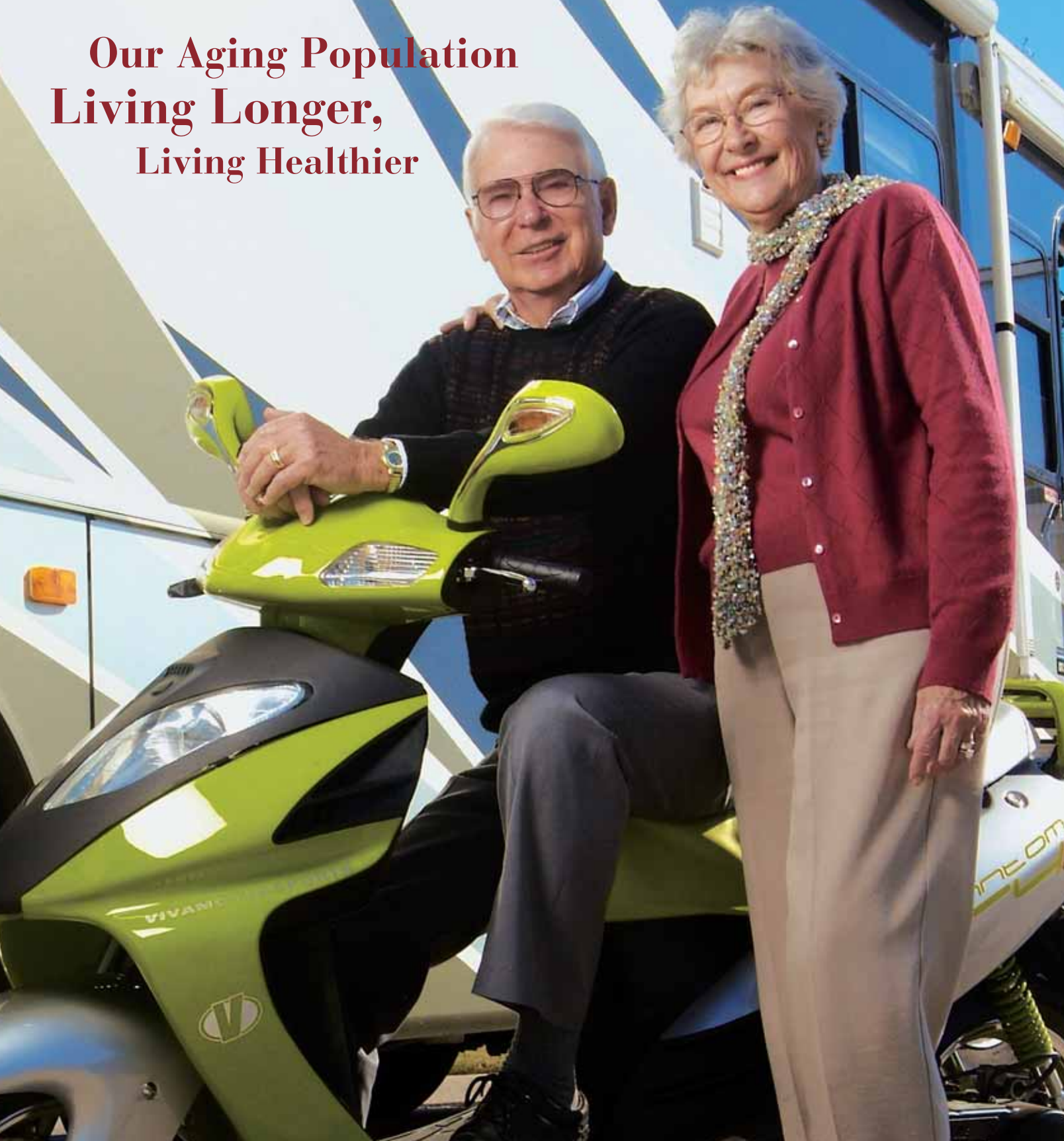


SCOTT & WHITE

Quarterly

SUMMER 2006

**Our Aging Population
Living Longer,
Living Healthier**



Making the Golden Years Your Healthy Years



Those “Golden Years.” Eventually, we reach the age where we dream about them, yet why is it that relatively few individuals truly enjoy this period of their lives? After all, you’re as young as you feel. Health inevitably declines as we get older, right? Let’s take a moment and examine that assumption.

The United States is on the brink of a longevity revolution. By 2030, the Centers for Disease Control and Prevention project the number of older Americans will have more than doubled, to 70 million, or one in every five Americans. The growing number and proportion of older adults places increasing demand on the public health system and on medical and social services.

Chronic diseases exact a particularly heavy burden on older adults due to associated long-term illness, diminished quality of life and greatly increased healthcare costs. Although the risk of disease and disability clearly increases with advancing age, poor health is NOT an inevitable consequence of aging. Much of the illness, disability and death associated with aging are avoidable through known preventive measures and recent advances in research and education.

In this issue of the *Quarterly*, we address several topics directly associated with promoting health, preventing disease and enhancing the quality of life among older Americans. At Scott & White, we take pride in practicing “medicine unimagined”—you deserve it and you should experience a full, rich and rewarding life, no matter the years.

We often hear the adage, “When all is said and done, health should be about life—life should not be about health.” So, here’s to your health and to those exciting and rewarding golden years!

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Summer 2006
Healthy Aging Issue



On the Cover: Travel, RVs, airplanes, motorcycles, convertibles—life is good for 80-year-old Tom Dunlap and his wife of 57 years, Aloha, age 77. What motivates this exuberant couple to live each day to its fullest, stay young and on the go?

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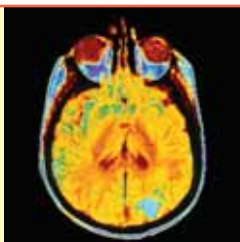
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DEVELOPING PERFECT BALANCE

HOW PATIENTS WILL BENEFIT FROM OUR STUDIED GROWTH

B Y D A N R E E D E R



Except perhaps for the wealthiest among us, Americans face a staggering array of issues, rules and regulations regarding health care. As costs explode, helping to drive automakers and other large U.S. companies closer to bankruptcy and swallowing any wage gains for middle-income citizens, those fortunate enough to secure health insurance pay increasing premiums and higher deductibles—and gasp when the bills arrive. They have come to understand that they also pay for those who cannot.

No wonder emergency rooms are overflowing. The under- or uninsured know that emergency rooms must treat them, regardless of ability to pay. But what other options are available to them? If it were not for Medicare and Medicaid programs for seniors, the United States would experience a full-blown medical crisis. Indeed, a crisis may be unavoidable.

The irony is that patient demand for medical services has never been higher. Providers such as Scott & White face the brunt of frontline medical action. Many institutions are responsible not only for cutting-edge patient care, but also for educating the next generation of medical practitioners and discovering therapies and treatments that benefit all of humanity. Those responsibilities are complicated on every level by the morass of a so-called healthcare system in America.

As a result, Scott & White finds itself engaged in a perpetual balancing act. Patient demands must be balanced with institutional capacity, payment with cost, science with investment, advancement with regulation, innovation with intransigence, growth with attention to detail.

Growth at Scott & White, which is a result of successes even as the national debate rages, begets its own set of challenges, but as President and CEO Dr. Alfred B. Knight explains in the third of a four-part series, “To Your Health,” the institution’s vision mandates that the patient always comes first. It is the patient who will benefit from Scott & White’s growth, whether in Temple or the other Central Texas communities. It is the patient who will benefit from expanded numbers of physicians. And it is the patient who will benefit from breakthrough research.

Patient benefit—that’s why Scott & White is committed to achieving perfect balance.

In part one of this series, you described America’s current healthcare system and its many challenges, which frankly, seem rather daunting. In the second interview, you discussed how the national trends affect patients in Central Texas and how Scott & White is

responding to these issues. For this interview, let’s focus on Scott & White’s future.

It is an exciting time for Scott & White—you seem to be expanding in several directions. What is the current vision guiding the growth?

KNIGHT: When looking at an organization as large and complex as we are, it is often very difficult to limit one’s discussion of our vision. We focus on excellence in everything that we do. The needs of our patients drive our vision. Clearly, we intend to be one of the top healthcare centers in Texas and the southwest. But in fact, we are already nationally recognized for providing high-quality care. And soon we will be nationally recognized as an academic medical center. Our emphasis on research and education with our partner, the Texas A&M Health Science Center College of Medicine, holds enormous promise for the right kind of growth. And finally, we intend to lead the country in applying sophisticated technology to enhance the quality of patient care.

How does this vision apply to programs, projects and people?

KNIGHT: We are spending substantial capital to upgrade our older facilities, to recruit our next generation of leaders in clinical services, research and education,

and to develop long-term plans for patient care. In Temple, the broad spectrum of services and specialties will continue to expand according to demand.

But the vision calls for expansion in all geographic directions. From a regional perspective, we will focus on those services in which we are particularly strong and for which a demand exists. Nationally, our research and education efforts will continue to produce knowledge that will make a difference for patients everywhere. It is a very bold vision for Scott & White.

Has this vision changed in the past few years?

KNIGHT: Any dynamic organization will change as opportunities arise and challenges are identified. Five years ago, we were not thinking of the Long-Term Acute Care Hospital. But the need evolved, and we have responded. Strategy must be a dynamic process.

You say that the institution is growing in all directions. How does that growth affect operational areas such as education, research, clinical care, staffing and so on?

KNIGHT: The bedrock of Scott & White is superb clinical care. In order to provide that, we must address a broad range of medical specialties, a multipayer insurance strategy, convenient patient access and a host of other issues, research and education among them.

Research brings new ideas, creative staff and a national voice. It also brings those unique patients who have conditions not easily treated with success. An example is the recently announced Phase I trial of a new cancer drug for locally recurrent prostate cancer. It is an opportunity to demonstrate our expertise on the cutting edge of therapies. But to fulfill our vision for research growth, significant enhancements will be necessary.

Of course, education has been a fundamental part of S&W for its entire 100-year history. But education has evolved. Today,

we do far more than provide mentors and on-the-job training. We have recruited superb education researchers who are bringing new strategies for education to all of our students.

What factors contribute to the need for growth?

KNIGHT: Growth is necessary for us to reach a critical mass of expertise to be able to develop unique, cutting-edge programs for patient care, research and education. We might do very well with five research scientists, but having 10 scientists brings more intellectual power, creativity and drive. We plan to achieve that critical mass in key programs.

Growth is also essential because of patient demand. Our population is aging, and we must be prepared. Yet, we are constrained by unrealistic patient expectations, decreasing reimbursements and ever-increasing costs. It becomes a delicate balancing act in which we are challenged on the one hand and constrained on the other. But we have little choice. We have chosen to renovate when possible, build when necessary and affirm in perpetuity our commitment to provide outstanding patient care.

Texas A&M College of Medicine recently announced that it plans to expand its medical school to a four-year model in Temple. What drives this decision?

KNIGHT: Our 30-year partnership with the Central Texas Veterans Administration and the Texas A&M College of Medicine has been immensely successful. One component of that success is our small medical-school class size. Currently, about 80 students in each of the four classes study for two years in College Station and two years in Temple. Still, the demand for physicians is 30 percent greater than the number of our graduates. So preparing more medical students now is essential. Ten years of training is necessary to educate medical students in many specialties. Ten years!

Texas A&M will expand class size to 200 students a year during the next five to seven years. The College Station and Temple campuses will each become four-year programs with 80 to 120 students on each campus. This is a cost-efficient way to expand class size without creating new medical schools.

We enthusiastically endorse this proposal, and we are working aggressively with A&M to bring the first group of four-year medical students to the campus by the fall of 2007. Certainly, the four-year campus in Temple is a component of our vision to be a nationally competitive, academic medical center.

How will this future growth be funded?

KNIGHT: In the simplest terms, capital is created from operations, borrowed through the nonprofit bond market or generously provided through philanthropy. Scott & White is working on all fronts.

Our operational success will also facilitate our ability to borrow money through the bond market, where we have maintained an AA rating. Our non-profit status does not mean that we can ignore the bottom line, of course. Any surplus is reinvested into operations. Last year, for example, S&W contributed to the community an estimated \$70 million in services and unreimbursed, mission-directed programs such as research and education.

The focus on all three elements to create capital has allowed us to fund many facilities coming online within the next 12 to 14 months. That will represent more than 800,000 square feet of new clinical space. But frankly, that is not enough. We have other very significant projects going forward. We will rely on our own financial stability to fund and borrow prudently, but we also will rely increasingly on the generosity of our patients and donors to make a difference.

Is growth a result of competition for market share?

KNIGHT: In most of our geographic areas, we have a substantial part of the current market. Our strategy anticipates growth of

those markets as population expands. In addition, we are focusing on unique services, some of which have been previously unavailable in Central Texas. We are not trying to take market share from others.

Hospitals across America are in the midst of the largest construction boom in more than 40 years. Why is that?

KNIGHT: I reflect often on the pundits of 15 years ago, who said we had too many doctors, too many specialists and too many hospital beds. They were very, very wrong on all three accounts, but we believed them. Hence, we have not increased the number of medical students, most of whom we pushed into primary care, and all across the country, hospitals stopped enlarging inpatient facilities. We are way behind now.

But the second reason is more challenging. The leading edge of baby-boomers has turned 60, and we anticipate the largest population growth ever to occur in the United States to begin to move into retirement. The realities of aging mean the demand for healthcare services will increase. Since it takes so long to plan, budget and capitalize beds, most hospitals are trying to anticipate the demand for beds by building now.

What are the facility needs over the next decade?

KNIGHT: I mentioned 800,000 square feet of new space coming on board soon. One could conclude that Scott & White has caught up. We have not. Three major projects are in the planning stages: a Bone, Joint & Spine Institute, a comprehensive Clinical Cancer Center and a Surgery Suite of 30 or more state-of-the-art operating rooms. Other programs also will expand, including the Cancer Research Institute, which will require 40,000 square feet of space. With the medical school's expansion, additional facilities will be necessary by the time the class reaches its full complement. There are plenty of opportunities on the horizon!

With so much specialty research being conducted, will Scott & White increas-

ingly offer the more profitable areas of high-tech health care as opposed to the less profitable services?

KNIGHT: Scott & White in Temple will continue to provide broad-based, integrated and comprehensive services for our community. That is our responsibility. And we will meet the demand for specialized services that serve our interests, as well. However,



they increasingly understand the need for and rewards of financial support.

I continue to believe that as we share our story, our friends will want to be a part of the most exciting medical story in Texas—perhaps in the country. What we're building here is unrivaled anywhere. As details emerge in the coming months, I look forward to sharing them.

“ It becomes a balancing act, choosing to renovate when possible, build when necessary and affirm in perpetuity our commitment to provide outstanding patient care.”

we will continue to fund needed services, even if they are not reimbursed at the level sufficient to cover costs. One of the key elements in this discussion is the cost of health care. We must continue our dedication to discovering ways of doing the same work for less cost. We have accepted that challenge, and as we grow, we will do so in the most cost-effective way possible.

But the costs for these expansions will be considerable. Could this spell financial trouble?

KNIGHT: No. Expansion for Scott & White means operational integrity to produce the best possible care for the lowest cost. It means a commitment to financial stability to continue to access the bond market. And it means providing opportunities for our friends to participate in the building of our vision. Philanthropy for all nonprofits is a huge part of our collective future. We cannot be successful without it.

Having said that, I am constantly amazed and humbled at the response of our friends when they hear the remarkable Scott & White stories. They marvel at the scientific and medical expertise amassed here, and

With all of the recent growth, might the patient who has not visited for a time be forgiven for assuming that Scott & White has gotten too big?

KNIGHT: The fundamental basis for Scott & White's reputation is superb patient care. That is unchanged. In fact, all of the work we are doing currently focuses on enhancing the quality of care for our patients. On some of these issues, one must take the long view. The time from a researcher creating an idea for a new therapy until the implementation of that therapy can be years, sometimes a decade. Scott & White is in this business for the long term. Our growth, if anything, attests to our success in patient care. So even though we appear bigger, we always remember that our job is to serve one patient at a time. For Scott & White, excellence in patient care means operational excellence to produce that level of care for the lowest cost. It means calling on our patients and donors to help us create the future of patient care. Philanthropy is a huge part of that future. We cannot be successful without it. +



aging and the *future*

The Golden Years. A time in one's life devoted to doing all the things you desired to do before retiring . . . enjoying hobbies, traveling, spending time with family and friends. Unfortunately our aging bodies sometimes say otherwise.

Almost everyone over 65 has at least one chronic disease, such as hypertension or arthritis. For the 20 percent afflicted with more than four conditions, losing independence and being a burden to family and friends are major concerns, states Dr. David Hackethorn, director of the Scott & White Institute of Aging. There is no "Fountain of Youth" but advances in geriatric medicine are enabling individuals to live longer and with less disability.

In this issue of *Scott & White Quarterly*, we will showcase many of our programs and departments that specialize in health care for older adults. We will also offer some tips on how to age gracefully and how to avoid some of the common ailments the older generation faces. +

The Centers for Disease Control and Prevention (CDC) note that Americans can increase their number of years spent in a fit, strong condition simply by adopting a healthy lifestyle. Research shows that many of the symptoms of deterioration that come with age are a matter of mindset and environment—not genetics. “People who are physically active, eat a healthy diet, avoid tobacco products, practice other healthy behaviors and live in activity-friendly environments reduce their risk of chronic diseases and have half the rate of disability of those who do not,” says Marcia G. Ory, Ph.D., director of the Active for Life® national program office at The Texas A&M University System Health Science Center School of Rural Public Health.

tips for staying healthy

BY BRIGID MCHUGH SANNER

“The benefits of regular physical activity are especially important. Physical activity helps to control weight; contributes to healthy bones, muscles, and joints; reduces falls among the elderly; decreases symptoms of anxiety and depression; and can lessen the need for hospitalizations, physician visits and medications.” Dr. Ory adds, “For the aging population, physical activity can help people maintain independent living and enhance their overall quality of life.”

Through the Active for Life program, a research project Dr. Ory leads, she and her colleagues are learning a good deal about practical and realistic solutions to help people with physical activity-related goals. Dr. Ory notes, “What we are learning goes beyond the Active for Life program. These same solutions can be useful with other lifestyle goals.”

Dr. Ory offers 10 tips to help people develop healthier lifestyles:

1. Find help to get started. You might start with your healthcare provider. Ask them to help you identify one health issue to work on. It could be becoming more physically active, losing weight, kicking the tobacco habit or improving your eating habits. You can also find community resources that can help.

2. Be realistic and specific about goals. Instead of saying you are going to get more exercise, be specific and say you are going to

walk at least 30 minutes, two or three days each week. Once you start, build up to most days of the week. If you start off walking slowly, once you get comfortable with a leisurely pace gradually try to walk a bit faster, even if you can only keep the faster pace for part of your walk.

3. Write goals down and leave them in a place where you can review them regularly. It’s easy to get off course, but if you have your goals written down and keep them in front of you, you can review them every week or month and start again if you have not succeeded.

4. Find someone to help you. It can be a friend, spouse or family member. Often, if you make a commitment to another person, you will be more successful in meeting goals than if you only commit to yourself.

5. Don’t be intimidated. If you haven’t been to a fitness center in years or perhaps have never been, don’t worry. Everyone there had a “first time” when they did not know what to do or how to use the equipment. Set up an appointment with a member of the fitness staff and have him or her show you how to use the equipment correctly. Ask him or her to help you set up a fitness program that focuses on your goals.

6. Reward yourself. Small rewards can be exceptionally motivating. If you made it

through a week without a cigarette or two weeks with no dessert, reward yourself.

7. Try something different if you don’t like the activity you started. If you set a goal to use a treadmill or to walk in your neighborhood but find you don’t like this type of activity, you can change it. If you use a treadmill in a fitness facility, try a different piece of equipment, such as a stationary bicycle or an elliptical trainer. If your regular walk in the neighborhood starts to bore you, change your route for variety, or walk in a local park or shopping mall.

8. Setbacks are opportunities to start over. No one is perfect. If you find you’ve had a setback—perhaps you missed your physical activity for a week or overindulged all weekend—don’t give up. Just start again today.

9. Think positively. Positive self-talk plays an important role in maintaining a new healthy behavior. In a random survey of Active for Life participants, self-talk was the most frequently cited method used to stick with a program.

10. Have fun! For many older adults, the concept of “working out” brings to mind painful muscles, discomfort and heavy sweating. But the “no pain, no gain” message is the wrong way to think about activity. Just 30 minutes a day of moderate activity incorporated into everyday life is the key. +



Leland Payne was back at work days after receiving an innovative device that helps prevent stroke.

State-of-the-Art Technology Could Help Lower Stroke Risk

BY LISA SOULE

Except for the time he needed a tonsillectomy, Leland Payne managed to live his life without gracing a hospital bed. But at the age of 72, a blockage in one of the vessels to his brain had the potential of causing a stroke.

“I had just renewed a 50-year contract with my wife,” Payne said of his marriage to his wife of more than a half century. “I didn’t want to take the risk of having a stroke or, worse, dropping dead.”

Like 10 percent of all stroke victims, the retired aerospace-industry quality engineer suffered from intracranial atherosclerotic disease—the buildup of plaque inside the artery walls, which diminishes the oxygen supply to the brain.

His disease advanced despite medical intervention. To finally correct the problem, rather than face a risky bypass operation, Payne became the first patient at Scott & White to receive a breakthrough device that clears the blockage and keeps the vessel open.

Surgical neuroradiologist Dr. Walter Lesley had known that Boston Scientific’s new Wingspan stent was in development. Once the device received approval by the FDA,

Scott & White became the third city and fourth hospital in Texas, and among 30 hospitals in the nation, to offer the new stent to patients.

“This device is unique because it is the first stent specifically designed for the brain,” said Dr. Lesley. The Wingspan offers flexibility not provided by more rigid devices used in cardiac procedures.

The Wingspan stent is deployed in a catheterization procedure that guides it through the femoral artery in the leg to the blockage in the brain. A balloon catheter is expanded enough to crack the plaque blockage, making way for the self-expanding stent to hold open the vessel.

“I have to admit, I was a little nervous,” Payne said after the procedure, still in awe of what had happened at the base of his brain during the minimally invasive surgery. “It’s just amazing what they can do.”

He was released from the hospital a day after his procedure and was back at work shortly thereafter, driving a courtesy shuttle for a local car dealership. Said Payne after a recent day back on the job: “I feel great.” +

STROKE SYMPTOMS

- Sudden numbness or weakness in face, arm or leg—especially on one side of the body.
- Sudden confusion, trouble speaking or understanding.
- Sudden trouble seeing with one or both eyes.
- Sudden trouble walking, dizziness, loss of balance or coordination.
- Sudden, severe headache with no known cause.

If you have experienced any of these symptoms, you may have had a TIA or mini-stroke. Ask your doctor if you can lower your risk for stroke by taking aspirin or by other means.

Act F.A.S.T.

If you think someone may be having a stroke, act F.A.S.T. and do this simple test:

FACE

Ask the person to smile.

Does one side of the face droop?

ARMS

Ask the person to raise both arms.

Does one arm drift downward?

SPEECH

Ask the person to repeat a simple sentence.

Are the words slurred? Can he/she repeat the sentence correctly?

TIME

If the person shows any of these symptoms, time is important.

Call 911 or get to the hospital fast. Brain cells are dying.

THE DOs AND DON'Ts



OF MEDICATIONS

In this modern age of medicine, it seems a person can get medication for just about any ailment. But the luxury of a variety of medication treatments can sometimes hurt more than help if the proper guidelines aren't followed. It can also be difficult for anyone to keep up with a regimen that includes numerous medications, but it is sometimes an even greater challenge for those in our aging population.

"There are many people utilizing medications who have problems with compliance," said Barry Browne, Pharm.D., coordinator of Scott & White's Drug Information Services, Department of Pharmacy. "Many older adults either forget, don't want to take medications or think they feel well enough without them, so they don't take them.

Compliance isn't the only concern. Because many older adults face numerous health problems, they can sometimes find it difficult to keep track of what they are taking, why they are taking it and how often they should take it. While it can be a daunting task for some to get it all straightened out, there are a few tips that can help patients better understand their medications.

Make sure the patient's primary care physician has a list of all of their medications. In addition, it is the patient's responsibility to inform their physician of new medications, whether they are prescription or over the counter (OTC) drugs. "A primary care physician can provide oversight and help the patient keep track of what they are taking and why," Dr. Browne added. "They can

also monitor for potentially harmful drug interactions."

Use one pharmacy, if at all possible. With all medication information in one central place, it is easier for a pharmacist to catch a possibly dangerous drug interaction. By using pharmacies affiliated with Scott & White (there are more than 350 pharmacies throughout Central Texas and the Brazos Valley), patient prescription and drug interaction information is available to all pharmacists in the network.

Patients need to be involved in their own health care. "A patient needs to understand why they are taking the medications prescribed to them," said Dr. Browne. "They need to know the adverse effects and keep a list of their medications with them at all times."

Have a system for taking medications. Because many older adults take multiple drugs throughout the day or week, it is important to have a system in place to help remember when a certain medication was last taken. "Many of our patients on numerous medications have a pill divider, where they can section off their medication for the week. So if they forget whether they took a certain drug, they just look in their divider to see if the dose is still there or not."

Know when to take medications and what to take them with. "There are numerous medications that should be taken with food, with a full glass of water, first thing in the morning, etc.," said Dr. Browne. "It's important for a patient to understand when to take the medications and how."

Be careful with OTC medications and herbal and dietary supplements.

Many OTC drugs are potent medications, and a patient needs to know why they are taking it and how it might interact with other medicines. Also, the patient's primary care physician should know if an OTC or herbal product has been added to their regimen. "As with OTCs, some herbals are potent medications, and it's important for the physician to know why a patient is taking them—to make sure there is not an interaction with another medication the patient is receiving," Dr. Browne added.

Dr. Browne stressed one point in particular to help avoid problems with medications—communication. "The patient has a responsibility to communicate with the doctor, nurse and pharmacist about any new prescriptions they may have been given. And physicians need to ask and make sure the patient knows what they are taking and why."

Education for caregivers is just as important. With many aging seniors turning at least some control of their health care over to loved ones and friends, caregivers often assume just as much responsibility in safe medication administration as the patient.

"Someone has to be responsible, whether it is the patient, a spouse, a sibling or an adult child," Dr. Browne noted. "The medicines being prescribed to patients are invaluable, but if not used correctly, can be dangerous. So patients need to be educated and diligent to help ensure positive outcomes." +

For more information on how you can support the Scott & White Institute of Aging, please call the Development Office at 254-724-2768 or 800-293-4483.



NEW RESEARCH PUTS

Caregiver

IN THE SPOTLIGHT

The tragic effects of dementia are well known and call for a compassionate response from family, friends and healthcare professionals. Caring for a family member can be a very rewarding experience, but it can also be emotionally, physically and financially burdensome. Alzheimer's patients in particular require special assistance from well-trained caregivers who can provide good care while still maintaining their own health and well-being. This is a difficult challenge and the focus of a new research program at Scott & White.

As part of the Institute of Aging, Scott & White has recruited a researcher to look beyond patient care and focus on the skills needed and emotional challenges faced by caregivers. Alan Stevens, Ph.D., joined Scott & White this winter as the Holleman–Rampy Centennial Chair in Gerontology. Dr. Stevens is also the director of the Aging and Care Research Program at Scott & White. Previously, Dr. Stevens was an associate professor of medicine and the director of the Dementia Care Research Program at the University of Alabama at Birmingham. During his 12 years there, he developed and tested educational and psychological interventions for family and professional caregivers in nursing homes. He was awarded research grants from the National Institutes of Health, the Alzheimer's Association, the Retirement Research Foundation and the Veterans Administration to conduct his research.

“Providing care to a person with Alzheimer's disease is both rewarding and challenging,” Dr. Stevens said. “Family caregivers are at risk for health problems, depression and mortality because of the added stress placed on them by caring for a loved one with severe memory problems.”

Dr. Stevens has worked with fellow researchers from across the United States to find ways to help caregivers. Their research indicates that it is important to provide caregivers with the skills that are needed in the daily care of the patient and to also reinforce their effort and work with emotional support.

This emotional support is especially important for the spouses of patients with Alzheimer's disease. Dr. Stevens added, “It is not uncommon for us to be working with a wife who is caring for her husband of more than 50 years, yet the disease has stolen the patient's memories and the husband does not recognize his wife. This is a very painful situation for the family.”

Interventions that ease the burden of family caregivers will be conducted here at Scott & White. Dr. Stevens' research will also include the patient with Alzheimer's disease.

Dr. Stevens is teaming with nursing homes to improve care for their residents with dementia. According to Dr. Stevens, these homes are especially interested in

“Providing care to a person with Alzheimer's disease is both rewarding and challenging. Family caregivers are at risk for health problems, depression and mortality because of the added stress placed on them by caring for a loved one with severe memory problems.”

—Alan Stevens, Ph.D.

programs that provide specialized dementia training to the nursing staff. The goal of this research is to create staff-development guidelines and protocols that support and motivate nursing home care providers in their daily routines.

Dr. Angie Hochhalter is part of Scott & White's Aging and Care Research Program team. She joined Scott & White after working with Dr. Stevens for two years in Alabama and does much of the staff training for the nursing home projects.

“Nursing home staff members want to deliver high-quality care but sometimes need additional training, better teamwork or more resources to help them do the very difficult job of caring for people with

dementia,” Dr. Hochhalter said. “We can offer tools to nursing homes that help them meet the needs of staff members and residents now and in the future.”

During Dr. Stevens' tenure in Alabama, his focus on geriatric care was welcomed by those in the nursing home industry.

“Dr. Stevens and his team came to our facility and stayed for several months, evaluating our processes but also offering suggestions and care plans for our staff,” said Jerry Moss, assistant administrator of Alabaster Health Care in Alabaster, AL. “They truly just became a part of our staff. They motivated the nurses and aides, teaching them new mechanisms for dealing with patients with dementia, and helped us come up with individualized care plans for our residents. It was a wonderful experience, and we were sorry to see them go.”

Now in Texas, Dr. Stevens' team will bring his research to area nursing homes over a period of several years, starting in Central Texas and eventually branching out across the state.

“Our long-term goal is to develop a community-wide program based on our model of staff development,” said Dr. Stevens. “If successful, a community-based program will provide healthcare organizations like nursing homes with nurses and nursing assistants who understand Alzheimer's patients and its effects on them and their families.”

As they look toward the future, Dr. Stevens and his team have two simple goals. “Every aging person, especially those afflicted with Alzheimer's disease and other dementias, deserve expert, caring, person-centered care. We also need to respect and appreciate the struggles of those offering that care. We can help, and we will make a change for the better.” +

If you would like information on the Scott & White Aging and Care Research Program, or to make a gift, please call the Development Office at 254-724-2768 or 800-293-4483.

CARING FOR THE *Caregiver*



Olen and Mary McLerran pose with their best friend, Bear.

A newlywed at the age of 70 living in the small town of Cameron, Mary McLerran was looking forward to settling down and starting over with the new love of her life. But just two years later, they heard the diagnosis that would turn their lives upside down.

Olen McLerran, Mary's new husband, was diagnosed with Alzheimer's disease, and she soon found herself playing a role other than wife—that of caregiver.

"It is true that you go into denial at first," Mary said. "You are shocked and think, 'It can't be this. There must be another reason.' Then you slowly start to realize the truth, and you have to face it."

The role of caregiver is not a new one to Mary, who worked for 30 years as a prosthetic fitter for breast cancer patients. She also cared for her aging parents and knew all too well the strain that responsibility puts on a person.

"My mother and father were in nursing homes, and I even worked in one, so I know how difficult it is to care for others," she said. "And now that I have been taking care of Olen, I am seeing the effects on my own health."

Mary is like millions of other people around the world who are caring for a loved one afflicted with dementia or Alzheimer's. While much of the national attention given to the disease focuses on finding a cure, little attention is given to the plight of those providing the daily care to patients. According to the *U.S. Congress Office of Technology Assessment*, 70 percent of people with Alzheimer's disease live at home, and most of their care is provided by family and friends. Yet few resources are available to those caregivers.

One researcher is hoping to change that. Alan Stevens, Ph.D., joined Scott & White this winter as the director of the Aging and Care Research Program. Dr. Stevens is focusing his research on finding ways to improve the lives of those battling the disease as well as those caring for them.

"The federal government estimates spending approximately \$647 million for Alzheimer's disease research," Dr. Stevens said. "Most research investigates the potential causes and cures, which we applaud, but very little is spent on easing the burden for those who provide that care. Through our research, we hope

to find new ways to help caregivers be able to help their loved ones, but not by sacrificing their own health.”

For Mary, the stress and fatigue of caring for her husband has taken a toll on her health. “I worry about what will happen to Olen if something happens to me,” she said. “We have to make decisions that will make us both secure about the future.”

At this point, Mary and Olen are taking things one day at a time. They love being together and even arrange for a “date night” once a week. Through the bad days and the good, Mary is always at her husband’s side. And while his mind might be failing him in some ways, she says in others, he’s the smartest one in the room.

“I understand that, at times, he still needs to make some decisions,” Mary noted. “He might not remember something that happened yesterday, but his mind still works, and he actually comes up with some of the best ideas when I can’t think of a thing. We talk about everything, and I know how important it is to involve him. He understands he has a disease, but he also knows it’s not the end of the world. He realizes his family loves him, he’s not in any pain and we’ll take care of him.”

So what advice does one caregiver have for others?

“Be near a doctor you can trust and rely on,” said Mary. “At Scott & White, our doctors and nurses called us back, they were honest with us and gave us the information we needed. That is invaluable. Also, join a support group. The people in those groups are the only ones who know and really understand what you are feeling. You learn that it’s okay to feel angry, cheated, isolated and sad. You have to know others are there to help. And the other important thing is to take time for yourself. Whether it’s being by yourself for an hour, or getting out and having lunch or shopping. Take time for yourself or you will burn out.”

As for Olen, he says he and his wife are managing things well: “I think we’re doing pretty good.”

“I know he loves me,” Mary said. “He might not say it all the time, but I know he trusts and loves me, and all we want is to be together. I’ll do whatever it takes for that to happen.” +

HOLLEMAN–RAMPY CENTENNIAL CHAIR IN GERONTOLOGY ESTABLISHED TO FURTHER RESEARCH ON AGING ISSUES



In 1997, Scott & White’s Board of Trustees approved the establishment of up to 12 endowed chairs to commemorate Scott & White’s 100th anniversary and to further research educational programs for enhanced patient care in the next century. The Santa Fe Memorial Foundation’s gift of \$1 million coupled with Scott & White’s \$500,000 contribution in matching funds established The Santa Fe Memorial Foundation Vernon D. Holleman–Lewis M. Rampy Centennial Chair in Gerontology.

The chair is named in honor of two foundation leaders, Vernon D. Holleman, M.D., and Lewis M. Rampy. Both men dedicated their lives to improving health care for the elderly and were instrumental in coordinating the 1983 merger between Scott & White and Santa Fe Memorial Hospital and in establishing the Santa Fe Memorial Foundation.

Dr. Holleman served as director of the Division of General Internal Medicine at Scott & White and has been a senior staff member for 37 years. A graduate of Baylor University College of Medicine in Houston, Dr. Holleman completed his residency at Scott & White before starting his career as a general internist in 1962. He was a member of the Santa Fe Hospital staff for 21 years, from 1962 until the 1983 merger. From 1979 to 1983, he was president of the Santa Fe medical staff and a member of the Santa Fe Memorial Hospital Board of Trustees.

Mr. Rampy, former president and chief executive officer of Santa Fe Memorial Hospital, was also a charter member and the first president of the Bell County Board of Health and a charter member and president of the Temple Medical Education Foundation. His tenure as a Santa Fe administrator spanned 26 years, from 1957 to 1983.

Santa Fe Memorial Hospital was founded in 1891 by the Santa Fe Railroad to provide medical care for its employees. When the two Temple facilities merged in 1983, the Santa Fe Memorial Foundation was established as a supporting organization for Scott & White. +

RESOURCES

Alzheimer’s Association | www.alz.org

Family Caregiver Alliance | www.caregiver.org/caregiver

National Institute of Aging | www.nihseniorhealth.gov

For more information on services related to aging, contact your local senior center or your area Agency on Aging.

healthy bones

throughout the years

By Brenda Wallin

Osteoarthritis is a problem that has literally been around since the dawn of time. The signs are sometimes obvious, such as misshapen fingers, and sometimes not so obvious, such as continued, excruciating pain. The disease is the oldest and most common form of arthritis, but there is help and hope for the millions of people battling this serious problem.

Osteoarthritis (OA) is caused by the breakdown of the joint's cartilage, which provides a cushion between the bones. When the cartilage breaks down, the bones rub against each other, causing stiffness, loss of movement in the joint and, often, debilitating pain.

"Many patients with osteoarthritis are diagnosed and treated by their primary care physician," said Dr. Jason Grant Taylor, a rheumatologist at the Scott & White College Station Clinic.

"Rheumatologists are often involved in their care if there is a question about the diagnosis or if the patients are not responding to treatment as expected. If the patient is a surgical candidate, they are typically referred to orthopedics."

Today, an estimated 21 million Americans live with OA, and evidence of the disease has even been found in ice-aged skeletons. However, even though the disease has been present for eons, doctors and researchers continue to search for its causes and a cure.



Dr. Grant Taylor, rheumatologist at the Scott & White Clinic in College Station.

OA occurs mainly in hip and knee joints and the lower back. It can also affect the neck and small finger joints. While some view OA as a normal sign of aging, that is not always the case.

"Osteoarthritis has a predilection for the thumb joints, knees, lower back, hips and neck, while the knuckles, wrists, elbows, shoulders and ankles are typically spared," Dr. Taylor added.

While some people are willing to overlook certain aches and pains as they age, it's important for a person to watch for signs of OA and to let the doctor know if he or she is experiencing pain that is constant. The most common signs and symptoms are:

- Joint soreness after periods of overuse
- Stiffness after periods of rest that goes away within 30 minutes
- Pain due to inactivity
- Joint pain that is usually less in the

morning and worse after a day of activity

- Deterioration of coordination, posture and walking due to pain and stiffness

Although for some the pain of OA is unavoidable, there are things a person can do to lessen the risks and symptoms.

"The most important thing someone can do is see their doctor to determine if they do have OA or if the pain is related to something else," Dr. Taylor

said. "In many instances, symptoms improve with weight loss, physical therapy and medications, while more severe cases are treated with injections and surgery."

According to the Arthritis Foundation, losing as little as 11 pounds may cut your risk of osteoarthritis of the knee by 50 percent. Once a diagnosis of OA is given, the doctor will put a patient on a treatment plan that could include exercise, weight control, physical and occupational therapy, and even medication. If the problems cannot be treated medically, the patient could then be referred to an orthopedic surgeon to discuss the possibility of joint replacement surgery.

Recognizing the signs and symptoms early, taking steps to avoid problems with joints, and following recommendations from a physician can make all the difference for a person dealing with OA. +

hope and relief for chronic pain

By Lisa Soule

For one mother–daughter duo, getting around isn't as easy as it used to be. Torticollis, a painful and debilitating neurological disorder, sends pain shooting up and down the spine of 75-year-old Joyce Walker, while osteoporosis afflicts Joyce's 98-year-old mother, Annie Jackson. But with regular treatments at the Scott & White Pain Clinic in the Scott & White Pavilion, both women can reclaim some semblance of a normal life.

"It allows me to enjoy my reading, cooking and regular household chores," Joyce said. "For mother, it helps her take her daily exercise and she can get up out of her wheelchair for a short walk outside."

Annie and Joyce receive regular injections that help relieve pain where other medication could not. "The pain subsides with the treatments—especially in mother," Joyce noted. "Without her injections, she wouldn't be able to walk."

While there are many diseases and diagnoses that cause pain, as a general rule getting older doesn't have to hurt, Scott & White anesthesiologist Dr. Andrew McDavid pointed out. While new aches and pains tend to accompany the aging process, it doesn't mean seniors will be sentenced to a life of suffering and inactivity.

"Pain is not automatic with aging," Dr. McDavid said. "Of course we all have to



Dr. Andrew McDavid with patients Joyce Walker and Annie Jackson, who frequently visit the Scott & White Pain Clinic.

play with the genetic cards we're dealt, but attitude also has a big role."

Even with a positive outlook and an active physical life, degenerative joint diseases and spinal stenosis often catch up with the elderly. When pain is present, it is always worse at night, noted Dr. McDavid. This is usually when there are fewer distractions, and for this reason, Dr. McDavid suggests keeping busy, both mentally and physically, as much as possible.

"Keep the mind and body active," Dr. McDavid recommended. "Read, do puzzles and exercise. It's never too late to start exercising." Walking, water activities or other low impact exercises are helpful. "Or go to the gym. If you are not sure what exercises to do, hire a few sessions with a personal trainer."

When pain is so powerful that it interrupts daily life, help is available. The Pain Clinic sees patients with both acute

and chronic pain. The nature and duration of the pain dictates the treatment. According to Dr. McDavid, "The back is the most common offender."

Pain Clinic patients are likely to receive some variation of a procedure referred to as a "block." These include nerve blocks, stellate blocks, lumbar sympathetic, regional or neurolytic blocks. "No block is truly permanent," Dr. McDavid said, noting that nerve conduction returns over a period of several weeks or months.

and chronic pain. The nature and duration of the pain dictates the treatment. According to Dr. McDavid, "The back is the most common offender."

Epidural steroid injections are another treatment for acute lower back pain. These injections are delivered in a series and are spaced months apart. The clinic also uses narcotic implants, such as morphine pumps, to treat pain. Radio frequency, which burns nerves at a controlled temperature, offers another treatment avenue. Botox injections are a promising treatment for headaches and myofascial pain. The injections, more widely known for cosmetic uses, are also FDA approved for some head and neck pain.

"Our goal is to get patients functioning again," Dr. McDavid said. "So they can get back to their life." +

If you would like information on making a gift to the Scott & White Pain Clinic, please call the Development Office at 254-724-2768 or 800-293-4483.

NPF Center of Excellence fights back against parkinson's disease

By Brenda Wallin

During the past 10 years, Parkinson's disease (PD) has received more attention as the nation watches public figures and Hollywood favorites battle the disease including Michael J. Fox and Janet Reno. However, even as it garners publicity, many people still do not know some of PD's facts and symptoms, aside from the visible tremors.

In the United States, an estimated 60,000 new cases are diagnosed each year, joining the 1.5 million currently battling the disease. PD is a brain disorder that occurs when certain nerve cells (neurons) in part of the brain die or become impaired. Those cells normally produce dopamine, which helps coordinate the function of the body's muscles and movement. Symptoms of Parkinson's disease appear when these dopamine-producing cells are substantially damaged.

Scott & White's Plummer Movement Disorders Center is helping to lead the fight against the disease and has been recognized as a Clinical Center of Excellence by the National Parkinson's Foundation (NPF) for the last five years. As part of their comprehensive care program, the Center has developed a multidisciplinary team to help patients and their families fight this devastating disease.

Dr. Daniel Keyser is the Plummer Center's director and movement disorders specialist. He, along with the other Center neurologists Dr. Richard Lenehan, Dr. Jeff Clark and Dr. Jeffrey Tramonte, assess and treat patients with Parkinson's disease and make referrals to the team's allied health-care providers.

Texas has only two NPF centers of excellence for treating Parkinson's, one in Temple and the other in Houston. Much of the effort at the Plummer Center is now

primary signs

resting tremor

present at rest, stops temporarily with purposeful movement and often presents as a "pill rolling" pattern involving the thumb and index finger

slowness of movement

it takes longer to complete daily activities

stiffness of limbs and trunk

beyond what would result from normal aging or arthritic changes

impaired balance / coordination

making walking more difficult and contributing to falls

Other early signs might include a change in handwriting (it becomes smaller), a reduced arm swing and/or slight foot drag on the affected side, or lower voice volume.

focusing on PD outreach and education to communities throughout Texas. This includes providing the Annual PD Community Symposium, as well as the Annual PD Conference for Health-care Providers.

"Our clinical excellence in treating patients with Parkinson's is widely known," said Pat Simpson, R.N., M.H.S.M., C.C.R.C., manager of the Plummer Movement Disorders Center.

"What we are trying to do now is provide more services, such as therapy, social work and support, to those patients and families coping with the disease."

According to Simpson, the early symptoms of Parkinson's are often mistaken for signs of getting old, which can sometimes delay the proper treatment. Parkinson's disease is diagnosed based on the patient's medical history and findings from a neurological examination. It is important to note that no one person develops all of the symptoms. The nature of PD, as well as the rate of progression, does not affect any two people the same way.

In addition to the clinical treatments, the staff of the Plummer Movement Disorders Center also provides education about Parkinson's for patients and families.

"We have a Parkinson's disease 101 class for those who are newly diagnosed, and we help facilitate several PD support groups in Central Texas," said Danielle McNeil-Keller, L.M.S.W., a social worker and clinical care liaison at the Plummer Movement Disorders Center.

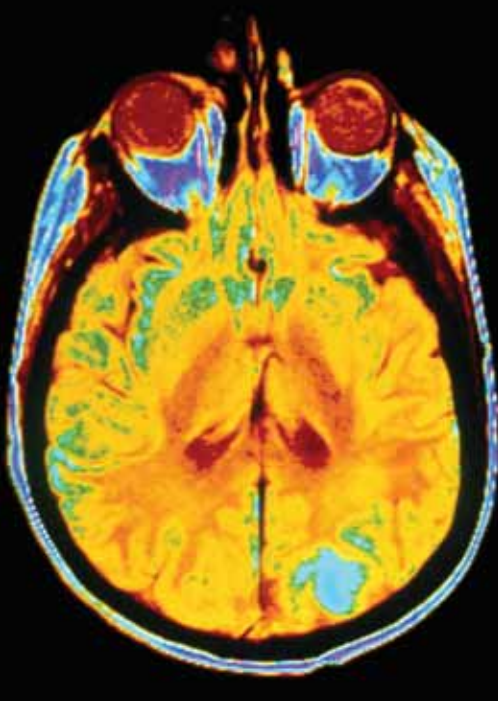
"Because Parkinson's disease is different from other neurological diseases, patients need to be educated about what they can expect to go through, what their treatment options are and what their families can do to help." +

For more information on Parkinson's disease or on how you can help support the Plummer Movement Disorders Center's education and outreach programs, please call the Center office at 254-724-6065, or contact Pat Simpson, M.H.S.M., R.N., C.C.R.C. at 254-724-8374.

changing your habits

saving your life

By Brenda Wallin



Heart disease, cancer, Alzheimer's, dementia, stroke—these are words that strike fear in the hearts of many. Losing your freedom, your independence, or your life—all are frequent consequences of potentially preventable diseases. Stroke is the number one cause of adult disability in the world and number two cause of death overall.

“Studies have shown that there is evidence of vascular disease that can be found in people in their early 20s. This is one of several facts that indicate preventing stroke is actually a life-long process,” said Scott & White neurologist Dr. Jeff Clark. “It is often difficult to convince younger individuals that changing habits at an early age could lead to additional healthy years later in life.”

Suffering a stroke is one of the most feared and dreaded events a person can face. Much time and energy has been spent educating people on the signs of stroke, what to watch out for, what to do if someone is having a stroke. But what would you do if you knew you could change habits now to potentially lower or eliminate your chances of ever having a stroke?

“The key to improving neurological health is changing risk factors as early as possible,” said Dr. Clark. “Many risk factors can be altered now to decrease your risk of both stroke and dementia later in life. By the time many patients arrive in

my office it is often too late to alter the course of the disease, since so much damage has already occurred. What we hope to see in the near future is people changing their habits [to decrease their risk of stroke and dementia] in their 20s and 30s, so they don't end up in a neurologist's

Stroke is the number one cause of adult disability in the world and number two cause of death overall.

office several decades later with something preventable such as a stroke.”

While there are a few factors a person cannot change to decrease their risk of stroke, such as family history or gender (it is more common in men than women), there are many factors that people can change:

- High blood pressure (This is the most important risk factor; normal blood pressure is defined as 115/75.)
- Tobacco use
- Diabetes
- Heart disease
- High cholesterol
- Lack of exercise and obesity

According to Dr. Clark, there are four simple things a person can do to lower their risk: eat a healthy diet rich in fruits, vegetables and fish; exercise regularly (five times a week); avoid tobacco use; and

maintain a healthy weight (body mass index of less than 25). However, recent research published last year showed that in the United States only 3 percent of the population does all four!

“People underestimate how powerful diet can be,” Dr. Clark said. “Studies have consistently shown that each serving of fruit per day lowers risk of stroke by 6 percent, or about 30 percent overall for 5 servings. A recent study also showed that patients simply following a Mediterranean-style diet

lowered risk of both heart attack and stroke by 70 percent. Lowering blood pressure, cholesterol and weight can further decrease a person's risk of suffering from stroke or developing dementia later in life.”

Knowing the signs and symptoms of a stroke are important, and understanding what to do if a person is having a stroke can be vital. In addition, it is very important for everyone to understand that making changes earlier in life could insure a better quality of life down the road. The best time to change is before symptoms occur. For many, moderate exercise and healthier food choices could literally mean the difference between life and death. +

For more information on how you can reduce your risk of having a stroke, visit our web site at www.sw.org.



Aging with Grace

College of Medicine Dean Recommends Mental Health Screening for Aging Adults

By Summer L. Morgan

Since January 2003, Christopher C. Colenda, M.D., M.P.H., has held the posts of dean of the College of Medicine at The Texas A&M University System Health Science Center (TAMHSC), professor of psychiatry and behavioral sciences, as well as a joint appointment as professor of health policy and management in the TAMHSC School of Rural Public Health. But behind the titles and appointments is a doctor interested in the mental health issues of aging Americans.

A geriatric psychiatrist and preventive medicine specialist by training, Dr. Colenda got his start in Geriatric Medicine as a general medical officer for the Department of Public Health in Richmond, VA. For more than a year, he visited elderly patients in their homes in some of Richmond's poorest neighborhoods. The experience led him to return to Johns Hopkins, where he earned a master's in public health and in 1982, completed a residency in general preventive medicine. Dr. Colenda completed his psychiatry training as chief resident and Fellow in Public Mental Health at Emory University.

Now, more than 20 years later, Dr. Colenda is not only an administrator but a researcher who has published more than 130 research and clinical reports and book chapters. His primary research

interests are in geriatric mental health services, particularly dementia and late-life depression care.

We sat down with Dr. Colenda to discuss the mental health changes that aging adults experience, when and what to evaluate in the health of an aging loved one and warning signs of impending problems.

Q: In your experience, what are some of the most difficult problems people deal with as they age?

A: Some of the biggest worries of seniors are premature physical frailty and cognitive impairment, which we call dementia. Diseases such as Alzheimer's or



Dean Colenda speaks to members of the Bryan/College Station community about caring for aging parents at the College of Medicine's 2005 Fall Health Forum.

cerebral vascular disease cause dementia. Symptoms include not only memory loss, but also significant problems with executive function (decision making) behavior and social functioning. In addition to dementia, seniors and their families should also watch for psychiatric disorders such as depression, anxiety, paranoia and substance abuse. Additionally, aging Americans may face social isolation and changes in quality of life and financial well-being.

Q: What can we expect as we age?

A: It is a fact of life that our physical and physiological function will decline as we grow older, increasingly so after age 75 or so. However, the slope of that change differs from person to person and can be modified by a number variables, such as physical exercise, the number and type of chronic health conditions that an individual experiences and social support. Despite what we wish could happen, we have to deal with the fact that as we age, we will struggle with frailty and experience changes in our perception of ourselves as robust individuals. We will also face the potential loss of independence, something we value a great deal in our society. Our emotional response to these changes can be buffered by our own frame of mind, building social relationships and networks and making a commitment to serve others as role models, especially to those who will follow us.

Q: When is the right time for seniors to think about getting screened for psychiatric or cognitive disorders?

A: Without a doubt, screening should begin at age 65 and be part of an individual's annual health-screening examinations. Seniors should insist that memory and depression screens be part of their medical records. In addition, if children and loved ones notice that a senior in their life is exhibiting any of the following

characteristics, they should immediately take them to the family physician for evaluation: weight change; poor treatment compliance; abrupt behavioral changes such as depression, agitation or suspiciousness; repeated falls; money problems; frequent physical complaints and/or changes in frequency of family contacts; and wandering behavior.

Q: What should be evaluated?

A: I recommend that family members evaluate issues in the lives of their aging parents, such as medical problems and their treatment, the quality of their healthcare provider, functional abilities, cognitive and executive function, psychiatric and behavioral conditions and caregiver burden.

Q: What are some warning signs of possible mental health issues in seniors?

A: Ten signs to watch for are as follows:

1. Memory loss that affects job skills
2. Difficulty performing familiar tasks
3. Problems with language
4. Disorientation to time and place
5. Poor or decreased judgment
6. Problems with abstract thinking
7. Misplacing things
8. Changes in mood or behavior
9. Changes in personality
10. Loss of initiative

If you observe an aging loved one experiencing one or more of these warning signs, make an appointment for them to see their healthcare provider.

Q: What can we do to keep our mental health in top condition as we age?

A: Stay active and involved. Good physical health leads to good mental health. But if you notice something is not right, get evaluated. Early identification of treatable conditions leads to better and more satisfying outcomes for everyone. +



“Despite what we wish could happen, we have to deal with the fact that as we age, we will struggle with frailty and experience changes in our perception of ourselves as robust individuals.”

*Christopher C. Colenda,
M.D., M.P.H.*

Dean of the College of Medicine at The Texas A&M University System Health Science Center (TAMHSC), professor of psychiatry and behavioral sciences, and professor of health policy and management in the TAMHSC School of Rural Public Health

living healthy, living fit



MACULAR DEGENERATION

It's tough getting old. This is a phrase millions have uttered throughout the decades. A variety of illnesses, ailments, aches and pains seem to accompany the inevitable addition of years, but there is one problem that plagues the majority of older people—macular degeneration (MD). However, there is good news about MD for those making their climb to the century mark.

MD is a group of diseases that causes sight-sensing cells in the macula (the most concentrated collection of photosensitive cells in the retina) to malfunction or lose function, which results in loss of vision. Age-related MD is the leading cause of legal blindness in the United States. Approximately 200,000 new cases of “wet” MD—the more severe form—are diagnosed nationally each year. At the Scott & White Eye Institute, one researcher is doing his part to lower those numbers.

Scott & White ophthalmologist Dr. Robert Rosa will help conduct a study of age-related MD funded by the National Eye Institute and the National Institutes of Health. These organizations selected the Scott & White Eye Institute as the study's clinical center. The Institute will be recruiting patients with “dry” MD and studying the effects of vitamin supplementation on the progression of MD. It will also conduct tests on patients with the wet form to try a new drug that has shown promise in fighting MD.

“In national trials, 95 percent of patients had stable vision after taking the drug for one year, and nearly 40 percent experienced improvement in vision. These are truly exciting times for patients fighting macular degeneration,” Rosa said.

As part of the Scott & White Eye Institute, Dr. Rosa specializes in MD and other diseases of the retina. Through his clinical experience and research efforts, he is hoping to find new therapies to reduce the effects of MD. For more information on the Scott & White Eye Institute, visit our web site at www.sw.org.

PODIATRY

They have been called the “Mirror of Health.” Your feet are often the first place many serious health disorders manifest themselves, such as diabetes, arthritis and circulatory diseases. According to the National Center for Health Statistics, impairment of the lower extremities is a leading cause of activity limitation in older people.

“As podiatrists, we are often the first to see signs of serious system conditions,” said Donald Lynch, D.P.M., director of the Division of Podiatry at Scott & White. “There are hundreds of different forms of foot ailments, but many can be successfully treated and the pain of these problems relieved. Our doctors offer treatments and preventive tips that can help patients conquer foot pain.”

While it is true that during the course of aging a person's foot will change, getting older should not have to mean foot pain is something a person has to deal with. With aging, feet tend to spread and lose the fatty pads that cushion the bottom of the feet. Additional weight can also affect bone and ligament structure. According to Dr. Lynch, older people should have their feet measured for shoe sizes more frequently.

“People understand that their eyes change as time goes by but often do not realize that just as our eyes change and we get new prescriptions, our feet also change and the shoe size often changes. Also, when buying shoes, it is best to buy them in the afternoon to accommodate for the natural swelling that occurs during the day.”

Most of all, Dr. Lynch stresses paying attention to feet and proper care that can help a person avoid serious foot ailments.

“Practicing good foot preventive care can make all the difference for a person,” Dr. Lynch said. “Healthy feet lead to better comfort, fewer medical problems and lessen the chance of infection.”

In addition to the services of podiatrists, Scott & White Footwear Center stocks popular brands of comfortable footwear in

addition to special order shoes. The Center also carries cushioned insoles, compression hosiery and special socks for people with diabetes. For more information on the Scott & White Footwear Center, call 254-771-7730.

HEARING LOSS

Hearing loss is the third most common chronic condition experienced by older Americans today, but luckily new technology is improving lives and allowing millions to better hear the world around them.

The Division of Otolaryngology at Scott & White has specialists trained in the identification of hearing loss and/or balance problems.

“Hearing loss is invisible,” noted Elizabeth Pasichnyk, Au.D. “There are no physical warning signs, except in some cases there may be ringing in the ear or ears. Hearing loss sneaks up because the change is usually gradual.” Dr. Pasichnyk added, “Audiologists provide a wide array of services in the diagnosis and remediation of hearing loss in patients of all ages.”

Hearing loss can develop over a period of 25–30 years, and by the age of 50 or 60, the hearing loss may interfere with normal conversations.

A study published in the *Journal of the American Medical Association* reports that at least one in four Americans age 65 and over suffers from hearing impairment, but it is often underdiagnosed and undertreated.

“Hearing loss can interfere with the quality of life,” Dr. Pasichnyk said. “It can restrict your ability to interact with others and can prevent you from hearing important information and cause misunderstandings. But as specialists, we can make a diagnosis and offer individualized treatments for patients.”

Scott & White's team of specialists can diagnose and develop a treatment plan to help keep patients' sense of hearing as keen as their other senses. For more information on audiology services at Scott & White visit our web site at www.sw.org. +

A photograph showing a woman in a red jacket leaning out of the open door of a white bus, waving her hand. Below her, a man wearing a white helmet and a black jacket is sitting on a bright green scooter, looking up at the woman. The scene is set outdoors on a clear blue day. The scooter has 'VITA 150' written on its front fairing.

A Healthy Relationship

By Dawn Dorsey

A Sun City couple finds their place in the sun and a connection with Scott & White.

When Tom and Aloha Dunlap decided to find a place to spend their retirement, they knew what they wanted: a diverse, dynamic community; proximity to a major airport; and access to high-quality health care.

They found everything they were looking for at Sun City—clubs, activities and an association with Scott & White Hospital.

“When we were researching areas to move, we found out Scott & White has a clinic near Sun City, and that really helped us make a decision,” Tom says.

Sun City is a long way from small-town Iowa, where the Dunlaps grew up. After serving in the Naval Air Corps during World War II, Tom finished college and went to work at a bank in his hometown. In the early ‘50s, he was hired as a cashier to open a new bank in central Iowa. Twenty-five years later, he purchased all the outstanding stock from the original 60-odd investors and became sole owner of the bank. A few years later he purchased another bank in eastern Iowa.

Tom began to take slow, progressive steps toward retirement about 15 years ago, gradually turning over most of the control of the banks to the couple’s four adult children. Tom and Aloha bought a winter home in Arizona and a large motor home to travel around the country each summer. They had plans to eventually build a house on a lake in Iowa, but as time went by winters in Iowa seemed less and less attractive.

“Our kids said we could move anywhere as long as it was close to a major airport,”

Tom says. “We had a long list of criteria and looked everywhere: North and South Carolina, Florida and Georgia.”

After an extensive and thorough search, the couple chose Sun City in Central Texas in 1999. Almost seven years later, they’re confident they made the right decision. Both are active members of Faith Lutheran Church—Aloha serves on the Altar Guild, and Tom is an usher. They also belong to the Sun City RV Club, the Iowa Club, the Computer Club, the Aviation Club and the Motorcycle Club. Tom volunteers at the Georgetown Caring Place.

“You name it, you can find it here,” he says. “And we really enjoy the diversity of the community.”

Fortunately, the Dunlaps are active and healthy, but they’re grateful for Scott & White’s convenience and quality. Aloha had hip replacement surgery earlier this year, and Tom has had two surgeries for glaucoma. Words of praise for his ophthalmologist, Dr. Steven Vold, come easily to Tom.

“I’m fortunate to have such a good man to take care of me,” he says. “He’s a fine caring person and a great doctor.”

Recently, the Dunlaps increased their involvement with Scott & White by making a gift to the Ophthalmology Department.

“Dr. Vold has a vision to make the department even more high-tech and state-of-the-art,” Tom says. “It’s wonderful to have Scott & White’s services and facilities close by. They are convenient and excellent quality, and we’re really grateful.” +





Healthy Habits

The future looks bright for a teen trying to break her family's cycle of heart disease.

By Dawn Dorsey

Curly hair, blue eyes or flat feet run in some families, but April McDowell's gene pool puts her at high risk for something much more dangerous—premature heart disease. But working with Scott and White's Children's Cardiovascular Clinic, April has learned ways to keep history from repeating itself.

April's grandfather survived a massive heart attack at age 46; her uncle had a less-severe attack at 36. But when her mother, Christine, began to have heart problems in 2003 when she was in her early 40s, she went to Scott & White to have it checked out.

"They covered all the bases," Christine says. "I had a heart echo, then the next day I was in the hospital having my first angioplasty."

During the surgery, physicians also inserted a stent. A few months later, two more were needed. After the third stent, Dr. Catherine McNeal suggested Christine bring her children to the hospital for testing. Dr. McNeal is in the Division of Cardiology and the Department of Pediatrics.

"Dr. McNeal said I really needed to test

the kids," says Christine. "She said heart problems like mine take decades to develop, and that I probably started having problems when I was in my teens."

April and her brothers—she has a twin and an older brother, now 20 years old—were tested for high cholesterol. April was the only one with elevated levels, and soon after the test she entered the American Heart Association study being conducted in the clinic.

"It was a little freaky at first," April says. "I always thought of heart disease as something only older people had. I wasn't nervous, but it was kind of funny that I was the only one [in the family to go.]"

As part of the program, April began taking cholesterol-lowering medication, learning how to eat healthier and focusing more on exercise. She stopped drinking sodas regularly and started drinking fat-free milk instead. Now she visits a nearby gym several times a week. Since she started the program, she has lost 25 pounds.

"April's attitude is really great," Christine says. "She's learned some good habits I really believe she is going to continue for the rest of her life. Her

cholesterol levels may always be a little high, but if she does the things she learned at the clinic, she can keep it in line."

As a matter of fact, the entire family has benefited by picking up some of Christine's new practices, taking sugar out of their diets, drinking more water and eating less red meat.

April graduates from high school this spring, and she is looking forward to going away to college—maybe to Stephen F. Austin or San Angelo State—in the fall. She enjoys math and has an interest in medicine; as she looks into her future, she can see herself majoring in pre-med or accounting.

When Christine looks ahead, she sees a future for April that is filled with healthy prospects.

"With medical science and healthy choices, April shouldn't have to have stents in her early 40s. If we can help her not to have heart problems, it would be so positive. You just can't put a value on that." +

For more information on the Children's Hospital at Scott & White, call 254-724-2768 or 800-293-4483.

As a parent, you likely spend a lot of time thinking about your child's health—runny noses, upset stomachs, itchy rashes are around every corner. But did you know that some of the choices you make now could determine if your child has heart problems in the future?

"It's never too early to prevent a heart attack," says Dr. Catherine McNeal. "Except in rare cases, heart disease usually takes decades to develop. Prevention must begin in childhood."

According to the *Journal of the American Medical Association*, cardiovascular disease is the number one killer of adults in the United States; the three top causes of this disease are tobacco use, obesity and physical inactivity.

"If the only thing we do is deliver a message to children and their parents never to smoke, to engage in physical activity most days of the week and eat a healthy diet rich in fruits and vegetables

while limiting sugared drinks and snack foods, we would ensure our children would have much better health as adults—and hopefully pass on these good habits to their children," Dr. McNeal says. "The advantage to the health care system would be enormous."

Parents can also help by becoming advocates for health. Encourage schools to serve healthy foods, be sure kids have safe places to play and discourage and avoid exposure to second-hand smoke.

Obesity and the problems to which it contributes, such as high blood pressure and diabetes, is a major concern.

"Obesity is reaching epidemic proportions in this country, and it's taking a toll on our children," Dr. McNeal says. "Too many children are becoming less active and eating high-fat diets, and that combination can lead to serious problems as they get older."

Children at high risk for cardiovascular problems because of family history need to

be particularly careful. Be sure to tell your child's physician about genetic risk factors, including diabetes, hypertension, obesity and heart disease in men under 55 and women under 65. Height, weight and body mass index (BMI, a measure of body fat based on height and weight) should be recorded at each well-child visit. In addition, all children should have their blood pressure checked beginning at age 3 and fasting lipids after 2 years.

The team at the Children's Cardiovascular Clinic at Scott & White knows that protecting the health of children at risk for heart disease requires constant vigilance and a dedicated treatment plan based on healthy lifestyles. When needed, aggressive medical management is also recommended. The team also makes sure there is a smooth transition to adult medicine when that time comes. Members of the team work together so parents can rest assure Scott & White will be with their child every step of the way. +



Act Now to Ensure a Heart-Healthy Future

By Dawn Dorsey

What's Your Child's Nutrition and Physical Activity I.Q.?

Ask your child to fill in the blanks to test their knowledge of healthy eating and physical activity.

1. Eat from the five food groups every day. These include fruits and vegetables; milk, yogurt and cheese; _____, cereals and grains; _____ and proteins.
2. Do moderate physical activities for _____ minutes daily.
3. Eat _____ to get going in the morning.
4. Vigorous activities make you _____ and breathe hard.
5. Eat a _____ of foods every day.
6. Take a 10 minute _____ break every hour while you read, _____ or do homework.
7. Smart _____ are just what you need if you get hungry between meals.
8. Be sure to _____ your muscles before and after workouts.
9. Use the _____ Facts Panel and the Food _____ Pyramid to help you balance food choices.
10. Keep _____ to stay in shape.

Answers:
1. Breads, Meats; 2. 30; 3. Breakfast;
4. Sweats; 5. Variety; 6. Activity; 7. March TV;
7. Snacks; 8. Stretch; 9. Nutrition, Guide;
10. Moving



Stolen childhood

Rare disorder offers insight into aging

By Dawn Dorsey

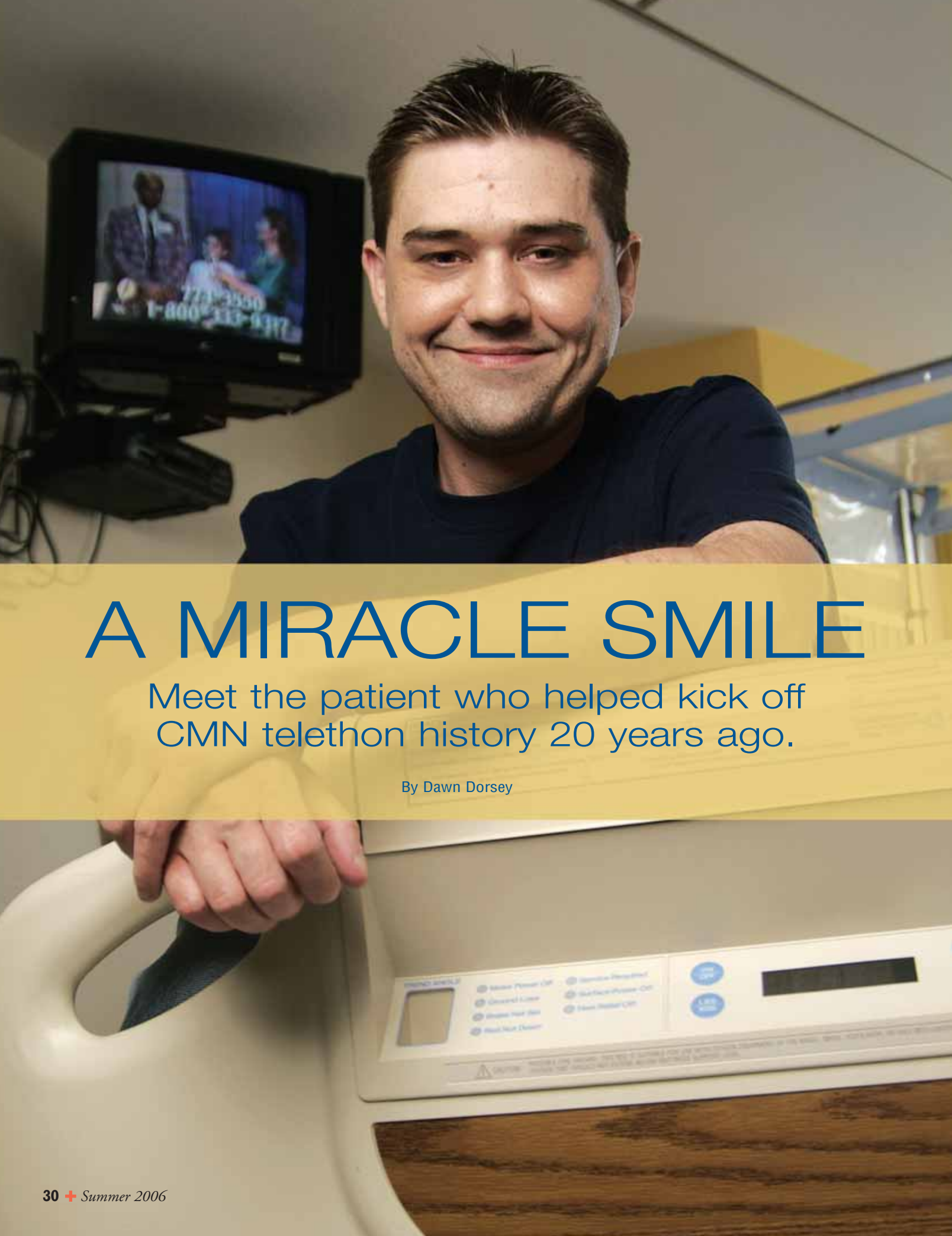
Although progeria, or accelerated aging in children, is a fatal and extremely rare condition about which little is known, unlocking its secrets may help solve some challenges related to normal aging.

Progeria occurs in one in 8 million children. Most babies with the condition appear normal at birth but soon begin to grow more slowly than usual. By 1 to 2 years of age, their hair turns lighter in color and starts to fall out. By 3 or 4, they are almost bald. In addition, their skin becomes thin, wrinkled and spotted, their bodies take on a stooped appearance, and they may develop arteriosclerosis, or hardening of the arteries. About half do not survive beyond age 13; the oldest known person with progeria lived to be 27 years old.

Dr. Don Wilson, a pediatric endocrinologist and chair of pediatrics at Scott & White, has encountered two progeria cases in his career. According to Dr. Wilson, "It is crucial for these children to receive care at a hospital that, like The Children's Hospital at Scott & White, offers multidisciplinary care from endocrinologists, dietitians, cardiologists and others."

Although progeria is not common, it promises to help physicians learn about normal aging.

"If we can unravel the progression of this rare disorder, we'll have a whole different understanding of what happens as people get older," says Dr. Wilson. +



A MIRACLE SMILE

Meet the patient who helped kick off CMN telethon history 20 years ago.

By Dawn Dorsey

Twenty years ago, during Scott & White's first Children's Miracle Network telethon, a 7-year-old boy with cystic fibrosis (CF) overcame his shyness to steal the hearts of everyone who watched.

Today, Johnny Burton is a mature and well-spoken student at Temple Junior College. He has appeared several times on telethons—he's not sure if it has been five or six. And he remembers those times fondly.

"It was really different being around so many people, but I had a good time," he says. "I went on the air and asked people to donate, and the hosts would ask me how things were going. I really liked knowing I was able to help out a little. Also, I enjoyed the attention and getting to know all the people."

Burton was diagnosed with CF just two weeks after he was born in Houston. At the time, he was the youngest person ever diagnosed with the disease. His association with Scott & White began when he moved to Central Texas at the age of 2.

"For me, a normal childhood was to be at home for a couple of weeks, then in the hospital for a couple of months," he says. "It was a challenge trying to go to school regularly, and it set me back a little, but I did OK. I was able to skip my sophomore year in high school."

In 1988, Burton made the news again when he had a liver transplant.

"I was the first CF patient to have a liver transplant and the first person with a terminal illness to have one as well," he says. "I spent quite a lot of time on the phone talking to media."

Burton says a lot of things have changed at Scott & White since he first began coming to the hospital. When he was 10, he cut the ribbon for the opening of the hospital's Child Life Department.

"I've seen a lot of change in the hospital," he says. "I remember when the rooms at Scott & White had four channels; now there is cable. Kids used to have to look for something to do, now Child Life really helps keep them busy with activities and fun."

Although Burton is active and feeling great, he still contends with health challenges. He is currently being evaluated for another liver transplant as well as a kidney transplant. Several years ago, he was diagnosed with severe osteoporosis and fractured two vertebrae, which often causes paralysis.

"I was in a neck brace for two weeks and up walking in three," he says. "I guess you could say it takes a lot to keep me down." +

Watch for the Children's Miracle Network Celebration Telethon from 7 to 10 p.m., June 4, on KCEN-TV, Channel 6, in Temple/Waco.



The first annual Candy Cares for Kids Radiothon presented by Scott & White Health Plan held April 6–8 was a huge success, raising \$60,673.80 to benefit Children's Miracle Network Brazos Valley. The 34-hour event, broadcast on Candy 95, featured local Miracle Kids and their families, many sharing celebration stories of victory over physical challenges they have encountered. Funds raised will be used to enhance the pediatric services offered by Scott & White and St. Joseph Regional Health Center. Please call 979-691-3652 if you have questions or would like to make a donation to Children's Miracle Network Brazos Valley.



Ashley House, (CMN Manager), Elise Jackson (Miracle Champion) and Candy 95 staff.



Candy 95 DJ, Frito, with the Trefethen family, holding the vial that contained the medicine that saved Michael's life (and cost \$43,000).



Scott & White leaders break ground at the site of a new long-term acute care hospital.

New Hospital Fills Long-Term Care Need

Adding to the list of new construction, Scott & White will break ground in April on a new Long-Term Acute Care Hospital (LTACH) located on the West Campus. The 50-bed, 45,500-square-foot facility is expected to open next spring.

Located on 12 acres at Scott & White's West Campus, the hospital will accept patients from Internal Medicine, Pulmonary, Neurology and Infectious Disease. Patients may be admitted from their doctor's office, the Emergency Department or other hospitals.

The long-term care facility is designed to fill a gap that exists between intensive care and medical and surgical care requiring hospital stays an average of 25 days, said Scott & White Project Manager Ernie Bovio. "This hospital will satisfy a necessary step in the continuum of care."

Long-term acute care hospitals generally provide diagnostic and medical treatment or rehabilitation to patients with chronic diseases or complex medical conditions.

Patients with long-term health needs are often treated at the Scott & White Santa Fe Center, which can handle the load, Bovio said, but was not the original intent of the skilled nursing facility. Other patients who require longer hospital stays are finding their care in places like Austin or Dallas. This will be the first such facility along the regional Interstate 35 corridor.

The new hospital will be governed by its own board and have its own medical director. Other staff will include nurses and respiratory staff and medical record and coding specialists.



Scott & White Health Plan Receives Excellent Rating



A.M. Best, a health maintenance organization, has affirmed the financial strength rating of A- (Excellent) for the Scott & White Health Plan.

“This rating shows our conservative approach to the business is solid, and it supports our commitment to superior service,” said Allan Einboden, Scott & White Health Plan executive director.

The financial strength rating of A- (Excellent) means that the rating company is of the opinion that the Scott & White Health Plan has an excellent ability to meet its ongoing obligations to policyholders.

As it has in past years, the rating report said the Health Plan continues to apply new technology to customer service and claims processing, which helps to keep administrative expenses low.

“SWHP plans to continue to introduce new products to remain competitive and address consumers’ healthcare insurance needs,” the report stated.

A.M. Best Co. was established in 1899 and is the world’s oldest and most authoritative insurance rating and information source.

For the latest rating, access www.ambest.com.

Humana Teams with Scott & White to Give Military Families More Options

Scott & White has signed an agreement with Humana Military Healthcare Services (HMHS) that will open the system’s primary care services to local TRICARE Prime and Standard beneficiaries, effective June 1.

TRICARE is the Department of Defense’s worldwide healthcare program for members of the uniformed services, retirees and their families. In order to accommodate additional patients, a second Scott & White Killeen clinic is set to open in the Willow Springs area this summer.

“This is good news for the fast-growing population of military family members and retirees in the Fort Hood area,” said Scott & White President and CEO Dr. Alfred B. Knight. “This agreement expands our commitment to the community we serve.”

Enrollment for primary care services began May 1 with a June 1 effective date. Primary care providers in Killeen, Florence, Gatesville, Temple, Belton and Georgetown will accept an established number of new TRICARE patients, based on availability. TRICARE Prime now covers more than 110,000 people in the Fort Hood area.

Leading Healthcare Information Company Names 100 Top Hospitals

For the third consecutive year, Scott & White has been named one of the nation’s 100 Top Hospitals® by Evanston, IL-based Solucient®, the nation’s leading source of healthcare information products.

The award recognizes hospitals that have achieved excellence in quality of care, operational efficiency, financial performance and adaptation to the environment. The 13th edition of Solucient’s “100 Top Hospitals: National Benchmarks for Success” appears in the February 27 issue of *Modern Healthcare* magazine.

Benchmark hospitals were less likely to experience adverse outcomes,

also known as medical injuries, than peer hospitals that were not recognized by the study.

Research also showed that if all acute care hospitals performed at the same level as the nation’s benchmark hospitals, as many as 106,312 more Medicare patients could survive and an additional 117,000 patient stays could be complication-free each year — at an estimated annual savings of \$7.6 billion.



Cancer Research Institute Starts First Ever Phase I Clinical Trial



Scott & White has been named the site for the first Phase I clinical trial of a novel investigational cancer drug aimed at recurrent prostate cancer. Canadian company Protox Therapeutics, Inc., developed the drug in Temple and has received clearance from the U.S. Food and Drug Administration (FDA) to proceed with testing. It will be the first clinical trial conducted at the new Cancer Research Institute at Scott & White.

“This is a very important and exciting next step in the growth of the Cancer Research Institute here at Scott & White and for the development of this new class of drug therapy for cancer,” said Dr. Art Frankel, physician, scientist and director of the Institute. “As we begin this Phase I clinical trial, we will be taking a giant

step toward establishing Scott & White as a destination for medical research and development.”

According to Protox, this trial will study PRX302, the first in a class of drugs referred to as targeted pro-drugs, which are based on engineered protein toxins. The drug is an inactive pro-drug that is injected into the prostate, where it turns into a potent cell-killing toxin when it comes into contact with prostate specific antigen- or PSA-producing cells.

The study is expected to enroll approximately 36 subjects who have been diagnosed with locally recurrent prostate cancer. The principal investigator for this study is Dr. Scott Coffield, leader of the Genitourinary Cancer Team at Scott & White.

Four-Year Medical Campus on the Temple Horizon

An increase in class size approved in January by the Texas A&M Board of Regents sets the stage for a four-year medical school campus in Temple.

“Texas A&M has answered the state’s need for more doctors in the future,” said Scott & White President and CEO Dr. Alfred B. Knight. “This will have a wonderful impact on our Temple Campus, which includes Scott & White, the Temple VA and Darnall Army Community Hospital. It’s also good news for the Temple economy and will bring new jobs, new ideas and prestige for the community.”

A 2002 study titled “Projecting the Need for Medical Education in Texas” showed the state to be at the low end of the Health and Human Services’ recommended ratio

of physicians per population. After reviewing the study, the Texas Higher Education Coordinating Board made recommendations to remedy the situation.

The Board of Regents answered the Education Board’s call, agreeing to incrementally increase the class size of The Texas A&M University System Health Science Center College of Medicine from 80 to 200 students per class. That increase will begin with an additional 20 students per year beginning in the fall of 2007.

The campus expansion necessary to accommodate the growth is expected to occur rapidly, with an estimated completion by 2015, noted Dr. Nancy W. Dickey, president of The Texas A&M University System Health Science Center and vice chancellor for Health

Affairs for The Texas A&M System. She also stated, “Expansion will take the form of adding pre-clinical education to the Temple Campus.”

The addition to the Temple program, which currently teaches third- and fourth-year medical students, will result in a four-year curriculum both in Temple and in College Station, where first- and second-year medical students currently receive their training.

“Our small campus has the ability to expand while maintaining its culture of excellence in the medical community,” said Dr. Knight. “By utilizing both the Temple and College Station campuses, which are currently active, the number of students can grow along with a four-year curriculum at both locations.”



vital signs

Scott & White Leader Steps Down After More than Two Decades of Service

Closing the book on 26 years of service at Scott & White, Chairman of the Board of Directors and Chief of Staff Dr. Don Cauthen retired in January 2006.

As a pioneer of family medicine at Scott & White, Dr. Cauthen was in the vanguard of change that brought expansion to the system that included adding a health maintenance organization, the satellite clinic system and a medical school.



In 1985 Dr. Cauthen became medical director of the Regional Clinic System. In 1990, he began

his service on the board of the Scott & White Health Plan, and he became vice president in 1995. Elected to the Clinic Board in 1992, Dr. Cauthen acted as its vice president from 1998 to 2001, when he was elected chairman. Dr. Cauthen was the first family medicine doctor to serve in that capacity.

“Scott & White is a strong organization,” Dr. Cauthen said. “It has a long history of having really good people who—day in and day out—are trying to do what’s right. I will be on the sidelines cheerleading those individuals.”



New Chairman Elected to Lead Scott & White Board of Directors

Dr. Paul J. Dieckert was recently elected to chairman of the 10-member physician Board of Directors at Scott & White.

“Our integrated health system, with its research, education and physician practice, is what makes Scott & White special,” Dr. Dieckert said. “We also recognize that we have to have a successful enterprise.”

The board has financial and management oversight of Scott & White, and its 10 members traditionally sit on the Board of Trustees, which includes public members and is now led by Chairman Drayton McLane.

Dr. Dieckert is an ophthalmologist who came to Scott & White in 1987.

As the Board of Directors moves into a new year, Dr. Dieckert said its priorities have not changed. A fiscally sound, well-managed system remains the ultimate goal, with strategic planning, quality and safety high on the priority list. “Quality and safety used to be a given in health care, but now we cannot assume,” he said. “We must demonstrate, measure, promote and watch for risks.”

Chief Academic Officer Retires After Nearly Four Decades

As Dr. Walter Dyck walked away from his 38-year career at Scott & White, he knew there was a part of him that was not quite ready to leave behind the most rewarding position of his long career.

But at the age of 70, Scott & White’s Chief Academic Officer and Executive Associate Dean of The Texas A&M University System Health Science Center College of Medicine retired from the position he described as the most challenging but also the most rewarding of his career.

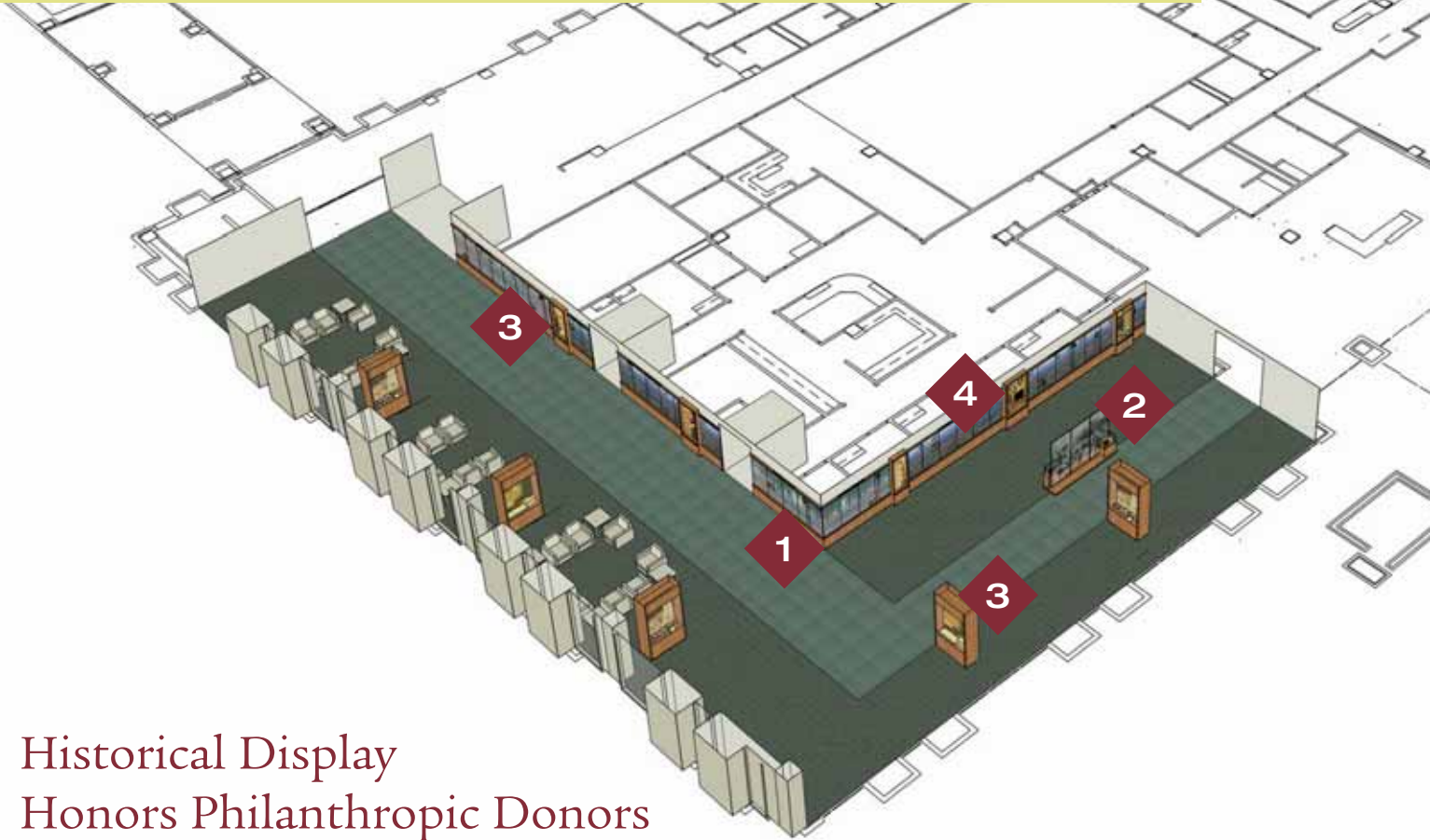
“People have asked me, ‘Why now?’ assuming I was tired of it,” Dr. Dyck said. “But I am not burned out and I certainly have the same energy and enthusiasm for the job that I have always had. I always hoped I would have the good sense to step aside when it was still a lot of fun, still a challenge—and knowing I would miss it.”

Dr. Dyck oversaw all the educational and research activities as Scott & White’s Chief Academic Officer. Undergraduate education and research programs came under his purview as the executive associate dean.

Besides walking the line between Texas A&M and Scott & White, Dr. Dyck’s diplomacy worked its way into other relationships, with equally remarkable results. He recently played a significant role in forging the new Texas Bioscience Institute, a collaboration between Scott & White and Temple College.



Center for Advanced Medicine's HALL *of* HONOR



Historical Display
Honors Philanthropic Donors

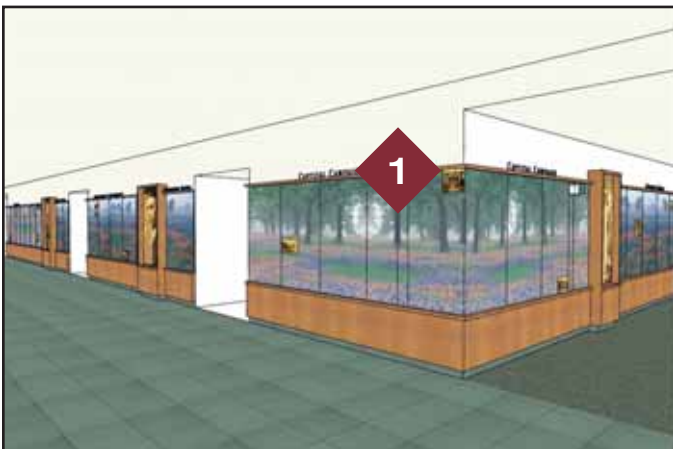
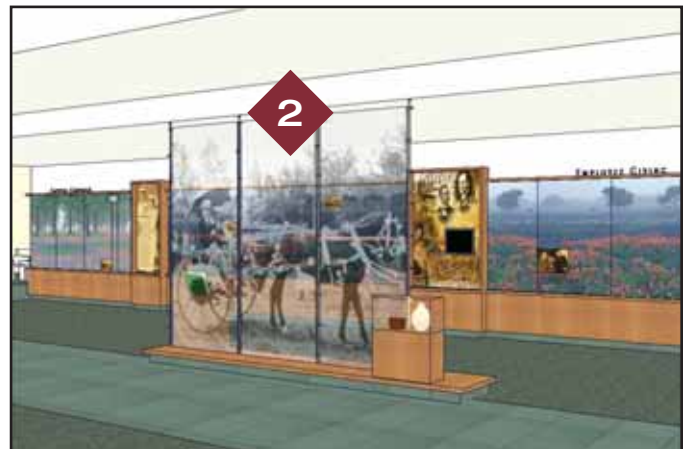


Photo mural wall displaying donor names



Glass photo wall and display case



Freestanding and wall-mounted historical exhibit cases; interactive touch-screen kiosk

The Hall of Honor, which will be located in the new Center for Advanced Medicine (CAM) on Scott & White's Temple campus, will celebrate the institution's rich and vibrant history while looking toward a promising future. The displays will also honor and recognize the special leaders and benefactors who have contributed to Scott & White and its programs throughout its 107-year history. Museum-quality signage, displays and exhibit cases will create a visual and engaging environment for visitors, patients and employees, adding to the patient-friendly touches and comfortable and serene healing atmosphere of the new hospital.

The Hall of Honor Donor Wall and History Display is being designed by Presentation Design Group of Eugene, OR, and will include the Main Donor Wall with four historical exhibits, an interactive touch-screen kiosk, an art glass wall with associated display cases

and five freestanding exhibit cases.

The display is part of a comprehensive donor recognition system, and the historically based design standards seen in the Hall of Honor will continue throughout the CAM on named spaces plaques.

Donor Wall

The Main Donor Wall will display the names of Scott & White contributors in five giving categories over a photo mural background of springtime in Central Texas.

The Donor Wall has space for additional names; each category will be updated annually. The planned date for installation of the Hall of Honor Exhibit is November 2006.

To make a gift or for more information on how you can become a permanently recognized donor in Scott & White's Hall of Honor, please contact the Office of Development at 800-293-4483 or 254-724-2768. +

GIVING CATEGORIES

CAPITAL CAMPAIGN

Gifts of \$1,000 and above to the CAM

AMBASSADORS OF PHILANTHROPY

Donors whose cumulative gifts to Scott & White exceed \$10,000

FOUNDATION SOCIETY

Donors who make annual gifts greater than \$100

CORNERSTONE SOCIETY

Scott & White's Planned Giving donors

CADUCEUS SOCIETY

A giving and leadership organization of Scott & White Physicians, Emeritus and Senior Staff

IN HONOR OF

The 6 South Staff at Scott & White

Mr. Ernest E. Baker – *Unrestricted Fund*

Peggy Armstrong

Clinical Research Support Groups –
Armstrong Nursing Scholarship/Endowed Education

Dr. Andrejs Avots-Avotins, M.D.

Dr. and Mrs. Phillip T. Cain – *McLane Event*

Dr. Dudley Baker, M.D.

Helen and Bruce Beitman – *Baker OB/GYN Research Fund*
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Baker OB/GYN Research Fund

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Walter P. Dyck Lectureship in Gastroenterology

Dr. Don Cauthen, M.D.

Dr. and Mrs. J. Paul Dieckert –
Ophthalmology Fund for Excellence

Mr. Cedric Chastenot de Gery

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Mr. Jamie Clements

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Mr. and Mrs. James W. Grubb – *Creel Nursing Scholarship*

Emmanuel and Jenny Davis

Mr. and Mrs. Barry M. Davis – *Scott & White Hospice*

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Dr. Elizabeth Ebert, M.D.

Illinois Tool Works Foundation –
Heart Disease/Cardiovascular Research Fund
Mr. and Mrs. William C. Meacham –
Heart Disease/Cardiovascular Research Fund

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Dr. Paxton Howard, Jr.

Mr. and Mrs. Howard W. Kruse – *Howard Executive Health Suite*



LIVING GIFTS

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Mrs. L. E. Bennett, Jr. –
Jesse Ibarra, Jr., Lectureship; Endocrinology Department
John C. O'Leary, M.D. – *Cancer Treatment Center*

Dr. Richard Klugo, M.D.

Mr. Gordon E. Peterson – *Unrestricted Fund*

Dr. Bruce Koehler, M.D.

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Mr. and Mrs. Howard W. Kruse – *Orthopedics Department*

Dr. Dennis Lynch, M.D.

Ms. Judy McFadden – *Plastic Surgery Development*

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Mr. and Mrs. Byron Skinner – *Children's Miracle Network*

Dr. Russell McAllister, M.D.

Tricia Meyer, R.Ph. –
Anesthesiology Endowed Research
Gastroenterology Disease Research

Mr. David Meer

Mr. and Mrs. Brian D. Meer – *Pediatric Hematology/Oncology*

Miss Kaysie Mims

Mr. and Mrs. Henry Garza – *Children's Miracle Network*

Mr. C. Moore

Mr. Robert Maynard –
Heart Disease/Cardiovascular Research Fund

Dr. Robert Myers, M.D.

Mr. and Mrs. Howard W. Kruse –
Robert E. Myers Lectureship
Mr. and Mrs. Howard W. Kruse –
Pediatric Endowment Funding for Clinical Svc, Edu, Rsch

Dr. John Roberts, M.D.

Mr. and Mrs. Howard W. Kruse –
Roberts Surgical Resident Education Endowed Fund

Dr. J. Rohack, M.D.

Scott & White Health Plan –
Heart Disease/Cardiovascular Research Fund

Dr. Robert Rosa, Jr.

Mr. and Mrs. Guenter W. Schroeder –
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Dr. Daniel Smith, M.D.

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Mr. and Mrs. Byron Skinner – *Children's Miracle Network*

Mr. and Mrs. Jeff and Cynthia Vassaur

Mr. and Mrs. Byron Skinner – *Children's Miracle Network*

IN MEMORY OF

Ms. Marguerite Addison

Art and Lory Hiley – *Unrestricted Fund*
Drs. S. K. Oliver and R. W. Matthews –
Armstrong Nursing Scholarship/Endowed Education
Marie Parmer –
Walter P. Dyck Lectureship in Gastroenterology

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Scott & White Information Systems Department –
Katrina Disaster Relief Fund

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Mr. and Mrs. Bob Carlisle – *Unrestricted Fund*
First Texas Bank – *Unrestricted Fund*
Dr. and Mrs. Jesse D. Ibarra, Jr. – *Unrestricted Fund*
Dr. and Mrs. Jeffrey A. Jackson – *Unrestricted Fund*
Dr. and Mrs. Wade L. Knight – *Unrestricted Fund*
Mr. and Mrs. Donald W. Nelson – *Unrestricted Fund*
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LIVING GIFTS NOTICE OF CHANGE

This is the last issue of the *Quarterly* where we will publish names of donors in the “Living Gifts” section of the magazine. We are taking a new direction and will be incorporating the Office of Development’s newly designed Web site where readers can view all gifts received through recognitions and memorials on a monthly basis rather than once every quarter. To access this information, go to www.sw.org and click on “Make a Gift.” You will be directed to the Office of Development’s web page where you can view “Living Gifts” on-line.

As a standing supplement to subsequent year-ending issues of the Quarterly, we will publish the complete list of gifts received during the recently past fiscal year in the fall issue.

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Planned Giving: The Dangers of ‘Do-It Yourself’ Wills

“Do-it-yourself” wills are available everywhere—from office supply stores and computer programs offering legal forms of all types to a plethora of Web sites. They all promise to help you sidestep unnecessary fees by showing you how to prepare legal documents, such as wills and trusts, by yourself.

That initial cost savings, however, can come at a huge price to you: Not only can your do-it-yourself will be worth less than the paper it is printed on, it could cost your family far more in taxes and legal fees after your death than you ever would have spent to have it properly drafted in the first place. See how one decedent’s family discovered just how expensive preparing your own will can be.

Case in Point:

The federal court case of Marie L. Sowder, Executrix, v. United States, No. CV-02-0136-WFN (E.D. Wash. Nov. 10, 2005) was decided by the district court in the state of Washington. Tony Sowder was a financially astute and keen businessman but maybe he had too much confidence, because Tony sat down in 1983 and wrote his own will after reading an estate planning article in *U.S. News and World Report*. He was so enamored with this article, in fact, that his family found it alongside his will. Tony never updated his will, nor did he take it to a licensed attorney to have it properly drafted before he passed away in 1995.

Tony left \$200,000 to each of his three children and the remainder of his estate to his wife, Marie. While Tony’s intention, according to Marie, was to leave an estate free of taxes, the Internal Revenue Service found a different interpretation while processing the estate tax return and reviewing the language used in his will.

Typically, a spouse can pass all of his or her assets to a surviving spouse estate-tax free through the use of the unlimited marital deduction. Unfortunately, Tony did not employ the legally correct wording to make use of the unlimited marital deduction. Due to this technicality, the IRS claimed that all of the assets passing to Marie would be subject to estate tax.

As a result, the IRS assessed estate taxes and back interest. Unfortunately, Tony and Marie structured their assets such that the liquidity needed to pay the estate taxes would not be available until both of them had passed away. The estate, therefore, paid \$800,000 in estate taxes and more than \$130,000 for the back interest owed on the deficient taxes. Then they went to court to fight the IRS.

The federal court, thankfully, found in favor of the estate in spite of Tony’s ill-crafted will. It took 10 years, however, to resolve the case and to determine how much tax the estate really owed. The cost to Tony’s family included not only the legal fees spent defending his will, but also their investment of time and a decade of emotional strain.

Don’t let your family and loved ones wait 10 years to settle your estate or pay almost \$1 million in taxes and interest so you can save a few hundred dollars in legal fees!

The moral of Tony Sowder’s self-made will story is this: Don’t draft your own legal documents. Use a qualified estate planning attorney to not only draft your will, but also your other important estate-planning documents such as a revocable living trust, durable power of attorney, healthcare power of attorney or a living will.

Please call Glen Cosper at 254-724-6483, or e-mail gcosper@swmail.sw.org for more information.



Renee Owen, program coordinator for the Center for Cancer Prevention and Care, presents fundraising proceeds to Nancy Birdwell, chief development officer.

Scott & White Hospital 2006 Fundraiser Cruise

Are you ready for a cruise? It's time to start booking your cabin for the 2006 fundraiser cruise for Scott & White Hospital's H.O.P.E. (Hematology/Oncology Patient Enrichment) Fund. This year \$140 from each booked cabin will go to the fund. The H.O.P.E. Fund is used to provide prostheses and bras to those without insurance, educational materials for the Cancer Center, to fund the annual Cancer Survivors Day dinner and any other special need that is approved by the Cancer Committee.

We hope that you will consider joining us and book a cabin on this fantastic seven-day cruise on the *Conquest*, one of

Carnival's largest ships at sea. After departing from Galveston on December 3, 2006, the ports of call will include Montego Bay, Grande Cayman and Cozumel before returning to Galveston on December 10th. The cost varies from \$650 per person for an interior cabin to \$770 for an ocean view and \$865 for a balcony. The price includes the bus ride to and from Galveston from the Scott & White parking lot. Insurance is not included with the price but can be purchased separately. The deposit of \$50 per person is due as soon after registering as possible. For more information, call 254-724-1053 or Cruise Planners at 817-478-7119.

Golf Tournament Raises Funds and Awareness of Cancer Programs at Scott & White

Children's Cancer Research and the Designs of Hope at Scott & White recently received a welcome boost from the proceeds earned at the Children's Healing Light Classic golf tournament in May. The event, sponsored by the Jeanette Williams Foundation, an organization that is enabling an Austin woman to reach her dreams of making a difference for sick children.

Cancer has touched the life of Dianne Troop from nearly every angle; she lost her mother, father and grandparents to the disease. The foundation she began nearly four years ago was named for her mother. "She died shortly after my 12th birthday," Troop recalled. "She had been in and out of the hospital since I was 9."

Because of her mother's illness, Troop said she felt as if she had grown up with the pediatric cancer patients at the

hospital. "I made a promise to myself then that someday I would make a difference for kids."

Participants in May's golf classic spent the day at Mill Creek Golf Club in Salado and had the opportunity to bid on sports memorabilia during a silent auction. Those items included footballs signed by Texas Longhorn quarterback Vince Young and NFL Hall of Famer Mean Joe Greene, in addition to other collectibles from the Houston Astros, Rockets and Comets.

Troop, with a strong background in event planning, said establishing the Foundation seemed like a natural step toward achieving her goal. "This falls right into place," she said.

For more information about the Jeanette Williams Foundation, visit the Web site at <http://www.jwffccr.org>.



(Left to right) Dr. Clark Hampe, Patricia Hampe and Patrick Willis.

Tyler-Area Alumni Reception

Dr. Clark Hampe and his wife Patricia recently hosted a reception for Tyler-area Scott & White alumni in their home. Dr. Don DiPette, chair of medicine, addressed the group of 35 physicians and spouses, presenting an update of medical, educational and research developments at Scott & White, as well as plans for growth and expansion. Also representing Scott & White were Linda Mohlstrom, director of alumni affairs, Nancy Birdwell, chief development officer, and Ty Herring, major gifts officer.



University Medical Campus

University Medical Campus, Round Rock

- Framing and roof are completed
- Slabs for second and third floors in the hospital are poured
- First floor walls are up
- Traffic islands for the parking lot are complete
- Clinic is scheduled to open October 2006 and the hospital will follow in the spring of 2007

Center for Advanced Medicine

- Stone work is ongoing on the exterior
- Zinc and copper tiles are being applied to the south tower
- Connector between the CAM and the Special Treatment Center lobby is under way
- Interior work continues with the addition of paint and ceramic tile to the ground and first floors



Center for Advanced Medicine

Coming Up in the Next Issue

- Buildings, buildings and more buildings. We conclude our four-part series of “To Your Health” with President and CEO Dr. Alfred B. Knight as he details Scott & White’s vision for growth.
- Scott & White is in the midst of the largest construction period in its history. In the fall issue of the *Quarterly*, we give you a first-hand look into the many ongoing building projects in progress and the patient services that will be offered within each facility.
- Scott & White is a nationally recognized Top 15 academic medical center. What does this mean and what exactly is an academic medical center? We’ll explain in the upcoming issue.

Ribbon-Cutting at Center for Diagnostic Medicine

The ribbon was officially cut in April on Scott & White's newest construction project. The Center for Diagnostic Medicine (CDM) is now open for business, and the two-story, 75,000-square-foot building is the new home to the allergy, endocrinology, geriatrics, rheumatology, community internal medicine and general internal medicine, as well as serving as a laboratory collection center and a pharmacy and radiology area.

"No building has ever healed anyone," said Dr. Donald DiPette, chairman of the Department of Medicine. "It is all about what is inside the building—the staff and they care they provide. We have made every effort to make the CDM a pleasant experience for our patients."

The new building is located at the corner of Avenue R and 31st Street in Temple.



Pictured above: Newly completed CDM reception lobby

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Patient health care means the world to us. For more than 109 years, Scott & White's nationally recognized physicians, researchers, nurses, dedicated healthcare specialists and staff have provided world-class care to patients in Texas and beyond. An equally important part of our success comes from the support of our friends and community. Every gift designated for capital, equipment and technology or program support helps bring us closer to our goal of improving the health of the people in the communities we serve.

Scott & White has become the largest multi-specialty group practice in Texas. Philanthropy helps us in our research and educational and clinical programs by preparing the next generation of compassionate, highly skilled leaders in medicine. To learn more about how you can help support philanthropy at Scott & White, please call the Office of Development at 800-293-4483 or 254-724-2768.



Isn't it comforting to know that there were those who cared enough in the past to ensure the quality of health care you need today?



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