

LEADERSHIP



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Enlisted Leader



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275
days to a new era in
Military Regional
Healthcare

DECEMBER 2010

TRICARE Beneficiaries Receive Letters

Louise Cooper,
Public Affairs Officer

About 38,000 TRICARE Prime enrollees and TRICARE Plus beneficiaries at Walter Reed Army Medical Center (WRAMC) in Washington, D.C. and the National Naval Medical Center (NNMC) Bethesda, Md., received letters this month informing them of their projected enrollment site where they will receive primary care after Sept, 15, 2011.

The 2005 Base Realignment and Closure (BRAC) Commission consolidated the inpatient services of four Military Treatment Facilities (MTFs) into two by establishing the Walter Reed National Military Medical Center (WRNMMC) on the NNMC campus in Bethesda, Md., and the Fort Belvoir Community Hospital (FBCH) on Fort

Belvoir, Va. It also relocated existing functions at the Walter Reed Army Medical Center in Washington, District of Columbia, to those two facilities and established the Malcolm Grow Medical Center at Andrews Air Force Base as an ambulatory surgical center.

Every effort will be made to accommodate patient preference for Primary Care Manager (PCM) and Military Treatment Facility selection. The letters included a return reply, postage paid postcard asking recipients to respond to the projected primary care site. Each patient has 60 days to respond. Regardless of where beneficiaries receive their primary care, they will be able to receive specialty care at WRNMMC

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A Review of JTF CapMed's Goals and Priorities: The Way Ahead for World-Class Health Care

Ann Brandstadter, J1,
Managing Editor,
Electronic Media

As the name implies, the Joint Task Force National Capital Region Medical is comprised of military medical professionals from the Army, Navy and Air Force, as well as dedicated civilian employees. The mission of JTF CapMed is to deliver world class health care to the nation's service members, their families, and military retirees. And currently, JTF CapMed is in the process of trademarking its motto: Where the Nation Heals its HeroesSM.

But what does this really mean? How does one measure world-class health care? Here is a review of JTF's priorities, which will give better insight on the goals JTF is working toward.

Delivering World-Class Health Care:

JTF CapMed will provide world class health care through an integrated delivery system that features cutting edge technology, modern facilities, and a team of dedicated providers in order to build and maintain the confidence of its beneficiary population.

Advancing Medicine:

JTF CapMed aims to strengthen its reputation as leaders in medicine by ensuring that the JTF is the health system of record for research, innovation, education, and clinical care. JTF is also creating partnerships with industry leaders and top-ranking academic medical centers to help further its mission as providers of advanced medicine.

Fostering a Culture of Service:

One of the many aspects of a Culture of Service is, for example, JTF CapMed engaging service organizations that support patients and the healing mission in the NCR. It is building a supportive community among staff, beneficiaries, and families in the NCR, while promoting a service to the nation and to the profession.

JTF CapMed will continue to stand on its core message – that it is fully committed to bringing the nation's service members and their families the highest quality of healthcare.



COMMAND SENIOR ENLISTED LEADER'S PERSPECTIVE

The Holidays are here! What does that mean to you?

CSM Donna Brock

This is the time of year when we all give thanks and show our appreciation for all that is done throughout the year. It is a time for celebrations, a time for cheer, and a time for reflection on all the wonderful things that we have to be thankful for. Whether you celebrate Christmas, Hanukkah, Kwanzaa or another wonderful tradition, this time of year always seems so special.

It's very easy to get 'so' wrapped up in the hustle and bustle of the day, whether it's work, school, volunteer efforts, training, cooking, cleaning, raking the yard, helping out with the very unfortunate I could go on and on about the many tasks and various things we pull off day to day. BUT – we must take some time to reflect on the things that are most important – Family, Friends, and Love.

Our families are the backbone of our existence. We care for our families. We embrace our children who are growing up oh so fast. We help our partners to make a happy home. That is life at its finest!

Our friends are extremely important to us. We

need people outside of our families to befriend. We enjoy the commonalities that bring us together to socialize. We share our joys...and our pains... Be thankful for those who are in your corner!



Do you believe that the magic of the season is celebrated all year round? I do, because we do so many special things throughout the year. We take care of our beneficiaries which includes our Wounded Warriors in an exemplary manner! We care about each other and show that we care each and every day we meet. We watch over each other and those who can't watch over themselves. We volunteer to take care of tasks and missions as part of a team. We work as

one and in the 'joint' services environment we are creating, we are making it happen!

I want to wish each and every person who reads this column and shares with others a very Merry Christmas, Happy Hanukkah, Happy Kwanzaa, and have a very Happy Holiday season! See you in the New Year '2011'!!!!



December is Global Health Engagement Month

The Department of Defense's global health engagement efforts not only strive to keep service members and their families safe from disease, but play an important role in world health. By caring for the global village, the MHS helps to win hearts and minds in theatres of operation while building bridges to peace through the outcome of humanitarian activities and charitable aid, helping to secure a safer world for everyone.

An important part of the DoD's role in global health engagement is the work being done to prevent, treat and one day cure HIV/AIDS. As the

world recognized and honored the victims of HIV/AIDS on World Aids Day, Dec. 1st, the Dodd continues to work with its partner organizations to prevent, treat and one day cure HIV/AIDS. The [U.S. Military HIV Research Program](#) and [Department of Defense HIV/AIDS Prevention Program](#) help to protect, treat and educate both military and civilian populations worldwide. These programs play a major role in the DoD's efforts to build a healthier world.

This information was provided by the MHS website at health.mil.



New Pharmacy Integrated Chief Takes Over

A new integrated pharmacy chief was appointed to the National Naval Medical Center (NNMC) recently to ensure a smooth integration between the pharmacies at Walter Reed Army Medical Center (WRAMC) and the NNMC. As the new integrated pharmacy chief, Cmdr. Gary West plans to continue ensuring the needs of patients and staff members are met.

"The pharmacy's goal is to provide the best services possible, taking into account patient safety, cost and patient satisfaction while meeting the command's mission and goals," said West. West, who reported to NNMC in late September replaced Cmdr. Thinh Ha. Ha will continue to lead NNMC's pharmacy and staff as the service chief.

No stranger to Bethesda, West was stationed at the hospital from 2001 to 2005 as a pharmacy resident. He has also served as the pharmacy division officer onboard the USNS Comfort during Operation Iraqi Freedom in 2003.

As the patient population grows with integration, the pharmacy's capabilities will need to expand. West is focused on preparing for the opening of the first new pharmacy location, which is scheduled to open in a month in the new outpatient building, building A, soon to be known as the America building/19A. "When the dust finally clears after the consolidation [between NNMC and WRAMC], there will be two outpatient phar-

macies in buildings A and 9," he said. **Cat DeBinder, National Naval Medical Center Public Affairs**

There will also be two inpatient pharmacies in the inpatient building, building B, soon to be known as building 9A / the Arrow Zone. Additionally, there will be a pharmacy in Hematology/Oncology. The pharmacy currently located in Building 9 will continue servicing patients as well. West added that the pharmacies at NNMC and WRAMC each have their own service chief responsible for daily activities.

West will ensure integrated staffing requirements are met, and develop multi-service teams to consolidate and standardize policies and procedures.

West realizes he couldn't do it without the support of the pharmacy staff and guidance from senior leadership, including Col. John Spain who once held the position as integrated pharmacy chief and who is currently deputy commander for Clinical Support. "West quickly grasped the complexities of integration and has taken the lead in orchestrating key departmental actions to assist the transition efforts, including the timely and successful opening of the America building's pharmacy," said Spain.

At no point will patient service be disrupted or diminished — the NNMC integrated pharmacy will continue to offer all the services they have always offered.

Letters

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Region will continue to be available after September 2011.

As with current PCM notifications, the PCM/location change letter will be distributed within 90 days of the effective date and be sent by the TRICARE managed care support contractor, Health Net Federal Services.

TRICARE Prime enrollees are guaranteed certain access standards for healthcare. For example, travel time may not exceed 30 minutes between a residence and a primary care delivery site, unless a longer time is necessary due to the absence of providers in the area. For more information visit the TRICARE website at: www.tricare.mil/

and at FBCH. All specialty care currently available within the National Capital

mybenefit/home or call 1-877-TRICARE (1-877-874-2273). Trained, professional staffers are available to answer your questions.

Joint Task Force National Capital Region Medical (JTF CapMed) was charged with leading the way for the effective and efficient consolidation and realignment of military healthcare in the National Capital Region. The 2005 Base Realignment and Closure (BRAC) Commission recommendations constituted the largest realignment and transformation in the history of the Military Health System. [For more information, check the JTF Cap-Med: www.jtfcapmed.mil](http://www.jtfcapmed.mil), Frequently Asked Questions.



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<https://nncmcintra/SiteDirectory/Facilities/commuter/default.aspx>





Battlefield Acupuncture

Melanie Moore, PAO, 79
MDW/PA, Joint Base Andrews



The needles that Dr. Niemtzw uses for Battlefield acupuncture look like tiny gold earrings and can stay in the ear for several days or longer.

Richard C. Niemtzw, M.D., Ph.D., M.P.H., is a retired Air Force colonel and the first full-time physician acupuncturist in the Armed Forces.

He established the medical acupuncture clinic at Andrews Air Force Base; delivers medical acupuncture to service members at Andrews, the Pentagon, White House, National Naval Medical Center, and Walter Reed Army Medical Center; and is the consultant on *Complementary and Alternative Medicine (CAM)* to the Air Force Surgeon General.

Dr. Niemtzw may be best known as the developer of "battlefield acupuncture." He originally conceived this technique as a way to deliver pain relief through acupuncture as quickly and efficiently as possible in combat and other military situations. It is growing in popularity in both military and civilian medical settings internationally. Dr. Niemtzw has taught it to many clinicians, including in Europe and Asia.

Battlefield acupuncture is a type of ear (auricular) acupuncture—needling is done to the external part of the ear. The concept that the ear has a connection to all parts of the body dates back to the origins of traditional French, German, and Chinese medicine, according to Dr. Niemtzw. His technique is unique, he says, in that it employs acupoints known to influence the processing of pain in the central nervous system.

The needles that Dr. Niemtzw uses most look like tiny gold earrings and can stay in the ear for up to several days or longer. After each application, the patient walks around for about 2 minutes to determine whether effects on pain are occurring and whether further applications are needed.

Relief occurs, Dr. Niemtzw says, in 80 to 90 percent of cases; typically is immediate; and may last from minutes to months, depending on the length of stimulation and the patient's pathology. He reports that he has seen his technique work for all types of pain—including that of fibromyalgia, complex regional pain syndrome, headaches, and arthritis—and in many patients who did not respond to Western pain medicines.

Asked how and why his technique has these effects, he responded, "We really don't know yet.... It could be that the needles interfere with pain pathways in the central nervous system, including

the brain, in areas such as the thalamus, hypothalamus, and cingulate gyrus. While battlefield acupuncture doesn't work for everyone," he added, "it has brought many wonderful results, including in people who have suffered for many years. This gratifies me every day."

Dr. Niemtzw also uses other techniques to stimulate acupoints, including laser and electrical devices and the traditional longer acupuncture needles. In addition to battlefield acupuncture, he is also known for developing an acupuncture technique for oncology patients who suffer from dry mouth post chemotherapy or radiation therapy. His other research interests include acupuncture for low-vision conditions.

"People in the military, like the general public, are attracted to *Complementary and Alternative Medicine*. Some believe in it, some don't," he responded. "I think there's a growing demand [in the military] for therapies that do not involve chronic use of medication, but we also have to be very careful what we offer our patients. Decisions about treatment should be based on evidence from the customary research we are able to do to determine whether it is of value, not on emotion or because something sounds or appears good."



Dr. Niemtzw is known as the developer of "battlefield acupuncture." He conceived this technique as a way to deliver pain relief through acupuncture as quickly and efficiently as possible in combat and other military situations.

Among future directions in *Complementary and Alternative Medicine* pain relief that interest him are intravenous laser acupuncture—irradiating the blood with a laser, an approach currently available in Europe but not in the United States—and use of nanotechnology approaches, such as inserting small needles with built-in electrical stimulators. In his work on NCCAM's National Advisory Council, Dr. Niemtzw is particularly interested in issues related to the use of

(Continued on page 8)

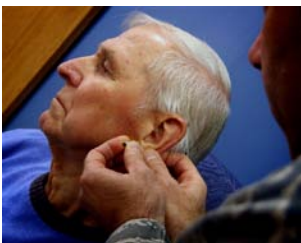


Photo by Cheryl Pellerin

John F. Bilsky Sr. receives acupuncture for pain from a military doctor during a workshop at the Air Force Acupuncture Center at Joint Base Andrews in Maryland, Dec. 9, 2010. The purpose of the class was to teach battlefield acupuncture to military physicians from Walter Reed Army Medical Center.



New Treatment for Service Members with Combat Related PTSD

Benjamin Newell, AFDW PA

Malcolm Grow Medical Center trained a handful of mental health specialists on the use of the latest Virtual Reality technology. This technology, designed to replicate war-zones in Iraq and Afghanistan is no game. It's designed to treat wounded warriors returning from the frontline to overcome the symptoms of Post Traumatic Stress Disorder. 1st. Lieutenant La'Toya Artis jumped at the chance to participate in the training sessions. As a licensed social worker, she often comes across cases of PTSD which require the type of re-immersion in the very environment which caused the disorder. The therapy is thought to help inoculate the mind from associating every day events with those which shock the senses in battle.



Dr. Rowan adjusts headset for virtual reality treatment.

Lieutenant Artis is now one of the few trained clinicians in the entire National Capital Region who can provide Virtual Reality Exposure (VRE) treatment for service members with combat related PTSD not in a clinical research study. "When I heard about this option, I jumped on board," said Lieutenant Artis. "It's just really good stuff and one more tool we can use to help service members."

PTSD symptoms are learned reactions to life threatening situations that servicemen carry over into their everyday lives. "In battle, PTSD is a survival technique," said Lt. Col. (Dr.) Timothy Lacy, Chief of Tele-Health for the Air Force Medical Service. "However, those reactions aren't of much use when you're driving on the beltway" or in everyday situations. The treatment teaches service members to overcome the fear, hyper-awareness and jumpy state learned while in battle but which is no longer necessary upon return home.

MGMC is one of eight treatment facilities in the country to offer VRE to service members with

PTSD. Virtual reality is used to further enhance exposure based treatments, which already have the strongest research support. Exposure techniques involve working through traumatic events with trained mental health providers in a therapeutic manner. Treatment usually lasts eight to 12 weeks.

Personnel with PTSD avoid anything that reminds them of the incident. Avoidance has been identified as one of the mechanisms which maintains or interferes with the natural recovery of combat related stress symptoms. Exposure treatments slowly get service members used to confronting traumatic events in a controlled manner and teaches them how to overcome the hyper-awareness that can result from combat experiences. The Virtual Reality aspect of treatment is a relatively new innovation, allowing for more realistic exposure to traumatic events such as patrolling a neighborhood in Iraq or convoying in a Humvee in Afghanistan.



Virtual reality is used to further enhance exposure based treatments, which already have the strongest research support.

"This is basically an extension of an established treatment," said Lt. Col. (Dr.) Anderson Rowan, Director of the psychology residency program at Malcolm Grow Medical Center. "We get the chance to replicate troops in contact situations more accurately, down to the smell, so that Soldiers, Marines, Airmen and Sailors can learn physically and mentally to not respond with fear and arousal to reminders of the combat experience." Exposing service members to the things that usually trigger intense fear and fight-or-flight reactions in a controlled environments helps their brains to distinguish between what is dangerous and what is simply a reaction learned in combat.

The first patient at Malcolm Grow was exposed to VRE last June. Colonel Rowan expects the

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"WE GET THE CHANCE TO REPLICATE TROOPS IN CONTACT SITUATIONS MORE ACCURATELY, DOWN TO THE SMELL, SO THAT SOLDIERS, MARINES, AIRMEN AND SAILORS CAN LEARN PHYSICALLY AND MENTALLY TO NOT RESPOND WITH FEAR AND AROUSAL TO REMINDERS OF THE COMBAT EXPERIENCE."

— LT. COL. (DR.) ANDERSON ROWAN

CAPMED.MIL

COMING SOON TO A COMPUTER NEAR YOU!



WRTAC WINTER PUBLIC SAFETY INFORMATION BULLETIN:

- **THE ONLY WAY TO BE FULLY PROTECTED IS TO GET THE SEASONAL FLU VACCINE. GET VACCINATED!**
- **AVOID HYPOTHERMIA DURING THE UPCOMING WINTER MONTHS. DRESS IN LAYERS!**
- **THE HOLIDAY IS A TIME OF THE YEAR WHEN WE SEE AN INCREASE IN THE NUMBER OF RESIDENTIAL FIRES. KEEP A HOUSEHOLD FIRE EXTINGUISHER AND HAVE AN ESCAPE PLAN!**

AROUND THE JOA

Walter Reed Participates in Kidney Swap Chain

Surgeons from Walter Reed Army Medical Center (WRAMC) participated in the first-ever transplant involved in a kidney swap chain for a U.S. military treatment facility, Wednesday.

The landmark, living-donor surgery was the last in a series of inter-connected kidney transplant surgeries at hospitals within the National Capital Region that began on Nov. 5 involving Walter Reed and three civilian hospitals: Georgetown University Hospital and Washington Hospital Center, both in Washington, D.C., and Inova Fairfax Hospital in Virginia.

Two Walter Reed patients, more than 24 others at the participating civilian hospitals, along with a host of medical professionals, from surgeons and pharmacists to immunogeneticists and nephrologists, took part in the series of transplants. The Nov. 17 history-making surgery at Walter Reed means greater opportunity for military transplant patients.

“I think this represents a close collaboration with the community, integrating all of the health medical centers, cooperating together for the benefit of our recipients,” said Lt. Col. (Dr.) Edward Falta, chief of the Walter Reed Organ Transplant Service.

Military transplant patients can join both the transplant list at Walter Reed and another at their local civilian hospital. “It’s like two lottery tickets instead of one,” Falta said.

He called the WRAMC Transplant Service the “center of gravity” for patients who may move to another area, or have a permanent change of station but remain on the WRAMC list, regardless.

Wednesday, Falta transplanted a kidney from a donor at Washington Hospital Center into Walter Reed patient Joseph Pinkowski, 46, a retired Marine gunnery sergeant. Earlier the same day, a Walter Reed urologist recovered a kidney from Pinkowski’s wife Yolanda, 48, for transplant in a patient at Georgetown University Hospital.

Diagnosed with renal insufficiency in 1996, Walter Reed doctors placed Pinkowski on a transplant list more than a year ago. As his kidney function continued to decline to less than 13 percent, he

faced dialysis waiting for a donor. *Sharon Renee Taylor, Stripe Staff Writer*

Pinkowski’s options seemed slim when his wife was unable to donate a kidney to him, so the Walter Reed staff went to work to find an alternative — a collaborative effort with civilian hospitals to link transplant patients with compatible living donors at health care facilities within in the National Capital Region. The Alexandria, Va., couple joined more than two dozen patients participating in a complex kidney swap chain.



Photo by Sharon Renee Taylor

Joe Pinkowski and his wife Yolanda discuss life after he was diagnosed with renal insufficiency in 1996. He received a kidney from a civilian hospital donor and doctors recovered a kidney from his wife for a patient at another hospital Wednesday.

In a kidney swap, a transplant patient with a willing donor, unable to share their kidney with the patient because of incompatibility with the immune system, is paired with another incompatible patient-donor pair, swapping donors so each transplant patient can receive a compatible kidney. As the number of participants increase, forming a kidney chain, the greater the opportunity to help more patients.

“The concept of doing kidney paired exchange (KPD), also called a daisy chain, was developed and pioneered at Johns Hopkins Hospital, where they performed one of the first KPD transplants in 2001,” explained Dr. Nancy Dipatuan, living donor coordinator for the Organ Transplant Service at Walter Reid Army Medical Center.

Multi-hospital, transcontinental kidney swaps followed. Georgetown University Hospital orchestrated a 14-pair chain in June. Reports indicate the world’s largest kidney swap involved 16 patients in multiple medical cen-

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Warrior/Family Coordination Cell is 'Eyes and Ears' of MTF Commanders

COL Julia Adams, J3,
Chief, Warrior Transition

The Warrior / Family Coordination Cell (WFCC) is the functional eyes and ears of the MTF Commander on all Wounded Ill and Injured (WII) Warrior issues. It provides the linkage between the hospital, which is responsible for medical care of the WII, and those entities which provide non-medical support to Wounded Ill and Injured Warriors, the installation and the Service WII programs. The WFCC will be organizationally aligned as a special staff reporting directly to the MTF Commander. The WFCC provides a centralized repository of information for all patients and stakeholders, (MTF staff, Army, Navy, Air Force, and Marine Corps Liaisons, NSA Bethesda, and benevolent organizations) to achieve the goal of an optimal healing environment for recovering WII and their Families. The objectives of the WFCC are to leverage efficien-

cies, minimize redundancies, and be a resource for the responsible Services to utilize for their WII.

The WFCC will not duplicate functions that the Service Liaisons perform.

They should be viewed as a tool or "safety net" that can be tapped into by anyone if a question arises and the answer is not known; the WFCC can make the appropriate connection to ensure the right people are helping the WII and their families.

CAPT Constance Evans and LTC Charly Hough are the WFCC Directors for the North (Bethesda) and South (Fort Belvoir) Campuses respectively.

Officials Promote a Fun, Yet Safe Holiday Season

Sarah Fortney, National
Naval Medical Center

Statistics indicate alcohol-related crashes are remarkably higher between Thanksgiving and New Years Eve; therefore, officials are urging individuals to take caution when celebrating this season.

"There are going to be parties, and typically, there's alcohol involved," said Master Chief Petty Officer (AW/SW) Dominick Torchia, Naval Safety Center command master chief.

Torchia added, "Designate a driver . . . use your command's safe ride program and be accountable to yourself and your fellow service members."

"Body size, weight, metabolism and whether the person is a regular drinker or a first-time drinker all have an effect," said Lt. Cmdr. Daniel Daurora, division officer in NNMC Emergency Department. "Gender does not have an effect."

Ultimately, the key to safe alcohol consumption is moderation.

For more information on celebrating safely this season, visit the Naval Safety Center's Web site at www.safetycenter.navy.mil. You can also contact the DAPA office at 301-295-0360.

Kidney

(Continued from page 6)

ters across the United States.

"When you do a single family [to single] family [transplant], you only get two kidney transplants out of that, but when you have a group, you can have it multiple ways and benefit a lot more families," Falta explained. "It becomes more of a mathematical solution."

Walter Reed Army Medical Center is the only U.S. military treatment facility that performs organ transplants, averaging nine kidney transplants a year. More than a hundred patients currently wait on the hospital's transplant list for a kidney. National statistics report more than 87,000 candidates are waiting for a kidney. For some, dialysis is the only option as they wait.

Studies show dialysis is an expensive life-saving procedure shown to decrease a patient's lifespan five to eight years, Falta said. He explained the quality of life difference between a kidney transplant and dialysis.

"God gave you a kidney that works instantaneously," he said. "People are usually exhausted after dialysis." Falta explained that with dialysis, "Your life is more peaks and valleys as opposed to the steady state you get with your natural kidneys."

Prior to the transplant, Falta said Pinkowski took more than 10 different medications each day. Over the course of the next year, the number should reduce significantly.

Although doctors expect to release his wife from the hospital in a few days, Pinkowski will remain at Walter Reed a little longer. Falta said patient education is a very important part of the transplant program at Walter Reed.

Pinkowski and his wife will join other donors and recipients involved in the chain, slated to meet for the first time in-person, at a press conference at Georgetown University Hospital Wednesday.



A WORLD-CLASS REGION, ANCHORED BY A WORLD-CLASS MEDICAL CENTER.



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| J4 (Logistics)..... | 301.295.5103 |
| J5 (Plans)..... | 301.319.8823 |
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Note from the Editor



Our copy deadline is the 5th of the month. Please remove all copy editing symbols before emailing; also if you are providing photos, please provide captions.

Email your submissions to:
louise.cooper@med.navy.mil, 301-412-2557.

Graphic design by Ann Brandstadter;
ann.brandstadter@med.navy.mil, 301-602-5874.

JTF CapMed was established in September of 2007 as a fully functional Standing Joint Task Force reporting directly to the Secretary of Defense through the Deputy Secretary of Defense. The JTF is charged with leading the way for the effective and efficient realignment and enhancement of military healthcare in the NCR.

"A healthcare task force in the NCR capitalizes on the unique multi-Service military healthcare market in the region and provides the DoD with the opportunity to create a system that improves patient care through an integrated delivery system that promises world-class healthcare for beneficiaries. America's Military Health System is a unique partnership of medical educators, researchers, healthcare providers, and their worldwide personnel support."

~VADM Mateczun

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www.jtfcapmed.mil

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PTSD

(Continued from page 5)

VRE treatment to be as successful as it has been throughout the Armed Services. In addition, VRE treatment has shown to be an effective treatment for phobias and PTSD victims of other disasters.

VRE was developed for the Air Force by Virtually Better. The equipment consists of noise cancelling headphones which replicate sounds associated with the combat environment such as calls to prayer, gunshots, explosions and the air support of an A-10 aircraft. A motion detecting head mounted display creates a realistic visual perspective, while bass speakers underneath a raised platform simulate the rumbling of the Humvee and explosions. All of the effort has gone into reproducing life-like scenarios to enhance the effectiveness of exposure treatments.

The Air Force will training five more men-

tal health providers at Malcolm Grow in the near future. Next year, VRE treatment for PTSD will become an elective. Psychology residents under Colonel Rowan's tutelage can study the advanced therapy at Malcolm Grow. The course will give residents one more weapon in the fight to maintain the mental health of the most battle tested service members.

"This really puts us in a new class," said Colonel Rowan. "This treatment is available at MGMC to service members in the National Capital Region." The Air force is currently working with all three branches to treat PTSD patients with this new technology. Malcolm Grow Medical Center was chosen for its proximity to mental health facilities which service all branches.

"One thing to remember is that this is not a game," said Colonel Lacy. The technology may resemble the first-person-shooter video games that many young service

members are familiar with, but it is a very serious technique used to treat a very serious and rapidly spreading problem. "One thing we want to do is get service members in here early, sitting down with our doctors and working through their problems," said Colonel Lacy.

Acupuncture

(Continued from page 4)

CAM in pediatrics and in pregnant women, and in making education on CAM more widely available in medical schools.

Dr. Niemtzwow received his medical degree from the University of Montpellier in France, his Ph.D. in biological sciences from Pacific Western University, and his M.P.H. from the Medical College of Wisconsin. He studied acupuncture at the University of California at Los Angeles Medical School. His medical specialty is radiation oncology, and he is a qualified Flight Surgeon in the Air Force.