

Veteran CenteredLiving

Personalized, proactive, patient-driven health care in the VA MidSouth Healthcare Network | FALL 2013



**The Affordable
Care Act and You**

Breast Cancer:
**What You
Need to Know**

Music Therapy
**Helps Soothe
PTSD Symptoms**

Thank you for your service. Now let us serve you.



VA
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EXCELLENCE
in the 21st Century



A Message from the Director:

Dear Veterans,



Fall, especially November 11, is a special time for honoring our Veterans and all those who served and sacrificed for our country. It is now our time to serve you by providing health care tailored specifically to your needs. This edition of *Veteran Centered Living* is filled with helpful information on Affordable Care Act (ACA), breast cancer, smoking, and music therapy.

If you are a Veteran currently enrolled for health care at VA, then you already meet the requirement for health insurance coverage outlined in the ACA, also referred to as the Health Care Law. If you are a Veteran not enrolled for health care with VA, see page 3 for enrollment information and to learn more about how the Health Care Law may affect you.

Did you know that approximately 200,000 women in America are diagnosed with breast cancer every year? A few warning signs are outlined in the article *Breast Cancer: What You Need to Know* on pages 4 and 5. VA MidSouth Healthcare Network is dedicated to meeting the needs of women Veterans, so call or visit a facility near you to learn more about breast cancer screening or other specialty services.

Mark your calendar—the Great American Smokeout is November 15! Will you join the millions who plan to kick the habit for good? Read page 6 for more about how VA is here to help you!

On page 7, you will find *Music Therapy Helps Soothe PTSD Symptoms*. This inspirational article reflects on how Veteran Todd Foster, as well as other Veterans in the group, experience solace by writing song lyrics.

As I begin my tenure as the new Network Director for VISN 9, I look forward to serving you and am honored to have this opportunity.

Thank you for your service!

John E. Patrick

Director
VA MidSouth Healthcare Network
Nashville, TN

About Mr. Patrick:

Prior to his appointment in VISN 9, Mr. Patrick served as Medical Center Director of the Portland, Oregon, VA Medical Center. During that time, he also served as Interim Medical Center Director of VA Puget Sound Health Care System. He has also served as Director of the Salem, Virginia, VA Medical Center and as Interim Director at the Asheville, North Carolina, VA Medical Center. Mr. Patrick began his career with the VA in 1983, working in various clinical and administrative positions.

Veteran Centered Living is published quarterly by the Department of Veterans Affairs MidSouth Healthcare Network (VISN 9). *Veteran Centered Living* is for Veterans and their personal caregivers. The magazine is designed to promote wellness and to offer personalized, proactive, patient-driven health care information to better access health care from VA Medical Centers within VISN 9.

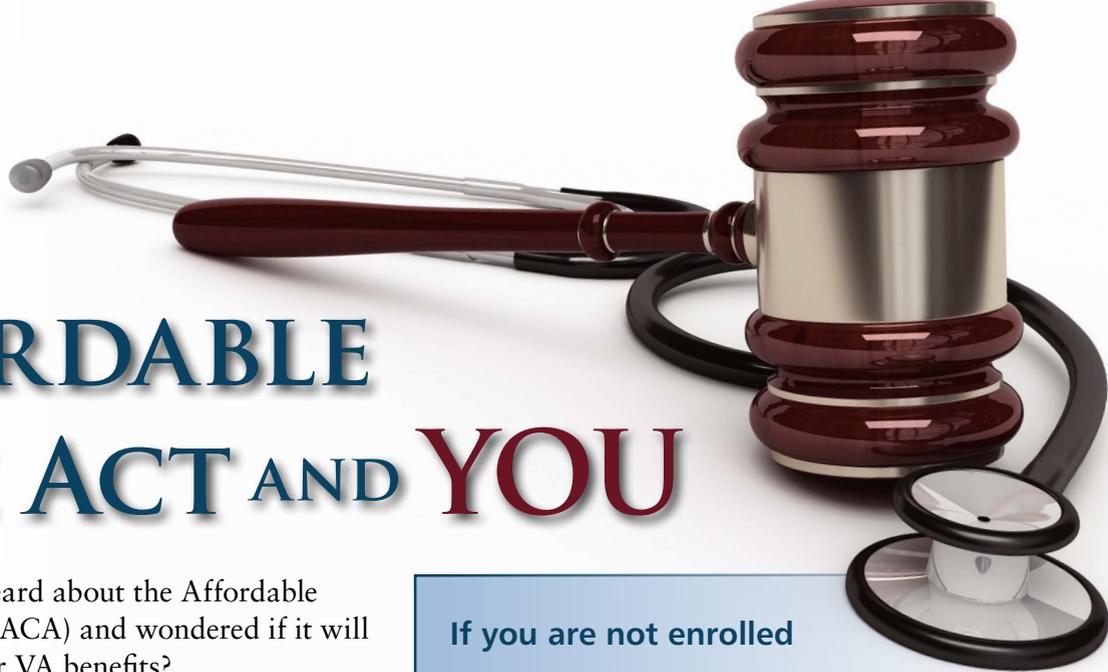
This publication is not a substitute for professional medical advice, which should be obtained from your doctor or other VA health care provider.

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THE AFFORDABLE CARE ACT AND YOU

Have you heard about the Affordable Care Act (ACA) and wondered if it will affect your VA benefits?

The ACA, also referred to as the Health Care Law, was signed into law by President Obama in March 2010 in an effort to expand access to health insurance coverage, increase consumer protections, improve quality and system performance, and curb rising health care costs. Some of the Health Care Law's provisions became effective soon after the law was passed in 2010, but most will be phased in over time.

Part of the Health Care Law requires most people to have health insurance by January 1, 2014, or pay a tax penalty. Beginning in October of this year, health insurance "marketplaces" will begin an open enrollment period for individuals and small businesses to buy affordable and qualified health benefit plans. People who do not have insurance may choose to purchase insurance through these marketplaces and may be eligible for a tax credit to help offset the cost. Some states are expanding their Medicaid program to make qualifying easier.

You already meet the requirement for mandatory health insurance coverage if you are enrolled in a federal program such as Federal Employees Health Benefits Program, Medicare, Medicaid, VA, TRICARE, and Indian Health Service programs.

If you are already enrolled

Veterans or other beneficiaries currently enrolled in VA health care, VA Civilian Health and Medical Program (CHAMPVA), or the spina bifida health care benefits program do not have to take any additional steps to comply with the health insurance requirement outlined in the Health Care Law.

If you are not enrolled

VA wants all Veterans and their families to have health care coverage, so VA will work with you to determine eligibility. If you choose to enroll in VA to meet the Health Care Law insurance coverage requirement, you do not have to wait until October 2013, for the Health Care Law open enrollment period. You may begin the enrollment process now by:

- Visiting any VA medical facility, or
- Applying online at www.myhealth.va.gov, or
- Calling 1-877-222-VETS (8387) to request an application.

Spouses, surviving spouses, children, and certain primary caregivers of certain Veterans may be eligible for VA CHAMPVA health benefits under certain conditions. For more information, call 1-800-733-VETS (8387) or visit www.va.gov/hac/forbeneficiaries/champva/champva.asp.

VA also provides free health care benefits to certain children of Vietnam Veterans and Veterans of covered service in Korea who have been determined to be eligible by the Veterans Benefits Administration for a stipend related to the diagnosed condition of spina bifida. For more information, Veterans or their beneficiaries may call 1-888-820-1756 or visit www.va.gov/hac/forbeneficiaries/spina/spina.asp.

VA will continue to provide Veterans with high quality, comprehensive health care and benefits they have earned through their service.

For additional information about the Health Care Law, visit www.healthcare.gov.



Breast Cancer: What You Need to Know

Every year, approximately 200,000 women in America are diagnosed with breast cancer, making it the second most common cancer in women. Put another way, about one in eight females will develop breast cancer at some point in life.

Those are frightening statistics, but there is good news, too! Localized breast cancer has a 99% survival rate if detected early, and the more you know about breast cancer, the better your odds of avoiding or surviving it.

What does a normal breast look and feel like?

Breasts can look or feel different depending on menstrual cycles, having children, weight gain or loss, medications, and age. Some breasts feel lumpy or uneven, but most lumps are not cancer. A fibrocystic condition can make breasts lumpy, tender, and sore; breasts can also contain small fluid-filled sacs called cysts. Still, be sure to report ANY lump or change in your breasts to your healthcare provider.

What is breast cancer?

There are several types of breast cancer, depending on where it is in the breast. A breast has three main parts: connective tissue, ducts, and glands.

Connective tissue, which is fibrous and fatty, connects and holds everything together.

Ducts are passages that carry milk to the nipple. The most common type (and earliest form) of breast cancer is ductal carcinoma because it begins in the cells that line the milk ducts. Sometimes, the cancer cells stay in the lining of the ducts; other times, the abnormal cancer cells spread to other breast tissue or other parts of the body.

Another common cancer occurs in the glands that produce milk. It is called lobular carcinoma because cancer cells begin in the lobes (lobules) of the breast. Like ductal carcinoma, the cancer cells sometimes remain in the lobules but sometimes spread.

One less common kind of breast cancer is Paget's disease, where cancer cells cluster around the nipple; another type is inflammatory breast cancer, which causes severe inflammation. While uncommon (1 case in 100), men can get breast cancer, too.

What are the risk factors for breast cancer?

It's important to know your risk factors for breast cancer and to talk with your doctor about ways to lower the ones you can control. Risk factors include:

- Starting your menstrual period at an earlier age, and starting menopause at a later age
- Never giving birth or having your first child when you're older
- Not breastfeeding
- Long-term use of hormone replacement therapy
- Getting older
- Personal history of breast cancer or some non-cancerous breast diseases
- Family history of breast cancer (mother, father, sister, brother, daughter, or son)
- Treatment with radiation therapy to the breast/chest
- Breast density
- Being overweight (particularly after menopause)
- Drinking alcohol (more than one drink per day)
- Lack of regular exercise

How do I know if I have breast cancer?

Some women have no warning signs at all, while others may experience symptoms that include swelling, dimpling of breast skin, redness or flaky skin in the nipple area, nipple discharge other than breast milk, or pain in the breast. These signs do not mean you have cancer, but you should see your healthcare provider if you have these symptoms or others that concern you.

Your best bet for surviving breast cancer is early detection, which is accomplished through regular screenings. Your doctor will know which tests are right for you (and how often they should be performed) based on your risk factors and history.

One type of screening is a breast self-exam, which means checking your own breasts for lumps, bumps, or changes in the size or shape of the breast, and for lumps in the surrounding tissue (underarm). You should begin doing this monthly in your 20s so you become familiar with what looks and feels “normal” for you. (Hint: Do your self-exam 3–5 days after your period starts because your breasts are not as tender or lumpy during this part of your cycle.) Detailed instructions for performing a self-exam can be found by going to the American Cancer Society website (www.cancer.org) and typing ‘breast self exam’ in the search box.

Self-exams should be accompanied by periodic clinical breast exams performed by a doctor or nurse, who feels for lumps. These exams are similar to what you do at home, but a trained professional may find something you’ve overlooked.

A mammogram, which is an x-ray of the breast, is the best method to detect breast cancer early, when it is easier to treat. Mammograms sometimes catch cancer several years before it can be felt.

Regular mammograms can lower your risk of dying from breast cancer, and VA provides mammograms to all Veterans. In line with national

guidelines, VA encourages all women between ages 50 and 75 to get mammograms every two years, but women ages 40 to 50 (and those older than 75) should talk with their providers and make a decision based on individual risk factors.

Some women say mammograms are painful, but the experience is different for everyone. You may feel some pressure, but it only lasts a few seconds. (Hint: your breasts may be more sensitive if you are about to have your period.) It’s easier for a doctor to interpret your mammogram if he can compare it to your previous ones, so follow up with regular screenings as recommended by your doctor.

An abnormal mammogram doesn’t necessarily mean you have cancer. Instead, your doctor will likely order another mammogram or additional tests if anything unusual shows up. Those may include a breast ultrasound (the kind used to provide images of babies in the womb), a more detailed mammogram, an MRI (a type of scan), or a biopsy.

Where can I go in VISN 9 for breast cancer screening?

VA is committed to meeting the health care needs of women Veterans, and providing breast cancer screening is critical because women are the fastest growing group of U.S. Veterans.

VA MidSouth Healthcare Network has programs and facilities to meet the unique needs of female veterans. Each VA Medical Center has a Women Veterans Program Manager who can help coordinate all the services you need, or you may contact the Women Veterans Healthcare Center in Nashville.

For more information about VA services for women Veterans, see www.womenshealth.va.gov.

If you have questions about any VA services or benefits for women Veterans, call the Women Veterans hotline at 1-855-VA-WOMEN (1-855-829-6636).

Hours of operation are
Monday–Friday 8:00 am–10:00 pm ET,
and on Saturday 8:00 am–6:30 pm ET.

Are YOU one of the 43.8 million Americans (nearly 1 in 5 adults) who smoke cigarettes? Or one of the 15 million people who smoke a cigar or pipe?

Are YOU one of the 1.3 million Americans who will quit this year?

Are YOU one of the estimated 70% of smokers who wants to quit . . . but hasn't?



Are you a **smoker?**

This article is for **YOU**

Tobacco use remains the single largest preventable cause of disease and premature death in the United States. And if you are a former or current smoker, you know the everyday downsides: the smell, the social isolation, the cost, the cough, the worries about your health, and the fear that your kids and/or grandkids will start using tobacco to “be like you.” But you also know firsthand how hard it is to break the habit. The good news is that millions of people DO quit successfully, and YOU can be one of them!

Every year, on the third Thursday in November, smokers across the nation take their first step toward a tobacco-free life as part of the Great American Smokeout. This year’s event takes place on November 15, and millions of smokers will quit for that day or use the date to make a plan to quit.

It doesn’t matter how long you’ve smoked or how much, there has never been a better time than

NOW to kick the habit. Today there are nicotine replacement products and prescription medications to lessen the cravings; hotlines, support groups, and counselors to help you through the rough patches; and numerous online resources to motivate you to stick with your goal. There are even cell phone apps to help you!

Best of all, much of this help is as close as your nearest VA facility! VA providers can help you develop a plan and beat your tobacco addiction, arrange to have medications delivered to your home, and steer you toward smoking cessation clinics that offer individual or group support.

Call today to set up an appointment with your VA provider and visit these online resources for more information.

www.cancer.org/healthy/stayawayfromtobacco/greatamericansmokeout/index

www.ucanquit2.org

www.Publichealth.va.gov/smoking

History of the Great American Smokeout

• 1974 - Lynn Smith, editor of a Minnesota newspaper, spearheads the state’s first Don’t Smoke Day.

• 1977 - Great American Smokeout event goes nationwide.

• 2013 - Make this the year that YOU decide to join the quitters!

• 1970 - In Massachusetts, Arthur Mullaney asks people to give up cigarettes for a day and donate the money they would have spent on cigarettes to a high school scholarship fund.

• 1976 - California Division of the American Cancer Society got nearly 1 million smokers to quit for a day.

• 1980s and 1990s - Many public places and work areas become smoke-free, including interstate buses and domestic flights of six hours or less.

Music Therapy

Helps Soothe PTSD Symptoms

VA TVHS Public Affairs Office

With the sound of a strumming guitar ringing in the background and the scratching of pen to pad, Veteran Todd Foster of Smyrna, Tenn., writes the soundtrack to his rehabilitation from the traumas of war.

Foster and other Veterans, with help from Tina Haynes, music therapist at the VA Tennessee Valley Healthcare System in Murfreesboro, and Bob Regan, a Nashville musician and Grammy Award-winning songwriter, are using the craft of songwriting as therapy for Veterans to overcome posttraumatic stress disorder.

Foster began the songwriting therapy group in November 2012 and quickly noticed its benefits. "This is one of the best therapies in the VA," says Foster. "It is such stress relief, and it really keeps you motivated. It keeps you thinking, and not of bad stuff; it really gives you a brighter perspective on how to deal with life."

Most Veterans in the group have little-to-no experience with music. Haynes says that should not stop Veterans from participating, because the staff provides all equipment and instruction.

According to Haynes, the group offers safety, support and stimulation for Veterans to tell their stories and express their thoughts and feelings through songwriting. She says the goal of the program is to provide an environment for emotional, spiritual, and psychosocial support. This, Haynes says, will help develop insights into their struggles as well as problem-solving skills and social interaction.

"It's important to put meaning and connect to what we have seen," says Haynes. "While therapy is a good idea for Veterans, music therapy adds an extra dimension that is not accessed through standard 'talk' therapy."

Haynes says this extra dimension provides a safe structure for Veterans to access traumatic memories and look at them objectively.

Foster agrees, but says the group offers other



elements to his therapy as well. He says the program is not only fun to be part of, but there is a camaraderie that is built with other Veterans in the group.

The idea of creating something with other Veterans keeps him coming back. The program is so valuable to him, Foster says that he takes vacation time from work just to attend the weekly meeting.

"We come away with a song almost every week," says Foster. "We start talking and then we brainstorm and start jotting ideas down. Bob starts picking his guitar and then we just start piecing it all together. The staff helps us put it into a song format. Then the next thing you know, we have a song."

Inspiration for songs varies from week to week. Foster says the group has rewritten the lyrics to Christmas carols to identify the stresses of the holiday season. Another song they wrote, "Military Intelligence," pokes fun at the term in a high-spirited way.

Foster and Haynes agree that while the group is light-hearted and many of the songs they write reflect the playful atmosphere, the group has a more somber side as well. That, says Haynes, helps them deal with the issues of PTSD and the memories of war.

One such song written by the group, "Still Coming Home," clearly outlines the purpose of the songwriting group. The song highlights how many Veterans still struggle with their time in a combat zone—even years after returning from war. The song's lyrics include the line "the battles may be over, but they rage on in our hearts."

For more information on the music therapy songwriting group, contact Haynes at tina.haynes@va.gov.

To learn more about how VA Tennessee Valley is serving Veterans, visit www.tennesseevalley.va.gov.

Photo: Veteran Todd Foster (right) writes lyrics during a song writing session with Volunteer and Grammy award winning songwriter Bob Ragan. VA TVHS has initiated a songwriting program as part of its music therapy program to help Veterans cope with TBI and PTSD.



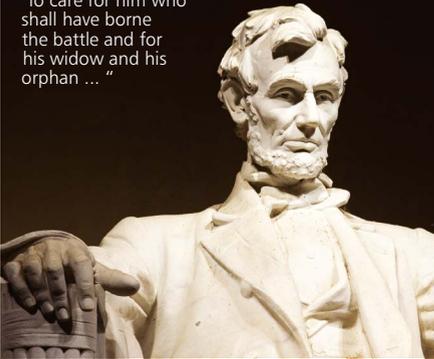
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Keeping the promise

"To care for him who shall have borne the battle and for his widow and his orphan ..."



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VA MidSouth Healthcare Network

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VA Medical Center

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(859) 233-4511
Toll free: 1-888-824-3577
www.lexington.va.gov/

Robley Rex

VA Medical Center

800 Zorn Avenue
Louisville, KY 40206
(502) 287-4000
Toll free: 1-800-376-8387
www.louisville.va.gov/



WEST VIRGINIA

VA Medical Center

1540 Spring Valley Drive
Huntington, WV 25704
(304) 429-6741
(304) 429-6755
Toll free: 1-800-827-8244
www.huntington.va.gov/

TENNESSEE

James H. Quillen VA Medical Center

PO Box 4000
Corner of Veterans Way and Lamont
Mountain Home, TN 37684
(423) 926-1171
Toll free: 1-877-573-3529
www.mountainhome.va.gov/

VA Medical Center

1030 Jefferson Avenue
Memphis, TN 38104
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Toll free: 1-800-636-8262
www.memphis.va.gov/

VA Tennessee Valley Healthcare System

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Murfreesboro, TN 37129
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Toll free: 1-800-876-7093
www.tennesseevalley.va.gov/

Nashville Campus
1310 24th Avenue South
Nashville, TN 37212
(615) 327-4751
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