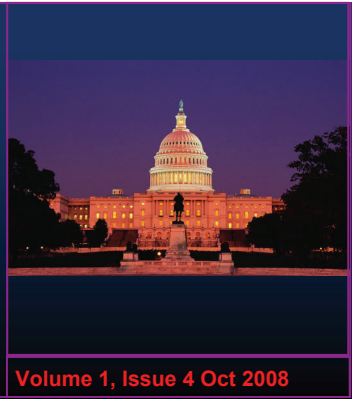




JTF CAPMED

FOC Edition



Volume 1, Issue 4 Oct 2008

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JTF CapMed Senior Leaders Conference

The end of September offered all senior leadership in JTF CapMed's Joint Operating Area (JOA) a chance to network and garner information about ongoing changes and planned advances in the region during a two-day Senior Leaders Conference. For many stationed in remote areas of the region, it was an invaluable opportunity to re-engage and get up to speed on current issues facing both medical and dental missions. During the course of the conference, several similarities were noted in what the MTF and clinic commanders were asking for. For example, many noted that a localized appointment system seemed to be more effective and efficient than a centralized appointment system. Another popular idea presented was the establishment of a Regional Resource Pool of medical professionals who could be used to augment staffs on a temporary, as-needed basis. But by far, the battle-cry of this conference's participants was the immediate need for an-across-the-board set of standards and procedures. Others found the networking opportunities and the first-hand information to be one of the most important aspects of this conference.

RADM Mateczun, Commander JTF CapMed, viewed the conference as a success in that the ability to engage with the MTF leaders and hear unit concerns and challenges was critical. "Everybody wants to be involved," he noted, "and I think it's helpful for the leaders to come together and see for themselves that we all face similar challenges in what we are trying to accomplish."

(Continued on next page)

From the Helm (Cont)

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JTF CapMed Senior Leaders Conference

One of the most frequently expressed concerns to come out of this conference was the need for unified guidance. BG Volpe, Deputy Commander of JTF CapMed, addressed this by saying, “This is an iterative process. We do not have a unified medical command and never have, so no mechanism to function as unified currently exists. The most important thing we can do is to maintain transparency and visibility, and ensure that policies, etc. are coordinated through the components and the Offices of the Surgeons General.” He added, “By working together, conflicting guidance will not be issued. Now there is a mechanism in place to discover best policies and best practices across the services, and to come to common terminology and common positions within a joint organization. But we can’t accomplish anything without that emphasis on transparency and visibility.”



Noteworthy News

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FOC! (Fully Operational Capable)

On September 30, 2008, in a ceremony attended by over 100 guests, Commander JTF CapMed, Rear Admiral John Mateczun, declared his command fully operational capable. Established by Deputy Secretary of Defense, Gordon England's Memorandum of 12 September 2007, JTF CapMed is the military's first medical Standing Joint Task Force. The missions assigned to the JTF for the National Capital Region include; ensuring the effective delivery of world-class healthcare and oversight of the BRAC consolidation and realignment of military healthcare.



As part of the ceremony, RADM Mateczun received fully operational capable status reports from his Component Commanders, Army Major General Carla Hawley-Bowland, Air Force Major General Gar Graham and Navy Rear Admiral Matthew Nathan and JTF CapMed Chief of Staff, Air Force Colonel Scott Wardell. Upon positive reports from his Commanders and Chief of Staff, RADM Mateczun declared JTF CapMed fully operational capable and Command Master Chief Robert Elliott unfurled and delivered the unit colors to the Commander. RADM Mateczun in turn passed the unit colors to a flag bearer who then joined in place the Joint Color Guard symbolizing JTF CapMed's assumption of fully operational capable authority.



The unit color unfurling tradition dates back to the 18th century. At that time, organizational flags were developed with color arrangements and symbols unique to each particular unit. To this flag and its commander, the soldiers of the unit would dedicate their loyalty and trust. When a change of command was to take place, the flag was passed to the individual assuming command. This gesture was accomplished in front of the unit so that all could see and witness their leader assuming their dutiful position. Who held the flag also held the soldier's allegiance. This tradition was adopted by the American military by the Continental Army under General George Washington and has endured for more than 230 years.



In his remarks, RADM Mateczun focused on JTF CapMed's duty and commitment to ensuring that warriors and their families are provided compassionate world class care. He closed his remarks by saying, "This mission began the day the charter was signed. Not only is the establishment of this medical Joint Task Force historical in nature, but the significance of our mission will change the face of military healthcare in the National Capital Region forever. We cannot fail, we must not fail, and we will not fail."

Noteworthy News



FIRE DEPARTMENT
9 MetroTech Center BROOKLYN, N.Y. 11201-3827

SALVATORE J. CASSANO
Chief of Department
Office of the Chief of Department

Room 8W-1

August 26, 2008

J.M. Mateczun
Rear Admiral, United States Navy
Commander
Joint Task Force National Capital Region Medical
8901 Wisconsin Avenue
Bethesda, MD, 20889

Dear Commander Mateczun:

On behalf of the New York City Fire Department, I am honored to approve your request for steel from the World Trade Center so that it may be included in the foundation of the Walter Reed National Military Medical Center to remember the heroes of the Global War on Terrorism.

This steel is given with the hope that it will serve as a reminder of those who gave their all on the tragic day of September 11, 2001 and it is with pride that it will be going into the foundation of a Center that supports the men and women who fight for our great Country.

Sincerely,

Salvatore J. Cassano
Chief of Department

“On behalf of the New York City Fire Department, I am honored to approve your request for steel from the World Trade Center so that it may be included in the foundation of the Walter Reed National Military Medical Center to remember the heroes of the Global War on Terrorism.

This steel is given with the hope that it will serve as a reminder of those who gave their all on the tragic day of September 11, 2001 and it is with pride that it will be going into the foundation of a Center that supports the men and women who fight for our great Country....”



J-5 Director CAPT Vince Musashe and SGM Jerry Vignon travel to NY to pick up a piece of steel from the World Trade Center. The Steel, along with Steel and Stone from the Pentagon and Afghanistan and Iraq, will all be placed in the new facility's dedication cornerstone.

Pandemic Flu

Tabletop Exercise

A Pandemic Table Top Exercise took place on 13 August 2008. The purpose of this exercise was to identify the roles and responsibilities of JTF CapMed in the event of a pandemic flu, and to review what to expect from a pandemic flu, i.e.; what plans should be made for a pandemic flu, who are the required partners (military and interagency) and what are the medical, logistical and personnel implications of a pandemic outbreak? Present at the tabletop was USNORTHCOM Surgeon General, CAPT James Terbush and his staff via VTC as well as the JTF CapMed Commander, J-Code Directors and their key staff. Six phases of synchronization for DoD planning were discussed. These phases are shape, prevent, contain, interdict, stabilize and recover. Discussions on what constitutes critical infrastructure occurred as well as the need to define Commander's Critical Information Requirements (CCIRs) which directly impact decision making process and execution.



WRAMC Nursing Integration Conference



Nursing integration focus of conference

By Craig Coleman

Stripe Assistant Editor

As Walter Reed Army Medical Center (WRAMC) and National Naval Medical Center (NNMC) in Bethesda, Md., continue integrating departments and services, nursing strategic planning remains at the forefront in this process.

Army, Navy and Air Force nurses listened to Army and Navy nursing leaders outline the future of nursing at the Walter Reed National Military Medical Center (WRNMMC) at Bethesda, scheduled to open in 2011,

during a meeting Sept. 17 at Walter Reed.

The current Walter Reed campus will close due to Base Realignment and Closure (BRAC) the day WRNMMC opens, but quality of care at WRAMC will be maintained at today's levels until closing of the D.C. facilities. Staffing at WRNMMC, including the nursing department, will be integrated between the services.

The meeting, the second of a planned series hosted alternately by NNMC and WRAMC, provided an overview of services at Walter Reed, brought nursing counterparts from different facilities together, and began the mission analysis process, according to Col. Susan Annicelli, deputy commander for Nursing and Health Services.

Maj. Gen. Patricia D. Horoho, chief of the Army Nurse Corps, said the actions of the nursing community in the National Capital Region will shape how health care is provided at the joint medical center in Bethesda and the hospital under construction at Fort Belvoir, Va., for years to come. "What you are doing is something very unique in military health care," Horoho told the nurses gathered in Vorder Bruegge Auditorium. "You are designing what the nursing profession will look like, how it will perform, and the way patient care will be delivered, both at the new Walter Reed as well as the [Fort] Belvoir facility."

Horoho said nurses of all services should consider their missions. "We aren't moving toward a 'purple suit,' Horoho said, referring to a blending of the services. "We're moving toward a joint facility with a joint mission. That is truly taking the very best of our services and defining how the nursing profession needs to be aligned."

(Continued on next page)

Nursing Conference Continued

The BRAC decision has focused the eyes of the nation on the medical care in the National Capital Region, according to Horoho, “Because each of our institutions has a long history of serving our Warriors and their Family members, and all those who support them and are entrusted to our care. They are going to look to you to define how nursing care should be delivered in the future. What will these two facilities look like?”

Capt. Kathleen Pierce, Navy Nurse Corps deputy director, said while much of the attention paid to the new health care facilities in Bethesda and Fort Belvoir focuses on the buildings, the key is the people staffing those facilities. “You know the magic that happens in any organization is the people,” Pierce said. “The magic is what nurses do every day.”

“This [medical center integration] is about how we bridge between world class science, research and care to the patient. The answer is in this room; it’s nursing.”

Pierce called on military nurses at Bethesda and Walter Reed to communicate across facilities and services and hailed the nurses’ leadership ability as crucial to the transition. “The world is watching, but I say, ‘Bring ‘em on,’” Pierce said. “Because we have the best of both (services) in this room and represented in our facilities. You are the principal advocate for that patient and that family. If we, as nurses, kept the patient and the family in the center and take out the parochial aspects of the corps we’re in, what services we represent, then we’ll get it right.”

Annicelli said a major point of the meeting was for key personnel of the different facilities to meet. “We wanted to give an opportunity to sit with our colleagues with whom we’re going to be merging and look at how tasks are organized, what our scope of responsibility in the department of nursing is here.”

Nurses of the two facilities analyzed site-specific mission. “We’ve started putting all the different missions we have on the table,” Annicelli said. “We have a whole host of things in our mission that they don’t have, and vice-a-versa. Identification of the site-specific factors will go into a gap analysis. Once we have that, we’ll know who’s doing what that the others may not be and those are things we’ll have to roll together once we do this merger.”

The vehicle for integration of organizations is meeting the standards of the American Nurses Association’s Magnet Recognition Program. The Magnet Program is the highest national recognition for excellent nursing practice in hospitals. It stresses quality patient care, nursing excellence, and innovations in professional nursing practice. The program provides a benchmark to measure the quality of patient care esteemed both by nurses and physicians.

“It really defines excellence in clinical practice, research and education,” Annicelli explained.

Annicelli said many policies and practices will be replicated at both facilities. “If a person was working at National Navy you would be looking at the same forms, the same processes, the same procedures, so that when there is the merger, what will change is the location where somebody is working, not the way they do business.”

Noteworthy News

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JTF GAPMED Rewards Stellar Performers



Air Force Lieutenant Colonel Richard Roessler, Navy Commander James Hosack, and Air Force Major Raymond Nudo were recognized in an August 11 ceremony, where each was awarded the Meritorious Service Medal. Well done!



Army Major Michael Socher receives a pat on the back from RADM Mateczun, JTF CapMed Commander, just prior to being presented with The Joint Service Commendation Medal. Dr. Socher distinguished himself by exceptional meritorious service as a Clinical Medical Operations Officer and one of the JTF CapMed plank owners.



CAPT Martha Girz is sworn in during her promotion ceremony from Commander to Captain in a Sept 2nd ceremony held at the NNMC Rotunda. CAPT Girz is the Assistant Chief of Clinical Operations for the J-3.



Air Force COL Robert Rocco receives the Bronze Star during his promotion ceremony on Sept 29th at USU. COL Rocco is the Chief of WRNMMC Integration for J-5.

Taking Education, Training, and Research Abroad

During early August, Colonel John Murray, J7 – Director of Education, Training & Research for Joint Task Force National Capital Region Medical (JTF CapMed), had the opportunity to travel overseas to Asia as a visiting scholar. During this trip he visited Taiwan, South Korea and China.

While in Taiwan, Colonel Murray presented a series of lectures including U.S. pandemic flu educational programs given at Taipei Medical University, workplace ethics at National Taiwan University, developing healthcare leaders at TriService General Hospital and secondary data analysis of large data sets at I-Shou University. He also spent a day at Taipei's TriService General Hospital providing lectures on survey research methods and offered a half-day workshop on planning an academic medical career.

Disaster response is a key mission priority in Taiwan, South Korea and China as it is in the U.S. Colonel Murray had an opportunity to tour the National Defense Medical University (NDMU) and TriService General Hospital Casualty Care & Disaster Response Educational Center to learn about educational programs currently available in Taiwan to include airway management, resuscitative management, use of inflatable negative pressure isolation chambers, active IV infusion devices, etc. He was also given a tour of the containment facility used to isolate and treat *Severe Acute Respiratory Syndrome (SARS)* patients.

With the devastating natural disasters in Asia this year, such as the earthquake in Sichuan Province in China, typhoon in Manila and cyclone in Myanmar, the focus of the 6th Annual Asia-Pacific World Conference was on disaster preparedness. Colonel Murray was invited as the keynote speaker and gave a presentation on "Compassion Fatigue and Disaster Response" as well as two other plenary sessions on the topics of "Understanding the Effects of Disaster on Children: a Developmental– Ecological Approach to Scientific Inquiry" as well as "Addressing the Psychosocial Needs of Children Following Disasters."

Colonel Murray currently serves as the Research Consultant to the International Council of Nurses and is past consultant to the Air Force Surgeon General for Research (2004 – 2007), past member of the National Institute of Nursing Research National Advisory Council for Nursing Research (2004 – 2008) and former member of the TriService Nursing Research Program (2003 – 2008). He has published articles on the effects of disasters on children and is the recipient of numerous national and international awards for his work in this area.



Dr. Murray speaks with Dr. Lei-Yang, Director of the Combat & Disaster Casualty Care Training Center TriService General Hospital, Taipei, Taiwan

(NDMU Photo)



Colonel Murray speaks to attendees at 6th Annual Asia-Pacific World Conference

(Asia-Pacific World Conference Photo)

NNMC Change of Command



Portsmouth commander takes reigns of Bethesda's medical center

Compiled by National Naval Medical Center Public Affairs Office

Rear Adm. Matthew Nathan, Naval Medical Center Portsmouth commander, took command of the National Naval Medical Center on August 25th at the hospital.

Outgoing commander Rear Adm. Richard Jeffries returns to his former position as the Medical Officer of the Marine Corps.

Nathan received his bachelors from Georgia Tech in 1977 and attended The Medical College of Georgia on a Naval Health Professions Scholarship receiving his M.D. in 1981. He served as an internal medicine specialist at Naval Hospital Guantanamo Bay, Cuba, followed by a tour at Naval Hospital, Groton, Conn., in 1985, as a practicing internist and leader of the Medical Mobilization Amphibious Readiness Team. In 1987, he transferred to Naval Medical Center San Diego as head, Division of Internal Medicine.

In 1990, he went to Naval Hospital Beaufort, S.C., as acting department head and later transferred to Naval Clinics Command, London, UK, with directorate, credentialing and quality assurance responsibilities.

Later, he went on to serve as the fleet surgeon to the commander, U.S. Seventh Fleet, aboard the flagship USS Blue Ridge (LCC 19), home ported in Yoko-suka, Japan.

In 2001, he was assigned as deputy commander of Naval Medical Center Portsmouth, followed by a command tour at Naval Hospital Pensacola, Fla. In June 2006, Nathan assumed the duties as fleet surgeon to the Commander, U.S. Fleet Forces Command.



Pentagon Memorial Dedication Support



Story by LTC Paul H. Duray, Jr., FACHE

Chief, J3 (Current Ops)

JTF CapMed continues to strengthen its role within the NCR. Prior to the Pentagon 9-11 Memorial Dedication Ceremony, JTF CapMed worked closely with JFHQ/JTF-NCR to coordinate joint medical Advanced Trauma Life Support (ATLS) and evacuation teams for the ceremony and integrate their capabilities with other support elements. Throughout the ceremony, JTF CapMed served in the JTF-NCR Joint Operations Center (JOC) to maintain constant situational awareness while personnel from 79th Medical Wing, Navy Medicine National Capital Area, and North Atlantic Regional Medical Command stood prepared to deploy in the event of a consequence management incident. Although the ceremony concluded successfully without incident, important lessons were learned, particularly in the area of joint communications. These lessons will enable JTF CapMed and the service component regional medical commands to strengthen their operating procedures and improve the overall quality of health service support to the National Capital Region on future missions.

JTF CapMed Professional Development Series



J-7 Director, COL John Murray, produces a monthly series of Professional Developments lectures aimed at informing and provoking discussion. Since time is at such a premium at JTF CapMed, not to mention meeting space, lunches are usually part of the agenda. Multi-tasking is key here!

Past topics have included:

Movie — “Fighting for Life”

White House Medical Unit

Creating Ethical Environments

Team Building

Medical Forces in Today’s Reality

Compassion Fatigue and Disaster Response



Future topics include:

Psychological First Aid

Biomedical Ethics

Medical Diplomacy in a Joint Environment.



Future Staff Rides being planned:

The Aeromedical Staging Facility at Andrews AFB

The Defense Threat Reduction Agency at Ft Belvoir

USNS Comfort



Commanders' Coin Toss Ceremony



September 19th marked yet another milestone for the construction progress on the new Walter Reed National Military Medical Center in Bethesda, MD. As foundation pouring began, RADM Nathan (NMNCA), Major General Hawley-Bowland (NARMC), Major General Graham (79th MDW), Dr. Casscells (ASD/HA), RADM Mateczun (CJTF), Dr Rice (USUHS), and CAPT Stader (NAVFAC) participated in a Commander's Coin Toss ceremony, forever cementing the commitment of their commands to the future of military health care in the National Capital Region.



Upcoming CMAX Exercise

In preparation for the October 30th Collaborative Multi-Agency Exercise 2008 (CMAX-08), the National Naval Medical Center Office of Emergency Management set up their Mobile Field Hospital for staff tours and orientation training. This 16 bed multi-purpose facility is primarily designed for Medical Surgical and/or Intensive Care “surge overflow.” However, it can also be used for initial casualty receipt, treatment and stabilization. Over 80 volunteers have been enlisted for the Command-wide exercise — some as “disaster victims” and others as evaluators. The annual event tests emergency preparedness and readiness capabilities on a regional scale, and involves both civilian and military assets.



From the Deputy's Desk

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To the “One-Team” Team;

Greetings! 30 September 2008 has passed --- and not only are we in a new fiscal year (FY09), but the JTF is also at FOC (Full Operational Capability). It's been a wild year since the inception and birth of the JTF HQ. The reorganization of command and control relationships in the NCR has been key to reaching FOC. Many wonderful individuals from all three Services have greatly contributed to making progress and we are very appreciative. The bringing together of stakeholders and parties to build trust, consensus and the processes to integrate healthcare in the future has

been challenging and painful, but we are much further along today than we were a year ago. While there is still much work to do to break down the unnecessary inefficiencies of separate healthcare systems in Air Force, Navy and Army medicine, I remain hopeful and optimistic that we will INTEGRATE healthcare to function as a true Military Health System (MHS) --- rather than the fake one we have today. Certainly, the best is yet to come! The future is bright! We in the NCR will have the lead in stimulating enterprise-wide change in military healthcare --- and it is exciting to be a part of it.

While BRAC execution is progressing along with ongoing construction projects at Bethesda Naval Base and Ft Belvoir Army Installation (as we create the first 2 joint military hospitals) there are other construction projects and renovation projects to replace and upgrade facilities at Andrews AFB, and many of our clinics throughout the NCR. Besides facilities, we are currently working on a creating a joint, regional, acquisition and outfitting strategy to ensure we have state-of-the-art equipment that is standardized to the maximum extent possible across the Joint Operating Area. Soon we will have decisions on the type of manning document and civilian personnel system we will utilize, as well as other key strategic decisions. In FY09 we will closely track and study component and facility budget allocations and execution in order to make informed decisions next year, so that we can shift the flow of Operating and Maintenance (O&M) dollars from the Services to and through the JTF HQ in the future --- eventually creating a new joint accounting system.

Recently, we held a JTF CapMed Senior Leaders Conference and both Admiral Mateczun and Command Master Chief Elliott had an opportunity to share information with officer, enlisted and civilian leaders of all 37 MTFs. The conference was very productive, and besides the constructive nature of problem solving and discussing issues, we learned 3 “big” strategic lessons:

(Continued on next page)

From the Deputy's Desk (Cont)

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First; WE are on target, on track and headed in the right direction. Second; WE need to better influence enterprise-wide changes at higher levels than the JTF if we are to solve the obstacles to integrating healthcare. Third; WE need to do a better job of reaching out, communicating and exchanging information with all our MTFs in order to unite the team, get everyone on-board with what is happening, and empower everyone to talk-the-talk and walk-the-walk with respect to the way ahead in standardizing processes, procedures and systems necessary to integrate healthcare properly.

You have spoken and we have heard what you told us... And that is, “The nonsense of nonintegrated, poorly synchronized, and completely separate Service medical systems is at the core of our inability to properly support our clinicians and hospitals/clinics with the tools and systems they need to effectively and efficiently deliver health-care.” We got it! Thanks for making this clear to our senior leaders and to all of us at your JTF headquarters.

Finally; Thanks for what you do everyday to take care of our Soldiers, Sailors, Airmen, Marines, their Families, and our Veterans on a daily basis. Thanks for all your support on helping us solve problems and charting the course ahead. Please be safe, balance your life and continue to serve with the honor, selflessness and integrity. Proud to serve with you.

Sincerely,

Phil Volpe

“The Deputy”

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.

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