

Madigan is pursuing the Baldrige National Performance Excellence Program and the Magnet® Recognition Programs. Both programs promote year-around development, deployment, and continued performance excellence processes that are present in high quality organizations. The Programs support and complement each other.

The Baldrige National Performance Excellence Program focuses on seven categories of Leadership, Strategic Planning, Customer Focus, Measurement, Analysis and Knowledge Management, Workforce Focus, Process Management, and Results.

The five components of the Magnet® Recognition Program include: Structural Empowerment, Transformational Leadership, Exemplary Professional Practice, New Knowledge, Innovations and Improvements, and Empirical Outcomes. The Magnet Program emphasis is on nursing processes, however the program's impact will resonate throughout Madigan.

These two quality-enhancing programs align with the vision, mission, values, and strategic objectives for Madigan. The two programs provide the roadmap for Madigan's future and ensure that Madigan is and will always be the premier military medical facility to provide and receive care, to teach and learn clinical medicine, and to conduct bench-to-bedside research.

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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MADIGAN HEALTHCARE SYSTEM: "PEOPLE FIRST, PATIENTS ALWAYS"

Madigan, UW Medicine discuss pain management during first conference

By Strategic Communication Staff  
Madigan Healthcare System

University of Washington pain medicine experts shared information with more than 350 Madigan, tri-service and Veteran Affairs Puget Sound Health Care System providers and nurses during a pain management conference Jan. 31.

"This is a big cultural change for all the providers at Madigan," said Nancy Poffenberger, Madigan pain consultant. "All of our providers touch pain patients and to understand how that is different from curing a disease is a very important step."

The conference is the first step in an education and information process designed to assist attendees as they work to synchronize the interdisciplinary delivery of pain management to their patients as outlined in the recommendations made by the Pain Management Task Force chartered by the U.S. Army Surgeon General in 2010. Throughout the day, briefings and break-out sessions presented by UW Medicine and Madigan staff took place on a variety of subjects, such as communicating with patients on pain and best



A packed house in Letterman Auditorium at Madigan Healthcare System listens intently to one of many experts who provided educational presentations on providing care for chronic pain during a symposium Jan. 31.

practices in primary pain care.

Dr. Alex Cahana, Chief of the Division of Pain Medicine at UW Medicine, was among the numerous pain management experts participating in the conference. Officials from the UW have been working closely with Madigan and the VA Puget Sound Health Care System to address chronic pain in injured service members and veterans. Dr. Cahana recently hosted Maj. Gen. Philip Volpe, Commanding General of the Western Regional Medical Command at Joint Base Lewis-McChord,

who toured the UW Center for Pain Relief and was briefed on the award-winning pain management initiatives Dr. Cahana and his team are spearheading at UW Medicine.

"This collaboration is a direct result from the report of the pain task force signed by the Army Surgeon General," said Cahana. "We want to create a common approach and strategy to treat pain in the DoD, VA System and the University of Washington for the benefit of the warriors, veterans and their Families."

Madigan hosts national urological conference

By Tawny M. Dotson  
Editor

Madigan Healthcare System's Urology Clinic hosted the 58th Annual James C. Kimbrough Urological Seminar for the Society of Government Service Urologists Jan. 15 through 21.

The conference, attended by more than 180 urologists, was held at the Sheraton in Seattle and hosted by Madigan with Maj. (Dr.) Tim Brand as the main project manager for the week-long event.

"It's a great chance to show off your facility and staff when the group comes to your location. Our staff urologists moderate the sessions. It showcases the program that the seminar is held at each year," said Brand.

Urologists from all over the country were welcomed Jan. 15 by Col. Jerry Penner III, Madigan's commander. Some urologists travelled from as far as Japan and Germany to attend.

The event's keynote speaker was Dr. Anton Bueschen, who served as the immediate past president of the



(From L to R) Capt. (Dr.) Jen Gurski, urologist at Madigan Healthcare System, Dr. Michelle Cooney, from San Antonio Uniformed Services Health Education Consortium, and Capt. (Dr.) Patrick McDonough, also of Madigan, listen intently during the scrotal ultrasound course at the James C. Kimbrough Urological Seminar.

American Urological Association.

Following opening ceremonies, attendees had the option of attending sessions with topics representing the latest technology and developments in Urology.

The seminar featured national experts who addressed issues such as laparoscopy, endourology, Stone Disease, reconstructive or trauma surgery, pediatrics and oncology.

In addition, a resident competition took place and mock oral boards were held for those preparing for part two of the American Board of Urology certifying examination.

"I found most beneficial the amazing caliber of the speakers present at this year's meeting," said Capt. (Dr.) Jen Gurski, chief resident of Madigan's Urology Clinic. "Not only was it an informative meeting, but quite inspiring to learn that so many prominent urologists had their start in the military system."

Lt. Col. (Dr.) Karen Baker, chief of Madigan's urology clinic, instructed a first-ever for an SGSU conference, a three-hour certification course on scrotal ultrasound. The intent was to provide level two skill verification.

The course covered techniques, protocol and findings and featured a hands-on lab and exam. In the end 100 percent of those in attendance passed the exam and were awarded an American Urological Association certification.

## IN BRIEF

**JBLM named winner of Army environmental award**

The Army announced Jan. 26 the results of the annual Secretary of the Army Environmental Awards.

Joint Base Lewis-McChord was selected as the Army winner in the Sustainability, Non-industrial Installation category.

A total of five installations, one organization, two teams, and one individual will receive Army awards for their environmental and sustainability program achievements during fiscal 2010.

The Secretary of the Army's Environmental Awards represent the highest honor in the field of environmental science and sustainability conferred by the Army.

These award winners will go on to compete for the Secretary of Defense Environmental Awards later this year.

A full list of this year's Army winners is available at <http://www.army.mil/-newsreleases/2011/01/26/50872-army-announces-environmental-award-winners/>.

Additionally, JBLM has won the Environmental Protection Agency (EPA) Region 10 Champions of Environmental Leadership and Green Government Award in the category of waste management.

"We need to focus on managing the resources we have at our disposal," said Katherine Hammack, Assistant Secretary of the Army, Installations, Energy and Environment. "These winning nominations translate into Army best practices. We are managing cultural and natural resources appropriately; reducing, reusing, repurposing and recycling; and doing what it takes to make our Army sustainable."

Six sustainability teams are responsible for the Joint Base Lewis-McChord Installation Sustainability Program (ISP) goals in these focused areas: Air Quality, Water Resources, Energy, Products & Materials Management, Sustainable Community, and Sustainable Training Lands.

These teams facilitate and implement projects and initiatives that move JBLM toward its installation sustainability goals.

Recent JBLM accomplishments illustrate the depth and breadth of how sustainability touches the lives of JBLM personnel and supports the military training mission:

- Green Procurement and Green Procurement Team
- Environmental Management System and Environmental Operating Permits
- Waste Diversion, Recycling, Composting, Concrete/Asphalt crushing and Reuse
- Sustainable Master Plan's holistic design approach and Town Center project
- Sustainability Outreach and Partnerships
- Alternate Fuels and Transportation, and Commute Trip Reduction
- Energy Conservation via \$14 million energy efficiency projects
- Habitat Restoration (forests and native prairies)
- Stormwater Filtration System facility including a wetlands education center, increased habitat for wildlife species, and a training area for Soldiers

"The goals already achieved and the goals yet to be reached promise a more sustainable, livable, and mission capable installation in the coming years," said Paul Steucke, Chief, Environmental Division at JBLM. "Because of the strength of leaders, the dedication of the Installation Sustainability Program Teams, and the support of our neighbors and community members, we anticipate continued innovation and progress in the sustainable development of Joint Base Lewis-McChord," he added.

# DENCOM Best Warriors

By Tawny M. Dotson  
Editor

After sweat and tears, a road march and land navigation, physical fitness tests and boards, European Regional Dental Command's candidates came out on top in the Army Dental Command Best Warrior Competition Jan. 15 to 21 at Joint Base Lewis-McChord. They are gunning for the rest of Army Medical Command's competitors next.

After a weeklong competition, Sgt. Jerry McMillian and Spc. Blake LeBlanc, both of ERDC, were named tops in DENCOM at an awards ceremony held at Madigan Healthcare System Jan. 21. McMillian, the NCO of the year will now represent all of DENCOM at the Army Medical Command competition. Joining him will be the newly minted DENCOM Soldier of the Year LeBlanc.

"The Soldiers in this competition came here and competed to their full ability pushing everybody to their fullest. I highly respect DENCOM and they spit out some good Soldiers," said LeBlanc. "Unfortunately only one of us can go and I'll take that honor and bring home all of Army."

DENCOM's competition pitted two representatives from each of the five regions and a sixth set of candidates from the U.S. Army Dental Lab in a grueling competition. The candidates competed in a six-mile road march, physical fitness test, night land navigation, combatives and a mystery event, which was a weapons assembly via night vision goggles.

"This was a very difficult



Sgt. Jerry McMillian is awarded the Army Commendation Medal by Col. Priscilla Hamilton after being named the 2011 Noncommissioned Officer of the Year at the awards ceremony for the Army Dental Command Best Warrior competition.

competition and all the way up to the end it switched amongst the candidates for scores and who was going to win," said Sgt. Major Exerline Drumm, DENCOM sergeant major.

Sgt. Marquis Peters, of Southern Regional Dental Command, and Spc. Justin Talalotu, Northern Regional Dental Command, were runners up in their respective competitions.

Also competing were Sgt. Ashley Gibbs, NRDC, Spc. Felipe Montoya, SRDC, Sgt. Roger Martin and Sgt. Jason Nguyen, both from U.S. Army Dental Lab, Sgt. Su Kwang Han and Spc. Kirk Proctor, both from Western Region Dental Command, and Sgt. Aleksandria Pavlenko and Spc. Heather Billings, from Pacific Regional Dental Command.

"All year long we have been competing against and amongst our peers in order to be here today," said McMillian. "The indi-

viduals here are the best of the best."

Each candidate thanked the many senior NCO's who trained them to make it to the finals of this level of competition.

"They made sure we did what we needed to do," said McMillian.

At the awards ceremony, Master Warrant Office Josephine Aldrich of the Canadian Forces delivered the keynote speech on leadership.

Her speech included pointing out that everyone starts in the military wearing the same uniform and in the end; their ability to demonstrate leadership adds accouterments that set them apart as Soldiers.

The competition winners will now prepare for the MEDCOM-level competition.

For their accomplishments they were awarded prizes worth more than \$1,000 each including gift cards.



## Backbone of the United States Army

Sgt. David Blad takes the oath of the noncommissioned officer during the NCO induction Jan. 28 at Madigan.

## Help is a phone call away.

The Child & Family Assistance Center - FAME Clinic - offers free, easily accessible behavioral health counseling services to spouses and children of active duty service members.

We help keep families strong by promoting emotional, behavioral, and relationship health through individual, marital, and family counseling services.

-New! Expanded Walk-In Hours: M-F 8:00a.m.- 2:00 p.m.

-Hours of Operation: M-F 7:30 a.m.- 4:30 p.m.

-No referrals needed

-Free service for dependents of Active Duty Service Members with TriCare Prime

-Counseling available for Individuals, Couples & Families

We want to hear from you!  
Call 253-968-4843

Located at: Old Madigan Bldg.  
9923A E. Johnson Ave. Tacoma, WA. 98431

**madigan**  
Healthcare System

## Join the Great American Spit-Out on Feb. 24th

By Cynthia Hawthorne  
Army Public Health Nursing

Despite years of warnings from the health care community, many smokeless tobacco users continue to believe that dipping or chewing is without risk. With the Great American Spit Out on Feb. 24, now is a good time to examine the facts about these unhealthy products.

**FACT:** Smokeless tobacco is not harmless tobacco.

The American Cancer Society states approximately 30,000 Americans are diagnosed and 8,000 die annually from mouth and throat cancer. The leading causes of this type of cancer are tobacco and alcohol use. Early warning signs of mouth or throat cancer include sores that don't heal, difficulty

chewing, and a prolonged sore throat.

Habitual smokeless tobacco users often develop a smooth, white patch or leathery-looking skin where they hold the tobacco in their mouths. This patch is called "leukoplakia," and it can become a cancerous tumor. Treatment is surgery, which may include removal of part of the tongue and lower jaw. Follow-up therapy is long and intensive, requiring the patient to relearn how to speak, chew and swallow.

**FACT:** Smokeless tobacco use is not attractive.

The tobacco juice that comes from using smokeless tobacco sloshes around the mouth and causes stained teeth, bad breath and constant spitting.

In addition, smokeless tobacco contains a lot of sugar,

which mixes with the plaque on teeth to form acids.

These acids eat away at tooth enamel, causing cavities.

The gums can pull away from the teeth where the tobacco is held, leaving the exposed area vulnerable to decay and pain.

Many users just stop brushing their teeth in the exposed area which can lead to bigger problems.

Eventually, bone loss sets in, causing teeth to become loose and fall out.

**FACT:** Smokeless tobacco is more addictive than smoking.

According to the National Spit Tobacco Education Program the nicotine content in a can of dip or snuff is approximately 144 milligrams, which equals approximately four packs of cigarettes.

A 30-minute dip can deliver the same amount of nicotine as three to four cigarettes. Other harmful chemicals in smokeless tobacco include: polonium 210, formaldehyde, ammonia and arsenic. Some additives in the product are designed to enhance nicotine absorption. Nicotine addiction is a serious physical, emotional and behavioral health concern that drives users to continue using, in spite of serious health risks and social stigma.

**FACT:** It is possible to stop using smokeless tobacco.

Pick a quit date and circle it on your calendar. Get support.

Let your friends and family know you intend to quit. Make a list of reasons why you want to quit and update it as you think of more reasons.

Keep a tobacco diary and

note the times and reasons you use tobacco and plan accordingly. See your provider and learn about the available medications to help you quit.

When quitting, fill four plastic zip bags with hard candies, gum and toothpicks. Keep the bags in various locations including home, work, pocket and your glove compartment.

Carry an activity at all times, like a book of crossword puzzles or a yo-yo. When the craving hits, chew gum and do your activity. This will help keep your hands and mind occupied for three to four minutes, until the craving passes.

It may take several attempts at quitting before you're able to stop for good, but the results are worth it.

If you are ready to quit call TRICARE at 1-800-404-4506.

## Mental health screening study finds success for in-theater care

By Jerry Harben  
Army Medical Command Public Affairs

Identifying Soldiers for behavioral-health problems before they deploy to a combat zone, and then coordinating continuing care for those Soldiers while they are overseas, can reduce suicidal thoughts, psychiatric disorders and other problems, according to a study published in the American Journal of Psychiatry.

The study was conducted with more than 20,000 Soldiers assigned to Multinational Division-Center in Iraq during 2007 and 2008. Three brigade combat teams (BCT) of the 3rd Infantry Division were screened for behavioral-health issues during pre-deployment processing at Fort Stewart, Ga. Three brigade combat teams from other installations did not receive the same screening and provided a comparison group.

Only 2.9 percent of the screened troops presented for psychiatric or behavioral-health disorders in the first six months of deployment,

compared to 13.2 percent of the comparison group. These Soldiers also had lower rates of combat operational stress reactions (15.7 percent versus 22 percent), expressing thoughts of suicide (0.4 percent versus 0.9 percent) and gestures toward suicide (0.1 percent versus 0.2 percent). Only 0.6 percent received duty restrictions for behavioral health reasons, and 0.1 percent were evacuated from the theater for those reasons, compared to 1.8 percent and 0.3 percent, respectively, in the comparison group.

The co-primary investigators for the study were Col. George N. Appenzeller, then division surgeon of the 3rd Infantry Division and now commander of the Army hospital in Alaska, and Maj. Christopher H. Warner, then the division's staff psychiatrist and now a student in the Army Command and General Staff College.

Assisting with the study were Capt. Jessica R. Parker, chief of the Warrior Restoration Center at Fort Stewart; Dr.Carolynn M. Warner, then surgeon for Fort Stewart's warrior

transition unit; and retired Col. Charles W. Hoge, senior scientist at Walter Reed Army Institute of Research and The Army Surgeon General's consultant for neuropsychiatry.

Military behavioral-health screening in past wars focused on identifying Soldiers who should not deploy. This process differed in attempting to improve care for Soldiers during their deployments.

"This system shifted away from the traditional mental-health paradigm of attempting to predict future behavior or inability to cope. Rather, the purpose of this process was to ensure that we were not deploying unsafe Soldiers based on present conditions, and ensuring that we were linking those who were deploying with the in-theater assets so that they could stay in the fight. The result is an effective process that enhances Soldier and unit safety," said Warner.

Soldiers in the 3rd Infantry Division who were preparing to deploy to Iraq were evaluated by primary-care health professionals and asked about behavioral-health treatment,

use of medications and suicidal or homicidal thoughts. Those who were identified as needing more screening were interviewed by a psychiatrist, psychologist or licensed clinical social worker. They were evaluated using Department of Defense guidelines established in 2006 to ensure that Soldiers under treatment for behavioral-health conditions were stable for deployment, and to facilitate ongoing care for those who required further treatment in the deployed environment. All care was coordinated through the unit health-care providers.

During the first six months of each brigade combat team's deployment, behavioral-health problems were monitored using a standard mandatory reporting and tracking system used throughout Iraq.

The most important component of this program, according to the investigators, was the coordination of care in theater.

"A unique aspect to this study was the requirement for BCT surgeons and the division psychiatrist to track and monitor all of these Soldiers

during their deployment and coordinate in-theater care for those on medications and those who received waivers," said Appenzeller. "This was accomplished through medical management by the unit-assigned primary-care providers who deployed with the Soldiers, to ensure ongoing Soldier confidentiality."

Of the 10,678 Soldiers who underwent the pre-deployment screening process, the screening process identified 819 (7.7 percent) who required an evaluation with a behavioral-health professional, including 347 (3.3 percent) who were taking a medication for a sleep or behavioral-health problem. After evaluation, only 48 (less than half a percent) were unable to deploy because of a serious behavioral-health problem, 26 had their deployment delayed one to two months for behavioral-health treatment, and all of the remaining Soldiers with behavioral-health concerns deployed with ongoing support in theater. Soldiers who needed ongoing care were seen regularly by unit medical providers.

## Keep your heart healthy with Madigan Cardiology

By Cardiology Staff  
Madigan Healthcare System

February is National Heart Month and the perfect time to learn more about the state of the art cardiology services at Madigan Healthcare System.

To start, the clinic has implemented a new heart failure clinic. This clinic is run by the heart team, which consists of Maj. (Dr.) Samara Laynor, Stephanie Fraser, Carol Reiten, and Heather Colegrove.

By having the heart failure team, the cardiology service can care for heart failure patients on a closer outpatient basis and often avoid hospital admission or emergency department visits.

"Besides the close follow up by our nursing staff, the patients can also be cared for in our treatment room where they can receive intravenous medications to help with heart failure symptoms and try to avoid admission to the hospital," said Lt. Col. (Dr.) Kurt Kinney, chief of cardiology at Madigan.

The goals of the heart failure clinic are to provide the most advanced level of care available, improve symptoms of heart failure and avoid heart failure admissions to the hospital which are often longer and more expensive.

In addition, if a patient does require admission for heart failure the clinic offers, in select patients, a system similar to dialysis by using a peripheral catheter or a central catheter which is temporary.

The system will remove fluid from heart failure patients much faster than intravenous medications alone and allows patients to be discharged sooner and also avoids re-admission to the hospital over the next 30 days.

Madigan is leading the way in this new technology as many local and other

military medical centers do not use it. With the heart failure team up and running, the cardiology service is again keeping Madigan's patients healthier and happier.

The cardiology service at Madigan is also leading the way in the Army Medical Command in the catheterization laboratory.

The clinic offers one of the most extensive interventional cardiology services in MEDCOM.

The lab offers invasive catheterization with left heart catheterization, coronary angiography, right heart catheterization and selective peripheral angiography.

In addition, the clinic places devices such as pacemakers and implantable cardiac defibrillators along with Biventricular pacing for severe heart failure patients. They also close atrial septal defects using an amplatzer device

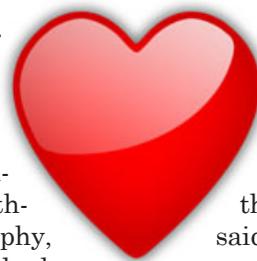
so that patients can avoid open heart surgery.

For coronary artery disease care, the Madigan cardiology group offers the most advanced care in MEDCOM.

They do the majority of heart catheterizations for the radial artery, which decreases the risk of bleeding, decreases the amount of time needed to stay in bed and allows patients to leave the hospital sooner.

"The new devices and services represent our commitment to offer Madigan patients the latest in cardiovascular care," said Kinney. "During Heart month we would like to wish our Madigan patients a happy and heart problem free month."

But rest assured, if you do have a heart problem, the Madigan cardiology service is ready to care for your heart. For more information on the Cardiology Clinic, call (253) 968-1100.



### MAILBAG

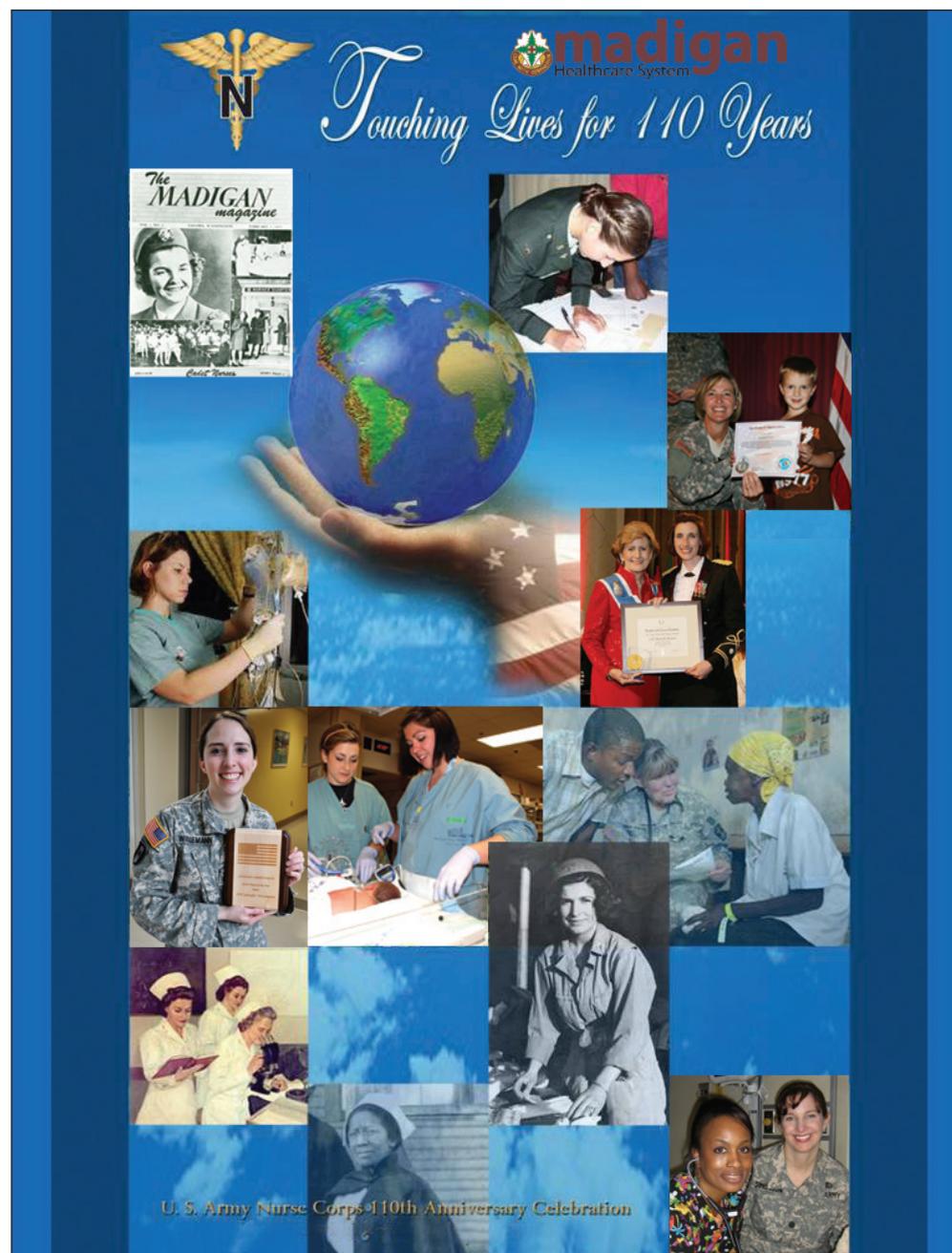
Dear Col. Penner,

I want to take a moment to tell you about my recent stay at Madigan Army Medical Center, and also about the competent and compassionate care your personnel have provided me. I have several disabilities. I am a non-verbal, non-ambulatory and total-care individual, so I think the events during my stay are even more significant than normal.

I was admitted from the Madigan Emergency Room by Dr. Abbott without hesitation to Ward 2-South. On Jan. 8, about 11 hours after a CT scan to look for a chest infection, I started to go in to anaphylactic shock. Nurse Rose was the first to respond on the ward and immediately recognized the gravity of my situation and took charge to get the necessary medical personnel to my bedside to start stabilizing me. Dr. Mount from the ICU responded with members of her unit and quickly explained to my parents the alternatives to my Do not resuscitate/Do not intubate directive. My DNR was not invoked and Dr. Mount got me down to the ICU. Part of the preparation was done by Chaplain Father Kalinowski through the administration of the Sacrament of the Sick. Father Kalinowski was at my side almost as fast as anyone and stayed with my family until I came out of the operating room and was stabilized. Dr. Abbott stopped by every day to check on me and my family. He told my dad that he and his wife sat and prayed for our family on the night I was intubated because of the trauma we were enduring. Other examples of the competent and compassionate care include nurses from ICU and SCU who treated me and my family like one of their own while caring for me. The respiratory therapists, X-ray techs and nursing staff were all acutely aware of my disabilities and limitations and always talked to me and explained their treatments to me, even though my disabilities severely inhibited my understanding.

We know these men and women won't win any prizes, any awards, or any promotions for their actions while helping me. But what they have won is my heart and my gratitude for giving me back my life. I hope I won't need to be hospitalized anytime soon, but if I do, I sure want these doctors, nurses and other medical staff on my side to help me get back on my feet (or in my case, back in my chair) again. I appreciate you sharing our family's sincere appreciation for the competent and compassionate care that all the Madigan staff has afforded me. Thank you so much!

**Faith**, University Place, Wash.



### THE MOUNTAINEER

Since 1948

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#### Commander

Col. Jerry Penner III

#### Strategic Communication Director

Jay Ebbeson

#### Command Information Officer/Editor

Tawny M. Dotson

#### Staff Writer

Tom Bradbury Jr.

#### Layout/Design

Wanda Williams

#### Warrior Transition Battalion Public Affairs

Suzanne Ovel

# Doctor, lifelong Soldier awarded lifetime achievement award

By Tawny M. Dotson  
Editor

When Neil Glenesk enlisted in the Army in 1974 it was to pursue his passion as a World Class Athlete. Little did he know, more than 30 years later, he'd be world-class in a whole new category.

Now an Army colonel, Glenesk is the 2011 recipient of the Armed Forces Optometric Society Orion award, which is the highest honor the AFOS can bestow on an AFOS member.

On March 2, Glenesk will receive the award at the AFOS's Annual Meeting during the SECO International Conference for optometrists in Atlanta. The AFOS executive council votes on nominations for the award and can have a maximum of three recipients per year. Glenesk is the only recipient this year and joins an elite group of 25 other professionals who have received the award since 1974.

The same year the Orion Award was first awarded, Glenesk participated in the modern pentathlon and won medals around the world. Reaching the pinnacle of athletics was one of many opportunities the Army would give him over his 30-plus year career.

"I never planned to be in the Army, but life is what happens when you are busy



Col. Neil Glenesk is the recipient of the 2010 Armed Forces Optometric Society Orion Award. He will receive the award Mar. 2 from Col. Terry Lantz, the Chief of Army Optometry. Glenesk has been an optometrist for more than 27 years and has been at Madigan for six months as the Chief of Optometry.

making plans," said Glenesk.

Glenesk decided to pursue optometry because of the lifestyle the field offered and graduated from the University of California Berkley's Optometry School as a doctor of optometry in 1984. Following graduation he commissioned in the Army.

He has worked as a staff optometrist and chief of optometry at many levels. As the chief of Army Optometry, Glenesk served in the Office of the Army Surgeon General. While there he worked on a number of groundbreaking projects. He coordinated with Col. (Dr.) Robert Mazzoli on the

Vision Center of Excellence, a concept directed by the Assistant Secretary of Defense for Health Affairs. The VCE is an eight-year initiative approved for \$56 million in funding. In addition Glenesk worked to create the G-Eyes program, which is a central database that service-members who are deployed can access remotely and order glasses or optical inserts to be delivered to them. Glenesk looks back fondly on his experiences as the consultant.

"It was just an honor. It was hard work, very long hours, but I didn't mind it when it's this important and you are helping so many people," said Glenesk.

Glenesk was nominated for the award by Col. Terry Lantz, chief of Army Optometry. Lantz replaced Glenesk this summer. Glenesk is now the chief of Optometry Services at Madigan Healthcare System.

"His accomplishments are incredible," said Lantz. "He serves as a mentor for all optometrists to emulate. I look forward to presenting his award and thanking him for his dedication and hard work. The profession has benefitted from his exceptional achievements."

"It's nice to get the award, but the actual doing it, the actual day-to-day job was worth more," said Glenesk.

## TRICARE to offer new Young Adult option to dependents to age 26

By TRICARE Press Release

The signing of the National Defense Authorization Act (NDAA) of fiscal year 2011 into law enables TRICARE to extend coverage to eligible adult children up to age 26. A premium-based TRICARE Young Adult program is expected to be in place later this spring.

The Patient Protection and Affordable Care Act of 2010 required civilian health plans to offer coverage to adult children until age 26. TRICARE previously met or exceeded key tenets of national health reform, including restrictions on annual limits, lifetime maximums, "high user" cancellations, or denial of coverage for pre-existing conditions – but did not include this expanded coverage for adult children.

Dependent eligibility for TRICARE previously ended at age 21 or age 23 for full-time college students.

The fiscal year 2011 NDAA now gives the Department of Defense the authority to offer similar benefits to young adults under TRICARE. The law was signed by the President on Jan. 7, 2011 but full details of the TRICARE Young Adult (TYA) program will not be in place until later this spring, according to TRICARE officials.

"We've been working hard to make sure we could put TRICARE Young Adult on a fast track," said TRICARE Deputy Director Rear. Adm. Christine Hunter. "Fortunately for our beneficiaries concerned about health care coverage for their adult children, the law signed by the President includes opportunities for military families to elect this



new premium-based plan retroactive to Jan. 1," Hunter said.

Beginning later this spring, qualified, unmarried dependents up to age 26 will be able to purchase TRICARE coverage on a month-to-month basis – as long as they are not eligible for their own employer-sponsored health coverage.

Premium costs are not yet finalized, but the NDAA specifies that rates must cover the full cost of the program. "This program has the potential to extend

TRICARE coverage to several hundred thousand additional beneficiaries," said Hunter. "The premium allows us to provide this excellent benefit to our military families while responsibly addressing the impact of health care costs on the DoD budget."

Initially, the benefit offered will be a premium-based TRICARE Standard benefit. Eligible family members who receive health care between now and the date the program is fully implemented may want to purchase TYA retroactively and should save their receipts. Premiums will have to be paid back to Jan. 1, 2011 in order to obtain reimbursement.

Stay up to date about the TRICARE Young Adult program by signing up for e-mail benefit and news updates from TRICARE.

## Donor reaches 100th platelet donation milestone with Madigan blood bank

By Victor Shermer  
Armed Services Blood Bank Pacific Northwest

It was Jan. 18, 2011, at 8:30 a.m., when Ret. Navy Lt. Cmdr. Edward Nelson arrived at Joint Base Lewis McChord. Despite a gray and dreary morning, his wife insisted on coming along, and there was a good reason for it. Her husband was about to complete his 100th platelet donation

to the Armed Services Blood Program.

Over the years, he has endured approximately 164 needle sticks and spent over 200 hours in the donor center. Thanks to his continuous support of the Armed Services Blood Program, Nelson's donations have provided 103 platelet products and 37 plasma products to Madigan and the military.

And he isn't finished yet! Nelson

now has his eye set on 150 donations!

He is a true example of a great, kind and caring donor. He consistently gives part of himself to help support the ASBBC-PNW and we look forward to many more donations with him.

To find out more about the Armed Services Blood Program or to make an appointment visit: [www.military-blood.dod.mil](http://www.military-blood.dod.mil).



Edward Nelson stops with his wife to celebrate his 100th platelet donation.

# Madigan commander accepts new position, set to retire

**Penner to retire after being named Chief Executive Officer at Murray-Calloway County Hospital in Kentucky.**

By Tawny M. Dotson  
Editor

After almost 29 years as a Soldier, including nearly two as the commander at Madigan Healthcare System, Col. Jerome Penner III will trade his Army Combat Uniform for a suit March 10 and begin a new journey as a civilian.

"It all came down to timing. Had this been three years ago I probably would

not have done it," said Penner.

All the signs and timing came together last summer and through the fall when a hospital in Penner's home state of Kentucky began the process of searching for a new CEO. The hospital, Murray-Calloway County Hospital, is near Fort Campbell and Murray State University, the alma mater of Penner and his wife Jamie. In addition, the couple's two sons would both be attending Murray State in the fall. After a series of interviews, a number of signs, and a perfect alignment of timing Penner made the decision to accept the position as the new CEO and retire from the Army.

"This has been my life for nearly 29

years. You might be able to take the guy out of the Army but you won't be able to take the Army out of the guy," said Penner.

MCCH announced Penner as their choice for CEO Jan. 17. Penner's projected retirement date is June 30. The change of command at Madigan will take place at 11 a.m., March 10. Penner will leave behind a legacy of caring and a journey toward greatness.

"The challenge I leave for the commanders that follow me is to continue our Baldrige efforts. I hope that they will continue this journey to challenge Army medicine to reach a new level."

Penner has led a distinguished Army career. He has served for 14 years as a chief operating officer and CEO at military treatment facilities. He joined a small group of medical service corps officers that have been selected to lead these facilities. During his 29-year career, he has served at many levels from the company to a medical center. His Army career has sent him to eight different states and a tour in Iraq. He holds a Bachelor of Science degree from Murray State University and a Master's degree in Health Administration from the Army-Baylor program. He is also a graduate of Command and General Staff College and Army War College.

"Along the way I've had some tremendous mentors and role models," said Penner. "I learned from them how to really take care of folks."

During his time at Madigan Penner was hesitant to name his favorite moments.

"We have a highlight almost every single day. This organization is tremen-



Col. Jerry Penner was commissioned into the U.S. Army in 1982 as a quartermaster officer and entered active-duty in 1986.

dous at innovation. The productivity at this place is amazing," said Penner. "I could just go on and on about the things Madigan is able to do. This is the right place to pick. There is not one defining moment or thing; I think it's the whole group."

Penner's leadership legacy at Madigan will be a lifetime of commitment, loyalty and service. However, there are certain things he hopes the hospital and those who have served with him will remember about his time as their leader.

"I would hope that people would realize that I was genuine in my approach and that they truly were the number one thing on my mind," Penner said. "If I give you all the tools I can for you to be the best you can be at your job, then our patients will get the best possible team and staff that they can. I really tried to live that mentality."



Col. Jerry Penner speaks at an event at Madigan Healthcare System. Penner will retire in June after 29 years of service in the Army. He has been the commander at Madigan for nearly two years and will be replaced March 10 by Col. Dallas Homas.

## JP3's impact at Madigan...



"Col. Penner's greatest strength is his ability to connect with people, whether a CEO, general officer, or patient, he connects and gets the best out of them. He has learned what is really important - people."

- Jay Ebbeson, Strategic Communication Director



"He moves effortlessly from briefing generals and dignitaries to comforting families and patients, to encouraging staff at all levels. He's taught me if you put people first, everything else will naturally fall in place."

- Col. R. Neal David, Deputy Commander for Administration



"He gets his point across and engages his audience. His door is always open. Most leaders at his level would not allow someone just to come in. The fact that he does that makes him different than the rest."

- Staff Sgt. Jeffrey Smith, Command Group Operations Noncommissioned Officer



"He has taught me to trust in people. They are generally good and generally going to do what they are supposed to do. So rely on them and things will typically work out that way."

- Sgt. Daniel Miller, Commander's Driver

# MADIGAN HEROES

FEBRUARY 2011

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## Legion of Merit

Col. Beverly Cornett

## Department of the Army- Meritorious Service Award

Bert Fitch

## Army Commendation Medal

Maj. Martha Smith

## Army Achievement Medal

Capt. Sean Calder

Sgt. Iris Cummings

Sgt. Jessica Keller

Sgt. Christopher Nordmann

Sgt. John Nordman

Sgt. Mario Sevilla

Sgt. Nicholas Romero

Spc. Tony Allen

Spc. Jared Maertens

## Department of the Army- Commander's Award for Civilian Service

Hylie Jan Pressey

## Department of the Army - Achievement Medal for Civilian Service

Martha Alcock

Kelli Blaine

Bronwyn Pughe

Andrew Reeves

Shad Roy

Dorothea Williams

Junior Wright

## Department of the Army – Certificate of Achievement

Maj. (Dr.) Charles Bass

Leland Jurgensmeier

Charles Madison

Meg Voelker

## Commander's Coin:

Dr. Fred Flynn

Col. Debbie Simpson

Col. Stephen Yoest

Maj. Tracy Brown

Maj. Patricia Davis

Maj. Glenn Dorner

Sgt. Matthew Lane

Sgt. Isis Rosario

Joeetta Davis

Lisa Floyd

Kimberly Hetzler

Christopher Jones

Gabrielle Mc Nabb

Cindy Neary

Kirstin VanHoute

Cynthia Weissinger

Ann Wilson



## Madigan employee wins Rideshare prize

Makieda Hart, Joint Base Lewis-McChord rideshare coordinator, presents Don Kreager with a \$100 gift card. Kreager won the prize for participating in the Wheels Options incentive program through the Pierce County Department of Transportation's Rideshare program. Kreager is the primary driver of a vanpool in the Bonney Lake and Puyallup area. The Rideshare Program encompasses the use of vanpools, commuter buses, light rail, subway, and carpools and employees who choose to use the program can be eligible for an Army Mass Transportation Benefit. For more information on the Rideshare program at JBLM contact Hart at 253-967-7301 or e-mail her at makieda.a.hart@us.army.mil.

## Customer Service Award

Tim Brice

## Troop Command Certificate of Appreciation

Carrie Bernard

## Patient Safety Award

Ben Williams

## Service Award

Jamie McKay 5 years Dorothea

Williams 5 years

## Command Compliance Cup

**Inpatient:** Neonatal Intensive Care Unit

**Outpatient:** Pulmonary Clinic

**Administrative:** Informatics

## Madigan Healthcare Certificate of Appreciation

First Lt. Jennifer Hague

First Lt. Shannon Barthel

Second Lt. Amanda Peterson

Sgt. 1st Class Olga Terekhina

Sgt. 1st Class Daniel Whitney

Sgt. 1st Class Michael Winter

Staff Sgt. Chan Has

Staff Sgt. Jose Munoz

Sgt. Carlos Cruz

Sgt. Christopher Kellogg

Sgt. Christopher Nordmann

Spc. Carlos Cirera

Spc. Sarah Gilbert

Spc. James McLemore

Spc. Ian Shattuck

Spc. Christopher Wade

Spc. Jeremy Vogel

Spc. Kevin Smith

Pfc. Sarah Rolla

Bonnie Graves

Janet Fabling

Shawn Kramer

Heather Sevilla

Richard Dove

## Accreditation

The Accreditation Council for Graduate Medical Education has awarded Madigan's Orthopedic Surgery Program a four-year accreditation.

Accreditation length is linked with ACGME perception of program quality.

The hard work by the program leadership has resulted in an improvement in accreditation results from a three-year length to the current award of four years.

The program is also congratulated for scoring in the top four percent of programs nationwide in their 2010 In-Training Exam average.

Congratulations to Col. Ed Arrington and his orthopedic surgery team for their commitment in maintaining educational excellence at Madigan!

## OUT OF THE FIRE, BACK INTO THE FIGHT



# Learning to cope after homecomings

**Courses and support systems are available to spouses who are getting ready for their servicemembers to return home**

By Suzanne Ovel  
Warrior Transition Battalion Public Affairs

A year's full of long days, of phone calls at odd hours, of stress and worry, of the constant underlying fear of learning that their Soldier was hurt or traumatized — these are the families' burdens during deployments.

"They're living in fear of someone trying to kill someone they love," said Ellen Bloom, chief of the Warrior Transition Battalion's social work clinic. "There's very little difference in a lot of the stress they experience and how it manifests."

Explaining that this stress is normal and telling families what they should expect to experience after their Soldier's homecoming was the crux of the redeployment briefings to spouses in family readiness groups as I Corps units came home recently. Bloom, along with Tracy Williams, a licensed clinical social worker with Madigan's Department of Psychiatry, volunteered to speak to more than 600 families as part of the I Corps chaplains program Mod 0, or "Module 0". The reintegration program helps FRGs coordinate outside agency assistance for family briefings.

"I try to ensure spouses know that we are appreciative of what they do as well," said Bloom. Many WTB families also go through reintegration when their Soldiers are medevaced home.

"What we brought to the table that I think was pretty significant is that we included concrete and practical strategies on how to best meet the challenges of redeployment," said Williams.

Bloom explains to families that their Soldier will be different than who he or she was before the deployment.

"There's no such thing as someone who goes to combat for a year and are completely the same person as when they left," said Bloom.

The impact of living with high adrenaline levels for a year is hard to turn off.

"Their brain knows where they are but their gut hasn't caught up with their brain yet," said Bloom, creating hyper vigilance in a home setting, which may translate into behavior such as worrying about the whereabouts of family members constantly or checking the perimeter of the house at night. Other combat fallout Soldiers may experience includes



Spouses of deployed Soldiers listen to information provided during a reintegration briefing on base.

nightmares, sleep issues and forgetfulness.

Bloom encourages families in the first few months after a Soldier re-returns home to simply treat almost everything they do to adjust as normal, such as watching TV in the wee hours of the night because the house is too quiet in comparison to the constant drone of a war zone.

An important part of the briefings is sharing resources for Soldiers and family members, especially counseling.

Family members learn how to encourage Soldiers to use these resources, either on their own or with spouses.

Spouses can say "I need to figure out how to deal with you, and you need to be there to help me with that," said Bloom.

"All they really need is a safe place to talk about what they feel," she said.

Soldiers don't always talk with their loved ones about their deployed experiences because they don't want to add to the stress their family experienced,

they are afraid their families will see them differently if they learn all they did in combat, or they don't have the emotional vocabulary to say what they want to say, Bloom said.

Talking to a professional outside of the family can establish that safe environment.

Bloom and Williams also talk to spouses about post traumatic stress, including how it compares to combat stress, and that being diagnosed with PTS doesn't change one's security clearance.

Families also learn how to not to enter into conflict or disagreement, or how to best resolve conflicts that might come up, as well as about resources such as counseling, Military One Source, the Child and Family Assistance Center the Army Substance Abuse Program, Veterans Affairs, and more.

"We're so lucky at Joint Base Lewis-McChord because we're very resource-rich here," said Bloom.

For spouses to successfully cope with multiple deployments speaks volumes about the strength of the military, said Williams.

# New online virtual world aids PTSD search for veterans

By Lorin T. Smith  
Northwest Guardian

Chairman of the Joint Chiefs of Staff Adm. Mike Mullen has called for mental health services to be offered to servicemembers in the comfort of their own homes.

As the first endeavor into making Mullen's desire a reality, the Department of Defense National Center for Telehealth and Technology has launched an online virtual educational space accessible anywhere in the world, 24 hours a day for combat veterans to learn more about post-traumatic stress disorder.

The T2 Virtual PTSD Experience was built on the Second Life virtual world platform.

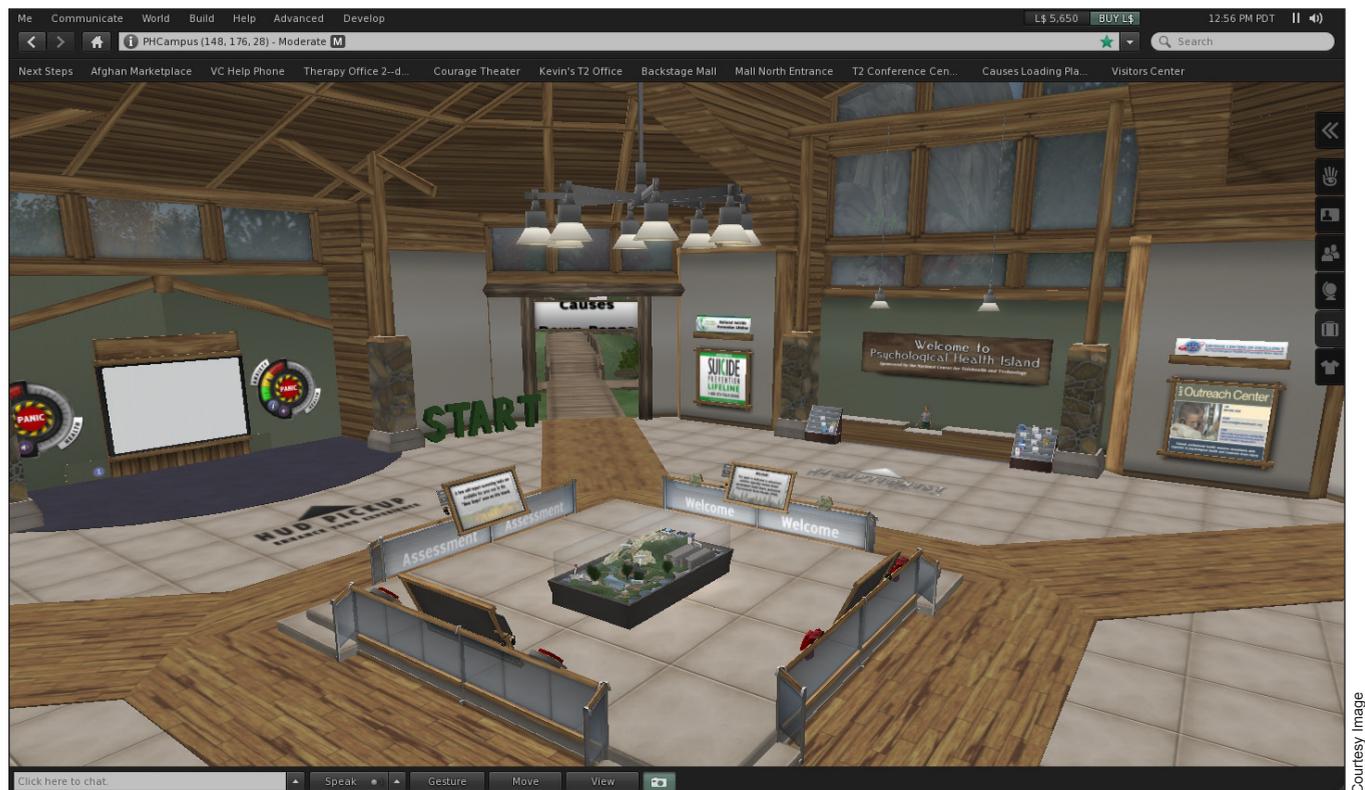
Second Life provides T2 a limitless space on the Internet where DOD servicemembers can learn more about PTSD causes, symptoms and resources for information and care, according to Dr. Kevin Holloway, the psychologist who led T2's virtual world development.

"This is unlike any other website out there; the information that is presented in an interactive, immersive format where the user becomes part of the learning world," Holloway said.

Using virtual reality for psychological health care is a new venture for the DOD.

Today's young service and family members are more likely than previous generations to use an online virtual world to obtain information about behavioral health than the traditional face-to-face interactions, a driving force for T2's devoting time and resources to developing the project.

"We believe this is the first time DOD has used interactive simulations with the Web to help our military community with PTSD in the privacy of their homes," said Dr. Greg Reger, acting chief of T2's Innovative Technology Applications division, which creates virtual world experiences and studies virtual



The welcome center for the T2 Virtual PTSD Experience is based in the internationally populated virtual world called Second Life. This immersive, interactive learning activity is a public site designed for warfighters and their families. It educates visitors about combat-related post-traumatic stress disorder and offers resources for seeking help.

reality therapy for PTSD patients.

The Second Life virtual world uses avatars, or 3-D representations of individuals, to interact with others within the space.

The avatars can walk, fly, and move their bodies in many of the same ways people do. Guests can choose any of them, while providing complete anonymity for visitors to ask sensitive questions about PTSD and protecting against the stigma servicemembers associ-

ate with seeing behavioral health providers.

Visitors enter the Virtual PTSD Experience space through the Second Life website, which can be accessed for free. Detailed information for entering T2's Virtual PTSD Experience is at [www.t2health.org/vwproj/](http://www.t2health.org/vwproj/). Second Life may not be accessible from computers on a military network.

For more information, visit [www.t2health.org](http://www.t2health.org) or call 253-968-1914.

## UROLOGY CONTINUED FROM PAGE 1



Dr. Robert Allen completes the hands-on portion of the scrotal ultrasound course at the James C. Kimbrough Urological Seminar Jan. 19 as the rest of his classmates observe. Allen, a retired Army colonel and former Madigan Healthcare System Urology Clinic chief, participated in the course.

"The ultrasound course provided great hands-on training. It served to solidify many of the concepts that Dr. Baker has taught us over the past few years," said Gurski.

Another unique feature of the conference was a presentation by Dr. Richard Jadick, author of *On Call in Hell*.

Jadick, a Marine Corps officer, served in Fallujah in 2004 and wrote the book on his experiences as a battalion surgeon.

Jadick served on the front lines in an attempt to save time and lives by being as accessible as possible.

"There is a little more focus on trauma and deployments than what you would find in a typical medical conference," said Bland.

The Kimbrough Seminar is intended primarily for those serving the federal government in any capacity as an urologist including consultants and residents.

The seminar focused on disease states and injuries prevalent in the active duty and veteran populations.

It serves as a venue for government service urologists to share information pertinent to urologic practice in the battlefield.

"The intent is primarily to provide medical education for urologists, with some field-specific information, but then also some practice aspects that are unique to government urologists," said Brand.

"There were a lot of scientific presentations. The membership submitted more than 80 abstracts so there were a lot of great topics covered."

Tawny M. Dotson

# Five superfoods to keep your heart healthy

By Shari Lopatin

TriWest Healthcare Alliance

You know diet plays an important role in living a heart-healthy life, but do you know which foods can keep your heart pumping stronger, longer?

February is American Heart Month, so we're offering you the top five superfoods for the heart from The American Dietetic Association (ADA) and the "Nutrition Action Health Letter."

They'll not only make you feel good, but will protect against heart disease, the top killer of adults in the U.S.

Beans. Each tiny bean, according to the ADA, has a powerful combination of protein, fiber, vitamins and minerals.

Researchers have found that diets including beans may reduce the risk of heart disease and certain cancers.

Salmon. The omega-3 fats in salmon can help reduce the risk of sudden-death heart attacks.

Not into fish? Some other options to get omega-3 fats include walnuts, fresh ground flax seed and canola oil.

Mushrooms. Stocked full of antioxidants that help protect cells from free radicals, which can lead to cancer and sometimes heart disease, mushrooms are a great source of potassium, copper and certain B-vitamins.

Garlic and onions. Research shows these two foods may help lower LDL (bad) cholesterol, control blood pressure, prevent life-threatening blood clotting, act as antioxidants to reduce cancer risk, and even promote immunity.

For the greatest benefit, use the actual vegetable and stay away from onion and garlic powders.

You may need to eat one garlic clove daily to make a difference.

Blueberries. These fun little berries are bursting with antioxidants.

In addition to fighting off heart disease and cancer, blueberries can also fight aging.

They're loaded with dietary fiber

and vitamins A and C.

Surprise superfood: dark chocolate! Eating heart-healthy can be a special treat, too.

The ADA reports that recent research shows components of the cocoa bean and dark chocolate could positively impact the cardiovascular system, kidney function, brain health, immune system, diabetes and blood pressure.

In fact, dark chocolate may help limit the build-up of plaque in arteries by lowering LDL (bad) cholesterol, raising levels of HDL (good) cholesterol and reducing blood pressure.

To reap the health benefits of dark chocolate, make sure the chocolate has at least 70 percent cacao—otherwise, it's just candy.

For more heart-healthy living tips, visit TriWest's Heart Health website at [www.triwest.com/hearthealth](http://www.triwest.com/hearthealth).



Tawny M. Dotson

## Donations to Madigan patients top \$150K

Spc. Chris Kisher looks through a stack of quilts during a monthly Donor Depot event at the Warrior Transition Battalion.

During 2010, more than \$150,000 worth of items were donated to ill, wounded, or injured Soldiers and their Family members at Madigan. Those donations are collected and distributed through Madigan's Strategic Communication Office in compliance with Army regulations.

Madigan and thier patients are grateful for all donations to the hospital. For more information on the donation program at Madigan, contact Tawny Dotson, donations coordinator, at 253-968-3279.

Do you drink or use substances to numb yourself out?

Take a look at your options

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A University of Washington Study in cooperation with the Department of Defense



# Army Nurse Corps celebrates 110th Anniversary

By Army Medical Command  
Public Affairs

The Army Nurse Corps celebrated the 110th anniversary of its inception on Feb. 2, a milestone for the Corps, and another chapter for its rich history.

Army nurses have stood shoulder to shoulder with Soldiers since 1901, providing care not only to the Soldiers, sailors, airmen, Marines and Coastguardsmen, serving and retired, but also to their Families.

Army nurses have touched the lives of many throughout their history, and so it was fitting that the theme for this year's anniversary celebration is "Touching Lives for 110 Years" epitomizing the work of Army nurses.

"This theme really resonated with me, it is the essence of what Army nurses do, and have done each and every day" said Maj. Gen. Patricia D. Horoho, Deputy Surgeon General and Chief of Army Nurse Corps.

Today, more than 9,000 Army nurses serve all over the globe on active duty, in the U.S. Army Reserve, or in the National Guard in support of military and humanitarian mission in support of the war fighter and Army Medicine.

The Army Nurse Corps is capitalizing on its legacy built over the years and continues to leverage lessons from the past to ground, gauge, and guide Army Nursing for the future.

Horoho developed a four year Campaign Plan, as well as a 15 year strategic blueprint.

Horoho has four strategic imperatives that include Leader Development, Warrior Care, Evidence Based Management, and Human Capital.

She believes that at the heart of Army nursing is a triad which is comprised of active duty, National Guard, reserve and civilian registered nurses, licensed practical nurses, medics and nursing assistants.

Horoho is transforming the Corps to ensure the Surgeon General's



Maj. Glenn Dorner speaks in the Medical Mall at Madigan Healthcare System Feb. 2 during the celebration of 110 years of Army Nursing. Dorner discussed the history of Army nursing for staff and patients who attended the recognition ceremony.

Culture of Trust.

In that regard, under her guidance and direction, the Army Nursing System of Care (ANSOC) was designed to provide the framework to ensure that the same standard of health care delivery exists in every military treatment facility across the Army.

No longer will patients have to navigate the health care system wondering if the care they received at one medical treatment facility was better than

another because it was different.

Patients experience health care processes that are the same whether they receive the care at Eisenhower, Walter Reed, or Madigan Army Medical Center for example.

Initially piloted at Blanchfield Army Community Hospital at Fort Campbell, Ky., the ANSOC is being rolled out at Madigan, Brooke and Womack Army Medical Centers and will be implemented across all Army facilities over

the next 12 months.

At a time when the entire nation is debating health care reform, Horoho believes that the Army Nurse Corps has the opportunity to drive change and support not only Army Medicine but the profession of nursing.

The ANSOC is a key enabler for The Surgeon General's Culture of Trust.

Army nursing continues to embrace the past, engage the present and envision the future in support of Army Medicine.

## AFRS recordings from Madigan radio station found

By Joint Base Lewis-McChord  
Public Affairs

Renovation efforts at Keeler Fitness Center, part of the "Old Madigan Hospital" complex, have uncovered more than 8,000 radio broadcasts transcriptions. These 16" vinyl recordings, which date from 1942 to 1960, contain popular music and programming recorded by the Armed Forces Radio Service and the War Department, which were provided to military radio stations to inform and entertain servicemembers around the world.

These discs were played on the Madigan Hospital radio station (KMAH) for patients at the hospital, and include recordings by World War II-era musicians such as Frank Sinatra, Tony Bennett, Eddie Arnold, and Rosemary Clooney. Jazz great Louis Armstrong tunes received considerable air time, and in 1952 he made a personal visit to the KMAH studios.

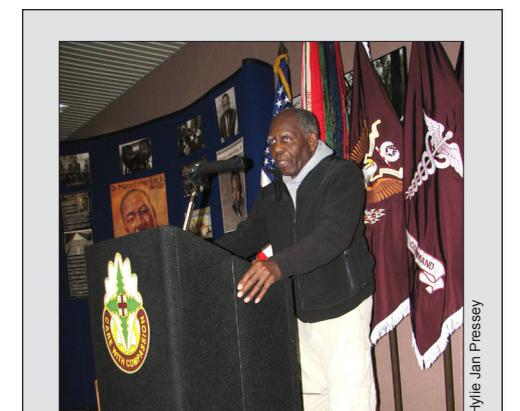
The recordings were re-discovered by an employee of Advanced Technology Construction (ATC), who cut into a gym wall to install new wiring.

In the narrow 16-inch wall space, he found 30 large boxes containing the records.

The contractor alerted the U.S. Army Corps of Engineer's inspector, who called in the JBLM Cultural Resources Program.

Dale Sadler, JBLM Cultural Resources Program, describes it as an amazing collection of Armed Forces radio and Madigan Hospital history.

The Cultural Resources Program will preserve these valuable artifacts, and is researching other ways to retain and share this history with other agencies.



Celebrating Dr. King

Lt. Col. (retired) Garner Thomas speaks Jan. 19 during Madigan Healthcare System's Martin Luther King Recognition event held in the Medical Mall.



**Stress • Depression • Anxiety  
Sleeplessness • Substance Abuse • Relationships**

The Soldier Readiness Service is here to help! Counselors are available for walk ins. No referrals needed. Walk-in hours are Monday through Friday, 8 a.m. to 2 p.m. or call 968-5140

SRS is located at Madigan Annex, Building 9924 B  
Clinic hours are Monday through Friday, 7:30 a.m. to 4:30 p.m.

If this is urgent or after hours, call 911 or go to the Madigan Emergency Room.  
Other resources are:  
Military One Source: 1-800-342-9647 or  
National Suicide Prevention Life Line:  
1-800-273-8255 (Option 1)



**madigan**  
Healthcare System

## Medical Evaluation Board Outreach Counsel office has moved

The Medical Evaluation Board Outreach Counsel's office has moved from the main Judge Advocate Building on Joint Base Lewis-McChord to the Office of Soldiers' Counsel by Madigan Annex.

MEB Outreach provides confidential legal advice to all Soldiers going through an MEB/PEB, to include, but not limited to those in the Warrior Transition Battalion. The office also helps clients with all other legal assistance needs.

Their new office location is Building R-9901 off of Madigan Bypass Road and the new phone number is 253-968-5346.

## Pregnancy health fair

On Feb. 22, Madigan Healthcare System's

Obstetrics, Pediatrics and Family Practice services will host a Health Fair for pregnant patients.

The fair will feature informational booths and opportunities to learn about the services available to patients both before, during and after pregnancy. Please plan to join them in the Medical Mall, on the ground floor of Madigan Army Medical Center.

For more information, contact Lt. Col. Cheryl Capers at 253-968-4404.

## Mountaineer Editorial Policy

Madigan Healthcare System has an official 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).

## Shuttle service in operation

Madigan Healthcare system has a shuttle service in the Medical Mall parking lot that operates Monday through Friday, from 8:30 a.m. to 11:30 a.m. and 12:30 p.m. to 3:30 p.m.

The patient shuttle is a "stretch" golf cart that can carry up to six patients at a time. The shuttle will drive up and down the parking lot picking up patients and delivering them to the Medical Mall main entrance. The shuttle will also return patients to their vehicles and will wait near the turnaround for patients. The shuttle operates in all weather.

The expected wait times should be less than 10 minutes. For more information, contact the Madigan Provost Marshal at 253-968-1515.

## Medical Social Work Parenting Resource Class

Are you a new or expecting parent? Unsure of what resources are available to you or where to 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 9-10 a.m., in the Sakakini Conference room, near the Labor and Delivery ward of the nursing 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 parent and families and how to connect with appropriate agencies for assistance.

For additional information, please call Medical Social Work at 253-968-2303.

## Fibromyalgia education course

The Rheumatology service at Madigan Healthcare System will be holding their monthly Fibromyalgia education course on Feb. 17 at 2 p.m.

It is held the third Thursday of each month for one hour and is designed for patients diagnosed with Fibromyalgia. Registration 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.

It is designed for patients who have been diagnosed with Fibromyalgia, but have not yet started treatment with their Primary Care physician. For more information contact the Rheumatology Clinic by calling 253-968-2287.

## 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).