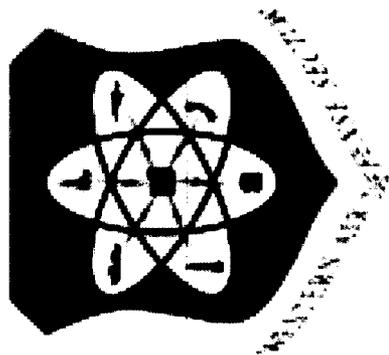
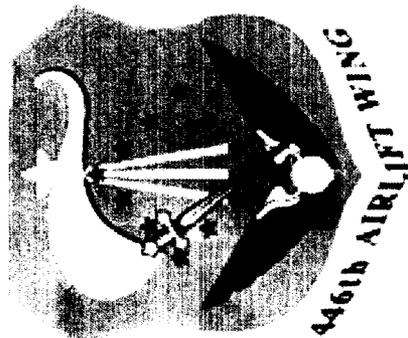


U.S. AIR FORCE

Welcome!



Team McChord Overview

Colonel Rick Martin

Combat Airlift For America



Team McChord



McChord Community Overview

U.S. AIR FORCE



- U.S. Facilities
- 3.3M SY pavements

Combat Airlift For America

LCN: 11886



U.S. AIR FORCE

Mission



One Team, Many Missions



Combat Airlift For America

DCN: 11886



Current Operations



U.S. AIR FORCE

Home to 51 “go-anywhere, do-anything” C-17s



Combat Airlift For America



C-17 Capability

U.S. AIR FORCE



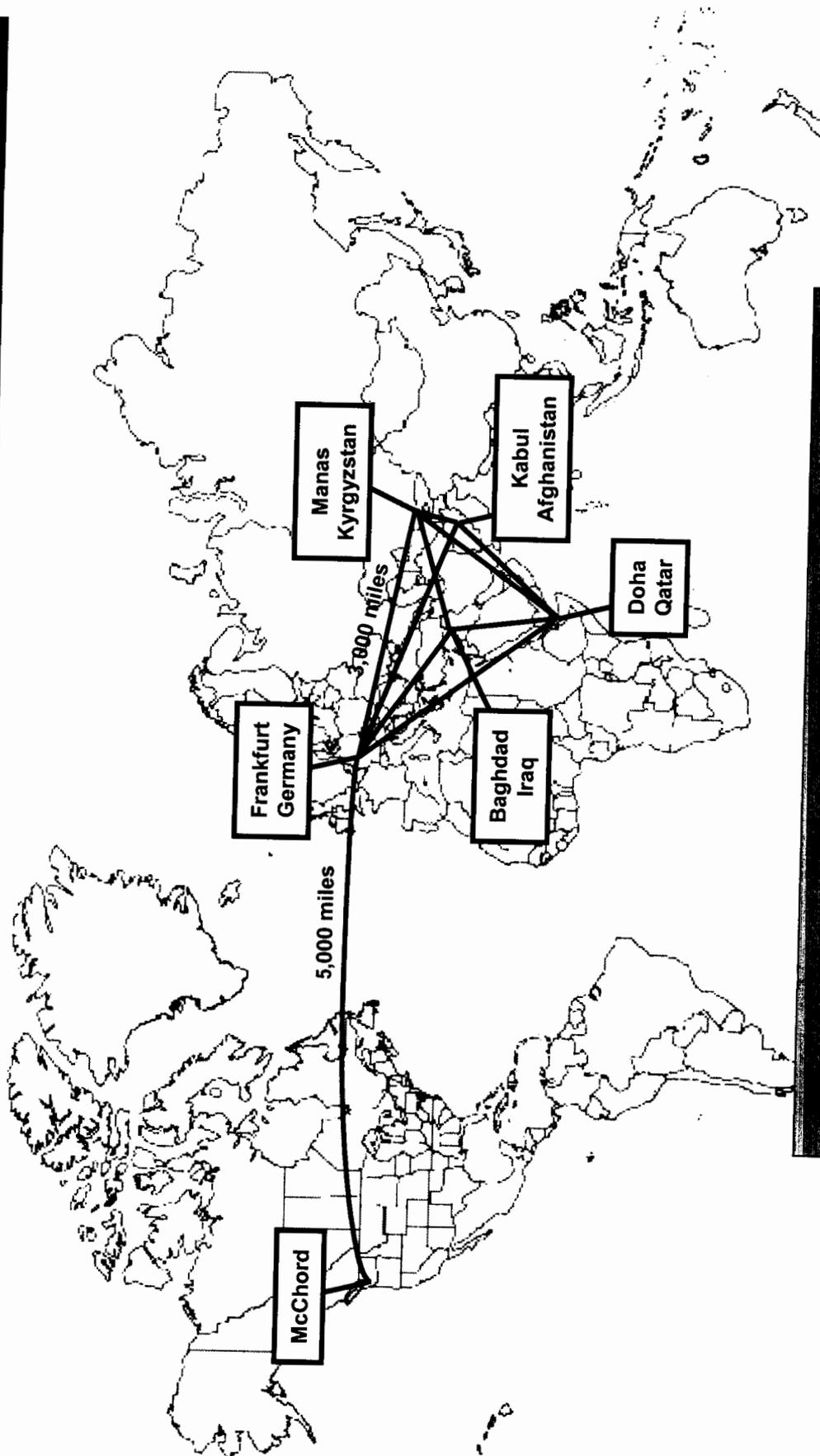
Runway not a limiting factor

Combat Airlift For America



Global Reach

U.S. AIR FORCE



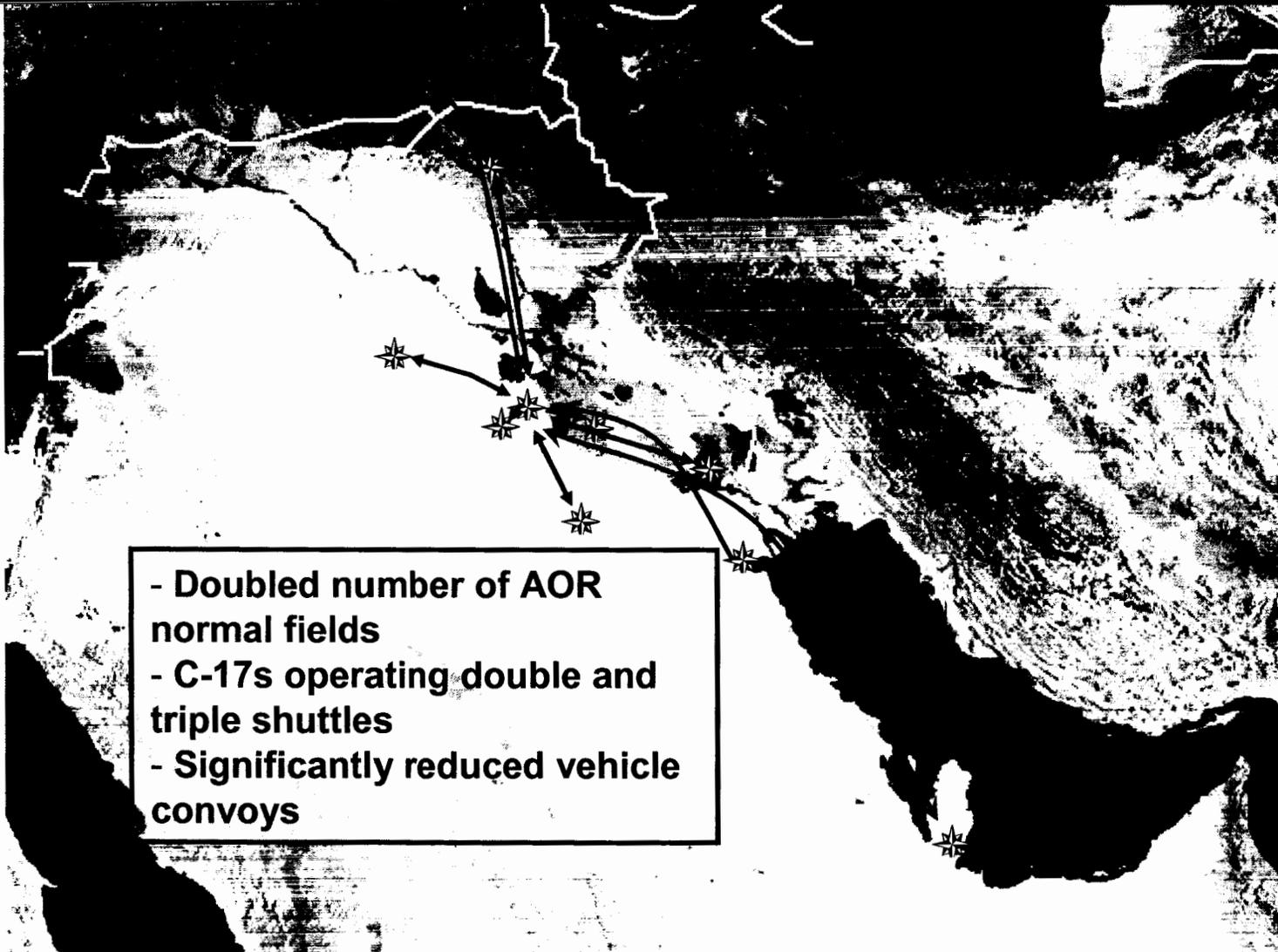
Combat Airlift For America



Convoy Relief



U.S. AIR FORCE



Combat Airlift For America



Ready Warrior Training



U.S. AIR FORCE

- **1-week tactical course: provides rigorous pre-deployment training:**
 - **Tactical Vehicle FAM (UpArmor HMMWV, Deuce)**
 - **EOD IED recognition training**
 - **TACP Emergency CAS**
 - **SF Ground Combat Skills**
 - **Tactical Comm**
 - **Combat Lifesaver**
 - **Convoy Operations**
- **Realistic training for Air Force installation/mission supporters**

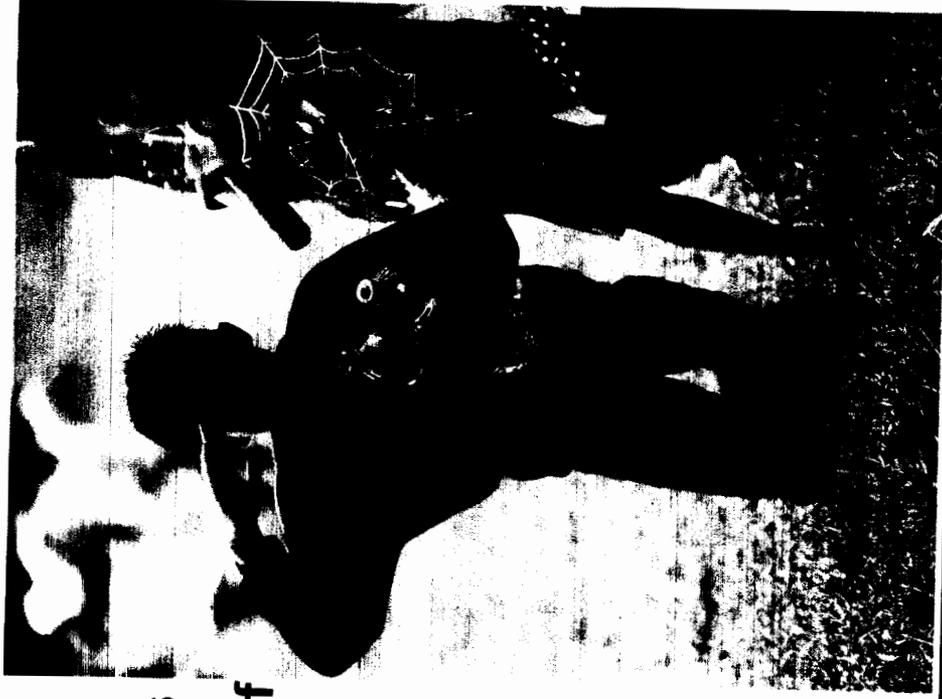




Tsunami Relief

U.S. AIR FORCE

- **AMC Effort - Indonesia/ Sri Lanka / Thailand
5,707 Passengers / 10,615,100 lbs**
- **Team McChord - 48 missions (1.8 M lbs)**
- **Over 16 million lbs of total relief supplies**
- **11th largest humanitarian operation out of
2,300+ since 1947**



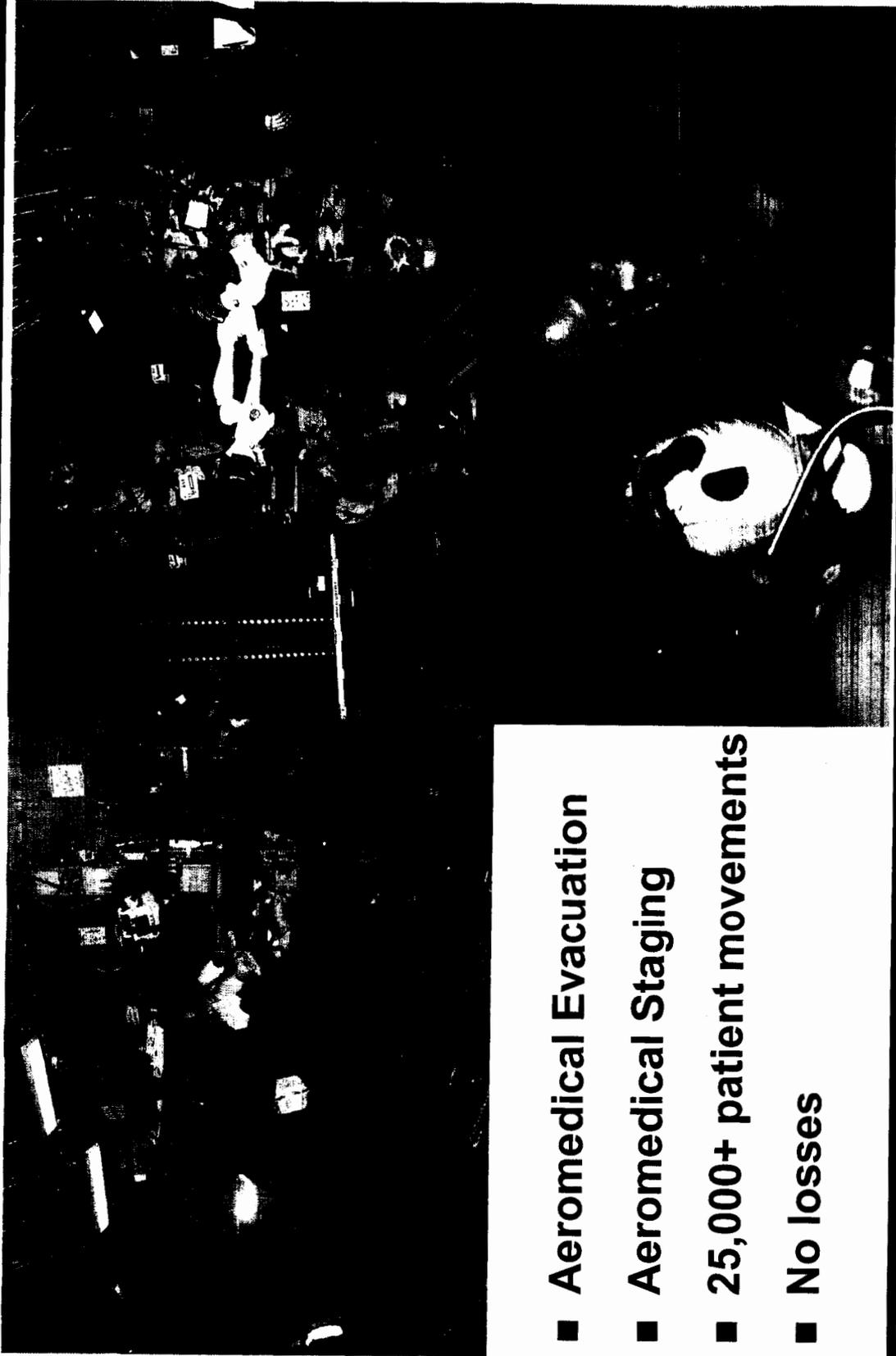
Combat Airlift For America

Team McChord



Aeromedical Evacuation

U.S. AIR FORCE



- Aeromedical Evacuation
- Aeromedical Staging
- 25,000+ patient movements
- No losses

Combat Airlift For America

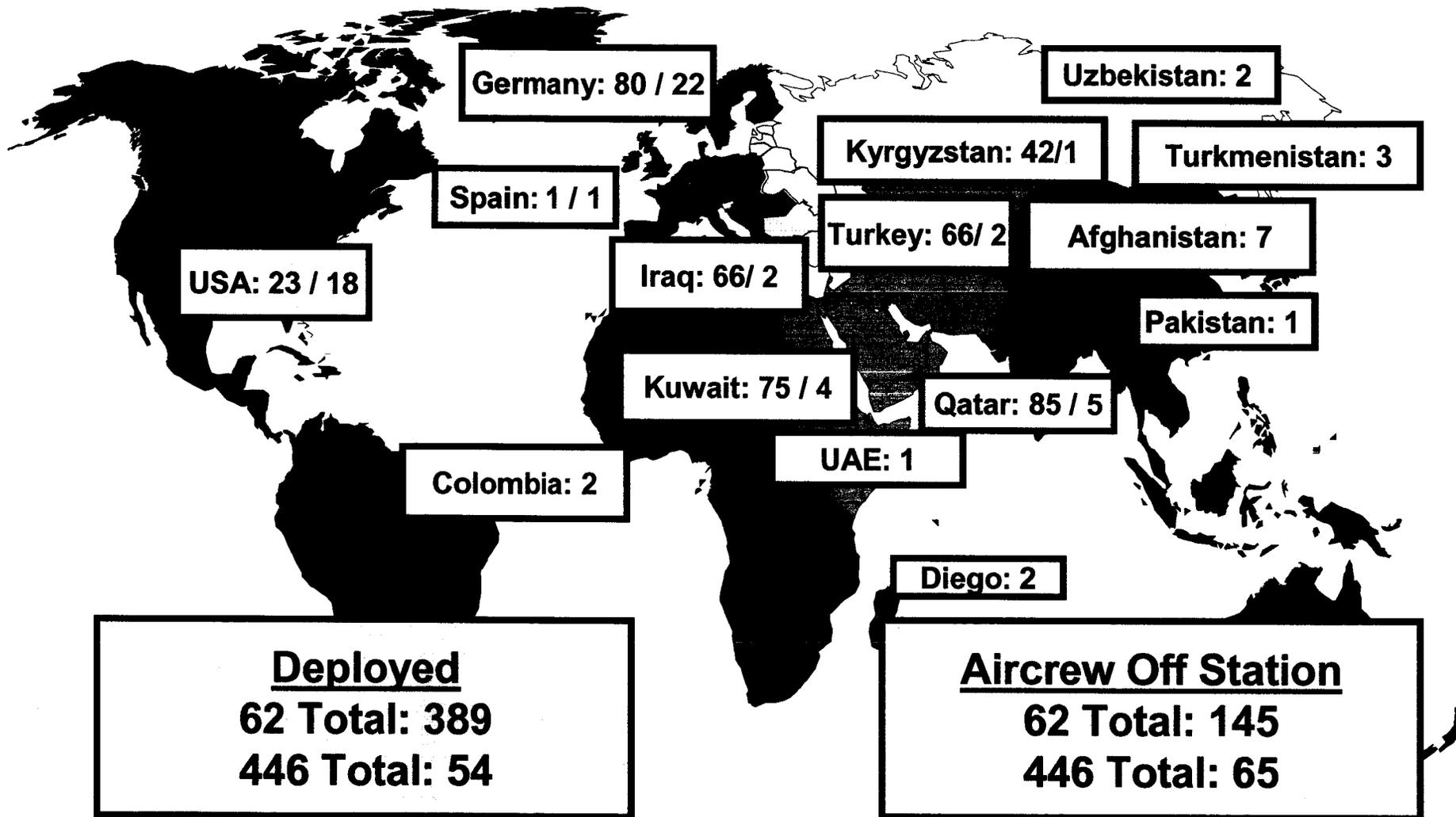


62/446 AW World Deployed

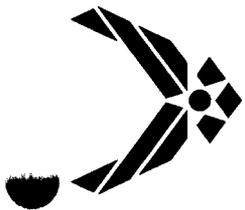


Team McChord

U.S. AIR FORCE



Combat Airlift For America



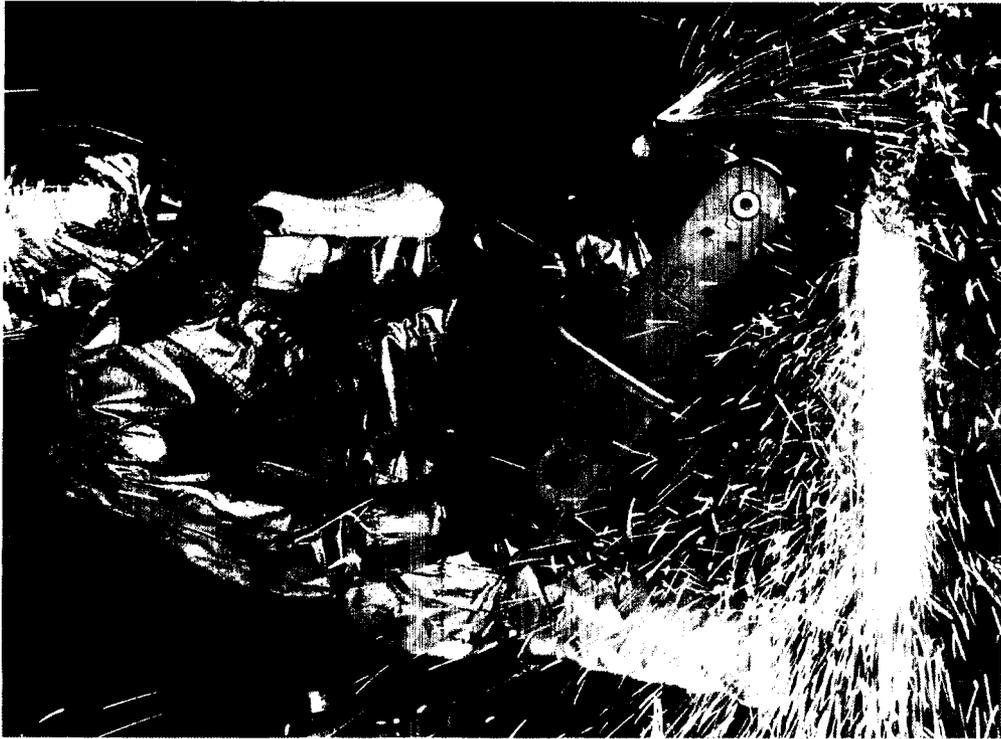
U.S. AIR FORCE

People



Team McChord

- 4,324 Active Duty
- 2,300 Reserve and Guard
- 2,086 Civilians
- 6,016 Family Members
- 26,000 AF Retirees in Pacific NW



Combat Airlift For America



U.S. AIR FORCE

Fighting for Our People



Team McChord

DCN: 11886

- **Adoption of the “Wingman Concept”**
- **Leadership’s biggest concern is keeping our Airmen healthy while prosecuting the marathon for freedom**
- **Seven Campaign Plans to Focus Attention**
 - **Deployment Preparation, Support, and Return**
 - **Responsible Alcohol Use**
 - **Sexual Assault Prevention**
 - **Suicide Prevention**
 - **Healthy Dormitory Life**
 - **Operationalizing Safety**
 - **Fitness**



Combat Airlift For America

DCN: 11886



Family



U.S. AIR FORCE



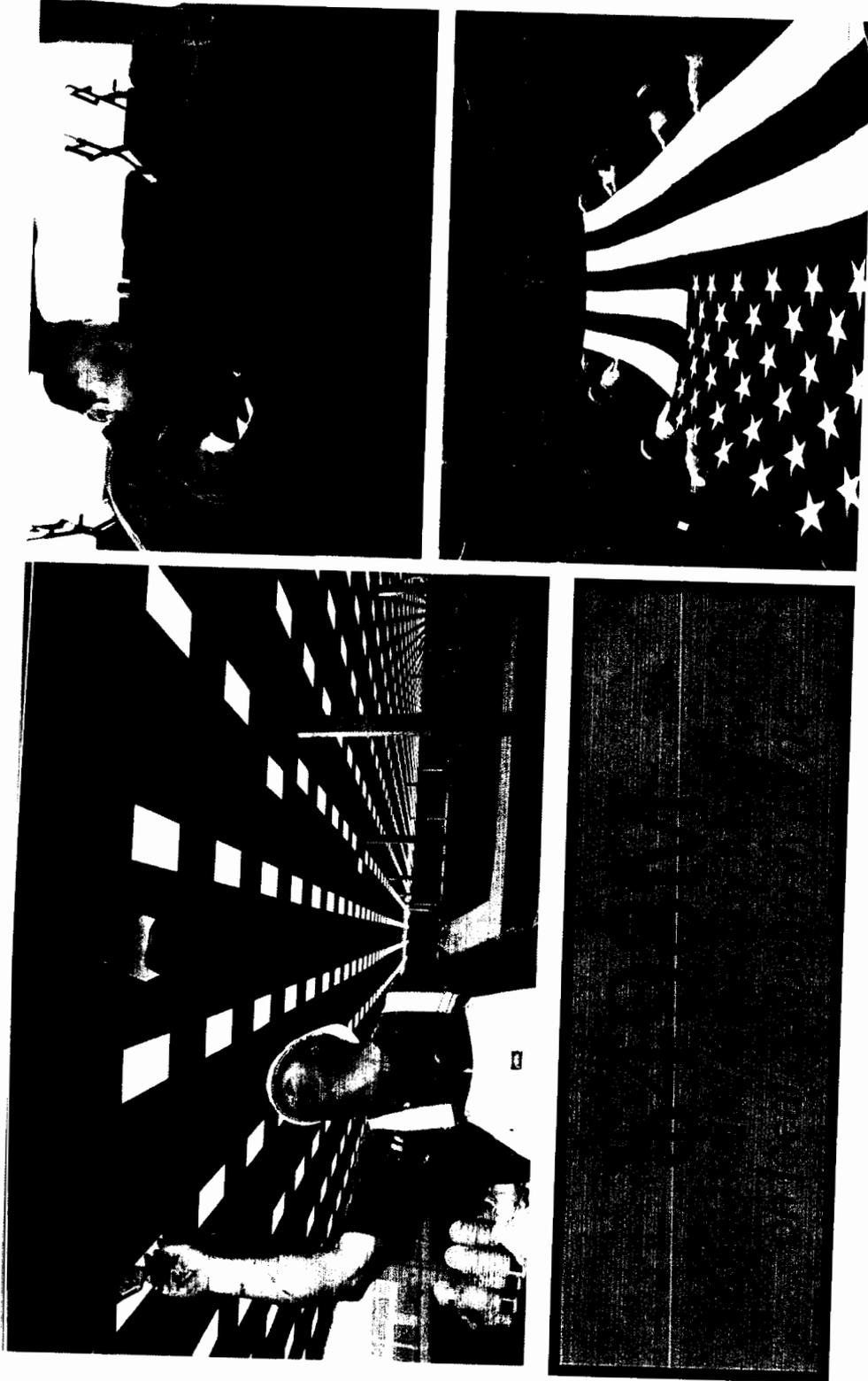
- **Family Support Center**
- **Escape Zone**
- **Cyber Café**
- **Child Development Center**
- **Dispersed Reserve Families**

Combat Airlift For America



Community

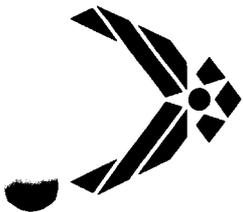
U.S. AIR FORCE



Combat Airlift For America



Team McChord-Team Lewis



U.S. AIR FORCE



Combat Airlift For America



Questions?

U.S. AIR FORCE



Combat Airlift For America

Performance

3rd in AFMS

INCIRLIK	120.40%	DAV MONTHAN	92.00%	ANDREWS	78.90%
LOS ANGELES	118.40%	TRAVIS	91.70%	GOODFELLOW	78.90%
LOS ANGELES	117.90%	HILL	90.10%	EIELSON	78.70%
BROOKS-City	114.10%	NELLIS	89.80%	DYESS	78.40%
G. FORKS	104.10%	ROBINS	88.80%	RAMSTEIN	77.90%
VANDENBERG	102.40%	HANSCOM	88.50%	EGLIN	77.20%
KUNSAN	101.70%	F. E. WARREN	87.30%	TYNDALL	76.90%
MISAWA	101.60%	HICKAM	87.10%	MACDILL	76.70%
HOLLOMAN	100.10%	LITTLE ROCK	86.50%	ELMENDORF	76.50%
MAXWELL	100.10%	BARKSDALE	86.30%	BUCKLEY	76.00%
KADENA	100.00%	OFFUTT	86.20%	RANDOLPH	75.60%
MCCONNELL	100.00%	PETERSON	85.10%	ALTUS	75.10%
MT HOME	99.30%	SHAW	84.70%	S JOHNSON	75.00%
PATRICK	97.60%	DOVER	83.70%	SPANGDAHLEM	74.80%
COLUMBUS	96.70%	MINOT	83.70%	MOODY	74.50%
MALMSTROM	96.50%	YOKOTA	83.60%	KEESLER	72.50%
MCGUIRE	96.30%	USAFA	83.30%	BOLLING	72.30%
TINKER	95.70%	ELLSWORTH	83.00%	SHEPPARD	69.90%
VANCE	95.40%	SCOTT	81.90%	CANNON	69.80%
WHITEMAN	95.40%	LUKE	81.80%	CROUGHTON	69.10%
AVIANO	95.20%	BEALE	81.60%	OSAN	68.10%
LANGLEY	95.10%	FAIRCHILD	81.40%	LACKLAND	68.20%
W-PATTERSON	93.70%	LAKENHEATH	80.70%	GEILENKIRCHEN	65.90%
CHARLESTON	93.50%	EDWARDS	80.40%	LAUGHLIN	85.20%
KIRTLAND	92.50%	ANDERSEN	80.00%	RHEIN MAIN	64.80%
HURLBURT	92.40%	POPE	79.30%	LAJES	63.10%
				RAF UPWOOD	52.60%

AEF Deployable Taskings

AEF 4

Bioequipment Repair Team

PAM Team

Manpower Augmenters

AEF Enabler

Global Reach Laydown (x2)

AEF 7

Biological Augment Team

Decon Team

Logistical Augmentation

Manpower Augmenters

AEF 10

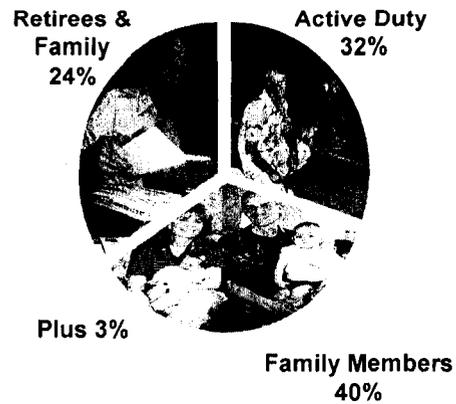
CASF Specialty Function

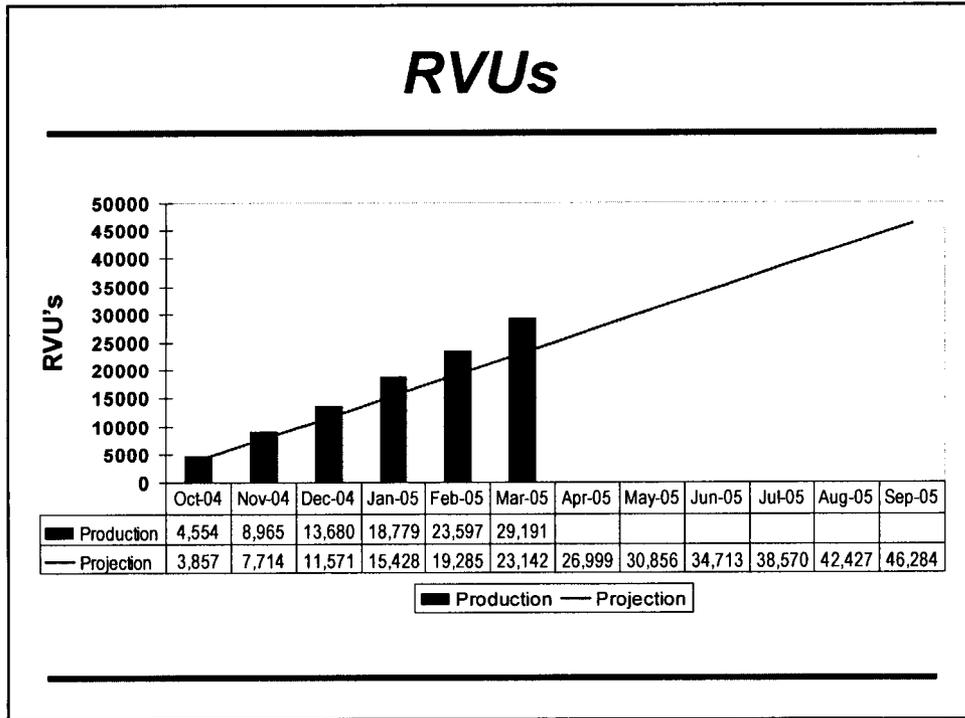
Manpower

1994-1995	
Officers	58
Enlisted	147
Civilian	29
Contract	9
TOTAL	243

Beneficiaries

Covered Lives	14,447
Active Duty	4551
AD Army	97
AD Navy	35
AD FM	5829
Retirees & FM	3488
Plus	447

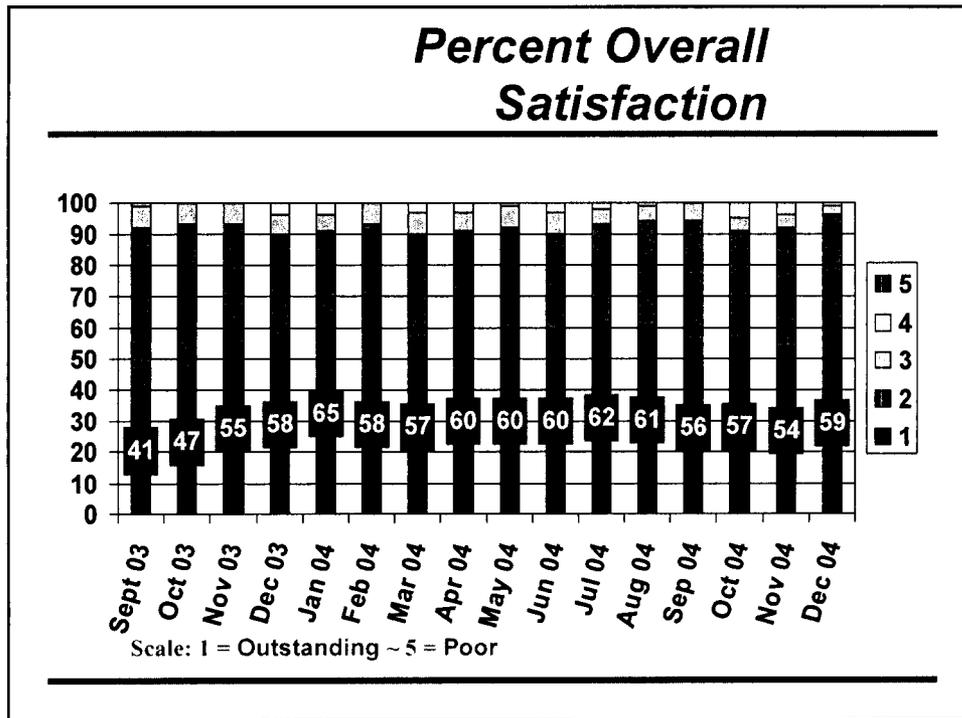




RVUs

<i>FY 2005</i>					
	Actual RVU	BP Proj RVU	RVU Delta	% Delta	RVU Fin Impact
Oct	4554	4124	430	10%	\$ 8,600
Nov	4411	4124	287	7%	\$ 5,740
Dec	4671	4124	547	13%	\$ 10,940
Jan	5439	4124	1315	32%	\$ 26,300
Feb	4818	4124	694	17%	\$ 13,880
Mar	5593	4124	1469	36%	\$ 29,380

As of Mar 05



- ### Readiness Mission
- Provide Personnel to Support 10 Unit Type Codes (UTC)
 - WMD Capabilities Include Bioenvironmental Engineering and In-Place Patient Decon
 - Provide Support to Ensure Wing Personnel are Medically Processed and Prepared for Deployment

Air Force Medicine is One of a Kind

- Preventive Health Assessment
 - Occupational Health Program
 - Fitness Program (AFI 10-248)
 - Personnel Reliability Program
 - Deployment Line Support
 - Aeromedical Dispositions / Waivers
 - Profiling / MEB (AFI 48-123)
 - Aerospace Physiology – Human Factors
 - Aerospace Optometry
 - Operational Support
-

Team Aerospace

Bioenvironmental
Engineering

Public
Health

Optometry

Flight Medicine

Force Health
Management

Health
Promotions

Aerospace
Physiology

Immunizations

Flight Medicine Has a Unique Focus

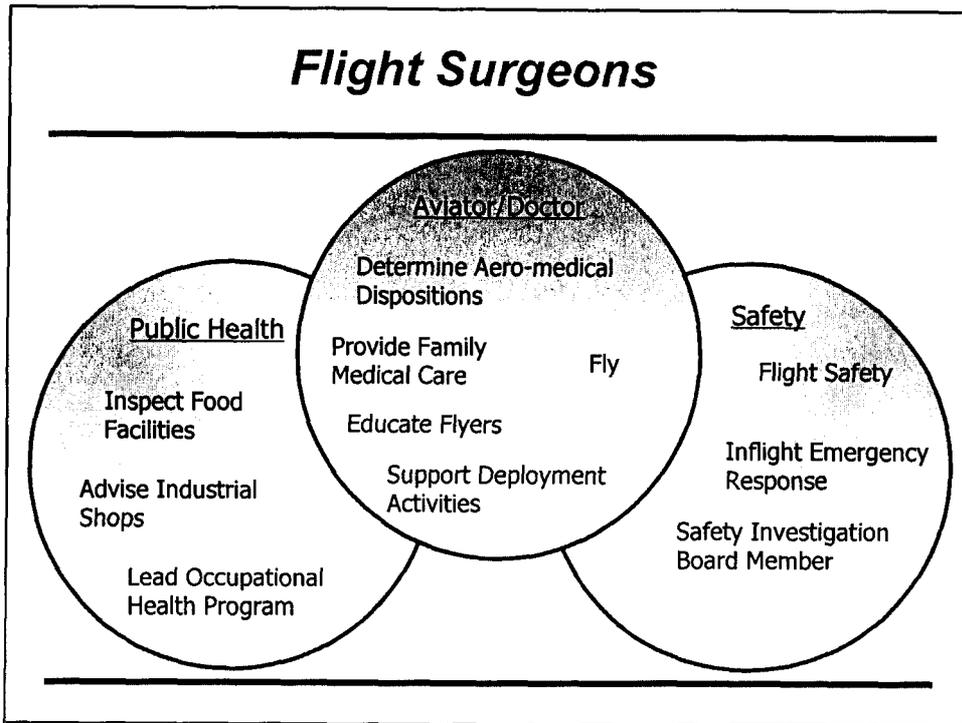


Taking care of a population with normal physiology operating in an abnormal environment

SGP – Chief of Aerospace Medicine

- Bridge to LAF – AFI 48-101
 - Aircrew/operational duty personnel health
 - Human performance
 - Disease and injury prevention
 - Environmental quality
 - Direct health promotion
 - Coordinate contingency medical support
 - Put preventive medicine activities into war mobilization plan
-

Flight Surgeons



Flight Medicine

- Clinical Work – Flight Physicals
- Aeromedical Disposition
- Waivers
- Shop/Squadron Visits
- Profile Officers
- * • PRP Program
- Flightline Response
- Flight Safety
- Operational Support

ambulances; mishaps
*Safety investigation boards
encl physician*

Aerospace Physiology

- Human Performance
 - Human Factors
 - Operational Risk Management
 - Aircrew education
 - IRC
 - NVG
 - Consultant resource for flight surgeons
 - Flight and Ground Safety
-

Force Health Management

- Physical standards
 - Accession Physicals
 - Perform audiograms – occupational risk
 - Profile processing and tracking
 - Deployment Clearance
 - Deployment Line Support
-

Public Health

*non-existent
in Army*

- **Communicable Disease (TB, STD)**
 - **Food Safety**
 - **Occupational Health Program tracking**
 - **Medical Intelligence**
 - **Travel Health**
 - **Entomology**
 - Mosquito Trapping
 - Rodent Control
-

Bioenvironmental Engineering

- **Occupational**
 - Industrial Hygiene
 - Shop Inspections
 - Radiation safety
 - Exposure Data
 - **Environmental - AFOSH**
 - Base water supply
 - Hazardous Waste
 - Asbestos/Lead
 - **Operational**
 - Disaster Response
 - Gas mask fit testing
 - NBC
-

Optometry

- Aircrew vision requirements – new color vision testing
- Contact lens program
- Support Air Force PRK program for flyers

*Dental -
imp rate*

Health Promotion

- Fitness Program Manager
- Sports Physiology
- Coordinate on profiles
- Nutritional Counseling
- Cardiovascular Health Counseling
- Smoking Cessation Program

47% quit rate

Immunizations

- **Administer immunizations**
 - Flu vaccine
 - Smallpox
 - Anthrax Vaccine
 - Typhoid Vaccine
- **Support deployment lines**

*Leads - gives
Anthrax
MCC - is not*

*managing
programs
is challenge*

62 MDG and MAMC

- **All Specialty Referrals Go to MAMC**
- **All Inpatient Admissions are at MAMC**
- **MAMC Ambulances Respond on McChord**
- **All ER Responses on McChord Go to MAMC**
- **Quarterly TRICARE Exec Committee**

*Madigan Army
Medical Center*

62 MDG and MAMC

- **SGH Attends MAMC Weekly Staff Meetings**
 - **Composite Hlth Care System Server at MAMC**
 - **AF Maternal/Fetal Specialist Practices at MAMC**
 - **Pharmacies and Immunizations Clinics Work Closely Together**
 - **Telederm & Teleradiology**
-

*USAF
obstetrician
practices
at Madigan*

*shot at MFC
read at Madigan*

Questions for McChord AFB Clinic

What medical functions are being relocated to Fort Lewis?

Theoretically, all outpatient services/functions, pharmacy, basic lab. Aerospace (flight) medicine and occupational health is not expected to transfer. However, it appears that some of the manpower authorizations that support flight medicine/occ health may be transferred to Ft. Lewis. (See Medical briefing for services McChord currently offers.)

Does the medical realignment function include dental? Air Force dental and medical are in same chain of command.

How much excess capacity does Ft. Lewis have in the medical functions being transferred?

Unknown, except, anecdotally, Madigan is concerned that they do not have the capacity to accommodate McChord's current patient load or the patient load that will accompany the anticipated Stryker Brigade(s) arrival.

What additional medical services will your service population have access to at Ft. Lewis that they didn't have at McChord?

Already, Madigan provides many services to McChord. McChord is 'outpatient' services only, so Madigan has inpatient services; teleradiology (x-rays are taken at McChord but read at Madigan); specialty care referrals. Pharmacy is through the Air Force, so may not get same medications.

What positions are being transferred to Ft. Lewis (both military and civilian)?

Unknown (see discussion in Visit Report).

What positions (and how many) will be lost when medical functions are transferred to Ft. Lewis?

Unknown (see discussion in Visit Report). Med Grp CDR believes that 62nd Med Group will be disestablished after implementation.

Do you have anyone under contract for those medical functions that are transferred? If yes, what positions are they and how many individuals does it involve? How many will be transferred to Ft. Lewis?

Transfer/alignment numbers not known. 243 authorizations; 25 GS employees + 4 contractors = 129 civilians. Dental: 32 authorized; 2 lab techs; 3 GS dentists and 1 contract dentist.

After the medical functions are transferred to Ft. Lewis, what will the clinic be used for?

Unknown; Med Grp Cdr believes that during the hearing Gen Taylor stated that the building would be emptied. CDR expressed concern again that the relatively new building built to medical specifications might be wasted if medical services were not retained there (even if Army assumed responsibility for the facility.)

This will potentially affect the 446th, which uses both the medical and dental facilities.

What will happen with all the clinic's equipment?

Unknown. Madigan responds to '911' calls at McChord; Ft Lewis is 6 miles from McChord with a response time of 6 minutes. The McChord ambulances are for flight line use and do not respond to 911 calls.

What is your present service population (i.e. number of active duty, active duty family members, retirees, etc.)?

See medical briefing.

How many are enrolled in: TRICARE Prime about 14,600 enrollees (4666
ACDU, 6003 family members)

TRICARE Extra
TRICARE Standard

(Did not ask for the rest of the information.)

What proportion of your service population gets its care from the civilian provider network?

Did not ask this specific question.

What is your present workload?

5500 visits/month

How will the Army and Air Force work as a joint medical function?

Just fine because they work jointly already in certain aspects. Issue will be: what impact to family members and retirees and to DHS. Will Army retain McChord's facility that currently houses the Army's veterinarian function?

41



Meeting your Health Care needs
World Wide



Welcome to the TRICARE Military Treatment Facilities (MTF) Locator

Friday, May 13, 2005

McChord AFB Clinic

MTF Name: McChord AFB Clinic
Address: 690 A Street
McChord AFB, WA 98438
Web Site: http://www.strandhunt.com/mc_clinic.html
Main Phone: 253-982-5947
Hours: Clinic Hours - 0700 - 1630
Pharmacy - 0700 - 1700

Options

- [Get Directions](#)
- [Return to search results](#)
- [Return to search options](#)

Other

- [What is an MTF?](#)
- [All TRICARE Plan options work at MTF.](#)
- [Prime is the usual choice for patients who use the MTF.](#)
- [More MTF information helps you make choices.](#)

Making an Appointment

Phone Number: 800 404-4506

Additional Numbers:

Number	Description
253-982-8696	62MDG Patient Advocate
253-982-9142	Managed Care Flight
253-982-2273	62MDG Phone Tree
18888749378	Claims Information Phone
1-800-404-4506	Appointment Center
18888749378	Tricare Service Center

Specialties

- Family Medicine
- Optometry
- Pediatrics
- Population Health (wellness)
- Psychology
- Social Work
- Substance Abuse

Additional Information:

The clinic will close the 2nd Tuesday of every month

at 1200 hrs for Training.

Prime enrollees may be able to make an MTF appointment online at www.tricareonline.com.

Pharmacy

Phone: 253-982-2458

Hours: 0700-1700 hrs

Additional Information:

Refills called in by 1600hrs, will be ready for pick-up the next day.

Refill phone # 253-968-6699

Additional Information

Advice Line: For Health Care advise please call 1-888-874-9378

After Hours Care: please visit the Emergency Room at Madigan Hospital

In case of an emergency:

please call 911

Other Information:

Combat Medics supporting Combat Airlift!

Customer Service

Beneficiary Counseling & Assistance Coordinator (BCAC)

Debt Collection & Assistance Officer (DCAO)

2d Lt Michelle Desrochers Primary
Phone: 253-982-5947
DSN: 382-5947
Fax: 253-982-5761
E-mail: michelle.desrochers@mcchord.af.mil

SSgt Delena Jones Primary
Phone: 253-982-5336
DSN: 382-5336
Fax: 253-982-5761
E-mail: delena.jones@mcchord.af.mil

Additional Customer Service Information

Other Customer Service Phone Number: 253-982-5947/Managed Care Flight

Other Customer Service Email Address:

Other customer service information:

The TRICARE/Military Health System Web site www.tricare.osd.mil is the official Web presence of the Office of the Assistant Secretary of Defense (Health Affairs) and the TRICARE Management Activity Skyline 5, Suite 810, 5111 Leesburg Pike, Falls Church, VA 22041-3206

Need to file a [claim](#)?

Please e-mail the following for: TRICARE benefits and program questions: questions@tma.osd.mil;

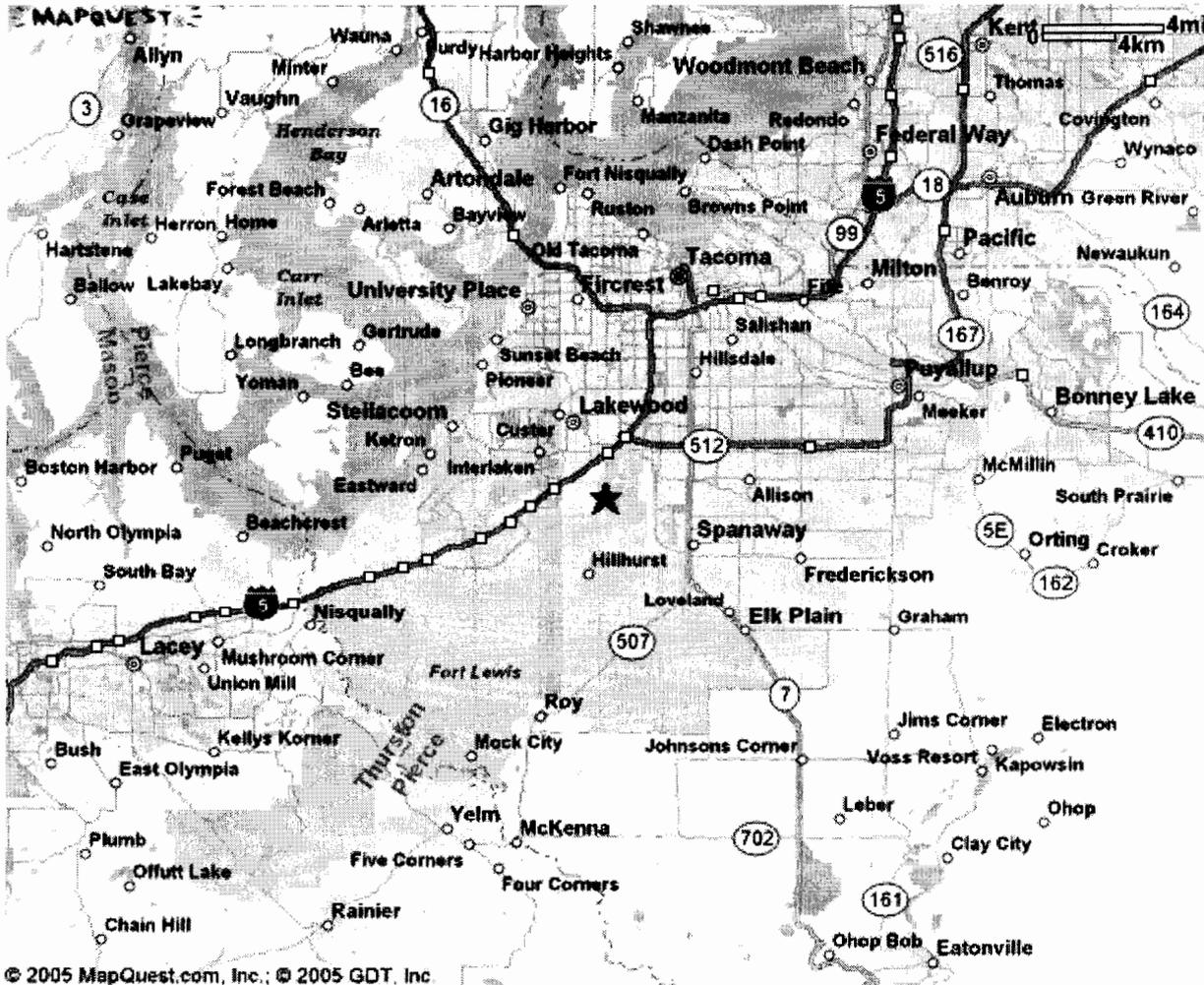
Web site technical issues, or if you [see something wrong?](#) on the Web site

The content of this page was updated on Friday, January 14, 2005.



690 A St
McChord Afb WA
98438-1303 US

Notes:



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Meeting your Health Care needs World Wide



Welcome to the TRICARE Military Treatment Facilities (MTF) Locator

Sunday, August 21, 2005

Madigan Army Medical Center

MTF Name: Madigan Army Medical Center
Address: 9040 Fitzsimmons Drive
Tacoma, WA 98431
Web Site: <http://www.mamc.amedd.army.mil/mamc/mamcexthome.htm>
Main Phone: 253-968-1110
Hours: Madigan clinical services are routinely available Monday through Friday from 7:30 A.M. to 4:30 P.M.
Some clinics offer after-hours appointments. Call 1-800-404-4506 for all appointments.

Options

- [Get Directions](#)
- [Return to search results](#)
- [Return to search options](#)

Making an Appointment

Phone Number: 800 404-4506
Additional Information:
Madigan clinical services are routinely available Monday through Friday from 7:30 A.M. to 4:30 P.M. Some clinics offer after-hours appointments. Call 1-800-404-4506 for all appointments.
Prime enrollees may be able to make an MTF appointment online at www.tricareonline.com.

Specialties

- Allergy
- Audiology / Speech Pathology
- Clinical Psychology
- Dermatology
- Dietetics
- Emergency Services
- Family Medicine
- Internal Medicine
- Neurology
- OB/GYN
- Occupational Therapy
- Ophthalmology
- Optometry
- Orthopedics
- Otolaryngology (ENT)
- Pediatrics
- Physical Medicine
- Physical Therapy
- Psychiatry
- Surgery
- Urology
- Cardiology
- Gastroenterology
- Infectious Disease
- Neonatology
- Nuclear Medicine
- Developmental Pediatrics
- Perinatology
- Podiatry
- Population Health (wellness)
- Psychology
- Pulmonology
- Social Work
- Substance Abuse

Other

- [What is an MTF?](#)
- [All TRICARE Plan options work at MTF.](#)
- [Prime is the usual choice for patients who use the MTF.](#)
- [More MTF information helps you make choices.](#)

Pharmacy

Phone: (203) 668-1962
Hours: M-F 0700-1900
Sat. 0900-1700
Closed Sundays and Holidays

Additional Information:

Go to our web site to learn more about MAMC satellite pharmacy, refill window and drive-through pharmacy services. www.mamc.amedd.army.mil

Additional Information

Advice Line:

After Hours Care: Call 911, or go to the nearest emergency room if an emergency. If not, go to the MAMC Emergency Room. TRICARE Prime beneficiaries may also contact a Health Care Finder to obtain an authorization for urgent care services by calling TriWest at 1-888-874-9378.

In case of an emergency:

Call 911 or go to the nearest Emergency Room.

Other Information:

Madigan Army Medical Center slogan - "Care With Compassion"

Customer Service

Beneficiary Counseling & Assistance Coordinator (BCAC)	Debt Collection & Assistance Officer (DCAO)
Mr. Paul Hardy Alternate Phone: 253-968-1145 DSN: 782-1145 Fax:253-968-0520 E-mail: paul.hardy@nw.amedd.army.mil	Ms. Veronica Stephens Alternate Phone: 253-968-3348 DSN: 782-3348 Fax:253-968-1328 E-mail: veronica.stephens@nw.amedd.army.mil
Timothy Baker Alternate Phone: 253 968-2837 DSN: 782-2837 Fax:253 968-1328 E-mail: timothy.baker@amedd.army.mil	Timothy Baker Alternate Phone: 253 968-2837 DSN: 782-2837 Fax:253 968-1328 E-mail: timothy.baker@amedd.army.mil

Additional Customer Service Information

Other Customer Service Phone Number: Madigan Patient Representative (253) 968-1145

Other Customer Service Email Address:
Madigan Patient Feedback - www.mamc.amedd.army.mil

Other customer service information:
Normal clinic hours - Monday through Friday 7:30 A.M. to 4:30 P.M.
Closed Weekends and Holidays

www.tricare.osd.mil is the official Web site of the
Office of the Assistant Secretary of Defense (Health Affairs) and the TRICARE Management Activity
Skyline 5, Suite 810, 5111 Leesburg Pike, Falls Church, VA 22041-3206
[Claims](#) | [TRICARE Benefits Questions](#) | [See Something Wrong?](#)
Page Updated Friday, January 14, 2005.



Employment | Patient Feedback | Debt Collection Assistance

welcome
welcome  to
MADIGAN ARMY MEDICAL CENTER
WRMRC Home | TRICARE - WEST | AMEDD Website | US Army Website | DefenseLink

What's New

General
Information

For Healthcare
Beneficiaries

For Incoming
Personnel

Online Provider's
Resources

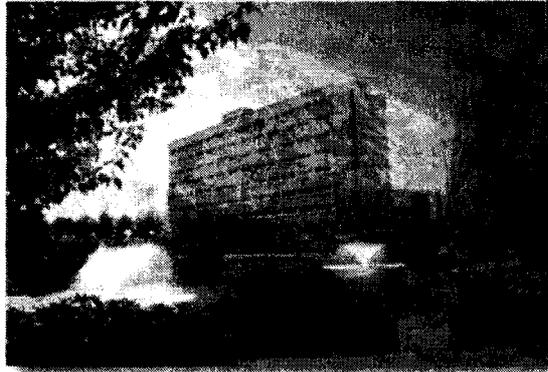
MAMC Educational
Opportunities

Departments
Divisions, and Services

Medical Library

WMRC Home

TRICARE Online



Bldg 9040
Fitzsimmons Drive
Tacoma, WA 98431

Directory
Assistance
(253) 968-1110 DSN 782

Our Motto: Care with Compassion

Welcome to Madigan:

Your well-being is our primary concern and we are here to serve you. We understand that being a patient in the hospital can be very stressful to you and your loved ones. We want to make your hospitalization as easy as possible. We are proud to provide outstanding healthcare professionals supported by our state of the art facility and technology. Within this high tech environment, compassionate care of each patient is our goal.

We offer this website to familiarize you with Madigan. We encourage comments and suggestions to allow us to improve your website experience.

BG Sheila R. Baxter
MAMC/WRMC Commander

Last Update: 06/07/2005

Last Update:
10/09/2002

MAMC Employment | Patient Feedback | TRICARE-WEST | AMEDD | Army | DefenseLink | FirstG

General Information
General Information
MADIGAN ARMY MEDICAL CENTER

- MAMC Home
- WMRC Home
- MAMC Mission
- General Information
- For Healthcare Beneficiaries
- For Incoming Personnel
- Online Provider's Resources
- MAMC Educational Opportunities
- Departments Divisions, and Services
- Patient Education
- Site Map
- TRICARE Online



- Welcome to Madigan Medical Center (MAMC)
- History
- Mission
- Location and Driving Directions
- MAMC Quick Phone
- Community Links

:: Averages

Outpatient Visits Per Year - 821,000
Total Enrollment in Primary Clinics -
29, 200 in Family Practice
15, 000 in APCC
15, 800 in Pediatrics
3, 800 in Okubo Clinic

:: Daily Averages:

Inpatients Per Day - 126 per day
Emergency Room Visits - 219
Admissions - 33
Surgeries - 32
Lab Procedures - 5,700
Prescriptions Filled - 3,700
X-Rays Made - 440
Babies Delivered - 6

:: Facility

Cost - \$280 million (\$95 million under budget)
Space - 1.2 million square feet on 120 acres
Buildings - 4 (Medical Mall, Ancillary, Logistics & an 8-story Inpatient Tower)
Automated Transport System -
23 Robots
48 Box Conveyer Stations
52 Pneumatic Tube Stations
Bed Capacity - 172 (includes 32 bassinets)
Expandable to 458 during wartime
Operating Rooms - 14
X-Ray Rooms - 15

:: People

Volunteers - 269
(giving 6,000 hours monthly)
Civilians - 1,700
Officers - 600 Enlisted - 555
Providers -

360 Doctors
350 Registered Nurses
214 Licensed Practical N
63 Civilian Nursing Assis
50 Interns
166 Residents
18 Fellows

Last Update:
10/09/2002

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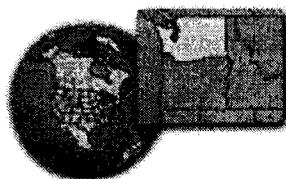
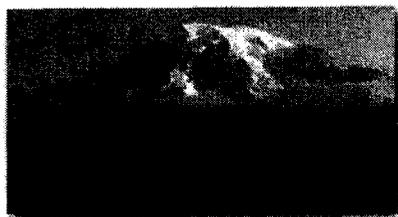
Departments
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TRICARE Online

Location and Driving Directions
Location and Driving Directions
MADIGAN ARMY MEDICAL CENTER



Madigan is located in the vicinity of Tacoma, north of the Main Post of Lewis, in the evergreen state of Washington.

It can be reached either from Exit off Interstate 5 or through Fort Lewis itself. A current vehicle sticker is required to access the gates.

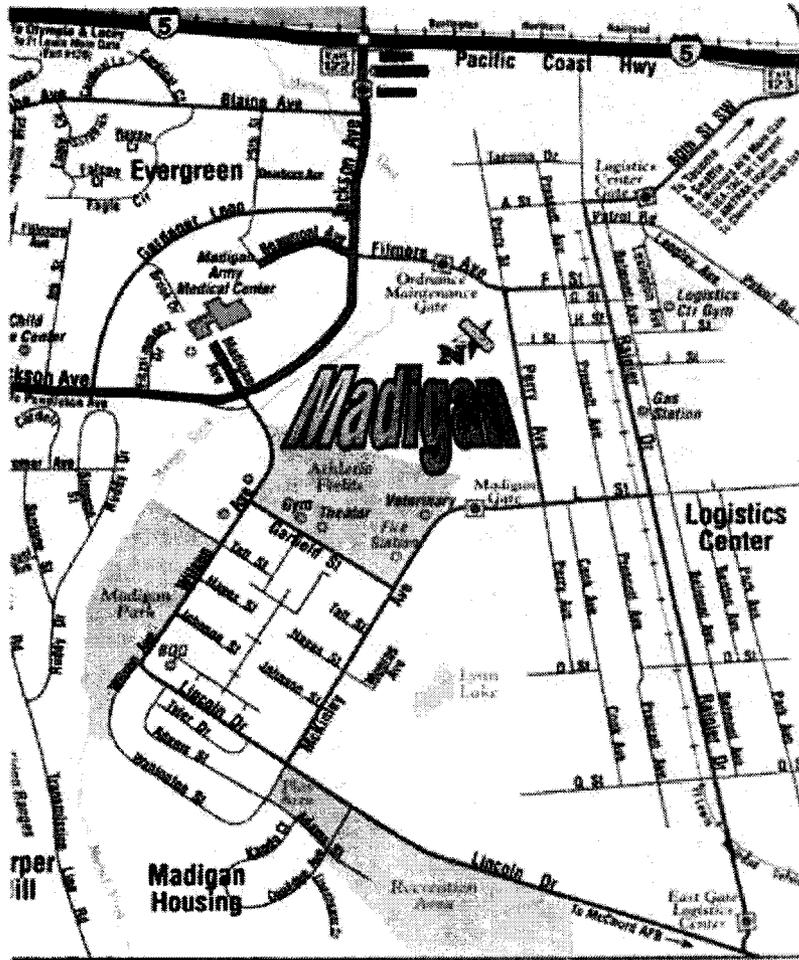
If you do not have a current sticker to the Fort Lewis Visitor's Booth, 1 Gate, for a visitor's pass.

Mailing Address:

Madigan Army Medical Center
Bldg 9040 Fitzsimmons Drive
Tacoma, WA 98431

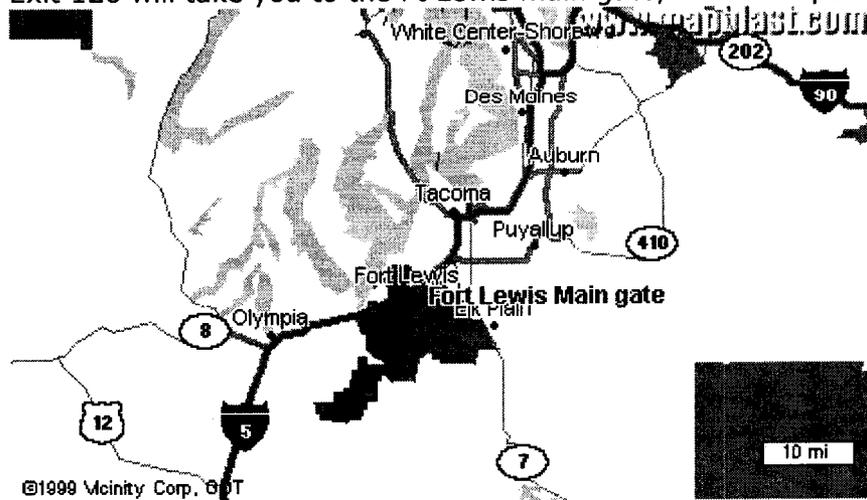
Directory Assistance:

(253) 968-1110 DSN 782-1110



(Map: Courtesy of AAFES)

Exit 120 will take you to the Ft Lewis main gate, which is open 24-hours a



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TRICARE Online

With a beneficiary population exceeding 350,000 within a six-state region, Madigan Army Medical Center continues to be one of the busiest hospitals in the Pacific Northwest. Occupying more than 120 acres of land, this four-building structure is located at Fort Lewis in Tacoma, Wash.

There are more than 120,000 soldiers, family members and retirees in Madigan's 40-mile catchment area. Executing Madigan's phenomenal health care mission are more than 3,124 staff members, which include 360 doctors, 627 nurses and 166 residents, 50 interns and 18 fellows. Madigan also boasts a robust Red Cross program. There are approximately 300 volunteers who donate more than 10,000 hours of free service monthly.

In 1999, Madigan became the second military hospital to ever receive a perfect score of "100" from the Joint Commission on the Accreditation of Health Care Organizations (JCAHO). Additionally, Madigan is one of only three designated trauma centers throughout the U.S. MEDCOM.

Residents and fellows enrolled in Madigan's Graduate Medical Education program have consistently scored in the 90th percentile on state and national examinations, making Madigan a highly desirable place to train. Additionally, the Exceptional Family Member Program at Madigan integrates military and state agency services necessary for families with special health care needs. The Department of Defense's only fellowship training program in Developmental Disabilities works in support of these efforts.

Embracing a "patients-first" philosophy, Madigan serves as the U.S. Army Medical Command's "Center of Excellence for Customer Service (COE)". COE is a train-the-trainer program designed to provide customer service training to personnel throughout the MEDCOM.

TRICARE Northwest, the Western Regional Medical Command (WRMC), Tacoma, Wash., provides regional command-and-control to ensure an integrated, multidisciplinary, customer-focused, cost-effective, high-quality health service system for Army units and beneficiaries within a six-state area.

WRMC supports the Defense Department's TRICARE Lead Agent concept but its primary mission is to support Army medical readiness in the area. The region develops and sustains technical health care and leadership skills in support of the MEDCOM and medical readiness of both Active and Reserve Component medical units.

The WRMC has regional command-and-control authority over Active Component medical facilities in a six-state region that covers the states of Washington, Oregon, Alaska, Idaho, Nevada and California. Interaction with Army National Guard and Army Reserve medical units is a critical component of the WRMC's medical-readiness posture. Periodic

Joint Guard and Reserve medical conferences solidify that link.

WRMC serves a variety of customers in its region, including MEDDAC Alaska; MEDDAC Fort Irwin, Calif; military clinics; military health-care beneficiaries; Army units at Fort Lewis, Wash.; the U.S. Army Forces Command and U.S. Army Reserve Command surgeons; state adjutants general of the six WRMC states (who command the state National Guards); Army Reserve commands in the area and the medical units assigned to them.

Also treated as customers are the Active Component medical units to which WRMC medical treatment facilities would dispatch PROFIS (professional Filler System) personnel in the event of a major mobilization.

The WRMC has developed a staffing plan that maximizes the concept of "dual-hatting", using existing Madigan staff members to fill the RMC positions.

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Resident and Fellowship Program Links

Resident Programs:

- [Emergency Medicine](#)
- [Family Practice](#)
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- [General Surgery](#)
- [Internal Medicine](#)
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- [Obstetrics and Gynecology](#)
- [Occupational Therapy](#)
- [Ophthalmology](#)
- [Oral and Maxillofacial Surgery](#)
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- [Pharmacy Practice](#)
- [Podiatry](#)
- [Preventive Medicine \(Public Health\)](#)
- [Radiology](#)
- [Transitional Year](#)
- [Urology](#)

Fellowship Programs:

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- [Developmental Pediatrics](#)
- [Emergency Medicine Physic Assistant](#)
- [Faculty Development \(Family Practice\)](#)
- [Geriatrics](#)
- [Maternal-Fetal Medicine](#)
- [Pediatric Psychology](#)

[CONTACT US](#)

7



START 690 Barnes Blvd

Mcchord Afb, WA 98438-1303,
US

END Tacoma, WA 98431, US

Maneuvers

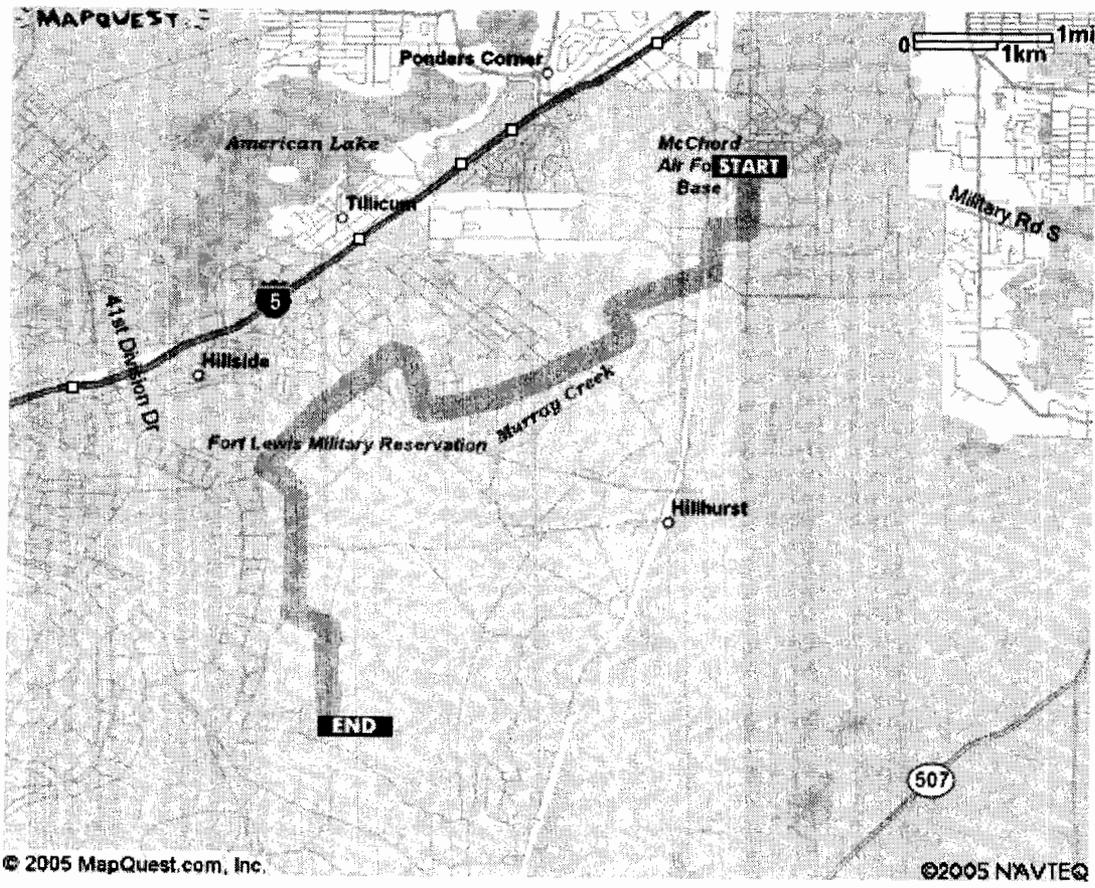
Distance

START	1: Start out going SOUTH on A ST toward E ST.	0.4 miles
	2: Turn RIGHT onto LINCOLN BLVD.	0.2 miles
	3: Turn LEFT onto PERIMETER RD.	0.3 miles
	4: Turn SLIGHT RIGHT onto E LINCOLN DR.	2.2 miles
	5: E LINCOLN DR becomes LINCOLN ST.	0.4 miles
	6: Turn RIGHT onto WILSON AVE.	0.5 miles
	7: WILSON AVE becomes MADIGAN AVE.	<0.1 miles
	8: Turn LEFT onto JACKSON AVE.	1.3 miles
	9: Turn LEFT onto 4TH DIVISION DR.	1.3 miles
	10: Turn LEFT (Portions unpaved).	<0.1 miles
	11: Turn SLIGHT RIGHT (Portions unpaved).	0.2 miles
	12: Turn SLIGHT RIGHT (Portions unpaved).	0.5 miles
	13: Turn RIGHT (Portions unpaved).	0.1 miles

There are .21 miles between your ending location and the end of your driving directions. Use maps to get from your ending location to the end of your route.

END 14: End at Tacoma, WA 98431, US

Total Est. Time: 24 minutes **Total Est. Distance:** 7.95 miles



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These directions are informational only. No representation is made or warranty given as to their content, road conditions or route usability or expeditiousness. User assumes all risk of use. MapQuest and its suppliers assume no responsibility for any loss or delay resulting from such use.

Washington Post
July 28, 2005
Pg. 22

Army Details Huge Shift Of Troops, Kin

The Army detailed plans yesterday for positioning 10 new brigades at bases around the United States and for relocating about 50,000 troops being brought home from Germany and South Korea.

The decisions to shift U.S. forces out of Europe and Asia and to increase the number of Army combat brigades from 33 to 43 were reported months ago. But the Army had not made clear where it intended to station the troops.

Under the plan, which also involves shuffling some units already situated in the United States, the largest increase will occur at Fort Bliss, Tex. That base stands to gain about 20,000 troops and 70,000 family dependents when soldiers from the 1st Armored Division move there from Germany and from Fort Riley, Kan.

Other sizable increases between now and the end of 2011 are slated for Fort Lewis, Wash. (11,300 troops), Fort Riley (9,400), Fort Carson, Colo. (8,200), and Fort Drum, N.Y. (6,100).

For a map showing the revised basing arrangements, see <http://www.army.mil/modularforces/map.htm> .

gwen

*IKT
McChord
clinic
c*

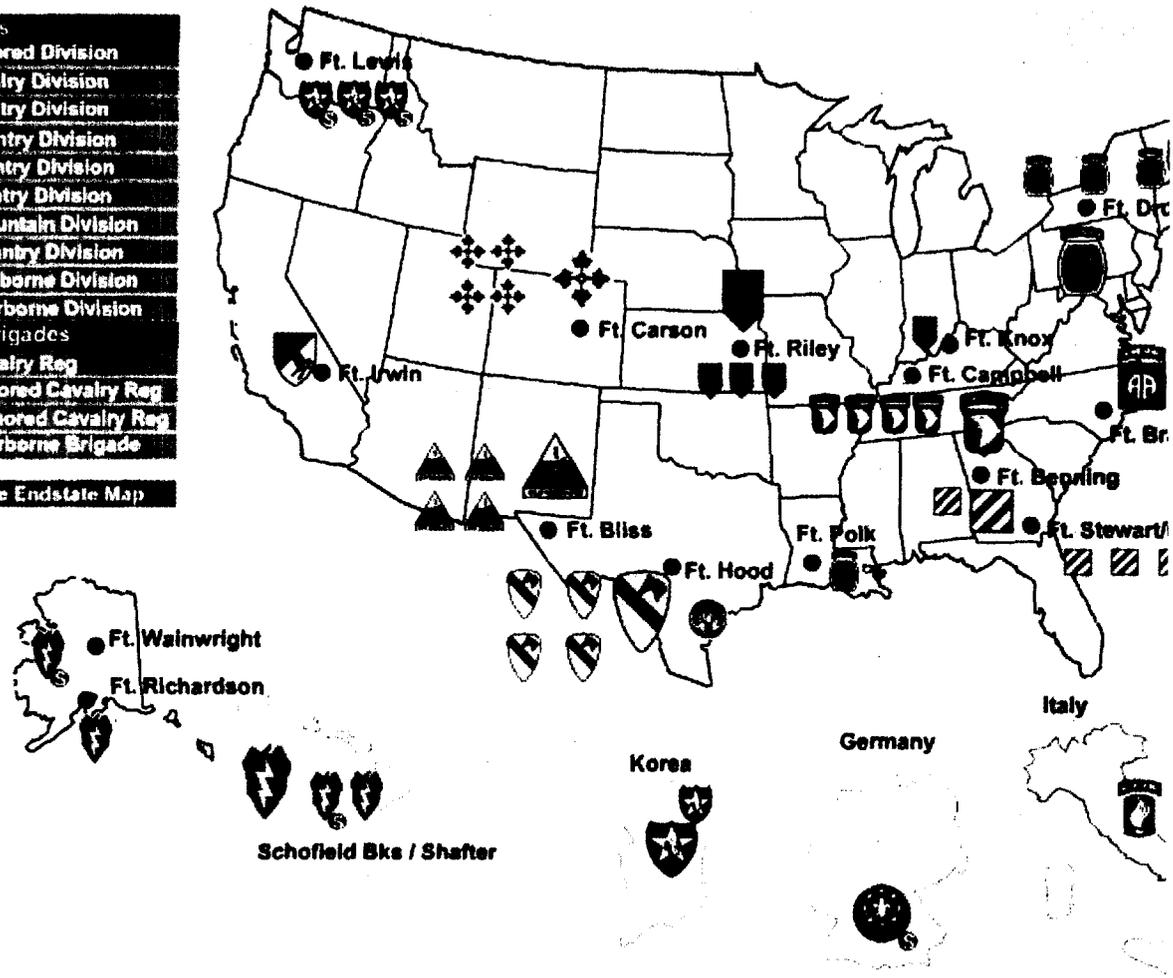
The Army Modular Force

Unit Stationing Transformation Initiatives

Main **BCT Stationing Map** Articles Imagery Army Modular Force Brief

Active Component Brigade Combat Team Posture

- Divisions
 - 1st Armored Division
 - 1st Cavalry Division
 - 1st Infantry Division
 - 2nd Infantry Division
 - 3rd Infantry Division
 - 4th Infantry Division
 - 10th Mountain Division
 - 25th Infantry Division
 - 82nd Airborne Division
 - 101st Airborne Division
 - Other Brigades
 - 2nd Cavalry Reg
 - 3rd Armored Cavalry Reg
 - 11th Armored Cavalry Reg
 - 173rd Airborne Brigade
- Printable Endstate Map



Active Component Brigade Combat Team Posture

The Army is undergoing its largest restructuring since World War II. This restructuring will transition the Army modular force capable of providing increased combat power by the Army's active duty forces by 30 percent available the Army's overall pool of warfighting forces by 60 percent. The total number of brigades will increase from 33 to 43. The goal for this larger pool of available forces is to enable the Army to generate forces in a rotational manner. At the current operational tempo, this modular force structure will allow Active Component Soldiers: at least two years at home following each deployed year, at least four years at home following each deployed year for the Army Reserve Soldiers, and five years at home following each deployed year for National Guardsmen.

From: Mandzia, Lesia, CIV, WSO-BRAC [mailto:Lesia.Mandzia@wso.whs.mil]
Sent: Wednesday, July 20, 2005 12:49 PM
To: McCauley Thomas G Col 62 MDG/CC
Cc: Schmidt, Carol, CIV, WSO-BRAC
Subject: Follow-up on BRAC recommendation Med-9

Col. McCauley:

In May, BRAC Commission staff made a visit to **McChord AFB** to gather information on the impact of a couple of recommendations affecting the base. Since I am responsible for reviewing the recommendation (Med-9) that realigns McChord AFB by relocating all medical functions to Fort Lewis, WA I wanted to follow-up on some issues that were raised during that visit.

Have you received clarification on whether dental services were part of the realignment?

ANSWER: Yes, it is anticipated that they will realign. The current policy of the AF/SG is that dental services, unless specifically listed in the BRAC documentations, are considered part of Primary Care.

Does Madigan have the capacity to accommodate McChord's patient population?

ANSWER: Madigan representatives tell us that they do not have the capacity to absorb the realigned 62d Medical Group personnel into existing (Madigan) clinical space.

To what extent can the TRICARE civilian network provide health care services to those families and retirees affected by this realignment?

ANSWER: We anticipate that the DoD proposal will not increase Prime enrollment in the TRICARE network, nor should it increase the specialty care that is referred to network providers. Our expectation is for the post-realignment Air Force medics to continue caring for most or all of McChord's 14,000+ enrolled beneficiaries; however, it is possible that a small number of McChord's current beneficiaries may need to switch their enrollment to Madigan Army Medical Center.

Do you have clarification on whether the Aerospace Medicine and Occupational Health functions transfer to Madigan or not? What issues are associated with such a transfer?

ANSWER: Aerospace Medicine and Occupational Health functions do not transfer to Madigan and as such there are no issues.

Who can I contact at Madigan to discuss this realignment?

ANSWER: LTC Michael R. Cook (comm'l 253-968-2262 or DSN 782-2262) from Madigan is working closely with McChord Clinic regarding this realignment.

Since the staff and Commissioner visit in May, what additional issues have surfaced regarding this medical realignment?

ANSWER: No additional issues have surfaced regarding the medical realignment.

Thank you!

Lesia Mandzia
Senior Analyst
BRAC Commission
703-699-2913
Lesia.mandzia@wso.whs.mil

Mandzia, Lesia, CIV, WSO-BRAC

From: Cook, Michael R LTC MAMC [michael.r.cook1@us.army.mil]
Sent: Monday, August 15, 2005 11:29 AM
To: Mandzia, Lesia, CIV, WSO-BRAC
Subject: RE: BRAC Info

Lesia,

48 redundant overhead positions will be eliminated (this is what AF has specified will be the number). Five of these positions are ancillary support (lab techs and pharmacy techs), the remainder all "overhead" as the plan now stands. We are still debating the reduction in ancillaries....

MICHAEL R. COOK
LTC, MS
ACSRM, WRMC
253 968 2262 (DSN 782)

From: Mandzia, Lesia, CIV, WSO-BRAC [mailto:Lesia.Mandzia@wso.whs.mil]
Sent: Monday, August 15, 2005 5:28 AM
To: Cook, Michael R LTC MAMC
Subject: RE: BRAC Info

LTC Cook:

Thanks for this information. Since the McChord clinic will be used to provide services, how many and what type of staff reductions will occur? It appears that there might be reductions in "overhead" but that the doctors, nurses, techs, etc. would remain to provide health care services.

Lesia

From: Cook, Michael R LTC MAMC [mailto:michael.r.cook1@us.army.mil]
Sent: Monday, August 08, 2005 7:29 PM
To: Mandzia, Lesia, CIV, WSO-BRAC
Cc: Baker, Timothy L Mr MAMC
Subject: RE: BRAC Info

Lesia,

Answers embedded below. Could not answer your waiting time question simply. We measure our waiting times for appointments across all our services.

8/15/2005

I also included Tim Baker on this message as he is the BRAC POC (I am really an alternate)

MICHAEL R. COOK

LTC, MS

ACSRM, WRMC

253 968 2262 (DSN 782)

From: Mandzia, Lesia, CIV, WSO-BRAC
Sent: Thursday, August 04, 2005 12:17 PM
To: 'Cook, Michael R LTC MAMC'
Subject: RE: BRAC Info

Lt.Col. Cook:

Thanks for contacting me. I'm the BRAC Commission analyst responsible for all of the medical recommendations and wanted to follow-up on recommendation Med-9 that transfers all medical functions to Ft. Lewis (Madigan Army Hospital), and Col. McCauley said that you were the POC at Ft. Lewis.

I just have some clarification questions:

Recommendation Med -9 does not include any MILCON. Does Madigan presently have the capacity to accommodate McChord's patient population and staff?

If yes, how much excess capacity does Madigan have and how much of that capacity will be filled by McChord staff? MAMC has no additional capacity in primary care. We intend to operate the existing McChord Medical and Dental clinics in situ and achieve significant savings for the government by reduction in redundant overhead.

What will happen to the medical and dental equipment at McChord? Will all medical and dental equipment be moved to Madigan? Remain in place

Will any medical or dental services remain at McChord? If yes, which ones. All medical and dental services will remain in

8/15/2005

place, though the scope of some of the ancillary support services may change to achieve savings (e.g. Pharmacy refills may be consolidated at the MAMC refill pharmacy)

What are the current waiting times for appointments at Madigan? For which services?

How does Madigan anticipate accommodating McChord's patient population and staff, and the (medical) needs of the overseas brigades that will be placed at Ft. Lewis? MAMC is building a 30,000 sqr foot family medicine clinic on Main Fort Lewis to accommodate this additional brigade (this plan assumes the McChord Clinic remains open)

What is going to happen to the McChord clinic/what will it be used for once the medical services are moved to Madigan? McChord clinic will remain openredundant admin overhead and ancillary support will be eliminated.

Thanks for your help!

Lesia

Lesia Mandzia

Senior Analyst

BRAC Commission

703-699-2913

lesia.mandzia@wso.whs.mil

From: Cook, Michael R LTC MAMC [<mailto:michael.r.cook1@us.army.mil>]
Sent: Monday, August 01, 2005 10:56 AM
To: lesia.mandzia@wso.whs.mil
Subject: FW: BRAC Info

8/15/2005

Lesia,

Email contact as requested.

MICHAEL R. COOK

LTC, MS

ACSRM, WRMC

253 968 2262 (DSN 782)

Mandzia, Lesia, CIV, WSO-BRAC

From: Hamilton Mark Col AF/SGE
Sent: Wednesday, August 17, 2005 6:45 AM
To: Mandzia, Lesia, CIV, WSO-BRAC
Subject: RE: [REDACTED]ommendation

Lesia-

The plan is to move the primary care capability provided to the 14,000 beneficiaries to a new location. We can downsize because we don't have to run a separate clinic with logistics, pharmacy, lab, etc...instead we leverage the Army facilities by adding a small manpower part. The intent is to still run an AF clinic providing those same services seen at the McChord, but it'll be at Madigan instead. During execution we can ensure that the transfer does not orphan any beneficiaries.

Mark

-----Original Message-----

From: Mandzia, Lesia, CIV, WSO-BRAC <Lesia.Mandzia@wso.whs.mil>
To: Hamilton Mark Col AF/SGE <Mark.Hamilton@pentagon.af.mil>; Guerrero Michaelle Maj AF/SGMP <Michaelle.Guerrero@pentagon.af.mil>
CC: Pantelides, Thomas, CIV, WSO-BRAC <thomas.pantelides@wso.whs.mil>
Sent: Tue Aug 16 18:00:35 2005
Subject: McChord recommendation

For the McChord Clinic realignment recommendation - How will proper and timely health care services continue to be provided to the approximate 14,000 McChord beneficiaries if almost 200 positions will be eliminated by this recommendation?

Lesia