



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

New Lufkin Clinic Gets Finishing Touches for Opening

LUFKIN, TX - The Charles Wilson VA Outpatient Clinic will officially open the doors of its new home at 2206 North John Redditt Drive in Lufkin with a Ribbon Cutting Ceremony on Friday, August 28, 2009 at 9 a.m.

Located on approximately seven acres of land on the west side of Lufkin just off Loop 287, this 37,000 square-foot facility will replace both the current Lufkin VA Outpatient Clinic located at 1301 West Frank Avenue and the Mental Health Clinic Annex at 1514 Ellis Avenue, a significant convenience for Veterans and staff who frequently travel between locations.

In primary care, the new clinic has eight provider offices, eight nurse offices, 24 examination rooms, a pulmonary function laboratory, and an observation room. On the mental health side of the building, there are 15 rooms for clinical staff and three group therapy rooms. The space for the laboratory, radiology, and pharmacy departments has more than doubled in size. The new facility will also have 250 parking spaces, approximately three times that of the building at 1301 West Frank Avenue.

To assist Veterans with both federal and state Veteran monetary and non-

monetary claims, employment, and education benefits and services, a representative from the Texas Veterans Commission will have an office near the waiting room.

Overflow parking for the Ribbon Cutting Ceremony will be available at Keltys First Baptist Church located at 2402 North John Redditt Drive in Lufkin. A shuttle bus will transport guests between locations. Seating will be limited so it is suggested you bring personal lawn chairs, a cold, non-alcoholic beverage, and perhaps an umbrella or hat in case of strong sun or inclement weather.

The VA outpatient clinic in Lufkin, activated in 1991, was officially renamed under Public Law 108-422 (S. 424) in honor of former U.S. Representative Charles Wilson. A renaming ceremony was held on July 7, 2005.

Wilson, born in Trinity, Texas, received a bachelor's degree from the United States Naval Academy in 1956 and served in the United States Navy, with rank of lieutenant from 1956 to 1960. He was elected to the Texas House of Representatives in 1960 and then elected to the Texas Senate in 1966. In 1973, Wilson was elected to the 93rd



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United States Congress and served as a U.S. Representative until 1997.

The Charles Wilson VA Outpatient Clinic provides primary care, laboratory, radiology, pharmacy, social work,

nutrition, and mental health services to Veterans in the area. In the near future, optometry services will also be offered. In fiscal year 2008, there were 43,094 outpatient visits to the clinic. ♦

Houston VA Striving to Meet Mental Health Needs of Returning Troops



Combat Veterans are at higher risk for psychiatric problems than military personnel serving in noncombat locations, and more frequent and more intense combat is associated with higher risk. Many of the challenges facing these service members are stressors that have been identified and studied in Veterans of previous wars. In response, VA has developed world class expertise in treating chronic mental health problems, including post-traumatic stress disorder (PTSD).

HOUSTON - The Michael E. DeBakey VA Medical Center (MEDVAMC) has developed and expanded several programs to provide mental health screening, counseling, and early treatment to meet the needs 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).

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An OEF/OIF combat Veteran's first contact with the MEDVAMC consists of two screenings: 1) a medical appointment with a general practitioner; and 2) an appointment with a mental

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Percutaneous Endovascular Aneurysm Surgery Available at Houston VA

HOUSTON - Veterans at the Michael E. DeBakey VA Medical Center (MEDVAMC) now have new technology available for endovascular abdominal aneurysm surgery. Percutaneous, which means through the skin, endovascular abdominal aneurysm surgery allows these procedures to be done without incisions.

An abdominal aortic aneurysm is an abnormal enlargement or "ballooning out" of the arterial wall of the aorta in a region that passes through the abdominal cavity. Although abdominal aortic aneurysms often do not cause pain; unless treated, an aneurysm may rupture causing a fatal hemorrhage in a patient.

In 1999, an alternative procedure

was introduced in the United States called endovascular surgery. The procedure is performed from within the blood vessels using a small incision, one in each groin area.

A stent covered with fabric is placed at the area of aneurysm and the blood flow is redirected through the stent-graft away from the aneurysm preventing it from rupturing. This technology has been shown to be as effective as open surgery with a faster recovery and shorter hospital stay.

Recently, physicians at MEDVAMC have been able to perform these procedures without incisions. A minimally-invasive alternative, percutaneous endovascular surgery, for the repair of



Carlos F. Bechara, M.D., vascular surgeon chats with Army Veteran Alfred Landrum following his procedure. Recently, physicians at Michael E. DeBakey VA Medical Center have been able to perform the type of procedure Landrum had done without incisions.

abdominal aortic aneurysms has become available.

An ultrasound machine is used to visualize and access the groin vessels through the skin. Wires and catheters needed for endovascular repair are inserted through tiny skin nicks over the groin arteries. No large incisions are

made. Instead, a microsurgical device is used to insert sutures through the opening into the arteries.

After the stent is placed, a special device is used to close the hole in both arteries. This allows patients to recover quickly with minimal pain, and without
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A Word from the Director . . .

The Economy Affects Us All

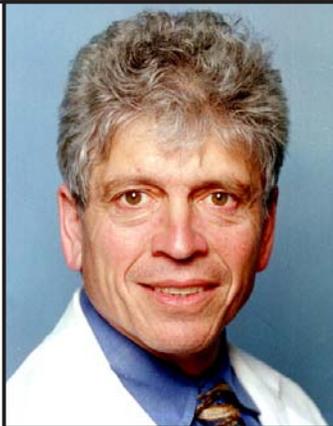
HOUSTON - The hard economic times our country is facing also impact the Michael E. DeBakey VA Medical Center and its outpatient clinics. Unfortunately, some Veterans have lost their jobs and the connected health insurance. We are seeing more Veterans turning to the VA for health care. While this puts a strain on already tight resources, my pledge to all of our Veterans is, "We're there for you." Medical care will not be affected. We will stand together to make sure the covenant "Best care anywhere" is not broken. We will continue to schedule appointments in a timely fashion and no service will be denied; although, some elective services may be briefly postponed.

What our Veterans can do to help:

1. Make sure we have current information about any third party insurance you may have. Of course, you will NOT receive a bill, but we can bill your insurance company. The proceeds from your insurance company will help fund medical care here. Please note you will continue to receive the bill for your regular co-payment (if applicable).

2. Make sure the address and phone number we have for you are correct. Inaccurate information may cause you to miss important appointment and other information as well as costly medications to be mailed to the wrong address. Once medications are dispensed, they can be used only by you and cannot be reclaimed by the pharmacy. Help us save on postage costs.

3. Keep your appointment or call our Appointment Center at (713) 794-8985 or toll-free 1-800-639-5137 to reschedule or cancel your appointment. The Appointment Center staff has been increased to serve you in a more timely fashion. Missed appointments deprive others of care and cause us to be inefficient, wasting time and money.



*Blase A. Carabello, M.D., F.A.C.C.
Acting Medical Center Director*

4. Make sure you understand your medical condition thoroughly. No question is too ridiculous or complicated for your provider to answer. A complete understanding will help you take your medications properly and also help avoid a hospital stay.

What Staff can do to help:

1. Turn off lights and computer screens when you leave for the day. This will help make a dent in our \$10 million electrical bill.

2. Get to work on time. Every minute you are late deprives our Veterans of needed and timely medical care and may cause unnecessary overtime expenditures.

3. For our providers, prescribe wisely. Use the most effective and safest medicines to get the job done. Examine all prescriptions and supplements a Veteran is taking to ensure compatibility and avoid prescribing unnecessary and possibly harmful combinations.

4. Above all, reassure our Veterans they will always receive the medical care they need in a timely and respectful manner.

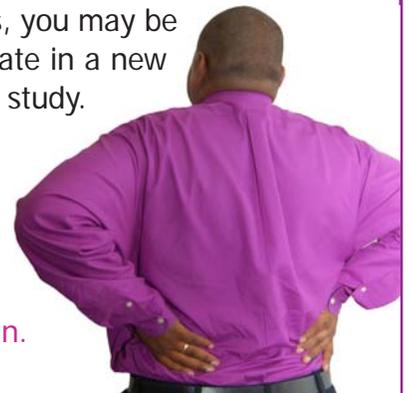
Although our budget is stretched thin, I am certain we will persevere through these tough times and continue to provide our Veterans with the highest quality health care available anywhere. ♦



Are You Suffering From Chronic Low Back Pain?

If you have experienced **LOW BACK PAIN** for at least six months, you may be eligible to participate in a new research study.

The study will assess how well Hypnosis and/or Biofeedback work to treat your pain.



If interested, talk with your pain doctors and ask for a referral.

For more information about the study, call Donna Smith at (713) 794-7491.

The Baylor Institutional Review Board and the Michael E. DeBakey VA Medical Center Research and Development Committee have approved this study.

New and Expanded Mental Health Programs

(continued from page 1)

health professional to be checked for symptoms of a variety of mental health complaints including depression, PTSD, anxiety disorder, substance abuse/dependence, and adjustment disorder.

If a diagnosis is made, the Veteran is referred to the appropriate Mental Health Care Line program, service, or professional. One critical challenge faced by mental health care professionals is reducing the stigma of mental health care.

The MEDVAMC recently conducted a survey of OEF/OIF Veterans titled, "Tell Us How We Can Better Serve You." One Veteran wrote, "I think counseling is needed for all soldiers returning. Even though they may not think so, the soldier may need to talk through some things."

The MEDVAMC Mental Health Care Line offers full interdisciplinary assessments of all patients and provides on-site treatment and referrals as needed, medication management, individual and group therapy, PTSD education groups, PTSD and substance abuse dual diagnosis groups, an intensive day hospital program, a sexual trauma track, a trauma recovery program, applied research such as medication trial and psychotherapy, specialized smoking cessation program, alumni peer support groups, and coordination and formal consultation with the Houston Vet Centers and its four outpatient clinics.

The Houston Vet Centers provide readjustment counseling and outreach services to all Veterans who served in any combat zone in consumer-friendly facilities apart from traditional VA medical centers. Services are also available for their family members for military related issues. In Houston, one Vet Center is located at 701 N. Post Oak Road, (713) 682-2288, and the other at 2990 Richmond Avenue, Suite 225, (713) 523-0884.

The MEDVAMC has four outpatient clinics with mental health staff located onsite in Beaumont, Conroe, Galveston, and Lufkin. For addresses and telephone numbers, call (713) 794-



Above, soldiers from the Texas Army National Guard, 36th Combat Aviation Brigade stretch concertina wire around their compound. The Michael E DeBakey VA Medical Center's goal is to ensure every seriously injured or ill serviceman and woman returning from combat receives easy access to benefits and world-class service. Combat Veterans have special health care eligibility. For five years after discharge, these Veterans have special access to VA health care, even those who have no service-connected illness.

8985 or toll-free 1-800-639-5137 or visit www.houston.va.gov.

In 2007 in response to the special needs of OEF/OIF Veterans, the MEDVAMC added new staff and programs to facilitate a positive mental health experience. The Moving Forward Program focuses on OEF/OIF Veterans who do not require treatment for mental illness, but need assistance with coping with stress, vocational counseling, and information about education opportunities. The Reintegration Program provides care to those Veterans requiring mental health intervention and

uses individual/group/family therapy and medication referrals as the situation requires.

The MEDVAMC continues to expand outreach efforts to military units in southeast Texas. The OEF/OIF Team, along with health care professionals from the Mental Health Care Line, proactively meet with local Reserve and National Guard Units before and after they deploy in order to brief them about available VA benefits, placing special emphasis on mental health screening and counseling. Staff members regularly attend meetings of various community and Veterans groups in an attempt to contact eligible Veterans who have not yet enrolled for VA care.

MEDVAMC's goal is to ensure every seriously injured or ill serviceman and woman returning from combat receives easy access to benefits and world-class service. Combat Veterans have special health care eligibility. For five years after discharge, these Veterans have special access to VA health care, even those who have no service-connected illness. Veterans can become "grandfathered" for future access by enrolling with VA during this period. This covers not only regular active-duty personnel who served in Iraq or Afghanistan, but also Reserve or National Guard members serving in the combat theaters.

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. Additional information about VA medical eligibility is available at www.va.gov/healtheligibility. To contact the OEF/OIF Team, e-mail vahabouOEF/OIF@va.gov or call (713) 794-7034/8825. ♦

Veterans eligible for benefits for 15 years from the date of discharge.

Applications for Post 9/11 GI Bill Benefits Now Accepted

WASHINGTON, D.C. – The Department of Veterans Affairs (VA) announced in May that Veterans can begin submitting applications on-line for the Post-September 11, 2001 GI Bill.

"There is no better investment than education," said Tammy Duckworth, VA's assistant secretary for public and intergovernmental affairs. "The Post-9/11 GI Bill will provide new opportunities that are essential to our Veterans, our workforce and our economy."

Veterans, service members, reservists, and National Guard members with active duty since Sept. 10, 2001, may be eligible for this benefit. Veterans will remain eligible for benefits for 15 years from the date of last discharge or release from a period of active duty of at least 90 continuous days.

Eligible applicants must have served for an aggregate period of at least 90 days since Sept. 10, 2001, or served at least 30 continuous days on active duty since Sept. 10, 2001, and received a discharge for disability.

Benefit payment rates range from 40 percent of the maximum benefit for a person with at least 90 days, but less than 6 months of aggregate service and up to 100 percent of the benefit for people with at least 36 months of aggregate service or 30 continuous days and a discharge due to a service connected disability. Prospective beneficiaries may apply on-line through the GI Bill Web site at www.GIBILL.VA.gov.

Qualified Veterans will receive a "Certification of Eligibility" as well as additional information regarding benefits they may qualify for under the Post-9/11 GI Bill, which will become effective on Aug. 1, 2009.

The Post-9/11 GI Bill, passed by Congress last year, is the most extensive educational assistance program authorized since the original GI Bill was signed into law in 1944. It provides eligible applicants with tuition payments to assist them in getting a college education. For many participants, it also provides a housing allowance and a stipend for books and supplies.

Information about the new program and VA's other educational benefits can be obtained through the Web site www.GIBILL.VA.gov or by calling 1-888-GIBILL1 (1-888-442-4551). ♦

Stroke Warning Signs

Time lost is brain lost so every second counts...

Know these warning signs of stroke and teach them to friends, family, and co-workers.

- Sudden numbness or weakness of the face, arm, or leg, especially on one side of the body.
- Sudden confusion, trouble speaking, or understanding.
- Sudden trouble seeing in one or both eyes.
- Sudden trouble walking, dizziness, loss of balance, or coordination.
- Sudden, severe headache with no known cause.

If you think someone may be having a stroke, time is critical so ACT F.A.S.T.

- F = FACE** Ask the person to smile. Does one side of the face droop?
- A = ARM** Ask the person to raise both arms. Does one arm drift downward?
- S = SPEECH** Ask the person to repeat a simple phrase. Does the speech sound slurred or strange?
- T = TIME** If you observe any of these signs, call 9-1-1 now.

1 Out of Every 5 People Will Develop Skin Cancer

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

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

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

The American Cancer Society

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

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

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

ABCDs of Moles

A Asymmetry

Half of the mole looks different from the other.

B Border

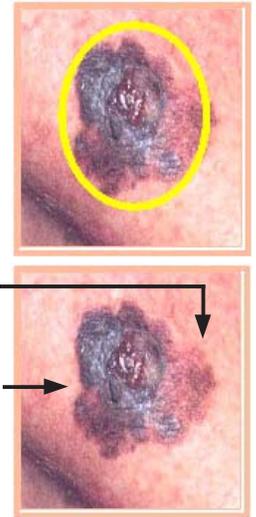
The edge appears ragged, notched, or blurred.

C Color

The mole has a variety of hues and colors.

D Diameter

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



Be Prepared

This Hurricane Season

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

Your Medications & Prescriptions:

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

Follow-up Care & Scheduled Appointments:

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

Basic Emergency Supply Kit:

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

If You Have Special Health Care Needs:

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

outside. Reflection of the sun's rays off water, sand, or snow can double ultraviolet radiation exposure.

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

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

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

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

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

Color: Is the color of the individual mole varied? Does the mole have tan,

brown, black, blue, red, or white areas?

Diameter: Is the mole larger than six millimeters in diameter (the size of a pencil eraser)?

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

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

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

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

Cutting-Edge Aneurysm Surgery

(continued from page 2)

complications quickly with minimal pain, and without complications such as fluid collection or infection that are common to groin incisions.

"The percutaneous procedure is streamlined, and is in fact faster than the traditional stent graft operation," said Grace Campos, RN who works alongside Nida Papa, RN, vascular nurses who are members of the highly skilled surgical team.

"This is a safe and minimally invasive way to treat patients with aortic aneurysms. The recovery time is very short and people can return to their routine very rapidly. We are excited that we can offer this procedure to our Veterans," said Carlos F. Bechara, M.D., vascular surgeon.

Veterans who were recently treated with the percutaneous method have experienced positive results.

"I can't believe I had an operation because I had no pain at all after the surgery and did not take a single pain pill. I wanted to go home the same day," said Army Veteran Alfred Landrum.

Another Veteran who underwent the procedure remarked, "I can't believe it. I went from having a big abdominal incision to a tiny hole I can barely see."

"It is amazing we can treat this potentially life threatening disease in such a minimally invasive way. Our Veterans can now recover faster and resume their daily activities sooner," said Panagiotis Kougias, M.D., chief of the MEDVAMC Vascular Surgery Section.

♦ Fran Burke, Public Affairs Specialist

No more expensive hotels or cramped couches for families of veterans being treated for long-term illnesses at the MEDVAMC.

Fisher House Continues to Provide a Comforting Home Away from Home

HOUSTON – In May 2005, Mike and Joyce Kibler from Topeka, Kansas checked into the Fisher House at the Michael E. DeBakey VA Medical Center (MEDVAMC) as the first official guests. Since that day, more than 8,500 guests have stayed at this unique “home away from home” for families of patients receiving medical care at the MEDVAMC.

During the four years of operation, the length of stay has averaged 11 days, the occupancy rate ran approximately 97.5 percent, and the average number of guests was about 34 per night. So far, the youngest guest has been one week old and the oldest, 89 years old.

“Our guests are very appreciative of all we have to offer them. Former guests have even stopped by just to say hello and catch up. The families form their own tight network and stay in touch with one another. The camaraderie is amazing and very touching to watch,” said Fisher House Manager Frank Kelley.

The Houston Fisher House is roomy enough to accommodate 21 Veterans and their families who meet established criteria. Each bedroom suite has its own private bath. The house also has a

communal kitchen, library/living room, dining room, family room, and laundry facilities. Recently, two picnic tables and a barbeque grill were donated to the House.

The Fisher House has been embraced by many Veteran service organizations and community groups who provide family members with home cooking, game nights, and tickets to special events in Houston. A local garden society donated a tree to replace one lost during Hurricane Ike last September.

There is no cost for families staying at the Houston Fisher House. In November 2003, Secretary of Veterans Affairs Anthony J. Principi accepted a proffer from the Fisher House Foundation, Inc. to build a 21-suite facility on the Houston VA campus.

Taking the lead in the fundraising effort, Richard E. Wainerdi, Ph.D., chief executive officer, president, and chief operating officer of Texas Medical Center, accepted the challenge to raise the necessary funds, a sum that was matched by Fisher House Foundation for construction expenses.

Major corporations, non-profit



Family members staying at the Houston Fisher House usually form bonds and keep in touch long after they have returned home. Above, (from left) Bridget Peters and Rutbie Collins from Slidell, Louisiana enjoy a soda with Veda Gilson from Crockett, Texas.

foundations, local businesses, Veteran service organizations, individuals, and federal and state lawmakers were quick to respond with encouragement and support. A local furniture store known for its charitable work pledged to provide all furnishings for the house.

The MEDVAMC had more than 900,000 outpatient visits and more than 14,000 inpatient admissions in fiscal year 2008. Veterans from around the country are referred to the Houston VA for specialized diagnostic care, radiation therapy, surgery and medical treatment including cardiovascular surgery,

gastrointestinal endoscopy, ophthalmology, nuclear medicine, and treatment of spinal cord injury and diseases. The facility is home to a Mental Illness Research, Education, & Clinical Center; a Post Traumatic Stress Disorder Clinic; a Network Polytrauma Center; a Liver Transplant Center; and a Parkinson's Disease Research, Education, & Clinical Center.

The Fisher House in Houston receives support through the Combined Federal Campaign and donations from the community. ♦ Frances M. Burke, Public Affairs Specialist

VA Researchers Identify Potential Risks of Therapies Taken by the Elderly

risks involved with all medications and how the combinations of drugs they are taking may interact, leading to gastrointestinal or other serious distress.”

Complex antithrombotic therapy (CAT) is the combination of dual or triple antithrombotic agents. Typically, they are prescribed to patients with a history of heart attack, stroke, or peripheral vascular disease. However, these drugs are independently associated with clinically significant upper gastrointestinal events (UGIE), such as bleeding or perforation that require immediate medical attention. The elderly are one of the largest population groups for whom these drugs are prescribed, and the magnitude of CAT-related UGIE risk remains unknown.

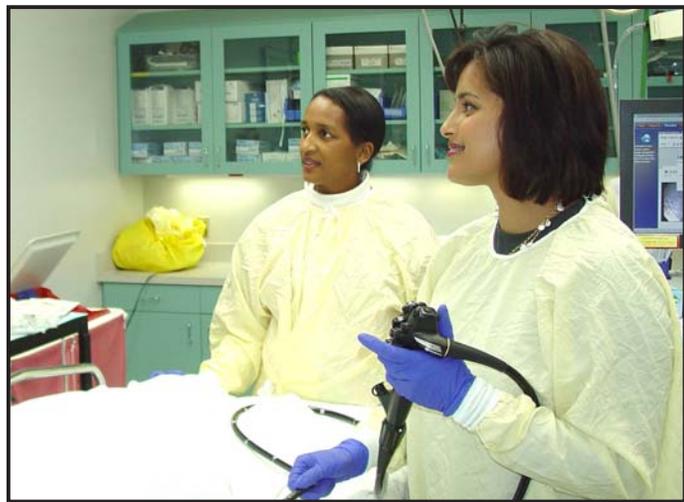
MEDVAMC investigators used the VA national pharmacy and administrative databases to identify Veterans (60-99 years old) who, from January 1, 2003 to September 30, 2006, were prescribed anticoagulant-antiplatelet (ACAP) therapy, aspirin-antiplatelet (ASAP) therapy, aspirin-anticoagulant (ASAC) therapy, or TRIP (aspirin-anticoagulant-antiplatelet) therapy.

Among 78,084 patients, 30.4 percent were prescribed CAT, with 1,061 UGIE occurring within one year of prescription. Those prescribed ASAP

and ASAC were two to two and a half times more likely to suffer UGIE. The least harmful combination of CAT was ACAP.

Younger patients, between 60 and 69 years of age, prescribed CAT are at highest risk of experiencing UGIE. These patients are the most likely to receive TRIP because they are more likely to have a history of ischemic heart disease, hypertension, diabetes, and peripheral artery disease. When adjusted for prescription channeling and confounders, TRIP patients had a four-fold increased risk of bleeding within one year of taking these drugs.

“The fact that triple therapy is most commonly prescribed to younger patients reflects the changes in current cardiac care,” said Neena S. Abraham, M.D., lead investigator, staff physician, and gastroenterologist at the MEDVAMC. “The observed magnitude of UGIE risk suggests an unfavorable risk/benefit profile for CAT in the short term. Gastroenterologists and cardiologists alike need to further evaluate the risk/benefit ratio of these therapies given the observed absolute two- to four-fold increased UGIE risk.” Abraham is also an assistant professor at Baylor College of Medicine. ♦ Press release provided by Digestive Disease Week®



Neena S. Abraham, M.D. (right) performs a colonoscopy with the assistance of Janice Walker, R.N., B.S.N., gastroenterology staff nurse. Abraham is the lead researcher in a study examining the potential risks associated with a commonly-used treatment, particularly among the elderly, antithrombotics. Veterans need to talk to their doctors about the potential risks involved with all medications and how the combinations of drugs they are taking may interact, leading to gastrointestinal or other serious distress.

HOUSTON – Researchers from the Michael E. DeBakey VA Medical Center (MEDVAMC) unveiled data during the Digestive Disease Week® (DDW®) 2009 conference examining the potential risks associated with a commonly-used treatment, particularly among the elderly, antithrombotics. Antithrombotics is a type of anti-coagulant drug therapy that prevents the formation of blood clots by inhibiting the coagulating actions of the blood protein thrombin; some common antithrombotics include

warfarin and heparin.

DDW is the largest international gathering of physicians and researchers in the field of gastro-enterology, hepatology, endoscopy, and gastrointestinal surgery.

“As individuals age, the number of medications they take to control chronic and short-term diseases increases,” said Nicholas J. Shaheen, M.D., M.P.H., A.G.A.F., University of North Carolina School of Medicine. “Patients need to talk to their doctors about the potential

Infection:

Don't Pass It On!

Wash your hands before eating, after using the restroom, after coughing or sneezing, after blowing your nose, before and after handling food, after being near someone sick, or after touching trash.



Baby Changing Tables at Houston VA

Baby changing tables are available at the Michael E DeBakey VA Medical Center in Houston in the men's and women's restrooms in the Admissions area, the women's restroom near the main elevator; and the women's restrooms between Clinics 1 and 2 and between Clinics 2 and 3.

Volunteer of the Year gives her time to serve hospitalized Veterans at the DeBakey VA Medical Center Female Veteran Still Serving Country

HOUSTON - Karen Shaver moves quickly. One minute she is in her office getting comfort kits ready to deliver to inpatient female Veterans, the next she is asking the volunteer staff if they need help with anything.

Shaver, a former Navy Corpsman, is a valuable volunteer with a dynamic personality. She volunteers at the Michael E. DeBakey VA Medical Center (MEDVAMC) two to three days a week. A Veteran herself, she is the Commander of the Women Veterans of America and works closely with the female Veterans at the medical center.

Although Shaver recently retired as a nurse for Waller County Jail, volunteering has been a part of her life for a long time. "I enjoy it, it's a lot of fun, and you meet a lot of nice people. You know that you're helping someone, you feel like you're doing something," said Shaver.

She spends most of her time at the MEDVAMC putting together comfort kits to deliver to inpatient Veterans. During her visits, she often finds what the patient really needs is someone to talk to.

"Yesterday, I talked to a lady for 30 minutes. She needed that talk, and we both felt better afterwards," said Shaver. "We are here to make people feel better and help them through their hospital stay as pleasant as possible.



Volunteer of the Year Karen Shaver, right, gives a ditty bag and lap robe to fellow Women Veterans of America volunteer Jackie Hall to deliver to a hospitalized female Veteran. Find out more about being a VA volunteer by calling the MEDVAMC Voluntary Service Office at (713) 794-7135 or visiting www.houston.va.gov.

Shaver and her husband of 32 years, Harold, both volunteer at MEDVAMC. She says it keeps them both young and they meet interesting people. When asked

what her favorite part is, she says "the people, that's what keeps me coming back. I love helping people."

It is because of this wonderful attitude and for her dedication to fellow Veterans that Shaver was chosen as the MEDVAMC Volunteer of the Year for 2009. The MEDVAMC honors community volunteers like Shaver during National Volunteer Week, April 19 - 25, 2009. Shaver encourages others to find out more about being a VA volunteer by calling the MEDVAMC Voluntary Service Office at (713) 794-7135 or visiting www.houston.va.gov. ♦ Nikki Verbeck, Voluntary Service Specialist

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 p.m., Room 6B-117; every Thursday, 9 a.m., 6B-117; and every Thursday, 11 a.m., Room 6C-166. Veteran facilitator. POC for more information: Sara Allison, (713) 791-1414, ext. 3402

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 & 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

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

Stroke Support Group

Meets 3rd Tuesday every month, 3 p.m., Nursing Unit (NU) 2A Day Room. Facilitator: Lisa Whipple, (713) 794-7951

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

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 & Rosa Lane-Smith, ext. 4034

Pain Support Group

Meets every Wednesday, 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

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: Magdalena Ramirez, LCSW, ext. 5289

Breast Cancer Survivors Support Group

Meets last Tuesday every month, 12 noon, Education Conference Room, 4th Floor, Room 4A-380H. Facilitators: Magdalena Ramirez (713) 791-1414, ext. 5287

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

Fibromylgia Education & Support Group

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

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Art pieces also competed in the Department of Veteran Affairs' national creative arts competition.

Seven Veterans Win Local Art Contest

HOUSTON – Seven local Veterans who receive their health care at the Michael E. DeBakey VA Medical Center had their art work selected to compete in the Department of Veterans Affairs' national creative arts competition.

The local winners include Navy Veteran and Houston resident Peter Johnson in the woodworking category; Army Veteran and Houston resident Newman Washington in the woodcarving/relief carving category; Army Veteran and Sweeney, Tx. resident Victoria Isner in the assemblage, colored drawing, metal work, and applied arts mixed media categories; Navy Veteran and Fresno, Tx. resident Shawn James in the landscape photography and digital art categories; Army Veteran and Houston resident Stephen Martínez in the acrylic painting category; Air Force Veteran and Houston resident Jacqueline Beard in the poetry creative writing category; and Marine Corps Veteran and Brenham, Tx. resident Shelley Smith in the patriotic creative writing category.

The National Veterans Creative Arts Festival, taking place October 5 - 11,



Army Veteran and Houston resident Stephen Martínez shows his acrylic painting he calls, "Nothing Will Die. All Things Must Die." All Veterans are invited to participate in the national fine arts talent competitions. Thousands of Veterans enter from VA medical facilities across the nation.



Navy Veteran Peter Johnson demonstrates his unique cane with an embedded clock he calls, "Baby Ike." VA medical facilities incorporate creative arts into their recreation therapy programs. This annual competition recognizes the progress and recovery made through therapy, and raises the visibility of the creative achievements of Veterans after disease, disability, or life crisis.

2009 in San Antonio, is the culmination of talent competitions in art, creative writing, dance, drama, and music for Veterans treated in the VA's national health care system.

Each year, approximately 130 national winners exhibit their artwork or perform musical, dance, dramatic, or original writing selections in a gala variety show. A professional orchestra accompanies the performance.

Veterans invited to participate are the winners of year-long, national fine arts talent competitions in which thousands of Veterans enter, from VA medical facilities across the nation.

VA medical facilities incorporate creative arts into their recreation therapy programs. This annual competition recognizes the progress and recovery made through that therapy, and raises the visibility of the creative achievements of our nation's Veterans after disease, disability, or life crisis.

Photographs of the local winning artwork may be viewed at www.houston.va.gov. For more information about the 2009 National Veterans Creative Arts Festival sponsored by the Department of Veterans Affairs, the American Legion Auxiliary, and Help Hospitalized Veterans visit www1.va.gov/vetevent/casf/2009/default.cfm. ♦

VA to Offer Health Care to Previously Ineligible Vets

HOUSTON – The VA recently announced plans to reopen enrollment in its health care system by July 2009 to about 265,000 Veterans whose incomes exceed the current thresholds. VA suspended enrollment in 2003 for Priority Group 8 (high income) Veterans because it was unable to provide all enrolled Veterans with timely access to its health care due to a tremendous growth in the number of Veterans then seeking enrollment.

"We're pleased to be able to offer what has been called 'the best care anywhere' to many more new Veterans," said Michael E. DeBakey VA Medical Center Acting Director Blase A. Carabello, M.D., F.A.C.C. "We'll be able to provide these newly enrolled Veterans with the kind of timely, high quality health care Veterans who already use our system are accustomed to."

The change affects Veterans whose incomes exceed the current VA means test and geographic means test income thresholds by 10 percent or less. An enrollment calculator was developed and is available online at www.va.gov/healtheligibility/apps/enrollmentcalculator/ to determine whether Veterans are eligible under this new regulation and if their incomes fall within the new 10 percent income threshold guidelines.

In 1996, Congress established a priority-based enrollment system for VA and a uniform package of medical benefits for all enrollees. The legislation opened enrollment in VA's health care system to all eligible Veterans and required each year for the VA to assess Veterans' demand for services and determine if necessary resources are available to provide timely, quality care.

Enrollment for the lowest priority of the eight groups—Veterans who are not being compensated for a military-related disability and who have incomes above a set threshold—was suspended on January 18, 2003; although, Veterans in that priority group who were already enrolled for care were permitted to remain enrolled.

"The rule will take effect by June 30, 2009, if the regulatory process proceeds smoothly," Carabello said. "We look forward to welcoming these newly eligible Veterans into the Michael E. DeBakey VA Medical Center system. Michael E. DeBakey VA Medical Center will continue to monitor wait times to ensure the quality of care is not adversely affected."

For more information on VA's changes to the Priority Group 8 restriction, you may visit the VA's Health Care Eligibility and Enrollment Web site, located at www.va.gov/healtheligibility/eligibility/PG8Relaxation.asp. ♦

VA Welcoming Vets Home with New Web Site, Blog

WASHINGTON, D.C. – The VA has launched its new "Returning Veterans" Web site — www.oefoif.va.gov — to welcome home Veterans of the Iraq and Afghanistan conflicts with a social, Veteran-centric Web site focusing on their needs and questions.

"VA is entering the world of Web 2.0, because that's where this generation of Veterans is already communicating," said Gerald M. Cross, M.D., VA's Principal Deputy Undersecretary for Health. "We're opening our doors to them virtually to let them know what they can expect when they step through our doors in reality."

The Web site will feature videos, Veteran stories, and a blog where Veterans are encouraged to post feedback. The site also will restructure the traditional index-of-benefits format found on other VA pages into question-based, categorized, and easily navigated links by topic. This will allow Veterans to find benefits of interest easily and discover related benefits as they explore.

"We hope our returning Veterans find this site easy and helpful, but also engaging," Cross said. "As the site grows, we will be linking to Veterans' blogs and highlighting more of their own stories from their own views. We are their VA, so we are eager to provide a forum for Veterans to discuss their lives." ♦

Veterans' Questions

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

Question: I'm worried about the number and type of prescriptions my father is taking. Are my concerns legitimate?

Answer: A study by researchers found many older people have multiple prescriptions for drugs that act on the central nervous system, such as painkillers, tranquilizers, or antidepressants. Little research has looked at the negative effects from the combined use of these drugs.

Two recent studies by investigators with VA, the University of Pittsburgh, and other institutions were among the first to examine the impacts on healthy, community-dwelling seniors of multiple or high doses of these drugs. One study found higher total daily doses of the medications were associated with recurrent falls. The other found combined use of the drugs, especially at higher doses, may be linked with cognitive de-

cline. The researchers suggest clinicians use the lowest possible combined doses of these medications, particularly when treating pain and psychiatric illness that occur together. The studies were part of a larger research project called the Health, Aging and Body Composition Study.

Ask your father if you can go with him to his next primary care appointment. Ask the physician about the prescriptions, the possible side effects, and about the consequences of combining the medications.

Question: I saw a "Letter to the Editor" in the Houston Chronicle on April 29, 2009. Can you run it here? **Answer:** Yes. Here it is:

"I am a 100 percent disabled Vietnam Veteran. Unlike today's Veterans, we were not able to get treatment for post-traumatic stress disorder as it simply was not widely recognized for more than 20 years. I want to urge the Houston Chronicle to use its forum to alert Veterans they need to go to the VA hospital and take advantage of the truly wonderful programs available. Today's Veterans do not need to suffer as we did. Their PTSD is treatable. They can learn the habits that will allow them to lead a much more normal life. The Houston VA is very sympathetic and understanding. Trust me, there is nothing macho about suffering. There is nothing masculine about letting your war experiences destroy your careers, your marriages, your relationships with your children, or your health. Just go to the VA. There are brothers there to help. We are waiting for you." — Wayne L. Johnson, Richmond

Interesting Fact: Most U.S. hospitals lack electronic records

A team with VA, Harvard, and other institutions surveyed nearly 3,000 non-federal hospitals in the U.S. and learned that only 1.5% of the facilities have a comprehensive patient electronic records system available across all major clinical departments. Hospitals were more likely to report having an electronic records system if they were larger institutions, major teaching hospitals, part of a larger hospital system, or located in urban areas. VA is recognized as a pioneer in this area, having implemented its electronic health records system in the late 1990s.
 Source: *New England Journal of Medicine*, online March 25, 2009

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.

Question: I'm on a fixed income and have a hard time with transportation to the VA. Is there help for me?

Answer: Houston METRO offers discount fares to persons with disabilities and senior citizens. These discounts are available for both local and commuter fixed-route buses, which are all wheelchair accessible. Riders age 65 through 69 may apply for the senior citizen discount. Riders age 70 and over may travel for free using the 70+ lifetime pass if eligible. METRO's RideStores are located downtown at 1001 Travis and 1900 Main St., open Monday-Friday,

7:30 a.m. to 5:30 p.m. Call METROLine at (713) 635-4000 for more information on discounts or METRO RideStores.

Question: What are the signs and symptoms of Parkinson's disease?

Answer: Parkinson's disease is a chronic, progressive neurological condition that impacts movement and balance. Signs and symptoms include shaking, poor balance, slow movement, muscle stiffness, difficulty swallowing, and muffled speech.

For more information about treatment options, information seminars, and research, contact Naomi D. Nelson, Ph.D., R.N. at the Houston Parkinson's Disease Research, Education, and Clinical Center (PADRECC) at (713) 794-7841 or naomi.nelson@va.gov. The PADRECC also has an informative Web site at www.va.gov/padrec_houston.

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) 761-3200
Texas City VA Outpatient Clinic.....	Call Galveston VA Outpatient Clinic for assistance.
Pharmacy Refills.....	(713) 794-7648 or toll-free 1-800-454-1062 or www.myhealth.va.gov
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 Advocates	
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

Why wait in line to have your blood drawn at the Blood Lab?



Avoid the crowds, save time, and have your blood drawn in your **Primary Care Clinic!** You can also have blood drawn days before your appointment (afternoons are usually slow times) or at any one of the VA Outpatient Clinics: Beaumont, Conroe, Galveston, and Lufkin.



Air Force Veteran Jackie Latta has his blood drawn in Primary Clinic 2 by Phlebotomist Susan Alexander.