Michael E. DeBakey Veterans Affairs Medical Center

VA Star

Vol. 8 No. 6 An Information Guide for the Veterans We Serve in Southeast Texas November/December 2009

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

ASK NOW about your FLU SHOT

Anesthesiology Chief Selected

HOUSTON – Prasad V. D. Atluri, M.D. was recently selected to be the new Anesthesiology Chief at the Michael E. DeBakey VA Medical Center (MEDVAMC).

A staff anesthesiologist at MEDVAMC since 1998, Atluri graduated from Guntur Medical College, India in 1987 and completed his General Surgery Residency at the Postgraduate Institute of Medical Education & Research in Chandigarh, India in 1992. He joined the Anesthesia Residency at Baylor College of Medicine in 1994 and is currently an associate professor there.

As the team leader of cardiac anesthesia at MEDVAMC, Atluri directs a team of highly trained anesthesiologists in the provision of peri-operative care for complex cardiac, thoracic, and liver transplant surgery cases. In addition to training senior residents during their cardiac anesthesia rotation, Atluri is the

continued on page 3)

Houston VA Heart Bypass Patients Have Higher Survival Rate than Non-VA Patients

HOUSTON - Patients who undergo coronary artery bypass graft surgery (CABG) at the Michael E. DeBakey VA Medical Center (MEDVAMC) are less likely to die than patients in non-VA hospitals.

In a report in the September issue of the *Journal of Surgical Research,* researchers from the MEDVAMC, Baylor College of Medicine (BCM), and the University of Houston, found only 1.6 percent of patients who underwent this kind of heart surgery at the DeBakey VA died in the hospital compared to three percent at non-VA facilities. The difference is statistically significant, and is compounded with the fact the VA patients were, on average, in poorer health.

"Our analysis showed that CABG patients at the DeBakey VA were generally sicker than non-VA CABG patients, yet their post-surgery in-hospital mortality rate was dramatically lower," said Danny Chu, M.D., senior author of the paper, associate chief of Cardiothoracic Surgery at the MEDVAMC, and

(continued on page 5)

Photo by Diana Jones, Media Arts

Danny Chu, M.D., associate chief of Cardiothoracic Surgery (right) performs surgery with Manish Patel, M.D., a second year thoracic surgery resident (left), and Marc Robinson, a third year Baylor College of Medicine medical student rotating on the cardiothoracic surgery service at the Michael E. DeBakey VA Medical Center.

DeBakey VA Opens One-Stop 'Welcome Center' for Returning Combat Veterans

Photo by Hide Nishida, Media Arts

Physician Assistant Melissa Maraj, PA-C, answers questions from Veteran Eric Sullins. Catering to newly returned combat veterans from the wars in Afghanistan and Iraq, the new Post-Deployment Clinic on the first floor at the Michael E. DeBakey VA Medical Center is a "one-stop" center performing multi-disciplinary evaluations tailored to the individual's physical, mental, and social needs. Assistance and information regarding non-medical VA benefits and community resources are also available.

HOUSTON – The Michael E. DeBakey VA Medical Center (MEDVAMC) opened a new Post-Deployment Clinic on Tuesday, September 8, 2009 on the first floor, east side of the hospital in Suite 1B-373, which is down the hall from the Release of Information Office. This renovated space will serve as a "Welcome Center" for 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).

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

The Post-Deployment Clinic will be a "one-stop" center performing multi-disciplinary evaluations tailored to the individual's physical, mental, and social needs. Assistance and information regarding non-medical VA benefits and community resources will also be available. If the Veteran cannot stay for the 90-minute comprehensive screening,

(continued on page 7)

Inside This Issue

Word from the Director "Outside the Box" 2
Diabetes/Heart Failure Study ... 2
New Mental Health Director 3
Spinal Cord Injury and Rehab Medicine Accreditations 3
Testosterone Trial 4
Great American Smokeout 4
Parkinson's Family Forum 5
Diabetes Facts 5
Wreaths Across America 6
Support Groups 6
Homeless Stand Down 7
Bipolar Disorder Study 7
Questions from Veterans 8

Read More about Seasonal and HINI Flu on Page 2

Double Trouble: H1N1 Flu and Annual, Seasonal Flu

HOUSTON – If you have read a newspaper or watched the news lately, you probably have heard about an unusual flu virus making people sick this year. The "H1N1 Flu," also known as "Novel Flu" or "Swine Flu," is different from the annual, "Seasonal Flu" health care providers see every fall and winter.

The H1N1 Flu is of concern to experts in the medical community because it is so new that very few people have any protection or "immunity" which means the virus may easily find vulnerable people to infect. As a result, it may spread rapidly to large numbers of people. Therefore, health care facilities may find it difficult to care for large numbers of patients with severe illness.

Another concern is the H1N1 Flu appears to cause a more severe illness in younger adults than the Seasonal Flu.

However, it is important not to ignore or forget about the Seasonal Flu. It kills approximately 36,000 Americans each year and hospitalizes more than 200,000. Luckily, in most people, the flu ranges from a mild cold to a nasty, feverish illness with a sore throat, headaches, and muscle aches.

Each year, health care experts predict which Seasonal Flu virus will spread and start the production of a flu vaccine in time to protect our citizens.

The Michael E. DeBakey VA Medical Center (MEDVAMC) and its four outpatient clinics are currently vaccinating against Seasonal Flu. Vaccination remains the single most effective way to protect yourself and your loved ones from the flu.

Veterans who should seriously consider vaccination for Seasonal Flu are:

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

Although H1N1 Flu has been spreading slowly for the last year, it has taken scientists longer to get the right strain of virus to make, test, and produce a vaccine against it. A H1N1 Flu vaccine is currently being distributed. The MEDVAMC received its first shipment of 300 doses in mid-October.

Photo by Billy Cowen, Public Affairs Officer

Primary Care Nurse Jewel Thornton, L.V.N. gives U.S. Army Veteran Albert LeBlanc his seasonal flu shot. Vaccination remains the single most effective way to protect yourself and your loved ones from the flu.

Following guidance from the Centers for Disease Control and Prevention (CDC), the following groups have priority for the H1N1 Flu vaccine:

- ✓ Pregnant women
- ✓ People who live with or provide care for infants younger than 6 months
- ✓ Health care and emergency medical services personnel
- ✓ People 6 months through 24 years of age
- ✓ People 25 years through 64 years of age who have certain medical conditions that put them at higher risk for influenza-related complications

Once the demand for vaccine for the first four groups has been met, the CDC recommends vaccinating everyone from the ages of 25 through 64 years. Current studies indicate the risk for H1N1 infection among persons 65 and older is less than the risk for younger age groups. Once vaccine demand among younger age groups has been met, the CDC recommends providers should offer vaccination to people 65 or older.

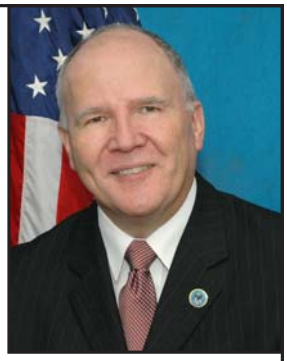
Both types of flu are thought to spread mainly person-to-person through coughing or sneezing of infected people. You can reduce your chance of getting sick and infecting others by:

- ✓ Covering your nose and mouth with a tissue when you cough or sneeze. Put the tissue in the trash after use.
- ✓ Washing your hands often with soap and water. Carry and use an alcohol based hand sanitizer.
- ✓ Avoiding touching your eyes, nose, or mouth. Germs spread that way.
- ✓ Washing your hands after contact with items in public places like telephones, pens, and shopping carts.
- ✓ Avoiding close contact with people sick with flu.
- ✓ If you become ill, stay home until at least 24 hours after the fever is gone.

For more information about the H1N1 Flu, the Seasonal Flu, and vaccines for both, contact the MEDVAMC Preventive Medicine Program at (713) 794-8768 or visit the CDC Web site at *www.cdc.gov.*♦

A Word from the Director . . .

The Box - Inside Out



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

HOUSTON - How do you go from a "fixed mindset" to a "growth mindset?"

First, you have to accept what your fixed mindset tells you. This means you have to come to terms with the voice in your head warning you about failure, doubting your talent, making excuses, and trying to retain your dignity.

Next, you must realize you have a choice. How you interpret challenges, setbacks, and criticism is, at the end of the day, your decision. You can find yourself lacking or you can interpret them in a growth mindset as signs that you need to ramp up your efforts, challenge yourself, learn, and expand your abilities.

In other words, you have to step outside the box. Don't put limitations on what you can and can't do.

Here's a puzzle to solve. The goal of the puzzle is to link all 9 dots using four straight lines or less, without lifting the pen. Remember, don't limit yourself.

Thinking outside the box requires different attributes that include:

- Willingness to take new perspectives to daily work.
- Openness to do different things and to do things differently.
- Focusing on the value of finding new ideas and acting on them.
- Striving to create value in new ways.
- Listening to others.
- Support and respect others when they come up with new ideas.

Out-of-the box thinking requires an openness to new ways of seeing the world and a willingness to explore. Out-of-the box thinkers know that new ideas need nurturing and support. They also know that having an idea is good, but acting on it is more important.

Over time, which voice you heed becomes pretty much your choice. Whether you take on the challenge wholeheartedly, learn from your setbacks and try again, or hear the criticism and act on it is now in your hands.

In the end, results are what count . . . and at the Michael E. DeBakey VA Medical Center, overcoming obstacles and problems to provide the highest quality health care possible is the ultimate goal. ♦ *Note: The answer to the puzzle is on page 4.*

Clinical Research for Diabetes and Heart Failure

HOUSTON - The Michael E. DeBakey VA Medical Center and Baylor College of Medicine are conducting a clinical research study for patients who have both type 2 diabetes and heart failure. Patients with both of these conditions often also have another medical condition called aortic stiffness, which may cause other health problems. Physicians do not completely understand aortic stiffness and this research study will examine potential treatments.

Researchers are looking to recruit 60 volunteer patients with heart failure and diabetes for the study. After participants are thoroughly informed about the study and the details involved, they have the option to participate in the study and a chance to begin taking a prescription medication called Exenatide.

Exenatide is already FDA-approved to treat type 2 diabetes. It has shown promise in limited smaller studies to help patients with heart failure as well. Researchers want to find out what effects the drug has on patients with diabetes and heart failure.

Volunteers in this study will take Exenatide for 12 weeks. During that time, the research team will closely monitor all participants for any side effects or complications.

In order to determine if the medication does work, one group of volunteer patients will take Exenatide and the second group will take a placebo. If you volunteer for this study, you will not know if you are taking Exenatide or not.

For more information or to volunteer, contact James Fletcher, the study coordinator, at (713) 791-1414, ext. 6768 or jfletche@bcm.edu.

Keep in mind that participation in this study is absolutely voluntary. The choice to participate is completely yours. If you decide not to participate, your health care will not be affected in any way.♦

Marsh Named Head of DeBakey Mental Health

HOUSTON – Laura Marsh, M.D. was recently named to head the Mental Health Care Line at the Michael E. DeBakey VA Medical Center (MEDVAMC).

Marsh received her medical degree from the Ohio State University College of Medicine. After completing a medical internship at the Francis Scott Key Medical Center (now Bayview Medical Center) of The Johns Hopkins Medical Institutions, she completed her psychiatry residency at The Johns Hopkins Hospital in Baltimore.

Marsh also completed a neuro-imaging/neuropsychiatry fellowship at the National Institute of Mental Health and at Stanford University in California.

"Dr. Marsh's extensive medical training allows her to understand the complex relationship between emotional illness and medical illnesses," said Adam C. Walmus, M.H.A., M.A., F.A.C.H.E., MEDVAMC director. "She is the perfect candidate to ensure this medical facility continues to provide only the highest possible care to our Veterans, especially our nation's newest Veterans — the men and women who have served in Operation Enduring Freedom in Afghanistan and Operation Iraqi Freedom in Iraq."

As an associate professor of Psychiatry and Neurology at The Johns Hopkins Hospital, Marsh focused on the study of psychiatric disorders in neurological illnesses and concentrated on improving their recognition and treatment. She has research and clinical expertise in neuropsychiatric disorders and brain imaging research and specific expertise in the psychiatric aspects of Parkinson's Disease and epilepsy.

At The Johns Hopkins Hospital, she was director of the Clinical Research Program of the Morris K. Udall Parkinson's Disease Research Center of Excellence.

Marsh holds certifications from the American Board of Psychiatry and Neurology and has added qualifications in Geriatric Psychiatry. She is a member of the scientific advisory boards for the American Parkinson's Disease Foundation and the National Parkinson's Foundation and the author of numerous peer-reviewed journal articles, medical publications, abstracts, and manuscripts.♦

Photo by Tom Dodds, Public Affairs Specialist

Laura Marsh, M.D., the new Mental Health Care Line Executive, assisted Veterans at the Annual Homeless Veterans Stand Down. Above right, she answers questions along with Su Bailey, Ph.D., senior psychology consultant (left). Marsh holds certifications from the American Board of Psychiatry and Neurology and has added qualifications in Geriatric Psychiatry.

Houston VA Awarded 3-Year Accreditations for Spinal Cord Injury and Rehabilitation Medicine Programs

Photo by Dalila Gomez, Public Affairs Office

Spinal Cord Injury Unit Physical Therapist Jeanette Stewart works with U.S. Army Veteran Andres Alvarez. A CARF survey team recently noted the DeBakey VA is fortunate to have a large number of experienced and skilled staff members to meet the needs of its patients.

HOUSTON – The Michael E. DeBakey VA Medical Center (MEDVAMC) was recently awarded three-year accreditations by the Commission on Accreditation of Rehabilitation Facilities (CARF) for both its Spinal Cord Injury (SCI) and Rehabilitation Medicine Programs.

CARF is a not-for-profit organization that grew out of a need in the medical and vocational rehabilitation fields to promote quality programs for people with disabilities and others in need.

CARF is committed to developing and maintaining practical, customer-focused standards to help organizations measure and improve the quality, value, and optimal outcomes in the lives of the persons they serve.

A three-year accreditation is the highest level of accreditation an organization may be awarded. At the DeBakey VA, the survey teams highlighted several exemplary conformances to standards in the areas of information technology, retention of staff, emergency preparedness, and providing Veterans with access to cutting-edge new technologies.

The surveyors made numerous positive comments regarding the excellent, compassionate care, and professional services provided to Veterans in each program. The teams also noted outstanding performance in the area of research and the implementation of this research to provide high quality and evidence-based treatment.

The survey team recognized the Rehabilitation Preservation-Amputation Care and Treatment Program for a best practice in amputation management.

The SCI Peer Partners Training Program was also highlighted as one of the many positive strengths of the SCI Program. This program, which focuses on the quality of services provided, assists Veterans be successful in providing peer mentoring to meet the needs of newly injured persons.

The survey teams were extremely complimentary of staff commitment and passion throughout the facility. Additionally, the teams noted the DeBakey VA is fortunate to have a large number of experienced and skilled staff members to meet the needs of its patients.

"I am very proud the DeBakey VA has received such important recognition," said Adam C. Walmus, M.H.A., F.A.C.H.E., MEDVAMC director. "The staff in our Spinal Cord Injury and Rehabilitation Medicine Programs is top-notch. I am pleased we serve as such a positive example for other hospitals and our Veterans know they are receiving the highest quality health care possible." ♦

Anesthesiology Chief Selected

(continued from page 1)

director of education for all anesthesiology residents at the MEDVAMC.

"Dr. Atluri's greatest accomplishments are those centered on his teaching abilities and are demonstrated by his numerous teaching awards," said J. Kalavar, M.D., MEDVAMC chief of staff. "He is the perfect candidate to ensure this medical facility continues to provide only the highest possible care to our Veterans."

Atluri has received Baylor College of Medicine's Golden Apple Award for Excellence in Teaching nine times, the Dean H. Morrow Resident Mentor Award twice, and the Fulbright and Jaworski Faculty Excellence Award for Teaching and Educational Leadership. He is also the author of numerous medical publications.♦

SUICIDE PREVENTION
LIFELINE™
1-800-273-TALK
(1-800-273-8255)
WEB SITE:
www.suicidepreventionlifeline.org

The Great American Smokeout: November 20, 2009
You Can Undo the Damage Caused by Smoking

HOUSTON – If you have tried to quit smoking before, take comfort in the fact that most smokers try several times to quit smoking before they succeed.

Studies have shown that 95 percent of quitters return to smoking within a year. The smoking habit has been shown to be as hard to break as heroin addiction. Begin your quitting journey for the last time with smokers across the nation at the Great American Smokeout.

The Great American Smokeout happens every year on the third Thursday of November. Smokers take part by smoking less, quitting for the day, or quitting for good.

The argument it is too late to quit smoking because the damage is already done is untrue. Take a look at these facts:

- 20 minutes after quitting: Your heart rate and blood pressure drops.
- 12 hours after quitting: The carbon monoxide level in your blood drops to normal.
- 1 to 9 months after quitting: Coughing and shortness of breath decrease.
- 5 years after quitting: Your stroke risk drops to that of a nonsmoker 5 to 15 years after quitting.
- 10 years after quitting: The lung cancer death rate is about half that of a smoker's.
- 15 years after quitting: The risk of coronary heart disease is the same as a non-smoker's.

Many people who quit smoking are surprised by how good they feel. They feel in charge because they don't need to smoke, don't have to find places to smoke, and don't have to worry about their smoke bothering others. They smell good. Their hair, clothes, and breath in addition to their cars and homes don't smell like smoke. They can better smell food and other good smells. They feel more relaxed because they have more money and are not as worried about their health. They look and feel better.

Nicotine is habit forming. Half of the battle in quitting is knowing you need to quit. This knowledge will help you deal with the symptoms of withdrawal that can occur, such as bad moods and a desire to smoke.

There are many ways smokers try to quit, including using nicotine replacement products (gum and patches), but there is no easy way. Nearly all smokers have some feelings of nicotine withdrawal when they try to quit. Give yourself a month to get over these feelings. Take quitting one day at a time, even one minute at a time - whatever you need to succeed.

Also, remember that you are not just quitting for yourself. You are quitting for your friends and family.

Secondhand smoke is the combination of smoke from the burning end of a cigarette and the smoke breathed out by the smoker. Secondhand smoke is dangerous. There is no safe amount of secondhand smoke.

Photo by Bobbie Cowart, Public Affairs Office

U.S. Army Veteran Ray Martin takes the first step in quitting smoking. Research shows most successful quitters use many tools. Nicotine replacements, counseling, prescription drugs, guide books, or the help of friends and family members. Find what works for you and don't give up. If you smoke and would like to quit, talk to your primary care team at the DeBakey VA.

Breathing secondhand smoke for a short time can hurt your body. Over time, secondhand smoke causes death and disease in kids and adults - even if they do not smoke.

Secondhand smoke causes cancer. It has more than 50 chemicals that are known to cause cancer in adults. Secondhand smoke causes lung cancer in people who have never smoked themselves.

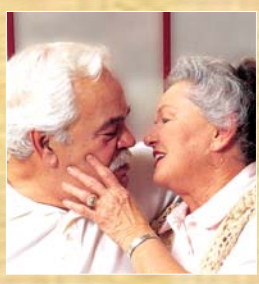
Secondhand smoke causes heart disease. Even a short time in a smoky room has immediate harmful effects on the body. Breathing secondhand smoke makes it more likely that you will get heart disease, have a heart attack, and die early.

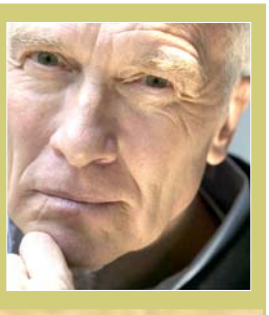
Research shows most successful quitters use many tools. Nicotine replacements, counseling, prescription drugs, guide books, or the help of friends and family members. Find what works for you and don't give up.

If you smoke and would like to quit, talk to your primary care team at the Michael E. DeBakey VA Medical Center or call the American Cancer Society's toll-free Quitline at 1-800-ACS-2345.

For more information, visit The Foundation for a Smokefree America at *www.tobaccofree.com*. ♦ *Courtesy Bret Valentine, VA Dietetic Intern*

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





Do you qualify for The Testosterone Trial?

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

If you answered YES to at least one of these three questions, you may qualify for The Testosterone Trial.

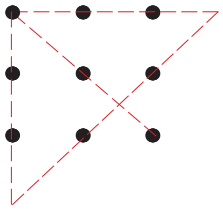
For more information, contact Emilia Cordero MS, RN, ANP-C at (713) 794-7230 or ecordero@bcm.tmc.edu.

Why The "T Trial" is Important

The goal of The National Institute on Aging, a sponsor of this trial, is to improve the health and well-being of older Americans through research. Some experts estimate that 4 to 5 million men in the U.S. have low testosterone levels. The Testosterone Trial may help us learn if testosterone treatment improves the health and well-being of older men who have low testosterone. By participating in this study, you may help men of your generation and beyond - even your own sons and grandsons.

Answer to The Box

(continued from page 2)



What You Should Know about Diabetes

Photo by Robin D. Cross, Public Affairs Officer

Primary Care Physician Yaw Frimpong-Badu, M.D. examines U.S. Marine Veteran Alton Hengst's feet during a recent appointment. Adults with diabetes need to take special care of their feet. They are at risk for foot injuries due to numbness caused by nerve damage and low blood flow to the legs and feet.

HOUSTON - An estimated 20.8 million people in the United States, seven percent of the population, have diabetes, a serious, lifelong condition. Of those, 6.2 million have not yet been diagnosed.

Diabetes occurs when you have too much glucose, or sugar, in your blood. Signs of early diabetes include increased thirst and urination, unexplained weight loss, blurred vision, numbness or tingling in the hands or feet, and/or poor wound healing.

Uncontrolled, diabetes over time can cause poor circulation, infections difficult to treat, nerve damage, blindness, kidney damage, and heart disease that can lead to death.

If you have diabetes in your family or suspect you might have symptoms of diabetes, please talk with your VA health care provider about a Blood Glucose Test. This is a laboratory test that tells exactly how much glucose, you have in your blood when it is drawn.

Normal Blood Glucose levels should be between 70 and 110. Another test used to measure the glucose level in the blood is a Glycosylated Hemoglobin Test (HgbA1C). This test is used to check how much glucose has been in your bloodstream over the past two months before the test is done, and is useful to check how well your diabetes has been controlled with treatment.

Adults with diabetes need to take special care of their feet. They are at risk for foot injuries due to numbness caused by nerve damage (diabetic neuropathy) and low blood flow to the legs and feet. The most serious injury is a foot ulcer.

Diabetic foot ulcers are at very high risk of becoming infected, and sometimes they cannot be healed. Non-healing foot ulcers are a frequent cause of amputation in people with diabetes. Patients with foot ulcers may use wound dressings, skin substitutes, or other treatments to protect and heal their skin.

You, or someone you know, should check your feet every day for any sores or redness. You should report foot problems immediately to your health care provider, wear properly fitting shoes, and never go barefoot. Diabetic patients should also have their VA health care provider check their feet once a year or more frequently.

Adults with diabetes should also have yearly eye exams to ensure the health of their eyes and to protect their vision. Over time, high blood sugar levels can damage the blood vessels that feed the retina of the eye. In nonproliferative diabetic retinopathy, an early stage of diabetic eye disease, the blood vessels may leak fluid. This may cause the retina to swell and vision to blur, a condition called diabetic macular edema.

In advanced or proliferative diabetic retinopathy, abnormal new blood vessels grow on the surface of the retina. The abnormal blood vessels do not supply the retina with normal blood flow. In addition, they may eventually pull on the retina and cause it to detach.

The symptoms of diabetic retinopathy can include blurry or double vision; rings, flashing lights, or blank spots; dark or floating spots; pain or pressure in one or both of your eyes; and trouble seeing things out of the corners of your eyes. If you notice your vision getting worse, contact your VA health care provider immediately.

Medication such as pills and/or insulin may be needed to lower your blood glucose level, but the most important treatment for diabetes is a proper diet, adjusted to your body needs and activity level. Talk with your VA health care provider for advice. You may also wish to call the MEDVAMC Nutrition Clinic at (713) 791-1414, ext. 4295 or ext. 6166 to speak with a registered dietitian.♦ *J. Kalavar, M.D., Chief of Staff*

Free Parkinson's Disease Patient & Family Forum: "Deep Brain Stimulation"

Parkinson's Disease Research, Education & Clinical Center
Michael E. DeBakey VA Medical Center

WHEN: Saturday, November 14, 2009, 8:45 a.m. - 1:45 p.m.

WHERE: United Way Community Resource Center
50 Waugh Drive, Houston, Texas 77007

WHAT: The Michael E. DeBakey Veterans Affairs Medical Center Parkinson's Disease Research, Education & Clinical Center (PADRECC) and the Houston Area Parkinson Society sponsor a "Deep Brain Stimulation: Is It for You or Your Loved One" conference. The program is designed for patients with Parkinson's disease, their families and caregivers, and interested movement disorder specialists.

CONTACT: Seating is limited and registration is required. For more information, please call Marilyn Trail at (713) 794-7287 or *marilyn.trail@va.gov*.

INFO: The Department of Veterans Affairs (VA) took a major step toward improving patient care and pursuing a cure for Parkinson's disease by establishing six Parkinson's Disease Research, Education and Clinical Centers (PADRECCs), one at the Michael E. DeBakey VA Medical Center in Houston.

Operating as a national consortium, each PADRECC conducts research covering basic biomedicine, rehabilitation, health services delivery, and clinical trials. Each is participating in a landmark clinical trial to assess the effectiveness of surgical implantation of deep brain stimulators in reducing the symptoms of Parkinson's disease. VA medical centers treat at least 40,000 Parkinson's disease patients every year.

Higher Survival Rates at VA for Heart Bypass Surgeries

(continued from page 1)

an assistant professor of surgery at BCM. The vast majority of MEDVAMC physicians are also faculty members at BCM.

Using the 2004 Nationwide Inpatient Sample database, the researchers identified 48,669 discharge records of patients who underwent heart bypass surgery in non-VA hospitals and compared them to the records of 688 patients who underwent similar surgery at the MEDVAMC from 2002 to 2006.

While slightly younger, the VA patients had higher rates of prior heart attack, congestive heart failure, peripheral vascular disease, stroke and related ailments, chronic obstructive pulmonary disease, and diabetes.

This past February, the MEDVAMC was recognized for demonstrating consistently low observed-to-expected mortality rates in general surgery, all surgery, and all non-cardiac surgery. It is the only VA to have a statistically low mortality for eight of the last nine years.

"This study is yet another confirmation that our surgical service and anesthesiology staffs provide the very best care to our Veterans," said David H. Berger, M.D., MEDVAMC Operative Care Line executive. "I am pleased we serve as such a positive example for other hospitals both inside and outside the VA health care system." Berger is also a professor of surgery at BCM.

During the mid-to-late 1980s, the VA as a whole came under a great deal of public scrutiny over the quality of surgical care. At issue were the operative mortality rates in the VA hospitals and the perception in Congress that these rates were significantly above the private sector norm. To address the gap, Congress passed a law that required the VA to report its surgical outcomes annually and compare them to national averages. The numbers are adjusted for risk and severity of illness.

Others who took part in this research include Faisal G. Bakaeen, M.D. and Joseph Huh, M.D. of the MEDVAMC along with Justin C. Choi, B.S., Scott A. LeMaire, M.D., and Joseph S. Coselli, M.D. of BCM and Tam K. Dao, Ph.D. of the University of Houston.

Funding for this reearch study came from BCM.♦

Houston VA National Cemetery Wants You to Be a Part of December 'Wreaths Across America' Event

HOUSTON - The Houston VA National Cemetery will again participate in the "*Wreaths Across America*" campaign by holding a special ceremony on Saturday, December 12, 2009 at 11 a.m. This year, the goal is to place as many wreaths as possible on headstones to express appreciation for the past, present, and future sacrifices of our nation's Veterans and their families.

Wreath sponsorship is accepted and volunteers are needed for the wreath laying event and for pre- and post-event logistics.

For the past 17 years, Maine's Worcester Wreath Company, in coordination with the National Cemetery Administration, has made and decorated wreaths to adorn the headstones in Arlington National Cemetery. Spurred by the tremendous outpouring of letters and interest, an effort is being made to expand the reaches of the Arlington Wreath 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.

If you are not able to attend or volunteer, event organizers ask you to join others across the nation to stop for a Moment of Silence at 11 a.m., and share a silent "thank you" to all those who serve, to all who have been lost, and to the families who will be without loved ones this holiday season.

The Houston VA National Cemetery is the second largest national cemetery in the region, encompassing some 419 acres of a former dairy farm in northwest Houston. The cemetery's focal point and the site of all special observances is the horseshoe-shaped building at its center known as the Hemicycle.

In late September, the VA announced a $1 million contract had been awarded for gravesite development and cemetery improvements at the Houston VA National Cemetery.

All Veterans with general or better discharges, their spouses, and dependent children are eligible for burial in a national cemetery. Eligible Veterans may receive a VA grave marker or headstone even if they are not buried in a national cemetery. For more information, visit the National Cemetery Administration Web site at *www.cem.va.gov*.

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

Photo courtesy Michael DeBakey Houston VA National Cemetery

Last year, approximately 12,000 wreaths were laid on the headstones of Veterans at the Houston VA National Cemetery.This year, the cemetery will again participate in the "Wreaths Across America" campaign by holding a special ceremony on Saturday, December 12, 2009 at 11 a.m.

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 somone sick, or after touching trash.

SUPPORT GROUP LISTING

Talk with a social worker on your nursing unit or in your Primary Care Clinic about available support groups, meeting times, and locations.

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

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

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

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

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

Depression & Bipolar Disorder Support Group
Meets Tuesdays, 7:30 a.m., Room 6B-110. (713) 791-1414,ext. 4378

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

HIV Support/Educational Group
Meets every Tuesday, 2 p.m., Clinic 4, Room 1A-442. Facilitator: Magdalena Ramirez, LCSW, ext. 5289

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

Pain Education Group
Meets every Wednesday, 2 p.m., Room 5C-215. Facilitator: Gabriel Tan, (713) 794-8794

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

Parkinson's Disease Education & Support Group
Contact facilitators for information: Naomi Nelson, (713) 794-8938 & Lisa Whipple, (713) 794-7951

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

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

Liver Transplant Support Group
Meets every Tuesday 3 p.m., Room 5B-166, Facilitator: Juleena Masters, (713) 791-1414, ext. 6286

Michael E. DeBakey Veterans Affairs Medical Center
2002 Holcombe Blvd.
Houston, Texas 77030
(713) 791-1414
www.houston.va.gov

Adam C. Walmus, MHA, MA, FACHE, Director
Carlos R. Escobar, BED-Arch, MHA, Associate Director
J. Kalavar, MD, Chief of Staff
Thelma Gray-Becknell, RN, MSN, Chief Nurse Executive/Clinical Practice Office Director
James W. Scheurich, MD, Deputy Chief of Staff
Francisco Vazquez, BSCS, MBA, Assistant Director
Bobbi D. Gruner, BS, MSBA, Public Affairs Officer/Editor
Frances M. Burke, Public Affairs Specialist/Writer

This publication is funded by the Department of Veterans Affairs and is an authorized publication for Veterans of the Michael E. DeBakey VA Medical Center. Contents of the newspaper are not necessarily the official views of, or endorsed by, the United States Government or the Department of Veterans Affairs. *VA Star* is produced bimonthly by Michael E. DeBakey VA Medical Center Public Affairs, Room 4A-206, mailcode 580/00PA, telephone number (713) 794-7349, e-mail address *bobbi.gruner@va.gov*; and fax number (713) 794-7038. Your comments, suggestions, ideas, and questions are always appreciated. All submissions are subject to editing and will not be returned to the sender.

Homeless Veterans Receive Assistance and Helping Hand at Annual Stand Down

HOUSTON - The Michael E. DeBakey VA Medical Center (MEDVAMC) Health Care for Homeless Veterans Program (HCHV), in cooperation with the City of Houston-Parks and Recreation Department, City of Houston-Office of Veterans Affairs, Coalition for the Homeless, Harris County Hospital District (HCHD), Harris County Veteran Services, Salvation Army Harbor Light Center, SEARCH, Task Force for Houston Area Homeless Veterans, U.S. Veterans Initiative, VA Regional Office, and Vet Centers recently hosted the 9th Houston Area Stand Down for homeless veterans.

"Stand Down" is military terminology referring to the brief period of time a soldier leaves an active combat area in order to rest and regain strength. Stand Downs are one part of the Department of Veterans Affairs' efforts to provide services to homeless Veterans.

During this two day event held at the Emancipation Park Community Center located at 3018 Dowling Street 556 homeless Veterans including 11 women received services from 66 community agencies such as Harris County Hospital District, American Red Cross, United Way, Open Door Mission, Goodwill, Spiller Personal Care, Texas Veterans Commission, and the Houston Volunteer Lawyers Program.

Photo by Tom Burke, Public Affairs Specialist

Michelle Batiste, R.N. (left) provides information to a female Veteran during the Annual Homeless Veterans Stand Down. A special table was available at the event with brochures about VA programs and services designed especially for women Veterans. By 2010, women Veterans will make up more than 14 percent of the total Veteran population.

"It was the tireless efforts and dedication of over 150 volunteers and dedicated community agencies helping homeless Veterans get back on their feet that made this event such a success," said Jeri Gates, LCSW, Houston Area Stand Down chairperson.

Veterans enjoyed hot meals, clean clothes, health screenings, and 68 received flu vaccinations. VA and Social Security benefits counseling, legal aid, and referrals to a variety of other necessary services, such as housing, employment and substance abuse treatment were also available.

The Health Care for Homeless Veterans (HCHV) Program at the MEDVAMC is committed to assisting homeless Veterans with chronic mental illnesses to reach their highest level of functioning. HCHV staff assists Veterans with securing safe housing reflective of their abilities and preferences, as well as assistance with obtaining desired skill development services.

Treatment goals for each Veteran through HCHV are individualized and may include meeting their immediate basic needs of food and protective housing; stabilization of mental health problems including substance abuse treatment and sobriety maintenance; individual and group psychotherapy; evaluation for financial disability benefits; vocational assessment; gainful employment; and schooling or a training program.

Houston is one of 30 communities where the VA will take its substance abuse services directly to the area's homeless. Under its HCHV Program, the MEDVAMC has an addiction therapist to work directly in homeless shelters, counseling Veterans with substance abuse problems.

"As an employee at the Michael E. DeBakey VA Medical Center, this is the first time I have volunteered at the Stand Down. It reminds me why I am here and who my customer really is. It feels good to help our Nation's heroes any way I can," said Pam Maseda, a staff assistant for the Research Service Line, who assisted Veterans with their registration. ♦ *Frances M. Burke, Public Affairs Specialist*

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

MICHAEL E. DEBAKEY VETERANS AFFAIRS MEDICAL CENTER

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 and travel.

Please call to see if you qualify:
▸▸▸ 713-791-1414, ext. 6750

Interesting Facts about VA

The Veterans health care system administered by the U.S. Department of Veterans Affairs (VA) was established after World War I to provide health care for Veterans who suffered from conditions related to their military service. It has grown to be the nation's largest integrated health care system. As the system grew, a number of factors contributed to its becoming increasingly dysfunctional. By the mid-1990s, VA health was widely critcized for providing fragmented and disjointed care of unpredictable and irregular quality, which was expensive, difficult to acess, and insensitive to individual needs. Between 1995 and 1999, the VA health care sytem was reengineered, focusing especially on management accountability, care coordination, quality improvement, resources allocation, and information management. Numerous systemic changes were implemented producing dramatically improved quality, service, and operational efficiency. VA health care is now considered among the best in the United States and in the world.

Center for Vets

(continued from page 1)

the staff will schedule more convenient appointments.

In response to the unique physical and mental health needs of returning combat Veterans, the MEDVAMC assembled a team of specialists to ensure smooth transition to VA medical care. This team includes Fern Taylor, program coordinator; Toni Brown, LCSW, program manager; Raj Dhamija, R.N., clinical nurse case manager; Cheryl Houlette, LMSW, social worker; Paul Hoisington, LCSW social worker; Vickie Toliver, transition patient advocate; Rose Bush, administrative support assistant; and Drew Helmer, M.D., physician champion.

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

Since the actual effects of combat-related injuries may take years to develop, OEF/OIF Veterans are allowed five years after separation from the military to apply for VA medical services. Veterans can become "grandfathered" for future access by enrolling with VA during this period. 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.

"We want to provide a positive first impression for our newest Veterans, many of whom suffer from health-related issues specific to their recent deployments," said Brown. "Having a team in place to focus on these relatively unique concerns will improve the care of these Veterans and smooth their transition. As always, the OEF/OIF program is available to assist any recent combat Veteran with concerns about their healthcare or benefits."

To date, the OEF/OIF Support Team has assisted more than 8,000 Veterans of the current conflicts.

"Even with the extensive benefits returning Veterans are eligible and qualified for, our biggest challenge is getting them to enroll with the VA to receive care," said Taylor. "Most are focusing on returning to their families, jobs, and their lives."

The OEF/OIF Support Team proactively meets with local Reserve and National Guard Units before and after deployment to brief about available VA benefits, placing special emphasis on mental health screening and counseling. In addition to making personal home visits and manning information booths at military family days and welcome home events, team members also attend meetings of various community and Veterans groups in an attempt to contact eligible Veterans who have not yet enrolled for VA care.

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

To contact the OEF/OIF Support Team, call (713) 794-7034 or email *vhahouOEFOIF@va.gov*. ♦

Veterans' Questions

Answers provided by Patient Advocates in Consumer Affairs Room BA-200 (Basement) (713) 794-7884 or email vhahougeneralquestions@va.gov

Question: My son, just back from Iraq, is just not himself and I'm worried. Is there anyone he can just talk to, maybe on the Internet?

Answer: Veterans Chat, an Internet adjunct to VA's Suicide Prevention program, has already helped many Veterans who have expressed their concerns regarding suicide to an online counselor. Though not intended for crisis response, live online Veterans Chat counselors work with Veterans Suicide Prevention Hotline counselors to get Veterans the help they need.

In one instance, a Veteran using the chat service was able to receive immediate assistance after being assessed by an online Chat counselor. Veterans Chat provides a one-to-one Chat Service for those Veterans who prefer reaching out for assistance using the Internet. Veterans, their families, and friends can go online and anonymously chat with a trained VA counselor. Veterans Chat is available from 3 - 10 p.m., while the Suicide Prevention Hotline is available 24-hours a day, seven-days a week.

Veterans Chat is on the Lifeline suicide prevention Web site at *www.suicidepreventionlifeline.org* under the Veterans tab. The number for the Veterans Suicide Prevention Hotline is 1-800-273-TALK (8255).

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: Is there a telephone prescription scam targeting Veterans?

Answer: Yes, VA is warning Veterans not to give credit card numbers over the phone to callers claiming to update VA prescription information. VA does not call Veterans and ask them to disclose personal financial information over the phone.

Veteran Service Organizations have brought to VA's attention that callers are misrepresenting the VA to gain personal information over the phone. They say VA recently changed procedures for dispensing prescriptions and ask for the Veteran's credit card number.

VA has not changed its processes for dispensing prescription medicines nor has VA changed its long-standing commitment to protect the personal information of this nation's Veterans.

Veterans with questions about VA services should call, toll-free, 1-877-222-8387.

Question: Who can enter the next National Veterans Creative Arts Competition?

Answer: This annual program 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 Veterans exhibit their artwork or perform musical, dance, dramatic, or original writing selections in a gala variety show. A professional orchestra accompanies the performance. All Veterans invited to participate are selected winners of year-long, national fine arts talent competitions in which thousands of Veterans enter, from VA medical facilities across the nation.

The deadline for entries is March 12, 2010. For more information, contact Robert Gordon at (713) 791-1414, ext. 5587 or *robert.gordon@va.gov*.

Question: My dad is having surgery at the Houston VA. Is there somewhere for us to stay with him?

Answer: The DeBakey VA is fortunate to have housing options available for those Veterans and their families who have a medical need for temporary lodging. Because of the large number of Veterans we serve, we cannot guarantee housing will be available for everyone. There are also restrictions on lengths of stay.

The general criteria is as follows: (1) Housing is medically necessary for pre- or post-care; (2) Be medically stable and capable of self-care or be accompanied by a caregiver able to provide care; (3) Be required to travel more than 100 miles from their home to the Houston VA (determined from home zip code to zip code 77030; (4) Can stay in an unsupervised setting; and (5) Have no communicable diseases.

If you have any questions, please contact either your referring physician or the social worker on the nursing unit.

Question: I am trying to lose weight. Can the VA help?

Answer: The VA has several programs to help Veterans loose weight. The Managing Obesity of Veterans Everywhere (M.O.V.E.) program is free for all Veterans, spouses, and MEDVAMC employees. It consists of a three to four class intensive, goal-oriented weight loss program that educates participants about nutrition, behavioral changes, and physical activity. Weight Management, Diabetes, Hypertension, and Hyperlipidemia Classes teach detailed nutrition information about specific health issues.

Individual counseling sessions are available in the MEDVAMC Nutrition Outpatient Clinic. These one-on-one individual nutrition education sessions concentrate on specific health issues. If you are interested in any of these programs, call (713) 791-1414, ext. 6166.

Question: What is "Presumptive" Service Connection?

Answer: VA *presumes* specific disabilities diagnosed in certain Veterans were caused by their military service. VA does this because of the unique circumstances of their military service. If one of these conditions is diagnosed in a Veteran in one of these groups, VA presumes that the circumstances of his/her service caused the condition, and disability compensation can be awarded. For more information, contact the Houston VA Regional Office at 1 (800) 827-1000.

Question: Who qualifies for nursing home care?

Answer: Any Veteran who has a service-connected disability rated at 70 percent or more qualifies for nursing home care. Veterans whose service-connected disability is clinically determined to require nursing home care also qualify. Care will be provided in a VA nursing home or contract nursing home.

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) 671-4300
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
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

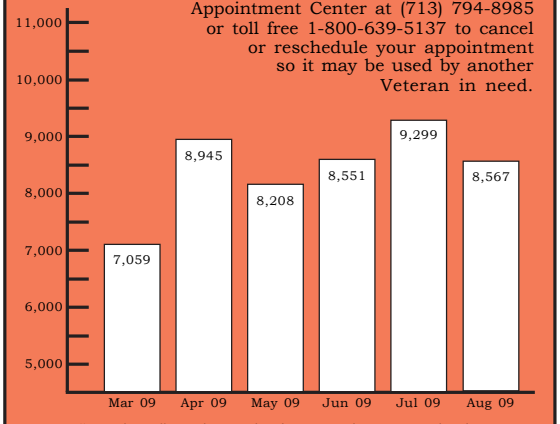
Patient Advocates
Houston ..... (713) 794-7884
Beaumont ..... 1-800-833-7734, ext. 113
Conroe ..... (936) 522-4010, ext. 1952
Galveston ..... (713) 791-1414, ext. 6586
Lufkin ..... (936) 671-4362

Houston VA National Cemetery ..... (281) 447-8686

VA Regional Office ..... (713) 383-1999
or toll-free 1-800-827-1000

"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