



# THE MOUNTAINEER

VOLUME 19, NO. 3

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

MARCH 2012

NATIONAL WOMEN'S HISTORY MONTH

March is Women's History Month, a time to celebrate the contribution and honor the sacrifices and accomplishments of women who not only shaped our service but the country as well. Across many years and cultures, women have fought to be educated, empowered and treated equal to their male counterparts. After the American Revolution, basic educational opportunities for men and women were created as a safeguard for democracy. That commitment to education laid the foundation for women to make indelible contributions in every field, including national security and defense.

Army leadership has asked the entire Army family to honor publicly, women's contributions by encouraging all leaders from across the Army to plan and execute appropriate commemorative activities to celebrate Women's History Month. Therefore, from March 1 through March 31, the Army will highlight and honor women and their military and civil service, at all levels by telling their story in command information products at all levels.

## The Mountaineer changes format

By Strategic Communication Staff  
Madigan Healthcare System

In an effort to both streamline operations and make communication efforts as effective as possible, the March 2012 edition of Madigan Healthcare System's The Mountaineer will be the final printed, monthly newspaper for the hospital.

Starting in May, staff members of Madigan can expect to receive a more frequent electronic newsletter in their email inboxes and available on the internal SharePoint site.

"The new newsletter will allow a more frequent distribution of information to staff and ensure that information is targeted to the right audience," said Col. R. Neal David, deputy commander for administration at Madigan.

Information dissemination will continue to our patients in a number of ways. The Madigan website, [www.mamc.amedd.army.mil](http://www.mamc.amedd.army.mil), will continue to feature stories about the work being done at Madigan. In addition, patients can look for news on Madigan's Facebook page, [www.facebook.com/madiganhealth](http://www.facebook.com/madiganhealth), in Joint Base Lewis-McChord's Northwest Guardian newspaper and in off-base media outlets.



Photo Illustration

The Mountaineer, the monthly newspaper for Madigan Healthcare System, has been printed since 1948. This is its final printed edition before becoming a weekly internal newsletter delivered to staff electronically.

"Our mission to tell the story of our staff and patients hasn't changed, and their stories will continue to be featured online and in both on and off-base media outlets," said Ebbeson. "We encourage all members of the Madigan community to continue sharing news tips and information with us so we can coordinate coverage and support of their events."

Members of the Madigan community may pass news tips and information to STRATCOM at (253) 968-1901.

The Mountaineer has been a staple within Madigan since 1948. The format

and frequency have changed, but the commitment to telling the story of staff and patients has not.

"The intent is to offer timelier coverage of events and news at Madigan," said Tawny Dotson, command information officer. "Instead of focusing on the design of a monthly newspaper, we will be able to post information directly to websites and the staff newsletter. The delivery of news and information is changing across the industry and Madigan is making an attempt to catch up with the times. We hope to get closer to real-time delivery."

## Western Regional Medical Command Changes hands

By Sharon Ayala  
WRMC Strategic Communication

Maj. Gen. Philip Volpe, commanding general, Western Regional Medical Command, will relinquish command of the Western Regional Medical Command to Maj. Gen. Richard Thomas, former assistant surgeon general for Force Projection, March 7, during a change of command ceremony at Soldier's Field House, located at Joint Base Lewis-McChord.

Volpe assumed command of the 20-state Western Regional Medical Command, which includes oversight of Madigan Healthcare System and 10 other 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,



Maj. Gen. Richard A. Stone is briefed by Debbra Levene during his tour of the Patient Administration Division at Madigan Army Medical Center.

geographically, Army Regional Medical Command in the United States.

Volpe's new assignment will be as

commander of the U.S. Army Medical Department Center and School, located at Fort Sam Houston, Texas.

Jay Ebbeson

### 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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## In Brief

### Joint Base Lewis-McChord to participate in National Prescription Drug Take Back Day

By Capt. Jonathan Bartlett  
Madigan Healthcare System Pharmacy

On April 28, Joint Base Lewis-McChord will host the third, Semi-Annual Drug Take Back Day from 10 a.m. to 2 p.m. at both the Lewis Main Exchange and the McChord Exchange.

The DEA's National Drug Take Back Initiative began in September of 2010 in an effort to reduce medication abuse and impact on water pollution from flushing medications down the toilet, sink or throwing them into a landfill. JBLM first participated in this event in April of 2011.

At the event, individuals can turn in any unwanted tablets, capsules, liquids (in sealed containers), ointments, creams, vitamins or inhalers safely, securely and anonymously. Needles or syringes, medical waste and blood products cannot be accepted.

The program encourages participants who are unable to drop off their medications at JBLM to drop off their medications at no charge to a participating pharmacy or law enforcement agency near them. For a list of drop-off locations and more information on the Washington State year-round Medication Take-Back Program, go to <http://www.takebackyourmeds.org>. For additional event information, call the Army Substance Abuse Program prevention office at (253) 477-3809.

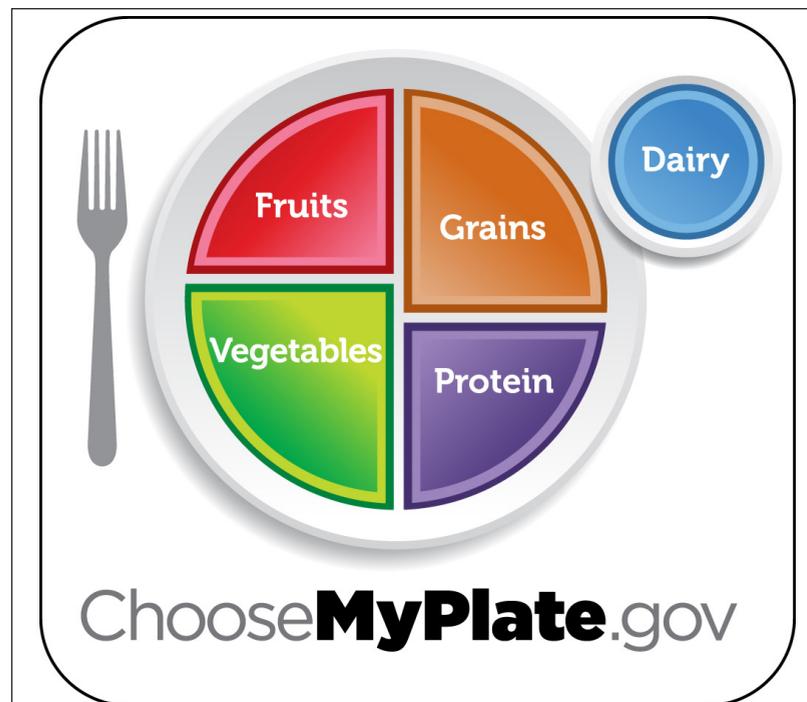
## Get your plate in shape for Nutrition Month

By Lt. Col. Sandra Keelin  
U.S. Army Public Health Command

March is National Nutrition Month. This annual campaign, sponsored by the Academy of Nutrition and Dietetics (formerly the American Dietetic Association), reinforces the importance of good nutrition and physical activity. The academy also helps consumers understand how to implement the 2010 Dietary Guidelines for Americans. The theme for this year, "Get Your Plate in Shape," encourages Americans to return to the basics of healthy eating by consuming the recommended amounts of food essential for performance and health.

This year's theme coincides with the U.S. Department of Agriculture's MyPlate, which replaced MyPyramid in June 2011. MyPlate is the government's primary food group symbol and is an easy-to-understand visual cue used to show Americans how to incorporate the recommendations of 2010 Dietary Guidelines into every meal. MyPlate uses the familiar image of a place setting for a meal to illustrate the five food groups. The plate is divided into four sections (fruits, vegetables, grains and proteins) and includes a glass representing dairy products.

Simple key messages of MyPlate include: Balance your calories by managing calories in with calories out. Enjoy your food, but eat less. Eating fast or when distracted may cause you to eat more calories than you need. Take the time to fully enjoy your meal by eating slowly. Choose foods to eat less often.



MyPlate is the government's primary food group symbol and is an easy-to-understand visual cue used to show Americans how to incorporate the recommendations of 2010 Dietary Guidelines into every meal.

Downsize your portion sizes by using a smaller plate, bowl or cup. When eating out, choose smaller-sized options, share with a buddy or save part of the meal for later. Include physical activity into your daily routine; this too helps you balance calories. Choose foods to eat more often. Eat foods that are nutrient-rich more often, and make them the basis for meals and snacks. These foods contain health-promoting nutrients such as potassium, calcium, vitamin D and fiber. Switch to fat-free or low-fat (1 percent) milk and dairy products. Fill half your plate with a variety of colorful fruits and veggies (to include beans and peas). Make at least half your grains whole grains by substituting whole-grain foods for refined (switching to whole-wheat bread from white bread or brown rice instead of white rice).

Choose foods to eat less often.

Foods that are high in solid fats, added sugars and salt should be used as occasional treats, not everyday foods. To reduce salt in your diet, use the Nutrition Facts label to compare sodium in foods, and choose lower sodium versions of foods such as soup, bread, frozen and other convenient foods. Drink fewer sugar-sweetened beverages, such as soda, energy drinks and sport drinks, which are a major source of added sugar and calories in the American diet. Consume smaller portions and substitute with water or other unsweetened beverages. To help you get your plate in shape, check out the Super Tracker, an online tool where you can get a personalized nutrition and activity plan. Find the SuperTracker and more information about MyPlate at [www.ChooseMyPlate.gov](http://www.ChooseMyPlate.gov)



Suzanne Ovel

### Stretching it out

Staff Sgt. Rudolph Juarez, a Warrior with Headquarters and Headquarters Company, and Lt. Col. Michael Yates, a Warrior with Alpha Co., perform piriformis stretches while participating in the Warrior Transition Battalion's physical therapy clinic's first lumbar stabilization class Feb. 21 in the WTB classroom.



Tawny M. Dautson

### Nurse Chief visits Madigan

Staff from Madigan Healthcare System listen as Maj. Gen. Jimmie Keenan addresses them during a town hall March 5. Keenan, is the commanding general of U.S. Army Public Health Command and the 24th chief of the U.S. Army Nurse Corps. She took office at the end of January.

## Madigan Grille to institute “Go For Green” healthy eating program

By 2nd Lt. Britain Seaburn  
Dietetic Intern

Take a moment to recall your childhood. Do you remember the game “Red Light, Green Light?” This game involves running toward an object or person while obeying commands similar to that of a stop light. From a young age, children are taught the basics of a simple stop light. Green means “go,” yellow to “slow” or be cautious, and red to “stop.” What if eating healthy could be this easy?

In conjunction with the National Nutrition Month® theme of “Get Your Plate in Shape,” Madigan Grille is unveiling the “Go for Green” program. “Go for Green” is a nutrition education program developed specifically for Army dining facilities. The purpose of this program is to assist Soldiers and other DFAC patrons in choosing

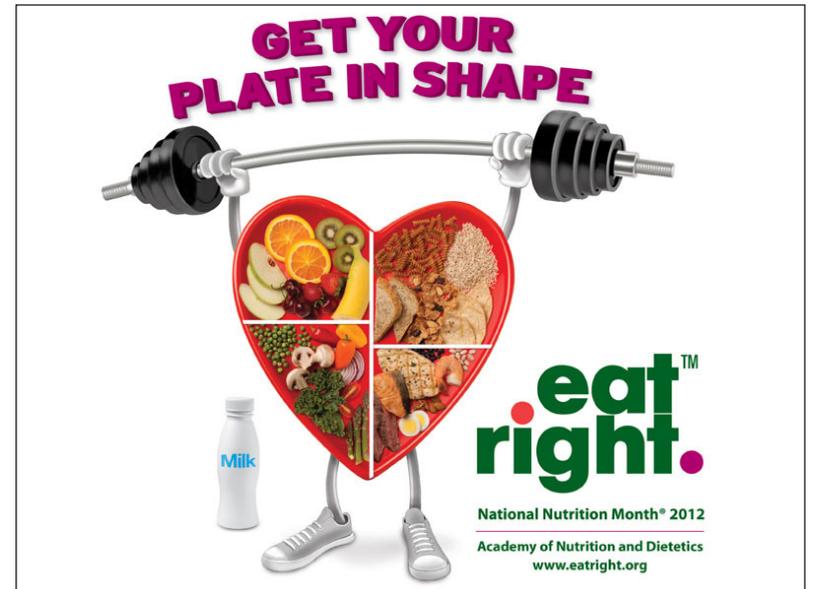
healthy eating options. “Go for Green” is a labeling system that provides a quick synopsis of the nutritional value of a menu item or food product. The menu items and food products are labeled “green” (eat often), “amber” (eat occasionally), or “red” (eat rarely) based on the nutritional value of that item. The “Go for Green” program will also include changes to the current menu and food choices available, as well as healthier methods of cooking.

The stop light method of classifying menu items is originally based on how foods impact the performance of Soldiers, but also acts as a good guide for those wanting to eat healthy. “Green” foods are high performance foods that can have a positive impact on your health. These foods are typically nutrient dense, lower in fat and calories, higher in vitamins and minerals, and should be chosen often. For example, foods

such as fresh fruit, steamed vegetables, whole grain products, baked poultry without skin, and fat-free or low-fat dairy products would have a “green” label.

“Amber” foods are moderate performance foods that should be chosen less often. These foods tend to be higher in fat and calories and lower in vitamins and minerals than “green” foods. Examples of foods with an “amber” label would include: whole eggs, white bread, reduced fat dairy products, vegetables with added fat, and fruits with added sugar.

“Red” foods are foods that may hinder performance and should be eaten rarely. These foods are highest in fat and calories and lowest in vitamins and minerals. Red-labeled foods would include high-fat meats, fried foods, pastries, fruit canned in heavy syrup, full-fat dairy products, energy drinks, and soda. These



For more information about National Nutrition Month visit their official website at [www.eatright.org](http://www.eatright.org).

items should be chosen in moderation and less frequently.

Posters will be placed throughout the Madigan Grille that explain the “Go for

Green” program and color coding system. Signs will show the different categories into which each menu item or food product fits. The Nutrition Care Division will also provide trainings to food service workers and cooks that align with the “Go for Green” values. Many of the foods commonly served in the Madigan Grille will remain, but the recipes and methods of cooking will be revised. These changes will focus on reducing total calories, saturated fat, and sodium content of foods while maintaining or improving the quality and taste.

In addition, NCD will bring in healthier products including leaner meats, reduced fat dressings for the salad bar, and more whole-grain products. There will also be healthier breakfast options available, such as scrambled egg substitute and berries for french toast.

The “Go for Green” nutrition labeling system launched in the Madigan Grille the first week of March. Understanding dietary labels and making healthy choices as you pass through a serving line can be very complex. However, with the simple “green,” “yellow,” and “red” labeling system, all the work has been done for you. Like the game “Red Light, Green Light,” just “Go for Green” when building a healthy plate.



## 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

# Recognizing that Social Work matters

By 2nd Lt. George Mesias  
Madigan Healthcare System

In March we celebrate Social Work Month nationwide, but this year's theme "Social Work Matters" has a special resonance to practitioners throughout the state of Washington. This is the first Social Work Month that practitioners around the state will be recognized for their work under the umbrella of protection over who bears the title of 'Social Worker.' Last April, Governor Christine Gregoire signed legislation that ensures the job title cannot be used by anyone who has not earned it through degree or licensure. Previously, anyone could fill the job title of Social Worker without having had any education or training in the profession. At the time, Washington was one of six states that did not offer such protection.

That this distinction was necessary highlights the misunderstandings that sometimes exist when people think of social work. It is conceivable that anyone could attempt to fill those positions regardless of the necessary education, but they do so without the breadth of knowledge and experience that a true social worker has earned through years of training.

The education level of your local neighborhood Social Worker can vary from a Bachelor of Arts, Master of Social Work, or Doctorate level education from a Council on Social Work Education accredited institution. The CSWE ensures uniform educational standards that include mandatory supervised field work. Licensure as a Clinical Social Worker requires passing of the national licensure exam and at least 3,000 hours of post-masters supervised field work, with specific requirements varying by state. The Madigan Health System currently manages a Social Work Internship Program with four officers working towards an independent clinical license.

Filling a social work position places anyone in the position to help people. What matters is that actual Social Workers do so with a greater understanding of the biological, psychological, and social factors that help and hinder the population they serve. They provide treatment with a valued focus on their client's empowerment and self-determination. Social Workers train to not only diagnose an individual, but also to consider the systems with which they interact. The goal is to achieve personal well-being through a better fit of person-in-environment and

through building on the strengths of an individual or group.

Another key distinction to consider is that social work is not social services. Limiting the idea of Social Workers to mere providers of service neglects a fundamental principle of the profession. Taking care of someone's problem for them is not enough. Individuals will go further in life when they discover their own strength in overcoming obstacles. That is our mission.

Social Workers take on various roles to achieve these ends. The versatility of our profession creates exciting challenges, but likely also contributes to some of the confusion in distinguishing what makes social workers so unique and valued. You will likely see Social Workers around Madigan serving in such capacities as therapists, educators, advocates, case managers, facilitators, supervisors, and as soldiers.

You can find Social Workers providing care throughout the installation in such areas as Army Community Service, the Regional Corrections Facility, and remaining deployment-ready as part of our Brigade Combat Teams. Here at Madigan they proudly work alongside their Psychiatry and Psychology colleagues in providing quality care as part of the Madigan Behavioral Health Team.

## MAILBAG

Dear Col. Homas,

In the early morning on Dec. 3, I was transported via ambulance to Madigan due to heart problems. While in the emergency room I was treated very well and was pleased with the concern of the doctor and nurses. In mid-afternoon I was transferred to the holding area on the 6th floor.

I was particularly impressed and pleased by the nurse who took care of me for the remainder of the day and then again on Sunday morning.

Her name was Sandra Pfaff. She was very professional and skilled and made me feel very relaxed.

I would appreciate it if you would relay my thanks for a job well done to those in the emergency room and especially to Sandra in the holding area.

Billy N., Tacoma, Wash.

Dear Col. Homas,

On Dec. 22, 2011, I had shoulder surgery, and because of the gas that is administered during my surgery I needed to spend the night on the 7 North Ward for observation. There I met Lt. Green who was going to be my registered nurse for the night. I believe she sensed how worried my wife was about me. She did everything anyone could ask of a nurse. Lt. Green took all the time needed to make sure I, as well as my wife, was as comfortable as possible, which I'm sure all your nurses do.

The thing that stands out to me about Lt. Green, was how sincere she was in the care she gave me and my wife. I know it's her job to do so, but when you come across a person of this magnitude in a sometimes hostile environment, they deserve the highest recognition possible. The tone in her voice as she explained things and asked if we needed anything was outstanding. She also chased down pillows and blankets for my wife to be comfortable.

I remember drifting off as she was talking with my wife and I woke up a few moments later and was amazed she was still there comforting my wife. I have sleep apnea and Lt. Green gave me oxygen to ensure I would have a restful night since I didn't have my CPAP with me.

She did her job more compassionately than any nurse I have ever had in my 24 years on active duty. I'm sure that if I were running a hospital, I would want all my nurses to be as honest, compassionate, and sincere in the care Lt Green gave to my wife and I. Thank her for me, please. She is one of a kind.

Ken and Dayna B., JBLM, Wash.

## Madigan's basketball team celebrates a great year

By Phil Hart  
Madigan Healthcare System

The Madigan Basketball Team for 2011-2012 has overcome many obstacles. At the beginning of the season, confusion existed over who would coach, who would be the starters, and even which players would be dedicated to the team by showing up on a consistent basis. The team has been affected by several temporary duty assignments, permanent change of station moves and even weather-related absences.

Now, under the tutelage of first year



The Madigan team huddles during their game March 1. Standing form left to right are Mike Armstead, Sgt 1st Class Cedric Dupins, Corey Rosales and Phil Hart.

coach, Sgt. 1st Class Cedric Dupins, noncommissioned officer in charge of the Department of Medicine, the team wrapped-up the regular season in second place in the "Country" Division with a record of seven wins and only one loss. In the last game of the regular season, the team defeated the Bravo Company 46th Brigade Support Battalion Team by a score of 43-39. Despite the game ending in a close score, it was Team Madigan that dominated B-Co. the majority of the time.

"This year's Team has a lot of potential. Although we have not played together for long, we are slowly becoming a force to be

reckoned with," said Dupins.

The 2011-2012 Madigan Basketball Team members are: Mike Armstead, Department of Radiology, Joshua Brown, Department of Logistics, Steven Brown, Department Occupational Therapy, Ray Cheer, 7th floor-north, Trivone Curry, McChord Clinic, Thomas Duclos, Alpha Company, Danny Glover, 702nd Brigade Support Battalion, Phil Hart, Intensive Care Unit-East, Ray Lautoa, Department of Anesthesia and Operative Services, Corey Rosales, from Radiology, Galvin Smith, from Logistics, Clarence Ware, from Optometry and Marquis Warren.

## THE MOUNTAINEER

Since 1948

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.

For information about The Mountaineer or to submit a story idea, contact Madigan Healthcare System Strategic Communication Office's The Mountaineer Acting Editor Tawny M. Dotson at 253-968-3279, or [tawny.m.dotson@us.army.mil](mailto:tawny.m.dotson@us.army.mil). Circulation: 2,000

### Commander

Col. (Dr.) Dallas W. Homas

### Strategic Communication Director

Jay Ebbeson

### Command Information Officer/Editor

Tawny M. Dotson

### Warrior Transition Battalion Public Affairs

Suzanne Ovel

## OUT OF THE FIRE, BACK INTO THE FIGHT



### WTB Soldiers get help choosing the perfect internship



Suzanne Ovel

Sgt. Jonte Scott (far right) and Sgt. Lester Perez (center), both Warriors with Charlie Company, meet with corporate representatives at the Hire America's Heroes Career Day at CenturyLink Field in Seattle Feb. 24. Internships can give Soldiers more resume fodder when applying for jobs in new career fields.

By Suzanne Ovel  
Warrior Transition Battalion Public Affairs

Through internships, Soldiers here can test out new career fields, gain resume fodder, and in many cases get mentored by fellow Veterans in how to succeed in the civilian workforce.

The person who gets it all started is Cherie Westphal, the transition coordinator for the Warrior Transition Battalion.

"I track and coordinate all milestones in Soldiers' transitions to include placing them in MOS-aligned work plans, internships and education programs," she said.

Soldiers can work one-on-one with Westphal to talk to her about options for internships and work plans, or memorandum of understandings; explore what their career intentions are; and align them with individualized plans. Soldiers who are transitioning out of the Army can also take into consideration where they plan to live afterwards, and then seek to find work plans here that will relate to the career opportunities available at their post-Army location.

In addition, Soldiers can find out with Westphal's help which federal civilian fields may align with the experience gained in work plans and internships to give Soldiers more experience directly related to federal jobs.

"I really try to find out what they're really looking for and what their interests are," said Westphal, who has a background in human resources. "It's very specific to the Soldier."

Soldiers do have to complete goal setting classes through the WTB's occupational therapy clinic before seeking an MOU through the transition coordinator.

If Soldiers choose to seek an internship, they can either work with units on base or they can apply for an internship with other federal agencies through the Operation Warfighter Program.

Westphal encourages Soldiers to start planning for their transitions as soon as possible, especially if they are considering internships; she recommends Soldiers stay in internships for at least six months to gain a good amount of experience and networking ties.

Westphal, who describes her role as



Suzanne Ovel

More than 100 Soldiers attend the Hire America's Heroes Career Day Feb. 24 in Seattle.

part coach and part motivator, urges Soldiers to push past trepidation about the unknown and what can be the uncertainty of the career futures to start plan-

ning for their transitions now.

"I try to tell them this is one of the best opportunities you'll ever get in the Army," she said.

# Prevent childhood poisoning...now and all year long

By Kira Koon

U.S. Army Public Health Command

National Poison Prevention Week, March 18–24, is a time nationally designated to recognize the dangers of poisoning and how to prevent it. However, poison prevention should be practiced all year round to ensure the safety of your loved ones, especially your children.

While all parents want to keep their children healthy and safe, the truth is that the home can be a very dangerous place if parents do not take the right actions to prevent childhood poisoning. Every day, 374 children in the United States are treated in an emergency department and two children die from poisoning. For every 10 poison exposures in children, about nine occur in the home.

Poisons can be found in almost every room of every house and curious children will often investigate anything that is within their reach—little hands can

lead to big trouble! However, with the right knowledge and information, parents have the ability to play a life-saving role in protecting their children from household poisonings. The first step is to realize what items in your home can be poisonous. Everyday items in your home, such as household cleaners, medications and cosmetics can cause severe illness and even death if ingested. The following are examples of common household items that can be poisonous:

- Medicine
- Mouthwash
- Beauty supplies
- Cleaners
- Bug spray
- Anti-freeze
- Alcohol
- Cigarettes
- Certain household plants

Once you realize the potential poisons in your home, your next step is to take action to prevent your children from having access to these items. Follow the tips

below and stick to them throughout the year to prevent childhood poisoning in your home:

- Lock them up. Lock up medications, household cleaners, cosmetics and other potentially poisonous household products in locked or childproof cabinets out of children's sight and reach.

- Keep an eye on them. Never leave potentially poisonous household products unattended while in use, and put products back to their locked places as soon as you are finished using them.

- Don't keep it if you don't need it. Safely dispose of unused, unneeded or expired medications. When disposing of them, you can mix them with coffee grounds or kitty litter.

- Read the label. Always read labels and follow directions exactly on all medications and household products.

- Keep it original. Keep products in their original containers. Your child may think a cleaning product is a drink if you store it in a soda bottle!

- Refer to medicine as medicine. Never refer to medicine or vitamins as "candy."

- Know the number. Put the local or nationwide poison control center phone number, (800) 222-1222, on or near every telephone in your house, and program it into your cell phone. The poison control center is open 24 hours a day, seven days a week. Call the poison control center or 911 if you think a child has been poisoned.

Remember, during this national prevention week and all year round, you have the ability to prevent poisons in your home. For more information on childhood poisoning prevention, see the following resources:

- U.S. Centers for Disease Control and Prevention, [www.cdc.gov/safechild/poisoning/](http://www.cdc.gov/safechild/poisoning/)

- Safe Kids USA, Inc., [www.safekids.org/safety-basics/safety-resources-by-risk-area/poison/](http://www.safekids.org/safety-basics/safety-resources-by-risk-area/poison/)

- Poison Prevention.org, [www.poison-prevention.org](http://www.poison-prevention.org)

## Awareness of TBI causes, symptoms important to Soldiers, Families

By Keith Hauret

U.S. Army Public Health Command

Awareness of traumatic brain injury in the United States has greatly increased over the past few years. It is an important injury that can have long-lasting effects. Active-duty service members are at increased risk for a TBI compared to their civilian peers. According to the Defense and Veterans Brain Injury Center, 29,255 service members were diagnosed with a TBI in 2009 and 30,380 were diagnosed in 2010.

TBIs also occur among family members and retirees of all ages. More than 1.7 million Americans are treated each year for a TBI, according to the Centers for Disease Control and Prevention. This includes 1.4 million persons who are treated in emergency rooms, 275,000 who are hospitalized, and 52,000 who die from the injury. The CDC estimates the yearly cost for TBIs to be \$76 billion. This includes costs for medical treatment and rehabilitation, lost wages, decreased productivity at work, and impact on family members.

Many Americans sustain a TBI each year and are not treated in emergency rooms, making it difficult to know how many TBIs actually occur. Many individuals with TBIs are treated in outpatient clinics, but many never seek any medical attention.

The American College of Sports Medicine estimated in a December 2011 team physician consensus statement that there are 3.8 million mild TBIs (concussions) each year just from participation in sports and recreational activities.

TBIs are caused when external forces are applied to the head and brain. These forces can result from a blow or jolt to the head, an object penetrating the head/brain, "whiplash" (as in a car crash), or pressure caused by a blast or explosion.

TBIs range from "mild" (a brief change in mental status or consciousness) to "severe" (an extended period of unconsciousness or amnesia after the injury).

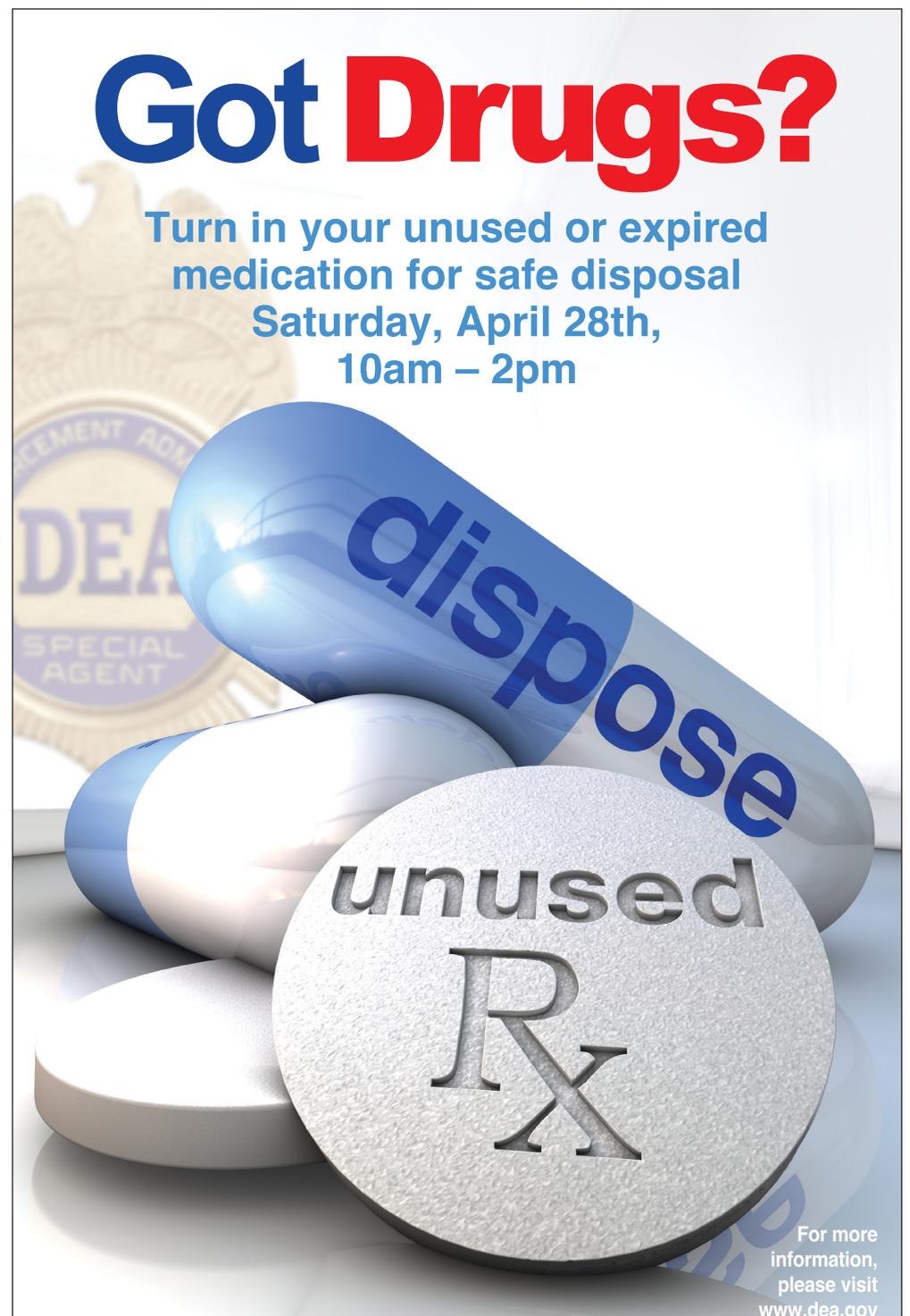
With the deployments in Iraq and Afghanistan, the leading causes of TBI for the U.S. civilian population are different compared to the leading causes for military service members. For the civilian population, falls (35 percent), motor vehicle crashes (17 percent), and striking the head by or against an object (17 percent) are the leading causes of TBI, according to the CDC. By comparison, a report by the U.S. Army Public Health Command says 69 percent of the TBIs that required deployed Soldiers to be hospitalized in Iraq and Afghanistan in the years 2004–2009 were from battle-related causes such as bullets, fragments and blasts. Leading non-battle causes for TBIs included motor vehicle crashes (12 percent), falls (6 percent) and sports (2 percent).

Service members and their families should be aware of TBI and its symptoms. Sometimes, symptoms will not be noticed for days, weeks or even months after the injury occurred. This is especially true with mild TBI.

TBI symptoms can also be hard to distinguish from other common health problems such as post-traumatic stress

# Got Drugs?

Turn in your unused or expired medication for safe disposal  
Saturday, April 28th,  
10am – 2pm



For more information, please visit [www.dea.gov](http://www.dea.gov)

# MADIGAN HEROES

MARCH 2012

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## Army Surgeon General STAR Notes and Coin:

Dr. Curtis Hobbs  
Sue McReynolds

## Legion of Merit:

Col. Janice Lehman

## Army Commendation Medal:

Maj. Diana Colon  
Staff Sgt. Jesse Eastes  
Sgt. Shedric Staley  
Spc. Mandy Robinson

## Dep't of the Army - Commander's Award for Civilian Service

Christine Mabini  
Glennnda Felker

## Dep't. of the Army - Achievement Medal for Civilian Service

Nancy Mansell  
Anthony Medica  
Alice Sanchez  
Linda Shields  
Sharon Willett

## Dep't. of the Army - Certificate of Achievement:

Capt. Eugenio Llorada  
Sgt. 1st Class Michael Vandeventer  
Staff Sgt. Owen Loop  
Sgt. Donna Antonson  
Spc. Rengil Iluches  
Spc. Mason Ostrom  
Pvt. Whittannie Harber  
Andre Croker  
Leland Jurgensmeier  
Linda Deshazer  
Margot Lancaster-Stevens  
Charles Madison  
Delia Martinez  
Kathy Pegum

Susan Powell  
Robert Rudd  
Michael Sadler  
Cheri Turner  
Judith Turner  
Margaret Voelker  
Karilynn Wilson

## Commander's Coins:

Lt. Col. Cathleen Nelson  
Maj. Meemie Tha  
1st Lt. Katherine Tran  
1st Lt. Kevin Goodwin  
1st Lt. Ola Obermuller  
1st Lt. Amanda Tinsley  
1st Lt. Justin Kimmel  
Staff Sgt. Alexander Biddle  
Sgt. Shedric Staley  
Carolyn Diteman  
Janet Fabling  
Rosario Hermann  
Michael Hager  
Chad Nix  
Kelli Olsen

## Commander's Award for Customer Service:

Gladys Greer  
LaDasha Green  
Bobbi Williams

## Service Awards:

Randolph Johnson – 40 years  
Katherine Pemberton – 30 years  
Milagros Borrero-Ruiz – 10 years

## Special Presentation: Army Medical Command Regiment

Sharon Richards

## Special Presentation: Employer Support of the Guard and Reserve

Darlene Thornton

## TBI: CONTINUED FROM PAGE 7

disorder or depression.

Symptoms of TBI include:

- Loss of consciousness
- Headaches
- Dizziness
- Excessive fatigue
- Trouble concentrating
- Forgetting things (memory problems)
- Irritability
- Balance problems
- Vision changes
- Sleep disturbance

Here are some tips from the CDC on how to protect oneself from brain injuries:

- Wear a helmet or other appropriate head gear.
- Wear safety belts when traveling in

vehicles.

- Check for obstacles and loose debris when climbing or rappelling.
  - Maintain a clean and orderly work area, free of foreign objects or debris.
  - Use care when walking on wet, oily or sandy surfaces.
  - Employ the buddy system when climbing ladders and working at heights.
- Things Soldiers and their families can do about TBI include:
- Know the signs and symptoms of TBI.
  - Seek medical care for any suspected concussion or TBI.
  - Keep the Defense Veterans Brain Injury Center phone number (1-800-870-9244) nearby. DVBIC can answer questions about TBI or can direct Soldiers to medical providers.

## Cancer survivor heals through sports

By Suzanne Ovel  
Warrior Transition Battalion Public Affairs

When he crossed the finish line last July, Sgt. Fred Prince wasn't just completing a 13-mile race. He was celebrating the fact that he could run, that he had enough oxygen in his body to even join in the race.

A leukemia survivor, Prince had come a long way from being an inpatient for nearly a month the previous March while receiving chemotherapy. Not only did he finish the race in 1 hour, 54 minutes, but he also picked his pace up in the last 100 yards.

"And that's when I knew, I'm back," said Prince, a Warrior with Bravo Company.

The first signs of his cancer disguised themselves as flu-like symptoms and a gradual loss of energy in the fall of 2010. An avid long-distance runner, Prince started slipping back from his usual place at the front of his unit when he was at Schofield Barracks, Hawaii. Eventually, he ran even slower, to the point he started falling behind formations.

"It was like I had to drag my legs along... it was disconcerting," said Prince, an infantryman who joined the Army in his 30s to fight terrorism. While he got standard treatments for his flu-like symptoms, they just wouldn't go away. The day after he set up a full physical for his persistent and worsening symptoms, Prince woke up in what he called "excruciating pain."

"I felt like something inside was falling apart, and that was pretty scary," he said. That pain had him going to Wahiwa General Hospital, Hawaii, (and later to Tripler Army Medical Center) where he found that what he had thought might be a bad case of pneumonia was actually acute myeloid leukemia, a cancer that starts in blood-forming tissue.

Prince said his doctors told him, "We have to hit this very hard to kill it, and we don't know if it will kill you as well."

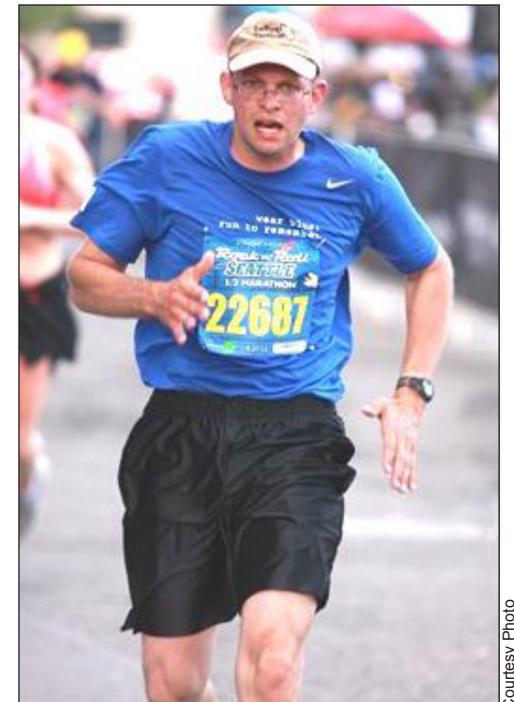
Hitting it hard meant undergoing daily high-dose chemotherapy treatment for two weeks straight in inpatient status. Ninety-percent of his blood was cancerous before he started the harsh treatment.

"That was the lowest point of my life without a doubt," he said.

Shortly after Prince transferred here at the WTB to recover, he had a bone marrow biopsy at Madigan, which came back "clean."

He credited his faith with saving him from such a progressed stage of cancer.

Prince felt that God told him, "I have a job for you and I'm going to give you the health to do it."



Sgt. Fred Prince, a Warrior with Bravo Company, runs a half marathon in Seattle in July after recovering from cancer.

"From that point on, I've been working to recover," he said. "I've signed up for as many adaptive sports as I could because I need to get back into shape. Chemotherapy wipes out your core muscles."

Since Prince joined the WTB, he participated in nearly 10 adaptive sports, to include scuba, horseback riding, mountain climbing, and swimming. He said that it's easier to be motivated to get physically fit again if he's involved in interesting activities.

"When you have to push to do something that was (once) easier for you... it's easier if you enjoy doing it," Prince said.

He's now a contender to join the Department of Defense's Warrior Games competition in May for the archery competition, a sport he picked up as a part of the Phoenix Adaptive Sports program.

While Prince is currently in remission, he is going through the medical evaluation board to determine if he'll stay in the Army.

"My situation is far from resolved, and it's not set in stone that I'll be returning to duty," he said; he hopes to return to duty and join a Special Forces unit, but is considering civilian options as well such as underwater welding or returning to his family's construction business.

After recovering from an illness that brought him close to dying, Prince found a lot of the barriers to participating in life were mental ones.

He encourages fellow Soldiers to refocus on the abilities they do have.

"A lot of the limitations you might put on yourself may be in your mind. Get rid of the limitations and say, 'It's not what I can't do; it's what I can do,'" he said.

## 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](mailto: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](mailto: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](mailto: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](mailto: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](http://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](mailto: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](mailto: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>.

## Ethical Internet Research: Informed Consent Regulations and Realities

On Mar. 15 at 10 a.m. the Department of Clinical Investigations will host a webinar examining existing regulations that pertain to informed consent in the context of research conducted via the Internet in either the biomedical or social and behavioral contexts. All Madigan staff are invited to participate. The course is approved for 1.5 continuing education credit hours approved thru PRIM&R.

The goal of this webinar is to: Identify specific Internet research settings and conditions for consent. Discuss how to apply Common Rule regulatory requirements for informed consent to Internet research. Explain regulatory flexibilities applicable to consent in Internet research. Address obtaining parental consent and child assent in Internet research involving minors. Present sample language for informed consent documents for Internet research regarding data security and confidentiality of research-related information

## National Nutrition Month Tip

Top 10 Foods that Help Lower Cholesterol (in alphabetical order):

1. Beans and lentils - for their fiber, soluble fiber in particular.
2. Dark chocolate - for its flavonoid.
3. Edamame - for its isoflavones and fiber.
4. Extra-virgin olive oil - for its mono-unsaturated fatty acids.
5. Garlic - for its allicin.
6. Oat - for its soluble fiber.
7. Foods with added plant sterols or stanols- help block the absorption of cholesterol.
8. Psyllium - for its soluble fiber.
9. Salmon - for its omega-3 fatty acid, DHA in particular.
10. Walnuts - for its ALA omega-3 and mono-unsaturated fatty acids.

## Congratulations!

Staff Sgt. John A. Ahern has been inducted into the Madigan Healthcare System Sergeant Audie Murphy Club. Additionally, Command Sgt. Maj. David Rogers, was recently accepted as an honorary member.

The Sergeant Audie Murphy Club is a private U.S. Army organization for enlisted non-commissioned officers only.

Those NCO's whose leadership achievements and performance merit special recognition may possibly earn the reward of membership.

Members must: "...exemplify leadership characterized by personal concern for the needs, training, development, and welfare of Soldiers and concern for families of Soldiers."

The original club was started at Fort Hood, Texas early in 1986.