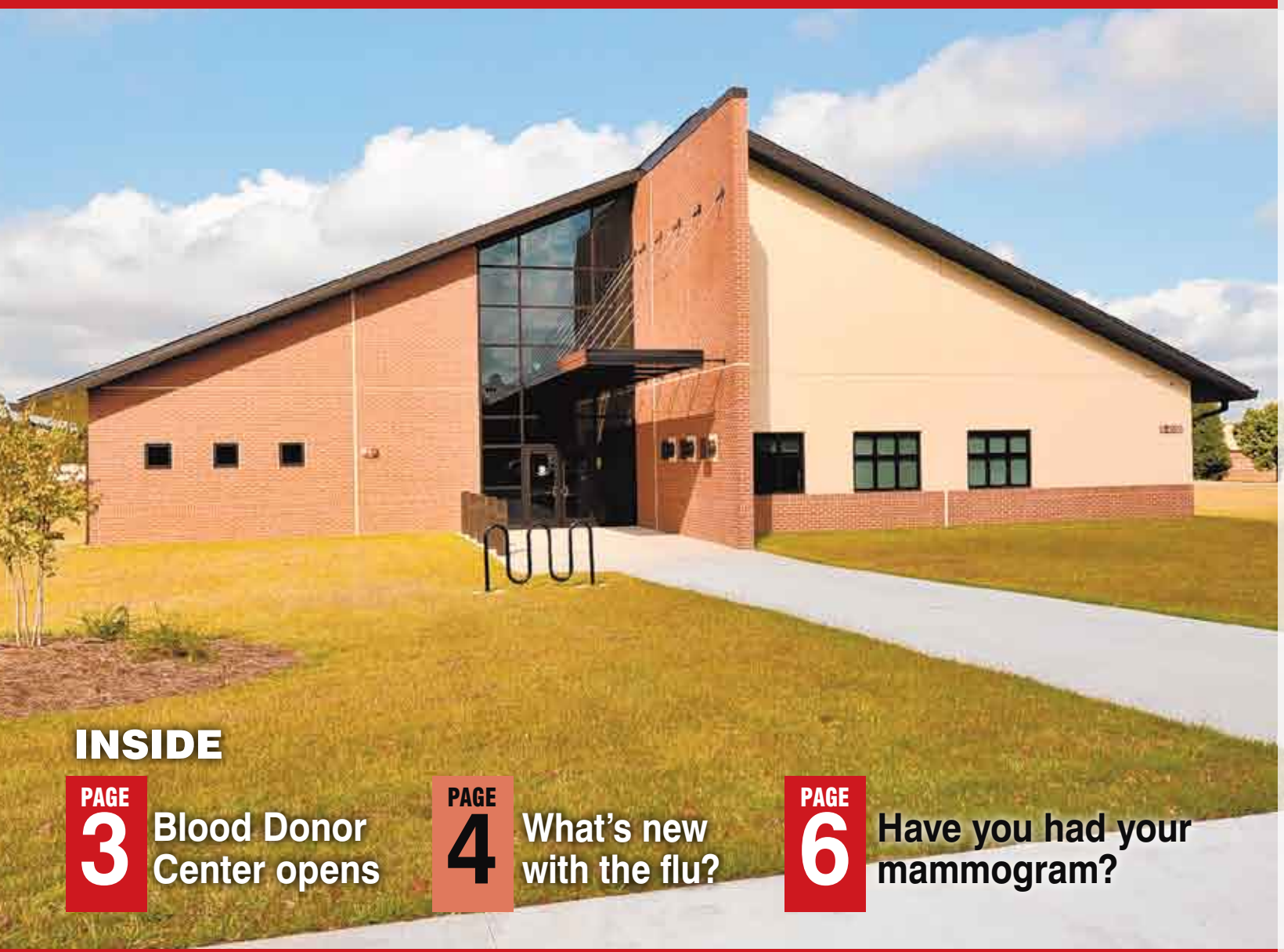
OCTOBER • NOVEMBER • DECEMBER 2010

WOMACK

ARMY MEDICAL CENTER

Growing with Fort Bragg and our community



INSIDE

A SPECIAL ADVERTISING SUPPLEMENT

Commander's Letter

The entire staff at Womack Army Medical Center is pleased that you chose us for your health care needs. Each and every one of your encounters with our organization is extremely important to us. One of our top priorities is to improve upon your access to quality health care and to exceed your expectations in compassionate and caring service. As always, we value your input and welcome your thoughts and ideas on how we can better serve you and your family.

On September 23rd, we had a ribbon cutting ceremony for the new Fort Bragg Blood Donor Center. The new center is located in building 8-4156 on Souter Place on the north side of post across from the main exchange. The facility is a $5 million state-of-the-art facility where blood will be collected, processed, tested, stored and shipped for service members, their families, and retirees in need. For more information or if you would like to donate blood, please call 910-396-9925 or log onto www.militaryblood.dod.mil.

We are planning on opening our two new community based primary care clinics in early 2011. One will be located in Hope Mills at Millstone Theatre/ Shopping Plaza and one will be at 7157 Raeford Road. This initiative will make it easier for families to access care where they live in the community. More information about these two clinics is forthcoming and will be posted on our web site at www.wamc@amedd.army.mil.

The Robinson Health Clinic Addition and Alteration project includes a 41,832 square foot addition and a 10,980 square foot interior renovation. The project is currently ongoing and the clinic remains open during the construction of the addition.

We hope you enjoy this quarterly publication. These publications are also posted on our website under the Public Affairs tab. Please share the links with your friends and family. Our next edition will be published in January 2011.

We always look forward to serving you and your family here at Womack Army Medical Center. Best wishes to you and your family for a safe and happy holiday season!

Brian Canfield
COL, MS
Commander

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This publication is a product of the Public Affairs Office
at Womack Army Medical Center.
For more information on Womack Army Medical Center, please call 910-907-7247
or e-mail us at pao.wamc@amedd.army.mil.
Our staff is Darlene Fair, JoAnn Hooker and Shannon Lynch.

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Fort Bragg Gets a New Blood Donor Center

PHOTOS BY CINDY BURNHAM

The staff of the new Fort Bragg Blood Donor Center is ready to serve Soldiers and their Families.

BY LINDA ELLERBE

The Fort Bragg Blood Donor Center moved to its new location last month. The new center—building 8-4156, Souter Place on the north side of post across from the main exchange—is a $5 million state-of-the-art facility where blood will be collected, processed, tested, stored and shipped for Service Members and their Families, and retirees in need. Opening ceremonies for the new donor center were held at 10 a.m. on Sept. 23, 2010.

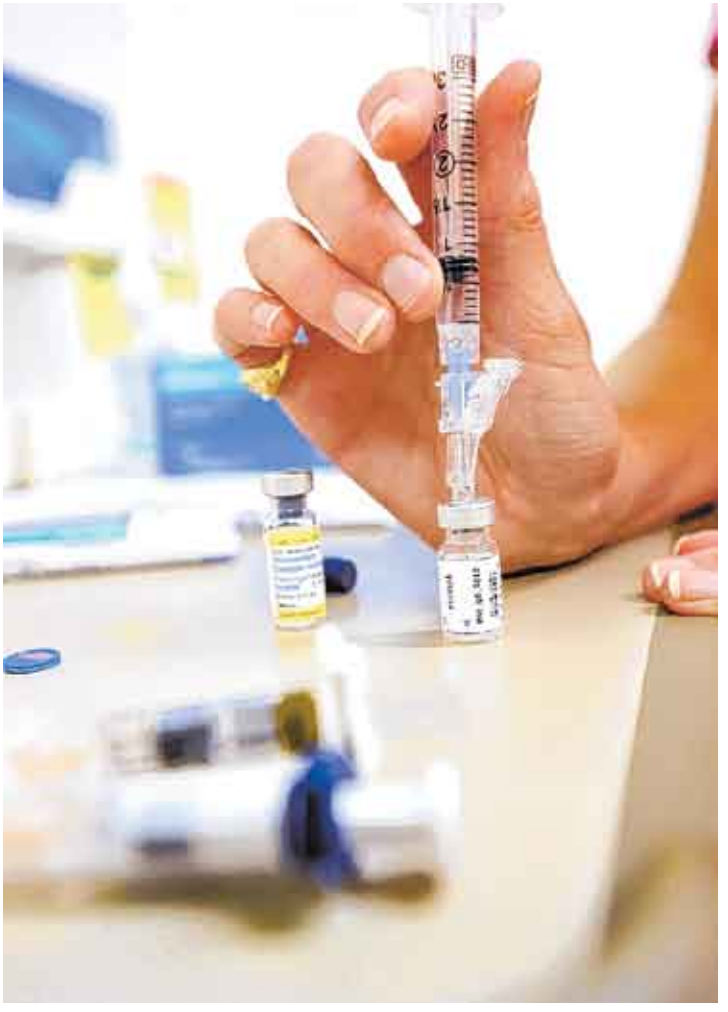
Deputy Commanding General, XVIII Airborne Corps & Fort Bragg, Major General, Rodney Anderson, and the Commander Womack Army Medical Center, Col. Brian Canfield, provided remarks. Also attending were Col. Francisco Rentas, director of the Armed Services Blood Program, as well as senior leaders from Fort Bragg along with those installations and branches of service who sponsor blood drives to support our military.

"The new blood donor center represents the commitment and dedication the Army has in supporting our military men and women by providing us a tremendous facility enabling us to collect blood for the military community," said Capt. Javier Trevino, Chief of Transfusion Services.

The center was formerly located on Scott Street, building 8-2809, which has been home to the donor center for 10 years. If you would like to schedule a blood drive, please call (910) 396-9925 for information. To find out more about the Armed Services Blood Program or to make an appointment please visit us online: www.militaryblood.dod.mil. To interact directly with the program, become an ASBP Facebook fan at www.facebook.com/militaryblood.

For more information contact: Linda Ellerbe, Blood Donor Public Affairs Specialist, Fort Bragg Blood Donor Center, NC | (910) 396-9925

The Fort Bragg Blood Donor Center will be moving to its new donor center location on September 23, 2010.



What's New with the Flu?

BY KURK HARRIS BSN, RN

In April 2009, reports of a rapidly spreading strain of "swine flu" began to emerge in the media. April typically signals the unofficial end of the annual flu season in the Northern Hemisphere. Unfortunately, cases of this novel H1N1 influenza were on the rise. News agencies began to use the term pandemic. For people in the medical community an influenza pandemic conjured images of the 1918 flu that began as service members returned home from World War I. According to a report in the Johns Hopkins Bloomberg School of Public Health magazine, as many as 100 million people may have died as a result of that flu. In June 2009, the World Health Organization made it official and declared the 2009 H1N1 influenza a pandemic.

As the months passed, public health officials worldwide constantly monitored the advance of the disease. Pharmaceutical companies rapidly developed a new vaccine to halt the spread of the H1N1 virus. Local health departments called for more and more vaccine to protect their citizens. Hospitals and pharmacies ran out of the vaccine almost as quickly as it arrived. There was almost a sense of panic as the heart of flu season approached.

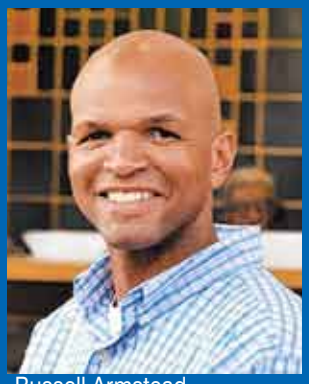
Another concern of public health officials was the public perception that the H1N1 vaccine was somehow unsafe, or was not properly tested prior to its approval for release by the FDA. There were concerns about Guillain-Barré Syndrome, a neurological disorder which had been associated with the swine flu vaccine in 1976. The media reported about a woman who developed a condition known as dystonia, which caused her to lose the ability to walk forward after receiving the new vaccine. In the end there was never any concrete evidence to associate these occurrences with the flu vaccine. The US Department of Health and Human Services, which oversees the Vaccine Adverse Events Reporting System (VAERS) said that, "no new or unusual events or pattern of adverse events have emerged." In fact, the percentage of serious averse effects seen with the H1N1 vaccine was essentially the same as with the regular seasonal flu vaccine.

During the height of flu season, which normally runs from October to April in the Northern Hemisphere, the numbers of cases and fatalities rolled in. They were not as bad as many experts in the field of public health had feared. Some experts had suggested that as many as 50,000 to 100,000 people would die from the disease in the United States alone. That never materialized. As the flu season reached its end, the Centers for Disease Control and Prevention or CDC estimated that only 8,330 to 17,160 people had died from H1N1 in the United States and only about 18,000 died worldwide according to the World Health Organization.

As we approach the 2010-2011 flu season, many people are wondering what is new. There have been a number of changes since last year's flu season ended. First, the World Health Organization declared in August that the H1N1 Pandemic was over. While this does not mean that H1N1 will not cause disease this season, it does mean that it is not as widespread as it was last year. Many people are also wondering if there will be two different vaccinations this year. According to the CDC there will only be one vaccine. The CDC describes the seasonal flu vaccine as "a trivalent vaccine (a three component vaccine) with each component selected to protect against one of the three groups of influenza viruses circulating most commonly in humans." This year's seasonal vaccine will protect against the 2009 H1N1 influenza as well as two other commonly circulating strains of the flu. Finally, right now, there does not appear to be any looming pandemic that will require the rapid development of a new vaccine. This should go a long way toward preventing the near-hysteria experienced last year as pharmaceutical companies pushed out the H1N1 vaccine amidst public and unfounded criticism that it had not been properly tested. This year, the seasonal vaccine has been thoroughly developed and tested to the regular FDA standards.

Patients often ask if they should get the flu vaccine. Most experts agree that anyone over the age of 6 months should get vaccinated. The CDC's Advisory Committee on Immunization Practices or ACIP goes further to identify specific groups who may be at increased

Patient and Family Centered Care (PFCC)
WHAT'S IT ALL ABOUT?


Russell Armstead

Patient- and Family-Centered Care (PFCC) is an innovative approach to the planning, delivery, and evaluation of healthcare, which is grounded in mutually beneficial partnerships among healthcare providers, patients and families. PFCC applies to patients of all ages, and it may be practiced in any healthcare setting. The core concepts of PFCC are:

RESPECT AND DIGNITY. Healthcare practitioners listen to and honor patient and family perspectives and choices. Patient and family knowledge, values, beliefs and cultural backgrounds are incorporated into the planning and delivery of care.

INFORMATION SHARING. Healthcare practitioners communicate and share complete and unbiased information with patients and families in ways that are affirming and useful. Patients and families receive timely, complete and accurate information in order to effectively participate in care and decision-making.

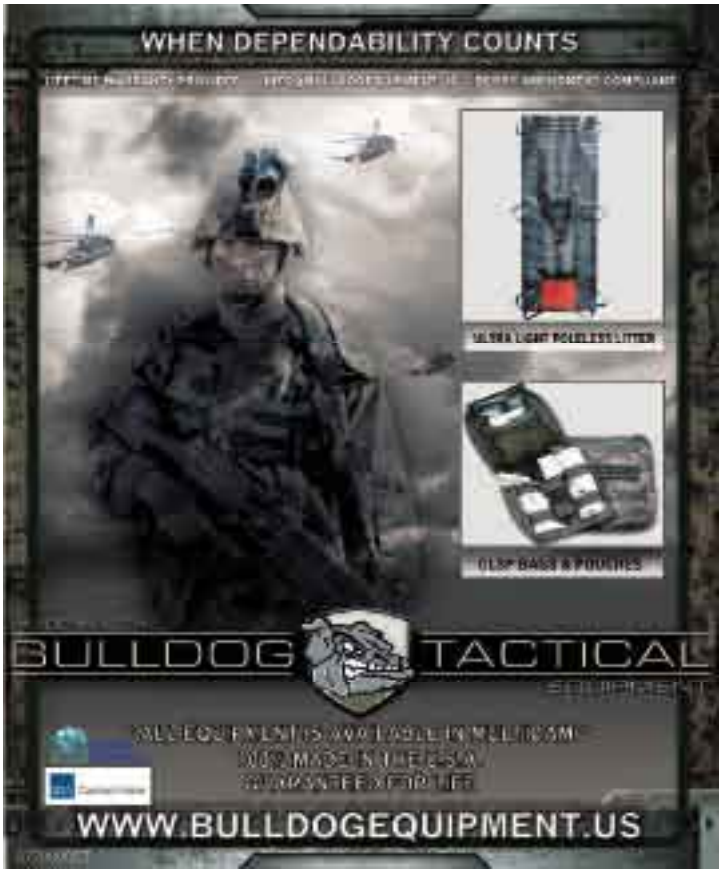
PARTICIPATION. Patients and families are encouraged and supported in participating in care and decision-making at the level they choose.

COLLABORATION. Patients and families are also included on an institution-wide basis. Healthcare leaders collaborate with patients and families in policy and program development, implementation and evaluation; in health care facility design; and in professional education, as well as in the delivery of care. For more information, call 910-643-1911.

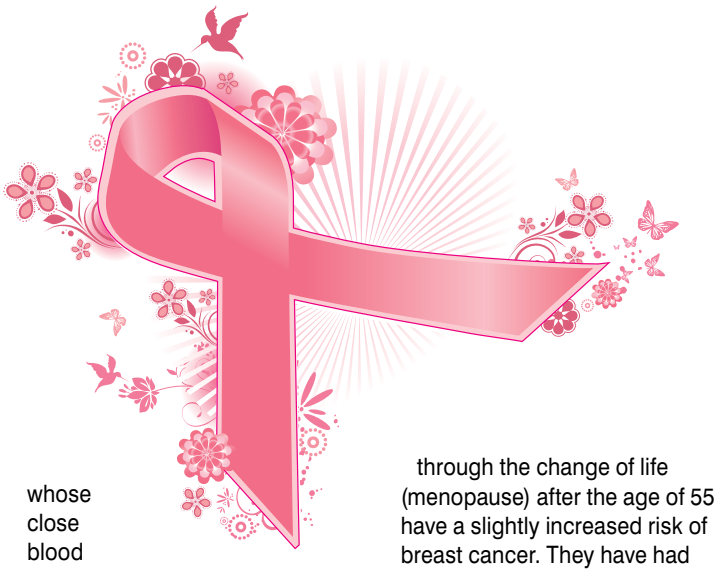
risk of developing complications from the disease. These groups are pregnant women, children younger than 5, but especially children younger than 2 years old, people 50 years of age and older, people of any age with certain chronic medical conditions, people who live in nursing homes and other long-term care facilities, and people who live with or care for those at high risk, such as those above. Another common question is where people can get the vaccine. It is commonly available at pharmacies and doctor's offices. To locate a clinic near you, the American Lung association has a website that helps with this. The website is http://www.lungusa.org/lung-disease/influenza/flu-vaccine-finder. For members of the Fort Bragg military community, the vaccine should become available within the next few weeks. Beneficiaries should contact their primary care managers to verify when it will be available at their

clinic. Additional information about the seasonal flu and its vaccine is available at the CDC website at http://www.cdc.gov.

While it is impossible to accurately predict what any flu season will bring, there doesn't seem to be any grave reason for concern this year. The 2010-2011 flu season appears to be kicking off with much less controversy and anxiety than last year. We will continue to hope that it ends with the same lack of fanfare as last year's anti-climax.



Have You Had Your Mammogram?



BY WOMACK PUBLIC AFFAIRS OFFICE

We are a team of qualified professionals who take pride in quality and courteous patient care. We are serious about our fight against breast cancer.
Womack Army Medical Center provides a variety of mammography services to retirees, active duty and military dependents Monday thru Friday to include screening mammograms, diagnostic mammograms, stereotactic biopsies, galactograms, and needle localizations. Please see your health care provider to ensure the correct exam is ordered. Our appointment line is (910)907-8266 or (910)907-8838 then choose option 1. If you are calling long distance the toll free number is 1-888-610-7420 then choose option 1.

According to the American Cancer Society:

- Yearly mammograms are recommended starting at age 40 and continuing for as long as a woman is in good health.
- Clinical breast exam (CBE) should be part of a periodic health exam, about every 3 years for women in their 20s and 30s and every year for women 40 and over.
- Women should know how their breasts normally feel and report any breast change promptly to their health care providers. Breast self-exam (BSE) is an option for women starting in their 20s.
- Women with a higher risk of breast cancer should talk with their doctor about the best screening plan for them. This might mean starting mammograms when they are younger, having extra screening tests (such as an MRI), or having exams more often.

Although many risk factors may increase your chance of developing breast cancer, it is not yet known exactly how some of these risk factors cause cells to become cancerous. Hormones seem to play a role in many cases of breast cancer, but just how this happens is not fully understood.

Risk factors you cannot change

Gender: Simply being, a woman is the main risk for breast cancer. While men also get the disease, it is about 100 times more common in women than in men.

Age: The chance of getting breast cancer goes up as a woman gets older. About two out of three women with invasive breast cancer are age 55 or older when the cancer is found.

Genetic risk factors: About 5% to 10% of breast cancers are thought to be linked to inherited changes (mutations) in certain genes. The most common gene changes are those of the BRCA1 and BRCA2 genes. Women with these gene changes have up to an 80% chance of getting breast cancer during their lifetimes. Other gene changes may raise breast cancer risk as well.

Family history: The breast cancer risk is higher among women whose close blood relatives have this disease. The relatives can be from either the mother's or father's side of the family. Having a mother, sister, or daughter with breast cancer about doubles a woman's risk. (It's important to note that 70 percent to 80 percent of women who get breast cancer do not have a family history of this disease.)

Personal history of breast cancer: A woman with cancer in one breast has a greater chance of getting a new cancer in the other breast or in another part of the same breast. This is different from a return of the first cancer (which is called recurrence).

Race: White women are slightly more likely to get breast cancer than are African-American women. But African American women are more likely to die of this cancer. At least part of the reason seems to be because African-American women have faster growing tumors. Asian, Hispanic, and American Indian women have a lower risk of getting breast cancer.

Dense breast tissue: Dense breast tissue means there is more glandular tissue and less fatty tissue. Women with denser breast tissue have a higher risk of breast cancer. Dense breast tissue can also make it harder for doctors to spot problems on mammograms.

Menstrual periods: Women who began having periods early (before age 12) or who went through the change of life (menopause) after the age of 55 have a slightly increased risk of breast cancer. They have had more menstrual periods and as a result have been exposed to more of the hormones estrogen and progesterone.

Earlier breast radiation: Women who have had radiation treatment to the chest area (as treatment for another cancer) earlier in life have a greatly increased risk of breast cancer.

Treatment with DES: In the past, some pregnant women were given the drug DES (diethylstilbestrol) because it was thought to lower their chances of losing the baby (miscarriage). Recent studies have shown that these women (and their daughters who were exposed to DES while in the womb), have a slightly increased risk of getting breast cancer.

Breast cancer risk and lifestyle choices

Not having children or having them later in life: Women who have had not had children, or who had their first child after age 30, have a slightly higher risk of breast cancer. Pregnancy reduces a woman's total number of lifetime menstrual cycles, which may be the reason for this effect.

Recent use of birth control pills: Studies have found that women who are using birth control pills have a slightly greater risk of breast cancer than women

who have never used them. Women who stopped using the pill more than 10 years ago do not seem to have any increased risk. It's a good idea to talk to your doctor about the risks and benefits of birth control pills.

Postmenopausal hormone therapy (PHT): Postmenopausal hormone therapy (also known as hormone replacement therapy or HRT), has been used for many years to help relieve symptoms of menopause and to help prevent thinning of the bones (osteoporosis). There are 2 main types of PHT. For women who still have a womb (uterus), doctors generally prescribe estrogen and progesterone (known as combined PHT). Estrogen alone can increase the risk of cancer of the uterus, so progesterone is added to help prevent this. For women who no longer have a uterus (those who've had a hysterectomy), estrogen alone can be prescribed. This is commonly known as estrogen replacement therapy (ERT).

Combined PHT: It has become clear that long-term use (several years or more) of combined PHT increases the risk of breast cancer and may increase the chances of dying of breast cancer. The breast cancer may also be found at a more advanced stage, perhaps because PHT seems to reduce the effectiveness of mammograms. Five years after stopping PHT, the breast cancer risk seems to drop back to normal.

ERT: The use of estrogen alone does not seem to increase the risk of developing breast cancer much, if at all. But when used long-term (for more than 10 years), some studies have found that ERT increases the risk of ovarian and breast cancer. At this time, there are few strong reasons to use PHT, other than for short-term relief of menopausal symptoms. Because there are other factors to think about, you should talk with your doctor about the pros and cons of using PHT.

Not breast-feeding: Some studies have shown that breast-feeding slightly lowers breast cancer risk, especially if the breast-feeding lasts 1½ to 2 years. This could be because breast-feeding lowers a woman's total number of menstrual periods, as does pregnancy

Alcohol: Use of alcohol is clearly linked to an increased risk of getting breast cancer. Those who have 2 to 5 drinks daily have about 1½ times the risk of women who drink no alcohol. The American Cancer Society suggests limiting the amount you drink to one drink a day.

Being overweight or obese: Being overweight or obese is linked to a higher risk of breast cancer, especially for women after change of life and if the weight gain took place during adulthood. Also, the risk seems to be higher if the extra fat is in the waist area. The American Cancer Society recommends you maintain a healthy weight throughout your life and avoid gaining too much weight.

Lack of exercise: Studies show that exercise reduces breast cancer risk. The only question is how much exercise is needed. One study found that as little as 1 hour and 15 minutes to 2½ hours of brisk walking per week reduced the risk by 18%. The American Cancer Society suggests that you exercise for 45 to 60 minutes 5 or more days a week.

Uncertain risk factors

High fat diets: Studies of fat in the diet have not clearly shown that this is a breast cancer risk factor. Most studies found that breast cancer is less common in countries where the typical diet is low in fat. On the other hand, many studies of women in the United States have not found breast cancer risk to be linked to how much fat they ate. Researchers are still not sure how to explain this difference. More research is needed to better understand the effect of the types of fat eaten and body weight on breast cancer risk.

The American Cancer Society recommends eating a healthy diet that includes 5 or more servings of vegetables and fruits each day, choosing whole grains over processed (refined) grains, and limiting the amount of processed and red meats.

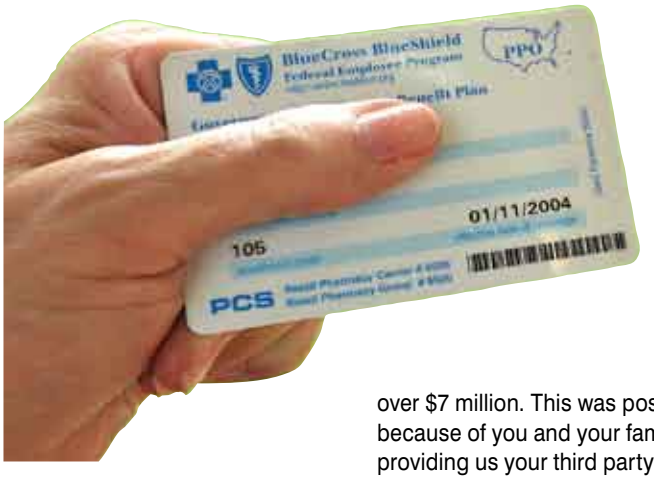
Antiperspirants and bras: Internet e-mail rumors have suggested that underarm antiperspirants can cause breast cancer. There is very little evidence to support this idea. Also, there is no evidence to support the idea that under wire bras cause breast cancer.

Breast implants: Silicone breast implants can cause scar tissue to form in the breast. But several studies have found that this does not increase breast cancer risk. If you have breast implants, you will need special additional mammogram pictures.

Pollution: At this time, research does not show a clear link between breast cancer risk and environmental pollutants such as pesticides and PCBs.

Tobacco Smoke: Most studies have found no link between active cigarette smoking and breast cancer. An issue that continues to be a focus of research is whether secondhand smoke (smoke from another person's cigarette) may increase the risk of breast cancer. But the evidence about secondhand smoke and breast cancer risk in human studies is not clear. In any case, a possible link to breast cancer is yet another reason to avoid being around secondhand smoke.

Night Work: A few studies have suggested that women who work at night (nurses on the night shift, for example) have a higher risk of breast cancer. This is a fairly recent finding, and more studies are being done to look at this issue.



Do you have Health Insurance?

Do you wonder why this question is being asked of you and your family members?

Let us explain. Womack Army Medical Center (WAMC) is required by law to determine if the government's cost of your care can be recovered from companies providing group and individual health insurance.

It's The Law!
The Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA) established the Third Party Collections Program. Under this program, Military Treatment Facilities (MTFs) are authorized and obligated to bill health insurance for the cost of medical care furnished to family members, retirees and dependents who are covered by health insurance. Title 10 U.S.C. 1095 mandated that MTFs bill and collect from the insurance companies.

Information about your third party health insurance gives our office the ability to bill those Insurance Carriers for services provided to you by WAMC and outline clinics. The monies that our office receives from the insurance carriers are used to enhance patient care here at WAMC. Last year we collected over $7 million. This was possible because of you and your family providing us your third party health insurance information.

What is third party insurance?
For our program, it is health insurance coverage that you have with insurance carriers like Mail Handlers, Blue Cross Blue Shield, AARP, Aetna, Cigna and others. The following health insurance coverage is not part of our program: TRICARE (all categories), Medicaid and Medicare. Medicare only if you have purchased a supplemental policy.

It is an annual requirement (12 months from the date filed) that WAMC receives your assistance in filing other health insurance (OHI), DD Form 2569, unless your insurance status or information changes; then a new form will be required.

By the way, did you know this program could help you meet your annual deductible by sharing your health insurance company information with us? It's true… and there is no cost to you for any services your insurance company does not pay.

With new features available in the world of technology WAMC has started to scan other health insurance registration forms (DD 2569) and your insurance card, creating an electronic format which is being maintained in a secured e-file location. Initially you will be asked to fill out a new form for this process, but other clinics will be able to know this information has already been captured during your visit with them, thereby eliminating the redundancy of filing this information repeatedly. The orange OHI card you have been issued for calendar year 2010 will also become obsolete on 31 Dec 2010. No new OHI cards will be issued for 2011 due to enhancing our process for you…our customer.

Remember when coming in for service you can complete the other health insurance registration form, DD 2569, in all clinics as well as all ancillary areas which include the pharmacy desk area, radiology, laboratory, and dental.

Stop by the Uniform Business Office; located in the patient administration section at the Reilly Road entrance of Womack Army Medical Center. If you need any additional information about our program call our information line at 910-907-9837.

Womack Army Medical Center thanks you for providing us your information and keeping us in compliance.