Michael E. DeBakey Veterans Affairs Medical Center

# VA Star

Vol. 7 No. 6 An Information Guide for the Veterans We Serve in Southeast Texas November/December 2008

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## 8th Annual Stand Down for Homeless Veterans

**HOUSTON** – The Michael E. DeBakey VA Medical Center, working with a long list of local, state, and federal agencies, is hosting the 8th Houston Area Stand Down for homeless veterans on November 5 – 6, 2008 at the John P. McGovern Veterans Health Care and Service Center located at 1418 Preston Street. A health and social services fair will also be held that day at the George R. Brown Convention Center in Hall A.

Stand Downs are an opportunity for homeless veterans to access a wide variety of services at one convenient location and to plan for re-entry into mainstream society.

Part of the Department of Veterans Affairs' efforts to provide services to homeless veterans, this event typically provides services such as food, shelter, clothing, health screenings, VA and Social Security benefits counseling, and referrals to a variety of other necessary services, such as housing, employment, and substance abuse treatment.

For more information about the Stand Down, call (713) 794-7848. ♦

# Wait Time for Knee Replacemen Surgery at VA Radically Cut by 92%

**HOUSTON** – Decreasing the amount of time veterans wait for health care appointments continues to be a high priority for administrators at the Michael E. DeBakey VA Medical Center (MEDVAMC). By focusing on ways to improve operating room efficiency and providing additional support services, the wait time for Total Knee Arthoplasty (TKA) surgery has decreased by 92 percent.

In the last few years, orthopedic surgeries at the MEDVAMC have steadily increased to the point where the number of patients exceeded surgical capacity.

"In the past, patients either waited eighteen months to two years or were referred to an outside facility for total knee replacement surgery," said David Green, M.D., Orthopedics chief. "The old process only allowed a maximum of four TKA surgeries per week. We needed to implement an innovative approach to optimize orthopedic throughput, decrease the backlog, and meet the needs of our patient population in a more timely fashion."

The number of orthopedic procedures at the MEDVAMC almost doubled from 515 in fiscal year 2006 to 1001 cases in fiscal year 2007. The number of joint replacements increased substantially from 70 in fiscal year 2006 to 350 in fiscal year 2008.

Photo by Bobbi D. Conner, MEDVAMC Public Affairs Officer

*"We needed to implement an innovative approach to optimize orthopedic throughput, decrease the backlog, and meet the needs of our patient population in a more timely fashion," said David Green, M.D., Orthopedics chief. Above, Green examines Army veteran Grant Graves during recent appointment.*

In order to meet the growing demand, a multidisciplinary team, consisting of surgeons, anesthesiologists, nurses, health technicians, supply specialists, and housekeepers, was formed to examine efficiency and streamline processes. The team believed if cases were better coordinated,

*(continued on page 2*

# Hurricane or Not; Veteran Gets New Liver

**HOUSTON** – While surge waters crashed the beaches of the Texas Gulf Coast and neighborhoods boarded up windows, the Michael E. DeBakey VA Medical Center (MEDVAMC) performed an orthotopic liver transplantation on a 59 year-old, U.S. Army veteran from Missouri.

With Hurricane Ike building strength in the Gulf of Mexico, it only took 30 seconds to make the decision to perform the surgery. "We could not deny a veteran the chance for a potential life-saving procedure because of a little wind and rain," said David Berger, M.D., MEDVAMC Operative Care Line executive.

This surgery is a prime example of MEDVAMC's dedication to providing world class health care to our nation's heroes. Partnering with John A. Goss, M.D., chief, Division of Abdominal Transplantation at Baylor College of Medicine, the goal of the MEDVAMC Liver Transplant Center is to provide the highest level of care to the veteran population.

"We performed this transplant about 12 hours before Hurricane Ike made landfall," said Goss. "We did not want the veteran to miss a chance to get a good liver and the staff was totally up for it."

The seven hour surgery on Thomas Franklin, who suffered from end-stage liver disease caused by Hepatitis C, was performed by the MEDVAMC Liver Transplant Team on Friday, September 12, 2008. On Saturday morning with power outages across the city, streets blocked by flood waters, downed trees, and power lines, and rain bands and wind gusts still battering the city, Goss made his way to the MEDVAMC to check on his special patient.

"I check on all my patients after surgery," said Goss. "The situation was no different with Mr. Franklin."

Later that day, the storm forced the facility to go on generator power and the temperature in the building began creeping up. While coolers keep the air in the Intensive Care Units comfortable for patients, health care providers took extra precautions and transferred Franklin to an operating room with a constant 68 degree environment.

"I won the lottery. I am alive today because of this hospital, because of these wonderful doctors, nurses, and everyone else involved in the transplant program, and most importantly, because of the

*(continued on page 3)*

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# Veterans: It's Time Again for Your Flu Shot

**HOUSTON** – This year, a plentiful supply of influenza vaccine is available at the Michael E. DeBakey VA Medical Center (MEDVAMC) and its outpatient clinics, and there are no vaccine shortages or early cases of flu to affect the MEDVAMC vaccination program. Vaccinations at the MEDVAMC will continue through March 2009.

Veterans who should seriously consider vaccination are:

- ✓ Over 65 years of age.
- ✓ Residents of long-term facilities.
- ✓ Veterans with long-term health problems of the heart, lungs, asthma, kidneys, or diabetes and other metabolic diseases.
- ✓ Veterans with muscle or nerve disorders involving swallowing or breathing.
- ✓ Veterans with weakened immune systems.
- ✓ Women veterans who may be pregnant during the flu season.

An average of 36,000 Americans die each year from influenza and many of them are the unvaccinated elderly. No vaccine is 100 percent effective, but the flu vaccine very clearly decreases the chance of severe illness, death, hospitalizations, and lost work days.

The decision to get vaccinated is also very important and recommended for veterans 50 to 64 years of age because of their increased risk of flu complications and early development of chronic illness; and for physicians, nurses, family members, or anyone else in close contact with people at risk of serious influenza.

The MEDVAMC strongly urges older veterans or those with weakened immune systems to wait to get vaccinated. Early vaccination ensures a person's immunity is at its strongest during the time the flu makes its appearance.

All Prime Care Providers at the MEDVAMC will vaccinate veterans on a walk-in basis. Last year, 37,600 veterans and MEDVAMC health care workers were vaccinated. The MEDVAMC plans to vaccinate even more this year.

Although the influenza virus may arrive earlier, the first cases of flu usually arrive in urban Houston in mid-December with most cases appearing in early January. For this reason, it is important to get vaccinated by late November, if possible. It may seem strange the MEDVAMC continues to vaccinate as late as March; however, in past years the experts at MEDVAMC have noticed influenza spreads into the rural areas of east Texas as late as March.

Photo by Bobbi Gomez, MEDVAMC Public Affairs Officer

*Prime Care Nurse Maria Garganian, RN gives U.S. Army veteran Michael T. Mitchell his annual flu shot. Last year, 37,600 veterans and MEDVAMC health care workers were vaccinated. The MEDVAMC plans to vaccinate even more people this year.*

Another reason for vaccination until March is a second, very different strain of flu, known as Flu B, often appears in late winter or early spring. This strain of flu virus is less severe than the earlier flu, but it can still cause one to feel sick enough to miss work or see a doctor.

In fact, the two flu strains are so different that getting the first one does not mean you can not get the second.

The vaccine the MEDVAMC administers is effective against both types of flu, and for that reason, we continue to vaccinate veterans through March.

Whether vaccinated or not, it is important to know about medical treatments to lessen the severity of a flu illness and public health measures to help prevent the spread of this infection.

When you are sick, keep your distance from others. Cover your mouth and nose with a tissue when coughing or sneezing. Wash your hands frequently with soap and water or alcohol-based hand rubs, especially after coughing or sneezing. Avoid touching your eyes, nose, or mouth to prevent germ transmission.

Stop smoking. Some studies show an increase in influenza infections among smokers compared to nonsmokers. There is a higher mortality rate for smokers than nonsmokers from influenza.

For more information about influenza and the flu vaccine, contact the MEDVAMC Preventive Medicine Program at (713) 794-8768 or visit the Centers for Disease Control and Prevention Web site at *www.cdc.gov/flu*.♦

*A Word from the Director . . .*

## Remarkable Response to Ike

**HOUSTON** - On September 12, Hurricane Ike plowed into the Gulf Coast, causing massive damage to southeast Texas. A significant number of our veterans, volunteers, and employees lost electrical power, almost everyone had damage to their homes and property, and, sadly, some members of our VA community lost everything.

However, practice and planning by the staff of the Michael E. DeBakey VA Medical Center (MEDVAMC) ensured the safety and well-being of each and every inpatient, including a U.S. Army veteran who received a new liver right before the storm hit.

When the hurricane entered the Gulf, emergency plans had been implemented and the facility was prepared. Supplies were stocked, emergency equipment tested, and everyone checked and double checked preparation lists. In addition, we contacted our most vulnerable patients in the community, including those with spinal cord injuries or on ventilators, to make certain each had a plan and the ability to execute their plan well ahead of Ike's landfall.

During the storm, clinical staff was completely focused on their patients, responding quickly and efficiently to changing conditions including patient movement, power loss, and damage (although minor) to the building. From the basement to the 6th floor, everyone was fully engaged throughout Ike's fury. Our veterans remained calm and at ease. As one veteran told me after the storm had passed, "I've been through worse nights."

In the aftermath of Ike, staff members at the clinics and at the medical center were outstanding in developing solutions to get the outpatient clinics up and operating as soon as possible. Their creativity in acquiring portable generators and fuel, using our mobile assets, and working with sister VA facilities in New Orleans, Alexandria, La., and Chicago were the key to our success in restoring services to veterans as quickly as we did.

*Edgar L. Tucker, Medical Center Director*

The clinics in Conroe, Lufkin, and Texas City were all affected by loss of power, but were able to reopen in a matter of days. As soon as city officials gave us the go, we moved a mobile clinic, a mobile pharmacy, and support equipment into Beaumont. On September 23, the Beaumont clinic reopened for normal business. Unfortunately, the structure of the Galveston clinic suffered a great deal of damage and remains closed.

I am very proud of the staff of the MEDVAMC and our clinics. Your outstanding response, flexibility, commitment to preparation, and ability to implement the lessons learned from previous emergencies and drills is remarkable. Thank you! ♦

# Knee Surgery Wait Times

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orthopedic throughput in the operating room could be dramatically enhanced.

The team identified several barriers to decreasing surgery time. These included delays in patient identification, informed consent, site marking, intravenous antibiotics, preparation of patient by anesthesia, delay in room cleaning, and lack of needed instruments in the operating room.

"As we progressed, we recognized that improvement in these areas would also have a positive impact and huge potential for decreasing wait time for other surgeries performed at the DeBakey VA," said Rogers Duplessis, Supply, Processing, and Distribution Section chief.

During the transformation process, the team made sure the same high level of quality care was maintained before, during, and after the TKA surgery. To avoid confusion, each of the two operating rooms was designated as either a left or a right knee room. The morbidity and mortality rate of total knee replacements was also monitored to ensure increased efficiency was not obtained by compromising quality. To date, the measures have either improved or remained steady since implementation of the systems process redesign.

At the beginning of the project, a TKA required more than four hours of operating room time. Now, with the improvements, this has decreased to one to one and a half hours. The first changes were preparing the operating schedule at least one week prior and batch processing similar cases on a particular day. This allows for more time to assemble instrument trays and for nursing to verify trays are complete, ready, and labeled prior to surgery start time.

Second, the Environmental Management Section provides additional staff to clean operating rooms. Another process change was the Anesthesiology Section starts anesthesia in the holding area instead of the operating room.

"The team now completes ten TKA surgeries by 3:30 p.m. and the wait time for surgery is down from 18 months to four to six weeks," said Grace Mathur, R.N., Operating Room nurse manager. "We take seriously the job of serving those who have served our country and strive to provide the best health care anywhere." ♦

# Hurricane Ike Doesn't Stop DeBakey VA from Liver Transplant Surgery

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gift of life that was bestowed to me from an organ donor and their family," said Franklin. "I feel incredibly blessed. I am looking forward to riding my new Harley and holding my granddaughter again."

Houston-based LifeGift Organ Donation Center facilitated the donation, thanks to the generosity of a North Texas donor family. Franklin joined two other out-of-state patients – both of whom received lungs – whose lives were saved.

"Given that one in three patients die on the transplant waiting list, Mr. Franklin is certainly lucky to be alive," said Berger.

Goss said Franklin will now receive the standard post-transplant care regimen, including continual monitoring of liver function and immuno-suppressive medication levels. The patient will require life-long follow-up at MEDVAMC's Liver Transplant Center for routine diagnostic follow up.

"A lot of unbelievable people are doing magnificent things for my husband. I just can't believe how the doctors, nurses, and all the staff here put their own world aside during this hurricane and focused on taking care of him," said Franklin's wife, Ona. "Their only concern was for our well-being and we are so very grateful."

The VA National Transplant Program began providing solid organ transplants to veteran patients in 1961. Thomas E. Starzl, M.D. performed the VA's first kidney transplant at the VA Medical Center in Denver. Since then, the VA National Transplant Program has expanded services to provide veteran patients with heart transplant services in 1980, bone marrow in 1982, liver in 1989, and lung in 1991. Most transplants are performed in-house in specific VA medical centers across the country.

In 1995, a national VA transplant office was established in Washington D.C. to ensure all veterans receive equa access to transplant services and to establish a central referral center. A computerized database was developed and currently, there are more than 12,000 transplant records maintained in the national VA transplant database.

Liver transplant candidates must undergo detailed physical, laboratory and psychological evaluations to ensure proper selection and therapy. Tests are done to confirm the diagnosis of end-stage liver disease, to rule out other potential treatments, and to assess the candidate's ability to tolerate surgery.

"The Michael E. DeBakey VA Medical Center's program for the treatment of liver disease is among the most advanced in the country," said Berger. "We strive to offer our veterans the highest quality health care possible no matter what the circumstances." ♦

*Photo by Deborah Williams, MEDVAMC Media Station*

*Liver transplant patient Thomas Franklin, a 59-year-old U.S. Army veteran from Missouri, poses with staff from the MEDVAMC Surgical Intensive Care Unit; (from left) Aleyamm Cherian, R.N.; Molly Alex, R.N., M.S.N.; Dwain Murphy, Medical Support Assistant; and Santhamma John, R.N. With Hurricane Ike building strength, it only took 30 seconds to make the decision to perform the surgery. "We could not deny a veteran the chance for a potential life-saving procedure," said David Berger, M.D., MEDVAMC Operative Care Line executive.*

# VA Raising Home Loan Ceilings and Improving Benefits to Aid Veterans in Adapting Homes

**WASHINGTON, D.C.** – The VA will use a locality-based approach in raising ceilings on its no-downpayment home loans from the current $417,000 to as much as $729,000.

The increases are effective immediately under legislation recently enacted with President Bush signing the Housing and Economic Recovery Act of 2008.

That law also improved VA's Specially Adapted Housing Program. It raises primary grants from $50,000 to $60,000 toward constructing a new home or modifying an existing home to meet adaptive needs of veterans or active duty servicemembers with certain service-connected disabilities.

One new feature is a provision in the law that will assist burn victims. It will allow veterans with certain service-connected disabilities resulting from severe burns to receive the adaptive housing grants. The new law also makes future increases in ceilings on the Specially Adapted Housing Program automatic.

The increased limits in the general home loan program for all veterans' home purchases or construction will be based on local housing costs, tied to the similar locality adjustments of the Federal Home Loan Mortgage Corp.

VA home loans are available for veterans to purchase or construct single-family homes, and to purchase condominiums or cooperative apartments. There are approximately 2.3 million existing VA home loans, more than 90 percent made with no down payment.

More information about VA home loans and adaptive grants is available from the Houston VA Regional Office at (713) 383-1999 or toll free 1-800-827-1000. Also, visit *www.homeloans.va.gov* on the Internet. ♦


## 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**
**Saturday: closed; Sunday: noon – 10 pm**

**One Call Does It All!**



## Imaging Study

Baylor College of Medicine is seeking healthy Operation Enduring Freedom and Operation Iraqi Freedom veterans, reservists, and active duty personnel aged 18-54 to participate in a research study. Participants will undergo neuropsychological testing such as paper and pencil tests, computer games, and a Magnetic Resonance Imaging (MRI) brain scan. Participants will receive reimbursement for their time. Contact Maya Troyanskaya, M.D. at (713) 798-7527 for more information. This study has been approved by the Baylor College of Medicine Institutional Review Board.

BCM Baylor College of Medicine

MICHAEL E. DEBAKEY VETERANS AFFAIRS MEDICAL CENTER

# Unruffled Nurses Help Patients Weather Hurricane Ike

**HOUSTON** - When Hurricane Ike unleashed 100 mile an hour winds that tore rooftops from homes and trees out of the ground, nurses throughout the Michael E. DeBakey VA Medical Center (MEDVAMC) used their skill, creativity, and experience to make sure their patients remained calm and comfortable.

"Our nurses are probably some of the most experienced health care professionals in the field when it comes to being prepared for crisis situations," said Thelma Gray-Becknell, R.N., M.S.N., MEDVAMC chief nurse executive. "In the last few years, they have gained a great deal of first-hand knowledge."

After Hurricane Rita three years ago, nurses suggested additional hurricane power plugs be installed in the hallways so patient beds could be quickly and safely wheeled out of rooms with vulnerable windows.

On the Spinal Cord Injury Unit, Nurse Manager Rosetta Thompson, R.N. used her 43 years of nursing experience to guide her staff and move all 40 patients out of harm's way. The youngest patient was a 23-year-old veteran of Operation Iraqi Freedom and the oldest, an 81 year old, World War II veteran.

"We practiced and talked about such a situation so many times during our disaster drills that it was second nature and went just as we planned; quickly, quietly, safely, and calmly," said Thompson. "As always, our first priority is the well-being of our veterans."

In preparation for Hurricane Ike, the Surgical Intensive Care Unit (SICU) transferred critical care patients and patients on ventilators away from windows in anticipation of breakage. Adoracion Yap, R.N., Surgical Intensive Care Unit nurse manager, made sure the red outlets in the hallway outside the SICU were checked for readiness and each patient was assigned a electrical plug in case of emergency evacuation.

On the eve of the hurricane, the MEDVAMC performed an orthotopic liver transplantation on Thomas Franklin, a 59 year-old, U.S. Army veteran from Missouri. After surgery, he was place in SICU for recovery.

At about 2 a.m. on Saturday, the MEDVAMC lost commercial power and backup generators kicked in to provide electricity for medical equipment. While coolers keep the air in the Intensive Care Units comfortable for patients, Yap took extra precautions and moved six patients including Franklin to operating rooms with a constant 68 degree environment.

"Hurricane or not, we are always ready for whoever is coming to our unit," said Yap. "We were able to provide uninterrupted, exceptional patient care in midst of a hurricane because of the dedication, commitment, hard work, and teamwork of my SICU staff along with the collaborative effort of interdisciplinary team members, most especially the housekeeping staff, respiratory therapist, and the strong support of the senior management."

At about 4 a.m. in the morning, the Oncology and Hematology Unit nursing staff heard a loud noise in one of the patient's rooms and rushed to find the source. The floor was wet and the drapes were blowing through a hole in the window. The nurse, who had been sitting with the patient, quickly moved him into the hallway and continued to comfort him. Facilities Management personnel were on standby and swiftly boarded up the window.

"We found out later a satellite dish from the roof blew off and crashed into the window," said Irma Vives, NU-4B Oncology and Hematology Unit nurse manager. "I am very proud of the quick and calm response my nursing staff had to this incident."

Photo by Bobbi D. Greaves, MEDVAMC Public Affairs Officer

*On the Medical Intensive Care and Cardiac Care Units, 17 critically ill patients were carefully moved during the hurricane to the windowless Post-Anesthesia Care Unit during the night. From left, Charles Lee, M.D., resident; Leroy Beck, R.N., Nursing Unit 3C nurse manager; Aleyamma George, R.N., Cardiac Care Unit staff nurse; and Lucy Lacy, R.N., Catheterization Laboratory nurse manager.*

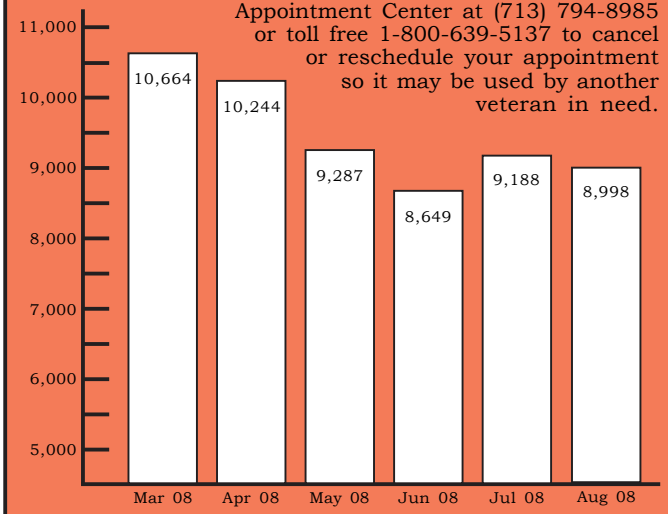
On the Medical Intensive Care and Cardiac Care Units, 17 critically ill patients were carefully moved to the windowless Post-Anesthesia Care Unit (PACU) during the night. Of this group, eight patients were dependent on life-giving ventilators. Each patient was accompanied by a team of nurses, physicians, residents, technicians, and housekeepers to ensure the transition went smoothly.

"We did not lose power except for a fraction of a second, there was a blink and we were quickly on emergency power," said Loretta Tumanga, R.N., Cardiac Care Unit nurse manager. "However; if we had lost power, my staff was right there ready to assist our critically ill patients, just like we have planned and practiced."

The MEDVAMC routinely conducts emergency management exercises to test systems and policies in order to be better prepared for the next disaster. In 2005, the MEDVAMC Patient Reception Team medically triaged almost 800 victims of Hurricane Katrina. The patients, ranging from a 4-month-old to the very elderly, suffered from, at the very least, dehydration and fatigue to obstetric emergencies, heart attacks, and strokes. ♦

## "No Shows" Hurt Fellow Veterans

A patient who doesn't arrive for his or her appointment at the Michael E. DeBakey VA Medical Center is a "No Show" for that appointment. Please call the Appointment Center at (713) 794-8985 or toll free 1-800-639-5137 to cancel or reschedule your appointment so it may be used by another veteran in need.




**"No Shows" at the Michael E. DeBakey VA Medical Center**

## *Free Legal Advice Clinic*

**WHEN:** Every Friday, 2:30 p.m.

**WHERE:** Geriatric & Neurology Clinic Area next to ER, Michael E. DeBakey VA Medical Center 2002 Holcombe Blvd., Houston, Texas 77030

**WHAT:** Volunteer attorneys provide brief legal advice and make referrals to other legal service providers. Veterans should bring all documents regarding their legal matter with them.

**TOPICS:** Veteran Disability Claims, Divorce/Custody, Consumer/Contracts, Wills/Estate Planning, Chapter 7 Bankruptcies, Social Security, Child Support, Landlord/Tenant Disputes, Guardianship/Probate, and Immigration Issues.

**CONTACT:** See the Social Worker located in your Clinic or Unit for a referral. You will be contacted with an appointment date and time.

MICHAEL E. DeBAKEY VETERANS AFFAIRS MEDICAL CENTER

HVLP Opening Doors to Justice

# Headache Help: 10 Useful Tips To Try

**HOUSTON** - In the Middle Ages, a surgeon and medical writer recommended either of two treatments for severe headaches: applying a hot iron to the site of the pain or inserting a piece of garlic into an incision on the temple! Thankfully, today's treatments are a lot easier to take, not to mention a great deal more effective. A doctor may prescribe medication to treat migraines and a number of over-the-counter remedies are available to relieve occasional headaches. Of course, if you have recurring headaches, your goal should be to treat the cause instead of just medicating the symptoms. Try these suggestions:

**1 Reduce Stress**

Do you tend to keep your anger bottled up? If confronting the source of your anger is out of the question, try venting your feelings by writing a letter. Make it as vehement as you like. You won't be mailing it; the idea is to express your emotions. Exercise, massage, meditation, and biofeedback are other proven ways to manage stress.

**2 Ease Muscle Tension**

You'll find that managing stress also may relieve sore neck and head muscles, but sometimes sitting in the same position for an extended period can cause soreness and tension. If you spend most of your day sitting at a computer, take a five minute break at least once every 40 minutes. Go for a brief walk or give stiff muscles a mini-workout by tensing and relaxing different muscle groups. Make an effort to maintain good posture.

**3 Avoid Foods That Trigger Headaches**

If you've noticed that indulging in a chocolate bar often leaves you with a pounding head, blame it on tyramine, an organic substance linked to headaches. If you think you may be tyramine sensitive, stay away from aged cheeses, vinegar, organ meats, sour cream, soy sauce, yogurt, and yeast extracts—they also contain the substance. Two other nutritional culprits to avoid: nitrites which are preservatives found in smoked fish, bologna, pepperoni, bacon, hot dogs, corned beef, pastrami, canned ham, and sausages; and monosodium glutamate (MSG), a flavor enhancer included in dry roasted nuts, potato chips, Chinese food, processed or frozen foods, prepared soups and sauces, diet foods, salad dressings, and mayonnaise. MSG is also sold as the seasoning "Accent."

**4 Drink Plenty of Water**

It's the simplest strategy for keeping headaches at bay, since dehydration is a common culprit. To supply your body with all the water it needs to function properly, drink at least eight 8 ounce glasses of water a day. And if you're exercising on a hot day, traveling by air, fighting a bout of diarrhea, or running a fever, boost your intake of water.

**5 Avoid Alcohol**

Alcohol deals a double whammy when it comes to a pounding head. Besides causing dehydration, many alcoholic beverages, particularly red wine and brandy, contain tyramine.

Photo by Bobbi D. Graves, MEDVAMC Public Affairs Officer

*Primary Care Team Leader Swapna Gupta, M.D. examines veteran Bill Frascino during a recent appointment. If you have recurring headaches, your goal should be to treat the cause instead of just medicating the symptoms. Talk with your health care provider for help.*

**6 Take a Coffee Break**

Too much caffeine can give you a headache, but so can going without it if your body is use to getting its daily ration. That's why some people get early morning headaches even before their first cup of coffee! Try eliminating caffeine from your diet, or cut back significantly, even if that means enduring withdrawal headaches for a few days. Enjoy a cup of cocoa (less than half as much caffeine as brewed coffee) or, better yet, decaffeinated coffee.

**7 Don't Go Hungry**

If you allow more than five hours to pass between meals or snacks, you will wreak havoc with blood sugar levels, driving them down and causing blood vessels to dilate or expand. This is a natural setup for a headache. In fact, researchers have found that not eating for five hours or more can even trigger a migraine.

**8 Don't Overuse Pain Relievers**

Ironically, relying on pain relievers can cause more distress than relief, triggering chronic headaches known as analgesic rebound headaches. In fact, several studies have shown giving up pain medication can help headache patients recover—although, they may have to survive two weeks of daily headaches before that outcome is achieved.

**9 Get a good night's sleep**

Bedtime routines are not just for babies. Too little - or too much - sleep can trigger a common, everyday headache or even bring on a migraine. Try establishing a night time ritual by going to sleep and waking up at about the same time each day. Try taking a warm bath beforehand or drinking a cup of herbal tea to help you unwind.

**10 Take Care of Your Eyes**

Few activities are as relaxing as reading—unless you're doing it in semidarkness or for hours on end. In that case, you're making yourself vulnerable to eyestrain, a leading cause of headache. Use common sense when it comes to lighting conditions, take frequent breaks if you're on a long drive or reading for an extended period. If you wear glasses or contacts, get regular eye exams to make sure your prescription is up to date. ♦

## When a Headache Should Be Checked Out

In rare cases, fewer than one in 10, a headache may be a sign of a more serious disorder. See your VA health care provider or call the VA Telecare Center at (713) 794-8985 or toll free 1-800-639-5137 if:

- ✔ You have a sudden, severe headache.
- ✔ Your headache is accompanied by confusion.
- ✔ You begin experiencing regular headaches, even though you were previously headache free.
- ✔ Your headaches interfere with your daily routine.
- ✔ Your headache is associated with fever, eye or ear pain, or a blow to the head.
- ✔ You have a headache that is different from any you have experienced before.

# DeBakey VA Touts Success Against MRSA Infections

**HOUSTON** – The Michael E. DeBakey VA Medical Center (MEDVAMC) is marking three months without a hospital-acquired Methicillin-Resistant Staphylococcus aureus (MRSA) infection in its Medical Intensive Care, Surgical Intensive Care, and Cardiac Care Units.

The facility was recently 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 MRSA.

"The key to success is our team approach to protecting our veterans," said MRSA Prevention Coordinator Patricia A. Byers, R.M., M. (A.S.C.P.), C.I.C. "We have 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."

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 is responsible for more than 100,000 U.S. hospitalizations each year.

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 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).♦

# VA Earns Award for Superior Energy Efficiency

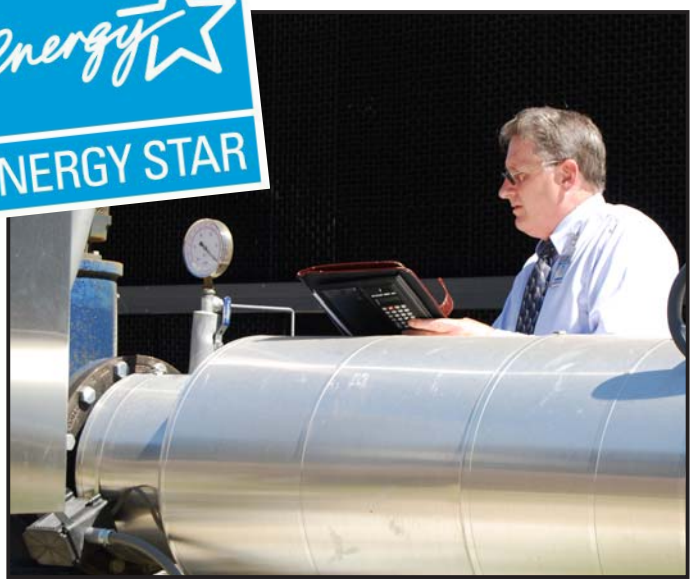


Photo by Frances Burke, Public Affairs Specialist

*Engineer George E. Thomas, P.E. checks the water temperature of the cooling towers at the Michael E. DeBakey VA Medical Center. The MEDVAMC is one of only two hospitals i Houston with the ENERGY STAR designation.*

**HOUSTON** — The Michael E. DeBakey Veterans Affairs Medical Center (MEDVAMC) has earned the U.S. Environmental Protection Agency's (EPA's) prestigious ENERGY STAR, the national symbol for superior energy efficiency and environmental protection. Commercial buildings and industrial plants that rate in the top 25 percent of facilities in the nation for energy efficiency may qualify for the ENERGY STAR.

"The Michael E. DeBakey Veterans Affairs Medical Center is pleased to accept EPA's ENERGY STAR in recognition of our energy efficienc efforts," said Edgar L. Tucker, director, MEDVAMC. "Through this achievement, we have demonstrated our commitment to environmental stewardship while also lowering our energy costs and saving taxpayer dollars."

Commercial buildings that earn the ENERGY STAR use an average of 40 percent less energy than typical buildings and also release 35 percent less carbon dioxide into the atmosphere. MEDVAMC improved its energ performance by managing energy strategically across its entire organization and by making cost-effective improvements to its buildings. MEDVAMC has saved $5,500,000 in annual energy bills.

"Whether you are running a grocery store, a school, or an office building, getting the most out of your energy dollars – while reducing your carbon footprint – just makes sense," said EPA Administrator Stephen L. Johnson.

To earn the ENERGY STAR, MEDVAMC took the followin actions:

- Completed projects to correct power factor and upgraded general lighting.
- Replaced chillers and cooling towers with variable speed drive units.
- Implemented an energy management program with a addition of a full time energy manager.
- Provided energy awareness trainin to all new employees.
- Operate and maintain equipment to maximize energy efficiency.
- Ensure sustainability is incorporated into all new construction projects and renovations.

EPA's national energy performance rating system provides a 1-100 scale that helps organizations assess how efficiently their buildings use energy relative to similar buildings nationwide. A building that scores a rating of 75 or higher is eligible for the ENERGY STAR. Commercial Buildings that can earn the ENERGY STAR include offices, bank branches, financial centers, retailers, courthouses, hospitals, hotels, K-12 schools, medical offices, supermarkets, dormitories, and warehouses.

ENERGY STAR was introduced by EPA in 1992 as a voluntary, market-based partnership to reduce greenhouse gas emissions through energy efficiency. Today, the ENERGY STAR label can be found on more than 50 different kinds of products, new homes, and commercial and industrial buildings. Products and buildings that have earned the ENERGY STAR designation prevent greenhouse gas emissions by meeting strict energy-efficiency specifications set by the government. In 2006, Americans, with the help of ENERGY STAR, saved about $16 billion on their energy bills while reducing the greenhouse gas emissions equivalent to those of 27 million vehicles. ♦

# 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 Grou**
Meets every Wednesday, 6-7 p.m and every Thursday, 9-10 a.m. & 11 a.m. - noon. Veteran facilitator. POC: Dr. Sara Allison, (713) 791-1414, ext. 2328

**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

**Fibromylgia Education & Support Group**
Contact facilitator for information: Gabriel Tan, (713) 794-8794

**Pain Relaxation Training Grou**
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., Primecare Clinic 5. Facilitators: Garfield Norris, (713) 791-1414, ext. 6189 & Jodi M. Francis, (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

**Amputee Support Group**
Meets 4th Wednesday every month, 3 p.m., Nursing Unit (NU) 2A Dining Room. Facilitators: Betty Baer, (713) 794-7793 & Stacy Flynn, (713) 791-1414, ext. 4441

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

**Depression and Bipolar Disorder Support Group**
Meets every Monday, 8:30 a.m., Room 6B-111. (713) 600-1131

**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, 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

**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


**Michael E. DeBakey Veterans Affairs Medical Center**
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**Houston, Texas 77030**
**(713) 791-1414**
**www.houston.va.gov**

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# Work is Recovery: VA's Supported Employmen Program for Veterans

**HOUSTON** - With a beep of his walkie-talkie, veteran Michael Helmus is called to fix an air conditioner, replace a light bulb for one of his tenants, or coordinate an apartment for move-in. Helmus is employed with Springtowne Apartments and has worked there for more than three months as a maintenance worker.

"I'm glad to be here. It's a good jo and I'm kept very busy," said Helmus who was recently promoted to supervisor.

Diagnosed with chronic schizoaffective disorder, Helmus is enrolled in the Supported Employment Program at the Michael E. DeBakey VA Medical Center (MEDVAMC). He is under the care of the Mental Health Intensive Case Management (MHICM) Team B and Supported Employmen Specialist Pedro Peña III, M.A.

The Supported Employment Program is a recovery-oriented model in the continuum of the Veterans Health Administrations work restoration services. The mission of the Supported Employment Program is to assist veterans with severe mental illness such as schizophrenia, bipolar disorder, and other psychotic disorders obtain and maintain competitive employment in the community within an integrated setting.

"Our goal is to assist those veterans who want to return to work and need support to help find and keep a job," said Pena. "We fight the myth that the stress of working is likely to cause relapses for someone with severe mental illness. This is not true. In fact, for many people with a mental illness, work is a major part of their recovery. There are built-in supports and stress can be minimized."

There are several core principles of the Supported Employment Program. It has no exclusions based on symptoms or functional limitations. Individual preferences are important; a job is chosen based on the veteran's dreams and aspirations.

The employment specialist focuses on job search and spends limited time on vocational and interest assessments. A competitive job in the workplace is the goal; there are no sheltered workshops. The employment specialist provides support during job search and follow-along support when the veteran becomes employed. Finally, the employment specialist is fully knowledgeable about the impact of employment on a veteran's benefits.

"I have struggled to find employment. When they know you have a mental illness, you can just forget about it," said Helmus. "During job interviews, I always told myself that they are not going to hire me, no one will."

Through the support of the MHICM Treatment Team B consisting of Ismael Carlo, M.D.; Deborah Lundin, L.C.S.W.; Benita Henderson, L.V.N.; Tanya E. Williams, R.N.; Corliss Clayton, R.N.; and Harry Low, S.S.A., Helmus was able to reach his vocational goal and continues to receive care and support services from the MEDVAMC.

In addition, under the Supported Employment Program, his 70 percent service-connected disability benefits are protected under Title 38. This means that besides his competitive employment salary, he keeps his monthly VA benefits as well.

"Mr. Helmus is a shining example of the success that is possible for veterans with the right kind of support," said Pena. "Everyday, I look forward to assisting veterans with severe mental illness achieve their employment goals."

Helmus chose full disclosure of his mental disability and his employer is very supportive of his medical condition and the MEDVAMC Supported Employment Program. Springtowne Apartments also arranged for Helmus to move into one of their units at a greatly reduced price

"I wish we had more people like Mr. Helmus, dedicated to his job," said Curtis Smith, Springtowne Apartments manager.

For more information about the MEDVAMC Supported Employment Program, call (713) 791-1414, ext. 6346. ♦ *Pedro Peña III, M.A., Supported Employment Specialist*

*Photo provided by Supported Employment Specialist Pedro Peña III, M.A.*

*The mission of the Supported Employment Program is to assist veterans with severe mental illness obtain and maintain competitive employment in the community within an integrated setting. "I have struggled to find employment. When they know you have a mental illness, you can just forget about it," said veteran Michael Helmus, who now works as an apartment maintenance supervisor as a result of his participation in the VA program.*


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

**Bipolar Disorder Research Study**

BCM
Baylor College of Medicine

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 a nine-week research study for the treatment of late-life Bipolar Disorder or Manic-Depression.

You will be compensated for your time.

MICHAEL E. DEBAKEY VETERANS AFFAIRS MEDICAL CENTER

**Please call to see if you qualify.**
**▸▸▸ 713-794-8815**


# Rating Changes for Traumatic Brain Injuries and Burn Scars

**WASHINGTON, D.C.** – The VA announced in September 2008 changes in the way VA will evaluate traumatic brain injuries (TBI) and burn scars for purposes of determining the appropriate level of compensation veterans receive for these injuries.

VA has revised the Disability Rating Schedule in light of current scientific and medical knowledge in order to provide VA employees with more detailed and up-to-date criteria for evaluating and compensating veterans with these injuries.

Two groups of veterans may b affected by these changes. The first group includes veterans who will be awarded disability compensation for TBI and burn injuries in the future. The second group includes veterans already receiving compensation for these injuries whose disabilities are reevaluated under the new criteria.

The effects of blast injuries resulting from roadside explosions of improvised explosive devices have been common sources of injury in the conflicts in Iraq and Afghanistan and appear to be somewhat different from the effects of trauma seen from other sources of injury.

As of September 2008, there are more than 22,000 veterans being compensated for TBI, of whom more than 5,800 are veterans of the conflicts in Iraq and Afghanistan.

Traumatic brain injuries result in immediate effects such as loss or alteration of consciousness, amnesia and sometimes neurological impairments. These abnormalities may all be transient but more prolonged or even permanent problems with a wide range of impairment in such areas as physical, mental, and emotional/behavioral functioning may occur.

More than 90 percent of combat-related TBIs are closed head injuries, with most servicemembers sustaining a mil TBI or concussion. Difficulties after TBI may include headache, sleep difficulties, decreased memory and attention, slower thinking, irritability, and depression.

For more information about VA disability compensation, go to *www.va.gov* or call 1-800-827-1000.♦

# Veterans' Questions

Answers provided by Consumer Affairs Room 1B-270 (713) 794-7884 or email vhahougeneralquestions@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: What is the "Wreaths Across America" event?**
**Answer:** The Houston VA National Cemetery will again participate in the "*Wreaths Across America*" campaign by holding a special ceremony on Saturday, December 13, 2008 at 11 a.m. This year, the goal is to place a wreath at every gravesite – more than 53,000.

For the past 16 years, Worcester Wreath Company, in coordination with the National Cemetery Administration, has made and decorated wreaths to adorn the headstones in Arlington National Cemetery. An effort is no being made to expand the reaches of this project with a special campaign called, "*Wreaths Across America.*" This effort aspires to place memorial wreaths at each of the approximately 230 state and national cemeteries, and veterans' monuments across the country

For more information about the "*Wreaths Across America*" effort in Houston, call the Houston VA National Cemetery at (281) 447-8686 ext. 200.

**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.oefoif.va.gov*.

**Question: Am I eligible for free prescriptions?**
**Answer:** Medication copayments are charged for each 30 day or less supply of medication provided on an outpatient basis for nonservice-connected conditions. Exemptions from this co-payment requirement are provided for veterans service-connected 50 percent or more, former POWs, and for veterans whose income is less than the established dollar threshold. Also exempt from the medication copayment are veterans receiving medication for the treatment of conditions related to agent orange, ionizing radiation, Persian Gulf, military sexual trauma, and certain cancers of the head and neck Recent combat veterans are exempt from medication copayments for two years following discharge when being treated for conditions related to their military service.

**Question: I just received a telephone call asking about my mental health care at the VA. Is this legitimate?**
**Answer:** VA has asked RAND, a nonprofit independent research organization, to assess the mental health care that veterans receive. All of the information you provide is confidential. RAND is not part of the VA. The phone calls began in late October 2008. The call will take about 25 minutes. RAND will call at a time that works best for you. After the phone call, you will be sent $10 to thank you for taking the time to tell us about the care you received. You do not have to talk with the caller if you do not want to. However, it is important for veterans to help the VA understand what works and what does not work.

**Question: Can I refill my prescriptions on the Internet?**
**Answer:** Yes. Visit *www.myhealth.va.gov* on the Internet and register today. It's fast, easy, convenient, and secure! To access some of the more advanced features on My HealtheVet, the VA online electronic health record, 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 at the Michael E. DeBakey VA Medical Center or see the Administrative Officer at the outpatient clinics in Beaumont, Conroe, Lufkin, and Texas City. In the future, My HealtheVet users will be able to view appointments, copay balances, and key portions of their VA medical records online.

**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 Michael E. DeBakey VA Medical Center and its outpatient clinics. 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 substituted safely. Alternative formulary products are equally effective as non-formular medications.

**Question: How do I get more VA news and information?**
**Answer:** Send an e-mail 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 Center" symbol.

## CORRECTION

In the March/April 2005 issue of the VA Pride, now known as the VA Star, we mistakenly identified Ray Lanier, president and chief operating officer of American Medical Services, as a M.D. We apologize for the mistake.

## 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 ..... Call Texas City VA Outpatient Clinic for assistance.
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/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

## Do You Suffer from Chronic Lower Back Pain?

If you have experienced lower back pain for at least six months, you may be eligible to participate in a new research study at the Michael E. DeBakey VA Medical Center.

This study will assess the effectiveness of hypnosis and/or bio-feedback in the treatment of pain. Hypnosis involves entering an altered state of consciousness; whereby, suggestions made while an individual is in an altered state can lead to changes in behavior or, in the case of pain, altered physical sensations.

Biofeedback is a process in which a physiological parameter such as near surface blood flow or muscle tension is recorded and shown to patients virtually instantly as the recording is made so patients can be coached to recognize levels of function and to control them.

For more information, call Donna Smith at (713) 794-7491. This study has been approved by the Baylor College of Medicine Institutional Review Board.