



Proud of our Veterans,
Proud of America!

THE epicenter

Newsletter of the VA Palo Alto Health Care System (VAPAHCS) • November 2002

American Indian Heritage Month



John Witt, Native American Special Emphasis Program Manager, and patient Chester Allrunner, Southern Cheyenne Elder

Although the first “American Indian Day” was declared by the State of New York in 1916, a month long recognition of Native Americans was not achieved until 1990. In that year, President George Bush declared the first National American Indian Heritage Month on August 3. His action was based on legislation presented by Senator Daniel K. Inouye (D-Hawaii) and Congressional Delegate Eni Faleomavaega (D-American Samoa). In each of the four previous years, Congress had enacted legislation designating “American Indian Heritage Week.” This consecutive legislation allowed for the establishment of a month-long observance.

The purpose of National American Indian Heritage Month is to honor and recognize the original peoples of this land. The 1996 proclamation details their contributions to the past and to the future:

Throughout our history, American Indian and Alaska Native peoples have been an integral part of the American character. Against the odds, America’s first peoples have endured, and they remain a vital cultural, political, social, and moral presence. Tribal America has brought to this great country certain values and ideas that have become ingrained in the American spirit: the knowledge that humans can thrive and prosper without destroying the natural environment; the understanding that people from very different backgrounds, cultures, religions, and traditions can come together to build a great country; and the awareness that diversity can be a source of strength rather than division.

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A Word From Our Director



**Elizabeth Joyce Freeman, Director
VA Palo Alto Health Care System**

As the days grow shorter and darkness comes upon us more quickly, our days get even more crowded with demands on our time. We can react by moving even faster (if that is possible) - or - we can choose the most important of the many tasks facing us and concentrate on doing those well. That is my commitment to you for FY 2003 - to identify those areas we will focus on as a health

care system and to make significant progress in those areas. We are currently reviewing at the triad and Executive Council levels the work of the three task forces chartered a few months ago - inpatient, outpatient and special capacity programs. There are a number of recommendations for future directions we will be discussing. I look forward to sharing those with you in the coming weeks and gaining your support in continuing to move forward as one of the most outstanding health care systems in the VA.

We have received most of our end of year results for the FY 2002 performance measures. I am very pleased to report we had another spectacular year. Among the highlights of our performance were the following results:

- Achieved Outstanding Scores in the Prevention and Preventative Care Indices
- Achieved Outstanding Performance in use of Clinical Practice Guidelines
- Received Outstanding Benchmark Outpatient Satisfaction Scores

- Increased 2001 JCAHO HAP Score from 91 to 94
- Saw Terrific Growth in Access to new Category A Veterans
- Opened and Expanded Sonora Community Based Outpatient Clinic
- Achieved Waiting times under 45 days in Audiology, Cardiology, Eye Care, Orthopedics, Primary Care and Urology
- Collected almost \$17 million in external revenues (MCCF, TRICARE, Sharing Agreements) - All funds retained within the VAPAHCS budget
- Achieved Excellent Scores on Employee Satisfaction Survey

I am enormously grateful to all of you for your tenacity and commitment in achieving these outstanding overall results.

As we await a final VA budget for FY 2003, and a final decision on our proposed major construction projects for Building 2 and 4 at the Palo Alto Division, we have received some terrific news regarding our Fisher House application. We are one of five sites VA Secretary Principi recommended to the Fisher family for construction of a Fisher House. The Fisher House Foundation builds homes that provide temporary lodging to veterans and their families. The concept is similar to our Homotel with some variances in the operational policies. The Fisher family has committed to building one new home per year for five years. We will have more information as to the timetable for the construction of the VAPAHCS Fisher House in the near future. More information regarding the mission of the Fisher House Foundation and a description of a Fisher House is available at www.fisherhouse.org. My special thanks to Jason Nietupski, our Facility Planner, for his superb work in writing our application. I know staff from many disciplines are thrilled at the prospect of this new resource for our veterans and their families.

Elizabeth Joyce Freeman
Director



The VISN 21 CARES “Silver Bullets”

- CARES is about preparing for the future. The CARES process will predict the need for VA health care services in the future, assess our current capabilities and recommend changes to realign and enhance VA health care services.
- CARES Phase II will become a benchmark model for future planning in the VA.
- The VA health care system was designed and built decades ago when the focus was on hospital care. With new methods of medical treatment and changes in where veterans live, VA wants to be sure it can continue to provide health care where it is most needed.
- Any savings that result from the CARES process will be used throughout each Network to enhance inpatient and outpatient care, as well as special disability programs and long-term care.
- Hospital beds do not equate with quality or quantity of medical care. VA should not keep unneeded beds open at the expense of access and quality. VA must make the most efficient use of its resources.
- CARES is the first VA effort ever to systematically address capital needs in a national way.
- CARES will allow VA to put investment dollars where the veterans are going to be and where the services will be required.
- Absence of significant gaps is not bad. It reflects that supply and demand are in balance in a specific market and that capacity is in the correct place.
- Proximity gaps will flag hospitals in near proximity (60 miles secondary, 120 miles tertiary).
- If a hospital is identified with a future demand need of less than 50 beds, it does not mean that the facility is targeted for future closure. It may indicate that we should keep this in mind when we plan future capital investment in the facility.
- The VA Sierra Pacific Network has six markets:
 - North Coast
 - North Valley
 - South Coast
 - South Valley
 - Sierra Nevada
 - Pacific Island
- Briefings are being held throughout the VA Sierra Pacific Network via town hall meetings, focus groups, employee meetings, letters, newsletters, and web sites. The goal of the briefings is to provide accurate, timely and focused information on the CARES process.
- The VA Sierra Pacific Network is committed to communicate with veterans and other stakeholders at every stage of the CARES process.
- Veterans and other stakeholders will have the opportunity to provide their views during the development of the CARES Market Planning Initiatives, and be assured that their comments and concerns will be considered.
- Stakeholders will also be able to comment on the final recommendations from the Under Secretary during the 60-day comment period and the CARES Commission process.
- The VA Sierra Pacific Network serves a population of 1.13 million veterans.
- In FY01, the VA Sierra Pacific Network provided care to more than 167,000 veterans with an operating budget of \$902 million.
- The VA Sierra Pacific Network operates 653 hospital beds, 802 nursing home beds, 100 domiciliary beds and 89 Psychiatric Residential Rehabilitation Treatment Program beds.
- Nearly 1.9 million outpatient visits are provided in the VA Sierra Pacific Network each year.
- The VA Sierra Pacific Network has 482, 687 Priority 1-6 veterans residing in its catchment area, representing 43 percent of the total veteran population.
- The Network has enrolled 260,425 veterans, of which 193,199 (74 percent) are Priority 1-6.
- Each year, the VA Sierra Pacific Network provides care to 185,437 outpatients and 13,165 inpatients.
- The central strategy the Network has adopted to deliver services to its enrolled veterans is development of an integrated system of care sites. Across these sites, veterans will have timely and convenient access to a full continuum of coordinated, high quality care.

Best Practice: Employer of Choice

Moving On: Overcoming Staff Relocation Anxiety

“Oh no! I don’t want to go to Menlo Park Division! That’s too far from Livermore; I’ve never driven over the bridge before. I don’t know how to get there. What if I get lost? I have to drive all the way from Stockton now.”

These were the initial fears and anxious comments from Livermore Division staff from NH1-90-1B staff when they learned that staff and patients from the Dementia Secured Unit would have to move out of building 90 NHCU during its extensive renovation. They knew that the time at MPD, Building 324, B4 would not be brief and had a high possibility of “schedule slippage”. But they knew they had to work at MPD since patients needed their care. The challenge became one of “thinking outside the box” to adjust to this move. This challenge called for creativity and trust. Rumors flew fast and furious, such as Livermore Division was closing and staff would never return “home” and that the renovation was just a prelude to selling Building 90.

With strong support from Director Lisa Freeman, Chief of ECS/NHCU Dwight Wilson, and AFGC President Vic Allyn, staff began a series of face-to-face meetings. Staff needed a venue for venting concerns and airing rumors. So, what eased this fear factor? It didn’t

happen overnight! First there had to be assurance that VA vehicles, bridge tickets, and cell phones would be assigned for the duration of the relocation. Next, building relationships with staff in Building 324 site was critical. Livermore staff visited Building 324 and viewed their temporary work site and met with other staff from the building. This helped some of the tension.

On the day of the move June 11th staff from Menlo Park, Livermore and volunteers joined together to ease the transition for the patients and staff. After four months, all staff have taken turns working at MPD. Some have asked for permanent assignments there for the duration of the renovation; others now look back at their initial anxiety and laugh. One recent “convert” came back to LVD announcing with a big smile, “Now I’m a veteran of MPD, too. It wasn’t so bad after all.” Others have said “You can schedule me there anytime you need me. It’s really nice there.”

Relocation and renovation are never easy; staff anxieties are understandable. Livermore 90-1B staff can feel proud of their continued excellent care for veterans under difficult circumstances.

A Typical Perioperative Nurse’s Day

Janice Sweringen-Clinical Resource Nurse OR

On my way to work, I think about my day in the operating room. It usually goes like this...

My first priority is to verify the arrival of the special items that Dr. X needs for his first case. Since the case is laparoscopic, I will make sure all the video equipment is in the room and operational. I will do a quick inventory check and make any necessary request for supplies to SPD. I may help transport my patient from the ward; if he or his family are anxious, I’ll reassure them that he is in good hands. I’ll do this with conviction because I am confident in myself and the rest of the perioperative team. I start my assessment and confirmation of the surgical site here and continue it in the OR Holding area where I will ascertain my patient’s critical needs through collaborative efforts with anesthesia and the surgeons. Whether he needs special medications or additional positioning equipment, I will coordinate the acquisition with the rest of the perioperative team (i.e. Charge Nurse, PACU Nurses, SPD, Nurse’s Aids and EMS) .

In the operating room, while I assist anesthesia in putting my patient to sleep, my partner (the scrub nurse) sets up the sterile instrument table. When the patient is asleep, safe and secure, and the set-up is complete, we’ll prep for surgery. During the procedure I will continue to support anesthesia and the surgeons in my most important role as patient advocate by doing continuous assessment of my patient’s needs and alert the team as necessary. Upon approaching the completion, I’ll compose my report to the recovery room nurse or discuss it in length when she comes to relieve me for a coffee break. This gives

us the ideal situation for continuity of care. I shall update my report to the recovery room as necessary prior to my patient’s arrival to the PACU. Then I may hear the charge nurse announce my name over the intercom informing me that my next patient is on the way to the holding room...

Although this scenario doesn’t begin to illustrate the intricacies and challenges of the operating room given today’s ever changing technology, it should demonstrate the fact that perioperative nursing is more than “counting sponges”. It involves crisis management and critical thinking skills unique to this environment. We have designated Resource Nurses that maintain the individual services, which is over and above their regular duties. We love the challenges, we love the veterans, and we don’t want to do this anywhere else.

We want to thank all the services for supporting us so that we may perform our duties at the level to which we have become accustomed. We shall have no less. The safety of our veterans is our job and we take it very seriously.

Come and visit our waiting room; the recovery nurses display educational materials monthly.

We will be hosting “Winter Warmth” again during our Perioperative Nurses Celebration, November 10-15th. Help keep our veterans warm this winter. Look for our designated drop-off boxes through out the hospital to donate those winter clothes that have been hiding in your closets.

EMPLOYEE NEWS

New Employees

Acquisition & Materiel Mgmt.
Angelica Hernandez

Blind Rehabilitation Svc.
Sheryl Bugalski

Environmental Mgmt. Svc.
Reginald D. Moore

GRECC
Ting-Ting Huang
Anton Wyss-Coray

Nursing Svc.
Grace Aquí
Megan Boerger
Rawni Clements
Kamaljit Dhillon
James Figueroa

Nursing Svc. (cont'd)
Teresa Gentibano
Thelma Mangabat
Frederick Martin
Teodora Polglaze

Pathology & Laboratory Svc.
Rowena Galang

Pharmacy Svc.
Stacy Hencken

Physical Medicine & Rehab
Amy L. Allen

Physicians
Lawrence Siegel

Psychiatry Svc.
Julius Fu
P. Raisanen

Readj. Counseling
Lucretia W. Mann

Research Svc.
Thomas P. Andriacchi
Matthew Y. Lee
Anulekha L. Nanda
Kwun Yee Trudy Poon
Phillip G. Post

Ward Admin. Svc.
Delcencia Slade

Retirees

Engineering Svc.
Andrew McKinzie (25)

Environmental Mgmt. Svc.
Emilio Aying (19)

Fiscal Svc.
Natividad Follosco (23)

Nursing Svc.
Catherine Fabre (5)
Patria Guingona (25)
Johnnie Keeling (30)
Victor Young (17)

Nutrition & Food Svc.
David S. Lee (20)

Pharmacy Svc.
Sandra Dean (21)

Psychiatry Svc.
Clarence Kemper (10)

Radiology Svc.
Alyce Mahan (35)

(Years of service are indicated in parentheses.)



Employee Service Awards

10 Years

Hiroshi Abiko
Chaplain Svc.

Sinder Arneja
Nursing Svc.

Mary English
Nursing Svc.

Elizabeth Hardison
Recreation Svc.

Loretta Johnston
Nutrition & Food Svc.

Richard Luckhurst
Nursing Svc.

Ann Solberg
Nursing Svc.

Gasling Sweeney
Business Office

15 Years

Naida Austria
Nursing Svc.

Karen Borrego
Social Work Svc.

Robert Dean
Environmental Mgmt. Svc.

Dennis Gill
Engineering Svc.

Leonora Javier
Nursing Svc.

Linda McConnell
Nursing Svc.

Jonathan Myers
Research Svc.

Esperanza Sanchez
Nursing Svc.

Sylvia Smith
Acquisition & Materiel Mgmt.

Lulu Wen
Nursing Svc.

Emilie White
Nursing Svc.

20 Years

Salman Azhar
Research Svc.

Wilma Brisendine
Radiology Svc.

Cicero

Environmental Mgmt. Svc.

Clifford Schem
Engineering Svc.

Carol Scheufele
Nursing Svc.

Christine Taylor
Nursing Svc.

Irving Toback
Fiscal Svc.

Gary Lee Wood
Nursing Svc.

25 Years

Shirley Gracie
Physical Medicine & Rehab.

Stephen Katz
Psychology Svc.

Amelia Kastner
Nursing Svc.

Larry Kemper
Police Svc.

Josefina Ledezma
Acquisition & Materiel Mgmt.

Arlene Nyikes
Nutrition & Food Svc.

Denice Southworth
Physical Medicine & Rehab.

30 Years

Lilian Beltran
Nursing Svc.

Laura Benjamin
Ambulatory Care

Paul Boland
Social Work Svc.

Arlene Kasprisin
Audiology & Speech Pathology

Joe Rommel
Anesthesiology Svc.

Boyd Wolfe
Engineering Svc.

35 Years

Barbara Cusseau
Nursing Svc.



A Letter from a Veteran to the Director:

Lisa,

I just returned from my Agent Orange Registry Update physical with Dr. Georgiev.

When I served in the Air Force and in Vietnam I simply felt I was doing my duty and that nothing was 'owed' me as a veteran. No one ever really thanked me for what I did during those years. However, this morning I think I received the best possible 'Thank You.'

My experience at the Palo Alto VA has been truly uplifting — from the people at the enrollment desk to Roger as the Agent Orange coordinator to Dr. Georgiev.

My physical with Dr. Georgiev this morning was one of the finest medical interactions I have ever had — he is knowledgeable, communicative, attentive and caring. He will be arranging a follow-up hematology visit and sent me for an X-ray. The radiology experience was equally impressive — prompt response, request already there, David did an efficient job of taking the X-ray's and explaining the equipment to me. I then dropped by the blood draw lab to inquire as to the best times for my fasting blood work — again the staff were polite, responsive and well informed.

My compliments to you on a superb organization staffed by skilled and caring people. Having been the Executive Director of the Stanford Medical Center I think you can take these comments as coming from a well informed observer.

Congratulations!

A big "congrats" to **Theresa Guillory** (Pharmacy Technician/Menlo Park) and her husband **Allen Meacham** (Food Service Worker/Menlo Park). Their son, Jonathan, was accepted into Harvard University and started this September.

Jonathan applied to 13 colleges and was accepted into 12. Jonathan attended Eastside College Preparatory High School in East Palo Alto where his favorite subjects were Language Arts, Science and Art. Jonathan's mother attributes Jonathan's strong Christian background to his motivation to do well in school. He stayed focused and didn't let outside interferences get in the way of his goal.

You Can Prevent Diabetes!

“Type 2 diabetes is a preventable disease”, states Dr. Sherna Madan of the SCI-Diabetes/Heart Clinic. “There are several studies showing that lifestyle changes can prevent the onset of type 2 diabetes.”

What is Pre-diabetes?

Before people develop type 2 diabetes, they almost always have “pre-diabetes” – blood glucose levels that are higher than normal but not yet high enough to be diagnosed as diabetes. Research has shown that some long-term damage to the body, especially the heart and circulatory system, may already be occurring during pre-diabetes.

How do you tell if you have pre-diabetes?

1. The fasting plasma glucose test (FPG). If this is greater than 110mg/dl but less than 126mg/dl.
2. The oral glucose tolerance test (OGTT). If this is greater than 140mg/dl but less than 200mg/dl.

What can you do?

Pre-diabetes is a serious medical condition that can be treated. The good news is that the recently completed Diabetes Prevention Program study conclusively showed that people with pre-diabetes can prevent the development of type 2 diabetes by making changes in their diet and increasing their level of physical activity. They may even be able to return their blood glucose levels to the normal range.

Just 30 minutes a day of moderate physical activity, coupled with a 5-10% reduction in body weight, produced a 58% reduction in diabetes.

You CAN prevent type 2 diabetes!!!

Alzheimer's Association's Memory Walk

On October 12th, 2002, over 4,000 walkers participated in the Alzheimer's Association's annual fundraiser, the Memory Walk. The event was held at Treasure Island. A record 165 Teams participated and helped raise more than \$500,000 to benefit Alzheimer's patients and their families. Among these teams was the Stanford/VA Memory Walk Team, clad in cardinal red t-shirts. The Stanford/VA Memory Walk Team was a collaborative effort of the Stanford/VA Aging Clinical Research Center (PAD), the Stanford/VA Older Adult & Family Center (MPD), and the Stanford/VA Alzheimer's Disease Center (PAD). Our very own Dolores Gallagher-Thompson even lead the Memory Walk's pre-walk warm-up session! The final tallies are not in yet but the Stanford/VA Memory Walk Team raised a minimum of \$1100.



A special thanks to the 2002 Stanford/VA Memory Walk Team: Aimee Mott (team captain), Tamarra Duppart (assistant team captain), Quinn Kennedy, Heather Greene, Tamara Karnos, Carrie Karnos, Laura Duato, Deryl Wicks, Lori Newkirk, Lynn Walde, Abbey-Robin Durkin, Eric Crawford, Vicka Filanowsky, Chuck Filanowsky, Jessica Koran, Zoe Gillespie, Angela Sherman, Joel Kaye, Peng chi Wang, Paulette Tang, Dolores Gallagher-Thompson, Larry Thompson, Askok Srivastava, Collins Tse, Laurie Leung, Jacob Mauger, Esther Wilson, Lani Singer, Angella Egwaikhide, and Geoffrey Lane.



Influenza Vaccine FAQs

What is influenza (the flu)?

Influenza is a respiratory illness caused by the influenza virus. Symptoms are sudden onset of high fever, cough, body aches, and tiredness. Most people who get the flu are “wiped out” for several days.

How serious is influenza?

An average of 10-20% of the US population will get the flu this year. Of these, over 110,000 will be hospitalized, and 20,000 will die of the flu and its complications. The elderly, and persons with chronic medical conditions (such as asthma, kidney or heart disease, and HIV) are most at risk for complications from the flu.

Why should health care workers get flu shots?

To protect themselves and protect their patients.

Health care workers are at high risk for getting the flu due to their exposure to ill patients. They are also very likely to spread the flu to those at highest risk for complications: persons over 50 years old, and those with chronic medical conditions. Even after vaccination elderly persons sometimes have difficulty mounting an adequate immune response-vaccination of their family members and the health care workers who care for them is key in preventing transmission to these frail patients.

When should I get my shot?

October is ideal, but getting the vaccine as late as December or January is still not too late, as flu activity often peaks late in the season (as late as February or March).

What are the side effects of the flu shot?

Mild arm soreness is common and may last one or two days. Other potential side effects are rare. You cannot get the flu from the flu vaccine!

Is there anyone who should not get the vaccine?

No one who is allergic to eggs should get the vaccine. Persons who have a fever should wait until their fever has gone.

Where can I get my flu shot?

Employee Health Service

Palo Alto Division:

Building 100, first floor, room A1-235.

Monday, Wednesday and Friday;

8:00am-8:30am (for night shift) and

10:00am-11:00am and 3:00pm-4:00pm

There will also be a “Flu Vaccine Clinic Day,” date and times to be announced.

Menlo Park Division:

Building 334, first floor, clinics D-140:

Tuesday and Thursday; 8:00am-11:00am and 2:00pm-4:00pm

Livermore Division:

Building 62, fourth floor, room 440:

Monday through Friday; 8:00am-9:00am

Tuesday and Thursday; 3:00pm-4:00pm

Vaccination is also available by appointment.

All other sites:

See Walk-in clinic schedules under Ambulatory Clinics.

Want more information?

Read the VA Palo Alto Health Care System Bulletin 111-02-01, “Influenza Vaccine: Recommendations for 2002-2003” on DHCP or on the Infection Control Website on VAPAWEB (click “service sections”, then “Infection Control”, then “Infection Control Policies” on the Infection Control home page).

GI/Endoscopy Suite Grand Opening

The official “Grand Opening” day for the GI/Endoscopy Suite on the 4th floor in Livermore, occurred on October 7, 2002. The Palo Alto Division GI/Endoscopy staff came over to tour the facility, meet with the staff and enjoyed a nice lunch. The following staff were present: Dr. Roy Soetikno, Dr. George Triadafilopoulos, Dr. Ramsey Cheung, Dr. Suzanne Matsui and the new Chief of the Livermore GI Division Dr. Shai Friedland. Dr. Ellen Shibata gave a warm welcome and thanked everyone who worked so hard getting this unit opened, especially Dr. Ramsey Cheung, Nursing, Engineering and SPD.



You Make a Difference!

Submitted by our veterans and their families. We welcome more contributions from LVD, Stockton, Modesto, San Jose, and Monterey.

My father recently died while a patient at the **VAPA Hospice Unit**. I want to express to you how much myself and my family have appreciated the professionalism, which the Hospice Unit staff showed in daily interactions with my father and my family. The staff's care and encouragement made the last ten weeks of my father's life an enjoyable and dignified experience. Since 9/11, a lot has been written about our nation's unsung heroes. Please be assured that our family believes the entire Hospice Unit staff are heroes.

I want to thank you for our experience at the VAPAHCS. My mother is a WWII veteran who recently registered for care. At each step of the way people have been helpful. I want to mention an exceptional nurse practitioner, **Elizabeth Benishin**, (PAD), Medical Service. She was thorough and careful throughout as a medical professional. And she was kind and thoughtful as a person.

Thank you for the wonderful care the **Nursing Home Care Unit, Livermore Division**, gave my father over the last five years of his life. He could not have received better care, even as a five-star general. You are the best. I hope all the VA Administration realizes what a "star" team they have in you. I visited my dad every week over the past five

years and was never disappointed with the care he received. The staff from **Engineering, Environmental Management, Food Service, Nursing Service, and the Doctors** all deserve a special thank you.

I feel that **John Wasson** (PAD), Prosthetics Service, is such a great worker and the VA needs to acknowledge employees like him. I am a 100% service-connected veteran who uses a wheelchair, a scooter, and other prosthetic devices. John does a great job keeping them working, always finding the time to re-inflate my wheelchair tires, fix my scooter, or do whatever else is needed. John helps all veterans with the same competent, reliable, and kind service.

I want to give high praise and appreciation to **Dr. Suzanne Matsui, (Livermore), Medical Service**, and the members of the **VA Gastroenterology Clinic (Livermore)** for the procedure performed. The staff was very pleasant. They anticipated my concerns as a patient and thoroughly reviewed the procedure and assured me. They worked in a very deliberate and highly professional manner as a team. The procedure went flawless with minimum discomfort and was over before I knew it. I can state unequivocally that the medical care and treatment I receive at the VA Palo Alto Livermore Division is of the highest quality.

Great American Smokeout: Thursday, November 21, 2002

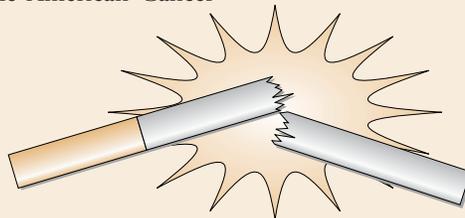
Millions of people are expected to quit smoking for a day or longer by joining this year's Great American Smokeout on Thursday, November 21, 2002. The Great American Smokeout is a nationally recognized event that challenges people to stop using tobacco and raises awareness around the many effective ways to quit for good.

Quitting smoking (or other forms of tobacco) is hard to do on your own. For people thinking about quitting, the Great American Smokeout offers public support and a feeling of camaraderie with others who are giving up cigarettes for the day. Many people never pick up another cigarette after the Smokeout, especially if they have planned their quit day in advance.

Research shows that smokers are most successful in kicking the habit permanently when they have some means of support such as nicotine replacement therapy, counseling, guide books, and the encouragement of friends and family members. The American Cancer

Society provides help for people who want to quit smoking at 1-800-ACS-2345 and online. Veterans can ask their physicians for help to quit smoking or request help from our Smoking Cessation treatment programs. Contact persons for the Smoking Cessation Clinics are: Dr. Hall (x64132) for Palo Alto and Menlo Park, Dr. Miles (x73037) at San Jose, Dr. McKeon (x43848) at Monterey, Dr. Keegan (209) 468-7040 at Stockton and Dr. Tyler (209) 558-7300 at Modesto. VA employees can also call these same people and request help to stop smoking.

Today, an estimated 47 million US adults smoke. Tobacco use can cause lung cancer, as well as other cancers, heart disease, and respiratory disease; and each year smoking is responsible for one of five deaths. Fortunately, the past 25 years have seen tremendous strides in reversing attitudes towards smoking, understanding the addiction, and learning how to help people quit.



November Word Search

S M O K O V E T E R A N S D A Y
 G S O O U T N I U N I O T E D V
 E B R I D E G T H A E I N K S A
 N G I V I G N O U V B T T U T R
 E T G O T B B U I L D A B B U G
 R A U A I N E T A C I D E D O G
 A M E R I C A N T H E N Y I E A
 T A H I K N S A F E T U R R K I
 I B M B N E U N I T D O O E O D
 O N A E R T Y N A T E F T I M V
 N G E N R I R A T I T O S N S I
 N T H O U I D S H A I L I L N O
 T K G N I V I G S K N A H T L L
 V E T E R D Y T E H U F O U N D
 T H A N K S A M E R I C A N A T

Find the following words in the letters above:

- | | | |
|----------|------------|--------------|
| American | Foundation | Smokeout |
| Bridge | Generation | Thanksgiving |
| Build | Gravy | Turkey |
| Dedicate | History | United |
| Eat | Native | Veterans Day |



is published monthly
 by and for employees of the
 VA Palo Alto Health Care System.

Submissions should be received by
 the 1st working day of the month to
 be included in upcoming issues.
 Due to space limitations, it is not
 possible to publish all submissions.

We welcome any comments,
 suggestions or story ideas
 you may have; please contact the
 Communications Officer (00A) at
 ext. 64888 or directly at
 650-858-3925.

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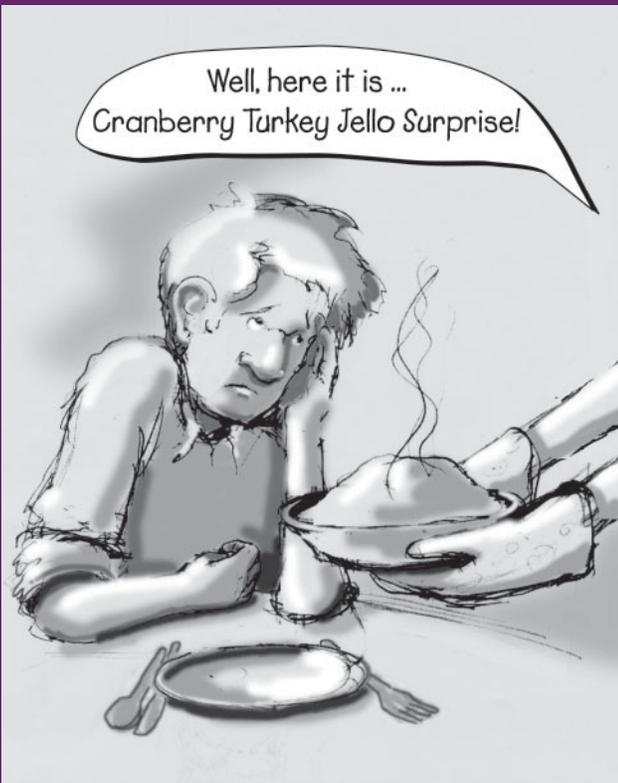
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- Chuck Revell**
- Elba Soto**



**Bob was
 rapidly
 reaching the
 breaking point
 after eleven
 straight days
 of
 Thanksgiving
 turkey
 leftovers.**