



YOUR

HEALTH

The Magazine for Department of Veterans Affairs **CHAMPVA** Beneficiaries



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for Medicare?**

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Send us your stories: Check inside for details

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TELL US YOUR STORY

The Health Administration Center would like to share your military service-related stories with our employees. Realizing the importance of better understanding the people who benefit from the CHAMPVA program—the people we serve—we want to honor those who have served our country and otherwise sacrificed to ensure our continued freedom. The stories will be printed in our in-house newsletter. If you are a Veteran, tell us about your experiences, including the branch/units/duty stations in which you served. Please also tell us your name. Or, if you are a dependent of a Veteran, share with us the sacrifices you and your family have made to support and encourage your Veteran sponsor, either while they were serving or in your post-service life. We will gladly accept photos to go along with the stories. Photos will be copied and originals returned to you, if you provide a return address.



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Send your stories to:

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Please help us keep your address updated, or you might miss out on vital information concerning your health care benefits.

Please check out the back of magazine for full details on how to stay updated.

YOU

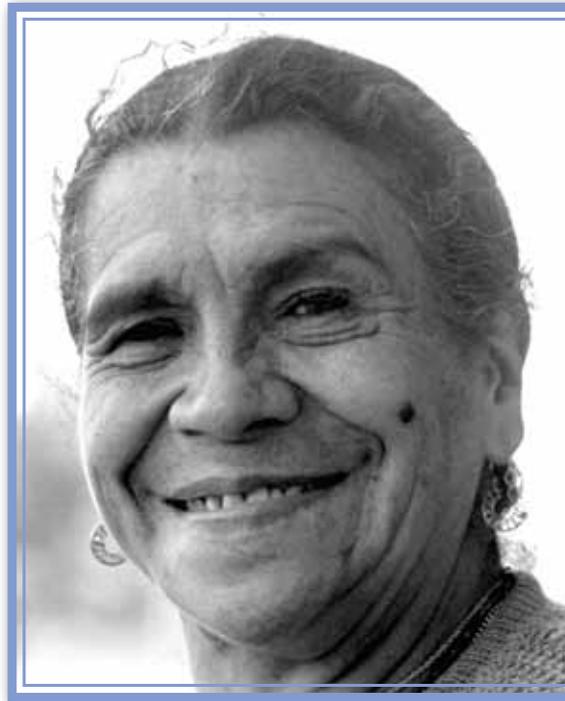
Become Eligible for Medicare?

Medicare eligibility *will affect* your CHAMPVA coverage. By law, any time you become eligible for Medicare Part A coverage, you **MUST** enroll in Medicare Part B to remain covered by CHAMPVA. If you do not enroll in Medicare Part B, your CHAMPVA coverage will end, but once you enroll in Medicare Part B, your CHAMPVA coverage will resume. Medicare imposes a penalty, if you don't sign up for Part B at your first opportunity.

Any time there are changes in your Medicare coverage, notify CHAMPVA immediately. All claims paid during any periods of time that you were not eligible for CHAMPVA coverage because you had Medicare Part A but not Part B, will need to be paid back. Although such repayments are charged to whomever CHAMPVA pays, they will eventually trickle down to you, the beneficiary.

There are two exceptions to this law. The first exception is when your Medicare Part A coverage is backdated because of a decision by Medicare to grant coverage to a previous date due to processing of a disability claim. These cases need to be reviewed by CHAMPVA *immediately* after you've been notified, to ensure your CHAMPVA file is updated correctly.

The second exception to the law that requires you to have both Medicare Part A and Part B is if you were 65 or older on or before June 1, 2001, and you were entitled to CHAMPVA prior to that date. If you were 65 before June 1, 2001, and not entitled to CHAMPVA, you must have Part B. If you fall into this category, contact CHAMPVA, so we can review your individual situation and advise you if Part B coverage is required.



If you are not eligible for Medicare Part A coverage, you are not required to enroll in Part B. If you choose to enroll in Part B, you must continue the coverage to remain eligible for CHAMPVA. Here's one example of this situation. Your Veteran spouse did not pay into Social Security, and you did not work outside the home. In this case, you would not qualify for Medicare Part A under yours or your Veteran spouse's SSA account. You decide you want Medicare Part B and enroll in the program. At a later date, you decide

the Part B premiums are too costly and notify Medicare that you want to drop the coverage. You would become ineligible for CHAMPVA at the same time you drop the Part B coverage.



Is this a picture of **you?**

- You are enrolled in the CHAMPVA Program.
- You have become disabled or turned 65 years old.
- You are thinking about declining to purchase Part B of Medicare...
OR have declined Part B.

CALL TODAY
1-800-733-8387

CALL NOW

- SO WE CAN DISCUSS YOUR ELIGIBILITY FOR CHAMPVA and enrollment in Medicare **Part A and Part B**
- **AS A CHAMPVA ENROLLEE** You need to know the impact of becoming entitled to Medicare
- Do not put yourself in a situation where you only have Part A of Medicare, because **YOU WILL LOSE YOUR ELIGIBILITY FOR CHAMPVA**—this will cost you big bucks.



Keeping Your Student CHAMPVA Eligible

This article is designed to help your eligible student avoid any breaks in medical coverage.

6



CHAMPVA policy states that individuals between the ages of 18 and 23 are eligible for CHAMPVA benefits *only* if they are enrolled in an accredited school on a full-time basis. In most institutions, a student is considered to be enrolled on a full-time basis when they are registered for at least 12 semester hours.

At midnight on the student's 18th birthday, CHAMPVA benefits will be automatically terminated unless a school letter has been received to certify the student's status. It is very important that we receive a school letter with the following criteria before the student's 18th birthday to ensure that no breaks in medical coverage occur.

1. Student's full name
2. Student's Social Security number
3. Exact beginning date and ending date of enrollment term (optional to include projected graduation date)
4. Number of semester hours or equivalent (high schools are excluded)
5. Title and signature of school official on school letterhead

If the student is continuing education after graduating from high school, an enrollment/acceptance letter will ensure that medical benefits for the student are maintained throughout the summer following graduation. However, if the student doesn't attend college *full time*, we will recover any payments made for health care from the date of the student's high school graduations or the date the student turned 18, whichever is later. This letter will also ensure the student's coverage for the first 30 days of the initial semester/quarter, however, an official school certification letter containing the above-listed criteria is required to maintain eligibility after that. If the school certification letter furnishes a graduation date, thereafter, an annual recertification letter from the student, stating that they are still enrolled in an accredited educational institution on a full-time basis, is required until they graduate or turn 23, whichever occurs first. If the school certification letter *does not* furnish a graduation date, the student will be required to supply a new school certification letter for each subsequent semester/quarter.

Students are not required to be enrolled during summer breaks for medical coverage to continue during the summers. However, official school certification letters are required for the following semesters/quarters.

School Certifications

Kaiser Permanente Claim-Filing Tip

Upon request for co-payment from Kaiser, a CHAMPVA beneficiary should request that the biller file the claim to CHAMPVA directly for the co-pay. Your CHAMPVA card has the information the primary insurer needs to file the claim directly to CHAMPVA. CHAMPVA is a federal benefit—secondary to a beneficiary’s primary insurance. The provider should file health-related claims to CHAMPVA, in a format acceptable to industry standards. Basic industry standards for filing claims are detailed in the following information, taken directly from the *CHAMPVA Policy Manual*. If you have Kaiser as your primary insurance, you might want to copy this information and give it to the billing department at your Kaiser facility.

tip **ONE**

Acceptable paper formats for billing are the UB-04 (institutional) and the CMS-1500 (professional outpatient services).

tip **TWO**

At a minimum, the following information is required on all billing forms:

A. Patient identification.

- (1) Full name (as it appears on identification card).
- (2) Social Security Number (SSN).
- (3) Address.
- (4) Date of birth.

B. Provider identification.

- (1) Full name and address of hospital or physician.
- (2) Remittance address.
- (3) Physical location where services were rendered.
- (4) Individual provider’s professional status (M.D., PhD., R.N.).
- (5) Provider TIN (Tax Identification Number) noting whether it is the EIN (Employee Identification Number) or SSN.
- (6) Medicare provider number (inpatient institutions only).

C. OHI [other health insurance]. If there is OHI, which is not Medicaid, a supplemental CHAMPVA policy or State Victims of Crime Compensation Program insurance, the OHI must submit an EOB [explanation of benefits].

tip **THREE**

Inpatient treatment. In addition to the information in tip 2, the following information is required for inpatient treatment claims:

- A. Dates of services (specific and inclusive).
- B. Summary level itemization of billed charges (by revenue codes).
- C. Dates for all absences from a hospital or other approved institution during the period for which inpatient benefits are being claimed.
- D. Principal diagnosis (ICD code and description) established, after study, to be chiefly responsible for causing the patient's hospitalization.
 - (1) All secondary diagnoses (ICD codes and descriptions).
 - (2) All procedures performed (ICD codes and descriptions).
 - (3) Discharge status of the patient.

tip **FOUR**

Ancillary outpatient services. Claims for individual providers (including claims for ambulatory surgery) usually require more detailed itemization than inpatient institutional claims. In addition to the information in tip 2, the following information is required for ancillary outpatient claims:

- A. Specific dates of service.
- B. Diagnoses (ICD codes and descriptions).
- C. Procedure codes (CPT, HCPCS, ADA) and descriptions for each procedure, service or supply for each date of service.
- D. Individual billed charges for each procedure, service or supply for each date of service.

tip **FIVE**

Prescription drugs and medicines. In addition to the information in 2-above, a pharmacy receipt is required for prescription drug and medicine claims, to include:

- A. Name and address of pharmacy.
- B. Drug name and NDC (National Drug Code).
- C. Strength and quantity.
- D. Date dispensed.

Follow
the Tips
to a good
claim

TIP

5

TIP

4

TIP

3

TIP

2

TIP

1



CHAMPVA

Vision, Dental and Hearing

Benefit Limitations

CHAMPVA is a Department of Veterans Affairs comprehensive health care program that shares the cost of covered health care services and supplies with eligible dependents. CHAMPVA does not cover all care that your physician might prescribe. It is important to remember that just because your physician tells you that you need certain care/services, it does not mean that the care/services are covered under CHAMPVA. Refer to your CHAMPVA Handbook for a complete listing. Some of the coverage limitations include services related to vision, dental and hearing.

These services are limited for CHAMPVA beneficiaries by law and are not services offered to all Veterans. In fact most major private insurance plans do not cover these services without an additional premium being paid by insured.

Under the CHAMPVA Program, eyeglasses or contact lenses for routine vision correction are not covered. CHAMPVA will cover these items when necessary to perform the function of a human lens that is missing because of surgery, injury or congenital absence. They may be covered when prescribed for use after surgery for a detached retina or when used for treatment of infantile glaucoma or keratoconus or treatment prescribed to retain moisture when normal tearing is inadequate or to reduce corneal irregularities other than astigmatism. Generally, eyeglasses, contact lenses or other optical devices, along with routine eye exams (refraction services) are specifically excluded under CHAMPVA.



Dental care under most circumstances is not covered by CHAMPVA. Dental care is generally limited to “adjunctive care”—treatment performed as part of the treatment of some other covered *medical* (non-dental) condition. Some examples: An oral surgeon removes broken teeth as necessary to allow repair of an injured jaw, preparation for oral or facial cancer treatment or dental infections that extend into the head or neck. Routine dental care, such as fillings, root canals and crowns, are not covered benefits. Dental prostheses (dentures, implants or preparation for dentures or implants) are only covered when directly related or specifically connected to the surgical correction of a cleft palate. All dental care requires preauthorization.



benefits are covered.

Hearing aids, hearing aid services and examinations to determine the need for hearing aids are specifically referenced as exclusions under CHAMPVA.

Other Health Insurance and Supplemental Insurance Plans.

Services not covered under CHAMPVA might be covered under other health insurance, or some plans might supplement your remaining out-of-pocket expenses, like deductibles and co-payments. CHAMPVA does not endorse one policy over another, and we recommend that you carefully consider your family’s needs for the additional coverage. Keep in mind that most private health insurance plans require special coverage plans for vision and dental care. Visit www.va.gov/hac or www.federalpublishing.com for information on supplemental health insurance plans. Federal Publishing is not affiliated with the government, and we do not endorse their products or services.

We continually monitor the health industry standards for care and seek opportunities to expand our health benefits program for our beneficiaries.



Hearing exam services are limited. Hearing tests for the diagnosis and treatment of an auditory condition is a covered benefit when provided in connection with medical or surgical treatment of a covered illness or injury, or in connection with well-

child care. Cochlear implantation is covered for beneficiaries who have a severe to profound bilateral hearing loss. Tests to determine the extent of hearing loss to qualify for speech therapy

CHAMPVA is managed by the VA’s Health Administration Center.

call us at 800-733-8387, Monday–Friday.

for general questions, please go to www.va.gov/hac/contact and follow the directions for submitting e-mail via IRIS.

online Chat go to www.va.gov/hac/contact/contact.asp Monday–Friday, from 8:00 a.m. to

4:00 p.m., Mountain Standard Time (10:00 a.m. to 6:00 p.m., Eastern Time).

We also have an automated **web service** available at www.mychampva.com 24 hours a day, 7 days a week.

What Is a

CMOP?

CMOP stands for Consolidated Mail Outpatient Pharmacy. In 1946, VA became the first organization in the United States to provide medications for its patients using a mail delivery service through individual VA medical centers. During the 1970s and 1980s, consolidation of mail prescription workloads from multiple VA medical centers into central

maintenance medications delivered directly to your door. After receiving a prescription from your physician, simply fill out an MbM Order Form and mail the form to the correct MbM Servicing Center (Cheyenne, Wyoming, or Dublin, Georgia). Once received at the MbM Servicing Center, the prescription is typed into the computer system by a pharmacy professional. The prescription information is then sent electronically to the CMOP to be filled. CMOP dispenses the medication and delivers the completed package directly to you, the patient, by mail. The package from CMOP will contain the prescription(s) ordered as well as information about the medication and a refill slip. Should you need to continue the medication, as long as your physician has included a request for refills, you should simply mail the refill slip to the MbM Servicing Center. This will ensure that you receive your next refill before the previous prescription runs out.



Cheyenne, Wyoming Meds by Mail Staff

operations was initiated on a limited basis. In 1994, the CMOP at Leavenworth, Kansas, began processing high-volume mail prescription workloads, using an integrated, automated dispensing system. Since that time VA has expanded the program to include a total of seven CMOP facilities, located in Chelmsford, Massachusetts (Boston); Charleston, South Carolina; Hines, Illinois (Chicago); Murfreesboro, Tennessee (Nashville); Dallas, Texas; Leavenworth, Kansas (Kansas City); and Tucson, Arizona. These facilities process nationwide workloads in excess of 98 million prescriptions annually.

Meds by Mail (MbM) uses the CMOP located in Leavenworth, Kansas, to fill prescriptions. As long as you are a CHAMPVA eligible patient and do not have any other health insurance with prescription coverage,

you are eligible to participate in the MbM program. This is a cost-free and convenient way for you to have your



Dublin, Georgia Meds by Mail Staff

Go to www.va.gov/hac/forms to get an MbM Order Form.

You may also call **1-800-733-8387** to request that a form be sent to you.



CMOP at
Leavenworth, Kansas



The CHAMPVA

Inhouse Treatment Initiative

Did you know you might be eligible to receive care at your local VA medical center (VAMC) or community based outpatient clinic (CBOC)? The CHAMPVA Inhouse Treatment Initiative (CITI) program provides no-cost services at participating VAMCs and CBOCs for qualified CHAMPVA beneficiaries. The CITI program reduces the out-of-pocket costs of medical care for CHAMPVA beneficiaries.

Whereas VA facilities primarily serve our Veteran population, many VAMCs and CBOCs have additional resources to provide some care for our CHAMPVA beneficiaries.

Nationwide, there are more than 90 medical centers participating in the CITI program. Though clinical care may vary based on available resources at individual centers, all CHAMPVA beneficiaries who are not Medicare eligible can take part in the CITI program. If you are Medicare eligible or have an HMO or PPO primary insurance, you are not eligible for the CITI program services. Those who are not Medicare eligible may receive care at any participating CITI facility for as long as the facility has excess capacity.

The CITI program relies on available resources at VA facilities, and because of this, there is never a charge to you for services received through the CITI program at VAMCs and CBOCs. If a participating VA facility is unable to provide the care you require, you might be referred to a

private health care provider. In these cases, your standard CHAMPVA cost-share (usually 25% of allowable charges, up to \$3,000 per year) and benefits will apply to any charges incurred outside the VA facility. Before the services are provided, it is important that you make sure the private providers will accept the CHAMPVA program and coinciding allowable charges. You can find out what services are available to you by contacting your local VAMC or CBOC and asking for the CHAMPVA/TRICARE or CITI coordinator or by going to the Web site provided below.



Tucson, Arizona VA Medical Center

Both VAMCs and CBOCs exist first to serve the needs of our Veterans, so CITI services might be limited or discontinued as necessary to facilitate Veteran care. It is important to remember that individual VAMC directors are responsible for determining

whether or not current

enrollments allow them to participate in the CITI program. The determinations are constantly changing to accommodate the needs of our Veterans. Directors may need to discontinue the CITI program at any time.

Please feel free to check our current listings online regularly at www.va.gov/hac/forbeneficiaries/champva/citi.asp to see if your local VAMC or CBOC is accepting new patients and, if so, what services they offer.

BUG BITES

and Other

Ah, summer, when we “get bitten by the bug” to go outdoors! **Sometimes literally!**

The Good...

The good news is that many insect bites cause only itching and minor redness or swelling—with perhaps some discomfort—and get better in a few hours or days. It might help to put some ice on a simple bite or some over-the-counter hydrocortisone cream to calm down the inflammation. It’s always a good idea to wash the area in case it’s prone to getting an infection.



The Bad...

The bad news is that some insects carry disease. For example, West Nile fever, which is transmitted by certain mosquitoes, has hit America. Some ticks carry Rocky Mountain fever, Lyme disease and others. Fortunately, malaria, yellow fever and dengue fever are not in the United States, but you will need to be prepared and avoid mosquito bites if you travel. (Oh, and,



in case you thought you’d be safe by staying indoors, think again, bed bugs are back!) Go to www.wikihow.com/Get-Rid-of-Bed-Bugs for information on how to get rid of these nasty pests.

It’s MUCH better to prevent bites in the first place. Wear clothing that covers as much skin as feasible, and spray the insect repellent

Permethrin onto your clothing before wearing it. (Follow the directions: It is toxic and could injure pets if it is misused. Go

to www.health.state.ny.us/publications/2749/ for more information about this and other repellants.)

You can buy this at sporting goods stores, and when you spray it on your clothing, it will remain effective for a few washings. There also are now several brands of clothing that have an insect repellent embedded in the fabric, which will last for dozens of washings. There may be a “halo effect” that allows socks to discourage bugs on the lower legs and shirts to repel insects from the hands and face. For the parts of your body that won’t be covered, you should wear insect repellent containing DEET on your skin. Be sure to apply your sunscreen about 20 minutes before applying insect repellent.

(And even if you do not need the bug spray/lotion, you should remember to put sunscreen on well before sun exposure. **Caveat:** Now researchers are recommending that most of us get about 15 minutes a day of sun without sunscreen on the arms or legs, to help reverse the current vitamin D deficiency epidemic. This assumes your doctor has not told you otherwise, for example, because you already have skin cancer or other risks.)



The Ugly

And then there are the critters that serve a good purpose in nature, but can cause NASTY stings or bites. These can cause marked pain, and for those who are allergic, anaphylactic shock,



CREEPLY CRAWLIES

which can cause the windpipe to swell shut or the circulatory system to collapse, leading to death. Every year, in the United States, *three or four times more* people die from bee stings than from snakebites! Go to www.merck.com/mmhe/sec24/ch298/ch298g.html for more information about bites and treatment. Treatment may include epinephrine (an EpiPen provides a simple and quick way to administer this lifesaving injection) and antihistamine pills immediately, but emergency treatment at an ER is also needed. Anaphylaxis usually occurs within 1 to 15 minutes, but rarely can be delayed for an hour. (You might want to carry an EpiPen and some Benadryl when you are hiking or camping; it could save a life.)

Ant stings can also be dangerous, and in the Gulf region of the United States, at least 30 people per year die from this, particularly from fire ant bites. The Africanized killer bee has reached some southern and southwestern states, and they attack in swarms. It is of small comfort that the average person can tolerate 10 stings for each pound of body weight, so an adult might survive more than 1,000 stings, whereas 500 stings could kill a 50-pound child. (See previously referenced Merck Web site.)

And then there are the “toxic reactions” to a single sting or bite, such as from black widows, scorpions and brown recluse spiders (these are mostly found in the south central part of the United States). The recluse bite might not even hurt initially, but it can lead to the need for skin grafts! The advice is to stay calm (right!), apply ice [but NO TOURNIQUET!] and try to “positively identify the spider” or catch it (right!) and “show your doctor” (right!) See firstaid.webmd.com/tc/insect-bites-and-stings-and-spider-bites-topic-overview.



You've probably heard that what we eat impacts the planet, but have you considered how much our food choices affect the earth's well-being and our carbon footprint? The



idea is that resource-intensive foods (such as animals) use more energy for growing, processing and transporting than produce does, especially produce that is grown near where it will be consumed. Local farmers' markets provide fresher, potentially more nutritious foods that require the use

of less fuel because of shorter delivery distances. In addition to buying locally grown fruits and vegetables, it also makes sense to eat less meat.

WHAT IS A "FLEXITARIAN," AND WHY DO THEY LOOK GREAT?

A recently coined useful term is *flexitarian*, which is "a vegetarian who occasionally eats meat." You can choose to be more careful about eating animal products, focusing instead on produce, whole grains and other plant foods. This means that you might consume more fish (but be careful about pollutants), very little or no beef and limited chicken. Thomas Jefferson once said that meats should be the "condiment" at a meal.

Some figures suggest that vegetarians live an average 3.6 years longer than nonvegetarians and that by switching to a mostly vegetarian diet, you could drop up to 10 to 30 pounds per year

(if you need to lose weight), without making any other changes. Flexitarians likely will enjoy nearly the same health benefits as vegetarians, but they will have an easier time living in a carnivorous world.

GOOD FOR THE PLANET, GOOD FOR YOU

All this talk about eating less meat and more fruits and vegetables sounds very much like what doctors have been promoting for well-being. A healthier diet should lead to weight loss (even without exercising, but you do need both). Blood pressure can be reduced with even a modest reduction in weight, cholesterol can improve with a better diet and aging joints might last longer when they don't have to support excessive weight. Heart disease and many cancers are also linked to being overweight. The list goes on.

A vicious cycle is set up when we eat today's portion sizes, which are too large (see hp2010.nhlbi.nih.gov/portion/ for a quiz about how our much-larger servings compare with those of 20 years ago). We tend to drive our cars to get our fast food, which gives us less exercise and more weight gain, which in turn leads to an even more sedentary life and a larger girth. Obesity is becoming the root of many evils for adults and, even more alarmingly, for kids. Wouldn't it be nice if the price for unhealthy food INCREASED as the portion size went up, so that a huge helping would be much more expensive than a reasonable amount? This change could help the family budget in these tight economic times, too. You could argue that



splitting one large, inexpensive portion with another person is the answer, but most folks don't do that.

HIDDEN COSTS IN THAT BURGER

Raising beef instead of broccoli results in a huge environmental cost. It produces more pollution (animal waste and methane gas, for example); it requires more land space (pastures), which is one of the reasons that the rain forests are disappearing;



and it uses a huge amount of vegetable matter for animal feed. It is estimated that it takes 4.8 pounds of grain fed to cattle to produce one pound of beef for human consumption. This would seem to be a poor use of resources in a world already plagued by hunger and malnutrition. It has also been noted that beef production alone uses more water than is consumed in growing the nation's entire fruit and vegetable crops. One author points out that you would save more water by not eating a pound of beef than you would if you didn't shower for a year! The cattle industry is in the process of developing more environmentally friendly practices.

And although the numbers presented here are related to beef production, raising poultry or fish also uses more resources than those required to produce food that comes directly from the ground. For example, according to a British group that promotes sustainable food for the world, a 10-acre farm can support 60 people by growing soybeans, 24 people by growing wheat, 10 people by growing corn and only 2 people by raising cattle.

JUST DO WHAT YOU CAN

What you eat is a personal health decision, and you might want to consult your doctor first if you are planning to make big changes. Meat does provide protein, which is more difficult to consume with a vegetarian diet. The FDA's daily reference values recommend 50 grams of protein a day (for children over 4 and adults, excluding pregnant or nursing women), which is 1.76 ounces of protein a day. The food pyramid (MyPyramid.gov) recommends 2 ounces of lean "meat" (including fish and poultry) and beans per day. (Two to three ounces of meat is about the size of a deck of cards, so this is more than enough protein for the entire day!) Certainly, if you plan on becoming vegan (NO meat OR dairy products), you will need to become educated about food intake to ensure you get all the nutrients you need to be healthy. Vegetarian diets could have some risks for certain people, and some doctors advise people with anemia to eat red meat to supplement the iron in their blood.

Even if you do not want to consider eating a LOT less meat, even small changes count. We kill 10 billion animals per year for food, and if everyone substituted one or two meals a week with vegetarian menus instead of meat, we could reduce that number by about 10% (1 billion fewer animals!). Another way to look at it is that if everyone ate smaller portions, as little as 10% smaller, we could accomplish the same reduction.

So food and energy are linked. A calorie is a unit of energy that measures how much fuel food provides to our bodies. Today, *energy* is a big buzzword, not only because of our slumping economy and our desire to be independent from oil-producing countries, but also because energy use affects global warming and climate change. By eating smarter, we would not only be doing something good for ourselves and our families, we would be helping the world, too.

H1N1 (SWINE FLU)

Background

From the Centers for Disease Control and Prevention Web site (cdc.gov), “Novel influenza A (H1N1) is a new flu virus of swine origin that first caused illness in Mexico and the United States in March and April 2009. It’s thought that ... H1N1 spreads in the same way that regular seasonal influenza viruses spread, mainly through the coughs and sneezes of people who are sick with the virus, but it may also be spread by touching infected objects and then touching your nose or mouth. Novel H1N1 infection has been reported to cause a wide range of flu-like symptoms, including fever, cough, sore throat, body aches, headache, chills and fatigue. In addition, many people also have reported nausea, vomiting and/or diarrhea.” Because up to a fourth of these patients do have gastrointestinal symptoms, which are not typical for the “seasonal flu,” there is a question as to whether it can be spread by “fecal-oral” transmission. Yet another reason to wash your hands VERY well after using the restroom or changing a diaper.

According to a CDC news conference, one physician explained that autumn could bring a worsening of this epidemic. “But with past pandemics where there’s been

Although this disease might not be daily headline fare right now, swine flu has not gone away, and it is likely to come back strong during the coming fall and winter seasons.

*Bottom line: Assuming there will be a vaccine available, **GET IT!***

a[n introduction to a] novel strain, ... the initial outbreaks if they occur in the summer are generally milder. We know that the influenza virus, in general, prefers lower humidity, lower temperatures for transmission. So as we’re in the summertime, we expect it to be seasonal influenza but what we’re likely to see is some transmission that occurs over the summer with the possibility that in the fall ... we might see an increase in cases.” They will “be looking closely toward the southern hemisphere, during their winter ... to see what

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happens[, which might] give us some clues as to what we might expect in the upcoming

winter ... in the United States.” This quote is from: cdc.gov/media/transcripts/2009/t090507b.htm.

Pandemics in Perspective

Again, the CDC Web site quotes Andrew Kroger, MD, as saying, “one such example of an antigenic shift which has lead to a pandemic was the Hong Kong pandemic ... [i]n ... 1957 through 1967 ... [resulting in] 40,000 deaths. This was considered a mild pandemic with 40,000 deaths; ... the Spanish influenza pandemic of 1917–1918 was much more severe with 20 to 50 million deaths worldwide.” Most swine flu disease has been mild, but for some, it has been severe. Already this strain has claimed about 800 lives worldwide, three times the number lost to the “bird flu” virus since 2003. About 20–40% of the population will get sick. Estimates for deaths expected from swine flu range between 90,000 to “several hundred thousand.”

As of July 29, 2009 (see www.cdc.gov/h1n1flu/update.htm for count as of the latest Friday), in the United States and its territories, there have been 43,771 cases and 302 deaths from the novel H1N1 virus. This is nearly 100 more deaths than were reported a couple of weeks ago! The numbers

have reached a level where the CDC stopped providing individual confirmed and probable cases and reports only the total number of hospitalizations and deaths each week. Also, the World Health Organization (WHO) released a briefing note (see www.who.int/csr/disease/swineflu/notes/h1n1_situation_20090724/en/index.html) stating, “In most countries the majority of pandemic (H1N1) 2009 cases are still occurring in younger people, with the median age reported to be 12 to 17 years.... Some reports suggest that persons requiring hospitalization and patients with fatal illness may be slightly older.”

WHO says “Although the risk factors for serious pandemic disease are not known definitively, risk factors such as existing cardiovascular [HEART] disease, respiratory disease, diabetes and cancer currently are considered risk factors for serious pandemic (H1N1) 2009 disease. Asthma and other forms of respiratory disease have been consistently reported as underlying conditions associated with an augmented risk of severe pandemic disease in several countries. A recent report suggests obesity may be another risk factor for severe disease. Similarly, there is accumulating evidence suggesting pregnant women are at higher risk for more severe disease.”

Wash your hands! Wash your hands! Wash your hands! And get vaccinated!

Vaccine Situation

WHO says also that the development of new candidate vaccine viruses is ongoing, followed by soon-to-be-initiated vaccine clinical trials, which will provide a better idea of the number of doses required for a person to be immunized as well as the quantity of active principle (antigen) needed in each vaccine dose. Manufacturers are expected to have vaccines for use in October.

Be Responsible: When Ill, Avoid Contact with Others

“If you are sick, you may be ill for a week or longer. Unless necessary for medical care, you should stay home and minimize contact with others, including avoiding travel and ... work or school, for 7 days after your symptoms begin or until you have been symptom-free for 24 hours, whichever is longer. If you leave the house to seek medical care, wear a facemask, if available and tolerable, and cover your coughs and sneezes with a tissue. In general, you should avoid contact with other people as much as possible to keep from spreading your illness, especially people at increased risk of severe illness from influenza. With seasonal flu, people may be contagious from one day before they develop symptoms to up to seven days after they get sick. Children, especially younger children, might potentially be contagious for longer periods. People infected with the novel H1N1 are likely to have similar patterns of infectiousness as with seasonal flu.” (www.cdc.gov/h1n1flu/sick.htm)

Are Your Kids Making You Sick?

Kids have been described as “little virus factories.” It’s true that children tend to catch illnesses at school (or day care) and bring them home to siblings and parents. Probably this is less true in an office setting, because adults are generally

better informed and trained to follow at least the minimum hygiene practices. We usually do remember to wash our hands and cover our mouths and noses when we cough or sneeze. Children, however, generally have not become as civilized.

What to Do?

Set a good example yourself and teach/remind kids to sneeze or cough “into their elbows,” because this stops at least some of the aerosolized particles (that “mist” of germs), one of the main ways that viruses are spread. If you have a tissue, cover your nose and mouth and then throw the tissue

into the trash. THEN wash your hands with soap and water, or use alcohol-based hand cleaners. Wearing a surgical mask is another way to reduce the spread of viruses. All of these methods help reduce another major mode of transmission—touching a contaminated surface. If the bare hand is used to cover a cough, all of that “gunk” will be caught on the palm and fingers that might then grab a toy or a doorknob and be spread to the next person who touches it. “Studies have shown that influenza viruses can survive on environmental surfaces and can infect a person for ... 2–8 hours after being deposited on the surface.” (Hard surfaces support virus survival longer than soft ones like fabric.) For more information, see cdc.gov.

To reiterate, if your kids are sick, DON’T send them to school! If YOU are ill, don’t go to work! You’ll do everybody a favor by “quarantining” the contagious person. It’s also kinder to your child, who will feel more comfortable at home, and it might save them the embarrassment of, say, vomiting in front of their friends. (If the kid looks sick at breakfast, ESPECIALLY if they have a fever, it’s unlikely that they will miraculously recover at school. You’ll need to leave work anyway to take them home from school, and you have a miserable child waiting in an office continuing to infect others.)

Even “quarantine” won’t necessarily be foolproof. Viruses are sneaky. As the CDC noted, viruses can be multiplying and infecting others before the host is even aware they are getting sick. This is by design for these clever microorganisms. Their job is not necessarily to kill you, but to use you as a way to get to others most effectively.



HONOR FLIGHT

The Honor Flight Network is a nonprofit organization that was created specifically to honor America's Veterans for all the sacrifices they have made to ensure our continued freedom. Honor Flight volunteers help senior

Veterans travel free of cost to Washington, D.C., to visit their memorials. Because, according to 2008 statistics, World War II Veterans are dying at a rate of about 1,000 people per day, top priority is given to them and to Veterans of other conflicts who are terminally ill. The organization's goal is to similarly honor, in chronological

order, Veterans of World War II, the Korean War, the Vietnam War and all other Veterans who have served our country.

The program was conceived by Earl Morse, a physician assistant and retired Air Force captain, working in a small VA clinic in Springfield, Ohio. In May 2004, when the World War II Memorial was dedicated in Washington, D.C., it "quickly became the topic of discussion" among the World War II Veteran patients that he had been taking care of since his retirement from the Air Force in 1998. Many of the Veterans expressed a desire to one day travel to D.C. to visit their memorial, and most figured they might be able to make such a trip with the help of family or friends.

When his Veteran patients returned to the clinic for subsequent visits, Earl discovered that most of them had not had the chance to get to the memorial because of financial or physical

limitations, and it didn't seem likely that they would have a chance to do so in the future. Many of the Veterans were in their 80s and couldn't complete the trip on their own, and the time and expense to complete the three- to four-day trip was more than their friends and families could afford. Earl was determined to find a way to get these Veterans to see their memorial. Earl was a private pilot and a member of an aero club at Wright-Patterson Air Force Base in Dayton, Ohio, about thirty miles away from Springfield.

He began asking his World War II Veteran patients if they would allow him to personally fly them to Washington, D.C., to see their memorial, and the many heartfelt, positive responses he received soon prompted him to ask for help from other pilots in the aero club. He described to them the volunteer program he conceived to fly Veterans to Washington, D.C., identifying two major stipulations. The first was that the trips were to be provided to the Veterans at no cost to them, and the second was that the pilots who flew the Veterans to D.C. were to personally escort them through D.C. and the memorial. Eleven pilots volunteered to help, "and Honor Flight was born."

Soon the volunteer team expanded, money was raised and the first flight of six small planes, carrying twelve Veterans, took place in May 2005, just a year after the World War II Memorial was dedicated. It was an unforgettable experience for the pilots and the Veterans. Word quickly spread to other cities and states, and with not a little effort, Honor Flight programs started up in other areas of the country. Astounding numbers of Veterans wanted to make the trip. Eventually



commercial aircraft had to be used to accommodate them all. Currently the Honor Flight Network has 71 hubs in 30 states.

In the first year, 2005, the Honor Flight Network successfully flew 137 Veterans to see their memorials. In 2006, they flew 891; in 2007, more than 5,000; in 2008, 11,137; and the goal for 2009 is to fly 25,000 Veterans to see their memorials at no cost to the Veterans.

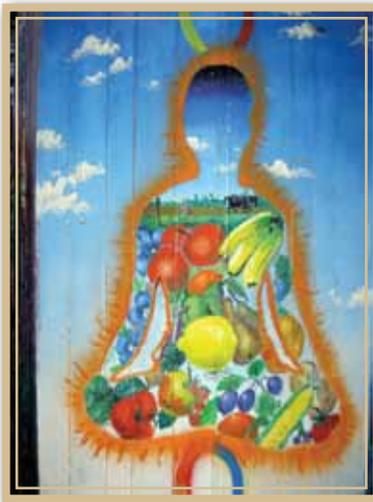
“Honor Flight Network has learned a lot over these last four years and one point that stands out is that our veteran heroes aren’t asking for recognition. It is our position that they deserve it. Our program is just a small token of our appreciation for those that gave so much.”

Go to www.honorflight.org for more information about this wonderful organization.



More Reasons to EXERCISE

Some recent studies have shown that there are unrecognized benefits to exercising for you and your family. You are a role model for others, and perhaps you can encourage your loved ones to exercise, too.



Exercise and eating right can reduce your BMI—Body Mass Index. BMI is based on your weight and height, and the range of 20 to 25 is ideal. You can calculate your own BMI by going to www.nhlbisupport.com/bmi. Your abdominal girth—

not your belt size—as measured near your belly button, may be an even more important indicator of health risk than your BMI. This measurement partly reflects the fat inside your belly, which appears to be more dangerous than the fat that is under your skin. A good goal for women is to have a waist measurement smaller than 35 inches and for men to have a waist measurement smaller than 40 inches.

A new study by Phyo K. Myint and others, published by *BMJ* in February 2009 looked at more than 20,000 British men and women between the ages of 40 and 79, who had never had a heart attack or stroke, and followed them for more than 11 years. After adjustment

for age, sex, BMI, blood pressure, cholesterol concentration, history of diabetes, aspirin use, and social class, those who practiced none of the four healthy behaviors (see below) had *two and a half times* the number of strokes as those who practiced all of the healthy behaviors. And the behaviors were not too difficult to achieve.

- **The first one was not smoking,**
- **The second was being active (even a little bit of exercise, such as walking, was enough),**
- **The third was moderate alcohol intake (1 to 14 “units”—drinks—per week) and**
- **The fourth was consuming at least five servings of fruits and vegetables a day.**

This was expressed as an odds ratio and showed that practicing even one healthy behavior was better than practicing none, by about 15%, and practicing three good behaviors was twice as good as practicing none.

If you have an overweight teenager at home, who may have insulin resistance (which often progresses to type 2 diabetes), exercise can help, even if they do not lose pounds! In one study kids



ages 9 through 16 worked out for one hour, three times a week, for eight weeks. Activity improved insulin sensitivity (making diabetes less likely), *even if there was no measurable weight or fat loss*. “Although these results need confirmation from other studies, they suggest that focusing on exercise and physical fitness (and letting the adolescent height spurt reduce BMI) might be a more achievable strategy than weight loss in obese adolescents.”

See Bell citation below right.



For overweight women with incontinence (bladder leakage), *a weight loss of less than 20 pounds can greatly reduce (by about half) the episodes.*

More than 300 obese women (BMI of 36, average age of 53) had an average of 24 incontinence episodes per week. The women were randomly assigned to either a strict weight loss program or four classes with standard recommendations. “Dieters were subjectively happier than were controls regarding relief of incontinence, and 24-hour urinary-pad assessment showed that dieters lost smaller volumes of urine than did controls (although this difference did not achieve statistical significance).” Subak (see citation right) concluded: “Perhaps the promise of this tangible benefit will motivate weight loss when the less tangible goal of lowering cardiac risk fails.”

And if this is not enough, Australian researchers (Nicola, right) found that among 170 individuals, at least 50 years old (average age 70) with self-reported memory problems, exercise helped. About half were randomly selected to exercise for 24 weeks doing home-based physical activity—*an extra 2½ hours of modest exercise a week, usually walking*. Compared with the “usual care” group, the exercisers showed improvement on

the Alzheimer’s Disease Assessment Scale, and the improvement persisted 18 months later. They concluded, “In this study of adults with subjective memory impairment, a 6-month program of physical activity provided a modest improvement in cognition over an 18-month follow-up period.”



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PREVENTING SMOKING

Ever since the Surgeon General's Report (1964) and the last Cigarette Cowboy rode off into the sunset (no more TV ads allowed), virtually every American learned that smoking is bad for you. I'll assume that I am either "preaching to the choir" (to nonsmokers) or that current smokers know that you can call **800-QUIT-NOW (784-8669)**, which is a toll-free number that will connect you with the quit line in your state, if/when you want to stop smoking. This article will discuss how to **PREVENT YOUR KIDS AND GRANDKIDS FROM STARTING TO SMOKE.**

The costs of smoking are huge, not only in suffering and lives cut short, but also in money spent for health care and to help people quit; the list goes on. It makes the most sense to keep children from starting in the first place. And, if they haven't started smoking by the time they're around 20 years old, they probably never will.

So why do kids begin to smoke? It's pretty complicated, and it would take sweeping social changes to really reduce the "high-risk" population of children who are apt to smoke.

A. W. Bergen wrote "Current smoking in the United States is positively associated with younger age, lower income, reduced educational achievement, and disadvantaged neighborhood environment."

However, **THERE IS SOMETHING YOU CAN DO.** *Being a "good enough" parent is mostly it.*

- Z. Harakeh found "CONCLUSIONS: Encouraging parents, whether or not they themselves smoke, to discuss smoking-related issues with their children in a constructive and respectful manner is worth exploring as an intervention strategy to prevent young people taking up smoking."
- M. R. Andersen showed: "RESULTS: Adolescents of parents who report having rules about smoking in one's home, using nonsmoking sections of public establishments, or asking others not to smoke in one's presence were significantly less likely to smoke than adolescents of parents who did not engage in antismoking actions. This association of antismoking action and reduced smoking was found for children of both smoking and nonsmoking

parents. **CONCLUSION:** Parents' antismoking actions may help prevent smoking by their teenaged children."

- L. Hedman noted that it is especially important for parents, grandparents and siblings to set a good example: "Since having a smoking family member was the major risk factor for tobacco use, prevention programs should be directed at smoking families in addition to the individuals."
- W. F. Velicer noted that "blood IS thicker than water" and that a child's friends do not rule. "Family support for nonsmoking was related to subtype much more strongly than peer interactions."
- References for more information, including drug and alcohol use and safety issues for kids and teens can be found at a good Web site, the Pacific Institute for Research and Evaluation, Chapel Hill Center at: www.pire.org/topiclist2.asp?cms=84

PIRE came up with several main points:

1. "Preventing is better than starting.
2. Strong stance against smoking by parents (and sibs) CAN overcome peers.
3. Other healthy behaviors protect (sports, healthy food, eating together).
4. History of physical or sexual abuse increases smoking initiation.
5. Parent who smokes increases kids smoking, but can be mitigated with anti-smoking socialization.
6. School-based programs should be tailored for those at highest risk."

IF you smoke and are not ready to quit, remember that you are sending a message to your kids and grandkids. Furthermore, *the life you are sacrificing may not even be your own.* **SECONDHAND SMOKE** kills 60,000 nonsmokers per year in the United States alone. A nonsmoker's risk of lung cancer increases 30% when living with someone who smokes in

the home. A person standing 20 inches from a burning cigarette may breathe in **TEN TIMES** more cancer-causing chemicals than the smoker!

And babies don't have any choice: **SUDDEN INFANT DEATH SYNDROME** *doubles* in homes with a smoking parent. Pediatricians are now advising parents of newborns NOT to allow a smoker around the baby unless they have first **CHANGED THEIR CLOTHES** in order to reduce "third-hand smoke." (See www.RaiseSmokeFreeKids.com). The 2006 Surgeon General's Report states that **THERE IS NO SAFE LEVEL** for secondhand smoke.

Remember that lung cancer causes more deaths annually than breast, prostate and colon cancers **COMBINED!** And smoking also increases risk of heart disease and **MANY** other diseases. Kids around smoke have more allergies, ear infections, bronchitis and pneumonia, and smoke can trigger an asthma attack.

So let's all work together to PREVENT smoking. The life you save may be that of someone you love.

800-QUIT-NOW

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