

Rounds

Eisenhower Army Medical Center



SEPTEMBER 2017

**MEDICAL
ILLUSTRATION**

**EXPERT
FIELD MEDICAL
BADGE**

**RTF 8TH
ANNIVERSARY**

Supporting Dr. Kenneth Shaw's research into the "anterior submandibular approach to cervical discectomy," Eisenhower Army Medical Center's Medical Illustrator Julie Devi Coats has created a drawing of an anterior cervical discectomy. Shaw is an orthopedist at EAMC. Read a complete story about Coats on page 6.

Sept. 1

EAMC Training Day, All Day

Sept. 2

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

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

Sept. 3

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

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

Sept. 4

Labor Day Holiday

Sept. 5

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

Ask, Care Escort (ACE) Training, EAMC Auditorium, 1-3 p.m.

Army Substance Abuse Program, EAMC Auditorium, 3-4 p.m.

Sept. 6

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

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

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

Sept. 7

DTMS/Swank New Managers Training, Defense Collaboration System (Online), 9-10:30 a.m.

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

Safety Meeting, EAMC Auditorium, 12:30-2:30 p.m.

Sept. 10

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

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

Sept. 11

Army Substance Abuse Program, Alexander Hall, 1-2 p.m.

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

Sept. 12

Equal Opportunity Training, EAMC Auditorium, 2-3 p.m.

Sept. 13

Resilience training, EAMC, 8-10 a.m.

Sept. 14

Threat Awareness and Reporting Program Training, Darling Hall, Room 188, 2-3 p.m.

Sept. 15

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

Sept. 16

Tutus for Cancer Awareness, Chamberlain

see **CALENDAR** on page 11

'5-second rule' not a food safety guideline

Maj. Spencer E. Taylor

Nutrition Care Division

Eisenhower Army Medical Center

Editor's note: the U.S. Department of Agriculture recognizes September as National Food Safety Education Month.

The Centers for Disease Control reports every year in the United States that 1 in 6 people become ill from eating food that is contaminated. Food is considered contaminated when it contains germs, bacteria or small microorganisms that can lead to a food-borne illness.

Depending on the type of food-borne illness, a person can become very sick and may require medical treatment for symptoms, which left untreated could lead to death. Persons with depressed immunity, young children and the elderly are the most vulnerable to food-borne illnesses.

There are four recommended steps that can be used at home to minimize the risks of consuming contaminated food, therefore reducing risks in developing a food-borne illness.

Clean

When preparing foods, wash hands and food contact surfaces, where germs live, as often as needed. Washing hands and food contact surfaces reduces those germs and reduces contamination risks. It is a good practice to wash hands for 20 seconds with soap and water. Food contact surfaces should



be cleaned after each use. Also, when preparing fresh fruits and vegetables, washing or cleaning under running water or a non-toxic solution helps to remove any dirt and debris.

Separate

After proper hand washing and food contact surfaces have been cleaned, a good way to avoid cross contamination of food is to prepare different food items separately. This means separating ready-to-eat foods away from raw items requiring cooking, such as uncooked meats. Other recommended practices would be using separate cutting boards and plates for produce, meat, poultry, seafood and eggs as well as, keeping

meat, poultry, seafood and eggs separate from all other foods during grocery shopping. Additionally, meat, poultry, seafood and eggs should be separate from all other foods in the fridge. Raw, uncooked meat should be stored below ready-to-eat foods.

Cook

To kill germs that may be present in foods that require cooking, those food items must be cooked to a certain internal temperature. Whether the cooked food is done or not should not be determined by eye appeal and should be verified using a food thermometer. Place the thermometer in the thickest part of the food to make sure it has reached a safe temperature. It is also important to keep cooked foods hot after preparation if not served immediately.

Chill

Properly cooling foods is important to reduce the growth of harmful bacteria that can cause food borne illnesses. Perishable foods should be stored under refrigeration within two hours to slow the growth of harmful bacteria. The most ideal refrigeration range for proper storage is between 40 and 32 degrees. Itemed stored in the refrigerator should have enough space around them to allow air circulation.

Large amounts of food items requiring refrigeration should be divided into smaller portions and stored in shallow containers to reduce cool-down time.

EAMC pilot site for VA Choice, CBMH lease approved

Col. David E. Ristedt

Commander
Eisenhower Army Medical Center

August proved to be an outstanding month for Eisenhower Army Medical Center and the Fort Gordon community.

The U.S. Army Medical Command approved EAMC as a pilot site for the Veteran's Affairs' Choice program which allows us to care for Veterans when their local VA does not have capacity. We are tremendously honored and excited to resume caring for those who have served where we have capacity.

The EAMC Community-Based Medical Home lease has been approved on the campus of Doctor's Hospital. This location allows those living north and west of Fort Gordon easier access to health care near their home. We are working through the details of enrollment but patients looking to take advantage of this opportunity can expect details in the near future as we outfit the location and begin hiring the staff.

On Nov. 4, EAMC will play a major role in Fort Gordon's annual Retiree Appreciation Day. We look forward to another



Courtesy photo

The U.S. Army Medical Command approved Eisenhower Army Medical Center as a pilot site for the Veteran's Affairs' Choice program which allows us to care for Veterans when their local VA does not have capacity.

quality event where we can not only honor the service of our retirees and their families but also provide the opportunity for those retirees enrolling with us to rejoin our team. The CBMH adds capacity for enrollment and we'd like our retirees to give us the honor of serving you again as your Primary Care Manager.

Patients visiting the main hospital and the outlying clinics will begin to see subtle but substantial changes in our signage meant to provide better directions and enhance a welcoming atmosphere. Patients will also see a renewed emphasis of creating a "5-star patient experience" for everyone visiting our facilities. Similar to expectations of a 5-star hotel or restaurant, EAMC staff expects to continue to deliver outstanding care while creating an environment where patients, staff and visitors feel valued. We are truly interested in everyone's feedback on how well we are meeting expectations so please encourage everyone to fill out the patient satisfaction surveys or talk to any of our staff about the experience before leaving the facility.

EAMC completed 980 school screenings over the three Saturdays dedicated to our youth. Great work by the entire staff. Parents and children alike all greatly appreciated the events and provided glowing feedback on their experience. Thank you.

Command Sgt. Maj. John Steed and I

see **COMMANDER** on page 8

Upcoming changes to TRICARE

TRICARE

The Military Health System is modernizing TRICARE to better serve you and respond to changes in law and policy. Most provisions will go into effect on Jan. 1, 2018, with full implementation occurring on Jan. 1, 2019.

You will find changes that may affect you listed in this section. We are still finalizing some policies and will update Tricare.mil when additional details become available.

Changes that may affect you Health Plans

- TRICARE Standard and TRICARE Extra will become the TRICARE Select plan.
- TRICARE Prime and other TRICARE plans will undergo additional changes.
- TRICARE For Life (Medicare wrap-around coverage) won't change.

Costs

- You may need to pay an enrollment fee, depending on your plan and when you became eligible for TRICARE.
- Some costs will change annually starting on Jan. 1.

Enrollment

- You will be automatically enrolled on Jan. 1, if you already have a plan or are eligi-

ble for TRICARE on Dec. 31.

- After Jan. 1, you must enroll in a TRICARE plan to get or change coverage.

Stateside regions, contractors

- The North and South regions will become the new East region. (Under the new regional contracts, the East Region is a merger of the North and South Regions and includes: Alabama, Arkansas, Connecticut, Delaware, the District of Columbia, Florida, Georgia, Illinois, Indiana, Iowa [Rock Island area], Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Mississippi, Missouri (St. Louis area), New Hampshire, New Jersey, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas [excluding El Paso area], Vermont, Virginia, West Virginia and Wisconsin.
- The West region will remain the same. (Alaska, Arizona, California, Colorado,

see **TRICARE CHANGES** on page 8

Rounds
Eisenhower Army Medical Center

September 2017 • Vol. 2, No. 12

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.

NSTP GRADUATION



Photo by Paul Clayton

Eisenhower Army Medical Center's Nurse Summer Training Program held its graduation Aug. 10 in the first floor auditorium. There were five Reserve Officer Training Corps cadets: Troy Chandler, from the University of Alabama; Fernando Echeona, from the University of San Francisco; Justin Lee, from the University of Pittsburgh; Madeline Lopez, from Marquette University in Wisconsin and Kieshla Velez, from Metropolitan University, Puerto Rico. This is the culminating training event. They will return to complete the last year of nursing school, take the National Council Licensure Examination and become commissioned as second lieutenants in the Army Nurse Corps. Col. David E. Ristedt, Eisenhower Army Medical Center's commanding officer, Col. Celethia M. Abner-Wise, chief nursing officer, Col. Amanda Forristal, deputy commander of Inpatient Services, and Lt. Col. Tamara Funari, director, Hospital Education and Staff Development, are also pictured.

CNTP GRADUATION



Photo by John Corley

Eisenhower Army Medical Center's Clinical Nurse Transition Program graduation Aug. 9 in the first floor auditorium. There were eight second lieutenants who graduated: Carolyn Baremore, Jordan Eisner, Catherine Flores, Catherine Ionescu, Timothy Jurkowski, Angelique Matusz, Abigail Muller and Heather Sims.

Nurses recognized for outstanding work, certifications

Col. Celethia M. Abner-Wise
Chief Nursing Officer
Eisenhower Army Medical Center

Congratulations to Andrea Chavous, RN, and Yvonne Chatman-Robinson, RN, both of whom serve on 9MSP. They embody the nursing profession and the prestige by continuing to maintain their board certifications in Medical -Surgical nursing for the past 41/2 and 10 years respectively.

Congratulations to Maj. Susan Pierson for becoming nationally certified as a Critical Care Nurse on July 31. Additionally, Anna Rickerson received her certification in the past year. This is a prestigious national certification through the American Association for Critical Care Nurses.

These medical surgical and critical care certifications place these health-care providers at the top of their specific practice in the field showing they have taken the extra steps to obtain or maintain the validity of their knowledge and skills, along with their commitment to excellence in medical-surgical and critical care nursing practice.

They demonstrate the highest level of professionalism and dedication to duty in providing patients and families the best Eisenhower Army Medical Center has to offer. CCRN (Adult) is a specialty certification for nurses who provide direct care to acutely/critically ill adult patients regardless of their physical location. Nurses may work in areas such as intensive care units, cardiac care units, combined ICU/CCUs, medical/surgical ICUs, trauma units or critical care transport/flight. These ladies have joined an elite, nationally certified group of nursing professionals.

Please accept my congratulations to you all on obtaining and maintaining these outstanding accomplishments.

Keep up the outstanding work.

A ready medical force

Earning Expert Field Medical Badge is rare feat

Capt. Zachary Patterson
Alpha Company Commander
Troop Command

Designed as a special skill badge, the Expert Field Medical Badge is one of the toughest badges to earn in the Army inventory. Also known as “The Portrait of Excellence,” approximately 18 percent in

fiscal year 16 of those who attempt to earn the badge will remain standing once testing is complete.

Ten grueling days of Combat Testing Lanes, day and night land navigation, a written test and a final 12-mile road march completed in under three hours is what contributes to the EFMB having one of the

highest attrition rates of any skill badge in the Army.

For the last three months, Eisenhower Army Medical Center’s Soldiers have been training and competing to have an opportunity to attend EFMB testing. This “pre-EFMB” training was designed to enhance the ready medical force while identifying the top potential candidates to represent EAMC at EFMB testing sites across the country.

More than 30 Soldiers began in June, attending didactic training in the evenings with weekly road-march training every Friday at 5 a.m. In July, training shifted to practical exercises while continuing the didactic and road-march training. In August, the potential candidates were tested on the same skills they will encounter at EFMB to earn their place on the Order of Merit List to attend an EFMB testing site.

Whether or not the Soldiers who participated in the EAMC EFMB training eventually earn the Expert Field Medical Badge, they are more proficient and competent in their skills than they were prior to training. That proficiency and competence is what will make them invaluable to a combatant commander as a force multiplier on the battlefield.



Courtesy photo

Sgt. 1st Class Hans Bjorklund orients potential Expert Field Medical Badge candidates to the Night Land Navigation site and conducts the initial safety brief.

Illegal for beneficiaries to resell diabetic test strips

Editorial Staff

You may have seen roadside signs, fliers in the grocery store or a small ad in the back of some newspapers offering to buy unused diabetic test strips.

While there is no law forbidding the resale of these strips, it is illegal for Eisenhower Army Medical Center’s beneficiaries to resell strips because beneficiaries get their supplies by way of Government funding.

Also, the U.S. Food and Drug Administration advises against buying or selling pre-owned test strips because they may give incorrect results and may not be safe to use with a glucose meter.

“Test strips should be properly stored to give accurate results,” according to the FDA.

“If you buy pre-owned strips, it is hard to know whether the strips were stored properly. Test strips also could be expired. A lack of proper storage or using expired strips could put you at risk for getting incorrect results from your glucose meter. And incorrect results can put you at risk for serious health complications — and even death,” the FDA said.

If you have any questions about your diabetic test strips, talk to one of EAMC’s pharmacists on the second floor or in the Exchange pharmacy.



File photo

The U.S. Food and Drug Administration advises against using pre-owned test strips because they may give incorrect results.

Every Picture tells a Story

Story by David M. White • Medical Illustrations by Julie Devi Coats, MSMI, CMI

There was always one kid in the class who doodled in the margins of notes, textbooks or, sometimes, right on the top of the desk ...

Just doodling ...

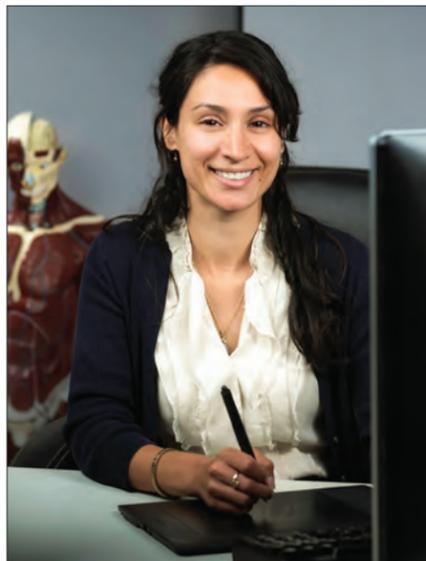


Photo by John Corley

From her office on Eisenhower Army Medical Center's campus, Julie Devi Coats, the new certified medical illustrator, uses many resources in her research into crafting specific scientific illustrations, including the life-like mannequin in the background.

Julie Coats doesn't remember a time when she was not doodling in her notes. Now she's turned that nervous need to draw into a livelihood and a valuable asset for the doctors and medical researchers at Eisenhower Army Medical Center.

Coats joined Drayton, Drayton and Lamar, EAMC's IMD contractor, in early July as a medical illustrator, a position that had been open for several months.

In addition to its mission of serving the health-care needs of active duty service members, their families and beneficiaries, EAMC is a teaching hospital with a robust graduate medical education and research mission.

"Having a medical illustrator [on staff] allows our physicians to produce better education materials for medical learners, patients and the community," said Col. Dean Seehusen, director of Medical Education at EAMC. "It also allows our researchers to produce very professional scholarly projects to [present] to medical conferences or publish in the medical literature."

Medical illustrators are highly trained and certified. Coats, who most recently served in the Northwell Health system in Long Island, N.Y., earned a master's degree in medical illustration from the Medical College of Georgia (now Augusta University) and completed undergraduate studies in biopsychology and fine art from The College of New Jersey.

"I am a researcher, artist and scientist with specialized skills that permit me to draw scientifically detailed and med-

ically accurate illustrations that communicate a specific component," Coats said. "I create scientific visuals for print publication, dynamic presentations, interactive apps, patient education and more."

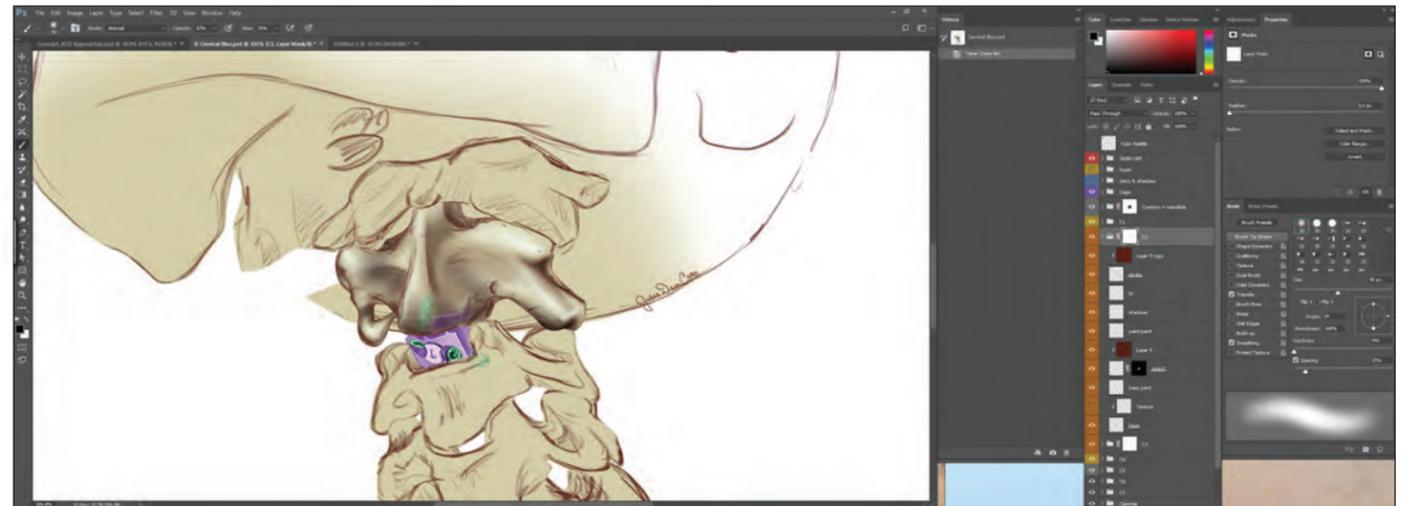
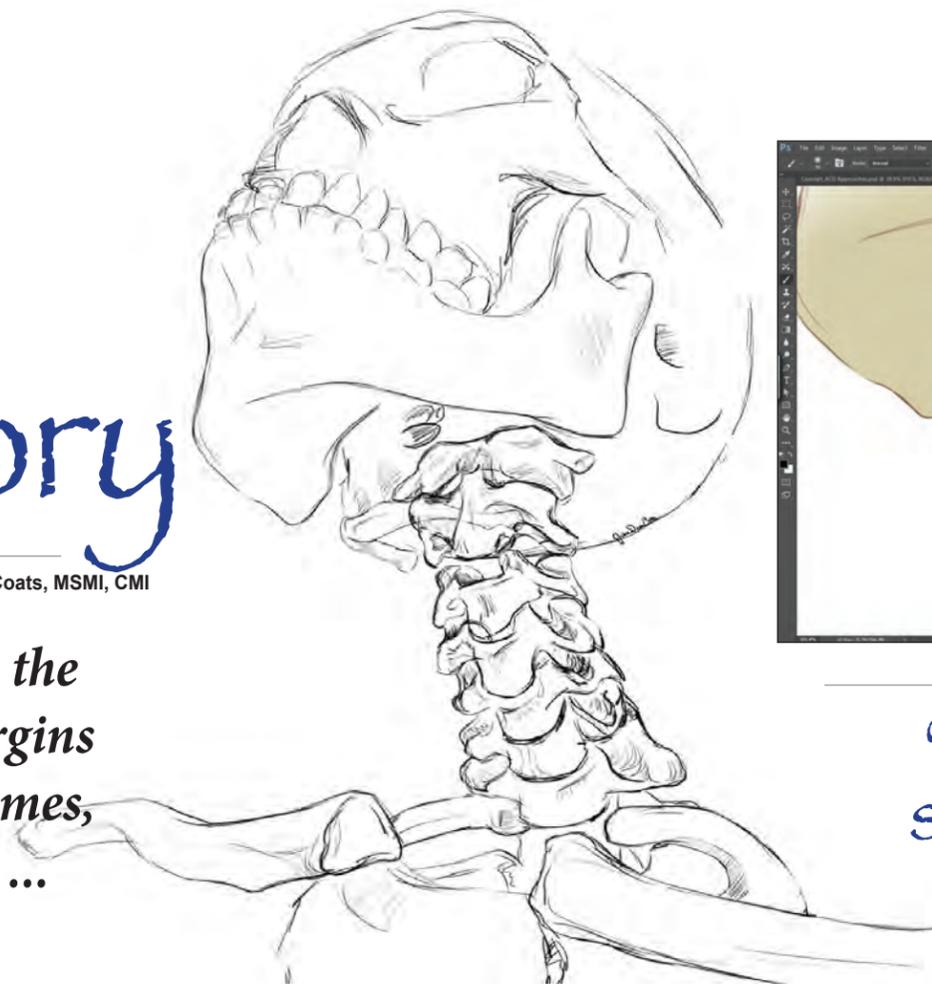
Like any good health-care provider, Coats is board certified.

"The Board of Certification of Medical Illustrators administers a certification program as a recognizable means to signify a practitioner's current competency in the profession," according to the Association of Medical Illustrators' website. "A certified medical illustrator has passed examinations dealing with business practices, ethics, biomedical science and drawing skills, and has undergone a rigorous portfolio review. Competencies are maintained by meeting continuing education requirements and must be renewed every five years."

Coats' "talents can be used to produce patient education material or material to educate the public about various important medical topics," Seehusen said. "Every medical provider at EAMC as well as every patient can benefit directly. Actually, the entire Fort Gordon community can benefit from the products [she] will help produce."

Her skills as a medical illustrator, combined with those of John Corley, EAMC's medical photographer, provide a full complement of artistic, professional, communication resources to the practice of the medical sciences through visual communication.

And Coats swears she has never once doodled on the top of her desk ... on purpose.



'I create scientific visuals'

— Julie Coats



The drawing process begins when Julie Devi Coats, Eisenhower Army Medical Center's new medical illustrator, delves into rigorous research to ensure anatomic accuracy. She then creates a simple sketch, above left. She uses software, such as Adobe Photoshop, above center, to paint in the details, creating interim illustrations, above, to check her work before finalizing the drawing. See the cover illustration.

Experience God through colors of creation

Capt. William Beaver

Chaplain

Eisenhower Army Medical Center

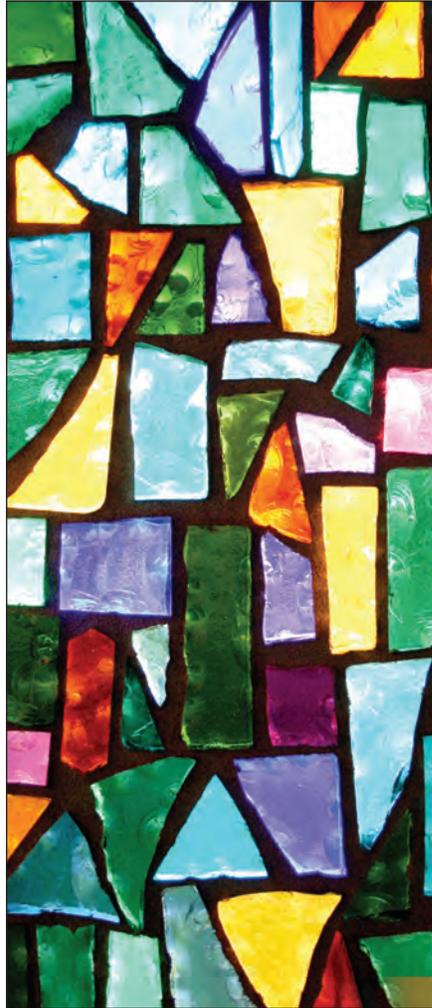
What's your favorite color? How long has that been your favorite color? Why is that your favorite color? What do you feel through that color?

Colors move us emotionally, and for many of us, spiritually. In my faith, I believe God placed a high value on color at the beginning of creation with the command "Let there be light."

Light is more than just removal of darkness. Light contains the spectrum of color. We have eyes which can see color and, if we slow down long enough to reflect on it, can be moved emotionally by colors in creation.

Have you ever taken a picture of a sunset or beautiful sky? Does it take you awhile to shop for the right colored clothing? What color car do you prefer to drive? Repainted your home lately? Colors affect our emotions on such a deep level we'll make life decisions involving color. We want to feel good and colors help us get there.

In cathedrals and places of worship across the ages and cultures, stained glass windows have been used in place of clear glass windows. Stained glass works best if the worshipper is on the inside, during daylight hours, being bathed by colored rays



of light. The intent is to draw people in to worship or commune with God, and experience God's presence. For ages people have understood that color affects our spirit.

God communicates with us through the colors of creation. After the flood in Genesis, God placed a rainbow as a sign of the covenant between God and humanity. At least that is how the author of Genesis understood the rainbow's meaning. In the biblical book of Job, we find a man who is suffering terribly. When he cries out to God demanding an answer to his suffering, God responds through a whirlwind. Job hears a beautiful, detailed description of the rich colors and life found in creation. Job admits he doesn't know who God is. God essentially is using color and creation to say "I am."

There is comfort in knowing -- in our spirit that "I am." Sometimes we must expand our practice of meditation and worship to include the use of color. There's a reason why "adult" coloring books and journals of all kinds have flooded today's market. People are rediscovering that color can be used in meditation, worship and communication with God.

Have you slowed down lately to reflect on the colors you experience in creation? How do they make you feel? Is God speaking to your spirit through colors in creation? What is God saying to you?

Remembering Daisy



Daisy, a member of the Human Animal Bonding Program of the American Red Cross, passed away Aug. 7 at the age of 7. She started volunteering in January 2015 and clocked 167 volunteer hours.

Photo by John Corley

COMMANDER from page 3

want to thank everyone for continuing to provide the outstanding care worthy of trust from our patients. It is clearly evident from MEDCOM and local Cyber Center leadership that we are delivering on the promise of readiness, and they trust us to deliver even more with the advent of the VA Choice pilot and CBMH.

I remain extraordinarily proud of you.

TRICARE CHANGES from page 3

Hawaii, Idaho, Iowa [excludes Rock Island arsenal area], Kansas, Minnesota, Missouri [except St. Louis area], Montana, Nebraska, Nevada, New Mexico, North Dakota, Oregon, South Dakota, Texas [southwestern corner including El Paso], Utah, Washington and Wyoming.

Editor's note: Eisenhower Army Medical Center now has a single email address for issues related to the TRICARE Online Patient Portal: usarmy.gordon.medcom-eamc.mbx.tol@mail.mil.

Residential Treatment Facility celebrates eighth anniversary

Theresa A. Brisker

Behavioral Health Clinical Nurse Educator
Eisenhower Army Medical Center

The Residential Treatment Facility at Eisenhower Army Medical Center opened its doors Sept. 8, 2009, as the Army's first inpatient substance dependence treatment program.

The unit's mission was and remains, to provide intensive inpatient residential treatment for all active duty personnel with alcohol and other substance dependence disorders, along with concurrent disorders such as PTSD, depression, and mild traumatic brain injury, with the goal of returning these service members to duty and enhancing the combat readiness of the U.S. military force.

The RTF initially opened as a 10-bed facility. However, due to the needs of the military and the success of the program, the bed capacity was increased to a 20-bed facility in October 2010. The following year, the bed capacity was increased to 22 beds.

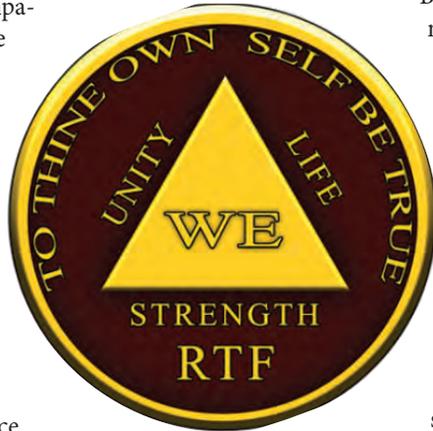
Once again because of the needs and the quality of care provided in October 2014, the bed capacity was increased to 28 beds. Currently there is an expectation that the program will expand in the near future. Since 2009 through Aug. 4, 2017, the RTF has admitted 2,135 and 91 percent of those

admitted successfully completed the program and commenced, 4 percent were program failures, 4 percent were probationary discharges, 2 percent were medical discharges and 1 percent are currently in the program.

Based on ICE comments, 99 percent of patients stated the RTF helped them gain a better understanding of alcohol and substance addiction and 98 percent stated the RTF motivated them to seek recovery from alcohol or substance addiction.

Every service member who successfully discharges from the RTF is followed for a period of 360-days post discharge with SUDCC and command representatives contacted at 30, 90, 180 and 360 days post discharge. Unfortunately, some follow-up data is lost due to a variety of factors (for example: separation from service, retirement or deployment). Analysis of the data obtained reveals that 46 percent of service members who are successfully discharged from the EAMC RTF will relapse within 360-days of program completion. While it sounds high, this is actually a good outcome.

In comparison, conservative civilian relapse rates are estimated to be between 40 and 60 percent within the first year following treatment (McClellan et. al., JAMA 2000).



September is National Recovery Month

Every September, the Substance Abuse and Mental Health Services Administration within the U.S. Department of Health and Human Services sponsors National Recovery Month to increase awareness of behavioral health conditions. This observance promotes the belief that behavioral health is essential to overall health. Prevention works, treatment is effective, and people can and do recover from mental and substance use disorders. Each year there is a new theme. This year's theme is "Join The Voices For Recovery: Strengthen Families And Communities."

During September, Behavioral Health, Inpatient Services will celebrate by hosting "Recovery Month 101," an information booth at Ike's Café Sept. 20-21 from 11:30 a.m. to 1:30 p.m. Other activities will be announced.

The goal is to spread knowledge and awareness about mental and substance use disorders and prevention, treatment and recovery, as well as to inspire others to champion mental health initiatives and realize that recovery is possible and attainable.

TRICARE users must approve mail-order drug prescription renewals

Amy Bushatz
Military.com

Receiving prescription drugs through TRICARE's mail-order system will soon require an extra step for users, thanks to an upcoming change in the system's refill order policy.

Currently, medications received monthly by mail, often used for treatment of chronic medical conditions, can be set for automatic refills.

Express Scripts, TRICARE's mail-order pharmacy contractor, contacts the user's doctor when the prescription runs out or expires. The doctor can choose to OK the refill or file a new prescription, allowing the patient to receive medication without interruption.

The latest change, however, will require patients to certify that they want the refill before Tricare contacts the doctor. The switch, which will start Sept. 1, affects all TRICARE beneficiaries who receive medi-

cation by mail through Express Scripts.

The move is expected to save TRICARE money, since it will likely cut down on patients who automatically receive mailed medication that they no longer use.

Officials did not have an estimate for how much the change could save. Express Scripts dispensed 29 million prescriptions to TRICARE users over the last 12 months, TRICARE officials said.

see **TRICARE** on page 11

Source of nation's strength, freedom, leadership

U.S. Department of Labor

Labor Day, the first Monday in September, is a creation of the labor movement and is dedicated to the social and economic achievements of American workers. It constitutes a yearly national tribute to the contributions workers have made to the strength, prosperity and well-being of our country.

Labor Day legislation

Through the years the nation gave increasing emphasis to Labor Day. The first governmental recognition came through municipal ordinances passed during 1885 and 1886. From these, a movement developed to secure state legislation. The first state bill was introduced into the New York legislature, but the first to become law was passed by Oregon on February 21, 1887. During the year four more states — Colorado, Massachusetts, New Jersey, and New York — created the Labor Day holiday by legislative enactment. By the end of the decade Connecticut, Nebraska, and Pennsylvania had followed suit. By 1894, 23 other states had adopted the holiday in honor of workers, and on June 28 of that year, Congress passed an act making the first Monday in September of each year a legal holiday in the District of Columbia and the territories.

Founder of Labor Day?

More than 100 years after the first Labor Day observance, there is still some doubt as to who first proposed the holiday for workers.

Some records show that Peter J. McGuire, general secretary of the Brotherhood of Carpenters and Joiners and a cofounder of the American Federation of Labor, was first in suggesting a day to honor

those “who from rude nature have delved and carved all the grandeur we behold.”

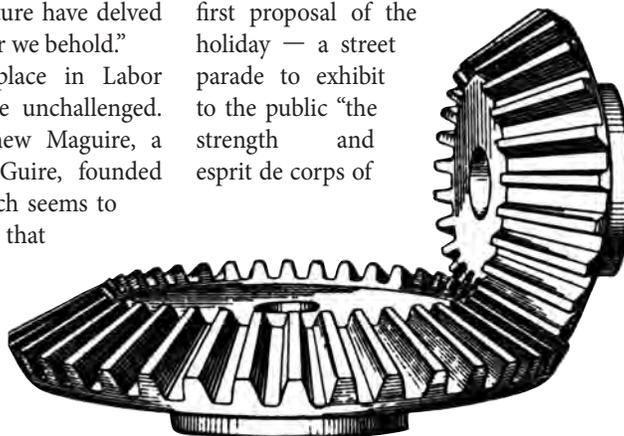
But Peter McGuire's place in Labor Day history has not gone unchallenged. Many believe that Matthew Maguire, a machinist, not Peter McGuire, founded the holiday. Recent research seems to support the contention that Matthew Maguire, later the secretary of Local 344 of the International Association of Machinists in Paterson, N.J., proposed the holiday in 1882 while serv-

ing as secretary of the Central Labor Union in New York. What is clear is that the Central Labor Union adopted a Labor Day proposal and appointed a committee to plan a demonstration and picnic.

the trade and labor organizations” of the community, followed by a festival for the recreation and amusement of the workers and their families. This became the pattern for the celebrations of Labor Day. Speeches by prominent men and women were introduced later, as more emphasis was placed upon the economic and civic significance of the holiday. Still later, by a resolution of the American Federation of Labor convention of 1909, the Sunday preceding Labor Day was adopted as Labor Sunday and dedicated to the spiritual and educational aspects of the labor movement.

The character of the Labor Day celebration has undergone a change in recent years, especially in large industrial centers where mass displays and huge parades have proved a problem. This change, however, is more a shift in emphasis and medium of expression. Labor Day addresses by leading union officials, industrialists, educators, clerics and government officials are given wide coverage in newspapers, radio, and television.

The vital force of labor added materially to the highest standard of living and the greatest production the world has ever known and has brought us closer to the realization of our traditional ideals of economic and political democracy. It is appropriate, therefore, that the nation pay tribute on Labor Day to the creator of so much of the nation's strength, freedom, and leadership — the American worker.



ing as secretary of the Central Labor Union in New York. What is clear is that the Central Labor Union adopted a Labor Day proposal and appointed a committee to plan a demonstration and picnic.

The first Labor Day

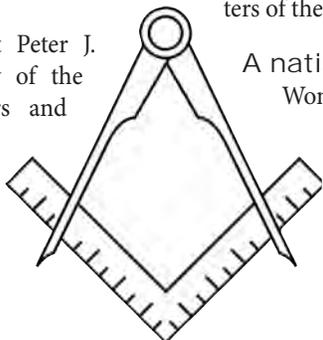
The first Labor Day holiday was celebrated on Tuesday, September 5, 1882, in New York City, in accordance with the plans of the Central Labor Union. The Central Labor

Union held its second Labor Day holiday just a year later, on September 5, 1883.

In 1884 the first Monday in September was selected as the holiday, as originally proposed, and the Central Labor Union urged similar organizations in other cities to follow the example of New York and celebrate a “workingmen's holiday” on that date. The idea spread with the growth of labor organizations, and in 1885 Labor Day was celebrated in many industrial centers of the country.

A nationwide holiday

Women's Auxiliary Typographical Union The form that the observance and celebration of Labor Day should take was outlined in the



August

Patient Safety Employee of the Month

Patient Safety Division

Capt. Annie Atalig, a Family Medicine resident, was selected as Eisenhower Army Medical Center's Patient Safety Employee of the Month for August. The presentation was held Aug. 11.

Atalig called intensive care unit staff to discuss a progressive care unit admission for a patient with a lithium overdose. She gathered and organized all relevant information quickly and, in a conversation with the ICU attending, determined, based on the risk of needing dialysis during the night, this was an inappropriate patient for the PCU. The patient was admitted to the ICU.



Photo by John Corley

Capt. Annie Atalig, a Family Medicine resident is recognized by Col. David E. Ristedt, Eisenhower Army Medical Center's commanding officer, as the Patient Safety Employee of the Month for August. The presentation was held August 11.

This incident occurred prior to the patient receiving admission orders, and thus qualifies as a "good catch." The patient had a lithium level that continued to elevate, and required emergent CRRT in the ICU that night.

The actions taken by Atalig prevented the possibility of harm. Continuous renal replacement therapy is the only option for dialysis at night and is only available in the ICU.

EAMC's Patient Safety Division encourages collaboration and has established a policy to have PCU bed use reviewed by ICU attendings. It balances the educational need for inpatient services to learn with the need for the ICU and hospital to keep patients safe.

Atalig, whose hometown is Sinajana, Guam, has worked at EAMC since 2015. Her hobbies include piano, board games, baking and trying out new restaurants.

Her goal is to return to Rota, Spain, and Guam, and practice as a primary care physician.

CALENDAR from page 2

Avenue in front of Signal Towers, 9 a.m. to noon

Sept. 19

Threat Awareness and Reporting Program Training, Darling Hall, Room 188, 10-11 a.m.

Army Substance Abuse Program, EAMC Auditorium, 3-4 p.m.

Sept. 20

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

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

EAMC Training Meeting, Location TBA, 1-2 p.m.

Facebook Town Hall Forum, Darling Hall IOC, 6:30-8 p.m.

Sept. 21

Rape Aggression Defense Training, Location TBA, All Day

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

Sept. 26

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

Sept. 27

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

Sept. 28

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

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

Installation Retirement Ceremony, Alexander Hall, 10-11 a.m.

TRICARE from page 9

"This new process gives beneficiaries more control over their medications and keeps the convenience of automatic refills," Amy Aldighere, senior director of Express Script's TRICARE program, said in a press release announcing the change.

"It also makes it easier to opt out of the auto refill program and helps to prevent beneficiaries from receiving medications that they no longer need or shouldn't receive," she said.

To opt-in to a refill, each user will need to grant "consent" through the Express Scripts website, via an automated phone call from the system, or through an Express Scripts patient care advocate, officials said in the release.

When the last refill of a patient's prescription ships, Express Scripts will contact them by mail, phone or email, depending on the user's contact preferences, officials said.

If the patient does not respond within 10 days, the medication will be removed from the auto refill program. To be added back into the program, the user can re-enroll online or by phone at 1-877-363-1303.

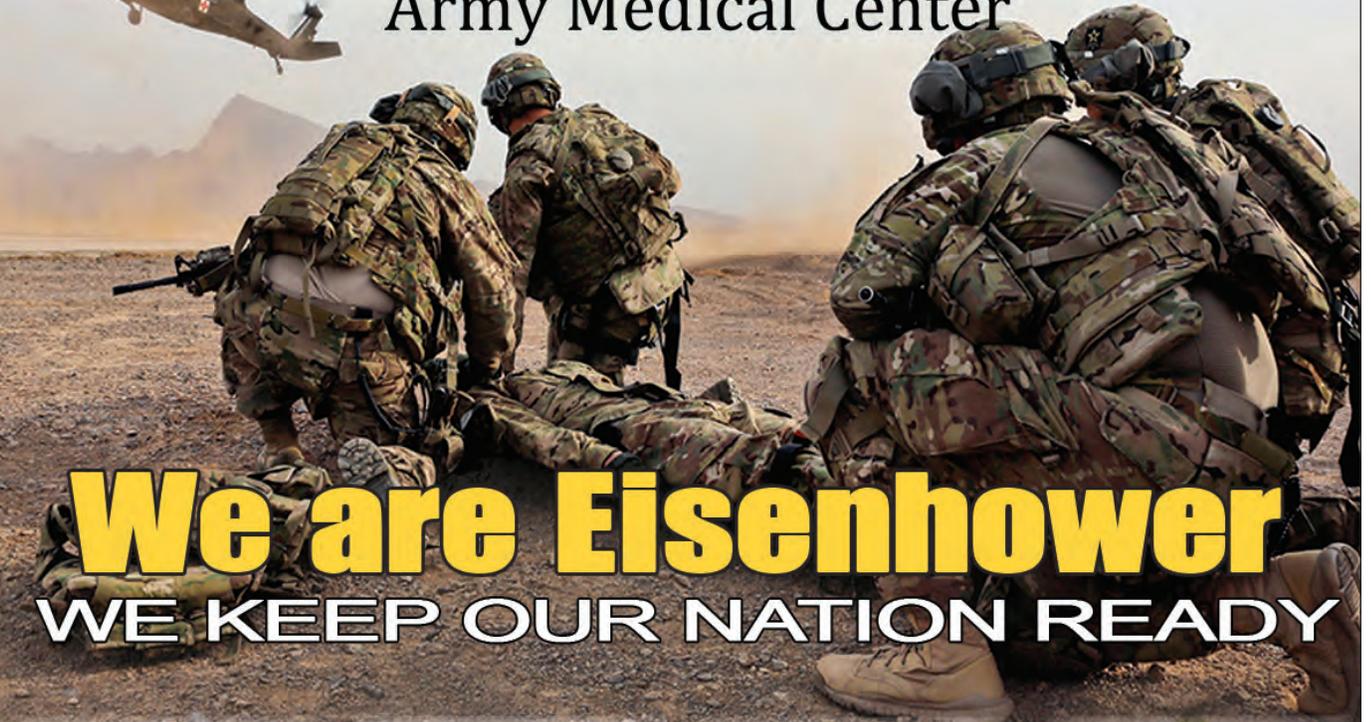
Patient contact preferences can be updated online or by phone.

TRICARE beneficiaries are required to use either the mail-order system or a military treatment facility pharmacy for "maintenance" or long-term medications such as allergy drugs, birth control and daily blood pressure medication, or pay out of pocket, thanks to a 2015 rule change.

At the time of that rule change, officials estimated that the swap would save TRICARE \$85 million annually, while also cutting users' costs, since drugs received by mail instead of at civilian retail pharmacies cost both the system and patients less.



Eisenhower Army Medical Center



We are Eisenhower
WE KEEP OUR NATION READY



Staff Sgt. Krystal M. Mosley, medic, NCOIC in the eighth floor Multispecialty Clinic, At EAMC for one month, Soldier for 12 years



Brad Rankin, physical therapist, At EAMC since June 2016



Julie D. Coats, medical illustrator, contractor for Drayton, Drayton and Lamar, At EAMC since July



Ladybug, a dog, volunteer with the Human Animal Bonding Program of the American Red Cross, volunteer since July 2016 with 142 hours

