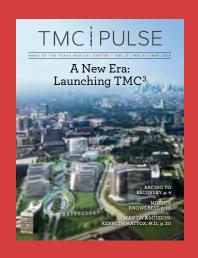
TMC PULSE

NEWS OF THE TEXAS MEDICAL CENTER — VOL. 5 / NO. 11, DEC. 2018 — JAN. 2019











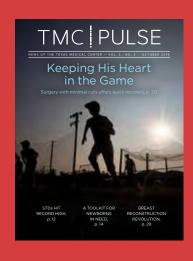
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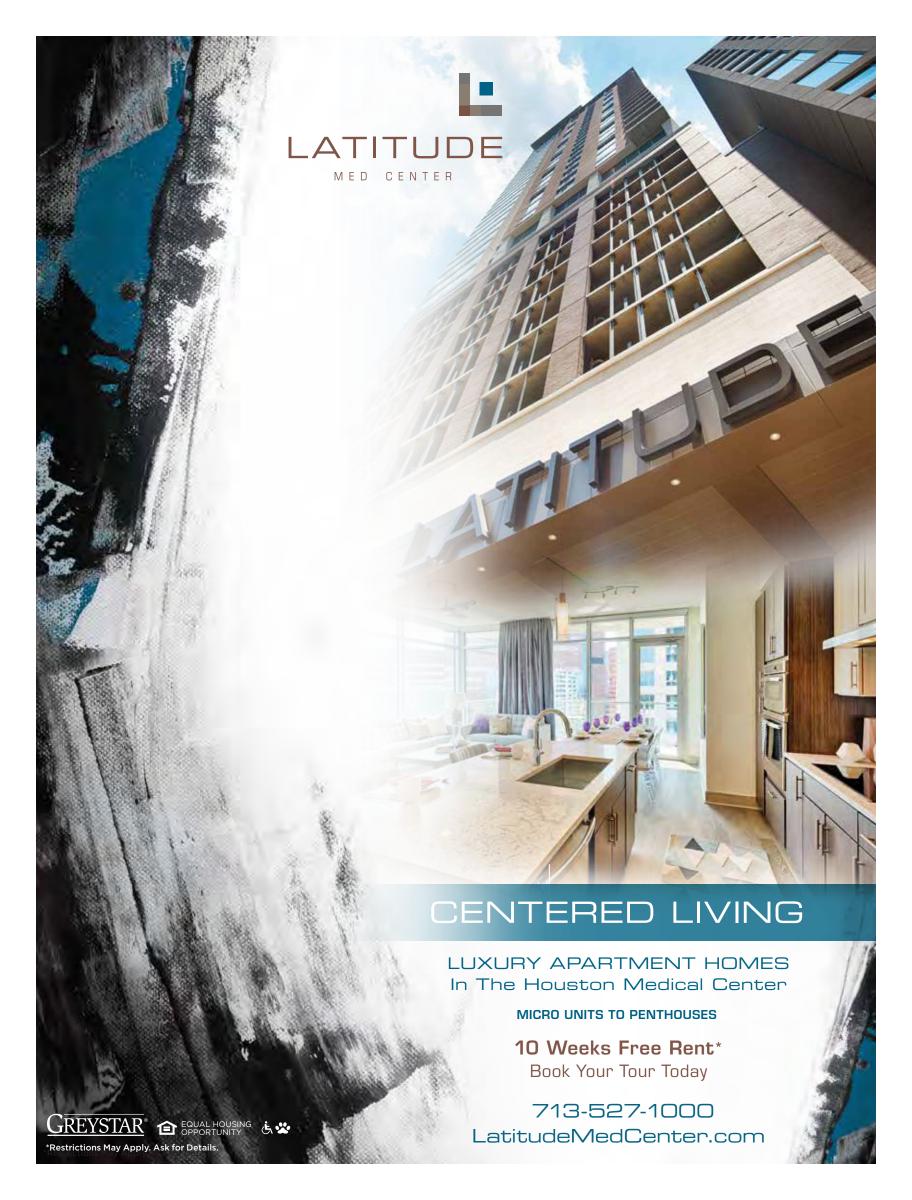


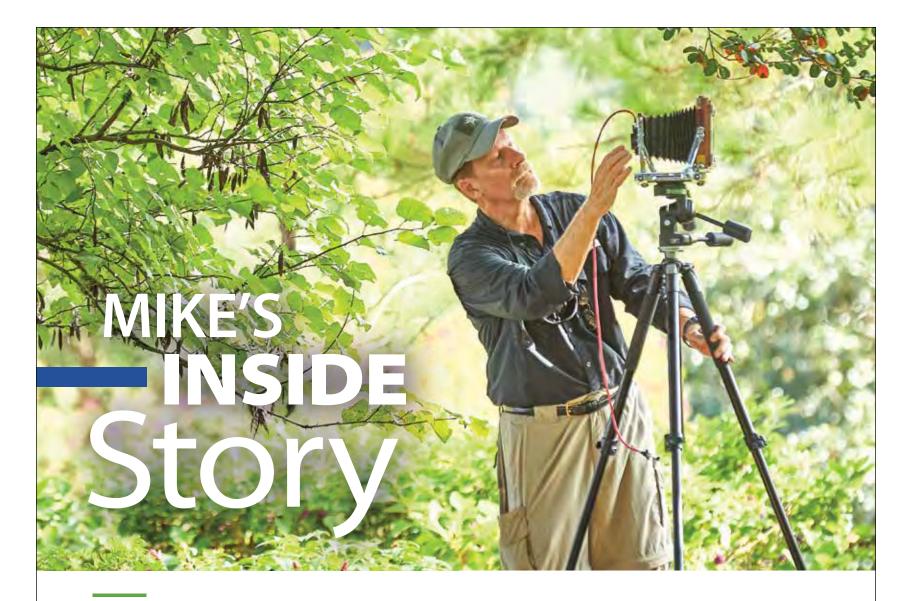












How a Heart Transplant Opened the Door for Mike Norton's Next Adventure As a teenager, Mike Norton was diagnosed with idiopathic hypertrophic subaortic stenosis (IHSS), an inherited heart disease that caused his heart to weaken over time. After traveling to national parks throughout the country during his 35-year career as a landscape photographer, Mike noticed his IHSS was significantly impacting his work when he could no longer hike the paths needed to get the right view.

In July of 2016, Mike saw Dr. Joggy George, a cardiologist at Baylor St. Luke's, and was told he needed to be placed on the heart transplant waiting list as his IHSS had significantly impaired his heart's function. It wasn't until November of 2016 that he found out he had a donor heart available, and a few hours later, Mike went into surgery.

Just two days after surgery, Mike was up and walking. A few weeks later he was discharged from the hospital, and since then, his health has improved dramatically.

Mike credits Baylor St. Luke's team of experienced cardiologists, surgeons, nurses, and many others for the success of his heart transplant and improved health. "All the people there are confident, committed to helping and to listening to the patients and helping them with what they need," Mike said. "I appreciate every day that I have now because it's a gift; a gift from my donor family, a gift from Baylor St. Luke's, and a gift from everybody who prayed for me."

Mike is committed to honoring the gift given by his donor, a 15-year-old honor student, athlete, and boy scout, by living every day to the fullest. With his new lease on life, Mike can return to photographing the beautiful vistas he loves. His most recent adventure was completing the 16-mile hike up Half Dome in Yosemite National Park.

Baylor St. Luke's Medical Center





Learn more at InsideBSL.org.



WILLIAM F. McKEON

President and Chief Executive Officer

Texas Medical Center

s one year ends and another begins, I reflect on what we've accomplished together—and the progress that looms on the horizon.

Across Houston, 2018 was a time of rebuilding. Our city and its residents spent much of the year recovering—not just physically, but emotionally—from the devastation left by Hurricane Harvey.

Fortunately, the Texas Medical Center withstood the wind, rain and flooding due to major investments in the network of floodgates that protect our medical city. All of our hospitals remained open during the 2017 storm, despite the deluge surrounding them.

Many Houstonians weren't as fortunate and continued to spend 2018 performing the arduous work of reconstructing and repairing. By now, the entire world

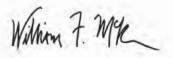
has seen Houston's tenacity and witnessed how we came together in the face of unprecedented adversity. The very best of Houston was on display in 2018.

Now, as we look forward, I'm excited to say that 2019 will be one of the most transformative years in the 75-year history of the Texas Medical Center.

We're designing a new city center for our campus that will serve as the epicenter for collaborative research. It is called TMC³, a reference to our position as the "third coast" for innovation. The 30-acre TMC³ campus is dedicated to our goal of bringing leading researchers from our major TMC institutions together, along with top researchers from industry, to create a translational research park.

Why is the Texas Medical Center focused on this goal? Science and technology have become so complex that it's increasingly difficult for individual research entities to develop advancements on their own. The scope and pace of discovery continue to accelerate. To harness that progress and to best serve patients, we know we must collaborate. Life science is the future of medicine, and by working together we can create a life science destination unparalleled anywhere on Earth.

Texas is known around the world as a global leader in energy and in space exploration. Now, we're advancing our position as a leader in life science. Our future is extremely bright.





TMC³, shown in this aerial rendering, will be a 30-acre translational research campus anchored by a double helix-shaped park.

TMC | PULSE

Vol. 5 No. 11 December 2018 / January 2019

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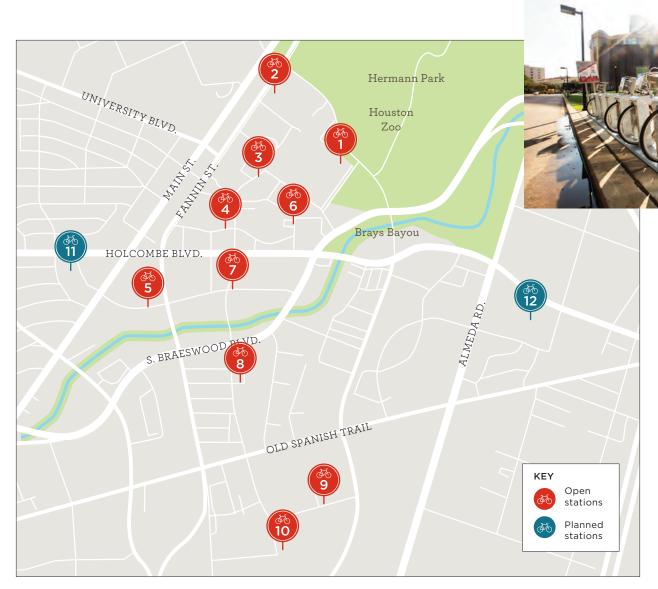
Aren't Holidays Supposed to Make Us Happy?



Where to Bike Share in the TMC

The Texas Medical Center and Houston Bike Share partner to bring more than a dozen stations to campus

By Ryan Holeywell



The familiar red bicycles you've seen all over town have shown up in the Texas Medical Center. In collaboration with Houston Bike Share, the Texas Medical Center contributed \$250,000 to add more than 12 new stations to the campus.

"The Texas Medical Center is the size of a city, and any city needs to have multiple transportation options," said Abbey Roberson, TMC's vice president of planning. "These new stations provide members of our community with another way to travel to and within this expanding medical city."

Users can rent a bicycle from any station and return it to any other station in the network. One-time users pay \$3 for 30 minutes of use, but members can pay \$9 per month or \$99 per year to use the bikes.

"We are thrilled about Houston BCycle expanding into the Texas Medical Center," said Beth Martin,

executive director of Houston Bike Share, the nonprofit organization that operates the BCycle bike share program.

Houston BCycle debuted in May 2012 with a downtown pilot that consisted of three stations. Currently, the system has more than 80 stations and nearly 500 bikes in Houston, and it's expanding.

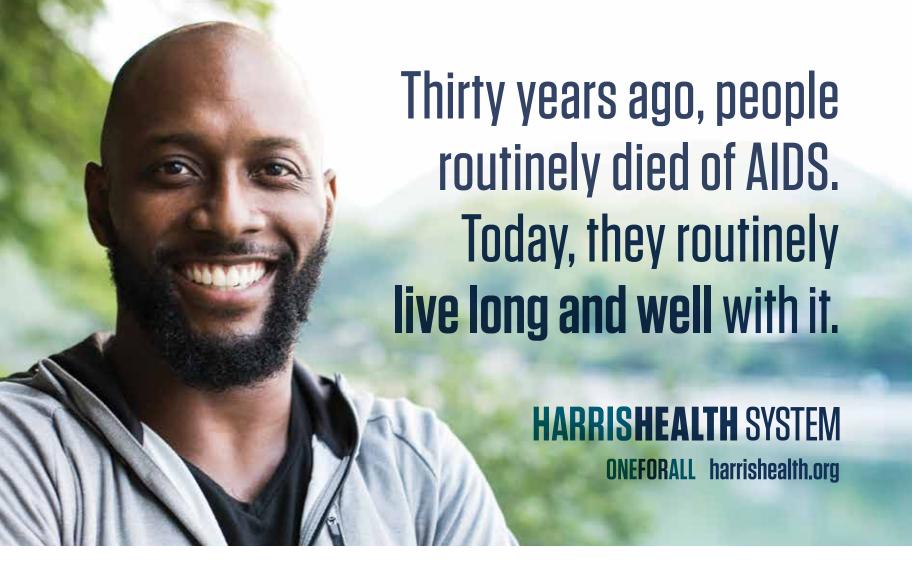
Martin said the new stations should be useful for students and employees traveling within the TMC campus. Since the stations are near METRO stops, they'll provide connections to the whole city, as well. Adding BCycle stations to the TMC campus is also a way to encourage healthy travel options. "We are grateful for this partnership with TMC and honored to play an ongoing role in the transformation of TMC's transit landscape to improve mobility," Martin said.

TMC BCycle LOCATIONS

- 1. Ben Taub Hospital
 1504 Ben Taub Loop
- 2. TMC Fannin & Ross Sterling Ross Sterling Ave & Fannin St.
- **3. TMC Commons** 6550 Bertner Ave.
- 4. TMC Garage 2

 1150 Bates Ave.
- 5. TMC Transit Center 6910 Fannin St.
- UTMDA Main Campus
 MDA BLVD
 6499 MD Anderson Blvd.
- 7. TMC Pressler & Bertner 1200 Pressler St.
- 8. UTMDA 1MC Bertner & Braeswood
 7007 Bertner Ave.
- 9. UT Research Park East Rd.
- 10. UTHSC Housing & Rec Center Bertner Ave. & West Rd.
- 11. TMC Garage 8
 2151 W. Holcombe Blvd.
 (Scheduled for early 2019)
- 12. TMCx / John P. McGovern Campus 2450 Holcombe Blvd. (Scheduled for early 2019)

Visit houstonBCycle.com for a full station map and to sign up for a membership.



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SOCIAL WORK CE NURSE CNE

PHARMACY CE

New Drug Helps Reverse Liver Damage in Preemies

Texas Children's compassionate use project aided in FDA approval of Omegaven

By Christine Hall

wins Henry and Charlie Fitzpatrick are as physically active as most 5-year-olds. They chase each other, play with their dog and dance to Michael Jackson videos.

But their parents, David and Aly Fitzpatrick, weren't always sure the boys would grow to be the rambunctious children they are now. When David lifts up their shirts to tickle their bellies, the reason is evident: Both have several scars resembling railroad tracks-reminders of the multiple surgeries needed to keep the brothers alive during their first months of life.

The twins continue to grow and thrive, in part, because of Omegaven, an omega-3 fatty-acidrich lipid solution made from fish oil. The potentially life-saving drug treats infants suffering from a complication caused by long-term liver damage, known as parenteral nutrition-associated cholestasis or PNAC.

Over the last decade, Texas Children's has treated nearly 300 babies with Omegaven while gaining recognition for its work and attracting patients from across Texas and beyond. Omegaven was approved by the U.S. Food and Drug Administration on July 27, 2018 as a therapy for cholestasis, a liver disease characterized by the stoppage or reduction of bile flow.

Nearly 20 percent of babies who spend time in a neonatal intensive care unit (NICU) develop intestinal failure and are dependent on artificial nutrition called total parenteral nutrition, or TPN, according to Muralidhar Premkumar, M.D., a neonatologist at Texas Children's



Henry and Charlie Fitzpatrick ham it up outside their Cypress, Texas home.

Hospital and assistant professor of pediatrics at Baylor College of Medicine.

"These babies are born so early that their gut and intestines are immature," Premkumar said. "Many of them develop necrotizing enterocolitis, an inflammation and infection in the intestines, and they can't tolerate feedings. So they spend a lot of time on artificial nutrition. The liver comes under stress from the gut imbalance, which leads to the cholestasis."

About half of TPN-dependent infants get better with time, but others like the Fitzpatrick twins develop severe liver damage that can result in death, Premkumar said. Treatment for those babies can include liver transplants, which also can have grave results.

"There is a 50 percent mortality rate with liver transplants, so the goal was to avoid this at all costs," said Amy Hair, M.D., program director of neonatal nutrition at Texas Children's and assistant professor

of pediatrics at Baylor College of Medicine. "We have a way, with this life-saving drug, to avoid this horrible road. We can give them Omegaven to save and protect the liver and we don't have to talk about a transplant."

Among the Texas Children's babies on Omegaven, 85 percent get better with time, and over the last five years not one has needed a liver transplant, Premkumar said.

(continued)

Study of Omegaven

The FDA approval follows 10 years of work by neonatologists and neonatal nutrition experts at Texas Children's, Boston Children's Hospital and the University of California, Los Angeles (UCLA) Mattel Children's Hospital. Team members collected data on patients, including Charlie and Henry Fitzpatrick, who were part of the compassionate use protocol of Omegaven.

Boston Children's began testing the drug under the leadership of Mark Pruder, M.D., Ph.D., an associate in the hospital's department of surgery and professor of surgery at Harvard Medical School, who brought Omegaven to the United States. The drug, developed by German health care company Fresenius Kabi, was already used by doctors across Europe.

Pruder and other researchers studied the use of fish oil-based emulsions on 10 patients receiving parenteral nutrition (PN) and published their results in the



Charlie Fitzpatrick works the microphone.

February 2010 edition of the *Journal* of Pediatric Gastroenterology and Nutrition.

At the time, researchers were concerned about the development of essential fatty acid deficiency (EFAD), which was why drugs like Omegaven were not widely used in clinical practice in the United States.

The Pruder team found that none of the patients on Omegaven

and PN developed the deficiency. In fact, the bilirubin level—a measurement used to determine jaundice, anemia and liver disease—improved in nine of the 10 patients.

They concluded that "when dosed appropriately, fish oil-based lipid emulsions contain sufficient amounts of essential fatty acids to prevent EFAD and sustain growth in patients completely dependent

Charlie and Henry's story

Steven Abrams, M.D., and Keli Hawthorne, a registered dietitian formerly with Texas Children's, heard about Pruder's work and brought the project to their hospital in 2007. The therapy was used there for six years, during which the Fitzpatrick boys were born.

When Aly was 20 weeks pregnant, the typical time an ultrasound is performed to take cervix and fetal measurements and determine a baby's gender, a technician found that Aly's cervix was already thinning—something that happens during labor.

"We were devastated," Aly recalls. "There was a chance we could have a child with disabilities or that never breathes on their own. It's pretty much the worst news you could get."

Though doctors tried to prolong the pregnancy with bed rest and other strategies, the boys were born at 23 weeks at Texas Children's and remained in the NICU for six months.



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For onsite assessment and a personal tour, please contact the site of your interest above. 66 We have had 10 years to perfect it, and with Boston Children's and UCLA, we have a chance to lead the way. The neonatal community is ecstatic about Omegaven, and it is our job to take it a step further to help other centers. 9 9

- AMY HAIR, M.D.

Program director of neonatal nutrition at Texas Children's Hospital and assistant professor of pediatrics at Baylor College of Medicine

The journey to discharge was difficult. The Fitzpatricks were committed to TPN for as long as necessary for Charlie to grow enough bowel to have surgery, but both children began getting infections. Concern shifted to their livers and the damage the TPN was causing.

Omegaven was introduced when both boys perforated their intestines, among other complications, and had to have corrective surgery.

"Dr. Abrams talked all about Omegaven, what he was doing and gave us a description of the Omegaven, but to be honest, I didn't understand it," David said. "I remember him saying this would be a trial, but he was confident in the treatment and that it was used in Europe, but not approved here yet."

Nevertheless, both David and Aly said they were committed to the experimental drug.

"We were like, 'Yes, now," Aly added.

Charlie's bilirubin level fit the parameters of the Omegaven study, but Henry's did not, so he had to wait, which delayed his surgery. David and Aly recall being "extremely frustrated" that Henry wasn't "sick enough" to be included in the Omegaven trial.

"I believe strongly to this day that if Henry had been put on Omegaven when Dr. Abrams wanted him to be, he would have been a lot less sick," David said.

David and Aly said Omegaven had a quick effect on Charlie, to the point where the liver damage was no longer a concern. Eventually, Henry's health declined enough to qualify for the trial and he was able to get the drug, which helped prepare his liver for intestinal surgery.

When the Fitzpatricks learned Omegaven was approved this summer, they were excited for other parents who won't have to wait for their child to become sick enough to qualify for treatment.

"It's not Omegaven's fault or Texas Children's fault that the parameters were like that, but we had to hope Henry got sicker so he could get the drug. That was horrible," David said.

Bringing Omegaven to the masses

Thanks to Omegaven, more premature babies are surviving.

"We used to say a baby weighing 600 grams was 'iffy,' and now that is 400 grams," Hair said.

Forty years ago, doctors struggled to identify and associate liver damage with TPN, Premkumar said, but in recent decades grew better at diagnosing and detecting the complication even with limited ways to reverse it. Now, with Omegaven, they have a tool to save many more babies.

Omegaven continues to generate buzz with parents on social media who are exploring how to use the drug and trying to determine whether it's safe, Hair said.

With FDA approval, Premkumar and Hair said they now are educating other institutions about using the drug properly.

"We have had 10 years to perfect it, and with Boston Children's and UCLA, we have a chance to lead the way," Hair said. "The neonatal community is ecstatic about Omegaven, and it is our job to take it a step further to help other centers."





2019 EVENTS - REGISTER TODAY

FOURTH ANNUAL

Houston Heart Failure Summit

FEB. 8 • events.houstonmethodist.org/houstonheartfailure

Course Director: Myung H. Park, MD

Course Co-directors: Arvind Bhimaraj, MD, MPH; Brian A. Bruckner, MD, PhD, MBA; and Erik Suarez, MD

SECOND ANNUAL

Heart of a Woman

FEB. 16 • events.houstonmethodist.org/how

Course Director: John P. Cooke, MD, PhD Course Co-director: Karla M. Kurrelmeyer, MD

NINTH ANNUAL

Multimodality Cardiovascular Imaging for the Clinician

FEB. 22-24 • events.houstonmethodist.org/cvimaging

Course Director: William A. Zoghbi, MD Course Co-directors: Stephen H. Little, MD; Dipan J. Shah, MD; John J. Mahmarian, MD; and Miguel A. Quiñones, MD

10TH ANNUAL

Re-Evolution Summit

APRIL 4-5 • events.houstonmethodist.org/reevolution

Course Director: Mahesh Ramchandani, MD Course Co-directors: Niv Ad, MD; and Moritz C. Wyler von Ballmoos, MD, PhD, MPH

A WEEKLONG, HANDS-ON WORKSHOP Houston Methodist CMR

APRIL 22-25 • events.houstonmethodist.org/cmri

Course Director: Dipan J. Shah, MD

THIRD ANNUAL

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JUNE 8 • events.houstonmethodist.org/cardiology

Course Directors: William A. Zoghbi, MD; and Alpesh R. Shah, MD

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JUNE 3-5 • events.houstonmethodist.org/pre-intern

Course Director: Alan B. Lumsden, MD

APR. 13 - FOR PATIENTS AND FAMILIES

Houston Heart Failure Management Conference

events.houstonmethodist.org/houstonheartfailure2019

Course Director: Arvind Bhimarai, MD

FOR FURTHER INFORMATION:

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SmugMug 😇



he atrium of Houston Methodist's Paula and Joseph C. "Rusty" Walter III Tower is dominated by a massive retro mosaic that runs along an interior wall.

"There are about one and a half million tiles ranging from the size of your thumbnail to the size of your small fingernail," said Sidney Sanders, senior vice president for construction, facilities design and real estate management at Houston Methodist Hospital.

More than 90 feet wide and 16 feet high, the massive mural captures a story of medicine and faith in rich blues, oranges, greens and yellows. The piece, Extending Arms of Christ, is more than 50 years old.

"The mosaic, I felt, was special," said Ewing Werlein, Senior Judge in the United States District Court for the Southern District of Texas and former chairman of the Houston Methodist Hospital Board. "It symbolizes Houston Methodist as a Christian health care institution, extending care to all people."

The mosaic positions Christ in the center, arms outstretched. To the left is Hippocrates, a Greek physician often regarded as the father of medicine; Galen, a physician and writer who became a famed doctor



Approximately 1.5 million glass tiles make up the Extending Arms of Christ mural in Houston Methodist's Walter Tower.

in the Roman Empire; and Florence Nightingale, the founder of modern nursing. To the right is a surgical theater, a microscope, X-rays and pharmaceuticals, representing medical advancements through the middle of the 20th century.

Extending Arms of Christ was created in 1963 by artist Bruce Hayes, fabricated in Florence, Italy, and then installed on the exterior western face of Houston Methodist Hospital on Fannin Street. As the hospital grew over the years, though, the mosaic became largely hidden to the public.

"In the '80s, we expanded the drop off area, built Dunn Tower in 1989 and we put in a large covered entrance so patients could come

and go in a protected environment," Sanders said. "The result of that was the mosaic, which was right above that, was obscured. ... The oak trees on Fannin Street also matured and it became out of sight, out of mind."

When the hospital began planning Walter Tower, which opened in August, Werlein said his top priority was to restore the mosaic to its former glory and share it again with Houston Methodist patrons.

"It occurred to me that it would be a great thing to move the mosaic from its obscure place where it was really falling into ruins almost and move it, if we could, to the new building," Werlein said. "I was excited at the prospect of doing that to bring it back to life-for the city, for the hospital and all of the people we serve."

But this was no easy task. To transport the mosaic from Fannin Street to its new home on Bertner Avenue, about half a mile away, Houston Methodist enlisted the help of Rosa Lowinger & Associates, a firm with offices in Los Angeles and Miami that specializes in the conservation of art and architecture.

"They started the project by

first investigating how the mosaic was installed," Sanders said. "Fortunately, it was mounted in a fairly predictable way and it was able to come off without disrupting the structure behind it. [It was] cut in chunks, lowered onto the roof of covered parking on handcarts and then moved by vehicle."

In all, the mosaic was cut into 83 pieces, Sanders said. Because some of the tiles were already missing or loose, the chunks were taken to a warehouse to be cleaned and restored.

In the Fall of 2017, teams began erecting the mosaic in the atrium and, today, it is fully restored and installed.

"That magnificent mosaic, with Christ in the center, symbolizes our spiritual mission that goes along with our healing mission," Werlein said. "People from all over the world who come for healing will be able to see the mosaic and I hope they will be inspired and sense the feeling there of Houston Methodist and its emphasis on compassion and providing a spiritual environment of caring."



Extending Arms of Christ can be viewed from the Barbara and President George H.W. Bush Atrium at Houston Methodist's Paula and Joseph C. "Rusty" Walter III Tower, 6551 Bertner Ave.

Playing Catch-Up: Diversity in Clinical Trials

The nation's racial and ethnic minorities remain grossly underrepresented

By Shanley Pierce

early two decades ago, Dominique Guinn enrolled her 4-year-old daughter in a clinical trial to treat the young girl's severe atopic dermatitis.

When Guinn, who is African-American, told her uncle about the trial, he reminded her of the enduring stigma clinical research carries in the African-American population and the distrust many of its members—himself included—still harbor toward the medical system. He cited the infamous Tuskegee Syphilis Study, in which researchers intentionally withheld treatment from nearly 400 poor, African-American men with syphilis to track the progression of the disease and perform autopsies on the deceased without their informed consent.

"My uncle said to my daughter, 'But you're a guinea pig. They're paying you and giving you incentive to participate in that stuff just to try this medicine out on you," said Guinn, a public health expert and visiting professor in the department of health and kinesiology at Texas Southern University.

Then, in 2016, Guinn developed acute lymphoblastic leukemia (ALL), an uncommon type of blood and bone marrow cancer. After being diagnosed with Philadelphia chromosome-positive (Ph+) ALL, a more aggressive form of the disease, she began treatment at The University of Texas MD Anderson Cancer Center under the care of Elias Jabbour, M.D., associate professor in the department of leukemia. Jabbour introduced her to a few clinical trials that were underway at the hospital, including one with ponatinib—a "wonder drug," Guinn called it—approved to treat chronic myeloid leukemia and Ph+ ALL.

With Guinn's consent, a clinical trial coordinator walked her, step-by-step, through the process and informed her of her rights as a patient along with potential risks and benefits, and the protocol for the study.

"I think it's important that minorities know there are safeguards out there now to protect them in research," Guinn said. "There needs to be a lot of education around the strides we have taken to correct those things and let people know there's an internal review board that looks over all of this and the different practices within research, like informed consent."

Dominique Guinn is a visiting professor in the department of health and kinesiology at Texas Southern University.

Disproportionately white

Twenty-five years ago, Congress passed the National Institutes of Health Revitalization Act of 1993, which compelled the federal agency to include women and minorities in clinical studies to promote clinical research equity. While gender participation has leveled off in recent years—gradually increasing from 40 percent female in 2015 to 55 percent in 2017—clinical trials continue to lack racial and ethnic diversity.

On average, participation in clinical trials is disproportionately white. White patients constituted 76 percent of all participants in novel drug trials approved by the U.S. Food & Drug Administration (FDA) Center for Drug Evaluation and Research in 2016. Although individuals who are black or African-American alone make up 13.4 percent of the U.S. population, according to the U.S. Census Bureau, only 7 percent of clinical trial participants in 2016 fell into that category.

(continued)

66 I think it's important that minorities know there are safeguards out there now to protect them in research.

> — DOMINIQUE GUINN Clinical trial participant and MD Anderson patient



"When we test drugs in a patient population, we trust that population we test the drug in is going to mirror the patient population who ultimately receive treatment with the drug," said Martha Mims, M.D., Ph.D., associate director of clinical research at the Dan L Duncan Comprehensive Cancer Center at Baylor College of Medicine. "When there's skewing in the clinical trials population relative to the population of patients as a whole—patients who have access and need the drug—there are a lot of things that can happen."

Understanding the safety and efficacy of drugs for all patients hinges on the participation of diverse racial and ethnic subgroups. One size does not fit all when it comes to drugs.

"Theoretically, we're all biologically similar, so you could argue, 'If nothing but white males participate in a particular study, and we learn that this new heart disease drug works in white males, it should work in Asian women, too, right?' Theoretically, but no. There are biological differences. If Asian women aren't participating in that trial, we've created a drug that really only works for white men," said Lorna McNeill, Ph.D., associate professor and chair in the department of health disparities at The University of Texas MD Anderson Cancer Center. "Now we see the benefit of having everyone participate, but we caught on to that late. We're trying to play catch-up by

We're trying to play catch-up by explaining to everyone: Your role is important for us to understand how different treatments and drugs might differ in different groups.

 $- {\tt LORNA~McNEILL, PH.D.}$ Associate professor and chair in the department of health disparities at MD Anderson Cancer Center

explaining to everyone: Your role is important for us to understand how different treatments and drugs might differ in different groups."

In addition, a slew of potential side effects and toxicities of drugs may not be identified in certain populations if those races and ethnicities aren't represented in clinical trials.

It comes down to the pharmacogenomics: how an individual's genetic makeup affects their response to drugs.

"It has a lot to do with the expression of particular enzymes that help us metabolize drugs," Mims explained. "The way you metabolize aspirin versus the way I metabolize aspirin might be different."

According to a study published in the Clinical Pharmacology and Therapeutics journal in 2014, approximately 20 percent of new drugs on the market are metabolized differently across racial and ethnic subgroups and, as a result, are prescribed at different dosages based on race

and ethnicity. Eltrombopag, which is used to treat thrombocytopenia (low platelets), is prescribed at a daily dose of 50 mg; however, patients of East Asian ancestry are only given half the dose due to an elevated risk of negative side effects.

Greater cancer risks in certain populations

The biology of cancer also plays a role in determining which treatments will work best among different groups of people.

"What drives tumor formation in the Caucasian population might be different than what drives tumor formation in the African-American or the Hispanic population," Mims said. "The tumors might respond in a trial, but in actual fact, there might be very big groups of people who were underrepresented in the clinical trial and maybe their tumors don't respond to treatment in the same way—not because the drug is metabolized differently, but because the driver of the



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disease might be different in different racial or ethnic populations."

The paucity of minorities in clinical trials is particularly detrimental to the population of patients who are disproportionately affected by certain types of cancers. For example, African-American men have higher morbidity and mortality rates for prostate cancer compared to white men. According to the National Cancer Institute, African-American men have a 15 percent chance of developing prostate cancer in their lifetimes, whereas white men have a 10 percent chance. In addition, African-American men are often diagnosed at a more aggressive stage of the disease, leading them to be twice as likely to die from the cancer as white men.

However, despite the increased risk for African-American men, clinical trials for prostate cancer skew heavily toward white men.

"If we want advances to work universally for everyone, or if we want drugs that are going to be slightly different for different populations, then everybody needs to participate," McNeill said.

Although the FDA acknowledged that "medical products are safer and more effective for everyone when clinical research includes diverse populations," there is no set quota for minority representation in the studies, according to FDA spokeswoman Gloria Sanchez-Contreras.

But increasing participation in clinical trials is easier said than done, as they require a greater level of commitment from patients than average clinical care.

"A lot of [my patients] have cancer and they want their cancer treated, but they can't necessarily commit the amount of time and effort required to participate in a clinical trial," Mims said. "Maybe their boss won't give them the time off; maybe they don't really have good, reliable transportation."

In addition, the historical abuse of power carried out by medical researchers in gross violation of human rights inflicted deep wounds that are still healing to this day.

Tuskegee Syphilis Study

From 1932 to 1972, the U.S. Public Health Service conducted clinical trials on 600 poor African-American men in Alabama under the false pretense of providing free medical care from the government. In this group, 399 of the men had syphilis and 201 did not. Even after penicillin emerged as an effective cure for syphilis and became widely available in 1945, researchers deliberately withheld treatment from patients with the infection to observe the progression of the disease and perform autopsies on the men after their deaths.

On July 25, 1972, Associated Press reporter Jean Heller exposed the wrongdoings the researchers committed for four decades.



Martha Mims, M.D., Ph.D., is associate director of clinical research at the Dan L Duncan Comprehensive Cancer Center at Baylor College of Medicine.

The public erupted in outrage, leading the U.S. Public Health Service to pull the plug on the study and issue a \$10 million settlement after a classaction lawsuit was filed against the agency by the men and their relatives.

In the aftermath of the Tuskegee Syphilis Study, the federal government established legislation designed to protect vulnerable populations in human experimentation.

Congress passed the National Research Act of 1974 to institute regulations to govern and protect the rights of patients involved in human research studies. The new law established the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research to develop guidelines for more stringent oversight of human experimentation. These regulations include the Federal Policy for the Protection of Human Subjects, more commonly known as the "Common Rule," which requires clinical research to be conducted with institutional review boards (IRBs), informed consent and assurances of compliance to protect clinical trial participants.

"We don't think about the FAA [Federal Aviation Administration] when we get on an airplane, but we know the FAA is guarding our safety when we get [on board]," Mims said. "The same thing is true of clinical trials. We have our IRBs and protocol review committees designed to help protect the safety of the patient and the integrity of the research, but people don't know that."

Currently, 20 federal agencies—including the Department of Health and Human Services (HHS), the Department of Defense and NASA—abide by the Common Rule. Although the FDA is part of HHS, the agency established its own rules and regulations—separate from the Common Rule—for IRBs and informed consent to safeguard the rights, safety and welfare of patients.

A local approach

Both MD Anderson and Baylor College of Medicine have outreach programs dedicated to promoting more awareness and education around clinical trials to people in underserved communities.

At MD Anderson, McNeill spearheads Project CHURCH (Creating a Higher Understanding of Cancer Research and Community Health), a program designed to address health disparities in Houston's African-American community.

(continued)

When Project CHURCH launched in 2008, it began in partnership with 2,500 church members from three congregations in Houston's Third Ward as a research study to better understand the socioeconomic, environmental and lifestyle factors that put African-Americans at higher risk for cancer. Through Project CHURCH and the Center for Community-Engaged Translational Research, McNeill and her team engage closely with the community in both research and education to break down invisible barriers and rebuild people's trust in medicine. As a result of their efforts and ties to the community, they have been able to increase minority participation in clinical trials at MD Anderson.

"We wanted to take a more local approach with that. What's going on in Houston? What might be placing African-Americans in Houston at greater risk for developing cancer? To do that, we believe in partnerships with communities, that we both come from answering these important questions from different strengths," she said. "Essentially, we're like a broker: We speak the language of community, and we speak the language of researchers, recognizing that they don't speak each other's languages."

Across the street at the Dan L Duncan

Comprehensive Cancer Center, Baylor officials recently announced a new partnership with the University of Houston to develop a joint cancer drug discovery, development and research education program to address the health disparities across racial and ethnic groups.

According to Mims, the participant demographics of Baylor's clinical trials consistently reflect the demographics in Harris County due to their efforts to not only diversify participants in the studies, but the cancer research workforce, as well.

"Trying to overcome those racial and ethnic barriers with the people who approach you about clinical trials is important," Mims said.
"I try always to recruit people who mirror the patients I'm treating. I try to have people who speak Spanish and I try to have African-American people working with me, so they can relate to the patients and their lifestyles and cultures that might be a little different than mine."

Ultimately, everyone should have access to good quality medical care, Mims said, and clinical trials are part of that.

Will to live

As part of Dominique Guinn's clinical trial, she spent one week at the hospital for treatment,

including ponatinib and lumbar punctures to inject the chemotherapy drugs directly into her spinal fluid. Over the three weeks following each monthly treatment, she would return to the hospital every Monday, Wednesday and Friday to visit the clinic and have her blood and lab work done. She repeated the treatment course for eight months with little improvement and severe side effects.

"For weeks at a time, I would just eat ice chips. I would feel like I was literally going crazy during those times I couldn't eat," Guinn said. "I was having gastric problems with it. It wasn't easy tolerating the medicine, but I knew that my life depended on it."

Guinn's motivation, she said, was her will to live. She was determined to give ponatinib another try.

"I tell people about the wonder drug that saved my life. I wouldn't be here without it," Guinn said. "I spent the first few days asking myself, 'Why me?' But by the fourth or fifth day, I realized, 'Why not me?' I'm a strong person. I've been through a lot ... and I felt like I can handle this and hopefully be an example for others."



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Bodies in Space: What Changes at the Cellular Level?

Preliminary data from NASA's Twins Study raises compelling questions

By Alexandra Becker

hen former astronaut Scott Kelly spent a record-breaking year in space from March 2015 to March 2016, both he and his identical twin brother, Mark Kelly, provided multiple biological samples for research. Mark, also a retired astronaut, spent the duration of Scott's journey Earth-bound, serving as an ideal control for NASA's Twins Study, which aims to determine how living in space potentially impacts human health by comparing Scott's genomic and molecular profiles to his brother's.

Earlier this year, NASA teased preliminary findings from the study—among them a discovery that surprised the scientific community.

Data sets collected before, during and after Scott's one-year mission aboard the International Space Station (ISS) indicated that his telomeres—protective, repetitive sequences of nucleotides found at the ends of chromosomes—were longer during spaceflight, a finding that was exactly the opposite of what researchers had predicted.

"It was a completely unexpected result," said Susan Bailey, Ph.D., a professor of radiation cancer biology at Colorado State University and the principal investigator for the portion of the Twins Study focused on telomeres. "We went into the study hypothesizing that telomeres would shorten during spaceflight due to the extreme environment and stresses that astronauts experience on long-duration spaceflights."



Retired NASA astronaut Scott Kelly speaks about his historic mission aboard the International Space Station during an event in 2016 at the United States Capitol Visitor Center in Washington, D.C.

Often referred to as the "caps" of chromosomes, telomeres act as buffers to protect the genetic information that precedes them. More significantly, telomeres function as the aging clock in every cell, shortening with each cycle of cell division and so also with age, as well as with exposure to a variety of stresses and harmful exposures.

If Scott Kelly's telomeres lengthened on the ISS, did that mean the aging process was somehow slowed or even arrested in space?

Humans and worms

The effects of long-duration space travel on aging are unknown. However, given the unique exposures (including microgravity and space radiations) and the nutritional, psychological and physical stresses associated with spaceflight, it would be reasonable to assume that Scott's telomeres would shorten during his year aboard the ISS.

"In space, our bodies succumb to the same sort of changes that occur with aging, but on a much faster timeframe," explained Dorit Donoviel, Ph.D., director of the Translational Research Institute for Space Health at Baylor College of Medicine, which works with NASA to fund technologies aimed at preserving astronaut health and wellness during deep space exploration.

Donoviel recited a list of some of the effects of spaceflight that mimic aging, among them reduced muscle and bone mass, weakening of the heart, hardened arteries, balance problems and changes in vision, as well as damage from free radicals due to the radiation exposure.

"Telomere shortening underlies one of the major theories of aging," Bailey said. "Telomeres shorten, cells stop dividing (they senesce), tissues degenerate and the pathologies of aging like cardiovascular disease and gray hair develop."

(continued)

The Twins Study has been the most comprehensive view that we have yet of what happens to one human's health in an extended spaceflight. It's a beginning. It's a starting point—a place to begin to understand what's happening biologically.

- PENELOPE BONNEN, PH.D.

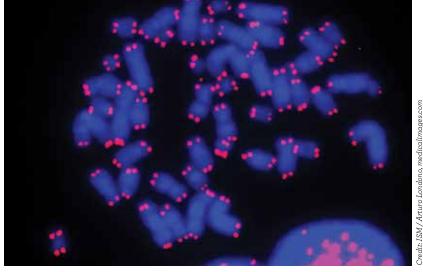
Associate professor of molecular and human genetics at Baylor College of Medicine and the special advisor to the NASA Human Research Program

Scott and Mark Kelly's telomeres were similar in length at baseline when comparing the samples before Scott's flight, Bailey explained, but not long after Scott's arrival at the ISS, his telomeres were significantly longer.

"Of course, our biggest fear to start with was, 'Is this an artifact?' We wanted to be sure that what we were seeing was real," Bailey said. "We used two independent means of measuring telomere length, and we had additional samples from another Twins Study investigator, as well as another study with an unrelated astronaut cohort in which we've been doing the same studies, and we see the very same thing with all of it. The exact same thing."

In addition, studies with worms performed aboard the ISS for approximately two weeks found that space-flown worms had longer telomeres than Earth-bound worms, Bailey said.

As a result of these studies, researchers have begun to develop different theories about why telomeres would lengthen in space.



Telomeres, shown in pink, are nucleotides found at the ends of chromosomes that function as the aging clock in every cell.

For one, astronauts live in a meticulously regulated environment (i.e., no margaritas, no DEET, no binge-watching Netflix). They exercise for hours almost every day, eat nutritious meals and have minimal distractions from a good night's rest—all contributors to overall health, which helps maintain telomere length.

"Scott lost weight when he was on the station and had a very defined diet—he was like the model citizen—so all of those things could have contributed," Bailey said. But, she added, she still struggles with

how lifestyle factors could actually make telomeres elongate. After all, the worms did not change their diet, nor did they start exercising aboard the ISS.

Another theory suggests that telomerase—the enzyme responsible for adding length to telomeres and often found in cancer cells—is somehow switched on in space. If this is the case, Bailey said, increased risk of cancer would be a noteworthy concern.

"Cancer is a proliferative disease. Cells are growing like crazy, and you've got mutations and you've got long telomeres, and it's all helping damaged cells continue to grow," Bailey said. "If, in fact, we end up being able to link telomerase to any of this, you've enabled the very hallmarks of cancer."

Because telomeres are associated with aging, some have proposed that by activating telomerase, individuals could potentially slow down or even stop the aging process altogether. When NASA's preliminary findings came out, some even asked whether living in space was the fountain of youth.

It's not.

"That's always the case with any of these things, where people think they can live forever by turning on telomerase or making telomeres longer," Bailey said. "There's always a price to pay for that, and the price is that you are increasing risk of cancer, because that's exactly what cancer does."

Unfortunately, Bailey and her team were unable to analyze telomerase activity directly in their samples—the enzyme was likely destroyed by heat in the return

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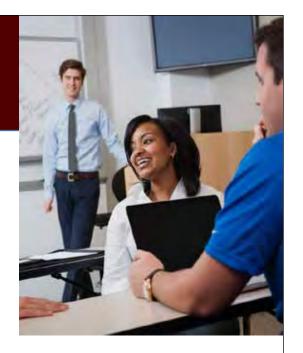
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vehicle, or otherwise unavoidably inactivated before reaching Johnson Space Center—so its part in the phenomenon remains unknown, for now.

Next steps: sort the cells

Yet another theory for the change in telomere length in space has been offered, one that many researchers believe is most likely: that individual telomeres did not lengthen at all, but rather space-flight triggered a shift in cell population dynamics and the types of cells most present in the blood during spaceflight have longer telomeres, resulting in the appearance of telomere elongation overall.

"Perhaps we're just looking at different cells," Bailey said. "We're looking at blood, which is being continuously exposed to low doses of radiation, sensitive lymphocytes are dying, so the body may be triggering a wound-healing or a damage response, mobilizing stem cells to replenish the population, and perhaps that whole process is accelerated during spaceflight. You'd have more stem, progenitor-type cells in the blood than you would normally, and those cells are going to have longer telomeres."

Penelope Bonnen, Ph.D., associate professor of molecular and human genetics at Baylor College of Medicine and the special advisor to the NASA Human Research Program, proposed essentially the same theory.

"What if it's not that the telomere length changed, it's that the population of cells that were ascertained changed, and those cell types have longer telomeres, regardless of whether they're in space or on Earth," Bonnen said. She added that her hypothesis is based on known changes to the immune system that take place in space.

"Someone who is studying telomere length may not also be studying immunology, but in this case, it's perfectly plausible that the results that were achieved with that set of experiments really are giving us more insight into what's happening with immunology and the population of cells in the blood during spaceflight than it actually tells us about telomeres," Bonnen explained. "Telomeres may just be a

signpost that says, 'Hey guys, it's not that we're changing, it's that you're actually looking at a different population of cells, and that understanding what's happening with the immune system is really what's important."

Both Bailey and Bonnen said that the next steps should be to sort the cells and measure telomere length in each specific cell type. This will help determine if, in fact, there is a shift in telomere length or in cell populations in space. And while the data ultimately raises more questions than it answers, both said the study has been invaluable for the advancement of the field.

"The Twins Study has been the most comprehensive view that we have yet of what happens to one human's health in an extended spaceflight," Bonnen said. "It's a beginning. It's a starting point—a place to begin to understand what's happening biologically. And I think there is an opportunity to combine expertise across disciplines to help answer these questions."

Bailey echoed those sentiments.

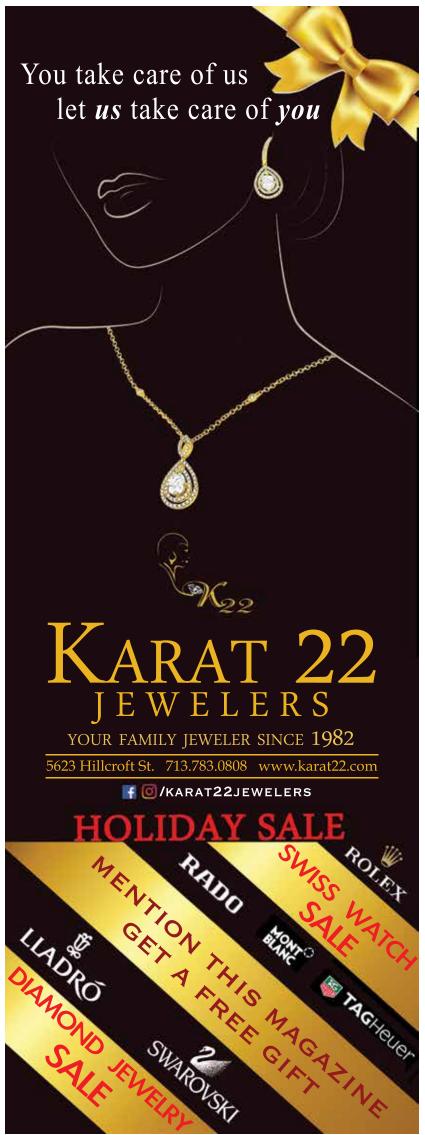
"It's laying the foundation for the kinds of things we need to be thinking about and aware of as astronauts spend longer and longer periods of time, deeper and deeper in space,"

she said.

These experiments will be increasingly important as NASA continues to set its sights on

long-duration space exploration and a mission to Mars—goals Donoviel is confident will be achieved.

"I think the most remarkable finding is that we have lived in zero gravity for decades, and humans have adapted just fine to it," she said. "They didn't know that in the sixties. They had no idea if people could breathe, live, eat, shower—do everything normally. Yes, there are some changes, but I find it very remarkable that humans are able to adapt to an environment that lacks gravity. For me, it's a positive story in that we are so resilient, we're able to adapt to all kinds of harsh environments, including space, and I have no doubt that humans will be able to have successful exploration of deep space, and live and work well in space. I have no doubt that this will happen."





BAYLOR COLLEGE OF MEDICINE

Rankings elevated

Baylor College of Medicine moved up in both the research and primary care medical school rankings published in March by *U.S. News & World Report*, securing its position as the No. 1 medical school in Texas and the Southwest and one of the top schools in the nation.

Nationally, Baylor placed No. 16 in research intensive medical schools and No. 5 in primary care medical schools. The research ranking is a jump of five spots and the primary care ranking is a jump of three spots. The research rankings include grant funding, student scores and peer assessment. The primary care rankings also include the number of graduates entering primary care fields.

U.S. News also ranks several medical specialties. Baylor's pediatric program ranked No. 10 in that listing. Baylor's Graduate School of Biomedical Sciences continued to rank among the top programs in the country, listed as No. 26.

HARRIS HEALTH SYSTEM

House Call Services launched

In 2018, Harris Health System began offering a medical outreach program, House Call Services, that delivers medical care to patients in the comfort of their homes. While most patients in the program are elderly, several have special needs and require constant medical attention, but not necessarily in a health care setting.

Most patients are seen weekly or several times a month. House Call Services includes teams of board-certified physicians, nurse practitioners, registered nurses, case managers and clinical social workers; physician care is provided through Harris Health's partnership with Baylor College of Medicine and McGovern Medical School at The University of Texas Health Science Center at Houston. Teams are available by phone 24 hours a day, seven days a week to provide primary care for management of medical problems, palliative care to improve quality of life, transition of care visits and home safety evaluations.

HOUSTON HOSPICE

Program promotion earned

Houston Hospice earned a Level Four promotion in 2018 from We Honor Veterans, a program launched by the National Hospice and Palliative Care Organization (NHPCO) in collaboration with the U.S. Department of Veterans Affairs (VA) to improve the care veterans receive from hospice and palliative care providers. The higher status—Level Four is the top level of the program—reflects Houston Hospice's commitment to providing veteran-centric care and support that reflects the important contributions by men and women who served in the U.S. military.

According to NHPCO, a vast majority of veterans are not enrolled in the VA and may not be aware of end-of-life services available to them, including the Medicare Hospice Benefit and VA-paid hospice care.

HOUSTON METHODIST HOSPITAL

Walter Tower opened

Houston Methodist opened the Paula and Joseph C. "Rusty" Walter III Tower, a 22-story, \$700 million patient tower housing new beds and state-of-the-art technology. The 954,705-square-foot facility in the Texas Medical Center features 366 patient beds and 18 high-tech operating rooms (ORs), including four hybrid ORs that combine advanced medical imaging devices and an operating room. The new hybrid ORs will allow for more minimally invasive procedures for cardiovascular surgery and neurosurgery.

MEMORIAL HERMANN HEALTH SYSTEM

Merger planned

In October, the boards of Memorial Hermann Health System and Baylor Scott & White Health



announced the signing of a letter of intent to merge into a combined system.

Together, the two systems include 68 hospital campuses; more than 1,100 care delivery sites; nearly 14,000 employed, independent and academic physicians; and two health plans. They currently record nearly 10 million patient encounters annually. As two of the most comprehensive not-for-profit health systems in Texas, Memorial Hermann and Baylor Scott & White Health, both founded as faith-based organizations, share similar missions and values and like-minded, forward-thinking visions for the future.

With approval of the letter of intent, the organizations have entered into a period of exclusive negotiations, due diligence and the standard regulatory review processes. The next stage in the transaction—a definitive agreement—is anticipated to be complete in 2019.

THE MENNINGER CLINIC

Hospital without walls launched

The Menninger Clinic launched a new service in 2018 that provides treatment, rehabilitation and support to people who need intensive treatment beyond a hospital setting for mental health or substance use disorders. The program, Menninger 360, is the first private psychiatric assertive community treatment (PACT) in Texas and functions as a multidisciplinary mobile team offering individualized wraparound services that help clients address real-world concerns in real time.

The primary goals of Menninger's PACT approach are to reduce or eliminate symptoms of mental illness and minimize or prevent recurrent acute episodes of mental illness and hospitalizations; meet basic needs and enhance quality





Texas Children's Lester and Sue Smith Legacy Tower opened in three phases in 2018.

of life; improve functioning in adult social and employment roles and activities; increase tenure in the community; and lessen families' burden of providing care.

RONALD McDONALD HOUSE HOUSTON

Holcombe House renovated

Ronald McDonald House Houston unveiled their newly renovated flagship facility, Holcombe House, at the end of September. The \$24.5 million facelift and expansion includes a new two-story tower containing 20 additional bedrooms, increasing the building's capacity by 40 percent. Other upgrades and additions to the 65,000-square-foot facility include the kitchen and common areas, an outdoor adult patio, a game room, a supervised play and nursery room as well as a playground. A new multi-use cooking and preparation area allows residents to make meals while they stay.

SHRINERS HOSPITALS FOR CHILDREN - HOUSTON

Motion Analysis Center anniversary celebrated

In 2018, Shriners Hospitals for Children – Houston celebrated the 40th anniversary of the first Motion Analysis Center to open in Texas. Clinical motion analysis is used to help understand complex neuromuscular, acquired or congenital disorders that affect gait. This technology can accurately measure and describe the walking patterns of children and adolescents, ages 5 to 18, with complex movement problems resulting from cerebral palsy; spina bifida; orthopedic, neurologic and genetic disorders; developmental variants such as leg length discrepancy or bony

Left: Houston Methodist's Walter Tower features 366 patient beds and 18 high-tech operating rooms.

malalignment; and club feet or flat feet. Motion analysis testing allows surgeons to evaluate problems at all joints simultaneously, which enables them to perform surgical correction of all problems in a single surgical session.

TEXAS A&M UNIVERSITY HEALTH SCIENCE CENTER

First in nation accreditation earned

Engineering Medicine (EnMed), Texas A&M University's innovative engineering medicine track at Houston Methodist Hospital, is now included in the Liaison Committee on Medical Education (LCME) accreditation of the Texas A&M College of Medicine's Doctor of Medicine (M.D.) program.

A partnership between the Texas A&M College of Engineering, College of Medicine and Houston Methodist Hospital, EnMed is the nation's first four-year, fully integrated engineering and medical education curriculum leading to both a M.D. and master's degree in engineering accredited by LCME. This approval allows the program to begin recruiting the inaugural class of students, set to begin in Fall 2019.

TEXAS CHILDREN'S HOSPITAL

Legacy Tower opened

Texas Children's Lester and Sue Smith Legacy
Tower opened in 2018. The hospital's new
home for heart, intensive care and surgery adds
640,000-square-feet to the Texas Children's Texas
Medical Center campus. The naming of the
tower was announced following a pledge of
\$50 million from Houston philanthropists
Lester and Sue Smith.

(continued)

In May, the first phase of the tower opened with six technologically advanced operating rooms for neurosurgery, orthopedics, plastic surgery, transplant and pediatric surgery—one with an intraoperative MRI—and 84 ICU beds, including dedicated surgical, neurological and transitional ICU rooms.

The second phase of Smith Legacy Tower opened in September and serves as the new home for Texas Children's Heart Center, ranked No. 1 nationally in pediatric cardiology and heart surgery by *U.S. News & World Report*. In November, the final phase of the tower, the helistop, opened to allow for even greater access to Texas Children's for the most critically ill patients.

TEXAS MEDICAL CENTER

TMC³ campus announced

City, state and Texas Medical Center (TMC) leaders convened in April to announce the creation of TMC³, a new, multi-institutional translational research campus slated to break ground in 2019, with projected completion in 2022.

Named to identify Houston as the "third coast" for life sciences, the translational research campus is a collaboration between the five founding TMC³ institutions: Texas Medical Center, Baylor College of Medicine, Texas A&M University Health Science Center, The University of Texas Health Science Center at Houston (UTHealth) and The University of Texas MD Anderson Cancer Center. A third-party impact study predicted that TMC³ will drive \$5.2 billion into the Houston economy and create nearly 30,000 jobs.

Flanking the new campus will be a 410-room hotel and conference center, which will provide

50,000 square feet of meeting space for researchers and clinicians from around the world to convene in Houston, fostering more partnerships, education and skill-sharing opportunities.



Texas Woman's University Institute of Health Sciences Houston Center created a College of Business.

TEXAS WOMAN'S UNIVERSITY INSTITUTE OF HEALTH SCIENCES HOUSTON CENTER

College of Business created

Long known for its health science programs—including nursing, nutrition, health care administration and the only physical and occupational therapy schools in Houston—Texas Woman's University Institute of Health Sciences Houston Center also produces graduates each year in its MBA program. That program took a big step toward greater prominence during the 2017-2018 academic year with the creation of the College of Business, pulling the MBA and Master of Healthcare Administration programs under its wing.

TMC³ translational research campus, shown below in a rendering, is slated to break ground in 2019.



UNIVERSITY OF HOUSTON

College of Medicine plans revealed

In 2017, the University of Houston (UH) Board of Regents approved the establishment of a College of Medicine focused on preparing primary care doctors to practice in underserved urban and rural communities in Houston and across Texas.

In July 2018, UH revealed that, thanks to an anonymous \$3 million gift, the College of Medicine's inaugural class of 30 medical students would get free tuition. In September, UH announced a collaboration between the College of Medicine and insurer Humana, which has pledged a \$15 million gift over the course of a decade to help with startup and operational costs. In October, UH revealed that a \$3.5 million grant from The John M. O'Quinn Foundation will pay tuition for 10 students in the College of Medicine's second class, as well as fund college startup costs, faculty hires, labs and a household-centered health care program for underserved communities. In November, UH announced the College of Medicine will be constructed on the UH campus. The 150,000-squarefoot building will be located on a 43-acre tract of undeveloped land near MacGregor Park on Martin Luther King Blvd. at Old Spanish Trail.

THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON

Continuum of Care Campus planned

With the first \$6 million in state funds approved by the Legislative Budget Board and the Governor to the Texas Health and Human Services Commission for the construction of a psychiatric hospital in Houston, The University of Texas Health Science Center at Houston (UTHealth) will oversee construction of a continuum of care campus for behavioral health that addresses a critical need in the state. The UTHealth Continuum of Care Campus for Behavioral Health is planned to include acute, subacute, and residential treatment and is estimated to cost \$125 million. With up to a projected additional 300 beds, combined with the 274 existing acute care beds in the UTHealth Harris County Psychiatric Center, this facility will create the largest academic behavioral health hospital in the country.

THE UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER

Allison awarded Nobel

James Allison, Ph.D., chair of immunology and executive director of the immunotherapy platform at The University of Texas MD Anderson



Supporters gathered inside MD Anderson in October to congratulate James Allison, Ph.D., on his Nobel Prize.

Cancer Center, was awarded the 2018 Nobel Prize in Physiology or Medicine jointly with Japanese immunologist Tasuku Honjo, M.D., Ph.D., for the discovery of cancer therapies that stimulate the immune system to attack tumor cells. Allison is the first MD Anderson scientist to receive the world's preeminent award for outstanding discoveries in the fields of life sciences and medicine.

Allison started his career at MD Anderson in 1977, arriving as one of the first employees of a new basic science research center located in Smithville, Texas. After a few decades at California and New York institutions, he was recruited back to MD Anderson in November 2012 to lead the immunology department and to establish an immunotherapy research platform

for MD Anderson's Moon Shots Program.

The Nobel recognizes Allison's basic science discoveries on the biology of T cells, the adaptive immune system's soldiers, and his invention of an immune checkpoint blockade to treat cancer.

THE UNIVERSITY OF TEXAS MEDICAL BRANCH AT GALVESTON

Superior care recognized

UTMB, for the second consecutive year, earned a prestigious national award for providing superior care to patients. Out of 99 academic medical centers nationwide, UTMB ranked fourth, earning the 2018 Vizient Bernard A. Birnbaum, M.D., Quality Leadership Award. UTMB received the same award in 2017 and was ranked ninth, remaining the highest-ranked health system in Texas with the 2018 designation.

UTMB, Texas' first academic health center, is among a small number of academic medical centers nationwide recognized for demonstrating superior quality and safety performance as measured by the Vizient Quality and Accountability Study, which has been conducted annually since 2005. Performance measures are based on the Institute of Medicine's six domains of care: safety, timeliness, effectiveness, efficiency, equity and patient centeredness.



Houston billionaire **TILMAN FERTITTA**, ranked 153 on the Forbes 400 list of wealthiest Americans, runs a vast entertainment empire that includes restaurants, hotels, casinos, boardwalks, an aquarium and the Houston Rockets. The 61-year-old also stars in "Billion Dollar Buyer" on CNBC and chairs the University of Houston System's Board of Regents. From his Houston office, next door to the luxurious Post Oak Hotel at Uptown Houston that he opened earlier this year, Fertitta spoke with *Pulse* about health, hospitality, politics, philanthropy and amusement.

- Q You star on CNBC's "Billion Dollar Buyer" and, since you bought the Houston Rockets in 2017, you've spent a lot of time at the NBA team's games. How has your life changed since you've become a higher profile public figure?
- A In Houston, because I've just been around so much longer than everybody else, I could duck into a little bar to get away and three people are going to know me. I had a function at my house on a recent Saturday—500 to 600 people on behalf of the Houston Police Foundation—and I'd go out and mingle for 10 minutes and then I'd go inside and hide. That night, me, the police chief, the fire chief and a Texas state senator were in Mastro's late, having a drink. They just got a kick out of it because they all have these high-profile positions and everybody comes up to me and wants a photo. Even in New York, L.A., Baton Rouge, people just stop me and they recognize me. But remember, I do sports TV, business TV, the television show and there's been a lot of magazine articles. It's just become building a brand. And in Houston, where we don't have a lot of business leadership, I'm kind of the only guy in the business world who's really known.
- Q You chair the UH System's Board of Regents. How involved are you in finding a site for the new University of Houston College of Medicine and championing its commitment to primary care?
- A Very much so. Me and the chancellor were just in the medical center looking at a site there, and we were looking at a site by the University of Houston. [Editor's note: After this interview, UH announced the selection of a site on the main UH campus.] I'm totally involved with it from the legislative standpoint. In terms of the focus on primary care and the diversity and special needs of the Houston population, that is the basis of why we are doing it.
- Q How has the hospitality industry changed over the past few decades? Millennials like services; has this generation affected what you do with your restaurants and hotels and other properties?
- A | When I was growing up, you went to dinner just to have dinner and it was just four walls. And then it became part of entertainment, where restaurants had to have atmosphere, not just good food. Growing up ... do you remember Steak and Ale? There was a little bit

of theme to it. This was a big deal going out to dinner at Steak and Ale. The point is that the world has changed. When I turned 16, I was down at the driver's license office to get my license and so were my friends. But none of my children did that and none of their friends did either. They just don't care as much because they can have anything brought to them and we had nothing brought to us. And we didn't have a way to communicate with our friends except on our parents' phones, so, we got in a car and went to see them.

Q | So how do you respond to that generational shift within your restaurants and hotels and event spaces?

A Well, you build a bigger take-out area. [Laughs.] Honestly. One hundred percent. You have to design things to fit today and that's what we're doing. It's a totally different world today and the people that change are going to continue to be successful and the people that don't change won't be.

Q Let's talk about your personal health. This is the one part of your life you cannot outsource, no matter how much money or help you have.

You're a busy man, in and out of the helicopter and plane, back and forth to places like Atlantic City, Las Vegas and so on. What's your health regimen?

A When I have a really bad
Saturday night eating, I'll go to
Memorial Park and run on Sunday.
But other than that, I try to ride a
stationary bike a couple of days a
week. And work out, you know, even
if it's just for 10 or 15 minutes a day.
But you have many days that you
don't. That's just life.

What about diet? Are you strict about your eating habits?

A I'm not a big lunch person. I don't like to go to lunch because you can eat bad. I tend to eat a Lean Cuisine at lunch, under 300 calories. I eat nothing in the morning. I bet I eat, on average, at 9 o'clock at night and I bet I eat, on average, for the first time at 2 o'clock in the afternoon. That's a long time. In the morning I might have three cups of coffee.

Q | How much do you sleep? Are you a napper?

A | Probably seven hours. And nope. I would love to be able to shut it all down, but I don't have that ability.

Q | When do you have personal time during the day?

A Morning is personal time and work time. I like to get up and watch CNBC, read some newspapers on my iPad—business and sports news. Probably do six phone calls from home, probably read about 80 emails. Then I end up in the office around noon. I'll go home at 8 or 9 at night.



Tilman Fertitta stands between two Frank Stella screen prints in the lobby of his Post Oak Hotel at Uptown Houston.

Q | Because you own so many properties and businesses, you delegate various duties to trusted employees. After all your years in business, though, are there any tasks you still insist on handling yourself?

A Probably the only thing I just like to totally have my arms around is the budgeting and the money. Not at a lower level where it's in the stores, but once it moves up in the budgeting. I like to make sure that you always have two different ways to pay when you're developing something. In case something happens to plan A, you need a plan B.

I've given away a lot of money, but I haven't given away a lot of money. You've got to remember, I'm still out there building. I'm still spending. If I sold everything and had a few billion dollars in the bank, that would be my life—to give money away. But I'm still creating gigantic projects.

Fertitta Entertainment is a holding company that bundles all your assets—
Landry's properties, The
Golden Nugget casinos and the
Houston Rockets. What can you tell us about this juggernaut?

A | You do things from a liability, structural and tax standpoint. That's

where all the assets are and if you try to take them out you'll pay taxes on them. Even though there are different credits on all your different companies, you file one tax return. The whole object is not to pay taxes. I have no problem with saying I personally don't pay very much in taxes. I get huge depreciation

because of all the assets I create. I'm not ashamed of that. I create thousands upon thousands of jobs and make sure all the payroll taxes, property taxes, state taxes are paid. So if I don't pay much federal income tax, so what? I'm the person who keeps capitalism in America going.

(continued)

ls there a big difference between being a millionaire and a billionaire?

A There are major differences within those categories. Somebody can be worth \$5 million dollars or \$500 million dollars. And there's a big difference in being worth \$1 billion and \$5 billion. But believe it or not, 98 percent of the time everybody lives the same and my life is no different than yours. You get up, you read the paper, you drink coffee, you eat a Lean Cuisine for lunch. The only difference is: At 7 o'clock tonight, I might leave here and take a helicopter to go get on my jet to fly me somewhere. So there's a couple of hours that are different. But I live a normal life. I walk through my properties. I pick up trash if it's on the floor. I talk to bus boys.

There must be other perks. A The toys are bigger for

What's your favorite toy? The jet?

billionaires.

66 But believe it or not, 98 percent of the time everybody lives the same and my life is no different than yours. You get up, you read the paper, you drink coffee, you eat a Lean Cuisine for lunch. The only difference is: At 7 o'clock tonight, I might leave here and take a helicopter to go get on my jet to fly me somewhere. So there's a couple of hours that are different. But I live a normal life. I walk through my properties. I pick up trash if it's on the floor. I talk to bus boys. 🤊 🤊

A [Long pause.] The jet's really not a toy. That's just a way to get somewhere. The Rockets aren't a toy, either. It's big business that I paid \$2 billion for! I guess I'll say my yacht. I like it a lot. I'm on my fifth one and building my sixth one.

O Do you have an exit strategy from the business you've built?

A I don't have one because this is a family business and my kids will, hopefully, one day run it. I've watched many people sell their fiefdoms and they have a bunch of money and then they say, 'Why did I do that? What do I do with the money?'

What do you look forward to most every week?

A Coming to the office every day.

Is there anything you dread?

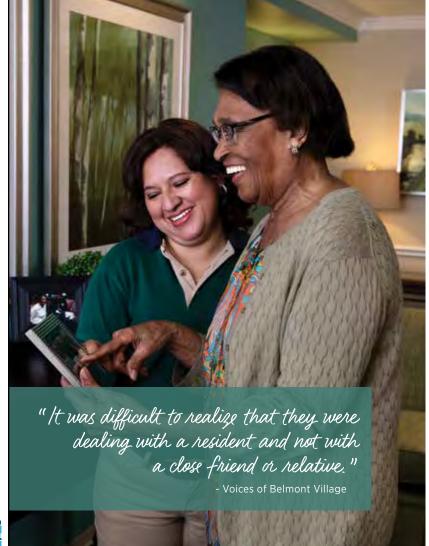
A I really don't have anything like that. I've gotten rid of all those things.

As a philanthropist, you're involved with the **Houston Police Foundation** and the Houston Children's Charity. What's your philosophy on giving?

A My philosophy on philanthropy is, a lot is expected, but it's not just about money; it's also about doing

things. I've given away a lot of money, but I haven't given away a lot of money. You've got to remember, I'm still out there building. I'm still spending. If I sold everything and had a few billion dollars in the bank, that would be my life—to give money away. But I'm still creating gigantic projects. I can give a few million here, a few million there, but not a crazy amount.

Tilman Fertitta was interviewed by Pulse editor Maggie Galehouse. The interview has been edited for length and clarity.



Cami can tell you the names of all of Mary's grandchildren — in order, from youngest to oldest. As a Belmont Village caregiver, she's passionate about enriching the lives of our residents through personal, skillful and thoughtful attention to every detail. From daily care to choosing the perfect birthday gift for the littlest grandchild, we're there for our residents whenever - and however - they need us. To us, they're family.



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How TMC Employees Spend Their Spare Time



NAME: Sherry Paz

occupation: Information technology education learning specialist for Harris Health System

INTEREST: Balloon art

alloons have long evoked the innocence of childhood and the joyful spirit of any age eager to celebrate a special occasion. But for Sherry Paz, balloons have become a way to express herself.

"The whole premise of a balloon is that it gives an atmosphere of festivity," said Paz, an IT education learning specialist for Harris Health System who helps develop training materials and e-learning modules for medical health records. "You'll see balloons at parties and entrances. It makes you want to come in when you see a place with balloons hanging around. Even a single balloon hanging by itself draws

attention, but I just like the fact that I can take it to another level."

As the eldest of five girls, Paz is often in charge of decorating her sisters' birthday parties, baby showers, weddings and other festivities. Basic streamers had lost their charm so, after being inspired by fellow DIYers online last year, Paz decided to try something new: balloon art.

"On Pinterest, you see so many things that you think, 'All right, I can do this." Paz said. "As I did more research, I started to realize the versatility of balloons and the art form itself."

Paz began creating decorations with

small bundles of balloons, but as she learned more about how to incorporate different elements of art into her constructions—including line, shape, space, form and color—her designs evolved into more elaborate pieces involving intricate columns, arches and garlands. She folds, twists and wraps balloons to create a variety of eye-popping configurations, including animals and floral arrangements.

"The hardest part of learning any new skill is just refining it," Paz said. "I want whatever I do to be above and beyond what anybody would expect."

With the success of her creations and the requests she has received because of them, she decided to establish her own company, Balloon Ballyhoo, in November 2017. Since then, she has received numerous requests to decorate for parties and office events.

Paz is also working toward becoming a certified balloon artist, which requires an arduous four-hour practical exam that tests participants' knowledge, ingenuity and ability to create unique art pieces.

Last year, Paz treated her coworkers to a festive surprise during the holidays: She created life-size nutcracker and Santa Claus balloon sculptures for her team's office.

In March 2018, she attended the World Balloon Convention in San Diego, California, to hone her craft and expand her repertoire. Although she specializes in balloon décor, Paz was inspired by the talent and imagination of other balloon artists in attendance and plans to combine her creations with fashion in the future.

"The thing that I'd really like to do to challenge myself is ... make costumes out of balloons," Paz said. "There are wearable pieces and dresses that I've seen that are absolutely gorgeous and look very couture. ... They're taking long balloons and weaving them into a dress."

Whether Paz is creating colorful balloon arches, extravagant sculptures or whimsical animals, her ultimate goal is to make people smile.

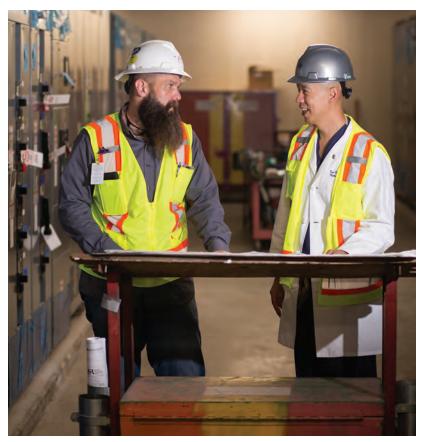
"When I give a balloon or something I've created to somebody and they're happy, that just makes it all worthwhile," she said. "They feel the love that I put into it."

By Shanley Pierce

An Inside Job

Working construction at the Texas Medical Center

By Christine Hall



John Marra, a superintendent at Fisk Electric Co., is working on the Memorial Hermann-TMC tower. Tuyen Nguyen, M.D., a director of minimally invasive valve surgery and associate program director for the cardiothoracic surgery training program at Memorial Hermann-TMC, rebuilt Marra's heart.

John Marra spent many days perched high above the Texas Medical Center. As a Fisk Electric superintendent, he is helping construct the new Memorial Hermann-TMC tower, slated to open in 2020. At the same time, Memorial Hermann surgeon Tuyen Nguyen, M.D., has kept Marra on the job with a different construction project: rebuilding Marra's leaky heart valve.

Marra leads operations for all electrical aspects of Memorial Hermann's new multi-story building, named the Susan and Fayez Sarofim Pavilion.

"Memorial Hermann is like my baby," Marra said. "I have a special interest in the job and an attachment to this building."

Marra's health headed downhill one Monday morning in July when he thought he was catching a cold. His wife, Kathryn, a nurse, was with their children at a camp about four hours from home, so Marra took some cold medicine and went to bed.

A few hours later, he woke up

with a racing heart and uncontrollable breathing. As the night went on, his symptoms grew worse. By 1 a.m., he had the urge to call his wife, but didn't want to alarm his family.

"I'm just stubborn," he said.
"I should have just called her."

After several more sleepless hours, Marra contacted his wife at 6 a.m. and described his symptoms. She suggested a trip to the doctor to have his blood pressure and pulse checked. When he did seek medical attention, he was informed that he had a severe heart murmur.

The doctor admitted Marra to the hospital. Further tests discovered a "microleak."

"I was blown away," he said. "I'm only 40 years old and I was going to have heart surgery. I even tried asking if there was medication I could take instead."

Heart murmur diagnosis

Marra's heart murmur diagnosis is associated with mitral regurgitation.

Heart valves are designed to facilitate blood movement in one direction and prevent backward flow, said Nguyen, director of minimally invasive valve surgery and associate program director for the cardiothoracic surgery training program at Memorial Hermann who also is affiliated with the UT Physicians practice.

Mitral valve regurgitation, the most common valve problem, is a progressive, degenerative condition that occurs when a valve doesn't close properly and causes the blood to flow in reverse, flooding the lungs and heart, Nguyen explained.

If not treated early, the leaky valve can cause permanent heart damage.

"That is where they get sick, short of breath, tired and have irregular heart rhythms," Nguyen said. "It's like a car that is leaking gas or has something wrong with the engine, and the car has to work harder to get from point A to point B. That is the same as the heart. Eventually, over time, the heart function weakens. If it's not fixed in a certain amount of time, we are not going to be able to fix it. We might fix the valve, but the heart is not going to improve."

Leaky valves are easy to fix, Nguyen added, but many surgeons prefer to do replacements rather than repairs.

'It hits close to home'

The Marras sought out several heart doctors to learn more about how the valve could be restored.

Nguyen, who is among a short list of surgeons who perform minimally invasive mitral valve repair, completes about 10 procedures per week. The technique leads to faster recovery, he said, and also reduces the likelihood of long ventilator use, development of atrial fibrillation—an irregular heartbeat—and the need for blood transfusion.

The traditional treatment entails cracking open the chest with a vertical incision along the sternum to access the mitral valve, stop the heart and make the repair.

The minimally invasive surgery involves making a small incision on the right side of the chest and navigating between the ribs to access and fix the valve.

"I would argue it's a much better view of the mitral valve because you are looking at the valve head on," Nguyen said.

The couple ultimately booked an appointment with Nguyen, who took time to explain the procedure and ensure that Marra understood all the details.

"I thought this would be better for John, who wanted a solution that would get him back on his feet sooner rather than later," Nguyen said.

Two weeks after his consultation, Marra underwent the procedure.

"The surgery went well, but I'm pretty stubborn. On the second day, I was asking when I could go home and back to work," Marra said.
"I was walking laps around the hospital floor."

The electrical superintendent went home three days after surgery and returned to work a week later.

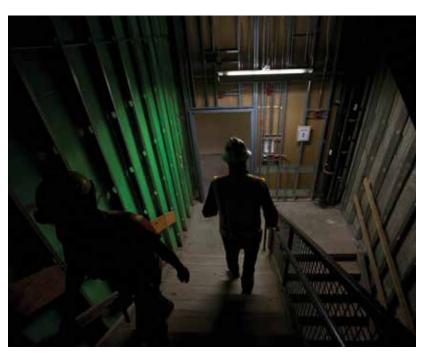
Though he wasn't 100 percent,

Marra was determined to get back to his crew.

He continues to persevere. About three months after surgery, he was able to run his first lap.

Nguyen said he is amazed at how well Marra is recovering.

"It hits close to home, because I am a surgeon at Memorial Hermann, and John is building our future," Nguyen said. "He just wanted to get back on his feet and is dedicated to making sure the construction project continued smoothly."



Marra walks down the stairs inside the Susan and Fayez Sarofim Pavilion.

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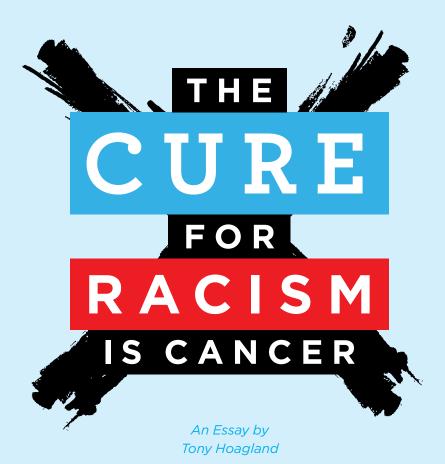


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Tony Hoagland was an award-winning writer and longtime professor in the University of Houston's creative writing program. He wrote with humor and frankness in every medium and is the author of the poetry collections Recent Changes in the Vernacular, Application for Release from the Dream and What Narcissism Means to Me. Hoagland died of pancreatic cancer on Oct. 23, 2018 at the age of 64.

he woman sitting next to me in the waiting room is wearing a blue dashiki, a sterile paper face mask to protect her from infection, and a black leather Oakland Raiders baseball cap. I look down at her brown, sandaled feet and see that her toenails are the color of green papaya, glossy and enameled.

This room at MD Anderson Cancer Center in Houston, Texas, is full of people of different ages, body types, skin colors, religious preferences, mother tongues, and cultural backgrounds. Standing along one wall, in work boots, denim overalls, and a hunter's camouflage hat, is a white rancher in his forties. Nervously, he shifts from foot to foot, a styrofoam cup of coffee in his hand. An elderly Chinese couple sit side by side, silently studying their phones. The husband is watching a video. The wife is the sick one, pale and gaunt. Her head droops as if she is fighting sleep. An African American family occupies a corner. They are wearing church clothes; the older kids are supervising the younger ones while two grown women lean into their conversation and a man-fiftyish, in a gray sports coat-stares into space.

America, that old problem of yours? Racism? I have a cure for it: Get cancer. Come into these waiting rooms and clinics, the cold radiology units and the ICU cubicles. Take a walk down Leukemia Lane with a strange pain in your lower back and an uneasy sense of foreboding. Make an appointment for your CAT scan. Wonder what you are doing here among all these sick people: the retired telephone lineman, the grandmother, the junior-high-school soccer coach, the mother of three.

Show up early on Friday morning and lay your forearm on the padded armrest of the phlebotomist's chair. Her nametag reads, NATASHA. She is clear-eyed, and a pink plastic radio on her cubicle desk softly plays gospel at 8 a.m. Her fingernails are two inches long, and it is hard to believe she can do her job with nails like that, but she's flawless and slips the needle into the

hardened, scarred vein in the back of your hand.

I wish there were other ways to cure your racism, America, but I don't see one. Frankly your immune system seems to be the problem. Installed by history and maintained by privilege, it is too robust, too entrenched to be undone by anything less than disaster. That's how it is for a lot of us. If you are white and doing well in America, a voice whispers to you incessantly, repeating that you deserve to be on top, that to profit is your just reward. And it's not only white people who need the cancer cure; it's any person who thinks that someone of another religion, color, or background is somehow not indisputably, equally human.

The first time you park your car in the vast, cold cavern of the underground garage and step onto the elevator, you may feel alien and forsaken. Perhaps you'll feel that you have been singled out unfairly, plucked from your healthy life and cast into this cruel ordeal. Walking

through the lobby with a manila envelope of X-rays under your arm and a folder of lab reports and notes from your previous doctor, you'll sense the deep tremor of your animal fear, a barely audible uneasiness trickling up from somewhere inside you.

But there is good news, too. As you pass one hallway after another, looking for elevator B, you'll see that this place is full of people-riding the escalators, reading books and magazines, checking their phones near the coffeepots. And it will dawn on you that most of these people have cancer. In fact, it seems as if the whole world has cancer. With relief and dismay you'll realize, I'm not special. Everybody here has cancer. The withered old Jewish lefty newspaper editor. The Latino landscape contractor with the stone-roughened hands. The tough lesbian with the bleached-blonde crew cut and the black leather jacket. And you will be cushioned and bolstered by the sheer number and variety of your fellows.

IN THE COUNTRY OF CANCER EVERYONE
IS SIMULTANEOUSLY A HAVE AND A
HAVE-NOT. IN THIS LAND NO CITIZENS
ARE PROTECTED BY PROPERTY, JOB
DESCRIPTION, PRESTIGE, AND PRETENSIONS;
THEY ARE NOT EVEN PROTECTED BY
THEIR PREJUDICES.

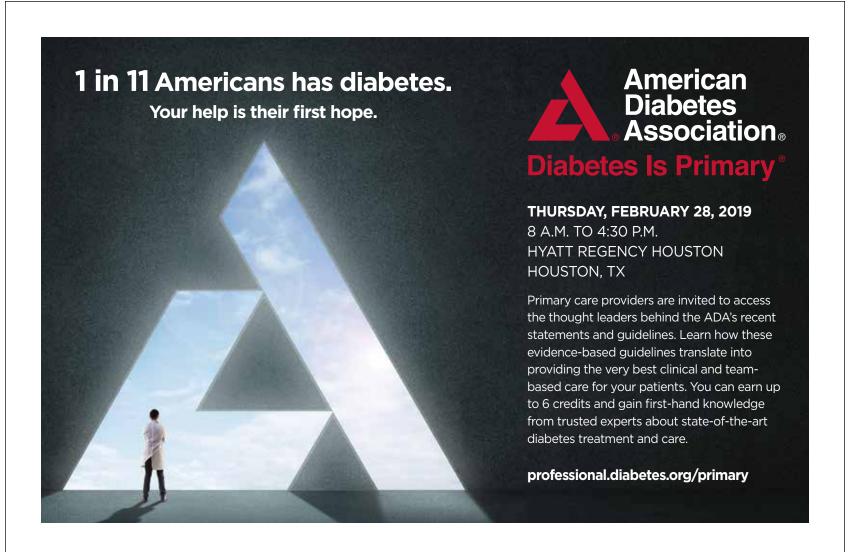
This strange country of cancer, it turns out, is the true democracy—one more real than the nation that lies outside these walls and more authentic than the lofty statements of politicians; a democracy more incontrovertible than platitudes or aspiration.

In the country of cancer everyone is simultaneously a have and a have-not. In this land no citizens are protected by property, job description, prestige, and pretensions; they are not even protected by their prejudices. Neither money nor education, greed nor ambition, can alter the facts. You are all simply cancer citizens, bargaining for more life.

It is true that this is not a country you ever planned to visit, much less move to. It is true that you may not have previously considered these people your compatriots. But now you have more in common with them than with your oldest childhood friends. You live together in the community of cancer.

More good news: Now that you are sick, you have time to think. From this rocky promontory you can contemplate the long history of your choices, your mistakes, your good luck.

(continued)





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You can think about race, too, because most of the people who care for you will be nonwhite, often from other countries. You may be too sick to talk, but you can watch them and learn. Your attention is made keen by need and by your intimate dependence upon these inexhaustibly kind strangers.

Two years ago I was diagnosed with cancer and underwent surgery followed by chemotherapy at MD Anderson. It was the start of my journey through this well-lit underworld. By now I have orbited many times around the honeycombed complex of registration desks, prep rooms, and staging areas, potted plants and bubbling aquariums. I have sat in the infusion lounge, where 20 IV poles rise like trees beside twenty upholstered recliners, each pole hung with a fat plastic udder feeding gemcitabine or cisplatin into someone's arm: the unnaturally cheerful evangelist minister; the gray-faced Vietnam vet wearing his American Legion hat and windbreaker, as if he were going off to another war. We are not tourists in this place; we live here now.

In nothing but my hospital gown and cotton long johns, I have pushed my IV pole down the corridors at midnight, trying to keep my skinny legs from getting weaker. I've rolled my IV miles through the deserted hallways and empty waiting rooms, taken it over the sky bridge and back. Once, at 1 a.m., I met a black guy doing the same thing. We paused and talked a bit, in our matching pale-green smocks, with our IV poles and drip bags. He explained to me, with a strange enthusiasm, that his doctors had cut out and then reversed his rectum, and now they would not discharge him until he could pass gas for himself. That's why he was out walking so vigorously each night. As we stood there together on the wide, deserted walkway, it seemed as if cancer had erased our differences by bringing us into the intimacy of shared trouble. Then, with a nod, he strode swiftly away on his muscular legs, at least four times as fit as I was.

In the Republic of Cancer you might have your prejudices shattered. In the rooms of this great citadel, patients of one color are cared for by people of other colors. In elevators and operating theaters one accent meets another and—sometimes only after repetition—squeezes through the transom of comprehension. And when the nurse from the Philippines, or the aide from Houston's Fifth Ward, or the tech named Dev says, "I'll pray for you," you are filled with gratitude for their compassion.

This place bears a passing resemblance to those old photographs of Ellis Island—so many travelers come from afar, sitting with their papers and passports, hunched on wooden benches with luggage at their feet, waiting to find out if they will be admitted and advanced to the next stage in the process. Some of the travelers are dressed in pajamas and slippers; some have on shiny blue tracksuits and Nikes; and some wear suits and ties, as if being presentable will make a difference. The shabby and the affluent, the stoical and the anxious, the scrawny and the stout, the young and the aged. If we are tense or pace restlessly, it is because we are aware that we may, on short notice, be swiftly deported. And because of this, perhaps, our hearts soften.

One awful night, after I'd made a scouring passage through the ER waiting room-room of heartbreak and harsh lighting—a smiling man from Nigeria named N'Dbusi entered my cubicle. I remember how he introduced himself, then reached out with his forefinger and thumb and gently plucked at my arm. Like a pleat in a piece of fabric, the skin stayed in a raised position. "You see this, my friend?" said N'Dbusi. "It seems you are dehydrated. We are going to give you some IV fluids to moisten you up." He continued to talk with undiminishable cheer as his hands deftly removed the paper wrappers from a needle-andtube kit and threaded the needle into my vein with the grace of a seamstress slipping a stitch into silk. He must have done this thousands of times. But where others might have grown bored and careless at the repetition, he had perfected an elegance.

This is the stupefying and ultimately transforming thing: that here, where I do not expect it, I encounter decency, patience, compassion, warmth, good humor. I remember the middle-aged nurse from Alabama, his calm Southern twang and beer belly, who stood firm one night, utterly unperturbed while I vomited repeatedly, as if a demon had seized control of my insides. With empathetic watchfulness, he administered the proper shot until I fell backward into a state of blessed relief. I remember the shift nurse with pale-olive skin and thick eyebrows who, in the middle of the night, brought me hot packs of damp folded towels heated in a microwave. She was from the Middle East, maybe Syria or Egypt. She was so kind and respectful to me that, after she departed, I abruptly burst into tears and blew her a kiss through the closed door.

The historical record—for tolerance, for human learning—is not promising. Yet I believe, more than ever, that at the bottom of each human being there is a reset button. Undeniably it is difficult to get to. To reach it seems to require that the ego be demolished by circumstance. But reach that button and press it, and the world might reshape itself.

Unfortunately you must come here, America. You must lie on the IN THE REPUBLIC OF CANCER YOU MIGHT HAVE YOUR PREJUDICES SHATTERED. IN THE ROOMS OF THIS GREAT CITADEL, PATIENTS OF ONE COLOR ARE CARED FOR BY PEOPLE OF OTHER COLORS. IN **ELEVATORS AND OPERATING THEATERS** ONE ACCENT MEETS ANOTHER AND-SOMETIMES ONLY AFTER REPETITION— SQUEEZES THROUGH THE TRANSOM OF COMPREHENSION.

gurney and be wheeled down miles of corridor under a sheet, staring up at the perforated-tile ceiling and the fluorescent lights, not knowing quite where you are. You have to ride a wheelchair to your date with the MRI machine, past women and men being wheeled to similar destinations. You will look into faces lined with fatigue and pain and anxiety. Often a glance will pass between you: a glance without the slightest veil of disguise or pretense; a look

of recognition and solidarity. It is a strange communion, but that is what it is.

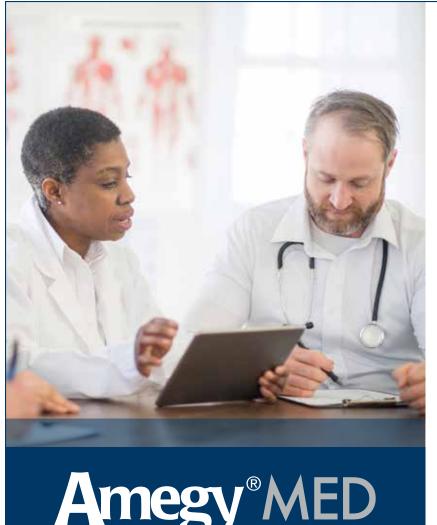
I remember how the orderlies would wheel us along, calling out as they approached the intersections of corridors, "Coming around! Coming across!" in order to avoid collisions. I remember handsome Marvin, the mayor of the hallways, with his sleek cornrows, greeting everyone he met, his full voice singing, "Coming around, coming around! Coming across! Coming around!"

So, America, I express this rather unconventional wish for you: I hope

you get cancer. In order to change, you must cross this threshold, enter a condition of helplessness, and experience the mysterious intimacy between the sick and their caregivers, between yourself and every person who is equally laid low.

Come into the fields and meadows of the examination rooms, come to the clean beds, to the infernal beeping of the monitors, to the lobbies and alcoves of this labyrinth. Look at the faces of the ones who are attending to you. Witness those who are silently passing by on their pilgrimage to surgery or radiology. Let the workers be fairly paid and valued, for their skills draw us together like the edges of a wound. Listen to the music of the voices around you. As the machines tick, as the ventilators suck and heave and exhale, as the very ground beneath our feet starts to dissolve, we shall be changed. Coming around, coming around, coming across, coming around.

This essay first appeared in The Sun magazine.



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Finding Forever Families

Youth who have aged out of foster care help animals find homes

By CINDY GEORGE



Above: Alyssa Carter, who has fostered 20 dogs during her three years in DePelchin's supportive residential program for youth aging out of foster care, walks Cooper, who was rescued from a pet store dumpster. Right: Samuel Joseph has helped train several foster dogs including Buddy, a Blue Heeler mix.

or young people in foster care, a loving, permanent home is the ultimate dream.

Those who reach 18 without being reunited with their families or adopted by new ones face uncertain futures. Many are left to navigate the challenges of adulthood—the fears and inevitable disappointments that come with grown-up problems and responsibilities—without the safety net of relatives or trusted mentors.

To provide a landing pad, DePelchin Children's Center in Houston offers a support system for youth launching into adulthood alone.

Since 2013, Transitioning to Adulthood through Guidance and Support, an initiative known as TAGS, has provided dormitory housing and services through an extended foster care program to adolescents who are 18 to 21 years old.

A special feature was added in 2016 to help improve the lives and prospects of yet another category of unanchored souls—the fluffy, four-legged variety.

Dual solution

By housetraining and socializing homeless dogs, foster youth living on the DePelchin campus turn abused, neglected and abandoned pets into beloved companions who have a chance to find forever families. The young adults also learn aspects of responsibility that prepare them for life on their own.

It's a win-win for the young adults and their canine companions.

Alyssa Carter has fostered 20 dogs during her three years in the residential program. The 20-year-old beams as she talks about her most memorable charges, calling them by name and breed. Ace the Boxer. Maddie the Doberman. She quickly finds a video of a beloved mix, Teddy, gleefully eating cheese crackers—a remarkable improvement from the withdrawn dog who arrived with mange.

Her current charge, a hound mix named Cooper, was abandoned at a pet store.

"Somebody threw him in a dumpster," Carter sighed. "He was

just really sociable from the start. He is really well-trained. He sits on command. He's actually really, really friendly."

Carter moved from a foster home to the TAGS dorm a week after she graduated from high school.

"I was nervous. I didn't know what I was going to do," she said. "Coming here helped out a lot. I've got a roof over my head. It's homey."

Homeless animals have helped Carter transcend her circumstances.

"I dealt with a crappy situation and I feel bad that these dogs have to go through it," she said. "It's just my way of helping, if I can."

Unconditional love

Julie Crowe, DePelchin's vice president of prevention and early intervention services, said the death of her beloved dog, Buddy, and the subsequent sharing of her grief with TAGS program coordinator and "house mother" Erin Wiebe sparked the idea to pair foster youth with homeless pets.

"We were talking about the role that dogs play in a person's life and we ended up talking about how kids in foster

care never have a pet," Crowe said. "Oftentimes, we've heard the kids talk about how-even if there's a pet in the home—they never felt like it was their pet because it was their foster home and not their permanent home. We also

talked about

the different things a pet can give you: unconditional love. Learning responsibility."

That conversation morphed into a plan of action. Wiebe, a foster dog parent in her private life, helped the agency create a partnership with Lola's Lucky Day, a Houston animal rescue. The nonprofit provides veterinary care and crates for the dogs, but does not provide food, collars,

leashes, bowls, treats or toys. The program welcomes donations for those items.

"It took a little bit of discussion with agency staff because there was concern about bringing animals on campus and how this was going to work. But, it very quickly turned into a big acceptance of this program because agency leadership really saw how this was affecting our residents. It was bringing them together," Crowe said. "The residents were so proud of the work that they were doing fostering these dogs and how much they loved these dogs and it was just really so evident so quickly that this was just a very positive addition to our program."

TAGS residents have fostered 144 dogs so far.

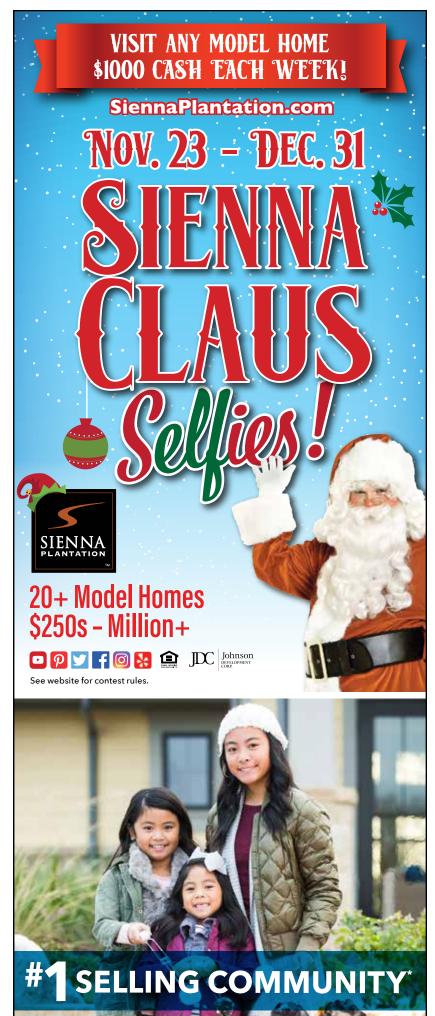
The animals receive "loving, individual care rather than sitting in a shelter in a cage," said Crowe, a licensed master social worker. "If you are looking to adopt a dog, and you know that this dog is housetrained and has been socialized and can even do a trick or two, that makes the dog much more appeal-

> ing. I do think that it helps get these dogs permanent homes. The benefit for my residents is that they are getting unconditional love, they are learning responsibility and it's a really nice circle. Being able to foster

and help a dog who also, somehow, lost their home or never had a family—and help bridge them into a permanent family—I think is really good for their souls. They know that these animals are now going to a permanent home. They know that they can't offer this animal a permanent home right now, but there is another dog waiting to be cared for by them."

(continued)

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Johnson

Exiting foster care

In Texas, foster children are under the legal conservatorship of the Texas Department of Family and Protective Services. At 18, adolescents can choose to enter extended foster care in placements such as DePelchin's residential group care facility and remain until they turn 22.

The state agency reported that 1,200 youth were emancipated from care in the 2017 fiscal year, which means they exited without successful reunification with their family and were not connected to another family through adoption or legal guardianship. Of those, 181, or 15 percent of the state's total, lived in Harris County. More broadly, 246 individuals, or 21 percent, were from the Houston area and surrounding counties. On average, those emancipated young people spent more than five years in care and had eight placements during their time in foster care.

"I think the message in Texas is that young people are staying

in care longer than the national average and, despite staying in care longer, they're not achieving permanency. They're still emancipating. So, even though you have young people with, maybe, more of an opportunity to reach permanency, it's not happening. I think that's significant," said Leslie Gross, director of the Jim Casey Youth Opportunities Initiative, an arm of The Annie E. Casey Foundation that works to increase advantages for an "invisible population" of older young people in foster care and those transitioning out.

These challenges are chronicled in a recent report from the Casey Foundation, a Baltimore-based national philanthropic group focused on improving outcomes for children and families.

"Fostering Youth Transitions," a first-of-its-kind national report on the troubling outcomes of youth exiting foster care for adulthood, focuses on the 171,000 U.S. children in foster care—25 percent—who are age 14 and older. The report was

produced by the Jim Casey Youth Opportunities Initiative, which maintains that nearly 1 million young people in the United States ages 14 to 26 spent at least one day in foster care after turning 14.

Thousands of Texans face an impending potential exit from foster care. According to the report, 8,523 children, or 17 percent of the state's foster care population, are 14 or older.

"It's just extremely challenging when, suddenly, you're in care one day and then the next day you are no longer in care and don't necessarily have the people you need to rely on—even really basic things like supporting you to finish high school or apply to college. You don't have a job. You don't have a place to live. Often, young people feel like they are falling off a cliff," Gross said. "They really need supportive adults to rely on to make a number of difficult decisions. The key things that we see in terms of the data is that young people have outcomes with respect to higher rates of incarceration, higher rates of becoming young parents and lower rates of education and employment."

The report doesn't make specific recommendations, but Gross said options like extended care will guide adolescents into more productive and successful adult lives.

Extremely vulnerable

TAGS found a home on the DePelchin campus after the agency closed its on-site residential treatment facility that featured 20 rooms, 10 on each side, connected by a common area.

Those units were renovated to make them more comfortable and cheerful for long-term occupancy. Today, the program includes residents on the DePelchin campus, in the Rice Military neighborhood of Central Houston, and supports up to five students living in dorms at Texas Southern University in Houston's Third Ward.

DePelchin is Houston's oldest family services nonprofit. Founded in 1892 as an orphanage, the agency now provides adoption and foster care guidance, family counseling and prevention services including TAGS.



"DePelchin recognized that youth that were aging out of foster care were extremely vulnerable," said Crowe, adding that these individuals were at risk of not completing their educations and not finding stable employment that would allow them to sustain financial independence. "Typically, they don't have support from their biological families and when they exit foster care, a lot of them lose that connection. So, without the support, it's really a challenge for them and makes them vulnerable to homelessness. They are at risk for committing a crime and ending up in our corrections system."

The program maintains full occupancy and a waiting list.

Incentive and negotiation

In the TAGS program, young adults must earn the privilege of caring for a foster dog, which means they must be meeting the goals they have set for themselves. Live-in pets offer multiple opportunities to learn valuable life lessons.

"That is an incentive for many of them because they want to be able to foster," Crowe said. "If they are gone all day to school or work, they have to get somebody else to help them with their pet. If [the dog] needs to be walked or they need to be let out or fed or their water changed, and they're not going to

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be able to be there, that oftentimes involves some kind of negotiation. That is a real, good, usable life skill tool. Some are afraid to ask for help, so this is also teaching them that it is

OK to ask for help when you need it."

Carter, who turns 21 in January, works at a local gaming store, but intends to spend another year in TAGS. Many of her lessons about Left: Samuel Joseph pets Buddy in a DePelchin dorm room.

independent living have come from Wiebe, who has guided her on everything from taxes and employment to college.

"Erin has walked me through a lot of stuff that I need to know when I'm on my own," Carter said. "That's why I started working. I'm trying to make money to get an apartment by the time I have to leave."

Samuel Joseph's first foster dog was a 12-year-old black Labrador retriever who had been chained outside and suffered pressure marks around her neck.

"They kicked her around. I just took her in and loved that dog," he said. "I taught her how to shake hands."

Then there was the "nervous"
Blue Heeler named Calvin, also
abused, who spent time with
Joseph and developed a more outgoing demeanor before finding
a forever home.

"I can relate to some of the dogs.

I used to be a shy kid," said the now-gregarious aspiring rapper who turns 19 on Christmas Day and has clearly overcome his previous reluctance to interact with strangers.

Joseph currently attends Houston Community College with the goal of becoming a physical therapist but may switch to an ironwork apprenticeship program.

TAGS has also helped Joseph focus on a positive future after potentially becoming another statistic in the "foster care-to-prison pipeline," a disturbing trend in which 1 in 4 foster care alumni end up in the criminal justice system within two years of leaving care, according to the Jim Casey Youth Opportunities Initiative.

"I've been to jail twice and I'm not trying to go back a third time. I've changed my life around. I started doing my own thing. Playing smart. Making sure I'm not doing nothing wrong," Joseph said. "I feel like living here is preventing me from doing the stuff I was doing when I was 15, 16 and 17."





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Aren't Holidays Supposed to Make Us Happy?

Managing expectations may be the key to keeping your cool

By Britni R. McAshan

ith Thanksgiving and a tumultuous election season behind us, people are gearing up to spend the December holidays with family and friends. But these seemingly joyous occasions can be fraught with tension and hostility thanks to unmanaged expectations, finances, social media and more.

The holidays stress our emotional health in a lot of ways, especially if you go into them already struggling with self-esteem, self-worth or feeling unloved, said John O'Neill, a licensed clinical social worker and clinical director of The Menninger Clinic's outpatient services.

"It's a time when you can feel intense happiness or incredible loneliness and despair," O'Neill added.

Many of us look forward to the holidays all year—gathering recipes, buying gifts, planning decorations. But as the holidays creep closer, our moods can dip.

"I think sometimes people feel sad as the holidays near and they are not even realizing why," said Barbi Topek, a licensed clinical social worker at Menninger. "It's a happy time of year, I'm walking through the stores and everyone is smiling and saying 'Merry Christmas' or 'Happy Holidays,' and you just



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might not be feeling it and that's OK. But, you need to take a look and figure out what is going on."

As the days grow shorter and hours with sunlight decrease, Seasonal Affective Disorder (SAD) can put a damper on year-end festivities. SAD is a mood disorder that is often treated with light therapy.

The "holiday blues" occur near the end of the year, as well.

"The holiday blues occur during the holiday months ... usually October to January," said Asim Shah, M.D., professor and executive vice chair in the Menninger Department of Psychiatry and Behavioral Sciences at Baylor College of Medicine. "People start feeling fatigue, irritability, lack of interest in activity, they have appetite problems ... depressive symptoms."

Unmet expectations are the root of most holiday stress, O'Neill and Topek said.

"Being reasonable with your expectations is critical. Don't expect



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that things are going to go perfect, because they are not," O'Neill said.

Expectations can be wrapped around multiple issues including family history and family dynamics.

"You think things are just going to be terrific and great and anything from the past will just be forgotten," Topek said. "Make your expectations realistic. Nothing is going to go 100 percent and you need to let go a little bit."

Family gatherings have the potential to bring up long-buried feelings.

"For the holidays, I tell patients you will see people you may not see for the rest of the year and it might be a person you don't necessarily like," Shah said. "Remember that it is just a short time that you have to see them. Secondly, I tell them to have as much patience as possible, try to be a good listener and maybe take a timeout if someone is stressing you out too much."

Gifts can be an additional source of tension.

"Financial stress during the holidays is real and people feeling like they have to keep up with other people. We overextend ourselves," O'Neill said. "Have some sort of budget that is agreed upon by the couple or partners so you don't find yourself overspending. ... You need to ask yourself: 'Can I really afford this? Am I going to go into January owing thousands of dollars?""

The holidays also go handin-hand with travel, sometimes long-distance travel if you have loved ones far away.

"A new couple is always trying to figure out, 'Where are we going for the holidays? Are we going to my parents' house or yours?"" O'Neill said, "There can be a lot of stress just around organizing what you are going to do."

In the age of Facebook, Instagram and Twitter, individuals are often trying to one-up each other, as well, which can create stress and disappointment.

"Social media, cooking shows

and home shows build up expectations for the holidays and it is really important to ask if you can be accepting of yourself," Topek said. "Thinking that you have to have the perfect meal and the perfect decorations will cause stress."

Instead, she said, know what you are good at and what you enjoy, and participate in the holidays in ways that will buoy your spirits. Don't try to do everything.

In terms of conversation, setting some holiday rules can be very helpful for eliminating drama around the table or elsewhere during the season.

"I think there should be some pretty strong rules for what you talk about and what you won't talk about," O'Neill said. "There are topics that are off limits. It's amazing what happens when someone starts talking and you don't engage."

Whether the holidays mean facing your critical mother or engaging with a sibling who has teased you since birth, Topek recommends

checking in with your therapist ahead of time, if you have one.

"Coming in to see a mental health practitioner or therapist before the holidays, it's like getting a vaccination before you head into a place that might cause you more turmoil or sickness," Topek said.

Otherwise, make a plan.

"You have to go into the holidays with a plan," O'Neill said. "How long are we going to stay there? When do we know it's time to go?"

And find the time to do the things that lift your spirits during the rest of the year, he added.

"We constantly say, 'Oh, I don't have time for that," O'Neill said. "But you have to make time. Make time for working out, make time for your romantic relationship, make time for your kids. Find that balance."





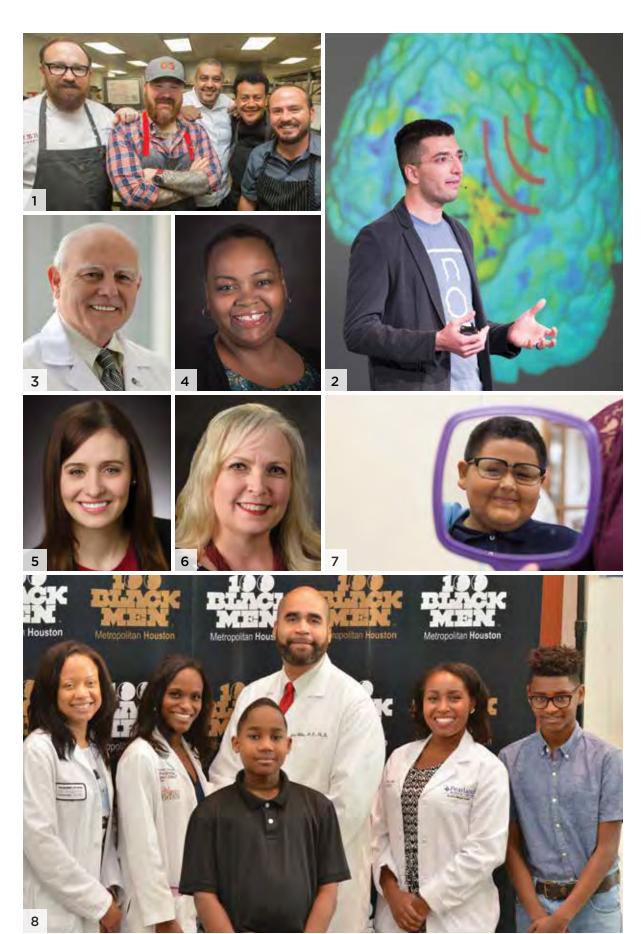
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- 1 | Third Coast chef JON BUCHANAN, left, poses with celebrity chefs KEVIN GILLESPIE, MICHAEL MINA, HUGO ORTEGA and MIKE MCKINNEY in the kitchen at Third Coast. The chefs prepared a special dinner in October as part of the James Beard Celebrity Chef Tour.
- **2** | MEHRAN TALEBINEJAD, co-founder and CEO of NeuroQore, pitches his company's medical device to the crowd at TMCx Demo Day on Nov. 14. NeuroQore has created a new form of repetitive transcranial magnetic stimulation for rapid treatment of suicide risk.
- **3** | CARL FASSER, P.A., professor and former longtime director of the Physician Assistant Program in the School of Health Professions at Baylor College of Medicine, received the Physician Assistant Education Association's Lifetime Achievement Award.
- 4 CANDICE EVANS, The University of Texas MD Anderson Cancer Center's operations manager in laboratory medicine, was honored with a Houston Admin award for her outstanding work as an administrative professional.
- **5 | VAUGHAN GILMORE, LCSW, LCDC,** has been promoted to director of Addictions Services at The Menninger Clinic.
- **6** | MELISSA MENCHACA, a senior executive assistant in MD Anderson's Khalifa Institute for Personalized Cancer Therapy, was honored with a Houston Admin award for her outstanding work as an administrative professional.
- **7** | Francisco Perez tries on a pair of glasses at "See to Succeed," a signature program of the HOUSTON HEALTH DEPARTMENT'S nonprofit arm—Houston Health Foundation. The program offers students free eye exams and glasses.
- 8 | The "Mentoring to Medicine" program, presented by 100 Black Men of Metropolitan Houston in October, brought TMC professionals together with children who may be interested in pursuing medical careers. Mentors, left to right, included DEMETRIA SMITH-GRAZIANI, M.D.; MEGAN KALAMBO, M.D.; JASON WILLIS, M.D., PH.D.; and QUEENIE WILKINS, M.D., with mentees CAMERON WALKER, center, and JORDAN BROWN, far right.



Credit: Nos. 1, 3, 6, 7, 9, 10, 11, 12, courtesy photos; No. 4, Barry G. Smith; Nos. 5, 12, Michael Hart; No. 8, Eldon Lewis; No. 13, CJ Martin



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9 | HOUSTON COMMUNITY COLLEGE (HCC) officials cut the ribbon on the new

(HCC) officials cut the ribbon on the new 10-story Coleman College Health Sciences Tower in the Texas Medical Center on Oct. 15. In attendance were U.S. Rep. AL GREEN; Chair of the HCC Board of Trustees, CAROLYN EVANS-SHABAZZ; State Rep. GARNET COLEMAN; HCC Chancellor CESAR MALDONADO, U.S. Rep. SHEILA JACKSON LEE; Coleman College President PHILLIP NICOTERA, M.D.; and HCC Board of Trustees Vice Chair PRETTA VANDIBLE STALLWORTH.

10 | Zane Zenyuva, Didem Finci, Derya Baysal and Tuba Sitki attended the annual Boo Ball, held at the Hilton Americas Houston on Oct. 27. The gala raised \$970,000 for RONALD McDONALD HOUSE HOUSTON.

11 | LORI KNOWLES, senior vice president and chief human resources officer at Memorial Hermann Health System, has been named one of the top 50 chief human resources officers in Houston by *Texas Diversity Magazine*.

.....

12 | MICHELLE PATRIQUIN, PH.D., director of research operations at The Menninger Clinic and assistant professor of psychiatry at the Menninger Department of Psychiatry and Behavioral Sciences at Baylor College of Medicine, received the New Investigator Award from the American Society for Clinical Psychopharmacology and the Baylor College of Medicine Junior Faculty Funding from the Caroline Wiess Law Fund for Research in Molecular Medicine.

13 | Cheryl Wood, Hank Wood, Mary Hazlett and Doug Hazlett participated in the Bad Pants Open, an annual golf tournament now in its 21st year. Golfers raised more than \$500,000 for TEXAS CHILDREN'S NEWBORN CENTER.

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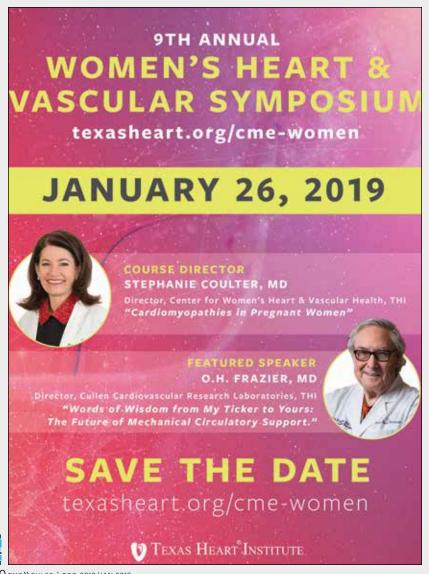
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Chilton River Oaks, \$1.8+ mil. Colleen Sherlock, 713.858.6699



Memorial Glen Cove, \$1.6+ mil. Debbie Levine, 713.942.6857





E. 8th1/2 Heights, \$1.3+ mil. Amanda Anhorn, 713.256.5123



Briarpark Briargrove Park, \$840s Laura Gerardi, 713.914.8714



Montrose Area, \$650s Jacqui Kneese, 713.826.0005