



4 New VA Outpatient Clinics in the Works

HOUSTON – The Department of Veterans Affairs announced it will open four new community-based outpatient clinics in southeast Texas to provide primary care and mental health services for veterans. Before 2010, VA clinics staffed by VA personnel will open in Katy, Lake Jackson, Richmond/Rosenberg, and Tomball.

“Our goal is to improve access to health care and these new clinics will greatly expand VA’s capacity for outpatient care in southeast Texas,” said Edgar L. Tucker, Michael E. DeBakey VA Medical Center (MEDVAMC) director. “These new clinics will enable veterans outside of Houston to obtain primary and mental health care closer to where they live.”

In the coming months, the MEDVAMC will firm up the exact locations, staffing, services to be offered, and a timetable for development.

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Restraint Use Drops Dramatically at VA – Improving Patient Safety and Comfort

HOUSTON - Since the introduction of the VA’s Patient Restraint Policy in 2001, the Michael E. DeBakey VA Medical Center (MEDVAMC) has made significant progress in minimizing the use of patient restraints by its staff. A restraint can be defined as any device that restricts freedom of movement or normal access to one’s body. This achievement is yet another example of VA’s commitment to provide the best health care possible for our veterans.

MEDVAMC’s success of moving toward a restraint-free environment resulted from a system-wide culture change. Across the facility, nursing units have taken ownership of the change and created champions to ensure the highest level of patient safety with a minimal use of restraints. Nurses and doctors have collaborated to create a fundamental shift in the way restraints are used at MEDVAMC.

“In the past, restraints were commonly used if a patient was intubated,” said Monike Harvey, R.N., Medical Intensive Care Unit (MICU) nurse manager. “With education, we were able to change the way staff looks at restraint use.”

The culture change of the entire clinical team has made the difference in reducing restraint usage by more than 75 percent.

Nurses now make an assessment of



“We have achieved a culture where everyone understands that restraints are the last resort,” said Surgical Intensive Care Unit (SICU), Dora Yap, R.N., SICU nurse manager. “Our employees are very dedicated and we take seriously the job of serving those who have served our country.” Above, Yap (middle) checks on U.S. Army veteran Edward Werner with Susan Mathen, R.N.

need before any restraint is applied to a patient. In the MICU, the total number of hours patients are restrained has fallen from approximately 1,300 hours per month in 2006 to an astonishing 11 hours

this past June.

During daily briefings with her staff, Harvey discusses restraint alternatives to

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Special Team at Houston VA Ensures Returning Combat Troops Receive Care

HOUSTON – Robert Engelbrecht was severely wounded by an improvised explosive device, Dillon Cannon was paralyzed by a sniper’s bullet, and David Lewis was partially blinded by a rocket-propelled grenade. These brave individuals are only three of our nation’s newest veterans — the men and women

who have served in Operation Enduring Freedom in Afghanistan (OEF) and Operation Iraqi Freedom in Iraq (OIF).

Moreover, recent combat has demonstrated that the nature of modern warfare has changed. More war-wounded are returning with complex, multiple injuries such as amputations, traumatic brain injuries, spinal cord injury, visual impairments, and psychological adjustment problems.

In response to the unique physical and mental health needs of returning combat veterans, the Michael E. DeBakey VA Medical Center (MEDVAMC) assembled a team of specialists to ensure smooth transition to VA medical care.

This six-member OEF/OIF Support Team includes Fern Taylor, program coordinator; Toni Brown, LCSW, program manager; Raj Dhamija R.N., clinical nurse case manager; M.

Wade Cooper, LCSW, social worker; Vickie Toliver, transition patient advocate; and Rose Bush, administrative support assistant.

The team provides assistance and support to all OEF/OIF veterans, including walk-in patients as well as direct transfers from Department of Defense (DoD) medical facilities such as Brooke Army Medical Center in San Antonio and Walter Reed Army Medical Center in Washington, D.C.

When a veteran contacts the MEDVAMC, the team facilitates the enrollment process for the veteran to receive VA health care. The team ensures he or she is assigned a primary care provider, cuts through red tape and solves problems, and coordinates medical care services and appointments. Upon entering the VA health care system,

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Joint Commission Recognizes DeBakey VA for Best Practices in Fight against Superbugs

HOUSTON – The Michael E. DeBakey VA Medical Center (MEDVAMC) was featured in an educational video produced by The Joint Commission, the nation's predominant standards-setting and accrediting health care organization. The film focused on the MEDVAMC's bottom-to-top emphasis on preventing the spread of infections, particularly Methicillin-Resistant Staphylococcus aureus (MRSA).

MRSA is a serious form of a common bacteria that frequently inhabits the skin or nostrils of healthy people. Due to its resistance to antibiotics, MRSA is one of the most rapidly growing and virulent health care associated infections, and according to the Centers for Disease Control and Prevention, is responsible for more than 100,000 U.S. hospitalizations each year.

"We were selected for this film project because the Joint Commission team leader was extremely impressed with our staff's knowledge, attitude, and involvement during their site survey in

April," said Thelma Gray-Becknell, R.N., M.S.N., chief nurse executive.

The Joint Commission surveyors expected to see staff and nurses from the Infection Control Department active in the fight against MRSA, but were surprised to find patient support assistants reminding physicians and nurses about hand washing and wearing gowns and gloves, housekeepers leading discussions of data trends, and nursing assistants suggesting product changes to manufacturers.

In addition, the team praised the MEDVAMC for being one of the few hospitals equipped with a computerized system able to integrate all the steps required for surveillance MRSA testing: sample preparation, amplification, and rapid detection.

Anyone can get a MRSA infection, but the risk is greatest among people treated in hospitals and health care facilities, such as nursing homes and dialysis centers, with weakened immune systems. These health care-associated



"Every morning, we brief our staff and give them data trend updates for bacteria such as Methicillin-Resistant Staphylococcus aureus," said Anthony Quarles, Environment Management Services supervisor. "We also want to make sure there is good communication between nurses, doctors, and housekeepers." Above, Quarles (left) gives a few cleaning tips to David Baham, housekeeper.

staph infections include surgical wound infections, urinary tract infections, bloodstream infections, and pneumonia.

When MRSA is introduced into a hospital, it tremendously increases the total burden of infection for the patient and increases the risk of death four-fold. These patients have hospital stays lasting two and a half times longer than the average patient.

The VA developed the "MRSA Bundle" as a packaged prevention strategy. These measures include (1) active surveillance cultures (swabbing performed on admission, discharge, and transfer within the hospital); (2) hand hygiene (before and after patient contact); (3) contact precautions (gloves and gowns); and (4) cultural transformation

(staff and leadership engagement).

"We are honored by this recognition of our infection control efforts by The Joint Commission," said Edgar L. Tucker, B.A., M.P.H., F.A.C.H.E., Medical Center director. "However, we are extremely proud that our staff members support each other and are focused on our mission to provide the highest quality health care possible to our veterans."

In June 2008, the MEDVAMC achieved re-accreditation in the areas of hospital, long term care, behavioral health care, and home care from The Joint Commission as a result of its demonstrated compliance with the organization's nationally recognized health care standards. ♦

A Word from the Director . . .

The Legacy of Dr. DeBakey

HOUSTON - The world mourned the passing of Dr. Michael E. DeBakey in July. That loss was felt most significantly here in Houston where so much of his time and energy contributed to the development of the unparalleled Texas Medical Center.

Dr. DeBakey's legacy at the VA Medical Center in Houston is more than just the name on the sides of the building. For more than 60 years, Dr. DeBakey was engaged in the pursuit of excellence in health care for veterans. His efforts ranged from performing surgeries, teaching residents, and visiting patients to conducting research, chairing our Deans Committee, and serving on national boards addressing veterans' health care issues. In addition, he was committed to ensuring outstanding physicians from Baylor College of Medicine were available to care for veterans at the VA.

Reflecting on his many accolades and honors in 2004, Dr. DeBakey was especially proud of his work for our nation's veterans and held a special place in his heart for them, "I have always been proud of the standards of excellence the Veterans Affairs Medical Center in Houston has maintained, and I feel extremely honored for this outstanding facility to bear my name."

Even those staff members who did not personally know Dr. DeBakey



Edgar L. Tucker, Medical Center Director

have been influenced by his efforts. The commitment to excellence that was the hallmark of Dr. DeBakey's life is infused into the organization that bears his name.

At the ceremony in Washington, D.C. where he received the Congressional Gold Medal, the nation's highest civilian honor, Dr. DeBakey took the opportunity to advise the President and the leadership of the Congress to look to the VA as a model for quality and efficiency in health care delivery.

Dr. DeBakey was proud of his service in the U.S. Army during World War II and believed the men and women who have served and are serving deserve the respect of the nation and the best health care available. That is the true legacy of Dr. DeBakey and the one we will continuously strive to fulfill. ♦

Are you 60 or older and struggle with Bipolar Disorder-related Depression?

If you are 60 years of age or older and are Bipolar, you may qualify for a clinical research study investigating a new drug treatment for Bipolar Disorder with Depression.

Participation in this 12-week study includes approximately 9 visits to the Michael E. DeBakey VA Medical Center.

Compensation for time and travel will be provided.

For more information, call Rayan Al-Jurdi, M.D. or Susan Hughes at (713) 791-1414, ext. 6750.



New clinics staffed by VA personnel will open in Katy, Lake Jackson, Richmond/Rosenberg, and Tomball.

VA To Open Four New Outpatient Clinics outside Houston before 2010

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In addition to on-site primary care and mental health staff, today's modern VA outpatient clinics frequently feature state-of-the-art telehealth systems permitting veterans to maintain regular contact with health care providers in specialties ranging from cardiac care to mental health.

Furthermore, a highly acclaimed national health records system allows practitioners at even remote VA clinics to review patient records stored at VA hospitals anywhere in the country.

The importance of this system was demonstrated after Hurricane Katrina in 2005. Medical information for every New Orleans VA Medical Center patient was available at any VA medical center and by any VA physician nationwide.

In 2005, the MEDVAMC opened two new clinics in Galveston County. The Galveston Community Based Outpatient Clinic (CBOC) opened March 4, 2005 and the Texas City CBOC opened April 4, 2005. The MEDVAMC held a ribbon cutting ceremony on February 26, 2007 opening a new CBOC in Conroe.

In fiscal year 2007, the MEDVAMC served almost 120,000 enrolled veterans. There were 733,628 outpatient visits at the Houston facility, 60,540 outpatient



Francisco Vazquez, B.S.C.S., assistant director of the Michael E. DeBakey VA Medical Center (right) discusses possible locations for the new Richmond/Rosenberg VA Outpatient Clinic with Primary Care Director J. Kalarar, M.D. Before winter 2009, four new VA clinics staffed by VA personnel will open in Katy, Lake Jackson, Richmond/Rosenberg, and Tomball.

visits at the Beaumont Outpatient Clinic, 11,447 outpatient visits at the Conroe Outpatient Clinic, 45,489 outpatient visits

at the Charles Wilson VA Outpatient Clinic in Lufkin, and 35,025 outpatient visits at the Galveston/Texas City CBOCs. During the same timeframe, 13,275 veterans were admitted as inpatients and 243 veterans were admitted to the DeBakey VA Community Living Center. ♦

New Houston Vet Center Planned

WASHINGTON, D.C. – Military combat veterans in Harris County will have more access to readjustment counseling and other services starting late next year when the VA opens another Vet Center in the Houston area.

The new Houston facility will be one of 39 new Vet Centers nationwide added to 232 that VA operates now. Two Vet centers already operate in the Houston area; one is located at 701 N. Post Oak Road, (713) 682-2288, and the other at 2990 Richmond Avenue, Suite 225, (713) 523-0884.

Vet Centers conduct community outreach to provide counseling on employment, family issues, and education to combat veterans and family members, as well as bereavement counseling for families of service members killed on active duty and counseling for veterans who were sexually harassed on active duty.

Services are available at no cost to veterans who experienced combat during any war era. They are staffed by small teams of counselors, outreach workers, and other specialists, many of whom are combat veterans themselves.

The Vet Center program was established in 1979 by Congress, recognizing that many Vietnam veterans were still having readjustment problems. ♦

Houston VA Dramatically Reducing Use of Patient Restraints

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increase the overall comfort and well-being of each patient and how restraint hours can be kept to a minimum.

Before considering restraints, staff examines all available alternatives. If restraints are necessary for a patient's safety, their use is carefully documented. A restrained patient must be constantly monitored using an established time table.

On the Surgical Intensive Care Unit (SICU), Dora Yap, R.N., SICU nurse manager, credits the decrease in restraint hours to constant education and reinforcement. "I draw on evidence-based practices to educate physicians and nurses that restraints do not equal safety."

In some cases, restraints are medically required to ensure a patient is not injured. In those cases, the SICU staff is already thinking ahead to a plan of care leading to the removal of any restraints as soon as possible. A poster in the hallway proudly displays the unit's achievement of 12 consecutive days with no restraint use.

Physicians often order restraints when there is concern a patient may inadvertently remove tubes or lines critical to recovery. After surgery, a patient's natural reaction may be to tug on tubes or make sudden movements that shift tube placement. To avoid this, many nursing units have started a program to educate patients about what to expect during recovery and the risks of removing any tubes.

"Once the patient knows what to expect, they are more cooperative," says Harvey. "They are also happier when their movement is not restricted."

Staff members are trained to use the least restrictive measures first. For example, a 'Freedom Splint' restricts the movement necessary to remove tubes while allowing a greater range of safe movement.

"Decreasing the number of restraint hours is a team effort here at the Michael E. DeBakey VA Medical Center," said Harvey. "Unit clerks and technicians are involved in the process right along with the nurses and physicians."

MEDVAMC has made tremendous progress in bringing patient restraints to a minimum; however, the nursing units are now committed to bringing the hours down to zero.

"We have achieved a culture where everyone understands that restraints are the last resort," said Yap. "Our employees are very dedicated and we take seriously the job of serving those who have served our country." ♦ Faisal Momin, M.B.A., M.H.A., Administrative Fellow

Photo by Rishi D. Gommie, MEDVAMC Public Affairs Officer



Michael E. DeBakey VA Medical Center's

POW/MIA Day Ceremony

Honoring Our Nation's Former Prisoners of War And Those Missing In Action

September 19, 2008 – 10 a.m., 4th Floor Auditorium

Keynote Speaker: Ken Wallingford Former Prisoner of War, Vietnam

While serving as an United States military advisor to 200 South Vietnamese troops on April 5, 1972 at Loc Ninh, South Vietnam, Wallingford and four other Americans came under heavy fire from three divisions of North Vietnamese Army and Viet Cong soldiers. After two and a half days of fighting, the numerically superior enemy overran his camp. Severely wounded, Wallingford was one of three survivors taken prisoner. He spent the next ten months in a five-foot by six-foot "tiger cage" and was one of the first two Texans to return home following the signing of the Paris Peace Agreement.



For more information, contact Public Affairs at (713) 794-7349.

Fishing Cast into Rehabilitation Therapy for Veterans

HOUSTON – Recreation therapists at the Michael E. DeBakey VA Medical Center (MEDVAMC) are teaming up with the Texas Flyfishers of Houston to give injured veterans a crack at fly fishing and add a bit of fun to the rehabilitation process.

The primary goal of physical medicine and recreation therapy at the MEDVAMC is to help patients regain physical, psychological, and social functioning. This includes recovering skills as well as restoring, remediating, and rehabilitating function to reduce or eliminate the effects of illness or disability.

Recreation therapy staff work with each patient to develop individual treatment programs that will maximize each patient's potential, enable the veteran to achieve the highest level of independence possible, and provide recreational resources and opportunities in order to improve health and well-being. Fly fishing is another community resource for health care providers to use for patient treatment and recovery.

In preparation for an upcoming community reintegration fishing trip, Dave Steffek and two other members of Texas Flyfishers of Houston recently taught some 25 veterans the basics of fly fishing and how to tie a fly.

"It's not, 'Take a vet fishing,'" said Steffek, a Texas Flyfishers of Houston member. "We're teaching skills that are good emotional, social, and physical therapy."

The fly tying classes teach those with upper limb, hand, and vision injuries to use their hands and eyes to do the small tasks involved making fishing flies. This task helps a patient relearn fine motor skills, develop damaged muscles, and improve balance and mobility.

The classes also provide an opportunity for veterans to enhance their



Texas Flyfishers of Houston member Michael J. Arnold (left) gives tips on tying a fly to veterans (from right) Hector Bernaridez, Ronald Holt, Larry D. Holt, and Basil Moorehead. "I joined the group because I wanted to add something different to my physical rehabilitation," said one participant and novice fly fisher. "Plus, I wanted to have some fun and meet other veterans."

cognitive skills, creativity, and socialization. The fishing trips help the patients relax in a different environment from the hospital while using those skills and movements to catch fish.

Patients of all ages, some who have never been fishing before, are excited about learning how to fly fish and catch the big one. They are eager to share the experience with fellow veterans, thus promoting emotional rehabilitation, camaraderie, and friendly competition.

"I joined the group because I

wanted to add something different to my physical rehabilitation," said one participant and novice fly fisher. "Plus, I wanted to have some fun and meet other veterans."

Fly fishing and tying equipment and materials are provided to the participants as part of the program. This includes equipment to accommodate special needs.

"Our goal is to ignite or rekindle our veterans' appreciation and enthusiasm for recreation," said Robert Gordon,

Rehabilitation Care Line recreation therapist. "Fishing is an adventure; a great way to encourage patient treatment and recovery."

The Texas Flyfishers of Houston was founded in 1976 by a group of avid fly fishermen. Their objectives are to share their knowledge of fly fishing with one another and others who want to learn, to help in conserving natural resources, to enjoy the camaraderie of fly fishing, and to have a good time doing it. ♦

VA Physician Invents Antibacterial Envelope for Surgical Implants

HOUSTON – Rabih O. Darouiche, M.D., staff physician in the Medical Care and Spinal Cord Injury Care Lines at the Michael E. DeBakey VA Medical Center (MEDVAMC), is one of the inventors of an innovative antibacterial envelope for surgical implants.

Recently, a patient in the Texas Medical Center became the first in the nation to receive a pacemaker enclosed using this new technology. His old pacemaker was replaced by one encased in an envelope made of standard surgical mesh. The envelope was embedded with two antibiotic agents that provide site-specific antibiotic protection for the pacemaker. This prevents the need for oral antibiotics.

"This technology is designed to stabilize pacemakers and implantable cardioverter-defibrillators with the additional benefit of reducing the potential risk of infection associated with the implanted cardiac device," said Darouiche.

The envelope, approved by the U.S.

Food and Drug Administration in January 2008, contains two antimicrobial agents, rifampin and minocycline. These two agents have been shown to reduce infection by organisms responsible for the majority of infections that result in cardiac rhythm medical device-related endocarditis, including the "superbugs" such as Methicillin-resistant Staphylococcus aureus (MRSA).

Darouiche, a VA Distinguished Service Professor, is the founder and director of the Center for Prostheses Infection (CPI) at Baylor College of Medicine in Houston and also the creator of the national Multidisciplinary Alliance Against Device-Related Infection (MADRI).

He graduated from medical school at the American University of Beirut, Lebanon in 1984, and completed his internship, residency, and fellowship at the Baylor College of Medicine. He is board certified in internal medicine, infectious disease, and spinal cord injury medicine. ♦



Rabih O. Darouiche, M.D., staff physician in the Medical Care and Spinal Cord Injury Care Lines at the Michael E. DeBakey VA Medical Center (MEDVAMC), is one of the inventors of an innovative antibacterial envelope for surgical implants.

Log onto www.myhealth.va.gov today for help to better understand and manage your health care.

Take a Look at VA's My Health_eVet on the World Wide Web

HOUSTON - My Health_eVet, the VA online electronic health record, allows veterans to track their health information with the help of a personal computer, all from the comfort of their home.

"My Health_eVet can be an incredible asset to patients because it allows them to partner with their health care provider to get the best health care possible," said Felicia Little, MLIS, My Health_eVet program coordinator at the Michael E. DeBakey VA Medical Center (MEDVAMC). "Let's say a veteran is a diabetic, by using the journal feature on My Health_eVet, he can log on everyday and record his diet, activities, and his blood glucose test. At his next appointment, he can print out his journal and go over it with his doctor."

Celebrating its fifth anniversary, My Health_eVet will expand a number of features such as printing portions of your medical record. My Health_eVet currently provides one-stop shopping for VA benefits, special programs, and health information. It also provides up-to-date information about medications and conditions, tools for measuring your

health status, plus the latest health news.

U.S. Army veteran Bill Gregory is 100 percent disabled. He signed up for My Health_eVet in January because of the prescription refill feature.

"Before [signing up for My Health_eVet], I would have to rely on a family member to help me get my prescriptions filled," said Gregory. "Now, it is so much easier to fill my prescriptions on-line at my convenience. Reading the news articles, I stay up-to-date with what is going on in the VA by using the My Health_eVet Web site."

As of June 2008, more than 8,604 veterans enrolled at the MEDVAMC are using My Health_eVet and many consistently utilize My Health_eVet to refill their VA prescriptions.

If you have used My Health_eVet before, but have not logged on recently, you will find a number of additional benefits:

- ✓ Prescription refill and self-entered information
 - ✓ Personal health record and self-entered metrics
 - ✓ Mental health section including screening tools for depression, alcohol use, and substance abuse
- It is a simple, two step process to get started. Log onto www.myhealth.va.gov on the Internet and click the register button to begin.
- To access some of the more advanced features, you must have your identity verified for personal information security reasons.
- To do this, stop by the Release of Information Office in Room 3A-300 on

the 3rd Floor of the MEDVAMC or see the Administrative Officer at the outpatient clinics in Beaumont, Conroe, Galveston, Lufkin, and Texas City.

Your identity will be verified by matching your My Health_eVet account information with the information in the VA computerized patient record system.

In the future, My Health_eVet users will be able to view appointments, co-pay balances, and key portions of their VA medical records online. My Health_eVet is a powerful tool to help you better understand and manage your health. ♦



Over the years, food portions have grown larger along with our waistlines. Studies have shown the more food served to us, the more food we eat.

Fight Portion Distortion When Eating Out and At Home

HOUSTON - When your eyes are bigger than your stomach and restaurants serve baked potatoes the size of footballs and chicken fried steaks larger than the plates, portion distortion can rule the meal; consequently, ruining your waistline.

Today, fast food and sit-down places serve portion sizes much larger than in the past and more food than necessary to meet daily nutrition requirements. Although, we may feel like victims when served plates piled high with rice, beans, and meat, it is our responsibility to realize where serving sizes end and portion distortion begins.

Portion distortion is the idea that the food served is what we are supposed to eat regardless of the serving size. However, this is not the case!

A *serving* is a measured amount of food, for example, 1/2 cup of rice. A *portion* is the amount of food served on your plate. Studies have shown the more food served to us, the more food we eat.

This is bad news for people eating out while attempting to lose or maintain weight. Large portions have become "normal." You were probably asked just recently if you wanted to "super-size" your order. This increase in portion size has also spilled over into the amount of food we serve ourselves at home.

Maintaining a healthy weight is basically a balancing act. The calories you take in by eating should equal the calories you expend through daily activity and exercising.

Over the years, food portions have

grown larger along with our waistlines. For instance, twenty years ago, a bagel measured three inches across and contained 140 calories. Today, most bagels are double that size and average 350 calories. A chicken Caesar salad was one and a half cups and 390 calories. Today, it lands on your plate at three and

half of the daily requirement!

To test your knowledge about how portions have changed over the years, take the Portion Distortion Quiz at <http://hp2010.nhlbi.nih.net/portion/>. You will be surprised at what you discover.

So, should we stop eating out just

serving of meat, eggs, shrimp, or fish, about the size of the palm of your hand; a pancake, about the size of a compact disc; and a piece of bread, about the size of a cassette tape. After eating that, push the excess food to the side and ask for a to-go box.

A serving of fresh fruit like an apple, orange, or pear is about the size of a tennis ball. If you choose the extra large fruits seen in some grocery stores today, you might be eating more than one serving of fruit.

At home, use the same guidelines and remember that it is okay to leave food on your plate. It is also helpful to use smaller serving dishes.

Build your plate for good portion control. First, fill half of the plate with vegetables and/or fruit. Next, fill one quarter of your plate with starchy foods such as rice, pasta, peas, or corn. The final quarter of your plate is for lean meats such as fish, chicken, pork, or lean beef.

In conclusion, acknowledging when portions are too large can be difficult. Most restaurants serve us too much food; however, we can take a second look at portion sizes and avoid eating too much.

For more information, talk to your primary care provider or a registered dietitian at the Michael E. DeBakey VA Medical Center Nutrition Clinic at (713) 791-1414, ext. 4295 or ext. 6166. ♦ Courtney McNamara, 2008 MEDVAMC Dietetic Intern with thanks to the National Heart, Lung, and Blood Institute Obesity Education Initiative

Coffee: Yesterday and Today



20 Years Ago

Coffee with whole milk and sugar

8 Ounces
Calories: 45



Today

Mocha Coffee with steamed whole milk and mocha syrup

16 Ounces
Calories: 350

Calorie Difference: 305 Calories

a half cups and almost 800 calories. Pasta with meatballs used to be a well-rounded choice at 500 calories, but most portions have doubled over time. An average pasta dish with meatballs and sauce now adds up to 1,000 calories -

because we might eat too much?

No, that is not necessary. Just remember some tips and take a second look at the portions on your plate: a serving of rice, pasta, or potato should be about the size of your fist; one

What Do Those Blood Pressure Numbers Mean?

HOUSTON - High blood pressure has long been recognized as the most common risk factor for suffering a heart attack or a stroke.

Blood pressure is traditionally measured as two separate numbers: the *systolic* (top) and the *diastolic* (bottom) blood pressure. A normal blood pressure usually is less than 120 (top) and over 80 (bottom) mm hg.

Traditionally, doctors focused on the diastolic blood pressure. But recently, they have come to realize systolic blood pressure is, in fact, a more powerful predictor of the risk of a future heart attack or a future stroke.

A high systolic (top) blood pressure of 180 mm hg predicts a ten times greater risk of suffering a heart attack. In contrast, a high diastolic (bottom) blood pressure of 110 mm hg predicts only a two fold greater risk.

Why is a high systolic (top) blood pressure more dangerous than a high diastolic blood pressure? Elevation of the systolic (top) blood pressure indicates hardening of the arteries, due to cholesterol build-up, has already begun. This means a greater risk for future heart attack or stroke.

For more information, talk to your primary care provider during your next appointment. ♦

Special Team at Houston VA Ensures Returning Combat Troops Receive Care

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each OEF/OIF veteran undergoes a 90-minute comprehensive screening for possible war-related conditions.

"Many recently returned veterans have a difficult time verbalizing their symptoms," said Toliver. "This screening is critical to identify, as quickly as possible, any injuries they may have sustained in combat."

Since the actual affects of combat-related injuries may take years to develop, OEF/OIF veterans are allowed five years after separation from the military to apply for VA medical services. Veterans can become "grandfathered" for future access by enrolling with VA during this period. In addition, veterans with service-related injuries or illnesses always have access to VA care for the treatment of their disabilities without any time limit, as do lower-income veterans. Hospital care, outpatient treatment, and nursing home services are all offered at the MEDVAMC.

To date, the OEF/OIF Support Team at the MEDVAMC has assisted more than 5,000 ambulatory and approximately 100 severely injured and seriously ill veterans.

"Even with the extensive benefits returning veterans are eligible and qualified for, our biggest challenge is getting them to enroll with the VA to



"Even with the extensive benefits returning veterans are eligible and qualified for, our biggest challenge is getting them to enroll with the VA to receive care," said Taylor. "Most are focusing on returning to their families, jobs, and their lives." The OEF/OIF Support Team proactively meets with local Reserve and National Guard Units before and after deployment to brief about available VA

benefits, placing special emphasis on mental health screening and counseling.

In addition to making personal home visits and manning information booths at military family days and welcome home events, team members also attend meetings of various community and veterans groups in an attempt to contact eligible veterans who have not yet enrolled for VA care.

"We want each and every veteran who served in Iraq and Afghanistan to know we are here for them," said Brown. "VA services are not only available, but accessible."

To contact the OEF/OIF Support Team, call telephone number (713) 794-7034/8825, fax (713) 794-7767/7478, or email vbaouOEF/OIF@va.gov. ♦ *JaKeitha Patterson, M.H.A., Administrative Fellow*

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Support Group Listing

Support groups can be extremely helpful when coping with an injury or illness. Talk with a social worker on your nursing unit or in your Primary Care Clinic about available support groups, meeting times, and locations.

Vet to Vet Support Group

Meets every Wednesday, 6-7 p.m. and every Thursday, 9-10 a.m. & 11 a.m. - noon. No facilitator involved. POC: Dr. Sara Allison, (713) 791-1414, ext. 6729

Parkinson's Disease Education/Support Group

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

Cancer Support Group

Meets 2nd Tuesday every month, 2-3 p.m., Cancer Center Family Room, Room 4C-365. Facilitators: Maria Lozano-Vasquez, (713) 791-1414, ext. 5273 & Chaplain Douglas Ensminger, (713) 794-7200

Better Breather's Club

Meets last Wednesday every month, 1:30 p.m., Room 3C-371, Home Oxygen Clinic. Facilitator: Paula Denman, (713) 794-8979

Fibromyalgia Education & Support Group

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

Pain Relaxation Training Group

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

Prostate Cancer Support Group

Meets 3rd Wednesday every month, 10 a.m., Cancer Center Conference Room, 4C-345. Facilitators: Tonjala Seals, (713) 791-1414, ext. 6227

Hepatitis C Support Group

Meets 1st Friday every month, 1:30 p.m., Primicare Clinic 5, Room 1A-442. Facilitators: Stacey Pelton, (713) 791-1414, ext. 6867 & Michelle Ray, (713) 791-1414, ext. 3394

Pain Management for Women

Meets every Friday, 1 p.m., Room 5C-215. Group 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 Coping Skills Training Group

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

Alcoholics Anonymous (AA)

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

HIV Support/Educational Group

Meets every Tuesday, 2 p.m., Clinic 4, Room 1A-442. Facilitator: Kathy Molitor, (713) 791-1414, ext. 6177 & Belinda Rainer, (713) 791-1414, ext. 5292

Stroke Support Group

Meets 3rd Thursday every month, 3 p.m., Nursing Unit (NU) 2A Dining Room. Facilitator: Kathryn Kertz, (713) 791-1414, ext. 4192

Mended Hearts (Heart Disease) Support Group

Meets 3rd Thursday every month, 11 a.m., Nursing Unit 2A Dining Room. Facilitators: Patricia Suarez, (713) 791-1414, ext. 6101 & Tommie Gonzalez, ext. 5254

Breast Cancer Support Group

Meets last Tuesday every month, 12 noon, Cancer Center Conference Room, 4C-345. Facilitators: Magdalena Ramirez (713) 791-1414, ext. 5287 & Shirley LaDay Smith, (713) 794-7926

Amputee Support Group

Meets 4th Wednesday every month, 3 p.m., Nursing Unit (NU) 2A Dining Room. Facilitators: Anna Bracero, (713) 794-7816 & Betty Baer, (713) 794-7793

Did You Get Some Southeast Texas Sunshine Today?



MEDVAMC Dietetic Intern Kendra D. Blaschke discusses Vitamin D and its benefits with Air Force veteran Jaime Vanegas. Vitamin D not only strengthens your bones, but may reduce the risk of breast, colon, and prostate cancers. For counseling with a registered dietitian, call the MEDVAMC Nutrition Clinic at (713) 791-1414, ext. 4295 or ext. 6166.

HOUSTON - A majority of men and women believe if they drink milk, they will have strong and healthy bones. But, did you know calcium is not the only nutrient required for bone building and

maintenance? Vitamin D is also required for strong bones.

Women are not the only ones who suffer from weak or brittle bones. In fact, approximately 20 to 30 percent of

Americans with frequent fractures because of weak bones are men.

Combined with calcium, Vitamin D helps prevent adults from osteoporosis. Osteoporosis is a disease where bones are so weak and brittle they break even without trauma.

Vitamin D not only strengthens your bones, but may reduce the risk of breast, colon, and prostate cancers. Research has also shown Vitamin D improves your immune system's ability to fight off certain diseases.

The best source of Vitamin D is the sun. Your skin actually produces Vitamin D from sunlight. Exposure to the sun for a minimum of five to 15 minutes on two to three days in a week can produce enough Vitamin D to meet "most" individuals needs.

Because Vitamin D is a fat soluble vitamin, it is stored in your body's fat cells for those days when you are unable to get out into the sun. However, individuals with darker skin do not produce as much Vitamin D as fair skinned individuals and should obtain their Vitamin D from food sources.

Individuals who use sunscreen daily can limit the amount of Vitamin D produced by the skin and should add Vitamin D rich foods to their diets. These foods include eggs, milk, salmon, tuna, cod liver oil, fortified orange juice, and fortified breakfast cereal. But take note, not all orange juice or breakfast cereals

are fortified with Vitamin D; therefore, check the labels.

In addition to weak or brittle bones, insufficient Vitamin D may contribute to many other serious problems. For example, heart disease, high blood pressure, arthritis, and even obesity may be associated with low Vitamin D intake. Those individuals who are very thin, smoke, have limited sun exposure, or drink moderate amounts of alcohol may require more Vitamin D than the average person.

Here are some tips for increasing your Vitamin D:

- ☀ Take a 15-minute walk in the park every day.
- ☀ Add one cup of skim milk to your Vitamin D fortified breakfast cereal.
- ☀ Use skim milk instead of water when making hot chocolate.
- ☀ Use tuna salad instead of chicken salad.
- ☀ Add tuna or a boiled egg on top of your favorite salad.
- ☀ Bake or grill salmon instead of fried fish or shrimp.

If you are interested in obtaining more information about Vitamin D, talk with a registered dietitian at the Michael DeBakey VA Medical Center at (713) 791-1414, ext. 4295. ♦ Kendra D. Blaschke, 2008 MEDVAMC Dietetic Intern

Groundbreaking Partnership Ensures Veterans and Their Caregivers Tap All Available Resources

HOUSTON - The Michael E. DeBakey VA Medical Center (MEDVAMC) has formed a groundbreaking partnership with the Houston Alzheimer's Association to provide comprehensive services to veterans suffering from dementia or other memory-related illnesses, and possibly more significantly, to their caregivers.

The total veteran population with dementia, those enrolled for VA health care or not, is estimated at more than half a million. This means one out of every two veterans over 85 years of age can expect to suffer from some form of dementia, be it Alzheimer's disease or other dementias.

"Partners in Dementia Care" is a VA initiative examining a new way to coordinate care for veterans with memory problems and the family and friends who help them. Care coordinators from the MEDVAMC and from the Alzheimer's Association play pivotal roles in the implementation of medical and non-medical care plan components for both the veteran and the caregiver.

"The goal of this project is to think outside the box and take full advantage of all available community resources to help veterans and their caregivers improve their quality of life," said Mark E. Kunik, M.D., M.P.H., Houston VA Center for Quality of Care and Utilization Studies associate director.

Barbara Kertz, MEDVAMC care coordinator for "Partners in Dementia Care," usually makes the first contact

with the patient and caregiver, focusing on medical issues such as cognitive status, co-existing medical conditions, medical adherence, difficult behaviors, anxiety, sleep disorders, and depression. She also ensures the caregiver has all necessary health information and has established open lines of communication with the patient's health care providers.

With permission, Kertz contacts the care coordinator for the Alzheimer's Association who then assists the patient and caregiver with non-VA community services and programs to resolve legal and financial, safety and home environment, dyadic relationship strain, capacity to provide care, anxiety and depression, social isolation, and formal services and support issues.

"Our veterans with general dementia and memory-related problems and their families will significantly benefit from this innovative collaboration," said Ray Love, M.D., MEDVAMC Primary Care staff physician. "It is important to note the care coordinators from the two agencies meet on a weekly basis to review and discuss all active cases. When dementia affects a family, there are no eas solutions or overnight fixes."

The partnership between the MEDVAMC and the Alzheimer's Association already has played a critical role in one veteran's life. A few months ago, Kertz contacted a family to take a initial assessment of their needs. The son told her the veteran had not returned as expected from a road trip.

Kertz immediately put her "Partners in Dementia Care" resources to work.

The Alzheimer's Association care coordinator contacted Missing Persons, the National Crime Information, and the Safe Return program. The veteran was found and reconnected with his family.

During a follow-up visit, Kertz gave the veteran and his family members detailed information and resource contacts about how to prevent this type of situation in the future and what to do if it does.

The MEDVAMC and the Houston Alzheimer's Association plan to offer telephone support groups for caregivers of persons with dementia in the near future. These meetings will be open to

the entire community. Seminars spotlighting relevant topics such as VA benefits have already been held.

The "Partners in Dementia Care" initiative is sponsored by the Department of Veterans Affairs, the Houston Alzheimer's Association, and the Robert Wood Johnson Foundation.

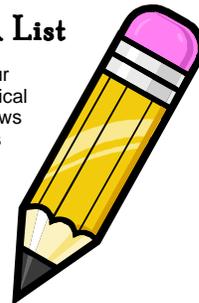
The Houston Alzheimer's Association can be reached at their 24-hour helpline, 1 (800) 272-3900 or through the Internet at www.alz.org. For more information about "Partners in Dementia Care," contact Brian Murry at (713) 794-8668 or by email at murry@bcm.tmc.edu. ♦

Protect Your Health, Make A List

Keeping your health care providers informed of your prescription and over-the-counter medicines is critical to your safety and well-being. This information allows health care providers to detect possible dangerous drug interactions, allergic reactions, and errors before they happen. When you write your list, make several copies. Keep one for your records, give one to a family member, and give one to each of your health care providers.

When making your list, remember:

- ✓ List any medicine prescribed for you by a health care provider.
- ✓ List any over the counter medicines, such as pain relievers, antacids, laxatives, vitamins, eardrops, etc.
- ✓ List dietary supplements such as vitamins or herbs.
- ✓ List any food or beverage consumed as a "health supplement."
- ✓ Include dosages and directions for the all of the above.
- ✓ Any allergic reactions you have had to any medication.
- ✓ Keep your list updated.





Answers provided by the Consumer Affairs Staff Room 1B-270 (713) 794-7884 or email vahougeneralquestions@va.gov

Question: Can I register to vote at the VA?

Answer: Inpatients and residents, who have questions about voting in local and national elections, are encouraged to contact the Voluntary Service Office in Room 2A-104 at the MEDVAMC Monday - Friday, 8 a.m. - 4:30 p.m. The telephone number is (713) 794-7135. Dial 7135 from inpatient rooms.

Question: Why is there sometimes a long wait at the Pharmacy?

Answer: For the month of July 2008, the Outpatient Pharmacy at the Michael E. DeBakey VA Medical Center filled 37,507 prescriptions for the pick-up window. This is an average of 1,442 prescriptions daily and does not include prescriptions completed electronically for the Galveston, Texas City, and Conroe Community Based Outpatient Clinics

(CBOCs) for mailing by the Consolidated Mailout Pharmacy. The CBOCs in Lufkin and Beaumont have their own pharmacies.

Question: Is there a VA Web site with benefit information for returning combat veterans?

Answer: There is a new national Web site for veterans returning from Iraq and Afghanistan at www.oeiofj.va.gov.

Question: How do I transfer my care to the Conroe clinic?

Answer: The Conroe VA Community Based Outpatient Clinic is located at 800 Riverwood Court, Suite 100, Conroe, TX 77304. This new clinic provides primary care and mental health services for veterans in Montgomery County and surrounding areas. Veterans who wish to enroll in the new Conroe CBOC may call (936) 522-4000.

Question: My doctor prescribed Tetracycline, but I forgot how he told me to take it.

Answer: Take Tetracycline, an antibiotic, one hour or hours after meals. Do not take with antacids, dairy products, or iron. If you have questions about any of your prescriptions, talk with your health care provider or call the VA Network Telecare Center at (713) 794-8985 or toll free 1-800-639-5137.

Seven days a week, 24 hours a day, registered nurses with specialized training are ready to answer health care questions, provide medical and emotional support plus symptom analysis, instruct on first aid procedures, perform consultations, help with stress and anxiety, explain

laboratory and test results, and educate patients about specific diseases. In addition, a Telecare pharmacist assists with medication concerns during busy peak periods.

Question: Does the VA offer a program where I can talk with other veterans about military experiences?

Answer: Vet to Vet is a new Peer Education & Support Group comprised of veterans teaching and learning from each other about mental illness as a means of achieving recovery. This group is open to all veterans. There are no therapists at the meetings, only peers helping peers.

For more information, contact Dr. Sara Allison at (713) 791-1414, ext. 6729 or (713) 794-7848.

Question: How do I get more news and information about the Michael E. DeBakey VA Medical Center and veterans' health care?

Answer: Send an e-mail to bobbie.gruner@va.gov to sign up to receive news releases and information. You can also visit www.houston.va.gov and click on the "News Center" symbol.

Question: How do I apply for VA health benefits?

Answer: To apply for health benefits, it is useful to have a copy of your discharge certificate, or DD Form 214, Certificate of Release or Discharge from Active Duty. You will also need to fill out VA Form 10-10EZ, Application for Health Benefits. This form is available on the Internet at <https://www.1010ez.med.va.gov/sec/vba/1010ez/>. You may also obtain

the form by calling VA's Health Benefits Service Center toll free number, 1-877-222-8387, Monday through Friday, 7a.m. - 7 p.m. or by calling or visiting the MEDVAMC or any one of its five outpatient clinics.

Question: I heard the VA opened a new shelter for homeless veterans. Is this true?

Answer: The MEDVAMC opened a 40-bed domiciliary residence for homeless veterans on June 30, 2008. The new facility, located at 7329 Fannin Street, features 14 apartments with kitchenettes and a 40-person dining facility.

For more information about programs for homeless veterans, contact the MEDVAMC Health Care for Homeless Veterans Program at (713) 794-7848. New patient intakes continue at the McGovern Drop-in Center, (713) 794-7533, located at 1418 Preston Street, one block from Minute Maid Park.

Veterans needing immediate assistance may also call the VA Network Telecare Center at (713) 794-8985 or toll free 1 (800) 639-5137 seven days a week, 24 hours a day.

Question: When should I reorder my prescription refills?

Answer: To receive your medications on time, you must order your refills at least 14 days before your medicine runs out. To assure timely delivery of your medications, it is recommended you order your refills as soon as you receive your medication in the mail so the next refill will be shipped to you before you are scheduled to run out of your medication.

Important VA Telephone Numbers

Michael E. DeBakey VA Medical Center.....	(713) 791-1414 or toll-free 1-800-553-2278
VA Network Telecare Center.....	(713) 794-8985 or toll-free 1-800-639-5137
Beaumont VA Outpatient Clinic.....	(409) 981-8550 or toll-free 1-800-833-7734
Charles Wilson VA Outpatient Clinic (Lufkin).....	(936) 637-1342 or toll-free 1-800-209-3120
Conroe VA Outpatient Clinic.....	(936) 522-4000 or toll-free 1-800-553-2278, ext. 1979
Galveston VA Outpatient Clinic.....	(409) 741-0256 or toll-free 1-800-310-5001
Texas City VA Outpatient Clinic.....	(409) 986-1129 or toll-free 1-800-310-5001
Pharmacy Refills.....	(713) 794-7648 or toll-free 1-800-454-1062
Pharmacy Helpline.....	(713) 794-7653
Suicide Prevention Hotline.....	toll-free 1-800-273-TALK (8255)
Appointment Center.....	toll-free 1-800-639-5137
Automated Appointment Information.....	(713) 794-7648 or toll-free 1-800-454-1062
VA Eligibility & Enrollment.....	(713) 794-7288
Health Care for Homeless Veterans Program.....	(713) 794-7848
Homeless Veterans Drop-In Center (1418 Preston St.)..	(713) 794-7533
Operations Enduring Freedom & Iraqi Freedom Support Team	
Team Members.....	(713) 794-7034/8825/7928
Vet Center (701 N. Post Oak Road).....	(713) 682-2288
Vet Center (2990 Richmond Ave.).....	(713) 523-0884
Patient Representatives	
Houston/Galveston/Texas City.....	(713) 794-7884
Beaumont.....	1-800-833-7734, ext. 113
Conroe.....	(936) 522-4010, ext. 1952
Lufkin.....	(936) 633-2753
Houston VA National Cemetery.....	(281) 447-8686
VA Regional Office.....	(713) 383-1999 or toll-free 1-800-827-1000

NEW!! NEW!! NEW!! Appointment Center

The Appointment Center provides you with one telephone number to cancel or reschedule any clinic appointment you may have at the Michael E. DeBakey VA Medical Center in Houston:

1-800-639-5137



Operating Hours:
Monday - Friday: 5 am - 10 pm
Sunday: noon - 10 pm

One Call Does It All!