

OCTOBER 2011
NATIONAL DEPRESSION
EDUCATION AND
AWARENESS MONTH

October 2011 is the National Depression and Education Awareness Month. The U.S. Army, Office of the Surgeon General and U.S. Army Medical Command support and promote these national efforts in order to ensure that our Soldiers, Family members, Department of Army civilians, healthcare providers and patients are informed of the most common and treatable mental disorders.

Clinical depression is a serious medical condition that if left untreated, may lead to other complicated medical conditions. Depression signs and symptoms may include body aches and pain, sadness, irritability, changes in appetite or sleep, trouble concentrating or withdrawing from Family, friends and activities you once enjoyed. A depression screening however, is often the first step to getting well. Unfortunately, two-thirds of people who suffer from depression fail to seek the care needed. They mistakenly believe their symptoms are just a normal part of life. The good news for people who suffer with depression is that effective treatment is available.

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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THE MOUNTAINEER

VOLUME 18, NO. 10 WWW.MAMC.AMEDD.ARMY.MIL

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

New kiosks educate patients on breast cancer awareness topics

By Tawny M. Dotson
Editor

Two breast cancer awareness kiosks have taken their place at Madigan Army Medical Center in the main Pharmacy and the Obstetrics and Gynecology Clinic.

Those kiosks, dedicated to Nancy Dickson a breast cancer survivor, were placed there in Dickson's honor and to increase awareness about breast cancer for all of Madigan's patients.

"My hope is that the presence of these kiosks and the information within them will empower them to feel more like a member of the team that is going to walk with them should they ever get diagnosed with breast cancer," said Col. (Dr.) Dallas Homas, Madigan's commander.

The kiosks were officially dedicated on Sept. 7 and were donated to Madigan Healthcare System by the Madigan Foundation.

An integral part of the set-up of the kiosks was Rick Barnhill, the deputy chief of Madigan's Information Management Division.

"With the electronic means we provide patients have a real chance to help themselves," said Barnhill.

The kiosks consist of a computer system where patients are able to complete a Gail Risk Assessment and watch a video on how to properly complete a self breast exam.

The Gail Risk Assessment is a breast cancer risk assessment tool designed by Dr. Mitchell Gail.

According to the National Cancer Institute, the model uses a woman's own personal medical history (number of previous breast biopsies and the presence of atypical hyperplasia in any previous breast biopsy specimen), her own reproductive history (age at the start of menstruation and age at the first live birth of a child), and the history of breast cancer among her first-degree relatives (mother, sisters, daughters) to estimate her risk of developing invasive breast cancer over specific periods of time.

"It's the only validated population screening tool," said Helen McGregor, a nurse practitioner who works in Madigan's Breast Imaging Services



Bernie Borja works through the Gail Risk Assessment at the Nancy Dickson Memorial Breast Cancer Education Kiosk in the Obstetrics and Gynecology Clinic at Madigan Army Medical Center.

Clinic.

Please see **KIOSKS**, PAGE 6

Madigan Combined Federal Campaign begins

By Tawny M. Dotson
Editor

This year's Combined Federal Campaign is in full swing at Madigan Healthcare System.

"The intent for this year's campaign is 100% good, quality contact and an increase in participation," said Master Sgt. Gerardo Puentes, Madigan's CFC project manager. "This year is the 50th Anniversary of the CFC. Our expectation is that this year we promote CFC to every possible donor in Thurston, Lewis, and Pierce County."

Listed this year in the eligible charities list are more than 240 Pierce, Thurston and Lewis county charitable organizations. In addition, there are thousands of national and international organizations eligible to receive funds. Donations to the funds can be directed to specific charities, or given to the general funds, which are then disbursed across all eligible charities.

Last year was one of the most successful annual workplace charity campaigns in the world, according to the

CFC website.

In order to encourage participation, Madigan is participating in a CFC fundraiser at Harmon Brewery and Eatery in Tacoma on Oct. 28 from noon to midnight. Harmon Brewery will donate 10 percent of the proceeds from the event to the CFC. All Madigan staff members are encouraged to participate. Harmon Brewery is located at 1938 Pacific Ave. South, in downtown Tacoma, Wash. In addition to food and drink there will be a costume contest for kids and CFC eligible charitable organizations available to learn more about their services and where contributed funds would go.

This year's pledge forms and campaign charity listings have been distributed to the project managers within Madigan. Staff members should expect to be contacted with the information soon. The campaign will end Dec. 19 and all pledge forms must be collected by Dec. 13 in order to close out the campaign on time. For more information, Puentes can be contacted by calling (253) 968-4230.



This year's Combined Federal Campaign points of contact for staff members at Madigan are available on Sharepoint in the Daily Bulletin. Col. (Dr.) Dallas Homas is this year's Joint Base Lewis-McChord CFC chairman. The position to chair the base-wide campaign rotates each year. Homas will be interviewed and appear in next month's Mountaineer discussing his goals for the campaign.

Drug Enforcement Agency: National Prescription Drug Take Back Day

Twice a year the Drug Enforcement Agency establishes a National Prescription Drug Take Back Day aimed to allow the safe turn-in of unused and unwanted prescription drugs. This year the event will take place on Oct. 29 from 10 a.m. to 2 p.m. and Joint Base Lewis-McChord will again join the national effort.

"This is an opportunity for those residing on JBLM to safely, conveniently and anonymously turn-in their unwanted or expired over-the-counter and prescription medications for free," said Mike Kyser, an environmental protection specialist at Madigan Healthcare System and one of the event's planners.

In the far corner of the parking lot at the Joint Base Lewis-McChord Lewis-Main Exchange a group of professionals will be collecting prescription drugs. The effort, according to the DEA website, addresses a vital public safety and public health issue. More than seven million Americans currently abuse prescription drugs, according to the 2009 Substance Abuse and Mental Health Services Administration's National Survey on Drug Use and Health. Each day, approximately, 2,500 teens use prescription drugs to get high for the first time according to the Partnership for a Drug Free America.

Anyone residing outside of JBLM or unable to make it on base that day can take their medications to a community collection site. To locate a site near you, visit www.dea.gov and enter your zip code or city and state for a list of local opportunities.

At the previous take back event held in April of this year JBLM collected more than 150 pounds of unused or expired drugs. According to the DEA, the national effort collected more 376,593 pounds at 5,361 different sites in all 50 states in April. That was an increase of 55 percent for the national event from the September of 2010 event to April of 2011.

To protect privacy, participants are reminded to remove their personal information labels. All solid dosage medication and liquids in consumer containers will be accepted. Intravenous solutions, injectibles, syringes or any other medical waste will not be accepted due to the potential biohazard risks. For more information, contact Elisabeth Madayag at (253) 477-3809.

Got Drugs?
Turn in your unused or expired medication for safe disposal
Saturday, October 29th

dispose
unused
Rx

For more information, please visit www.dea.gov

LIVING DRUG FREE
RED RIBBON WEEK
October 23-31

ASBBC-PNW encourages returning service members to donate for those still deployed

By Victor Shermer
Media Relations Officer

Summer has come and gone, and as it swept through, several brigades now have Soldiers eligible to donate again, albeit only for a short while as they train for their next deployment.

The fall season and new fiscal year comes with budget cuts for the military, including the Armed Services Blood Bank Center—Pacific Northwest.

It was necessary for the ASBBC-PNW to travel to collect blood because most of the local Army units at Joint Base Lewis-McChord,

had deployed and were not eligible for a two year period.

Now that they are eligible to donate again the blood donor center only has a short time to collect their donation.

The ASBBC-PNW is encouraging everyone who is eligible to donate.

For those who have returned from deployment, remember there are still troops deployed that need your support.

The ASBBC-PNW's primary mission is to collect blood to support contingency operations, and it cannot be done without you.

If a local blood drive on JBLM does not fit your schedule, you can always come to the ASBBC-

PNW located next door to the Madigan Café at the Madigan Annex (formerly known as "Old Madigan").

Once your donation is complete, it will arrive in Afghanistan or Iraq in only seven days.

The ASBBC-PNW can be reached at (253) 968-1850.

To find out 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.

THIS HALLOWEEN
Treat our Troops to **LIFE!**

ASBPP
Armed Services Blood Program

DONATE BLOOD!

Donate blood this Halloween season and get the best treat of all - knowing you helped save a life. As a thank you for your generosity, we'll treat you too!

Thursday, October 27
9 a.m. to 1 p.m.
Ground Floor, Madigan Medical Mall
Across from Letterman Auditorium

Appointments can be made by going to www.militarydonor.com; you will need to establish a profile and login. Or just walk in.

ASBPP
Armed Services Blood Program

Think P.I.N.K. this October to reduce breast cancer risk

By Theresa Jackson

U.S. Army Public Health Command

October brings with it many great things—the start of autumn, beautiful foliage, football games, candy corn, pumpkin lattes ... and a lot of pink.

In October, we see pink ribbons, pink candies, pink t-shirts, pink bracelets and pink sneakers.

In recent years, we have even seen hot pink accents on our favorite NFL players.

So why does the first full month of autumn take on a rosy hue across America?

Unfortunately for some, it is not a second coming of Valentine's Day (though who wouldn't love some extra flowers and chocolate?).

Rather, all of the pink we see from now through Halloween is to raise awareness for women's health because October is National Breast Cancer Awareness Month.

Breast cancer is the most common cancer in women worldwide. About one in eight women in the United States (12 percent) will develop invasive breast cancer over the course of their lifetime.

In fact, this year in the United States alone, more than 230,000 women—or nearly 600 women per day—will be diagnosed.

Though we may not see splashes of hot pink on our Soldiers' Army Combat Uniforms this month, we can all support the national campaign against breast cancer.

Therefore, the U.S. Army Public Health Command encourages all of our female Soldiers and Army wives, sisters, mothers, and daughters to think P.I.N.K. this October:

•P – PARTICIPATE IN SCREENING

The chances of survival are better if any cancer is detected early and before it spreads to other parts of the body.

In fact, when breast cancer is found early and confined to the breast, the five-year survival rate is 98 percent.

To promote early detection, the American Cancer Society

recommends that women in their 20s and 30s receive a clinical breast exam every three years and that women age 40 and older receive a yearly CBE as well as a yearly mammogram.

•I – INVEST IN PREVENTION

Women often struggle with balancing Family, work and taking care of themselves. Being sure to eat right, get enough sleep, avoid alcohol use and exercise.

These actions not only help you feel better but may also reduce your risk of cancer.

In one study from the Women's Health Initiative, as little as 1¼ to 2½ hours per week of brisk walking reduced a woman's risk of developing breast cancer by 18 percent.

•N – NOTE YOUR RISKS

All women are at risk for breast cancer. The two most important risk factors for breast cancer are being female and getting older.

Most breast cancers and associated breast cancer deaths occur in women ages 50 and older.

Risk also increases if you have a first-degree relative (mother, daughter or sister) who has been diagnosed with breast cancer.

Knowing your risks, communicating them with your healthcare provider and following the appropriate screening recommendations is key to early detection.

•K – KNOW YOUR BODY

No matter your age, you should become familiar with how your breasts look and feel.

If you notice any changes such as a lump, swelling, dimpling, pain or redness, see your healthcare provider right away.

Finding a breast change does not necessarily mean that you have cancer; your provider will be able to offer you additional information and next steps.

If you or your Family member would like additional information on Women's Health Month and Breast Cancer Awareness, please visit:

American Cancer Society, <http://www.cancer.org/>

[Cancer/BreastCancer/index](http://www.cancer.gov/cancertopics/types/breast)

National Cancer Institute, <http://www.cancer.gov/cancertopics/types/breast>

National Women's Health Resource Center, <http://www.healthywomen.org/>

Susan G. Komen for the Cure, <http://www5.komen.org/>

U.S. Department of Health & Human Services Office on Women's Health, <http://www.womenshealth.gov/>

The U.S. Army Public Health Command focuses on promoting health and preventing disease, injury and disability in Soldiers and military retirees, their Families, and Army civilian employees.

As well, the USAPHC is responsible for effective execution of full-spectrum veterinary services throughout the DOD.

The USAPHC was created from the merger of the U.S. Army Center for Health Promotion and Preventive Medicine and the U.S. Army Veterinary Command.

For more information on breast cancer screening and risk assessments available at Madigan Healthcare System, contact Madigan's Breast Imaging Services Clinic by calling (253) 968-3405 or (253) 968-1111.

The clinic has two nurse practitioners dedicated to breast imaging services who can work with you.

While a primary care manager needs to order the appropriate protocol for screening tools, a patient can call the Breast Imaging Services Clinic to assess their risk.

Attention Madigan Beneficiaries:

The FLU Vaccine is Now Available!

Contact your
Primary Care Clinic
for more information.

TRICARE Appointments 800-404-4506
Madigan Flu Hotline 253-968-4744

 Find us on
Facebook



madigan
Healthcare System

* If you are pregnant or could be pregnant, please inform your provider.

Judge Advocate's Ethics Corner: Beware of the prohibited gift as an employee

By Lt. Col. Greg Mathers
Madigan Healthcare System

Once had a friend who seemed to live for the bargain or the freebie. Whenever he learned of an event offering a free meal, discount, or giveaway, he would rush to participate and loudly declare, "If it's free – it's for me!" Getting something of value at no cost seems to make all our hearts beat faster.

However, when dealing with gifts in the Federal workplace, there are plenty of Government Ethics landmines to avoid.

Under the Rules for Government Ethics, gifts that come to us in our Federal capacity pose significant legal questions - especially when offered by an individual or entity seeking something official, tangible or intangible, in return.

Such gift givers are referred to in the Joint Ethics Regulation as "prohibited sources."

Examples of prohibited sources at the hospital include businesses seeking a contract to provide a good or service, a pharmaceutical manufacturer seeking to gain access to military pharmacies, or even a charity seeking access to the hospital for purposes of expanding its beneficiaries.

Prohibited source gifts are especially problematic due to the potential for improper influence.

Under the JER, even the appearance of improper influence caused by gift-giving is prohibited.

In the interests of integrity and an efficient and effective military,

Congress has established certain rules, punishable by law, to prevent employees from being swayed in their official duties by gifts from prohibited sources.

The general rule is: do not accept gifts from outside entities who want some kind of favorable official action on your part, from your department, from the hospital or the Army.

Of course, there are some narrow exceptions. Federal employees may accept items offered by prohibited sources with little or no intrinsic value.

These are items like a recognition plaque, a squishy-ball given at a conference, or a pen or pencil given away at a display table.

Some higher value items given as an "award" for a legitimate contest or competition may also be received from a prohibited source.

Another exception involves the "low value gift" which is permissible on an occasional basis.

Under this exception, Federal employees may accept gifts from a prohibited source valued up to \$20 on any one occasion, so long as gifts from that source do not exceed \$50 in any given calendar year.

All gifts must be assessed based on their fair market value. Finally, an employee may accept a gift from a prohibited source if the gift is given due to some close, personal relationship.

In other words, if my brother owns a company that happens to be doing business with the hospital, I can still usually accept a reasonable birthday gift valued over \$20 given by him on my birthday.

As a final point, it should be noted that even if a prohibited source gift exception applies, propriety may require that the gift be declined when a reasonable person could question your integrity or the integrity of your department in receiving it.

It is best to involve your command ethics counselor in any such situation immediately.

An ethics counselor's legal review will nearly always protect you from scrutiny that could befall an improper gift.

Lt. Col. 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 (253) 968-1525.

MAILBAG

Dear Col. Homas,
I am a patient of Dr. Jason Davis and am writing to express my thoughts on the level of care and service that both me and my wife received from him while under his care.

In 2006, I was diagnosed with congestive heart failure. From the beginning, Dr. Davis was my cardiologist.

My wife and I feel truly blessed that we were assigned Dr. Davis as my cardiologist.

As you know, congestive heart failure is a disease that can take one's life in an instant.

Thanks to Dr. Davis, I am here today to tell you that had it not been for him I would not be writing you this letter today.

The last thing a person in my condition wants to hear about is their mortality or the effects of this condition. But, Dr. Davis has always been honest with us about my condition and the possible outcomes -- all while maintaining a level of care and concern.

It was the same care and concern that allowed us to put our trust in him as my cardiologist.

He has not only put my best interest at heart, but that of my wife's as well.

Whenever I was in the hospital he would make time to call my wife to see how she was doing.

This is something that he did not have to do and something that many doctors don't even think to do.

It's the little things such as this that let us know that we had a doctor that cared about us as people and not just patients.

We recently moved back to Texas and the one thing that I worried about was the type of care that I would receive.

It's very hard to find a good doctor, let alone a great cardiologist.

We received such great care under Dr. Davis it was difficult for us to even think about trying to find a replacement.

I found another cardiologist here. I called Dr. Davis with my concerns about my new doctor and true to his word he sent me the name of another cardiologist in the area to consult.

I always know that I can call Dr. Davis at any time about anything and he will respond and assist me in any way that he can.

Trust is something that has to be earned, especially when your life is in the hands of another.

But, with Dr. Davis, my wife and I felt that he earned that from the beginning and it still remains today.

Larry, Killeen, Tex.



Sign on the dotted line...

Col. (Dr.) Dallas Homas, Madigan Healthcare System commander and Aaron Reardon, Snohomish County Executive signs a memorandum of agreement at Everett's Paine Field. The MOA is a part of the Puget Sound Federal Coordinating Center National Disaster Medical System. The agreement will allow Paine Field and Snohomish County to serve as an additional site along with Madigan in the case of a regional disaster or wide spread emergency.

THE MOUNTAINEER

Since 1948

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Contents in this publication are not necessarily the official views of, or endorsed by, the Department of Defense, Department of the Army and Madigan Healthcare System.

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OUT OF THE FIRE, BACK INTO THE FIGHT



WTB goes green with new hydrogen bus



Courtesy Photo

The Warrior Transition Battalion is taking part in a one-year pilot program for hydrogen-fueled vehicles by adding a hydrogen bus to its fleet.

By Suzanne Ovel
Warrior Transition Battalion Public Affairs

From the outside, and, well, from the inside too, it looks like almost any other city bus— with bright designs, individual passenger seats, and hand-capped-accessible features.

But the Warrior Transition Battalion's newest bus, to begin running shuttles this month, is remarkable in what makes it run— an electric battery whose life is extended by a hydrogen fuel cell.

In other words, the WTB is getting a lot more environmentally-friendly by using an alternatively-fueled bus, as part of Joint Base Lewis-McChord's partnership with the Defense Logistics Agency for the Hydrogen Demonstration Project.

"It shows the Warrior Transition Battalion is a leader in trying to go green," said Chip Townsend, the WTB's transportation coordinator.

Going green is something the federal government has been looking at for quite a while, according to Lou Fernandez,

who is a national fuel cell bus consultant for partners with Signature Transportation Parts and Service, Inc.

The resident expert and liaison for the one-year pilot program at JBLM, which also includes 19 hydrogen-fueled forklifts, helped build the alternative-fueled bus.

The hydrogen bus fits into JBLM's goal of reducing air emissions; the hydrogen bus simply emits water from the combination of hydrogen and oxygen, as opposed to a diesel bus which emits particulates, soot and noxious fumes.

The heart of the vehicle's power source is the six-pack bank of batteries under the bus.

Normally, after every 40 miles the battery pack would need to recharge, said Fernandez.

Add on the hydrogen fuel cell extender, and the bus can travel for 268-308 miles without refueling.

Because hydrogen gas is known to be flammable, the designers put redundant safety measures in place, said Fernandez.

The hydrogen tank is located atop the bus; the bus can automatically lock down and seal off the tank if needed; and if need be, the whole vehicle will shut down.

"It's smart enough, she knows she doesn't have to run anymore," said

Fernandez.

With a top speed of 58 miles per hour, the hydrogen bus is meant for city driving, he said.

This is a good fit for driving on base, where the average speed limit is 30-45 miles per hour, said Townsend.

At \$1.4 million, the hydrogen bus is roughly twice as costly as its diesel counterparts, but comparing costs can be tricky.

The hydrogen bus does need regular oil changes and filter replacements, and it's expected to last four years longer than diesel buses.

Also, the initial hydrogen bus price includes research and development costs, said Fernandez. He said that some rethinking is needed in going green.

"We have to change our minds that we are trying to change the environment for our kids and grandkids," he said.

Programs like this pilot help create this change by refining the development of hydrogen fuel. The pilot will measure the range, performance and safety of the bus, as well as gauge the technology itself and how to improve it.

Goals of the pilot program include to advance the technology of reforming waste digester gas (which here means converting methane to hydrogen) and the commercialization of hydrogen gas use, said Terry Austin, the base's pollution prevention program manager.

"It shows the Warrior Transition Battalion is a leader in trying to go green,"
—Chip Townsend, WTB Transportation Coordinator

Local blood donor inducted into donation hall of fame

By Victor Shermer

Armed Services Blood Bank Center-Pacific Northwest

Armed Services Blood Bank Center-Pacific Northwest blood donor Todd Cosgrove has been inducted into the Donation Hall of Fame, sponsored by Fenwal, Inc.

The Donation Hall of Fame recognizes individuals nationwide who have demonstrated an extraordinary commitment to blood donation.

The ASBBC-PNW teamed up with Fenwal to induct Cosgrove into the Donation Hall of Fame at a ceremony held at the donor center on Oct. 14.

Cosgrove was honored for his many contributions to people in need of blood transfusions.

"It's a fitting tribute to one of our most dedicated donors," said Lt. Col. Victoria Welsh, chief of the ASBBC-PNW. "He has selflessly given the gift of life to patients in need and is a hero to our community."

Cosgrove has been a donor at the ASBBC-PNW since 1998.

He is also employed at the ASBBC-PNW as the Quality Assurance/Compliance Coordinator. Cosgrove is one of 12 inspiring donation stories across the country selected for the Fenwal 2011 Donation Hall of Fame.

Cosgrove recalls when he first donated blood.

"My first blood donation occurred on November 26, 1986. I remember this date because it was the day before Thanksgiving and the local blood center was in critical need of O Positive blood." Cosgrove has continued to donate over the years because of the special donors who saved his mother's life during her 10-year battle with cancer.

"My mother was extremely appreciative of all the donors who donated in her time of need and I know that I can pay it forward in the same manner," said Cosgrove. "It is truly an honor to be recognized as a donor who makes a difference one donation at a time."

Blood centers across the country submitted nominations for this year's Donation Hall of Fame.

Winners were chosen based on their demonstrated commitment and passion to donating blood or encouraging blood donation.

Each winner received a personalized award from Fenwal and will be featured in the company's 2012 product-dating calendar they provide to U.S. blood centers.

"Each and every donor inducted into the Donation Hall of Fame is an amazing individual, and we are honored to be able to recognize Mr. Cosgrove with this award," said Ron Labrum, Fenwal president and CEO. "The gift of blood is a gift of life and we hope



Todd Cosgrove is presented with the Fenwal 2011 Donation Hall of Fame crystal plaque by Cyndi Mitchell of Fenwal Inc.

these donors' stories will inspire others to support their communities through blood donation."

The Armed Services Blood Bank Center is one of 20 Armed Services Blood Program blood centers around the world.

Located on Joint Base Lewis-McChord in Washington State, the blood center is staffed by Army, Navy,

Air Force and Civilian personnel.

The blood center collects, processes, and distributes blood and blood components in support of global contingency operations and military healthcare systems worldwide.

For more information, please visit www.militaryblood.dod.mil or contact Victor Shermer, Donor Recruiter/Public Affairs, ASBBC, (253) 968-1903.

Four excuses women use to avoid annual mammograms

By Shari Lopatin

TriWest Healthcare Alliance

When Mara Street turned 40, she received a call from TRICARE to recommend she go for her first yearly mammogram.

Street, who resides in Great Falls, Mont. and is the wife of a retired Air Force captain, didn't listen at first. "I deleted the message, thinking I'm a healthy young woman. I do not have a history of breast cancer," she said.

But two weeks later, TRICARE called again. This time, Street listened. And after going for her first mammogram, she had breast cancer.

"If it hadn't been for TriWest making two phone calls, we may have waited until she was 50 years of age and our opportunities and options would have been grossly

limited," said her husband, Tim Street.

Many women put off their yearly mammograms for a variety of reasons. But as Street—a mother of six—can attest, nothing should get in the way. A mammogram saved her life.

Here are four common excuses women use to avoid getting their mammograms, and why they should stop avoiding this lifesaving screening:

1. I'm too busy.

Having a mammogram will only take a few moments—usually three to five minutes, according to the Centers for Disease Control and Prevention (CDC). Typically, it's less than an hour from checking in to walking out the door.

Additionally, a woman's risk for developing breast cancer grows as she gets older. The sooner you detect breast cancer, the better your chance of survival,

says the Susan G. Komen for the Cure Web site. Remember, what's the point of "being too busy," if you can't be there for your Family someday?

2. It hurts.

As a general rule, having a mammogram may cause some minor discomfort. Yes, there is pressure on the breast tissue—but it is pressure, not pain.

3. Nothing can be wrong if I don't check.

Breast cancer is the most common type of cancer in American women, other than skin cancer, according to the CDC. Therefore, the odds are against you if you don't check. Just getting older increases your risk.

From the CDC, some of the warning signs of breast cancer include:

- A new lump in the breast or armpit
- Thickening or swelling of the

breast

- Nipple discharge, other than breast milk, including blood

- Change in size or shape of the breast

- Pain in any area of the breast

4. I don't know where to go for a mammogram.

Your doctor can give you some options of where you can conveniently get a mammogram.

Your closest option might be at a base clinic or a local imaging center—sometimes these are called radiology centers. Always call to make sure your mammography center is TRICARE-authorized. TRICARE covers mammograms for women starting at age 40.

For those considered at high-risk for breast cancer, TRICARE begins covering mammograms at 35 years old.

KIOSKS

CONTINUED FROM PAGE 1

McGregor works with Genevieve Fuller on Madigan's breast cancer awareness. The two work regularly with patients interested in identifying their risk level, or interested in starting the screening process.

While a primary care manager needs to order the appropriate protocol for screening tools, a patient can call the Breast Imaging Services Clinic to assess their risk. The two women are available by calling (253) 968-3405 or (253) 968-1111.

"Every woman who comes through our door is given a mammogram form.

We review every one of those forms. We do the Gail Risk Assessment and some more in depth ones and we call the patients that have a significant risk factor," said Fuller. "Last year we reviewed about 5,500 forms."

The two are a part of the many services at Madigan who work to increase awareness of breast cancer. October is

recognized as National Breast Cancer Awareness Month.

"If you think you might be at risk, just ask. If that's a person's fear the two of us are probably a good place to start and we will get you pointed in the right direction," said McGregor.

"Whatever a patient needs we do our best to get it for them."

MADIGAN HEROES

OCTOBER 2011

WWW.MAMC.AMEDD.ARMY.MIL

PAGE 7

Army Commendation Medal:

Maj. Shannon Flood-Nichol
Col. Kevin Kumke
Lt. Col. Alexander Niven

Army Achievement Medal:

Staff Sgt. Thomas Duclos
Staff Sgt. Owen Loop
Staff Sgt. Michael Wachowicz
Pvt. Aaron Bruns

DOA-Achievement Medal for Civilian Service:

Dr. Diane Devita
Dr. Steven Konicek
Cathy Bailey
Pam Birgenheier
Martha Race

Army Certificate of Achievement:

Spc. Jeffrey Cichewicz
Sgt. Gregory Gillen
Spc. Zayde Kelton
Kevin Eaves
Master Sgt. Tommy Simpson
Jane Tarsia
Debra Tenbusch
Master Sgt. Olga Terekhina
Sgt. Eric Tobolski
Ann Whitley
Spc. Omar Wilson

Commander's Coin:

Johnnie Burkett
Darryl Denison
Tani Iwashita
Frank Wake
Maj. Sarah Bellenger
Jo Sosa
Lt. Col. Tracy Baker
Staff Sgt. Zane Speegle
Roseanne Speegle
Steven Brown
Shawn Kramer
Michelle White
Phil Hart
2nd Lt. Lindsay Hand
1st Lt. Jacquita Howard
1st Lt. Jessica Walker
1st Lt. Mary Space
Fe Manandic
David Moeller
Catherine Reed

JBLM Certificate of Appreciation:

Allison Clifford
Gene Wright
Staff Sgt. Michael Wachowicz

Madigan Certification of Appreciation:

Michael Dobies

Shiela Fleming
Mandy Freemon
Heather Snyder
Paula Walker

Certificate of Recognition-Q-PINS:

Rick Barnhill
Meg Voelker
Mike Kyser
Sgt. Jonathon Ricks
Dr. Diane Devita
Rich Bonham
Mark Bowman
Tom Bradbury
Zach Morgan
Jaclyn Rodgers
Hylie Jan Pressey
Bernie Borja
Mario Keane Ortiz
Karen Knight
Capt. Justin Spears
Sgt. Gwen Neubauer
Linda Casey
Lt. Col. Andrew Foster
Maj. Katherine Frost
Capt. Edna Causapin
Capt. Morohunranti Oguntoye
Capt. Emily Simmons
Staff Sgt. David Kelege
Spc. Nicholas Hill
Spc. Mary Quenga
Spc. Benjamin Scofield
Spc. Justine Van Fossen
Dr. Preston Carter
Krista Marcum
LaRae Munns
Chad Ohelo
Jonathan Smith
Maggie Tia
Cynthia Toft
Darrell Griffin
Warren Brelsford
Kimberly Allison
Scott Evans
Lt. Col. Jack Leech
Leon Staub
Paula Walker

Presidio of Monterey Army Health Clinic Patient Safety Award:

Morgan Duffin
Jimmy Bailey
Corrie Rafanan
Rebecca Bito

Congratulations

1st Lt. Kimberly Feeney won the 2011 US Military-Baylor Graduate Program in Nutrition (GPN) Research Award. She was selected by the faculty of the GPN and will be awarded an Army Achievement Medal.

Soldier comes home Valor Games winner

By Suzanne Ovel
Warrior Transition Battalion Public Affairs

Sgt. Jonte Scott came home from Valor Games Midwest with “the taste for winning” after earning three gold medals, along with some renewed confidence and additional athletic skills.

Scott, a Warrior with Charlie Company, placed first in the cycling, shot put and powerlifting events at the U.S. Paralympic competition in Chicago Aug. 23-25.

“It felt good. It felt like you’re doing something positive,” she said.

“Who would’ve thought the captain of the cheerleading team would’ve won in powerlifting?” asked Scott, who led her cheerleading team and ran track in high school, but never got into weightlifting.

In fact, she took up both powerlifting and shot put for the first time in the round-robin training days at Valor Games just before the competitions began.

A supply sergeant by trade, Scott got close with the other Warriors from here who competed as well.

Many of her peers also placed at the Valor Games: Sgt. Alfredo Alverado, C Co., won a silver medal in rowing; Cpl. Brian Dean, Alpha Co., won a bronze medal in archery; and Spc. Timothy Martin, C Co. won a silver medal in rowing.

Getting into adaptive sports

Scott, who is injured in both knees, got her introduction to adaptive sports here in February after giving in to other Soldiers in her platoon who had badgered her to join them on the sitting volleyball court.

She said she had been holding out on joining an adaptive sport because she thought it would be disrespectful to participate when she was more able-bodied than other players who needed the adaptations more.

After playing for a bit, Scott got over that.

“I didn’t understand that the reason they’re adaptive is so that everyone regardless of their physical limitations can be a part of the sport and build the camaraderie,” she said.

“I love the sitting volleyball... I think it’s a good way to get out aggression and stress,” said Scott.

In fact, she’s even shared the sport with her cousins and uncle—teaching them the rules that were difficult to grapple at first.

It was Scott’s love for sitting volleyball that had her seeking to compete in Valor Games; when she found out the



Sgt. Jonte Scott, Warrior Transition Battalion

games wouldn’t have that sport, she signed up for power-lifting instead along with cycling.

Training in a hurry

Scott got word just two weeks before the games that she was accepted as a participant.

That meant substantially adding to her recumbent bike cycling routine during physical training, increasing her usual two miles to more than eight.

“We started out two weeks prior going about four miles out, four miles back in, and we picked up more distance from there. She had a positive attitude about it and she really got more involved with the cycling and stuff and she picked it up from there and ran with it,” said Staff Sgt. Mario Billbrew, a squad leader with C Co. and Scott’s cycling coach.

At the games, Scott opted to also sign up for shot put; as she received training from professional coaches, she said throwing the weighted ball felt like an emotional release.

Likewise, she put her heart into powerlifting; as one of five female competitors, she won in the women’s category with a maximum bench press of 105 pounds.

“I wanted to do it because I wanted to tell other females we can do these sports too and we can be good at them,” she said.

For a Soldier who is transitioning out of the Army, Scott welcomed the chance to succeed at something new.

In fact, she hopes to go to culinary school to start her next career.

She dreams of opening a restaurant focusing on soul and Mexican food. Successes such as winning gold medals at Valor Games help nudge her along toward that future.

“It made it feel like everything’s not over for me, and like I could still be good at something,” she said.

Courtesy Photo

Red Cross volunteer surpasses 50 years of service

By Tawny M. Dotson
Editor

For more than 50 years, Lorraine Robertson has donned a blue vest or a hat and a dress and put her best smile forward in whatever job she has been given.

Her 50 year commitment is admirable, you see, she's never been paid a dime.

She's one of the many committed Red Cross volunteers who work at Joint Base Lewis-McChord and her years of dedicated service certainly qualify her as one of the best.

Robertson started working at Langley Air Force Base in 1952 as a Red Cross volunteer.

She will tell you that there was no paperwork tracking her time.

However, the job was typing information on how we could evacuate the city if something happened.

"Somebody said [the Red Cross] needed volunteers and I was just a new bride and needed something to do," said Robertson. "So I took a bus downtown and it gave me something to do."

Since 1952 she's spent volunteer hours serving both in the United States and during her husband's assignments overseas in Germany.

In 1958 she received her first Red Cross vol-

unteer card when she worked in Germany at the Wiesbaden Hospital.

Over the years she has worked in various hospitals assisting with administrative tasks. She moved in 1965 to Lakewood, Wash., and has worked in various places, including the Veterans Administration Hospital, since moving here.

She keeps at it as a social outlet where she gets to see old friends and meet new ones.

"I see people that I haven't seen in years sometimes," said Robertson.

In addition to being a committed Red Cross volunteer, Robertson has worked with Civil Air Patrol for years and raised two sons who are both Air Force veterans.

Currently, Robertson is a volunteer in the McChord Clinic's Pharmacy where she works nearly six hours a day.

In the five years she has been working at the clinic she has already amassed more than 1,500 hours volunteering.

"We've got a great team here. I mean the camaraderie and knowing that I have something to do here. That's what keeps me going. I mean otherwise you just sit at home and don't do anything," said Robertson.



Lorraine Robertson works with a patient at the refill window of McChord Clinic's Pharmacy. Robertson is a volunteer for the Red Cross and joined the McChord clinic in 2006.

Tawny M. Dotson

Emotions: How to accept the moment for what it is

By James W. Cartright
U.S. Army Public Health Command

Sgt. Smith allowed his negative emotions to direct his life. One evening while tackling the mounting bills, he was hit by the reality that his wife had maxed out their credit cards.

He was frustrated and confronted her about her spending habits. As she struggled to explain, Smith became angrier with each excuse she offered and demeaned her with hateful names.

His wife was outraged and fought back with a tirade about the sergeant's personal shortcomings. Smith did not like his wife's angry retaliation. He became even angrier, lost control in an instant and hit her.

Rather than calm himself, the fictional Sgt. Smith acted on his negative emotions, and this led him to a destructive outcome. Emotions are legitimate and valid when they are pleasurable and even when they are painful. However, acting on emotions can often create destructive outcomes. Acting on angry impulses can lead to hostility and even failed relationships. Acting on your emotions often intensifies your negative feelings and does not provide relief from distress.

Emotions are simply signals in your body that tell you what's happening in your environment.

They can be good or bad, pleasurable or distressing. Sometimes they are strong feelings that come on quickly as a reaction to a situation without much thought or consideration for what's going on. Our initial reactions to what's happening are referred to as primary emotions.

However, we may also experience secondary emotions. Secondary emotions are reactions to your primary emotions. For example, Smith's primary emotion was anger in response to his wife's overspending. He expressed his anger in harsh words aimed at his wife and then escalated his anger to the point that he ended the episode by hitting his wife. Later, he felt guilt and shame about his actions. These were



U.S. ARMY PUBLIC HEALTH COMMAND

secondary emotions.

To make matters worse, a primary emotion can set off a whole chain of secondary distressing emotions.

For example, Pfc. Jones received a "Dear John" letter from his girlfriend.

At first he felt angry and betrayed. He thought, "How could she break up with me?" Later, as he thought about the loss of his girlfriend he felt abandoned, lonely and even worthless.

He began to have self-critical thoughts: "I'm such a loser." Soon he began to think, "I can't live without her." As his thoughts became more irrational, he began to feel overwhelmed by his emotions. At this point he is placing himself in danger.

He may engage in destructive activities like binge drinking, or even think that life isn't worth living.

It is easy for emotional reactions to escalate out of control. Often, an individual in emotional pain blames someone or something else for the pain in the first place.

Generally, the angrier you get, the more pain you will experience. Getting angry or upset over a situation also stops you from accurately perceiving what's really going on. When you get angry and think that a situation should have never happened in the first place, it frequently means that you're missing the point: it did happen, and you have to deal with it.

Regulating your emotions is the way to deal with

it. When feeling overwhelmed emotionally, one way to regulate your emotions is to accept the moment or event for what it is.

The troublesome moment may have been due to a long chain of events and decisions made by you and others. You can't really fight it, get angry at it, or try to change it into something that it is not. The events leading to the moment have already occurred.

For Smith, his debts are debts no matter how he reacts. For Jones, the letter is what it is, in the moment. This doesn't mean that you have to give in to every bad thing that happens to you, but it frees you to accept the moment for what it is and choose to respond differently. In order to get started with regulating your emotions, remind yourself of a few coping statements like, "This situation won't last forever," or, "The present moment is the only moment I have control over."

Other coping statements include "I'm strong and I can handle anything," or "I've survived other bad situations before, and I'll survive this one too."

Accepting the present moment allows you to be objective about the part you have played in the situation. Most importantly, it gives you the well deserved opportunity to respond to the situation in a new way that's less painful for yourself and others. It opens the door for you to change things for the better.

Women's health: A public health case for preconception care

By Sabriya Dennis
U.S. Army Public Health Command

Women's Health Month provides an opportunity for women to focus on making healthy lifestyle choices. Having a healthy lifestyle is important for women who plan to get pregnant and have a baby.

Approximately 50 percent of all pregnancies are unplanned. Women with unplanned pregnancies are at increased risk of delivering premature and low birth-weight babies. Women who are unaware of their pregnancy may engage in unhealthy behaviors such as smoking, alcohol use or drug use that place the baby at risk and hinder development. Other health related issues such as poor nutrition, low physical activity and untreated sexually transmitted infections add to the risk of poor birth outcomes.

Preconception health can help decrease pregnancy complications and decrease a child's chances of future health and developmental problems.

Preconception Care vs. Prenatal Care

On average, most women do not discover that they are pregnant until after they are at least 4–6 weeks along and do not receive prenatal care until after this point. Unfortunately by this time, their babies have already passed critical developmental milestones (such as neural tube development) and are most susceptible to birth defects (such as spina bifida). Unlike prenatal care, which is received during pregnancy, preconception care is preventive, and measures can be taken before women become pregnant. These actions help minimize risk of birth complications and defects. In general, preconception care is the practice of good health habits and living a healthier lifestyle regardless of a woman's desire to have children. The following items are recommended preconception health practices for women.

Important Actions to Improve Women's Preconception Health:

- Take 400 micrograms of folic acid per day for at least three months before becoming pregnant .

- Stop smoking and drinking alcohol.

- Avoid exposures to toxic substances or potentially infectious materials (such as chemicals or cat and rodent feces) at work or at home.

- Talk to a doctor about any over-the-counter and prescribed medications including vitamins, and dietary or herbal supplements.

- Seek treatment for all medical conditions.

- Make sure all medical conditions are under control .

- Update rubella vaccinations to prevent congenital rubella syndrome.

- Consult a doctor regarding Family health history.

- Reduce stress where possible.

Preconception Health and Men:

Preconception health is just as important for men as it is for women. Men should consider the following to ensure that they are in good preconception health:

- Get screened and treated for sexually transmitted infections.

- Quit smoking and/or drug use.
- Limit alcohol use.
- Reduce stress where possible.
- Improve nutrition.

- Consult a doctor about health status and Family health history.

- If one works with toxic chemicals, be careful not to expose women to them; keep and wash clothes separately.

Planning is key to ensuring good preconception health. If a person is not ready to begin a Family all contraceptive options should be considered to prevent or delay pregnancy.

For more information on preconception health, visit:

U.S. Department of Health & Human Services Office on Women's Health, www.womenshealth.gov/pregnancy/before-you-get-pregnant/preconception-health.cfm

American Pregnancy Association, www.americanpregnancy.org

Centers for Disease Control and Prevention, www.cdc.gov/ncbddd/preconception/QandA.htm

TriWest brings TRICARE tools to your smartphone through new app

By Brian P. Smith
TriWest Healthcare Alliance

Your smartphone can now be used for more than texting friends or flinging birds. With TriWest's mobile account tools, you can get closer to your health care.

TriWest Mobile App

Get answers to your general TRICARE questions whether you're relaxing at home, standing in line or waiting at the doctor's office. Download the TriWest mobile app (TriWest.com/GoMobile) for iPhone®, iPad® or Android™. You will have easy access to information such as:

- Preventive care schedules
- Deployment-related healthcare checklists
- Urgent and emergency care guidelines

- Steps to take after a life-changing event

TriWest Mobile Website

Need to take care of healthcare business when you're away from your computer? Formatted to fit your phone, TriWest's mobile site (m.TriWest.com) lets you log into your secure TriWest.com account to view your:

- Specialty care referrals and authorizations
- Claims
- Fees or premiums due (and make a one-time payment when eligible)

Text QuickAlerts

Prefer text rather than email? TriWest now has text QuickAlert notifications. When you choose to receive QuickAlerts via text, you are notified as soon as your referral, authorization or claim is processed or if a fee is due. You choose which types of notifications you want to see. When your text arrives, if you have an Internet

connection, the link takes you directly to log in and see your account. No need to wait until you can get to your computer; when you get the text that your specialty care was authorized, view the referral information, contact your provider and make your appointment.

Next Steps

- You need a current TriWest.com account to select text QuickAlerts and to log into the mobile site. The same login information is used for both the full site and the mobile site.

- You must be logged into the full site (TriWest.com) to change your communication preferences and select text QuickAlerts.

- Text QuickAlerts are only available on participating carriers. Standard text messaging rates will apply, based on your cell phone service. View more information at TriWest.com/GoMobile.

Military Health System: Military medical panel promotes holistic approach to healing

By Emily Greene
Health.mil

Warfighters and their Families can benefit from a holistic approach to medical care that comes with a healing touch, Army Staff Sgt. Victor Medina, a Soldier with traumatic brain injury said during a recent symposium on integrative medicine.

Medina attributes a large part of his personal healing journey to the holistic way in which his ongoing recovery has been treated by military health professionals. He says a wide variety of healing techniques were integrated with traditional medical practices, enabling him to achieve a high level of recovery.

One of the many partnerships between the Department of Defense (DoD) and non-governmental organizations (NGO) is with the Samueli Institute, a research organization known for the management of research on complementary and integrative medicine for military applications. At a recent institute symposium held in Wash., D.C., Medina and his wife Roxana Delgado joined Army Surgeon General, Lt. Gen. (Dr.) Eric B. Schoomaker and Army Brig. Gen. Paul E. Funk II, deputy commanding general, 1st Infantry Division, Fort Riley, Kansas, on a panel to discuss the evolving field of integrative medicine and its applications both on and off the battlefield.

Earlier, in his keynote address, Schoomaker relayed his desire to see military medicine continue to move in the direction of holistic healing.

"We are a system of health care delivery, when what we really aspire to be is a system for health," he said.

Schoomaker advocated for the comprehensive and holistic treatment of injury and illness with a focus on the patient as a whole; healing the entire individual as opposed to each problem that may arise.

"The people I serve with, above all else aspire to be successful in their goals to serve our country," Schoomaker explained. "We must honor what they came to do and enable them to take

control of their own health and health care."

An integral part of this, Schoomaker said, is developing a culture where ability is incentivized, mentors provide real-life examples of resilience and the individual is recognized as a part of a larger community which can have great effects on his or her overall health and wellness.

Medina echoed this vision of future healing by emphasizing the importance of personal responsibility and community.

"My brain injuries can't be seen. It is a frustrating injury," Medina said. "I never used to depend on other people to do things; today I have to."

Recognizing the symptoms of ADHD in children

By **E. Wayne Combs**
U.S. Army Public Health Command

Most healthy children occasionally have trouble sitting still, paying attention, or controlling impulses. Maybe you have noticed these behaviors in your own children. That's normal. But for some children, the problem is so bad that it interferes with their daily lives at home, at school and in social settings.

Attention-deficit/hyperactivity disorder, or ADHD, is characterized by not being able to pay attention, hyperactivity (highly or excessively active) and impulsive behavior (acting without thinking first).

There are three identified types of ADHD. Here are the symptoms for each type.

A child who has the predominantly inattentive type of ADHD exhibits the following symptoms:

- Fails to give close attention to details or makes careless mistakes.
- Has difficulty sustaining attention.
- Does not appear to listen.
- Struggles to follow through on instructions.
- Has difficulty with organization.
- Avoids or dislikes tasks requiring sustained mental effort.
- Loses things.
- Is easily distracted.
- Is forgetful in daily activities.

A child who has the predominantly hyperactive-impulsive type of ADHD exhibits the following symptoms:

- Fidgets with hands or feet or squirms in chair.
- Has difficulty remaining seated.
- Runs about or climbs excessively.
- Has difficulty engaging in activities quietly.
- Acts as if driven by a motor.
- Talks excessively.
- Blurts out answers before questions have been completed.
- Has difficulty waiting or taking turns.
- Interrupts or intrudes upon others.

Finally, children who have the combined type of ADHD meet both sets of inattention and hyperactive/impulsive criteria.

There is no simple test (like a blood test or a short written test) to determine whether someone has ADHD. Diagnosis can be difficult and should be made only by an expert (school psychologist, clinical psychologist, clinical social worker, nurse practitioner, neurologist, psychiatrist or pediatrician) after an extensive evaluation. This evaluation should include ruling out other possible causes for the symptoms, a physical examination, and a series of interviews with the individual and other key persons in the individual's life (parents, spouse, teachers and others).

A diagnosis of ADHD can be very scary. However, with early diagnosis and the

right treatment, including medication and appropriate counseling and behavior therapy, most children with ADHD grow up to be normal, successful adults. The best results usually occur when a team approach is used, with teachers, parents, therapists, doctors and nurses working

together.

If you're concerned that your child is displaying signs of ADHD, talk to your pediatrician or primary care manager. Your doctor may refer you to a specialist, but it's important to have a medical evaluation first to check for other causes

of your child's difficulties.

For more information on ADHD: Attention-Deficit/Hyperactivity Disorder, <http://www.adhd.com/index.html>

Centers for Disease Control and Prevention, <http://cdc.gov/ncbddd/adhd/>

TRICARE Announces New Prescription Co-pays

Effective October 1, 2011

Type of Pharmacy	Formulary Drugs	Non-formulary Drugs
Military Pharmacy (up to a 90-day supply)	\$0	Not Applicable
Home Delivery (up to a 90-day supply)	Generic: \$0 Brand Name: \$9	\$25 (unless you establish medical necessity)
Retail Network (up to a 30-day supply)	Generic: \$5 Brand Name: \$12	\$25 (unless you establish medical necessity)
Non-Network (up to a 30-day supply)	Prime Beneficiaries: 50% cost share after point of service deductible has been met. All Others: \$12 or 20% of the total cost, whichever is greater, after the annual deductible is met	Prime Beneficiaries: 50% cost share after point of service deductible has been met. All Others: \$25 or 20% of the total cost, whichever is greater, after the annual deductible is met



For more information contact:
TRICARE Service Center
(877) 363-1303
Express Scripts, Inc.
www.express-scripts.com/TRICARE

How to cope with deployment separation and emotional challenges

By James W. Cartwright
U.S. Army Public Health Command

Separation from a loved one who is deployed to Iraq or Afghanistan can be an emotionally difficult time for all Family members. The emotions can vary from low energy levels, feelings of sadness, anger, excitement, restlessness, tension, frustration, resentment and depression. Additionally, there are many challenges for military Families to overcome during deployments. It is important to recognize and understand these challenges in order to effectively cope with the separation during deployment.

An important challenge for Soldiers and Family members is to avoid the pitfalls often associated with deployments. A common pitfall is arguments prior to deployment. These arguments are generally the result of distress due to the upcoming separation. Realize this distress and try not to take these arguments too seriously. Another pitfall is failure to discuss expectations regarding child-rearing, financial management, or intimacy concerns—these issues sometimes can be a source of misperception, distortion and hurt later during deployment. Soldiers and spouses attempting to resolve these

major pitfalls via long distance are often not successful.

Another pitfall is listening to or speaking rumors. It is best not to repeat the rumor. Because of rapid communication, rumors can spread unchecked. For example, one Family Readiness Group member passing on allegations of infidelity about another group member can cause a great deal of psychological damage to individuals identified in the rumor. Such rumors also cause harm to Soldiers, Family members, FRG members and unit cohesion. Avoiding these pitfalls will ensure that the stress related to deployment separation will be much more manageable.

Another challenge is to recognize the deployment-related stressors that will impact the Soldier and Family during separation and then develop strategies to cope with these stressors. To help minimize the impact of deployment-related stress, the Soldier and Family member(s) can do the following.

Tips for couples

- Discuss expectations for managing finances, children and personal conduct before deployment.
- Expect changes in departure and return dates.

• Accept growth and change in all Family members.

• Reserve disagreements for face-to-face encounters with your spouse.

• Put existing and unresolved marital issues on hold until the Soldier returns home.

• Communicate regularly and creatively with your Soldier. End communications on a positive note.

• Keep the Soldier's parents informed and give mutual support.

Tips for parents

• Establish and maintain supports that help the Family cope.

• Plan for Family stress relievers like fun outings and get-togethers.

• Plan opportunities for the at-home parent to get breaks from the children to revive emotionally and physically.

• Encourage Family members to share feelings and give assurances.

• Honestly discuss the Soldier's deployment. Share information about the Soldier's work and what the parent is doing for our country

• Answer questions openly and honestly, using words your children can understand.

• Provide a calendar or some measure

to help your child count the days the parent has been deployed.

• Maintain a structured and safe emotional and physical environment for your children.

• Make sure the deployed parent is part of everyday conversations.

• Help your children sort out what they hear and see in news reports

• Find out what your children know and understand and talk with them about their feelings. Follow your child's lead. Give a small piece of information at a time and see how your child responds before deciding what to do next.

• Provide your children with a method to communicate to the deployed parent, such as letter writing or e-mail access. Make it creative and fun.

• Maintain Family routines and traditions during the other parent's absence.

• Keep children involved with outside activities and maintain communications with schools.

The bottom line is that the Soldiers and Family members need to remain calm, go slow, stay informed and stay involved to cope during these challenges. An excellent source of help during this time is the unit's Family Readiness Group.

Ask, Care, Escort is a program for suicide prevention for the Army and by the Army

By Lt. Col. Blain S. Walker
U.S. Army Public Health Command

Ask, Care, Escort, or ACE, training is the Army-approved suicide prevention and awareness training model for all Soldiers, leaders and Army civilians. It is also available to Family members. Soldiers have been completing ACE suicide awareness training on an annual basis for several years now. These Soldiers can probably tell you all of the warning signs and risk factors of suicide from memory, but is that awareness enough?

Preventing suicide is more than just knowing what puts Soldiers at risk for taking their life, it is all about ACE. Ask is the most difficult challenge when facing someone you think may be suicidal. People fear asking the question "Are you thinking of killing yourself?" for several reasons. First, they may be afraid of offending their friend. In reality, your friend is more likely to be grateful that you care enough about them to ask the question and that you are aware of the pain they are going through. By asking the question, you are letting them know that they have a friend who is listening to them. A second reason we may not ask the question is that it is hard for us to believe someone we know or care about is considering taking that final step. Suicide is something that always happens to someone else. A third reason it is difficult to ask someone if they are suicidal is what if the answer is yes? What do you do? This fear can be overcome by

familiarizing yourself with the resources available. Where is the nearest chaplain, behavioral health provider or emergency room? Knowing the answers to these questions will not only help alleviate the fear of getting a yes answer, but will help with the "escort" step in the ACE model. Caring is the key to the whole ACE model. In fact, the model should be CAE, but that acronym doesn't make any sense and is not as easy to remember.

When you care about someone you are likely to listen to them when they are experiencing emotional or physical pain. You are more likely to be concerned about their welfare and see that they get through whatever their trial may be. When you care about someone you think may be suicidal, it becomes much easier to ask the question, are you thinking of killing yourself?

When you care about someone, you are more likely to find out what and where the local resources are and escort your friend to get the help he needs. It is not uncommon for individuals who are suicidal to feel alone, that no one cares whether they live or die. By actively listening and engaging with a friend you are showing that you care.

That, in and of itself, may be enough to help prevent a suicide. Escorting is the easiest step in the ACE model. At least it is easy when you already know what and where your resources are located.

Take the time to find out where your local chaplain and behavioral health providers are.



Don't deal with a problem alone. Reach out to a helping hand!

- ▶ Talk to your Battle Buddy and chain of command
- ▶ Call the National Suicide Prevention Lifeline at 1-800-273-TALK [8255]

It takes COURAGE to ask for help when needed

COMMUNITY

OCTOBER 2011

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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.

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 HylieJan.Pressey@us.army.mil or call (253) 968-3086.

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.

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.

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 is available by calling TRICARE at 800-404-4506.

The course covers a description of the various Fibromyalgia diseases, coping with myofascial pain and sleep disorders associated with Fibromyalgia. For more information call (253) 968-2287.

Madigan CFC Representatives

The Madigan's CFC Representatives by department are now listed on Madigan's Daily Bulletin. If you would like more information on the Combined Federal Campaign please contact the appropriate representative. If you do not see your department represented please contact Madigan's project officer MSG Gerardo Puentes by calling (253) 968-4230 or emailing gerardo.puentes@us.army.mil.

Prominent Nursing Association Elects 2012 Leaders

Rebecca Cypher, a perinatal clinical specialist at Madigan was elected to the Board of Directors of the Association of Women's Health, Obstetric and Neonatal Nurses. Cypher was originally elected to the board in 2008 and will be serving her second term as the director-at-large.

Congratulations to new promotables!

Congratulations to the following Madigan officers who have been selected for promotion to Colonel:

Lt. Col. Mark Baggett

Lt. Col. Kerrie Golden

Lt. Col. Kandace Wolf

Pharmacist published in journal

Beverly Morrow, a pharmacist at the Madigan Puyallup Community Medical Home, had an article published in the Journal of the American Pharmacy Association. The article was entitled "The Impact Of A Hybrid Pharmacist In A Community Based Medical Home."

Nursing team gets writing excellence award

Ann Minnick and Col. Linda Fisher were a part of a five-member team who recently were given an Excellence in Writing Award in the category of Education from Nursing Outlook.

The article titled, "Defining and describing capacity in US doctoral nursing research programs, was published in the journal.

The award was presented Oct. 14 at the Annual American Academy of Nursing Meeting in Washington, D.C.

Tickets available for AFGE Holiday Party

Tickets are available for the AFGE Holiday Party. Members tickets are \$5 and guests are \$15. Because of our growing membership we can only allow 1 guest per member. However if you would like more than one guest please leave us your name and contact information so we can call you if tickets become available. To purchase your tickets, contact Victoria Stocker at 968-3252 or pager (253) 280-8378.

Annual Fall Festival

The annual Fall Festival Parade will be on Oct. 31st. All participants must register on the 2nd floor of Madigan's Medical Mall at 3:00 p.m. The parade will start at 3:30 p.m.

Prizes will be awarded to the winners of the following categories: Child (5 and under), Child Group (5 and under), School Age (6-18) School Age Group (6-18), Adult (18 and over), Adult Group (18 and over).

For more information, contact Hylie Jan Pressey by calling (253) 968-3086 or emailing her at hyliejan.pressey@us.army.mil.

Blood Drive

The Armed Services Blood Bank Center is conducting a blood drive on Oct. 27, on the Ground Floor of Madigan's Medical Mall, across from the Letterman Auditorium, from 9 a.m. to 2 p.m. The blood donated that day will be sent to Afghanistan or Iraq in approximately seven days from the day it is donated.

We hope you can get away from your work station and can come to donate.

West Point recruiter visits

A West Point recruiter will visit JBLM on Thursday, October 27 from 10 a.m. to Noon at French Theater on Joint Base Lewis-McChord Main.

The West Point recruiter is seeking qualified candidates for entrance into the United States Military Academy at West Point, New York.

Candidate qualifications: Must be a US Citizen. Must not be married. Must have no legal obligation to support dependents. Must be a high school graduate. Must not be 23 years of age prior to July 1 of the year entering United States Military Academy and must not be 22 years of age prior to July 1 of the year entering the preparatory school.

For more information contact, Major Ryan Liebhaber by calling (845) 938-5780 or by email at ryan.liebhaber@us.army.mil.

Rideshare Campaign Starts

The grand prize in the next Rideshare Wheel Options campaign is \$2,500. Whether you spend your prize on a new bike or a new TV, reducing your commute instead of driving to work alone is the answer.

To participate in Wheel Options all you need to do is walk, bicycle, share a ride or ride the bus or Sounder train to work two or more days between Oct. 16-29 2011. You can also participate by compressing your work schedule or working from home. Enter online at [PierceTrips.com](http://www.piercetrips.com) <http://www.piercetrips.com/>. Paper entry forms are available at describe where your paper entry forms will be.

Looking for a rideshare match? Go to RideshareOnline.com.