



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

With every step we take on American soil, we tread on ground made safer for us through the invaluable sacrifices of our service members and their Families. During Military Family Month, we celebrate the exceptional service, strength, and sacrifice of our military Families, whose commitment to our Nation goes above and beyond the call of duty.

Just as our troops embody the courage and character that make America's military the finest in the world, their Family members embody the resilience and generosity that make our communities strong. To these Families, and to those whose service members never come home, we bear a debt that can never be fully repaid.

NOW, THEREFORE, I, BARACK OBAMA, President of the United States of America, by virtue of the authority vested in me by the Constitution and the laws of the United States, do hereby proclaim November 2011 as Military Family Month. I call on all Americans to honor military Families through private actions and public service for the tremendous contributions they make in the support of our service members and

## 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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## Patient-Centered Medical Home changes names, improves access

By Tawny M. Dotson  
Editor

How to get to the Finch Clinic? How about the Bear or Jay Clinic? If so they are being seen in some of Madigan's newest Patient-Centered Medical Home Clinic Teams. The Clinic names haven't changed, but the names of their team and the way in which the patient's care is accessed has for some of Madigan's providers.

One of the more visible changes is the creation of smaller teams within each clinic. This is an effort to enhance the continuity of care the patient receives from their provider, a movement patients will begin to see Army-wide. The Patient-Centered Medical Home focuses on the small Family practice and starts with the patient. Each primary care manager has two licensed practical nurses that work together all the time to form a core team. The aim of the core team is to develop a long-term relationship with patients. No more than five of these core teams make up a patient center medical home, creating a small group practice. Included in the medi-

cal home model is a behavioral health specialist, a dietician and a clinical pharmacist.

"We have come to realize that we cannot achieve 100 percent continuity with one PCM with all the patients they have to manage all of the time," said Col. Mark Reeves, a Family practice specialist with MEDCOM who spoke at an Association of the U.S. Army Annual Meeting and Exposition, Oct. 11. "The next-level effort is to have a small available group practice that prioritizes knowing that group of patients very well and cross coverage is seamless."

The name changing of teams within some of Madigan's clinics has caused some confusion for patients but, administrators at the hospital are working to ensure patients and staff members know the change in name is not a change in location. In addition, the smaller teams are an effort to enhance care.

"The hope is that patient satisfaction will increase because their providers are more available to see them in clinic [through PCMH implementa-

Please see **PCMH**, PAGE 8

## Grandma's tips for safe holiday food preparation

By 2nd Lt. Ashley Carlson  
Dietetic Intern

As the holidays approach and Families start coming together, we begin to look forward to those traditional meals we are so fond of year after year. But as we begin to start food shopping, cooking our favorite meals, and storing leftovers, we should keep food safety in mind so that all of our guests stay happy and healthy while dining at our home. This short story may help in planning your special meal and will keep your guests safe from foodborne illness!

Last year Grandma's grandkids were exposed to foodborne illness after eating her Thanksgiving dinner. In order to prevent this from happening again, Grandma decided to take a few extra precautionary measures during the planning process. Let's follow Grandma through her day to collect some food safety tips to keep our guests safe from foodborne illness!

Grandma rose early in the morning to head to the market to buy a variety of

Please see **COOKING TIPS**, PAGE 9

## Madigan Staff encouraged to prepare for winter weather

By Tawny M. Dotson  
Editor

Every year at this time a team of professionals come together at Madigan Healthcare System to prepare for the winter weather season.

This year the team hopes to capitalize on new notification systems and continue to partner with Joint Base Lewis-McChord leadership and emergency management in order to ensure the season goes as smoothly as possible.

"The commander's decision to curtail operations or close the hospital is one made delicately. We usually follow JBLM's lead, considering the safety of both our staff and patients, but our foremost concern is to consider the booked patient appointments and the need to deliver health care. We will not close emergent services and even when clinical operations are curtailed there will be some services available at the hospital for both inpatient and emergent needs," said Col. R. Neal David, deputy commander for administration



Winter weather greatly enhances the opportunity for injury. However, careful preparation can ensure a safe winter driving season for employees and patients.

at Madigan.

In the case of inclement weather and either a curtailment or closing of operations employees are notified in a

number of ways.

The first attempt to reach out is the

Please see **WINTER WEATHER**, PAGE 9

## Great American Smokeout: Can you quit for just one day?

By Shari Lopatin

TriWest Healthcare Alliance

Fact: Smoking can be just as addictive as using heroin or cocaine, according to the Centers for Disease Control and Prevention.

So making the decision to quit—even for just a day—is no small task. However, did you know that the CDC lists smoking as the leading cause of preventable death in the United States? If you quit smoking, you could extend your life by 14 years.

Quit One Day for the Great American Smokeout!

Do you think you can quit for one day? Just one?

That's all the Great American Smokeout asks you to do! This year, the Smokeout will take place on Thursday, Nov. 17. If you participate, you will quit smoking for one day, alongside thousands of other smokers.

Are you up for the challenge?

TRICARE Covers Counseling to Quit

If you can quit for one day, maybe you can quit for longer. Because smoking is so addictive, it's helpful to get some help.

"Proven cessation treatments can help smokers ease withdrawal symptoms and succeed in quitting. And many smokers still manage to quit 'cold turkey' simply by trying," says the CDC on its website.

If you're a TRICARE beneficiary and not eligible for Medicare, TRICARE may cover smoking cessation counseling for you. You don't need to have a smoking-related illness to use this benefit.

- Counseling must be through a TRICARE-authorized provider.
- The provider must be working within the scope of their licensure or certification.
- Counseling may be received in any TRICARE-authorized outpatient facility, as long as the provider is TRICARE-authorized and properly certified.

For more information on quitting smoking, visit [triwest.com/tobacco](http://triwest.com/tobacco).

### Ready to quit?

**76% of Airmen and  
61% of Soldiers stationed at  
Joint Base Lewis-McChord are  
Tobacco-Free**

**Being Tobacco-Free and a  
Warrior/Athlete:  
A Winning Combination**

Quitting tobacco will:

- Increase your stamina and endurance (especially at high altitudes)
- Improve your Fitness Test score
- Increase your night vision
- Decrease your number of sick days
- Improve wound healing
- Improve your sense of smell
- Enhance your sense of taste
- Improve your memory
- Improve your health and that of your family
- Decrease your odor of secondhand smoke, whiten your teeth and freshen your breath
- Cause you to be more socially appealing (most others your age don't smoke)
- Increase the amount of money in your wallet (\$7/day-\$210/month-\$2,520/year)
- Stop premature aging, wrinkles



### Make an Appointment Today!

Okubo Clinic: 966-7547

Family Medicine Clinic:  
968-2637/6512 or  
1-800-404-4506

Winder Clinic: sign-up  
inside at the Specialty Clinic

McChord Clinic:  
982-6947

All other patients call TRICARE:  
1-800-404-4506

 **madigan**  
Healthcare System



[www.ucanquit2.org](http://www.ucanquit2.org) [www.becomeanex.org](http://www.becomeanex.org) [www.smokefree.gov](http://www.smokefree.gov)

# Army observes Warrior Care Month

By Warrior Transition  
Command

In November, the Army will observe Warrior Care Month. The theme is "Healing the Mind, Body, and Spirit: Unlocking Unlimited Potential".

"Taking care of Soldiers is something we do every day, said Brig. Gen. Darryl Williams, Assistant Surgeon General for Warrior Care and Commander, Warrior Transition Command. "Observing Warrior Care Month allows us to highlight the significance of keeping Soldiers healthy and safe and taking care of them when they become wounded, ill or injured. At the Warrior Transition Command we are in the business of caring for the Army's wounded, ill and injured Soldiers from the Active, Guard and Reserve.

According to Williams, most people think of the combat injured when they hear the term 'warrior care'. "Taking care of our combat-injured is warrior care," he said. "Warrior care is also preventing illnesses and keeping Soldiers healthy and ready to deploy. Warrior care is arming Soldiers with tourniquets that they can use with only one hand. It's having the best trained medics in the world standing shoulder to shoulder with our combat Soldiers.

He points out that Warrior care is an undertaking that encompasses a broad scope of efforts that extend beyond the battlefield including "understanding how to manage pain with medica-

tion and with complementary medicine such as acupuncture, massage, and yoga. Warrior care means building resilience and ensuring our men and women in uniform are strong in mind, body and spirit. Warrior care is our best researchers looking at how we can advance medicine, improve protective gear and deal with trauma and complex injuries. It's having a battle buddy who looks after you and a leader you can count on," Williams said.

Warrior Care Month is also a time to recognize all those who don't wear the uniform who support and care for our Soldiers, citing the Veterans Administration, Congress, Veterans organizations, corporate America, local communities and individual citizens as examples. "I'm reminded of retired Admiral Michael Mullen, former Chairman of the Joint Chiefs of Staff, he calls this a "Sea of Goodwill" of American support."

Across the Army in November, events are planned to honor the wounded, ill and injured men and women in uniform and to highlight what the Army and this nation do each day in the spirit of Warrior Care. For example, in Washington DC the Warrior Transition Command will support the Navy in a wheelchair basketball expo and clinic in the Pentagon on November 18. On November 22, the Warrior Transition Command will host a tri-service sitting volleyball tournament. More information on events at WTUs around the country is available on the WTC website at <http://www.wtc.army.mil/>.

Williams, speaking specifically about his job and about Warrior Transition Units (WTUs), outlines his three pri-

orities for the wounded, ill and injured he represents -- education, training and employment. There are 29 Warrior Transition Units (WTUs) at Army installations and nine Community-Based Warrior Transition Units across the country. The WTU structure represents the way the Army supports Soldiers who require at least six months of complex medical care. Since 2007, through WTUs, the Army provides a standardized framework of care and support from medical appointments to adaptive or reconditioning sports programs and internships.

Standing behind them through each stage of recovery and transition is the Triad of Care -- a primary care manager, nurse case manager and squad leader -- as well as an interdisciplinary team of medical and non-medical professionals who work with Soldiers and their Families to ensure that they receive the support they deserve.

Williams said that while a WTU is a place for Soldiers to heal, it's also a place to plan for their future; a place to develop a good, solid way ahead for them and for their Family.

"Either way, when they leave these units my goals for them is that not only have they received the best medical care possible, but that they also have the education and training they need to succeed and that they have a job or career lined up. We owe them our best, and Warrior Care Month is a time to commemorate the importance of what we do throughout the year."



Tawny M. Dotson

### A time to give...

Col. (Dr.) Dallas Homas, Madigan Healthcare System commander, signs his pledge card for the Combined Federal Campaign.

Homas is Joint Base Lewis-McChord's Campaign chairman.

The CFC season runs through the middle of December. Staff members interested in contributing are encouraged to contact their department's CFC point of contact.

A list of all POC names is available on Madigan's Daily Bulletin. For more information, contact Madigan's campaign chair, Master Sgt. Gerardo Puentes at (253) 968-4230.

## 'Addicted brains don't heal overnight'

By Laura Levering

Joint Base Lewis-McChord Public Affairs

People choose to smoke or chew tobacco for a variety of reasons, but their motivations for starting are often forgotten as the powerful urge to continue the habit takes over.

It's no surprise that tobacco is one of the most easily attainable and highly addictive substances on the market. A study supported in part by the National Institute on Drug Abuse, National Institutes of Health, shows "the nicotine received in just a few puffs of a cigarette can exert a force powerful enough to drive an individual to continue smoking."

As the Tobacco Cessation Program Coordinator for Madigan Healthcare System, Cynthia Hawthorne routinely provides information and medication to dozens of servicemembers who want to quit.

What used to be a four-week program has been condensed to one 30-minute session in order to accommodate Soldiers' tight schedules. Hawthorne said the program has been working really well and is meeting the needs of Soldiers. Those who want to quit can attend a session as many times as needed.

As an ex-smoker herself, Hawthorne understands how difficult it is to quit and never scolds a person for attending the class multiple times.

"We understand it's a lifestyle that's not easy to change," said Hawthorne, a registered nurse. "Fractured bones don't heal overnight, and neither do addicted brains. It will take time."

Soldiers who attend the program walk away with an arsenal of information about tobacco use.

Hawthorne briefly explains the three types of addiction to help users understand the basis for their tobacco use: physical, emotional and behavioral.

Understanding the addic-

tions can help a user determine a plan for quitting. Hawthorne also explains what the tobacco industry has done to make their products incredibly addictive.

"That's usually where you can see the light bulb turn on," she said. "It's an eye opener for them. The tobacco companies are just in it for the money. They manipulate you and their products to keep you coming back."

At the end of the program, each person is given a supply of medication to assist them with quitting, and Hawthorne is available to meet with persons individually. For some of them, she knows it won't be the last time they see each other.

Statistics show it takes an average of eight to 11 serious attempts to quit. Those who have used tobacco for years tend to have a harder time quitting. Each attempt is a relearning process, and if you've been doing it for years, it's not something that will happen overnight.

"Quitting is the easy part," Hawthorne said. "Maintaining is hard."

Despite the high demands and stress surrounding today's military, tobacco use has been dropping among servicemembers.

Based on dental clinics' findings, the tobacco use rate is an estimated 39 percent among Soldiers on Joint Base Lewis-McChord and 24 percent among Airmen.

Hawthorne believes an increase in knowledge and desire to be healthy has contributed greatly to the decrease in tobacco use.

"They understand it's expensive, it impacts their APFT score, it's hard to find a date because they smell like smoke or their teeth are stained with tobacco juice or whatever reason ... People don't want to be addicted," Hawthorne said. "They don't want to be a slave to nicotine or be on a nicotine schedule."

Knowing how hard it is to quit, Hawthorne encourages

tobacco users to take a leap forward by participating in the Smoking Cessation Program.

"Never quit trying to quit," she said. "You're doing your body such a great thing by quitting."

Learn how to quit

For the 36th year, the American Cancer Society is marking Thursday as the "Great American Smokeout." Tobacco users across the nation are encouraged to use that date as a start along the path of quitting.

According to the American

Cancer Society, tobacco use remains the single largest preventable cause of disease and premature death in the U.S., yet more than 46 million Americans smoke.

In observance of the Great American Smokeout, staff from Madigan Healthcare System and the Health and Wellness Center will be placing static displays across the installation. From 9 to 11 a.m., there will be a device at the Lewis Main Commissary where staff will assist smokers with determining their

"lung age" simply by blowing into a machine.

"It's strictly for your information and can be a real eye opener," said Cynthia Hawthorne, Registered Nurse.

To further help combat tobacco use, active duty servicemembers or their Families interested in attending the Smoking Cessation Program should call Tricare to schedule an appointment.

Active duty Soldiers may also book an appointment by calling 968-4387, whereas Airmen should call 982-6942.

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  
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Healthcare System

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

## Judge Advocate's Ethics Corner: Finding religion in our government workplace

By Lt. Col. Greg Mathers  
Madigan Healthcare System

Okay. So your mother always told you it wasn't polite to discuss religion or politics with complete strangers. But what about with your coworkers?

As the holiday season rapidly descends on us, I thought it a good time to provide a brief overview of guidelines on religious expression in the federal workplace. It seems nothing can get folks more stirred up sometimes than religion, so especially at this time of the year; the rules deserve a quick look.

First, unlike most of the articles you'll find here, the Rules of Government Ethics say virtually nothing about religion absent a short admonishment for equal opportunity.

The federal workplace is always to be a place where there is, "no discrimination based upon race, color, religion, gender, age, national origin or handicap." So how does the Government address religious expression specifically?

In August 1997 the Clinton Administration issued the Guidelines on Religious Exercise and Religious Expression in the Federal Workplace.

Prior to the release of these guidelines the rules were pasted together from a mish-mash of sources, and every effort by Congress since around 1996 to pass a law on the topic failed. Under President Clinton however, a specific and single articulation of the guidelines we use today found voice.\*

So according to the Guidelines,

what is permissible religious expression by employees in a hospital setting like ours? Here is a general summary of the most pertinent provisions in bullet format:

- Wearing a cross or other religious symbol as part of one's personal civilian attire, so long as it does not constitute a safety or efficiency hazard

- Displaying of reasonably sized religious or inspirational sign or piece of art in one's personal workstation

- Keeping a Bible or other religious text on one's desk to read during breaks

- Having a candid but civil discussion with a fellow employee about a religious topic so long as the other employee does not voice an objection or ask it to stop

- Discussing a religious topic in a group of employees, provided doing so does not intentionally demean a fellow employee or disrupt the workplace

- Holding a Bible study or other religious meeting in an open conference room during the lunch break

The overarching principle gleaned from the guidelines is that Americans are recognized as a religious people.

Our founding documents and laws

respect that aspect of our heritage and culture, and so religious speech should always be considered at least on par with other non-religious speech.

That said however, all activities have to be balanced with the Government's interest in accomplishing the mission, as well as the need to ensure the visiting public does not perceive federal endorsement or favoritism of any one religious sect over another.

Within these Guidelines, individual employees are encouraged be free to follow the tenets of their faith while at work to the maximum extent possible.

Note: The Guidelines on Religious Exercise and Religious Expression in the Federal Workplace make clear they do not apply to military Chaplains or other officially sanctioned ministry programs.

*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 want to take the time to express my gratefulness for the new West parking lot across Gardner Loop. Every day that I pull in and park there I say to myself how much I appreciate it. It is wonderful having a safe place to park and the lighted cross walk with the cement curb on the new sidewalk to prevent vehicles from easily hitting pedestrians. This is a huge improvement from what I was having to navigate in the dark last year.

Our Leadership does not hear appreciation often enough. This taxpayer and employee is indeed thankful for the advocacy and money that went in to providing the new, free parking that makes the walk into the hospital much safer.

**Judy**, Madigan employee

Dear Col. Homas,

I would like to thank Dr. J. Gehrett for helping me maintain, and even improve my health over the last year or so. I am diabetic, and my blood sugar levels have never been better. His guidance and direction have really made a big difference and I can't express how much I appreciate it.

I am 65 and feel so much younger than a lot of my peers. I just appreciate my health and wanted to acknowledge your part in my well being.

**Linda**, McCleary, Wash.

Dear Col. Homas,

I want to thank Dr. Renee Makowski and Dr. Wayne Harsha for the excellent operation they performed on me recently that resulted in restoring my voice to normal.

I had resigned myself to having a squeaky, unnatural voice for the rest of my life but, these two doctors performed an operation that has changed my life and I will be forever grateful.

Dr. Makowski in particular seemed very competent and sure of herself, which was comforting to me. I do want to convey my heart felt thanks to her and Dr. Harsha for giving me a new lease on life. Having a normal voice is all part of a person's being and to have returned to having a normal voice is very good indeed.

I would also like to thank Zoe Heister for her help in this and other matters. She is very organized and has served with distinction there at Madigan for many years.

**Jack**, Olympia, Wash.



Sgt. James Kirkter

### Operation Santa

The Madigan Troop Battalion command staff, (from left to right) Lt. Col. Ralph Deatherage, 1st Sgt. Robert Thoms, Capt. Thomas Clifford, Spc. Barry Finn (dressed as Santa), 1st Sgt. Shaun Miles, Capt. Tristan Manning, Capt. Kent Hatcher, 1st Sgt. Michael Fetzner, and Command Sgt. Maj. David Rogers, stopped for a quick photo with Santa after completing Operation Santa care packages.

The Madigan Healthcare System Family Readiness Group sets up a work station annually where care packages are assembled to send to Madigan's deployed troops. More than 40 Madigan staff that are currently deployed can expect a bit of holiday cheer to be arriving in the mail, thanks in part, to Operation Santa. Donations were received by several Soldiers, civilians, and Family members from the Madigan community as well as the Sergeant Audie Murphy Club and the Madigan Foundation.

### THE MOUNTAINEER

Since 1948

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#### 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



### Therapy, career found in food preparation for JBLM Warrior



Sgt. Joshua Robinson, a Warrior in Transition with Charlie Company, preps food during a course at Le Cordon Bleu near Seattle Oct. 27.

By Suzanne Ovel  
Warrior Transition Battalion Public Affairs

The routine of cooking food can be very healing, said Sgt. Joshua Robinson, a Warrior with Charlie Company who is also a student with the culinary school Le Cordon Bleu.

"It's very therapeutic, I think... to be able to focus all of your energy on something like that, and to see it disappear, and to know you're going to do all of it again," said Robinson, who is transitioning from the Army due to a back injury.

"You can live for the moment; you don't have to worry about the future."

Planning, and re-planning, for his future has taken up quite a bit of time these past few years.

A military policeman, Robinson got accepted into the Green to Gold program, which sent him to ROTC at the University of Wyoming to earn his commission and a criminal justice degree.

During physical training there, though, an old back injury from training flared up, causing a disc in his back to herniate.

"I couldn't shrug it off; I couldn't walk

it off or anything," he said.

After the disc herniated, Robinson went through surgery in Colorado to replace two discs with prosthetics. Chronic pain and arthritis set in after the surgery.

"My body's never gotten used to it, and it just causes pain every single day," said Robinson. Knowing he would no longer meet the Army's physical standards, Robinson sought a permanent profile and to join the Warrior Transition Battalion.

"It was a hard decision because we kinda had this thing planned out," he said; he and his wife were on the path to

earn their bachelor's degrees simultaneously. Coming here to the WTB put Robinson at two classes shy of earning his degree.

"It was kinda devastating be-cause I worked so hard to get into the Green to Gold program," he said. "I had literally gone into Afghanistan with a GED and came out with 90 college credits."

When he realized he wouldn't be able to stay in the Army, he changed his perspective on his future.

"I said this is a great opportunity for me; I can do whatever I want," Robinson said.

And what he wanted to do was cook. And prep food. And learn to make dishes from breaded and sautéed sweetbreads to homemade chicken noodle soup—a favorite with his Family.

"You can take all the things you're learning and put it right into your personal life," he said.

His personal life is where his passion for food came from. As a child, he cooked with his grand-mother, and as a Family man, visiting new restaurants became the highlight of Family vacations.

Robinson recently got accepted to do a six-week externship in February with Coi, an exclusive San Francisco restaurant that focuses on very natural and local food.

"Coi was my very first pick of any restaurant in the world," he said. "Hopefully, I can prove myself in this restaurant, and I'll get offered a job at the end of the externship."

Either way, Robinson plans to stay in the culinary field to work with his hands, keep learning, and express his creativity.

"It's very artistic—plating food, prepping food—all of that is very artistic at its simplest form," he said.

# Madigan celebrates the fall season with



CLOCKWISE FROM LEFT: (Photos by Tawny M. Dotson) Ellieonya Putman parades her peacock costume during Madigan's 2011 Fall Festival Parade held Oct. 31. Putman would be named the winner for best costume in her category.

ABOVE: The scores from the judges are tabulated by Chairat Noppakovat and Debra Gould during Madigan Healthcare System's Fall Festival held Oct. 31.

BOTTOM: Contestants line up on the top floor of the Medical Mall before the 2011 Fall Festival Parade at Madigan Healthcare System. This year's event was planned by Hylie Jan Pressey, Madigan's customer service officer.

BOTTOM LEFT: Col. (Dr.) Dallas Homas (on the right), Madigan Healthcare System commander and Sgt. Maj. Chris Jenkins (on the left), Madigan's command sergeant major, dressed as part of a biker's group along with the rest of the command staff at the event.



# costume parade at annual Fall Festival



CLOCKWISE FROM LEFT: Jay "Poindexter" Ebbeson served as emcee for Madigan Healthcare System's 2011 Fall Festival Parade Oct. 31.

ABOVE: Members of the Department of Logistics, Materiel Branch ride the escalator down to the ground floor of Madigan Healthcare System's Medical Mall during the 2011 Fall Festival Parade held Oct. 31.

ABOVE RIGHT: Adult participants in the Fall Festival Parade ride the escalator down to the ground floor before the awards ceremony.

RIGHT: Isaiah Fischer, dressed as Robin, gets his cape adjusted by his mother prior to the start of Madigan Healthcare System's 2011 Fall Festival Parade held Oct. 31. Fischer's brother dressed as Batman to complete the dynamic duo's appearance in the parade. (Photos by Tawny M. Dotson)

**PCMH**

CONTINUED FROM PAGE 1

tion]. The nursing support per provider increases and we can do a lot of stuff over the phone such as medication refills and a lot of the things they would normally come in for," said Maj. Jacqueline Naylor, officer-in-charge of the Winder Clinic.

"When they do come in, it's a one-stop shop. They can get their immunizations and prescriptions right here. The goal is to decrease the frequency that patients have to come in unnecessarily. Also, as continuity increases and providers get to know their patients and are better able to anticipate their needs, we expect better health outcomes and increased compliance with recommended preventive services."

In order to accomplish the PCMH implementation a series of teams are created within each clinic. Those recent changes in clinic team names are as follows:

The Family Medicine Department was previously organized by colored teams. The locations of those teams have not changed, however the names of those teams have.

The Gold Team is now the Ibis and Goldfinch Teams. Their location remains in the Family Medicine Clinic on the ground floor of the Medical Mall at Madigan Army Medical Center.

The Green Team is now the Falcons and Eagles Teams. Their location remains in the Family Medicine Clinic on the ground floor of the Medical Mall at Madigan Army Medical Center.

The White Team is now the Swans and Doves Team. Their location remains in the Family Medicine Clinic on the ground floor of the Medical Mall at Madigan Army Medical Center.

The Red Team is now the Robins and Cardinals Team. Their location remains in the Family Medicine Clinic on the ground floor of the Medical Mall at Madigan Army Medical Center.

The Blue Team is now the Jays and Herons Team. Their location remains in the Family Medicine Clinic on the ground floor of the Medical Mall at Madigan Army Medical Center.

The Pediatrics Department at Madigan is now broken up into the Bear, Elk, Moose and Wolf Team. There is no change to location for check in for Pediatrics patients.

The Winder Clinic, located at 9119 Mill Park Ave. directly behind the Four Chaplains Memorial, now has the Apache, Chinook and Blackhawk teams. Their locations have not changed and check-in for appointments at Winder is still in the same location.

Patients in these clinics will still engage the TRICARE Appointment line, (800) 404-4506, for appointments.

If there is an issue that can or needs to be addressed a message will be funneled to the appropriate team.

Access to advice if a patient has an issue will still remain available 24 hours a day. Patients will see a benefit as their care can be complicated and a provider will become more familiar with their ongoing care issues.

"As you go to these primary care manager and patient centric relationships you don't have to spend as much time trying to learn what the patient's issues are, what their history is," said Lt. Col. Irene Rosen, the chief of Madigan's Family Medicine Department. "If a patient is new to me it becomes a more difficult experience."

Rosen recognized that a significant amount of time can be spent detailing a patient's history and



Maxwell Dotson speaks with his provider, Dr. Francis Valenzuela at the Madigan-Puyallup Community Medical Home. The Puyallup Clinic has operated as a Patient-Centered Medical Home from the day they opened their doors.

primary care manager continuity can limit or eliminate the need to detail past care since a provider is more aware of each patient assigned to their team.

"It has definitely doubled our patient continuity and we're hoping that will rise even more. For me as a provider it's the satisfaction of knowing more about my patients," said Rosen. "It's improved our documentation as well."

The continuity goes beyond just knowing their provider. It also continues into the entire team's care.

"Patients have commented on being able to know 'their nurse,'" said Dr. Hillary Arnold, a staff physician and the PCMH champion for the Department of Family Medicine.

The transition to PCMH is one that is ongoing.

"Re-looking at the entire process of providing medical care from the patient's perspective is the big point with PCMH," said Arnold.

"We are trying to build the teams around the patient's experience of that care in a way that a patient doesn't have to be funneled through any one particular point of contact to get their needs met. There is a team in place so if that patient's need is for a prescription renewal there is not only one provider that can assist if certain requirements are met. The patient knows how to contact their home team so they can meet their need and there isn't a bottleneck in providing that care."

According to the National Committee for Quality Assurance's website, the Patient Centered Medical Home is a health care setting that facilitates partnerships between individual patients, and their personal physicians, and when appropriate, the patient's family.

Care is facilitated by registries, information technology, health information exchange and other means to assure that patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner.

The NCQA has an evaluation process that Madigan will continue to work toward in the coming years. Until then guidance and implementation will solidify and Madigan will continue to lead the way in implementation of the PCMH standards.

**COOKING TIPS**

CONTINUED FROM PAGE 1

fresh vegetables. When she arrived home she washed her hands vigorously with hot soapy water and sang happy birthday twice to ensure all the germs were killed! She then washed the green beans, squash, potatoes, cauliflower, and collard greens to remove any hidden bacteria. Since Grandma only has one cutting board, she diced her fresh produce before cutting up any raw meat to prevent the spread of bacteria. She also chopped the veggies with her newly sharpened knife because it is much safer to cut with than a dull one! After preparing the vegetables, she opened the oven to check on the turkey that had been baking since this morning. Luckily, she remembered to defrost the turkey in the refrigerator instead of leaving it in the sink to defrost like she did last year. By doing this, she prevented bacteria from growing in and around the turkey, keeping her Family safe from foodborne illness! Next, Grandma checked the temperature of the turkey with her meat thermometer by inserting the thermometer into the thickest part of the meat and ensuring it was cooked to 165 degrees Fahrenheit (the proper temperature for poultry). Once dinner was ready, the Family gathered around the table and slowly enjoyed the rainbow colored meal Grandma had prepared. After dinner, Grandma and the Family typically attended the evening mass down the street. Last year the grandkids took most of the leftovers home, but since the food had sat out for over two hours and would be in the car for at least another two hours, Grandma decided to put the leftovers in her refrigerator and invite the grandkids to dinner again tomorrow! This compromise helped prevent bacteria from growing in the leftover food and lowered the risk of foodborne illness.

Thanks to Grandma, Thanksgiving dinner was a huge success and there were no foodborne illnesses during this holiday season! As you prepare your holiday meal this year, remember some of Grandma's food safety tips to ensure your meal is both safe and delicious!

## Federal grant to help ease traffic problems: \$5.7 million project will relieve traffic along I-5 corridor, Berkeley Avenue by reconfiguring the Freedom Bridge connector

By Lorin Smith

Joint Base Lewis-McChord Public Affairs

Traffic relief along the Interstate 5 corridor is coming for a small price tag of \$5.7 million.

The City of Lakewood recently announced that it received a Department of Defense Office of Economic Adjustment grant to alleviate congestion at the Berkeley Avenue interchange near Madigan Healthcare System.

Reconfiguring Freedom Bridge connecting JBLM to Washington National Guard's Camp Murray and Tillicum is the grant's main purpose. Madigan sees more than 1.4 million visitors each year, and more than 150,000 vehicles flow in and out of JBLM each day, with the majority using Berkeley Avenue that crosses the bridge over I-5. The improvement money couldn't have come at a better time, said City of Lakewood's Jeff Gonzalez.

"Over the next 20 years, this area is going to only get worse," he said.

This is the first major traffic improvement project on this stretch of I-5 in years. With an expected completion date in 2013, the project will add a third travel lane, reconstruct the sidewalks outside the bridge structure, add a second left-turn lane to the southbound I-5 offramp to reduce backups and improve the surrounding roads around Berkeley for greater overall access.

Drivers commuting in the morning and evening peak traffic times should notice significant time savings, estimated at up to a collective 20 hours a day.

"This project, when completed, will provide safer, smoother access to the joint base near Madigan Army Medical Center, improving access to this critical health care facility for beneficiaries while enhancing the flow of traffic in the area around the interchange," said JBLM Garrison Commander Col. Thomas Brittain.



Even traffic going to Madigan and Camp Murray is horrible at times exiting the Berkeley on ramp, the City of Lakewood is doing everything possible to alleviate the congestion.

The grant came about thanks to the hard work of the South Sound Military & Communities Partnership Steering Committee made up of business, local government and JBLM representatives. The group's mission is to find ways to reduce traffic congestion and improve safety around the South Sound I-5 corridor, and specifically, for JBLM commuters.

"I think we'll get a big bang for the buck and make a huge impact," Pierce County Executive Pat McCarthy told members of the Regional Access Mobility Partnership last week. "I think this is a fabulous effort and sets the stage for other activities."

Another grant application recently submitted is for TIGER III funding to improve public safety on I-5. Cameras, fiber optic-driven variable messaging systems and hardened driving shoulders are part of the \$34 million plan. Fiber optic cable from Thorne Lane to Mounts Road would be installed, allowing ramp meters to regulate traffic flow through the JBLM area.

Driving shoulders will be hardened, converting them into additional lanes without adding to

the freeway traffic during peak times. Washington state Department of Transportation officials want to install a hardened shoulder on I-5, from the Main Gate onramp to Berkeley Avenue.

Drivers heading from Lewis Main to Madigan could potentially drive on the shoulder for the entire trip, said Ron Landon, WSDOT Olympic Region planning and program manager.

Finally, installing lots of cameras at the northbound and southbound exits can give both WSDOT traffic managers and the general public a better idea of what the I-5 traffic situation looks like through the WSDOT website. After last year's winter snowstorm, Landon said the state realized it didn't have many cameras around the JBLM area to get an accurate traffic picture.

"Cameras are critically important," Landon said, "because they let us see what's happening on the roads and we can respond so much faster to incidents."

While the Berkeley grant has been awarded and the TIGER III grant finds out its fate at the end of the year, JBLM servicemembers and civilians can reduce traffic right now.

All the regional transit authorities have vanpools available to serve the JBLM corridor. Currently, 44 vanpools are in service in the JBLM corridor: 25 registered with Thurston County's Intercity Transit, 16 with Pierce Transit and three with Kitsap Transit.

About 20 more have been requested through the state legislature.

Local community efforts to help JBLM, the county's single largest employer, have impressed Brittain.

"We look forward to continued cooperation with our neighbors as we confront shared challenges in our area," he said. "Joint Base Lewis-McChord has worked very closely with local, regional and state agencies to plan improvements to transportation infrastructure around the base."

### WINTER WEATHER

CONTINUED FROM PAGE 1

E-Notify mass notification system.

The system, by Everbridge, reaches out to all staff members through phone call, emails, or text messages to up to nine different devices, which includes phone, email addresses, text and pager options.

Staff can manage and update how they will be contacted by logging into the Everbridge at [www.everbridge.net](http://www.everbridge.net).

When the system was implemented all staff were given a member identification number in order to create a password and input their data.

All departments have an assigned system manager for the mass notification system who should be contacted first if questions arise.

The Madigan system administrators, Llewellyn or Joseph Weston in Emergency Management, are also available by calling (263) 968-4365 or (253) 968-4135.

Employees can reach out for weather and emergency operations information in a number of other ways.

They include the weather reporting line at (253) 968-3102, where you can choose option 5 for weather information, or visit Madigan's website at [www.mamc.amedd.army.mil](http://www.mamc.amedd.army.mil).

In addition, messages will be delivered inter-



Spc. Daniel Logrosso, of Springfield, Ill., a member of the 139th Mobile Public Affairs Detachment, assists a stranded motorist.

nally via e-mail and externally on Facebook when a final decision has been made.

"We hope to take advantage of our mass notification system so that it will be easier to reach out and touch all staff in the case of inclement weather and emergency operations," said Bill Llewellyn, emergency management coordinator at Madigan.

"The system allows us to update staff in the form of communication they want, at the device they want. You choose how to receive the information and the system gets it there."

In some cases, Madigan will remain open when driving may be difficult.

In those cases it is important for staff to be prepared for winter driving.

The Washington Department of Transportation provides traffic and road alerts via <http://wsdot.wa.gov/traffic/>.

In addition, they offer a number of tips to prepare for the winter season.

WSDOT recommends that you have your tires checked for air pressure and to ensure your chains fit before the snow hits.

They also recommend getting a winter vehicle maintenance check-up, keeping your tank full of gas and programming your radio for traffic reports and emergency messages which are available on their radio stations at 530 or 1610 AM.

In addition, keep a flashlight, batteries, blanket, snacks, water, gloves, boots and a first-aid kit in the car.

Also make sure your chains, ice scraper or snow brush, jumper cable and road flares are in the car with you.

As you maneuver the roads WSDOT reminds you that when ice or snow is present, take it slow.

This includes driving at slower speeds, slower acceleration, slower steering and braking.

They also recommend using your headlights, not using cruise control, and leaving extra room between your vehicle and the one in front of you.

For more tips on safe winter driving visit <http://www.wsdot.wa.gov/winter/>.

# Developing your spider sense for autumn

By Capt. Stefan Tonsberg  
U.S. Army Public Health Command Region-West

For some, autumn triggers a sort of spider sense. The hair on the back of the neck rises in response to sightings of brazen spiders in the middle of a room, or the sensation of something crawling on your skin. Ultimately, this can conjure the belief that spiders have invaded dwellings and infested belongings. Contributing to the anxiety can be the knowledge of potentially dangerous species known to occur not just in the 20-state area supported by U.S. Army Public Health Command Region-West, but all over the country.

Entomologists at the USAPHC understand that most people are unable to distinguish between harmless and dangerous spiders. As result, these entomologists receive an influx of spider questions,



Capt. Stefan Tonsberg

This giant house spider, also known as a Tegenaria duellica, is pictured above. Although, often feared and unwanted, spiders can in fact be beneficial.

sightings, and identification requests. The most frequently asked questions include, “Is it venomous?” “What happens if it bites me?” and “What kind of bug spray should I use to kill it?”

First, almost all true spiders (order Araneae) are venomous. However, of the more than 40,000 species identified, few (around 25 species) are considered medically significant. Funnel-web weaving spiders like the hobo spider, the giant house spider and the barn funnel weaving spider are frequently encountered in the western United States, and often misidentified. Since these spiders are similar, people fear all of them because they resemble the hobo spider, which some scientists suggest may inflict a serious bite.

Spiders that are commonly found around barracks, homes and buildings in the eastern U.S. during the late summer and early fall include grass spiders, wolf spiders, ground spiders, jumping spiders, orb weaver spiders, cobweb spiders, cellar spiders, sac spiders and two less frequently encountered but medically important species, the black widow and brown recluse spider.

Why does it appear that there are more spiders now all across the country?

Even though it seems that the population has increased, spiders do not come inside for warmth as the temperature starts to drop. Most species found outside are adapted to the conditions and would probably not survive inside. The same can be said for species found inside. The truth is that the autumn time period often coincides with the time when select species reach maturity in their lifecycle. In addition male spiders can exhibit a wandering behavior while in search of a mate.

Although, often feared and unwanted, spiders can in fact be beneficial. Spiders prey on numerous insect pests, as well as



Capt. Stefan Tonsberg

A barn funnel-weaving spider web is pictured above. Funnel-web weaving spiders like the hobo spider, the giant house spider and the barn funnel-weaving spider are frequently encountered in the western United States.

other spiders. However, for safety, sanitation, and peace of mind their presence is unwanted inside our living or working environment.

The best prevention is through exclusion and cleaning. This means removing rocks, wood piles, compost piles and other sheltering sites adjacent to the home. Cracks and crevices around the foundation and windows should be sealed with caulk or sealant to avoid the entry of spiders. Furniture or other items brought inside should be cleaned and free of egg sacs or spiders. Make sure all screens and doors to the exterior are sealed tight. Keep crawl spaces free of debris and limit other potential hiding places including basements and other dark storage areas.

Spiders may accumulate in large numbers especially around outdoor light sources, which attract their insect prey.

Pesticide application is not recommended as egg sacs may survive initial treatment and residual pesticides are not very effective against returning spiders. Vacuuming can be an effective means of removal, but remember to remove or empty the vacuum cleaner bag.

Finally, to ensure safety, wear gloves and use caution when handling boxes or firewood stored for long periods or in basements.

Spiders can also be found where Soldiers are deployed. USAPHC entomologists developed illustrated posters for deployed Soldiers to help identify arachnids of Afghanistan and Iraq and Kuwait. These posters are available to anyone with a military e-mail address at: <https://usaphcapps.amedd.army.mil/HIOShoppingCart/searchResults.aspx?c=0&s=0&f=0&l=0&t=arachnids>

## Deskside Snacking: How to ensure you eat well at work

By Lt. Col. Twyla Leigh  
U.S. Army Public Health Command

It's been a long day at the office. Visions of the vending machine flash through your mind. Caffeine and sugar are calling your name – STOP!

The additional 140 calories from a 12-ounce can of soda and 220 calories (or more) from a candy bar or bagged snack, if eaten on most work days, will create a weight gain of 25 pounds per year. Even if the soda is diet and only the candy or bagged snack is eaten, expect a weight gain of 15 pounds per year. Add to that the extra calories we eat when someone brings in donuts or “goodies” to the office, or what about that desktop candy jar? These office hazards add to inevitable weight gain that most of us blame on aging, heredity

and/or metabolism. We are not doomed to work in “obesifying” office conditions and can make positive changes to manage our health and weight. Be prepared for office pitfalls (even if you work from home) and plan ahead.

Here is a list of strategies to consider for a healthier work environment:

Eat breakfast—Breakfast skippers start the day at a disadvantage and may start grazing early and feel they have no will power or resistance to sugary and fatty foods that they might otherwise avoid.

Bring healthy (and portion-controlled) snacks—Prepare snacks the night before, portion in snack bags; use a cooler bag if needed. Some examples of healthy snacks include roasted almonds; low-fat cheese wedges (non-refrigerated, like Laughing Cow); fresh

seasonal fruit—apples, grapes, cherries or berries; fresh cut vegetables—celery, cucumbers, bell peppers, grape tomatoes, baby carrots, with or without low-fat dressing, or maybe with a couple of olives or slices of pickle; 100-calorie prepackaged snacks; low-fat popcorn if a microwave is available; hard-boiled egg; or low-fat, low-sugar yogurt.

Eat mindfully—No matter what you are eating, focus on the smell, taste and crunch. Don't eat and work or watch the screen at the same time. This type of “multi-tasking” doesn't allow you to realize that you are satisfied with your snack and you may be tempted to keep “grazing.”

Think thirsty, not hungry—Have lots of cool water on hand to drink throughout the day. Many times we think we are hungry and overeat when

we have not had enough fluids.

Read labels—Look at the content of the vending machine. Ask the person who works with the vending company to add lower calorie, lower fat and higher protein snacks to the mix.

Move more—Take a walk. Stand up and stretch.

Identify supportive co-workers—Share recipe ideas for healthy snacks. Encourage one another to eat healthy and exercise more.

Change the office culture—Model good eating. If you bring in a snack to share, make it healthy – fresh fruit, whole grains and lower fat recipes. Suggest non-food rewards and celebrations. Positive recognition and certificates of appreciation add to a supportive, productive and healthier work culture.

## Telework program means savings for government, employees

By Tawny M. Dotson  
Editor

In 2010, President Barack Obama signed the Telework Enhancement Act, which provides definitions and clear guidance on telework and specifies roles, responsibilities and expectations for all Federal executive agencies with regard to telework policies; employee eligibility and participation; program implementation; and reporting. Telework for Madigan Healthcare System employees requires a bit of training and set-up but can provide savings for both Madigan and the employee.

The official definition of “telework” can be found in the Telework Enhancement Act of 2010. The term ‘telework’ or ‘teleworking’ refers to a work flexibility arrangement under which an employee performs the duties and responsibilities of such employee’s position, and other autho-

rized activities, from an approved worksite other than the location from which the employee would otherwise work. In practice, “telework” is a work arrangement that allows an employee to perform work, during any part of regular, paid hours, at an approved alternative worksite such as home or a telework center. This definition of telework includes what is generally referred to as remote work but does not include any part of work done while on official travel or mobile work.

In order for an employee to begin telework they must be aware of the local policy on telework. That policy prescribes the training and paperwork necessary to establish a successful telework agreement. Madigan Regulation 690-6 describes the local process for entering and administering a telework agreement. The official office of responsibility for this regulation is the Chief of Civilian Personnel Division Dave Aiken.

The policy is detailed, but includes the requirement for employees to complete Telework 101 for Employees, which is an online training available at [www.telework.gov](http://www.telework.gov). Completing this training is one of the first steps necessary to enter into a telework agreement. This training will teach you the situations which warrant telework, the concepts of the telework process and the necessary accommodations to telework. In addition the employee must complete and submit a Madigan Form 1782-C (Madigan Telework Agreement) to their supervisor.

Telework is only available to employees if there will be no adverse mission impact. There are no limitations on position grade level for interested employees.

Other steps to prepare for telework include: sufficient portable work for the amount of telework being proposed, ability to work independently, without close supervision, comfort

with the technologies, if any, that will be needed to telework, good communication with manager, co-workers, customers that will enable a relatively seamless transition from onsite to offsite, telework office space that is conducive to getting the work done, dependent care (i.e., child care, elder care, or care of any other dependent adults) arrangements are in place, and an ability to be flexible about the telework arrangement to respond to the needs of the manager, the workgroup, and the work.

The Office of Personnel Management has established a Guide to Telework in the Federal Government, which is available at: [http://www.telework.gov/guidance\\_and\\_legislation/telework\\_guide/telework\\_guide.pdf](http://www.telework.gov/guidance_and_legislation/telework_guide/telework_guide.pdf). The local point of contact for telework agreements is the Department of Human Resources. Questions on local policy or the process can be directed to Dave Aiken by emailing [david.a.aiken@us.army.mil](mailto:david.a.aiken@us.army.mil).

## Laughter is the best medicine: How to live healthier through humor

By Lt. Col. Scott Weichl  
U.S. Army Public Health Command

Most have heard the saying, “Laughter is the best medicine.” Many times medicines can improve our illness, but addressing the whole person calls for something more. There is an increasing interest in studying how humor and laughter can lead to increased health and better immune function.

What is humor? The Merriam-Webster Dictionary defines humor as “the mental faculty of discovering, expressing or appreciating the ludicrous or absurdly incongruous, or something that is or designed to be comical or amusing.” In plain English, humor is both a mental activity and behavioral action. Everyone has the potential to be humorous and appreciate humor; but one’s humor level

and type of humor appreciated differs among each of us.

Ever noticed that just the right sense of humor in a stressful situation can reduce that tension? Reducing the stress level brings us closer together, offers a way to take a breath and approach the issue in another way. Communication through humor can reduce anxiety and fear, which is brought about through insecurity. Humor helps build good working relationships and improves morale in the workplace. Humor can be something that stimulates us, much like the emotional response from laughter. Humor can be used to express true concerns and disappointments in a non-confrontational way.

But yes, there is more! Humor can help to improve your health through:

Hearty-laughter—Laughing from your core can help reduce muscle ten-

sion and exercise your heart. It also helps to increase endorphins and enriches your blood. Yes, laughter actually helps to improve overall health. So don’t feel awkward the next time you burst forth with a full-bodied laugh ... you are simply improving your health!

Expressing positive emotions—Anything that can create positive thoughts serves the same purpose as humor. Feelings like love or success can help to bring about a similar expression of these positive ways of living life. Humor easily creates positive thoughts, almost as easily as not being able to be angry while you whistle. Try it.

Reducing stress—Who doesn’t have stress? Here is another way of improving your health. Stress causes unhealthy effects on our bodies—it increases our risk of various infec-

tions, diseases and illnesses. Since humor can reduce stress, it can counteract against this unhealthy lifestyle.

Social Acceptance—Want more friends? Not only does humor increase our health, but this sincere, honest sense of humor makes one more socially desirable. This leads to a larger support system that is satisfying and helps maintain resilience during those difficult times.

Studies continue to examine the benefits of humor on health—both mental and physical. Humor is a positive expression when used in good taste and at the right moments. It is quite possible that humor makes living a little easier by putting life into perspective. As Mel Brooks once said, “Humor is just another defense against the universe.” So, go ahead ... laugh a little!

## Stress and you: How to create the right recipe for success in military Families

By Brian P. Smith  
TriWest Healthcare Alliance

Books of recipes fill row upon row in book stores and libraries across the country. No matter what you might be cooking, there is no shortage of ingredients to try and instructions to follow.

Just like each chef works hard to build a recipe for the best sauce, cake or steak, each Family can work at developing a unique recipe for dealing with all kinds of stress.

Deployments = Missing Ingredients

You gather your ingredients and start following the steps. What happens when a loved one, a key ingredient of your Family, isn’t there?

From the deployment to the welcome home—and every step along the way—the military Family has no shortage of challenges and stresses.

Like a soufflé, your Family’s emotional balance is delicate. Everyday stress and change can be very powerful forces, affecting Family members and straining relationships.

Don’t Let it Simmer – Get Help

Feeling overwhelmed? There is an entire behavioral health resource library filled with coping techniques and self-assessments.

At [TriWest.com/BH](http://TriWest.com/BH), these resources are available to you online, whenever you need. From parenting issues to relationships to anxiety and depression, you can learn more about what can cause these feelings and what you can do in these situations.

What if one-to-one help was available online, 24 hours a day? What if it were available to service members and their

Families at no cost?

You can at [TriWest.com/OnlineCare](http://TriWest.com/OnlineCare).

When eligible, the TRICARE Assistance Program (TRIAP) is an online videoconference option for help with problems associated with day-to-day living. TRIAP video counseling is:

- private
- non-reportable
- available in the U.S.

If you find yourself in a crisis situation and need to speak with someone immediately, you can call the Behavioral Health Crisis Line at 1-866-284-3743.

# COMMUNITY

NOVEMBER 2011

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## Health Benefits Open Season

The 2011 Open Season for civilian employee's health benefits is from Nov. 14 through Dec. 12. This is the annual time employees can elect to enroll, make changes to their health benefits coverage, or cancel their enrollment. All open season changes will be effective Jan. 1, 2012.

During open season, any eligible employee who is not currently registered may enroll; and any eligible enrollee may change from one plan or option to another, from self only to self and Family, or make a combination of these changes. A Federal Employees Health Benefits Health Fair will be held at Madigan on Nov. 21 from 8 a.m. to 3 p.m. on the ground floor of the Medical Mall.

For more information contact Vanila A. Vaie lua, Personnel Liaison at (253) 968-3181 or by e-mail at [vanila.a.vaie lua@us.army.mil](mailto:vanila.a.vaie lua@us.army.mil).

## “Service, Honor, Respect: Strengthening Our Cultures and Communities”

November is National American Indian Heritage Month. Madigan Healthcare System will have a special celebration on Nov. 30 from 11:30 a.m. to 1 p.m., in the Medical Mall. The guest speaker will be Curtis DuPuis, Chehalis Tribal Elder. There will also be a storytelling by John Krise, Squaxin Island.

For more information, please contact Staff Sgt. Misty Jackson at [misty.m.jackson@us.army.mil](mailto:misty.m.jackson@us.army.mil).

## Madigan's Holiday Fest

For the first time, Madigan will host a staff-only holiday event at the Morale, Welfare and Recreation Tent located on Joint Base Lewis-McChord, Lewis-Main (behind bowling alley) on Dec. 10 from 6:30 to 11:15 p.m.

The theme for the evening is, “It's a Small World,” with a focus on coming together as a Madigan community, linking arms to help those in need and celebrating in a festive environment. We will be accepting non-perishable food donations at the door for our local food bank and will be giving a portion of the ticket proceeds to the Fisher House.

Plan on attending and enjoying the social hours, live band and dancing. For more information or for ticket purchase contact Lt. Col. Kandace Wolf at [kandace.wolf@us.army.mil](mailto:kandace.wolf@us.army.mil).

## Madigan's Thanksgiving Meal

Please join the Nutrition Care Division in celebrating Thanksgiving with a special lunch meal on Nov. 24 from 11 a.m. to 1:30 p.m. This meal features assorted appetizers, full salad bar, soup, roast turkey, steamship round of beef, baked ham, assorted sides, gourmet desserts, and assorted beverages. Holiday meal rates apply: \$5.95 for dependents of E-4 and below, \$7.00 for all others. Please note, the dining facility will close at 8 a.m. on Thanksgiving morning. For more information, contact Maj. Tracy Brown by calling (253) 968-0579 or by email at [tracy.h.brown@amedd.army.mil](mailto:tracy.h.brown@amedd.army.mil).

## 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!

## Winter Weather Outreach

A winter weather safety presentation will take place on Nov. 29 from noon to 2 p.m. in Letterman Auditorium at Madigan Healthcare System. This event is sponsored by Madigan's Safety Office and will cover information on winter tires, chains, car batteries and maintenance. For more information, contact Greg McKee by calling (253) 968-2306.

## Great American Smoke Out is this month

If you would like to schedule an in-service for Madigan staff members please call Madigan Army Public Health Nursing to arrange a 15-minute presentation on the new types of tobacco products hitting the local market. Also available is a one-hour Basic Tobacco Skills Intervention class where attendees earn one contact hour! If you would like to arrange this training for your employees please call Cynthia Hawthorne at (253) 968-4387.

## 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).

## Patient Safety Survey

Madigan is participating in the 2011 Department of Defense Tri-Service Survey on Patient Safety (Culture Survey), a web-based survey that asks for your opinions about patient safety matters. This survey is voluntary, anonymous and confidential. Individual responses cannot be tracked. Your perspective is a vital component to understanding patient safety within the Military Health System and here at Madigan.

Staff members are encouraged to carve out 10 minutes at your earliest convenience to share your feedback by taking this web-based survey. The survey is located at: <http://interactive.zogby.com/safety>.

For more information, contact Marion Christiansen by calling (253) 968-0663.

## 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](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 [HylieJan.Pressey@us.army.mil](mailto: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](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.

## 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.

## 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.