



JTF CAPMED

August Newsletter



In This Edition:

From the Helm

Walter Reed CoC

Malcolm Grow 50!

Bushmaster

Flu Vaccine Info

Award Ceremony

DHCN CoC

JTF Hosts ROK

Army Nurse Corps

BRAC Town Hall

Community

Farewell Picnic

Deputy's Desk

Conference Attendees Discuss BRAC Integration Efforts, Plans, Goals



(Picture and Story by Journal staff writer Hospitalman Dustin Perry)

Staff members from the National Naval Medical Center, Walter Reed Army Medical Center and DeWitt Army Community Hospital gathered at Bethesda to take part in an integration conference hosted by the Joint Task Force National Capital Region-Medical (JTF CapMed).

The event was held at the Uniformed Services University of the Health Sciences. Rear Adm. John Mateczun, JTF CapMed commander, addressed personnel and explained the purpose of the conference was to review current manning profiles, design layouts and operational control for each service and functional family experts at both the north and south campuses as the Base Realignment and Closure process continues at Bethesda and Fort Belvoir.

Groups of clinical service and functional family experts, enlisted training subject matter experts, senior leadership, and a host of other attendees convened in four-hour working sessions at USUHS and NNMC to identify mission critical gaps.

(Continued on next page)

Integration Conference (cont)

“A lot of people have concerns about ‘where is my job going to be?’ I’m here to tell those people, Secretary England made a promise of full employment ... and we intend to execute that.”

—**RADM John Mateczun, JTF CapMed Commander**

“This is a momentous activity,” said Air Force Col. John Bulick, director of logistics for JTF CapMed. “I appreciate the effort that will be required to accomplish this review—something that has never been done before.”

Mateczun said the conference was the next step into the future of military medicine.

“This is the largest capital infrastructure investment ever made within the military health system,” Mateczun said. “There are four lines of effort that are now coming together as the Base Realignment and Closure process begins.”

According to Mateczun, the four components have been put together to enable staff members to provide feedback to JTF CapMed personnel. The components are organizational structure, regional concept of operations, manning documents, and blueprints of spaces.

“We have an additional challenge; we have to look not just at your department, but at all departments that relate to what you do across the entire region,” Mateczun said.

Mateczun called on those in charge to take a look at their departments, and other related departments across the entire National Capital Area. The actions of one can affect the outcome of another, he said.

“We try to optimize our department ... when we do that we may end up sub-optimizing other parts of the region,” Mateczun said. “We have to think about regional delivery of care.”

The Base Realignment and Closure process limits Bethesda in the size of the campus. However, Mateczun said, medical care will come from those assets already in place.

“We have to execute tomorrow what we had in the pre-BRAC,” Mateczun said.

Mateczun said civilian employees can rest assure their jobs are going to be safe during integration. Defense Department officials have ensured non-military personnel a place in the future of military medicine, he said.

Walter Reed Health Care System Change of Command



(Story by Bernard S. Little, Command Information Officer. Photo by John Chew, DOIM, WRAMC).

Col. Norvell Van Coots assumed command of the Walter Reed Health Care System, headquartered at Walter Reed Army Medical Center, July 11 in WRAMC's Wagner Sports Center. Coots replaced Col. Patricia D. Horoho during the change of command ceremony.

Coots comes to WRHCS from commanding Keller Army Community Hospital at the U.S. Military Academy at West Point, N.Y. He was the 52nd Surgeon of the USMA at West Point.

In assuming command, Coots said he's been told by friends that Walter Reed possesses "a sense of magic," "represents the epitome in excellence in military medicine," and "is the most famous Army hospital in the U.S.A., and perhaps the world."

Coots said, "The very name Walter Reed conjures up so many visions of world-class health care, innovations in medical advances, and dedicated and extremely busy personnel."

The Walter Reed Health Care System includes three Army health-care facilities in the National Capital Area and provides care to more than 150,000 Soldiers and other servicemembers, family members and retirees in the region. The three facilities include WRAMC; Kimbrough Ambulatory Care Center at Fort Meade, Md; and DeWitt Army Health Care Network at Fort Belvoir, Va. The system also includes other satellite clinics throughout Maryland, Virginia and Pennsylvania.

Maj. Gen. Carla G. Hawley-Bowland, NARMC and WRAMC commanding general and host for the ceremony, praised Horoho for her accomplishments at Walter Reed, and welcomed Coots to his new assignment. "You have a challenging job ahead, but your credentials show you are up to the tasks," she said to him.

(Continued on next page)

WRHCS Change of Command (cont)

While here as a medical student during clinical rotations, Coots said he saw first-hand “how truly magnificent military health-care providers can be.

“But perhaps even more important, is the sense of history and of importance to the Army Medical Department affix to this place, well-recognized by me even before I became an Army officer,” Coots explained.

“For a time, as I drove down Georgia Avenue past this hospital on a daily basis between my mother’s house in Shepherd Park and college at Howard University, I would often look in wonderment only imagining the care given inside,” he recalled. “The importance of this place was so significant to me that upon graduation from Howard’s ROTC program, I chose the Heaton Pavilion as the place of my commissioning into the Medical Service Corps.

“You can imagine the sense of pride that I feel and the extreme honor that it is to now be a part of all of this,” he added.

Hawley-Bowland said Horoho “led and cared for the WRHCS during an interesting time for all of Army medicine. Colonel Horoho, you and your staff have performed brilliantly in a most challenging environment. You led this organization back to stability and forward movement after a period of intense scrutiny and turbulence.”

During Horoho’s command, Walter Reed received the Military Health System award for best customer service among large medical centers in the continental United States, based on patient satisfaction surveys.

Hawley-Bowland also credited Horoho with bringing Disney training to Walter Reed to improve customer service. “The complaints have been cut in half, and the numbers of compliments have soared.

“You required every practice and process at Walter Reed to be reviewed for its value to patient care,” Hawley-Bowland said. “We now reach forward proactively to receive air evac patients from Landstuhl. Our new patient evacuation vehicles are here to ensure patient safety and comfort. And when we are ready to discharge warriors, our handoff to the Warrior Transition Brigade ensures continuity of the highest standard of care.

The general also touted the care provided in Walter Reed’s new Warrior Clinic and Military Advanced Training Center, both of which began receiving patients last fall.

She called Walter Reed’s Graduate Medical Education programs “as healthy as ever, with several new accreditation notices received during the past year, and with expertise of program directors acknowledged by national medical education organizations.”

Horoho thanked a number of people who made “Team Walter Reed” a success during her command. She called Team Walter Reed “flexible, agile and easily adaptable to the needs of the Army, joint operations and beneficiaries.”

She said for many years, WRAMC has led the U.S. Army Medical Command in outcome measures. “It’s been an honor to serve with each and every one of you. We have weathered the perfect storm and have emerged a stronger command — one that is more able to adapt to any challenge while always keeping the warrior, patients and Family members at the center in all that we do.”

In addition to staff, Horoho thanked senior Army leadership, and the more than 160 volunteer organizations and 866 volunteers “who help us care for our warriors each and every day.”

Malcolm Grow Celebrates 50 years!

Malcolm Grow Medical Center is a military treatment facility of choice providing agile joint medical services in a dynamic global environment. Located in the national capitol region, it is a transitional community hospital that is very different from its modest beginning more than fifty years ago.



Approximately 30,000 eligible beneficiaries in the national capital area receive primary medical care at Malcolm Grow. They have a full complement of medical disciplines to include surgical subspecialties, mental health, general medicine and complementary medicine like acupuncture and chiropractic care.

Colonel Robert I. Miller, the commander for the 79th Medical Group says, "In one day we can see as many as 930 outpatients, 90 dental patients, 5 inpatients, 72 ER patients, 7 surgical procedures, 2 baby deliveries, fill 1,963 pharmacy prescriptions and assist 30 wounded warriors transiting the Aero medical Staging Facility. Our people make the difference."

(Picture and story courtesy of Ms. Melanie Moore, MGMC PAO)

"The medical center was named for Major General (Dr.) Malcolm Grow, the first Air Force Surgeon General. He graduated from medical school in 1909 and served as a field doctor in both world wars. He wrote the first aviation medicine book which was published prior to the birth of the Air Force. He was an active force in military medicine until his death in 1960." said Miller.

Miller went on to say that they also support some very unique missions. They are the primary transit facility for DOD peace and wartime Aerovac patients through the Aero medical Staging Facility. Wounded Warriors returning from Landstuhl Regional Medical Center in Germany are welcomed home to the USA at Andrews AFB.

They are also a referral facility for outpatient Substance Abuse Rehabilitation. As a part of the Air Force District of Washington and the 79th Medical Wing, they support state funerals, the inauguration and the State of the Union Address.

Malcolm Grow Medical Center is staffed by more than active duty and civilian medics. They have been supported by 103 Guard and Reservists on 12 unit tours in 2007. Individual Mobilization Augmentees are currently 63 strong. They also have personnel deployed throughout the world in places like Germany, Iraq, Afghanistan, UAE, Qatar, Kuwait and Honduras.

BUSHMASTER!

By Donna Miles
American Forces Press Service

Medical students at the Uniformed Services University of the Health Sciences got a healthy dose of the challenges in providing battlefield medicine during two concurrent field exercises held at Fort Indiantown Gap in Pennsylvania in July.

About 360 medical, public health and graduate-level nursing students from the Defense Department's only medical school were at this central Pennsylvania training post, experiencing the rigors of caring for patients in a simulated combat environment.

Operation Bushmaster exposes fourth-year students to the challenges of delivering medical care in support of war-fighting, peacekeeping and humanitarian-assistance operations. Meanwhile, Operation Kerkesner gave many students who just completed their first year of medical school their first tactical training in a field environment.

The training wrapped up with a convoy coming under a simulated attack during a nighttime operation, resulting in mass casualties. As they triaged, treated and evacuated patients, the students came to recognize that part of being a military medical officer is the ability "to make order out of chaos," said Navy Capt. Trueman Sharp, chairman of the University's Military and Emergency Medicine Department and exercise director.

Sharp called the annual exercises the capstone of the Uniformed Services University curriculum.

"The field training aspect is essential for our students because we are more than a civilian medical school or graduate school of nursing," Sharp explained. "We produce a physician, but we are also producing a military medical officer. That requires a lot of additional knowledge and skills that you wouldn't get in a civilian medical school."

Operations Bushmaster and Kerkesner merge students' classroom training, with nearly 800 hours dedicated to military-unique subjects, in a field setting with realistic scenarios like those they'll encounter as Army, Navy and Air Force doctors.

This year's scenarios involved a United Nations force called in to conduct peacekeeping and stabilization operations in the fictitious Middle Eastern country of Pandakar in the throes of unrest. The doctors "deployed" as part of the force and were tasked to set up battalion aid stations and an expeditionary medical support station with surgical capabilities until a combat support hospital arrives.

Casualties started arriving before they finished setting up their operations. The wounded "patients" -- actually first-year students with realistic-looking simulated war wounds like those being seen in Iraq and Afghanistan -- put the students to the test.

Increased emphasis on treating patients as quickly and as far forward as possible presents challenges traditional medical students aren't likely to encounter, from treating patients while under fire to working with far less equipment than they'd find in fixed medical facilities.

First-year students role playing patients got a glimpse at the type of challenges they'll face later in their training. But Sharp said they also get to see firsthand what it feels like to be a wounded patient in the hands of a military doctor.

"What's going on here is pretty amazing," said Army 2nd Lt. John Francis, a first-year student at his first field exercise. Role-playing a patient with asthma earlier in the day and now with "shrapnel wounds" on his face, Francis said the exercise reinforced what he's learned so far at the university. "This brings it all together," he said. "I'm really excited about what we're getting out of this."

"This makes it real," said Navy Ensign Danielle Robins, a former Marine Corps captain now with a year at Uniformed Services University under her belt. "This training defines the uniqueness of what a military medical school means."

(Continued on next page)

Noteworthy News

Page 7

BUSHMASTER (Cont)

Across the post, other first-year students were getting a better understanding of that as many got their first experience firing a weapon, navigating an orienteering course, and wearing chemical protective gear after a mock attack. Many also were learning how to live and operate in the field for the first time.

Noncommissioned officers led the training, with Army Sgt. 1st Class Franklin Abram overseeing the training, which he said helps develop warrior skills in medical officers likely to serve on the front lines. "The bottom line is that we need doctors who can perform in the combat zone as well as the clinic," he said. "Don't think for one minute that because you are a doctor, that (enemy forces) are not going to shoot at you."

Air Force Maj. Glenn Burns, Operation Kerkesner course director, said the exercise teaches not only basic survival skills, but also leadership principles. "This is not a test of infantry skills, and we are not trying to develop them as infantry officers," Burns said. "But as we teach them the basics, what we expect to challenge them with is leadership."

Fourth-year students were facing those leadership challenges as they treated patients while rotating through a variety of roles they'll play as medical officers, from litter bearers to logistics officers to unit commanders.

The exercise reinforces the fact that doctors are just one part of a vast medical care network, Sharp said, while underscoring their broad responsibilities as military medical officers.

"Being a medical officer isn't just being a doctor," he said. "It's about leadership. It's about planning and organization. It's about communication. It's about situational awareness. It's about learning to prioritize because you never have enough resources or people, and you never have enough evacuation (capability)."

Navy Ensign Art Ambrosio got a taste of what it meant to balance those challenges when casualties started arriving as he was serving as commander, overseeing the assembly of the expeditionary medical support unit.

A fourth-year student, Ambrosio had to resist the urge to drop everything and rush to the patients' needs rather than allowing his staff to do that. "As a medical person, when you see someone hurt, you want to run, and you want to play doctor," he said.

"But as the commander, you need to focus on what those responsibilities are," he said. "Your job is to keep the whole machine running: the medical, the transportation, the security, the communications, the logistics. You have to manage people, but do it without micromanaging."

For some of the students, the exercises offered a return to principles they learned during prior service in the Army, Navy, Air Force and Marine Corps, but with a new focus.

Among them is Army 2nd Lt. Gabriel Pavey, who spent 12 years in the Marine Corps before enrolling in Uniformed Services University. Pavey was a Marine staff sergeant working in the Pentagon on Sept. 11, 2001, and remembers the frustration of not being much help to the medics scurrying to help the wounded. He said it led to a major life decision.

Now an Army second lieutenant about to enter his second year of medical school, Pavey said he's ready for the rigors of field medicine in a combat environment. "It's my brothers and sisters (in the force) who really do the hard part," he said. "We're here to support them. The folks here all have the same call to duty."

Army 2nd Lt. Barrett Campbell said the training he's receiving at the Uniformed Services University is providing a great foundation for what he hopes will be a 20-year career as a military medical officer.

"I want to be a military doctor first and foremost, and this is the place to prepare for that," he said. "I chose this school because of the military medical aspect. I wanted to be in a program that trained me for that, and that's what I'm getting here."

Robins said the exercise reinforced the connection she feels to her fellow Uniformed Services University students, but especially to the servicemembers she will treat as a Navy doctor. "We have a like-mindedness," she said. "They are taking care of me, and I am taking care of them. They are amazing people, and they deserve great care."

Flu Season IS Coming! Be Prepared

(Editor's Note: This is not just some "Wash Your Hands Frequently and Properly" article typically found in company newsletters. It's the beginning of a continuing series that will outline for you valuable information from the Centers for Disease Control and the US Department of Health and Human Services. For a more comprehensive overview and a myriad of information regarding the very real possibility of a Pandemic (world-wide) flu outbreak, please visit www.pandemicflu.gov).

Influenza (the flu) is a contagious respiratory illness caused by various strains of influenza viruses. It can cause mild to severe illness, and at times, can lead to death. According to the Centers for Disease Control and Prevention, each year in the United States 5% to 20% of the population gets the flu, more than 200,000 people are hospitalized due to flu complications, and about 36,000 die from flu. Some people, such as older adults, young children, and people with certain health conditions, are at high risk for serious flu complications. The best way to prevent the flu is by getting a flu vaccination every year.

The Department of Defense provides flu vaccinations to military health care beneficiaries. In the past, complications have arisen in the National Capital Region due to inconsistencies among the Services and military treatment facilities (MTFs) regarding vaccine delivery and administration schedules. One goal of the JTF's J-3 Directorate is to execute an orderly, well-synchronized flu vaccine delivery and administration program for the 2008-2009 flu season for the National Capital Region and outlying regions within the Joint Operating Area.

At this time, a great deal of work has already been done to order and schedule delivery of the flu vaccine to military clinics and medical treatment facilities. Ideally, all military medical outlets that offer the flu vaccine to beneficiaries will begin vaccinating at exactly the same time. A series of news articles and press releases will go out, and facility commanders will be receiving a series of communications in an effort to get the word out to all beneficiaries that the vaccine is ready. Additionally, there will be several links on the JTF CapMed website (www.JTFCAPMED.mil) designed to provide website visitors with even more information.

In future newsletter editions, articles will outline vaccine status and milestones (i.e. "Vaccine shipped from vendor," or "Vaccine delivered to major drop points," etc.), information regarding who needs the flu vaccine and who is *required* to get it, as well as accessibility and availability information. So, stay tuned! Oh yes, and don't forget to wash your hands frequently and properly.

Noteworthy News

Page 9

White House Communication Team Awards JTF CapMed



Pictured are members of a Joint Task Force National Capital Region Medical (JTF CAP-MED) medical readiness team that provided support to the White House Communications Agency in June 2008. The team enhanced the medical readiness of the Agency by screening and providing medical support to over 550 Joint Service Members assigned to the Agency. The JTF CAPMED team was comprised of members from the North Atlantic Regional Medical Command, National Capital Area Navy Medicine, and the 79th Medical Wing and represented the Command's first opportunity to bring the components together for such an effort.



Dewitt Change of Command



DeWitt Health Care Network Command Sgt. Maj. Dale A. Christopher prepares to pass the unit's colors to outgoing commander Col. Kenneth G. Canestrini (right) during Fort Belvoir's U.S. Army Medical Activity change of command ceremony Aug. 7 in front of DeWitt Army Community Hospital. Col. Charles W. Callahan (left) assumed command of the DeWitt HCN after receiving the colors from Maj. Gen. Carla B. Hawley-Bowland, commander of U.S. Army North Atlantic Regional Medical Command and Walter Reed Army Medical Center, during the ceremony. (U.S. Army Photo by Janet L. Davis)



Col. Charles W. Callahan passes the DeWitt Health Care Network colors to Command Sgt. Maj. Dale A. Christopher after assuming command from Col. Kenneth G. Canestrini (far right) during Fort Belvoir's U.S. Army Medical Activity change of command ceremony Aug. 7 in front of DeWitt Army Community Hospital. Maj. Gen. Carla B. Hawley-Bowland, commander of U.S. Army North Atlantic Regional Medical Command and Walter Reed Army Medical Center, acted as the reviewing officer during the event. (U.S. Army Photo by Janet L. Davis)

On August 7th, Colonel Kenneth G. Canestrini relinquished command of the DeWitt Health Care Network to Colonel Charles W. Callahan, who was most recently the Deputy Commander for Clinical Services (DCCS or "Chief Medical Officer") at Walter Reed Army Medical Center.

Your level of commitment and dedication to our patients is unsurpassed and why the DeWitt Health Care Network was recognized by the Army Surgeon General for "Excellence in Patient Care and Adding Value to the Healthcare Experience" this past year.

—Portion of Col. Kenneth Canestrini's outgoing message to the DHCN Staff

Noteworthy News

Page 11

JTF CapMed Hosts Commander ROK AFMC

On August 8th, RADM Mateczun and BG Volpe hosted the Commander of the Republic of Korea's Armed Forces Medical Command. MG Sang Hoon Kim, Commander, ROK AFMC, COL Chae Hyuk Lee, Commander of Wonju ROK Hospital, and other distinguished guests from the Korean Ministry of Defense and Host Nation Affairs were treated to an in-depth briefing about JTF CapMed and the military medical system in the United States.



Army Nurse Corps Gets New Chief



(Story by Bernard S. Little, Command Information Officer. Photo by John Chew, DOIM, WRAMC).

Using the Bible given to Walter Reed Army Medical Center by Mamie Eisenhower, wife of President Dwight D. Eisenhower, Maj. Gen. Patricia D. Horoho was sworn into office as the 23rd chief of the Army Nurse Corps during a ceremony July 11 in WRAMC's Wagner Sports Center. Horoho was also promoted to major general.

Earlier in the day, she relinquished command of the Walter Reed Health Care System to become the Army's top nurse. She will also command Madigan Army Medical Center at Fort Lewis, Wash., and the Western Regional Medical Command.

Horoho said she will continue the legacy and tradition of past ANC chiefs and members of the ANC in providing the best care, and being an innovator and advocator for nation's warriors, their Families and other beneficiaries of the Military Health Care System.

With crises come opportunities "demanding courage and a commitment to excellence," Horoho said, explaining that this was witnessed during the past year when improvements were made to the military health care for warriors and their Families following a period of intense scrutiny outside of and within the Department of Defense, Army and Military Health System.

Horoho said her goals as ANC chief will be to focus on warrior care and their Families; clinical excellence and world-class care; team building and increasing the ranks of the ANC; and innovative leadership and research development.

"In the next 100 days, we will develop and implement an Army Nurse Corps campaign plan ... reflecting our mission, time and history in the U.S. Army Medical Department, Army and DoD contexts. It will anticipate a 15-year blueprint for a vibrant, relevant, flexible Army Nurse Corps. The plan will be driven by courage to do the right thing, innovation to meet the rapidly evolving war-fighting and medical demands of 21st century, and constant compassion for those we serve and whom we serve with."

Her five major priorities will include warrior care, human capital, world-class care, leader development and research.

(Continued on next page)

Army Nurse Corps Gets New Chief (cont)

Lt. Gen. Eric B. Schoomaker, the Surgeon General of the Army and commander of the U.S. Army Medical Command, hosted the ceremony and administered Horoho the official oath of office.

Schoomaker noted that Horoho, a native of North Carolina, comes from a family of military service, with almost 200 years served. He spoke of Horoho's unwavering dedication to the military and servicemembers, recalling not only her heroics in triaging and caring for victims of the terrorist attack on the Pentagon Sept. 11, 2001, but also her rapid response to treating victims of the Pope Air Force Base accident in North Carolina when she was assigned to Womack Army Medical Center, where casualties were received in 1994.

Schoomaker, the former commander of the North Atlantic Regional Medical Command and WRAMC before becoming the SG, also recalled Horoho's many long nights at WRAMC following the increased scrutiny the medical center came under early last year.

He said Horoho has "a unique combination of technical nursing and medical skills. She has leadership experience at all levels, and she possesses an uncompromising and keenly-tuned moral compass that operates within a seasoned ethical system. She's going to make the right decision when there are so many options and no option gives you a perfect solution. She does that delivered with compassion and humor and deep human connection."

Gen. Ben Griffin, commanding general of the U.S. Army Material Command, presented Horoho with the Army Medical Department general officer flag and belt. He commended Horoho for the impact she has on Soldiers and Families.

"I had a chance to watch you in command at DeWitt [Health Care System at Fort Belvoir, Va.] on a daily basis, and I saw the positive impact you had on Soldiers and their Families at Walter Reed. This is a great day for the Army, great day for the nation and great day for all the services."

Lt. Gen. William G. Webster Jr., deputy commander of U.S. Northern Command, and vice commander of U.S. element, North American Aerospace Defense Command, presented Horoho with her general sidearm and holster. He was in the Pentagon on Sept. 11, 2001.

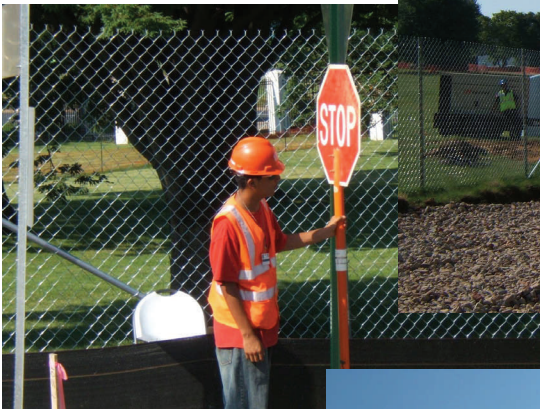
"I came out the building and there were many people yelling run as far away as you can. Standing there was Patty Horoho like a rock already taking charge of the wounded who were making their way out of the building. I was a one star at the time and she came over to me and said, 'General, I'm an Army nurse and we're going to set up triage right here,' and I said, 'Yes Ma'am.'"

Although it's unusual, it's not unprecedented to be promoted two ranks. Horoho becomes the second chief of the ANC to do so since Congress passed a federal law in 2003 requiring a two-star general to be chief of the ANC. Recently retired Maj. Gen. Gale S. Pollock became the first chief of the ANC to be promoted two ranks when she became the 22nd ANC chief in July 2004.

Horoho had commanded the Walter Reed Health Care System from May of last year until her promotion July 11. Prior to that, she was deputy commander for nursing for WRAMC and NARMC for about a year. She commanded DeWitt Health Care Network at Fort Belvoir from 2004 to 2006. She was honored on Dec. 2, 2001, by Time Life publication for her actions on Sept. 11, 2001. On Sept. 14, 2002, she was among 15 nurses selected by the American Red Cross and Nursing Spectrum magazine to receive national recognition as a "nurse hero."

NNMC BRAC Town Hall

As construction continues full-steam-ahead for the new Walter Reed National Military Medical Center on the campus of the National Naval Medical Center (NNMC) in Bethesda, a concerted effort is ongoing to keep key NNMC Leadership informed and involved in the process. Through a series of weekly "BRAC Town Halls," information is disseminated on a variety of topics, ranging from construction updates and safety reminders, to colorful slides about what buildings are going where, what parking is and is not available, and what commuter solutions are being explored and pursued, among other things. These 30 minute informational briefings are well attended and always end with a question and answer session. The meetings are a means to encourage communication among the staff and alleviate confusion and consternation in the midst of an extremely disruptive process. Since the first NNMC BRAC Town Hall held several months ago, the overarching message has always been: Patients First!!



BRAC / Integration Leadership Town Hall Meeting July 23, 2008

Purpose:

To give you and your team an Up-To-The-Minute brief on all physical BRAC happenings on the Command grounds including: Construction, Transportation/Parking, Patient Access and Safety is "in-the-know" when these issues may affect our day-to-day work at NNMC.



N. Palmer Road to shift to the north: North Palmer Road will shift to the north as of 8/4 to make room for Building A construction. A temporary road encroaching on "G" Lot will be established. This lot will lose roughly 120 parking spaces for 100 days and at the end of the work, the temporary road will be removed, the site restored and "G" Lot will permanently lose 50 spaces.

ADA Compliant sidewalks in front of Barracks: Curb cuts construction is complete to provide ADA compliant sidewalks for pedestrian travel West to East and vice versa along North Palmer Road.

Temporary Emergency Room (ER) entrance: The temporary ER entrance (Lot W) will open on the week of 8/6. Pedestrian traffic will be limited to ER patients.



NEW Flagpole-to-Flagpole Shuttle Service: A new flagpole-to-flagpole shuttle service between NNMC and WRAMC will be available starting early August. This shuttle is expected to run every 20 minutes. More details to follow.



Important Safety Reminders: All Construction zones are fully operational. Please be reminded that:

- Only staff who have access/official business should be in the construction zone
- All personnel within the construction zone must wear proper protective equipment and at a minimum - hard hats and safety vests!
- BE careful at the Crosswalk by the Metro Station. WAIT for the traffic light and ALWAYS USE the intersection.

Egress Plans and Muster Points: Review your egress plans and muster points to ensure that they are compliant with the new emergency plans. Please discuss any concerns with your department safety representative.

Questions and Answers from the Audience at the July 23 Town Hall meeting:

Q: Is there a policy change for the "I" Lot (carpool sticker)? Per the security guards there has to be at least 2 people in a car with an I sticker to use the B Parking Lot.

A: Need to research this and will follow-up with additional information.

Q: Will the existing Gym be available for the Fall PRT?

A: The answer is yes at this time but will provide updates if plans change.

Public Outreach -- Montgomery County



Montgomery County's BRAC Implementation Committee (BIC) meeting occurs on a regular basis and always features an update from National Naval Medical Center (NNMC) on construction, BRAC, funding, and other issues. July's meeting included a slide presentation and a discussion of the status of the DAR (Defense Access Road) funding request, as well as an update on the newly established **NNMC BRAC Construction Hotline: 301-319-BRAC (2722)**. This number, which is posted on the *NNMC web site* (www.bethesda.med.navy.mil), allows the community to contact NNMC and express concerns about day-to-day issues related to construction, including safety, noise and other factors that might negatively impact the quality of life for those who live and work near the NNMC campus. The phone is staffed weekdays from 8:00 AM to 4:00 PM with an answering machine taking calls at off-hours.

These meetings are just one of the on-going initiatives designed to facilitate communication and coordination between the community, local governments, and the Department of Defense as BRAC is implemented in the National Capital Region.

Montgomery County has a very informative and frequently updated website, which can be accessed at: www.montgomerycountymd.gov/index.asp.

Noteworthy News

Page 16

JTF CapMed Picnic (Hail and Farewell)

HOSTED BY THE JTF CAPMED SOCIAL COMMITTEE — GREAT JOB!!



August 7th marked the Second

JTF CapMed Hail and Farewell...

With great sadness, JTF CapMed bids Farewell to:

LTC Kerry Brigle

CDR James Hosack

You will be missed!



But the mood was brightened by the JTF CapMed Hail to:

CAPT Kevin Berry

COL Charles McQueen

Capt David Thompson

Lt Col William Kormos

Maj Richard Hayes

COL Steven Swann

Maj Raymond Nudo

Lt Col David Bobb

Ms. Melza Sykes

Ms. Pamela Allen

Ms. Gina Scales-Johnson

Ms. Bernadette Thompson

Mr. Gary Cohen

Ms. Clarisa Austin

Ms. Caroyn Wallace

Ms. Lindsey McNeil

Mr. Howard Jennings

HMCS Darryl Hamilton



Look for MANY more Hails as we approach Full Operating Capability!

From the Deputy's Desk

Page 17



Greetings! Medical Integration planning continues to move forward for the National Capital Region and the Joint Operational Area of JTF CapMed thanks to everyone contributing to this huge effort. We appreciate all the wonderful input and solution-oriented, problem-solving work from our leaders at our facilities and in the Services' Medical Departments as we tackle some very tough challenges in order to function as One-Team as we travel into the future. Hospital construction continues at both Bethesda Naval Base and Ft Belvoir Army Post --- and we are ON SCHEDULE to complete construction and transition hospital operations in accordance with BRAC timelines and BRAC law. There is no doubt that we will remain a World-Class healthcare system in the National Capital Region and become even better tomorrow than what we are today. Be patient with us please; we are in uncharted ter-

ritory and the resistance to change is alive, well and deceptively powerful --- but together, we will conquer and crush those who stand in the way of progress and succeed!

I mentioned in the last issue that we learned a bunch by visiting & touring 35 of our facilities, and I want to share what we learned about the common challenges you face on a daily basis, so here we go with the top 10:

1. Separate Service Medical History and Physical Exam Forms --- a travesty!
2. Separate Service Exceptional Family Member Programs --- a travesty!
3. Separate Service Periodic Health Assessment Regulations, Policies, Requirements, Forms & Systems --- a travesty!
4. Separate Service Dental Systems, Forms and Reporting --- a travesty!
5. Unreliable Availability and User Unfriendliness of AHLTA --- a travesty!
6. Separate Service Systems & Resourcing for Occupational Health and Industrial Health/Hygiene Functions --- a travesty!
7. Dissatisfaction by Clinicians of ALL Services with AHLTA --- a travesty!
8. Separate Service Military Readiness Reporting Systems for Deployability even though the Requirements are Identical --- a travesty!
9. Inability of many Adjacent MTFs of Different Services to Plan & Execute and Share Business Processes --- a travesty!
10. Lack of Communication and lack of Support for more distant MTFs/Clinics --- a travesty!

(Continued on next page)

From the Deputy's Desk

Page 18



JTF CapMed HQs was created this past year to tackle these challenges and find solutions through integration of healthcare systems, processes and procedures so that our MTFs can be more effective and efficient at delivering healthcare to the Joint Forces and their Families. We intend to do that and we are working on changing these things to common platforms within the NCR/JOA but also influence the entire MHS enterprise. Let there be no doubt that we got to where we are today (in having separate Air Force, Navy and Army medical systems) because we allowed each "tribe" to go off and solve their own challenges independently. This led to "silo" development in Navy, Army and Air Force Medical Departments, and so we find ourselves unable to smoothly integrate in the 21st Century as we realize we are in a position of depending on one another in common shared multi-market areas. The solutions are found in achieving unity of effort through unity of command and ensuring we have Joint Oversight, Joint Planning and Joint Implementation and Execution. The only way to get to where we need to be is by being receptive to new ideas; maintaining transparency as to the problems we face; continual performance improvement toward higher quality and excellence; and through revolutionary thinking and revolutionary actions --- to change for the better as we move into a new world of military medicine --- Joint --- One Team.

These are exciting times. Thanks again for all you do for our Service Members and their Families, and our many wonderful veterans, on a daily basis. Continue to share your struggles with us and we will tackle these strategic obstacles one by one. Proud to serve with you and keep us posted on what we can do to help you!

Aim High! Semper Fi! Army Strong! Full Speed Ahead!

Philip Volpe

BG, US Army

Deputy Commander, JTF CapMed

"A TEAM OF TEAMS"

We want your stories and submissions! Send your news, photos, and advance notice of upcoming events to JTF-PAO@med.navy.mil. Also, don't forget to check our web-site periodically for updates: www.JTFCapMed.mil.

This newsletter is produced monthly and distributed via email by JTF CapMed. To be added or removed from the email distribution list, or to make comments, suggestions, or recommendations, please contact Kristi Kelly at JTF-PAO@med.navy.mil. All pictures and stories used with permission. Please visit www.JTFCapMed.mil for more information on BRAC and Integration throughout the National Capital Region.