MILITARY
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MEDICAL NEWS

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Memorial Day May 29, 2017

What is Memorial Day?

As so many people asked "What is Memorial Day"? If you are also looking to get the answer for this question. You are at the right place.

It is the Day of Honor, honor to those who died while serving in US Armed Forces. Memorial Day is the federal holiday in the United States, which observed on the last Monday of May, every year. This day originated as Decoration Day after American Civil War (1868). (Why it named as Decoration Day?) Grand Army of Republic (an organization of Union Veterans) formerly introduced this day for the nation to decorate the graves of the soldiers which died during the war with flowers.

Memorial Day Meaning

We often tend to forget the true meaning of this day. What is the true meaning of this day? To memorize you: Memorial Day is reserved for those American Soldiers who laid their lives so that the others may live a peaceful life, this is a special day to pay tribute to the indomitable will, eternal courage and great love for the nation that resonates in their heart.

Often we don't observe Memorial Day but on this day we should actively remember our family members, our loved ones, our friends, and all of them who have bravely confront the enemies and crushed their nefarious desires while guarding their land with their most precious possessions, their lives

By visiting cemeteries to place a flag or decorate the graves of fallen heroes with flowers

By participating in the National Moment of Remembrance and realize what is the true meaning of Memorial Day?

MEMORIAL DAY HISTORY

From Decoration Day (the former name) to Memorial Day

General John A. Logan (the commander of the Grand Army of the Republic) declared that Decoration Day be observed on 30th of May. In the first National Celebration of Decoration

See MEMORIAL DAY, Page 2

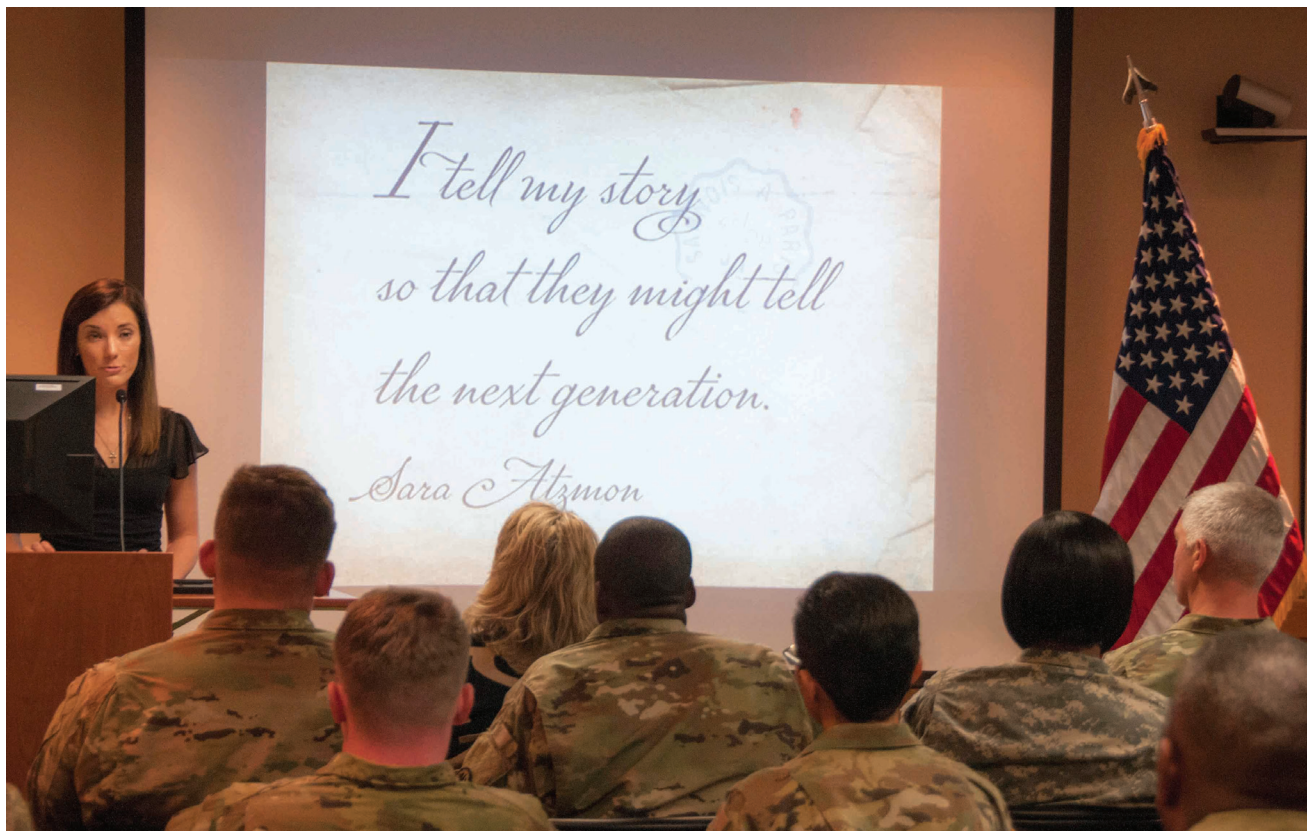

photo by Marcy Sanchez

Soldiers, staff and visitors at William Beaumont Army Medical Center view a video showing holocaust history and observed a Day of Remembrance in commemoration of the 2017 Holocaust Remembrance day, April 12.

Observance echoes impact of diversity in culture, healthcare

By Marcy Sanchez
William Beaumont Army Medical Center
Public Affairs Office

Soldiers, staff and visitors at William Beaumont Army Medical Center observed a Day of Remembrance in commemoration of the 2017 Holocaust Remembrance day, April 12.

During the observance, guest speaker Jaime Flores, programming and education director, El Paso Holocaust Museum and Study Center, presented insight into the plight of many victims of the holocaust and their perseverance post-Nazi occupation.

"Six million lives were lost, six million futures were stolen," said Flores.

Flores also emphasized to audience members the movements which started the holocaust including laws which were meant to humiliate and repress specific groups such as Jews and minorities and

See OBSERVANCE, Page 4

INDEX

Intensive Diabetes Care Clinic offers all in one visit

By Douglas Stutz
Naval Hospital Bremerton

Naval Hospital Bremerton's (NHB) Intensive Diabetes Care Clinic (IDCC) has completely revamped how the command is helping patients deal with the disease.

All in one comprehensive visit.

"We refer to it as 'one stop shopping.' Any patient who is referred to our clinic by their provider will have everything they need. Our idea is to help facilitate those at risk from the complications of diabetes," said Kristen B. Thorstenson, Population Health registered nurse.

The idea to combine all resources available at NHB into a flowing, complete arrangement where a patient visits one specialist after another originated with Lt. Cmdr. Lynn Byars, Internal Medicine and Urgent Care Clinic physician. \"We do have a lot of assets here for our patients. It could be difficult for them at times to navigate from one clinic to another, perhaps on different days or different times. We've brought it all together for those who need it the most," Byars said.

A patient is initially seen by a hospital corpsman for the preliminary check-in process, before the appointment with a registered dietitian, pharmacist, and a behavioral health expert.

"There have been positive, receptive comments from our patients. There was some skepticism at first because of the long appointment that can last almost two hours at times. But then they see all that they are getting done and find the services being offered here are very supportive for their needs," Byars said, also stressing that the IDCC is not a substitute for any patient's primary care manager (PCM) but is there to assist and augment the patient-centered care they already receive.

"We're not a PCM replacement but an adjunct with all of our services," added Byars.

The holistic, all-inclusive clinic covers such topics as glucometer use, healthy eating, and proper understanding and usage of diabetes medication.

The registered dietitian provides support on establishing nutritional, balanced meal programs by relying on accumulated knowledge from the patient, then coordinating with them to put together a feasible game plan.

"We don't scold. We educate," noted Thorstenson.

The registered nurse or health educator can also help organize a patient's fitness plan by initiating a physical assessment registration and getting them to see a personal trainer at Naval Base Kitsap fitness facilities.

The behavioral health consultation portion of the visit offers assistance to reduce symptoms associated with diabetes by developing behavioral change plans for weight loss, exercise and/or other lifestyle modifications.

"We take the necessary time to listen. Part of what I do is just talking to people, but mostly I listen. When we get a patient to open up and explain what they are feeling and what they are dealing with, that is very important because with a clear picture we really help them and their doctor," said Lori Martinelli, Behavioral Health Registered Nurse.

• Memorial Day

(Continued from front page)

Day, James Garfield made a speech at Arlington National Cemetery, after the speech 5000 people who participated helped to decorate the graves of 20,000 honored soldiers who were buried there.

"We do not know one promise these men made, one pledge they gave, one word they spoke; but we do know they summed up and perfected, by one supreme act, the highest virtues of men and citizens. For love of country they accepted death, and thus resolved all doubts, and made immortal their patriotism and their virtue."

– James A. Garfield
May 30, 1868 Arlington National Cemetery

In the past, Union and Confederate Holidays observed on different days. But by the late 19th century, when Congress passed the Uniform Monday Holiday Act, both holidays merged to pay the tribute to all the soldiers who died in all Wars, rather than only in American Civil War. This is how Decoration Day change to Memorial Day.

"I look at the evolution of it. Memorial Day started out as Decoration Day and that was a day when they were decorating the graves and remembering the fallen of the Civil War.

It evolved over the years to be a day to memorialize and decorate the graves of all veterans who have fallen in all wars,"

– Commander Dan Hall

New York (in 1873) was the first state to officially observe this day. Later in 1890 it was gradually recognized by the other northern states. But Southern States still refuse to acknowledge the day, honoring their soldiers on separate days until after World War II with the Uniform Monday Holiday Act passed by Congress, in which Memorial Day established as the last Monday of May in order to create a Memorial Day Weekend (three days) for federal holidays.

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The DoD Birth and Infant Health Registry: Every Month is the Month of the Military Child

April was the Month of the Military Child in recognition of the important role of children in military families and communities. What better way to celebrate military children than by protecting their health?

The Department of Defense (DoD) Birth and Infant Health Registry was established in 1998 by the Assistant Secretary of Defense for Health Affairs to do just that. At the time, the growing number of women on active duty, along with diverse occupational exposures associated with military service, prompted the establishment of the Registry, which is managed by the Deployment Health Research Department at the Naval Health Research Center (NHRC) in San Diego.

Around the time the Registry was established, military service members, veterans, and DoD officials began to raise questions about potential exposures experienced during Operation Desert Storm and their possible effects on reproductive health. The Registry quickly became a valuable tool for monitoring the health of both service members and of the youngest members of the DoD family—military children.

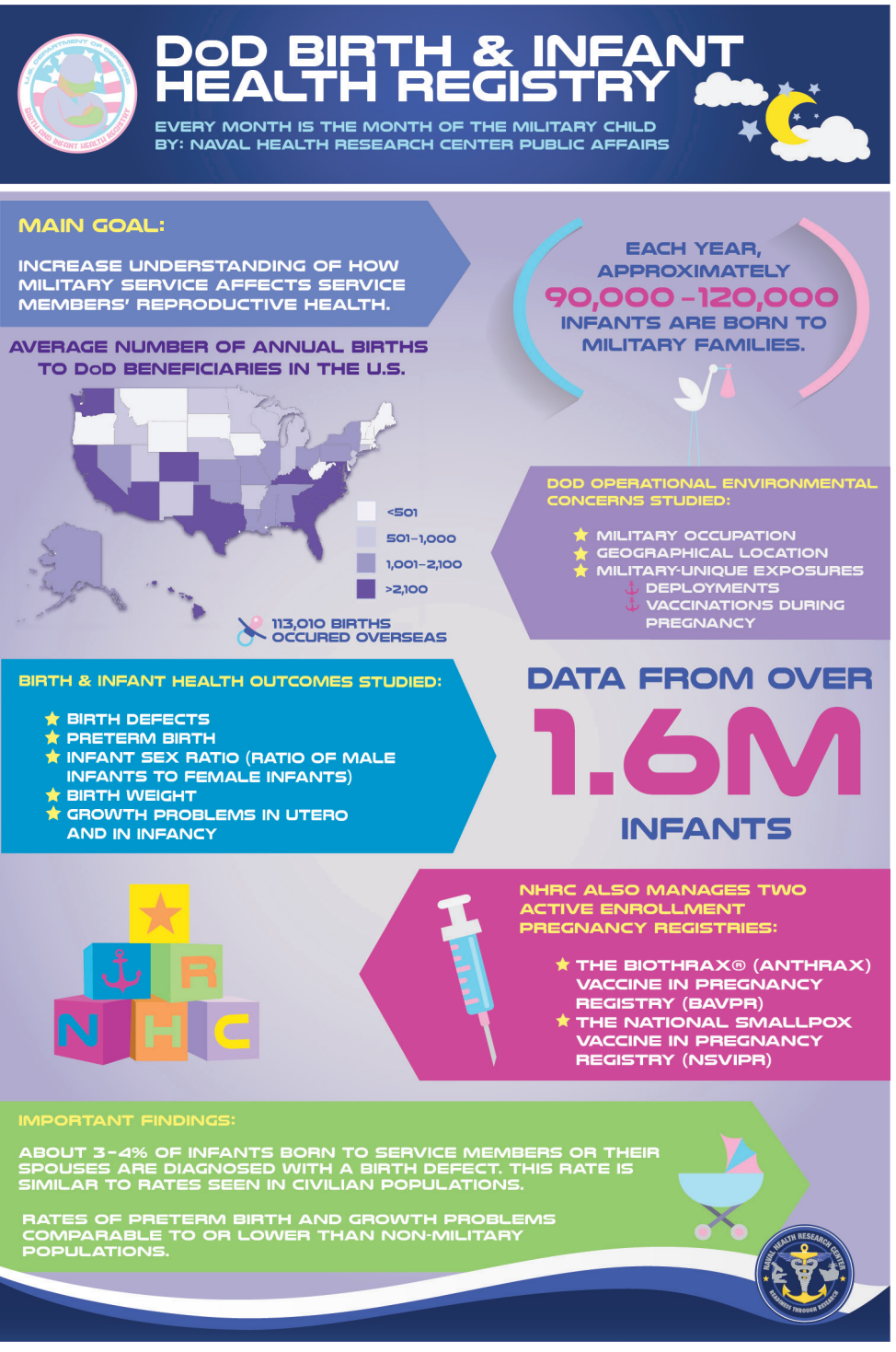

photo By Regena Kowitz

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The Registry's goal is to explore possible relationships between military service and reproductive health. It does this by regularly gathering information about births among DoD service members or their spouses, applying scientific methods, and objectively researching infant health outcomes up to their first birthday. Registry researchers have access to large, DoD medical databases that capture all birth and health outcomes for infants born to military families.

Scientific Rigor

The databases used by Registry researchers include administrative and medical data such as diagnoses and procedures from health care providers in both inpatient and outpatient settings at military hospitals and clinics. When an infant is born or later receives care at a civilian hospital or clinic, as long as a TRICARE plan was used, researchers have access to their medical information as well.

NHRC researchers develop scientifically sound methods to evaluate epidemiologic associations between several birth outcomes and specific exposures of concern. The birth and infant health outcomes routinely examined include:

- Preterm birth
- Infant sex ratio (ratio of male infants to female infants)
- Birth weight
- Growth problems in utero and in infancy
- Birth defects

Parental exposures of concern include:

- Military occupation
- Geographical location
- Military-unique exposures such as deployments or specific vaccinations received during pregnancy

The Registry recently expanded to include pregnancies among DoD beneficiaries that may not have resulted in a live birth, such as miscarriages and stillbirths, as well as health outcomes among military children who remain part of the DoD family through early childhood. This will allow researchers to study childhood health outcomes that may not be diagnosed until after the first year of life, such as developmental delays.

Robust Research

Each year, approximately 90,000-120,000 infants are born to military families. Currently, the Registry includes infants born from 1998 through 2014, bringing the total number of infants whose health information has been captured by the Registry to over 1.6 million!

Using this information, researchers have made several important findings:

- Within the DoD, approximately 3-4 percent of infants born to service members or their spouses are diagnosed with a birth defect—this rate is similar to rates seen in civilian populations.
- Rates of preterm birth and growth problems are comparable to or lower than those in non-military populations.

Recent studies by NHRC on anthrax vaccination during pregnancy, H1N1 influenza vaccination during pregnancy, exposure to open-air burn pits while deployed, Operation TOMODACHI participation, and Gulf War deployment have also shown reassuring results, meaning rates of adverse outcomes of interest were not elevated.

In addition to the core work of the Registry, staff also manage two active enrollment pregnancy registries: the BioThrax® (Anthrax) Vaccine in Pregnancy Registry (BAVPR) and the National Smallpox Vaccine in Pregnancy Registry (NSVIPR). These registries enroll women who may have received the anthrax or smallpox vaccine during pregnancy or, in the case of smallpox vaccine, shortly before pregnancy.

Women who were vaccinated are contacted throughout their pregnancy and after the birth of their infant to complete periodic surveys. Both registries have provided reassuring results thus far, but enrollment efforts continue. Service women who are interested in learning more about BAVPR and/or NSVIPR enrollment may contact Registry staff at NHRC-VaccineRegistry@mail.mil or 619-553-9255/DSN 553-9255.

Protecting the Health of Military Families

NHRC's researchers—through the work of the Registry, BAVPR, and NSVIPR—are focused on monitoring and protecting the health of military families. They continue to address the unique reproductive health concerns of military families and contribute to the prevention of birth defects and other infant health challenges. Through these ongoing research and surveillance efforts, the Registry team adds to the medical community's understanding of associated risk factors and causes. All of this undoubtedly contributes to the health and well-being of DoD's most valuable resource: our service members and military children.

Phoenix veteran uses photography to document PTSD

By Alun Thomas
U.S. Army Recruiting Battalion - Phoenix

There's a noticeable tremble in the voice of Christopher O' Shana as he recounts his experiences dealing with veterans afflicted with Post-Traumatic Stress Disorder.

For the last three years O'Shana, a waiver analyst for the Phoenix Recruiting Battalion, has been documenting the struggles of those traumatized by PTSD, in a photographic project titled 'The Invisible Scar.'

He recounted the story behind his project at a Community Action Committee meeting, held by the Phoenix Rec. Bn., April 12, Scottsdale Marriott Old Town, Scottsdale, Ariz.

O'Shana said he developed a passion for photography upon leaving the Navy and pursued it through a variety of courses, leading to being awarded a grant and working space at a studio called The Monorchid in Phoenix.

"I was looking for something unique to use as a subject when a lightbulb went off in my head," O'Shana said. "What about PTSD? Very few know what PTSD looks like. That's when I developed the 'Invisible Scar' concept."

O'Shana said he was overwhelmed initially, having to find veterans for his project and learning to how use a studio correctly, in order to enhance his photos for public release.

"It was a daunting task. I was going to school and married with five kids," O'Shana continued. "But I began the project and its one that continues today."

O'Shana admits he entered the project with some trepidation, not knowing what to expect from the veterans diagnosed with PTSD.

"The first person I had come in was someone who answered an ad of mine," he continued. "We started talking and I noticed he was fidgeting. I asked him if he was alright and he said he wasn't. He said he felt like there was someone with a fixed bayonet trying to kill him."

photo by Alun Thomas, USAREC Public Affairs

Christopher O'Shana, waiver analyst, Phoenix Recruiting Battalion, talks about his photographic project 'The Invisible Scar' at a Community Action Committee meeting, April 12, Scottsdale Marriott Old Town, Scottsdale, Ariz. For the last three years O'Shana has, has been documenting the struggles of veterans traumatized by Post Traumatic Stress Disorder, with a series of photos intended to bring awareness to those afflicted by PTSD.

"I asked him if I needed to call someone, but he said he'd be fine in a few minutes," O'Shana explained. "I was scared for a while after that, but the more people I worked with, the less I felt that way."

Having the opportunity to undertake the project and help veterans became a blessing, with 20 having become involved in the series of photographs so far, O'Shana said.

"I don't push them to come in. I interact with them on social media and we take it from there," he said. "Knowing now what PTSD looks like … I'll never stop this project."

O'Shana said family members of his who served in Vietnam also had PTSD, making it personal for him, adding he will never discriminate who he elects to use as a subject.

"White, black, female, male or religious preference … none of it matters to me," he said. "The project encourages people to look beyond the facade and into the private lives of some of our nation's veterans. As a veteran I've been able to bridge that gap by bringing them into the studio, where it's just them and myself."

O'Shana said the 20 veterans he has worked with, most have dealt with serious issues that continue to plague them, making his project critical for them to relieve some of their fear and anger.

"One of the veterans is my nephew, who'd contemplated suicide. Before he sat down to work with me, five of his fellow Marines had previously committed suicide," he said. "A year after I photographed him he came up to me and said 'thank you.' I asked him 'for what'? He said if I hadn't taken those photos of him he would not have gone out and gotten help."

O'Shana has self-financed a book on 'The Invisible Scar' and held galleries showcasing his work, a topic he is determined to bring into public awareness.

"I have a new show coming up with my 10 latest photographs in June," O' Shana said. "I don't charge anything and I don't get paid. For this show however an anonymous donor paid for the whole thing."

For O'Shana this type of generosity makes the whole endeavor worthwhile.

People are becoming aware.

• Observance

(Continued from front page)

explained how the movements sustained and ultimately failed Nazi-Germany.

"In the early years of Nazi power, many Jews attempted to leave Germany," said Flores. "The vast majority of Jews remained as no one could have predicted what was to come. For many that realization (of Adolf Hitler's planned genocide of the Jews) was far too late."

The actions of Nazi Germany influenced societies for decades. Cultivating an understanding of diversity and tolerance became significant in many cultures to deter a recurrence of World War II. Even in healthcare, cultural diversity training continues to raise awareness of different cultures and lifestyles.

For Capt. Melanie Williams, nurse with the 7223rd Medical Support Unit, and native of Loxley, Alabama, diversity training has helped in understanding her patients, as a civilian nurse in Alabama, where the region has a dialect of its own.

"Taking diversity into consideration is huge," said Williams. "In the south there are a lot of alternative medicines in their medical care, so having insight into that culture helps in providing appropriate care."

Williams recounts instances where communication may have been flawed if not for her understanding of local idioms. At times her patients have used terms such as "I can't get all my water out," which would indicate to Williams the patient is having bladder issues.

"You have to ask a lot more probing questions to understand what your patient is trying to convey," said Williams. "It all comes back to patient safety and understanding them correctly is significant."

Holocaust Remembrance Day is marked by the anniversary of the Warsaw Ghetto Uprising, an opposition to Nazi Germany's final push to transport Jews in 1943 Nazi-occupied Poland, which is commemorated on the 27th day of Nisan (first month of the ecclesiastical year) on the Hebrew calendar or April 24, on the Gregorian calendar this year.

photo by Marcy Sanchez

Command Sgt. Maj. Michael Fetzer (left), acting command sergeant major, William Beaumont Army Medical Center, and Col. John A. Smyrski III (right), commander, WBAMC, recognize Jaime Flores, programming and education director, El Paso Holocaust Museum and Study Center, during WBAMC's Day of Remembrance observation, April 12.

Fighting multiple fights: The life of a flight surgeon

By Staff Sgt. Ashley Taylor
354th Fighter Wing

From fighting off sickness on the ground, to fighting an enemy in the air, a flight surgeon holds a set of skills crucial to any unit.

When he isn't seeing patients, Capt. Brett Lindstrom, a 335th Fighter Squadron flight surgeon assigned to Seymour Johnson Air Force Base, North Carolina, is gearing up as a weapons systems operator to accompany a pilot in the back of an F-15E Strike Eagle dual-role fighter aircraft.

"I am required to have four hours of flying every month, which gives me a better idea of what the aircrew goes through," said Lindstrom. "Aside from it being fun, flying builds rapport with my squadron because I know more of what they go through verses a doctor who doesn't get that opportunity on a regular basis."

At home station, Lindstrom acts as a primary care manager for members of a few squadrons and their dependents, but being halfway across the world and operating out of a backpack changes his capabilities.

"Being here on TDY, I consider myself a concierge medical service because we have a minimally-capable clinic and assist with sick-call," said Lindstrom. "I can't do anything evasive like IV's, but I can take care of colds, sore muscles and perform pre-flight examinations for incentive flyers."

Lindstrom said aircrew can become apprehensive to go see a doctor and with the odd working hours, getting to a medical training facility can be tough to fit into their schedule.

When aircrew are able to see a physician who is already embedded in the squadron, it addresses many of these concerns.

"The rigors and demands placed on our bodies are more than people realize, but the great thing about having a flight doctor is that they understand our stressors," said Lt. Col. Isaac Bell, the 335th FS director of operations. "Having a doctor readily available and working directly with us, keeps us healthier because we don't have to go through a lot of steps to see a medical provider."

With both jobs being independently demanding, flight surgeons must remain calm during high-stress situations to ensure the mission is never faltered.

"Being both aircrew and a physician are very similar because I'm constantly learning new things and I cross-utilize my skills often," said Lindstrom. "Both jobs hold a large weight of responsibility and there isn't room for error, so I have to hold myself to a high standard to ensure I can keep the mission effective."

(U.S. Air Force photo/Staff Sgt. Ashley Nicole Taylor)

U.S. Air Force Capt. Bret Lindstrom, a 335th Fighter Squadron flight surgeon assigned to Seymour Johnson Air Force Base, N.C., poses for a photo May 4, 2017, during NORTHERN EDGE 2017 (NE17), at Eielson Air Force Base, Alaska. NE17 is Alaska's premier joint training exercise designed to practice operations, techniques and procedures as well as enhance interoperability among the services. Thousands of participants from all the services, Airmen, Soldiers, Sailors, Marines and Coast Guardsmen from active duty, Reserve and National Guard units are involved.

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Psychiatrist

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LSU Health SHREVEPORT

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Have A Safe and Happy Independence Day

Wellness and Lifestyle Program at Naval Hospital Pensacola

By Jason Bortz
Naval Hospital Pensacola

Naval Hospital Pensacola is currently implementing a wellness and lifestyle program designed to help promote healthy lifestyle changes and improve the physical well-being of patients.

The Medical Home Port Population Health program was created to provide patients with a health care support team focused on a patient's individual wellness, fitness and weight loss needs.

The program was started last year and was specifically created to assist patients who frequent the hospital with health conditions that could be better managed with lifestyle changes. Many of these patients have conditions such as diabetes, high blood pressure, high cholesterol or use tobacco products. By changing unhealthy habits, patients can improve their overall health and reduce the number of health care visits.

"Many illnesses are lifestyle related," said Laticia Jackson, health educator, Naval Hospital Pensacola. "Change does not happen overnight, but we are here to support our patients through making lifestyle changes and we work with them as a team."

Laticia Jackson, health educator, Naval Hospital Pensacola, talks to a patient May 4 about their health care goals. Jackson is part of a program at NHP that was specifically created to assist patients who frequent the hospital with health conditions such as diabetes, smoking and weight management.

Patients who are good candidates for the program are identified by their primary care manager (PCM) at NHP and are referred to the Health Promotion and Wellness Department. The department contacts the patients to see if they are interested in participating in the program, which is voluntary. If patients choose to participate, they will make an initial appointment with the program manager.

"During the initial appointment, patients will meet with several members of the health care team including myself and a health educator," said Carol Buckland, program manager, Health Promotion and Wellness Department. "We'll explain the details of the program and identify goals that are important to the patient."

Over the next 90 days, patients will focus on their individual goals with the support of a team that includes dieticians, fitness coaches, health educators, life coaches and other experts. From learning to plan meals to learning to cope with stress, patients will learn the skills to make lifestyle changes that will improve their overall health.

Since its inception last year, Buckland and her team have seen many success stories. She recently saw a previous program participant who lost almost 40 pounds while participating in the program.

"I was so proud of him, but more importantly, he was proud of himself," said Buckland.

While not everyone who participates may see such drastic changes, everyone who participates will be given the tools to be their own success story.

"Everyone who walks through our door is a success story because they took ownership of their life," said Jackson.

Patients enrolled at NHP who would like to participate in the program should contact their Medical Home Port Team or speak with their PCM. The program will also soon be available at the Naval Air Station Whiting Field as well for patients enrolled to the branch clinic there.

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Correctional Medicine is a *Great* Job!

by Jeffrey Keller, MD, FACEP

Dr. Keller is Board Certified Emergency physician who began providing correctional medical services 17 years ago. Dr. Keller has more than 20 years of experience as an emergency medicine physician.

I have a confession to make. Before I knew anything about Correctional Medicine, I had a bad opinion about it. I'm not proud of this. I even turned down my first opportunity to get into Correctional Medicine because of my preconceived prejudice. Thank goodness I got a second opportunity, because Correctional Medicine changed my life! Who knew that Correctional Medicine was such a great job and a great career?

Certainly not my colleagues. Back when I made the mid-life career change to jail medicine, my physician friends asked me, bewildered, "Why in the world would you want to work in a jail?" Without knowing anything about it, they had a preconceived notion of Correctional Medicine as being low skill and basically without redeeming features.

What a difference 15 years makes!

I recently ran into an acquaintance, an anesthesiologist, at a community function.

"How are things going in the jail?" he asked.

"Great!" I said. "I was never unhappy as an ER physician, but I have much more job satisfaction now than I did then. I have a great job!"

"You're lucky. I hate my job." He went on to discuss hassles with billing, reimbursements, fights with hospital administrators, boredom, on and on.

Now this was not an unusual occurrence. I have had similar conversations with several physician friends. I know an orthopedic surgeon who hates his job and wants to retire—but can't afford to. Another acquaintance is an internist: "Insurance and billing is killing me! I am forced to see many more patients an hour than I like. I can't give my patients the time or attention they deserve." Another internist and a family practitioner I know gave up their longstanding practices to become hospitalists—but they don't love that job, either. The list goes on and on.

I think I can safely say that a large percentage of physicians in the outside medical world are basically unhappy in their work. This is borne out by several physician satisfaction surveys. Typically, a third of practicing physicians would not choose a career in medicine if they were offered a "Do-over." Half would NOT recommend medicine as a career to their children! Only a third rate their morale as "good or excellent."

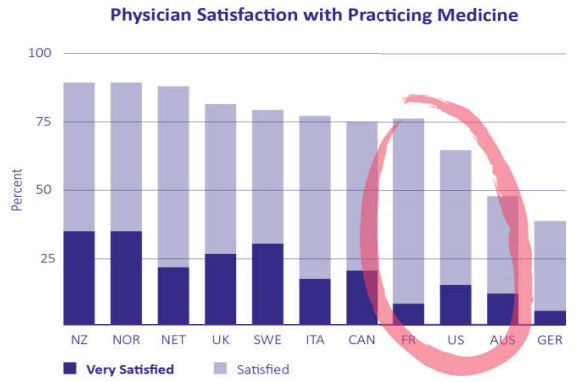
Yet a switch to Correctional Medicine is not on any of these physician's radar! Just like I did, outside physicians tend to have a distrust of Correctional Medicine. They don't know anything about it, but they don't like it! That is the key: They don't know anything about Correctional Medicine!

And that's too bad because, as I myself found out, Correctional Medicine is a great career. We just need to get the word out. As I was thinking about what specifically makes Correctional Medicine a great career, I came up with the following:

Correctional Medicine frees you from coding, billing, and insurance companies!

Outside physicians can spend more than 15% of their gross revenues just on coding, billing and collections. Not to mention the hassles and headaches of dealing with recalcitrant insurance companies. One of my friends calls this "The Tyranny of the Blues (meaning Blue Cross and Blue Shield, with whom he has had plenty of disagreements and frustrations)." Total overhead for a primary care practice can be as high as 70% of gross revenues.

My own personal experience practicing in an Emergency Medicine partnership was similar. Over twenty years, billing became more complicated (have you seen the size of DSM-10?), insurers became more aggressive, and revenues fell.



But Correctional Medicine is different. Correctional Medicine is a Fee-for-Access model rather than the Fee-for-Service model in the outside world. This means there is no DSM-10 coding. We don't bill insurance companies. We don't do "wallet biopsies" and we don't send patients to collections. We're free, free, free! I don't know about you, but I personally found this to be a huge benefit when I made the transition. I would never want to go back to the coding and billing world.

You will get to see much more medical pathology in corrections than you do now!

In jails, we see lots of acute pathology. One example is that jail physicians are the true experts in assessing and treating acute withdrawal syndromes, like alcohol and heroin. I bet that I personally have treated more patients for acute withdrawal than all of the non-correctional physicians in Idaho put together. Jails also see many people who are disenfranchised from outside medicine. These are the patients have no insurance, no money–maybe they're homeless–and many never go to a doctor no matter how sick they get. The jail medical clinic may be the very first medical care that they have had easy access to. And, of course, they bring an impressive array of untreated maladies. I've newly diagnosed everything from cancer to diabetes to rheumatoid arthritis in patients who have no doctor on the outside.

Prisons present another unique opportunity compared to outside medical practice. In outside medical practice, it is rare to be able to follow a patient's progression over many years. Medicine has become so specialized that patients are passed from doctor to doctor depending on what disease they develop.

Take for example, the case of a primary care doc in a local community who has been taking care of a particular patient, "Joe," for 20 years. Then let's say that Joe develops lung cancer and renal failure. There is a good chance that Joe will be now be cared for by the oncologist and nephrologist. The primary care doctor probably will never see him again!

However, in a prison, Joe (and patients like him) will always return to his primary correctional physician after each visit to a specialist. As a result, we get to watch the course of disease progression and response to therapy in a way not done in the outside world. Couple that with the fact that every type of weird pathology that you can imagine is found in our prison population, and we can confidently say that we in corrections get to see much more interesting medical pathology than most other physicians.

For the most part, Correctional Medicine is 9-5, weekends and Holidays off.

This was a big deal for me, the ex-Emergency Physician. For the first time in 25 years, I rediscovered regular, circadian sleep. Who knew that that would be so great? Also, I was no longer gone every other Christmas and Thanksgiving. Lovely!

Remember those primary care doctors who gave up their primary care practice to become hospitalists? They gave up their private practice due to coding, billing and insurance hassles. But now, as hospitalists, they sacrifice their sleep and holidays. That is one reason that they are still not happy. (Plus they miss having long term relationships with patients). If only there was a career path that had it all.

But there is! Correctional Medicine! They just have never been told. It is up to us to get the word out.

For the first time in 25 years, I rediscovered regular, circadian sleep. Who knew that that would be so great? Also, I was no longer gone every other Christmas and Thanksgiving. Lovely!

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• Nurses

(Continued from page 7)

cal treatment facility, the time a nurse and the rest of the medical staff spends with a patient is crucial to their recovery, especially those with serious and life-threatening injuries.

"At home station, we see retirees and dependents, and treat common ailments and injuries," said Dunham. "Here, we treat wartime injuries inflicted upon U.S. service members, contractors, Afghan nationals and others in the warzone."

This is Dunham's third deployment, with his first two being in Iraq, working at Balad Hospital, and in Ramstein Air Base, Germany, where he transported wounded warriors away from the battlefield to more long-term care.

Medical professionals are trained to treat gruesome injuries, from car crashes to gunshot wounds, but the stress of a combat zone brings a new dynamic.

"While working at Balad Hospital, we had a mortar hit the building, so we had to evacuate the patients out of the emergency room and hospital, and move them to bunkers," Dunham said. "We were providing care to patients in full body armor and in bunkers while setting up a contingency ER so we could see more patients. It was neat see

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