



It's Waaay past just being HOT this Summer

According to the Centers for Disease Control and Prevention, approximately 400 Americans die each year due to summer's sweltering heat. In recent years, excessive heat has caused more deaths than all other weather events, including tornadoes, floods and hurricanes. Heat kills by pushing the human body beyond its limits. In extreme heat and high humidity, evaporation is slowed and the body must work extra hard to maintain a normal temperature.

Everyone is at risk when temperatures rise above 90 degrees; and the elderly (65 years and older), infants and children are most susceptible to heat and heat-related illnesses. Heat-related illnesses can cause serious injury and even death if unattended. Signs of heat-related illnesses include nausea, dizziness, flushed or pale skin, heavy sweating and headaches. Persons with heat-related illness should be moved to a cool place, given cool water to drink and ice packs or cool wet cloths should be applied to the skin. If a

victim refuses water, vomits or loses consciousness, call 9-1-1 or your local emergency number immediately.

Conditions that can induce heat-related illnesses include stagnant atmospheric conditions and poor air



quality. Consequently, people living in urban areas may be at greater risk from the effects of a prolonged heat wave than those living in rural areas. Also, asphalt and concrete store heat longer and gradually release heat at night, which can produce higher nighttime

temperatures known as the "urban heat island effect."

People suffer heat-related illness when their bodies are unable to compensate and properly cool themselves. The body normally cools itself by sweating. But under some conditions, sweating just isn't enough. In such cases, a person's body temperature rises rapidly. Very high body temperatures may damage the brain or other vital organs.

Several factors affect the body's ability to cool itself during extremely hot weather. When the humidity is high, sweat will not evaporate as quickly, preventing the body from releasing heat quickly. Other conditions related to risk include age, obesity, fever, dehydration, heart disease, mental illness, poor circulation, sunburn, and prescription drug and alcohol use.

Please see 'Heat wave'

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More than 700K in HUD/VASH Grants coming to Alabama

Secretary of Veterans Affairs Eric K. Shinseki has announced the award of \$703,893 to public housing agencies in four Alabama cities to supply permanent housing and case management for the state's 406,000 Veterans.

"This initiative will strengthen our ongoing efforts to eliminate Veteran homelessness by 2015 and improve quality of life for Veterans," Secretary Shinseki said. "Working with our partners at HUD and in Congress, we continue to make good progress to reduce Veteran homelessness. VA is committed to providing Veterans and their families with access to affordable housing and medical services that will help them get back on their feet."

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

Homeless Veterans are referred to the public housing agencies for "Housing Choice" Section 8 vouchers to assist with rent payment. Eligible homeless Veterans receive VA-provided case management and services to support stability and recovery from physical and mental health, substance use, and functional concerns contributing to or resulting from homelessness.

The Housing Authority of Birmingham will get 50 housing vouchers for \$239,328; the Housing Authority of Montgomery will get 50 vouchers for \$283,470; the Housing Authority of Huntsville will get 25 vouchers for \$84,762; and the Housing Authority of Tuscaloosa will get 25 vouchers for \$96,333.

Veterans participating in the HUD-VASH program rent privately owned housing and generally contribute no more than 30 percent of their income toward rent. More information is available online at www.va.gov/homeless.



Counselors will be available to explain CAVHCS' Homeless Veteran programs (like here recently in Dothan, Ala.) during an upcoming two-day Homeless Stand Down in Montgomery, Ala. September 14 and 15.

The Stand Down, which will be held adjacent to Montgomery's Farmers Market, will also feature benefits counseling, medical and dental support as well as basics like clothes, food and haircuts.

The CAVHCS Survey says...

What does 'ICARE' mean to you?



Dr. Ramona Kellie Istvan,
Audiologist, West Campus

“‘ICARE’ to me means to establish a relationship with the Veteran and his family. Actions speak louder than words, and I show how ‘I CARE’ through the way I behave in my relationships with others.”



Gloria Brown
Kinesiotherapist, Physical / Kinesio Therapy

“It means treating staff fairly and respecting supervisors. One should have a commitment to the veterans and staff at CAVHCS, and strive for excellence in our jobs.”



Edward Drew,
Vet-To-Vet, *President*

“It gives me the opportunity to continue working on my health, recovery, and a place to come to help other veterans to navigate the system and make sure they get where they need to be.”

CAVHCS All-Stars

Dr. Silas Gbenle (Geriatrics) has been my doctor since his arrival. He is patient and never hurried when treating me. He even gave me his personal cell phone number in case of emergencies. He remembers me personally each time I visit. This man deserves recognition and thanks for a job well-done! -- *Respectfully, Fred F., Montgomery, Ala.*

My recent visit to the Eye clinic on July 14, 2011 was an outstanding experience. The entire staff (Nurse Annie Gosha, Dr. Bannister, and Nurse Mee Chin Ho) was very professional and I wanted to share this with you so they could be recognized for being such terrific people. Please thank them again for me. -- *Sincerely, Roy S., Montgomery, Ala.*

I would like to say thank you to Dr. B. Taylor of the Green Team for all of the support and care she has given to me over the years. Sometimes I may have to wait a while to see her, but she has never let me down. Please keep up the good work. I appreciate everything that she has done for me and the wonderful staff at CAVHCS. Thank you again.
-- *Yours Truly, Sylvester G., Pike Road, Ala.*

I was treated today by Dr. Carol Williams, DDS. She has excellent communication skills and makes a particularly uncomfortable visit pleasant and remarkable each time. She is a very nice young lady. I could not be happier or more at ease with anyone else. Please commend her for me and let her know how much I appreciate her services.
-- *Herbert L. W., Dothan, Ala.*

While Dr. Sachs was very professional in her evaluation of my PTSD claim on July 7, 2011, she also showed concern and empathy for my particular situation. I applaud Dr. Sachs and the Veterans Administration for having compassion and understanding for the Veterans. Dr. Sachs is a genuine credit to the V.A. and to the Veterans. Thanks for Caring!
-- *Richard E. F., Georgia*

The CAVHCS Salute



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The Joint Commission

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Defining, Dealing with Workplace Bullying

By: Loretta McWhorter McCloud

CAVHCS Equal Employment Opportunity (EEO) Program

Workplace Bullying is repeated, health-harming mistreatment of one or more persons (the targets) by one or more perpetrators that takes one or more of the following forms:

- Verbal abuse
- Offensive conduct/behaviors (including nonverbal) which are threatening, humiliating, or intimidating
- Work interference - sabotage - which prevents work from getting done

Workplace Bullying...

- Is driven by perpetrators' need to control the targeted individual(s).
- Is initiated by bullies who choose their targets, timing, location, and methods.
- Escalates to involve others who side with the bully, either voluntarily through coercion.
- Undermines legitimate business interests when bullies' personal agendas take precedence over work itself.
- Is akin to domestic violence at work, where the abuser is on the payroll.

Synonyms that reflect the seriousness of bullying: Psychological Violence, Psychological Harassment, Personal Harassment, 'Status-Blind' Harassment, Mobbing, Emotional Abuse at Work.

Euphemisms intended to trivialize bullying and its impact on bullied people: Incivility, Disrespect, Difficult People, Personality Conflict, Negative Conduct, Ill Treatment

Not calling bullying "bullying," in order to avoid offending the sensibilities of those who made the bullying possible, is a disservice to bullied individuals whose jobs, careers, and health have been threatened as the result. Tom Engelhardt said it wisely when he said, "Words denied mean analyses not offered, things not grasped, surprise not registered, strangeness not taken in, all of which means that terrible mistakes are repeated, wounding ways of acting in the world never seriously reconsidered. The words' absence chains you to the present, to what's accepted and acceptable."

Special note about Domestic Violence and Bullying

Being bullied at work most closely resembles the experience of being a battered spouse. The abuser inflicts pain when and where she or he chooses, keeping the target (victim) off balance knowing that violence can happen on a whim, but dangling the hope that safety is possible during a period of peace of unknown duration. The target is kept close to the abuser by the nature of the relationship between them — husband to wife or boss to subordinate or co-worker to co-worker.

Read more about domestic violence and bullying at: www.workplacebullying.org/bullying-domestic-violence.

Summit Emphasizes Expanding Focus on Women Veterans

More than 700 participants plan to attend the Fifth National Summit on Women Veterans' Issues scheduled July 16-17 at the Hyatt Regency Washington on Capitol Hill, which focused on expanding outreach to women Veterans and increasing awareness of the enhanced VA benefits and services available to them.

"With more women serving in our armed forces than ever before, this summit is an opportunity to exchange ideas and focus attention on the issues and concerns unique to women Veterans," Shinseki said. "Today, there are over 1.8 million women Veterans of all eras and one of VA's highest priorities is to continue to expand our services and outreach to ensure they receive the care and benefits they have earned."

The summit provided targeted training, education, and collaborative cross training for its staff responsible for providing services and benefits specifically to women Veterans and their families. Participants included: women Veterans, women Veteran advocates from across the nation, active duty women service members, VA employees who provide care to women Veterans, and representatives from a multitude of Veterans service organizations and nonprofit agencies. VA Medical Centers employ women Veterans program managers; community-based outpatient clinics employ a women's liaison; and VA regional offices employ a women Veterans coordinator.

"The number of women Veterans using VA health care has doubled in the last decade," said Patricia Hayes, chief
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consultant of VA's Women Veterans Health Strategic Health Care Group. "This training, coupled with direct feedback from women Veterans, will enable VA to continue to enhance health care and services to meet their needs."

In addition, VA also has a multitude of gender specific services and programs that respond to the unique needs of women Veterans, including pap smears, mammography, general reproductive health care, counseling for substance abuse, sexual trauma, depression, and evaluation and treatment for Post Traumatic Stress Disorder (PTSD).



CAVHCS Women's Wellness Program Manager, Peggy Hall lead an outreach effort during a recent Congressman Mike Rogers (AL, District 3/ seated to right) Veterans Advisory Board meeting. CAVHCS' outreach subjects ranged from MyHeathVet and PACT to Minority and Women Veterans programs.

'Heatwave'

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Because heat-related deaths are preventable, people need to be aware of who is at greatest risk and what actions can be taken to prevent a heat-related illness or death. The elderly, the very young, and people with mental illness and chronic diseases are at highest risk. However, even young and healthy individuals can succumb to heat if they participate in strenuous physical activities during hot weather. Air-conditioning is the number one protective factor against heat-related illness and death. If a home is not air-conditioned, people can reduce their risk for heat-related illness by spending time in public facilities that are air-conditioned.

Summertime activity, whether on the playing field or the construction site, must be balanced with measures that aid the body's cooling mechanisms and prevent heat-related illness. This article tells how you can prevent, recognize, and cope with heat-related health problems.

What Is Extreme Heat?

Conditions of extreme heat are defined as summertime temperatures that are substantially hotter and/or more humid than average for location at that time of year. Humid or muggy conditions, which add to the discomfort of high temperatures, occur when a "dome" of high atmospheric pressure traps hazy, damp air near the ground. Extremely dry and hot conditions can provoke dust storms and low visibility. Droughts occur when a long period passes without substantial rainfall. A heat wave combined with a drought is a very dangerous situation.

During Hot Weather

To protect your health when temperatures are extremely high, remember to keep cool and use common sense. The following tips are important:

Drink Plenty of Fluids

During hot weather you will need to increase your fluid intake, regardless of your activity level. Don't wait until you're thirsty to drink. During heavy exercise in a hot environment, drink two to four glasses (16-32 ounces) of cool fluids each hour.

Warning: If your doctor generally limits the amount of fluid you drink or has you on water pills, ask how much you should drink while the weather is hot. Don't drink liquids that contain alcohol, or large amounts of sugar—these actually cause you to lose more body fluid. Also avoid very cold drinks, because they can cause stomach cramps.

Replace Salt and Minerals

Heavy sweating removes salt and minerals from the body. These are necessary for your body and must be replaced. If you must exercise, drink two to four glasses of cool, non-alcoholic fluids each hour. A sports beverage can replace the salt and minerals you lose in sweat. However, if you are on a low-salt diet, talk with your doctor before drinking a sports beverage or taking salt tablets.

Wear Appropriate Clothing and Sunscreen

Wear as little clothing as possible when you are at home. Choose lightweight, light-colored, loose-fitting clothing. Sunburn affects your body's ability to cool itself and causes a loss of body fluids. It also causes pain and damages the skin.

If you must go outdoors, protect yourself from the sun by

wearing a wide-brimmed hat (also keeps you cooler) along with sunglasses, and by putting on sunscreen of SPF 15 or higher (the most effective products say "broad spectrum" or "UVA/UVB protection" on their labels) 30 minutes prior to going out. Continue to reapply it according to the package directions.

Schedule Outdoor Activities Carefully

If you must be outdoors, try to limit your outdoor activity to morning and evening hours. Try to rest often in shady areas so that your body's thermostat will have a chance to recover.

Pace Yourself

If you are not accustomed to working or exercising in a hot environment, start slowly and pick up the pace gradually. If exertion in the heat makes your heart

pound and leaves you gasping for breath, STOP all activity. Get into a cool area or at least into the shade, and rest, especially if you become lightheaded, confused, weak, or faint.

Stay Cool Indoors

Stay indoors and, if at all possible, stay in an air-conditioned place. If your home does not have air conditioning, go to the shopping mall or public library—even a few hours spent in air conditioning can help your body

stay cooler when you go back into the heat. Call your local health department to see if there are any heat-relief shelters in your area. Electric fans may provide comfort, but when the temperature is in the high 90s, fans will not prevent heat-related illness. Taking a cool shower or bath or moving to an air-conditioned place is a much better way to cool off. Use your stove and oven less to maintain a cooler temperature in your home.

Use a Buddy System

When working in the heat, monitor the condition of your co-workers and have someone do the same for you. Heat-induced illness can cause a person to become confused or lose consciousness. If you are 65 years of age or older, have a friend or relative call to check on you twice a day during a heat wave. If you know someone in this age group, check on them at least twice a day.

Monitor Those at High Risk

Although anyone at any time can suffer from heat-related illness, some people are at greater risk than others.

- * Infants and young children are sensitive to the effects of high temperatures and rely on others to regulate their environments and provide adequate liquids.
- * People 65 years of age or older may not compensate for heat stress efficiently and are less likely to sense and respond to change in temperature.
- * People who are overweight may be prone to heat sickness because of their tendency to retain more body heat.
- * People who are physically ill, especially with heart disease or high blood pressure, or who take certain medications, such as for depression, insomnia, or poor circulation, may be affected by extreme heat.

Find out more about Heat Wave Safety at

www.centralalabama.va.gov.



Write it Down

What you can do to be Ready for your Dr. Visit

By: Mary Catherine Porch, APN

CAVHCS Health Promotion Disease Prevention

Everyone has noticed that the average health care visit with your provider lasts usually no more than 15 minutes. For this reason, it is important that you are adequately prepared for each visit. Preparing for your visit ahead of time ensures a more complete visit. Take time to think about your visit prior to the day of the visit. Write down important information and place it in your car before the visit so you don't forget to bring the information with you. Giving a copy to your provider is always a big help.

If this is your first visit, write down your medical history. You may be asked to fill out a form asking for this information so having the information handy will help you to be accurate. Make a problem list of all of your current health problems. Include the dates these problems started and the names and phone numbers of any other doctors or providers you have seen for these problems. Write down all surgeries and dates of surgeries. Have a copy of your vaccination record.

When talking to your provider, be as brief as possible. Leave out any details not pertinent to your care. For example, if you have a back injury, describe what happened to cause the injury and when. It is not necessary to state whom you were with or the destination of the trip when it happened. Say something like, "My humvee was struck from behind by another humvee on May 10, 2010. I was wearing a seat belt and was not thrown from the vehicle. However, ever since then I have had lower back pain." Be prepared to state the level of your pain. Such as, "On a scale of 1-10 my pain is usually a 4 unless I stand more than 20 minutes. In those instances my pain is a 7." Be prepared to state what care you have received for the injury, when the care was received and how effective was it. For example, "I was seen by the medic on the day of the injury and placed on light duty.

After two weeks I continued to have pain and was sent to the doctor. There I had xrays. I was told the xrays were normal. I then received physical therapy which helped initially." Now give your provider information on what current treatments you are using. For example, "I have not been doing any exercises due to the pain. I do take over-the-counter Ibuprophen 2-3 times a week. This seems to bring the pain level down, but I am never less than a 4. My goal is to get at least to a pain level of 0-2 in order to continue working as a mechanic."

Below is a key to help you write out your information.

Onset.	When did the problem start?
Location.	If there is pain, where is the pain?
Duration.	How long does the pain last?
	How long have you had the problem.
Characteristics.	What is the pain level on a scale

of 1 to 10? Is the pain sharp, dull, periodic, radiating, burning, etc?

Aggravating factors.

What makes the pain or problem worse, such as standing, sitting, bending, driving, etc?

Relieving factors.

What makes the problem or pain better? Exercise, sitting, medications? Give the name and strength of the medications and state how often you are taking them.

Treatment.

List past treatments such as, surgery, physical therapy, acupuncture, yoga, etc?

Other information that is important to your provider is a list of your allergies and any medications that you are taking. Again, certain details are important. Include the name, dose and schedule of all

prescription and over-the-counter medications. For example your list might include Ibuprophen 500mg capsules with one capsule taken twice a day as needed for pain. Another example is a multivitamin taken once daily.

Lastly, make a list of questions you might have for your provider. The list below is an example of possible questions.

- What is the diagnosis and what is the plan for treatment?
- If medication is prescribed, how much should I take and how often? What are the possible side effects?
- Should I avoid any foods or alcohol with this medication?
- Are there any restrictions to my activity?
- If tests are ordered, when and how will I be contacted with test results?
- How do I contact the office after hours?

Being actively involved in your health care means better care for you. And you deserve the best!

If you would like more educational information about being involved in your health care and healthy living, visit the Veteran/ Family Health Education Centers in Tuskegee and Montgomery.





Fourteen Traumatic Brain Injury (TBI) diagnosed Veterans recently participated in a three and a half day 'camp' on CAVHCS' East (Tuskegee) Campus, which provided various areas of physical, cognitive and psychosocial concerns related to TBI.

Based on self-reported data, approximately 15 percent of troops engaged in active combat in Afghanistan and Iraq may have suffered a mild TBI. Participants received CAVHCS support ranging from Mental Health/Behavioral, Speech Pathology and Recreational Therapy to Dietary, MOVE, Pastoral Care and Psychology Services. (VA Photo by Eric Johnson)

AUGUST

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						6
	8	9	10	11	12	13
National Health Center Week						
14	15	16	17	18	19	20
21	22	Health Unit Coordinator Day	24	25	26 Women's Equality Day	27
28	29	30	31	Cataract Awareness Month National Immunization Awareness Month MedicAlert Month Neurosurgery Outreach Month Psoriasis Awareness Month		

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The CAVHCS Community Calendar is not intended to be an all-inclusive, official calendar. It is intended rather to provide a medium for CAVHCS Salute to share upcoming events.

If you would like to add a CAVHCS event please email details directly to alan.bloom@va.gov. Submissions are not guaranteed to be published. Editorial considerations will be made for propriety, promptness and print space.