No-shows’ cost EAMC $3 million

Appointments

28,280
Appointments missed last year

$108
Cost per appointment

$3,054,240
Earnings lost last year

National Brain Injury Month

Thank a Doc
March 30

Blood Donors Recognized
March

**March 1**
Enlisted Medical Corps Anniversary
Fort Gordon National Prayer Breakfast, Gordon Conference and Catering Center, 7-9 a.m.
Tickets will be distributed through Unit Ministry Teams and Religious Support Team
Resilience training, EAMC Auditorium, 8-10 a.m.

**March 2**
SHARP Soldier/Civilian, EAMC Auditorium, 9:30 a.m. to 12:30 p.m.

**March 3**

**March 4**

**March 5**

**March 6**

**March 7**

**March 8**
Resilience training, EAMC Auditorium, 8-10 a.m.

**March 9**
SHARP Soldier/Civilian, EAMC Auditorium, 9:30 a.m. to 12:30 p.m.

**March 14**
TARP, EAMC Auditorium, 1-3 p.m.

**March 15**
Resilience training, EAMC Auditorium, 8-10 a.m.

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**See CALENDAR on page 8**
March chocked full of opportunity, awareness

Col. Michael A. Weber
Commander
Eisenhower Army Medical Center

I am amazed by everything we accomplished in the short month of February. The highlights for me were our African-American History Month observances and Maj. Gen. Patrick Sargent’s town hall and visit. Sargent is the deputy commanding general for Operations, U.S. Army Medical Command. I want to thank everyone who took the opportunity to speak with Sargent. His vision for the future of Army medicine and Eisenhower Army Medical Center’s role in that future challenges us all to bring our best efforts every day.

I congratulate Spc. Keeyong Cheong and Sgt. Robert Libby Jr., for winning the EAMC Soldier of the Year and NCO of the Year. They will represent us when they compete at the regional level on the way to the MEDCOM level. Show our warrior medics your support and encouragement as they prepare for their competitions.

The month of March is bursting with activities and special programs. March is Brain Injury Awareness Month. The goal is to raise awareness that whether you sustain a head injury on the battlefield or the soccer field; if you are experiencing headaches, blurred vision or dizziness, inform your leadership and make an appointment with your primary care provider. If left untreated, brain injury may impact performance at work and at home.

March is also National Nutrition Month with the theme “Put your best fork forward.” Learn more about healthy eating at www.eatright.org/resources/national-nutrition-month.

March is when the nation observes National Women’s History Month and EAMC’s command program will be March 17, at 11:30 a.m., in the auditorium starting.

As soon as you have time, I encourage you to learn about Margaret Corbin. She was the first service woman (artillery-woman) in the Army and awarded her pension in July 6, 1779. Learn about the rich history of women in our Army at https://www.army.mil/women/history. Also, be inspired by MEDCOM’s commanding general and the Army’s Surgeon General, Lt. Gen. Nadja West, who is one of the Army women highlighted at https://www.army.mil/women/profiles.

March 1 is the Enlisted Medical Corps Birthday. Help me celebrate 130 years of competence, caring and commitment. March 3 is the Dental Corps Anniversary. Let’s thank our dental colleagues for “maintaining the biting strength” for 106 years. March 6-12 is National Sleep Awareness Week. According to the National Heart, Lung and Blood Institute, most adults require 7 to 8 hours of sleep.

‘No-show’ appointments cost EAMC $3M last year

“'No-shows’ cost EAMC $108 per appointment, or about $3 million in earnings.

“We could definitely have used those dollars to hire more providers or purchase new equipment to better serve our beneficiaries,” Cosby said. “We experience the most ‘no shows’ in clinical areas that treat the most patients: Family Medicine, Behavioral Health and Physical Therapy.”

Physical Therapy appointments have a large number of “no-shows” because patients begin to feel better after a few treatments, and then stop coming to their originally scheduled appointments. “All missed appointments count against EAMC’s bottom line but the cost is more than monetary,” she said. “Each missed appointment means someone else loses an opportunity to have an appointment. The result is that providers and clinic staff lose valuable patient-provider time.”

see COMMANDER on page 10

see NO-SHOW on page 10

21th anniversary
Fort Gordon Fisher House
Golf Tournament

March 24 • Gordon Lakes Golf Course
Registration and lunch begin at 10:30 a.m.
Shotgun start at 12:30 p.m.
$75 per player • $300 per team •
Pre-registration by March 14

All proceeds benefit the Fisher House
Register Online: www.tournevents.com/_tournament/?event=fhgt2017
7 tips to staying lean in ‘17

Capt. Brittney Piche, MS, RD, LD
Nutrition Care Division
Eisenhower Army Medical Center

No matter what resolution you made for the New Year, we can all resolve to treat our body better in 2017. Follow these seven simple lifestyle tips to help you be healthier.

Eat breakfast
You’ve heard it before: Breakfast is the most important meal of the day. Eating breakfast helps kick-start your metabolism for the day, ensuring your body uses food properly, as well as helping manage your appetite throughout the day. Even something quick and simple like crackers with peanut butter and a banana can count as a healthy breakfast.

Eat more fruits vegetables
Not only do fruits and vegetables have lots of vitamins and minerals needed to maintain normal metabolism, they also contain fiber to help you stay full. Fruits and vegetables are a great addition to meals and snacks to fill you up without contributing excessive calories. Aim to eat at least three servings of each daily.

Follow ‘MyPlate’ structure
The old “Food Guide Pyramid” is no longer relevant. Dietitians now teach people to eat according to the MyPlate format, a simplified framework to help guide healthy meals and snacks. MyPlate helps with portion control as well as incorporates foods from all the food groups. Fill half of your plate with vegetables, a quarter of your plate with lean proteins, and the other quarter of your plate with a starch. As side items or dessert, you can add a serving of fruit and a low-fat dairy item. For information, visit https://www.choosemyplate.gov.

Be more active
Experts recommend at least 150 minutes of aerobic physical activity per week; but to get started, just move more. Whether it’s fitting in a 10-minute walk several times throughout the day, taking the stairs instead of the elevator or parking farther away from the building, these extra steps throughout the day can add up to improve your overall level of fitness.

Gradually increase your activity as you feel your body getting comfortable with your routine. To keep yourself from getting bored, do a variety of activities that you enjoy.

Drink more water
Most people just don’t drink enough water. This not only affects basic bodily functions, but also your appetite, energy level, and exercise stamina. You should aim to drink 1/2-1 ounces of fluid per pound of

see LEAN on page 10
Take time to thank a doc on March 30

Peter J. Skidmore, MD
Chief Medical Officer
Eisenhower Army Medical Center

In the United States, National Doctors’ Day is a day on which the service of physicians to the nation is recognized annually. The first Doctors’ Day observance was May 9, 1933, in Winder, Georgia, according to DoctorsDay.org.

The original idea came from Eudora Brown Almond, wife of Dr. Charles B. Almond. The date chosen was the anniversary of the first use of general anesthesia in surgery. On May 9, 1842, in Jefferson, Georgia, Dr. Crawford Long used ether to anesthetize a patient, John Venable, and painlessly excised a tumor from his neck.

The United States Senate and House of Representatives passed S.J. RES. 366, which President Bush signed Oct. 30, 1990 (creating Public Law 101-473), designating Doctors’ Day to recognize the contributions of physicians every March 30.

As chief medical officer of Eisenhower Army Medical Center, I would like to share a few personal thoughts about our profession to commemorate National Doctors’ Day 2017.

In the current environment of “health care systems,” the Affordable Care Act, electronic health records, and The Joint Commission, emphasis on the profession of medicine and its practice are too often lost. The basis of health care is the practice of medicine and surgery.

At the heart of that practice is the physician and his or her patient, and particularly the relationship between the two. Gone are the days of the town doctor, general practice and house calls. But moments that reflect on those simple notions of medical practice are often the times that both patients and physicians cherish the time taken to listen, comfort, extend a caring hand and achieve the shared understanding that, at that point in time, there is no person, place or task in the world more important than the patient. This forms the basis of the word “attending” — to attend, to be present and ready to give service.

Service. The provision of medical care is a service. It is not a product. The physician-patient relationship does not exist to “produce” RVUs or “generate” income. Those are accounting tools and by-products of the complex business that medicine has become. Are they wrong or evil? Of course not, but they do act at times to distract from the real purpose of the profession: to serve, and to provide a service for the patient. “Doctoring,” to use the Southern vernacular, keeps the focus on the patient.

Therefore, in commemoration of National Doctors’ Day 2017, please join me in recognizing and thanking our doctors for their service, their attention, their devotion to the health and wellness of their patients.

Doctors, on this day, thank your patients for their trust in you. Be humble in your service to them. Thank your nurses, medics, clerks and staff who comprise the team that enables you to do what you need to do for those patients. Thank your families and friends for their support, and be thankful for the blessings of knowledge and skill that enable you to be the doctor that you are.

March is Colorectal Cancer Awareness month

Cris Hightower, RN-CCM
Hematology-Oncology Clinic
Eisenhower Army Medical Center

March is Colorectal Cancer Awareness month and the disease continues to be the third leading cause of cancer-related deaths among both men and women. Colorectal cancer is categorized by an uncontrolled growth of abnormal cells originating in the lower end of the digestive tract (colon and rectum).

The American Cancer Society estimates more than 95,520 new cases of colon cancer and almost 40,000 new cases of rectal cancer during 2017.

**Early detection screening**

The goal of colorectal cancer screening is to increase survivor ability by identifying the disease before symptoms occur. Physicians use screening criteria which is based upon a person’s age, medical history and family history.

**Screening Criteria**

- Adults Ages 50–75 (unless at increased risk)
- Increased Risk Includes:
  - Inflammatory Bowel Disease (Crohn’s, Ulcerative Colitis, etc.)
  - Family history of colorectal cancer or polyps

**Screenings available at EAMC**

- Guaiac-based fecal occult blood test
- Sigmoidoscopy: every 3-5 years
- Colonoscopy: every 10 years

**Reduce your risk**

- Talk with your provider about screening
- Reduce risk by changing habits
- Maintain a healthy diet
- Maintain a healthy weight
- Avoid a sedentary lifestyle
- If you smoke, stop

According to the Centers for Disease Control and Prevention Smoking, smoking is the No. 1 cause of preventable illness and causes more than 480,000 deaths per year. Smoking is attributed to 1 out of every 5 deaths per year, which is linked to the Centers for Disease Control and Prevention report that 1 in 5 adults in the U.S. are current smokers. Again, smoking is the leading cause of preventable death.

**Resources**

- EAMC Behavioral Health: 706-787-3143 or 706-787-8134
- American Cancer Society: 800-227-2345 or www.cancer.org
- Georgia Tobacco Quit Line: 800-270-7867
- National Network of Tobacco Cessation: 1-800-QUIT-NOW and www.smoke-free.gov
- National Cancer Institute’s Smoking Cessation Quitline: 877-44U-QUIT
- Quit For Life Program apps

The American Cancer Society and Alere Health offer a free Quit for Life smartphone app for both the iPhone and Android phones.
TBI occurs to about 1.7 million people each year, according to the CDC. Of those traumatic brain injuries each year, about 75 percent are concussions or other forms of mild traumatic brain injury, known as mTBI. TBIs can affect the functions of the brain and result in changes in the physical, emotional and cognitive skills of the affected individual. Whether the victim is a child, an adult or an elderly individual, TBIs can have a significant impact on both the individual and their families. To raise public awareness about the consequences of brain injury, March is recognized as National Brain Injury Awareness Month by the Brain Injury Association of America.

Here at Fort Gordon, the TBI Clinic at Eisenhower Army Medical Center has several activities and resources offered during the month of March. Staff of the TBI Clinic will post weekly puzzles on IKE.NET. There are several articles related to brain injury in this edition of Rounds. Staff members are going to one of the local area schools to educate teachers and students about the impact of concussions on cognitive skills. An open house will be held at EAMC’s TBI Clinic March 31 to showcase the different therapies and resources offered. There will also be a table in front of Ike’s Café on the third floor with educational pamphlets and documents offering information on different consequences of TBI, and resources and suggestions to address them.

Sensible, rational treatment for military mild traumatic brain injury, post-traumatic stress

Dr. John L. Rigg, director
Traumatic Brain Injury Clinic
Eisenhower Army Medical Center

In 2008 when we first began seeing patients in our newly developed TBI Clinic, they were receiving symptomatic pharmacological treatments for post-concussion symptoms being provided by several different providers.

It was clear that pharmacological treatment of the symptoms was not an effective approach to treatment. Pharmacological treatments that worked well in the civilian community were not getting results. Prophylactic and abortive treatment of headaches was not working well in our military population. Sleep meds were rarely effective. Many of our patients were on psychiatric meds that may have included antipsychotics and benzodiazepines in addition to SSRI and SNRIs that caused side effects significantly impacting day-to-day life.

It became evident that in this population of patients who had been exposed to the extreme stresses of war, it was post-combat/post-deployment/post-traumatic stress that continued to play a big role in the propagation, prolongation, exacerbation and constant triggering of the presenting post-concussion symptoms — headaches, memory/cognitive problems, sleep disturbance and mood issues. These symptoms may have been triggered by concussion(s) but emotional stress continued to be a major contributing factor to the prolonged symptomatology.

How to improve your reading skills

Aparna Vijayan, Ph.D., CCC-SLP
Speech Pathologist, Traumatic Brain Injury Clinic
Eisenhower Army Medical Clinic

Reading is an acquired skill. It is a complex process that involves word recognition, comprehension and fluency. In addition, it also requires motivation. We are born with the hardware to perform the task of reading, but unless we are trained to read, it will not develop well as a skill set. There are different types of reading, which are related to the different purposes of reading.

Reading for pleasure: This type includes reading based on your interest. Sometimes one might engage in skimming through the material, as in going through a magazine when waiting at a doctor’s office. Sometimes, one might engage in more intensive reading for the purpose of intellectual or emotional pleasure.

Reading for literal understanding: This type of reading is for the purpose of answering basic who, what, when, where, why questions. It helps to establish a vocabulary set as well as some basic concepts in the subject matter.

Reading for analysis/interpretation/application: This type of reading engages critical thinking skills through questioning and reflection. It also involves speculating on how the concepts being learned can be applied to new situations.

It is important to understand the purpose for the reading activity. Knowing the purpose will help create intention during the activity. If you have a goal, then you will put in the level of effort needed to accomplish the task.

After sustaining a concussion, a common complaint is having difficulty staying focused when reading or remembering what you have read. If you have trouble staying focused on each line, use a line guide. A line guide is a piece of white paper that you can use to help stay focused on the line/paragraph that you are reading. If you are reading on the computer or tablet, you can enlarge the font size and use the highlight feature to focus on the line or paragraph you are reading.

When to return to learning after concussion

Ronald Paolini, DO
Psychiatrist TBI Clinic
Eisenhower Army Medical Clinic

We hear a great deal about proper rest for the brain following a concussion. We witness more strict enforcement of return to sport, for example, in the National Football League than we have in the past. However, do we really hear enough about proper return to learning and school? This decision is a very important one as premature return to either sport or learning can exacerbate the symptoms of concussion.

A retrospective study done in Ontario, Canada, reviewed patient medical records of a sports medicine and family practice clinic. In this study records review of 170 patient contacts of 159 patients that were assessed for sports-related concussions after self-referral, or from other primary care physicians, teams and schools during a five-year period from 2006-2011. There were 41 concussions in elementary school students, 96 in high school students and 34 in college students who were followed in the practice. The charts were reviewed for documentation of worsening of symptoms or recurrence after return to play and return to learning.

Measures of symptoms were reviewed using an established measurement tool, SCAT. Results showed that in 43.5 percent of concussion cases, the patient returned to sport too soon and in 44.7 percent of concussion cases, they returned to school too soon. These individuals all suffered exacerbation or recurrence of symptoms. The conclusion of this study was a recommendation for restrictions on mental and physical activity following a concussion.

The brain is a very active organ in our bodies and intensely supplied metabolically. When in the healing phase after a concussion, the metabolic needs of the brain increase. Any activity, either mental or physical, deters energy from the brain’s needs. This situation, not unlike many other medical conditions, is why proper rest, and limitation of both mental and physical activity is required for proper healing. The study above predates established guidelines which are now recommended by many organizations for return to learning after concussion. Several organizations have provided guidance in this regard; however, this area is one where more research is needed. Most agree however that some academic adjust- ment is needed in school to help minimize potential worsening of symptoms when returning to school by employing a gradually increased academic activity.

The American Academy of Pediatrics indicates that most concussions resolve in three weeks of the injury and that adjustments can usually be made in the individual classroom without more formal written plans. Students with symptoms lasting longer than three to four weeks may need more detailed plans and special- ized concussion management protocols with appropriate specialists in the field.

A team approach that uses the medical team, the school team and the family to assist the student is ideal. Students should be at their academic ‘baseline’ before returning to academics and full physical activity after concussion. Education of individuals working with students who sustain concussion is necessary to determine the adjustments in academics and school that are necessary.

When to return to operators learning after concussion

• Healthy children.org, after a concussion:
• https://www.cdc.gov/headsup/schools/
• Premature return to either sport or learning [after a concussion] can exacerbate the symptoms of concussion.

References

• Premature return to play and return to learn after a sport-related concussion, Canadian Family Physician, Vol. 60, June 2014
• Healthy children.org, after a concussion: When to return to school?

READ on page 11

on page 10

READ
Anticipation can bring something good

Lt. Col. Rick Stevenson, chaplain
Eisenhower Army Medical Center

“Anticipation is making me late. It’s keeping me waiting” — Carly Simon, 1971

As a child, the thing I looked forward to most throughout the year was Christmas. I have to confess to you that, as a child, the Christmas story itself took a back seat because when I was a kid it was all about me and the great harvest I would reap as soon as the holiday arrived.

I am my parent’s only child so, from a materialistic perspective, the lack of siblings paid off every Dec. 24 and 25. Gift opening at my house seemed pretty simple: family presents were opened on Christmas Eve with Santa’s contribution reserved for Christmas Day. Sure, mom and dad always claimed a few of the presents for themselves but it was clearly understood who would strike the mother lode in the gift department.

Alas, a few years later I boastfully (and foolishly) let my parents in on the fact that I had discovered the big secret about the jolly man from the North Pole. Not surprisingly, the Christmas tree bounty decreased considerably. Family presents were moved to the 25th and even those presents decreased in amount.

Mom always began putting gifts under the tree a couple of weeks prior to Christmas. This meant I had to stare at them and wonder what was inside for several days. I guess mom was teaching me the art of anticipation. One year the Carly Simon song “Anticipation” came on the radio and I thought it was a song about unwrapping Christmas presents.

The writer and educator, Ana Monnar, once said “Anticipation is sometimes more exciting than actual events.” I think she’s right. March, of course, is the month when the NCAA tournament — March Madness — is played. This is a great example of an entire nation of sports fans involved in the act of anticipation.

Anticipation, however, can also have a negative side. If we let it go unchecked, anticipation can increase our anxiety to the point it impacts our health. In an article entitled, “How Anticipation can be Beneficial” in Spirituality and Health, author Jordan E. Rosenfeld wrote “anticipation can be beneficial for your brain, your emotions and even your physical health for many reasons, and it’s a skill worth learning.”

If you can turn your anticipation into positive anticipation, however, expecting something good to come, your brain, your emotions and your physical health can all benefit. The key to doing this, says Rosenfeld, is to delay gratification. This allows our brain the opportunity to perform at its best.

At work, anticipation can provide great motivation to help us complete our tasks, knowing it is helping us complete our mission to provide Five-Star Health Care to those who come in contact with Eisenhower Army Medical Center.

At home, we anticipate the time we sacrifice spending with our children will provide them with a greater foundation for a successful future. Spiritually, many religious traditions help their adherents anticipate a brighter future in passages such as Psalm 16:11 (“You make known to me the path of life; in your presence there is fullness of joy; at your right hand are pleasures forevermore”), and 2 Timothy 4:8 (“Henceforth there is laid up for me the crown of righteousness, which the Lord, the righteous judge, will award me on that Day, and not only to me but also to all who have loved his appearing”).

Yes, Carly Simon sings “Anticipation is keeping me waiting,” but that can be a real blessing when we look at the big picture.

CALENDAR

<table>
<thead>
<tr>
<th>March 2017</th>
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<tr>
<td>Military Resilience Training for Families, Family Outreach Center, Building 33512 (behind Woodworth Library) Rice Road, 9 a.m. to noon Facebook Town Hall Forum, FG IOC, 6:30-8 p.m.</td>
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<td>Women’s History Month Fort Gordon Command Program, Alexander Hall, 1-2 p.m.</td>
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<td>March 20</td>
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<td>ACE Training, EAMC Auditorium, 1-3 p.m.</td>
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<td>March 21</td>
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<td>EO Training, military, EAMC Auditorium, 7-8 a.m. ASAP, EAMC Auditorium, 3-4 p.m.</td>
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<td>Marriage 101 Class “Making Meaningful Connections,” Family Life Center, 338804 Academic Drive, 9:30 a.m. to 3:30 p.m. SHARP Soldier/Civilian, EAMC Auditorium, 9:30 a.m. to 12:30 p.m.</td>
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<td>March 25</td>
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<td>DARE to TRI — Fort Gordon, Indoor Pool Bldg. 21608, Corner of Barnes Avenue and 25th Street, 9 a.m. to 1 p.m. Eisenhower FRG — Easter Eggstravaganza, fourth floor entrance to hospital, 1-3 p.m.</td>
<td>DARE to TRI — Fort Gordon, Indoor Pool Bldg. 21608, Corner of Barnes Avenue and 25th Street, 9 a.m. to 1 p.m. Eisenhower FRG — Easter Eggstravaganza, fourth floor entrance to hospital, 1-3 p.m.</td>
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Editorial calendar, story/photo deadlines

April 2017 April 14
Child Abuse Prevention Better Hearing, Speech Month
Sexual Awareness, Prevention National Stroke Awareness

May 2017 May 12
Men’s Health Month Fireworks Safety (through July 4)
World Sickle Cell Day (June 19)

June 2017 June 9
Better Hearing, Speech Month Juvenile Arthritis Awareness
World Hepatitis Day (July 28)
Kendrick Blood Center thanks donors at awards ceremony

National Blood Donor Month, celebrated each January, shines the spotlight on the generosity of blood donors.

Fort Gordon’s Kendrick Memorial Blood Center hosted its annual donor awards ceremony Jan. 27 at the Gordon Conference and Catering Center to recognize and thank those who donate their blood and those who help organize and support blood drives.

Kendrick is one of 10 Army donor centers and one of 20 military centers worldwide comprising the Armed Services Blood Program, which supplies blood products to service members and their families worldwide. Saving lives both on the battlefield and in military hospitals here at home takes a team of dedicated individuals working together, and having blood available whenever and wherever needed is a vital “Your lifesaving gift makes a difference here at home, as well as any of our operational theaters: PACOM, EUCOM, CENTCOM and AFRICOM,” Eisenhower Army Medical Center’s Chief of Blood Services, Lt. Col. Melanie Sloan said.

Sloan told those present about blood recipients like Army Lt. Nick Vogt, who was seriously wounded after stepping on an improvised explosive device in Afghanistan in 2011. Vogt’s story could have ended there if not for the dedication and expertise of military medical professionals and the selflessness of more than 500 blood donors. Vogt received more than 500 units of blood, plasma and platelets, the most of any combat survivor in history.

“To our donors and supporters, we would like to extend a heartfelt and passionate ‘thanks.’ Without your support, we would not be able to provide the necessary health care to our wounded warriors, our family members, or our military community,” Sloan said.

Individual donors and coordinators were recognized at the ceremony, and several units were recognized for their level of participation and support. Holding the record for the highest level of donations on Fort Gordon is Carol Cox, from Eisenhower Army Medical Center’s cardiology clinic, at eight gallons. Certificates and coins were presented to donors as well as milestone gifts ranging from fleece jackets to plaques. Statues and guidon streamers were presented to the highest participating military units, all from the 15th Signal Brigade.

Award recipients
• Eight Gallons: Carol B. Cox
• Five Gallons: Joseph M. Matosian
• Four Gallons: John J. Curry

see BLOOD on page 11
EAMC patients receive a reminder call 48 hours prior to their assigned appointment and, at that time, have the opportunity to cancel. The majority of cancelled appointments are rescheduled, and unlike “no-shows,” do not count against the bottom line.

“Our mission is to ‘provide consistent, high quality, comprehensive, accessible and safe health care while promoting wellness in our community,’” Col. Michael A. Weber, EAMC’s commanding officer, said. “But we are still financially accountable to the American taxpayer.

Sometimes last-minute conflicts do arise but it’s always best to contact the clinic directly, visit www.tricareonline.com or call 1-706-787-7300.

“When you re-schedule an appointment rather than just skip it,” Weber said, “you make appointments available for your friends, family members and other service members, and you help EAMC uphold its commitment to providing Five-Star Health Care.”

**TREATMENT** from page 6

We realized that, if stress reduction became an integral part of their daily life, their symptoms would likely improve.

What we emphasize right from the beginning of care is that fact that post-traumatic stress is a normal reaction to an abnormal situation. We avoid the use of the word “disorder,” instead explaining it to be a normal reaction to an abnormal situation. The first step in recovery is the reduction of the stress that is driving the symptoms.

Stress can be reduced very quickly by helping combat vets understand that the development of their post-combat stress is a normal reaction to an abnormal situation and is not consciously chosen. It can be attenuated significantly by practicing a multitude of techniques including exercise programs, yoga, meditation, mindfulness and other mind-body approaches.

When patients initially present to our TBI clinic, they are evaluated by an interdisciplinary team that reviews their history of traumatic brain injuries and explains to the patient why they will be seeing medical providers/ BH therapists /PT/OT/SLP/Rec therapy. If patients do not respond well to this initial treatment plan, they are enrolled in our three-week long Functional Recovery Program.

We developed the three-week intensive outpatient program called the Functional Recovery Program as an intense, concentrated, focused attempt to teach both an understanding of why they are having the symptoms and what they can do about it. It is made clear from the start that medications are not going to cure their symptoms; they can only be used to make the journey more comfortable. Recovery is dependent on each individual practicing a “discipline,” something that military personnel are well familiar with. We invoke the Army Values and other inspirational Army traditions.

Seven to 10 soldiers are enrolled at a time, taking advantage of group dynamics to enhance recovery. This has proven to be one of our most effective strategies as service members immediately realize that they are not alone.

Empowerment, achieved by allowing patients to understand how their symptoms originated and the fact that they can do things to change the way they feel, is one of the backbones of our program. There are a number of talks when the anatomy of the brain is discussed so service members understand the difference between the cortex, the thinking intelligent human brain that makes decisions about how to live one’s life, and the subcortical brain which is the non-thinking, reactive part of the brain — the “reptilian” brain that “reacts” to experiences whereas the cortex “acts” based on interpretation of experiences. The survival instinct — fight/flight, a “reptilian” brain instinct — is hyper-activated by the daily events in a combat deployment resulting in a state of hyper arousal that is advantageous in a war zone. The problems intensify when the service member returns home. Recognition of the geographic shift from combat zone to the USA takes place in the cortex but the hyper-aroused amygdala in the sub cortical reptilian brain, does not recognize geography so it continues to interpret all incoming sensory data in the hyper-aroused state. Emphasis is placed on the fact that the amygdala reacts to sensory stimuli faster than the cortex, triggering non-thinking reactions — diving for cover after a fireworks explosion or a car backfiring, getting highly irritated over a situation that is not really threatening — whether the service member wants to or not. This understanding of why they react to situations, often with regret, helps to reduce anxiety that they are crazy or damaged. Once again, emphasis is on the fact that their reaction is a normal reaction to an abnormal situation.
Patient Safety Employee of the Month

Deborah Yonce, an RN in the Department of Emergency Medicine, was nominated Eisenhower Army Medical Center’s Patient Safety Employee of the Month for November 2016. The presentation was held Jan. 9. She was selected because she demonstrated an exceptional act of service by reporting a “good catch” event.

When an order for dilaudid, a highly addictive pain reliever, was pulled from the Omnicell, a medicine dispenser, Yonce, using the “five rights of medication verification” method, noticed that diazepam, powerful sedative, was the medication supplied in the dilaudid bin. The pharmacy was notified and a Patient Safety Report was submitted for this “good catch.”

Yonce, who lived in Grovetown from elementary through high school, currently resides in Wrens with her husband, Charles. She attended Augusta State University in 2009 and earned an associate degree in nursing. In 2015 she earned a Bachelor of Science in Nursing from Walden University. She has work for EAMC since 2001, and enjoys reading and hunting. Her goal is to obtain her Emergency Nurse Certification. Yonce is a 68W in the U.S. Army Reserve.

Near misses or close calls are incidents where there is a beneficial outcome; for example, where harm was prevented. Reporting these events are excellent sources of education. It is important to share these lessons to help develop and spread best practices.

Taking notes will make you an active reader. Note-taking will ensure you are focused on what you are reading. Include the page number or topic, especially if you are reading material for a class or course. Note-taking in a systematic and organized way can help improve attentiveness to the reading material, provide a quick review of what you have read, and provide a way to easily clarify any doubts as you review your notes.

When studying for a class, remember to take short stretch breaks. You can stretch every 25-30 minutes, or you can stretch after you have read a certain number of pages. Stretch breaks can help to offset any challenges related to pain issues, frustration or fatigue. You can also use the break to check how well you are progressing with your reading material.

For your reading pleasure and inspiration, a few books that deal with personal stories of individuals who have sustained some form of brain injury in the form of a concussion, stroke, encephalitis, etc., are recommended here.

- Unbroken by Laura Hillenbrand
- Head Cases by Michael Paul Mason
- The Man Who Mistook His Wife For A Hat by Oliver Sacks
- My Stroke Of Insight by Jill Bolte Taylor
- Healing Lazarus by Lewis Richardson
- Becoming the Healer by Deborah Schlag

BLOOD

- Three Gallons: Christoph P. Himmelsbach, Jody D. Stafford, Sgt. Tommy W. Teed

Recognized unit coordinators

- Lt. David Abrams, E Co. 551; Lt. Shimar Brown, A Co. 551; 1st Sgt. Timothy Ferraro, D Co. 551 SAMC; Sgt. 1st Class Eric Faw, E Co. 551; Lt. Philip Glandon, A Co. 369; Lt. Julian Holloway, C Co. 551; Sgt. Evelyn Howell, Cyber School; Lt. Wells Lange, 73rd OTD; Lt. Justin McIntosh, A Co. 369; Lt. Joseph McWhirter, B Co. 551; Lt. Tyler Turner, B Co. 369; Master Sgt. Robert Woods, NCOA

Top unit coordinators

- Ashley Newhouse, NSA Georgia and Sgt. 1st Class Chad Hanks, C Co., 369th Signal Battalion

Unit awards

- Top Platelet Donor Company: Co. C, 551st Signal Battalion
- Runner-Up, Top Blood Company: Co. B, 551st Signal Battalion
- Top Blood Donor Company: Co. C, 369th Signal Battalion
Eisenhower
Army Medical Center

SHOULDER to SOLDIER
WE KEEP OUR NATION READY

Carolyn Winfrey
A.J. Services
At Eisenhower for seven years

Kimberly Clark, physical therapy assistant
At Eisenhower for seven years

Theresa Covington, Health Services Auxiliary Volunteer From 2003-2007 and 2010 to present

Capt. Angelo Jamora, RN, CNOIC in OB/GYN
At Eisenhower for one year, a Soldier for four