



DECEMBER 2017

# NEW TRICARE CHANGES

THIRD  
PLACE

10  
MILER

Spc. Jeremy Drubio, medic in Eisenhower Army Medical Center's Emergency Department, sports a one-touch, wearable communications device. See page 5. (Photo by John Corley)



## Dec. 1

Employee Assistant Program training for civilians, families, ASAP training room, noon to 1 p.m.

## Dec. 2

Junior Enlisted Development Program, EAMC Auditorium, 6-6:30 a.m.

Junior Enlisted Development Program, EAMC Auditorium, 4-5 p.m.

## Dec. 3

Junior Enlisted Development Program, EAMC Auditorium, 4-5 p.m.

## Dec. 10

Leadership Development Program, EAMC Auditorium, 6-7 a.m.

Leadership Development Program, EAMC Auditorium, 4-5 p.m.

## Dec. 11

Army Substance Abuse Program for soldiers,

Alexander Hall, 1-2 p.m.

Army Substance Abuse Program for soldiers, Alexander Hall, 2:30-3:30 p.m.

## Dec. 13

Leadership Development Program, EAMC Auditorium, 4-5 p.m.

## Dec. 18

ACE Suicide Prevention Training, EAMC Auditorium, 9-11 a.m.

## Dec. 19

Junior Enlisted Development Program, EAMC Auditorium, 6-7 a.m.

Junior Enlisted Development Program, EAMC Auditorium, 4-5 p.m.

## Dec. 20

Noncommissioned Officer Professional Development, EAMC Auditorium, 6-7 a.m.

Military Resilience Training for Families, Family

Outreach Center, building 33512 (behind Woodworth Library) Rice Road, 9 a.m. to noon

Noncommissioned Officer Professional Development, EAMC Auditorium, 4-5 p.m.

## Dec. 21

SHARP/Soldier-Civilian Annual Training, EAMC Auditorium, 9:30 a.m. to 12:30 p.m.

## Dec. 22

Christmas Training Day

## Dec. 25

Christmas Day, your home and hearth

## Dec. 28

Marriage 101 Class "Making Meaningful Connections," Family Life Center, 338804 Academic Drive, Fort Gordon, 9:30 a.m. to 3:30 p.m.

## Dec. 29

New Year Training Day

## Budget-friendly tips get more fruits, veggies, whole grains in diet

1st Lt. Jennifer West, MS

Nutrition care Division  
Eisenhower Army Medical Center

Eating the recommended amounts of fruits, vegetables, and whole grains provides long-term health benefits. These foods can help manage weight, improve cholesterol, and improve gut function. Additionally, a diet rich in these foods can protect against the risk of some types of cancers and other chronic diseases. These categories of food contain a variety of vitamins, minerals, fiber, and other health-promoting factors that are essential for good health.

The recommended amounts for adults are roughly two servings of fruit, three servings of veggies, and six servings of grains (make sure half are whole grains). More simply, aim for filling half your plate with fruits and veggies, and one-quarter of your plate with grains.

Below are some ideas for getting more of these foods into your diet:

### 1) Meal Tips

- Breakfast: Add veggies to egg dishes, fruit to cereals/yogurts, or opt for old-fashioned or steel-cut oats instead of "instant" sugary versions.
- Lunch: Add extra veggies to a sandwich or wrap; ask for "whole wheat" breads; have a small piece of fruit instead of a "treat" at lunch.
- Dinner: Add extra veggies to stir-fry or pizza; add veggies to casseroles like lasagna; shop for whole-grain pasta and bread; try whole grains like brown rice,



## "Thumbs Up"

High nutrition quality food  
High performance food

quinoa or bulgur instead of white rice.

- Snacks: Swap chips for popcorn (avoid/limit butter and salt); try fresh veggies with hummus; eat a piece of fruit with nut butter (like apples and peanut butter).

### 2) Cooking/Prep Tips

If you "don't like vegetables," commit to trying them in a new way: grilling, sautéing, broiling, steaming, adding them to noodles, adding low-calorie sauces, or trying them raw with a low-calorie dip or dressing. The flavors of vegetable can change with different ways of preparing them.

### 3) Shopping Tips

Grocery stores and commissaries usually display the freshest foods along the perimeter of the store. Buying fresh vegetables and fruit in season is the best way to increase nutrients and save money on produce. Produce that is purchased when in season is usually less expensive. Choosing 100 percent whole grain baked products such as breads, muffins, tortillas and cereals is a good way to

incorporate whole grains into your diet.

Most Americans eat more than enough protein, and animal proteins are usually the most expensive item in the grocery basket. Try a vegetarian meal once or twice a week to reduce your overall meal cost. Additionally, you can look for the dietitian approved "Thumbs Up" symbol to shop for healthier items at the commissary.

### 4) Storage Tips

Place fresh fruit in a bowl on the counter or table as a visual reminder to eat them. If you find you don't use fresh vegetables very quickly, opt for frozen ones. Use what you need for the meal and keep the remainder frozen.

Eating healthy doesn't have to be expensive or complex. You can use these tips to pack more nutrients into your meals and save money at the same time. For additional information, contact your local Registered Dietitian Nutritionist. Call the Nutrition Care Clinic at 706-787-2243 to make an appointment.

# Awareness on World Aids Day, Dec. 1

**Alice Jackson, MSN, RN**  
Fort Gordon HIV coordinator  
Preventive Medicine Clinic

The Eisenhower Army Medical Center’s caregivers and staff — Army, civilian and contractor — are encouraged to support HIV/AIDS Awareness.

World AIDS Day is celebrated every year on the first of December. Events take place across the country to raise awareness and show support for people living with HIV and AIDS.

The events are important because it reminds the public and government that HIV has not gone away and there is still a vital need to raise money, increase awareness, fight stigmas and prejudice, and improve education in all age groups.

HIV stands for Immuno-deficiency-virus. The body’s immune system is there to protect it from infectious diseases. According to HIV.gov, CD4/T-Cells are the body’s fighter cells and work with the immune system to keep the body healthy.

HIV enters the body, mostly, by risky behaviors such as engaging in sexual activities without using a protective barrier, sharing needles for IV drug use and through breast milk from an HIV-positive mother.

HIV multiplies by building up, and leading to an increase in viral load and a decrease in the body’s CD4 count. A decrease in CD4 count means the immune system is weak and susceptible to any other virus within the environment.

**There is a vital need to raise money, increase awareness, fight stigmas and prejudice, and improve education**

The Eisenhower family can assist and support in eradicating HIV/AIDS by getting tested, especially if you have engaged in risky behaviors, and encouraging others to get tested.

If someone tests positive, treatment can start before the infected person starts feeling sick. Treatment will help stop the damage that HIV is doing inside the body.

According to an article in Everyday Health titled “Increased HIV Risk in the South,” Dec. 21, 2015, there is a 96 percent chance of stopping the virus with treatment after exposure. “Viral suppression is a key goal of HIV treatment that also dramatically reduces HIV transmission to others,” according to the article.

There are treatments available for sex partners who are negative. The point of contact at EAMC is the Infectious Disease Clinic, 8th Floor.

PrEP (Pre-Exposure Prophylaxis) and PEP (Post-Exposure Prophylaxis) treatments are offered, if you qualify.

It is currently believed that it is possible to end HIV in this generation, if the community as a whole comes together to encourage and understand the importance of providing education about getting tested, engaging in healthy behaviors that reduce the risk of HIV infection, and for people with HIV/AIDS, getting adequate care and other support services to live longer and healthier lives.

## GAFPB RECIPIENTS



Courtesy photo

Three 11 West nurses recently earned the German Armed Forces Proficiency Badge at Fort Gordon Oct. 23-26. They are 2nd Lt. Jordan Eisner, left, who earned Gold; 1st Lt. Nathaniel Haines, who earned Silver; and 2nd Lt. Catherine Ionescu, who earned Bronze. Earning the GAFPB requires proficiency in several activities including shooting, first aid and physical fitness standards. The decoration is awarded to and worn by German soldiers of all ranks. Allied soldiers may also be awarded the badge, subject to their nations’ uniform regulations. In the U.S. Army, the GAFPB is one of several hundred foreign awards approved for wear on the uniform.



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Editorial content is under the direction of and serves the mission of the EAMC commanding officer. Email: usarmy.gordon.medcom-eamc.mbx.pao@mail.mil.



Courtesy photo

Fort Gordon active-duty women's running team placed third among active-duty women's teams at the 2017 Army Ten-Miler race, held in Washington, D.C., Oct. 8. Teammates are Maj. Jeannie Huh, left, an orthopedic surgeon; Maj. Susan Pierson, a critical care nurse; Petty Officer First Class Genesis Reyes, Petty Officer First Class Genesis Reyes, an instructor in the Center for Information Warfare Training Detachment; Cpl. Hannah McKenzie, Cpl. Hannah McKenzie, with the 707th Military Intelligence Battalion; Capt. Christina Thoma, a family medicine intern; and 1st Lt. Kailee Kunst, with the 297th Military Intelligence Battalion. Three of the six team members are members of the Eisenhower Army Medical Center's clinical staff.

## Gordon, EAMC's active-duty women's team places third in Ten-Miler

**David M. White**  
Public Affairs Office  
Eisenhower Army Medical Center

The Fort Gordon women's running team placed third among active-duty women in the 2017 Army Ten-Miler in Washington, D.C., Oct. 8. Of the six runners on the team, three work at Eisenhower Army Medical Center.

The Army Ten-Miler is the second largest 10-mile race in the United States. It is held every October in Arlington, Va., and Washington, D.C., and is sponsored by the U.S. Army Military District of Washington, according to the race's website. The Philadelphia Broad Street Run is the nation's largest 10-miler.

A qualifying race was held at Fort Gordon in May and those who qualified for the D.C. race were notified in mid-June. Qualified finishers formed teams for men and women each.

The active-duty women's team from Fort

Gordon included, from EAMC, Maj. Jeannie Huh, an orthopedic surgeon; Maj. Susan Pierson, a critical care nurse; Capt. Christina Thoma, a family medicine intern; 1st Lt. Kailee Kunst, with the 297th Military Intelligence Battalion; Petty Officer First Class Genesis Reyes, an instructor in the Center for Information Warfare Training Detachment; and Cpl. Hannah McKenzie, with the 707th Military Intelligence Battalion.

By rule, active-duty women's team members must be female U.S. service members from the same duty station, installation, division, center or group.

Soon after being notified they had qualified, the women's team after began running together five days a week, "as our schedules allowed," Pierson said.

Teams can be anywhere from four to eight runners, she said. "The fastest four times of the team members are added together to get the team score."

Huh ran the team's fastest time at 1 hour, 7 minutes, 19 seconds, followed closely by Thoma, at 1:08:31, McKenzie at 1:11:52, and Pierson, finished fourth for the team at 1:19:49. Reyes finished with a time of 1:20:12 followed by Kunst at 1:22:27.

This year's race was Huh's first attempt at the DC-based 10-mile jaunt and Pierson's 18th trip around our nation's capital. Other Fort Gordon team members also had a variety of experience in the October race.

Due to a delay in tallying the results and needing to check out of their hotel, the team left the finish area before the final results were posted. So they "learned of our third-place finish after we were back in the van headed back to Fort Gordon," Pierson said.

They finished behind teams in their division from Fort Bragg, N.C., and Joint Base Lewis-McChord, Wash., respectively, and ahead of 12 other similarly determined, albeit slightly slower, teams.

# One-touch Wearable Communicator



Photo by John Corley

The dedicated, closed-communication system, called Vocera, is a wearable, hands-free device that improves care team communication and collaboration. Eisenhower Army Medical Center currently has 700 of the badges in use through the hospital and its outlying clinics, including SOUTHCOM in Miami.

**David M. White**  
Public Affairs Office  
Eisenhower Army Medical Center

A nurse made a routine check on a surgical patient. Walking into the room, she found the patient holding his hand over a trash can, bleeding from the spot of a displaced IV. He had lost about an ounce of blood.

1st Lt. Lindsay Jeanes, RN, pressed a black device clipped to her collar and called for a colleague. Within an instant Capt. Samantha Hulebak, RN, charge nurse and assistant clinical nurse officer in charge, answered. Jeanes requested bandages and another set of hands to help hold pressure on the wound.

Together Jeanes and Hulebak stanch the bleeding and set the patient back on the road to healing. The black device clipped to the collars of nearly every clinical staff member at Eisenhower Army Medical Center is a communication device that instantaneously connects people without having to remember phone numbers or even know the other person's name.

The dedicated, closed-communication system, called Vocera, is a wearable, hands-free device that improves care team communication and collaboration.

The device is "helpful to facilitating care," said Lt. Col. David Vollbrecht, RN and clinical nurse executive in EAMC's Emergency Department. "It really collapses the time from when we first see the patient until they are receiving care."

The device connects all other devices via Wi-Fi through a central computer. EAMC currently has just more than 700 "badges," as the devices are called.

If a person — or a specific group of

people — is entered into the computer's data base, said Maj. Joseph Lister, RN, assistant clinical nurse executive, I can contact them just by speaking their name.

"I can contact to the triage nurse or the charge nurse," Lister said. "I can communicate internally (within the emergency department) or externally," such as the lab or X-ray.

The device also connects to other areas outside of its home Wi-Fi. For example, clinicians at EMAC can contact other health-care providers across Fort Gordon at Connelly Clinic, TMC No. 4, or in Miami at SouthCom. Plans for installing the system at Rodriguez Army Health Clinic at Fort Buchanan in Puerto Rico are on hold due to the impact of Hurricane Maria in late September.

If the information is in the computer and the permissions are in place, the device, which resembles a black, plastic ladyfinger cookie, can communicate with the other party via high-quality audio with the touch of a button. It's not a voice or video recorder. It doesn't have a memory. It is strictly the business end of a high-tech communication device.

The devices are not unique to EAMC,

and have been or are being deployed across MEDCOM's 26 medical treatment facilities. The system also has the ability to communicate directly with an individual at another MTF.

"I've spoken with colleagues at Fort Bragg," Lister said.

In addition to rolling out badges to all clinical staff at EAMC, there are also plans to integrate Vocera with an upgraded nurse-call system.

"When we get that integration in place," Maj. Jacqueline Young, RN and chief medical information officer, said, "nurses and patients will be able to directly communicate with each other via a pillow speaker.

"We are at a crossroads and are looking forward to having the integration with the nurse call system by 2nd quarter of FY18."

Young sees ever greater integration down the road.

"We'll be able to integrate with monitoring equipment," she said. "Its greatest value is that [the health-care givers] have greater visibility on the patients."

If an IV becomes displaced, thanks to advanced communication tools, the time it takes for the patient to receive healing care is greatly reduced.

**"Its greatest value is that [the health-care givers] have greater visibility on the patients."**

— Maj. Jacqueline Young, RN and chief medical information officer

## EAMC nurse on team deployed in support of hurricane victims

**Maj. Dan Yourk**

Deputy Director of Clinical Operations  
BAMC Virtual Medical Center

Two mobile medics from Brooke Army Medical Center and one nurse from Dwight D. Eisenhower Army Medical Center deployed to Puerto Rico to provide virtual health support to the disaster response effort there.

In coordination with the BAMC Virtual Medical Center, Capt. Becky Lux, Sgt. Andrea Bloom and Spc. Christian Bark along with transportable telehealth equipment were embedded with the 14th Combat Support Hospital from Fort Benning, Georgia.

Hurricane Maria, a category 5 hurricane, hit Puerto Rico Sept. 20 causing a level of devastation and hardship rarely seen in American history. Island-wide power outages, flooding, structural damage and a lack of clean drinking water and food continue to plague this small island territory.

In response to the decimated infrastructure and failing health care system, the 14th CSH was deployed to establish medical support in Humacao, Puerto Rico.

The 14th CSH established clinical operations in the Humacao area Oct. 12 and started providing care to the local population. The CSH emergency room was quickly occupied with hundreds of local patients seeking care and medical support. In response to the overwhelming volume of patients, in excess of 150 a day, the mobile medics coordinated with the BAMC V-MEDCEN to establish daily virtual health provider support from the Internal Medicine Clinic located at BAMC in Fort Sam Houston, Texas, and providers at Dwight D. Eisenhower Army Medical Center in Fort Gordon, Georgia.

"This truly shows the versatility of virtual health and effectively eliminates the tyranny of distance that so frequently diminishes the medical community's ability to leverage access to provider support from almost anywhere in the world," said Army Lt. Col. Sean Hipp, BAMC V-MEDCEN director.

The BAMC V-MEDCEN has also coordinated with the Naval Medical Center San Diego and the U.S. Naval Ship Comfort to provide on-demand, synchronous critical care and specialty virtual health support to the providers and medics at the 14th CSH as needed.



Courtesy photo

**Capt. Becky Lux, RN, left, from Eisenhower Army Medical Center, sets up a virtual ear examination with Sgt. Andrea Bloom, a Virtual Health Mobile Medic, Nov. 4, while they are deployed to Humacao, Puerto Rico in support of the DOD's rescue and recovery efforts from the Category 5 Hurricane Maria that struck the U.S. territory Sept. 20. Bloom is from Brooke Army Medical Center. The team is deployed to provide virtual health support to the disaster response effort there.**

On Oct. 20, the mobile medics successfully completed a synchronous virtual health encounter with Army Lt. Col. Jennifer Stowe, an optometrist located at the BAMC V-MEDCEN.

The initial report received indicated that the Soldier was experiencing right eye pain, redness, loss of vision and a cloudy haze over his eye. The mobile medics connected with Stowe and provided high-definition, synchronous images of the Soldier's eye using an optical exam camera and web-based video conferencing capability.

Based on her conversation with the patient and the physical exam using the virtual health equipment, Stowe was able to establish a diagnosis, prescribe a recommend course of treatment, schedule a follow-up appointment and keep the Soldier from being evacuated to a higher level of care.

Stowe was extremely impressed with the audio and video quality.

"Without the ability to adequately evaluate the patient's eye and discuss the symptoms with the Soldier, I would have

likely recommended immediate evacuation to a higher level of care," she said. "Instead, he is able to continue fulfilling his mission in support of the efforts in Puerto Rico and I'm able to virtually follow-up on his progress."

The mobile medics continued to leverage their virtual health capabilities by connecting with Maj. Sharen Denson, a physician assistant, at the BAMC Internal Medicine Clinic Oct. 23 to provide on-demand synchronous support to the patients in the 14th CSH emergency room. The mobile medics presented, and Denson has treated, eight local civilian patients with various types of presenting medical issues.

All of the patients expressed a high level of satisfaction with the exam and treatment and expressed their gratitude for the support.

As the mission continues to expand and evolve, the mobile medics will push further out into the community and the Area Support Medical Companies to provide virtual health support in remote and rural

see **TELEMEDICINE** on page 9

# Huh among few to earn Expert Field Medical Badge

**Drew Brooks**  
Reporter  
Fayetteville Observer

FORT BRAGG, North Carolina (Oct. 28, 2017) — A little more than two hours and 15 minutes into a 12-mile foot march, Maj. Jeannie Huh came streaming across the finish line — the first of nearly 100 soldiers who were still in the running to earn the coveted Expert Field Medical Badge as of Wednesday morning.

Huh, an orthopedic surgeon at Eisenhower Army Medical Center at Fort Gordon, Georgia, was the first to finish a grueling, 10-day test at Fort Bragg that began with more than 300 soldiers.

By day's end, fewer than one-fourth of the soldiers initially in the running for the Expert Field Medical Badge would be left standing.

Huh, finally able to rest, instead turned and began jogging back up the length of the route that she just ran.

After about a mile, Huh stopped and joined a crowd of more than 100 supporters, including soldiers from Fort Bragg and several other installations. She watched as some soldiers eked out the last of their strength, crossing the finish line on wobbly legs.

Some collapsed just after finishing the course. Others fell, unable to finish, feet from the end.

"It's very heartbreaking," Huh said of watching some of her fellow soldiers fall short. "It's disappointing, but no one can say they didn't give it their all."

The foot march was a make-or-break event. If a soldier couldn't cross the finish line within three hours, he or she would not earn the badge. It came on the last day of a rigorous test that sought to challenge soldiers mentally and physically.

Huh said she turned back up the course to cheer on her fellow soldiers.

"These are my teammates," she said. "They helped me get through this and I wanted to help them ... I'm a physician, but first and foremost I'm a medic."

The Expert Field Medical Badge testing, hosted by the 44th Medical Brigade, began



Photo by John Corley

**Maj. Jeannie Huh, MD, is an orthopedic surgeon at Eisenhower Army Medical Center and recently finished first in the 12-mile foot march portion of the Expert Field Medical Badge competition held in October at Fort Bragg, North Carolina. Huh was one of 78 out of 325 candidates in the competition to earn the EFMB.**

with an unprecedented 325 candidates, according to Col. Paula Lodi, the brigade commander.

At Pike Field on Wednesday, she helped congratulate the 78 soldiers who earned the badge, which is arguably the toughest badge in the Army to earn. The 24 percent success rate, she said, is higher than the Army average last year, when 18 percent of soldiers who competed for the Expert Field Medical Badge earned it.

Brig. Gen. R. Scott Dingle, commanding general of Regional Health Command – Atlantic, praised the awardees.

"Many are called, few are chosen yet even fewer have the intestinal fortitude and courage to compete for the Expert Field Medical Badge," he said. "And even less, only a small distinguished group, actually earn the coveted badge."

Dingle said the badge would now set the soldiers apart from their peers. It

shows they were held to a high standard of excellence and possess a determination and intelligence unique among Army medics.

"You were familiarized, tested, challenged, pushed, stretched, questioned, marched, screened, evaluated, stressed and even sometimes yelled at," he said. "Wear the badge with pride and perform your duties with excellence."

For some, the Expert Field Medical Badge was the culmination of years of effort.

One soldier earned the badge on his sixth attempt, officials said.

Another, Maj. Erica Chabalko, earned the badge and, in doing so, finished something she first began a decade ago.

Chabalko, the executive officer for Fort Bragg's 261st Multifunctional Medical Battalion, said she failed to earn the badge on her first attempt those many years ago.

Since then, she deployed and gave birth to two daughters, but always wanted to return and finish what she started.

"It's amazing," Chabalko said Wednesday, when she was among the early finishers of the 12-mile foot march. "I've been on both sides of this. It was really awesome to finish on such a good note."

"I'm grateful for this opportunity," she added. "You've just got to believe that you can do it."

Chabalko's finish helps cap off a successful month. In early October, she was part of the Fort Bragg Women's team that competed during the Army Ten-Miler in Washington. That team took first place in their division.

Shortly after her latest accomplishment, Chabalko said she would cherish the badge, not only for what it represents but for all that it took her to earn it, too.

"It's so much more meaningful that I had to fight to get to this place," she said. "It's a great honor."

Maj. Kenneth Reed, executive officer of Fort Bragg's 28th Combat Support Hospital, earned the badge on his first attempt, but said he was never alone during the arduous test.

"Everybody struggles and we all lean on each other to make it happen," he said. "Everybody feeds off each other."

Reed said the Expert Field Medical Badge was difficult to earn, but well worth it.

**"It's the toughest [badge] in the Army to get."**

— Maj. Jeannie Huh, MD, orthopedic surgeon,  
Eisenhower Army Medical Center

# Give your presence this holiday season

**Capt. William Beaver**

Chaplain

Eisenhower Army Medical Center

It is that time of the year again. Every store we enter has Christmas and other holiday fare right up front when we walk in the door. Holiday music has already started on the radio. Parties are being planned, gift lists are being made, leave forms are turned in and it will be 2018 before we know it. Anxiety can set in for some because we start to wonder how we can afford to give all those presents to our loved ones, to show them how we feel.

I recall one Christmas Day where I learned the value of presence over presents. It was 1986 and I was visiting a friend of mine in Montgomery County, Md. We opened a few gifts, enjoyed a nice breakfast, and then had the idea to visit the local hospice-level nursing home to try to bring holiday cheer to the residents.

We spent our afternoon there walking around and visiting with as many people as we could. There were actually few holiday

**“... I get all of these cards from my family who live 40 minutes away. But they haven’t come to see me in two years.”**

decorations and it was hard to distinguish this day from any other day. We discovered that several residents were unaware that it was Christmas Day, much less what year it was or even where they were.

My friend wished one gentleman a “Merry Christmas” as he shook his hand. The man’s eyes grew wide as he asked with great surprise “Is it really Christmas?” Then tears filled his eyes as he seemed to drift off into a sea of memories. We entered one resident’s room that looked like she knew what season it was. There were two small Christmas trees, a stocking, and about a dozen cards. The woman was sitting up in her bed

looking sad. We remarked that at least she knew what day it was. We pointed out the trees, the stocking and the many cards. It was her response that I will never forget as long as I live.

“Cards?” she said. “Yes, I know what day it is but who cares? I get all of these cards from my family who live 40 minutes away. But they haven’t come to see me in two years.”

She began to cry and asked us to leave, which we did. I never forgot what she taught me: Presence is more valuable than presents.

If you feel some anxiety this holiday season because you are expected to send cards, give presents, host or attend parties, and somehow still manage to get all your normal duties done, cut yourself some slack and remember to honor loved ones with your presence this holiday season. Never underestimate the value of time spent with loved ones, or even a stranger at a nursing facility or Veteran’s home. Gift the best gift of all: time.

*Editor’s Note: Capt. William S. Beaver is a chaplain clinician at Eisenhower Army Medical Center.*

## Take command to make a smooth transition with TRICARE in 2018

### TRICARE

You may be wondering what action you need to take, if any, to ensure you continue TRICARE coverage in 2018. If you’re currently enrolled in or eligible for TRICARE coverage on Dec. 31, you’ll transition to your respective TRICARE plan on Jan. 1. If you want to enroll in a TRICARE plan or change coverage after Jan. 1, you’ll need to take action to enroll in the plan of your choice.

All beneficiaries should take action by making sure their information is current in DEERS. If you’ve experienced any changes — for example, marriage, birth, divorce or death — update DEERS as soon as possible to ensure continuous TRICARE coverage.

Beneficiaries enrolled in TRICARE Prime, either stateside or overseas, as of Dec. 31 will remain enrolled in TRICARE Prime on Jan. 1. If you have TRICARE Standard or TRICARE Extra as of Dec. 31, you’ll transition to TRICARE Select. TRICARE Select replaces TRICARE Standard

and TRICARE Extra on Jan. 1.

If you’re enrolled in any TRICARE premium-based plan on Dec. 31, you’ll remain enrolled in your plan on Jan. 1, as long as you continue to make your premium payments. These premium-based plans include:

- TRICARE Young Adult
- TRICARE Reserve Select
- TRICARE Retired Reserve

On Jan. 1, TRICARE will transition its stateside regional contractors from three to two. Beneficiaries who pay premiums or enrollment fees by electronic funds transfer or recurring debit/credit card payment will be contacted to update their payment information. If you currently pay through a Defense Finance and Accounting Service allotment, your payments will automatically transfer.

If your current TRICARE health plan coverage doesn’t automatically transition, contact the TRICARE contractor for your region. There are no changes to the TRICARE For Life benefit. TFL beneficiaries will not



have to take any action.

New active duty service members are automatically enrolled in TRICARE Prime or TRICARE Prime Remote if they live in remote areas in the U.S. Stateside active duty family members who become eligible for TRICARE on or after Jan. 1 will also be automatically enrolled in TRICARE Prime if they live in a Prime Service Area. If family members live outside a Prime Service Area, they’ll be automatically enrolled in TRICARE Select. ADFMs who are automatically enrolled in TRICARE Prime or TRICARE Select have up to 90 days after

see **TRICARE** on page 9

# 'F' is for family ... or fun

**Kashieem Averill**

Family Readiness Support Assistant  
Eisenhower Army Medical Center

Eisenhower Army Medical Center's Family Readiness Support Assistant is Kashieem who oversees different family oriented programs for the hospital and Troop Command

The FRG hosts many great events throughout the year. In the spring, the Eggstravaganza includes egg hunts for all ages, arts and crafts, and of course the Easter Bunny. In the summer, there are Family Movie Nights which are held in the first floor auditorium.

In the fall, the FRG hosts a Family Fun Day at Points West Army Resort Beach for families to have fun and explore the many activities that Points West has to offer.

Most recently, the FRG, in conjunction with with 35th Signal Brigade, held its fall Trunk or Treat event. During this event, there was a haunted house, a movie, and, of course, a whole bunch of candy. The last Trunk or Treat had a total of 1,040

pounds of donated candy from the unit candy competition.

The FRG's last event of the year is the Tree Lighting & Pajamas with Santa event, Dec. 1 at 6 p.m., starting at the EAMC flag pole for the tree lighting ceremony. The festivities will move into Ike's Café where families are invited to join Santa for crafts,

pictures and snacks.

Other programs held throughout the year include the Deployed Soldier Care Package Program and the Adopt-a-School Program is a program put together by the Fort Gordon Schools Liaison Office.

The FRG is very active and always looking for volunteers to help or participate in leadership. If any Soldier, civilian or family member is interested, contact Kashieem Averill, Kashieem.t.averill.civ@mail.mil.



Photo by John Corley

**The Trunk or Treat candy competition winner is Alpha Company, represented by Capt. Zachary Patterson, center. Also shown are Command Sgt. Maj. John Steed, left, Darth Vader and EAMC Commander Col. David E. Ristedt. Trunk or Treat was held in October.**

## TELEMEDICINE from page 6

areas throughout Puerto Rico. In addition to the outstanding support provided by the mobile medics, this effort marks the first time that Army Virtual Health has used the full complement of available virtual health capabilities to support a disaster response effort, Hipp said.

The 14th CSH and other medical assets in PR have access to the Pacific Asynchronous TeleHealth portal and the Health Experts On-Line Portal for

non-urgent asynchronous virtual health consultation support. They also have access to the ADvanced VIRTUAL Support to OpeRational Forces system that provides 24/7/365 on-demand telephone and synchronous video consultations with on-call specialty services that include critical care, emergency department, burn care, orthopedics, general/trauma surgery, pediatrics, toxicology, infectious disease and several other specialty providers coordinated through the BAMC V-MEDCEN.

"The ADVISOR system is a truly

tri-service capability that has the potential of shaping future operational healthcare delivery models across the Department of Defense," Hipp said.

"This is an exciting time to be a part of the virtual health community," Hipp added. "We are looking forward to building a virtual health capability that will support operational forces anytime, anywhere around the world while bringing the full might of Army medicine to the greatest point of need."

## TRICARE from page 8

the eligibility date to change health plans.

TRICARE Overseas Program ADFMs will be automatically enrolled in TRICARE Select. They will also have 90 days to change their enrollment to TOP Prime or Prime Remote if they are command sponsored.

Beneficiaries should have completed any and all enrollment actions by Nov. 20. During December 2017, there will be an enrollment freeze for TRICARE Prime enrollments, and a delay for primary care

manager changes. You'll still be able to receive care during the enrollment freeze. If you have a problem accessing care, contact your regional contractor.

For all other stateside beneficiaries, you'll also should have completed any and all enrollment actions by Nov. 20 to ensure continued health coverage in 2018. As long as your regional contractor receives your completed enrollment application by the 20th of the month, your coverage will begin on the first day of the next month. The 20th of the month rule doesn't apply to

beneficiaries overseas, and will go away for everyone starting in 2018.

Enrolling is easy. You can enroll in certain TRICARE plans over the phone, email or mail. Check out how to enroll or purchase a plan by visiting [tricare.mil/Plans/Enroll](http://tricare.mil/Plans/Enroll).

Visit the TRICARE Changes page ([tricare.mil/changes](http://tricare.mil/changes)) to stay informed with the latest information. You can also sign up for email alerts to get an email anytime new updates are available. Staying informed will help you take command of your health and prepare for changes in 2018.

# 10 Don't lose your marbles ... or give them to a 2 year old

Compiled by **Melissa Hendrix**  
Safety Specialist  
Eisenhower Army Medical Center

You're racing around from store to store, desperate for the last few gifts you need. You spy something in your price range and grab it. Recommended age: 4 to 6. But that's fine for your 3-year-old nephew, right? He's a bright kid, right? Big for his age, right? Perfect, right?

Probably not.

Believe it or not, manufacturers-suggested age ranges on toys have a real purpose. They're designed to keep children safe and also to help you find gifts that match the child's skills and abilities.

In 2011, 188,400 children under the age of 15 years were seen in emergency departments for toy-related injuries. That's 516 children every day. More than a third of those injured were children 5 and under.

## Helpful tips

Pick age-appropriate toys. Most toys show a "recommended age" sticker, which can be used as a starting point in the selection process. Be realistic about your child's abilities and maturity level when choosing an age-appropriate toy. Toys that have projectiles, for example, are never suitable for a child under age 4. Even some 6-year-olds aren't mature enough to handle them. Likewise, if your 3-year-old still puts everything into her mouth, wait a little longer to give her toys and games with small parts and pieces.

Don't pick toys with a string or cord longer than 12 inches. A cord can too easily wrap around a young child's neck, causing strangulation.

Once your child can climb up on his hands and knees, remove crib gyms and hanging mobiles from his crib. Be particularly vigilant about older toys. For example, an older model of a popular play kitchen may have a phone attached with a potentially deadly cord, while the latest model of the same kitchen has the more current and safer cordless phone.

Avoid toys with small magnets. The Consumer Product Safety Division calls magnets a hidden home hazard. Small, powerful magnets are often used in toys, and they may fall out of the toy and be

swallowed by a child. Two or more swallowed magnets (or a magnet and a metal object) can be attracted to each other through intestinal walls, twisting and pinching the intestines and causing holes, blockages, infection or worse if not discovered and treated promptly.

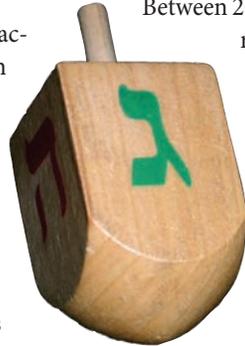
Between 2009 and 2011, the CPSC received reports of 22 accidents involving children who swallowed magnets, including 11 incidents that resulted in surgery. The agency recommends keeping toys with magnets away from children under the age of 14.

## 1 to 3 year olds

- Soft blocks
- Push, pull and pop-up toys
- Pounding, shaping, nesting and stacking toys
- Puzzles with knobs (whole-object pieces)
- Cardboard picture books
- Musical instruments

## 3 to 5 year olds

- Non-toxic art supplies
- Pretend toys (e.g., play money, telephone)
- Lacing and threading sets



- Simple board games such as word and matching games
- Puzzles with knobs (whole-object pieces)
- Outdoor toys such as a tricycle and a safety helmet

## 5 to 9 year olds

- Puppets
- Construction toys
- Jigsaw puzzles, including three-dimensional puzzles
- Arts and crafts kits
- Jump ropes and pogo sticks
- Miniature dolls and action figures

## Check for product recalls

Safe Kids compiles product recalls specific to children and sends twice-monthly e-mail alerts for recent recalls. Sign-up for the latest recall information at [www.safekids.org](http://www.safekids.org).

Visit [www.recalls.gov](http://www.recalls.gov) for information about product recalls related to children.

— References:  
[www.gastongov.com](http://www.gastongov.com)  
[www.safekids.org](http://www.safekids.org)



## October

### Patient Safety Employee of the Month

#### Patient Safety Division

Ashlee Gunby, RN, from the Endocrinology/Infectious Diseases Clinic, was recently named the Eisenhower Army Medical Center's Patient Safety Employee of the Month for October. The presentation was Nov. 7.

Before administering a medication to a new patient, Gunby counseled the patient prior to administration about potential risks and obtained the patient's history which revealed a recurrent illness that previously had been missed. The particular medication could increase patients' risks from other medications.



Photo by John Corley

**Ashlee Gunby, RN, right, from the Endocrinology/Infectious Diseases Clinic, is recognized as the Patient Safety Employee of the Month for October by Col. David E. Ristedt, Eisenhower Army Medical Center Commanding Officer, Nov. 7 in the clinic.**

Gunby she stopped the procedure and discussed this with the team. A pause in treatment was called, pending further discussion.

Gunby consistently provides high quality patient care by using a checklist approach, touted by HROs, and immediate feedback, a tenet of TeamSTEPPS, as noted in her nomination for this award.

Gunby lives in Appling, Georgia. She's been a RN for 20 years and has worked at Children's Hospital of Georgia and Doctors Hospital prior to working here. She started at EAMC in 2012. She is married to Randy, and they have a one daughter, Morgan, and a dog, Maggie Mae.

She is a graduate of USC-Aiken, with Associate's Degree in Nursing and earned a Bachelor of Science in September 2012 from University of Phoenix.

Hobbies include kayaking and serving in the Children and Youth ministries at Kiokee Baptist Church. Her goal is to become a Nurse Practitioner.

## NOVEMBER'S SAFETY EMPLOYEE



Photo by David M. White

**Darren McKinnon, center, the supervisor for respiratory therapy in Eisenhower Army Medical Center's pulmonary department is recognized by Col. David E. Ristedt, left, EAMC commander, and Lt. Col. Samuel Burkett, pulmonary and critical care physician, Oct. 31 in the CO's office. McKinnon was specifically recognized for his diligence and attention to detail. During a recent inspection, McKinnon had only seven minor findings identified among 38 examination rooms. McKinnon specifically mentioned his team members for their contributions to this achievement.**

### EFMB from page 7

"This badge certifies you're an expert," he said. "It shows you're willing to go the extra mile."

Huh, who returned from a deployment in Southwest Asia earlier this year, said it was also her first time competing for the badge.

"It's the toughest in the Army to get," she said. "I'm really proud and I'm just thankful for all the support I received."

Huh said she would return to work at a clinic on Fort Gordon on Thursday.

The original 325 soldiers came from units based in a dozen states, officials said. More than 200 hailed from Fort Bragg, with most coming from the 44th Medical Brigade, another large group from the 82nd Airborne Division and others belonging to the 18th Airborne Corps, Womack Army Medical Center and special operations units.

More than 350 soldiers from the 44th Medical Brigade were needed to support the testing. The event doubled as field training for those soldiers, who supported the badge candidates as they slept, ate and lived in the field for more than a week.

Lodi said she was proud of everyone who competed.

"This is our badge of excellence," she said. "It's a real test of where you are as an Army medic."

Lodi said the soldiers were incredibly motivated, and even those who failed to earn the badge could return to their units having received great training that will prepare them for future mission and, hopefully, the eventual successful completion of the badge requirements.

"It's not uncommon (to need several attempts,)" Lodi said. "Now, they know what they can expect next time."

*Editor's Note: the article first appeared in the Oct. 28 edition of the Fayetteville [N.C.] Observer. It is reprinted with permission.*



# Eisenhower Army Medical Center



## 5-Star Caregivers WE KEEP OUR NATION READY



Eva Proudfit, Health Services Auxiliary, Volunteer since 1992

Mary E. Gaudette, Librarian, Health Sciences Library, At EAMC since October

Spc. Trevon D. Strickland, religious affairs specialist, Chaplains' office, at EAMC since June 2012, Soldier for three years

Martha Azap, RN, Red Cross Volunteer on the 9th floor from November 2015 to November 2017, joined EAMC as full-time nurse November 2917