

Meet some of the new VA clinic's top-notch staffers page 2

State-of-the-art facility provides array of services page 3



livingwell



VA clinic opens in Hinesville

Planning process influenced by area's population of veterans

BY KATELYN UMHOLTZ
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Thanks to the large population of veterans in the area, the opening of the temporary Veterans Affairs clinic in 2011 brought word of plans to build a newer and bigger VA clinic.

However, it wasn't until 2013 that the community witnessed the process of its construction.

In the earlier days of development for the Ralph H. Johnson VA Medical Center Hinesville Outpatient Clinic, questions about capacity, size and services needed to be answered before the project could move forward.

Tonya Lobbetael, public-affairs officer for the Ralph H. Johnson VA Medical Center in Charleston, South Carolina, said developers had to take a look at the area's population of veterans to address those questions.

"It was decided by the VA that the best place to put the clinic was Hinesville because

we're really taking a look at population numbers for the area, and Liberty County has the highest veteran population of the four or five counties that particular clinic is designed to serve," Lobbetael said.

With almost 8,000 veterans in Liberty County, the developers knew they needed something bigger than the originally-planned 10,000 square feet.

They eventually decided they would need to build a 23,348-square-foot clinic to properly serve the needs of the veterans in Liberty County and surrounding areas.

Hinesville Mayor Jim Thomas said the city became involved with the clinic when Congress approved the planning. Thomas and other city employees were the ones who decided that a 10,000-square-foot clinic would not work for the number of veterans in the area.

"I and representatives from Veterans Affairs went down to Waycross to discuss putting a VA clinic here, and Sen. (Johnny) Isa-

son supported it. Once Congress approved it, they came back to us with the plans, and we took part in the planning for the clinic," Thomas said. "Initially, it was designed to be 10,000 square feet, but we decided, based on the number of veterans in this area code, that 10,000 square feet would not be enough. That's when the project was redesigned to its current size of around 23,000 square feet."

The decisions about what medical services the facility would provide also were based on the area's population of veterans.

Veterans of Liberty County now have access to mental-health outpatient services, an area for women and different kinds of specialty care, such as radiology.

"In the planning process, not only were we looking at the appropriate space for delivering primary-care services, but also we wanted to have an area for our women veterans," Lobbetael said. "We looked at how to plan our mental-health area well. It has come out quite beautiful.

"We're working on moving more specialty care to some of the community clinics where they wouldn't need a full hospital to support it. We also added an area for our homeless program with social workers and case managers," the public-affairs officer continued. "It starts with looking at the type of services that are needed by the veteran population and then matching that up with the right staffing models, equipment and anything else we would need in order to deliver the services for the veterans of the community."

The temporary clinic served its purpose, but veterans and other members of the community have anticipated the newer, bigger clinic along with its many benefits.

"This clinic is important because in this community, we have around 10,000 veterans, and those veterans need services that are closer to them so they don't have to travel to Dublin or Charleston," Thomas said. "We have all kinds of veterans that will benefit from this clinic."



CLINIC'S GRAND OPENING SET FOR TODAY

There will be a grand-opening ceremony for the Ralph H. Johnson VA Medical Center Hinesville Outpatient Clinic at 10 a.m. today at its new

home, 500 E. Oglethorpe Highway. Rep. Jack Kingston, R-Georgia, will be the guest speaker at the event, which is open to the public.

After the grand-opening ceremony, there will be a welcome-home celebration for veterans and their families. The community is welcome.

Photos by Randy C. Murray
Top: The 23,348-square-foot Ralph H. Johnson VA Medical Center Hinesville Outpatient Clinic at the intersection of Oglethorpe Highway and Memorial Drive opened earlier this month, but will host a grand-opening ceremony at 10 a.m. today. Above: The new VA clinic in Hinesville replaces a smaller, temporary clinic that opened on Gen. Stewart Way in July 2011.

New VA clinic boasts experienced staffers

Some employees newcomers, others have been with VA for years

By RANDY C. MURRAY
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The Ralph H. Johnson VA Medical Center Hinesville Outpatient Clinic opened its doors for business last week. The new, larger clinic allows for a much larger staff, some of whom started working there the first day.

They were soon busy. Veterans with appointments, numerous walk-ins and visitors stopped by to check out their new clinic.

A 5,000-square-foot temporary clinic was opened in July 2011 on 740 E. Gen. Stewart Way. Its two primary-care teams served about 2,400 veterans, according to Meredith Thomas, public-affairs officer for the Ralph H. Johnson VA Medical Center, which operates the Hinesville clinic and four others.

Hinesville's permanent VA clinic, located at Oglethorpe Highway and Memorial Drive, is 23,348 square feet and can serve three times as many veterans with up to six primary-care teams.

Thomas said each team consists of a doctor, registered nurse, licensed practical nurse and medical-support assistant.

Overall, she said the clinic's 65 employees will provide primary care, mental-health care, telehealth care, select specialty care, general radiology, women's health care, optometry and treatment for veterans of Operation Enduring Freedom, Operation Iraqi Freedom and Operation New Dawn.

The clinic's administra-



Photos by Randy Murray

Dr. Jeff Watson, left, a veteran, said he came to the Hinesville VA clinic from private practice. Dr. Mary Wynn said she started working with the temporary clinic two months ago, but before that, she worked at Winn Army Community Hospital.

Dr. Jeff Watson, left, a veteran, said he came to the Hinesville VA clinic from private practice. Dr. Mary Wynn said she started working with the temporary clinic two months ago, but before that, she worked at Winn Army Community Hospital.

“Right now, we only have four primary-care teams, but we have room for two more,” Nelson said. “As the AO, I’m in charge of the daily functions of the clinic. ... I think this clinic is going to be a very valuable asset to the community, and I’m very pleased to be part of serving our veterans.”

Nelson, who recently transferred to Hinesville from the James A. Haley VA Medical Center in Tampa, Florida, said she wanted local veterans to know she has military ties, having been a military wife for over 20 years. Her husband is retiring after 27 years, she said.

Nelson said she has worked for the federal government for 18½ years, including six years serving with the VA and 10 years at Fort Stewart, where she served as a quality assurance



Social worker Gail Varley fills a dispenser box with hygiene masks. She serves all four primary-care teams at the new VA clinic in Hinesville.

technician in the radiology department at Winn Army Community Hospital.

As she related her personal and professional background, Nelson introduced some of the clinic's employees, including Randy Grant, a medical-support assistant, who was moving computer boxes from one room to another, and Sara Caldwell, also an MSA, who was straightening health-information literature in a storage rack outside her office. Nelson said Caldwell had been with them since the temporary clinic opened three years ago.

Meanwhile, social worker Gail Varley was stuffing hygiene masks in a dispenser box when she paused to explain her role at the new clinic.

“I serve all four primary-care teams,” she said. “I’m called the (patient alignment care team) social worker.”

In addition to social workers, Varley said the clinic also has mental-health providers, an optometrist, dietitian and pharmacist. She emphatically stated, however, that the clinic does not have a drug-dispensing pharmacy and has a limited number of drugs.



LPN Angela Szabo, left, works with a primary-care team and with women's health. LPN Carmen Dow also is part of a primary-care team, and she works in the lab.

As he straightened paperwork on his desk and put away files, Physician Manager Dr. Quinon Purvis told the Courier he has been with the clinic for three years, previously had spent eight years running a medical evaluation board and was a Vietnam veteran — a former Army flight surgeon.

“I will see patients, and I’ll supervise the other physicians,” Purvis said, then echoed Nelson’s comments about the new clinic being an asset to the community. “We’re going to strive to give our veterans the best service they can imagine.”

Two ladies in nursing scrubs were searching through boxes and packages in one of the supply rooms, which was not yet organized. Angela Szabo and Carmen Dow, both LPNs, said they were looking for a particular piece of equipment among the boxes. Szabo said she works with a primary-care team and with women's health. Dow said she's also part of a primary-care team, and works in the lab.

Doctors Jeff Watson and Mary Wynn were trying to



Randy Grant, a medical-support assistant, moves computer boxes from one room to another at the new Hinesville VA clinic.

settle into their offices but paused for a photo and a few comments. Watson, a veteran, said he came to the clinic from private practice. Wynn said she started working with the temporary clinic two months ago, but before that, she worked at Winn Army Community Hospital.

Nelson had wanted to introduce her nurse manager, Janet Triplett, but she had gone back to the temporary clinic to retrieve more files and personal items. She said Triplett was the person veterans should go to with questions and concerns about their health care, but added that every staff member is there to help veterans or get them to someone who can help them.

According to Thomas, there are more than 14,000 veterans in the four counties — Bryan, Liberty, Long and McIntosh — served by the new Hinesville VA Primary Care Clinic. She said there are about 1,100 female veterans living in this area and more than 1,400 veterans of the wars in Iraq and Afghanistan. About 7,000 veterans are currently enrolled for care at the new clinic, she said.



Sara Caldwell, a medical-support assistant, straightens health-information literature in a storage rack outside her office at the new clinic. She has been with the VA since the temporary clinic opened three years ago.



Hinesville VA clinic nursing supervisor Janet Triplett, physicians supervisor Dr. Quinon Purvis and Administrative Officer Tracey Nelson pose for a photo outside the new Ralph H. Johnson VA Medical Center Hinesville Outpatient Clinic at the intersection of Memorial Drive and Oglethorpe Highway.



Administrative Officer Tracey Nelson

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Local vet organization leaders optimistic about new VA clinic

By JEREMY MCABEE
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More than 14,000 veterans reside in Liberty, Long, McIntosh and Bryan counties — a number that will continue to increase as military members end their terms of service and transition to civilian life.

Prior to the opening of the small Hinesville clinic in July 2011, these

veterans had to travel to Savannah, Dublin, Augusta or even Charleston to receive VA care. Even after the temporary clinic was established, two primary-care teams could only do so much with a small staff and an even smaller pool of resources.

It's no surprise, then, that leaders of local veterans' organizations are excited about today's grand opening of the 23,348-square-foot Ralph H. Johnson VA Medical Center Hinesville Outpatient Clinic at 500 E. Oglethorpe Highway.



Helmick

Dennis Fitzgerald, Veterans of Foreign Wars Chapter 6602 Commander Kenneth Geackel and Disabled American Veterans Chapter 46 Commander Walter Helmick to get their thoughts on the new clinic and how it will help Liberty and the surrounding counties' veterans.

"It will save a lot of time and travel — down to Savannah or up to Dublin — and give them more access to the VA clinics," Fitzgerald said. "Right now, if you need something, you have to go up to Savannah — major stuff you have to go to Dublin or Augusta. And, from what I understand, they're supposed to have some better capabilities here at this local office."

"Every time I go, I have to go to Savannah," Geackel said. "Some guys go to Dublin. Some go to Charleston. This should cut back on some

of the money that VA has to spend."

"They won't have to travel as far to go see a doctor," Helmick offered. "Plus, if they need to see a doctor urgently, it's right there around the corner from their homes."



Geackel

Although the American Legion, VFW and DAV all offer transportation services to veterans needing rides to appointments, the commanders were quick to point out the physical strain that extensive travel times can place on these vets. "Some of these guys are handicapped to the extent that they're getting by in a wheelchair, so riding for that amount of time can be both-ersome," Fitzgerald said.

Although the public only recently has become aware of mismanagement within the VA, veterans have been feeling the brunt of overdue appointments and drawn-out waiting times for years.

"I go to a regular doctor be-

cause there was such a backlog with the VA," Geackel said.

Helmick said he is hopeful the new clinic not only will assist in getting vets seen by doctors, but actually afford veterans more face time with physicians who can fully attend to their needs — rather than rush them through in an effort to get to the next patient.

"... The doctor calls your number, and you're in there for five minutes or so, then right back out you go — and it doesn't even feel like you went to the doctor," he said. "At least now you'll be able to say, 'Hey, I need this,' or 'Can you refer this?' — I can get the proper treatment or equipment that I need to be more independent."

Despite the current scandal surrounding the VA, the commanders remain optimistic that the large, updated facility will be a benefit to local veterans and their families.

"I think it's going to be great," Geackel said. "I just hope they'll be able to take care of us — we've got a lot of retired military in this town."

"It's like a breath of fresh air," Helmick added. "It's way overdue."



Patty Leon

The new Ralph H. Johnson VA Medical Center Hinesville Outpatient Clinic's telehealth cart allows physicians to hook up patients to a cardiac machine, check blood pressure and video-conference with other doctors. It also features lights, a stethoscope and other instruments.

Clinic offers a wide array of services

New technology, specialized care among facility's features

By PATTY LEON
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the veterans within the community.

Abuzz with activity, the new Ralph H. Johnson VA Medical Center Hinesville Outpatient Clinic is already accepting appointments. The new clinic, which opened last week at 500 E. Oglethorpe Highway, is equipped with state-of-the-art technology to provide proper care for

The clinic's administrative officer, Tracey Nelson, said facility personnel can see up to 50 scheduled patients a day but added that they plan to accommodate walk-in patients as well when it's deemed medically necessary.

"If a veteran has an

SERVICES continues on 9

YMCA of Coastal Ga. receives \$3,600 donation

SPECIAL TO THE COURIER
editor@coastalcourier.com

Pepperl+Fuchs, a global provider of factory and process automation solutions, recently held its three-day, Pan-American sales meeting in Hilton Head, South Carolina. During the meeting, the company offered its sales force an opportunity to make a financial donation for the sake of a local resource. The company



collected \$3,600 to donate to the YMCA of Coastal Georgia, which includes the Lib-

erty County/Armed Services branch of the YMCA.

"In addition to being active in philanthropic efforts in our Twinsburg, Ohio, headquarters, our company makes a concerted effort to have a positive impact in other communities that we serve and visit," said Greg Ernst, vice president of sales and marketing at Pepperl+Fuchs. "It's a small way that our company strives to live by the adage of 'leaving

it better than we found it.'"

Local children will see an immediate benefit from the donation.

"Our summer camp programs recently started, and this gift will have a huge impact for many deserving kids this summer," said Rachel Meuser Bowman, chief advancement officer for the YMCA of Coastal Georgia.

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Community leaders, officials welcome clinic

The Coastal Courier asked local elected officials, community leaders, veterans and entrepreneurs why they think the new VA clinic is important to Hinesville:



DONALD LOVETTE,
LIBERTY COUNTY
COMMISSION CHAIRMAN

"The VA clinic is vitally important to the Hinesville/Liberty County area to support the large number of veterans who live in our community. In addition, it strengthens our argument of the support services that are connected to Fort Stewart, thereby making this a place of choice for our veterans and military families."



JIM THOMAS,
HINESVILLE MAYOR

"The grand opening of the new veterans clinic is a great step forward in providing great health care to the 10,917 veterans in Hinesville. Our veterans deserve and will receive excellent care from this clinic. The city of Hinesville is proud to have such a facility located in our city, and our large population of veterans deserve the services that this clinic will provide."



GEORGE W. HOLTZMAN,
OWNER OF COLDWELL
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"As a Vietnam Purple Heart veteran, it is convenient to receive the medical services in Hinesville and not have to drive to Savannah as we did for years. The personnel in the Hinesville clinic are very courteous and professional. As a realtor, the clinic offers an extra incentive why a veteran would want to make Hinesville their home."



PAUL ANDRESHAK,
SOUTHEAST GEORGIA
FRIENDS OF FORT
STEWART AND HUNTER,
EXECUTIVE DIRECTOR

"The clinic is a permanent presence for local veterans who have sacrificed for us all. It will provide personalized hometown service and eliminate thousands of miles and hours spent by veterans traveling to sites like Dublin, Augusta and Charleston."



**LEAH POOLE, LIBERTY
COUNTY CHAMBER OF
COMMERCE/CONVENTION
AND VISITORS BUREAU
CEO**

"We feel that the VA clinic is important to Liberty County because it brings a much needed service for our population that much closer to home. It will also help bring increased commerce into our community as people travel here to use the services that they offer, eating at local restaurants, buying gas, shopping, etc."



**PASTOR RICHARD D.
HAYES, UNITED MINISTERIAL
ALLIANCE OF LIBERTY
COUNTY, PRESIDENT**

"The physical and mental health of our community should always be at the forefront of our priorities. This new VA clinic will provide the services and tools this city and surrounding areas need to honor our veterans with quality medical services that are accessible and state-of-the-art. My prayer is that this facility is a consistent blessing to our soldiers, veterans and their families."

Raffle run benefits Hospice of South Georgia

Event slated for June 21 also includes door prizes, car displays

SPECIAL TO THE COURIER
editor@coastalcourier.com

Odum United Methodist Church will sponsor its second annual 50/50 raffle run June 21 to raise funds for Hospice of South Georgia.

Last year's ride included over 90 motorcycles from all over South Georgia, but "this year's fundraiser could be even bigger," according to event coordinators Frances Dent and Willie and

Vicki McLaughlin. "We are certainly hoping more clubs and individual motorcycle enthusiasts will join us."

Registration will begin at 9 a.m. with the first rider out at 10 a.m. A light breakfast will be served during registration, and lunch will be served after the ride. The cost is \$20 per bike and \$5 for passengers.

The charity run will leave from the Odum Recreation Center and proceed to Glen-

ville, Ludowici, Jesup and back to Odum. The winner of the 50/50 raffle will split the cash with Hospice of South Georgia. The rider must be present to win.

Everyone not participating in the ride is invited to come out between 11 a.m.-3p.m. for the fundraiser. Drawings for other door prizes, including motorcycle helmets, luggage/saddlebags, purses/wallets, tool kits, leather vests, motor-

cycle accessories, gift cards and other prizes will take place after lunch.

Anyone can buy tickets for the door prizes, and tickets are \$3 each or 4 for \$10. Lunch — a hot dog and soda — will be available for \$3.

Additionally, there will be classic cars, motorcycles and ATVs from area dealerships on display. Barring any emergency, the helicopter from Air Evac LIFETEAM

from Jesup will be on display as well.

"We invite everyone to come out and join us in this fundraising event," the event coordinators said. "All donations and funds raised are used to help provide care and services to patients and families residing in our local service area communities."

Hospice of South Georgia is a community-based and community-supported

nonprofit organization that provides care to patients and families not only in Wayne County, but also to those living in Appling, Bacon, Brantley, Jeff Davis, Liberty, Long, Pierce and Tattnall Counties, as well as portions of Coffee, Glynn, McIntosh and Ware Counties.

For more information, call Willie McLaughlin at 912-586-2316 or Paulette Parker at 912-559-2013.

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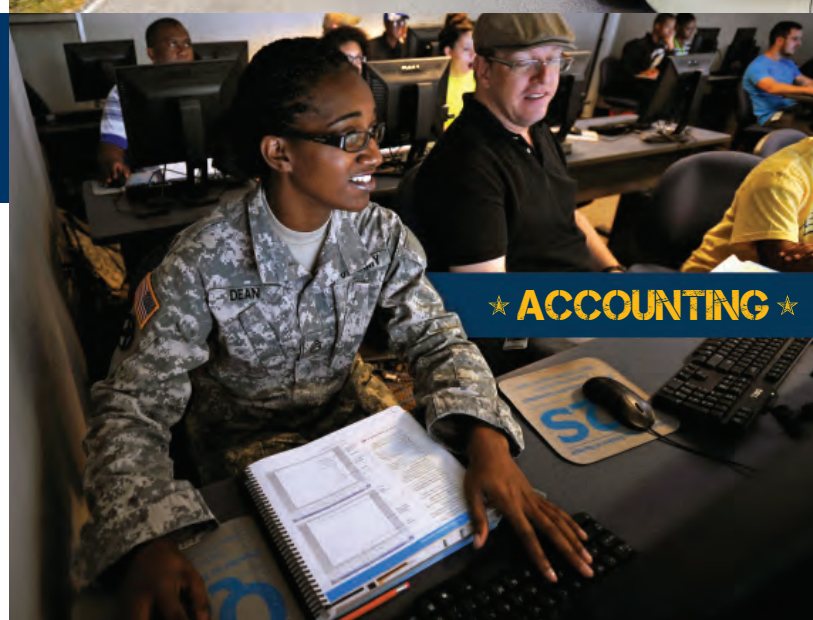
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My journey to a healthier me

Live better by taking control and making more informed decisions

BY MERRY PERRY, A.N.P.
Special to the Courier

CANYON RANCH *Institute.* LIFE ENHANCEMENT PROGRAM.

I did not win the lottery, but I did find the pot of gold at the end of a rainbow.

I found my pot of gold by learning how to truly reflect on the words "healthy living," and the new meaning in those words is changing my life. For me, healthy living is much more than exercising and eating foods that I never tried before — like calabacitas, taragon soup and jicama.

As I embrace this new season in my life, I am amazed and grateful to my higher power for allowing me to experience life's fulfillment like never before.

There are so many pieces coming together that are essential to fulfilling this lifetime mission, such as finding my sense of purpose, loving my family, managing my stress and continuing my successful career. Simply put, I am now happy with my life. I can define being healthy as a commitment to positive and healthy actions and choices for my body, my mind and my spirit. I also am actively minimizing everything that brings negative thoughts or feelings to my body or well-being. I am saying "no" to being out of balance and unhappy. You can do the same.

Do you know how frustrating it is to sit on a stool

with uneven legs? No matter how you sit, the stool wants to rock back and forth, back and forth, never finding a steady balance. All your energy and attention is spent trying to just stay balanced.

A stable and balanced stool is kind of like a holistic approach to being healthy. My journey is about my whole person. I cannot separate the physical, mental, emotional and spiritual aspects of my life. Those have to be equal and balanced, like the legs of a comfortable stool.

My healthy transformation did not happen overnight. Your healthy change may not happen overnight either. I know people who have had an 'Aha' moment all at once — that is great! For me, the best way to go is to be practical and make intentional decisions slowly and steadily in small steps to reach the changes I want. I take it one day at a time.

I based my healthy change on information I learned from a health-care professional, educating myself about my health and talking with others who are experts. Like you, I must ask myself

daily, "What am I going to do with this information?" Every day, I must choose to make better choices to get better outcomes, or to not. Every day, now, I ask myself why would I not choose to live healthier — and I find I have no answer to that question. So I am choosing to live healthier. You can, too.

As my journey to healthy living continues, I am constantly asking myself "Is this practical and something I can do for the rest of my life?" When I think about healthy eating, my answer is, "Yes!" When I think about severe dieting and trying to deny myself the foods that I love, I say, "No!" That is a healthy response to a challenge we all face every day.

For me, simple and practical things enhance my ability to live healthy. Healthier eating choices and portion control, exercise and walking, getting a good night's sleep, learning to identify and manage sources of stress in my life and learning how to successfully cope with my sources of stress — those small steps make the difference for me. Just learning how deep breath-

ing can clear my mind and refresh my soul was a powerful moment for me. You can, too.

As I go through my day, like you, I find different environments — work, community, family, financial — that want to cause me stress. What I have learned is that I need to manage my stress, not let my stress manage me. That is not easy, but if I remember to breathe, to pause and think before reacting and to be mindful of my actions, then I can manage my stress and be healthier and happier. You can, too.

Georgette Brown is my 104-year-old grandmother. Her most famous quote and strongest philosophy for longevity is, "Yesterday is gone. Can't do nothing 'bout yesterday. I ain't going to worry about yesterday 'cause it's gone. Today will take care of itself. Tomorrow ain't even here, so why worry 'bout tomorrow?" You, too, can apply my grandmother's philosophy to your life. Try it!

We are successful if we can manage today. So let's live in that moment. Every day, I pray to God to please grant me the ability to find the serenity



Stock image

to accept the things I cannot change, the courage to change the things I can and the wisdom to know the difference. I have come to the realization that in this life there are some things I have no control over. So, for me, my daily goal is to live healthier by making better and more informed decisions. That is absolutely something I have control of. You can, too!

Perry is an adult nurse practitioner at Curtis V. Cooper Primary Health Care Inc. and is on the core team of the Canyon Ranch Institute Life Enhancement Program offered in Savannah through the partnership among Canyon Ranch Institute, Connect Savannah and Charles H. and Rosalie Morris, and Curtis V. Cooper Primary Health Care.

Stewart/Hunter TRICARE patients will get access to nurse advice line

Nurses assist callers, offer advice 24 hours a day

SPECIAL TO THE COURIER
editor@coastalcourier.com

The 24/7 TRICARE Nurse Advice Line will expand today to include Fort Stewart and Hunter Army Airfield.

"The nurse advice line is

made up of a team of registered nurses, including pediatric nurses, who are available to answer a variety of urgent health-care questions," said Lt. Col. Floreyce Palmer, chief of ambulatory nursing at Winn Army Community Hospital. "They will assist patients and help them decide if and when to seek medical care."

The advice line also will have the ability to schedule same-day appointments if



needed.

If a same-day appointment is not available, the nurse will redirect the beneficiary to the closest urgent-care center. When that happens, the nurse also will advise the primary-care manager that an urgent-care referral is needed so the patient does not have

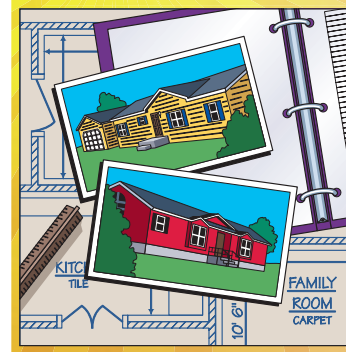
to worry about paying any point-of-service co-pays.

TRICARE beneficiaries who are not enrolled at military treatment facilities still can receive professional health advice.

The nurse advice line will be incorporated into the current Fort Stewart Medical Department Activity phone system, 912-435-6633. Patients will be able to choose the option to make an appointment or speak to the nurse advice line.

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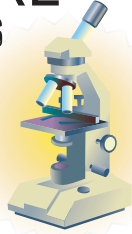
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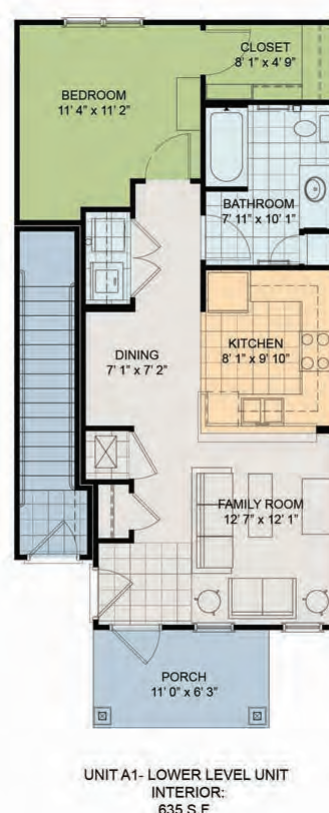
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Savannah Uncorked proceeds help MUMMC

Trauma, critical-care and rehab units to benefit from fundraiser

SPECIAL TO THE COURIER
editor@coastalcourier.com

SAVANNAH — Tickets and sponsorships are still available for the ninth annual Savannah Uncorked event, set for 7-10 p.m. Saturday at the Savannah Golf Club.

The event features wine and gourmet food pairings, a silent auction and music by Jeremy Davis and The Fabulous Equinox Orchestra.

Proceeds benefit the Memorial University Medical Center's Level 1 trauma center, critical-care units and The Rehabilitation Institute.

Savannah Uncorked honors an MUMC patient

whose life and health were positively affected by the excellent care they received in those areas of the hospital.

Brandy Williams, the 2014 Grateful Patient, received exceptional care from Memorial following an auto accident in 2011. Past grateful patients include Dan Coe, Peggy Kreinest, Megan and John Manley and Steve Stephens.

To purchase tickets to this historically sold-out event, go to memorialhealth.com/foundation and click "Events." Tickets are \$100 each.

For ticket and sponsorship information, call Mark Howard for at 912-350-6381

or email HowarMa3@memorialhealth.com.

Memorial University Medical Center is a two-state health-care organization serving a 35-county area in southeast Georgia and southern South Carolina. The system includes its flagship hospital, a 654-bed academic medical center; Memorial primary and specialty physician networks; a major medical education program; business and industry services; and NurseOne, a 24-hour call center.

To learn more, go to www.memorialhealth.com or follow MUMC on Facebook, Twitter or YouTube.



Memorial Health University Medical Center's Level 1 trauma center, critical-care units and the Rehabilitation Institute will benefit from the funds raised at Saturday's Savannah Uncorked event.

Photo provided

Georgia Society for Hospital Engineers celebrates 50 years

SPECIAL TO THE COURIER
editor@coastalcourier.com

The Georgia Society for Hospital Engineers — a group consisting of professionals responsible for the mechanical, electrical, fire safety and building maintenance needs of hospitals throughout the state — celebrated its 50th anniversary at the group's annual conference June 3-6 in Greensboro.

In recognition of the milestone, the Georgia House of Representatives passed an acknowledgement resolution, HR 1920, which was sponsored by Rep. Buzz Brockway, a 1990 graduate of Georgia Tech, one of the nation's leading engineering schools.

GSHE, an affiliated group of the Georgia Hospital Association, is the first of GHA's 14 affiliated societies to reach the 50-year mark.

"On behalf of the Georgia Hospital Association Board of Trustees, I would like to congratulate the Georgia Society for Hospital Engineers for this significant milestone," GHA President Earl V. Rogers said. "I sincerely thank all of these professionals for their vast contributions to making the hospital environment a place of hope and healing. GSHE has long been one of GHA's most active and innovative society groups, and we are very proud of their accomplishments through the years."

Sumter County Hospital en-

gineer P.J. Wise hosted the organization's first meeting Oct. 1, 1964, in Macon after a year of planning and contacting other hospital engineers throughout the state.

Within a couple of months, the organization's membership exceeded 50 and became the model by which other affiliated GHA societies — which include nurses, chaplains, marketing/public relations professionals and materials managers — would duplicate.

In the 1960s, GSHE thrived on programs like Helping Hand, where hospital engineers could call each other and seek advice from colleagues around the state on issues related to equipment installation, equipment failure

and any other mechanical issues that affected hospital operations.

The society also created a program called Special Tool List in which participants could borrow rare or expensive tools from each other to complete a task. This program was especially helpful for rural hospital engineers who didn't have the resources of their urban counterparts.

Today, the society has evolved from borrowing tools to ensuring compliance with hundreds of building, fire and life safety codes while addressing daily operational issues involving water, energy, communications systems and cleanliness.

Currently, GSHE has approximately 200 individual members representing 80 Georgia hospitals.

Kroger customers raise \$232,000 to help sick children

SPECIAL TO THE COURIER
editor@coastalcourier.com

ATLANTA — Kroger customers in the Atlanta Division, which includes Hinesville, donated more than \$232,000 to the Children's Miracle Network during the store's May 18-31 fundraiser.

The annual two-week philanthropic initiative gave customers the ability to purchase \$1 hot-air balloon icons, also known as "miracle balloons." All proceeds from the fundraiser will be donated to local Children's Miracle Network hospitals throughout the Atlanta Division.

"Kroger customers consistently show their care for our communities by constantly going above and beyond with their charitable donations," says Glynn Jenkins, director of communications and public relations for Kroger's Atlanta Division. "Through their support of the 'Miracle Balloons' program, we can continue to make a difference in the lives of children."

Children's Miracle Network, a charity founded in 1983, is a nonprofit organization that raises money for more than 170 hospitals.



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LIVING WITH CHILDREN

Quash potty-training anxiety sans micromanagement

Q: We began toilet training our daughter when she was 21 months old. Within 10 days, she consistently was using the toilet for No. 1. She now wears underwear 24/7 because she doesn't even wet her bed.

The problem is that she's now 23 months old and has had only four successful bowel movements on the toilet. She has a BM when she's still in bed in the morning or sometime during her nap. Regardless, her BMs are impossible to anticipate.

When I discover her accident, I simply remind her she needs to go on the toilet. I haven't done anything more assertive because I haven't wanted to create a power struggle. I read your toilet-training book and know about the use of a gate. Do you think I should go in that direction?

A: I should explain to the reader that the gate refers to a child-proof gate used to confine a child in the bathroom or whatever room the parents have put the potty.



JOHN ROSEMOND
Parenting columnist

I recommend that a gate be used in conjunction with a potty bell — a simple kitchen timer that's set to go off at regular intervals in anticipation of the child's need to use the potty. When the bell goes off, the parents simply remind the child that it's time to use the potty. If the child is resistant, then I sometimes, but not always, recommend that the parents use a gate.

An important caveat: If the child in question perceives that the gate is being used punitively, then the child's resistance is likely to increase, along with tantrums. For that reason, if a gate is used, then the potty should be located in a non-threatening room, like the child's play room.

If the child gets used to being confined to one fairly interesting room from the time he begins moving around on his own, and that's the room in which the potty is placed

— there's no requirement, after all, that a toddler has to "go" in the bathroom — the child should cooperate readily in training and it shouldn't take more than a few weeks.

Parental anxiety over toilet training — ubiquitous these days — is another killer. If a child senses that his parents are overly eager for him to use the toilet, he's likely to put up a fight. The overly eager parent quickly turns into a micromanager, and micromanagement in any context, with any age human, provokes push-back.

So the keys to relatively quick toilet training are a relaxed but authoritative approach, planning and structure.

You obviously did a good job from the outset. If you hadn't, your daughter wouldn't have had such quick success. She's not afraid of sitting on the potty — again, obviously — so my best guess is that the "poop" thing is just going to take her a little more time.

I don't get the impression that she's resistant; she's just

not fully awake when she has to have a BM. In effect, she's still on her infant BM schedule.

Within a month or so, she probably will transition rather naturally to having her BM at the same time every day, during her waking hours. At that point, you'll be able to use the bell as a reminder. As for the gate, in this case, I don't think it's going to be necessary.

In the meantime, just keep up your patient, positive approach. It's served both of you well so far.

Family psychologist John Rosemond answers parents' questions at his website, john-rosemond.com.



Stock image

If a child senses that his parents are overly eager for him to use the toilet, he's likely to put up a fight. Parents should pick and choose battles to make it easier on everyone.

Free Sand Gnats tickets for tonight's game from St. Joseph's/Candler

SPECIAL TO THE COURIER
editor@coastalcourier.com

St. Joseph's/Candler will host its community night to benefit St. Mary's Community Center at this evening's Sand Gnats game at Grayson Stadium in Savannah. The game starts at 7:05 p.m.

Attendees who bring a non-perishable food item to the game will receive a free ticket. Food drop-off and ticket pick-up will begin at

6 p.m. The non-perishable food items will benefit the St. Mary's Community Center.

The center, which serves the westside of Savannah from its base in the Cuyler-Brownville neighborhood, is a community outreach initiative of St. Joseph's/Candler. The center helps residents through education, job training and children's services. To learn more go to www.sjchs.org/StMarys.



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Bring a canned good to tonight's Sand Gnats baseball game to receive a free ticket.



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SERVICES

Continued from page 1

acute issue — something where they need to see their physician right away — we have an RN triage clinic where the veteran can come in and be triaged,” Nelson explained. “And if they need to see an MD, we will be able to accommodate those walk-ins as well. We would assess every veteran’s needs, and our goal is to provide care and access to all the veterans. We are not going to turn any veteran away. ... We will assess their situation and accommodate them to the best of our ability. Whether they have an acute condition that needs an appointment today or if we need to facilitate an appointment for the near future, we will assist them all.”

Nelson said the clinic offers primary care led by four primary-care physicians and their support-staff team. The clinic also offers mental-health services, general radiography, ultrasounds and optometry, and a women’s health section is built into its primary-care services.

“We have four dedicated women’s health rooms that are separate from those in our primary care. ... Outside of that, we have 27 primary-care rooms ... and we also have a procedure room for simple, minor procedures,” Nelson said, adding that the procedure room is equipped to do portable catheter flushes and electrocardiograms.

The room also has equipment for minor dermatology procedures, like removing skin tags.

Among the state-of-the-art equipment housed at the new clinic are telehealth video-conferencing machines suited to provide mental-health and cardiac care.

“Telehealth is video con-



Patty Leon

The new Ralph H. Johnson VA Medical Center Hinesville Outpatient Clinic’s X-ray room features state-of-the-art equipment and technology.

“Our telehealth cart allows our veterans to have cardiac assessments done via the video conference as well, and it allows the cardiologist in Charleston to be able to evaluate their current situation.”

Tracey Nelson, VA clinic administrative officer

ferencing that we have with our providers in Charleston,” Nelson said.

She said patients could communicate with the mental-health workers at the Charleston medical center. But she added that the clinic will be staffed locally as well.

“We will have mental-health providers here in the building, but we will also continue our video-conferencing services,” Nelson said, add-

ing that they currently have a part-time psychiatrist on staff who soon will work full time.

The clinic also has mental-health social workers, a social worker who helps homeless veterans and another social worker who serves caregivers.

The mental-health unit at the clinic is equipped with five TANDBERG Telehealth video-conferencing devices.

According to the clinic’s fact sheet, mental-health pro-

viders treat post-traumatic stress disorder and substance abuse in addition to other general mental-health services.

Nelson said the clinic also has on its staff a social worker from the U.S. Department of Housing and Urban Development and VA Supportive Housing Program. HUD-VASH is primarily an outreach program that seeks to assist homeless veterans in attaining temporary and permanent housing solutions.

The clinic also has a telehealth device equipped to monitor cardiac conditions.

“Our telehealth cart allows our veterans to have cardiac assessments done via the video conference as well, and it allows the cardiologist in Charleston to be able to evaluate their current situation,” Nelson said.

The machine also is equipped with devices that allow the video-conferencing physician to check the patient’s eyes and throat, check the patient’s heart beat using the attached stethoscope, monitor the patient’s blood pressure with the built-in cuff and obtain EKG readings.

The radiology section of the clinic will handle general X-rays. Nelson said the ultrasound equipment can screen the liver and thyroid for potential problems as well as check the gallbladder and check for aortic aneurysms.

“It is definitely an excellent service that we have to offer,” she said.

The clinic’s optometry section has equipment that allows optometrists to conduct retinal imaging, check for cataracts and provide basic eye exams.

“Our veterans will be able to see the optometrist and be able to obtain their prescriptions here,” Nelson said.

According to the fact sheet provided by the Ralph H. Johnson VA Medical Center in Charleston, the Hinesville clinic will serve up to 7,200 veteran patients with an anticipated 15,840 primary-care visits and up 10,800 mental-health visits provided each year.

The clinic operates from 7:30 a.m.-4:30 p.m. Monday-Friday. New and existing patients can call 912-920-0214 for information and appointments, but Nelson added that the clinic is still merging into the new phone system and that the main number might change in the future.

“But if it does, we will of course let everyone know,” she said.



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Obese, older Caucasian women on dialysis most at risk for rare, deadly condition

SPECIAL TO THE COURIER
editor@coastalcourier.com

AUGUSTA — Obese, Caucasian females older than 50 with diabetes and on dialysis because their kidneys have failed are among those at highest risk for the rare and deadly condition calciphylaxis, according to an analysis of the United States Renal Data System.

Calciphylaxis occurs when calcium and phosphorus bind to form a biological cement that blocks and inflames small blood vessels, putting patients at risk for major infection and skin ulcers as well as patches of dying skin, said Dr. Lu Huber, a nephrologist at the Medical College of Georgia at Georgia Regents University.

"It's all about balance, and our kidneys help regulate that balance," said Huber, who scoured the national database of 2.1 million patients with failed kidneys to better define incidence and risk factors with the goal of better identifying and managing those at highest risk.

Her findings were cited as one of eight best abstracts submitted to the 51st European Renal Association - European Dialysis and Transplant Association Congress on May 31-June 3 in Amsterdam.

Huber found the condition occurred in 459, or 0.02 percent, of the patients, who were mostly white, older women on traditional hemodialysis, where an external machine filters the total blood volume typically three times a week rather than the continuous efforts of healthy kidneys.

The median time from the first dialysis treatment to a diagnosis of calciphylaxis was less than four years, median

survival time was 176 days, and 50 percent of deaths were within 87 days. Being older than 65, Caucasian and diabetic are significant risk factors for death from calciphylaxis.

"We are not completely sure why calciphylaxis happens, but mostly it's in dialysis patients," Huber said. While dialysis is literally a lifesaver, it does not completely replace all the filtering work of the kidney, never mind other major functions, such as making the active form of vitamin D, Huber said. Vitamin D increases absorption of calcium, which is essential to strong bones and teeth as well as muscle function, including the heart.

Physicians give patients vitamin D while they are receiving dialysis to keep bones strong. Ironically, vitamin D also increases absorption of phosphorus, which, without functioning kidneys, begins to accumulate in the blood.

"In end-stage renal disease, we tend to see low calcium and high phosphorus," Huber said.

The dysregulation somehow prompts the two to bind in the blood and "basically make cement," the nephrologist said.

The material deposits in small blood vessels, valves



Stock image

Obese, Caucasian females older than 50 with diabetes and on dialysis are among those at highest risk for calciphylaxis.

and soft tissue, contributing to the vascular complications of life on dialysis.

"When we do X-rays of patients, their small vessels actually light up because of the calcium/phosphorus deposition," Huber said.

With the calcium-phosphorus deposition, vessels quickly become stiff and narrowed, which leads to inadequate blood supply, contributing to tissue death, and paving the way for infection.

To try to balance things out, all dialysis patients take phosphorus binders before eating that grab excess phosphorus, found in high levels in animal protein and processed foods, so more will be eliminated from the gut and less absorbed into the blood.

Dietitians help patients minimize phosphorus intake, and blood levels of phosphorus and calcium are regularly monitored, often as kidneys are failing and before dialysis

even has begun.

However, physicians may need to be even more diligent and aggressive, particularly in these high-risk populations, Huber said. This may include additional diet changes, taking more phosphorus binders and more frequent dialysis.

A specific diagnostic code for calciphylaxis — currently, it shares one with multiple other conditions resulting from calcium-phosphorus abnormalities — could ease future studies of this relatively small population of patients, Huber said. This could include examining more detailed clinical information that is

currently housed at countless dialysis centers across the country.

Diabetes and hypertension are major causes of kidney failure, although Huber noted that many kidney-failure patients are not obese.

The United States Renal Data System, funded by the National Institute of Diabetes and Digestive and Kidney Diseases, collects, analyzes and distributes information about end-stage renal disease in the United States. While most of the patients in the database receive hemodialysis, a minority received peritoneal dialysis, where the blood vessels in the abdominal lining take over some of the kidney's filtering function, or a kidney transplant.

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