



MADIGAN HEALTHCARE SYSTEM: "VALUES-BASED, STANDARDS-DRIVEN TEAM...ALWAYS"

New Madigan turns 20 years old

By Tawny M. Dotson
Editor

On Feb. 28, 1992 a dedication ceremony was held in the Medical Mall at Madigan Army Medical Center where more than 400 people watched congressman and generals dedicate the new, \$280 million structure we now operate in known as Madigan.

For the next few weeks, staff members worked tirelessly to transition equipment and finally on Mar. 21, 1992, the hospital was considered officially operational when patients were transferred to the new Madigan from the Old Madigan according to The Mountaineer from March 1992.

"I actually was one of the first staff members to take care of an inpatient [in the new building]," said Jim Brassard who was an active-duty practical nurse at the time. "We had to take the patient over by ambulance as we transferred them to the ER and then took them up to the ICU. There were three patients that we had to escort over that way."

The project to build the state-of-the-art facility was more than 10 years in the making. In fact, it took a lot of work from now famous names such as Congressman Norm Dicks, Senator Henry "Scoop" Jackson, and a previous I Corps Commander, Gen. Norman Schwarzkopf, to assist with making the plan a reality. The original design phase began in September of 1982 and ground breaking occurred Jan. 18, 1985. The initial site package was awarded on



The new Madigan took more than 10 years to come to fruition, including a long period of planning for the state-of-the-art facility.

Dec. 11, 1984 to Pacific Ventures, from Bellevue, Wash. The main phase of construction did not begin until July of 1986. Outpatients were first seen in the hospital's clinics on Mar. 24, 1992.

"I remember standing and watching the sun rise on the fourth floor and watching our patients come over," said Marion Christiansen. "We were just really proud of this new building. It was an inspiration really to move into the building."

According to a Mountaineer article the facility was built a few degrees off-south

so that all inpatient rooms in the hospital tower would have either a view of Mt. Rainier or the Olympic Mountains. This was a break from protocol for building projects which at the time were required to have a southern exposure.

The original Madigan General Hospital, according to a Mountaineer article dated Feb. 27, 1992, was opened on Feb. 22, 1944. That building was described as being built in a hurry and

Please see **NEW MADIGAN**, PAGE 8

FEBRUARY 2012

NATIONAL PATIENT
RECOGNITION MONTH

National Patient Recognition Week, celebrated in February, presents a golden opportunity for Army leaders and medical providers to honor the patients trusted to our care—our servicemembers, Family members, retirees and all other eligible military health system beneficiaries. The Army and Army Medicine remain committed to the highest standards in patient-centered care. The theme for 2012 is 'We Are Patient Centered.'

Taking care of servicemembers and their Families is Army Medicine's commitment to our Army Family. The Surgeon General and Army Medicine leaders across the Army have signed formal Army Medicine Healthcare Covenants—our commitment to improve services, access and continuity of care for our patients. Army Medicine has also initiated many new programs and support services, to enhance access and continuity of care, patient satisfaction and inspire continued trust in Army Medicine.

VISION

Madigan Healthcare System creates the premier military healthcare organization through a culture of teamwork, caring, compassion, diffusion of innovation and exceptional outcomes. Madigan is the best place to provide and receive care, to teach and learn clinical medicine and to conduct bench-to-bedside research.

MISSION

Madigan Healthcare System provides world-class military medicine and compassionate, innovative, academic health care for Warriors and Warrior Families past, present and future.

VALUES

- Compassion
- Quality
- Teamwork
- Innovation

STRATEGIC OBJECTIVES

- Readiness
- Population Health
- Patient-Centered Focus
- Quality Workforce
- Education and Research
- Community Partnerships
- Resource Management

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Behavioral Health Services reorganize

By Tawny M. Dotson
Editor

After feedback from patients, Madigan Healthcare System's Behavioral Health services have reorganized in order to provide a one-stop shop for all behavioral health needs for both servicemembers and their Families effective Feb. 7.

The departments of Psychology, Psychiatry, Social Work and the Child and Family Assistance Center are all organized into the Department of Behavioral Health with only two locations to ease locating services. All behavioral health needs and information can now be reached at one central phone number, (253) 968-2700.

"We are the first medical center

with this kind of structure. We are leading the way in the Army Medical Command," said Maj. Jess Calohan, executive officer of the new department. "The reorganization was designed to efficiently streamline the delivery of care to our population."

For servicemembers, the Behavioral Health clinic for all behavioral health services are now located at Madigan Army Medical Center, in the Medical Mall and is open from 7:30 a.m. to 4 p.m., Monday through Friday. This clinic has crisis walk-in hours from 7:30 a.m. to 3:45 p.m., Monday through Friday. After 3:45 p.m. and on weekends, crisis walk-ins will be routed to the Emergency Room. Servicemembers can also call (253) 968-2700 for appointments.

Servicemembers will still have access to same-day evaluation and services. The Soldier Readiness Service, previously located in the Madigan Annex (formerly known as Old Madigan) will no longer exist. Instead, there will be a one-stop Behavioral Health Clinic at Madigan for all behavioral health services.

For Family members, all behavioral health care remains at the Madigan Annex in the Child and Family Assistance Center. This includes both walk-in services and appointments. This continues the theme of providing a one-stop shop for all Family-member behavioral health services. Their walk-in hours are from 8 a.m. to 2 p.m. and they can be reached by calling (253) 968-4843.

In Brief

Army Nurse Corps: 111 years of proud service

By Lt. Col. Nancy A. Cantrell
Army Nurse Corps Historian

In 1899, the Army Surgeon General set criteria for a reserve force of nurses. The Spanish-American war proved that without a reserve force, there would be a nursing shortage during wartime. On Feb. 2, 1901, the Nurse Corps (female) became a permanent corps of the Medical Department under the Army Reorganization Act passed by Congress.

After the start of World War I, the Army's Department of Medical Relief worked with the American Red Cross to establish base hospitals in Europe, initially designated to serve the British expeditionary forces.

Due to increased needs of military nurses in the war effort, the Army Nurse Corps increased from approximately 4,100 to 21,460 between 1917 and 1918. They served at base and evacuation hospitals in Europe as well as transport ships, hospital trains in France and mobile surgical hospitals stateside.

Army nurses worked tirelessly during World War II, often enduring the same hardships as combat troops. Sixty-seven Army nurses were held as Japanese prisoners of war for 37 months in the Philippines after the fall of Corregidor in 1942, during which they continued to care for the wounded. Nurses played an integral role in medical advancements: access to care closer to the front lines, advanced surgical procedures and post-surgical nursing, the administration of blood products and improvements in evacuation procedures led to greatly improved survival rates. Fixed wing air evacuations moved the wounded to definitive care more quickly, and flight nursing was born.

In June of 1950, North Korean communists crossed the 38th parallel, and President Truman ordered troops into South Korea for what has been known as "The Forgotten War" of Korea. The first U.S. Army combat forces arrived from Japan on July 6, 1950 with 57 nurses, the day after Task Force Smith engaged in the Battle of Osan, the first U.S. ground action of the war. Army nurses worked throughout the Korean Peninsula in forward deployed mobile army surgical hospitals. On Aug. 9, 1955, President Dwight D. Eisenhower signed H.R. 2559, the bill that authorized reserve commissions to male nurses.

Army nurses were deployed during the Vietnam War (1960-1975), beginning in 1965 during the rapid build-up of American forces. Trauma care specialization and an evolution of casualty care was a result of the Army Nurse Corps experience in Vietnam.

Operation Desert Shield/Storm, from 1990 to 1991, heralded a new era in trauma care, and the Army Nurse Corps led the way once again in cutting edge technology and critical care. Approximately 2,200 Army nurses served in 44 hospitals, some part of joint operations with host nations. Wounds were now more prevalent to the extremities and new types of traumatic injuries resulted in the need for more advanced protective gear. Army Nurses quickly adapted to the changing battle environment by deploying the Deployable Medical Systems, or DEPMEDS, and enhancing trauma training for critical care nurses deployed to theater in subsequent campaigns.

Since Desert Storm, Army nurses have deployed to theaters in Haiti, Bosnia, Kosovo, Iraq, Afghanistan, and for disaster relief and humanitarian efforts worldwide. The current operations tempo requires a flexible and technologically advanced Army Nurse Corps. Army nurses serve with dignity and courage, continually striving for excellence. The Army Nurse Corps continues its transformation as a leading military health care force in the 21st century, a time of great change and opportunity and celebrates 111 years of proud service.

Hearing kiosks provide training, education

By Tawny M. Dotson
Editor

According to the Department of Veteran Affairs, noise-induced hearing loss is among the most common disabilities affecting Veterans. The VA pays more than \$1.2 billion annually in compensation costs for hearing loss and tinnitus. In an effort to make a difference in hearing loss prevention and education, the VA and the National Center for Rehabilitative Auditory Research are funding a research project to test community-based hearing kiosks for screening and education.

"The ultimate outcome would be some way to measure a reduction in hearing loss and hearing related claims through the VA system," said Dr. Dale Ostler, the Army Hearing Program officer at Western Regional Medical Command.

That project has placed three, large, sound-attenuated booths, to include one at Joint Base Lewis-McChord in Waller Hall, for the use of any service member, Family member or ID-card holder. The booths house a touch-screen where participants can work through a number of activities including a short or comprehensive hearing test with the option to print results to take to your medical care provider. It also includes a series of educational pieces on types of hearing protection, what causes hearing loss, what it sounds like to have hearing loss and to learn more about tinnitus to name a few. The free service can last only a few minutes or as long as the participant would like to spend in the booth.

"It's a self-administered, touch screen, take it at your own pace system," said Ostler. "You can go through any number of modules that would educate you on hearing and hearing-related concerns. The hearing test is less than five minutes and the modules are only a few minutes each. If you did them all it would take 20 minutes at the most."

In the year it has been operational only about 300 participants have visited the booth. Organizers hope to increase this number and the awareness of hearing protection.

"The intent is to provide education about what causes hearing loss and to prevent hearing loss so that our current group



Dr. Dale Ostler uses his iPod to demonstrate the use of one part of a hearing education kiosk in Waller Hall at Joint Base Lewis-McChord. The artificial ear will "listen" to a personal stereo and give a readout of the decibel level of the headphones. This is just one of the features that help to provide hearing loss prevention education in the kiosk available to all ID card holders for free.

of servicemembers who are going to become veterans will have a reduction in claims and an increase in quality of life," said Ostler. "A lot of these servicemembers have been exposed to hazardous levels of noise."

The kiosk is funded through a Joint Incentive Fund grant. The other two kiosks are located at Ft. Stewart, Ga., and at the Portland Veteran Affairs Medical Center in Oregon.

"It's a great informational resource to answer questions about hearing health care at the disposal of the community," said Maj. David Pedersen, the chief of Joint Base Lewis-McChord's hearing program.

Outside the booth is a small station where patrons can test how loud their personal stereo is playing. For example, a participant could turn their MP3 player on to their normal volume level, plug one of the headphones into the artificial ear on the side of the kiosk, and get a reading of how many decibels it is putting out.

This helps to demonstrate if you are listening to music at an intensity level that could be detrimental to your hearing. Also located outside the booth is a large 40" screen that displays silent video clips describing the booth and activities available.

The artificial ear can be useful to educate teenagers who are not aware of what that loud music is doing to their hearing.

"Kids who have been listening to their MP3 players at a young age are exposing themselves to a tremendous amount of noise levels that a generation ago wasn't happening," said Ostler.

For more information about the booth or the Hearing Program for active duty servicemembers or civil service personnel at JBLM please call (253) 968-3431.

Family members can receive more information about hearing education or services by calling the Madigan Healthcare System Audiology Service at (253) 968-1420.

Take care of your heart, and it will take care of you

By Carrie Shult

U.S. Army Public Health Command

Heart disease is the leading cause of death in the United States in men and women. Heart disease affects millions of Americans. The American Heart Association estimates that about every 34 seconds someone will have a heart attack. Let's repeat that—every 34 seconds. So if you are a slow reader, that means several people had heart attacks while you were reading this article.

Research about heart disease risk factors suggests that making even small lifestyle changes can reduce the risk of coronary artery disease, heart attack, stroke and other serious cardiovascular conditions. What does that really mean, and more importantly what does it mean for you? Let me break it down:

Get moving! If you sit a lot, try to sit less. If you have a job where you are at your computer a lot, add a reminder to your electronic calen-

dar every hour to stand up and walk away, do 15 push-ups, get some fresh air. Take the stairs instead of the elevator. Avoid being the parking lot shark—lurking around waiting for an open spot in front—and park away from your destination so you can get some extra steps in. Step, march or jog in place for at least 15 minutes while watching television. Exercise at least 30 minutes a day for five days a week or more. Walk. Get a step counter and set a goal to walk at least 10,000 steps daily. Just get moving.

Being overweight increases the risk of heart disease and stroke. To achieve long term weight loss, don't skip meals but eat 200-300 calories less each day. This amounts to one slice of bread, one pat of butter or one-half cup of regular soda. Eat smaller portions and eat breakfast every day.

Make a yearly date with the doctor. Get your blood pressure, cholesterol and blood sugar checked as recommended. Put the date on the calendar

as a special date just like birthdays or anniversaries or the Super Bowl.

Blood pressure that is higher than 120/80 is known to increase the risk of heart disease. Lifestyle modifications such as staying physically active and eating a diet high in fruits, vegetables, whole-grain and high-fiber foods and lean protein can help control blood pressure. If you are an on-the-go person, arm yourself with information by checking out the nutrition guidelines on the Internet before going to restaurants. If you have high blood pressure, follow your healthcare provider's recommendations carefully, even if it means taking medication every day for the rest of your life. By managing your blood pressure you are lowering your risk of heart attack.

Smoking reduces the amount of oxygen in the blood and raises blood pressure. Smoking harms nearly every organ in the body, including the heart, blood vessels, lungs, eyes, mouth, reproductive organs, bones and digestive organs. Not to mention it

also stains your teeth, clothing and hands. To quit smoking, make a personal quit plan. Pick a quit day and tell everyone about it. You will find out who supports your goal. Get rid of tobacco in the house, car, workplace and your secret stash.

Too much alcohol can raise blood pressure, cause heart failure and lead to a stroke. If you drink alcohol, drink a moderate amount, which equates to an average of one drink for women and two drinks for men per day. One drink is a 12-ounce can of beer or 4 ounces of wine, or 1-1/2 ounces of liquor.

People can have a healthier heart when they reduce stress. Stress raises blood pressure and can damage the arteries. Learn how to manage your stress by using relaxation methods such as deep breathing exercises, counting to 10, and meditation.

Care for your heart by eating a better diet, exercising, quit using tobacco and managing stress to reduce the risk of heart disease. Heart disease is preventable.

Why walking can help your heart

By Shari Lopatin

TriWest Healthcare Alliance

Regular walking can reduce your chances of heart problems by about 30 percent, according to Harvard Health Publications.

Those results came from the analysis of 18 studies between 1970 and 2007. Study participants who walked 5.5 miles each week began showing benefits to the heart. And the more they walked, the greater the benefits. So, just how can walking help you live healthier this year?

While countless activities are available to try—such as cycling or yoga—walking has the lowest drop-out rate, said Health Coach Meghean Cook of TriWest Healthcare Alliance.

Regular walking will:

- Lower your risk of heart disease
- Improve your blood pressure and blood sugar levels
- Lower your bad (LDL) cholesterol, while raising your good (HDL) cholesterol
- Help maintain your weight
- Lower the risk of obesity
- Reduce your risk of type 2 diabetes

In addition, did you know walking fast 35 minutes a day, five days a week, will make you feel better if you're depressed?

A Harvard Health study published in 2005 proved such activity had a significant influence on mild to moderate depression. If walking five days a week is too often, you can substitute it for 60 minutes a day, just three times a week, for the same results.

If you're tired of walking alone, or need new motivation to get up and move, why not start your own walking club?

The American Heart Association will "walk" you through the steps at www.mywalkingclub.org.

If you're not up for starting your own, you can also browse nearby clubs based on your zip code. Walking clubs aren't only a positive way to improve your health, but help those around you. They can also develop into a great social bonding experience with new or existing friends.

Want more healthy living tips? Visit TriWest's Healthy Living Portal at www.triwest.com/HealthyLiving.



A Typical Day at Madigan

As a provider of health care for more than 100,000 beneficiaries, Madigan Healthcare System provides world-class military medicine and compassionate, innovative, academic health care for Warriors and Warrior Families past, present and future. A typical day at Madigan looks a little like this:

Clinic Visits
4,456

Surgical Procedures
43

Prescriptions
3,900

Lab Procedures
4,387

Radiology Procedures
1,100

Emergency Visits
170

Births
7.5

Trauma Activations
1

Admissions
39

Meals Served
2,500



madigan
Healthcare System

Judge Advocate's Ethics Corner: Where Army doctrine meets Army ethics

By Lt. Col. Greg Mathers
Madigan Healthcare System

In Army doctrine there is a key concept known as, commander's intent. It is described as follows:

"The commander's intent describes the desired end state. It is a concise statement of the purpose of the operation and must ...clearly state the purpose of the mission. It is the single unifying focus for all subordinate elements.... Its purpose is to focus subordinates on what has to be accomplished in order to achieve success, even when the plan and concept no longer apply, and to discipline their efforts toward that end." - U.S. Army Field Manual (FM) 100-5, Operations, June 1993

The beauty of commander's intent is that it allows subordinate leaders to act properly in the fog of war, when communications with headquarters break down, or when unforeseen circumstances arise. Comprehending commander's intent allows a subordinate leader to be a lethal, flexible, individual force, leading his or her subordinates to continue the fight, making progress toward the overall objective, and successfully accomplishing the mission using his or her own wits.

When it comes to doing our jobs ethically and consistently with the Government Rules of Ethics, we actually have something equivalent to commander's intent in what are known as, "The 14 Principles of Ethical Conduct." These rules, when grasped and internalized, serve as a helpful ethical azimuth for all federal employees. Knowing them will sensitize us to ethics issues, make it

clear when we should call an ethics counselor for advice, or just serve as a good baseline of reference should we encounter unforeseen or unfamiliar circumstances in our professions.

I thought it good in this month's submission to provide these principles for thought and reflection. Of course there are hundreds of provisions derived from each of these bedrock principles, but reviewing and thinking about them will certainly help us make ethically sound decisions during our daily duties.

The 14 Principles of Ethical Conduct for Government Employees

1. Public service is a public trust, requiring employees to place loyalty to the Constitution, the laws and ethical principles above private gain.

2. Employees shall not hold financial interests that conflict with the conscientious performance of duty.

3. Employees shall not engage in financial transactions using nonpublic Government information or allow the improper use of such information to further any private interest.

4. An employee shall not (except in a few narrow authorized instances) solicit or accept any gift or other item of monetary value from any person or entity seeking official action from, doing business with, or conducting activities regulated by the employee's agency, or whose interests may be substantially affected by the performance or nonperformance of the employee's duties.

5. Employees shall put forth honest effort in the performance of their duties.

6. Employees shall not knowingly make unauthorized commitments or promises of any kind purporting to bind the Government.

7. Employees shall not use public office for private gain.

8. Employees shall act impartially and not give preferential treatment to any private organization or individual.

9. Employees shall protect and conserve Federal property and shall not use it for other than authorized activities.

10. Employees shall not engage in outside employment or activities, including seeking or negotiating for employment, that conflict with official Government duties and responsibilities.

11. Employees shall disclose waste, fraud, abuse, and corruption to appropriate authorities.

12. Employees shall satisfy in good faith their obligations as citizens, including all just financial obligations, especially those such as Federal, State, or local taxes that are imposed by law.

13. Employees shall adhere to all laws and regulations that provide equal opportunity for all Americans regardless of race, color, religion, sex, national origin, age, or handicap.

14. Employees shall endeavor to avoid any actions creating the appearance that they are violating the law or the ethical standards set forth in this part.

- LTC Greg Mathers is the Madigan Healthcare System Center Judge Advocate and Command Ethics Counselor. His office is located in Bldg. 9040B and he can be reached at 968-1525.

MAILBAG

Dear Col. Homas,

It is with a bit of irony that I pen this letter on the day the US has lowered its flag in Baghdad, officially ending the military mission in Iraq. Three of the more than one million American service members who served in Iraq during the past nine years were our sons. One went at the beginning of the war; another just returned from a second tour there; and one lost his life in the middle of the war, on the streets of Diwaniyah.

You know this son -- Sgt. 1st Class Nathan Lloyd Winder -- whose life and death was shared by his Special Forces team, deployed out of Joint Base Lewis-McChord. Though JBLM was his home for only a short time, you have honored him and his Family, most notably by naming the new health clinic after him. From being an abandoned child in Korea to becoming a military hero with such esteem is remarkable indeed. In the last email Nate wrote me he said, "...I have some of the greatest Americans here with me that are my brothers." Another time he told me that the US military was the greatest because it represented every face (race) on Earth. He loved America, he loved being in the military, and he loved his teammates.

Having the opportunity to visit the Winder Family Clinic, the Memorial Wall and members of Charlie Company, my husband and I better understand Nate's pride in the military. We were pleased to go to the range where he practiced and to see his son literally walk in his father's footsteps. Everyone we met -- from the team room to the Reflection Room-- was so attentive and kind. We are grateful for the gifts, pictures and programs, for meals in the 1st Special Forces Group dining facility, for lodging and airfare from the Green Beret Foundation, for the tours and a simulated helicopter experience. We are especially grateful for our escorts, Master Sgt. John Vidal and Chief Warrant Officer 2 Brandon Glazer, and for John sharing memories of Nate with us. We thank Maj. Varman Chhoeung and Maj. Matthew Gregory for arranging the visit, and Col. Vines and Col. Homas for extending the invitation.

This visit was very healing for us and the memory of it will last a lifetime. Again, thank you all so much for treating us with such thoughtfulness and compassion. Every detail was taken care of; it was more than we could have imagined and we could not have asked for anything more. May you be blessed for your goodness, so apparent in your countenance.

Tom and Terri Winder

THE MOUNTAINEER

Since 1948

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Nurse to Nurse

Col. Vinette Gordon (far right), deputy chief of the Army Nurse Corps, speaks to a group of nurses during her visit to Madigan Healthcare System in February. Gordon was the keynote speaker at the Lt. Col. Juanita Warman Nursing Excellence Conference and the Army Nurse Corps Anniversary Celebration for Madigan.

Courtesy Photo

OUT OF THE FIRE, BACK INTO THE FIGHT



Contractor, WTB come together to “top out” new building



Tawny M. Dotson

Spc. Manuel Lopez, a Warrior Transition Battalion Soldier, places his signature on the final beam to be placed in the Soldier and Family Assistance Center/Warrior Transition Battalion Administration Building's structure.

By **Tawny M. Dotson**
Editor

Joint Base Lewis-McChord and the Warrior Transition Battalion teamed up with Coastal Steel, Inc., and conducted a “Topping Out” ceremony Jan. 27, to mark the placement of the final structural steel beam in the new Soldier and Family Assistance Center/Warrior Transition Battalion Administration Building.

The new SFAC/WTB administration building is being constructed adjacent to the 408-Soldier WTB barracks facility that was opened in August 2011. Coastal Steel's assistant project manager for the building project, Jack Hanes, began the ceremony by speaking of the importance of the project to the ironworkers.

“There's something special about this project,” said Hanes. “Each one of us knows a veteran in our personal lives. Each day when we wake up we know that this job really was important.”

Coastal Steel's President Steven

Price, a Vietnam veteran, spoke at length of not only the tradition of the topping out ceremony, but also the impact of this particular effort.

“Normally a topping out party and the signatures on the final beam are reserved for the ironworkers who worked on the project,” said Price. “No two parties are ever the same and for this particular project we wanted to extend the signing to the Warriors who will benefit from this building.”

Price spoke of the level of safety afforded to the building based on its design. The building is reinforced to withstand both earthquakes and explosion.

“The design you see before you gives the greatest degree of safety to the buildings' occupants,” said Price.

Numerous contributors are a part of the contract to complete the building and at this point more than 1,250 individual pieces of structural steel weighing more than 880,000 pounds have been incorporated into the frame.

“This ceremony is our way of honoring those Warriors who will use the building after the project is completed,” said Price. “This beam is something that will stay in the structure for the rest of its existence. We wanted their signatures on this beam for good luck and longevity. It's because of you Warriors that we are able to live the American dream and provide for our Families.”

Before the “Topping Out” ceremony, leaders and Soldiers from the SFAC and WTB, and leaders from the Seattle District Corps of Engineers signed the steel beam along with the ironworkers on the project before it was hoisted and set into place.

On top of the beam the ironworkers placed a tree and the American Flag. The tree is a custom frequently used on completed structures and was once thought to ensure fertility of the land and home according to The Ironworker, the magazine published by the International Association of Bridge, Structural and Ornamental Ironworkers.

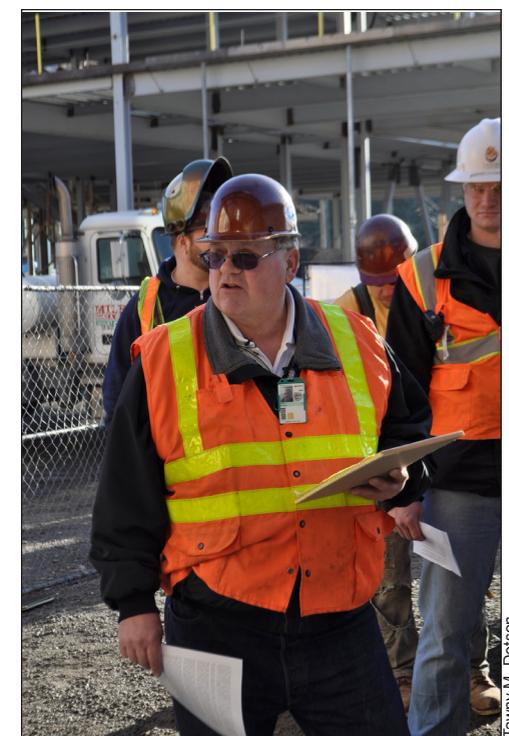
Spc. David Doll was one of the members of the WTB who was able to sign the beam prior to it being hoisted.

“I've seen a lot of military buildings go up and while most of them didn't impress me, this one was more special,” said Doll. “I'm not that injured, but a lot of my friends were severely injured and since the building is for them and their health it's an honor to be able to sign and be a part of it.”

When finished the administration building will complete the SFAC/WTB complex, ensuring WTB Soldiers have increased access to their leadership, resources and advocates.

The SFAC and the WTB deliver essential leadership and services to the WTB Soldiers, their Families, and/or their caregivers to facilitate the physical, spiritual and emotional healing of the men and women who are ill, injured, or wounded.

The SFAC partners with the WTB to serve as a one-stop shop for services to meet the unique needs of WTB Soldiers and their Families as they heal and prepare to transition back to their military career or into the civilian workforce.



Tawny M. Dotson

Steven Price, president of Coastal Steel, Inc. speaks at the “Topping Out” ceremony held Jan. 27 at the construction site for the Soldier and Family Assistance Center/Warrior Transition Battalion Administration Building. Price's company was the main contractor in the completion of the Soldier and Family Assistance Center/Warrior Transition Battalion Administration Building's structural frame.



Tawny M. Dotson

Warriors from the Warrior Transition Battalion were invited to add their signatures to the final structural beam during the “Topping Out” ceremony held Jan. 27 at the site of the Soldier and Family Assistance Center/Warrior Transition Battalion Administration Building.

National Nutrition Month®: A wee bit more than green

By 2nd Lt. Elizabeth Thompson
Dietetic Intern

March. The very word brings to mind images of shamrocks, St. Patrick, and the color green everywhere. However, St. Patrick's Day is not the only thing that should make you think of green during that month; that is because March is National Nutrition Month® and the theme this year is "Get Your Plate in Shape!" While the color green is often associated with healthy foods it should not be the only color you think of when you are trying to build a healthy meal. Variety is key to any "properly shaped" diet but it is only half the equation. Physical activity is as important as a nutritious diet for a healthy lifestyle. Recently, the United States Department of Agriculture has moved from the familiar Food Guide Pyramid to "MyPlate," which transfers the recommendations of the pyramid to your dinner plate so you can see what a healthy meal would look like. "Get Your Plate in Shape" uses this new setup as an example.

If you draw an invisible line down the center of your plate, everything on one side should be fruits and vegetables. Certain colors of fruits and vegetables contain different vitamins and minerals so you should eat many colors to get all the nutrients you need. Vary your intake every day to combat becoming bored with your meals. Your fruits and vegetables can come fresh, canned, dried, or frozen and can be eaten raw or cooked. Canned vegetables contain a lot of sodium so look for "no salt added" on the label and give them a good rinse before cooking. If you do not like a particular food item, try it prepared a different way or skip it and eat foods that you do like.

The other side of the invisible line on your plate should be filled with starches and protein. Starches include grains, breads, pasta, potatoes and corn. Add variety to your starches by choosing whole grains. Try to choose whole grains for at least half of the starches you eat

throughout the day. You can liven up your meals with various lean protein sources as well. Instead of eating beef, pork, or chicken every day, add beans and nuts to your meals and try to eat seafood twice a week. Protein is also found in dairy products. Drink low-fat or skim milk to get the protein and calcium without the fat and calories in whole milk.

Fat is often associated with unhealthy foods, but there are healthy choices among fats. Vegetable fats, like olive or canola oil, tend to be healthier than fats from animal sources, like lard or butter. Animal fats are known as saturated fats. Trans-fats are simply vegetable fats that have been changed to act like saturated fats. If you eat too many saturated or trans fats it can raise your cholesterol and increases your risk for heart disease. Choose foods that are low in both trans and saturated fats.

Another area where you can bring variety to your foods is seasonings. Salt, or sodium, is a common seasoning that is often used too much. To decrease the sodium you use, try different herbs and spices to add flavor to your food. Beware of packaged foods where sodium is often used as a preservative.

The second element of keeping your plate in shape is physical activity. Exercise can help you lose weight, build muscle tone, keep the muscle you already have, and help you feel better in general. There are many different exercises, and it is important to choose those that you enjoy. Running, swimming, cycling, weight lifting, aerobics, dancing, brisk walking and even heavy yard or house work are ways you can fit exercise into your day. Start with small amounts of exercise and increase as you are able. Adults should try to get 150 minutes of exercise every week. This may sound like a lot, but if you spread it out over five days, it's only 30 minutes per day. Even within one day you can break the 30 minutes down into 10 minute segments if that is all you have time for with your schedule.

The Nutrition Care Division at the Madigan Healthcare System has several



For more information on eating right visit www.choosemyplate.gov.

activities to promote "Get Your Plate in Shape" this March. There will be posters and handouts with more tips for adding variety to your meals placed around the hospital. Mar. 14 is particularly special, not because it is three days before St. Paddy's Day, but because it's Registered Dietitian Day! There will be an information booth set up in the medical mall on Mar. 14 from 11 a.m. to 1 p.m. staffed by Madigan's own RD's. When you have questions about how nutrition relates to you, who better to ask than a RD, your food and nutrition expert! There will also be a nutrition tip available in the Madigan Daily Bulletin every day in March. You will also be able to find a crossword puzzle with a nutritious theme available on the Nutrition Care Division page on the Sharepoint website. Bring the completed crossword puzzle to the information booth on March 14th for a chance to win a prize!

The festivities of National Nutrition Month® don't stop there. In the Madigan Grille, the sandwich bar will be open with

nutritious sandwich choices every Friday of the month. March is also the time when the Army "Go for Green" initiative will kick off at the Madigan Grille. Foods are rated to be "red", "yellow", or "green" based on how nutritious they are with green being the highest grade. This will help you make healthy decisions when eating in our dining facility and we encourage you to go for the "green" foods. But remember, variety is always important. Throwing a few "red" and "yellow" foods in with your "greens" just to mix it up is perfectly fine.

As March begins and green appears everywhere in honor of St. Patrick, let the color remind you to "Get Your Plate in Shape" as well. Remember to draw that invisible line down your plate and fill one side with fruits and vegetables and the other with starches and protein. Find a physical activity that you enjoy and make time for it. You can find more nutrition information at www.eatright.org and www.choosemyplate.gov. Healthy eatin' to you!

Army observes patient recognition month: What does the Army have planned for the future?

By Army Medical Command
Public Affairs

National Patient Recognition Week, celebrated annually the first week in February and recognized officially with special events on National Patient Recognition Day, Feb. 3, presents a golden opportunity for the Army leaders and medical providers to honor the patients trusted to our care—our Soldiers, Family members, retirees and all other eligible military health system beneficiaries. Taking it one step further, Army Medicine has chosen to recognize its beneficiaries throughout the month of February. The Army and Army

Medicine remain committed to the highest standards in patient-centered care. The theme for 2012 is 'We Are Patient Centered.'

Taking care of Soldiers and their Families is Army Medicine's commitment to our Army Family. The Surgeon General and Army Medicine leaders across the Army have signed formal Army Medicine Healthcare Covenants—our commitment to improve services, access and continuity of care for our patients. Army Medicine has also initiated many new programs and support services (Patient Centered Medical Home, Behavioral Health System of Care, Comprehensive Pain

Management, the Culture of Trust Campaign, mTBI/Concussive Injury Protocols and the Dismounted Complex Battle Injury Task Force), to enhance access and continuity of care, patient satisfaction and inspire continued trust in Army Medicine.

Why is this important to the Army? Our beneficiaries deserve the finest care and support the Army can provide. Army Medicine recognizes paying attention to our beneficiaries' unique needs is key to overall patient satisfaction and we will continue to enhance and improve medical support and service.

What does the Army have planned for the future? Army Medicine lead-

ers and providers, physicians, nurses, technicians, administrative and ancillary support staffs, hospital and clinic volunteers, will continue to provide our patients the quality care that is the foundation of Army Medicine. As we move forward, leaders and medical providers will reinforce and enhance Army Medicine's commitment to patient care, well-being and satisfaction. We honor and thank our Soldiers, retirees and Family members for their honorable service and sacrifices made on the battlefield and at home. We are Army Medicine: Serving to Heal...Honored to Serve with a vision of providing world-class healthcare to our Army Family.

Keenan takes command of U.S. Army Public Health Command

By Public Affairs Office
U.S. Army Public Health Command

Maj. Gen. Jimmie O. Keenan assumed command of the U.S. Army Public Health Command during a traditional military ceremony Jan. 27 at the Top of the Bay, Aberdeen Proving Ground-North. She is the first two-star general to head the USAPHC or its predecessor organizations, the Center for Health Promotion and Preventive Medicine and the Army Veterinary Command.

Before hundreds of USAPHC Soldiers and civilians, guests, Family and friends, Command Sgt. Major Gerald C. Ecker passed the unit colors to Keenan, signifying her assumption of command. Lt. Gen. Patricia D. Horoho, the 43rd Army surgeon general and commander, U.S. Army Medical Command, served as the reviewing official.

Horoho commended Col. Dennis C. Brown for his extraordinary leadership while serving as the acting commander of the USAPHC, and expressed her continued confidence in him as he returns to the command's chief of staff position.

Horoho also praised Keenan's leadership, and said the command's future is bright with leaders like her.

"Maj. Gen. Keenan's skills and experience as a leader and administrator make her most qualified to take the reins as commander and to ensure that the Public Health Command remains a key enabler for Army Medicine and for the entire military health system," said Horoho. "We look forward to her bold leadership, enabling us to prevent disease and promote good health at every level from the individual deployed Soldier to the entire Army Family."

Keenan is the 12th commander and fourth nurse to lead the U.S. Army Public Health Command. She said she looks forward to broadening the organization legacy of outstanding service to Soldiers and retirees, their Families and Army civilians. She said she was humbled to serve in her new position, and called the command the "bedrock of prevention-based, wellness-focused health care."

She emphasized that the mission of prevention is key to the future of Army

medicine, as well as to the well-being of each individual the USAPHC supports.

"Our responsibility is great," she pointed out, explaining that Army Medicine looks to the Public Health Command for identification of diseases, epidemics and spikes in medical conditions that signal the need for medical intervention; for injury prevention; and for analysis of the factors that contribute to suicide.

"We monitor, mitigate and archive environmental health risks (and evaluate) occupational exposures in our workplaces, helping to protect both Soldiers and civilian employees, empowering us make the healthy changes that will help ensure our quality of life," said Keenan.

Despite the potential for budget constraints, Keenan expects the demand for USAPHC's public health services to increase.

"We will continue to champion the cause of those we serve," she said. "We will remain pioneers, creating initiatives that promote both mental and physical wellness. Together, we will continue to improve, to pursue promising initiatives and to base our decisions on good values, good science and good practice."

In her new duties as commanding general of the USAPHC, Keenan will lead a worldwide organization with more than 3,000 Soldiers and civilians assigned. The USAPHC promotes health and prevents disease, injury and disability in Soldiers and military retirees, their Family members, and Army civilians, and assures effective execution of full-spectrum veterinary services for the Army and Department of Defense.

Keenan was commissioned into the Army as a Nurse Corps officer after receiving her Baccalaureate of Nursing degree from Henderson State University in Arkadelphia, Ark. She also holds a Master of Science in Nursing Administration from the Medical College of Georgia and a Master's in Strategic Studies from the U.S. Army War College. She has enjoyed a variety of medical and command assignments of increasing responsibility, both in the U.S. and overseas. She was selected as an Army Congressional Fellow assigned to the staff of then-Sen.



Command Sgt. Maj. Gerald C. Ecker stands at attention as Maj. Gen. Jimmie O. Keenan, receives the USAPHC unit colors from Lt. Gen. Patricia D. Horoho, Army surgeon general and commander, U.S. Army Medical Command. Outgoing acting commander Col. Dennis C. Brown, right of flag, will return to his position as chief of staff. Keenan is the 12th commander and fourth Army nurse to lead the organization.

Kay Bailey Hutchison (R-TX). Her most recent assignments were as the first chief of staff, U.S. Army Warrior Transition Command, and as commander of Evans Army Community Hospital, Fort Carson, Colo.

Keenan's awards and decorations include the Legion of Merit, the Meritorious Service Medal with four oak leaf clusters, the Army Commendation Medal with four oak leaf clusters, and the Army Achievement Medal. She has

earned the Expert Field Medical Badge, the Parachutist Badge, the Air Assault Badge, and the Army Staff Identification Badge. Keenan was the General Douglas MacArthur Leadership Award winner for the Health Services Command in 1988, and a regional finalist in the White House Fellowship Program in 1992. She is a member of the Order of Military Medical Merit and a Fellow in the American College of Healthcare Executives.

How to find a doc: What's the difference between an M.D. and a D.O.?

By TriWest Healthcare Alliance

Have you ever been searching for a doctor, and found one labeled as an "M.D.," while another is listed as a "D.O.?" You may have wondered what this means. Well, here's the answer.

There are two basic types of medical schools: Allopathic schools and Osteopathic schools. Doctors who attend the Allopathic schools become M.D.s., and if they graduate from the Osteopathic schools, they become D.O.s. Because of these differences, doctors

vary in their views on medicine and treating patients.

So, which is right for you? Both types of degrees produce medical doctors, who can prescribe you medicine and diagnose a condition. Here is what M.D.s and D.O.s have in common:

- Had to earn a four-year degree with core science classes.
- Attended four years of medical school (this is where the differences come into play, since there are two types of medical schools).
- Went through a residency program that

lasted three to seven years.

- Required to pass licensing exams and obtain a state license.
- Can practice in accredited hospitals and clinics.
- Work side by side in the Military Health System to benefit service members and Families entrusted to their care.

Doctors who earned a D.O. often focus on primary care or Family practice, although many do choose a specialty and train in the same residency programs as M.D.s.

D.O.s also receive training in something

called Osteopathic Manipulative Training. OMT is similar to chiropractic work, but it's not the same. This treatment manipulates the body's muscles and bones to help with problems like back pain, shoulder pain, and tension headaches. M.D.s do not receive this training.

Over time, the differences between these two types of medical schools have faded. More and more, both schools train doctors to view their patients as a whole, while promoting health, preventing disease, and treating when necessary.

Madigan to open a Sports Medicine Clinic

By Staff Sgt. Lewis Hillburn
20th Public Affairs Detachment

Madigan Healthcare System is opening a sports medicine center on Joint Base Lewis-McChord, according to the center's chief director Lt. Col. David Brown.

"In terms of the sports medicine center, what we want to be able to offer is multidisciplinary sports medicine care for Soldiers," Brown said, "the program has to be fully integrated from top to bottom."

The center will be a treatment platform. Soldiers will no longer go through multiple stages before seeing a sports medicine expert. If a Soldier suffers an injury during physical training, they can go to a musculoskeletal expert and receive their diagnosis followed by a treatment plan. Brown stated that the center's vision is to minimize the effects of an injury while speeding up the recovery process.

According to Brown, the care doesn't stop with the center. They plan to bring in other services also. They'll identify Soldiers who are in need of additional care and bring in medical specialists to help streamline the process. Brown believes this will help Soldiers' rehabilitation process.

For the process to work, Brown wants the center and units to work together to help train Soldiers.

They also want to bring in athletic trainers to help evaluate and institute treatment plans.

This will help track injuries.

"If we are seeing the same type of injuries within a unit, that should send up red flags," said Brown.

He believes this will help improve Army Physical Fitness Test scores and reduce the amount of injuries.

"We need to train smarter and not harder," he said.

He believes the only way for this concept to succeed is to get input from commanders.

"I have concepts in my head on how I think this

program will work optimally."

Brown knows that for this to be a success, it has to mesh with the units' schedules on post.

"If I offer services that Soldiers can't get to because it is inconvenient or they are geographically separated from where they are this is going to fail," he said.

Brown believes the center can treat up to 10,000 Soldiers over the course of a year. If the test center is a success, two more centers may go up.

Madigan began discussions with various working groups to ensure the success of the center. Brown reached out to the civilian sector and contacted the Seattle Seahawks' team physicians and trainers. He's received input from the National Athletic Trainers Association and physical therapists who work in the Rehab and Reintegration Office of the Surgeon General.

"Soldiers are elite athletes whether they consider themselves or not," he said, "we need to take care of them the way elite athletes are taken care of."

US, Tanzania work together in first medical readiness exercise of the year

By Sgt. King Terysa
U.S. Army Africa

Only a few people have the opportunity to visit Africa. Even fewer have the opportunity to visit Africa to give sight to the blind, creating a small footprint with an enormous payoff.

In support of U.S. Army Africa's first Medical Readiness and Training Exercise of the year, U.S. medical personnel traveled to Zanzibar, Tanzania, Jan. 30 through Feb. 10 to perform a sutureless cataract surgical technique to provide medical treatment to local citizens and improve military relationships with host medical providers.

Medical personnel that participated in the event included military specialists and civilians from throughout the U.S. Army Medical Command from Womack Army Medical Center, Fort Bragg, N.C., Madigan Army Medical Center, Fort Lewis, Wash., and Joint Base Elmendorf-Richardson Hospital, Anchorage, Alaska.

Col. Darrel K. Carlton, officer in charge of MEDRETE 12-1 and a U.S. Army ophthalmologist from the Womack Army Medical Center in Fort Bragg, N.C., said the mission is a life-changing experience for the people of Zanzibar.

"I always get a great deal of satisfaction knowing that the vast majority of people we come in contact with, we're able to improve the quality of their lives," Carlton said.

Of the 2,000 patients screened, approximately 150 were selected for surgery. Patients who qualified for cataract surgery showed up to their scheduled appointment,



Col. Kevin Winkle, a U.S. Army ophthalmologist from Joint Base Elmendorf-Richardson, Anchorage, Alaska, removes the eye patch of a patient after the cataract surgery. Patients are given the eye patch after their operation, and within 24 hours, their sight is restored in the operated eye.

and within 24 hours they are able to see clearly for the first time in years.

The surgical technique, known as extracapsular cataract extraction, is low-tech, inexpensive and takes only 20 minutes for a person blinded by cataracts to regain their eyesight.

Kevin Czarkowski, U.S. Army Africa chief of exercises and the command and control officer in charge, said the mission is a great opportunity for the United States and the host nation to work side-by-side to build a lasting relationship.

"The collaboration between the U.S. medical team,

the Ministry of Health officials from Zanzibar and the Tanzania People's Defense Force, and the ability to get these three organizations together, is remarkable," Czarkowski said.

Mohammed Ameir Bonda, a retired colonel of the TPDF, said he was grateful for the chance to restore his eyesight.

"My vision now is not good; it's not clear. For a long time I struggled [with] my eyes. I'm very happy for this opportunity," Bonda said before his surgery. After his operation, Bonda was all smiles, asking to see his brother.

Carlton said restoring eyesight to the blind has great benefits for the patients.

"It is very difficult to be a fully-contributing member of society if you are blind, especially in these poorer countries. People without it are not able to find employment. They not only become a burden to themselves, but to their immediate family and the surrounding community. Curing blindness, or curing someone's vision, in an austere setting like this has many secondary effects, not just to the person who is being assisted, but to their entire families," Carlton said.

Czarkowski said this mission not only helps people see, but it enhances Zanzibar's treatment capabilities.

"The key is Africans solving African problems. We come here with a small team, and we stand next to the Ministry of Health officials and their doctors, building their capacity. At the end, now [the Ministry of Health has] the capability and the capacity to do this themselves," Czarkowski said.

NEW MADIGAN

CONTINUED FROM PAGE 1

in the end included a 106-building complex spread over 75 acres with more than eight miles of corridors and ramps.

"I do miss the old Madigan sometimes," said Andrea Balzarini, who was the Emergency Department residency coordinator during the move, but had worked previously as a medical support assistant in the ER. "I miss the way of doing business only because it was a little bit more personal. Nowadays it's mostly over the phone and you don't know as many people face-to-face."

The transition from the old building to the new was looked upon fondly by many staff members at Madigan

who have remained over the past 20 years. The transition can be described when one thinks of moving from using a typewriter to using a computer...all in one day.

"It took a lot of training to get used to working in the new building," said Brassard.

The addition of the pneumatic tube system, robots to deliver supplies and a hospital that was built vertically rather than horizontally were just a few of the adjustments necessary to work in the new building. The addition of computers and the end of rotary phones were transitions that made the move memorable as technology changed the way most people in the hospital accomplished nearly everything. In order to make the move as smooth as possible, a great deal of preparation went into the process to include a planning office open

years before construction began.

"There was a lot of serious planning with everyone this move," said Jim Cole, who served as a project engineer on the new Madigan. "It was quite a professional recognition to have the opportunity to work on this project. It was a once in a lifetime project from an engineer's standpoint."

Now, new Madigan is 20 years old, but the work and effort that has gone into updating, renovating and maintaining the building has brought the building into the 21st Century.

"I think the building is aging very gracefully. When you look at a building that has been occupied for 20 years under medical operations, this building still shows its glory," said Cole.

Defense Department website for military children launches

By the National Center for
Telehealth and Technology

The Department of Defense launched a new website today for children experiencing the challenges of military deployments.

The highly interactive website, www.MilitaryKidsConnect.org, created by psychologists at the DoD's National Center for Telehealth and Technology, helps children of deployed parents cope with the stress, changing responsibilities, and concern for the safety of their parents.

The center, known as T2, developed the website with informative videos, educational tools, and engaging games and activities for three age groups: Youth, ages 6 to 8; Tween, ages 9 to 12; and Teen, ages 13 to 17. The site features monitored online social network forums for the groups to safely share their experiences with deployments.

MilitaryKidsConnect.org is the first DoD website to connect children in the widely-separated active, reserve, and National Guard military communities.

"Since 2001, an estimated two million children have said goodbye to a parent headed to deploy-

ments in Iraq, Afghanistan, other places around the globe, and on ships at sea," explains Dr. Kelly Blasko, T2 psychologist. "Military children are deeply affected by the separation of their parent's deployment. We've seen that, in their hearts, kids deploy too."

The website has features that will help children, parents, and educators navigate the wide range of practical and emotional challenges military Families must live with throughout the deployment cycle.

"While military children are very adaptable given the constant changes and stressful nature of military life, deployment puts a unique stress on Family relationships at home, which can also affect the deployed service member. The DoD now has a website to help the youngest members of the military community," added Blasko.

The National Center for Telehealth and Technology, located at Joint Base Lewis-McChord, WA, serves as the primary Department of Defense office for cutting-edge approaches in applying technology to psychological health. More information about MilitaryKidsConnect.org and T2 is available at www.t2health.org.



Today's military kids grow up in a world where they may experience multiple deployments of important Family members. MilitaryKidsConnect is designed to help children prepare for the challenges faced during these significant Family transitions.

Beware of the risk of gum disease: Don't leave gum problems untreated

By Lisa Young
U.S. Army Public Health Command

Clean and healthy teeth and gums are more important than for just an attractive smile. Gum diseases are serious infections that can lead to tooth loss. Unfortunately the beginning stages of gum disease are not painful and often go unnoticed. Many people develop gum disease to a varying degree in early adulthood due to hormonal changes that persists depending on the health of the teeth and gums. Gum or periodontal disease begins when the bacteria in plaque, the sticky colorless film that is constantly being formed on the teeth, causes the gums to be infected and swollen. If the plaque is not removed, it turns into a hard deposit called tartar that is trapped at the base of the tooth and irritates the gums.

The mildest form of periodontal disease is gingivitis. It often occurs when a person does not brush and floss their teeth adequately, or have regular cleanings with the dental hygienist. The symptoms of gingivitis are not usually painful. They include:

- Bleeding gums, particularly when teeth are brushed

- Bright red gums
- Gums that are tender when touched but otherwise painless
- Swollen gums
- Shiny appearance to gums

This form of gum disease is reversible with professional treatment and good oral care.

If left untreated, gingivitis can progress to periodontitis which occurs when the plaque and bacterial infection grows below the gum line. Over time, the toxins produced by the bacteria stimulate an inflammatory response in the body so that the tissues and bone that support the teeth are broken down and destroyed. As the disease progresses the gums separate from the teeth and the spaces between the teeth and gums deepen and eventually more gum tissue and bone are destroyed.

The risk of periodontal disease is increased by:

- General illness
- Poor dental hygiene
- Pregnancy, due to hormonal changes that increase gum sensitivity
- Uncontrolled diabetes
- Misaligned teeth, rough edges of fillings, and ill-

fitting braces, dentures, bridges or crowns

- Certain medications, i.e. phenytoin, birth control pills, heavy metals

The goal of treatment for periodontal disease is to reduce inflammation. The teeth are cleaned professionally by a dentist or dental hygienist with various devices to loosen and remove the plaque and hard tartar from the teeth. Teeth cleaning at least twice a year and possibly more often is required to keep the build-up of plaque off the teeth. This is followed by careful oral hygiene on a daily basis. Antibacterial mouth rinses may be recommended in addition to frequent tooth brushing and flossing. Special tools such as certain toothpicks or floss, antiplaque toothbrushes and tooth paste, water irrigation, or other devices may also be suggested by the dentist for people who are particularly prone to plaque deposits. To prevent the reoccurrence of periodontal disease, strict oral hygiene must be maintained for a person's whole life.

For more information about gum disease, go to:
American Dental Association, www.ada.org
Centers for Disease Control and Prevention, <http://www.cdc.gov/OralHealth/>

Armed Services Blood Program holds Pacific Northwest donor appreciation day

By Victor Shermer
Armed Service Blood Program

In January, snow, ice and power outages caused the Donor Appreciation Day Ceremony to be postponed. But the Armed Services Blood Bank Center—Pacific Northwest was not going to let the winter weather get the best of them, and the ceremony was rescheduled for Feb. 10. Although the ceremony was a few weeks late, the ASBBC-PNW was once again able to recognize some of the blood donor center's most valuable people in honor of National Blood Donor Month. The theme: "A simple thanks."

Last year, the ASBBC-PNW had a total of 191 donors that met the requirements to be honored. Those that

donated between one and five gallons of whole blood for the year, and those that donated platelets between six and 22 times in 2011 were invited to the ceremony to be recognized for their support of the Armed Services Blood Program. Approximately 15 donors attended and the ASBBC-PNW was proud to be able to recognize their dedication to saving lives of ill or injured service members worldwide.

The ceremony's guest speaker, Capt. Jeremy McGuffy, took center stage. While deployed in Afghanistan, McGuffy, who is from the Warrior Transition Battalion, sustained an injury that required him to receive blood. He shared his moving story with ceremony attendees and gave everyone in attendance an appreciation for why they donate.

Whole blood donors that reached their two to five gal-

lon donations and platelet donors who reach their 25th, 50th and 100th donation will have their names placed on a plaque located in the ASBBC-PNW.

In 2011, the ASBBC-PNW continued to recognize commands that had high donation levels, supported by command emphasis on the importance of donating. The 2nd Stryker Brigade Combat Team was recognized for having the blood drive with the largest number of donations. The unit donated 240 units of blood at Joint Base Lewis-McChord in October 2011.

To learn more about the Armed Services Blood Program or to make an appointment, please visit us online: www.militaryblood.dod.mil. To interact directly with some of our staff or to get the latest news, visit us here: www.facebook.com/militaryblood.

Brain Injury Awareness Month: Five things you should know

By Bronwyn Pughe
Traumatic Brain Injury Program

Traumatic Brain Injury awareness is a person-, Family-, and community-centered concern. Thus, Army Medicine has implemented four categories for Traumatic Brain Injury services: educate, train, treat and track. Madigan Healthcare System and the Western Region Medical Command routinely report on these metrics to the Office of The Army Surgeon General. This national effort serves to create consistency of care and mission across the Army, while allowing for innovation and unique focus of each program according to the military treatment facility needs. At the Madigan TBI Program, our team:

1) Emphasizes treating the whole person in the context of his or her environment;

2) Welcomes Family members and significant others into our care and learning environment;

3) Maintains high professional standards through on-going training, a robust education program, and interdisciplinary peer review;

4) Provides public forums for community members to learn about TBI; and

5) Engages in research and dissemination to move the science of care forward.

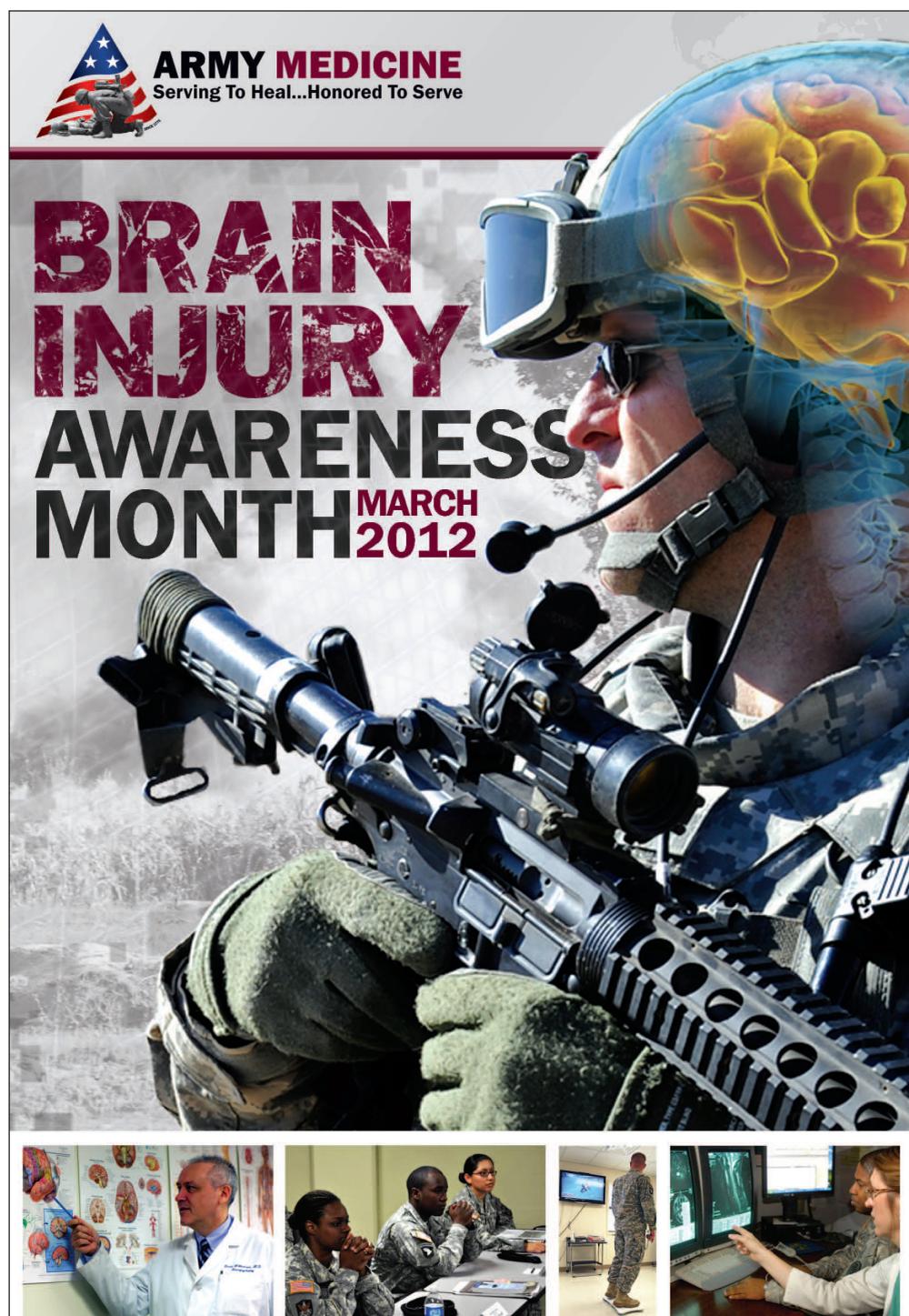
The Madigan TBI program began in 2007 under the direction of Dr. John Meyer, known for developing and deploying innovative programs at Madigan. Dr. Meyer turned the reigns over to Dr. Frederick G. Flynn, who, as the TBI Medical Director, has built a model TBI program, serving our servicemembers and Family members

under one roof. Asked about their care experiences in the TBI Clinic, servicemembers and their Families gave high marks for the TBI interdisciplinary approach to their care. They reported being truly listened to and having the time to understand how they would likely heal from concussion. They appreciated having multiple specialties in the same location.

The specialties in the TBI Program are numerous. Flynn also serves as the Chief of Neurobehavior at Madigan and is a Clinical Professor of Neurology at the University of Washington, School of Medicine. Dr. Gwendolyn G. Ford is also a neurologist for TBI. Drs. Dennis Kelly and Lars Hungerford provide neuropsychological care, backed by the testing expertise of Gordy Winslow. Drs. Stephen Clift, Colin Linehan and Paul Savage represent general practice, family and internal medicine, respectively. The TBI team is rounded out by a team of practical nurses, nurse case managers, a nurse practitioner, an occupational, a speech, and a physical therapist, an ombudsman, who is part of the education team; and a strong administrative customer service team.

As a person-, Family-, and community-centered concern, the Madigan TBI values collaboration across the hospital and beyond. Throughout the month of March the TBI Clinic from Madigan will hold a series of events to provide education opportunities about TBI.

Those events will include a display in the Medical Mall at Madigan Army Medical Center Mar. 5 through 9. For more information on the TBI program at Madigan, contact Bronwyn Pughe by calling (253) 968-3193.



Great American Spit Out: Feb. 23, Quit for a day or quit for good

By Cynthia Hawthorne
Army Public Health Nursing

The military is known for their detailed plans. Successfully quitting tobacco requires a good plan and Feb. 23rd is an excellent day to put that plan into action. Why? Because Feb. 23rd is the day we observe the Great American Spit Out.

This annual event raises awareness that smokeless tobacco is not a safe alternative to smoking. The American Cancer Society states that some of the over 200 chemicals in smokeless tobacco can cause cancer of the cheeks, gums, lips, tongue, throat and floor and roof of the mouth. Smokeless tobacco can also cause tooth decay and gum recession.

Although this event is intended to promote quitting smokeless tobacco, organizers hope that both smokers and smokeless tobacco users will make a quit attempt. All tobacco products are unhealthy, expensive, and the nicotine in

these products is very addictive. It is not easy and users can be intimidated by the difficulty of quitting. According to the Centers for Disease Control and Prevention, a quitter may need eight to 11 serious attempts before he stops for good.

That's why you need a good plan. Life changes are more easily accomplished when broken down into small steps. Think of your quit attempt as a military operation with three phases, approach it with the same attention to detail and determination you would approach any mission.

Phase 1: Prepare for the first three days when nicotine physically clears your system

- Keep hard candies and gum in your home, workplace and automobile
- Eat healthy foods like whole grains, fruits, vegetables and lean proteins
- Eating well will help keep your blood sugar stable and lessen the cravings
- Stay hydrated. Drinking water will help to purge tobacco toxins from your system

• Tell your Family, friends and co-workers your reasons for quitting tobacco, and ask for their support

Phase 2: Maintain awareness of potential relapse triggers over the next three weeks, and avoid the habits and environmental cues associated with your previous tobacco use

- Switch from hot coffee in the morning to hot cocoa or juice
- Engage in quick bursts of activity. During work breaks, take a short walk away from the smoking gazebo, or do some squats or pushups in your office
- Carry an activity, something small, that you can focus on when you're feeling stressed or bored (Cell phone games, texting or Sudoku puzzles are good examples)

Phase 3: Remain vigilant for the next three months and maintain your new, healthier lifestyle. This time period is critical as over half of quitters relapse during the first three months

- Don't undermine your success and think

"I'll just have one." Keep in mind that one slip up can lead to a total relapse

- Reward yourself. Spend some of the money you're saving on a good meal or shopping spree
- Be aware of the small changes happening to you, such as, increased sense of taste and smell, improved run time, whiter teeth and fresher breath
- Congratulate yourself on your success and be proud of your accomplishment

If you'd like some additional support, go on-line to www.ucanquit2.org and chat with a cessation counselor.

You can also learn about cessation medications by calling TRICARE at 1-800-404-4506 or the McChord Health and Wellness Center (HAWC) at 982-6947 and making a tobacco cessation appointment.

Call Madigan Army Public Health Nursing at 968-4387 to arrange training so all servicemembers can learn how tobacco use impacts individual and unit readiness.

USAPHC Ergonomics Program focuses on worker safety and comfort

By Chanel S. Weaver

U.S. Army Public Health Command

Whether it's staying in a marriage, living in the same community, or raising a child, when people stick with something year after year, they demonstrate they are in it for the long haul. They learn to take the good with the bad.

That's why David Alberth, a radiation safety expert at the U.S. Army Public Health Command, kept working for the Army for nearly 40 years. Although his office chair was uncomfortable, his computer screen was getting harder to see, and the space in his office was getting increasingly narrower, he hung in there because that's what he felt devoted employees do.

"I knew the work I was doing to keep our military safe from the harmful effects of radiation was important," said Alberth, a senior health physicist. "I enjoy using my institutional memory and knowledge of historical examples to solve current problems."

Alberth kept files in his office that covered more than 20 years of history. He was so efficient at what he does that employees at the USAPHC as well as Army and DOD scientists often consult



John Pentikis, an ergonomist at the U.S. Army Public Health Command, conducts an ergonomics office assessment for a Soldier at the USAPHC.

him on radiation issues. He was recognized as a master consultant on radiation issues a few years ago.

But recently, his coworkers and supervisor began to notice a problem.

"David had a huge collection of files, and his office space was so constrained that he could barely move around," said Lt. Col. Constance Rosser, a program



Dave Alberth, a radiation safety expert at the U.S. Army Public Health Command, sits at his new workspace that boasts state-of-the-art ergonomic amenities and allows him to stand at intervals. The office reconfiguration and design was completed through the USAPHC's Ergonomics Program.

manager in the USAPHC health physics program.

Mobility was getting more difficult for Alberth, who suffers with arthritis and other orthopedic problems from his activities as a long-distance runner in earlier years.

With a few phone calls, even more paperwork and a lot of heavy lifting, Alberth's coworkers voluntarily reconfigured his office. The office's reconfiguration and design was completed under the professional direction of USAPHC's Ergonomics Program members.

Today, Alberth's new workspace boasts state-of-the-art amenities including an adjustable keyboard, an oversized monitor, a workstation that allows him to stand at intervals, and of course, plenty of space for him to maneuver around effortlessly.

John Pentikis, an ergonomist, said the program is in high demand for office reconfigurations from customers throughout the federal workforce, completing an average of two a month.

"The teams identify risk factors in an office and come up with solutions to mitigate those factors," said Pentikis.

The make-up of these office reconfiguration teams varies, but they often include ergonomists, physical therapists, occupational therapists and engineers. A key goal of the program is injury reduction.

"We want to prevent injuries to our workforce," said Pentikis. "Research shows that virtually all musculoskeletal injuries can be prevented."

The goal is also to ensure employees can perform their jobs safely and comfortably, according to Col. Myrna Callison, Ergonomics Program manager.

The ergonomics team frequently travels both stateside and abroad to assess employee working conditions and offer interventions to decrease injury risk.

"We frequently perform ergonomic studies on offices, warehouses, hospitals and other places where federal employees work," said Callison. Recently, the Ergonomics Program was instrumental in the development of a safe-patient handling program that uses ergonomically-sound equipment to help hospital staff lift patients in ways that do not cause injuries. The program is being tested in the Madigan (Joint Base Lewis-McChord, Wash.) healthcare system, with an ultimate goal of being implemented in various Army medical treatment facilities.

Alberth said he is grateful that the USAPHC ergonomics team and his coworkers took actions to preserve his safety and health.

"The renovation made me realize that there are many USAPHC personnel who care about my welfare," said Alberth.

Pentikis said it was a pleasure to serve.

"I like what I do because I have an opportunity to interact with other people ... and help them work in an environment that suits them," said Pentikis. "It doesn't benefit an agency to have an employee who is uncomfortable and at risk of injury."

Rosser agreed.

"Mr. Alberth has spent the majority of his career assessing and mitigating the health risks of radiation to secure the safety of our military personnel in both deployed and garrison locations," said Rosser. "The steps we took to ensure he could perform his job easier were just a token of our gratitude for his service. It is our duty to ensure that all employees have reasonable accommodations."

For more information on the USAPHC's Ergonomics Program, visit: <http://phc.amedd.army.mil/topics/workplacehealth/ergo/Pages/default.aspx>



Walk-in behavioral health services for Soldiers, Airmen, Sailors and Marines are now available in a single location on Joint Base Lewis-McChord. Clinic hours are 8 a.m. to 3:45 p.m., Monday through Friday at Madigan Army Medical Center.

Behavioral Health care for our family members remains at Madigan Annex at the Child and Family Assistance Center or CAFAC that also includes walk-in services daily from 8 a.m. to 2 p.m.

Call 253-968-2700



Post-Partum Depression Group

Do you feel like you haven't been yourself since your baby was born? If you are feeling down, have had changes in sleep, are anxious, crying and tearful, or just overwhelmed; you may be experiencing post-partum depression. Please come to our group to learn about post-partum depression, get support, resources and ways to cope. The group meets on the fourth Wednesday of every month from 2:30 to 3:30 p.m. in the Sullivan Conference Room on the 7th Floor of the Hospital Tower at Madigan Army Medical Center.

Got Stress?

"Finding Your Calm, Managing Stress in a Busy World," is a new presentation available from the Care Provider Support Program for Madigan staff members.

The one hour training explains stress and its effects on the body and mind, as well as exploring relaxation techniques and practices. Call Dian Hathaway at (253) 968-2299 to schedule your department!

Become a Hometown Hero

Staff members are encouraged to submit a Hometown News Release and share your accomplishments and achievements with Family members and friends back home. From the Madigan main SharePoint page, select Hometown News Release and fill out the electronic form. All DoD civilians and military members are invited to participate. For more information, contact Carrie Bernard at carrie.bernard@us.army.mil.

Medical Social Work parenting resource class

Are you a new or expecting parent? Unsure of what resources are available to you or where you can turn to for help?

Now there is a place you can go and find answers to your questions and get assistance with any troubles you have been facing.

The new and expecting parent resource class offers helpful information to parents that are expecting a child, are new parents, may have recently moved to the area and need help learning what resources are available to them, or are facing a particular situation and need extra assistance working through it with a knowledgeable individual. This class will be held the second Monday of every month, from 9 to 10 a.m., in the Sakakini Conference room, near the Labor and Delivery ward of the Hospital Tower.

This class is for all parents in need of extra help and education on area resources and information.

Please stop by for an informative session on community resources available to parents and Families and how to connect with appropriate agencies for assistance. For additional information, please call Medical Social Work at (253)968-2303.

Corrections, Feedback and Concerns

Accuracy is important to us. If you see an error that needs attention or have a concern about something we published please call (253) 968-3279 or email tawny.m.dotson@us.army.mil.

Do You Have a Good Idea?

Would your idea make access to care better? Or streamline work productivity?

An e-mail account has been established that gives you the opportunity to share ideas and communicate with the hospital commander.

Just e-mail to MAMC.Suggestion@amedd.army.mil. All referred e-mails will be addressed. This is your opportunity to communicate with the commander. For more information, contact Hylie Jan Pressey at hyliehan.pressey@us.army.mil or call (253) 968-3086.

Inpatient Medical Social Work Caregiver Fatigue Prevention

Have you ever felt isolated, frustrated and overwhelmed?

Please take this opportunity while your loved one is an inpatient at Madigan Healthcare System to meet with others to obtain information on coping strategies, stress management and other ways to manage caring for self and a loved one.

This group will meet from 2 to 3 p.m. on the third Thursday of each month, in the 2 South conference room. This group is open to all inpatient Family members of who are caring for a loved one with a chronic health condition. For additional information, please call Medical Social Work at (253) 968-2303.

Mountaineer Editorial Policy

Madigan Healthcare Systems has an officially published policy concerning content published in The Mountaineer. The policy is available on Madigan's Internal SharePoint for staff and on Madigan's Public website at www.mamc.amedd.army.mil.

If you would like to provide story submissions to The Mountaineer or have a story idea, you can contact Tawny Dotson at (253) 968-3279 or e-mail her at tawny.m.dotson@us.army.mil.

Provider Fatigue?

Are you suffering from employee burnout or Provider Fatigue?

The staff at the Care Provider Support Program can help. Located in the Social Work Department on the 7th floor of the Madigan Nursing Tower, Room 7-93-9, (253) 968-2299.

Interested in Receiving The Mountaineer Via E-mail?

The Mountaineer is available electronically. If you are interested in receiving our monthly newspaper, please e-mail Tawny Dotson at tawny.m.dotson@us.army.mil and let her know the e-mail address to send the latest edition. For more information, call Dotson at (253) 968-3279.

Fibromyalgia Education Course

The Rheumatology service at Madigan Healthcare System will be holding their monthly Fibromyalgia education course. It is generally held the third Thursday of each month for one hour and is designed for patients diagnosed with Fibromyalgia. To ensure the course is being held or to register please call the TRICARE Appointment Line at (800) 404-4506.

Pre-Term Birth Study

Madigan is currently participating in a Pre-Term Birth Study for women who have experienced a previous pre-term delivery and are looking for pregnant women who are eligible to participate. The study is on the use of Hydroxyprogesterone, which is a form of Progesterone.

Women must be 18 years old, be pregnant with only one baby, be less than 21 weeks pregnant at the time they enter the study and have a documented history

of a previous singleton spontaneous preterm delivery (21- 36 weeks plus 6 days). They must also have no history of seizures, not on hypertension medicines and no heparin therapy. Selected participants would have a weekly appointment where their pregnancy would be monitored including baby's heart rate and the mother's progression throughout the pregnancy. If you are interested in participating you can call Lorna Imbruglio, the research nurse, at (253) 968-3446. More information about the study is available at: <http://www.mamc.amedd.army.mil/obgyn/PretermPS.htm>.

Western Regional Medical Command Changes

Maj. Gen. Philip Volpe, commanding general, Western Regional Medical Command, will relinquish command of the Western Regional Medical Command to Maj. Gen. Richard Thomas, assistant surgeon general for Force Projection, during a Mar. 7, 3 p.m., Change of Command Ceremony at Soldiers' Field House, located at Joint Base Lewis-McChord.

Volpe assumed command of the 20-state Western Region, which includes oversight of nine military treatment facilities in the Region, in February 2010 from now-Army Surgeon General Lt. Gen. Patricia Horoho.

The Western Regional Medical Command was originally comprised of six-states. However, following a U.S. Army Medical Command reorganization of the nation's Regional Medical Commands in 2009, the Western Region gained 14 additional states -- becoming the largest, geographically, of the Army Regional Medical Commands in the United States.

Volpe's next assignment will be as Commander of the Army Medical Department Center and School, located at Fort Sam Houston, Texas.

Command Sgt. Maj. Tuileama Nua, command sergeant major, Western Regional Medical Command, will relinquish responsibility to incoming Command Sgt. Maj. Cy B.K. Akana, 65th Medical Brigade, Korea, during a March 6, 3 p.m., Change of Responsibility Ceremony at Soldiers' Field House, JBLM.

For more information regarding the Change of Command or Change of Responsibility Ceremony, please contact the Western Regional Medical Commands's Strategic Communications Division, (253) 967-8027.

