



Rounds 
Eisenhower Army Medical Center

OCTOBER 2017

CALENDAR

Oct. 2

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

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

Oct. 3

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

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

Equal Opportunity Training, EAMC Auditorium, 8-9 a.m.

Oct. 5

MRT for GME Students, EAMC Auditorium, all day

Oct. 6

Employee Assistant Program training for civilian employees and families, ASAP training room, noon to 1 p.m.

68K - Lab Phase II Graduation. EAMC

Auditorium, 1:30-2:30 p.m.

Oct. 10

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

Oct. 13

DTMS and Swank Health Managers Training, EAMC Auditorium, 9-10:30 a.m.

Oct. 16

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

Threat Awareness and Reporting Program, EAMC Auditorium, 1-2 p.m.

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

Oct. 17

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

Oct. 17

2017 Law Enforcement National Night Out, Law

Enforcement Center, 675 Rice Rd., 6-8 p.m.

Oct. 18

Noncommissioned Officer Development Program, EAMC Auditorium, 6-7 p.m.

Military Resilience Training for Families, Family Outreach Center, building 33512 (behind Woodworth Library) Rice Road, 9 a.m. to noon

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

Oct. 26

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

Oct. 27

EAMC Performance Triad Fun Run/Walk, hospital flagpole, 5:30-6:30 a.m.

Oct. 30

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

Think before you drink

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

In a food industry dominated by fast food, super-sizes and value meals, it's no wonder soda is the top beverage of choice for U.S. consumers.

But what is really in a soda? The main ingredient in sweetened soft drinks is water; they are about 90 percent carbonated water. Both artificial and natural flavors are added, such as citric acid and phosphoric acid to give soft drinks a tart taste and act as a preservative. Often colors or dyes are added and many soft drinks also contain caffeine. While caffeine is not necessarily harmful, it is a stimulant that can make you feel anxious or jittery, affect sleep patterns or cause headaches.

Sweetened soft drinks provide essentially no key nutrients and are sweetened with either sugar or high-fructose corn syrup, which is a combination of fructose and dextrose (a sugar that comes from corn).

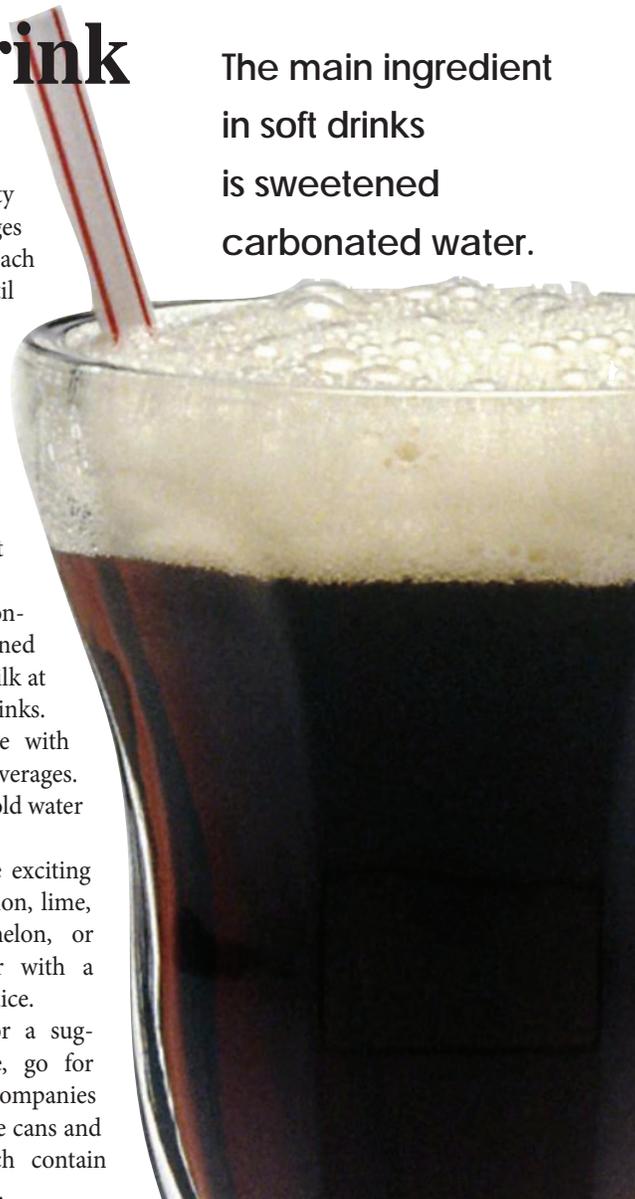
Frequently drinking sugary beverages like soft drinks can lead to weight gain or obesity, type 2 diabetes, heart disease, kidney diseases, non-alcoholic liver disease, tooth decay and cavities, and gout. Many companies are removing high fructose corn syrup from their products, but the key to maintaining a healthy weight and a healthy diet is to cut back on all types of added sugar.

If you drink sweetened soft drinks or any other sugar-sweetened beverages, consider

these "think before you drink" tips:

- Cut down the quantity of sweetened beverages you drink gradually. Each week, cut back until you reach the goal of drinking 8–12 ounces or less a day.
- Diet sodas are better than regular sodas, but water is the best way to quench thirst and prevent dehydration.
- Serve calorie-free carbonated water, unsweetened beverages or low-fat milk at meals instead of soft drinks.
- Don't stock the fridge with sugar-sweetened beverages. Instead, keep a jug of cold water in the fridge.
- Make your water more exciting by adding slices of lemon, lime, cucumber or watermelon, or drink sparkling water with a splash of 100 percent juice.
- When you do opt for a sugar-sweetened beverage, go for the small size. Some companies are now selling 8-ounce cans and bottles of soda, which contain about 100 calories each.

The main ingredient
in soft drinks
is sweetened
carbonated water.



What's on my mind

Col. David E. Ristedt
Commander

Eisenhower Army Medical Center

The October edition of Rounds offers an opportunity to reflect on the first 75 days of command and highlight some of the things we are working toward for the 5-star patient experience. But first, I want to thank all of our staff for their professionalism and our patients for their patience during Hurricane Irma. Throughout that period of uncertainty and recovery, everyone displayed tremendous teamwork at each of our locations in Puerto Rico, Miami and Augusta to accomplish our mission and support each other. Our patients and military leadership leaned heavily on us and you delivered the quality, safety and timely care expected from Army Medicine.

I'd like to focus on some overarching themes from the new "What's On Your Mind" button on IkeNet and observations in the early days of our time together. I am committed to improving the facility, work conditions and processes that will lead directly to staff satisfaction and the 5-star patient experience. There are four big issues that affect everyone:

- Parking and the condition of the parking lot: I've received considerable feedback on the need to resurface, re-stripe and re-grade the parking lot. We are working with our garrison partners on options. In the meantime, we are exploring options of reinstating the "golf-cart" service and "valet" parking for patients. As we can, we will institute these services to improve

not only safety but a quality experience.

- Automations Support: Our internal webpage (IkeNet) is getting a facelift with a goal of a "2-click" rule. All important information should be accessible with two clicks of the mouse (page changes). In addition, we're providing input to MEDCOM to improve the appearance and functionality of our community page on the internet. Finally,

our information management team has improved guest WiFi access to more areas of the hospital for patients and their guests. This is a significant quality-of-experience issue and will only get better toward the end of the year.

- Facility Appearance: I ask the staff for input as we look for opportunities to improve the appearance and welcoming nature of our facilities. Let's replace unfriendly signs with those that are patient centered.

see **COMMANDER** on page 11



Photo by Scott Speaks

Eisenhower Army Medical Center's Commanding Officer Col. David E. Ristedt meets with Doug Welch, Doctors Hospital of Augusta's president and chief executive officer, during Ristedt's visit Sept. 7. EAMC and Doctors recently signed an agreement for Doctors to provide labor and delivery services to Fort Gordon's service members and their families.

On the Cover

Mary Lewis Black, MD, Eisenhower Army Medical Center's chief of Pediatrics, right; describes EAMC's new phototherapy unit to Col. Andrew Friedman, EAMC's deputy commander, following the unit's ribbon cutting on 9 East, Monday, Aug. 28.

Phototherapy is the most common treatment for reducing high bilirubin levels that cause jaundice in a newborn. Jaundice is a common, temporary and usually harmless condition in newborn infants. It affects both full-term and premature babies, usually appearing during the first week of the baby's life.

Jaundice occurs when there is a build-up of a naturally occurring substance in the blood called bilirubin. Bilirubin is an orange/red pigment in the blood. Bilirubin is produced by the normal breakdown of red blood cells. It is normal for everyone to have low levels of bilirubin in their blood. As bilirubin begins to build up, it deposits on the fatty tissue under the skin causing the baby's skin and whites of the baby's eyes to appear yellow.

Neonatal jaundice occurs for multiple reasons including a shorter red blood cell lifespan, higher red blood cell concentration, and slower metabolism and excretion of bilirubin. These all lead to higher levels of bilirubin in the circulating blood. The bilirubin can leave the vascular system and permeate extravascular tissues (i.e. skin, sclera, and oral mucosa) causing them to turn yellow. The resulting yellow color is termed jaundice.

Jaundice is the most common reason for re-admission to the hospital during the neonatal period. It is estimated that 60 percent of term newborns develop jaundice. It is usually benign in infants born after 35 weeks.

Phototherapy uses light to convert bilirubin into forms that can be excreted by the body. In the standard form of phototherapy, the baby lies in a bassinet or enclosed plastic crib (incubator) and is exposed to a type of fluorescent light that is absorbed by the baby's skin. During this process, the bilirubin in the baby's body is changed into another form that can be more easily excreted in the stool and urine.

Photo by David M. White



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Rounds is an official monthly publication of Eisenhower Army Medical Center at Fort Gordon, Georgia, produced by the EAMC Public Affairs Office for and about the staff of the hospital and the military members, family members and beneficiaries who choose EAMC for their Five-Star Health Care.

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

EAMC stair-climb honors 9/11 first responders



Courtesy photo

In remembrance of the 343 members of the New York Fire Department who lost their lives on 9/11, 15 Eisenhower Army Medical Center staff members climbed EAMC's 13 flights of stairs in the center of the hospital seven times Aug. 30. Reserve student Tiffany Chang had the fastest time, completing the challenge in 30 minutes. The NYFD fire fighters climbed 110 flights of stairs on 9/11 in an effort to rescue those trapped in the collapsing buildings.

FROM THE NURSES' STATION



Courtesy photo

Some of the members of Eisenhower Army Medical Hospital's Case Management team gather for a group photo outside of the hospital Sept. 7 in honor of National Case Management Week, which is Oct. 8-14. Shown are, top left, Patricia Ross, Family Medicine Clinic; Tammy Clark, Pain Management Clinic; Gary Brunson, Cardiology/Clinical Pharmacology Clinic; Kimberly Oatman, TMC-4; and, bottom left, Sharon Walker, Family Medicine Clinic; Elizabeth Sylvester, Pain Management Clinic; LaTonya Collins Eatmon, Community Care Clinic; Patsy McCloud, Pulmonary Clinic; Joan O'Neal, Traumatic Brain Injury Clinic; and Debra Williams, Inpatient Behavioral Health.

Case Management week is Oct. 8-14

Patricia Ross, RN, MS, CCM
PCMH Nurse Case Manager
Family Practice Clinic

"Case management services are provided by health care professionals working with people to identify issues and barriers that may prevent them from getting better and uncovering mutually agreed upon solutions to achieve their health care goals," According to Case Management Society of America.

"Case managers work with individuals and families to understand their illness or injury, what the individual and family needs to do to participate with the clinical team, follow the treatment plan and the path to reaching the best possible outcomes."

So many feel overwhelmed when trying to navigate our complex health care system. It can be issues surrounding an aging spouse, a cancer diagnosis, referrals and insurance, or the unique challenges of a special needs child. Finding ones way through the military health care system can be overwhelming. That is when nurse case managers come in to provide guidance and assistance to active duty and retirees and families with continuity of care throughout the lifespan.

Eisenhower Army Medical Center's nurse case managers provide a wide range of services to its clients, including such as working with civilian medical providers when patients are sent out for care; address-

ing the challenges of our aging population; identifying community resources; working with patients and families to manage difficult medical conditions such as cancer, congestive heart failure, COPD and following up with patients after hospitalization to help prevent readmissions.

Whether it's finding specialty medical providers to address issues, assisting with durable medical equipment, support in transition of care or setting up home health care for the home-bound patients, nurse case managers have a wealth of experience and resources to address the many needs of our active duty and retiree patients and families.

Nurse case managers help patients navigate the health care system to find the most effective use of resources and medically appropriate treatment. Each of EAMC's primary care clinics and many specialty clinics have nurse case managers available to guide patients and families through their most difficult times. They identify resources to provide a one-stop shop for comprehensive care at no cost to clients. Case management is another benefit EAMC provides and patients and families are encouraged to take advantage of these services.

When you find yourself overwhelmed, in need of someone to help navigate your care or when you just don't know where to turn, call your primary care or specialty clinic to speak with a nurse case manager.



File photo

Members of Eisenhower Army Medical Center's Troop Command gather for a group photograph near the flagpole outside of the hospital in May 2016 prior to a Noncommissioned Officer Induction Ceremony.

Accolades – Readiness – Moving Forward

Parting words from Command Sergeant Major, Troop Command, EAMC

Command Sgt. Maj. Thurman Lee Reynolds
Troop Command
Eisenhower Army Medical Center

Team: as I reflect on the past 26 months while serving as your battalion-level command sergeant major I am truly humbled and extremely proud to have been blessed with some of the best the Army as to offer; the Soldiers of Troop Command and the entire Eisenhower Army Medical Center team delivering 5-Star Health Care while supporting the number one priority of the Army: Readiness.

Collectively our teams' performance consistently placed DDEAMC in the top of Regional Health Command-Atlantic's BORA and IRIS summary reports, improved OR utilization to greater than 90 percent, increased average census to above 72 percent, improved overall PMRM by 9 percent, increased provider schedule compliance to greater than 90 percent, and decreased primary care leakage to less than 2 percent. We spearheaded telehealth capability within RHC-A, achieved a top-10 percent rating from the American College of Surgeons National Quality Improvement Program for two straight years while filling around 150 PROFIS requirements resulting in several of our Soldiers deploying worldwide to multiple theaters of operations supporting our war-time mission requirements.

Since Aug. 12, 2015, the Soldiers of Troop Command have received more than 333 Army Achievement Medals, 399 Army

Accommodation Medals, over 240 Meritorious Service Medals, more than 28 Legion of Merits, more than 600 Certificates of Achievement, and countless letters of recognition/commendation and command team coins for excellence in recognition of these accomplishments.



Photo by John Corley

Troop Command's Command Sgt. Maj. Thurmond Reynolds participates in a change-of-command ceremony July 21, 2016.

We have all heard the slogan "The No. 1 Priority is Readiness." Everything mentioned in the above paragraph ties into readiness. Put simply: "Readiness" is everything we do in support of the United States Army Mission: The mission of the United States Army is to fight and win the nation's wars through prompt and sustained land combat, as part of the joint force.

We do this by organizing, equipping and training Army forces for prompt and

sustained combat incident to operations on land; integrating our capabilities with those of other armed services; accomplishing all missions assigned by the president, secretary of defense, and combatant commanders; remaining ready while preparing for the future.

Readiness is more than just your individual medical readiness, or individual readiness to perform your technical and tactical skills proficiently to support the Army Mission.

Readiness starts with the individual and builds into the readiness of the team from the smallest level to the entire Army. It encompasses all the building blocks to enhance, improve, and sustain the technical and tactical skills of the individual and the whole team: the Army professional — The American Soldier — and the Army Civilian. I ask every Soldier and Army civilian to read the Soldier's Creed and the Army Civilian Creed. Contained inside these creeds is a basic understanding of readiness.

Over the past 26 months, I have seen improvements toward supporting readiness with increased situational awareness on medical readiness that ultimately led to EAMC achieving a 99 percent maximum obtainable MRC rating while also improving the installations MRC 4 rating to 1.9 percent. Improved planning, coordination, and execution of BN and BDE level training events like weapons qualification,

see **TROOP COMMAND** on page 11

Hey, roll over. You're snoring ... again

“Laugh and the world laughs with you, snore and you sleep alone.”

– Anthony Burgess, British composer and novelist

David M. White
Public Affairs Office
Eisenhower Army Medical Center

“Sleep apnea is a common disorder in which you have one or more pauses in breathing or shallow breaths while you sleep,” according to the National Heart, Lung and Blood Institute of the National Institutes of Health.

If you've been around someone snoring ... whether they're snoring the siding off the

side of the house or if it's a gentle purr ... snoring can be a sign of obstructive sleep apnea which can lead to serious side effects.

“Breathing pauses can last from a few seconds to minutes. They may occur 30 times or more an hour. Typically, normal breathing then starts again, sometimes with a loud snort or choking sound,” according to the NIH.

A doctor who is a sleep specialist must determine if you have obstructive sleep apnea or another type of sleep disorder. Diagnosis involves a sleep study where data is gathered and used to determine the severity of the symptoms. It also helps in determining a recommended therapy.

At Eisenhower Army Medical Center, Dr. Barbara Joslow and her team perform on average four sleep studies per night and

about 28 per week.

“The goal,” Joslow said, “is for the patient to have fewer than five [interrupted-sleep] events per hour with treatment. Mild sleep apnea is five to 15 events per hour.”

Left untreated, sleep apnea can lead to:

- Increased risk of high blood pressure, heart attack, stroke, obesity and diabetes
- Increased risk of, or worsening, heart failure
- Arrhythmias, or irregular heartbeats, more likely
- Increased chance of having work-related or driving accidents

Sleep apnea usually is a chronic condition and mild cases may be treated with lifestyle changes such as losing weight, avoiding alcohol and sleeping pills, changing sleeping positions, stopping smoking and not sleeping on your back.

Probably the most familiar treatment is a Continuous Positive Airway Pressure machine, also called a CPAP.

With a CPAP, a mask is worn over the nose while you sleep. The machine delivers a continuous flow of air through the hose.

“My philosophy,” Joslow said, “is to use anything that works to control events that the patient will use.”

Some people object to the CPAP's noise, mask or becoming entangled in the hose.

“The CPAP is not the only way to go,” she said. “Oral appliances are an alternative.”

Once a physician determines a dental appliance is the treatment of choice, a prescription is written and, at EAMC, the DENTAC near the hospital will custom-craft appliances to the prescription specifications.

“This is a custom fit for each Soldier,” said

see **SNORE** on page 11



Photo by David M. White

Certified Dental Lab Technician Joe Thomason shows both halves of a dental appliance custom made to treat a specific service member's sleep apnea. The appliance, which is hinged in the front, pulls the patient's lower jaw forward while he sleeps. Pulling the jaw forward helps keep the tongue from falling back in the throat, partially blocking the airway.

‘Tis the season to start fighting the flu

Capt. Jennifer L. Bryant
Preventive Medicine Clinic
Eisenhower Army Medical Center

Getting an annual flu vaccine is the first and best way to protect yourself and your family from the flu. Flu vaccination can reduce flu illnesses, doctors' visits, and missed work and school due to flu, as well as prevent flu-related hospitalizations. The more people who get vaccinated, the more people will be protected

from flu, including older people, very young children, pregnant women and people with certain health conditions who are more vulnerable to serious flu complications.

Influenza, or the flu, is a contagious respiratory illness caused by influenza viruses. Flu seasons are unpredictable and have the potential to impact Department of Defense readiness and mission. Each year in the United States, seasonal influenza kills

more than 36,000 people and hospitalizes 200,000 more.

The goal of DOD's Influenza Vaccination Program is to protect all active duty, National Guard and Reserve personnel, mission-essential civilian personnel, health-care personnel and Tricare beneficiaries from influenza and related complications.

The peak season for flu is usually Octo-

see **FLU** on page 8

SPLAT: Breast cancer through the eyes of a painter

Cris Hightower, RN

Certified Case Manager-Oncology

Eisenhower Army Medical Center

Her day began with a bright canvas, kissed by sunlight and brilliantly adorned with weaving patches of crepe myrtles competing for best color-prize.

Yvonne Kinney is a North Augusta, S.C.-based artist and wife of a military retiree. She sees life as moments of color and shapes that constantly reveal themselves to her.

Last summer Kinney had an appointment to see her health-care provider at Eisenhower Army Medical Center for an annual checkup. But this time, her provider felt a slight difference in her left breast. Although not due for a few months, the provider suggested scheduling a mammogram appointment, just to be on the safe side. Kinney thought, "Sure, why not?"

She walked to the Mammogram Section, prepared to be given an appointment scheduled a few weeks from now, but was instead was told, "We can take care of you today."

"I must have come at a great time," she thought. Her mammogram was completed and she headed home with color captured moments continuing to evolve on her Spring canvas.

Three days later, Kinney was contacted by Mammography Section and asked to return for further tests. When she returned, she was informed that the findings were highly suspicious for cancer but further tests were required to confirm a diagnosis. That same day a breast ultrasound and needle core biopsy was performed. The diagnosis: Cancer.

Suddenly Kinney felt as if someone suddenly threw a glob of thick, black paint, now creating a black hole right in the middle of her canvas. She could almost hear the noise as it hit the surface and penetrated deep into the canvas fibers.

SPLAT!

The darkness it created now became a centerpiece and overshadowed all that was once lovely and good. The brilliant colors and blooms were now distorted in a pool of muddy darkness. Her countenance was now overshadowed by numbing-shock that towed behind it, a heavy fear of what the future may hold.

When the biopsy report came back, she was contacted and asked to return to the hospital to discuss the findings. When she did, surgical procedures, a lumpectomy and



Photo by David M. White

Artist Yvonne Kinney in her North Augusta, S.C. studio Sept. 4, is being treated at Eisenhower Army Medical Center for breast cancer. October is National Breast Cancer Awareness month.

lymph node biopsy were recommended. This would attempt to remove the cancerous mass and selected lymph nodes to determine the possible spread of disease.

The specimens would be sent to pathology for a definitive diagnosis and disease staging needed to determine the most appropriate treatment.

Whatever we need to do, she thought.

Kinney had the recommended surgery shortly thereafter. Her recovery was somewhat painful, as she tried to limit the use of pain medications. Additionally, there was a significant amount of tissue removed from her left breast, leaving her breast scarred and deformed.

SPLAT! Another attack on her canvas.

This time a dark red color was hurled onto the canvas and its splatter now assumed center stage. Dark red now oozed and filled the dried canvas valleys created by dark mud that previously flowed so freely. These attacks seem to echo in Kinney's core. Before she had time to recover from one, another was hurled at her, again knocking her to her knees.

SPLAT!

The next call and visit seemed to provide some light. The surgical team informed her they were sure they "got it all." Kinney would likely require only radiation therapy for several weeks to destroy any possible remnant of the enemy within. The surgical team was pleased and now referred her to the oncology team to discuss the pathology report findings and treatment options in detail.

It had only been three weeks since her routine appointment. That appointment had proven to be anything but routine.

Another call and appointment, this time with the oncologist.

"You have very aggressive type of breast cancer," the oncologist told her.

She listened but was unsure of what to say, what to ask or what to think, as the oncologist continued. "To minimize recurrence, we recommend chemotherapy followed by radiation."

They recommended the other "C" word: chemotherapy.

SPLAT!

"Oh," she thought, "you mean even if we cut it out and zap it, this disease can come back?"

She considered the treatment recommendation and opted for chemotherapy followed by radiation to minimize the risk of recurring disease. The elephant on her canvas was now showing itself with more clarity. She has breast cancer.

She was previously an extrovert who loved meeting people and never met a stranger. Now, she was numb, introverted and without words to share, even with loved ones. Everything was happening so fast. She turned inward to reshape her vision and create beauty from the ashes of destruction.

Chemotherapy is now in progress and while very difficult, Yvonne now sees her canvas attacked with varied shades of light to dark grey.

Still ... SPLAT!

She has chemotherapy followed by almost three weeks of symptoms loss of appetite, nausea, diarrhea and severe fatigue; before she gets to a brief period of "almost normal." This is when she feels able and enjoys cooking, gardening and painting again.

This is when she sees new colors of creamy sunshine emerging from the now, gray sky. During these brief periods, she once again sees that sunshine dimly, peeking through and unfolding itself onto a new canvas of life and survivorship.

SPLAT! A new canvas in progress ...

Finding peace in the storm

Capt. Christopher Hart

Chaplain

Eisenhower Army Medical Center

Natural disaster often comes when no one is expecting it.

The world has experienced different natural disasters such as the hurricane storm, tropical storms, tornados, mudslides, flooding caused by heavy rainfall and fires caused by explosions or wildfires, etc. Such are the issues of life; they hit like a storm. Sometimes very furious and damaging, violent and devastating. Storms bring sorrow, pain, suffering and loss of property and lives.

Storms render us absolutely helpless, in agony and frustration. Yet in all of this, we can still find peace in the storm.

In June 2017, according to The New York Times, a village in south western China experienced an avalanche of mud and rocks when a hillside collapsed. More than 140 people were reported dead and over 3,000 rescuers worked tirelessly cleaning and looking for survivors.

"It came too suddenly; I didn't sense any signs before it happened," the employee of a nearby hotel told The Shanghai newspaper. Family members were left in agony and grief for their losses.

In August 2017, more than 1,000 people

"He will cover you with his feathers, and under his wings you will find refuge; his faithfulness will be your shield and rampart."

— Psalm 91 verse 4 NIV

were killed from a devastating mudslide and flooding that hit the Regent city of Freetown in Sierra Leone.

The people of Sierra Leone are still grieving their loss. Many survivors have no home to return to. Family members left in agony, pain and suffering.

"Who should we really blame? ... Why should the lives of 1,000 end tragically like this," said Bishop Temple who delivered the Sunday sermon at a Methodist Church near Regent.

Recently in Texas, on Aug. 25, Hurricane Harvey landed in Houston, dropping 52 inches of rain that caused flooding.

According to nbcdfw.com, Hurricane

Harvey has killed 70 people so far. However, before the U.S. could recover from Hurricane Harvey, Hurricane Irma struck the Caribbean and U.S. territory from Puerto Rico to Florida, impacting Georgia to South Carolina.

How do you find peace in the midst of all of this chaos? Can there be true peace?

These are some of the questions that I have been frequently asked. As a Christian and someone who believes in the promises of God for his creation, my answer has always been: Yes, in all of these, we can still find peace in our shares of the storm.

Just like the world faces natural disaster, we as humans have our own share of storms. There could be a storm in your relationship, you could be experiencing some stormy financial situations or health problems that keep you in and out of the hospital.

Sometimes it could be situations with family members or you could be facing a spiritual storm struggling to find your spiritual identity or who you truly are.

You could be struggling to find what gives you a basic sense of hope and meaning in life.

Faith is the key to the peace we are seeking. Faith in God and faith in the higher power that wakes you up every day is the key to finding peace in the storm.

"He will cover you with his feathers, and under his wings you will find refuge; his faithfulness will be your shield and rampart." (Psalm 91 verse 4 NIV)

FLU from page 6

ber through May. Get vaccinated as soon as possible.

Flu prevention guidelines

The best way to prevent the flu is by getting a flu vaccination each year. Other ways to prevent catching and spreading the flu include:

- Clean your hands often with soap and warm water or alcohol-based hand cleaners.
- Avoid touching your eyes, nose or mouth.
- Use a tissue to cover your mouth and nose when you sneeze or cough then put used tissue in the waste basket. If a tissue is not available, then sneeze or cough into the inside of your elbow, not your hand.
- Avoid close contact with people who are sick and keep your distance or stay home if you are sick.

Where, when

For the 2017-2018 flu season, vaccines will be provided as follows High Risk Population, EAMC Staff, and Soldiers prior to Tricare beneficiaries.

Phase I: Oct. 3 for the high-risk population, including pregnant women, children under 5 years old, adults 65 years and older, and those with certain medical conditions outlined in the Advisory Committee on Immunization Practices guidelines. Immunizations for the high-risk population can be received at EAMC's Family Practice Clinic, Community Care Clinic, Internal Medicine Clinic, Occupational Health Clinic, Connelly Health Clinic and TMC-4 during regular clinic hours.

Phase II: Oct. 10-13, for EAMC staff. Immunizations will be offered from 7 a.m. to 4 p.m. in the EAMC Occupational Health

Clinic, 6th floor.

Phase III: Oct. 18 for Fort Gordon Post and assigned units. Immunization hours will be from 5 a.m. to 3 p.m., per unit scheduling in Gym 5.

Phase IV: Oct. 28, Influenza Drive-Thru Flu Campaign for Beneficiaries. Immunizations will be offered from 8 a.m. to 2 p.m. in the EAMC main parking lot as well as the EAMC Family Medicine Clinic.

Bonus offering for retirees: Nov. 4, Retiree Appreciation Day, 8 a.m. to noon, Darling Hall.

Phase V: Nov. 8, for National Security Agency staff. Immunizations will be offered from 6-11:30 a.m., within the main NSA entryway.

The DOD will not use the intranasal spray vaccine this year due to this year's ACIP recommendations.

Fire safety is your responsibility

Melissa Hendrix

Safety Specialist

Eisenhower Army Medical Center

Each year, more than 4,000 Americans die in fires, more than 25,000 are injured in fires and more than 100 firefighters are killed while on duty. Eighty-three percent of all civilian fire deaths occurred in residences. Many of these fires could have been prevented.

Cooking is the third leading cause of fire deaths and the leading cause of injury among people age 65 and older.

Fire prevention tips

The following are things you can do to help prevent a fire, and protect yourself, your family and your property in the event of a fire:

- Install smoke alarms. Properly working smoke alarms decrease your chances of dying in a fire by half.
- Place smoke alarms on every level of your residence, including the basement.
- Install a working carbon monoxide detector in the common area of the bedrooms.
- Test and clean smoke alarms once a month and replace batteries at least once a year. Replace smoke alarms once every 10 years.

Cooking safety

- Never leave cooking unattended.
- Always wear short or tight-fitting sleeves when you cook.
- Keep towels, pot holders and curtains away from flames
- Never use the range

If you are calling 911 on Fort Gordon, make sure you tell the dispatcher you are calling from Fort Gordon.

or oven to heat your home.

Escaping the fire

- Have an escape plan. Review escape routes with your family.
- Make sure windows are not nailed or painted shut.
- Teach family members to stay low to the floor, where the air is safer, when escaping from a fire.
- In high-rise, never lock fire exits or doorways, halls or stairways. Never prop stairway or other fire doors open.

Heating source

- Place space heaters at least three feet away from flammable/combustible materials.
- Use only the type of fuel designated for your space heater.

Electrical wiring

- Inspect extension cords for frayed or exposed wires or loose plugs
- Make sure outlets have cover plates and no exposed wiring.

- Make sure wiring does not run under rugs, over nails, or across high traffic areas.
- Do not overload extension cords or outlets.

If there is a fire

The following are things you can do to protect yourself, your family and your property in the event of a fire:

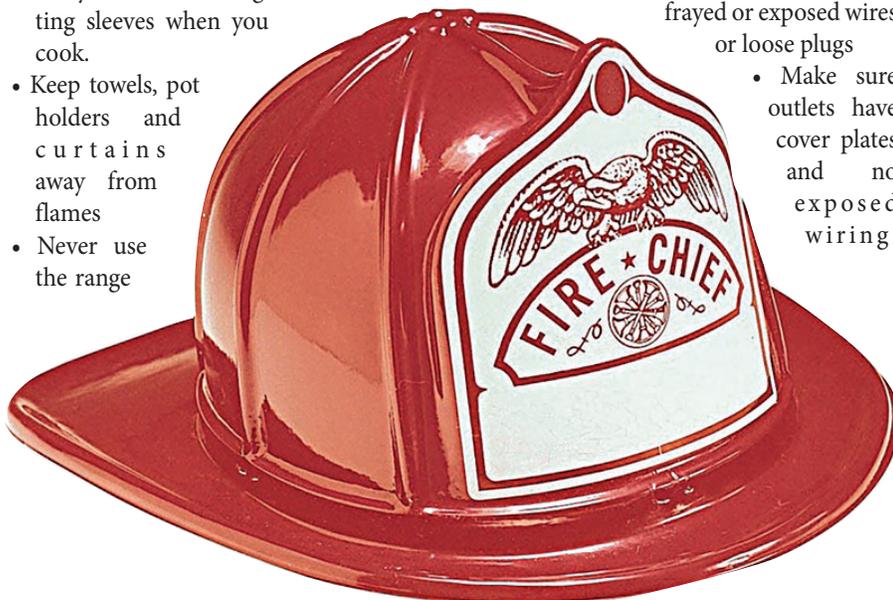
- Do not panic.
- If your clothes catch on fire, you should stop, drop, and roll until the fire is extinguished.
- Do not assume someone else already called the fire department; get out of the house then call the fire department.

In a closed room

- Check closed doors with the back of your hand to feel for heat before you open them.
- If the door is hot, do not open it. Find a second way out, such as a window. If you cannot escape through a window, hang a white sheet outside the window to alert firefighters to your presence.
- Stuff the cracks around the door with towels, rags, bedding or tape, and cover vents to keep smoke out.
- If there is a phone in the room where you are trapped, call the fire department again and tell them exactly where you are.
- If the door is cold, slowly open it and ensure that fire and/or smoke is not blocking your escape route. If your escape route is blocked, shut the door and use another route.
- If clear, leave immediately and close the door behind you. Be prepared to crawl.

After a fire

- Once you are out of the building, stay out. Do not go back inside for any reason.
- If you are with a burn victim or are a burn victim yourself, call 911, cool and cover your burns until emergency units arrive.
- If you are a tenant, contact the landlord.
- Tell the fire department if you know of anyone trapped in the building.
- Only enter when the fire department tells you it is safe to do so.



10 Fort Gordon namesake wounded five times at 'Bloody Lane'

Compiled by David M. White

Public Affairs Office

Eisenhower Army Medical Center

The man for whom Fort Gordon is named was wounded five times in the deadliest battle in American history.

One hundred and fifty-five years ago, on Sept. 17, 1862, Confederate Gen. Robert E. Lee and U.S. Army Gen. George McClellan faced off near Antietam Creek in Sharpsburg, Md., in the first battle of the American Civil War to be fought on northern soil. The one-day battle was the costliest in American history with nearly 23,000 dead, wounded or missing.

The troops at McClellan's hand vastly outnumbered the confederate troops but he failed to [use] his numerical superiority to crush Lee's army.

Commanding the 6th Alabama under Lee, Col. John Brown Gordon, a native of Upson County, Ga., was assigned to hold an essential position during the Battle of Sharpsburg. The assignment consisted of a simple farm road named The Sunken Road because of its high earthen banks along each side of the road, making a prime defensive fighting position. Confederate soldiers further strengthened the position by piling fence rails atop the embankments.



Library of Congress

Confederate Gen. John Brown Gordon in an undated photo in an unknown location.



Library of Congress

Bodies of Confederate artillerymen near Dunker Church, at Antietam Creek, Sharpsburg, Md., after the Sept. 17, 1862 battle. Photo by Alexander Gardner.

Gordon's men were tremendously outnumbered. Their only hope, he decided, was for his men to hold their fire until the enemy troops were practically on top of them and then all fire at once. It worked.

Their first volley downed almost the entire Yankee front line. Subsequent lines of Yankees met a similar fate. For more than three hours, thousands of men blazed away at each other at point-blank range. Eventually the overwhelming Union numbers and confusion in the Confederate ranks forced the defenders back. When the fighting subsided, 5,500 soldiers lay dead or wounded on the field and in the road.

After this day, The Sunken Road was forever known as "Bloody Lane."

Gordon was among those wounded. First, a Minié ball passed through his calf. Then, a second ball hit him higher in the same leg. A third ball went through his left arm. He continued to lead his men despite the fact that the muscles and tendons in his arm were mangled and a small artery was severed.

A fourth ball hit him in his shoulder. Despite pleas that he go to the rear, Gordon continued to lead his men. He was finally stopped by a ball that hit him in the face, passing through his left cheek and out his jaw. He fell with his face in his cap and might have drowned in his own blood

He was finally stopped by a Minié ball that hit him in the face ...

except for the act of an unidentified Yankee, who had earlier shot a hole in his cap, which allowed the blood to drain.

A Confederate surgeon thought Gordon would not survive but after he was returned to Virginia, he was nursed back to health by his wife.

Lee soon after promoted Gordon to brigadier general.

Gordon, recuperated from his injuries received at Antietam, returned to active service, seeing action at Gettysburg, in the Battle of the Wilderness, The Battle of Spotsylvania Court House, the Valley Campaigns of 1864, the Siege of Petersburg, and he commanded the attack on Fort Stedman on March 25,

see **BLOODY LANE** on page 11

BLOODY LANE from page 10

1865 where he was wounded once again.

On April 12, 1865, now-Maj. Gen. Gordon's Confederate troops officially surrendered to Bvt. Maj. Gen. Joshua L. Chamberlain, acting for Lt. Gen. Ulysses Grant.

After the war, Gordon would go on to serve in the U.S. Senate and, subsequently, as governor of Georgia. He died Nov. 8, 1890. He was 71.

In 1917, the U.S. Army established an installation in Augusta named Camp Gordon. On March 21, 1956, the post was renamed Fort Gordon.

(Sources: U.S. National Park Service; *aboutnorthgeorgia.com*; *civilwartalk.com*; *history.com*; and *Medical Histories of Confederate Generals* by Jack D. Welsh, Kent State University Press, 1995; *Landscape Turned Red: The Battle of Antietam*, by Stephen W. Sears, Houghton Mifflin, 1983)

SNORE from page 6

Col. Daniel Dunham, a board-certified prosthodontist and deputy commander of the U.S. Army Dental Laboratory at Fort Gordon.

The process begins with making a mold or impression of the patient's upper and lower teeth.

"The appliance is similar to a mouth guard," Dunham said. "The upper and lower pieces are hinged together at the front

of the mouth and are designed to pull the lower jaw forward" which helps eliminate the obstruction of the airway by the tongue.

"The cost to the Army for an ADL-fabricated oral device is about a quarter of what the Army pays for a CPAP," he said.

The ADL serves active duty service members and is doing a booming business in oral appliances for the treatment of sleep apnea.

"Since February, we have made around

400 appliances," Dunham said.

There are at least a dozen "boil and bite" appliances available over the counter, Dunham said, but they claim to treat snoring, not obstructive sleep apnea.

Appliances that treat apnea must be approved for that use by the Food and Drug Administration.

"Not all snorers have sleep apnea," said Dunham, but almost all people with sleep apnea snore.

TROOP COMMAND from page 5

Army Warrior Tasks and Battle Drills Testing, and Best Warrior Competitions with the change from using Troop Leading Procedures at the company level to using the Operations Process along with Military Decision-Making Process with appropriate operational staff at the battalion level.

The creation of near-term, short-term, and long-range training calendars — along with the production of warning orders, operation orders, fragmentary orders and weekly command-and-staff meetings to focus on training requirements — enhanced time management of personnel.

These actions resulted in growing from a 72 percent AWT from FY15 to 98 percent in FY16 and 99 percent for FY17, producing a mirror image BWC, similar to those at the Regional, MEDCOM, and Army level, and improving weapons qualification of our PROFIS Soldiers from below 40 percent in FY15 to more than 85 percent currently.

I have full confidence in the commitment of our organization to sustain readiness. Moving forward, our biggest hurdle continues to be synchronizing efforts toward sustaining 5-Star Health Care and readiness of our Soldiers. I truly believe we can achieve this through effective communication. We can

strengthen the fibers of teamwork and effectively balance the patient care mission (technical skills) and the Soldier readiness (tactical skills).

I am proud of each of you as a valued and relevant member of our team and the part you have played in the success of our organization. I am more than honored and blessed to have served as your command sergeant major of Troop Command, EAMC.

Remember: you are a member of Our Profession, An Army Professional, built on the ethos of trust with four essential characteristics of our profession: military expertise, honorable service, *spirit de corps*, and stewardship.

COMMANDER from page 3

We will improve communication tools to assist patients with orientation throughout the facility, while thanking them for choosing us as their health-care team. These are the themes you will continue to see as we refine our culture of delivering the 5-star experience.

- Staff Recognition: I receive about equal numbers of comments recognizing excellence in fellow staff members and those who still struggle with challenges in their workspace. Through active engagement with leadership, I'd like to push that ratio as far to the positive as possible by addressing areas of friction and reinforce positive behaviors. I have full confidence in you as our staff and

know we can provide the 5-star experience by working together through challenges, remaining positive and focusing on the patient. Keep providing input directly to your leaders or via "What's On Your Mind" so we can enhance staff and patient satisfaction leading to an even greater quality patient experience. Further updates of note:

- Our Community-Based Medical Home contract is still working its way through the leasing process. We remain optimistic we can open a community home and expand enrollment.
- We are receiving consults from the Veteran's Administration Hospitals under the Choice Program. This is critical to our readiness posture for the organization.
- We are actively recruiting Veterans over

the age of 65. Please reach out to anyone you know who may desire to enroll with us at Eisenhower Medical Center.

- Our partnership with Augusta University became stronger with the addition of a rotation in oral-maxillofacial surgery. We have great partners throughout the community in AU, Doctors Hospital and others assisting with care of our patients, and education of our residents and students.

We remain extremely busy but also extraordinarily blessed to be part of the Eisenhower team. Whether you are a member of the staff or a patient, I ask you continue to identify pockets of excellence, opportunities for improvement and care for each other. Hurricane Irma highlighted what a great team we have — let's continue to push for even greater heights of excellence.



Eisenhower Army Medical Center



5-Star Caregivers WE KEEP OUR NATION READY



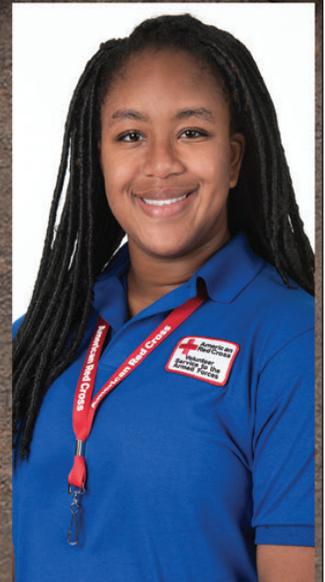
Spc. Tyler Hoopes, works in the Emergency Department, at EAMC since January, Soldier since June 2016



Janice M. Kirks, administrative assistant, Hospital Education and Training, at EAMC for 26 years



Colby Craig, American Red Cross 2017 Summer Youth Volunteer



Faith Jackson, American Red Cross 2017 Summer Youth Volunteer

