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THE MOUNTAINEER

MADIGAN HEALTHCARE SYSTEM: "PEOPLE FIRST, PATIENTS ALWAYS"

MARCH 2010

BRAIN INJURY AWARENESS MONTH

Concussion/Mild TBI: A confused or disoriented state which lasts less than 24 hours; loss of consciousness for up to 30 minutes; memory loss lasting less than 24 hours; and structural brain imaging (MRI or CT scan) yielding normal results.

Moderate TBI: A confused or disoriented state which lasts more than 24 hours; loss of consciousness for more than 30 minutes but less than 24 hours; memory loss lasting greater than 24 hours but less than seven days; and structural brain imaging yielding normal or abnormal results.

Severe TBI: A confused or disoriented state which lasts more than 24 hours; loss of consciousness for more than 24 hours; memory loss for more than seven days; and structural brain imaging yielding normal or abnormal results.

Penetrating TBI, or open head injury, can be caused by high-velocity projectiles or objects of lower velocity such as knives or bone fragments from a skull fracture that are driven into the brain.

See Page 11 for more information.

MISSION

Deliver patient-focused, quality-integrated, and multi-disciplinary health care to serve Warriors and Families; past, present and future.

VISION

An integrated system making Madigan the most trusted health care team in the Army.

VALUES

- People First
- Deployment Medicine
- Quality Care
- Customer Service

PILLARS

- Provider of World-Class Patient Care
- Unparalleled Education Facility
- State-of-the-art Research Platform
- Readiness and Deployment Medicine
- Engaged Community Partner

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SWAN WAKE

TREASURE: Swan served 17 years as therapy for patients, pond security against Canadian geese

By **JULIE CALOHAN**
Staff Writer

A rainy and gloomy day provided the appropriate background for a memorial service to honor one of Madigan Army Medical Center's elegant and graceful icons, Lewi the swan, who died unexpectedly on Jan. 9.

Madigan Commander Col. Jerry Penner III, and several distinguished guests, including retired Maj. Gen. Leslie M. Burger, a former commander of Madigan, shared thoughts and memories of Lewi, one of the original swans that came to Madigan in 1993, shortly after the facility opened.

"Anybody who has spent more than a couple of months here realizes very quickly that these swans are revered by our guests, our patients and our staff,"

Please see **SWAN**, PAGE 9

LORIN T. SMITH

Col. Jerry Penner III and retired Maj. Gen. Leslie R. Burger pour the cremains of Lewi the swan, a facility treasure at Madigan Army Medical Center for more than 17 years, into the hospital's pond during a memorial ceremony in Lewi's honor last month.

A step in the right direction

GAIT: Madigan provides analysis to help athletes with feet injuries

By **BOB REINERT**
Northwest Guardian

INGRID BARRENTINE

Christina Kurty watches Shannon Swords run during a gait analysis session at the Jensen Family Health and Fitness Center on JBLM Lewis-Main.

One step back, two steps forward: That's how Shannon Swords views the process he has undergone over the past year.

Swords, an active-duty NCO, former All-Army runner, and current member of the Joint Base Lewis-McChord Army Ten-Miler Team, had always taken his fluid stride for granted. Then a broken big toe threw him off kilter.

"I felt like my gait was changing," Swords said. "I felt like things were starting to get sore that shouldn't be getting sore." Eventually, Swords developed problems with his left knee, hip and foot.

"I trained through it," Swords said.

Please see **ANALYSIS**, PAGE 11

IN BRIEF

Patient-Centered Medical Home

Madigan Army Medical Center's Family Medicine Clinics are implementing process improvement projects in partnership with Washington Patient-Centered Medical Home.

Primary changes in the clinics include increased provider, nursing and administrative staffing levels, markedly improving access to care; efforts to help patients develop personal relationships with their provider/nurse team, who share responsibility for their patients' care; stepping up outreach efforts to ensure patients are up to date on wellness care and preventive services; and creating a patient council to allow patients to have active input into practice decisions.

There is broad acceptance throughout the country that the principles of the Patient-Centered Medical Home lead to improved patient outcomes, improved health care experience of patients, and lower costs for healthcare, stated Col. Diane Flynn, Chief of Madigan's Department of Family Medicine.

At Madigan, all primary care clinics, including the Main Madigan Family Medicine Clinic, Okubo Clinic, Nisqually Clinic, Pediatrics Clinic, Internal Medicine Clinic and McChord Clinic, are in the process of adopting these principles.

Madigan Department of Family Medicine: 253-968-3434 or 253-968-1274

Nisqually and Okubo Clinics: 253-968-4628

TRICARE implements new reimbursement rates

Medicare reimbursement for professional medical services decreased 21.2 percent, effective March 1. By law, TRICARE reimbursement rates must be equal to an amount determined to be appropriate, in accordance with the same reimbursement rules as apply to Medicare. The law does permit TRICARE to make exceptions if necessary to ensure an adequate network of providers or to eliminate a situation of severely impaired access to care.

The computation and implementation of new TRICARE reimbursement rates required as a result of the recent decrease in Medicare rates will take 30-60 days. Should Congress act to modify or eliminate the 21.2 percent reduction in Medicare rates, TRICARE will adjust its rates accordingly. For more information call (253) 968-3348.

NSPS begins transition to new personnel system

Joann Robertson, chief of the U.S. Army Medical Command's Civilian Human Resources Division, spoke recently at a Madigan Army Medical Center Town Hall to discuss the upcoming National Security Personnel System transitioning-out process.

The repeal of NSPS came as part of the 2010 Defense Authorization Act signed into law by President Obama in October 2009. The law requires all NSPS employees to transition to a new personnel system, which is still in development, by Jan. 1, 2012. The new personnel system will offer increased flexibility in hiring and compensation and improvements to business practice, Robertson said. The law also states that there will be no decrease in pay for any NSPS employee that is converted to a General Schedule employee.

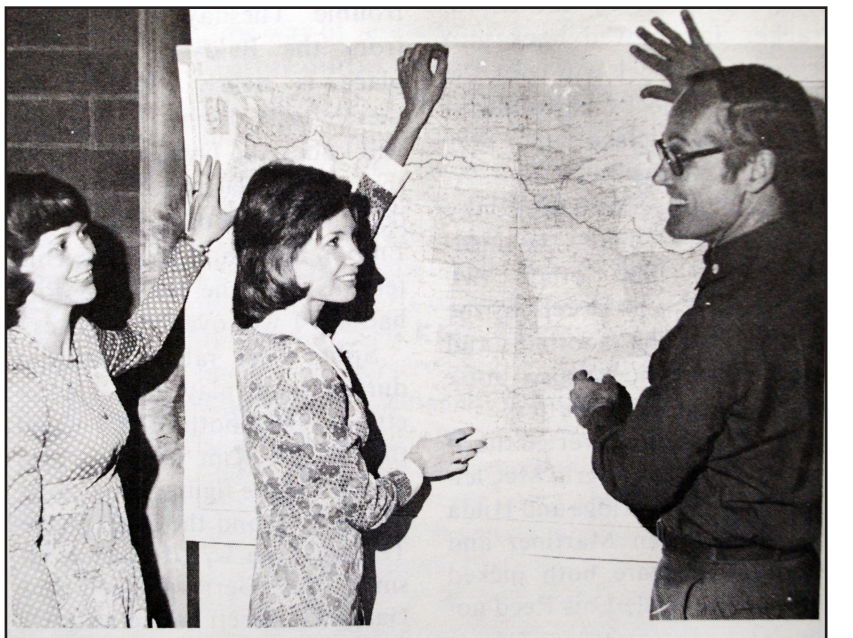
NSPS vacancies in non-health care occupations that don't fall under certain human resources criteria are being filled as GS positions. All other MEDCOM employees in non-health care professions will convert to GS by June 20. Physicians, dentists and MEDCOM employees in 55 different health care occupations will remain NSPS until the new pay system is created.

For more information call Madigan's Civilian Personnel Division at 253- 968-1242.

MADIGAN MEMORIES

STRATEGIC COMMUNICATION ARCHIVES

The Madigan Healthcare System Strategic Communication Office will publish photos or stories in The Mountaineer throughout 2010 to show the history and culture that is Madigan. This photo dates back to April 14 , 1975, when the Madigan Mountaineer highlighted then Washington state Attorney General and Reserve Lt. Col. Slade Gorton's visit to the Madigan Officers' Wives Club to discuss his 47-day bike trip across the northern United States. Gorton would later become the state's senator and serve for 20 years.



BICYCLE TRIP— Mrs. Russell Burgess and Mrs. John Thornton assist Washington State Attorney General Slade Gorton to position the map showing the route he and his family took on their 47-day bicycle trip across the northern United States. Mr. Gorton is a lieutenant colonel in the U.S. Air Force Reserves.

Herschel Walker shares story with Madigan

By PVT. AARON CARPENTER
28th Public Affairs Detachment

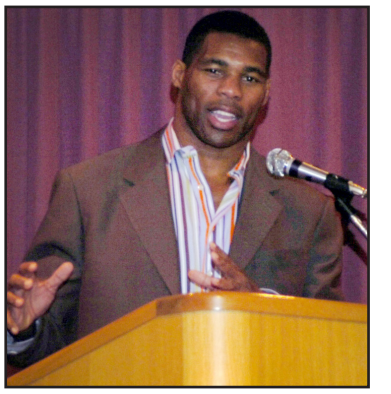
On the surface, things tend to be all fun and games for athletes, but that's only a glimpse into who they are.

That was the case for former pro football great Herschel "Bo" Walker, as he explained that he's had to overcome Dissociative Identity Disorder when he visited Madigan Army Medical Center Feb. 24 in Letterman Auditorium.

"People may call it mental illness or whatever illness it is, but I want to show people that there's no such thing as macho when you're suffering," Walker said. "You really become macho when you're able to step up and address your problems."

According to *www.webmd.com*, Dissociative Identity Disorder is characterized by the presence of two or more distinct or split identities or personality states that continually have power over a person's behavior. This can be so powerful that a person may not remember key events about their life.

Walker has been affected to the degree that he can't remember receiving the Heisman Trophy, an annual award given to the nation's top college football player by the National Collegiate Athletic Association.



PVT. AARON CARPENTER

Former Heisman Trophy winner and NFL running back Herschel Walker came to Madigan Army Medical Center Feb. 24 to speak to staff and patients about Dissociative Identity Disorder.

"One deterrent that stops people from getting help is that stigma," Walker said, "there's no shame in admitting that you have a problem."

Most people who only knew Walker by his football glory were caught off guard that he had such a serious condition.

"He's amazing because he gives hope to so many people," said Tammhie Swan, a licensed practical nurse at Madigan, "and hopefully he will help people's perception of (mental disorders) being a stigma.

Walker reminded folks that the world isn't going to just fall in your lap.

"People have got to realize that life isn't easy," said Walker. "Everything is not going to go your way."

Christina Holcomb, a Madigan medical coder and an Army spouse, is experiencing the hardships of life as her husband is currently deployed.

"I think that because I have a husband who is deployed, I see more of the stigmas that are attached to the idea of a disorder," Holcomb said.

These disorders are something that she works with to help get the hospital more funding for patients.

Something that Walker's doctor suggested is that he analyze writing from his life. Walker, 47 decided that keeping a journal would be therapeutic and one result was his book, Breaking Free.

"People ask me all of the time, were you not embarrassed to write this book? I say no because of the great reward freedom brings," he said.

Walker is currently competing in mixed martial-arts and will also be visiting First Lady Michelle Obama next month to discuss P.E. for Life, an anti-obesity campaign.

Holistic healing offers new alternative to medicine

By SGT. LINDSEY BRADFORD
United States Forces-Iraq Public Affairs Office

BAGHDAD — Since the Army introduced the Comprehensive Soldier Fitness program in October 2009, there has been much focus on a holistic approach to physical, emotional, social, spiritual and family well-being.

But what is holistic healing exactly?

According to Lt. Col. Erica Clarkson, a United States Forces-Iraq physical therapist, holistic healing is an approach that uses natural methods to improve health, without using drugs or surgery to correct problems.

Clarkson, a Palm Springs, Calif., native, has been practicing holistic healing for 17 years, and has continued to treat servicemembers in Iraq at the Courage Clinic, located in the Al Faw Palace on Camp Victory.

Some of Clarkson's holistic modalities include acupuncture, manual therapy, relaxation techniques and prescribed exercises specific to each patient's physical ailment.

"There are no significant adverse side effects like there are with using drugs to treat problems," she said. "Different medicines have been linked to ulcers and other gastrointestinal irritations, and even death."

For Lt. Col. Chad Sundem and Maj. Dorothy de Leon, the holistic healing approach has proved very beneficial in recovering from injuries they sustained.

Sundem, the aide-de-camp for I Corps commander Lt. Gen. Charles H. Jacoby Jr., was suffering from calf strains, a pinched nerve and arm numbness when he began seeing Clarkson. The Moorhead, Minn., native received weekly acupuncture treatments for the problems.

SGT. LINDSEY BRADFORD

Lt. Col. Erica Clarkson, United States Forces-Iraq physical therapist, adjusts needles on Staff Sgt. Jennifer Ciglar, USF-I staff judge advocate, during an acupuncture treatment at Camp Victory's Courage Clinic.

The treatment has been tremendous in helping his condition, he said.

"I didn't have to resort to any other methods of treatment. Acupuncture healed the problems quickly. In my case, it brought semi-instant pain relief and a more rapid recovery overall," he said.

De Leon was suffering from plantar fasciitis in her left foot and tendonitis in her right elbow before seeking acupuncture treatments with Clarkson.

Although the USF-I Red Team officer had to use anti-inflammatory medication in addition to the acupuncture, she also performed prescribed stretching exercises.

"Before this deployment, I'd always wanted to try acupuncture for other pains, but never had the opportunity. I'm completely sold on the treatment," de Leon said.

Ice, rest and massage have also contributed to de Leon's successful treatment, all of which she did on her own time.

For those who are not able to receive the acupuncture portion of holistic healing, Clarkson recommends doing Internet research for things that can be done during someone's down time. "You will get the most benefit from this when you do the prescribed exercises on your own time, which is much preferred," Clarkson said. "The Internet is a great resource. Without acupuncture, you can still research and find your acupressure points."

Each point is linked to a different part of the body, Clarkson said. For example, acupressure points in the right hand are linked to the left foot. By applying pressure to acupressure points in the body, pain can sometimes be relieved.

The holistic approach to treatment is also offered at stateside military hospitals, and has become a growing skill set.

"You can't give a pill for everything. You have to get to the root of the problem," said Clarkson.

Clarkson said the new holistic approach the Army has taken is a step in the right direction and is gaining popularity throughout the service."It has taken the Army a long time to get to this point," she added. "(The Army) is opening up and seeing the benefits. It's really a great thing."

Coaches ease behavioral health care transitions

The Defense Department has launched a new program that offers service members undergoing behavioral health treatment a bridge of support as they transition between health care systems or providers.

InTransition provides this continuity of care through a network of transitional support coaches who offer service members one-on-one guidance through a transition, whether it's a move or a separation from service, a health care official explained.

"The Defense Department is very familiar with transitions and how difficult they can be," said Public Health Service Lt. Cmdr. Nicole Frazer, Defense Department's force health protection and readiness programs. "We want to minimize the hassles or stress or barriers to receiving care across health care systems or providers — and ensure no one falls through the cracks."

Both active and Reserve-component service members are eligible to participate in this voluntary program when they're receiving behavioral health treatment and undergoing a transition such as relocating to another assignment, transitioning from active duty to veteran status, or veteran to active duty, or returning to civilian life, Frazer said.

Servicemembers can connect with this free, confidential service 24/7 by calling 1-800-424-7877 toll-free from within the continental United States. Referring mental health providers also can make the enrollment call.

Coaches can provide information on behavioral health services, patient support and education and specialized coaching, Frazer said. They're licensed, master's-level or doctoral-level behavioral health clinicians with extensive military and Veterans Affairs knowledge, she added.

"The coaches work with them to motivate them to stay connected and engaged with that goal to be seen," Frazer said. "We don't want the transition to be a barrier in terms of continuing or remaining with behavioral health care." *(American Forces Press Service)*

Listen to your kids: Quit smoking

By CYNTHIA HAWTHORNE
Army Public Health Nursing

Kick Butts Day, created by the Campaign for Tobacco-Free Kids, will be observed this year on March 24.

The day is intended as a means of encouraging youth to "stand out, speak up and seize control against tobacco," but it's a great opportunity for adults to take their own up-close look at the effects of their habits.

Many schools teach young children about the dangers of using tobacco products; the children are quick to share the information with their tobacco-using parents. However, younger children who are not in school yet and are not aware of the dangers depend on their parents to protect them.

Most of us know smoking can cause lung cancer, emphysema and heart disease. Some of us know that smoking can accelerate the aging process and cause an earlier onset of many diseases such as osteoporosis or dementia. But a lot of us don't know the effects that second-hand smoke or third-hand smoke can have on young children.

Those effects go beyond simply worsening asthma symptoms or causing frequent ear and sinus infections. For example, did you know that chronic exposure to second-hand smoke is associated with ADD/ADHD and learning delays? Or that early research indicates long term childhood exposure to secondhand smoke could be related to early onset emphysema or cancers when these children become non-smoking adults?

Kick Butts Day is March 24. For more information about Kick Butts Day, visit *www.kickbuttsday.org*.

Many smokers do not smoke in their homes; they go outside in order to protect their Families from the dangerous health effects of their addiction. Yet, some of them are the same ones who think nothing of smoking in the car with their captive young passenger buckled safely in a car seat. Even with all the windows rolled down, smoke from the lit cigarette is still blowing into the backseat and being inhaled by your child.

Third-hand smoke, the residue that settles on the seats, dashboard and carpet, can hang around long after the second-hand smoke has disappeared. So every time you light up, whether the child is in the car or not, chemical-laden, cancer-causing third-hand smoke coats the interior of the car and the car seat.

To prevent tobacco-related disease in yourself and your Family, quit using tobacco products. If that's not possible, then take the same precautions in the car you do at home. Ask all passengers to refrain from smoking even if the children are not present. Plan ahead, chew nicotine gum or, if on a long trip, wear a nicotine patch. You'll set an excellent example and have a cleaner car and your car will retain more of its resale value. Did you know a car that reeks of cigarettes loses about $1,500 of its trade in value?

For more information...

TRICARE: 1-800-404-4506 and ask for a tobacco cessation appointment

Army Public Health Nursing Services at 253-968-4387 to arrange a class for your Family Readiness Group to learn more about the health risks associated with tobacco use.

Check out these Web sites
www.lungusa.org
www.ucanquit2.org
www.becomeanex.org
www.tobaccofreekids.org

The Mountaineer

Since 1944

Madigan Healthcare System's The Mountaineer is an unofficial monthly offset newspaper for the Madigan Healthcare System, authorized under the provisions of AR 360-1. Contents in this publication are not necessarily the official views of, or endorsed by, the Department of Defense, Department of the Army and Madigan Healthcare System.

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MAILBAG

Dear Col. Penner,

During my time in command of the 44th Miiltary Police Detachment (CID), both I and my agents have had the opportunity to work with Jennifer Bradshaw on numerous occasions. She has assisted our office in obtaining copies of medical records in death, child abuse and sexual assault investigations on a regular basis. Jennifer has also helped clarify issues involving HIPAA requests. She normally provides same-day or next-day turnaround, which greatly assists my office in the conduct of investigations. On occasion, she even hand-delivers copies of medical records to our office. From my previous experience at other installations, this type of support is unprecedented. I wanted to ensure that her efforts and superior performance are recognized.

ROBERT, Joint Base Lewis-McChord

Dear Col. Penner,

I had the opportunity to be the patient of Maj. (Dr.) David Greenburg. I was extremely gratified and somewhat surprised at teh quality of care I experienced during my appointment. He was efficient, interesetd and not seemingly emotionally or intellectually attached, properly inquisitive, professional, responsive and thorough. His behavior was exemplary and he was very important in making a dreaded experience into a much more acceptable and tolerable one. Even though I had reservations about discussing certain issues with a "complete stranger" prior to my appointment, his demeanor and personality made those conversations much less anxiety-ridden.

Having been married to a high-level military health care professional for many years, I, perhaps more than many, know and understand the kind of constraints, demands and pressures that make quality health care increasingly difficult, especially in today's environment. It's nice to know there are high-quailty health care professionals in the Army Medical Command who are truly committed to balancing those demands with high-quality patient care.

DAVID, Shelton

Dear Col. Penner,

I am writing to express sincere gratitude and heartfelt appreciation for the care that my wife received at Madigan during her recent knee surgery.

The nursing staff was exceptional, courteous and thoughtful. It was clear that they had her personal well-being in mind during her stay at Madigan.

I would like to convey our personal thanks to Lt. Col. (Dr.) Mark Manoso, Capt. (Dr.) William Scully and Capt. (Dr.) Doug Widener for their professional excellence and genuine interest in her well-being. Their performance was no less than exceptional. My wife and I felt safe and completely at ease due to their dedication to duty and professional excellence.

The U.S. Army and Madigan Army Medical Center are certainly fortunate to have such high-caliber people. Our heartfelt thanks and appreciation go out to all.

OTIS, Joint Base Lewis-McChord

Organic foods: How much better are they?

By 1ST LT. WILLIAM CONKRIGHT
Madigan Army Medical Center Nutrition Clinic

You are standing in the produce section of the Commissary. The fruits and vegetables on both sides of the aisle look and feel the same. The only difference is that on one side of the aisle produce is labeled "organic", while the fruits and vegetables on the other side are conventionally grown. Is organic produce better for you than conventionally grown produce? Which one should you buy? It is hard to know unless you become a more informed shopper.

Surveys suggest that consumer demand for organic foods is on the rise. This may be due to the perceived health benefits associated with organic products. According to a 2005 survey, consumers are willing to pay more for organic foods based on the idea that they are safer and more nutritious than conventionally grown products.

LORIN T. SMITH

1st Lt. William Conkright, a dietitian intern with Madigan Army Medical Center Nutrition Care, shows off the healthy fruit parfaits available to passers-by at the Joint Base Lewis-McChord Lewis Main Commissary March 1. Nutrition Care handed out free parfaits from ingredients purchasable at the Commissary as part of National Nutrition Month.

Organic foods are grown using specific farming practices. The United States Department of Agriculture (USDA) has a long list of standards for organic food labeling. One of the most important standards is the type of substances that may be used to help produce organic foods. For the complete list of standards and other details about organic foods, visit the USDA's Web site at *www.ams.usda.gov*.

Organic farmers are not permitted to use most man-made chemicals. Examples include certain types of pesticides and insecticides. Farmers must also be certified by the federal government to market their food products as organic. Organic farming practices promote a more natural way of growing foods. On the other hand, conventional farming practices use a number of different chemicals and unnatural substances on crops. Chemicals are added to crops to increase the number and size of the plants grown.

Organic food production is not a new concept. It wasn't until the early 1900's that farmers began adding chemicals to crops. Initially, many people did not like this practice because it did not seem natural. Nonetheless, chemical use became the norm because farmers could produce more food using this method. As a result, organic farming practices were used less often. Fast forward to the 1970's and some of the demand for organic foods had returned. This came after people realized that chemicals used for farming enter the water systems. Since then, the demand for organic foods has slowly risen. In 1990, organic food sales in the US were 1 billion dollars. By 2008, sales reached almost 23 billion dollars.

Today you can find organic products in almost every grocery store. Consumers must make informed decisions when choosing between organic and conventional foods. Some considerations consumers may take into account include nutritional quality, safety and cost.

March is National Nutrition Month, there is no better time to become a more informed consumer.

Let's start with the nutritional quality of organic foods. Have you ever heard of phytochemicals? If you guessed that they are the chemicals sprayed on plants to protect them from insects you would be close, but incorrect. If you break down the word, it literally means "plant chemicals". These "plant chemicals" are substances that a plant produces on its own to protect itself from the surrounding environment. They are part of the plant's "immune system" if you will. They work by stopping harmful reactions to the plant's cells. When we eat these plants (i.e., fruits and vegetables) the protective benefits are passed on to our bodies. Experts think that these "plant chemicals" may reduce one's risk for certain chronic diseases. Some of these diseases include type 2 diabetes, stroke, certain types of cancer, heart disease, and high blood pressure. Some people believe that organic fruits and vegetables have more of these substances than conventional foods. However, research has shown that organic and conventional fruits and vegetables contain similar amounts of phytochemicals.

Safety is another reason people buy organic foods. Conventional farming methods use synthetic chemicals to protect plants from damaging environmental factors. In return, farmers get greater crop yields. The problem is that when farmers spray chemicals on crops, a residue is left on the plant. Most experts agree that the amount of chemicals remaining on conventionally grown foods is not harmful. Still, some people buy organic foods to limit their exposure to such chemical residues.

Not all conventionally grown fruits and vegetables are created equally. There are twelve fruits and vegetables, dubbed "the dirty dozen", which typically contain more chemical residues than others. This group includes peaches, apples, bell peppers, celery, cherries, nectarines, strawberries, kale, lettuce, imported grapes, carrots and pears. If you would like to limit your exposure to chemical residues on fruits and vegetables remember the following: if you eat the skin of the food, buy organic; if you do not eat the skin, buy conventional.

Finally, organic foods can be a bit pricey. Organic foods can cost 10 to 40 percent more than conventional foods. The higher cost comes from their relatively small production scale and increased labor costs. The good news is that organic foods are not always expensive. The key is to buy foods that are in season. Organic foods are typically cheaper when they are purchased in season. Buying from your local farmer's market is another way to find organic foods at a lower price. For great resources on seasonal and local eating, visit the following Web sites: *www.sustainabletable.org*, *www.eatwellguide.org*, *www.nrdc.org/health/foodmiles*, and *www.localharvest.org*.

March is National Nutrition Month, there is no better time to become a more informed consumer. Remember three key points when choosing between organic and conventional products. First, both types of foods are equal in their nutritional value. The important thing is to eat fruits and vegetables to receive the health benefits. Second, the levels of chemical residue that remain on conventional foods are thought to pose little, if any health risk. Third, organic foods may cost more, but there are ways to get them at a more reasonable price. So the next time you are standing in the commissary aisle trying to choose between organic or conventional fruits and vegetables, make the best decision for your health and for your wallet.

For more information on this topic and National Nutrition Month activities you can contact 1st Lt. William Conkright in the Nutrition Clinic at Madigan Army Medical Center at 253-968-1868 or *william.conkright@amedd.army.mil*.

HYLIE JAN PRESSEY

'Her story' is part of history

Retired Command Sgt. Maj. Gloria M. Riley speaks to Madigan Healthcare System staff about the roles women have played in the nation's history during a National Women's History Month celebration in the Medical Mall. Guest speaker Staff Sgt. Alexis Farfan spoke about her experiences in Iraq.

Making safe decisions requires conscious thought

By JUDY ZEIGER
Safety Office

How often do we have conscious thoughts about being safe?

Many actions and tasks performed daily are safety-based but are done out of habit rather than from a conscious decision-making process.

Actions such as fastening seat belts, holding onto a hand rail, turning the handle of pans on the stove so they can't be reached by little hands and using non-slip mats in the shower are examples.

While no one starts their day expecting to come to work and get hurt, sometimes we perform an unsafe act knowing that it is unsafe and may even be against the law, such as talking on hand-held cell phones while driving.

While I've not conducted or read any organized research or formally collected data on this, I've been asking groups at every opportunity, "How many people here had a conscious thought this morning that they were going to have a safe day?" There have never been more than a few positive responses. So, the next question is, with this lack of deliberate safety consciousness, how do we develop and increase safety awareness?

Heinrich's Domino Theory identifies three factors of accident causation. This theory states that accidents are caused by: unsafe acts about 85 percent of the time, unsafe conditions about 10 percent of the time, acts of nature that are unavoidable about five percent of the time.

Even though a large majority of accidents (about 85 percent according to Heinrich) are caused by human factors, when something untoward happens people often don't see themselves as having had any control. Thinking is more along the line of "this has happened to me" rather than "what could I have done to prevent or lessen the impact of this accident?"

There is risk in everything that we do both in and out of the work place. One of the requirements in promoting safety is to measure risk and recognize the what/where/when/why/how hazards present themselves. Knowing the risks and the hazards associated with them enables us to make informed decisions and take precautions to prevent an injury.

At Madigan, we maintain an Accident/Injury Data Base where each incident is recorded with a brief description of what happened. The evaluation of this information helps identify where to focus Safety Program resources and energies on accident prevention. There are a wide variety of different types of accidents reported to the Safety Office. The three most frequent are sharps injuries, lifting injuries and slips/trips/falls.

Each of these three will be explored in future editions of the Mountaineer, but it's important to realize there are some things that they have in common. They are disruptive to the work load. They affect mission readiness. They all have both direct and indirect costs. They affect quality of life of the individual. They affect morale of the team. And, it's very likely that the accident could have either been prevented all together or at least mitigated to have lessened the impact.

Part of developing and maintaining a culture of safety is for all of us to take safety personally and own our actions. Make safety the goal every way, every day.

COLUMN

What we were...what we are now

By SHAWN KRAMER
Informatics Division

Retired Master Sgt. Chairat Noppakovat

I appreciate that most of you loved last month's article, as there are many folks that have a lot of experience here at Madigan, just hoping that someone would ask them for information. We all serve in one way or another to make sure this hospital functions as it always has and always will. Just my department alone has over 108 years of military experience in the Informatics training division.

Chairat Noppakovat was born in Krabi, Thailand. He left Thailand and came to America in December 1983. He enlisted in the Army in March 1985. He completed his basic training at Fort Jackson, S.C., and Advanced Individual Training at Fort Sam Houston, Texas. His assignments included a combat medic at the HHC 4th Battalion, 37th Armor, 1st Infantry Division, Fort Riley, Kansas; Practical Nurse Course student at Madigan Army Medical Center, Fort Lewis, Tacoma, Washington; Practical Nurse and Clinics NCOIC at the 2nd Field General Hospital, Bremerhaven, Germany; Practical Nurse in Intermediate Care ward at the 31st Combat Support Hospital during the Operation Desert Storm and Desert Shield, somewhere in the desert between Saudi Arabia and Iraq; Practical Nurse, Wardmaster, PNC School Instructor, Company Training NCO, Evening/Night NCO at William Beaumont Army Medical Center at Fort Bliss, El Paso, Texas; JCAHO Coordinator Cell NCOIC at the 18th Medical Command, Yongsan, South Korea; Wardmaster Intensive Care Unit, at the 47th Combat Support Hospital during Operation Endurance/Iraqi Freedom in Kuwait City, Kuwait; Senior Clinical NCO for Critical Care and Medical/Surgical Nursing Service Sections, Western Regional Operation NCO, Assistant Chief Clinical NCO at Madigan Army Medical Center, Fort Lewis, Tacoma, Washington.

Retired Master Sergeant Noppakovat's military and civilian education includes Primary Leadership Development Course, Basic Non-Commissioned Officer Course, Advanced Non-Commissioned Officer Course, Master Fitness Trainer Course, Nuclear, Biological, and Chemical Officer/NCO Course, Practical Nurse Course, Faculty Development Course, Army's Drug and Alcohol Prevention Course, Basic-Emergency Medical Technician Course; Masters degree in Hospital Administration from Chapman University; Bachelor degree in Business and Management from Maryland University.

Noppakovat's awards and decorations include: Bronze Star Medal, Meritorious Service Medal with two Oak Leaf Clusters; Army Commendation Medal with two Oak Leaf Clusters; Army Achievement Medal with two Oak Leaf Clusters; Army Good Conduct Medal with seven knots; National Defense Service Medal with one star; Southwest Asia Service Medal with "three" Stars; Armed Forces Expeditionary Medal; Global War on Terrorism Expeditionary Medal; Korean Defense Service Medal; Non-Commissioned Professional Development with "three" device; Army Service Ribbon; Oversea Service Ribbon with "two" device; Kuwait Liberation Medal from the Government of Saudi Arabia; Kuwait Liberation Medal from Government of Kuwait; Army Superior Unit Award; Expert Field Medical Badge; Wheel Driver Badge and German's Navy Bronze Schutzenschnur.

Since his retirement in March 2007, Noppakovat has served as a Nursing Research Analyst at Madigan for nine months. He is currently serving as the Administrative Officer for the Department of Nursing, Madigan Consolidated Education Department, and Nursing Research Department, combining more than 800 military and civilian employees since March 2008. Please fill free to go up and give him a hard time but ask him a question about any military protocol, you can be assured that he will answer your questions and give a straight answer.

HYLIE JAN PRESSEY

Renovation recognition

Spc. Phong Vo receives an Army Commendation Medal from Madigan Healthcare System Commander Col. Jerry Penner III during the monthly awards ceremony Feb. 18 in Letterman Auditorium. Vo received the award for helping with the renovation of the Inpatient Pharmacy.

Meritorious Service Medal
Col. Peter Napolitano
Capt. Casey D. Zeigler

DA Certificate of Recognition
Lt. Col. Gayla Wilson

Army Achievement Medal
Lt. Col. Liz Murray
Capt. Martha Smith
Capt. Benjamin Wilson
Master Sgt. Ruben Rubinos
Sgt. Adrian Marfil
Spc. Christopher Cunanan
Spc. Jessica Kile
Spc. Anna Jenner
Spc. Joshua Miller
Spc. Justin Thompson
Joeetta Davis

Commander's Coin
Col. Elizabeth Mittelstaedt
Lt. Col. Leila Brown
Maj. Tracy Ball
Maj. Sharon Purviance
Maj. Alicia Madore
Capt. Leighton Salmon
Capt. Ignacio Re Molina
Sgt. 1st Class Cathleen Frazier-Sadler
Staff Sgt. Brian Vestal
Sgt. Erica Kvarnberg
Sgt. Brady Kornelis
Sgt. Jeremy Trapier
Cpl. Gregory Gillen
Spc. Rengil Iluches
Spc. Adam Schrecengost
Julie Calohan

Certificate of Appreciation
Maj. Blesilda Spratley
Capt. Tanisha Currie
Capt. Alicia Waters
1st Lt. Acie Hayry
1st Lt. Joyce Quitugua
1st Lt. Alexandra Windsor
2nd Lt. Stacie Owen
2nd Lt. Shannon Williams
Sgt. 1st Class Doug Pleshaw
Staff Sgt. David Gorrell
Staff Sgt. Misty Jackson
Staff Sgt. Mario Keane-Ortiz
Sgt. Crystal Maguire
Sgt. Danny Pech
Spc. Jessica Lambert
Cres Aba
Priscilla Anderson
Edean Berglund
Jilian Clement
Laalaai Howard
Sandy Jones
Deb Kozma
Tony Melessa
Victoria Norwood
Patricia Pasion
Kelly Roy
Debra Scott
Donna Tarver
Jay Wantland
Theresa Wantland
Erica Yamashiro
Mary Yoest

Commander's Award for Customer Service
Kay Cinnotto
Alisha Davis
Theresa Darosett
Edith Elkin
Loraine Garcia-Gelpi
Nanette Hukoana
Lorraine Runyon

Service Award
Dwayne A. Pappas — 25 years
Cynthia McCarthy — 20 years
Sheila M. Grissinger — 10 years
Toni Matthews — 10 years

CFC Recognition
Col. Diane Flynn
Arla Blocher

68D Graduation
Spc. Jeffrey a. Torrence Jr.
Pfc. Amanda M. Cox
Pfc. Delia A. Maldonado
Pvt. Ryan D. Ohlendorf

68K Graduation
Spc. Yessenia Gonzalez
Spc. Brandon Tolbert
Spc. Daniel Weissman
Pfc. Connor Knightley
Pfc. Jasmin Rodriguez
Pfc. Joshua Rodriguez
Pfc. Cassandra Rousayne
Pfc. Tiffany Thompson

Madigan Certificate of Recognition — Q Pins
1st Lt. Roxanne Richardson
Sgt. Megan Andrews
Sgt. Daniel Miller
Sgt. Kari Richardson
Sgt. Linda Vig
Pvt. Sean McCallahan
John Afford
Donna Allerdings
Maryann Carr
Kerry E. Castillo
Larry Grandorff
Betty Hodges
Allison Holly
Angelina G. Johnson
James Joiner
Kirstin Laroy
Aimalefoa Maiava
Paul Meyers
Sandra Miller
Eulalia Montero
Tausha Palmer
Katherine Perkins
Lorriane Rees
Harmony Vukmir
Heather Young

American Academy of Pediatrics 'Army Pediatrician of the Year'
Maj. Roselynn Cuenca received the award as the 2010 Uniformed Services Chaper West Army Pediatrician of the Year in the American Academy of Pediatrics. This award was given at the annual Uniformed Services Pediatric Seminar sponsored by the American Academy of Pediatrics.

Full Professorship
Congratulations to Col. (Dr.) Stephen Salerno and retired Col. (Dr.) Bernard Roth, for their promotions from Associate Professors to full Professors in the Department of Medicine, School of Medicine, Uniformed Services University of the Health Sciences.

Madigan employee collects life-saving cord blood
Jennifer Venable, a member of the OB/GYN Department, was recently applauded for her work in collecting an outstanding quality cord blood unit March 12.

Madigan's cord blood banking partner, the Puget Sound Blood Center, said that the unit has been designated to go to a 31 year-old woman with acute lymphoblastic leukemia and offer her a second chance at life.

Congratulations to Venable, the Department of OB/GYN and its Labor and Delivery Staff. Madigan is the only facility in the Department of the Army that offers cord blood donation services, in partnership with a local blood bank.

Out of the Fire, Back Into the Fight

Web site helps Wounded Warriors, Families

Defense Department officials have updated and improved access to the National Resource Directory, a Web site for wounded, ill and injured service members, veterans, their Families and those who support them.

The Web site is *www.NationalResourceDirectory.gov*, and brings together information from the Defense Department, the Department of Veterans Affairs and the Labor Department.

The directory first went up in November 2008. "We had a vast array of information resources that had to be collated and coordinated and made easier to use," said Noel Koch, deputy undersecretary of defense for Wounded Warrior care and transition policy. The current site takes the lessons learned from the first effort and improves on them, he added.

The directory touches on everything from benefits to current events to the processes service members and veterans can use, Koch said.

The site also provides addresses, contact points and links to nongovernmental agencies that provide assistance to service members and veterans. Users can feel safe that federal officials have checked to ensure these are legitimate organizations, Koch noted.

The site answers questions about benefits, education, transition and medical care. The information is much easier to access and more up-to-date. "We improved it by listening to the people who use the site," Koch said. "They told us what they need, and we put it in place. It reflects the expressed needs of wounded, ill and injured service members, veterans and their Families."

The site also has a news section, "and we've gotten smart about social media now, and that's accommodated," Koch said. The site also has a section developed with VA on homelessness and how the government can provide the information homeless veterans need.

The site contains a new "bookmark and share" application that users can click to point out content they've found most helpful through social networking tools. *(American Forces Press Service)*

www.NationalResourceDirectory.gov

From wheelchair to running shoes

By SUZANNE OVEL
Staff Writer

When Spc. Shane Rose became injured after dislocating his femur, his loss of the ability to walk was soon shadowed by other losses, those of independence and his sense of self.

His journey since came with the especially difficult and painful task of becoming someone different — stronger of spirit and weaker of body — than he was before.

Before, Rose spent his time healing Soldiers as a medic in the Army. Healing others had been a lifetime passion; in fact, he joined the military to get into the medical field.

"I grew up in a lifestyle of poverty, and it's kind of a black hole… and it's kind of hard to escape that on your own," said Rose, who was raised in Springfield, Ore.

He enlisted in 2005, going first to Germany and then to Iraq, where he served with both the 1st Armored Division and with the Marines as a borrowed medic.

It was in Iraq that Rose injured his right femur, destroying the connective tissue that held it in place — most likely from the weight of nearly 150 pounds of gear along with the increased activity of serving with the Marines, he said.

His femur didn't slip out until after he returned to Germany, while he was simply walking.

"I took a step with my right leg, and I knew immediately something was horribly wrong. It felt like bone-on-bone," said Rose. "It was the worst (pain) I ever felt."

At an aid station, his femur was put back into its socket, and while he felt some pain, he managed fairly well for the next several months. Then in one week, in the last part of October 2007, his life changed abruptly as he went from walking to being wheelchair-bound.

"We found out later … that the blood supply had been interrupted, but not a lot, and gradually the right sequence of events went into place and the tissue (connected to the femur) just died," said Rose.

It wasn't just his ability to walk that left him. Rose couldn't dress himself, or even go to the restroom without his wife helping him.

The Army transferred him to the Warrior Transition Battalion to be as close to his family as possible for their built-in support structure. There, he relied on his wife and the help of Spc. John Schroeder, a medic who served as Rose's caregiver.

Soon, the anger and frustration built, along with the questions of "Why me?" and "What did I do to deserve this?", and then, finally, blame.

"I would actually wheel around the hospital and try to pick a fight with people," Rose said. "The fact that I did that — me — that's not the type of person I am, but I did that."

Doctors spent months examining him, trying to find the best plan of care to treat his dislocated femur, which Rose said is an extremely rare injury.

In May 2008, Rose saw a civilian practitioner in Seattle— Dr. Phil Downer, an orthopedic specialist who was "the best of the best for all things hip." That led to two surgeries— one to remove dead tissue, and a second to replace it with artificial tissue.

"Within 72 hrs of my surgery, I could stand. I couldn't do it very well, but I could function," he said.

While he could stand, he couldn't walk — the surgery had also sewn his femur and hip together.

Enter physical therapy, every single day. In the first sessions, his therapist, Michael Hammond, would move his leg for him.

"He was mean enough to get the job done; I can't compliment him enough," said Rose. "The physical therapy was hard; it was rough; it hurt; it was miserable to go to. But, the results were rapid and apparent."

He systematically recovered, going from a wheelchair to crutches, to walking in a pool, using a cane, elliptical training, and finally, running.

"I'm still not fast, but I can run," Rose said. In fact, he passed his diagnostic physical fitness test in January, at his new unit with the Supreme Headquarters Allied Powers, Europe in Belgium, where he returned to duty in November 2009. He plans to take and pass his official test at the end of February.

He credits WTB Command Sgt. Maj. James Davis with encouraging him to stay in the Army; he was one of the first leaders to tell him, "Absolutely, we'll keep you."

He's received similar support with his current unit. Rose had to re-qualify to practice as a medic; he also got help from his unit with re-meeting physical standards and other military training. He plans to eventually apply to get into a physician's assistant program.

His advice to other injured Soldiers is to persevere. "I know how hard it is, I really do. If I had known how I feel now back then, it would have been easier... Getting from hell to being human again is a hard process. But it gets easier if you just keep on going. You can't quit."

Army nursing to have major changes in near future

CONSISTENCY: MEDCOM deputy surgeon general lays out guidelines to have same care at every installation

By JULIE CALOHAN
Staff Writer

Having a consistent and standardized system of care is the future of Army nursing, Deputy Surgeon General Maj. Gen. Patricia D. Horoho told Madigan Healthcare System senior nurses at a recent presentation.

The Patient and Family Centered System of Care assures the same standard of health care at every Military Treatment Facility across the Army. That means a patient gets the same high-quality medical care, whether at Eisenhower, Walter Reed, or Madigan. Initially piloted at Blanchfield Army Community Hospital, Fort Campbell, Ky., the program was implemented at Madigan in October 2009. Most elements of the system of care are expected to be in place at Madigan by the end of April 2010.

"The same way that we do evaluations of our patients and our patient assessments at Madigan needs to be the same way it's done at every one of our Military Treatment Facilities," Horoho said. "So, when our civilians and our military members move, they are not having to learn the Eisenhower way, or the Walter Reed way — they've learned Army medicine, the Army Nurse Corps way."

Window of Opportunity

In the history of her military career, Horoho stated she can't remember a time when every general officer was in 100 percent agreement in supporting a concept and rolling it out so quickly.

"That speaks volumes about the recognition of the value that Army nurses have," Horoho said. "There are windows of opportunity, where things just all come together. This is one of those windows of opportunity."

At a time when the entire nation is debating health care reform, Horoho believes that Madigan and the Army Nurse Corps have the opportunity to really help drive changes across the nation and across the world.

"This is a change that not only impacts the health of Army medicine, it impacts military medicine, the health of our nation and — more importantly — we are the drivers of change internationally," Horoho said.

The Patient and Family Centered System of Care allows patients to have a voice in their care, and includes business practices, clinical practices and professional practices — all focused on patient outcomes that are evidence-based.

"We've got to make sure that this change is well thought out, that it's based on research and evidence, that we're consistent in how we're providing it, and that we really continue to measure those changes to make sure that we're achieving the desired outcome," Horoho said.

Nursing is Nursing

Lt. Col. Linda Fisher and Maj. Melissa Wallace are the implementation team for deploying the Patient and Family Centered System of Care throughout the Madigan Healthcare System. They both understand Horoho's vision of standardizing tasks, techniques and procedures throughout the Army Medical Department.

"Nursing is nursing, but the variations on the little things you do, like running an IV pump or admitting a patient, can be different from facility to facility," Wallace said. "It's the little things that can add up that make a big difference for the patient — and the nurse, too."

Since October, Fisher and Wallace helped to establish a council of 18 Madigan nursing personnel to develop a nursing ethics handbook that will soon be distributed to every clinical section. They've also instituted Nurse Practice Councils, six section-level committees that allow all nursing staff to reassert their independence over nursing practice.

"All nursing personnel have a voice, no matter where they work," Fisher said. "These councils are a way for nurses to suggest things and generate ideas."

The Nurse Practice Councils will also ensure that clinical practice issues from Military Treatment Facilities are reaching the executive level of Army management, driving policy and legislative changes.

"The Army Nurse Corps is not just officers and registered nurses. Its officers, enlisted and civilians from all skill sets. We have to make the policy and structure applicable to everyone," Wallace said.

Challenges and Changes

Horoho believes there have been dramatic changes in military medicine since 2001. Medical personnel are supporting an Army that is at war, and there are different types of injuries and psychological stress. Army nurses will have to make adjustments in their skills sets and clinical assessments.

And along with changes come challenges. But according to Horoho, challenges only mean that Madigan and the Western Regional Medical Command will direct the transformation to a patient-centered system of care.

"There is tremendous energy across the Army Nurse Corps," Horoho said. "Madigan and the Western Region are breeding grounds for innovation. We have to look at every single challenge that approaches us and figure out where the opportunity is for us to be the drivers of change."

SWAN

CONTINUED FROM PAGE 1

Penner said. "Lewi has served us well for 17 years. He's a therapeutic measure and he has been enjoyed by all."

Madi and Lewi were brought to Madigan to help control the Canada goose population that invaded the ponds. They are mute swans, which are very aggressive and territorial, and according to Burger, the strategy worked well.

"It wasn't very long after the pond was built that Canada geese decided this would be a neat place to stay," Burger said. "The facility manager at the time had only one person to keep the grounds clean, and so he tried one thing after another to keep the geese population down."

Burger relayed the attempts that were made at population control. The first measure taken was to gather up the geese eggs, but it was soon discovered that the geese would just lay more eggs. The next attempt was to physically move the geese, but Burger told the facilities manager that he didn't think that was logical.

LORIN T. SMITH
Madigan Commander Col. Jerry Penner III shared the life of Lewi the Swan with guests near the pond Lewi lived in for 17 years.

"These are birds that fly from Siberia, across Canada and the United States, into Mexico, and you want to move them 20 miles away," Burger said. "They're just going to come back with all of their brothers and sisters, which they did."

The third try was to put up engineer tape to keep the geese out. Watching from the command suite, Burger said the first goose turned around and walked away from the pond. "I thought, son of a gun, this may work," he said. "But the second goose came up to the tape and went under it."

They even tried scarecrows. That was when a member of the vet command suggested the mute swans, which was finally the tactic that worked.

"We wound up keeping the swans and indeed, the population of geese has been kept down," Burger said.

During the ceremony, Lewi's cremains were scattered in the pond by Penner and Burger, and since the memorial service, Madigan has welcomed Lewi II, a new mute swan who is adjusting to his new-found home in the ponds.

Western Regional Medical Command gets new commanding general

CHANGE: New commander returning to Pacific Northwest

By SHARON D. AYALA
Western Regional Medical Command

After commanding the Western Regional Medical Command for nearly two years, Maj. Gen. Patricia D. Horoho relinquished command to Maj. Gen. Philip Volpe during a Change of Command Ceremony at Joint Base Lewis-McChord Soldiers' Field House.

Hundreds of headquarters' personnel, community partners and military and civilian leaders attended the Feb. 11 event. Maj. Gen. Russell Czerw, commander, U.S. Army Medical Department Center and School, Fort Sam Houston, Texas, represented the Army Surgeon General, Lt. Gen. Eric Schoomaker, who could not attend due to the snow storm in Washington, D.C.

During his remarks, Czerw expressed regrets on behalf of the surgeon general, but relayed the following message to Horoho, "The surgeon general expressed his deep appreciation for all of your accomplishments and hard work over this last year and a half."

Horoho, who also serves as the chief of the Army Nurse Corps, assumed command of the Western Region in July 2008. During her 18-month command assignment, she is credited with fully transforming the Western Region from six to 20 states — making it, geographically, the largest of the three regional medical commands in the Continental United States.

SHARON D. AYALA

Maj. Gen. Philip Volpe, commanding general, WRMC, accepts the Command Guidon from Maj. Gen. Russell Czerw, commander, U.S. Army Medical Department Center and School, Fort Sam Houston, Texas, during the Feb. 11 Change of Command Ceremony.

During her remarks, Horoho said that the most exciting aspect of her command assignment was the ability to grow the region.

"The Western Regional Medical Command that we have today is a direct result of a group of dedicated professionals who understood the mission, laid the foundation and ultimately transformed the region into an innovative, collaborative and agile system of health," she said.

The region, according to Horoho, "is now better postured to support the surgeon general's strategic priorities of readiness and access to care, and meet the ever-evolving health care needs of the population we serve."

Horoho's new assignment is as the Army's deputy surgeon general in Washington, D.C.

Volpe, who is no stranger to Washington state, was assigned to Fort Lewis from 2000 to 2002, as the brigade commander of the 62nd Medical Brigade, and according to Czerw, is definitely the right person for the job ahead.

"General Volpe is an ideal choice to continue the stellar direction of the Western Region," Czerw said.

Volpe, who is a board-certified family medicine physician, said it is a pleasure and honor to be back in the Pacific Northwest and a part of Team Western Region.

He went on to thank the Army surgeon general for, "having the confidence in me to tackle the responsibilities ahead." He also acknowledged the regional staff and thanked each of them for representing our Army and Army Medical Department so proudly.

Prior to assuming command of the Western Regional Medical Command, Volpe served as the deputy commander, Joint Task Force — National Capital Region Medical.

Madigan social workers showcasing functions during Social Work Month

By CAPT. GUSTAVO GARNICA
Department of Social Work

The Madigan Army Medical Center Department of Social Work is celebrating Social Work Month by doing a little marketing.

There are social workers employed in different departments at Madigan; however, these social workers do not belong to the Department of Social Work.

The following departments have social workers embedded in their staff: Department of Psychology, Department of Psychiatry, Army Substance Abuse Program, Joint Base Lewis-McChord Warrior Transition Battalion and the Joint Base Lewis-McChord Regional Correction Facility.

The Department of Social Work has four sections serving the Joint Base Lewis-McChord community.

Preventive Intervention Program

The Preventive Intervention Program offers individual and marriage counseling for Soldiers and their Families. Social workers employed in this program have been working with JBLM Family Readiness Groups, reaching out to Families with deployment issues.

Family Advocacy Program

This program addresses problems with domestic violence and child abuse within the military Families. When children are victims of emotional or physical abuse, social workers in this program often interact with the state Child Protective Services. Social workers from this program also interact with JBLM's Victims Advocate team, which helps victims with legal guidance to assure their safety.

Medical Social Work

This program offers counseling and help patients to transition out of Madigan Healthcare System to the next level of care in a case-by-case basis.

Emergency Room

Social workers in the Emergency Room often interact with chaplains, doctors, nurses and psychiatrists. Social workers manage psychological cirsis that are presented in the ER.

For more information about the Department of Social Work, call 253-968-2303.

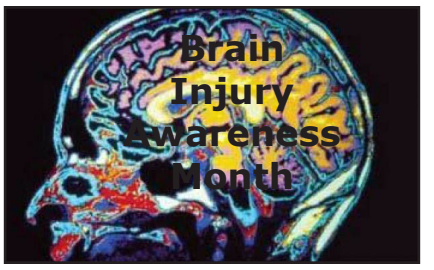
Traumatic brain injuries can occur outside of combat, too

By BRONWYN PUGHE
Traumatic Brain Injury Program

Brain injuries occur outside of combat as well as within. Our Soldiers and their Families, our children and the elderly, are at risk for traumatic brain injury. "Many brain injuries are preventable if you use proper protection," says Paul Savage, Internal Medicine Doctor with the Traumatic Brain Injury Program at Madigan Army Medical Center. Falls, being hit, acceleration/deceleration and motor vehicle accidents may result in traumatic brain injuries.

Falls and being hit often occur in sports, such as boxing, football, skiing, bicycling, snowboarding, skateboarding, motor-cross, basketball or soccer. Falls make children and the elderly susceptible to concussion (mild TBI) as they strike the ground or furniture. Domestic violence, including child and elder abuse, puts people at risk for brain injury.

Acceleration/deceleration is a common cause of TBI. The brain is moving forward at the same rate of speed as the body and is suddenly forced to stop. Think "whiplash" from mvas, shaken-baby syndrome, the head bouncing when a skate-boarder hits the concrete after missing a 360 on the half-pipe. Note, too, that most people recover from a single concussion in days to weeks with no lasting effects. Multiple concussions can result in ongoing symptoms and long-term cognitive problems.



Dr. Lars Hungerford, neuropsychologist with the Madigan TBI program, and Dr. Savage suggest using seatbelts, airbags, car seats and helmets. Says Dr. Savage, "[Proper and habitual use of] protective gear not only reduces the likelihood of injury but also reduces the severity." On helmet use, Hungerford recommends buying high-quality protection. "A helmet allows the head to decelerate less quickly, reducing the possibility of sustaining an acceleration/deceleration injury" he says. Hungerford also warns that "[a] helmet is a one-use device."

Replace a helmet after an accident or fall. Have a sports-equipment professional check your helmet if you drop it from as low as five to six feet, which can damage the helmet.

Education and safety can decrease brain injury. Children and young adults are especially at risk as their brains are still forming. Be pro-active. Learn about the law, use car-seat and helmet programs, enjoy parenting and traffic safety classes, engage in respite care, and contact the TBI Program for more information.

Traumatic Brain Injury Prevention: Resources

Policy: The Lystedt Law (2009) of Washington State prevents return to play in organized sports when concussion is suspected.

Car Seats: Available from the Madigan Foundation, Family Support Programs, *www.mamc.amedd.army.mil/madigan_foundation/foundation_Homepage.htm*

Bicycle Helmets: Available from Mary Bridges Children's Hospital, Center for Childhood Safety, 253-403-1234

Parenting Classes: Joint Base Lewis McChord (JBLM) (Laurie Honan, *laurie.honan@us.army.mil* , 253- 966-1088)

Traffic Safety Classes: for Soldiers under 26 years old (*https://airs.lmi.org/Default.aspx*)

Respite Care: JBLM Exceptional Family Member Program (MAMC EFMP 253-968-0254/0255)

TBI Education Resources: MAMC/WRMC Traumatic Brain Injury Program (POC: Bronwyn G. Pughe, *bronwyn.g.pughe@us.army.mil*, 253-968-3193, custom briefings and trainings available upon request.)

Blood Bank says thanks

VICTOR SHERMER
Maj. Angel Colon presents a Donor Appreciation plaque to several Navy Sailors as a way to say "Thank You" for the donations they gave throughout 2009.

By VICTOR SHERMER
Armed Services Blood Bank — Pacific Northwest

The Armed Services Blood Bank Center — Pacific Northwest recognized its most important people during Donor Appreciation Day Feb. 12.

Donors that reach donation goals for one to six gallons for whole blood donations and those that donated platelets six to 22 times during the 2009 calendar year, were invited to be recognized for their support. Nearly 30 donors were recognized for their support of giving blood, which is necessary to save the lives of our deployed men and women and support the local medical facilities like Madigan Healthcare System.

The ceremony this year was held in memory of Mary Conley, who passed away New Years Eve. Conley had been the Blood Bank's receptionist receiving the donors as they came into the center.

All donors received certificates of appreciation, and a pair of glass mugs with the ASBBC title and a picture of a medic transfusing blood to a Soldier frosted onto the mug.

Whole blood donors that reached their two to six gallon donations will have their names placed on a plate and mounted to the plaque located in the ASBBC.

Platelets donors that reached their 25th, 50th, 100th and 150th donation as of the end of 2009 will also have their names placed on a plate and mounted to the plaque located in the ASBBC.

For more information on donating, visit *www.militarydonor.com*, or call 253-968-1903.

ANALYSIS

CONTINUED FROM PAGE 1

"I refused to stop, and I think it changed my gait."

Fortunately, Swords had a place to go for assistance. Since December 2008, Christina Kurty has occupied the southwest corner of the second floor, off the indoor track, at the Jensen Family Health and Fitness Center on JBLM Lewis-Main. Working in that compact space, Kurty turned on her video cameras, sat in front of her laptop computer, and had Swords get onto a treadmill.

"Honestly, I went in thinking that she was going to do her thing and she was going to say, 'Well, you're good. You don't need any help,'" said Swords of Kurty.

Not quite. Instead, Kurty, a sports specialist who works for Madigan Army Medical Center at Jensen, did a gait analysis and told the elite runner that he was using his upper body to produce motion and that his gluteal muscles weren't firing at all.

"I had been running that way my whole career and just didn't realize it," Swords said. "You know what? It's really hard to change a habit that you've been doing for ... 15 years and thinking you've been doing it right."

Kurty put Swords through the standard two-hour gait-analysis session, in which she checks flexibility, watches people walk barefoot and with shoes, and then has them run at three different speeds on the treadmill. She videotapes all of it.

"I make them laugh, I make them comfortable, and then I really work on them," Kurty said. "If (you're) motivated, man, I'll give you everything I can give you to get you better, to get you stronger, to get you more efficient."

Kurty has seen hundreds of people, most of them active duty military members. She has felt their pain.

"I had my own foot problems, my own intense foot pain," Kurty said. "Your body will figure out how it's going to get its range of motion ... whether it is correct or not."

According to Kurty, the heavy equipment carried by service members can contribute to their bio-mechanical woes. Weak cores, she said, make problems worse.

"I will do what it takes to understand what they're going through to help them out," Kurty said. "I try to work on the big issues. The small stuff will come along."

The video evidence she collects helps make Kurty's case with those for whom she conducts gait analyses. "As I'm seeing it," said Kurty, "they're seeing it."

Small physical issues were getting bigger for Swords, on the doorstep of age 40 and unwilling to give up a sport he loves. That brought him to Kurty, who is helping him work toward a more efficient, pain-free stride.

"I plan on running until I'm 70, 80 years old, if I live that long," Swords said. "But I can't do that if I'm broken all the time. She's that little voice inside my head making me do the right thing."

She wouldn't have it any other way.

"I'm just the most blessed person," Kurty said. "I can't imagine ever wanting to be anywhere else. I love what I do."

For more information on the Gait Analysis Clinic run by Madigan's Health Promotion and Wellness Service, Department of Preventive Medicine, call 253-967-5122.

Army Center for Enhanced Performance seminar

The Army Center for Enhanced Performance is offering a one day seminar March 24, from 8 a.m. to 5 p.m., at the Battle Command Training Center, Building 1240 on Railroad Avenue, south of the Dupont Gate. Just as physical training strengthens the body, mental training strengthens the mind and enhances human performance. Develop a foundation in mental and emotional skills based on applied sport psychology techniques which include goal setting, confidence building, energy management, attention control, and imagery. Use state of the art technology and then apply these techniques during this seminar. Call 253-968-7642 or email Le*wisACEPWebmaster@conus.army.mil* to reserve your seat as space is limited.

T'ai Chi Class

A free T'ai Chi Class is now available to all on Wednesdays, from 5:30 p.m. to 7 p.m.

The location is at Task Force Phoenix, Building 2019 on Ligget Avenue, in the WTB Classroom (Doghouse) on the Pendleton Avenue (parking lot) side of Bldg 2019. No experience is necessary. Please dress comfortably.

Can't stand long? No problem, as this can be learned seated. No advanced registration is needed; just show up.

For more information, call Dr. Jerry West at 253-966-4262.

Force Health Protection Conference Awards

The commander of the U.S. Army Public Health Command (Provisional) [formerly known as USACHPPM] will present five awards at the 13th Annual Force Health Protection Conference, scheduled for Aug. 7 to 13 in Phoenix.

The Excellence in Preventive Medicine Awards recognize individuals and units in both a garrison and a deployed setting who made significant contributions beyond their primary principal duties.

Any supervisory or non-supervisory employee may nominate an individual or a unit for the Excellence in Preventive Medicine awards.

Nominations are coordinated through the nominee's chain of command for confirmation of the information provided in the submission. Command endorsements must accompany the nomination to be considered for the award.

The award narrative should describe the impact of the contribution, which would qualify the individual or unit for the award. The award covers an accomplishment achieved the year prior to the conference. Hence, for this year's August 2010 conference, the recognized achievement takes place between the months of May 2009 — April 2010.

Send award submission narratives to the FHPC e-mail (*fhp@amedd.army.mil*) before the April 30 deadline. An award committee will review the submission packages and the winners will be announced by the USAPHC commander in a conference ceremony on Aug. 12.

Additional information is available on the FHPC Web site, *http://chppm-www.apgea.army.mil/fhp*.

Medical Social Work Caregiver Support Group

Have you ever felt isolated, lacking support, frustrated and overwhelmed? Please take this opportunity to come meet with others to obtain the support, information and resources that you need to help you care for yourself and your loved one.

There is a Caregiver Support Group now meeting from 2 p.m. to 3:30 p.m., on the third Thursday of each month, in the 2 South conference room.

This group is open to all individuals who are caring for someone with a chronic health condition. Various topics will be presented monthly, as well as an open forum for discussion among the caregivers. For additional information, please call Medical Social Work at 253-968-2303.

Retiree Health Fair 2010

The Joint Base Lewis-McChord Retiree Council conducts an annual Retiree Activity Day that is co-sponsored by Madigan Army Medical Center. Madigan supports this event by conducting a health fair with health education and health screenings. This year, the Health Fair is May 14, from 7:30 a.m. to 1 p.m. The goal is to support HEDIS measures, i.e. cardiac risk education, diabetes and injury prevention. For more information, call Dr. Teresa Bruder at 253-967-3875 or 253-966-3757.

Common Sense Parenting

The Common Sense Parenting of Toddlers and Preschoolers will be from March 17 to May 7, from 10 a.m. to noon. (No class on April 7.)

In just a few short sessions, parents can come to feel they are in charge of their Families, in a positive way. Common Sense Parenting helps Families work and stay together to become a strong and healthy Family by building on existing parenting skills or learning new ways to deal with children's problem behaviors. Classes are free and led by trained facilitators committed to helping parents create a positive and healthy environment in which both children and parents can thrive!

Pre-registration of children needing care is required. Register at Clarkmoor. Limited childcare available with three weeks prior notice.

The class is not affiliated with and does not replace the four-hour required parenting class for Families going through divorce.

For more information, contact Laurie Honan at *laurie.honan@us.army.mil* or call 253-966-1088

Madigan Blood Drive

The Armed Service Blood Bank Center-Pacific Northwest has a blood drive April 6 at Madigan near the Letterman Auditorium, from 9 a.m. to 2 p.m.

Open house opens eyes

CARRIE BERNARD

Lt. Col. (Dr.) Shad Deering, director of Madigan's Andersen Simulation Center, helps Nancy Drose, 1st Battalion, 23rd Infantry Regiment Family Resource Support Technician, navigate a procedure on a mechanical patient March 3. The hands-on experience was part of a tour provided to about 35 Joint Base Lewis-McChord Family Readiness Group members. During the day, guests were able to explore the Andersen Simulation Center, a facility offering doctors and nurses hands-on experience dealing with everything from colonoscopies to full-body seizures, as well as the Family Assistance for Maintaining Excellence facility, which provides short-term, focused treatment to children and spouses of Soldiers.