

Rounds

Eisenhower Army Medical Center



SEPTEMBER 2018



HELLO,
HONEY

'NO SHOWS'
NOT FAIR

'FIRST-COME'
NOT ALWAYS
'FIRST-SERVED'

ORG
DAY

Sept. 4

Junior Enlisted Professional Development, first floor auditorium, 6-7 a.m.

Asbestos Training, Olmstead Hall, 1-3 p.m.

Equal Opportunity Training, first floor auditorium, 3-4 p.m.

Sept. 5

Noncommissioned Officer Development Program (Finance), first floor auditorium, 6-7 a.m.

Resilience Training, first floor auditorium, 8-10 a.m.

Sept. 6

HEAT Instructor-Operator Training, TADSS Bldg. 81100, 8 a.m. to 2 p.m.

Grand Rounds, Topic TBA, first floor auditorium, 8-9 a.m.

Sept. 10

Annual Army Substance Abuse Program Prevention Training for soldiers, Alexander Hall, 1-2 p.m.

Annual Army Substance Abuse Program Prevention Training for Military Soldiers, Alexander Hall, 2:30-3:30 p.m.

Sept. 11

9/11 Remembrance, Details TBA, 7-8 a.m.

ACE Training, first floor auditorium, 10 a.m. to noon

Sept. 12

EAMC Resilience Training, first floor auditorium, 8-10 a.m.

Leadership Development Program, first floor auditorium, 4-5 p.m.

Sept. 13

EST 2000 Instructor-Operator Training, TADSS Bldg. 81100, 8 a.m. to 2 p.m.

Grand Rounds, Topic TBA, first floor auditorium, 8-9 a.m.

Substance Abuse Training for Civilian Supervisors, Alexander Hall, 9-10 a.m.

Substance Abuse Training for Civilians Employees, Alexander Hall, 10:15-11:15 a.m.

Suicide Prevention Training, Alexander Hall, 11:30 a.m. to 12:30 p.m.

SHARP Soldier/Civilian Annual Training, first floor auditorium, 9:30 a.m. to 12:30 p.m.

Sept. 18

AT Level 1/Active Shooter/OPSEC Training, Olmstead, 1-3 p.m.

Junior Enlisted Development Program, first floor auditorium, 4-5 p.m.

Sept. 19

Resilience Training, first floor auditorium, 8-10 a.m.

Noncommissioned Officer Development Program (Finance), first floor auditorium, 4-5 p.m.

Sept. 20

HEAT Instructor-Operator Training, TADSS Bldg. 81100, 8 a.m. to 2 p.m.

TARP Training, Alexander Hall, 2-3 p.m.

Grand Rounds, Topic TBA, first floor auditorium, 8-9 a.m.

Sept. 21

POW-MIA Recognition Ceremony, POW/MIA Monument, intersection of Chamberlain Avenue and Kilbourne Street, 10:30-11:30 a.m.

Sept. 24

ACE Training, first floor auditorium, 9-11 a.m.

Sept. 26

Leadership Development Program, first floor auditorium, 6-7 a.m.

Resilience Training, first floor auditorium, 8-10 a.m.

Sept. 27

Grand Rounds, Topic TBA, first floor auditorium, 8-9 a.m.

SHARP Soldier/Civilian Annual Training, first floor auditorium, 9:30 a.m. to 12:30 p.m.

SHARP Training, Darling Hall, Room 188, 1-4 p.m.

Hey there, honey bee!

1st Lt. Jennifer West, MS, RD, LD
Nutrition Clinic
Eisenhower Army Medical Center

September is National Honey Month. What a sweet topic to celebrate. Ancient cultures that revered this sticky treat include Egyptians and Greeks. The Egyptians used honey in a variety of ways including offerings to gods, baked goods, cosmetics and even in embalming fluid recipes.

The ancient Greeks also used honey to bake sweet offerings for their gods and for medicinal qualities.

Today, honey and beeswax are used in a variety of ways. Most people use honey as a sweetener and flavor additive to foods, while the wax is used in cosmetics, candles, lotions, even shoe polish. For bees, the honey is their food source and the wax comb provides a storage compartment for the honey as well as a nursery for baby bees.

So, how is honey made exactly? Prepare yourself if you don't know ...

Female worker bees travel from flower to flower, collecting nectar. While the flower pollen collects on the bees, the flower nectar is stored in the bee. Enzymes in the bee's

stomach digests the nectar into simplified sugars. This simplified sugar is then ejected (yup, vomited) by the bee into a wax storage compartment called the comb. Over time, usually a few months, excess water is evaporated and what is left is a thick, sweet, sticky fluid we call honey.

Typically, beekeepers will harvest honey in the fall, of course leaving some honey for the bees to eat over the winter months. The honey is extracted from the wax combs, filtered and possibly pasteurized. While we can find honey available year 'round in stores, your local farmers markets may have locally produced honey only available seasonally.

In the kitchen, honey is used as a sweetener. Even if the honey has crystalized, it is still OK to use. Simply warm it gently in a microwave or pot of warm water until it has liquefied. Honey also comes in a variety of flavors. Buckwheat honey is the darkest in color and typically has the strongest flavor. Wildflower honey is typically light in color

and mild in flavor. If you are swapping



honey for sugar in recipes, there are a few things to consider:

- In baked products, no more than half of the granulated sugar should be replaced with honey.
- Use 1 part honey for every 1 ¼ parts sugar.
- Reduce the liquid in the recipe by a

see **HONEY** on page 11



Photo by Scott Speaks

Command Sgt. Maj. William Allen, left, and Col. David Ristedt, Eisenhower Army Medical Center commander, recognize the members of the team Aug. 13 that guided the hospital staff through the recent Joint Commission Accreditation audit. Team members include Cynthia McElroy, Jacqueline Hamer-McGhee, Joseph Bird, Jennifer Rector, Bob Meloche, Jennifer Chandler and Melissa Hendrix. On the wall behind them are the latest accreditation certificates awarded by The Joint Commission National Quality Approval to Eisenhower Army Medical Center for Hospital Accreditation Program and Behavioral Health Care Accreditation Program.

Of 'thank you' and 'welcomes,' its been a busy summer

Col. David E. Ristedt

Commander

Eisenhower Army Medical Center

Let me start this month's article with a hearty "thank you" to the entire team for two great events in July/early August. I was very proud of the energy from our entire staff during the school screening events which combined to care for almost 1,000 children. We received outstanding feedback from parents, children and our fellow teammates for the process and flow. Well done.

In addition, thanks goes to the entire team that set up and executed an outstanding Organization Day Aug. 4. The day was highlighted by the water slide, bouncy

house, corn-hole, safety activities and the dunk tank. The DJ was fantastic and several prizes were handed out to lucky winners. Everyone had a great time and I am especially thankful to the team for delivering a family atmosphere for the children.

Command Sgt. Maj. William Allen and I want to remind everyone to continue to fill out the safety, command climate and JOES surveys to help us understand how we can better facilitate care delivery throughout the organization and make necessary adjustments to deliver on the 5-Star promise. Whether a patient or staff survey, we use the results to analyze vulnerabilities and recognize exceptional teammates. We want to hear from you.

Finally, in addition to all of our exceptional new teammates throughout the organization, let me welcome Col. David Carpenter to the EAMC family. Dave comes to us from Regional Health Command-Atlantic where he last served as the chief of staff for Brig. Gen Scott Dingle. His knowledge about the DHA transition and strategic planning will be invaluable for us over the next couple of years. Please join me in welcoming Dave and all of our new staff to Eisenhower.

As we head into the fall, let us stay vigilant and dedicated to making EAMC the facility of choice for the Joint Force and our beneficiaries across the CSRA. Together, We Are Eisenhower.

Medical officer touts health, readiness, rockets

David M. White

Public Affairs Office

Eisenhower Army Medical Center

"C'mon, it's medicine ... not rocket science." Fortunately, Eisenhower Army Medical Center's new chief medical officer has feet in both camps.

Col. Charles Haislip is a family medicine physician by vocation but, by avocation, he is a high-powered, high-flying amateur rocket scientist.

As EAMC's CMO, Haislip serves as medical advisor to the command and assures that

each provider is practicing at the top of their medical license, ready to deploy or support a deployment at a moment's notice. He takes care to note that EAMC has been and continues to shine in its primary mission.

"I believe Eisenhower is one of the premier medical centers in the U.S. military," said Haislip.

In his leisure time, he dabbles in rocketry and has served as the prefect, or chief officer, of Rocketry South Carolina, an organization dedicated to all aspects of

see **CMO** on page 9

Rounds ★★★★★
Eisenhower Army Medical Center

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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.



Photo by John Corley

Participating in the Aug. 3 Clinical Nurse Transition Program graduation in Eisenhower Army Medical Center's auditorium are 2nd Lt. Zerald Lopez, left, 2nd Lt. Kenya Gaston, 2nd Lt. Megan Bishop, 2nd Lt. Molly Martin, Col. Celestia Abner-Wise, 2nd Lt. Elizabeth Carleton, 2nd Lt. Elana Schimschok, 2nd Lt. Brittany Nutt, and 2nd Lt. Annelies Heni.

Clinical Nurse Transition Program graduates 8

Arlesia Andrews

Director of Clinical Nurse Transition Program
Eisenhower Army Medical Center

Eight Army Nurses graduated from the Brig. Gen. (R) Anna Mae Hays Clinical Nurse

Transition Program at Eisenhower Army Medical Center, Fort Gordon, Ga., Aug. 3.

The nurses completed a minimum of 840 hours of direct patient care, plus 48 seminar hours, with oversight from trained precep-

tors. These hours include caring for patients on assigned medical-surgical units and clinical rotations through the emergency department, intensive care unit, medical see **CNTP** on page 10



Photo by John Corley

ROTC cadets graduated from the Nurse Summer Training Program at Eisenhower Army Medical Center July 28 in the chapel and included, from left, Cadet Alyssa Niedzwiedz, Widener University, Pa.; left, Cadet Cortney Lewis, Norwich University, Vt.; Cadet Shayla Kaempf, Wheaton College, Ill.; Cadet Madison Irwin, Azusa Pacific University, Calif.; Cadet Devon Collins, Pennsylvania State University, Pa.; Cadet Jewel Beji, Texas Christian University, Texas; Cadet Aryn Beichner, Clarion University of Pennsylvania, Pa.; Cadet Natalia Alvarez University of Puerto Rico, Puerto Rico; and, kneeling, Col Celestia M. Abner-Wise, Chief Nursing Officer.

ROTC nurse cadets graduate from summer program

Natalie Chambers

ROTC Program Coordinator
Eisenhower Army Medical Center

Eight highly motivated ROTC cadets graduated from the Nurse Summer Training Program at Eisenhower Army Medical

Center, Fort Gordon, July 28. Under the leadership of 1st Lt. Derek Gamble, assistant NSTP coordinator, and this writer, the Cadets completed 28 days of a clinical immersion experience which included 150 hours of hands-on patient care and 24

hours of research, which culminated in a multi-faceted presentation on "Developing Future Nurse Leaders" and "Building Morale in the Workplace."

During the graduation ceremony, Cadet

see **ROTC** on page 11



Photo by David M. White

ED sees patients based on need, not arrival time

David M. White
Public Affairs Office
Eisenhower Army Medical Center

The Emergency Department at Eisenhower Army Medical Center is open 24 hours a day, seven days a week, 365 days a year. And they are busy.

"We see 38,000 to 39,000 patients per year," Lt. Col. David Vollbrecht, EAMC's ED officer in charge, said. "Our average daily census is 105 to 110 patients."

People seeking treatment in the ED are triaged — assessed to decide the order of treatment based on need using a nationwide standard from emergency, for example, CPR in progress — to non-urgent, according to the Agency for Healthcare Research and Quality.

In short, if you require CPR, you're in the right place in the ED. If you have a non-urgent problem, like a prescription refill, maybe there's a better place to receive the care you need.

"A medical emergency is an acute illness or injury that poses an immediate risk to a person's life or long-term health," Vollbrecht said.

According to records of visits to the ED, approximately 6 to 8 percent of its patients are triaged as emergent, about 35 to 40 percent are urgent and 50 to 60 percent are categorized as non-urgent.

When a patient enters the ED, the clock is running: from presentation to triage to treatment to discharge or, in some cases,

admission to the inpatient side of the hospital or another facility.

The time to triage (being seen by a nurse) is less than 10 minutes for more than 90 percent of the patients. The average time from a patient's initial presentation to triage is 4 to 7 minutes. The time to be seen by a doctor for emergent patients, according to statistics provided by Vollbrecht, is less than 15 minutes from time of arrival. For urgent patients, it's 30-40 minutes and for non-urgent patients, it is usually 30-60 minutes.

EAMC's numbers compare favorably with the National Hospital Ambulatory Medical Care Survey 2010-2011, published by the CDC. According to the survey

see-**EMERGENCY** on page 9

'No-show' appointments cost EAMC \$3.8M last year

David M. White
Public Affairs Office
Eisenhower Army Medical Center

Eisenhower Army Medical Center typically books almost a half million health care appointments each year as we deliver 5-Star care to Fort Gordon's soldiers, sailors, airmen, Marines, retirees and their family members.

Last year more than 32,500 appointments were missed, skipped or patients simply didn't show up to keep them according to Toni Cosby, chief, Clinical Business Operations in the hospital's Resource Management Division. These appointments were across each of EAMC's facilities including EAMC's Primary Care clinics, TMC-4, Connelly Health Clinic, SOUTHCOM Clinic in Miami, and Rodriguez Army Health Clinic in Puerto Rico.

While that seems like a small number when compared to the overall, "no-shows"



cost EAMC just over \$116 per appointment in 2017, or about \$3.8 million in earnings. "All missed appointments count against EAMC's bottom line but the cost is more than monetary," Cosby said. "Each missed appointment means someone else loses an opportunity to have an appointment. The result is that providers and clinic staff lose

valuable patient-provider time."

EAMC makes every effort to remind patients 48 hours prior to their assigned appointment and, at that time, patients have the opportunity to cancel. The majority of canceled appointments are rescheduled, and unlike "no-shows," do not count against the bottom line. We are also looking for improved ways to communicate with patients through the use of Relay Health and TRICARE On-Line.

"EAMC continues to provide exceptional access to care for effective and high-quality urgent and routine care," Col. David Ristedt, EAMC's commanding officer, said. "We are also well within standards for specialty care access. Missed appointments degrade access and reduce our capability to delivery readiness to our troops and commanders. We are asking everyone to be diligent about managing

see-**NO SHOW** on page 9



SCENES FROM ORG DAY 2018

Photos by Scott Speaks

More than 250 soldiers, family members, civilians and contractors attended Eisenhower Army Medical Center's Organization Day festivities Aug. 4 at Fort Gordon's Courtyard Pavilion. Food, games, activities and prizes held the throng in thrall the entire afternoon.



Balancing your ruck: family deployment tips

Lt. Col. Kyle Welch

Chaplain

Eisenhower Army Medical Center

The saying, "The rucks on you" became reality the day your service member left on deployment. As the writer of Ecclesiastes proclaims, "there is a time for everything, and a season for every activity under heaven." The deployment season is an inevitable reality for most every service member.

This season creates stress and disrupts family balance. It goes with being a spouse, family member or significant other. The unsung heroes are often the family members who carry the weight of responsibility. Even the experienced "ruckers" recognize that casting old templates over new deployments may not provide the success once had on previous deployments. As we come to know too well, life changes occur along the carry and priorities require adjustment.

Whether you are a newbie or an old timer to this art of carrying the deployment ruck, there are some things we should remember when we are handed the task of rucking for the deployment's duration. Remember, you are not in the ruck march alone. The

community of ruckers past and present, provide a source encouragement, support and wisdom. Whether a friend, Family Readiness Group or installation resources like Army Community Service, community resource outlets serve to support and lighten the rucker's load. The second thing to remember is this: stop and assess the load along the journey.

Remember, you are not in the ruck march alone

An inventory may reveal the need for load delegation. In other words, are there family members who might be able to take on new age-appropriate responsibilities? In this way, load relief may come through delegation to those who ruck alongside you.

When there is no one to delegate to, it may mean managing expectations with some realism. Divestment of time, talents

and skills due to the deployment equation may mean lowering expectations to gain the same sense of accomplishment.

Another tip worth remembering along the ruck is the need for integrated self-care. To finish requires endurance and endurance is made possible through self-care. Any rucker will tell you when up against the long haul, the dreaded marathon, one must change socks and powder the feet to prevent blistering. Give yourself permission to powder yourself. The periodic powdering promotes positive performance and may be a rucking factor that gets you to the finish line.

And always worth remembering is that when what you do brings no relief in the rucking journey, this may serve to indicate the need for first aid intervention. Professional intervention is accessible to all through various channels and in many forms. If you feel overwhelmed and weary of not finishing, have the courage to ask for a helping intervention.

Is the deployment season upon you? These tips may help balance your ruck and propel you to the finish line.

September is suicide prevention and awareness month

Maj. Demietrice Pittman, Ph.D.

Clinical Psychologist

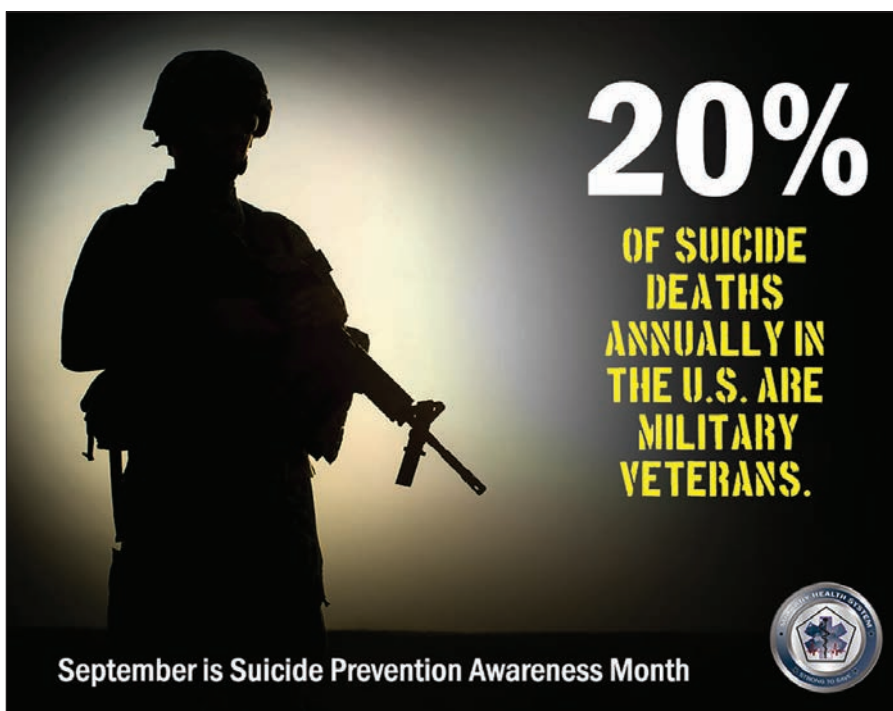
Eisenhower Army Medical Center

Suicide is the act of intentionally causing your own death. It is an overlooked epidemic in the world. The World Health Organization estimates that suicide is the 13th-leading cause of death worldwide and the National Safety Council rates it sixth in the United States. It is a leading cause of death among teenagers and adults under 35. The rate of suicide is higher in men than in women. There are an estimated 10 to 20 million non-fatal attempted suicides every year worldwide.

People often mistakenly think that if you talk about it, it may make people consider it. This is a myth.

"Awareness of the signs and symptoms is the best prevention," Sgt. Tisheena King,

see **SUICIDE** on page 11



NO SHOW from page 5

ing their appointments and notifying us early if an appointment is no longer needed.”

Sometimes last-minute conflicts do arise but it's always best to contact the clinic

directly, visit www.tricareonline.com or call 1-706-787-7300.

“I thank everyone for continuing to trust EAMC as their choice for 5-Star care. With everyone's diligence and thoughtfulness, EAMC can sustain the appointments neces-

sary to care for our beneficiaries and deliver readiness to the Joint Forces,” Ristedt said. “We all make a significant difference in cost containment and making care available for other service members, family members and beneficiaries by our actions.”

EMERGENCY from page 5

results, the “median wait time to be treated in the ED was about 30 minutes. ... the shortest median wait time was 12 minutes for patients who had an immediate need to be seen.”

“The ED in any hospital,” Vollbrecht said, “is not intended to be a convenient place to receive care. We do not provide primary care medical services, but we are a part of the spectrum of care.”

“We see patients on a daily basis with sepsis, congestive heart failure, diabetic emergencies, acute intoxication, toxic ingestions, lacerations, broken bones, heart attacks, strokes and a myriad of other medical emergencies,” he said.

All departments and clinics at EAMC strive to be good stewards of the resources they have. That means being medically effi-

cient in providing high-quality care while keeping an eye on the best business model with the least amount of waste. Often, this means that patients with less urgent problems have longer wait times.

“The ED has taken strides to work on plans that meet our patients' needs,” Vollbrecht said. “We want to provide great service while eliminating waste and maximizing resources, efficiently getting patients the care they need.”

“Organizationally, we have started with two changes,” he said. “The ED partnered with Central Appointments, placing an appointment clerk in the ED to find last-minute cancellations and available appointments for patients without life-threatening illness. Additionally, the Troop Clinics have opened sick call in the morning giving troops the opportunity to see a doctor early in the morning before

work begins.” EAMC's ED is dedicated to its mission of providing 5-star health care to America's Soldiers, sailors, airmen, Marines, their families and retirees.

“At Fort Gordon, we are America's best and we are honored to serve with you,” Vollbrecht said. “We want to see patients requiring emergency intervention, we encourage all patients to use their best judgement as to whether or not they have an actual medical emergency.”

Editor's note: Patients needing medical advice can contact TRICARE advice line at 800-847-2273. Appointments can be booked through TRICARE On-Line at tricareonline.com, or through the EAMC's Central Appointment line, 706-787-7300. Messages can also be sent directly to your Primary Care Provider through relayhealth.com for routine concerns or advice.

CMO from page 3

“safe consumer sport rocketry, from small model rockets with youth groups to very large, high-power rockets with serious adult hobbyists,” according to Rocketry South Carolina's website.

When he's not pushing the boundaries of altitude limits set by the Federal Aviation Administration, Haislip remains focused on his service as an Army physician.

Upon completion of his medical degree at the West Virginia School of Osteopathic Medicine in Lewisburg, W.Va., he did stints at EAMC for an internship and his residency. Duty stations have included Winn Army Community Hospital at Fort Stewart, Ga.; Camp Arifjan, Kuwait; Sinai, Egypt; Kirkuk, Iraq; and Vilseck, Germany. Prior to coming back to Augusta, he was stationed at Darnall Army Medical Center, Fort Hood, Texas, where he served as both deputy commanding officer and chief medical officer.

Concentrating on excellence, safety and quality at Fort Hood, Haislip shepherded improvements in accountability and readiness. He is well acquainted with initiatives to improve readiness.

While stationed in Egypt from 2009-2010, he identified an issue with the multinational

troops regarding cardiac risk.

“Many of the multinationals had high risk factors for coronary problems,” Haislip said. For a few years before I got there, there were about seven cardiac incidences per year. I set up a healthy mind and body initiative that screened for these high-risk indicators. Through screenings, education and lifestyle changes ... activities that foreshadowed the yet-to-be-established Performance Triad ... we saw “a 66 percent decrease in sudden cardiac death in 12 months and increases [in] overall soldier readiness.”

Although he's been at Fort Gordon for about two months, and perhaps hearing an echo of his experiences in Egypt, Haislip has identified a need to improve employee wellness and maintain soldier readiness.

“Getting out to walk at EAMC is difficult,” he said. “I've been out scouting routes for a walking track but it's difficult. [There is a need] for more sidewalks.”

Whether it's checking sidewalks while planning staff wellness improvements, advising the commander on ticklish medical issues or dreaming up new ways to take his high-powered rockets to new heights, EAMC's CMO knows the next big idea is on the launching pad.



Col. Charles Haislip, Eisenhower Army Medical Center's chief medical officer, stands with the 1/2-scale Nike Smoke Sounding Rocket he built.

We saw “a 66 percent decrease in sudden cardiac death in 12 months and increases [in] overall soldier readiness.”

10 Using your TRICARE benefit with other health insurance

TRICARE

Do you have employer-sponsored health insurance? Any health insurance you have in addition to TRICARE is known by TRICARE as "other health insurance," or OHI. TRICARE supplements are not OHI. If you have OHI, it becomes your primary insurance and pays any claims before TRICARE does.

Typically, having OHI can affect you if you're a retired TRICARE beneficiary who also uses Medicare, or if you're a spouse of an active duty beneficiary who also gains coverage through their employer. OHI never applies to active duty service

members. If you're on active duty, then TRICARE is your only coverage.

Reporting other insurance

It's important to keep your OHI coverage updated with your doctors and applicable TRICARE contractors. This includes health care, pharmacy, dental and TRICARE For Life contractors. This will help them coordinate your benefits and prevent claim delays or denials. You can report your OHI online, by phone or in person.

Coordinating your benefits

Your OHI is your primary insurance and

processes your health care claims before TRICARE. Then, you or your doctor files your claim with TRICARE. TRICARE pays after all OHI except for Medicaid, TRICARE supplements, and the Indian Health Service. If you have Medicare, TRICARE pays after Medicare and your other health insurance for TRICARE-covered services.

If TRICARE receives your claim before your other health insurance processes it, TRICARE will deny it. If TRICARE pays first and later discovers you had other health insurance, TRICARE will take back any payments made and will reprocess the claim after your OHI has processed it.

CNTP from page 4

surgical pediatrics, medical-surgical/telemetry unit and outpatient clinics.

The purpose of the CNTP is to bridge baccalaureate education and professional nursing practice. The program provides the sound foundation required to begin clinical readiness skills for any military operation.

The guidelines provide a discipline-specific structured clinical nurse transition experience for newly graduated registered nurses entering the military health care system and is mandatory for all new Army Nurse Corps officers with six months or less inpatient medical-surgical clinical experience. Through the CNTP, nurses transition from novices to advanced beginners.

Closing remarks during the ceremony were delivered by Col. Celethia M. Abner-Wise, outgoing chief nursing officer. Abner-Wise provided inspirational words of encouragement as the final remarks of her tenure as CNO.

She saluted and delivered heart-felt words to the group, through tears and a muffled voice, "CNO, signing off."

SAFETY DIVISION

OPERATION STOP ARM™

KNOW THE LAW OBEY THE LAW

Georgia Fines and Penalties:

When an Officer Catches You, the Penalties are . . .

- Possible Court Appearance
- Up to \$1000 Fine
- 6 Points on Driving Record
- A Conviction Under 21 Years of Age Constitutes License Suspension

When a Stop Arm Camera Catches You, the Penalty is . . .

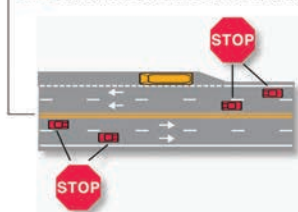
- A Civil Penalty of \$250.00

Ticket will be issued to the owner of the vehicle.

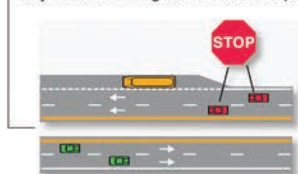
Two-lane roadway:
When school bus stops for passengers,
ALL traffic from both directions must stop.



Four-lane roadway without a median separation:
When school bus stops for passengers,
ALL traffic from both directions must stop.



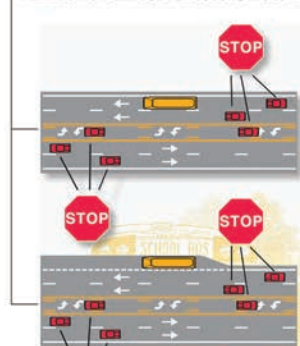
Divided highway of four lanes or more with a median separation:
When school bus stops for passengers,
only traffic following the bus must stop.



Two-lane roadway with a center turning lane:
When school bus stops for passengers,
ALL traffic from both directions must stop.



Roadway of four lanes or more with a center turning lane:
When school bus stops for passengers,
ALL traffic from both directions must stop.



STOP
IT'S THE LAW

ROTC from page 4

Aryn Beichner, selected by the cadets to speak on their behalf, shared with the audience the hardships they endured in the trenches during their 30 days of summer camp prior to arriving at EAMC, specifically, long, sleepless nights; wet; tired; hungry; poison ivy and poison oak.

She also remarked on the incredible clinical experience each of them had throughout their 28 days in various clinical

settings, including hands-on clinical experiences such as starting IVs, inserting Foley's, performing physical assessments and patient education, and administering medication. Cadets said this experience gives them an advantage over other nurses in their universities. One cadet commented that this is "the best clinical experience they have ever had."

The cadets took the time to personally honor the hard working preceptors during the graduation ceremony and shared with

the audience highlights of how the staff influenced their learning experience as they presented certificates of appreciation.

Guest speaker, Col. Celestia M. Abner-Wise, chief nursing officer, provided words of encouragement to remain ready, humble and passionate. Closing remarks were provided by the hospital Commander Col. David E. Ristedt, who encouraged the cadets to follow their passion, maintain an open and ready posture for opportunities, and enjoy life.

HONEY from page 2

quarter cup per cup of honey. Honey contains water.

- Add a half teaspoon baking soda for every cup of honey used to balance the acidity.
- Honey tends to brown products more easily. Turn down the oven temperature by 25 degrees to reduce over-browning.

In the clinic, one tablespoon of honey has about 65 calories and 17 grams of carbohydrate. To compare, one tablespoon of table sugar has about 45 calories and 12 grams of carbohydrate. So, if you are

watching your added sugar intake, don't be fooled into thinking honey doesn't count as added sugar. It is usually less processed than table sugar, and definitely less processed than high-fructose corn syrup, but it is still added sugar.

Honey has even been used to help heal wounds. The antibacterial properties of honey has helped treat skin burns and pressure ulcers. Honey is the base ingredient in Medihoney, which was approved by the FDA in 2007 for clinical use.

Whichever method you choose to enjoy

honey, remember that honey should not be fed to children under the age of one. Honey from the jar (pasteurized or raw) can contain the botulism bacteria that immature immune system of infants cannot handle and can have detrimental consequences for the child.

For those over the age of one, enjoy your honey responsibly.

Take action to support bees and diverse plant populations. Reduce pesticide use in your yards and gardens, plant bee-friendly plants and support your local beekeepers by buying locally produced honey.

Family Readiness Group is looking ...



Get out ... make a difference ...
help Soldiers and
their families

Volunteers needed for Family

Readiness Group leader,
co-leader. eamcfrg@gmail.com.

SUICIDE from page 8

EAMC Suicide Prevention NCO, said. She is organizing and distributing awareness material during the month of September, which is recognized as National Suicide Prevention and Awareness Month.

"Sept. 10, is also World Prevention Day," King said. "The Department of Behavioral Health is working to make sure people understand the warning signs for suicide and what they can do to help others."

Know the warning signs

- Threats or comments about killing themselves, also known as suicidal ideation, can begin with seemingly harmless thoughts like "I wish I wasn't here" but can become more overt and dangerous
- Increased alcohol and drug use
- Aggressive behavior
- Social withdrawal from friends, family and the community
- Dramatic mood swings
- Talking, writing or thinking about death
- Impulsive or reckless behavior

What can you do?

If you think your friend or family member

will hurt herself or someone else, call 911 immediately. There are a few ways to approach this situation.

- Remove means such as guns, knives or stockpiled pills
- Calmly ask simple and direct questions, such as "Can I help you call your psychiatrist?" rather than, "Would you rather I call your psychiatrist, your therapist or your case manager?"

- Talk openly and honestly about suicide.

Don't be afraid to ask questions such as "Are you having thoughts of suicide?" or "Do you have a plan for how you would kill yourself?"

- Ask what you can do to help
- Don't argue, threaten or raise your voice
- Don't debate whether suicide is right or wrong

"The Department of Behavioral Health at EAMC, King said, "is willing to offer any assistance, and provides service for active-duty military walk-ins every day from 7:30 a.m. to 4 p.m. and has providers on call in the Emergency Department 24 hours a day. Individuals can also call the National Suicide Prevention Lifeline Phone Number, 1-800-273-8255. You do not have to go it alone."



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