



Swap turkey for beef in meatball recipe — the taste is the same!

page 4

New canine companion good for body and soul

page 6



livingwell

Little ones LEARN



HEALTHY HABITS

Winn public health, Stewart dental command team up to teach kids

BY RANDY C. MURRAY
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Winn Army Community Hospital's Department of Public Health and Fort Stewart's Dental Activities Command teamed up last month to teach healthy habits to children at Stewart's child-development centers as part of Winn's observance of Month of the Military Child. Child and Youth Services health consultant Shirley Frasier, childhood-obesity prevention coordinator San-

dra Durrence and DENTAC Sgt. Joel Galarza taught nearly 300 CDC children healthy habits, including hand-washing, healthy eating, exercise and proper oral hygiene. "If the kids of those who protect us are well, their parents can do their jobs more efficiently," Durrence said. "We start out teaching (3- to 5-year-olds) about hand washing, then we move on to healthy eating and exercise, then to proper tooth-brushing." Twelve children, with

three adult supervisors, marched into the room and sat in semicircle facing their special guests. Frasier, who coordinated the instructional visits, began by asking the kids if they wanted to have some fun and learn something new. The response to learning was less enthusiastic than the one for having fun. When they heard she was going to read a book, however, they got excited. Frasier sat in a folding

HABITS continues on 2



Above: Fort Stewart child-development center children and their instructors participate in a program about healthy habits given by members of Winn Army Community Hospital's Department of Public Health and Fort Stewart's Dental Activities Command. Left: DENTAC Sgt. Joel Galarza shows children how to properly brush their teeth. Photos by Randy C. Murray

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HABITS

Continued from page 1

chair in front of them, reading “Germs Are Not for Sharing” by Elizabeth Verdick. She facilitated their participation in the reading by getting them to respond to her questions about what to do when they’re about to sneeze or cough. She explained why hand-washing is important, telling them the best way to prevent colds and an infection is through hand-washing.

Together, the children simulated how to wash their little hands, rolling hand over fist. Frasier then gave them a visual example of “virtual germs” with a dye she applied to one boy’s and one girl’s hands.

They could only see the “germs” when Durrence shined an ultraviolet light on their hands. These children were allowed to go to the sink and wash their hands. When they returned, Durrence again shined the light on their hands. This time there were no germs. To reinforce this illustration even more, they watched a video about proper hand-washing.

Durrence turned the discussion to healthy food and exercise. The kids learned about the five basic food groups and were told the number of servings of each they should have every day. She taught them how to distinguish between foods that help them grow and foods that help them go. She reinforced this part of the lesson with an activity that allowed them to rise from a sitting position to standing for “grow” foods and run in place for “go” foods.

To see if they understood, she’d call out the name of a particular food and ask if it was good or bad for them. Bread, for example, was good and candy was bad. But when

“ We start out teaching (3- to 5-year-olds) about hand washing, then we move on to healthy eating and exercise, then to proper tooth-brushing. ”

Sandra Durrence, childhood obesity prevention coordinator

she called out ice cream, she got mixed responses with most kids saying ice cream was good.

“Yes, ice cream is good, but too much of it is not good for you,” Durrence said with a laugh.

To reinforce the healthy-eating lesson, she taught the kids the chicken dance. After walking them through each step — beak, wings, tail then clap — the chicken-dance song prompted the kids to follow along with her. The youngsters seemed to particularly enjoy shaking their tail feathers.

Galarza, who was awarded DENTAC’s Military Outstanding Volunteer Services Medal in 2012, brought out a very large toothbrush and a just-as-large set of teeth. Two volunteers came forward to show Galarza how to properly brush the teeth. He reminded the children to brush their teeth twice a day.

Frasier, Durrence and Galarza concluded their instructional visit by telling the little ones it was good that they learn healthy habits at a young age so they can grow to be strong and healthy. After the program, the kids each were given a toothbrush, sugar-free candy and a healthy-habits coloring book.



Photos by Randy C. Murray

Top: Child and Youth Services health consultant Shirley Frasier and childhood-obesity prevention coordinator Sandra Durrence teach Fort Stewart child development center children how to do the chicken dance during a healthy-habits presentation last month for Winn’s observance of Month of the Military Child. Left: Durrence uses an ultraviolet light that reveals the “virtual dirt” on a child’s hands. The virtual dirt is really dye used for illustration purposes. Above: Frasier reads “Germs Are Not for Sharing” to the children.

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PODIATRY

Candice N. Escalea, DPM



Hometown: Georgia native having grown up in both Fort Valley and Cairo.

Education - College & Degree
Undergraduate:
Xavier University of Louisiana
Medical Degree:
New York College of Podiatric Medicine.

Surgical training: Completed surgical training at the New Mexico VA Healthcare System and Atlanta VA Medical Center where she served as chief resident. Currently has surgical privileges at Wayne Memorial Hospital and the Institute for Corrective Surgery for the Foot and Ankle.

Area(s) of Speciality: Comprehensive Podiatric Care.
Affiliations: Member of the American Podiatric Medical Association and the Georgia Podiatric Medical Association.
My interests/hobbies: Dr. Escalea is married to husband Reginald. She enjoys fishing and traveling in her spare time.



Office Location: 481 E. G. Miles Pkwy, Ste C, Hinesville.
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Daniel Most, MD

About Dr. Most: His diverse training includes renowned places such as Stanford, Johns Hopkins, and Harvard University. As a board-certified plastic surgeon, a published researcher and a teacher in his field, he brings a unique perspective as to what is cutting-edge in

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Affiliations: Memorial Health University Medical Center, St. Joseph's/Candler Health System, and Liberty Regional Medical Center (Hinesville, GA).

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Hinesville, GA 31313. Phone: (912)-209-4456

NEUROLOGY & PSYCHIATRY



Stephen G. Pappas, MD

Hometown: Yonkers, NY.

Education - College & Degree
MD: University of Rome, School of Medicine, Rome, Italy
Internship, General Surgery: Cabrini Hospital of New York Medical College
Residency, Neurology: Indiana University School of Medicine

Board Certifications: American Board of Neurology and Psychiatry, American Board of Pain Medicine.

Area(s) of Speciality: Neurology & Psychiatry.
Affiliations: Southeast Georgia Regional Medical Center, Premier Surgery Center.

What got me interested in pursuing this career: I was always interested in neuroscience and wanted to reach out and help others. This became my direction as I developed well rounded experience in general surgery, neurology and general medicine conditions.

My interests/hobbies: Hunting, fishing and water activities. Music. I play clarinet and I am a member of the Coastal Band.

Office Location: 2600 Parkwood Drive, Brunswick, GA
31520. Phone: (912) 264-9999

INTERNAL MEDICINE



Firas Bannout, MD

Education - College & Degree
Residency: Wright State University, Dayton, OH
Internship: Transitional Internship, Damascus University Hospitals, Damascus, Syria
Medical School: Doctor of Medicine, Damascus University School of Medicine, Damascus, Syria.

Board Certifications: American Board of Internal Medicine.

Area(s) of Speciality: Internal Medicine.
Affiliations: American College of Physicians; Georgia Medical Society; Medical Association of Georgia.
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PLASTIC SURGERY



Ronald Finger, MD

Hometown: Marion, SC.
Education - College & Degree
Emory University, Medical University of South Carolina, Internship- Grady Medical in Atlanta, GA

Board Certifications: The American Board of Plastic Surgery.
Area(s) of Speciality: Plastic Surgery, Cosmetic Surgery, Non-

Surgical Face Rejuvenation, Hair Transplantation, Liposuction, Tummy Tuck, Breast Enhancements and Reduction, Breast Lift, Rhinoplasty, Face and Eyelid Lift.

What got me interested in pursuing this career: My father was a general surgeon and began assisting him at the age of 14. It just seemed that it was what I was meant to do with my life and I never second guessed it.

Core beliefs about practicing medicine: It is very basic; regardless of the specialty we are all here to make people happy and healthy. We help to build confidence and self-esteem.

My interests/hobbies: Old cars and motorcycles, I like to them. I raced cars for about 30 years. More recently, I am just interested in the newest innovations in Plastic Surgery and all the medical advancements in technology.

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ORAL & MAXILLOFACIAL SURGERY



Roger Myers, DMD, M.ED.

Education - College & Degree
Undergraduate: Biology, The Citadel
Master's of Education and Doctorate of Dentistry: University of Pittsburgh certificate in Oral and Maxillofacial Surgery, Temple University

Chief Residency, Temple University.

Area(s) of Speciality: Oral and Maxillofacial Surgery, Anesthesiology.

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Try it: turkey meatballs vs. traditional meatballs

Taste difference not noticeable, calorie decrease beneficial

By EMILY C. HARRISON
eharrison@coastalcourier.com

Any time I am invited to a party or potluck event that requires a dish, I almost always go with my “famous” meatballs and sauce. This no-fail dish always gets rave reviews from friends and family. Just last weekend I made up a Crockpot full to bring to a work function and they were a hit. I especially look forward to the part where I get to tell people that they are made with turkey — not beef. I often get puzzled looks and many “no way!” comments because it’s hard to believe. But — “yes, way” — it’s turkey.

I swapped ground beef for ground turkey in my recipe years ago while on a diet and I haven’t gone back. Not only is lean ground turkey healthier, it saves me from having to skim off a layer of fat from the top of the pot every time I make the meatballs. Better still, no one — not even my husband — noticed a change in the taste. In fact, I think my family may even like the turkey meatballs better.

Out of curiosity, I sat down and did some research on just how much healthier it is to use turkey instead of beef in my meatball recipe. I was amazed by what I found.

I searched for a traditional Italian meatball-and-sauce recipe and found one similar to my own on www.food.com. A single serving came in at a whopping 894.3 calories per serving — 429 of those calories from fat. That count didn’t even include the pasta that accompanies the sauce and meatballs. That is a lot of calories! It also boasted 2,211.1 milligrams of sodium, which amounts to 92 percent of our daily value.

So, the next time you plan to sit down to a spaghetti-and-meatball feast at your house, whip of a batch of turkey meatballs using my easy recipe, which will cut out more than half the fat and sodium of the traditional recipe. Resist the urge to add salt to this recipe; it doesn’t need it because there is enough natural sodium in the sauce. Ground turkey doesn’t hold together quite as well as ground beef, but don’t add more bread crumbs, which will add calories and carbohydrates. Just stick to the recipe and add no more than a cup. The meatballs only need enough breadcrumbs to hold together so they can be rolled into balls. Once they are placed in the sauce to cook, do not stir them until they are cooked through so that you don’t smash and break them up.



Slow-cooker turkey meatballs and sauce

Ingredients (meatballs)

- 1 pound lean ground turkey
- 1/4 cup dried minced onion
- 1 teaspoon ground black pepper
- 1 tablespoon garlic powder

Directions

In a large mixing bowl, combine all meatball ingredients until they are mixed consistently.

Roll the turkey mixture into 1-inch uniform balls.

Place the diced tomatoes and

- 1 tablespoon dried basil
- 1 tablespoon dried oregano
- 1 tablespoon Worcestershire sauce
- 2 tablespoons milk
- 1 cup bread crumbs

sauce into a Crockpot or slow-cooker. Place the meatballs in the sauce one by one, trying not to put them all on top of each other. Cover the cooker and set it to low for 8-10 hours. About halfway through, stir well. If the sauce is too runny upon

Ingredients (sauce)

- 1 can (14.5oz) all-natural diced tomatoes, no-salt added (if you really like a chunky sauce, add an additional can of tomatoes)
- 1 can 100 percent natural tomato sauce

completion, stir in a small amount of tomato paste to thicken.

Serve along with your favorite whole-grain pasta and enjoy.

Source: Emily Harrison

LIVING WITH CHILDREN

Don't confuse disrespect with childhood drama

Q: I went into my 17-year-old's bedroom to wake him this morning. After some urging, he eventually got up and then told me he hated me. What is the appropriate consequence for this sort of disrespect?

A: Actually, I don't consider that a form of disrespect. Strictly speaking, your son simply informed you of how he feels about you, or felt about you at that moment. His tone of voice may have been disrespectful, but the statement “I hate you” is not. It is about him, his feelings. It's not about you. It would have been a different story had your son said “You're stupid” or “You're ugly.” Statements of those sorts, because they'd have disparaged you, would be examples of disrespect.

Today's teens tend, unfortunately, to be emotionally dramatic. The very stupid fad known as



JOHN ROSEMOND
Parenting columnist

“cutting” is an example of this new emotional narcissism. Contrary to popular myth, immaturity of this sort in teenagers is historically recent. It began in the late 1960s, when a new wave of parenting “experts” claimed that children should be allowed to express their feelings freely. Up until then, parents had understood the need to teach children to control the expression of their feelings as well as their behavior.

Let's face it, a person who expresses his or her feelings freely is obnoxious, tyrannical, even sociopathic. Since the 1960s, all too many American parents have been intimidated by their children's emotions. Consequently, they have not disciplined them properly. Therefore, many teens feel they have license to

express any old emotion they choose, in whatever context, toward whomever. It's a form of narcissism, really, and it's truly unfortunate because in the final analysis, the person most harmed is the teen in question. This unattractive characteristic does not make for successful relationships. Nor does it make for a positive sense of one's worth. As adults, these teens are likely to be very unhappy individuals.

So, what should you

have done when your son told you he hated you? You should have either ignored it or said nothing more than something along the lines of “that's most unfortunate” and walked away. That sort of nonchalant parental response is an example of what was once called “letting a child stew in his own juices.”

But I have a question for you: Why on earth are you taking responsibility for getting a 17-year-old out of bed in the morning? So

he won't be late for school? If that's the case, then the question becomes “Why are you taking responsibility for seeing to it that he's not late for school?” And so on. If that sort of enabling is characteristic of your parenting style, then it's no wonder that your son is emotionally immature. A child's maturity depends to great degree on parents who force him to accept full responsibility for the choices he makes. In this case, your son gets to school

late, he misses a class or two, his grades suffer, he has to go to summer school in order to graduate on time, he makes less money over the summer, he can't see his friends as often, and so on.

Start letting your son “own” his problems. It's high time. Oh, and let him hate you all he wants. That's his problem, too.

A family psychologist, Rosemond answers parents' questions on his web site at www.rosemond.com.

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Young cancer survivor says his life 'is a miracle'

Former Bradwell student marks three years in remission with college graduation, concert

BY SAMANTHA B. KOSS
skoss@coastalcourier.com

Christopher Deigh attended college with hopes of a successful future and a dream to better himself, but his plans were delayed.

During his junior year at Bradwell Institute, Deigh, a Hinesville native, learned he had acute lymphocytic leukemia, a cancer of the blood cells.

"ALL decreases the amount of healthy blood cells in your body," he explained. "And the ones you do have are mostly cancerous."

Deigh began feeling lethargic in 2009. He kept getting colds, had constant headaches and was tired all of the time.

"I took my last final exam as a junior, April 28, 2010, and that Wednesday I went to the doctor to figure out what was wrong with me," he said.

His doctor told him his hemoglobin level was at a four, while a normal level is between 14 and 17.

"I was living off a fourth of a tank of blood," he said. "Eventually, you have to re-fuel."

His body was produc-

ing cancerous white and red blood cells, but his doctor didn't know that yet.

"They had to give me six pints of O positive blood," he said. "I felt great ... I thought I was fine."

The doctor performed a bone-marrow biopsy, which confirmed cancer.

Deigh started intense chemotherapy and radiation treatments at Emory University in Atlanta. He was in remission within a month, but continued chemotherapy for another year and half.

"It was a miracle that the cancer left so fast," he said. "But my doctor didn't want me to relapse, so I continued therapy to build a resistance against the cancer."

The treatments made him weak, and he lost his hair. Through all the treatments, Deigh continued to attend school.

"I failed some classes, but I didn't want to quit," he said. "I didn't tell my teachers at first. I told them I was feeling under the weather."

Over time, Deigh opened up about his health, and his teachers worked with him.

"The decision of staying in

school was for my parents," he said. His family helped him with homework and assisted through the ordeal.

"I had to get stronger and live a normal life," he said. "It was very hard to get through."

After his diagnosis, Deigh grew depressed and reserved.

"Why did this happen to me? I am trying to better myself. Why me?" he asked himself.

Growing up in a Baptist church, he thought his faith was strong. But after a cancer nightmare, it wasn't so easy.

"I struggled with my faith," he said. "It is easy to say you love God, but when something horrible happens, do you still love God?"

Deigh had to learn how to depend on his faith to get through the difficult time.

"My faith is a lot stronger now," he said. "I realized that God chose me to be an example for others."

Deigh now tells his inspirational story at church and to other people going through similar hardships.

"Once you hear the word cancer, it is really hard to ac-



Samantha B. Koss

Christopher Deigh plays the drums with his gospel group during a concert at Mt. Zion Mission Baptist Church to celebrate graduating from college and being cancer-free for three years.

cept," he said. "I tell them, you have to live your life positively and stress-free ... cancer feeds off stress."

Deigh tried to live his life as normally as possible. He went for walks in the park, watched movies and went bowling with his brother.

"You can't let yourself stay depressed and lay around the house ... don't wallow in sorrow," he said. "Even in your worst moments, think positively and surround yourself with positive people."

Deigh also helps raise

money for Relay for Life: American Cancer Society. He raised \$5,000 for research through the Albany Society Chapter.

"Research is very important," he said. "Research is necessary to improve survival rates and to help educate patients."

Almost three years after his cancer was discovered, Deigh graduated from Albany State University with a bachelor's of arts in business. He celebrated his graduation by hosting a concert May 11 with his gospel music group at Mt. Zion

Missionary Baptist Church, the church in which he grew up playing drums. He also is celebrating three years of being in remission.

"I want to offer a gospel concert to bring awareness to the community and to fund-raise," he said.

Deigh accrued half a million dollars in medical bills.

"I know how hard it is for parents to scrape by," he said. "Chemo was about \$15,000 per session, and a bag of blood is about \$6,000."

Even with insurance, treatment was expensive for him and his family.

"My mom drove from Hinesville to Atlanta for every one of my chemo treatments," he said. "Gas and missing work all adds up ... it was a sacrifice."

After all those sacrifices, Deigh now is a college graduate.

"I'm managing life, and I cherish the small things," he said. "I don't complain because I've seen the worse."

Deigh still lives with disabilities. He lost cartilage in his hips as a result of chemo and started out in a wheelchair. He now can walk without a cane, but he can't run.

"I never quit trying," he said. "My life is a miracle, and I thank God every day for it."

Treadmill desks add action to classrooms

Four Lewis Frasier classes used to test fitness initiative

BY DANIELLE HIPPS
dhipps@coastalcourier.com

Sixth-grade Lewis Frasier Middle School student Marcel Facey does his work as usual on a Wednesday afternoon during his fourth-period class with science teacher Jeremy Meadows.

He jots notes on lined paper while reading a textbook on top of his desk, then he pauses to press buttons that will increase his physical activity.

"I just raised the incline," Marcel said. "It makes it harder."

While his classmates are seated around him, Marcel is taking his 10-minute daily turn on one of the school's four classroom treadmill desks.

Marcel is one of 17 focus-group students participating in a study that tracks participants' blood pressure and body-mass index over nine weeks, during which students are expected to walk on the desks for 10 to 15 minutes each day. The study began March 18 and ends today.

School nurse Peggy Rayman is overseeing the study, made possible by a \$5,000 Georgia SHAPE grant from the Georgia Department of Public Health. She hopes data collected from the study will enhance applications for other grants that could expand the treadmill-desk initiative.

"We're planning to do it next year starting from the first day of school for the whole year, anyway, for sure with the four, and then if more do come, then we'll expand it to all the science teachers," Rayman said.

She conducted screenings of about 300 students prior to the March 18 launch, and was disheartened to find that, overall, about 25 percent of Lewis Frasier students have high body-mass indexes. Also surprising was the number of students with high blood pressure — a factor that exists also with students whose body-mass index is lower.

Research indicates that exercise is negated if fol-

lowed by sitting for about eight hours at a time, and Rayman hopes the project increases students' activity in the short term, with long-term reductions in BMI and blood pressure.

"The bigger desired outcome is a change in classroom culture," Rayman said.

So how have the students responded to the desk?

"Actually, quite well," Meadows said. "The biggest challenge is to make sure everybody gets enough time on it ... another big issue I have is that they all want to go faster. 'When can we run?'"

Students can adjust the speed and incline to their liking up to two miles per hour, a speed intended to keep them productive at their school work. They also wear pedometers while at school to quantify the difference in steps the treadmills make.

After focus-group students get their time on the desks, other students whose parents granted permission also are allowed to use them on a rotating basis.

Meadows said at first there were a couple students who thought using the desks might be embarrassing, but "once they started walking on it, they realize that no one's really watching them walk on it, and it becomes part of our environment."

The response even has inspired him to incorporate activity for students who are sitting, such as letting them sit on medicine balls or use stretch bands because, Meadows said, "Human beings weren't designed to sit all day. We were actually designed to go."

Marcel said he enjoys the ability to multi-task, and he's set a personal goal of losing 10 pounds by the end of the school year. After school, he walks and rides his bike, but he said his energy level feels higher since he began walking in class. When he gets off, he said he wishes he could just keep walking.

He said, "You have to try, you can't stop, don't give up," are the lessons he's taken away from the experiment.



Sixth-grade Lewis Frasier Middle School student Marcel Facey completes his school work while taking a turn on a treadmill desk.

Danielle Hipps

Baseline treadmill desk data

	Elevated blood pressure	Elevated BMI
• Sixth grade:	7 percent	20 percent
• Seventh grade:	15 percent	28 percent
• Eighth grade:	20 percent	27 percent
• Average:	14 percent	25 percent

In another hall, science teacher Tiffany Griggs has a treadmill in her class that she uses during extra time. Another treadmill in the media center is available to all teachers.

"I love it, and I don't get as much exercise as I need, and this lets me be in class and maintain the kids while I do it," Griggs said.

One time, school principal Jermaine Williams came to evaluate Griggs' performance while she was teaching from the treadmill.

"He didn't ask me to get off, he didn't stop. ... I thought I was going to get in trouble, but he said, 'This is what it's here for,'" she said.

The class took about a week to adapt to the beeping and distraction before having the desk became routine.

"I think it's a great addition. A couple more would definitely be beneficial in here, and whoever designed them, it was an awesome idea," Griggs added.

Kiandra Robinson, a seventh-grader, is one of Griggs'

andra said.

Griggs said the students enjoy the treadmill because it makes them feel like they're part of a hands-on project.

Eighth-grade teacher Misty Eastlake said students take ownership in the initiative, especially because they are expected to track data on their steps with a pedometer, their weight, their blood pressure, BMI and beginning and ending pulse.

Next year, she plans to integrate the work into a science lesson.

treadmill focus-group students.

"When I use it, after I get off, I feel more awake," Ki-



On the web:

See the school's treadmill desks in action at www.coastalcourier.com

In the meantime, the treadmill also has given students an added point of pride, she said. Jamin Davis, a focus-group student in her fourth-period class, loves helping other students learn how to use the machine.

"It's awesome," Jamin said. "Every class should have one."

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Don't just treat symptoms — prevent heart disease

Diet is more important for good health than many people think

Heart disease remains the leading cause of death in this country for men and women, according to Center of Disease Control and Prevention, National Vital Statistics System. About 600,000 people die of heart disease in the United States every year, which means one in four deaths are because of heart disease. The CDC says on its website that early action is key to preventing death from heart disease, but do people know what action to take?

I grew up knowing that too much salt and saturated fat was bad for you, but I didn't understand the specific reasons. I never knew how much salt was "too much" or what portion sizes were "too big." My parents taught me to never waste food, but what happens when a restaurant places a ton of food in front of you? You

paid for it; you should eat it all, right?

I had so many questions, so, I decided to start my own research. I wanted to be healthy inside and out — not just to lose weight, but to live longer and not have to worry about having a heart attack at an early age. My mother has heart problems, and I grew up watching her take pill after pill to keep her heart working properly. Was a pill the only solution?

According to Dr. Caldwell B. Esselstyn Jr., a former surgeon, researcher and clinician at the Cleveland Clinic, Americans spend millions of dollars each year focusing only on the symptoms of heart disease instead of the underlying causes. In his book, "Prevent and Reverse Heart Disease," Esselstyn challenges conventional



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cardiology by posing a revolutionary idea — that we can, in fact, abolish the heart disease epidemic by changing our diets. The proof is in the results of a study where he advised 17 advanced coronary-disease patients, who were told they had less than a year to live, to follow a strict plant-based, oil-free diet. Within months their chest pain eased, their cholesterol levels dropped significantly and they experienced improvement in blood flow to the heart. Twenty years later, they remained free of symptoms.

"Plant-based, oil-free nutrition can not only prevent and stop the progression of heart disease, but also reverse its effects," Esselstyn wrote in his book. "It can eliminate the need for expensive and inva-

sive surgical intervention ... no matter how far the disease has progressed."

I was astonished when I read these results. I was taught that meat and dairy products were essential to good nutrition. Could this medical doctor really tell people to eliminate the foods that we've all grown up to love? But the results of his study were too compelling, and his resume supported its legitimacy. Esselstyn was a researcher and clinician for 35 years at the Cleveland Clinic, which provides clinical and hospital care and is a leader in research, education and health information. He was a member of the board of governors and served as the president of the American Association of Endocrine Surgeons in 1991. He also was awarded the Bronze Star as an Army surgeon in Vietnam.

"I believe that we in the medical profession have taken the wrong course," Esselstyn

wrote. "It is as if we were simply standing by, watching millions of people march over a cliff, and then intervening in a desperate, last-minute attempt to save them once they have fallen over the edge."

He believes that doctors should be teaching people how to avoid the chasm entirely without harsh medications and costly mechanical techniques.

These techniques and treatments "do nothing at all to cure the underlying disease or to prevent its development in other potential victims," he wrote. His solution is the plant-based, oil-free diet.

The rules of his program, in the 20-year study, stated that his patients couldn't eat meat, poultry or fish. They couldn't eat dairy products or consume oil of any kind. Nuts and avocados were eliminated as well.

"The bottom line of the nutritional program I recom-

mend is that it contains not a single item of any food known to cause or promote the development of vascular disease," he wrote.

He compares his patients' heart disease to a house fire. Their house is on fire because eating the wrong foods has given them heart disease.

"You are spraying gasoline on the fire by continuing to eat the very same foods that caused the disease in the first place," he explained. "Stopping the gasoline puts out the fire."

For me, my "house isn't on fire," yet. My plan is to start paying attention to what I eat early, before it becomes a problem. I don't strictly follow Esselstyn's recommendations because it is difficult, but I understand now that health is directly tied to diet. Awareness is the first step to a longer life and a healthy heart. I encourage people to take their first steps and seize control of their heart health.

Pets really do enhance our quality of life

Canine companion's presence beneficial in more ways than one

It's been more than three weeks since my athletic activities grinded to a halt due to my sprained ankle — but I'm happy to report an adorable new distraction.

About 10 days before my soccer injury, my fiancé and I adopted a 2-year-old Carolina dog mix named D.D.

It's amazing how quickly she stole our hearts. When we first visited with her at the shelter, we were apprehensive because she seemed interested in everything except us.

After we spent about 10

minutes with her in a fenced-in play area, she seemed much more interactive, and I melted faster than butter in Paula Deen's frying pan.

She has all of the qualities we wanted and were required to meet according to our landlords: she's not a puppy and is house-trained, she's about 40-pounds and stands about knee-height, and she's a short-haired breed that sheds only seasonally.

"We need her! She's so sweet and she's been here too long!" I squealed to my other



Danielle Hipps
Courier
staffer

half. We'd talked about adding a four-legged friend to our home for years, but until now we've had restrictive leases. Due to my injury and D.D.'s past heartworm experience, our big plans for running miles at a time with our pup — that's what we call her, even though she's a young adult — have been put on hold. But she still enhances our lives and creates a deeper bond in our partnership.

Weeknights when we used to loaf on the couch are now

spent playing fetch with D.D. in our yard or walking her around the block. She greets us eagerly each morning when we rise and forces us to at least put on our athletic shoes.

I have to admit, though, after we brought her home I was a bit nervous. "We're taking on a big responsibility, but what is it that we get out of it again?" I thought.

That wagging tail and those curious eyes have me convinced that taking D.D. into our home was the right move, though.

When my injury restricted my mobility and rendered me an unwilling couch potato,

D.D.'s presence made my time at home less lonely. Though we couldn't converse, having some level of companionship helped scratch my itch to socialize.

And that bit about her not being interested in us? That's changed pretty quickly. Now she follows us around the house — sometimes seeming confused if we come and go from the same room within a short time, and she has a keen eye on our moves within the kitchen.

I lie on the couch and she lies on the floor right next to me. If I shift positions, she rouses to see what kind of adventures might be in store.

Often she sticks her nose close to me, seeking some affection or attention.

Those moments often lead to the two of us laughing as we play tug with a rope or tossing items for D.D. to fetch — the kind of unstructured play time that society expects of children but not adults.

And it may sound silly, but I've found myself thinking a lot lately that growing up has caused me to be too behaved, too calm and not carefree enough.

Now, when I need that silly kind of release, I know I can turn to D.D., who allows me to tap my free-spirited side at a moment's notice.

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7:00 PM	Opening Ceremony
7:15 PM	Survivor Lap
7:20 PM	Survivor + Caregiver Lap
7:30 PM	Team Lap
OPENS	Kid's Zone "Litte Love Shack"
STARTS	Relay Gourmet
7:45 PM	Chi Pi Zeta Youth Auxiliaries
8:00 PM	Cheerleading Group
8:15 PM	60's Peace Sign Lap
8:30 PM	Guard Girls
9:00 PM	Blurry Aftermath
9:30 PM	Carlos Quinonez
10:00 PM	Luminaria Ceremony
10:30 PM	Relay Song
10:30 PM	Survivor Silent Testimony Lap
10:50 PM	Relay Idol
11:30 PM	Frozen T-Shirt Contest
11:50 PM	Limbo Lap
12:00 AM	Midnight Dance Off Competition
12:30 AM	Trashy Fashion Show
1:00 AM	Awards
1:15 AM	Toga Lap
1:20 AM	Name That Tune
1:40 AM	Lime Spoon Holding Lap
2:10 AM	Musical Chairs Picture Scavenger Hunt
2:30 Pm	Find Your Sole-Mate Lap
3:00 AM	Cheese Puff Toss Contest
3:15 AM	Chubby Bunny
3:30 AM	Pregnant Lap
3:45 AM	Coke Drinking Contest
4:00 AM	Three Legged Lap
4:30 AM	Last Lap
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