Michael E. DeBakey Veterans Affairs Medical Center

VA Star

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Beaumont VA Outpatient Clinic • Charles Wilson VA Outpatient Clinic, Lufkin • Conroe VA Outpatient Clinic
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Limb Salvage: VA Doctors Battle for Medal of Honor Recipient to Keep Leg

HOUSTON – Army Veteran David McNerney knows about fighting. He was awarded the Medal of Honor for his bravery and courage when his unit was attacked by a North Vietnamese battalion near Polei Doc. His story and that of his unit is told in the recently produced documentary, "*Honor in the Valley of Tears*." However, in the last few weeks, McNerney has been fighting a different kind of battle; a struggle to keep his leg.

"The Michael E. DeBakey VA Medical Center recently established a limb salvage program to help prevent amputations and improve the quality of life of our Veterans," said Panagiotis Kougias, M.D., chief of the Vascular Surgery Section and also an assistant professor of Vascular Surgery at Baylor College of Medicine. "Mr. McNerney's medical case represents the typical patient who can benefit from such a program."

The reality of leg amputation, whether partial or full, is one faced by more than 200,000 people every year. There are an estimated 1.7 million people living with limb loss in the United States. Reasons for limb loss range from trauma to infection, diabetes to cancer, and vascular disease to other various diseases.

At the Michael E. DeBakey VA Medical Center (MEDVAMC), Kougias is leading a multidisciplinary, collaborative effort involving vascular surgery, plastics, orthopedics, interventional radiology, internal medicine, cardiology, infectious disease, podiatry, and patient education to prevent amputations. The program

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Photo by Bobbi Gruner, Public Affairs Officer

Medal of Honor Recipient David McNerney exercises his legs with his DeBakey VA surgeons, Panagiotis Kougias, M.D., chief of the Vascular Surgery Section (left), and Carlos Bechara, M.D., staff vascular surgeon.

Pivotal VA Study Finds Intra-Abdominal Fat Predicts Survival in Pancreatic Cancer

HOUSTON – A new study shows intra-abdominal fat can predict a pancreatic cancer patient's chances of survival. Researchers at the Michael E. DeBakey VA Medical Center (MEDVAMC) and Baylor College of Medicine (BCM) found the more visceral fat, or the fat located inside the belly, the worse a patient's chances for survival.

"Obesity is known to increase the risk of numerous types of cancer including colon, breast, prostate, and endometrial, and it is thought it is related to hormones or chemicals produced by fat," said David H. Berger, M.D., M.H.C.M., co-author of the paper, MEDVAMC Operative Care Line Executive, and professor of Surgery at BCM. "However, our study determined that the location of the fat is the key to survival rates."

Berger and Courtney Balentine, M.D., co-author of the paper and a

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Houston VA First in Texas Medical Center to Install Computerized, Real-Time Operating Room Control System

Photo by Bobbi Gruner, Public Affairs Officer

Melissa Wingo, R.N., Operating Room Holding Area nurse (left), and Kelly Grimes, Anesthesia technician, confer about a surgical case using the recently installed, computerized, real-time operating room control system at the Michael E. DeBakey VA Medical Center.

HOUSTON – The Michael E. DeBakey VA Medical Center (MEDVAMC) recently installed a computerized, operating room control system, called OR•*Control*, to improve the effectiveness and efficiency of day-of-surgery operations by directly coordinating and supporting surgeons, anesthesiologists, nurses, patients, family members, and related support personnel and activities - all in real-time.

"This control system moves our operating room from after-the-fact, manual tracking processes of the 1970s into the 21st century," said David H. Berger, M.D., M.H.C.M., Operative Care Line executive. "When schedules change, it is difficult to immediately calculate and then convey cascading effects to everyone who needs to know. This lack of real-time communication results in frustrated staff, late schedules, and unnecessary stress for Veterans and their family members."

Using real-time location tracking

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No Parking

Parking on red or yellow curbs at the Houston VA may result in fines and/or towing. Use free Valet Parking at the Main Entrance or new parking lots instead.

Diagnosing Heart Attacks May Be Just a Lick Away

HOUSTON – A diagnostic tool to detect heart attacks using a person's saliva is now being tested at the Michael E. DeBakey VA Medical Center (MEDVAMC) through a collaboration with Baylor College of Medicine (BCM) and researchers at Rice University's BioScience Research Collaborative (BRC).

John T. McDevitt, professor of chemistry and bioengineering at Rice University, and his team of researchers have developed a microchip sensor called the Nano-Bio-Chip that processes saliva and yields on-the-spot results. McDevitt says he intends to establish Houston as the hub of a biomarker highway, where Nano-Bio-Chips will be configured to diagnose a variety of diseases.

"The device works by analyzing saliva, looking for cardiac biomarkers of injury implicated in the heart attack," said Biykem Bozkurt, M.D., chief of cardiology at the MEDVAMC.

Typically, when a heart attack occurs, hospital staff or emergency medical technicians use an electrocardiogram machine to review heart activity. If the electrocardiogram is abnormal, the patient is immediately moved to an area to be treated.

Unfortunately, electrocardiograms fail to correctly diagnose about a third of patients having a heart attack. These patients are monitored carefully in the emergency room, where further blood tests are used to look for certain biomarkers to verify whether a heart attack occurred.

"At the DeBakey VA, we follow this same procedure but also include the saliva test to determine whether salivary biomarkers will perform similar to blood markers in diagnosing a heart attack," said Bozkurt, who is also a professor of medicine at BCM.

"The patients presenting with chest pain are enrolled from the VA emergency room after informed consent, and provide a saliva swab as well as blood samples. It is anticipated that saliva will be an alternative or complimentary technique to blood drawing for early diagnosis of heart attacks, ultimately for testing in the ambulance before arrival in the emergency room."

Photo by Agapito Sanchez, Baylor College of Medicine

A diagnostic tool to detect heart attacks using a person's saliva is now being tested at the Michael E. DeBakey VA Medical Center. "The device works by analyzing saliva, looking for cardiac biomarkers of injury implicated in the heart attack," said Biykem Bozkurt, M.D., Cardiology chief. "It is anticipated that saliva will be an alternative or complimentary technique to blood drawing for early diagnosis of heart attacks, ultimately for testing in the ambulance before arrival in the emergency room."

Over the next two years samples from approximately 500 patients who come to the MEDVAMC emergency room with chest pain or heart attack-related symptoms will be collected.

To obtain a saliva sample for the Nano-Bio-Chip, healthcare providers swab a patient's gums with a cotton-tipped stick. The saliva is transferred to the disposable diagnostic microchip. The microchip is then inserted into an analyzer and within a few minutes, the saliva sample is checked and results delivered.

"We find the electrocardiograms provide more accurate information when combined with the saliva test," said McDevitt. "Saliva-based tests have the potential to quickly diagnose heart-attack victims as well as to find false alarms."

Nano-Bio-Chips deliver all the capabilities of a traditional laboratory but do not require expensive instrumentation to get results. Manufactured with techniques pioneered by the microelectronics industry, they have the potential to analyze large amounts of biomarker data at significantly lower cost than traditional tests, said McDevitt.

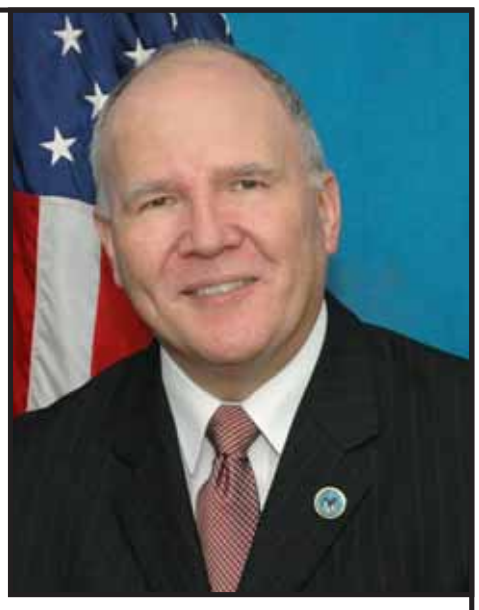
Chest pain brings about five million patients to U.S. emergency rooms each year, but 80 percent of those patients are not suffering heart attacks. Blood test results can take anywhere from 90 minutes to three hours, and in many cases, it may be 12 to 24 hours before patients know if they had a heart attack. McDevitt said the new test could save lives, time and money by allowing doctors to identify those suffering from a heart attack before administering a battery of costly tests.

"We are very excited about this study and believe that in the future, we may be able to apply the same technology to improve screening for cardiovascular disease and diabetes to identify problems before a heart attack occurs," said Christie Ballantyne, M.D., chief of atherosclerosis and vascular medicine and professor of medicine at BCM and director of the Center for Cardiovascular Disease Prevention at the Methodist DeBakey Heart & Vascular Center.

Funding for this study is provided by the National Institute of Dental and Craniofacial Research Division of the National Institutes of Health. ♦ *Mike Williams, Office of Public Affairs/News & Media Relations, Rice University*

A Word from the Director . . .

Don't Wait Until a Storm Is in the Gulf, Call 211 for Help Now



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

HOUSTON - With a busy hurricane season in this year's forecast, the Michael E. DeBakey VA Medical Center (MEDVAMC) is fine-tuning our emergency preparedness plans. Currently, we are placing emphasis on identifying Veterans with medical disabilities or special transportation needs who may be potentially at risk during a crisis situation.

The MEDVAMC plan focuses on two populations in southeast Texas: 1) Veterans with medical needs who would need assistance to evacuate, and 2) Veterans who have no means of evacuation, but are otherwise medically independent.

The first group includes spinal cord injury, home oxygen, ventilator-dependent, dialysis, methadone, and home care patients.

For example during Hurricane Rita, we transported outpatient spinal cord injury patients to the MEDVAMC for shelter during the storm and confirmed home oxygen patients had sufficient oxygen supply for a long-term emergency.

The second group of at risk Veterans is less defined and more difficult for us to identify. These individuals might be visually impaired, hearing impaired, homeless, with a prosthesis device, or without a family/friend support network.

Our partners in this effort include the City of Houston's Office of Emergency Management, Harris County Office of Emergency Management, and the State of Texas. The Governor's Division of Emergency Management established a special telephone number, 211, for those who live in an evacuation zone and have special health care needs or require transportation in the event of possible evacuations.

Operators answering the phones at 211 are prepared to register you for transportation and special assistance now, before an emergency occurs. Do not wait until a storm is in the Gulf to register.

If you believe that you, your family, friends, or neighbors may potentially be at risk during a crisis situation, I strongly encourage you to call 211 today. Afterward, please let your MEDVAMC health care provider know you have registered with 211.

On page 4 of this newspaper, there is information to help you prepare for this hurricane season. It is essential all individuals have a personal plan concerning evacuation needs. This includes family, friends, or neighbors who may be able to assist you. Planning what to do in advance is the most important part of being prepared.♦

Don't Be A No-Show.

A Veteran who does not arrive for his or her VA appointment is a "No Show." Please call the Appointment Center at **713-794-8985 or toll-free 1-800-639-5137** at least 24 hours before to cancel or reschedule your appointment so it may be used by another Veteran.

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Advanced Technology Enhances Cancer-Fighting Treatment for Veterans

HOUSTON - The Michael E. DeBakey VA Medical Center recently enhanced its radiation therapy program by introducing the Philips Wide Bore Computed Tomography (CT) Simulator. The latest investment in cancer-fighting equipment, this machine provides the most advanced imaging technology available today to assist in proper positioning and planning of radiation therapy treatments.

Replacing a single-slice CT simulator, this multi-slice CT provides four-dimensional simulation and image-guided radiation therapy planning. This machine has a large bore opening of almost three feet that maximizes patient comfort. It allows for accurate, reproducible patient set-up often reducing simulation time to less than 30 minutes.

"This advanced planning tool significantly improves the accuracy of radiation treatment and allows us to give an increased radiation dose to the tumor while reducing the radiation dose to surrounding normal tissue," says P. G. Shankar Giri M.D., F.A.C.R., F.A.S.T.R.O, Radiotherapy Section chief. "We are proud to bring this new technology to our Veterans."

Using this new CT imaging technology for planning and delivering radiation, a person is positioned in exactly the same way for each daily treatment, aiding in precise focus of radiation to the affected area. Additionally, the system enables three-dimensional visualization of tumors and surrounding tissue to provide the most accurate and efficient treatment.

Radiation therapy is commonly used to treat many types of cancers including that of the breast, prostate, lung, head, and neck.

"The Michael E. DeBakey VA Medical Center is proud to be known for providing our Veterans with the latest and most advanced medical technology," said Meena Vij, M.D., Diagnostic and Therapeutic Care Line executive. "The Wide Bore CT Simulator is an exciting innovation which has the power to save lives."♦

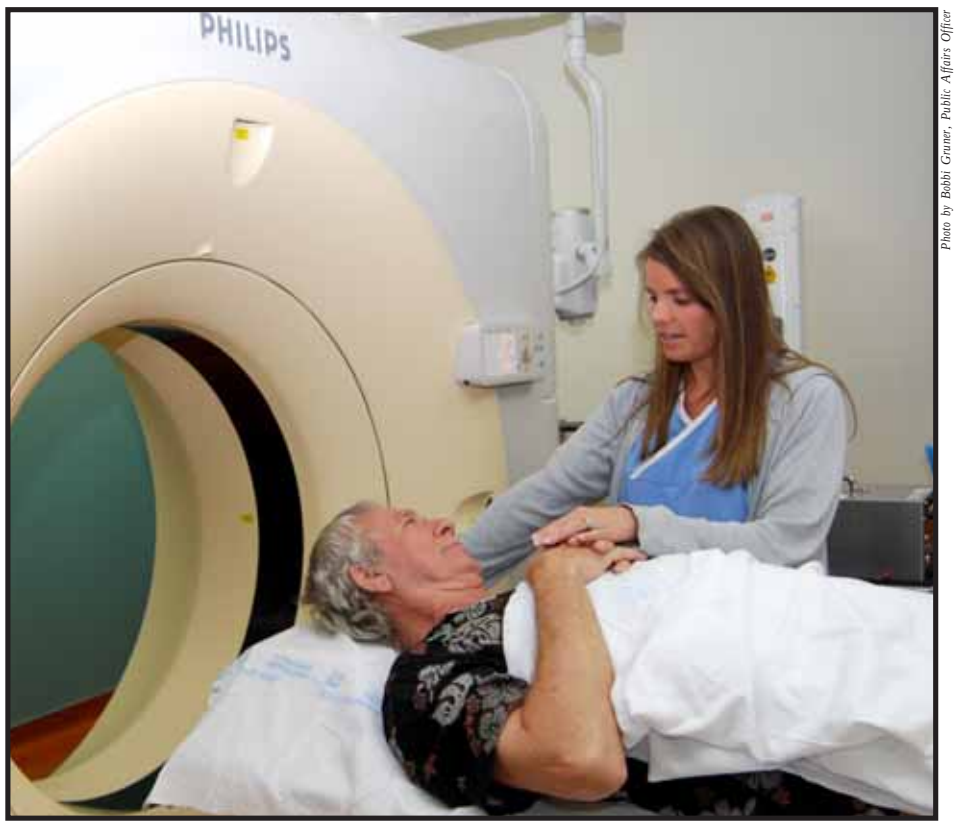

Photo by Bobbi Gruner, Public Affairs Officer

Radiation Therapist Aimee Boyd, R.T.T. prepares Navy Veteran Raymond Williams for a diagnostic scan using the new Philips Wide Bore Computed Tomography Simulator at the Michael E. DeBakey VA Medical Center.

Study Examines Pancreatic Cancer Survival Chances

Photo by Shawn James, MEDVAMC Media Section

Researchers at the Michael E. DeBakey VA Medical Center found the more visceral fat, or the fat located inside the belly, the worse a patient's chances for survival. Above, David H. Berger, M.D., M.H.C.M., co-author of the paper and MEDVAMC Operative Care Line Executive (left) prepares for surgery with an anesthesia resident and Operating Room Nurse Grace Campos, RN (right).

(continued from page 1)

MEDVAMC surgical resident, and a fellow in surgical research at BCM, sought to determine if patients with central obesity had poorer chances of survival from pancreatic cancer. Typically, body mass index (BMI) is used to determine whether a patient is overweight or obese. BMI is a common measurement that uses a person's height and weight to formulate a measure of overweight or obesity.

"We have known that central obesity produces different hormones and chemicals than other types of obesity, and that these hormones are likely to stimulate cancer cells," said Balentine. "We wanted to determine the benefits of examining not only if a patient is obese, but where that fat is distributed."

Using computed tomography (CT) scans of 61 patients, the researchers measured the distance between the back of the kidney and the abdominal wall to determine the amount of visceral fat in the patient. They found the more intra-abdominal fat a patient had, the worse his or her prognosis.

Patients were divided into four groups based on the amount of intra-abdominal fat. The best outcomes were seen in patients with the least intra-abdominal fat. Those with more fat had between a 30 percent and 400 percent increase in mortality. ♦

Consequences of Aggression in Patients with Dementia

HOUSTON – In a study published March 2010 in *The Journal of Neuropsychiatry and Clinical Neurosciences*, Mark Kunik, M.D., M.P.H., a psychiatrist at the Michael E. DeBakey VA Medical Center, reported results of research underscoring the importance of effectively treating aggression in individuals with dementia.

"This study confirms findings of earlier studies that aggression is common in persons with dementia," said Kunik, primary author of the article. "Perhaps even more importantly, it underscores the importance of early diagnosis and effective treatment of aggression as a means of preventing or minimizing consequences such as injuries, use of psychiatric medications, and nursing-home placement; all of which can have a profound impact on an individual's quality of life."

Study Findings Emphasize the Importance of Effective Treatment

The study is part of an effort examining aggression in 215 community-dwelling, over the age of 60, mostly male patients who have been diagnosed with aggression in the past year. The researchers found the 88 patients who became aggressive had significantly increased use of psychiatric medications, injuries, and nursing-home placement.

Patients and caregivers were evaluated monthly for aggression for two years. The researchers compared the patients who did and did not develop aggression. For the patients who did, the researchers examined the time before and after they developed aggression.

"Almost twice as many aggressive as nonaggressive patients were admitted to nursing homes," said Kunik. "This is important because effective treatment could perhaps prevent this consequence. More research is needed in this area."

Other findings included that patients who became aggressive had a 10-fold increase in rate of injuries to themselves and caregivers, and a significantly increased use of psychotropic medications. The latter is important because of these drugs' limited effectiveness and risks for elderly patients, who often must take a wide range of medications and are vulnerable to falls, fractures, and dizziness.

The study breaks new ground by analyzing individuals living in the community, rather than in nursing homes, and by considering dementia patients with a new diagnosis of aggression, rather than those with well-established dementia. The article emphasizes the need for further research to prevent aggression, thus reducing the suffering of both patients and caregivers, minimizing the side-effects of medications, and reducing the risk of injury to patients and their loved ones.♦

New Hotline for Homeless Veterans

1-877-4AID VET

Veterans in need, or concerned families and friends, can find food, shelter, and assistance 24 hours a day, seven days a week.

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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: nonmelanoma 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 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.♦

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 for 2010 Hurricane Season

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

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

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

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

Is Your Loved One a Recently Returned OEF/OIF Veteran?

The Michael E. DeBakey VA Medical Center is conducting research on the transition back to civilian life.

We are holding focus groups with family members of returned OEF/OIF Veterans with mild traumatic brain injury (TBI). The Focus Group will last 90 minutes and participants will be compensated $40 for their time.

To participate, call Smita Pamar or Ashley McComb at 713.791.1414, ext. 6367.

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Psychosocial Rehab and Recovery Center Success Story

HOUSTON - In 1976, U.S. Air Force Veteran Robert Alfred received an honorable discharge from military service after experiencing mental health problems. He was hospitalized for symptoms of schizophrenia and depression. In 1979, Alfred moved to Houston and worked for Ford Aerospace at NASA as an equipment inventory manager for more than eight years, but his mental health continued to deteriorate. He obtained disability retirement from the Air Force and the Social Security Administration. For 16 years, Alfred abused alcohol and drugs and supported himself through odd jobs.

After an overdose five years ago, he was hospitalized at the Michael E. DeBakey Medical Center (MEDVAMC) and began the long road to reclaiming his life. He began working with the Psychosocial Rehabilitation and Recovery Center (PRRC) in late 2007.

"The PRRC has helped me to gain productivity in my life and to have hope. I enjoy working with the therapists because they are so professional," said Alfred. "If I have a problem, I know I can call my coach and I really like that they have peer support."

The PRRC is an outpatient multidisciplinary treatment program that provides mental health services for Veterans suffering from severe and persistent mental illness (e.g., schizophrenia, schizoaffective mood disorder, bipolar disorder, major affective disorder, and post-traumatic stress disorder) with significant functional impairment. Veterans are referred for PRRC programming from health care providers throughout the Mental Health Care Line. PRRC programming implements a recovery model to help Veterans recover from their mental illness so they are able to reach their self-defined recovery goals and become fully functioning members of their communities.

"We offer a variety of skill groups like social skills, illness management and recovery, and clear thinking, as well as activities in the community, such as a volunteer group," said Amy Cuellar, Ph.D., psychologist. "Veterans meet with their coaches to develop individualized goals and develop a plan to reach them."

Veterans receive individual recovery coaching sessions and group sessions focused on skills building and rehabilitation, with the goal of Veterans reintegrating into the community. Mental health services are available to Veterans as long as needed, with successful discharge from PRRC programming being mutually agreed upon by the Veteran and his or her treatment team. Staff working in PRRC provide individual therapy; facilitate skills training and psycho-educational classes; and participate in interdisciplinary treatment team meetings.

"The classes are outstanding. I didn't know how to operate a computer before I started with the PRRC, but now I think I can operate any computer anywhere," said Alfred who now volunteers at Alcoholics Anonymous meetings and goes regularly to Toast Masters meetings. "In the PRRC, I started having to be responsible for the things I do and say. I've been sober now for five years."

After attending an Employment and Social Security presentation given by Vocational Rehabilitation Specialists Ladonna Latham and Karen West, Alfred decided he wanted to go back to work. He met with West, who serves as the Supported Employment Liaison to the PRRC, to discuss employment options and then made up his mind to find a job on his own.

Photo by Vocational Rehabilitation Specialist Karen West

Air Force Veteran Robert Alfred meets with Amy Cuellar, Ph.D., psychologist. In December 2007, Alfred began working with the Psychosocial Rehabilitation and Recovery Center and reclaiming his life. Today, he has a job with Aramark and does volunteer work in the community.

"I was surprised Mr. Alfred did not want our help, but impressed he had the confidence to face the job market on his own," said West. "I did tell him he could always call me if he needed to."

A week later, Alfred found a job with Aramark working events at Minute Maid Park and Reliant Stadium helping in concessions. He has been working six months and is doing well.

"Mr. Alfred has become so much more active in the community since he joined the program, from volunteering to becoming employed to organizing leisure activities with his friends and family," said Cuellar. "I am so proud of his accomplishments. Since attending the PRRC, his confidence has increased significantly and he has so many more roles than just a 'VA patient.' He is a real testament to the fact that recovery works." ♦ *Vocational Rehabilitation Specialist Karen West*

Medal of Honor Recipient Keeps His Leg with VA Help

Photo by Bobbi Gruner, Public Affairs Officer

Medal of Honor Recipient David McNerney walks the day after surgery with Chief of Staff J. Kalavar, M.D. (left) and Physical Therapist Jessica Brooker as Navy Veteran Gerald Blankenship observes.

(contined from page 1)

focuses on patients who suffer from critical limb ischemia (CLI), a severe obstruction to the arteries that decreases blood supply to the extremities. CLI is a symptom of peripheral arterial disease.

The only solution for limb salvage in patients with CLI is revascularization. This can be achieved with either open surgical bypass procedures, or endovascular interventions such as balloon angioplasty and stenting. More complex forms of arterial obstruction require "hybrid" operations. These combine the open and endovascular approaches, and are performed by surgeons highly skilled in both. Appropriate facility infrastructure with technically advanced imaging equipment and a broad range of endovascular surgical supplies is essential. Hybrid operations are routinely performed at the MEDVAMC as part of limb salvage procedures.

"I really wanted this procedure and have the greatest confidence in the doctors and nurses at the DeBakey VA," said McNerney the day after his surgery. "Already, I can feel such an improvement in my leg, foot, and toes. I can't wait to get up and walk without numbness and pain I felt before."

"All too often, the first steps to an amputation occur with a small wound that doesn't heal. Then the sequence is gangrene, loss of a digit, and then loss of a limb. When someone loses a limb, they sometimes end up losing their life," said Carlos Bechara, M.D., staff vascular surgeon and also an assistant professor of Vascular Surgery at Baylor College of Medicine.

Veterans exhibiting leg pain or symptoms not easily explained by arthritis are urged to see their doctor. Diabetics should see their health care provider regularly to prevent circulation problems before they start.

"We want to give Veterans every chance to keep their limbs and live a full life," said David H. Berger, M.D., M.H.C.M., Operative Care Line executive and professor of Surgery at Baylor College of Medicine. "The Michael E. DeBakey VA Medical Center constantly strives to open new doors and make new medical alternatives available for our Veterans." ♦

Are You A Woman Veteran in Distress and Suffering from Pain, Trauma, Isolation, or Unhappiness?

The Michael E. DeBakey VA Medical Center now offers a new approach to treatment.

You may be eligible to participate in this study if you reside in a rural area serviced by the Lufkin or Conroe VA Outpatient Clinics.

Participants will be compensated for their participation.
Take control of your life and call:
713.791.1414, ext. 4780

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33 Local Veterans Compete in 24th Golden Age Games

HOUSTON – Thirty-three Veterans from the Houston area participated in June in the 24th National Veterans Golden Age Games and brought home 31 medals. The Games are open to all U.S. military Veterans age 55 or older who receive care at a VA medical facility. More than 700 Veterans from all over the country competed this year.

"The athletes who participate in the Golden Age Games demonstrate the spirit of competition, friendship, and a commitment to an active, rewarding lifestyle. This spirit not only helps to prevent illness, it strengthens the heart and rejuvenates the soul of all who witness and attend this inspiring event," said Marilyn Iverson, director of the Veterans Canteen Service (VCS).

The games give participants the opportunity to compete in ambulatory, visually-impaired and wheelchair divisions, according to their ages. Events include swimming, cycling, bowling, croquet, air rifle, golf, shuffleboard, horseshoes, discus, and shot-put, among several others.

"We are thrilled 20 Veterans brought medals home for the DeBakey VA this year," said Recreation Therapist and Golden Age Game Coach JeMarques Handy. "Everyone had a great time during the competitions, plus the Veterans thoroughly enjoyed visiting the Living History Farm, touring the state capitol, and attending an Iowa Cubs baseball game."

The other coaches for the Houston team were Maurice Stringfellow, Program Support Assistant Billie Jean Sanders, and Recreation Therapist Solomon Green.

Veterans who brought home medals included Navy Veteran Joseph Bartholow (gold in croquet), Navy Veteran Wilbert Boson (gold in golf, silver in discus, and bronze in shot put), Army Veteran Marvin Zalesky (silver in bowling), Army Veteran Margarita Dozier (silver in horseshoes and bronze in checkers and dominoes), Army Veteran Henry Fagans (bronze in air rifle), Air Force Veteran August Gonsoulin (silver in bowling), Army Veteran Jacqueline Hall (gold in bowling and horseshoes and silver in shuffleboard), Marine Veteran Raymond Jarmon (gold in shuffleboard and silver in air rifle), Army Veteran Basil Morehead (silver in discus), Army Veteran Billy Lacy (gold in golf and nine ball), Air Force Veteran Joan Lance (gold in bowling), Navy Veteran Sergio Lavilla (bronze in swimming), Army Veteran Joseph Robert (gold in bowling), Army Veteran Mack Thrash (bronze in bowling and dominoes), Army Veteran Marvin Sims (silver in croquet), Army Veteran Carlton Tucker (gold in dominoes and bronze in shuffleboard), Air Force Veteran Marvin Weatherspoon (bronze in cycling), Air Force Veteran Hillery Williams (bronze in dominoes), Air Force Veteran Eddie Winn (bronze in dominoes), and Marine Veteran Jack Woodard (silver in air rifle).

Photo courtesy National Veterans Golden Age Games Media Center

Houston competitor, Margarita Dozier, an Army Veteran, took home a bronze medal in checkers from the 24th National Veterans Golden Age Games.

The Golden Age Games are co-sponsored by the VA, Help Hospitalized Veterans (HHV) and VCS. This year's event was hosted by the VA medical center in Des Moines, Iowa.

The games are designed to improve the quality of life for older Veterans, including those with a wide range of abilities and disabilities. Through a partnership with the National Senior Games Association, which is a member of the U.S. Olympic Committee, the event serves as a qualifier for participants in the National Senior Games, which take place every two years.

"Help Hospitalized Veterans is extremely proud to again serve as a national co-sponsor of the games," said Mike Lynch, HHV president and CEO. "The Golden Age Games are an example of VA's commitment to cutting edge rehabilitative techniques through sports and social medicine. Veterans who participate have life-changing experiences, which will enhance their wellness and quality of life."

The MEDVAMC hosted the National Veterans Golden Age Games in 2007. For more information, log onto *www.veteransgoldenagegames.va.gov*. ♦

SUPPORT GROUP LISTING

Alcoholics Anonymous (AA) "Starting from Scratch"
Meets every Tuesday and Thursday, 7 p.m., Room 6C-117; and every Wednesday, 7 p.m., Room 6C-105. Facilitator: Bo Cook, 713-791-1414, ext. 6987

Amputee Support Group
Meets 4th Wednesday every month, 3 p.m., Nursing Unit (NU) 2A Dining Room. Facilitators: 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 Support Group
Meets last Tuesday every month, noon, Education Conference Room 4A-380H. Facilitator: Magdalena S. Ramirez, 713-791-1414, ext. 5289

Cancer Support Group
Meets 3rd Tuesday every month, 1-2 p.m., Cancer Center Conference Room 4C-345. Facilitator: Maria Lozano-Vasquez, 713-791-1414, ext. 5273

FamilyCares Mental Health Group
Meets 1st Monday every month, 5:30 p.m., 6th Floor, Room 6B-110. Facilitator: Dionne Crump, 713-791-1414, ext. 6650

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

Hepatitis C Support Group
Meets 1st Friday every month, 1:30 p.m., Primecare Clinic 5. Facilitators: Edith Yeldell, 713-791-1414, ext. 3613 & Jodi M. Francis, ext. 3394

HIV Support/Educational Group
Meets every Tuesday, 2 p.m., Clinic 4, Room 1A-442. Facilitator: Patricia Suarez, 713-791-1414, ext. 6177

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

Lung Cancer Support Group
Meets 1st Tuesday every month, 1:30 p.m., Cancer Center Family Room 4C-365. Facilitator: Maria Lozano-Vasquez, 713-791-1414, ext. 5273

Heart Disease Support Group
Meets 3rd Thursday every month, 11 a.m., Nursing Unit 2A Dining Room. Facilitator: Rosa Lane-Smith, 713-791-1414, 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 facilitator for more information: Naomi Nelson, 713-794-8938

Prostate Cancer Support Group
Meets 3rd Thursday every month, 1-2 p.m., Cancer Center Conference Room 4C-345. Facilitator: Maria Lozano-Vasquez, 713-791-1414, ext. 5273

Stroke Support Group
Meets 3rd Tuesday every month, 3 p.m., Nursing Unit (NU) 2A Day Room. Facilitators: Kathryn Kertz, 713-791-1414, ext. 4192, Laura Lawhon, 713-794-7816

Vet-to-Vet Support & Education Group
Meets every Wednesday, 6 p.m., Room 6B-117; every Thursday, 9 a.m., 6B-117; and every Thursday, 11 a.m., Room 6C-167. Veteran facilitator. info: Cristy Gamez-Galka, 713-791-1414, ext. 4378

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Real-time Computer System Tracks Surgeries

(contined from page 1)

technology, such as ultrasound, the control system automatically tracks and displays the status of all personnel, activities, and equipment related to a particular surgical procedure and then, continuously updates the facility's surgical schedule.

In addition, the system provides alerts when significant events have not occurred in a timely fashion. These alerts support surgeons, anesthesiologists, nurses, and families in coordinating and prioritizing their activities to maintain smooth flow and on-time schedules. Information displays and alerts are available throughout the facility and remotely via e-mail, cell phones, and other Web-enabled devices.

"This system automatically triggers jeopardy alerts so we can address problems such as room cleanings, missing lab results, or pre-consults before a schedule change is required," said Melissa Wingo, R.N., Operating Room Holding Area nurse. "This system works just like FedEx; we know where things are at all times. It's a big stress reliever and allows us to concentrate more on the patient."

When delays do occur, the system automatically adjusts the scheduled start time of the effected procedure, as well as calculates the ripple effect of these changes on the rest of the day's schedule. The impact on staff and anesthesia assignments, future procedure times, and use of equipment are all determined automatically. Those changes are immediately displayed for everyone to see. Ultimately, the system enables the facility to increase throughput and provide every Veteran with the medical care they need faster.

"As health care providers, we need the right tools to help us provide the most accurate information possible immediately to physicians, nurses, and all staff across departments," said J. Kalavar, M.D., MEDVAMC chief of staff. "At the Michael E. DeBakey VA Medical Center, we pride ourselves on increasing the accuracy and efficiency of health care operations and asset utilization; but most importantly, the quality of patient care that we provide to our Veterans." ♦

Avoid the Parking Hassle at the Houston VA.

Use the Free Valet Parking at the Hospital's Main Entrance!

Just show your VA I.D. card or appointment letter. This free service is provided by the VA to make your visit more pleasant. *No tipping allowed.*

Is it a hardship making your VA Primary Care Appointments?

The VA's Home Base Primary Care (HBPC) provides medical holistic and interdisciplinary services for Veterans in their own home. The HBPC Health Care Team will:

- Offer Medication Management
- Provide Catheter Care
- Draw Labs
- Provide Caregiver Support
- Provide Psychological Assistance
- Assist with Equipment Safety
- Offer Nutritional Guidance

Ask your Primary Care Physician today for more details and how to join Home Base Primary Care.

Expert's Corner

The Michael E DeBakey VA Medical Center was recently awarded a five year grant by VA Office of Research and Development to establish a new VA Rehabilitation Research Center of Excellence. The Neurorehabilitation: Neurons to Networks (N:N2N) Center of Excellence was created to focus on mild to moderate Traumatic Brain Injury (TBI). The Center's medical director is Kim Arlinghaus, M.D. Listed as one of the best doctors in the nation in the field of psychiatry, she received her medical degree with honors in 1986 from Baylor College of Medicine and serves as an associate professor at Baylor College of Medicine's Menninger Department of Psychiatry & Behavioral Sciences.

1 The most common cause of TBI in combat Veterans is exposure to blasts. Other causes include motor vehicle injuries, falls, and hits to the head from moving objects. One may experience a brief loss of consciousness or feel dazed, stunned, or confused after a mild TBI.

2 Most TBIs are classified as mild and are associated with good recovery over the course of a few days to a few weeks; however, some people struggle with longer-term problems.

3 Common difficulties after a mild TBI include problems with attention, forgetfulness, slowed reaction time, mood swings, short temper, headaches, and trouble sleeping at night with daytime fatigue.

4 Some symptoms of TBI overlap with symptoms of Post Traumatic Stress Disorder (PTSD), like short temper, difficulty concentrating, and mood swings.

5 Although time is often the best healer of TBI, sometimes medications, talk therapy, and/or "brain" exercises" like playing computer games can help.

6 Your family and friends may notice changes in your thinking, emotions, and/or behavior after the TBI. This might upset you because the TBI makes it harder for you to see changes.

7 Ask your doctor to refer you to professionals who can help you exercise your brain, learn ways to remember things more easily, and help you get back to school or work. It is important to feel useful!

8 Try some of the following if you are having problems from TBI:

- → Write things down in a "memory book."
- → Use a cell phone or PDA (personal digital assistant) to keep track of appointments and send yourself reminders.
- → Follow a "routine" each day. Get up and go to bed at the same time, eat three balanced meals, etc.
- → Allow extra time to do things while your brain is healing.
- → Take breaks when you feel stressed or mentally "worn out."
- → Decrease noise and distractions while working on a task.
- → Decrease stress and get plenty of rest
- → Avoid alcohol, "street" drugs, or taking more medication than your doctor prescribes. Tell your doctor if any medication seems to make you confused, sleepy, or more forgetful.
- → Avoid high-risk activities that could lead to another TBI.
- → Avoid isolation. Enjoy family and friends, and have fun!

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Veterans' Questions

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

Question: Are there "presumptive" illnesses connected with military service in Iraq or Afghanistan?

Answer: Yes. Following recommendations made by VA's Gulf War Veterans Illnesses Task Force, VA is publishing a proposed regulation in the *Federal Register* that will establish new presumptions of service connection for nine specific infectious diseases associated with military service in Southwest Asia during the Persian Gulf War, or in Afghanistan on or after September 19, 2001.

The proposed rule includes information about the long-term health effects potentially associated with the nine diseases: Brucellosis, Campylobacter jejuni, Coxiella burnetii (Q fever), malaria, Mycobacterium tuberculosis, Non-typhoid Salmonella, Shigella, Visceral leishmaniasis and West Nile virus.

With the proposed rule, a Veteran will only have to show service in Southwest Asia or Afghanistan, and a current diagnosis of one of the nine diseases.

For information about disability compensation, visit *www.va.gov* or call the Houston VA Regional Office at 713-383-1991 or toll-free 1-800-827-1000.

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

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: Can I apply for VA health care online?

Answer: Yes, Veterans will find it easier and faster to apply for their health care benefits now that VA has updated its online Form 10-10EZ, "Application for Health Benefits."

This revised online application provides enhanced navigation features that make it easier and faster for Veterans to apply for their health care benefits. This new version also allows Veterans to save a copy of the completed form for their personal records.

Veterans may complete or download the 10-10EZ form at the VA health eligibility Web site at *https://www.1010ez.med.va.gov/sec/vha/1010ez*.

Veterans may also contact VA at 1-877-222-8387 (VETS) or visit the VA health eligibility Web site at *www.va.gov/healtheligibility*.

Question: I've heard there is a Veteran discount for Texas toll roads. Is this true?

Answer: Yes, the Harris County Toll Road Authority offers a discounted toll program for many Veterans.

Per Texas Transportation Code § 372.053, eligibility is limited to vehicles which are (1) registered with the State of Texas and (2) display the qualifying specialty license plate for Disabled Veterans, Purple Heart Medal recipients, or Congressional Medal of Honor recipients.

Eligible vehicles with the qualifying license plates will automatically receive the discounted tolling rate in qualified tolling lanes. No additional action, purchase, or enrollment is required.

Call 281-875-3279 or visit an EZ Tag Store for more information. Find a location near you by visiting *www.hctra.org*.

Important VA Telephone Numbers

Michael E. DeBakey VA Medical Center 713-791-1414
toll-free 1-800-553-2278
VA Network Telecare Center 713-794-8985
toll-free 1-800-639-5137
Beaumont VA Outpatient Clinic 409-981-8550
toll-free 1-800-833-7734
Conroe VA Outpatient Clinic 936-522-4000
toll-free 1-800-553-2278, ext. 1949
Galveston VA Outpatient Clinic 409-761-3200
toll-free 1-800-553-2278, ext. 12600
Lufkin - Charles Wilson VA Outpatient Clinic 936-671-4300
toll-free 1-800-209-3120
Richmond VA Outpatient Clinic 832-595-7700
toll-free 1-800-553-2278, ext. 12800
Pharmacy Refills 713-794-7648
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
toll-free 1-800-454-1062
VA Eligibility & Enrollment 713-794-7288
Health Care for Homeless Veterans Program 713-794-7848
Homeless Veterans Drop-In Center (1418 Preston St.) 713-794-7533
Hotline for Homeless Veterans ..... toll-free 1-877-4AID VET

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
Vet Center (14300 Cornerstone Village Dr.) 713-578-4002

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

Houston VA National Cemetery 281-447-8686
Houston VA Regional Office 713-383-1999
toll-free 1-800-827-1000

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832-595-7700 or toll-free 1-800-553-2278, ext. 12800
22001 Southwest Freeway, Richmond, Texas 77469

RETURNING VETERANS
NEEDED FOR FMRI STUDIES

WHY PARTICIPATE?
• Deployment impacts veterans in many ways
• We use new fMRI technology to understand how deployment can impact the biology of the brain

PARTICIPANTS WILL:
• Have the study described and questions answered by study staff before deciding to participate
• Participate in a videotaped interview about your life experiences
• Fill out some questionnaires
• Play computer games during an fMRI scan
• Receive a CD copy of your structural brain scan
• Be compensated $10 per hour for answering questionnaires and $20 or more for the fMRI scan depending on how you play the game

WHO IS ELIGIBLE?
OEF/OIF veterans who are:
• between 18 & 64 years old
• free from metal in their body
• not claustrophobic

CONTACT:
Jessica Eiseman at 713-798-2222

BCM Baylor College of Medicine

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