



## Evans receives Colorado breastfeeding award

Jeannine Cabanellas-Kidwell  
*Mountain Post Birthing Center*

Evans Army Community Hospital was one of eight Colorado hospitals recognized this year for implementing policies which support breastfeeding. The lactation section of the Mountain Post Birthing Center received the Colorado Can Do 5! B.E.S.T. (Breastfeeding Excellence Starts Today) Award from the Colorado Department of Public Health and Environment during a ceremony in Denver July 26.

The Colorado Can Do 5! initiative began in 2008 when staff members of the Colorado Department of Public Health and Environment teamed with the Colorado Breastfeeding Coalition and presented their five practices to key staff from 21 Colorado hospitals.

“Evans is right up there with, if not in front of other hospitals in the state on taking care of our mothers and their babies,” said Col. Patrick Ahearne, deputy com-

mander for health services. “Now, folks will know that when they come to our clinic, and deliver in our birthing center they are getting the latest and greatest and our staff members are educated on the latest and greatest practices.”

“EACH has worked to archive this recognition by improving success rates during hospital stays and longevity of nursing the infant by providing outpatient IBCLC (International Board Certified Lactation Consultant) support,” stated Virgo La Joi, one of Evan’s three lactation nurses. “This not only encourages a good start for the

health of the newborn and the mother by feeding the infant breast milk in the first year of the life, but it is also in compliance with the American Pediatrics Academy recommendation of care of the newborn.”

The five practices that EACH was recognized for are:

1. Infant is breastfed in the first hour after birth.
2. Infant is fed only breast milk in the hospital.
3. Infant stays in the same room with

*(Can Do 5 continued on page 4)*



*Photo by Sgt. 1st Class Jeff Troth*

Lactation nurses Lori Yoshimiya (left to right) Jeannine Cabanellas-Kidwell, Virgo La Joi and Jeanne Frey pose with the plaque EACH received for implementing breastfeeding policies.

## Eye exams recommended to preserve children’s vision

Robert Kang, O.D., Ph.D.  
*U.S. Army Public Health Command*

According to the National Eye Institute, vision disorders are the most common handicapping conditions in childhood in the United States. Yet, fewer than 15 percent of all preschool children receive an eye examination. Also, studies have shown that preschool vision screenings reduce vision disorders among school-age children.

For these reasons, many primary care and pediatric clinics as well as schools provide vision screenings. The purpose of vision screening is to identify children who would benefit from a comprehensive eye examination. But how effective are these screenings in identifying those children? And, as a parent can you trust the vision screenings or should you take your preschooler for an eye examination regardless?

A large clinical study on preschoolers conducted by the NEI found that specially trained nurses and lay people were as effective in vision screenings as licensed eye care professionals. Importantly, however, the results depended on the specific tests and equipment used as well as the specific vision condition being tested. This study clearly showed the value of vision screening

*(Eye Exam continued on page 3)*

# Fight the bite

## Preventing mosquito bites protects against West Nile

Capt. Heather Ferguson  
MEDDAC, S. Army Public Health Command

West Nile virus is commonly found throughout the United States as well as Africa, West Asia and the Middle East. WNV took a serious health toll nationally last year, causing more than 5,000 illnesses and 243 deaths. In the Maryland, District of Columbia and Virginia region, there were 75 illnesses and 9 deaths; the second highest number of cases since WNV appeared in the States back in 1999. WNV is spread by the bite of an infected mosquito and can infect people, horses, many types of birds and some other animals.

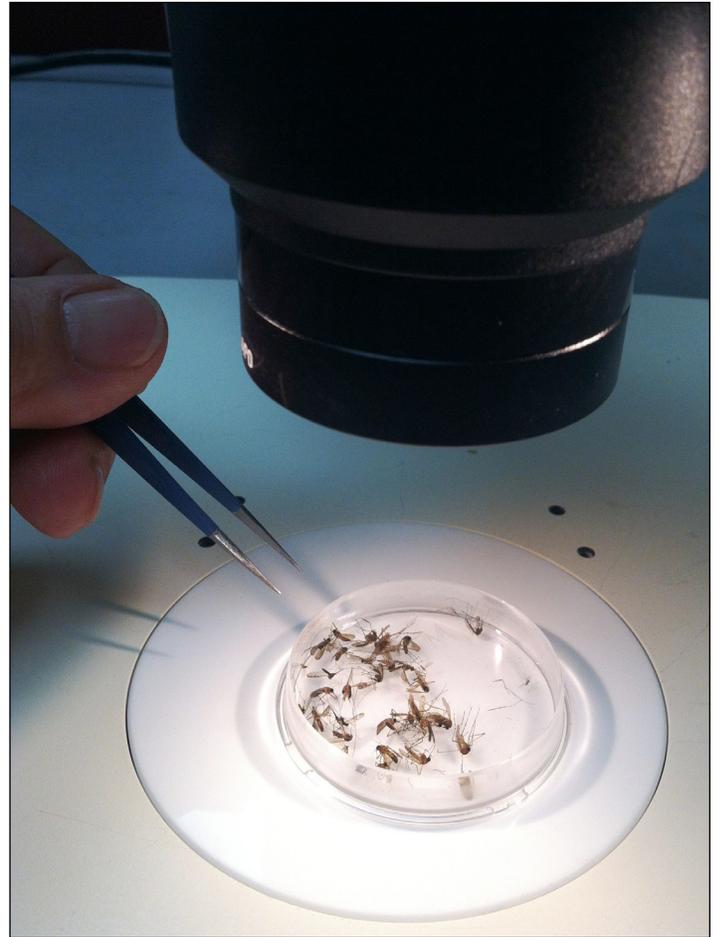
Preventing mosquito bites is the best way to avoid becoming infected with the West Nile virus.

To reduce exposure to West Nile virus:

- Use an approved insect repellent every time you go outside and follow the instructions on the label. Among the EPA-approved repellents are those that contain DEET, picaridin or oil of lemon eucalyptus.
- Regularly drain standing water—including water collecting in empty cans, tires, buckets, clogged rain gutters and saucers under potted plants. Mosquitoes that spread WNV breed in stagnant water.
- Wear long sleeves and pants at dawn and dusk when mosquitoes are most active.
- Use air conditioning or make sure there are screens on all doors and windows to keep mosquitoes from entering the home.

There is no evidence that West Nile virus can be spread from person to person or from animal to person.

Symptoms of the milder form of illness, West Nile fever, can include headache, fever, muscle and joint aches, nausea and fatigue. People with West Nile fever typically recover on their own, although symptoms may last for several weeks. Symptoms of the more serious form, West Nile neuroinvasive



disease, can include those of West Nile fever plus neck stiffness, stupor, disorientation, coma, tremors, convulsions, muscle weakness and paralysis. Up to 80 percent of people infected with the virus will have no symptoms.

There are no medications to treat or vaccines to prevent West Nile virus infection for people. Those individuals over 50 years old and those with other health issues are at a higher risk of becoming seriously ill or dying when they become infected with the virus. If people have symptoms and suspect West Nile virus infection, they should contact their healthcare provider.

For more information on preventing West Nile virus, visit:

U.S. Army Public Health Command, <http://phc.amedd.army.mil/topics/discond/aid/Pages/WestNileVirus.aspx>

U.S. Centers for Disease Control and Prevention, <http://www.cdc.gov/westnile/index.html>

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# EACH awarded TJC Gold Seal

Evans Army Community Hospital has earned The Joint Commission's Gold Seal of Approval® for accreditation by demonstrating compliance with The Joint Commission's national standards for health care quality and safety in hospitals. The accreditation award recognizes Evans Army Community Hospital's dedication to continuous compliance with The Joint Commission's state-of-the-art standards.

Evans Army Community Hospital underwent a rig-

orous unannounced on-site survey 18-22 March 2013. A team of Joint Commission expert surveyors evaluated Evans for compliance with standards of care specific to the needs of patients, including infection prevention and control, leadership and medication management.

"In achieving Joint Commission accreditation, Evans Army Community Hospital has demonstrated its commitment to the highest level of care for its patients," says Mark Pelletier, R.N., M.S.,

executive director, Hospital Programs, Accreditation and Certification Services, The Joint Commission.

The Joint Commission's hospital standards address important functions relating to the care of patients and the management of hospitals. The standards are developed in consultation with health care experts, providers, measurement experts and patients.

Founded in 1951, The Joint Commission seeks to continuously improve health care for the public, by evalu-



ating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value.

The Joint Commission evaluates and accredits more than 20,000 health care organizations and programs in the United States.

## Can Do 5 (Continued from page 1)

the mother in the hospital.

4. Infant does not use a pacifier in the hospital.

5. Hospital staff gives mother a telephone number to call for help with breastfeeding after discharge.

In 2011, 13 Colorado hospitals were the first to be recognized for having policies that describe each of the five practices. Last year another 20 were recognized at the Annual Colorado Breastfeeding Summit for implementing Colorado Can Do 5! policies. EACH was recognized this year during the Colorado Perinatal Care Council meeting.

The hospital's nursing staff supports the practice to place mom and baby in a skin to skin hold immediately after birth. This hold allows the infant to connect to mom and promotes latching within the first hour after birth which Linda Jennings, the assistant Chief Nurse Officer in Charge at Evans' Mountain Post Birthing Center calls the "Golden Hour."

Studies by the Healthy Infant and Children Program, show that by placing infants skin to skin with their mother after birth helps keep infants warmer and



their blood sugar more stable. This helps infants burn calories so they lose less weight after birth as well as helps them learn to latch correctly for a successful feeding experience for infant and mom.

That success is continued throughout the baby's first stay at the Fort Carson hospital. The primary source of food for all newborns is breast milk. They will only receive formula if approved by parents or it is medically needed to sustain life.

"EACH has removed all pacifiers from the hospital inventory in order to promote strong nursing skills in the infant. This lack of pacifier use in the early days of the infant learning to nurse also protects milk production and

supports breastfeeding," said La Joie.

The lactation section consists of three IBCLCs who not only help with breastfeeding techniques while in the hospital, but they also offer 3-5 day follow up support after mom and baby are discharged.

But, their assistance doesn't stop there. EACH has the Evans Army Breastfeeding Support Group, which meets on the first and third Wednesday of each month from 2 to 4 p.m. in the hospital's Pediatric Department. The group helps to encourage longevity and success in the continuation for nursing.

"It is a mother led group, they can talk about the sleepless nights and the worries of whether they have enough milk," said Lori Yoshimiya, an EACH lactation nurse. "We even have moms who are bottle feeding, because they also have a story to tell."

"What the lactation section does for our moms, our babies and for the community is just absolutely fabulous," said Ahearne. "When the new moms leave here with that education, that teaching, and they practice this out in the community they are showing that it is a healthy practice."

## Eye Exam (Continued from page 1)

when properly done but also showed some of its limitations. So, what should a parent do?

The chairperson of the NEI study recommends that parents “question which eye problems are being screened for, the accuracy of the tests...” and, more importantly, that “parents should be aware that vision screening programs do not substitute for a comprehensive eye examinations by a licensed eye care professional.”

The American Optometric Association recommends eye examinations for infants and children at six months and 3 years of age. For school age children, eye examination is recommended before first grade and every two years thereafter. Of course, infants at higher



risks, for example from family history, should have an examination as soon as medically practicable. Similarly, children with symptoms or higher risks should also be examined more frequently.

It is estimated that up to five percent of 3 to 5 year

olds have amblyopia or “lazy eye,” and about four percent have strabismus or “squint” where one of the eyes is not aligned straight with the other eye. Also, 10-15 percent of children have significant refractive errors needing correction with eye glasses.

Overall, 15 percent of children have an eye or vision problem that, if not corrected, can result in reduced vision. Eye examinations during the early years of any child’s development are a must.

Unfortunately, vision problems do not usually hurt and children do not know how well they should be seeing. Vision screenings may be very valuable in identifying children with potential eye and vision problems. However, until much more accurate and effective screening tests and equipment become available, parents should be aware that vision screenings do not replace the need for eye examinations. The precious gift of children’s eyesight should be protected and nurtured with comprehensive eye examinations.

### TIPS FOR PATIENTS

**Pharmacy:** Go early or go late in the day when volume is lower. For prescriptions with refills remaining, call 524-4081.

**Use Secure Messaging Service (SMS):** SMS is a web based tool that allows patients to ask questions, request refills, or search for patient information.

**Use the ER only for Emergencies.**

**Access to Appointments.** Schedule appointments Monday through Thursday when clinics are operating at higher capability. Fridays will be primarily limited to acute/urgent needs.

### EACH clinic furlough summary

#### Clinics closed on Fridays:

**Primary Care:** Premier clinic, Warrior and Robinson Family Medicine Clinics (consolidated with Iron Horse),

**Specialty:** Acupuncture/Chiro, Audiology, Disease Management, Nutrition Care clinic, Pain Clinic, SRP Center

#### Limited appointments (~50%) on Mondays & Fridays:

**Primary Care:** Internal Medicine and Pediatrics

**Specialty:** Allergy, Audiology, ENT, General Surgery, Gastroenterology (GI), Optometry / Ophthalmology, Orthopedics, Podiatry, Physical Exams, Wellness Center

#### Reduced appointments (~80%):

**Specialty:** Behavioral Health, OB/GYN, Physical Therapy, Occupational Therapy, Urology

# Immunization top life saver in history

Kirk Frady  
*Army Medicine*

The month of August has been designated as National Immunization Awareness Month. It is critically important that every Soldier, Family member, DA Civilian, healthcare provider and beneficiary receive all required immunizations at the recommended intervals to ensure the Army is a healthy and mission readyforce.

Immunizations have saved more lives than any other medical measure in history and really are the best protection against many common and communicable diseases. "Immunization and other preventive efforts have prevented thousands of deaths and millions of cases of disease just in the past decade," said Col. Richard Looney, director of the Military Vaccine (MILVAX) Agency. "The trend of the Services vaccinating earlier and more often has resulted in a much healthier total force, and its impact on readiness and mission success has been invaluable."

A majority of disease outbreaks in the U.S. occur in unvaccinated or inadequately vaccinated populations. Measles made a comeback in the U.S. partly because unvaccinated people traveled to Europe, contracted the disease and returned home. Incidence of pertussis (whooping cough) have increased largely due to vaccination coverage rates going down, resulting in a recommendation from the Centers for Disease Control and Prevention (CDC) that everyone receive one lifetime booster dose of a pertussis-containing vaccine.

Other vaccine-preventable diseases include polio, mumps, rubella, chickenpox, meningococcal disease, pneumonia, tetanus, diphtheria, human papillomavirus, shingles, and haemophilus influenza B (hib). It is critical that children receive immunizations in accordance with the published schedules, starting shortly after birth and continu-

ing through adolescence, when children are most vulnerable.

"Thanks to the outstanding immunization campaigns of the past few years, people are more aware and likely to be protected from most disease threats," Looney said.

However, a common misconception is that vaccinations are just for kids. Everyone over the age of six months should receive a seasonal flu shot every year. The influenza vaccination is required annually for uniformed service members and DOD healthcare workers, regardless of amount of direct patient contact.

For international travelers, it is equally important to ensure adequate protection against disease threats that may not exist at home. There are vaccines to prevent typhoid, yellow fever, and Japanese encephalitis, and boosters are recommended if traveling to a polioendemic country. Japanese encephalitis vaccine was also recently licensed for use in pediatric populations, so anyone 2 months or older may receive the vaccine. Yellow fever vaccination is required for entry into many countries, as well as documentation using a Public



Health Service (PHS) Form 731 yellow "shot card," which serves as an International Certificate of Vaccination.

Rabies vaccination, depending upon your destination and its setting, is equally crucial to protect from infection, both pre-exposure or post-exposure, regardless of previous immune status. It is important to be immunized because, in many rural areas, the disease effects could be irreversible by the time a patient reaches a medical treatment facility.

There are also several vaccines given at the time of entry into the military that help protect our recruit population and meet requirements for travel anywhere in the world. Since the adenovirus vaccine was licensed in 2011 for use in enlisted recruit populations, it has prevented approximately 1,500 hospitalizations and more than 50,000 lost days to illness.

Disease has caused more deaths throughout history than any man-made threat, including weaponry and combat. There is a direct correlation between advances in vaccine science and decreases in both instance and morbidity of diseases. Immunization is 24-hour body armor against infection, and is the very best method of protection you can have.

For more information on vaccinations, visit the following websites:

- Military Vaccine (MILVAX) Agency

website: <http://www.vaccines.mil/>

- MILVAX GETVACC policy hotline: 877-GETVACC (438-8222)

- Vaccines Healthcare Centers Network (VHC): <http://www.vhcinfo.org/>

- DoD Vaccine Clinical Call Center: 866-210-6469

- Centers for Disease Control and Prevention (CDC): <http://www.cdc.gov/vaccines>

- Immunization Action Coalition: <http://www.immunize.org>

- American Academy of Pediatrics: <http://www.aap.org>

# FOR YOUR INFORMATION

## Consultants can help

The Department of Primary Care has clinical pharmacists and Integrated Behavioral Health Consultants that can assist patients with anxiety, depression, smoking cessation, insomnia, weight loss and a number of other common issues. Appointments can be made through your PCMH Core Team.

## New gate access procedures

Effective Sept. 4, the access control procedures for visitors entering Fort Carson are changing. All personnel not in possession of a Department of Defense issued photo identification card will be required to process through Gate 1 (Nelson Boulevard and CO Highway 115). All visitors 18 years old or older will have their ID electronically scanned and vetted against law enforcement data bases to determine eligibility to enter Fort Carson, and their vehicles are subject to inspection prior to being granted access.

For more information, contact the Directorate of Emergency Services, Security and Access Control Division at 526-5543.

## Free Shaving Supplies

The Dermatology Clinic is looking for males 18-40 years of age with a history of "razor bumps" to participate in a research study. The study last 12 weeks and participants will receive free razors, shaving cream and other shaving supplies. For more information, call 526-7185.

## Furlough reminders

Appointments for Primary Care (Family Medicine, Pediatrics, Internal Medicine) are limited on Fridays. Make routine appointments (sports/school physicals, well woman examinations, blood pressure follow ups, etc) Mondays to Thursdays.

## DFAC meals during furlough

During the furlough, the EACH DFAC will be serving a continental breakfast in the Evans Dining Facility on Fridays from 6-9 a.m.

For lunch there will be one special hot item entrée and the salad bar.

**AUG 9** Build a Burger

**AUG 16** Chicken Dinner

**AUG 23** Potato Bar

**AUG 30** Wing Bar

The DFAC will be closed for dinner. This will be in effect Fridays until September 27.

## EFMP increased hours

The Exceptional Family Member Program office at Evans Army Community Hospital has increased their hours of operation to better accommodate the needs of our service members and families. Their new hours will be:

Mondays to Thursdays 7:30 a.m. to 4 p.m.

Fridays 7:30 a.m. to noon

The EFMP office has moved to Woods Soldier Family Care Center, room 2124.

## Help us grow APLSS

What is an APLSS??? It is an Army Provider Level Satisfaction Survey that is sent out after some medical appointments. Not everyone will get one, but if you do we would like to hear about your experience at our facility. Were we courteous? Were you satisfied? Was our facility clean and neat? We care about your comments.

When you return a survey, you help improve your healthcare system. How? Evans earns up to \$800 for each returned survey. That money means we can improve your services. Maybe another pharmacist or an additional pediatrician. More than 3,000 surveys are sent out each month. Less than 15 percent are returned. It's up to you to help improve your medical treatment facility.

## Evans on Facebook/Twitter

Join the conversation! Evans Army Community Hospital is now on Facebook at [www.facebook.com/EvansArmyCommunityHospital](http://www.facebook.com/EvansArmyCommunityHospital). You can also find us on Twitter. We are @EvansHospital.

## Use Sunscreen Spray?

### Avoid Open Flame

In 2012, FDA received reports of five separate incidents in which people wearing sunscreen spray near an open flame actually caught fire. Read the warning label on the sunscreen spray and learn how to use it safely and avoid potential harm.



**BACK TO SCHOOL**  
*protect your student at every age!*

national  
**IMMUNIZATION**  
awareness month

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