



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

## “Door to Balloon” Time Can Save Lives; Houston VA Averages Quick 61 Minutes

**HOUSTON** - The “Heart Attack Team” at the Michael E. DeBakey VA Medical Center is on-call 24 hours, seven days a week, ready to report immediately to duty when a patient arrives at the VA in cardiac distress. This team of physicians and nurses prepares the Cardiac Catheterization Laboratory to receive a patient for treatment by balloon angioplasty or stent.

“Patients are taken directly to the Cardiac Catheterization Lab, often bypassing the Emergency Room, for percutaneous coronary procedures to restore blood flow to the heart,” said Biykem Bozkurt, M.D., Cardiology chief. “The goal of the team and this effort is to provide treatment as quickly as possible, within 90 minutes of a patient’s arrival.”

In Fiscal Year 2008, the average “Door to Balloon” time at the MEDVAMC was 82 minutes. A year later, the staff improved the time to 61 minutes. The American College of Cardiology and the American Heart Association have developed national guidelines calling for a door-to-balloon time of less than 90 minutes for hospitals that offer direct angioplasty.

“We advise people to call 911 or get to a hospital immediately if they experience chest pressure or pain in the center of their chest. Especially, if this is



The Heart Attack Team at the Michael E. DeBakey VA Medical Center - Front row from left: Aleyamma George, R.N.; Lucy Lacy, R.N.; Lisa McGowan, R.N.; and Susan Ninan, R.N. Middle row: Hani Jneid, M.D.; Biswajit Kar, M.D.; Mariamma George, R.N.; Sajimon Chacko, R.N.; and Cheryl Duncan, R.N. Back row: Celso De Los Santos, R.T. and Renato Flores, R.N. Not pictured: David Paniagua, M.D.; Martin Rodriguez, R.T.; Jebbeh Sandi-McBean, R.N.; and Ellen Karisch, R.N.

accompanied by pain or discomfort in one or both arms, back, neck jaw, or stomach; shortness of breath; or sweating, nausea, or lightheadedness,”

said Biswajit Kar, M.D., Interventional Cardiology director.

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## VA Research on Deep Brain Stimulation Offers Insight on Parkinson’s Disease



Site Investigator Eugene C. Lai, M.D., Ph.D., (right) director of the Parkinson’s Disease Research, Education, and Clinical Center examines Air Force Veteran James Young while Staff Neurologists Aliya Sarwar, M.D. and Jyb-Gong Hou, M.D. (left) observe.

**HOUSTON** - Veterans and others with Parkinson’s disease who undergo deep brain stimulation (DBS) may benefit from research co-sponsored by the Department of Veterans Affairs and published recently in the prestigious *New England Journal of Medicine*.

“Our study found deep brain stimulation is equally effective at either of two sites in the brain,” said Site Investigator Eugene C. Lai, MD, Ph.D., director of the Parkinson’s Disease Research, Education, and Clinical Center at the Michael E. DeBakey VA Medical Center (MEDVAMC). “This information is critical for Parkinson’s disease patients who suffer from long-term complications of drug therapy and need an alternate form of treatment.”

VA cares for about 40,000 Veterans with Parkinson’s disease. DBS is often recommended for people who no longer respond well to medication alone.

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## New Women’s Clinic Opens at Houston VA

**HOUSTON** – In October, the Women’s Health Center will move from the 5th floor to a new, completely renovated space located on the 1st floor, east side of the building near the Spinal Cord Injury Entrance. The new clinic boasts its own private entrance from the outside, and additional health care providers and ancillary staff.

The clinic is 2,800 sq. ft. with seven exam rooms as well as a larger waiting room to accommodate women in a comfortable, friendly atmosphere. This “One Stop Shop” for women includes routine primary care, gynecological services, patient education, and preventive medicine.

The Michael E. DeBakey VA Medical Center recognizes the important contributions made by women Veterans in service to our country. For more information about programs available for women Veterans, contact Pamela Swope, FNP, CRNP-BC, Women Veterans Health Program manager at 713-791-1414, ext. 5783 or e-mail [pamela.swope2@va.gov](mailto:pamela.swope2@va.gov). ♦



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## 10th Annual Homeless Stand Down

October 21-22, 2010  
Emancipation Park  
Community Center  
More Info: 713-458-0407

Word from Director Adam Walmus, M.H.A., M.A., F.A.C.H.E.

# VA Response to the War

**HOUSTON** - Recent media reports have declared that timely, dignified care should be provided to returning servicemen and women. At the Michael E. DeBakey VA Medical Center, we completely agree.

America's Veterans deserve the very finest medical care. Earned at enlistment, it is America's sacred promise to them. Nationally, and here in southeast Texas, VA works hard to honor that promise.

Since 2003, more than 1.5 million military personnel have served and returned from Iraq and Afghanistan. Roughly 40 percent have enrolled for care in a high-tech, quality-focused VA system, including more than 8,500 southeast Texas sons and daughters.

In the 1970s, some Vietnam War returnees were critical of VA care. But a major transformation in 1994 brought significant improvements, including extensive performance measurement, evidence-based clinical practice, state-of-the-art technology, comprehensive patient safety programs, and conversion to an electronic medical record system.

VA patient outcomes now exceed those of Medicare patients for many conditions. University studies indicate Veterans are happier with their care than nonveterans. This "new VA" has been praised by Harvard, The New England Journal of Medicine, Washington Monthly, Business Week, New York Times, The Washington Post, NBC, Time, Newsweek, AARP, and others. Many experts now consider VA among America's best health-care systems.

The war has presented numbers and types of injuries that could not be predicted when it began. But VA adapted as quickly as possible. Some examples:

**Traumatic brain injury (TBI):** Improvised explosive devices often result in multiple devastating injuries. VA physicians are trained to screen every returning Veteran for TBI. In August 2005, the DeBakey VA added an extremely important and timely program to our array of available health care services, a Network Polytrauma Program. In 2009, we received a five-

year \$5 million grant to establish a new VA Rehabilitation Research Center of Excellence focusing on mild to moderate traumatic brain injury.

**Mental health conditions including post-traumatic stress disorder (PTSD):** Many returnees present some type of diagnosed mental health problem, including post traumatic stress disorder, a condition caused by exposure to severe threat. A world leader in PTSD treatment, VA operates 160 specialized hospital-based PTSD programs and 207 community Vet Centers.

In addition, all Veterans are screened for depression at the VA. Those in emotional crisis can be admitted immediately. To meet the growing workload, almost 100 mental health providers have been added to VA operations in southeast Texas since 2005. The DeBakey VA opened two new nursing units in 2009 to provide specialized inpatient mental health services for returning combat troops and for women Veterans.

**Access to health care:** In 2009, the DeBakey VA opened a Post-Deployment Clinic to serve as a "Welcome Center" for returning combat Veterans. The Post-Deployment Clinic is a "One-Stop" performing multi-disciplinary evaluations tailored to the individual's physical, mental, and social needs. Assistance regarding non-medical VA benefits and community resources are also available. In May, we opened our fifth outpatient clinic, located at 22001 Southwest Freeway in Richmond.

**Suicide prevention:** Eighteen Veterans commit suicide each day in this country, the majority not under VA care. To combat this tragic situation, here and nationwide, VA hired on-site suicide prevention coordinators and established peer support/recovery teams. In 2007, VA opened a 24/7 National Suicide Prevention Hotline, toll-free 1-800-273-8255. It has received more than 245,000 distress calls.

**Prosthetics:** Veterans, who have lost limbs to blast injuries or required



Medical Center Director Adam C. Walmus talks with Operation Iraqi Freedom Army Veteran Clare Wilklow at the Post-Deployment Clinic. The Clinic is a "One-Stop" center performing multi-disciplinary evaluations tailored to the individual's physical, mental, and social needs.

amputations, have access to the latest prosthetic technologies. These include microprocessor components such as the RHEO knee, Adaptive knee, Proprio "Bionic" Foot, and the C-Leg. These computer-controlled rheomagnetic, pneumatic, and hydraulic systems are regulated by internal feedback.

**Women's health:** More than 7 percent of Veterans receiving care are women. VA has progressively expanded women's services. The Women's Health Center at the DeBakey VA opened almost 14 years ago. This clinic provides routine primary care, gynecological services, patient and family education, and preventive medicine. In October, the clinic will move to a new, completely renovated space with its own private entrance. It will have more exam rooms and ancillary staff. Counseling and treatment is available at the VA for survivors of military sexual trauma. Group counseling sessions and support groups are available at the Women's Health Center and at the three Vet Centers in Houston.

**Homelessness:** VA offers a wide array of special programs and initiatives specifically designed to help homeless Veterans live as self-sufficiently and independently as possible.

VA, working with the Department of Housing and Urban Development and local community agencies, provides permanent independent housing for eligible homeless Veterans in areas surrounding Beaumont, Galveston, and Houston under the HUD-VASH Program.

Recently, a National Homeless Veterans Hotline, toll-free 1-877-4AID-VET, was established to ensure homeless Veterans or Veterans at-risk for homelessness have free, 24/7 access to trained counselors. The 10th Annual Houston Area Stand Down for homeless Veterans will be held October 21-22, 2010 at the Emancipation Park Community Center.

**Rural health:** VA provides many rural Veterans with "Health Buddy" monitoring devices, linking them to clinicians in Houston. We are investing money in telehealth programs connecting our outpatient clinics to VA eye and mental health specialists, and other medical experts in the future. In addition to our outpatient clinics in Beaumont, Conroe, Galveston, Lufkin, and Richmond, we plan to open outpatient clinics in Lake Jackson and mainland Galveston County this winter. VA outpatient clinics are also planned for Katy and Tomball.

The DeBakey VA will continue expanding and changing to meet the needs of returning service members. Across the Nation and in southeast Texas, it is an honor to provide care for our Veterans. We, more than 4,500 VA staff and volunteers, believe the VA does not provide free health care. The care we provide has been paid for a thousand times over by our country's heroes and by the sacrifices they have made to keep our Nation free. Our mission at the VA, and the only reason for our existence, is pay back a portion of the debt this Nation owes to our heroes. ♦



Activated in May 2010, the Richmond VA Outpatient Clinic is located at 22001 Southwest Freeway, Suite 200 in Richmond, Texas. Staffed by VA personnel, the nearly 10,000 square-foot facility provides primary health care, mental health care, laboratory, and X-ray services to Veterans in the Richmond/Rosenberg area. Above, Missy Watson, L.V.N., Alethia Gallien, L.V.N., and Gloria Miller, L.V.N. are ready to assist the next Veteran.



**Don't Be A No-Show.**

A Veteran who does not show up for his or her VA medical 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 for another Veteran.

# Study Identifies Causes of Aggression in Patients with Dementia; Findings will Help Improve Quality of Life

**HOUSTON** - In a study published in the March 2010 issue of the *Journal of Clinical Psychiatry*, Mark Kunik, M.D., M.P.H., a geropsychiatrist at the Michael E. DeBakey VA Medical Center (MEDVAMC), and his colleagues found aggressive behavior in patients with recent-onset dementia is closely linked with pain, caregiver burden, and declining quality of the caregiver-patient relationship.

“Historically, behavioral problems in patients with dementia, such as aggression, have been treated with tranquilizing medications without regard to what might be causing the behavior,” said Kunik, primary author of the paper and professor of Psychiatry and Behavioral Sciences at Baylor College of Medicine. “The medications are not particularly effective and often result in unwanted side effects.”

The researchers hoped by understanding the possible causes of aggression that non-pharmacologic interventions can be developed to prevent its development or more effectively treat aggression once it develops.

The study included 215 community-dwelling, mostly male patients, at least 60 years old, who were diagnosed in the past year with dementia, and their caregivers. They excluded patients who had shown aggressive behavior since their diagnosis.

Every four months for two years, the researchers assessed patients for frequency and disruptiveness of aggression. The behavior was defined as spitting, cursing and other verbal aggression, physically trying to hurt themselves or others, destroying property, and making inappropriate verbal and/or physical sexual advances.

The research team also analyzed caregiver burden, along with the quality of the patient-caregiver relationship, including the frequency of communication, positive engaging interactions, attachment, and emotional support.

Of the study group, 89 patients or 41 percent developed aggression.

“Caregivers do play an important role in the onset of aggression, but it is important to not place blame on the caregiver,” said Kunik, who has conducted extensive clinical research on dementia. “This responsibility is extremely stressful and often caregivers feel isolated and have little access to help or resources to help them.”

The study advises physicians to carefully screen for and appropriately treat pain in dementia patients. Sometimes, the best way to prevent aggression may be a prescription of an over-the-counter pain reliever. It is noted; however, that pain is difficult to recognize in persons with dementia because of the language problems associated with the disease. Physicians should also evaluate caregiver stress and offer guidance, advice, and information about community resources such as the Alzheimer’s Association.

“The identification of causes of aggression and proactively attempting to prevent aggression is a fundamental shift in how aggression is currently managed,” said Kunik. ♦



Army Veteran Hubert McCarty (middle) and his daughter, Wanda Shedd, meet with Mark Kunik, M.D., M.P.H., a psychiatrist at the Michael E. DeBakey VA Medical Center. “VA health care and VA research have provided me with the knowledge and resources necessary to cope with my father’s disease,” said Shedd.

## Dementia Diagnosis: A Caregiver’s Story

By Wanda M. Shedd, Caregiver

I am a caregiver for my 84-year old father, Mr. Hubert McCarty. We are originally from New Orleans, La. but moved to Houston after Hurricane Katrina in 2005. Before the hurricane, my father lived independently, worked every day, was self-employed, and did fine.

While living with me in Houston as time passed, I began to notice a change in his memory. Since he is a veteran of World War II, I brought him to the Michael E. DeBakey VA Medical Center to be checked out. This is how and when he was diagnosed with dementia.

Entering into caregiving I thought would be easy. I am energetic, very active with few worries or problems. So, I thought I would be fine. I could adjust.

But very soon, I discovered I was not adjusted or fine or able to keep up with his changes. I had concerns and problems. How do I take care of him? What about me and my emotions? My mental ability to cope? What about my stress, strain, denial, anger, anxiety,

sleeplessness, irritability, exhaustion, social life, some depression, and now health problems? Who do I go to see? Where do I go? Mainly, how do I get help for both of us?

I went back to my dad’s primary care doctor at the DeBakey VA. We were quickly referred to the Partners in Dementia Care (PDC) Project with Geropsychiatrist Mark Kunik, M.D., M.P.H. and his outstanding team.

An innovative partnership between the Department of Veterans Affairs and the Alzheimer’s Association, the goal of PDC is to work together to improve care and outcomes for Veterans with Alzheimer’s disease and other dementias as well as their family caregivers.

PDC is a wonderful and very informative program. It has been so helpful to my dad and me by giving me a specific action plan to help with a wide variety of issues and problems. I joined a support group to talk with others like myself, found an adult care program, and received education about future changes I could expect with my father.

I was connected to the right people

and to great informative resources and services: the Alzheimer’s Association, Houston-Galveston Area Council Area Agency on Aging, elder care, First Alert, AARP, Medicare, home-delivered meals, Baylor College of Medicine, Houston Volunteer Lawyers Program, and so many others.

What amazed me the most about PDC was the continuous telephone calls; all to see how things were going and to offer help to me at any time. They were not only concerned about my father, but about me, too. I am always kept abreast with the latest developments and feedback. When I have a particular concern, it is addressed promptly. I would recommend PDC to all who care for an elderly Veteran. The staff is full of love, care, and affection.

This program has had a tremendous impact on our lives. It has helped me to realize you never know how strong you are until being strong is your only choice. And that I don’t have to be strong by myself. ♦ *The Partners in Dementia Care Project is funded by the Houston VA Health Services Research & Development Center of Excellence.*

## “Door to Balloon” Time Can Save Lives

(continued from page 1)

Performed by interventional cardiologists, a balloon angioplasty opens a patient’s narrowed arteries using a long, thin tube with a small balloon on its tip. The balloon is inflated at the blockage site in the artery to flatten or compress plaque against the artery wall.

Subsequently, in most cases, a coronary stent is also inserted. A stent is a small, mesh-like device made of metal. When a stent is placed inside of a coronary artery, it acts as a support or scaffold, keeping the vessel open. By keeping the vessel open, the stent helps to improve blood flow to the heart muscle.

“Cardiologists always say ‘Time is Muscle.’ Every minute matters when a patient is having a heart attack,” said Blase A. Carabello, M.D., Medical Care Line executive. “Swift treatment is important to improve a patient’s chance of survival and minimize damage to the heart by quickly restoring blood flow to the heart.”

The MEDVAMC already recognized for demonstrating consistently low observed-to-expected mortality rates in general surgery, all surgery, and all non-cardiac surgery nine years straight, continues to raise the bar and improve treatments and outcomes for Veterans who suffer heart attacks. ♦

# A Veteran's Journey for Recovery and Employment

**HOUSTON** - "I just want to work," said Ruben Valadez, a 44-year-old, Army Veteran with a diagnosis of Schizoaffective Disorder and a history of alcohol abuse.

Early this year, Valadez was referred to the Supported Employment Program at the Michael E. DeBakey VA Medical Center (MEDVAMC) by his Mental Health Intensive Case Management Team. The team consists of Staff Psychiatrist Jennie Hall, M.D., Social Worker Bill Patterson, L.C.S.W., Lovie Woods, L.V.N., Carol O'Neil, R.N., John Moonnumakal, R.N., and Staff Services Assistant Steven Cattaneo.

The Supported Employment Program is designed to help disabled Veterans find and maintain competitive employment. This model for vocational rehabilitation avoids lengthy pre-vocational assessments and shelter-type work experiences in favor of directly placing Veterans in community-based jobs tailored to individual preferences, needs, and strengths. Veterans are assigned an employment specialist who dedicates significant amounts of one-on-one time in the pursuit of employment, even if the Veteran prefers only part time work, and in supporting the worker indefinitely after the hire.

"I met with Mr. Valadez to assist him in finding employment. Initially, he was skeptical because he was afraid of losing his Social Security Disability Benefits," said Employment Specialist Aletha Jacobs.

Jacobs, who is an integral part of Mental Health Intensive Case Management Team, is key in facilitating a Veteran's ability to successfully work and live in the community; pinpointing individuals' vocational interests, capacities, needs, and preferences for job matching; identifying opportunities for Veterans in local business community; and creating effective partnerships that integrate mutually supportive services within VA and community.

Valadez was placed twice in the community; however, neither job fit his unique needs.

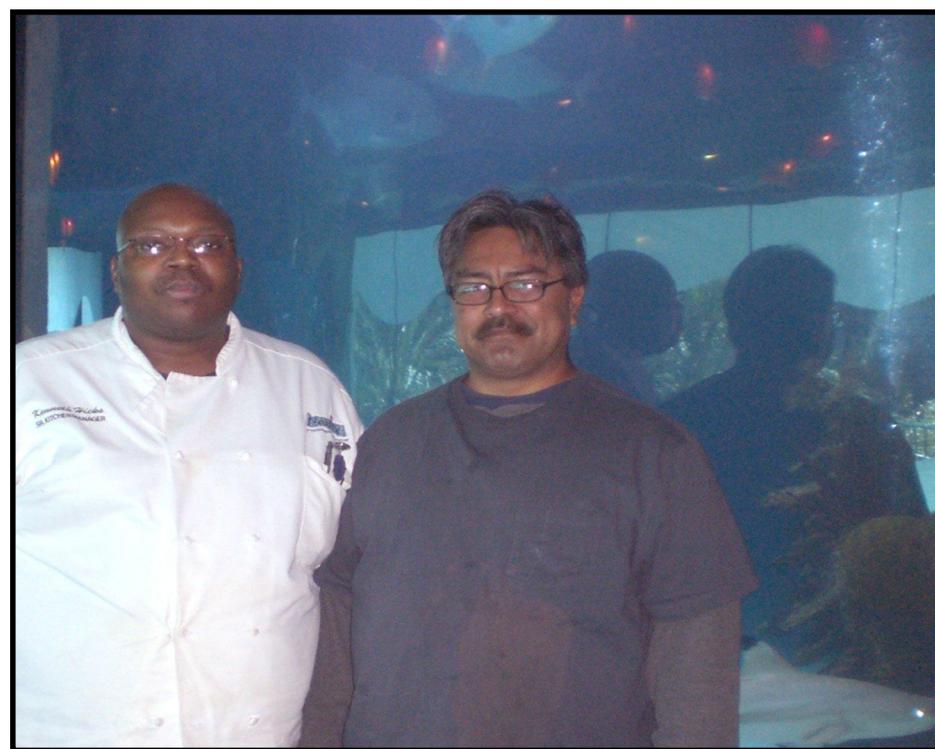
"I continued to assist him with his employment goals; I don't give up," said Jacobs. "I made a note of his love for the outdoors and fishing."

Jacobs began searching for employment with this in mind and found several open positions at the Houston Downtown Aquarium. She arranged for Valadez to meet the restaurant's manager and accompanied him.

"I spoke with the manager about the VA's Supported Employment Program and Mr. Valadez' desire to work for his restaurant," said Jacobs.

Bolstered with information about the Work Opportunity Tax Credit and assistance provided by the VA such as job coaching and job supports, Valadez was granted a job interview the same day. Jacobs was by his side during the interview process.

"When the senior kitchen manager told me he needed me to start the next



*Kenneth Hicks, senior kitchen manager at the Houston Downtown Aquarium (left) and Army Veteran Ruben Valadez pose together in front of the restaurant's large fish tank. "I continue to assist Mr. Valadez with his employment goals; I don't give up," said Employment Specialist Aletha Jacobs. "I made a note of his love for the outdoors and fishing."*

day, I was so happy," said Valadez. "I said thank you and I would do my best!"

Valadez' family, his Mental Health Intensive Case Management Team, and his Employment Specialist each play a critical role in his recovery and success.

"Employment is an integral part of the recovery process. It is considered

important, not only because of the direct improvements in activity, social contacts, and income but also because work promotes gain in related areas such as self-esteem, illness self-management, community tenure, integration into the community, and quality of life," said Pedro Pena, Vocational Rehabilitation Specialist. ♦ Aletha Jacobs, Employment Specialist

## Help for Homeless Veterans

If you are a Homeless Veteran and eligible for VA Health Care, the HUD-VASH Program may be able to help you. This program offers case management through a VA Social Worker and permanent housing through the Public Housing Authority.

### How do I qualify?

1. You must be homeless or at risk of being homeless.
2. You must have some source of income.
3. You must need and be willing to participate in case management with a Social Worker.
4. You will be expected to maintain compliance with your treatment plan by actively communicating with your Social Worker, keeping scheduled appointments, and following recommendations from your treatment team.

### Are there any documents to apply?

You must have a valid I.D. or driver's license; Social Security card; birth certificate; marriage license (if applicable); proof of income (award letter less than 30 days old, last 6 check stubs); and if family members will live with you, they also need to provide I.D.

### Who do I contact for help?

Beaumont HUD-VASH: Elaine Robinson, 281-513-3128

(Area within 1 hour radius of Beaumont VA Outpatient Clinic)

Galveston HUD-VASH: Orville McNeil, 409-383-7019

(Includes Galveston County and some parts of Houston)

Houston HUD-VASH: McGovern Drop-In Center, 1418 Preston Avenue, 713-794-7848/7533



## Protect Eyes, Prevent Long-Term Damage to Sight

**HOUSTON** – Taking precautionary measures to protect your eyes in southeast Texas can help prevent long-term damage to eyesight, said a Michael E. DeBakey VA Medical Center ophthalmologist.

"Ultraviolet light has certainly been linked to the development of macular degeneration, cataracts and other vision-loss problems," said Elizabeth Baze, M.D., deputy executive of the Eye Care Line and also an assistant professor of Ophthalmology at Baylor College of Medicine.

Baze offered tips you can practice to help protect your eyes from sun damage.

✓ When picking sunglasses, the bigger the better. "The more they wrap around and shield your eyes and the skin around the eyes, the more full protection you have," she said.

✓ Pick sunglasses that provide 99 to 100 percent UV protection. They do not need to be expensive to offer this.

✓ Use sunblock around the eyes.

✓ A broad-brimmed hat can add extra protection.

✓ If you already have an existing eye condition like macular degeneration or cataracts, protecting your eyes from the sun should be a top priority on sunshiny days.

"Practicing these simple measures can ensure healthy fun in the sun," said Baze. ♦

# New Clinical Pastoral Education Program Offers Sense of Peace to Veterans, Family Members, and Staff

**HOUSTON** - A feeling of peace and calm settles over a nursing unit when a chaplain enters the door. The health care team is now complete. VA chaplains are available to provide religious, spiritual, and pastoral care for Veterans, family members, and staff.

The history of the Department of Veterans Affairs Chaplain Service began on March 3, 1865, when Abraham Lincoln signed legislation establishing the first National Homes for disabled volunteer soldiers. Chaplains were paid a salary of "\$1,500 per year and forage for one horse."

The Michael E. DeBakey VA Medical Center (MEDVAMC) is expanding that idea and offering a new program to provide education and ministry opportunities for theology students. Clinical Pastoral Education (CPE) is a multicultural, multi-faith program devoted to providing education and improving the quality of ministry and pastoral care offered by spiritual caregivers of all faiths.

Recently, four theology students joined the MEDVAMC for a summer internship to minister to Veterans and to learn from that ministry.

"The interns have the opportunity to provide a listening ear for as much time as the Veteran needs. This individualized care is part of integrating ministry into the whole disciplinary team concept," said Reverend Steven Smith, Ph.D., CPE supervisor, who facilitates the interns' growth and education.

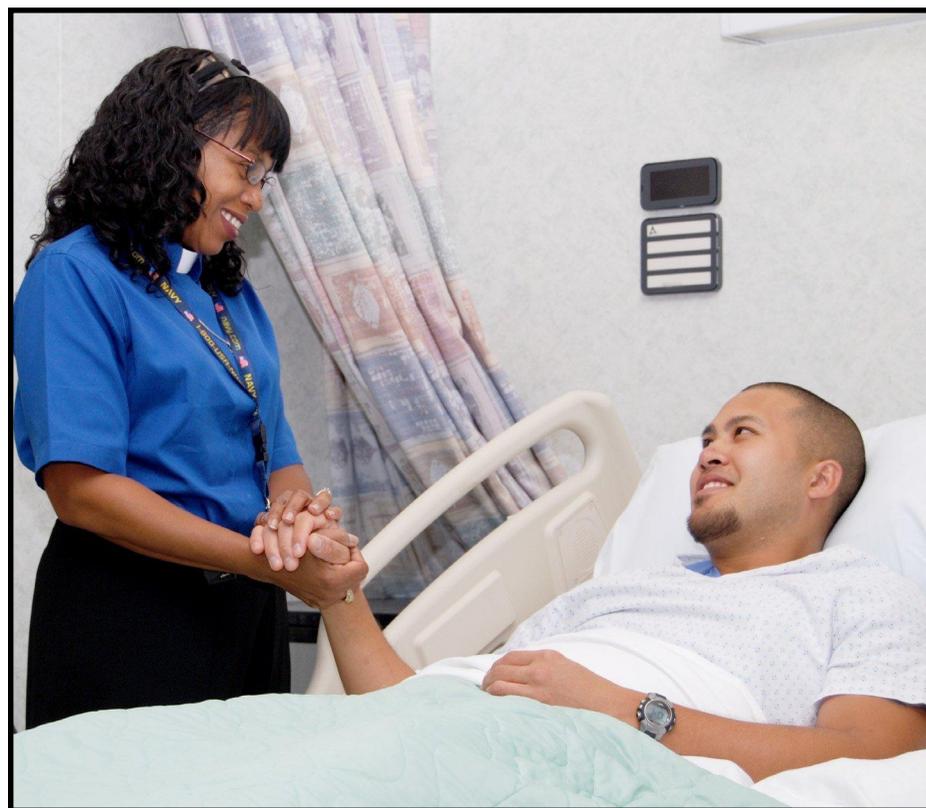
"The day can be quite challenging, because not only do you hear the triumphs of a Veteran's life, but the struggles and periods of pain. It is very rewarding to help them find joy and hope in a difficult time," said Barry Cuba, CPE intern. "I think we provide a sense of peace when difficult decisions need to be made."

The primary roles for VA hospital chaplains are to ensure Veteran patients (both inpatient and outpatient) receive appropriate clinical pastoral care as desired or requested by the Veteran; ensure hospital, domiciliary, and nursing home patients' constitutional right to free exercise of religion is protected; protect patients from having religion imposed on them; and implement the policy that religion is always the Veteran's choice.

"Ministering to Veterans presents a unique opportunity to experience history through their eyes," said Lorenzo Hatch, CPE intern. "I will use what I am learning for future assignments and apply those skills in any work area."

The heart of CPE is a student's ministry with people and learning from that ministry through reflection, discussion, and evaluation with other students and supervisors. MEDVAMC offers a summer internship and a year-long residency program.

"By having Chaplain Hatch assigned to our unit, there is more of a sense of visible spiritual connection for the patients and staff," said Donna Carter, R.N., nurse manager. "He has added to



*Clinical Pastoral Education Intern Sophelia Kelly comforts a Veteran in need. "It is very rewarding when Veterans and their family members allow me into private moments to share such a vulnerable time in their lives," said Kelly. "Veterans are such a unique group and deserve our best efforts."*

the overall team spirit of the unit. Not only does he bring comfort to Veterans and their family members, but to the staff as well. It is very helpful to have him readily available for assistance."

Chaplain coverage is available 24 hours a day, seven days a week,

particularly for urgent situations or emergencies.

"The VA, our Veterans, and their experiences here will forever be a part of who these spiritual caregivers become," said Smith. ♦ Frances M. Burke, Public Affairs Specialist

## Important VA Study Finds Waist Circumference Predicts Complications in Rectal Cancer Surgery

**HOUSTON** - According to researchers at the Michael E. DeBakey VA Medical Center (MEDVAMC) and Baylor College of Medicine (BCM), a patient's waist circumference can serve as a predictor as to whether the patient

will experience complications in recovering from rectal cancer surgery.

"Being overweight or obese is known to impact a patient's ability to recover from surgery," 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 indicates abdominal fat is particularly relevant to abdominal surgical outcomes."

Berger and Courtney Balentine, M.D., co-author of the paper and a fellow in surgical research at BCM, attempted to find out if a patient's waist circumference could serve as a better indicator than body mass index (BMI) in determining whether a patient would have difficulty recovering from surgery.

BMI is a common, statistical measurement that uses a person's height and weight to screen for weight categories that may lead to health problems.

"It is our contention that BMI misses the nuances of obesity because it is unable to demonstrate where the fat is distributed on the patient," said Balentine.

The study of 150 patients who underwent rectal cancer surgery found heavier patients were twice as likely to experience complications than patients with a smaller waist circumference. Patients with a waist of 45 inches or more were three times more likely to experience surgical site infections and twice as likely to require reoperation after their initial surgery.

"This study provides important insight for surgeons planning to operate on a patient with heavy midline fat distribution," said Berger. "Necessary surgical procedures cannot be avoided, but surgeons may want to consider altering antibiotic dosages in order to better fight infection."

Past studies of BMI and surgical infections have had inconsistent findings. Berger and Ballentine's study is the first using waist circumference as a predictor of short-term surgical complications. ♦

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



### Bipolar Disorder Research Study

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.

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

**BCM**  
Baylor College of Medicine



### 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.

Web site: [www.va.gov/HOMELESS](http://www.va.gov/HOMELESS)

# Local Veterans Compete in National Wheelchair Games

**HOUSTON** – Three local, wheelchair athletes brought home coveted gold, silver, and bronze medals from the 30<sup>th</sup> National Veterans Wheelchair Games held in Denver, Colorado in July. These athletes all receive their health care at the Michael E. DeBakey VA Medical Center (MEDVAMC).

Veterans from the MEDVAMC have participated in the National Veterans Wheelchair Games since 1981.

Competing under the team name “Texas Blasters,” Timothy Jones, 26, a Navy Veteran from Magnolia; David Fowler, 49, an Army Veteran from Katy; and Derrick Perkins, 46, an Air Force Veteran from Sugar Land were an unbeatable force.

“I enjoyed attending the games, meeting new friends, and running into old ones. The level of competition was higher than I expected, which meant that I had to step up my game,” said Jones, who won three gold, one silver, and one bronze medals. “I am looking forward to returning next year.”

The National Veterans Wheelchair Games, presented by the Department of Veterans Affairs (VA) and Paralyzed Veterans of America (PVA), are open to all U.S. military Veterans who use wheelchairs for sports competition due to spinal cord injuries, certain neurological conditions, amputations, or other mobility impairments.

“The Texas Chapter of the Paralyzed Veterans of America

sponsored 23 wheelchair athletes this year,” said Fowler, Chapter President. PVA was founded 63 years ago. For more than six decades, the organization and its 34 chapters have been working to create an America where all Veterans, people with disabilities, and their families have everything they need to thrive.

At the Games, Veterans competed in 17 different sports including air guns, archery, basketball, bowling, field events, handcycling, nine-ball, a motorized wheelchair relay, power soccer, quad rugby, softball, swimming, table tennis, track, trapshooting, weightlifting, and wheelchair slalom. An exhibition event in kayaking was also featured this year.

“The National Veterans Wheelchair Games give our disabled Veterans the opportunity to enjoy rigorous athletic competition, plus have some fun,” said Adam C. Walmus, M.H.A., M.A., F.A.C.H.E., MEDVAMC director. “Every year, these heroes demonstrate their talent, stamina, and determination at this outstanding event, the same qualities they exhibited when helping preserve our nation’s freedom.”

Sports are important in the rehabilitation therapy used to treat many disabilities. For many injured Veterans, the Wheelchair Games provide their first exposure to wheelchair athletics. VA is a recognized leader in rehabilitative and recreational therapies, and operates more than 1,400 sites of care, including 153 medical centers.



Houston competitor, Timothy Jones, a Navy Veteran, took home a bronze medal in Quad Rugby from the 30<sup>th</sup> National Veterans Wheelchair Games. “The level of competition was higher than I expected, which meant that I had to step up my game,” said Jones, who also won three gold and one silver medals in other events.

The VA Pittsburgh Health Care System and the Keystone Chapter of PVA will host the 2011 Games. For more information about the Games and qualifications to compete next year, visit [www.wheelchairgames.va.gov](http://www.wheelchairgames.va.gov). ♦ Fran Burke, Public Affairs Specialist

## 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

### Fibromyalgia 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

## Infection:

### Don’t Pass It On!

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

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## You Are Invited: Caregiver Events



The Parkinson's Disease Research, Education, and Clinical Center (PADRECC) at the Michael E. DeBakey VA Medical Center sponsors two events that will assist caregivers to learn how to recognize and reduce the emotional stressors of caregiving and how to apply new skills when caring for the physical and mental changes that may occur with Parkinson's disease.

### Patient and Family Forum

Friday, October 1, 2010, 11 a.m. - 1 p.m., Cancer Conference Room, Room 4C-345, MEDVAMC, 2002 Holcombe Blvd., Houston

This program will focus on "How to Care for Self While Caring for Others" and include discussion about common reactions such as guilt, anger, loneliness, fatigue, and sadness that face caregivers whose loved ones have been diagnosed with Parkinson's disease. Ways to maintain physical and emotional health and cope with stress and caregiving responsibilities will be presented.

### A Conference for Caregivers of Patients with Parkinson's Disease: Opportunities for Learning and Practical Experiences

Saturday, December 4, 2010, 8:30 a.m. - 1:45 p.m.

United Way of Greater Houston, 50 Waugh Drive, Houston

The conference will highlight practical aspects of caregiving, including changes in mobility, motor functioning, thinking/cognition, and speech/swallowing. The program will include community resources and stress reduction techniques.

Questions? Contact Naomi Nelson, Ph.D., R.N. at 713-794-8938.

## 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.*

## Parkinson's Disease Developments

(continued from page 1)

Earlier results from the landmark study appeared last year in the *Journal of the American Medical Association*, indicating that DBS overall is somewhat riskier than carefully managed drug therapy but may hold significant benefits for appropriate patients.

In DBS, surgeons implant electrodes in the brain and run thin wires under the skin to a pacemaker-like device. Electrical pulses from the battery-operated device jam the brain signals that cause motor symptoms such as stiffness and tremors. Thousands of Americans have seen successful results from DBS, but questions have remained about which of two stimulation sites in the brain yields better outcomes.

The new analysis finds both sites roughly equal for patient outcomes relating to movement symptoms. There

were subtle differences between the sites in terms of cognitive skills and mood, but the clinical significance of the differences is not clear.

Researchers will follow the study participants several more years to examine the relative benefits and risks of each DBS approach.

"VA is proud to partner with the National Institutes of Health on this research, the largest trial of its kind to date," said J. Kalavar, M.D., MEDVAMC chief of staff. "This and other ground-breaking research on Parkinson's disease ensure we provide the best care possible for Veterans with this common, debilitating disease."

The study was sponsored by VA's Cooperative Studies Program and the National Institute of Neurological Disorders and Stroke, part of the National Institutes of Health. ♦

## Expert's Corner

The Military Sexual Trauma (MST) Coordinator at the Michael E. DeBakey VA Medical Center is Audrey Dawkins-Oliver, L.C.S.W. at 713.791.1414, ext. 6881. MST is sexual assault or repeated, threatening sexual harassment that occurred during a Veteran's military service. MST can occur on or off base and while a Veteran was on or off duty. Perpetrators can be men or women, military personnel or civilians, commanding officers or subordinates, strangers,



friends, or intimate partners. A significant number of men and women seen in the VA health care system report having experienced MST.

1 About one in five women and one in 100 men have told their VA health care providers they experienced sexual trauma in the military. Because of the disproportionate ratio of men to women in the military, these numbers are actually comparable.

2 Every VA facility has an MST Coordinator who serves as a point of contact for MST-related issues and treatment:  
Beaumont: Mary E. Taylor, 409.981.8550, ext. 9226158  
Conroe: Kathleen M. James, 1.800.553.2278, ext. 1993  
Galveston: Nancy D. Hanna, 1.800.553.2278, ext. 12704  
Houston: Audrey Dawkins-Oliver, 713.791.1414, ext. 6881  
Lufkin: Beverly Roach, 936.671.4349  
Richmond: Lisa Whipple, 1.800.553.2278, ext. 12925

3 MST affects both mental and physical health. Sexual trauma is more likely to result in symptoms of post-traumatic stress disorder (PTSD) than are most types of trauma, including combat. Although MST can affect a Veteran's mental health in a variety of overt and subtle ways, depression and substance abuse are particularly common. MST can also have severe consequences for physical health and is associated with higher rates of headaches, gastrointestinal difficulties, sexual dysfunction, chronic pain, and chronic fatigue.

4 Like all other personal health information, a Veteran's MST status remains confidential at the VA.

5 VA Directive requires health care providers to screen all Veterans for MST. However, most Veterans will not disclose they experienced MST unless directly asked about it.

6 Treatment for all mental and physical health conditions related to MST is free at the VA.

7 Veterans may be eligible for free MST-related care even if they are not otherwise eligible for VA services. Special eligibility rules apply to MST. Many of the standard requirements related to length of service or financial means do not apply. Veterans do not need to be service-connected, to have reported the incident(s) at the time, or to have other documentation that MST occurred in order to receive free MST-related care.

8 Treatment resources, education materials, and other information are available at [www.vetcenter.va.gov/Military\\_Sexual\\_Trauma.asp](http://www.vetcenter.va.gov/Military_Sexual_Trauma.asp).

# Veterans' Questions

Answers provided by

Patient Advocates in Consumer Affairs  
Room BA-200 (Basement)  
(713) 794-7884

or e-mail

[vhahougeneralquestions@va.gov](mailto:vhahougeneralquestions@va.gov)

## Question: What does the new VA regulation on PTSD do?

**Answer:** The new VA regulation liberalizes the evidentiary standard for Veterans claiming service connection for post traumatic stress disorder (PTSD). Under current regulations governing PTSD claims, unless the Veteran is a combat Veteran, VA adjudicators are typically required to undertake extensive record development to corroborate whether a Veteran actually experienced the claimed in-service stressor.

This new rule will simplify and improve the PTSD claims adjudication process by eliminating this time-consuming requirement where the claimed stressor is related to "fear of hostile military or terrorist activity," is

consistent with the places, types, and circumstances of their service, and a VA psychiatrist or psychologist, or contract psychiatrist or psychologist confirms that the claimed stressor is adequate to support a diagnosis of PTSD.

For more information, contact the Houston VA Regional Office at 713-383-1999 or toll-free 1-800-827-1000.

## Question: What is shingles and does the VA offer the vaccine for shingles?

**Answer:** Yes, the VA does offer the shingles vaccine. Talk to your doctor during your next appointment. Shingles, also known as herpes zoster, is caused by a re-awakening of dormant chickenpox virus in the body. It is marked by a painful, blistering rash. It can affect anyone who had chickenpox as a youth, virtually all middle-aged and older Americans, and half of those who live to 85 will get the disease. Doctors in the United States treat about a million cases each year. Most cases clear up within a week, but some patients suffer anguishing nerve pain for years. While not life-threatening, this complication can bring on insomnia, muscle aches, depression, and other medical problems.

## Question: There are times I show up and cannot get my VA travel pay. I rely on this for gas, what can I do?

**Answer:** Because of the constant changes in current laws and directives with the VA's Beneficiary Travel Program and other factors, you should always ensure you have adequate funds for your

transportation to and from a VA facility. While the Travel Office strives to process each travel claim for immediate reimbursement, there are times unforeseen circumstances occur. All eligible claims for reimbursement made within the 30-day requirement are processed as quickly as possible.

## 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](mailto:bobbi.gruner@va.gov) to sign up to receive news releases and information. You can also visit [www.houston.va.gov](http://www.houston.va.gov) and click on the "News Center" symbol.

## Question: How can I get a copy of my medical records?

**Answer:** If you wish to request or release your VA health information, contact the Release of Information Unit, located on the first floor, Room 1B-304, 713-794-7776. At the Outpatient Clinics, contact the Administrative Officer.

## Question: What if a Veteran chooses to go to his "preferred" facility instead of the closest VA facility that can provide the care?

**Answer:** Veterans have the choice to go to any VA facility they choose for care. However, travel can only be authorized to the nearest facility that can provide the needed care. Therefore, should a Veteran choose to go to another facility than the one closest to his home, he or she is responsible for any costs beyond that for transportation to the closer facility. This includes mileage and special mode transportation.

## Question: Will VA pay for my hearing aids and eyeglasses?

**Answer:** Hearing aids and eyeglasses generally require a service-connected disability rating of 10 percent or more. Nonservice-connected Veterans with a pension, housebound Veterans, and aid & attendance Veterans are also eligible. Hearing aids and eyeglasses are usually

not provided to nonservice-connected Veterans for generally occurring hearing or vision loss.

## Question: What is the status of a parking garage at the Houston VA?

**Answer:** A construction project was recently approved and will enable us to begin the process of building a parking garage. In approximately two years, the Houston VA will have a two-story parking garage over parking lot N and will be able to continue to add additional levels. In the meantime, we have increased surface parking by 500 additional parking spaces. The next plan to help with parking congestion focuses on controlling access to parking lots with gates. Parking will still be free for Veterans, volunteers, staff, and legitimate visitors; however, each group will be issued a card or chip.

## Question: I received a survey in the mail. Should I fill it out?

**Answer:** The Department of Veterans Affairs regularly surveys Veterans to find out what you think about your VA health care using the Survey of Healthcare Experiences of Patients (SHEP). The SHEP survey examines VA's quality of care and helps us to better understand patient expectations and needs. Your feedback and comments help us find ways to improve and learn what areas you think already work well. However, official VA surveys will not ask you for personal information such as your social security number or birthday.

## Question: What should I do if I am running low on medications?

**Answer:** Your provider will make sure you have enough refills to last until your next appointment. However, if you find yourself running out of medication and have no refills left, contact your doctor or nurse directly or call the VA Network Telecare Center at 713-794-8985 or toll-free 1-800-639-5137. To avoid running out, we recommended you order your next refill the same day you receive your medication in the mail.

## 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 <a href="http://www.myhealth.va.gov">www.myhealth.va.gov</a>
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

## Live southwest of Houston and tired of driving into the city for VA Primary Care appointments?



## Call today to transfer your care to the NEW Richmond VA Outpatient Clinic.

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