



Complex Aneurysm Surgery Saves Air Force Veteran's Life

76-year-old, Air Force Veteran Richard King from Sour Lake, Texas is the first patient to receive a branched stent-graft in Houston.

HOUSTON - Surgeons at the Michael E. DeBakey VA Medical Center (MEDVAMC) recently performed complex aneurysm surgery using a special stent configuration to save the life of a 76-year-old, Air Force Veteran suffering from complex aortoiliac aneurysm.

"When I entered the hospital, I knew I was in bad shape," said Richard King from Sour Lake, Tx. "But the doctors and nurses were great; I was very impressed with the care at the Houston VA Medical Center."

An aneurysm is a weakened spot in the aorta, the major pipe-like structure that carries blood from the heart to the rest of the body. The weakened area bulges out and can possibly rupture. When this occurs, a person can bleed to death in minutes. When the aneurysm involves one of the large side branches,

repairing the aneurysm with a stent-graft can be extremely difficult. Over the last few years, surgeons have modified existing stent-grafts to preserve flow to these important aortic side branches.

"There are two types of surgeon-modified stent-grafts we can choose from, depending on the location and extent of the aneurysm," said Carlos Bechara, M.D., M.S., staff vascular surgeon and also an assistant professor of Vascular Surgery and Endovascular Therapy at Baylor College of Medicine (BCM). "The 'fenestrated stent-graft' type is used to treat aortic aneurysms located in the lower chest and upper abdomen. It is constructed by creating small holes or 'fenestrations' on the main graft to match the location of the patient's side branches to vital organs. The

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Photo by Mike Nichols, Audio/Visual Specialist

Members of the vascular surgery team at the Michael E. DeBakey VA Medical Center, (from left) Panos Kougas, M.D., Vascular Surgery Section chief, George Pisimisis, M.D., staff vascular surgeon, and Carlos Bechara, M.D., M.S., staff vascular surgeon, talk with Air Force Veteran Richard King after his complex aneurysm surgery.

Permanent Housing for Homeless Veterans

New VA grant to Harris County provides more than \$666,000 to assist with rent payment.

HOUSTON - In July, the Department of Veterans Affairs announced the award of \$666,765 to the Harris County Housing Authority to increase permanent housing and case management for area Veterans.

"This initiative will strengthen our ongoing efforts to eliminate Veteran homelessness and improve quality of life for Veterans," said Adam C. Walmus, M.H.A., M.A., F.A.C.H.E., director of the Michael E. DeBakey VA Medical

Center. "Working with our partners at HUD and in the community, we continue to make good progress to reduce Veteran homelessness, though much work remains."

The funding, from Housing and Urban Development's Veterans Affairs Supportive Housing program (HUD-VASH), is a coordinated effort by HUD, VA, and local housing agencies to provide permanent housing for homeless Veterans.

Homeless Veterans are referred to the Harris County Housing Authority for "Housing Choice" Section 8 vouchers to assist with rent payment. With this latest grant, the Harris County Housing Authority will receive 125 additional housing vouchers.

Eligible homeless Veterans receive VA-provided case management, and services to support stability and recovery from physical and mental health, substance use, and functional concerns contributing to or resulting from homelessness.

"We are committed to providing our Veterans and their families with access to affordable housing and medical services that will help them get back on their feet and off the street," said Homeless Domicillary Chief Anthony Morris.

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Photo by Shaun James, Audio/Visual Specialist

"We are committed to providing Veterans and their families with access to affordable housing and medical services that will help them get back on their feet," said Homeless Domicillary Chief Anthony Morris. From left, Army Veteran Michael Adam, Morris, Air Force Veteran Shirley Grant, and Coast Guard Veteran Stephen Drury.



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**New
Lake Jackson
VA Clinic
Opens Oct. 11**

Call 713-791-1414, press 1, then dial ext. 4989 to transfer your primary care today!
See page 5 for details.

Houston VA Leads Fight against Esophageal Cancer

Deadly disease has a 5-year patient survival rate of just 16 percent.

HOUSTON - An outpatient treatment that destroys pre-cancerous tissue in the lining of the esophagus is now widely available for Veterans at Michael E. DeBakey VA Medical Center.

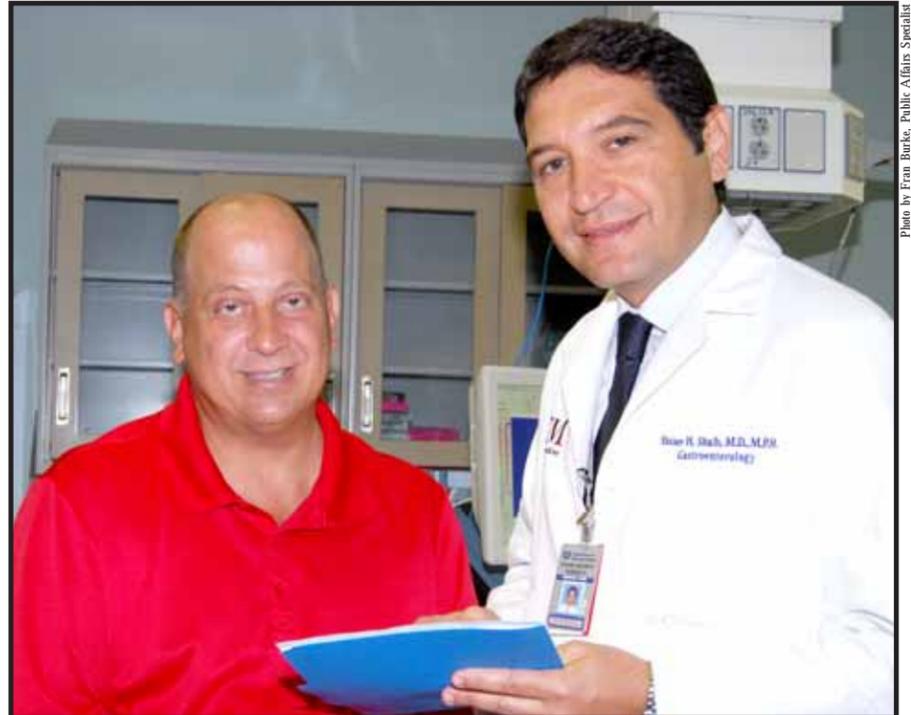
Endoscopic radiofrequency ablation therapy has been in pilot use at the DeBakey VA for more than four years and was recently featured in the *New England Journal of Medicine* as a highly effective treatment for complete eradication of Barrett's esophagus, a pre-cancerous condition that affects one to two million adults in the United States each year.

According to Yasser Shaib, M.D., M.P.H., Therapeutic Endoscopy chief at the DeBakey VA who is specially trained in the ablation therapy, Barrett's disease occurs when the esophagus is chronically exposed to gastric contents of the

stomach caused by gastroesophageal reflux disease (GERD). With prolonged acid exposure, normal cells in the esophagus can undergo a genetic change and are then vulnerable to further changes that can lead to cancer.

Individuals with Barrett's esophagus have a 40 to 130 times higher incidence of developing esophageal cancer than those without the condition. Esophageal is presently the fastest growing form of cancer in the United States.

"The main purpose of the ablation procedure is to ablate, or remove the abnormal lining of the esophageal," said Shaib, who led the pilot program at the DeBakey VA and is also an associate professor of Medicine at Baylor College of Medicine. "The tissue then regenerates and normal tissue grows back. This eliminates or markedly



"The main purpose of the ablation procedure is to remove the abnormal lining of the esophageal," said Yasser Shaib, M.D., M.P.H., Therapeutic Endoscopy chief at the Michael E. DeBakey VA Medical Center with Veteran Joseph Armiak during a follow-up appointment. "The tissue then regenerates and normal tissue grows back. This eliminates or markedly reduces the chances of cancer developing."

reduces the chances of cancer developing. Data from studies shows that the treatment is highly effective. In fact, it looks very promising."

During the procedure, an ablation catheter is positioned on the abnormal esophageal tissue. The physician then delivers a rapid burst of ablative energy which removes a very thin layer of the disease esophagus. The procedure is performed in an outpatient setting, without incisions, and takes less than 30 minutes on average.

For a person with Barrett's disease, David Y. Graham, M.D., Digestive Disease Section chief says the risk of developing esophageal cancer is similar to the risk of developing colon cancer for patients who have a colon polyp.

However, unlike a colon polyp which is removed immediately upon diagnosis through a colonoscopy, the

standard treatment for Barrett's disease was "watchful waiting" or surveillance to monitor the progression of the disease.

Esophageal cancer is often incurable because the disease is frequently discovered in the advanced stages. Former Texas Governor Ann Richards, Baseball Hall of Famer Harmon Killebrew, and legendary actor Humphrey Bogart all died of this fatal disease. Esophageal cancer has a five-year patient survival rate of just 16 percent.

"It usually starts with GERD, which can cause Barrett's disease, which can lead to esophageal cancer," said Graham, who is also a professor of Medicine at Baylor College of Medicine. "That's why it's important to seek medical treatment for symptoms of GERD, the most common being heartburn." ♦

A Word from the Director . . .

Initiatives to Improve Our Customer Service

HOUSTON - When I assumed the responsibility of director of the Michael E. DeBakey VA Medical Center in August 2009, I set my sights on providing the highest quality medical care to you, the Veteran. The only reason the VA exists is to serve you.

Therefore, I want to thank you for the feedback you provided through the Survey of Healthcare Experiences of Patients (SHEP) and Press Ganey Surveys. I absolutely value your opinion and will use your comments to look for ways to improve the quality of health care and customer service we provide.

Here are a few of the initiatives we have implemented based on your feedback:

"Supersize My Attitude" Training

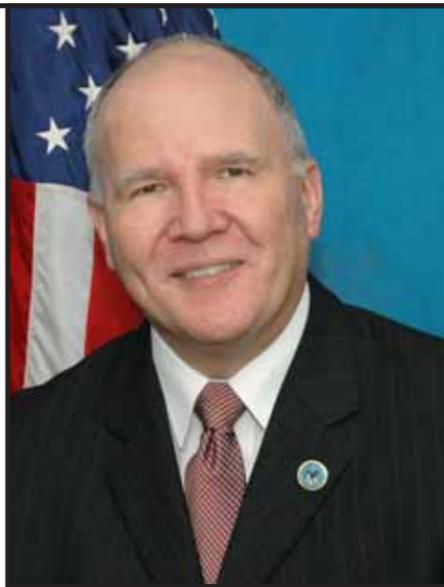
- This class was developed for clerks and other frontline staff to improve their attitude. When you arrive for your appointment, you should be greeted by staff who are friendly, courteous, and eager to assist you.

"Creating a Service Culture for Supervisors" Training

- The course was developed for facility managers and supervisors to create an organizational culture focused on excellent customer service. It is important to begin this culture change with the leaders throughout the organization.

"Creating a Service Culture for Staff" Training

- The emphasis of this training is to ensure each and every



*Adam C. Walms, MA, MHA, FACHE
Medical Center Director*

employee knows his or her role and responsibility, and how it contributes to the VA Mission. Each employee must understand the part they play in providing first-rate customer service.

New Employee Orientation

- I speak to all new employees at the New Employee Orientation class held every other week. I do this because I hold each one personally responsible for treating all Veterans with the dignity and respect they deserve, and have earned. I also remind the new employees that the health care the VA provides is not free. Veterans have already paid for it with their service and sacrifice for our country.

Since March 2010, my staff has also conducted presentations during these orientation sessions about SHEP scores and my expectations for exceptional customer service.

The MEDVAMC staff and I remain committed to providing you the best possible health care available anywhere. Please continue telling us how we can better serve you by completing the SHEP and Press Ganey Surveys. We want to be your health care provider of choice. Thank you for your service to our country. ♦

New Housing Grants for Homeless Veterans

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Veterans participating in the HUD-VASH program rent privately owned housing and generally contribute no more than 30 percent of their income toward rent. VA offers eligible homeless Veterans clinical and supportive services through the Michael E. DeBakey VA Medical Center.

About one-third of the adult homeless population has served their country in the Armed Services. Current population estimates suggest that about 107,000 Veterans (male and female) are homeless on any given night and perhaps twice as many experience homelessness

at some point during the course of a year. Many other Veterans are considered near homeless or at risk for homelessness because of their poverty, mental health or substance abuse issues, lack of support from family and friends, and dismal living conditions in cheap hotels or in overcrowded or sub-standard housing.

If you know a Veteran who needs assistance, please call 1-877-4AID VET (877-424-3838) or the Health Care for Homeless Veterans Program in Houston at 713-794-7848. More information about VA's homeless programs and services is available online at www.va.gov/homeless. ♦

**11th Annual Stand Down
for Homeless Veterans
Oct. 20, 2011, 8 a.m. - 6 p.m.
Emancipation Park
Community Center
3018 Dowling Street, Houston**

Participants Needed For Traumatic Brain Injury Treatment Studies

HOUSTON - The Michael E. DeBakey VA Medical Center (MEDVAMC) is currently recruiting participants for several clinical research studies investigating traumatic brain injury (TBI).

TBI is the signature wound of combat in Iraq and Afghanistan. An estimated 300,000 Veterans have sustained brain injury from the wars in Iraq and Afghanistan, usually from exposure to blasts. TBIs vary in severity from mild to moderate to severe. A mild TBI involves brief loss of consciousness, or a feeling of being "dazed" or confused, and, in some cases, difficulty remembering details about the injury.

"Some Veterans who have experienced a TBI report problems with headaches, memory, attention and concentration, mood swings, and sleep," said Drew A. Helmer, M.D., M.S., associate director of Research - Prime Care. "If the symptoms are due to brain injury, they are called "post-concussive" symptoms; however, these symptoms may also be related to other conditions such as posttraumatic stress disorder — in many cases, these symptoms result from a combination of TBI and PTSD."

In 2009, the MEDVAMC was awarded a five-year \$5 million grant from the Department of Veterans

Affairs Office of Research and Development to establish a new VA Rehabilitation Research Center of Excellence focusing on mild to moderate traumatic brain injury. The Neurorehabilitation: Neurons to Networks (N:N2N) Center of Excellence was created to focus on mild TBI.

"Most Veterans with mild TBI recover fully; but, some have longer lasting problems that can interfere with their ability to work or get along with their friends and family," said Helmer, who is also an assistant professor of Medicine at Baylor College of Medicine (BCM) and director of Recruitment and Retention for the N:N2N TBI Research Center.

The Center offers innovative tests to determine when a Veteran's brain is functioning normally as well as help explain persistent impairments some Veterans may suffer. Participants are interviewed, fill out several questionnaires, and take a few computer-based tests. Some participants are invited to undergo a Magnetic Resonance Imaging (MRI) scan. These tests will assist health care providers in determining how rehabilitation can facilitate recovery.

Some of the tests are similar to computer games and measure a person's ability to solve problems. They also

To find out if you can benefit from this study, contact the study coordinator at 832-316-6336, 713-794-7493, or toll-free 1-866-838-2778.



Army Veteran Xavier Negrete, who suffered a traumatic brain injury, talks with Occupational Therapist Tracey Kessel, O.T.R., during a recent appointment. Some Veterans who have experienced a TBI report problems with headaches, memory, attention and concentration, mood swings, and sleep," said Drew A. Helmer, M.D., M.S., associate director of Research - Prime Care.

evaluate short-term memory, ability to interact in a competitive contest, and ability to process information in a timely manner.

New MRI tests look at the delicate connecting structures in the brain that may be disrupted by exposure to a blast, and how the brain makes decisions. Other tests evaluate how well a Veteran reintegrates into day-to-day routines and family life after returning from a deployment.

"These new tests may identify subtle injuries not detected by current clinical tests. Better understanding of brain function means rehabilitation strategies can be customized for the individual," said Harvey Levin, Ph.D., N:N2N Center of Excellence director. Levin is

also a professor and the director of research in the Department of Physical Medicine and Rehabilitation at BCM, and was recently selected to serve on the Institute of Medicine's Committee on Cognitive Rehabilitation Therapy for Traumatic Brain Injury.

Anyone deployed to a combat theater in support of Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), or Operation New Dawn (OND), regardless of their current Veteran or military status is invited to participate in the research study.

To learn more, contact the study coordinator at 713-794-7493 or toll-free 1-866-838-2778. Participants will be reimbursed for their time and effort. ♦

Air Force Veteran Selected as New Deputy Director



As deputy network director of the South Central VA Health Care Network, Bryan T. Bayley (left) attended the opening of the new Charles Wilson VA Outpatient Clinic in Lufkin on August 28, 2009 along with U.S. Representative Louie Gohmert and Charlie Wilson (right).

HOUSTON – Air Force Veteran Bryan T. Bayley, M.H.A., F.A.C.H.E.-B.C. was recently selected as the new deputy director for the Michael E. DeBakey VA Medical Center (MEDVAMC). In this new post, Bayley, who has been with VA since 2000, will serve as the chief operating officer for the organization.

"With his strong leadership skills and personal drive, Bryan has a proven track record of ensuring VA health care is more attentive to Veterans and their families; more performance-based and quality-driven; and better supported by medical education, research, and information systems," said Adam C. Walmus, MEDVAMC director.

Prior to joining the VA medical center in Houston, Bayley was the deputy network director of the South Central VA Health Care Network (VISN 16) and responsible for the daily operations of the Network. VISN 16 covers a vast area of 170,000 square miles, serving Veterans in Oklahoma, Arkansas, Louisiana, Mississippi, and parts of Texas, Missouri, Alabama, and Florida. More than 445,000 Veterans annually seek care from VISN 16's ten medical centers and 40 community based outpatient clinics.

Bayley has more than 35 years of federal service with a wide variety of progressive, demanding leadership experience. From 2004 to 2008, he served as the associate director of the Amarillo VA Health Care System in Texas. From 2002 to 2004, he was the chief information officer at the Kansas City VA Medical Center. During that tenure, he spent approximately six months as acting associate director for operations. From 2000 to 2002, he was a supervisory computer specialist at the Carl T. Hayden VA Medical Center in Phoenix.

From 1976 until 1988, Bayley served on active duty in the U.S. Air Force. Bayley holds a master's degree in Health Administration. He is board certified as a Fellow of the American College of Healthcare Executives.

Proud of his military service and the long history of service to country in his family, Bayley is a Vietnam Era Veteran with almost 13 years in the U.S. Air Force. His grandfather served in both World War I and World War II. His father is a Korean War Marine Corps Veteran. The youngest of his three sons, Mark, has completed two combat tours in Iraq serving with the U.S. Army. ♦

First Branched Stent-Graft Surgery in Houston Performed at VA



Photo by Mike Nishak, Atrial/Vascular Specialist

"Using commercially available stent-grafts alone, pelvic circulation in these patients would be sacrificed to treat the aneurysm. The branched stent-graft technology allows us to treat such extensive aneurysms while preserving blood supply to the pelvis," said George Pisimisis, M.D., staff vascular surgeon (left) with Carlos Bechara, M.D., M.S., staff vascular surgeon, and Panos Kougas, M.D., Vascular Surgery Section chief.

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side holes are then bridged to the side branches using smaller tubes called stents to preserve the flow."

"The 'branched stent-graft' type we used in Mr King's operation is appropriate in the treatment of

aneurysms that extend all the way to the pelvis, known as aortoiliac aneurysms," said George Pisimisis, M.D., staff vascular surgeon and also an assistant professor of Vascular Surgery at BCM. New to the DeBakey VA staff, Pisimisis has played a pivotal role in the

development of a fenestrated aortic program because of his special training in aortic fenestration techniques.

"Using commercially available stent-grafts alone, pelvic circulation in these patients would be sacrificed to treat the aneurysm. The branched stent-graft technology allows us to treat such extensive aneurysms while preserving blood supply to the pelvis," said Pisimisis. "Instead of simply creating side holes, we attach a fabric-made side branch to the main tube graft so it is geometrically oriented to align precisely with the target vessel of the patient."

"Customization and implantation of commercially available stent-grafts to fit each patient's unique anatomy - although based on a simple concept - can be very challenging and requires attention to detail to avoid serious complications," said Panos Kougas, M.D., Vascular Surgery Section chief and also an assistant professor of Vascular Surgery at BCM. "This includes precise measurements using sophisticated, 3-D imaging reconstructions, high quality radiology equipment, and the presence of a physician team with advanced endovascular skills."

King, the first patient to receive a branched stent-graft in the Texas Medical Center, was discharged from the MEDVAMC soon after the procedure.

He is now spending time with his family and returning to normal activities.

Vascular surgeons at the MEDVAMC perform a large number of operations for arterial occlusive disease, aneurysmal disease, and venous occlusive disease. A state-of-the-art hybrid, operating room enables the combination of traditional open surgery with advanced, endovascular techniques in the same setting; therefore, providing minimally invasive treatments addressing complex surgical problems. The result has been a substantial reduction in patient morbidity and the cost of post-operative care at the MEDVAMC.

Recently, the same vascular surgery team successfully placed a visceral, fenestrated stent-graft in another patient who had a large recurrent aneurysm involving the aorta and the arteries supplying blood to his kidneys and the small intestine.

"Not many surgeons have the skill set and training required to successfully perform such complex procedures," said David H. Berger, M.D., M.H.C.M., Operative Care Line executive at the MEDVAMC and also a professor of Surgery at BCM. "We are proud the Michael E. DeBakey VA Medical Center has some of the best doctors in the country and offers the latest, minimally invasive alternatives for our Veterans." ♦

We are Here to Keep You in Good Health ... But

HOUSTON - But no one lives forever so let's speak frankly.

It's a simple fact of life. Yet as a practicing physician, it continually saddens me to see again and again a Veteran who has not made his or her wishes clear about what to do when tragedy strikes. How heartbreaking it is to see the decisions about what to do in this most critical, last step in life's journey left to chance or to a distant relative who barely knew the Veteran.

Unfamiliar with the patient's wishes, relatives are often faced with this heavy decision and many times advise us to proceed with heroic measures even when such therapy is likely to be very painful for the patient, unlikely to succeed, and possibly unwanted by the patient.

Both provider and patient have a responsibility here. The time to make crucial end of life decisions is during routine office visits when neither patient nor provider is under duress.

When I attend on our general medicine wards, not a month goes by when I am not faced with having to address these issues with the patient for the first time in his life.

This is especially poignant when the patient has been already diagnosed with a serious condition that may be life-threatening and the medical consequences should already have been discussed and decisions made.

At the Michael E. DeBakey VA Medical Center, we are making every effort to ensure end-of-life situations are cared for in a compassionate and peaceful manner.

When some hear the words hospice or palliative care, they automatically

believe they will receive less care. This could not be further from the truth. Patients actually receive very special care designed specifically for their needs in helpful and soothing surroundings and a compassionate fashion.

This issue is everyone's responsibility. Patients, families, and providers should make these decisions on these issues a priority now - today.

Do your part by talking with the Chaplain Service at 713-794-7125 or the social worker in your primary care clinic or nursing unit for information about an "Advance Directive."

An Advance Directive is a legal form you create that helps your doctors and family members understand your wishes about health care.

The types of Advance Directives we use are: (1) durable power of attorney for health care and (2) living will.

A Durable Power of Attorney for Health Care lets you name a person you trust to make health care decisions for you. It is best to choose someone who knows you well and who knows your values. If you do not choose someone, your health care decisions will be made in accordance to the laws of your state.

A Living Will is a legal form that states what kinds of medical care or treatments you would or would not want if you become ill and cannot speak for yourself. This is not a last will and testament. If you do not have a living will, medical decisions will be made for you based on what is known about your values.

Unless you have a crystal ball, no one knows when tragedy will strike. Let us know your wishes so we can carry them

out, whatever they are. We pledge to help you in your darkest hour, and we can serve you much better if we know what you want us to do. ♦ *Listed as one of the*

best doctors in the nation in the field of cardiovascular disease, Blase A. Carabello, M.D. is the Medical Care Line executive at the Michael E. DeBakey VA Medical Center.

U.S. Department of Veterans Affairs

IT'S YOUR CALL

Confidential help for Veterans and their families

1-800-273-8255 PRESS 1

Veterans Crisis Line

Confidential chat at VeteransCrisisLine.net

Lake Jackson VA Clinic Opens October 11

A Ribbon Cutting Ceremony with facility tours will be held Friday, October 7, 2011, 10 a.m.



Photo by Lada Gregory

The new Lake Jackson VA Outpatient Clinic is located at 208 South Oak Drive, Suites 700 and 800, Lake Jackson, 77566 near the Post Office and the Brazosport Regional Health System complex. The VA-staffed facility will provide primary health care, mental health care, and women's health services in addition to phlebotomy, X-ray, and telemedicine services.

HOUSTON - The Michael E. DeBakey VA Medical Center (MEDVAMC) will open a VA outpatient clinic in Lake Jackson, Tx. on Tuesday, October 11, 2011.

"Opening the Lake Jackson VA

Outpatient Clinic will bring medical care closer to where our Veterans live and greatly expand VA health care access south of Houston," said Adam C. Walmus, M.H.A., M.A., F.A.C.H.E., MEDVAMC director.

The approximately 10,000 sq. ft. clinic is located at 208 South Oak Drive, Suites 700 and 800, Lake Jackson, 77566 near the Post Office and the Brazosport Regional Health System complex.

A Ribbon Cutting Ceremony will take place on Friday, October 7, 2011 at 10 a.m. The event is open to the public and all Veterans are invited to attend. Tours of the clinic will be available after the ceremony.

"An outpatient clinic in Lake Jackson is great, great news for Veterans living in Brazoria County," said John Jerabeck, Brazoria County Veterans Service Officer. "Veterans here are really looking forward to having easy access to local VA health care."

The clinic, with 12 exam rooms, will be open Monday through Friday, 8 a.m. - 4:30 p.m. The VA-staffed facility will provide primary health care, mental health care, and women's health services in addition to phlebotomy, X-ray, and telemedicine services. Emergency medication needs will be met on a local contract basis.

Veterans who wish to transfer their primary health care to the new Lake Jackson Clinic should call 713-791-1414, press 1, then dial ext. 4989. ♦

In Purple Heart Medal, Researchers Seek Clues to Combat Stress Resilience and Longer Life

HOUSTON - A VA study found that aging Veterans who earned the Purple Heart show decreased mortality compared with those who had not earned the medal. Additionally, those war-wounded Veterans who survive into later life—especially those who do not develop posttraumatic stress disorder (PTSD)—may provide valuable clues as to the factors that lead to resilience to combat stress.

A team of VA researchers who studied more than 10,000 Veterans of World War II and the Korean War produced these findings, which appeared in the journal *Depression and Anxiety*.

"Among the older Veterans we studied, those with Purple Heart citations had half the mortality rate of those without Purple Heart citations," said co-author Mark Kunik, M.D., M.P.H., a psychiatrist at the Michael E. DeBakey VA Medical Center (MEDVAMC).

Whether the Purple Heart holders had chronic PTSD or not, they were about twice as likely to still be alive after some 10 years of follow-up, compared with those with no Purple Heart and no PTSD. The study included Veterans who were 65 and or older in the late 1990s. It tracked their survival through 2008.

It is estimated that more than a million Servicemembers received a Purple Heart in World War II, and nearly 119,000 in the Korean War.

In recent years, researchers with VA and the Department of Defense have sought insight into the psychological and neurobiological factors that enable some Servicemembers to not develop PTSD after traumatic events.



Photo by Robbi Connor, Communications Director

Army Veteran Hubert McCarty meets with Mark Kunik, M.D., M.P.H., a VA psychiatrist. "Among the older Veterans we studied, those with Purple Heart citations had half the mortality rate of those without Purple Heart citations," said Kunik.

The authors of the new VA study say Purple Heart holders who survive long past their war experience without PTSD may be the ideal population on which to focus such research.

"Our theory was that there are many factors that contribute to resilience to PTSD, and these same factors may increase survival," said co-author Salah Qureshi, M.D., a psychiatrist at the MEDVAMC.

The researchers were surprised to find that among Purple Heart recipients, those *with* PTSD had slightly lower mortality than those *without* PTSD. This is a contradiction to several studies that have shown a link between chronic stress

conditions such as PTSD and worse survival. Kunik, Qureshi, and colleagues suggest this finding is due to what they term "early attrition."

Those who had been physically injured in World War II or Korea and suffered PTSD may have been less likely to survive until age 65 in the first place; the PTSD-Purple Heart group included in their study may have been an exceptionally healthy and hearty cohort of Veterans.

The researchers say further studies may lead to new insights to help prepare Servicemembers of the current conflicts to cope with the stress and trauma of war. ♦

10 Tips for Healthy and Budget Friendly Grocery Shopping

1. Make a List

Plan a shopping list before going to the store. Shopping from a list will save time and money by keeping extra items out of your cart.

2. Don't Shop When Hungry

Shopping on an empty stomach makes junk foods more tempting and you often buy foods you do not need. Grocery stores are designed so shoppers make last minute purchases.

3. Look High and Low

High sugar and more costly items are usually placed at eye level. Look around the shelves to find better deals and options.

4. Shop the Outer Border

Fresh fruits and vegetables, meats, dairy, and breads tend to be on the far sides of stores, so start there before shopping the inner aisles for other food items.

5. Buy Locally

Fruits and vegetables in season offer the best food value for your money. Fresh, local fruits and vegetables often cost less when they are in season.

6. Read Food Labels

Read the food label to find the healthiest and best value food items. Compare factors and nutrients using the % Daily Value. Healthy options contain less fat, trans fat, cholesterol, and salt. Select foods with more fiber, vitamins, and minerals. The item listed first on the label is the heaviest item in the product.

7. Buy Fresh or Frozen

If you cannot find the fresh fruits and vegetables you want or need to store food for a longer time, try buying foods from the frozen section rather than canned foods. Frozen foods may hold their value longer, and canned foods usually contain more salt.

8. Store Specials and Coupons

Shopping from the in-store specials flyer can greatly reduce your shopping bill. Check for sale items and look for in-store coupons matching food on your list.

9. Healthy Food Facts

A "healthy" food must be low in fat, or have less than three grams of fat per serving. It should have less than one gram of saturated fat per serving. A low cholesterol food should have less than 60 mg. per serving. Salt should be limited to less than 480 mg. per serving.

10. Healthy is Not Expensive

Healthy choices can be found at an equal cost to regular food items. Whole grain and wheat breads and pasta are very similar in cost to white breads and pastas. In season fruits and vegetables are some of the least costly items in the store.

by Jennifer Adams, Dietetic Intern

The Truth about Food Claims

HOUSTON - Have you wondered what it means when a food is labeled as "Low cholesterol" or "Reduced sodium?" What is the difference between "Sugar free" and "No sugar added?"

Food companies often put claims on their products to make them sell better. Fortunately, many of these claims are regulated by the Food and Drug Administration (FDA). Therefore, a product must meet certain standards to have these labels.

Calories

Calories is the energy provided by food. If you take in more than you need, it is stored by your body as fat.

Calorie free means an item has less than five calories per serving. Low calorie is 40 calories or less per serving. Reduced calories is at least 25 percent fewer calories per serving than a regular product.

Fat

Fat is stored by your body for extra fuel. Everyone needs some fat, but too much puts a strain on your heart and joints.

Fat free means an item has less than 0.5 grams of fat per serving. Saturated fat free is less than 0.5 grams of saturated fat per serving and the level of trans fats is not more than one percent of total fat. Low fat is three grams of fat or less per serving. Low saturated fat is one gram or less per serving and provides

no more than 15 percent of calories from saturated fats. Reduced or less fat is at least 25 percent less fat per serving than the regular product.

Cholesterol

Cholesterol is found in animal products, like meat and whole milk. Eating too much can lead to heart disease.

Cholesterol free means an item contains less than two mg. cholesterol and two grams or less of saturated fat per serving. Low cholesterol is 20 mg or less of cholesterol and two grams or less of saturated fat per serving. Reduced or less cholesterol is at least 25 percent less cholesterol and two grams or less of saturated fat per serving than the regular product.

Sodium

Sodium is found in salt. Too much sodium can raise blood pressure and cause swelling.

Sodium free means an item contains less than five mg. of sodium per serving. Low sodium is 140 mg. of sodium or less per serving. Reduced or less sodium is at least 25 percent less sodium per serving than the regular product. Light in sodium or lightly salted is at least 50 percent less sodium per serving than the regular product.

Sugar

Sugar is used by your body for



Dietetic Intern Kelly Gaines discusses the benefits of a healthy diet with Army Veteran John Vasquez. If you want to learn more about eating better, call 713-791-1414, ext. 4295.

energy. If you have more than you need, it is stored in your body as fat.

Sugar free means an item has less than 0.5 grams of sugar per serving. No added sugar/without added sugar/no sugar added is when no sugars are added during processing or packing – this includes ingredients that contain sugars such as fruit juices, apple sauce, or dried fruit. In addition, processing must not increase the sugar content above the amount naturally present in the ingredients. If the food does not meet the requirements for a low or reduced calorie food, it must also bear the

statement that it is not low calorie or calorie reduced food. Reduced sugar is when there is at least 25 percent less sugar per serving than the regular product.

Fiber

Fiber is the indigestible part of plants found in fruits, vegetables, and whole grains. Eating plenty of fiber can reduce the risk for heart disease and help with weight loss.

High fiber means an item has five grams of fiber or more per serving. It must also meet the definition for low fat, or have the total fat displayed next to the high fiber claim. Good source of fiber mean 2.5-4.9 grams of fiber per serving. More or added fiber is at least 2.5 grams more fiber per serving than the regular product.

Remember that any claim not listed is not regulated by the FDA. For example, "All Natural" may mean nothing at all! ♦ Kelly Gaines, MEDVAMC Dietetic Intern

SUPPORT GROUP LISTING

Amputee Support Group

Meets 4th Wednesday every month, 3 p.m., Nursing Unit (NU) 2A Dining Room. Facilitators: Stacy Flynn, 713-794-7819 & Betty Baer, 713-791-1414, ext. 4195

Breast Cancer Survivors' 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 Family Room 4C-345. Facilitator: Maria Lozano-Vasquez, 713-791-1414, ext. 5273

Depression & Bipolar Support Group for Veterans

Meets every Wednesday, 7 p.m., Homeless Domiciliary, 7329 Fannin Street, Facilitator: Anthony Morris, 713-791-1414, ext. 2323

Family Cares

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

"Mended Hearts" Support Group

Meets 3rd Thursday every month, 11 a.m., Nursing Unit 2A Dining Room. Facilitator: Rosa Lane-Smith, 713-791-1414, ext. 4034

Hepatitis C Support Group

Meets 1st Friday every month, 1:30 p.m., Primecare Clinic 5 (NASA). Facilitators: Edith Yeldell, 713-791-1414, ext. 3613 & Jodi M. Francis, ext. 3656

HIV Support/Educational Group

Meets 3rd Tuesday every month, 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

MOVE! Weight Management Support Group

Meets 1st and 3rd Friday every month, 9 a.m., Room 4C-122. Facilitator: Alicia Merritt, 713-791-1414, ext. 6166/3976

Parkinson's Disease Education & Support Group

Contact facilitators for more information: Naomi Nelson, 713-794-8938 & Shawna Johnson, 713-794-8410

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-118; 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

TALK TO THE SOCIAL WORKER IN YOUR CLINIC FOR MORE INFORMATION.

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

Adam C. Walmus, MHA, MA, FACHE, Director
Bryan Bayley, MHA, FACHE, Deputy Director
J. Kalavar, MD, Chief of Staff
Thelma Gray-Becknell, RN, MSN, Associate Director for Patient Care Services
James W. Scheurich, MD, Deputy Chief of Staff
Francisco Vazquez, MBA, Associate Director
Bobbi Gruner, MSBA, APR, Communications Director
Frances M. Burke, Public Affairs Specialist
Mike Spratt, BSCE, PE, AudioVisual Supervisor
Shawn James, AudioVisual Specialist
Mike Lane, AudioVisual Specialist
Mike Nichols, MS, AudioVisual Specialist
Regit Sasser, AudioVisual Specialist
Deborah Williams, AudioVisual Specialist

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Put Down the Sugar - Discover the Natural Sweetness of Stevia

HOUSTON - Ever heard about stevia? Probably only if you lived in a subtropical or tropical area of South America.

Stevia is a no-calorie sweetener that comes from a plant native to portions of northeastern Paraguay. For hundreds of years, people have used the leaf as a healthful herb and to sweeten their foods and drinks.

Stevia is a great choice for people with diabetes because it does not raise blood sugar levels. It may also lower blood sugar and improve insulin function after meals.

Because stevia has no sugar, it does not cause cavities or tooth decay. If you replace sugar in your diet with stevia, it can also help with weight loss and weight control.

Since the current nutrition guideline is to decrease added sugars to less than 10 percent of the total calories consumed each day, the use of a sugar substitute such as stevia may be part of a healthy diet. Also, recent studies suggest stevia may also help reduce cancer risk and strengthen the immune system.

For the past few decades, stevia has been used in diet products in Asian countries with no reports of harmful

side effects. The Japanese have been using stevia in food products, soft drinks, and for table use. Japan currently consumes more stevia than any other country, with stevia accounting for 40 percent of the sweetener market.

In 2008, the Food and Drug Administration (FDA) approved a pure extract of stevia to be used in sugar-free food and drink products in the United States.

Stevia is also sold as a "dietary supplement" in liquid or powder form. Stevia packets can be found next to the other sugar substitutes under the brand names of SweetLeaf, Truvia, PureVia, and Only Sweet.

Stevia, or "sweet leaf" as it is called, is hundreds of times sweeter than table sugar, so a little bit goes a long way to sweeten drinks like tea or coffee. Stevia may be used in place of sugar, and even in cooking and baking.

If you found this article interesting and want more ideas and tips to lose weight or eat healthier, call 713-791-1414, ext. 4295 and talk with a dietitian at the Michael E. DeBakey VA Medical Center.

♦ *Melissa Franck, MEDVAMC Dietetic Intern*

Since the current nutrition guideline is to decrease added sugars to less than 10 percent of the total calories consumed each day, the use of a sugar substitute such as stevia may be part of a healthy diet.

New, Easy Check-in Kiosks Coming to Medical Center and Outpatient Clinics

New self-service kiosks will streamline the appointment check-in.

HOUSTON - The Michael E. DeBakey VA Medical Center (MEDVAMC)

strives to provide our Veterans with the easiest access to health care, anywhere.

Our goal is to improve your health care experience when you enter a VA health care facility.

Toward this goal, we are adding self-service kiosks to streamline the appointment check-in and to make it more convenient.

The new VetLink kiosks have touch-screen technology that will give you easy access to make changes to your health information.

With VetLink, you are able to quickly:

- ✓ Check-in for your previously scheduled medical appointment.
- ✓ Update your contact information.
- ✓ Update your demographic information.
- ✓ Update and validate insurance information.
- ✓ View your account balance.
- ✓ Print your appointment schedule.

The VetLink kiosks will be available at the MEDVAMC and the outpatient clinics in Beaumont, Conroe, Galveston, Lake Jackson, Lufkin, Richmond, and Texas City in October. Staff, volunteers, and navigators will be available to help you check in.

To use VetLink, just use your Veterans Identification Card (VIC). If you do not have a VIC, ask a clinical associate the next time you check in for your medical appointment where to get a new one.

The staff at the MEDVAMC is committed to serving you and meeting the changing needs of our Veterans. VetLink kiosks are another way VA continues to provide easy-to-use services to support patients, beneficiaries, and their families. ♦



Expert's Corner

Thomas R. Kosten, M.D. was recently selected as the Associate Chief of Staff for Research at the Michael E. DeBakey VA Medical Center. In his new post, Kosten is charged with management of one of the largest research programs in the VA health care system. Here are some interesting facts about Kosten's career.



1 Recruited from Yale -

Following a successful, 25-year tenure as professor and chief of Psychiatry at Yale University and VA Connecticut, Kosten joined the MEDVAMC in July 2006, bringing more than 30 years of exemplary federal service. With a joint appointment at Baylor College of Medicine (BCM), Kosten is the JH Waggoner Chair & Professor of Psychiatry, Pharmacology and Neuroscience; as well as, the associate vice president and dean for Clinical Research at BCM.

2 National VA Research Director -

Since 2006, Kosten has also served as the research director of the VA National Substance Use Disorders Quality Enhancement Research Initiative based at the MEDVAMC. He established the Division of Addictions Psychiatry at BCM and Yale, and directs their National Institutes (NIH) of Health Medications Development Center for Substance Abuse.

3 Cutting-Edge Research -

A recognized leader in clinical and translational sciences, Kosten is a recipient of a Research Scientist Award from the NIH. He has served on national and international review groups for medications and vaccines development in substance abuse, and is credited with the development of several cutting-edge discoveries in medications for addictions.

4 Leader of Prominent Organizations -

He is the founding vice-chair for Added Qualifications in Addiction Psychiatry of the American Board of Psychiatry and Neurology. He is a distinguished fellow in the American Psychiatric Association, a fellow of the American College of Neuropsychopharmacology, past president of the American Academy of Addiction Psychiatry, and president of the College on Problems of Drug Dependence.

5 Winner of Prestigious Awards -

Kosten has received several prestigious awards for clinical research, is the editor of two major journals in substance abuse, and was on the American Journal of Psychiatry Board. Additionally, he was again recognized in the 2010-2011 Best Doctors in America®, an honor reserved by only 5 percent of the nation's doctors. He is a much sought-after subject matter expert in the field of addictions, both nationally and internationally, with appearances on the Public Broadcasting Service, National Geographic, and National Public Radio among others.

6 Military Substance Abuse Research -

Kosten's recent work includes serving on the National Academy of Sciences, Institute of Medicine (IOM) Committee on Vaccines for Substance Abuse. He also serves on the IOM's Committee on Prevention, Diagnosis, Treatment, and Management of Substance Use Disorders in the U.S. Armed Forces, a U.S. Congressional mandate via the National Defense Authorization Act for Fiscal Year 2010 (Public Law 111-84), to conduct an independent study on substance use disorders in the military.

7 Widely Published Research Author -

From his studies in substance dependence, post traumatic stress disorder, and neuroimaging, Kosten has published more than 550 papers, books, and reviews. His neuroimaging research includes detecting and treating cocaine induced cerebral perfusion defects, and using functional MRI to predict pharmacotherapy outcome.

Veterans' Questions

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

Question: Why does the VA bill my private health insurance? Will my private health insurance cover the VA co-pay charge?

Answer: VA is authorized to submit claims to private health insurance carriers for recovery of VA's "reasonable charges" in providing medical care to nonservice-connected Veterans and to service-connected Veterans for nonservice-connected conditions.

Insurance companies pay based on the Veteran's individual policy. For example, if you have a deductible to be met. You should contact your insurance

carrier and ask how it pays VA.

The amount applied to the co-pay (i.e. \$8 per prescription fill, \$15 per primary care visit, \$50 per specialty visit, \$1,068 per admission when applicable) will be whatever the insurance carrier pays for services rendered.

All Veterans applying for VA medical care will be asked to provide information on their health insurance coverage, including coverage provided under policies of their spouses.

Veterans are not responsible for paying any remaining balance of VA's insurance claim that is not paid or covered by their health insurance. However, Veterans whose income is above the "means test" threshold are responsible for VA co-payments, required by Federal law.

Question: If the co-pay for prescriptions is \$8, why is my bill for \$24?

Answer: The pharmacy co-pay is \$8 per prescription, 30 days or less. The \$24 charge is for 61- 90 day prescription.

Question: Where can I drop off donations to the VA?

Answer: The Michael E. DeBakey VA Medical Center welcomes and encourages donations. Contact Voluntary Service (Room 2A-104), Monday - Friday, 8 a.m. - 4:30 p.m., at 713-794-7135 to

arrange acceptance of your donation.

However, unattended donations are a security risk and against the law. Do not abandon items near entrances. Violators may face tickets and fines for illegal dumping.

Question: I am a Purple Heart recipient. Am I charged a co-pay by the VA?

Answer: As of 1999, all Purple Heart recipients are classified as Priority Group 3 and are exempt from all inpatient and outpatient co-payment charges. However, this exemption does not include pharmacy co-payments.

It is the Veteran's responsibility to notify the VA of his or her Purple Heart award and provide documentation so that Purple Heart status can be recorded.

Question: Should I get a shingles shot?

Answer: All Veterans 60 and older should receive the vaccination called Zoster which helps to prevent shingles.

Shingles is a painful localized skin rash often with blisters that is caused by the varicella zoster virus (VZV), the same virus that causes chickenpox. Anyone who has had chickenpox can develop shingles because VZV remains in the nerve cells of the body after the chickenpox infection clears. The virus can reappear years later, causing shingles.

Shingles occurs more commonly as people get older. Talk to your health care provider during your next appointment.

Question: I heard the Houston VA Medical Center is now an enrollment site for the Million Veteran Project. What is this?

Answer: The Million Veteran Program (MVP) is an important partnership between VA and Veterans. The goal of MVP is to better understand how genes affect health and illness in order to improve health care for Veterans.

Active involvement in this program includes filling out surveys about health and health-related behaviors and providing a blood sample stored for future research.

Participation in MVP is entirely voluntary and will not in any way affect Veterans' access to health care or benefits. For more information, visit www.research.va.gov/mvp or call toll-free 857-364-5759.

Question: I have noticed gates are being installed on parking lots at the Houston hospital. Will Veterans have to pay for parking?

Answer: No. The purpose of the new gates is to discourage people who do not have legitimate business on the VA complex from parking here.

Certain parking lots will be designated for Veterans. When Veterans check out from their medical appointments, they will receive a validation chip or ticket so their parking will be free. Of course, valet parking will still be available and will continue to be free for Veterans.

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
Texas City VA Outpatient Clinic	409-986-2900
	toll-free 1-800-553-2278, ext. 12900
Pharmacy Refills	713-794-7648
	toll-free 1-800-454-1062 or www.myhealth.va.gov
Pharmacy Helpline	713-794-7653
Veterans Crisis Line	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

Assistance for Returning Troops from Iraq/Afghanistan

Team Members

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/Texas City 713-791-1414, ext. 6586
 Lufkin 936-671-4362
 Richmond 832-595-7700

Houston VA National Cemetery 281-447-8686

Houston VA Regional Office 713-383-1999
 toll-free 1-800-827-1000

WHAT COULD YOU SAVE IF YOU QUIT SMOKING?

In a day, enough to buy a book.
 In a week, enough for dinner and a movie for two.
 In a month, enough for four tickets to an amusement park.
 In a year, enough to go on a nice family vacation.
 In five years, enough for a motorcycle or used car.
 In ten years, enough for a down payment on a house.
Most importantly, your life.

Want help quitting? Talk with your VA health care provider today about programs that work.

Based on smoking a pack a day at an average price of \$6.50/pack.

Department of Veterans Affairs PHS&G PHS&G Total Health. Always Health-Centered.

10-342 P96409 September 2010