

Michael E. DeBaakey 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 • Texas City VA Outpatient Clinic

Lake Jackson VA Clinic to Open This Summer

HOUSTON - The Michael E. DeBaakey 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."

(continued on page 4)

Use E-mail to Talk with Your Doctor

HOUSTON - Are you tired of leaving messages or playing phone tag with your VA health care provider?

A new secure, online communication tool called "Secure Messaging" is now available for Veterans at the Michael E. DeBaakey VA Medical Center (MEDVAMC) through the VA's My HealtheVet website at www.myhealth.va.gov.

This new communication tool offers guaranteed response to routine matters and a direct line to your health care provider.

With Secure Messaging, patients have 24-hour access to their Health Care Team, feel more in control of their care, and enjoy personalized attention from their health care provider.

In early July 2011, Secure Messaging will also be available at the VA outpatient clinics in Beaumont, Conroe, Galveston, Lufkin, Richmond, and Texas City.

For health care providers, this access improves the patient/provider collaboration by increasing the opportunities for information sharing. More importantly, Secure Messaging minimizes (continued on page 7)

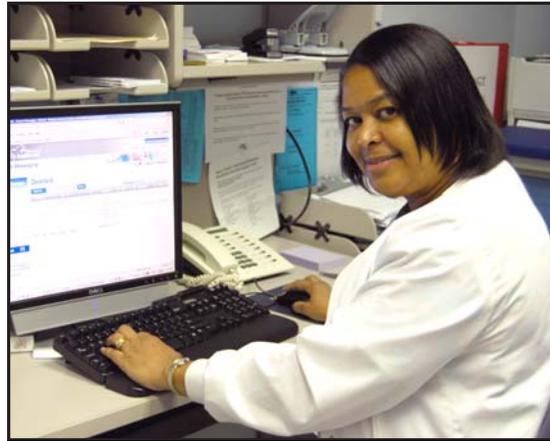


Photo by: Tom Basko, Michael E. DeBaakey

"I can easily contact patients with lab results, address specific concerns, and even refill medications before they arrive for their next appointment," said Primary Care Nurse Carol Sparks, R.N. "This time-saving feature is great for both my patients and our clinical staff."

Veteran Does Push-ups Just Two Days after Robotic Lung Surgery at VA

HOUSTON - Surgeons at the Michael E. DeBaakey VA Medical Center (MEDVAMC) recently performed a robotic-assisted lung resection to successfully and rapidly treat a 59-year-

old Veteran suffering from lung cancer.

A short time ago, Navy and Army Veteran James Davis moved back to Texas and wanted to obtain his police academy recertification so he could find

work as a law enforcement canine handler. Two huge obstacles held him back: early-stage lung cancer and a potentially painful, three-month recovery from traditional open surgery.

"If I couldn't go through the police training course in February, I would have to wait 18 months," said Davis. "I had heard about the great surgery program at the Houston VA, so I turned my life and my future over to them."

Four months ago, the DeBaakey VA established a Robotic Lung Resection Program, the first of its kind in the South Central VA Health Care Network. Primary surgeons Danny Chu, M.D., F.A.C.S., associate chief of the MEDVAMC Cardiothoracic Surgery Division and also an assistant professor of Surgery at Baylor College of Medicine (BCM), and Lorraine Cornwell, M.D., head of the General Thoracic Surgery Section at the MEDVAMC and also an assistant professor of Surgery at BCM, have been extremely pleased with the results.

"We have offered minimally invasive, lung resection surgery using video-assisted thoracoscopic surgery since 2009," said Cornwell. "However, the addition of the da Vinci® Robotic Surgical System to these procedures has (continued on page 5)



Photo by: BBA Center, PH&S, ©2011 VA

Navy and Army Veteran James Davis talks with Danny Chu, M.D., F.A.C.S., associate chief of the MEDVAMC Cardiothoracic Surgery Division, during a follow-up appointment. "Mr. Davis' recovery was quite remarkable," said Chu. "He quickly resumed not only regular, but rigorous physical activity. Short recovery time is a definite advantage of using the minimally invasive technique with robotics."



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Be Prepared for 2011 Hurricane Season

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VA Doc Helps Draft National Guidelines for Unstable Angina

HOUSTON – New guidelines for the management of patients with unstable angina and non-ST-elevation myocardial infarction (termed acute coronary syndromes) have been released by the American College of Cardiology (ACC) and the American Heart Association (AHA). The guidelines were created by a consortium of national experts including a cardiologist from the Michael E. DeBakey VA Medical Center (MEDVAMC).

“This important document is an update of the 2007 ACC/AHA guidelines. We examined past recommendations, reviewed the clinical data that accrued since then, and created the most updated set of recommendations that can provide guidance for physicians in their patient care,” said Hani Jneid, M.D., MEDVAMC Interventional Cardiology assistant director.

Jneid was part of the 15-member writing group, led by R. Scott Wright, M.D., professor of medicine at the Mayo Clinic.

Unstable angina occurs when the

heart does not get enough blood flow and oxygen, as a result of blockage in one or more of the coronary arteries. This results in chest discomfort, and when prolonged beyond a 20-30 minute period, may progress into myocardial infarction (or a heart attack) with death of heart muscle cells. Those guidelines address one of the most commonly encountered clinical conditions and a leading cause of death and morbidity in the United States and the Western World.

Jneid, who is also an assistant professor of medicine and interventional cardiologist at Baylor College of Medicine, indicated the Guidelines have been updated with a plethora of new recommendations.

These include, but are not limited to, recommendations pertinent to early hospital care, such as the timing of cardiac catheterization after an acute coronary syndrome, the use of intravenous anti-platelet and anticoagulant medications, and especially the clinical application of prasugrel, a novel oral anti-platelet drug. New



“This process of periodically updating Guidelines is very important to patient care, especially in the dynamic and rapidly evolving field of cardiovascular medicine,” said Hani Jneid, M.D., Interventional Cardiology assistant director at the Michael E. DeBakey VA Medical Center.

A Word from the Director . . .

Why Isn't Anyone Talking About the Outrageous Number of Veteran Deaths Caused by Smoking?

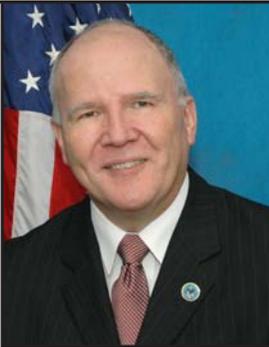
HOUSTON - Smoking is a chronic condition which affects every organ of your body. The Centers for Disease Control and Prevention estimates 443,000 deaths are caused each year by cigarette smoking. This is more than HIV (Human immunodeficiency virus), illegal drug use, alcohol use, motor vehicle injuries, suicides, and murders combined.

Smoking is the cause of 90 percent of all lung cancer deaths in men and 80 percent in women. From 2000 to 2004, 15,089 men and 9,453 women died in Texas as a result of smoking.

The health effects from smoking not only include lung cancer but coronary heart disease; abdominal aortic aneurysms; chronic airway obstruction; emphysema; bronchitis; and cancers of the bladder, cervix, kidney, esophagus, larynx, and stomach. Smoking during pregnancy can lead to pre-term delivery, stillbirth, or low birth-weight babies. Nicotine also aggravates such conditions as Post-Traumatic Stress Disorder, anxiety, and depression.

Smoking is an addiction, and one that can be very difficult to break. For many Veterans, cigarettes came hand-in-hand with serving in the military. In fact, cigarettes were once standard issue in C-Rations (now known as Meals Ready to Eat).

Although cigarette use declined from 1965 to 2005 in the general U.S. population, one study revealed the “prevalence of smoking to be 40 percent higher in Veterans than in the



Adam C. Walms, M.A., MHA, EACHE
Medical Center Director

general population.” A more recent report by Bastian & Sherman shows that “U.S. service members deployed to Iraq and Afghanistan smoke at double the rate of other Americans.”

One of the most widely published photographs of the Iraq war is that of Lance Cpl. Blake Miller, the U.S. Marine pictured face dirty under his helmet, a Marlboro cigarette dangling from his lips.

But, there is hope. Smoking can be treated with a combination of counseling and pharmacotherapy/medications and/or counseling alone. The Michael E. DeBakey VA Medical Center is committed to providing our Veterans with smoking cessation options. Smoking cessation groups and related medications are completely free.

To assist our Veterans who may have barriers such as traveling or scheduling conflicts, smoking cessation counseling can be done in individual or group therapy, or even over the telephone.

For details, contact Mera Halloway-Paulino, Health Behavior Coordinator, at 713-791-1414, ext. 5082 or Mera.Halloway-Paulino@va.gov. ♦

recommendations pertinent to patients with diabetes and chronic kidney disease, as well as recommendations for quality of care and outcome monitoring after an acute coronary syndrome have also been proposed.

“Our multifaceted group worked tirelessly to review the literature and dissect clinical studies and experimental evidence to come up with the meticulous and clinically-relevant changes,” Jneid said. “This process of periodically updating Guidelines is very important to patient care, especially in the dynamic and rapidly evolving field of cardiovascular medicine. The careful revisions and scrutiny of the document and the choice of unbiased and balanced team of experts are all a testimony of the high standards set by the ACC and AHA in constructing these guidelines, as supported by the report of the Institutes of Medicine last month.”

In addition to Scott and Jneid, the

national expert panel is made up of the following physicians: Jeffrey Anderson, Cynthia Adams, Charles Bridges, A. Michael Lincoff, Donald Casey, Eric Peterson, Steven Ettinger, George Philippides, Francis M. Fesmire, Pierre Theroux, Theodore Ganiats, Nanette Wenger, and James Zidar. Of note, this Guidelines update was created in collaboration with prominent medical organizations, including the American Academy of Family Physicians, the American College of Emergency Physicians, the Society for Cardiac Angiography and Interventions, and the Society of Thoracic Surgeons.

The 2011 focused update will be published in the *Journal of the American College of Cardiology* and *Circulation: Journal of the American Heart Association* and, because of its importance to clinical practice, was released early online ahead of print on the ACC and AHA websites. ♦

Navy Veteran Selected as New Hospital Associate Director

HOUSTON – Navy Veteran Francisco Vazquez, B.S.C.S., M.B.A., was recently selected as the new associate director for the Michael E. DeBakey VA Medical Center (MEDVAMC). In his new post, Vazquez, who has been with VA since 1995, will serve as the MEDVAMC’s chief operating officer charged with day-to-day operations and management of the facility’s \$630 million annual budget.

Prior to this position, Vazquez served as the assistant director and the Information Management Service Line executive at the MEDVAMC.

“Frank’s experience in strategic planning, information management, and management of capital resources will allow our medical center to continue providing world-class care to the Veterans in southeast Texas,” said Adam C. Walms, MEDVAMC director.

Before joining the staff of the MEDVAMC, Vazquez served as Information Management executive of

the Philadelphia VA Medical Center from 2001 to 2003. From April 1999 to April 2001, he was the chief information officer at the VA Medical Center in Sheridan, Wyoming. From May 1995 to April 1999, he worked as the Vista System manager at the Central Texas Healthcare System.

Vazquez served in the United States Navy as a Surface Warfare Officer onboard the USS Okinawa (LPH3) stationed in San Diego, California, from 1986 to 1990. His military service continued with the United States Navy Reserves from 1991 to 1999.

A graduate of the Universidad Sagrado Corazon in San Juan, Puerto Rico, Vazquez received a Master of Business Administration from Texas Woman’s University. He is an active member of the American College of Healthcare Executives and resides in the Houston area with his wife and four children. ♦

First hospital in Department of Veterans Affairs to earn the Gold Seal of Approval™ from The Joint Commission

Houston VA Achieves “Advanced Primary Stroke Center” Status

HOUSTON – The Michael E. DeBakey VA Medical Center (MEDVAMC) earned the Gold Seal of Approval™ from The Joint Commission as an Advanced Primary Stroke Center. The MEDVAMC was awarded the distinction of being the first VA medical center with this designation after The Joint Commission conducted an on-site review in February.

Each year about 700,000 people experience a new or recurrent stroke, the nation's third leading cause of death. On average, someone suffers a stroke every 45 seconds and someone dies of a stroke every 3.1 minutes. Stroke is a leading cause of serious, long-term disability in the United States, with about 4.7 million stroke survivors alive today.

“We're proud to have achieved this important distinction,” says Adam C. Walms, M.H.A., M.A., F.A.C.H.E., MEDVAMC Director. “Certification by the Joint Commission as an Advanced Primary Stroke Center recognizes our hospital's commitment to providing outstanding stroke care to our Nation's heroes.”

The Joint Commission's Primary Stroke Center Certification is based on the recommendations for primary stroke centers published by the Brain Attack

Coalition and the American Stroke Association's statements and guidelines for stroke care. The Joint Commission launched the program in 2003.

Programs applying for advanced certification must meet the requirements for Disease-Specific Care Certification plus additional, clinically-specific requirements and expectations.

Certified primary stroke centers:

- ✓ Use a standardized method of delivering care based on the Brain Attack Coalition recommendations for establishment of primary stroke centers.
- ✓ Support a patient's self-management activities.
- ✓ Tailor treatment and intervention to individual needs.
- ✓ Promote the flow of patient information across settings and providers, while protecting patient rights, security, and privacy.
- ✓ Analyze and use standardized performance measure data to continually improve treatment plans.
- ✓ Demonstrate their application of and compliance with the clinical practice guidelines published by the American Heart Association/American Stroke Association or equivalent evidence-based guidelines.

In 2005, the MEDVAMC established



Jane Anderson, Ph.D., R.N., F.N.P.-B.C., Stroke Center associate director, discusses the symptoms of stroke with a Veteran. The warning signs of stroke include sudden numbness or weakness of the face, arm, or leg, especially on one side of the body; sudden confusion, trouble speaking or understanding; sudden trouble seeing in one or both eyes; sudden trouble walking, dizziness, loss of balance, or coordination; and sudden, severe headache with no known cause.

a Stroke Center to ensure Veterans received timely evaluation with diagnostic procedures and appropriate therapies

based on guidelines established by the Stroke Council of the American Heart Association. ♦

Veterans and non-Veterans, ages 18 to 80, are encouraged to enroll.

Participants Needed For Novel Intervention Study For Treatment-Resistant Depression

HOUSTON - The Michael E. DeBakey VA Medical Center (MEDVAMC) is currently conducting several clinical research studies offering novel interventions for patients with

“We are attempting to treat the symptoms of depression in a more rapid fashion than conventional medications which might take two to three months to become effective,” said Sanjay

“It is during this ‘lag’ time patients might be at greatest risk for serious consequences of depression such as suicide,” said Sanjay Mathew, M.D., one of the best doctors in the nation in the field of psychiatry according to the medical knowledge company, Best Doctors, Inc.

Mathew, M.D., MEDVAMC psychiatrist, an associate professor at Baylor College of Medicine, and listed as one of the best doctors in the nation in the field of psychiatry by the medical knowledge company, Best Doctors, Inc. “It is during this ‘lag’ time patients might be at greatest

This type of depression is diagnosed when an individual has not responded optimally to a six-week trial of at least one U.S. Food and Drug Administration-approved medication.

“Treatment-resistant depression is quite a common and disabling condition,” said Rayan Al Jurdi, M.D., MEDVAMC psychiatrist and an assistant professor at Baylor College of Medicine. “It affects all facets of your life and can even complicate serious health conditions such as heart disease or cancer.”

Funded by the National Institute of Mental Health, the studies will test new medications for treatment-resistant depression in both Veterans and non-Veterans, male and female, ages 18 to 80.

risk for serious consequences of depression such as suicide.”

Individuals with active substance abuse, psychotic disorders, bipolar disorder, unstable medical illnesses such as uncontrolled hypertension or diabetes, or neurological disorders such as seizures or stroke are not eligible to participate.

These studies have been approved by the Baylor College of Medicine Institutional Review Board and the MEDVAMC Research and Development Program. Participants may be compensated for their time and travel.

For more information, call Dr. Mathew's office at 713-791-1414 ext. 4159, dial toll-free 877-96-BCM-MOOD, or send an e-mail to Mood@bcm.edu. ♦

Hanging up the boots?

Returning from a deployment?
Enroll today to get the Health Care you've earned.



Call 1-877-222-VETS

or visit www.va.gov/healtheligibility to get started today!

For more information about VA Health Care in southeast Texas, visit www.houston.va.gov.

1 Out of Every 5 People Will Develop Skin Cancer

HOUSTON - Skin cancer is the most common type of cancer occurring in the United States. It is also the most rapidly increasing cancer. For the past 30 years, skin cancers have been increasing by about three percent each year. One person out of every five in the U.S. will develop skin cancer sometime during their life. It is estimated about half of all people who live to age 65 years will develop at least one form of skin cancer.

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

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

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

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

cancer deaths.

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

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

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

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

Asymmetry: When the lesion is divided into halves, if the right half does NOT look like the left half, it is

ABCDs of Moles

A Asymmetry

Half of the mole looks different from the other.

B Border

The edge appears ragged, notched, or blurred.

C Color

The mole has a variety of hues and colors.

D Diameter

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



Fading

Notching

asymmetrical in shape.

Border: Moles with irregular or poorly defined borders should be reported. The borders appear notched or seem to fade or "stream out" onto the surrounding skin.

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

Diameter: Is the mole larger than six

millimeters in diameter (the size of a pencil eraser)?

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

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

An exam is recommended every three years for persons between the age of 20 to 40 years, and every year for anyone age 40 and older. Get regular checkups and take precautions in the sun.

If you have questions, ask your primary health care provider at the Michael E. DeBakey VA Medical Center. He or she can help you learn how to prevent sunburns or schedule a cancer-related checkup including a skin exam. ♦



Be Prepared for 2011 Hurricane Season

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

Your Medications & Prescriptions:

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

Follow-up Care & Scheduled Appointments:

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

Basic Emergency Supply Kit:

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

If You Have Special Health Care Needs:

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

Lake Jackson VA Outpatient Clinic to Open

(continued from page 1)

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. ♦

Advanced Robotic Lung Resection Program

(continued from page 1)

facilitated the more complex aspects such as the lymph node removal and the dissection around delicate blood vessels."

Traditional thoracotomy surgery involves making a long cut in the side of the chest between the ribs. The ribs are spread apart so the surgeon can see into the chest cavity. A small piece of rib may also be removed to make it easier for the surgeon to take out the lung cancer. The average hospital stay is approximately seven to 10 days, and the incisions and the chest area are painful for several months after surgery.

In mid-February with the assistance of Cornwell at bedside, Chu removed the portion of Davis' lung affected by cancer using the da Vinci® Robotic Surgical System. Davis was discharged home two days later.

"Mr. Davis' recovery was quite remarkable," said Chu. "He did not require any intravenous pain medications and quickly resumed not only regular, but rigorous physical activity. Short recovery time is a definite advantage of

using the minimally invasive technique with robotics."

Less than a month after surgery, Davis is in the middle of his police academy recertification course.

"I was very impressed with the care at the VA and feel fine," said Davis. "Two days after leaving the hospital, I was doing regular push-ups for the training."

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

The MEDVAMC already uses innovative, robotic surgery to treat such medical conditions as spinal fractures due to osteoporosis, prostate cancer, and gynecological issues. Surgeons plan to expand into thymus and mediastinal tumor removal and for ablation of atrial fibrillation in the near future. Only 11 VA medical centers nationwide have a robotic surgical system. ♦



Four months ago, the DeBakey VA established a Robotic Lung Resection Program, the first of its kind in the South Central VA Health Care Network. Primary surgeons Danny Chu, M.D., F.A.C.S., associate chief of the MEDVAMC Cardiothoracic Surgery Division and also an assistant professor of Surgery at Baylor College of Medicine (BCM), and Lorraine Cornwell, M.D., head of the General Thoracic Surgery Section at the MEDVAMC and also an assistant professor of Surgery at BCM, have been extremely pleased with the results.



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.

24/7 Veterans Crisis Line Saves Lives, Offers Hope

HOUSTON - On a windy, spring day, a Veteran called the Veterans Crisis Line (1-800-273-8255). He was unemployed, in financial crisis, had no friends or family to talk to, thought he was going "crazy," and was one night away from being homeless. He was beginning to think he would be "better off dead."

With the Vet's permission, the Suicide Prevention Coordinator from his local VA called to offer assistance. Over the next several minutes, the Veteran was given an appointment to meet with a mental health professional, was given multiple resources to assist with employment and finances, and was connected to local organizations of Veterans that provide support and peer-counseling.

By the end of the first phone call, the Veteran said he was grateful for all the help. He had no idea about all of the resources and assistance available for Veterans and felt more hopeful about the future.

Any Veteran, or family and friends of a Veteran, may call the Veterans Crisis Line 24 hours a day, seven days a week to speak with a professional counselor. Staff will assist with suicidal crisis, homelessness, general information, and referral to their local VA Medical Center suicide prevention personnel.

Because suicide prevention is everyone's business, VA is engaging people in the community to help VAs

suicide prevention efforts.

VA is spreading information about key warning signs to the public, asking that help and the Veterans Crisis Line number be offered to anyone exhibiting them.

These are the warning signs:

- Talking about wanting to hurt or kill oneself.
- Trying to get guns, pills, or other ways to harm oneself.
- Talking or writing about death, dying, or suicide.
- Hopelessness.
- Seeking revenge, uncontrolled anger, or rage.
- Acting in a reckless or risky way.
- Feeling trapped, like there is no way out.
- Feeling there is no reason to live.
- Giving away valued possessions.

Combat Veterans are thought to be at greater risk for mental health problems. In general, the more tours of combat and the longer the tours, the greater the risk.

Many Veterans are reluctant to ask for help; thinking they should be "strong" or it is weak to need assistance. Stigma is a concern as well. As we say at the VA, "It takes the courage and strength of a hero to ask for help."

If you or someone you know is in crisis and/or thinking of suicide, call 1-800-273-8255 for immediate assistance. ♦ C. Brent Arnsperger, LCSW, Suicide Prevention Coordinator

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

BCM
Baylor College of Medicine



Whole Grain Goodness

HOUSTON - You may have heard about the publicity concerning whole grain and the health benefits it provides. What are those benefits? How do you know if something is whole grain or not? How much whole grain should you consume every day?

Keep reading for the answers to these important questions as well as tips for adding whole grains into your diet.

First, we will start with the basics.

What is a whole grain? There are three main parts to a grain kernel: the bran, germ, and endosperm. The bran is the outer shell, the germ is the seed, and the endosperm is the inside.

An easy tip is that whole grains contain the "whole" kernel. These grains are the "wheat" or "brown" products; for example, whole wheat bread and brown rice. If you want to know if a product is whole grain, check the label.

In addition, milling is a process in which grains are refined. In the milling process, the bran and the germ are removed. These refined grains contain only the endosperm, or inside of the grain. These products are the "white" grain products; for example, white bread, white rice, and white flour. The

bran and the germ are removed in milling to help lengthen the shelf life of the product; however, removing these two parts results in the loss of nutrients. Although enriched flours have some nutrients added back, the others are lost.

While it is helpful that some lost nutrients are added back, whole grain products are more beneficial than refined products. Whole grains contain 17 key nutrients which build a healthy and balanced diet. Whole grain products are also a good source of protein. In fact, they contain 25 percent more protein than white bread.

Besides, you may have heard that whole grains help decrease cholesterol as well as the risk for heart disease and cancer. Many studies and years of research have confirmed that this is, in fact, true. Found in the germ, whole grains are a good source of unsaturated fat which helps lower cholesterol levels. Furthermore, whole grains are an excellent source of fiber which can also help lower cholesterol levels.

Fiber also aids in weight loss, because it helps keep you full longer. Another key role of fiber is to help regulate your digestive system; thus, it is nature's



Clinical Dietitian Nancy Baker discusses the parts of a grain kernel with Air Force Veteran Kevin Benard. If you are interested in a healthier diet, call 713-791-1414, ext. 4295.

broom, so to speak.

Antioxidants are also in the news lately. Research has shown they help protect the body from cancer causing agents. That means whole grains are a great source of antioxidants, too.

Finally, if you are still not convinced whole grains are the healthier choice,

check out these facts. People who eat whole grains have a lower risk of obesity, as measured by their body mass index and their waist-to-hip ratios, as well as lower cholesterol levels. People who eat three daily servings of whole grain have been shown to reduce their risk for heart disease by 25-36 percent, stroke by 37 percent, Type II Diabetes by 21-27 percent, digestive system cancers by 21-43 percent and hormone-related cancers by 10-40 percent.

Next time you are shopping, choose whole grain products. There are many products available besides bread. Options include dry cereals, oatmeal, pastas, rice, bagels, rolls, pancake mixes, muffin mixes, and crackers.

But, do not be fooled by the color. Just because it is brown does not mean it is whole grain. Be sure to check the label for the ingredients. Look for these key words: whole grain, whole wheat, or whole kernel.

Make whole grains a part of a healthy and balanced diet, so you can lead a long and happy life. Personalized meal plans and more information about grains can be found at www.mypyramid.gov.
♦ Amanda Knudson, MEDV/AMC 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 Survivors' 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

Fibromyalgia Support Group

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

"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: Juleana 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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TALK TO THE SOCIAL WORKER
IN YOUR CLINIC FOR MORE INFORMATION.

The Magic of CT Scans

HOUSTON – The invention of Computed Tomography has undoubtedly been one of the greatest advances for the diagnosis and treatment of disease ranging from strokes to cancers.

Computed Tomography, or more commonly known as “CT,” is a medical imaging method employing special X-ray equipment and sophisticated computers to generate images or pictures of the organs within the human body.

CT produces images of various body structures based on their ability to block the X-ray beam. These images can then be viewed on a computer monitor, printed on film, or transferred to a CD.

Bone is very dense and tends to block almost all X-rays. Structures such as the liver only block some of the X-rays hitting it. Therefore, you can generate a picture of the body based on differences of the density of the organs visualized. CT scans of internal organs, bones, soft tissue, and blood vessels provide greater clarity and reveal more detail than regular X-ray exams.

CT scans are invaluable for the diagnosis and treatment of disease in our current age. However, like most tests they are not perfect.

Usage of CT has increased

dramatically over the last two decades. An estimated 72 million scans were performed in the United States in 2007. Because CT uses ionizing radiation, it is estimated that approximately 0.4 percent of current cancers in the United States may be a result of CTs.

While this percentage is low, it is important to keep this in mind when undergoing a CT scan. It is important to weigh the value of the diagnostic information provided by the CT against the very small, but real risks of the radiation exposure.

Putting this into perspective, a routine CT scan of the chest carries 53 times more radiation exposure than a routine chest X-ray.

While this is a definite increase in radiation, a chest CT can find serious and potentially life-threatening disease processes such as blood clots in the lungs, and ruptures or dissections of the blood vessel connected to the heart which cannot be seen by a routine chest X-ray.

Life itself is not without risk. Annually, a person is exposed to the equivalent of half a chest CT from background radiation originating from space. You are irradiated from your environment, even while walking in the park.



David Douglas, Lead Technician for Special Procedures (left); Imelda Torres, R.N., Cardiac Care Unit; and Arleen Ramirez, N.A., Cardiac Care Unit ready a patient for a CT scan. Computed Tomography is a medical imaging method employing X-rays and a high speed computer to process available data and generate images of the organs within the human body.

This dose depends very much on where you live. In some areas, even the rocks (particularly granite) can increase your yearly exposure to four times the dose you would receive from just one

chest CT.

For every positive, there is a negative. In the end, insightful and educated choices help us achieve a good balance between risk and benefit. ♦

Stop Identity Thieves - Get Your New VA I.D. Card!

HOUSTON - In order to reduce Veteran vulnerability to identity theft and to demonstrate VA's commitment to securing the confidential personal information of enrolled Veterans, all VA medical facilities, including the Michael E. DeBakey VA Medical Center (MEDVAMC) and its outpatient clinics, are replacing Veteran identification cards with a new, more secure ones.

These new cards eliminate the sensitive identifying information printed on the front of the other cards.

The VA provides a Veteran Identification Card (VIC) for Veterans to use at VA medical facilities. The VIC is issued only to Veterans who are eligible for VA medical benefits and only for the purpose of identification and check-in for VA medical appointments.

Prior versions of Veteran patient identification cards display information such as a Veteran's full social security number and date of birth. This is considered to be an unwarranted risk for Veterans receiving health care services from VA.

The new VIC contains a one inch by one inch, color photo; the Veteran's name (not embossed); a barcode; and

service-connected, former Prisoner of War, and/or Purple Heart identifiers as applicable.

No other personal information is visible on the card. The barcode and magnetic strip on the card contains information so VA health care providers can access the patient's medical record in VA's Computerized Patient Record System.

Veterans receiving care at the MEDVAMC are able to replace their old cards by stopping by the VIC Room in the Admissions Area near the Emergency Room in Houston, or the check-in desks at the outpatient clinics in Conroe, Beaumont, Galveston, Lufkin, Richmond, and Texas City.

A clerk at these locations will take your photograph and your new VIC will be mailed to you in seven to 10 days. Veterans are strongly encouraged to update their contact information including home address and telephone numbers at this time.

For more information about the new VIC card, contact the MEDVAMC Eligibility and Enrollment Office at (713) 794-7288 or visit the VA's Eligibility website at www.va.gov/healtheligibility. ♦



**If you're a man,
65 or older,
please
read.**

Do you qualify for The Testosterone Trial?

- ✓ Do you have trouble walking a quarter of a mile?
- ✓ Are you concerned about low energy?
- ✓ Do you have less interest in sex?

If you answered YES to at least 1 of these 3 questions, you may qualify for this Trial.

For more information, contact Emilia Cordero MS, RN, ANP-C at (713) 794-7230 or ecordero@bcm.tmc.edu.

Why The "T Trial" is Important

The goal of The National Institute on Aging, a sponsor of this trial, is to improve the health and well-being of older Americans through research. Some experts estimate that 5 million men in the U.S. have low testosterone levels. This Trial may help us learn if testosterone treatment improves the health and well-being of older men who have low testosterone. By participating in this study, you may help men of your generation and beyond - even your own sons and grandsons.

Talk with Your Doc By E-mail, Instead Telephone

(continued from page 1)

telephone tag, saves time, and uses the VA's electronic patient record system to streamline recordkeeping.

"Securing Messaging enables my patients to reach me whenever it is convenient for them. They can send a message before they go to work and when they get home, the answer is waiting. This new tool lets the patient focus on what is important to them, instead of waiting for a phone call or

their next appointment," said Ikedeze Chukwu, M.D., Primary Care physician.

"This is an excellent tool that greatly improves communication with my patients."

If you are a Veteran patient at a VA facility using My HealthVet, you will notice a new Secure Messaging Tab. You can find out if your health care team is using Secure Messaging by creating a new message. If you see the name of one of your providers as a choice in the

"To" field, then you know you can send a message to the health care team led by your provider.

"I can easily contact my patients with lab results, address specific medical concerns, and even refill medications before they arrive for their next appointment," said Carol Sparks, R.N. "This time-saving feature is great for both my patients and our clinical staff."

To take advantage of Secure Messaging, register at www.myhealth.va.gov.

and begin the In-Person Authentication (IPA) process. This ensures your personal information remains secure over the Internet. To complete the IPA process, visit your Primary Care Clinic or the Release of Information Office at MEDVAMC, or any VA outpatient clinic.

For more information about Secure Messaging, contact Curtis Bergeron, My HealthVet Coordinator, at 713-791-1414, ext. 6348 or curtis.bergeron@va.gov. ♦ Fran Burke, Public Affairs Specialist



their hands. Health care providers should wear clean gloves when they perform tasks such as taking throat cultures, taking blood, touching wounds or body fluids, and examining any part of your body.

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

Answer: When your health care provider orders a new prescription, the VA Pharmacy automatically mails it to you. Refills are always sent by mail except for items requiring constant refrigeration.

If you would rather wait to pick up a new prescription, you must go directly to the Outpatient Pharmacy and take a number to speak with a staff member.

To avoid running out of medicine, order your next refill as soon as you receive a delivery. If you have run out of refills, you must contact your health care provider.

The Internet and the Automated Refill Hotline are two easy and quick ways to refill your prescriptions.

Use VA's My HealtheVet website at www.myhealth.va.gov. It is fast, easy, convenient, and secure. This website offers Internet 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 email vhahousegeneralquestions@va.gov.

The Prescription Refill Hotline is available 7 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. Your prescription number is located on the top left corner of your prescription container.

Question: My father served during World War II. Is he eligible for nursing home care?

Answer: Veterans requiring nursing home care for a service-connected condition or a Veteran rated 70 percent or more have mandatory eligibility. All other Veterans are eligible on a resource and space-available basis. For more information, contact the Social Work Manager at (713) 791-1414, ext.5729.

Question: What is a drug formulary?

Answer: Medications are selected by your VA provider from a list of approved drugs (the VA "formulary"). A drug formulary is a list of medications readily available for use at the VA. The formulary helps to prevent duplication in the same medication class, reduces health care costs, and provides the best possible care to you. Drugs not on the VA formulary are generally not available; but in most cases, there is a drug on the VA formulary that can be safely substituted.

Alternative formulary products are equally effective as non-formular medications.

Question: How do I get more news about Veterans' health care?

Answer: Send an email to bobbi.gruner@va.gov to sign up to receive news releases and information. You can also visit www.houston.va.gov and click on the "News & Media Center" button.

Question: What is military sexual trauma (MST)?

Answer: Both women and men can experience MST during their military service. MST can affect a person's physical and mental health, even many years later. People can recover from the consequences of traumatic experiences and VA has services to help Veterans do this.

The definition of MST comes from 1720D of Title 38, US Code and is "psychological trauma, which in the judgment of a VA mental health professional, resulted from a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment which occurred while the Veteran was serving on active duty or active duty for training." Sexual harassment is further defined as "repeated, unsolicited verbal or physical contact of a sexual nature which is threatening in character."

For assistance, contact the MST Treatment Coordinator Audrey Dawkins-Oliver, LCSW, 713-791-1414, ext. 6881 or pager 713-891-6091.

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
Texas City VA Outpatient Clinic.....	409-986-2900 toll-free 1-800-553-2278, ext. 12900
Pharmacy Refills.....	713-794-7648 toll-free 1-800-454-1062 or www.myhealth.va.gov
Pharmacy Helpline.....	713-794-7653
Veterans Crisis Line.....	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
Assistance for Returning Troops from Iraq/Afghanistan	
Team Members.....	713-794-7034/8825/7928
Vet Center (701 N. Post Oak Road)	713-682-2288
Vet Center (2990 Richmond Ave.)	713-523-0884
Vet Center (14300 Cornerstone Village Dr.)	713-578-4002
Patient Advocates	
Houston.....	713-794-7884
Beaumont.....	1-800-833-7734, ext. 113
Conroe.....	936-522-4010, ext. 1952
Galveston/Texas City.....	713-791-1414, ext. 6586
Lufkin.....	936-671-4362
Richmond.....	832-595-7700
Houston VA National Cemetery	281-447-8686
Houston VA Regional Office	713-383-1999 toll-free 1-800-827-1000

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 Weight Management Program.**



WHEN: 1st & 3rd 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 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.

