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The VOICE

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days to a new era in
Military Regional
Healthcare

MAY 2010

DoD completes its Comprehensive Master Plan to provide World-Class Military Medical Facilities

On April 23, 2010, the Department of Defense completed its Comprehensive Master Plan (CMP) to provide world-class military medical facilities and healthcare services in the National Capital Region (NCR) as recently defined and required in the National Defense Authorization Act (NDAA) for Fiscal Year 2010. Today, the Walter Reed Army Medical Center (WRAMC) and the National Naval Medical Center (NNMC) provide among the best healthcare and recovery services available in the world. These hospitals already achieve many attributes of the new statutory, world-class definition and provide an

exceptional standard of care. When the new Walter Reed National Military Medical Center (WRNMMC), Bethesda and Fort Belvoir Community Hospital (FBCH) open in 2011, they will retain the same degree of excellence and attributes of world-class care provided in the region today and will further enhance areas of care to achieve additional world-class attributes. Plans for FBCH were already found to be that of a world-class medical facility and with the exception of a few attributes, such as full conversion to single patient rooms, the newly established world-class standard will be met at WRNMMC, Bethesda when it opens.

The CMP is a road-map to achieve these additional world-class attributes. It identifies requirements necessary to achieve the new world-class standard at WRNMMC, Bethesda and realigns authorities in the NCR to allow the Joint Task Force National Capital Region Medical to more effectively oversee the WRAMC BRAC transition and operate an integrated regional healthcare delivery system. Most importantly, it provides additional world-class support and recovery services for our nation's wounded, ill, and injured service members and their families.

(Continued on page 3)

How Initial Placement Decisions are Determined

Initial placement decisions stating current workforce position assignments to the new Walter Reed National Military Medical Center and Fort Belvoir Community Hospital will be released to all permanent civilian employees at Walter Reed Army Medical Center (WRAMC), National Naval Medical Center (NNMC), and Dewitt Army Community Hospital (DACH) no later

than mid June 2010.

Workforce Mapping is the methodology used to assign current employees to future positions within the two, new Joint Hospitals. Department managers from WRAMC, NNMC, and DACH collaboratively made initial placement decisions based on the existing workforce, personnel location preferences, the intermediate manpower document, and a series of business rules

developed by the Civilian Human Resource Council (CHRC).

When mapping the current workforce, department managers from each military treatment facility applied principles of the Civilian Business Rules in this established order:

SKILLS MATCH Mapped personnel with the same skills to ensure accomplishment of the regional healthcare mission

(Continued on page 4)



COMMAND SENIOR ENLISTED LEADER'S PERSPECTIVE

Don't Be Afraid To Seek Help

CSM Donna Brock

This month's theme across DoD and MHS pertains to Mental Health. From my foxhole (deck plate/wing), mental health issues have plagued the Armed Forces since the start of the global war on terrorism. During my many years in the military, having a 'mental health' type issue was looked upon in a negative light from the most junior enlisted to the highest officer. Service members commonly felt that we used to stigmatize members who went to see a 'psychiatrist' or 'social worker', or we would tend to shy away from those folks because we were unsure about their 'issues or problems' they were seeking help for.

This small-minded attitude and thinking really placed our service members in an awkward situation and an inability to address challenges and seek help. We inadvertently created a bigger problem. Because of the 'stigma' we placed on service members who admitted they needed help and then rightfully sought help we were all afraid to say anything to our chain of command OR friends. If we had a problem, we would do crazy things to avoid people knowing we had an issue. For instance, many would pay out of pocket to see a civilian doctor in order to keep it a

secret. Money out of pocket, to treat a medical challenge caused by the very work we perform for our country. We were wrongfully made to think that it might, no, it WOULD, ruin our careers if anyone found out about our 'issues'... Well, fortunately, THAT was the past.....

It's totally different today. And it should be. Due to the diligence and perseverance of our forward thinking leadership, we've come to realize that our military community needs to address the problems and issues that we come across our ranks before we cripple the U.S. Forces as a whole. Our Soldiers, Sailors, Airmen, Marines, and Coast Guardsmen have many stressors to manage in service to the Nation. They continue to face multiple deployments, long stretches of absence from our families, wounds whether physical, spiritual, or mental and numerous other challenges that threaten to break our minds, bodies and spirits. Along the way we have re-discovered a few things. We've re-discovered that you 'CAN' come out of a significant emotional event or traumatic experience stronger and with the resilience to move forward in life healthier and happy with the right help and guidance from our medical community.

We have re-discovered that there is no stigma associated with getting the help you need. The stigma rests now with those who don't get help, and those who prevent it. The attention our leaders have placed on ensuring NO negative actions are placed on a member if they seek help and the example some of our highest leaders have made by seeking assistance for themselves have made it clear that we not only owe it to our service members to help each other, but we owe it to ourselves as well.

So, as the Senior Enlisted Leader of the JTF and JOA, I want to encourage each and every one of our soldiers, sailors, airmen, marines, coasties, family members, and civilian staff members, that if you are experiencing issues that are crippling your lifestyle, or hampering your ability to fully function as you normally would--- seek help as soon as possible. Go see someone you feel comfortable talking with and don't be afraid that your chain of command will find out. It's our job as leaders to care for you. It's our job as leaders to ensure the health of the command. It's our job as leaders to ensure no one is criticized or frowned upon because of their bravery. And it's our job to ensure that we are "One Team."





Substance Misuse Symposium Registration

Continuing LTC Rebecca Porter, PhD, ABPP education credits are available for medical professionals attending the May 18 and 19, 2010 Substance Misuse Symposium to be held on the campus of the Uniformed Services University of the Health Sciences, Bethesda, the cosponsor of the event. Behavioral healthcare and primary care providers, pain specialists, nurses, and substance abuse professionals are encouraged to attend.

This two-day conference will continue the ongoing dialogue among policy makers and interested parties regarding substance misuse/abuse in the military. Subject matter experts, policy makers and impacted groups will share their insight into an integrated treatment approach, substance misuse issues arising in theater, and

the stigma surrounding those seeking mental health assistance.

The goal of the conference is to help medical professionals increase their ability to identify, diagnosis, treat, and refer combat veterans and their families when incidents of substance misuse occur.

The conference will act as a catalyst to improve coordination, collaboration, and communication of care and professional education among federal and civilian providers caring for combat veterans and their families within the National Capitol Region Military health System Joint Operations Area treatment facilities.

For more information about the conference, please contact:

<http://healthcare.noblis.org/2010MisuseSymposium>.

781

Dollars (in millions) identified in additional construction and renovation to achieve world-class standards.

“FACTUAL AND TIMELY

INFORMATION SO THE WORKFORCE WILL BE INFORMED

THROUGHOUT THE TRANSITION PROCESS.”

DoD Comprehensive Master Plan Approved *(Continued from page 1)*

Components of the CMP include:

WORLD-CLASS FACILITIES
Identifies \$781M in additional construction and renovation requirements to achieve the new statutory, world-class standard, particularly the transition to single-patient rooms, at WRNMMC, Bethesda. The Department will provide a construction schedule for these requirements by 30 June 2010, as required by the NDAA for FY 2010.

WARRIOR LODGING AND SUPPORT

Provides additional on-base lodging and support services for Wounded Warriors, Non-Medical Attendants (NMAs), and family members at Bethesda and Fort Belvoir. Lodging capacity will expand to exceed that existing in the region today and a new, fully compliant Americans with Disabilities Act design will support warriors and

NMAs in a two-bedroom suite concept. A new dining facility, resident support center and state of the art fitness center will be built at Bethesda to specifically assist the transition of Wounded Warriors to outpatient treatment and activities of daily living.

PATIENT CARE

Enhances patient care through the additional facility capabilities at the new WRNMMC, Bethesda including an extraordinary new outpatient amputee facility, 50 new state-of-the-art ICU rooms, both new and completely renovated world-class operating rooms, and new capabilities not available today. The National Intrepid Center of Excellence for Traumatic Brain Injury will provide evaluation, teaching, and clinical services and DoD’s first Comprehensive Cancer Center will provide integrated cancer care.

ORGANIZATIONAL

AUTHORITIES

Provides operational control of WRAMC, NNNMC, and DeWitt Army Community Hospital to Commander, JTF CapMed to facilitate the transition of WRAMC.

BETHESDA INSTALLATION SUPPORT

Defines the facilities that constitute WRNMMC, Bethesda and the supporting relationship between the Bethesda installation and the new WRNMMC, Bethesda to ensure appropriate mission support.

CIVILIAN PERSONNEL

Meets requirement that all permanent civilians at WRAMC and NNNMC are notified of their work locations at the new WRNMMC, Bethesda and FBCH by 1 July 2010 and assures no loss in pay as a result of the transition.

50

New state-of-the-art ICU rooms being constructed at Bethesda



17 OCT 2008

JTF CAPMED CHRC meets for the first time and begins planning for civilian placements.

9,000

Total Staff at WRNMMC and FBCH at end of BRAC*

www.jtfCapMed.mil

50,000

Beneficiaries currently enrolled at WRAMC and NNMC

30

Minutes between a patient's home and their primary care facility.

88,000

Number of future beneficiary capacity at WRNMMC and FBCH.

* www.jtfcapmed.mil

Placement Decision Process

(Continued from page 1)

GUARANTEED PLACEMENT PROGRAM Mapped permanent employees currently working at WRAMC and designated Dental Command

HOMESTEADING Current permanent employees at NNMC and DACH hired prior to Feb. 1, 2010 were mapped to their current locations (exceptions were made based on employee preference with appropriate skill match)

HIERARCHY OF PLACEMENT Military and permanent civilians were mapped first. Term, temporary, and contractor personnel with appropriate skill match were mapped, subject to final placement decisions of military and permanent civilians, to positions in the new Joint Hospitals.

PERSONNEL TENURE WRAMC employees with longer, current period of employment at WRAMC were

granted higher preference for assignment in the event of insufficient skill match positions at preferred location.

Mapping of the workforce according to the established order ensures a balance of skills when assigning current military and permanent civilian workforce from WRAMC, NNMC, and DACH to the two future Joint Hospitals. Prior to the release of the initial placement decisions, all of the workforce maps will undergo a three-stage review process.

Department Quality Control Review is the first stage of the review process, which is performed by JTF J1 staff and CHRC representatives. Individual department maps are analyzed to confirm adherence to business rules, identify vacant positions and unassigned employees, and evaluate the overall balance of personnel mapped to each of the Joint Hospitals. Secondary Review is an additional quality check of

individual department workforce maps prior to the regional review of all departments collectively.

The last stage, Corporate Review, is conducted by JTF CapMed Leadership, the Enlisted Joint Planning Group, the Deputy Commanders for Integration and Transition, Component Commanders, and the Commander of the JTF CapMed. This remaining stage of the review process will present a finalized regional workforce map which will provide recommendations for active duty stabilization, completion of funding, and civilian initial placement decisions.

Our intent is to provide factual and timely information so the workforce will be informed throughout the transition process. Additional information about the workforce transition process will be provided in newsletters and on our website: <http://www.jtfcapmed.mil>.

Reassignment for some TRICARE Beneficiaries

The LT Eric Polonsky, J3 Ms. Nicole Tayeh Ms. Margaret Reynolds 2005 Base Realignment and Closure (BRAC) mandate stated that all services currently provided at the Walter Reed Army Medical Center, located in Silver Spring, MD., will relocate to the Walter Reed National Military Medical Center at Bethesda (WRNMMC) or the Fort Belvoir Community Hospital (FBCH) no later than Sept. 15, 2011.

The Joint Task Force (JTF) Capital Medical (CapMed) National Capital Region (NCR) is working with TRICARE Management Activity and other external partners to ensure each of our beneficiaries continue to receive the world class healthcare they are currently receiving and expect to continue to receive as DoD opens two modern medical facilities in 2011.

Approximately 50,000 beneficiaries are currently enrolled at

WRAMC and NNMC. Many of these customers may have their primary care reassigned to WRNMMC, or FBCH or possibly to a facility or enrollment site within a 30 minute drive time of the beneficiary's home, according to the TRICARE primary care access standard or to a facility better suited to their primary care needs.

WRNMMC will have the capacity to enroll approximately 41,000 beneficiaries, and



FBCH will enroll approximately 47,000. Beneficiaries within the NCR who may be affected by the primary care reassignment plan will receive initial information on the patient moves from the current facilities to the new and remodeled world class facilities at Bethesda and Fort Belvoir in the summer of 2010.

Beneficiaries currently enrolled at WRAMC and NNMC who might be reassigned for primary care at another enrollment site will receive official notification in Spring 2011. Beneficiaries should receive notification of possible reas-

signment no later than 90 days prior to the clinic and enrollment shifts from the old facilities to the new facilities. The reassignment plan is specific to primary care services and does not necessarily change where beneficiaries receive their specialty care.

JTF CapMed and TRICARE greatly appreciate the patience of each of our beneficiaries as we work diligently through the process of closing WRAMC, a proud and honorable institution providing world class health care for our beneficiaries since 1909 and the continuation of that wonderful,

selfless service through the opening of a new world class Walter Reed National Military Medical Center on the Bethesda campus.

It is the legacy of Major Walter Reed that defines military health care. It is the commitment of DoD to continue to provide that same innovation and quality in care envisioned by Major Reed as we move forward in establishing a truly integrated delivery system and the best care in the world for our wounded, ill, and injured.

JTF CapMed Receives Invitation to Write for Prestigious Publication

Over the past six months, disasters around the world from the record breaking flooding and massive destruction of property due to tornados across the United States, to the devastating earthquakes in Haiti, Chile and China, have made our vulnerabilities to calamity quite apparent.

Disaster scientists predict that high numbers of natural disasters such as these will continue for the next decade. Such catastrophic events frequently serve as a powerful stimulus for health care organizations, emergency planners and governments to examine how well prepared we are to respond to disasters of immense magnitude. Disasters also encourage health care professionals to address whether or not we are ready to meet the special needs of the most vulnerable casualties – children. Disasters underscore the continued need for comprehensive resources for addressing the psychosocial needs of children and families. Recent literature indicates that a majority of health care professionals feel ill prepared to address the mental health concerns of children during disaster and recognize the importance of bringing into focus the unique needs of children during disaster response. Later this year, the journal *Critical Care Nursing Clinics of*



Haitian children using play therapy to express their feelings related to disaster (Photo courtesy of Boston Children's Hospital Disaster Response Team)

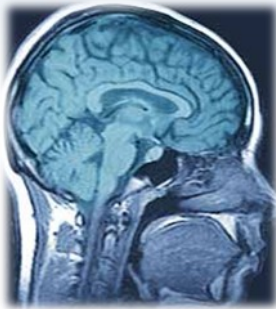
North America will dedicate an entire issue to Human Responses to Disaster: Health Promotion and Healing Following Catastrophic Events to be published by Elsevier. JTF CapMed is the only DoD organization that received an invitation to publish a manuscript in this upcoming feature issue. Colonel John Murray, J7 - Director of Education, Training & Research, authored an article on "Responding to the Psychosocial Needs of Children and Families In Disasters." The purpose of this article is to address how those caring for children and families in disasters can best respond to their psychosocial needs. Colonel Murray has written six peer-reviewed articles on the topic of disasters and children.





Traumatic Brain Injury Assessment, Treatment, and Future Developments in the JOA

LTC Rebecca I. Porter, PhD ABPP
Behavioral Health Officer



“A UNIQUE FACILITY THAT WILL BE DEDICATED TO TBI TREATMENT, EDUCATION, AND RESEARCH.”



Traumatic Brain Injury (TBI) is often referred to as the signature injury of the Operation Iraqi/Enduring Freedom (OEF/OIF) conflicts. Indeed, health-care providers in the Joint Operations Area (JOA) of JTF CapMed have found it necessary to expand and enhance the resources that are devoted to the assessment and treatment of TBI, whether it is the result of a concussive injury in Theatre or a motor vehicle accident here in CONUS.

As the two major military medical centers in the region, WRAMC and NNMC currently provide the bulk of TBI assessment and care, and are augmented significantly by the Defense and Veterans Brain Injury Center (DVBIC), located on Walter Reed’s campus. With BRAC and the stand up of the Walter Reed National Military Medical Center (WRNMMC), their capabilities will be integrated to provide world-class care for wounded warriors, as well as others who suffer from TBI. Adding to those capabilities will be the National Intrepid Center of Excellence for TBI and Psychological Health (NICoE), a unique facility that will be dedicated to TBI treatment, education, and research. The NICoE will be located on the Bethesda campus, near WRNMMC and the Uniformed Services University of the Health Sciences.

Currently at NNMC, the Directorate of Mental Health under the direction of CDR

John Ralph, is the home of a multi-disciplinary approach dedicated to the treatment of the psychological and cognitive sequelae of combat injury. Stood up in 2008, there is an entire Department of Psychological Health and Traumatic Brain Injury (PH-TBI) that includes a dedicated outpatient program, as well as in-patient consult liaison services. Members of the consult liaison service meet and provide mental health services to all OIF/OEF injured service members admitted to NNMC. The consult liaison service provides early neuropsychological and cognitive assessments to inform the team with treatment and rehabilitation plans, and works with a multidisciplinary trauma team to provide education and support to patients and their families.

In March 2009, an inpatient ward that is dedicated to the management of behavioral issues secondary to TBI was opened to further enhance treatment options for patients with TBI. Treatment is administered using a multidisciplinary program combining neuropsychiatry, neuropsychology and rehabilitative services. The program is designed to evalu-

ate and treat complex TBI patients with pain, physical disability, polypharmacy needs, psychiatric problems, substance abuse and TBI sequelae that affect treatment and rehabilitation.

Also within the Department of PH-TBI is the Outpatient PH-TBI Program. Clinicians in this specialized outpatient clinic begin with a comprehensive neuropsychiatric evaluation as the first step in developing an individualized plan to treat cognitive and psychological consequences of combat and traumatic brain injury. The dedicated multidisciplinary team provides integrated services for OIF/OEF service members and their families. They offer a wide range of evidence based treatment approaches to individual, group, and family therapies. Structured programs include stress reduction, anger management, and symptom management.

At Walter Reed, TBI assessment and treatment is headquartered in the Department of Orthopedics and Rehabilitation. Additional resources to support clinical care and provide educational and research expertise are provided by the



Artist’s Rendition of the NICoE currently under construction at NNMC



Defense and Veterans Brain Injury Center (DVBIC), part of the hospital's Neurology Department...The TBI Service integrates the efforts of a variety of services and departments in the hospital to achieve a multi-disciplinary approach to rehabilitation. The Service also has a strong relationship with the hospital's Behavioral Health Department, as well as having psychiatry, neuropsychology and other mental health services of its own. The TBI Service has been conducting screening of every in patient at Walter Reed since 2003. These initial screens are supplemented, by an assessment and treatment team that is comprised Physical Therapist, Occupational Therapist, Speech Pathology, Physical Medicine and Rehabilitation, Optometry, and

of interventions. For example, headache may be addressed through pharmacotherapy, acupuncture, stress management, or biofeedback as appropriate."

The services that are currently available through WRAMC, DVBIC, and NNMCM are planning their BRAC integration for the WRNMMC to continue to provide excellent assessment and treatment for patients with TBI and their families. But there is another, unique resource for TBI pa-

two weeks of assessment, treatment planning, and intervention that includes traditional, complementary, and "next generation" modalities.

In addition to physical, neurological, and neuropsychological exams, patients will receive numerous additional evaluations, including: physical rehabilitation; vestibular, audiology, and speech assessment; neuro-ophthalmology testing, electrophysiology (including sleep evaluation); family evaluations; vocational testing/screening, Virtual Reality diagnostic assessment; nutrition evaluation; clinical pharmacy evaluation; spirituality assessment; and substance use assessment. Such comprehensive evaluation and treatment planning is not the end of the patient's relationship with



Military dignitaries participate in the NICoE's groundbreaking.

and other services as needed. All patients with TBI are assigned a TBI Case Manager who is dedicated to long term follow-up after discharge.

Patients who are discharged receive out-patient care in the TBI-Clinic, where approximately 25 patients are seen each week. Both Neurology residents and Physical Medicine & Rehabilitation residents see patients, often gaining exposure to presentations outside those normally seen in their own disciplines. Dr. Louis French, the TBI Service Chief at the Hospital and the Director of DVBIC at WRAMC states, "The goal of treatment in the TBI Clinic is to look at TBI in a broad-based way and provide a range

of patients on its way to the Bethesda campus as well: the NICoE. Conceived, developed, and initially funded through philanthropic efforts, NICoE is being built on the Bethesda campus, designed to be a clinical facility for Warriors affected by mild TBI and their families. Chief of Medical Operations, Dr. Tom DeGraba, describes the facility which is projected to open with initial operating capability in the Fall of 2010, as bringing an innovative interdisciplinary team of clinicians, researchers, and educators together – not just for the benefit of the Warrior patients, but for their families as well. Patients and their families will stay in the nearby Fisher Houses during

NICoE. NICoE's staff will include a Family Agenda Coordinator who will work with patients and their families to orient them to the NICoE and then begin continuity treatment planning with the Warrior's home provider and case managers, thus laying the foundation for lifelong follow-up with the Warrior. Assessment and treatment for patients with TBI – and their families – will be comprehensive and cutting edge. Whether TBI patients are treated at WRNMMC or are referred to the NICoE for care, the finest resources and technology – from caring, dedicated professionals – will be employed in their care.

43,779

Number of patients diagnosed with TBI injuries between 2003 and 2007.*

72,000

Square footage dedicated to advanced research and study of TBI, rehabilitation, and PTSD at the new NICoE.**

39,365

Number of patients diagnosed with PTSD between 2003 and 2007.*

* Fact taken from Congressional Report on Military Casualties in OIF/OEF (25 Mar 09)

** Fact taken from DoD Comprehensive Master Plan for NCR Medical (23 Apr 10)



3

Square feet (in millions) of clinical and administrative space at both WRNMMC and FBCH

“THE LATEST IN
SEA POWER
TECHNOLOGY AND
UP-TO-THE-MINUTE
DEVELOPMENTS IN
MARITIME
SERVICES...
PERTINENT TO AN
EVER CHANGING
NAVY”

465

Number of inpatient beds available at WRNMMC and FBCH at BRAC

AROUND THE JOA

Joint Community Outreach Sea-Air-Space Expo

Sponsored by Navy League of the United States, the Sea-Air-Space Exposition is the largest maritime show of its kind in the world and has been presented in the nation’s capital for more than 40 years.

The Exposition offers exhibits, demonstrations and lectures on the latest in sea power technology and up-to-the-minute developments in maritime services from top military and defense industry speakers and presenters.

This year, the much anticipated event was held May 3-5, 2010 at the Gaylord Conference Center at the exciting National Harbor in MD. Besides sea-

power and maritime technology, the exposition showcases information on the latest issues pertinent to an ever-changing Navy. One such booth this year was hosted by the JTF CapMed headquartered on the NNMC Campus. This booth, coordinated by Craig Ratcliff, PAO of JTF CapMed, Dawn Marvin, Department Head, Marketing/Communications, NNMC, and Chuck Dasey, PAO, WRAMC, was of special interest to Active Duty and TRICARE beneficiaries in the National Capitol Region.

The booth displayed information about the Base Realignment and Closing (BRAC) which addresses the consolidation of Walter Reed Army Medical Center (WRAMC), National Naval Medical Center (NNMC), and DeWitt Army Community Hospital, into one National Capital Region Military Healthcare System. The BRAC, announced in late 2005, includes the closing of WRAMC, and the movement of the current WRAMC staff and services to the current



From left to right: Craig Ratcliff, Dawn Marvin and Chuck Dasey, at JTF’s booth.

NNMC campus in Bethesda and to the new Fort Belvoir Community Hospital by Sept. 15, 2011. The grounds and building in Bethesda are currently undergoing extensive new construction and renovation to accommodate the change. The new Medical Center will be renamed Walter Reed National Military Medical Center Bethesda.

The JTF CapMed information booth featured pamphlets, booklets, brochures, handouts and video tapes on the history of both WRAMC and NNMC, on frequently asked questions from patients and beneficiaries, on “BRAC-FACTS” and on the new hospital being built at Ft Belvoir. For more information on BRAC in the NCR visit: www.jtfcapmed.mil

<http://www.bethesda.med.navy.mil/>

<http://www.belvoir.army.mil/news.asp?id=hospital-concept>

<http://www.nca-integration.amedd.army.mil/default.aspx>

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



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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 Matezcun

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www.youtube.com/watch?v=myDNmNgDnU

Readers: Welcome to the JTF CAPMED “Voice” Newsletter!

The “Voice” is a joint publication. It has been in publication since July 2009 and is a direct descendent of a publication called the JTF CapMed newsletter.

During the past ten issues, the publication has morphed from a JTF CapMed centric publication to a much more inclusive newsletter for the JTF CapMed operational area.

As a newsletter that has now become a Joint Operational Area (JOA) wide publication, its intent is to capture and

share information of interest to our readers on current events, BRAC, construction, advances, or changes in joint medical education and many other areas of interest that impact our JOA.

The publication exists for our readers and because of our readers.

We are always looking for stories to “push” out to our audiences to highlight what activities are in process, planned, or being developed in order to deliver world class

health care to our Wounded, Ill and Injured (WII).

In some of our past issues, we featured activities at Malcolm Air base and other installations. We want to continue featuring our facilities in future issues.

We encourage you to continue sending us stories to promote your service and facilities to the rest of the JOA and our wider national and international audiences.



Our copy deadline is the 10th of the month. Please remove all copy editing symbols before emailing; also if you are providing photos, please provide captions.

Email your submission to Craig.Ratcliff@med.navy.mil louise.cooper@med.navy.mil

Thank you.
The Editor