professor of Surgery at Baylor College of Medicine. "Only a small number of medical centers are using this strategy, and very few, highly specialized hospitals have the ability and expertise to treat both liver and rectal cancers using these minimally invasive techniques; the Michael E. DeBakey VA Medical Center being one."

Less than two months after surgery, Mitchell has a new outlook on life.

"I have been very impressed with the care, the doctors, the nurses, and all the staff at the VA. The nurses in the Intensive Care Unit were excellent and provided me the best possible care," said Mitchell. "Today, I have a very positive prognosis and look forward to getting back to my family, retirement, and my hobbies."

"The Michael E. DeBakey VA Medical Center offers Veterans the latest medical and surgical treatments available for cancer," said David H. Berger, M.D., M.H.C.M., Operative Care Line executive and professor of Surgery at Baylor College of Medicine. "The Michael E. DeBakey VA Medical Center constantly strives to open new doors and make new medical alternatives available for our Veterans." ♦

## Bionic Foot

(continued from page 1)  
walking from being a drain on people who have lost a leg.

"I feel like I have my leg back and I can do the things I used to do," said Randall Tipton, a 20-year Army Special Forces Veteran who served in Iraq and Afghanistan. "It just helps out a lot. It takes the strain off my back, my hips. I don't feel as tired at the end of the day."

"It is important for the DeBakey VA to offer our Veterans a wide variety of advanced products," said Angela Bishop, MEDVAMC Prosthetic Treatment Center chief. "Our goal is to increase mobility and improve quality of life for a greater range of amputees."

No less important than new prosthetic technology is the overall care an amputee receives during rehabilitation. The model for that care has changed over the years to improve services to VA patients. The goal is not only to teach amputees to walk or use an artificial arm and hand, but to integrate body, mind, and machine. Continuing care and long-term support from VA multi-disciplinary teams have shown that patients often can improve their functioning months or years after their injuries or amputation.

"Veterans at the Michael E. DeBakey VA Medical Center continue to benefit from the latest scientific advances in health care and the newest technology available on the market today," said Helene Henson, M.D., Rehabilitation Care Line executive. ♦

**HOUSTON** - BMI ... You probably had a medical professional talk about your BMI, but never knew exactly what it was or why it was important.

Simply stated, BMI or "Body Mass Index" is a measurement taken based on weight and height. It is used to measure relative body fatness and is considered reliable to assess future health risks associated with certain diseases.

Typically, BMI is calculated using a formula or by referencing a chart. To find out your current BMI, divide your body weight in kilograms by your height in meters squared. If you are not great in math, you can find an easy BMI calculator at [www.nhlbisupport.com/bmi/bminojs.htm](http://www.nhlbisupport.com/bmi/bminojs.htm). You can also download a BMI Calculator iPhone App there.

Once you know your BMI, you will also know where you fall in the measurement's six classifications. For example, an individual who has a BMI of "27" would have a classification of "overweight."

However, BMI does not take into account frame size, muscularity, individuals with amputations, age, race, or athleticism. In fact, a total health assessment detailing family and medical

history and lifestyle factors provides a bigger picture of potential health risks.

But, it is important to know your BMI because it serves as a fairly reliable indicator to predict potential health problems.

The higher your BMI, the more at risk you may be for health problems. A BMI classification of "overweight" or higher puts an individual at risk for high

blood pressure, abnormal blood fats, type 2 diabetes, coronary heart disease, stroke, metabolic syndrome, gallbladder disease, osteoarthritis, sleep apnea, respiratory problems, and some cancers such as endometrial, breast, and colon.

The good news is the BMI classification can serve as an excellent motivator for individuals to get healthy.

Fortunately, if you are interested in losing weight, the Michael E. DeBakey VA Medical Center (MEDVAMC) has a program called, "Managing Obesity for Veterans Everywhere" or MOVE! This program assists Veterans meet their weight loss goals. The program includes free classes and one-on-one counseling with registered dietitians who work with you to address and overcome barriers to weight loss.

In conclusion, the MEDVAMC also has classes focused on teaching Veterans about specific health issues. The goals are to encourage healthy lives, being active, and fit for life. If you are interested in signing up for a class, counseling, or just want to find out more information, please call Prime Care Nutrition at 713-791-1414, press 1, then dial ext. 3976. ♦ Amy Smith, Dietetic Intern

### Body Mass Index Classifications

Underweight	< 18.5
Normal Weight	18.5 - 24.9
Overweight	25 - 29.9
Obesity (Class 1)	30 - 34.9
Obesity (Class 2)	35 - 39.9
Extreme Obesity (Class 3)	> 40

# Nation's "Best Doctors" Work at Houston VA

(continued from page 1)

new survey. With person-to-person telephone interviews and proprietary polling and balloting software, more than 1.5 million evaluations are collected annually. Only five percent of the doctors in the country are actually selected to become "Best Doctors." — portions of this article courtesy Best Doctors, Inc., [www.bestdoctors.com](http://www.bestdoctors.com)

**Daniel Albo, M.D.**  
Operative Care Line  
Specialty: Surgical Oncology

**Daniel Anaya, M.D.**  
Operative Care Line  
Specialty: Surgery & Surgical Oncology

**Kimberly A. Arlinghaus, M.D.**  
Mental Health Care Line  
Specialty: Psychiatry

**Samir S. Awad, M.D.**  
Operative Care Line  
Specialty: Critical Care Medicine

**Elizabeth F. Baze, M.D.**  
Eye Care Line  
Specialty: Ophthalmology

**David H. Berger, M.D.**  
Operative Care Line  
Specialty: Surgical Oncology

**Carol Bodenheimer, M.D.**  
Spinal Cord Care Line  
Specialty: Physical Medicine & Rehabilitation

**Timothy Boone, M.D.**  
Operative and Spinal Cord Care Lines  
Specialty: Urology

**Biykem Bozkurt, M.D.**  
Medical Care Line  
Specialty: Cardiovascular Disease

**Blase A. Carabello, M.D.**  
Medical Care Line  
Specialty: Cardiovascular Disease

**Petros E. Carvounis, M.D.**  
Eye Care Line  
Specialty: Ophthalmology

**Peter T. Chang, M.D.**  
Eye Care Line  
Specialty: Ophthalmology

**Michael Coburn, M.D.**  
Operative Care Line  
Specialty: Urology

**Maria Dajoyag-Mejia, M.D.**  
Spinal Cord Injury Care Line  
Specialty: Physical Medicine and Rehabilitation

**Rabih Darouiche, M.D.**  
Medical and Spinal Cord Care Lines  
Specialty: Infectious Disease & Physical Medicine/Rehabilitation

**Charles S. DeJohn, M.D.**  
Mental Health Care Line  
Specialty: Psychiatry

**Donald T. Donovan, M.D.**  
Operative Care Line  
Specialty: Otolaryngology

**Bruce L. Ehni, M.D.**  
Operative Care Line  
Specialty: Neurological Surgery

**Hashem B. El-Serag, M.D.**  
Research Care Line  
Specialty: Gastroenterology

**John A. Goss, M.D.**  
Operative Care Line  
Specialty: Surgery

**David Y. Graham, M.D.**  
Medical Care Line  
Specialty: Gastroenterology

**Richard J. Hamill, M.D.**  
Medical Care Line  
Specialty: Infectious Disease

**Jennifer Harrison, M.D.**  
Spinal Cord Care Line  
Specialty: Physical Medicine & Rehabilitation

**Michael H. Heggeness, M.D., Ph.D.**  
Operative Care Line  
Specialty: Orthopedic Surgery

**Helene K. Henson, M.D.**  
Rehabilitation Care Line  
Specialty: Physical Medicine & Rehabilitation

**Sally Ann Holmes, M.D.**  
Spinal Cord Injury Care Line  
Specialty: Physical Medicine and Rehabilitation

**Joseph Huh, M.D.**  
Operative Care Line  
Specialty: Surgical Oncology

**Biswajit Kar, M.D.**  
Medical Care Line  
Specialty: Cardiovascular Disease

**Thomas R. Kosten, M.D.**  
Mental Health Care Line  
Specialty: Psychiatry

**Mark E. Kunik, M.D.**  
Mental Health Care Line  
Specialty: Psychiatry

**Laura Marsh, M.D.**  
Mental Health Care Line  
Specialty: Psychiatry

**Sanjay J. Mathew, M.D.**  
Mental Health Care Line  
Specialty: Psychiatry

**Daniel M. Musher, M.D.**  
Medical Care Line  
Specialty: Infectious Disease

**David T. Netscher, M.D.**  
Operative Care Line  
Specialty: Hand Surgery & Plastic Surgery

**Thomas F. Newton, M.D.**  
Research Care Line  
Specialty: Psychiatry

**Ida F. Orengo, M.D.**  
Medical Care Line  
Specialty: Dermatology



Photo by Bobbi Connor, Public Affairs Officer

Listed as one of the best doctors in the nation in the field of neurological surgery, Bruce L. Ehni, M.D., chief of Neurosurgery at the Michael E. DeBakey VA Medical Center, examines Army Veteran Jerrell Milton during a recent visit. Ehni is also an associate professor at Baylor College of Medicine and is board certified by the American Board of Neurological Surgeons. He completed medical school at Baylor College of Medicine and his residency at Louisiana State University School of Medicine in New Orleans.

**Silvia D. Orengo-Nania, M.D.**  
Eye Care Line  
Specialty: Ophthalmology

**Robert B. Parke, Jr., M.D.**  
Operative Care Line  
Specialty: Otolaryngology

**Waqar A. Qureshi, M.D.**  
Medical Care Line  
Specialty: Gastroenterology

**Theodore Rosen, M.D.**  
Medical Care Line  
Specialty: Dermatology

**Yasser Shaib, M.D.**  
Medical Care Line  
Specialty: Gastroenterology

**Andrea Stolar, M.D.**  
Mental Health Care Line  
Specialty: Psychiatry

**George E. Taffet, M.D.**  
Extended Care Line  
Specialty: Geriatric Medicine

**Robert S. Tan, M.D.**  
Extended Care Line  
Specialty: Family Medicine

**Marcelo Vela, M.D.**  
Medical Care Line  
Specialty: Gastroenterology

**Mitchell P. Weikert, M.D.**  
Eye Care Line  
Specialty: Ophthalmology

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Increased Energy  
Euphoric Feelings  
Extreme Irritability  
Racing Thoughts  
Lack of Concentration  
Inability to Sleep  
Poor Judgment  
Constant Stimulation  
Aggressive Behavior



## Bipolar Disorder Research Study

If you are 60 or older and regularly have some of these feelings, you may qualify to participate in a research study on **Bipolar Disorder with Mania**, which is sometimes called **Manic-Depression**.

The Michael E. DeBakey VA Medical Center and Baylor College of Medicine are enrolling in a nine-week research study for the treatment of late-life Bipolar Disorder or Manic-Depression.

You will be compensated for your time.




Please call to see if you qualify.

▶▶▶ 713-791-1414, ext. 6750

# Food Safety in Your Home

**HOUSTON** - Foodborne illness (also referred to as food poisoning) is any illness which results from the consumption of contaminated food. There are two types of food poisoning: infectious agent and toxic agent.

Food infection is the presence of bacteria which infect the body after consumption. Food intoxication refers to the ingestion of toxins contained within the food.

Food safety in your home is very important; in fact, about 60 percent of foodborne illness may come from your home. Also, every year in the United States, improper food handling causes 76 million foodborne illnesses, 325,000 hospitalizations as well as death.

A food which is moist and contains protein are the most potentially hazardous. This category includes meat, fish, dairy, poultry, eggs, cooked rice, tofu, cooked potatoes, and cut melons.

The following four very important tips can keep your food safe for yourself and your family.

## #1 - Wash Your Hands

Wash your hands with warm water and soap for twenty seconds which is

about the time it takes to sing "Happy Birthday." Rinse your hands under clean, warm water which is better than cold water to get rid of the germs.

To ensure we keep the harmful bacteria to a minimum, we need to have clean hands when we are in contact with any food or food surfaces.

Hands should be washed before preparing food, after handling raw meats, or when changing tasks. We should also wash our hands before returning to our task if we leave the kitchen for any reason; for example, after going to the restroom, after taking out the garbage, smoking, sneezing, or coughing.

Remember to wash your hands after touching other items besides food and food surfaces such as doorknobs, telephones, or the kitchen trash. These surfaces can contain harmful bacteria that can lead to foodborne illness.

## #2 - Avoid Contamination

Keep raw food and ready-to-eat food separate. Also, never use the same unsanitized knife to cut meat and food you may eat without cooking, such as breads, fruits, or raw vegetables.

In addition, use different cutting



Dietetic Intern Caroline Holt discusses food safety with Army Veteran Bill Klotz. If you would like to talk with a registered dietitian, call 713-791-1414, ext. 4295.

boards and utensils to prepare raw and ready-to-eat food or sanitize the area before you handle the next food item.

Bacteria from one food can be left behind on the cutting board or knife and can transfer to the next food item. Unfortunately, you will not see, smell, or taste a difference in the food.

## #3 - Cook to Proper Temperature

Consuming raw or under cooked food can make you ill. So, make sure to cook your meats to 165 degrees Fahrenheit to kill any bacteria. Reheat leftover food to 145 degrees Fahrenheit to ensure they are safe as well. You can purchase a cooking thermometer at your local grocery store to take the temperature of your food.

## #4 - Refrigerate Food Quickly

Certain food must be refrigerated to ensure bacteria will not grow to a level where it may harm the person who consumes the food. The temperature range of 41 degrees Fahrenheit to 135 degrees Fahrenheit is known as the "danger zone," where bacteria grow the fastest. For instance, meats, fish, and dairy food should not be eaten if they have been sitting out for more than four hours.

Ensure the refrigerator is set to a temperature of 40 degrees Fahrenheit or below to keep bacteria from growing in your food.

Remember, get food through the "danger zone" as quickly as possible by cooking, cooling, or reheating in the right way. Visit [www.homefoodsafety.org](http://www.homefoodsafety.org) for more information and to take the "How Safe is Your Kitchen" quiz. ♦ Caroline Holt, Dietetic Intern

## SUPPORT GROUP LISTING

### Alcoholics Anonymous (AA) "Starting from Scratch"

Meets every Tuesday and Thursday, 7 p.m., Room 6C-117; and 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: Stacy Flynn, 713-794-7819 & Betty Baer, 713-791-1414, ext. 4195

### Breast Cancer Support Group

Meets last Tuesday every month, noon, Education Conference Room 4A-380H. Facilitator: Magdalena S. Ramirez, 713-791-1414, ext. 5289

### Cancer Support Group

Meets 3rd Tuesday every month, 1-2 p.m., Cancer Center Family Room 4C-345. Facilitator: Maria Lozano-Vasquez, 713-791-1414, ext. 5273

### Depression & Bipolar Support Group for Veterans

Meets every Wednesday, 7 p.m., Homeless Domiciliary, 7329 Fannin St. Facilitator: Anthony Morris, 713-791-1414, ext. 2323

### Family Cares Mental Health Group

Meets 1st Monday every month, 5:30 p.m., 6th Floor, Room 6B-110. Facilitator: Dionne Crump, 713-791-1414, ext. 6650

### Fibromylgia Support Group

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

### Heart Disease "Mended Hearts" Support Group

Meets 3rd Thursday every month, 11 a.m., Nursing Unit 2A Dining Room. Facilitator: Rosa Lane-Smith, 713-791-1414, ext. 4034

### Hepatitis C Support Group

Meets 1st Friday every month, 1:30 p.m., Primecare Clinic 5 (NASA). Facilitators: Edith Yeldell, 713-791-1414, ext. 3613 & Jodi M. Francis, ext. 3656

### HIV Support/Educational Group

Meets 3rd Tuesday every month, 2 p.m., Clinic 4, Room 1A-442. Facilitator: Patricia Suarez, 713-791-1414, ext. 6177

### Liver Transplant Support Group

Meets every Tuesday 3 p.m., Room 5B-166, Facilitator: Juleena Masters, 713-791-1414, ext. 6286

### Lung Cancer Support Group

Meets 1st Tuesday every month, 1:30 p.m., Cancer Center Family Room 4C-365. Facilitator: Maria Lozano-Vasquez, 713-791-1414, ext. 5273

### MOVE! Weight Management Support Group

Meets 1st and 3rd Friday every month, 9 a.m., Room 4C-122. Facilitator: Alicia Merritt, 713-791-1414, ext. 6166/3976

### 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 more information: Naomi Nelson, 713-794-8938 & Shawna Johnson, 713-794-8410

### Prostate Cancer Support Group

Meets 3rd Thursday every month, 1-2 p.m., Cancer Center Conference Room 4C-345. Facilitator: Maria Lozano-Vasquez, 713-791-1414, ext. 5273

### Stroke Support Group

Meets 3rd Tuesday every month, 3 p.m., Nursing Unit (NU) 2A Day Room. Facilitators: Kathryn Kertz, 713-791-1414, ext. 4192 & Laura Lawhon, 713-794-7816

### Vet-to-Vet Support & Education Group

Meets every Wednesday, 6 p.m., Room 6B-118; every Thursday, 9 a.m., 6B-117; and every Thursday, 11 a.m., Room 6C-167. Veteran facilitator. info: Cristy Gamez-Galka, 713-791-1414, ext. 4378

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# New Technology Helps Docs Zap Inoperable Tumors

**HOUSTON** - Always on the forefront of innovative treatments and technologies, the Michael E. DeBakey VA Medical Center (MEDVAMC) now provides Veterans a targeted, painless alternative to open surgery and a medical option for certain inoperable tumors.

The CyberKnife®, an impressive-looking machine resembling a giant robot with a multi-jointed arm that pivots, twists, and turns, can treat tumors anywhere in the body with radiosurgery.

Poised above the patient, who is fully clothed and awake on a table, the device's giant arm whirs above, beside, then under the tumor site, delivering hundreds of beams of radiation to the tumor with pinpoint accuracy.

"The flexible arm allows for precisely targeted radiation delivery and can reach areas of the body that are untreatable with other, more limited radiation-delivery systems," said Angela Zhu, M.D., acting Radiotherapy Section chief.

At the beginning of the procedure, images from the patient's previous computed tomography (CT), magnetic resonance imaging (MRI), or positron emission tomography (PET) scan are loaded into the machine, allowing physicians to identify the exact size, shape, and location of the tumor to target, as well as surrounding areas to avoid.

As the device begins zapping the tumor with radiation, X-ray machines

take computerized images, allowing the machine to correct for a patient's small, involuntary movements, like those caused by breathing or a heartbeat. Such movements can cause the tumor to shift position ever so slightly.

"This new technology 'sees' tumors in their natural three-dimensional state which allows radiation to be concentrated more tightly around the tumor," said Zhu. "We can now offer patients with inoperable or surgically complex tumors new hope."

As the machine zeros in on the tumor from all angles, it delivers multiple beams of high-dose radiation. Each individual beam is not strong enough to cause harm, but the cumulative effect of all the beams creates a very high dose of radiation aimed at the tumor with extreme accuracy. The pinpoint accuracy protects and preserves the healthy tissue surrounding the tumor.

"It is so precise that radiation can be sculpted to tumors near critical structures like hearing or vision nerves," said Zhu. "Though 'knife' is part of its name, the machine does not actually cut anything. The body absorbs the tumor, much like a bruise eventually disappears."

The technology is ideal for patients who have medical conditions like heart or lung problems that prohibit surgery. Depending on the complexity of the case, only one to five treatments lasting 30 to 90 minutes are needed.



*"The CyberKnife® technology 'sees' tumors in their natural three-dimensional state which allows radiation to be concentrated more tightly around the tumor," said Angela Zhu, M.D., acting Radiotherapy Section chief. "We can now offer patients with inoperable or surgically complex tumors new hope."*

No anesthesia is required because the procedure is incision-less and pain-free. When the session's done, patients return to normal activity immediately.

"This advanced technology is an excellent alternative to surgery and can be used on tumors anywhere in the body

including the brain, lung, liver, prostate, spine, pancreas ... anywhere," said Meena Vij, M.D., Diagnostic and Therapeutic Care Line executive. "This device has shown remarkable results and will provide a life-saving alternative for our Veterans." ♦

# New Approach Boosts Quit Rates for Veterans with PTSD



*U.S. Army Veteran Ray Martin takes the first step in quitting smoking. VA smoking cessation care generally involves a mix of group and individual counseling, typically in combination with nicotine replacement therapy or other medication.*

**WASHINGTON, D.C.** - Smoking cessation treatment made part of mental health care for Veterans with Post Traumatic Stress Disorder (PTSD) improves quit rates, according to a VA study published in the *Journal of the American Medical Association*.

On measures of smoking abstinence for shorter periods, researchers found quit rates were as high as 18 percent for the integrated care group, versus 11 percent for those receiving usual care. When compared to usual care - referral to a standard smoking cessation clinic - the new, integrated approach nearly doubled the rate at which study volunteers stayed smoke-free for a year or longer.

Importantly, Veterans in the study

who quit smoking showed no worsening of symptoms of PTSD or depression. In fact, study participants averaged a 10 percent reduction in PTSD symptoms, regardless of which treatment they received or whether they quit smoking or not. The findings help dispel concerns that combining care for PTSD and smoking cessation detracts from PTSD treatment or makes it less effective.

Study leaders say the results validate a promising new VA model of care that can make safe, effective smoking cessation treatment accessible to far more Veterans with PTSD. The new approach may also be effective for smokers receiving mental health care for other psychiatric illnesses, they add.

VA smoking cessation generally

involves a mix of group and individual counseling, typically in combination with nicotine replacement therapy or other medication. In VA's study, Veterans in the integrated-care group worked with the same therapist on PTSD and smoking issues. Medication for smoking cessation, if used, was prescribed on an individual basis by the same medical provider managing pharmacologic treatment of the Veteran's PTSD symptoms.

The study followed 943 Veterans at 10 VA medical centers nationwide. Prolonged abstinence from tobacco, as reported by participants, was confirmed using breath and urine tests.

The Michael E. DeBakey VA Medical Center was involved in the study. The Houston research team included clinicians Stacey Lanier, Ph.D., psychologist; Minette Beckner, Ph.D., psychologist; Darlene Witcher, Ph.D., clinical psychologist; Ashley Campbell, Ph.D., psychologist; and Robert Garza,

M.D., staff psychiatrist. The principal investigator for the study in Houston and one of the authors of this article was Su Bailey, Ph.D., senior psychology consultant.

Of some 400,000 Veterans treated for PTSD in the VA health care system, roughly 30 to 50 percent are smokers, compared to a smoking rate of about 20 percent among VA enrollees and U.S. adults in general. Also, research shows those with PTSD smoke more heavily than smokers without PTSD and have an especially hard time quitting.

Based on the findings and evidence from prior research, VA has begun piloting the integrated smoking cessation approach as a standard of practice at six VA medical centers.

"Ideally, we can help Veterans quit smoking before it becomes a chronic condition and causes irreversible health problems such as cardiovascular or lung disease," said Bailey. ♦



## Don't Be A No-Show.

A Veteran who does not show up for his or her VA medical appointment is a "No Show." Please call the Appointment Center at **713-794-8985** or **toll-free 1-800-639-5137** at least 24 hours before to cancel or reschedule your appointment so it may be used by another Veteran.

## Veterans' Questions

Answers provided by Patient Advocates in Consumer Affairs Room BA-200 (Basement) (713) 794-7884 or e-mail [vhahougeneralquestions@va.gov](mailto:vhahougeneralquestions@va.gov)

**Question: What if I get sick while I'm traveling?**

**Answer:** You may receive health care at any VA health care facility in the country. To minimize any "out-of-pocket" expenses while traveling, you should familiarize yourself with the location of any VA health care facilities in the area where you will be traveling. For a listing of VA health care facilities throughout the country, contact the VA Health Benefits Service Center at 1-877-222-8387 or visit the VA website at [www.va.gov](http://www.va.gov).

**Question: Is there someone I can call if I have a health care question?**

**Answer:** You should contact your VA primary care provider if you have any

questions about your health care. You can also contact the VA Network Telecare Center Hotline at 713-794-8985 or toll-free 1-800-639-5137. Registered nurses, social workers, and mental health professionals are ready to provide emergency counseling assistance, make appointments, and answer health care questions 24 hours a day, seven days a week.

**Question: What is the fastest and easiest way to refill my prescriptions?**

**Answer:** There are two easy and quick ways to refill your prescriptions.

First, if you have access to the Internet, use VA's My HealthVet website at [www.myhealth.va.gov](http://www.myhealth.va.gov). It is fast, easy, convenient, and secure. This website offers access to a wide variety of VA health care information and services including prescription refill and secure messaging with your health care provider. If you have questions about registration or in-person authentication, call 713-791-1414, ext. 6348, speak to the Administrative Assistant in your clinic, or e-mail [vhahoumyhealthvet@va.gov](mailto:vhahoumyhealthvet@va.gov).

If you do not have Internet access, try the Automated Prescription Refill Hotline which 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 telephone, your social security number, and prescription number.

If you have run out of refills, you must contact your health care provider.

## Important VA Telephone Numbers

Michael E. DeBakey VA Medical Center.....	713-791-1414 toll-free 1-800-553-2278
VA Network Telecare Center.....	713-794-8985 toll-free 1-800-639-5137
Beaumont VA Outpatient Clinic.....	409-981-8550 toll-free 1-800-833-7734
Conroe VA Outpatient Clinic.....	936-522-4000 toll-free 1-800-553-2278, ext. 1949
Galveston VA Outpatient Clinic.....	409-761-3200 toll-free 1-800-553-2278, ext. 12600
Lufkin - Charles Wilson VA Outpatient Clinic.....	936-671-4300 toll-free 1-800-209-3120
Richmond VA Outpatient Clinic.....	832-595-7700 toll-free 1-800-553-2278, ext. 12800
Pharmacy Refills.....	713-794-7648 toll-free 1-800-454-1062 or <a href="http://www.myhealth.va.gov">www.myhealth.va.gov</a>
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 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
Hotline for Homeless Veterans.....	toll-free 1-877-4AID VET
Caregiver Support Line.....	toll-free 1-855-260-3274
<b>Post Deployment Support Team</b> .....	713-794-7034/8825/7928
<b>Vet Center (701 N. Post Oak Road)</b> .....	713-682-2288
<b>Vet Center (2990 Richmond Ave.)</b> .....	713-523-0884
<b>Vet Center (14300 Cornerstone Village Dr.)</b> .....	713-578-4002
<b>Patient Advocates</b>	
Houston.....	713-794-7884
Beaumont.....	1-800-833-7734, ext. 113
Conroe.....	936-522-4010, ext. 1952
Galveston.....	713-791-1414, ext. 6586
Lufkin.....	936-671-4362
Richmond.....	832-595-7700
<b>Houston VA National Cemetery</b> .....	281-447-8686
<b>Houston VA Regional Office</b> .....	713-383-1999 toll-free 1-800-827-1000

## Returning Servicemembers:

### Do you have TBI and PTSD?

The Michael E. DeBakey VA Medical Center is conducting research on improving memory in Veterans who have been exposed to a blast explosion and have traumatic brain injury and post-traumatic stress disorder. This research study takes place over an 8-week period which will primarily be completed at your home using a personal computer and will include follow-up calls via telephone on a weekly basis. If you are eligible, you may receive this treatment for free and be paid if you complete the treatment.

#### The guidelines for participation:

- No history of severe psychiatric disorder or learning disorder.
- No history of epilepsy, stroke, or other brain dysfunction.
- No head injury before serving in OEF/OIF/OND.
- Have a reliable, working personal computer in your home.
- Basic computing skills (e.g., familiar with using a mouse).
- Must have 1 hour available 5 days a week to use computer.
- Must be available for 8 weeks total.
- Live in a rural residence serviced by one of our VA outpatient clinics: Beaumont, Conroe, Galveston, Lufkin, Richmond, or Texas City.



Call Ken Woods at (713) 791-1414, ext. 2247 for more information.

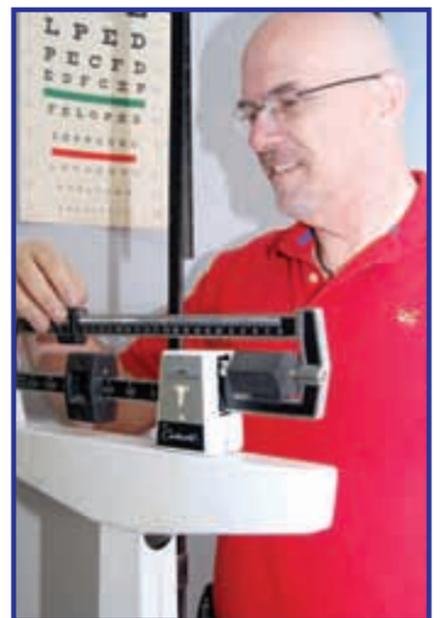
# MOVE!

## Support Groups

Need help losing or maintaining your weight?

Want support and accountability while you work on your weight management goals?

Drop by a **MOVE! Support Group**, VA's free Weight Management Program.



**WHEN:** 1<sup>st</sup> & 3<sup>rd</sup> Fridays, 9 a.m. (Just Walk-in!)  
**WHERE:** Room 4C-122 (Green Elevators)  
**Michael E. DeBakey VA Medical Center**  
**WHO:** All Veterans are welcome to attend.

For more information, visit [www.move.va.gov](http://www.move.va.gov) or call the Prime Care Nutrition Clinic at 713-791-1414, ext. 6166/4295/3976. At the Outpatient Clinics, talk to your primary health care provider.