

Pulse

BAXTER HEALTH

WINTER 2023
VOLUME 6 | ISSUE 1

BRING IT ON HOME

Dr. John Austin
Carlisle and family
come home

pg. 28



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WINTER 2023



Director of engineering, Marshall Campbell's first guitar, a Sears Silvertone acoustic, was a Christmas gift from his parents back in 1968.

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On the cover: Dr. John Austin Carlisle and family in their kitchen.

PHOTOGRAPHY BY JAMES MOORE.

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WELCOME TO 2023!

A new year is upon us and with it, the opportunity for self-improvement, better health and greater happiness. It is a time when all things feel possible and a new you is right below the skin.

Our health system is experiencing those same feelings of renewal and boundless possibilities. Last summer, we announced our rebranding from Baxter Regional Medical Center to Baxter Health, and we look forward to this new name and image to come front and center in 2023. While the name, logo and color scheme have changed, you have my personal guarantee that our physicians, nurses and staff will continue to provide the same high-quality and compassionate care to which patients and their families have become accustomed.

Another new feature you might notice are the long-form features in our magazine, *Pulse*. We challenged our editorial team to provide a behind-the-stethoscope look at several employees each issue, giving the reader a look at their lives away from work, volunteering in the community, interacting with their families and enjoying their spare time.

In this issue, you'll meet Dr. M.B. "Win" Moore III, and learn of the basketball legacy he and his wife, Dana, have passed to their daughter Laykin, a starter on the Mountain Home Lady Bombers basketball team. You'll also catch up with Dr. John Austin Carlisle and his wife, Jordan, hometown products and parents of five.

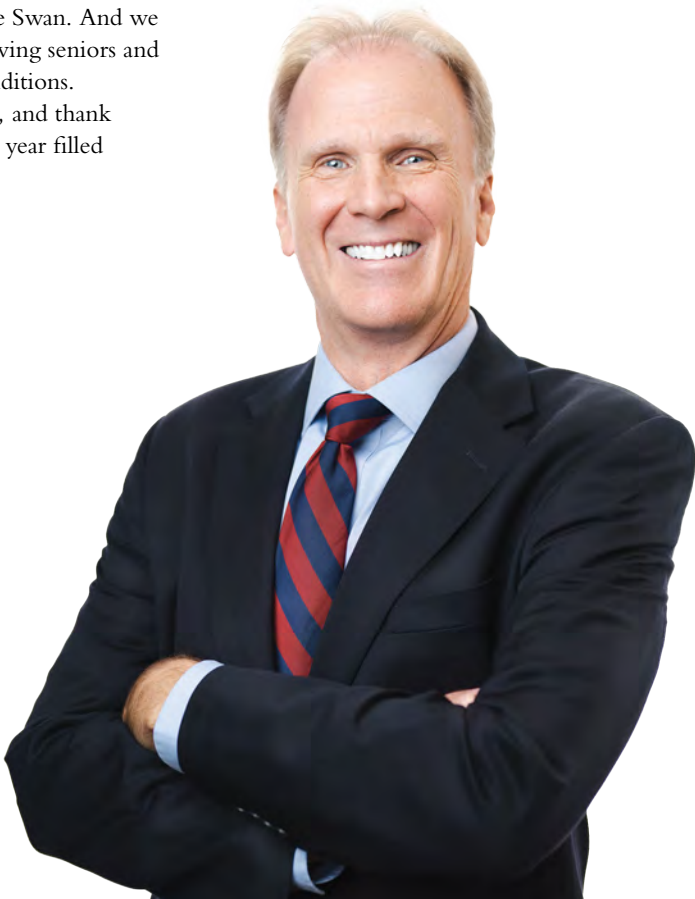
That strumming you hear is Marshall Campbell, Director of Engineering, which includes our Maintenance, Bio Med and Facilities Management departments; his story of life in multiple rock bands is also chronicled here. We take you to our award-winning Pink-A-Dilly Gift Shop for a chat with longtime store manager and merchandiser extraordinaire Debbie Swan. And we introduce you to our Better Breathers group, serving seniors and their families dealing with chronic breathing conditions.

Thank you for picking up this edition of *Pulse*, and thank you for choosing Baxter Health. Here's to a new year filled with new adventures.

With gratitude,



RON PETERSON
President/Chief Executive Officer
Baxter Health



PHOTOGRAPH BY JAMES MOORE

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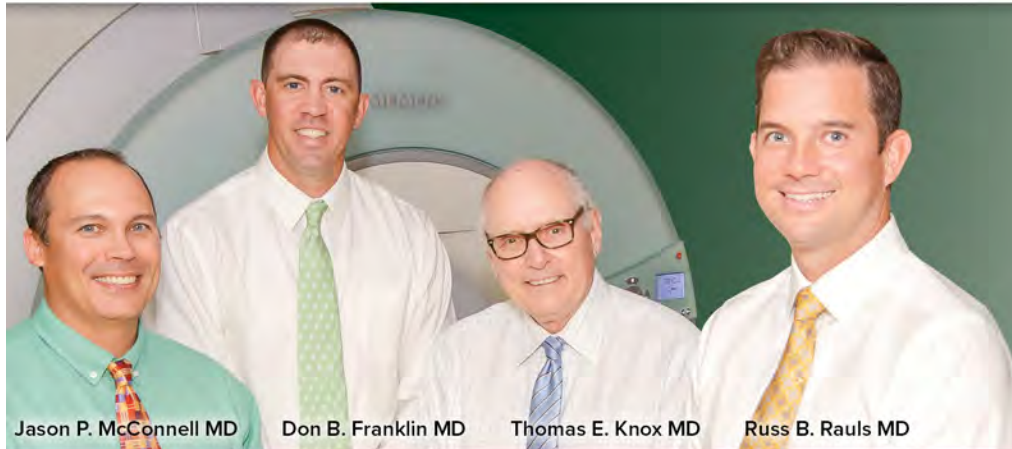
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DR. SHAYNA WOOD, PEDIATRICIAN, MOVES TO BAXTER HEALTH FAMILY CLINIC

Dr. Shayna Wood, a board certified pediatrician for Baxter Health, has moved to the Baxter Health Family Clinic, joining Dr. Kam Lie, Dr. Mary Depper, and Phillippa Arnold, APRN.

A person of faith and the daughter of a pastor, she was raised in a small town where everyone looked after one another in mind, body, and spirit. “I’ve always sort of felt like medicine is a ministry, and I think if you talk to a lot of physicians, they all feel like it’s a calling. That’s how I’ve always approached it, as well,” noted Dr. Wood.

Baxter Health Family Clinic is located at 899 Burnett Drive in Mountain Home. To schedule an appointment with Dr. Wood, please contact the Baxter Health Family Clinic at (870) 425-6212.

HEROES WITH HALOS



CHARLYCE WEEKS, BSN, RN, 3 WEST, received a Heroes with Halos Award by Shannon Nachtigal, MSN, RN, NEA-BC, VP/Chief Nursing Officer; Anthony Reed, VP/Ancillary Services; Shannah O'Dell, MSN, RN, CPN, 3 West Director; and other members of the 3 West Staff.



JULES LARRIMORE, LPN, AND AALIYAH MANES, NA, 3 WEST, received Heroes with Halos Awards by Anthony Reed, VP/Ancillary Services; Nicole Vaccarella, VP/General Counsel; Shannah O'Dell, MSN, RN, CPN, 3 West Director; and other members of the 3 West Staff.



BAXTER HEALTH VOLUNTEER JEANNIE ALLEY received a Heroes with Halos Award by Ron Peterson, President & CEO; Barney Larry, retired VP/Business Development and Executive Director, Baxter Health Foundation; Shannon Nachtigal, MSN, RN, NEA-BC, VP/Chief Nursing Officer; Nicole Vaccarella, VP/General Counsel; Anthony Reed, VP/Ancillary Services;

Becky Rose, CVM, Director of Volunteer Services; Sarah Edwards, Executive Director, Foundation; Jillian Bemis, Program Coordinator, Foundation; and Adrienne Blackwell, Deferred Gifts Officer, Foundation.



THE BAXTER HEALTH VOLUNTEER SHUTTLE DRIVERS received a Heroes with Halos Award. It was presented on their behalf to Volunteer Roger Mast by Ron Peterson, President & CEO; Barney Larry, retired VP/Business Development and Executive Director, Baxter Health Foundation; Shannon Nachtigal, MSN, RN, NEA-BC, VP/Chief Nursing Officer; Nicole Vaccarella, VP/General Counsel; Anthony Reed, VP/Ancillary Services; Becky Rose, CVM, Director of Volunteer Services; and Sarah Edwards, Executive Director, Foundation.



LEAH FOUNTAIN, APRN, BAXTER HEALTH CARDIOVASCULAR CLINIC, was presented a Heroes with Halos Award by Anthony Reed, VP/Ancillary Services; Bill Baldwin, VP/Physician Enterprise; Dallas Weber, Specialty Clinics Director; Darlene Carpenter, Clinic Manager; and other members of the clinic staff.

MOVERS AND NEWCOMERS



SARAH EDWARDS, EXECUTIVE DIRECTOR, BAXTER HEALTH FOUNDATION
Baxter Health is pleased to announce Sarah Edwards as the new Executive Director of the Baxter Health Foundation, effective January 2, 2023. She earned a Bachelor of Science in Business Administration and a Master of Science in Operations Management from the University of Arkansas in Fayetteville. In 2015, Sarah joined the Baxter Health team in the role of physician recruiter. After three years in this role, she was promoted to Director of Business Development, and from there moved into the role of Major Gifts Officer of the Baxter Health Foundation and then Vice President/Major Gifts Officer of the foundation just last year.



DR. DAVID HARRISON, GENERAL SURGEON
Dr. David Harrison has joined the practice of Dr. John Spore, Dr. Jacob Dickinson, Dr. Jennifer Foster and Dr. John Austin Carlisle at Ozark Surgical Group in Mountain Home. Dr. Harrison has been in practice since 2000 providing surgical services for both adults and children. Most recently, he served as the Program Director of the General Surgery Residency at Arnot Ogden Medical Center in Elmira, NY.

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CALENDAR

FEBRUARY 2023-
APRIL 2023

15

of February

DISHING
UP SENIOR
NUTRITION: Heart
Healthy Diet with
Jodi Bodenhamer

Mruk Family
Center on Aging,
3 p.m.

FEBRUARY

February 14
STROKE OVERVIEW
with Jean Gaylord
Mruk Family Center on
Aging, 1 p.m.

MARCH

March 14
The Aging Digestive
Tract with Dawn
Henry
Mruk Family
Center on Aging, 1 p.m.

APRIL

April 11
The Aging Voice
with Casey Drennin
Mruk Family
Center on Aging, 1 p.m.



April 22
ROCK THE BARN
WITH THE JERRY
HOPPER BAND,
Annual fundraising
benefit for Mruk
Family Center on
Aging - Tickets \$50

each go on sale
March 31.
Reservations are
required.
Wellness Education
Center,
5 p.m.

REOCCURRING

Mruk Family
Center on Aging
Better Breathers
Support
Monthly, 2nd Friday,
2 p.m.

Dementia Cargiver
Support
Monthly, 4th Thursday,
1 p.m.

Parkinson's
Caregiver
Monthly, 2nd
Thursday 10am
Check for location.

Healthy Aging
Through Healthy
Lifestyle
Nutrition and Activity,
Monthly, 2nd Monday,
2 p.m.

Fit & Fab
for Women
Strengthening and
balance, Tuesday and
Thursday, 9:15 a.m. or
10:15 a.m.

Fitness for Men
Strengthening and
Balance Monday,
Wednesday and
Friday, 9:15 a.m.

Rock Steady
Boxing for individuals
diagnosed with
Parkinson's Disease,
Monday, Wednesday
and Friday, 8 a.m.,
10 a.m., 1 p.m.
Registration and
assessment required.

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CALENDAR

Seated Exercise for Seniors with Reduced Mobility
Tuesday and Thursday, 10 a.m.

AARP Smart Driver Course
Monthly, 4th Wednesday,
12 a.m. - 4 p.m.,
\$20 AARP Members,
\$25 Non-Members

Peitz Cancer Support House
Recently Diagnosed Information and Support, Wednesdays, 1 p.m.

Ostomy Information and Support,
Monthly, 1st Friday, 11 a.m.

Men's Cancer Discussions Monthly,
2nd Thursday, 9 a.m.

Threads of Hope: Creating Gifts for Cancer Patients, Mondays, 1 p.m.

Joyful Art & Craft Classes Monthly, 3rd
Friday, 1 p.m.

Walk Off Cancer, Mondays, 2 p.m.

Knock Out Cancer Boxing, Tuesdays
and Thursdays, 3:30 p.m.

Intermediate Yoga, Tuesdays and
Thursdays, 8 a.m.

Chair Yoga, Mondays and Fridays, 10 a.m.

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Monthly, 1st Thursday, 5:30 p.m.

Heart Healthy Women, Monthly, 2nd
Thursday, 1 p.m.

Novel Women's Book Club, Monthly,
3rd Wednesday, 1 p.m.

**Baxter Health Wellness
Education Center**

Line Dancing - Beginners,
Tuesdays, 11:15 a.m.

Line Dancing - Advanced,
Tuesdays, 12:15 p.m.

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4:15 p.m.

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Jennifer T. Foster, MD



John Austin Carlisle, DO



David M. Harrison, MD



HOOP DREAMS

Meet Dr. Win Moore and his sharpshooting daughter, Laykin.

BY DWAIN HEBDA
PHOTOGRAPHY BY JAMES MOORE

Laykin Moore is a rising star in Arkansas high school basketball. The sophomore do-everything guard can run the point, drive from the wing or shoot the lights out from the perimeter as her team requires. Quick and tough, she sets an aggressive pace on defense too, setting an example for her Mountain Home Lady Bomber teammates to follow.

Dr. M.B. “Win” Moore III, an orthopaedic surgeon with Baxter Health, relays all of these facts with round notes of pride in his voice. Along with his wife Dana, he’s loved every single moment spent in the bleachers and shagging rebounds for the couple’s only child. And he marvels at how no moment has been too big, and no opponent too intimidating for Laykin to handle in her young career — save one.

“I’ll tell you a funny story,” he said, already giggling. “Our backyard has this long slope that goes into the woods. Laykin is out there shooting hoops, like always, and she comes running up and goes, ‘Dad, there’s something in the woods. There’s something bad in the woods.’

What are you talking about, Laykin?

“I go downstairs, I walk down to the basketball court. I go down the hill. I ease into the woods. It’s a dang bunny rabbit!”

The fearsome forest bunny rabbit is just one of the adventures the family has enjoyed since Laykin discovered basketball along about fifth grade.

“I didn’t have the devotion that my daughter has, ever,” Moore said. “When COVID-19 hit, they all had to do school at home, and she loved it because she could get all her schoolwork done in two hours, then she was in the back yard shooting. She’d shoot six hours a day, eight hours a day. She did it all herself; she took the very little bit of talent that I gave her, a lot of athletic talent her mother gave her and she made it her own.”

Though he’s dismissive of it, Moore was a pretty decent baller himself back in the day. At 6’5”, he was the man in the middle for Columbia Academy in Columbia,



Mississippi, a sleepy Gulf-side community now numbering just under 6,000 people.

“When I went through high school, I played center because I was tall,” he said. “In the old days, centers didn’t dribble the ball very much. We were basically there to rebound and to play in the paint.”

After his freshmen year at Mississippi State University in Starkville, Moore transferred to the University of Southern Mississippi in Hattiesburg and had a brush with playing at the next level. “I get off to college, and I get invited to walk on with the college as a practice player,” he said. “We were in the gym where students go and shoot and play pickup ball. Four or five of us got approached by coaches to say, ‘Hey, y’all need to come practice with us.’ They needed warm bodies, so we said sure, we’re warm bodies, we’ll play.

“Well, I found out really quick that being

6’5” as a center that I’m facing a center at 7’1”. Both of the starting guards are 6’5”. I thought, ‘Whoa! What am I doing here?’ I was a very good defensive player, so I got to practice, but I didn’t ever want to play ball in college. I realized very quickly I could not go to medical school and play college basketball. Even if I had a chance to play, it was way too much work. After about six weeks, I politely bowed out of that and went to work trying to make grades.”

What Moore might have missed on the hardwood he more than accounted for in the classroom. After earning his undergrad, he completed the University of Mississippi School of Medicine in Jackson and his general and orthopaedic surgery internship and residency at Louisiana State University Medical Center in Shreveport. In the process, he stretched his family’s legacy in medicine into its third generation.

“My grandfather, Merwin B. Moore, Sr., and my father, Merwin B. Moore, Jr., were both surgeons. I was raised around a lot of medical people,” he said. “They were in general surgery, but they practiced back in the days when general surgeons did everything.

“I initially wasn’t that interested in going to medical school until I had an unfortunate event happen. My younger brother was killed when I was a sophomore in college, and that reset my whole thought of what I wanted to do. I started in general surgery and then switched to orthopedics. The short and long of it is I started working with some orthopaedic residents my second year of general surgery and liked them and liked what they did and just switched.”

Moore practiced in Kansas and Missouri before landing with Baxter Health in

“Laykin would shoot six hours a day, eight hours a day. She did it all herself; she took the very little bit of talent that I gave her, a lot of athletic talent her mother gave her and she made it her own.” – Win Moore

2008. For all the good things that move has brought him since, if he’s honest, it was the area’s legendary fishing that lured him here initially.

“I started coming up here during my residency days to fish, so I knew about North Arkansas,” he said. “I still love to fish, I just don’t get the time I want, but I have made a promise to myself to change that very quickly. I probably fish 10 times a year; I should be fishing 100 times a year living right here in the trout capital of the world.”

Moore said while the types of cases he sees haven’t changed all that much — he’s a hip surgery and joint replacement guy, having stepped back from spine work 20 years ago — the demographic of his patients has changed somewhat.

“The older population, 55 and older, don’t come in until their arm is falling off,” he said. “The younger generation is much more into getting things looked at and taken care of earlier. I think that’s changed with the availability of all the subspecialists; people 65 and older didn’t have access to doctors like they do now.”

What’s changed more dramatically are the tools of his trade and for that he is quick to credit Baxter Health leadership, which has invested in equipment and expertise to match health systems several times its size.

“Many years ago, there was a commitment from the board, the business community and the general population to make sure there was a good medical center here,” he said. “For the most part, the administrators of this hospital have been able to see the future, have a vision and

make it happen. That’s very unusual in a smaller community. You also have a board that’s made up of a lot of great people in this community who truly love it and want it to thrive. Part of thriving is to have the right medical facility.

“On the orthopaedic side specifically, the board has been really good about buying and supplying all specialists with things they need. The hospital bought us not one but two Hana tables that the five doctors here use to do hip procedures. We can have multiple doctors doing multiple hip surgeries because we have the equipment to do it. I have a good friend who’s over the orthopaedic department at Methodist Hospital in Houston, and they’ve got seven doctors but only one high-up table.”

Moore said he’s never been happier in his life and career than he is now. Though at age 65 the topic of retirement comes up more than it used to, he waves the subject away from the foreseeable future.

“Retirement, to me, is purely a health issue, both mental and physical,” he said. “The way we run the clinic has been extremely helpful in taking a great deal of the load that I don’t like off of me, which has allowed me to practice medicine and really have a life that in the last 15 years I’ve never had before.

“My father practiced ’til he was 70 and he could have practiced years longer. I’m thinking in my early 70s, I certainly will slow down a lot and turn more over to the younger guys, but I don’t know that I’ll ever quit as long as I’m physically and mentally healthy enough to do it. I love it too much.” ■



FOR MARSHALL
CAMPBELL
AND MUSIC,

THE BEAT GOES ON.

BY DWAIN HEBDA
PHOTOGRAPHY BY
JAMES MOORE



“I will say, it’s one of the things I will always thank my parents for, the ability to play guitar. Because when anything happens in life, that’s what I do.” – Marshall Campbell

In his day job as director of engineering for Baxter Health, there’s little to give away Marshall Campbell as a guitar hero. The Illinois native has toned down his playing considerably since his younger days when he would lend his talents to multiple bands at once.

But as the song goes, “Rock and roll never forgets,” and neither does Campbell when it comes to the joy that music brings him and has always brought him. And it all started with a father’s faith and Sears, Roebuck & Co.

“For Christmas one year, my father bought me a Sears Silvertone acoustic guitar,” he said. “It was \$25, which was a lot of money when you’re talking 1968. And I remember asking him years later why he did that, and he just said, ‘You just acted like you were a guitar player, so we bought it for you.’”

“I will say, it’s one of the things I will always thank my parents for, the ability to play guitar. Because when anything happens in life, that’s what I do.”

Guitar lessons followed, as did his first

electric guitar at age 10, thanks again to his father. Not long after that, he played his first gig and landed in his first band. It was about as far from sex, drugs and rock ‘n’ roll as one could get, but Campbell was hooked.

“I started playing at age 7, and at age 12, I started playing in church,” he said. “At age 15, I got into my first local band around town. There was another gentleman in church who had a band, and he asked me to play with them.”

Each performance fed Campbell’s ambition to make music, and he practiced constantly. By the time he hit college, his chops matched his desire to play, and over a 10-year period he’d play lead guitar and sing in four bands, spending a lot of time on the road to boot. The crowds wanted Top 40 and dance music, which meant a lot of covers and a lot of genres he wasn’t wild about, but he was gigging nonetheless.

“I grew up listening to music,” he said. “Grand Funk Railroad, Led Zeppelin, Rush, that good, healthy, hard rock. But when I played guitar back then, it was America, Poco, Bread, Huey Lewis and I scarcely remember the names of all the disco artists. That was my least favorite; I didn’t listen to it, but I had to play it.”

It was also during this period that he finally got his rocker credibility, both onstage and off.

“I’ll be honest; I got kicked out of school for playing too much guitar and not studying. It’s all documented. You can write that down,” he said with a big laugh. “It actually took me five years to get my four-year degree because I had to sit out that year. But I still played music the entire time.”

“I figure it’s one thing to do something bad, it’s another thing to do something bad really well and to get in trouble for it. Anyway, it was not a pretty sight for my parents, but they were OK with it. They knew my love of music.”

At 25, Campbell got married and hung up his traveling axe. Before long, though, he was back out there, this time by himself. He played steadily in local coffee houses, even as work and family responsibilities were starting to take their share. Finally, one day he suffered an accident with a table saw, badly injuring a ring finger. Playing became something less for public consumption than for personal enjoyment.

“There’s a lot that happens when I play

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guitar, and I struggle with a lot of different things,” he said. “Not necessarily rhythm or anything like that, but I have to work at playing guitar. It’s not the easiest thing in the world.

“When I cut the finger off, it’s like, ‘Well, that doesn’t work anymore.’ It’s the ring finger on the right hand. I’ve still got the finger; it’s attached but it doesn’t work. It’s kind of a hindrance, really. I can’t hardly fingerpick, I have to use a lot of flat-picking.”

The functional loss of a digit didn’t fully derail Campbell’s musical career. These days he and his pals get together for guitar night. They sit around and jam, heard by no one but each other and the family members that are there by invitation.

That includes Campbell’s son, Mason, who’s got a regular seat at guitar night when he’s not out playing with one of his own two bands, Mellow Mountain and Whiskey Halo. Today, the elder Campbell would much rather focus on his son’s playing than his own.

“Eons ago, back when I was playing guitar and playing in all the bands, my mother came to me and said she wanted to learn how to play,” Campbell said. “So I spent time with her, and I taught my mother how to play just baseline notes, very simple. When my son came along, she drug him in there and said, ‘Let me teach you how to play this guitar,’ and that’s when he actually learned how.

“We do these guitar get-togethers now; my son shows up and we sit down side-by-side and we play. I’m proud of him. He’s very good at it, a good guitar player and a phenomenal vocalist.”

Even though his playing has whittled down to this small circle of friends, Campbell is acutely aware of how responsible the guitar is — and music in general, for that matter — for his development as a person.

“Learning to play the guitar made me not afraid to stand up in front of people and discuss things I understood,” he said. “Eventually, I also learned to talk about things I didn’t know anything about and still feel comfortable.

“Playing the guitar made me not so shy because I’m an honest-to-God introvert. But those skills with the guitar and learning how to sing got me to open up and have full-on discussions with people and stand in front of a crowd and share things.” ■

GUITAR CENTER

For guitar players, half the fun is picking up and collecting various models. *Pulse* asked Marshall Campbell for a few of his favorite six-strings. Here’s what he told us.

1964 FENDER STRATOCASTER

My all-time favorite is the Fender Stratocaster. I like the sounds that come out of them. That’s the sound that I grew up with. And they were hugely popular for Jimmy Page and Ritchie Blackmore. They all played Stratocasters.

1968 DUO SONIC

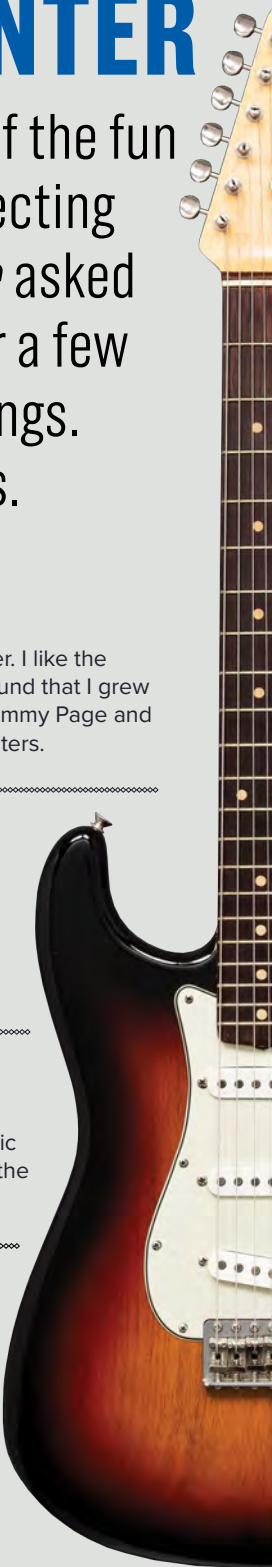
That’s the guitar that I actually grew up with; the one my father bought me, the ‘68 Duo Sonic 2. It has a sound that can reproduce many other guitars. It’s very nice.

1978 YAMAHA ACOUSTIC

I grew up playing a standard Yamaha acoustic guitar, nothing fancy. I purchased it new, off the shelf and it helped me onstage for 10 years.

2012 MARTIN ACOUSTIC

Ten years ago, I bought my first Martin, and I’ll never own anything else. With a Martin, you can go extremely soft and have it be a very, very perfect tone. Then I can beat the snot out of this thing, and it’s still just beautiful sounding.



1964 FENDER STRATOCASTER

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DEBBIE SWAN KEEPS
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HUMMING AT THE
PINK-A-DILLY

Pink-A-Dilly Gift Shop, located at Baxter Health in Mountain Home, glows like a polished gem, its collection of gifts tastefully arranged in its massive windows. Employees on their lunch break or on their way home frequently browse here, as do loved ones of patients receiving care, all warmly greeted by a smiling volunteer in a yellow shirt.

You can find the usual get-well mementos at Pink-A-Dilly: a card, a box of candy, stuffed animals. But the shop has a much more elegant, upscale vibe than is typical of such stores, thanks to the handpicked inventory and years-long merchandising expertise of Debbie Swan, manager.

BY DWAIN HEBDA | PHOTOGRAPHY BY JAMES MOORE





“I like to offer things that are unique, that nobody else has,” she said. “I’ve always gone with quality rather than price. You have to have a fair price, but if you get something cheap, you’re going to get it right back. You want people to enjoy what they have.”

Swan, who’s been at the helm of the shop for two decades, is a walking master class in retailing. Any aspect of the store today, from the inventory to the upgraded registers to the very design of the shop itself, has all come to pass on her watch.

And as the store moves into its newest chapter, online retailing, she’s at the head of that parade too, as foreign as it might feel at times.

“It’s a different animal. I’m from the generation that didn’t grow up with a cell phone in my hip pocket,” she said with a laugh. “I’ve been here long enough I remember when they didn’t want to do credit cards in here.

“For me to learn a platform other than brick-and-mortar is a challenge, but a good challenge. I’m learning it, and I will learn

more as we go. I’m all for it.”

It is this very attitude of continuous learning that has allowed Swan, and the store she considers her own, to thrive. Her retail education goes back to her 20s and her native Illinois, where she landed a job in a local landmark store.

“A German family had this big shoe store,” she said. “It was huge — men’s, women’s, children — and I worked there for eight years. That was how I learned how to work with people. This was back in the day when you sat on the stool and measured the

foot. I became the buyer for men’s shoes. I also dressed the windows for them.”

Shopping for shoes in this bygone era was a far cry from what most people experience today. Sales clerks were consultants in fashion and function, learning the inventory in order to make style recommendations and understanding how to size feet for the proper fit.

“When you buy a shoe, it’s a personal thing,” Swan said. “You’re trying to find the fit for that person and you learn what people like. Also, you help them learn what’s good

“ I like to offer things that are unique, that nobody else has. I’ve always gone with quality rather than price ...” – Debbie Swan

for them because sometimes they don’t know; they just needed a pair of shoes.

“There were lots of times a lady would come in and say she was a size 8 when really, she was a size 8 ½. You learned to notice that and bring out a range of sizes just to show her what fit the best.”

In addition to dealing with the public, Swan also learned the behind-the-scenes art and science of inventory.

“They had great quality stuff in there,” she said. “I really learned how to recognize a good product.”

Life took Swan to Hawaii briefly then to Lakeview, Arkansas, to be closer to her retired parents. There, she waitressed out of necessity while keeping a sharp eye out for her next retail position. Once she spotted it, she was relentless.

“I would always go by that Harp’s grocery store in Bull Shoals, and I would go in there and ask the manager if he needed help,” she said. “Finally, he hired me; first I became the closing manager, and then they made me the general merchandise manager.”

Tasked with ordering every non-food item in the store, Swan dove into the marketing aspect of the job with gusto, designing huge seasonal displays aimed at the many tourists visiting the area’s lakes.

“I love doing displays,” she said. “I put all kinds of floats and masks and all kinds of summery stuff up. That was the job that really taught me how to price things, what to put on sale, how to mark things down.”

Swan briefly accepted a job with Walmart before Baxter Health called about their gift shop manager vacancy. In taking over Pink-A-Dilly, the profits of which are earmarked for Baxter Health Foundation coffers, Swan resolved to make the store a

destination retail experience.

“It was a closed-wall gift shop, and there were two square window boxes,” she said of the old days. “In 2005, we went from a 900-square-foot shop to a 1,300-square-foot shop. They broke out the solid walls and put in glass window walls, which made all the difference in the world. Instead of people walking past, they came in. They saw something in the window, and it brought them in.”

Swan also adjusted the inventory levels to help reduce what was being sold on clearance, especially seasonal items.

“I noticed right away we had the biggest sale after Christmas because they were used to ordering 12 of this and 24 of that,” she said. “I don’t do that. I get three of something and two of something and four of something. Then you can get more variety and less quantity.”

Most retail workers Swan’s age are enjoying retirement or have burned out altogether. But between the customers and the volunteers whom she credits with the store’s success and the ability to do the work she loves most, she has no intention of surrendering the keys anytime soon.

“We wouldn’t have a successful shop if it weren’t for the volunteers,” she said. “I tell them, this is your shop. I let them do some displays if they like to. Different people are good at different things, so I use their talents.

“It’s nice to give the customers what they want. We’ve got the nurses here who come in, and so I like to put uplifting things in the window. People have so much negativity going on in their lives that we need to read positive signs and things that build you up, not tear you down. That’s what I like to have.” ■

BRING IT ON HOME

IF MOUNTAIN HOME EVER
NEEDED A POSTER BOY, IT WOULD BE
DR. JOHN AUSTIN CARLISLE.

BY DWAIN HEBDA | PHOTOGRAPHY BY JAMES MOORE

Carlisle was born here, educated here, met and married his wife here and after a nearly 10-year absence to complete his medical training, has returned here to set up his practice. It's the fulfillment, he said, of the grand plan he and his wife Jordan held throughout their time away from Baxter County.

"Coming back was always kind of in the cards," he said. "We always had the idea that we're probably going to want to come back here because we grew up here, we know it's a great town to live in, in general. Thinking of the future of our kids, it's a great town to raise a family in."

“ Jordan has supported me throughout this entire process, and I can tell you without a doubt, she has had a harder job than I have. ... You think you know how much time is spent away and how long the hours are and the difficulty of residency, but until you do it, it’s hard to even put it into words.” – Dr. John Austin Carlisle

“People think of Mountain Home as, ‘Oh, there’s 12,000 people and there’s not a lot to do,’ but just living here, there are things to do here that we knew we enjoyed quite a bit, like hiking and fishing. That, in addition to family being around, was obviously a lure.”

John Austin and Jordan (Ezell) first laid eyes on each other in fifth grade and became fast friends through school and church activities. By junior year of high school, the relationship had matured to dating, and they graduated as a steady couple. Both shared a love of family, of place and the thought of going to medical school.

“I was thinking about where to go for my undergrad, and my sister went to the University of Central Arkansas, but obviously the University of Arkansas is good, too,” Carlisle said. “I told Jordan ‘I really don’t know where I’m going to go,’ and she said, ‘Well, I already know I’m going to Fayetteville.’ So that answered that question of where I was going to go to college.”

Jordan was influenced to go into medicine as the daughter of the late longtime Mountain Home physician Dr. Scott Ezell, who also played a key role in John Austin’s career decision.

“I had developed at least an interest in medicine sometime around junior high school,” Carlisle said. “I had an interest in the sciences and also an interest in helping people in general, and for whatever reason, medicine fit into that picture. It’s definitely been kind of an evolution from there.

“The other inciting factor that encouraged me toward medicine was my father-in-law, who was a family practice

doctor here. He went back to school and did some undergrad, and then went to medical school and did a family practice residency and moved back into town. That was another thing that definitely inspired me to go in that direction.”

After graduating from Fayetteville, the couple married and headed to Mississippi and William Carey University of Osteopathic Medicine in Hattiesburg. By this time, Jordan had decided not to pursue medicine and stepped into the role of confidante and coach for her husband as he navigated the grueling years of study that lay ahead.

“Jordan has supported me throughout this entire process, and I can tell you without a doubt, she has had a harder job than I have,” Carlisle said. “She had that understanding because of her father of what it takes to go through medical school and a residency for five years. You think you know how much time is spent away and how long the hours are and the difficulty of residency, but until you do it, it’s hard to even put it into words.

“I can think of times people would say, ‘I haven’t seen my significant other in 24 hours,’ and I’ve heard Jordan say, ‘Well I haven’t seen him in four days.’ She definitely has been a rock in our relationship and in the process of going through all this.”

Carlisle knew his professional path was in medicine, but he didn’t know specifically what area until his third year of medical school.

“I did a surgery rotation on a trauma surgery service, and after that, the hands-on aspect of patient care and being more active in treating patients really piqued my interest,” he said. “I actually switched my

last rotation of the year from a medicine elective to another surgery so that I would have another month or two of surgery. It just kept going from there.”

Following medical school, the couple moved to Oklahoma State University Medical Center in Tulsa, where Carlisle completed his residency in general surgery. By this time, the young family had grown to include two of a brood that now numbers five children. By the time his requisite training was completed, the wandering Arkies had been gone for nearly a decade, and now, it was time to come home. He landed at Baxter Health in August, and from Day One, it’s felt as though he’d never left.

In fact, without naming names, Carlisle said he’s already served several patients who have known him from his growing-up years. It’s a patient-physician dynamic that’s a little surreal at the start but something to which he’s quickly become accustomed.

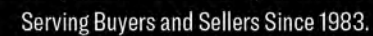
“Those situations happen, and they’ve happened a handful of times already,” he said. “It’s just more personal here. You’re dealing with patients, and you’re making decisions with patients. You’re treating your friends; you’re treating your neighbor. You’re treating someone that maybe you have more in common with compared to a big city where it feels like sometimes it could be just a random person off the street.

“For me, that’s a point of comfort with where I am and where I’ve brought my family back to. We’re small-town people who had the goal to live in a place where there’s a good quality of life. Honestly, this place feels very similar to when we left, which is what we wanted. It feels like home.” ■



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“ People who have both conditions [COPD and sleep apnea] have more complicated treatment and so I make them aware of the signs and symptoms and ways to get a better night’s sleep. It’s really hard for people to lay down when they can’t breathe.” – Karen Ezell

Karen Ezell still chuckles over the way in which Better Breathers, a program of the American Lung Association, came into being. A longtime health advocate in Mountain Home, she was approached by a woman who’d recently relocated here, asking about organizing and leading such a group. “A lady who had moved here from Beaver City told me they had a Better Breathers group where she came from,” Ezell said. “We talked about it, and I told her, ‘If you can get five people who are willing to commit to join, I’ll make the time.’” A meeting was scheduled, and the response was such that Better Breathers held its first meeting in February 1997. Offered free of charge then and now, the Mountain Home gathering would in time earn the distinction of being the longest running such group in Arkansas. “The group is for adults with any kind of lung disease, the most common, of course, is COPD,” said Ezell who is the coordinator for Sleep Disorder Center Neurodiagnostic Pulmonary Rehab and DME for Baxter Health. “We have speakers come in from different groups or different manufacturers of equipment that people would use with breathing problems. Sometimes I do a gadget meeting where we have inhalers or breathing assist devices, and I’ll demonstrate the correct use of it.

“I also typically include a talk on COPD and sleep apnea, what’s called a comorbid condition. People who have this condition have more complicated treatment and so I make them aware of the signs and symptoms and ways to get a better night’s sleep. It’s really hard for people to lay down when they can’t breathe.” As a registered respiratory therapist for 42 years, Ezell’s instinct for topics and speakers was spot-on, as evidenced by attendance. The meetings would grow to attract 15 to 20 per outing as people came for the knowledge and stayed for the fellowship and support of others facing the same challenges themselves or with their loved ones. “Once the patient has had a diagnosis, they go to their pharmacy to get their medications and stuff to treat their condition. Oftentimes, it’s a lot; it’s overwhelming,” Ezell said. “It’s a big diagnosis, and it’s scary.” Part of the group’s popularity lies with where the meetings are held, always the second Friday of the month, at the Mruk Family Center on Aging. The center is a resource well-known to the area’s seniors. In addition to Better Breathers, the center hosts a variety of informational talks and is a trusted source of information on various aspects of life and health that come with getting older. Diahanne VanGulick, the center coordinator, said the Better Breathers

group fit right into the center’s roster of programming and informational sessions which range from dementia and Parkinson’s to arthritis and home safety, to name a few. “The target audience for this are people with what we call chronic lung disease,” she said. “This would be asthma, emphysema, bronchitis, things like that. It affects people’s quality of living every day. The goal is to raise support and awareness so they can know what their resources are, what the medication treatments are, where to get their medical devices like oxygen and things like that. “It also gives them a place to come once a month to meet with Karen and hopefully it’s keeping them out of the hospital. When they come, they get to talk her as a health care professional who is very experienced, and it may catch things a little early. Karen may say hey, you need to go to the doctor for that and they go to the doctor early enough that maybe it keeps them from having issues that take them to the hospital. There’s that value also.” VanGulick said the group is also an important support community for families dealing with lung disease. “It’s a very strong support system they have for each other,” she said. “They stay in touch with each other, check on each other. We see so much value and help in the support system.” The only thing

that interrupted the group, ironically, was a respiratory virus – COVID-19 – that shut down meetings and kept people away until recently. Even now, fear of the lingering threat of contracting the disease continues to take its toll. “COVID just kind of wiped everything out,” VanGulick said. “This particular group of people tends toward isolation because of their disease, and as you can imagine with COVID, because of the nature of it, they’re at higher risk for a severe case. “They’ve isolated, and it’s been challenging bringing them back out. We were probably averaging, before COVID, 15 people and their spouses or family care partners. Now it’s more like four or five.” Still, five people is enough to make Ezell stick to the bargain she struck so long ago that brought the group together to begin with. And so, she’s still here like clockwork, ready to impart knowledge or lend a friendly face to a family who needs it. “I always try to give the best information to them in a different kind of environment where they’re not trying to absorb so much information all at once,” she said. “The only time we’ve ever missed was through COVID. We missed several months, but other than that we’ve been faithful.” ■

“ The target audience for this are people with what we call chronic lung disease. This would be asthma, emphysema, bronchitis, things like that. It affects people’s quality of living every day. The goal is to raise support and awareness so they can know what their resources are.” – Diahanne VanGulick



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(Seated left to right) Rachel Collier and Jackie Conner (Standing, left to right) Phillip Collier, Conner Collier, Carson Collier and John Conner

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Creamy Potato Leek Soup with Bacon

INGREDIENTS

- » 5 strips sliced bacon, chopped
- » 1 large leek, thinly sliced (white and light green parts only; about 3 cups)
- » 2 celery ribs, finely diced
- » 1 medium yellow onions, diced
- » 5 cloves garlic, minced
- » 1 teaspoon dried thyme (or 2 teaspoons fresh thyme leaves)
- » 1 teaspoon dried parsley (or 1 tablespoon fresh parsley)
- » ½ teaspoon salt, plus more to taste
- » 2 lbs. red or Yukon gold potatoes cut into ½-inch cubes with skin still on
- » Three ¼-cups chicken or vegetable broth, divided
- » Optional: Chopped chives and fresh cracked black pepper

INSTRUCTIONS

- 1 Place a large pot or Dutch oven over medium-high heat. When pot is hot, add the chopped bacon and cook, stirring occasionally until crisp, about 5 minutes. Transfer the bacon to a paper towel-lined plate to drain; set aside.
- 2 To the same pot with the bacon drippings, add the sliced leek, celery and onion. Cook, stirring occasionally, for 7-8 minutes or until the onions start to soften. Add garlic, stir and cook another 30 seconds or until fragrant.
- 3 Add remaining ingredients to the pot (except for the bacon, ½ cup of the broth and any garnishes). Set aside the ½ cup broth for later. Bring ingredients in pot just to a boil then lower the heat to maintain a simmer and cover with a lid.
- 4 Cook for about 20 minutes or until potatoes are very tender. Remove from heat and ladle half to three-quarters of the soup to the container of the blender. Secure the blender lid in place and blend until soup is creamy with some chunks remaining. Or, if you want it really creamy, then blend it even further to your desired consistency. Alternatively, you can also use an immersion blender to blend the soup right in the pot to your desired consistency/chunkiness.
- 5 Carefully remove blender lid and stir the blended soup back into the pot. Add the reserved ½ cup broth, if needed, to thin the soup to desired consistency. Taste and season with additional salt if needed. Stir in bacon and garnish with optional toppings.

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NUTRITION



Broccoli Cheddar Soup

INGREDIENTS

- » ½ cup butter
- » 1 yellow onion, chopped
- » 4 cloves garlic, finely chopped or minced
- » ½ cup all-purpose flour
- » 2 cups good-quality low-sodium chicken stock
- » 3 cups half-and-half, (or evaporated milk or regular milk)
- » 1 teaspoon salt
- » 1 teaspoon cracked black pepper
- » 1 teaspoon mustard powder
- » 1 teaspoon garlic powder
- » 1 pound broccoli florets, cut into small pieces
- » 2 large carrots, peeled and grated
- » 2 cups sharp cheddar cheese

INSTRUCTIONS

1 Melt the butter in a large pot or Dutch oven over medium heat. Sauté the onion until fragrant (about 2 minutes). Add in the garlic and cook for an additional minute. Whisk in the flour and cook for a few minutes or until golden brown.

2 Reduce heat to medium-low and slowly pour in the chicken stock and half-and-half, stirring well to combine and dissolve the flour into the liquid. Season with salt and pepper, mustard powder and garlic powder. Give it a good mix and allow to cook and thicken for about 5 minutes, stirring occasionally.

3 Add in the broccoli and carrots and gently simmer for another 20 minutes until broccoli is completely tender. Mix in cheese and stir until just combined. Taste and add in extra salt and/or pepper, if desired.

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SUBSTITUTIONS WON'T DO

SUPPLEMENTS CANNOT REPLACE A HEALTHY DIET AND ACTIVE LIFESTYLE

BY DEBORAH STANUCH



Over one-third of American adults and children take dietary supplements, including multivitamins and minerals, according to a recent study from the Cleveland Clinic. Various sources, including the National Institutes of Health, estimate the annual cost of dietary supplements at \$1.5 billion a year.

Jonny Harvey, occupational health coordinator at Baxter Health said, “Supplements have been wildly popular for decades because people are always looking for a cure-all, a ‘fix it pill’ or a magic way to lose weight, and it just doesn’t exist.”

“A supplement is taken to remedy a dietary deficiency or lower your risk of health problems. They aren’t intended to replace food. They can’t replicate all of the nutrients and benefits of whole foods, such as fruits and vegetables.”

Unlike drugs, dietary supplements are not regulated by the U.S. Food and Drug Administration. Although most people buy dietary supplements for health, not nutrition, the Dietary Supplement Health and Education Act restricts the FDA’s ability to regulate products marketed as “dietary supplements.” They can be sold

without submitting evidence of purity, potency, safety or efficacy according to the Harvard Health Online newsletter.

Dietary supplements, vitamins and minerals do not require a doctor’s prescription. While it is unlikely a supplement will pose a health risk, it is still important to consult a doctor or health professional to make sure they will not have an interaction with other medications or health conditions.

Supplements that may be beneficial include vitamin B-12, folic acid, calcium, fish oil, zinc, melatonin and vitamins C, E, A and D. Vitamin D, often called the sunshine vitamin, is found in some foods, but its main source is the sun. According to Harvey, fresh air and sunshine is the best source of vitamin D.

“Dietary supplements can be beneficial to those who may have

nutrient gaps from chronic illness, dietary restrictions and difficulty absorbing food. Doctors may prescribe supplements or meal replacements like Ensure or Boost for the elderly,” said Harvey. “While elite athletes or someone in an intense exercise program may need a protein supplement, for most of us it is unnecessary.”

“Be sure you know what is in any dietary supplement before adding it to your diet. Caffeine or other stimulants found in energy drinks may give you a boost in energy, but it is not a healthy habit to develop,” advises Harvey.

While toxicity can occur from over supplementation, it is rare as most excess is simply passed in urine. As Harvey noted, you can avoid such issues entirely simply by getting your vitamins and minerals naturally, which works for most people.

“Supplements have their roles, but if you maintain a healthy diet and an active lifestyle, you probably don’t need a supplement,” he said.

“Think of the old adage, ‘If it sounds too good to be true, it probably is.’” ■



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