

LEADERSHIP



VADM MATECZUN
Commander



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Deputy Commander



Col EDWARD
Chief of Staff



CSM BROCK
Command Senior
Enlisted Leader

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days to a new era in
Military Regional
Healthcare

DoD Plan Continues to Enhance World-Class Healthcare in the National Capital Region

Christopher Lopez,
Legislative Affairs Director
HollyMarie Stroker,
Legislative Affairs Liaison

On Aug. 31, 2010, the Department of Defense provided a supplement to its Comprehensive Master Plan that will continue to improve the military's world-class healthcare capabilities and services in the National Capital Region.

In April, the Department delivered its CMP, which provided a roadmap to enhance integrated, world-class healthcare in the NCR for casualties returning from the war and other DoD beneficiaries. In this supplement to the CMP, the Department delineates over \$800M in planned projects to enhance healthcare and healthcare support facilities at the new Walter Reed National Military Medical Center Bethesda, following the completion of BRAC projects in September 2011,

and estimates their completion by 2018.

This supplement to the CMP provides information on the continued progress the DoD has made since submission of the CMP. Accomplishments since April include detailed planning for facility projects mentioned above and notes notification by over 4,000 letters sent to permanent civilian employees at WRAMC, NNMC, and DACH of their future work locations. More than 95 percent of NCR civilian employees were mapped to their desired geographic location and hiring and reassignment strategies are in place with the goal of meeting all geographic preferences before the closure of WRAMC in September 2011. The Department has *(Continued on page 2)*

Mateczun Emphasizes "Evidence-based Design" at New Facilities – "Smart Beds" Make For a Speedy Recovery

Ann Brandstadter, J1,

Managing Editor, Electronic Media and work settings.

In an effort to improve the quality of care and quality of life for patients, new buildings at the Walter Reed National Military Medical Center in Bethesda and its sister facility Fort Belvoir Community Hospital in Fort Belvoir, VA, are being constructed using a concept known as "evidence-based design." Plans call for both facilities to open in September 2011.

According to the Center for Health Design, evidence-based design is defined as the process of constructing buildings with the specific intent of creating an environment that enhances outcomes for both patients and staff. Better outcomes come from a wide range of design characteristics and interventions including: single-bed rooms, effective ventilation, good acoustics, nature distractions and daylight, appropriate lighting, ergonomic design, acuity-adaptable rooms that minimize the need to transfer a patient from room to room, and im-

proved floor layouts. Although many of the basic concepts included in evidence-based design have evolved to be part of basic "good design" in military medical facilities, they are being taken to a new level of awareness in these landmark facilities. Beginning with these projects (and the major BRAC construction in San Antonio), the Office of the Assistant Secretary of Defense for Health Affairs has codified them into standards for future medical construction for the Department of Defense.

"We have taken the positive experiences that patients have had, the locations where they have received this care, as well as the outcomes they've had from their treatment and incorporated those principles into the design of these new hospitals," said Vice Admiral John M. Mateczun, *(Continued on page 4)*



COMMAND SENIOR ENLISTED LEADER'S PERSPECTIVE

Volunteerism in the 21ST Century

CSM Donna Brock

There are many activities that we as Soldiers, Sailors, Airmen, Marines and Civilians engage in on a daily basis that 'overfloweth our cups'. You can ask the average person a simple question such as, "How are things going?", and the response you may receive is "We are SO busy!" We, average Americans, engage in and try to do alot within an eight hour period; then go home and participate in family activities, housework, physical fitness, or schoolwork.

Volunteers!



of life for others, but some people also volunteer for skill development, to meet others, make contacts or just to have fun.

The holiday season is quickly coming upon us and this is usually a special time when more groups and charities really need our assistance. It's

Who has time to volunteer for anything these days???

Well, the reason I want to address this subject this month is because although people seem to be extremely engaged in their personal and professional lives, SOME people seem to 'find the time' to dedicate themselves to a cause, a charity, or a group of some kind. SOME people feel the need to dedicate or carve out a bit of their time here and there for some worthy cause. This is commendable in every way and worthy of emulation!

The problem comes when it's the SAME people who ALWAYS volunteer for everything and the others who don't volunteer EVER - and look the other way. By looking the other way, are we being selfish or self-serving? Volunteerism is intended to promote good and improve the quality

easy to throw donations or money to a cause, but it's even better when you can add a little something else.... your time. Think about volunteering now. There are many opportunities out there to help others and people looking for someone as special as you to come along and say the golden words—"How can I help?"



DoD

(Continued from page 1)

also further developed an Integrated Wounded, Ill, and Injured (WII) Warrior Concept of Operations (CONOPS) that will synchronize aspects of Warrior care at the new WRNMMC and FBCH including Military Service requirements, installation support, medical care, and other non-medical programs. This WII Warrior CONOPs will guide the development of detailed standing operating procedures to ensure a seamless continuum of care for warfighters in the NCR. In addition, DoD has delegated budgetary authority for NCR hospitals to JTF CapMed. This reinforces the unity of effort and command

in the NCR.

All of these efforts are part of the Department's larger initiative to transform and realign military healthcare in the NCR. The dense multi-Service military healthcare market in the NCR provides DoD the opportunity to integrate operations to provide more effective and efficient care. To this end, the implementation of the CMP will complement the BRAC directed transition of functions from WRAMC to WRNMMC at Bethesda and FBCH and further enhance world-class healthcare capabilities in the NCR.





Traumatic Brain Injury Survivor Visits

Timothy Wilson,
Mass Communication Specialist 3rd
Class, NNNMC Journal staff writer

In an effort to aid in the recovery of wounded warriors and to share stories of combat-related injuries, ABC reporter Bob Woodruff, on Thursday visited those suffering from traumatic brain injury (TBI) at the National Naval Medical Center.

Woodruff suffered a TBI injury when an improvised explosive device (IED) struck his tank Jan. 29, 2006, near Taji, Iraq, about 12 miles north of Baghdad, while embedded with the 4th Infantry Division. He sustained severe trauma to his head and shrapnel wounds. Even today, he is still recovering.



Photo by Mass Communication Specialist 3rd Class Timothy Wilson

ABC reporter Bob Woodruff, left, greets Rear Adm. Matthew Nathan, commander of the National Naval Medical Center, in the 5 East Surgical Ward. Woodruff visited the hospital to speak to patients being treated for traumatic brain injury as well as share his own experiences of severe head trauma he sustained in Iraq during an assignment in 2006.

"I want to get back, at least once every year to see how the injured are doing now," said Woodruff. "It's good for me to come back and see the families that are with those who are injured. It's always moving to go back and see those who have gone through [being wounded] the same as I did before."

Among others, Woodruff visited with Marine Sgt. Jordy O'Neil, who received the Purple Heart for recent injuries he sustained during combat operations in Afghanistan. "We get to have that good talk with them about recovery and there is recovery," said Woodruff. "There is a possibility you don't necessarily go back to the way you were before [the injury], but there is great hope and I want to make sure people know that."

Seeing the wounded, Woodruff said, "they are like brothers to me." He has stayed in contact with many of the service members that he has met since coming to Bethesda that first time for treatment.

During his visit, Woodruff also saw familiar faces

in some of the doctors and nurses that provided care for his own injuries over the past four years.

"All of us injured in the war, whether they are contractors, military, journalists, they got the best treatment on Earth at [NNMC]," said Woodruff. "I think if I was injured with that kind of IED, that kind of explosion, in downtown New York City, I would have not had the kind of help I did then."

There was not a lot of knowledge about TBI in 2006 when Woodruff was injured, he said. "I don't think anyone could have expected this kind of level of knowledge of traumatic brain injury would have emerged out of wars like this," said Woodruff. "The skill of the doctors, medics and nurses in knowing how to deal with [psychological traumas of war] is just far better than what it was four years ago.

"They are [caring for the wounded] every day and every week. They know exactly what to do [regarding] an IED explosion," he added.

On the day of the blast, Woodruff said he knew that he was going through a dangerous location. Traveling with cameraman Doug Vogt in an Iraqi tank, Woodruff hoped to report on Iraqi-American relations and handing military responsibilities to the Iraqis.

Both men had on protective gear and helmets while filming above the hatch of the tank. Palm trees on either side of the road where getting closer to the sides of the tank, said Woodruff and the tank driver told Vogt to get down inside the tank.

"It was too late and it was two seconds later that everything hit," said Woodruff. "It's interesting. People often have a hunch it's a more dangerous place. The really tough thing is that there is not much you can do. You can stop and change direction, but you really don't know where [the danger lies]."

He woke up one minute later and saw blood dripping down Vogt's face. He asked his cameraman if they were alive and was told they were. The next thing he remembered was waking up at NNMC, after a 36-day medically-induced coma. Woodruff spent a few weeks more at Bethesda before transferring to a New York City hospital for out-patient care.

"I didn't have any nightmares. I didn't have much memory at

(Continued on page 4)

TBI LINKS:

http://www.navy.mil/search/display.asp?story_id=55428

http://www.dcmilitary.com/stories/081910/journal_28256.shtml

**"ALL OF US
INJURED IN THE
WAR, WHETHER
THEY ARE
CONTRACTORS,
MILITARY,
JOURNALISTS,
THEY GOT THE
BEST TREATMENT
ON EARTH AT
[NNMC],"**

**— BOB
WOODRUFF**



“I JUST REMEMBER BEING VERY HAPPY TO WAKE UP AND SEE MY WIFE, LEE, WALK INTO THE ROOM.”

— BOB WOODRUFF

“WE HAVE TAKEN PATIENTS’ POSITIVE EXPERIENCES, LOCATIONS WHERE THEY RECEIVED CARE, AND TREATMENT OUTCOMES, AND INCORPORATED THOSE PRINCIPLES INTO THE DESIGN OF THESE NEW HOSPITALS.”

— VICE ADMIRAL JOHN M. MATECZUN

Smart Suite technology will enable staff members to monitor patients’ vital signs remotely.

Visits

(Continued from page 3)

all about dreams that I had,” said Woodruff. “I just remember being very happy to wake up and see my wife, Lee, walk into the room.”

Woodruff still has some difficulty remembering names due to neurological problems, he said. He also misplaces letters within words. “Words that are often similar, sometimes I twist them around so I say the wrong synonym for particular words,” said Woodruff. “I still have moments where I can’t remember what I did the day before in detail. Whereas before, I could have remembered in detail, but I know generally what I did.”

After he woke up from his coma, he could not remember the names of his children. “And now I never forget them,” said Woodruff.

EBD

(Continued from page 1)

commander of the Joint Task Force, National Capital Region Medical. Mateczun is board certified in Adult Psychiatry and Forensic Psychiatry.

The facilities aim to achieve a calming experience for the patients. Well-lit hallways, patient rooms and common areas, as well as outdoor courtyards with “healing gardens” that bring daylight and nature views into patient rooms give the facilities a more residential, community feel rather than an institutional environment.

Research has shown that the patients recover more quickly with less pain when a view to nature and daylight is possible. The presence of healing spaces such as gardens and nature views can contribute to a positive healing environment. These aspects have also been proven to reduce stress, reduce

need for pain medications, and help speed up recoveries, thus leading to shorter hospital stays.

As a result, space has been set aside at both facilities for patients, families and staff to benefit from these design feature, proven to improve outcomes. Some new and renovated patient rooms will include a “family zone” to allow relatives to participate in the care plan, and to relax while visiting.

As part of evidence-based design, patient rooms will incorporate “Smart Suite” technology. This leading technology will allow the patient enhanced

He said he is continually recovering from these difficulties and that it is a constant evolution to improve.

To help wounded warriors transition to becoming a civilian he started the Bob Woodruff Foundation. “We raise money and get that money out to all the charities in the country that help people out,” he said.

The vision of the foundation is to offer resources and support to returning injured, especially those with “hidden injuries of war” through education, collaboration with local groups and charitable donations.

Meanwhile, on the 7 East Traumatic Brain Injury Ward, patients are treated with new innovative approaches for a variety of TBI injuries to help them return to their lives.

control over the environment, including education, entertainment and staff interaction. Some patient rooms will be supplied with patient lifts to both increase patient safety and reduce occurrence of staff injuries.

Smart Suite technology will also enables staff members to monitor patients’ vital signs remotely from locations around the campus.

Additionally, both facilities are being designed to simplify the process of navigating the many departments and corridors, from parking garages to patient care areas, including enhanced “wayfinding” graphics that link various buildings to easily recognizable concepts and visual icons.



Shown is a sample patient’s room with a “family zone” and “smart bed.”

Finally, the use of hands-free and wireless technologies will reduce the auditory stimuli that are typically associated with hospitals, such as overhead paging, phones and alarms. The overall objective is to create a quieter environment that will relieve stress and anxiety.

“Quality of care is our number one priority, we want to make sure there is quality from a patient’s perspective,” said Mateczun. “I’m a veteran myself and it gave me great comfort to know that should something happen that I would be cared for in the best way. With these newly-added features, I think we are fulfilling our promise to America. We want to take care of those warriors to the best of our capabilities.”



Malcolm Grow Medical Center Offers Help to Those Eyeing Refractive Surgery

Mike Martin, Air Force District of Washington Public Affairs

Tired of being restricted by your eyeglasses? The Warfighter Eye Center, located at Malcolm Grow Medical Center on Andrews Air Force Base, Md., offers refractive surgery to active duty military members. Qualified candidates can leave their eyeglasses behind in as little as two months.

"You're looking at being scheduled within a month for the pre-op and then, once you're approved, our goal is to have you treated within 30 days after that," said Ms. Bianca Spears, 779th Warfighter Eye Center Clinical manager.

There are several reasons to consider refractive surgery, said Maj. (Dr.) Megan E. McChesney, one of three Comprehensive Ophthalmologists at Malcolm Grow Medical Center. Reduced dependence on eyeglasses and improvement in lifestyle and functionality are the two most common reasons people decide to have the operation.

"I think one of the biggest benefits to the force is for our deployed," said Major McChesney. "While wearing eye armor downrange the member can get a lot of visual distortion, so there is an indisputable readiness mission associated with our center."

The eye center offers two refractive surgery options: PRK and LASIK. Surgeons will establish which procedure is right for you after an in-depth, pre-operation examination. During this exam, they will also determine if you're a candidate for refractive surgery.

"If I don't think you're a good candidate I'm going to tell you you're not a good candidate, because we're looking out for our patient's best interest," said

Major McChesney. "We spend a lot of time in our pre-op evaluation to make sure the candidate isn't someone who might have problems after surgery."

Good candidates have stable prescriptions that typically range from positive three to negative eight. Candidates not within this range may still be eligible depending on the individual, and are still encouraged to inquire.

The eye center has treated 153 eyes since May 5, said Ms. Spears. (Not everyone requires both eyes to be adjusted.) There is a 96 percent success rate of 20/20 or better vision post surgery. Of the



Photo courtesy of Malcolm Grow Public Affairs Department

A patient during a refractive surgery procedure at the Warfighter Eye Center located at the Malcolm Grow Medical Center.

four percent who didn't achieve 20/20, there was only a small need for correction as compared to their previous dependence on eyeglasses.

Major McChesney said when patients are asked to describe their pain on a scale from one to 10 post-operation, they usually respond with a one or two.

The procedure takes about 15 minutes and the laser portion takes about 10 to 40 seconds.

The hardest part for most patients is staying calm prior to surgery. "When you come into the laser suite it's important to just stay relaxed" said Major McChesney.

Ms. Spears knows exactly what it's like to be a refractive surgery patient. "From my perspective, from having the surgery, it's one of the best things I have done for myself," she said. "The reward is hard to even explain; it's wonderful the Air Force provides this service for its members."

The surgery is open to all (Continued on page 7)

SURGEONS WILL ESTABLISH WHICH PROCEDURE IS RIGHT FOR YOU AFTER AN IN-DEPTH, PRE-OPERATION EXAMINATION.

96%

The success rate the Warfighter Eye Center has had since May 5, 2010



Photo courtesy of Malcolm Grow Public Affairs Department

Surgeons will establish which procedure is right for you after an in-depth, pre-operation examination. During this exam, they will also determine if you're a candidate for refractive surgery.



“WE WANTED TO TAKE INTO CONSIDERATION WHAT IS IMPORTANT TO THE WORKFORCE.”

— DEBORAH EDMOND

Workforce Mapping: A Key to Keeping a Valuable Workforce is to Cater to Commuting

Ann Brandstadter, J1, Managing Editor, Electronic Media

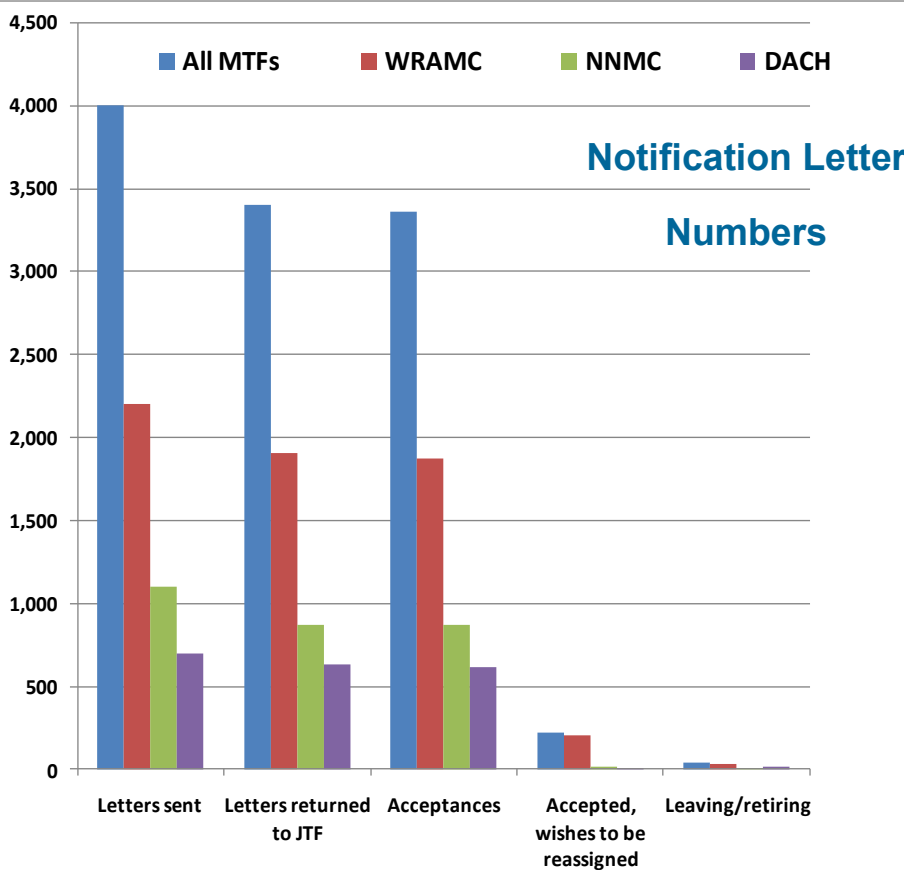
Transitioning current Walter Reed, NNMC and DeWitt Community Hospital employees to their new work locations at newly formed Fort Belvoir Community Hospital or Walter Reed National Military Medical Center Bethesda, has been a successful operation so far. On June 15, 2010, approximately 4,000 employees, combining those at NNMC, WRAMC, and DACH, were sent letters of notification of where they are going to be transferred. Transfers are scheduled to begin summer of 2011, as all three facilities must keep going as independent hospitals until then.

Debra Edmond, special assistant for Civilian Human Resources at the Joint Task Force National Capital Region Medical, shared her insight on the process of “mapping” employees successfully for a smooth transition. Edmond is chair of the Civilian Human Resources Council, a group of leaders from the three medical treatment facilities who, with the J1 team, oversaw the transition process known as “workforce mapping.”

“What we are doing is complicated. We are combining civilian work forces of three locations into work forces at two locations,” said Edmond. “The good news is that we are on track to ensure that all of the employees will have jobs in one of the two new hospitals and our initial mapping resulted in 95 percent of the employees working in their desired locations.”

Edmond and the CHR Council team of leaders and advisors knew that in order to keep valued employees, it was important to maintain their quality of life.

“It became obvious early on that geography was a huge factor for them,” Edmond said. “For a lot of people the only thing that was going to keep them, aside from same work and same pay, was a comparable location. We wanted to take into consideration what is important to the workforce. And we are doing the same for the support staff – treat your workforce as you value them and notify people within a reasonable time frame.”



For example, Walter Reed employees had a choice between Fort Belvoir or the “South” and Bethesda or the “North.” As it turns out most employees wanted to be transferred to the Bethesda location to be close to home.

“Looking at the large number of Walter Reed employees desiring placement in the North, we began working with the JTF Manpower branch. Manpower considered many other factors that influenced the distribution of military, civilian, and contractor assets in the region and, when they were done, there were more positions for Walter Reed civilians in the North. This was a huge collaboration. We were able to offer the majority of the Walter Reed folks a position at Bethesda.”

From a regional perspective, Edmond discussed the success rate of employees who are being transferred. “We are at about a 95 percent success on this getting people mapped in the place of their choosing (North vs. South),” Edmond said. The remaining five percent is (Continued on page 8)



Welcoming and Managing Change Towards a Joint Military Healthcare System

Rhonda M. Baxter, J1

Change is an ongoing aspect in the game of life. We all have a choice to embrace change or avoid change by putting on blinders. As the illustration shows, most people will adapt regardless of our choice to embrace or avoid change.

During this time of change, the Joint Task Force Capital Medical Region (JTF CapMed) recognizes the value of embracing change. JTF CapMed is actively adapting, learning, and integrating strategies of change to create the Joint Healthcare System in the National Capital Region (NCR).

The J1 Directorate of JTF CapMed is responsible for workforce integration and transitional objectives. There are many workforce integration and transitional objectives occurring; however, one of the overarching components is the task of realigning the Defense Medical Human Resources System internet (DMHRSi) for the future Joint Hospitals.

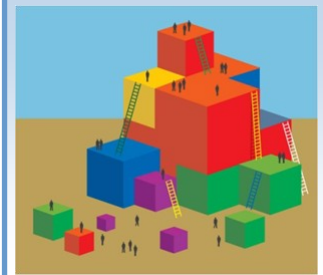
What is the Defense Medical Human Resources System internet? DMHRSi is a web-based system designed to standardize the reporting and utilization of our workforce. Military service members, civilians, contractors, and volunteers will be visible at the department, command, and region leadership levels for enhanced decision-making on hours worked, training required, and other aspects in conjunction with Human Capital Management.

Many of you may be familiar with different aspects of DMHRSi as it is now, but some functions will be undergoing changes to meet the needs of the future

Joint Hospitals. So, what is the future of this system? DMHRSi will be the human capital management system for the JTF CapMed. The future Joint Hospitals will use all five modules available to manage our human capital needs. The five DMHRSi modules are: Human Resources, Manpower, Labor Cost Assignment, Education and Training, and Readiness. Currently all three services use the system for Manpower, Personnel, and Labor Cost Assignment. In addition, the system has a self-service component which provides individual access to review and update personnel data.

DMHRSi will be a vital asset for change agent's regarding future actions of Human Capital Management. It will utilize the Education and Training module to offer all employees the ability to view classes offered by both joint medical treatment facilities and to request enrollment. Military Treatment Facilities (MTFs) will be able to use the system to evaluate the Readiness status of individuals eliminating the use of three different service systems. JTF CapMed will be able to see labor cost data and forecast financial support accordingly. As we realign the use of DMHRSi from Service source systems, we expect some "growing pains" but as change ambassadors we will embrace the challenge. As you can see, keeping your information in DMHRSi up to date will be important to you, your department, and your MTF.

Thank you all for your tremendous support in the creation of the future Joint Healthcare System in the NCR. More information and details regarding transitional objectives will be forthcoming through future newsletters and our website.



The future Joint Hospitals will use all five modules available to manage our human capital needs: Human Resources, Manpower, Labor Cost Assignment, Education and Training, and Readiness.



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

Eye Center branches of the military. Service members not stationed on Joint Base Andrews are encouraged to take advantage as well.

Patients who aren't from the area can get assistance with scheduling base Lodging, and their doctor will sign over post-procedure check-ups to another doctor in the visiting patient's area of residence.

People come from out of town for several reasons: location, waiting time, and because the Warfighter Eye Center is the only Air Force Eye Clinic in the National Capital Region. Candidates traveling from out of town should plan on arriving on Monday for the pre-operation screening and staying until the following Monday.

"They come in for briefing and assessment on Monday, consent on Tuesday, and have surgery on Wednesday," Ms. Spears said.

The first step to applying for the surgery is coming to the information briefing held every Friday at 1 p.m. "If you bring your packet to the briefing and you have everything signed; we can actually schedule you for your pre-op that day," Ms. Spears said. It's recommended that, at minimum, potential candidates bring their prescription to the briefing.

Information and forms can be found online at Andrews' refractive surgery website, <http://airforcemedicine.afms.mil/andrewsrs>, or call 240-857-8306.

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



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Note from the Editor

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 submissions to:
louise.cooper@med.navy.mil, 301-245-4307.

Graphic design by Ann Brandstadter;
ann.brandstadter@med.navy.mil, 301-319-8844.



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

JTF CapMed Program of Research Recognized in Top 10 for 2010

Bio-Medical Library, which is one of the pre-eminent international health sciences library systems, recently published the top ten articles cited for Pediatric Cancer Care for 2010. A member of JTF CapMed published the top five articles. Colonel (Dr.) John S. Murray is an active researcher in the care of siblings of children with cancer and children with chronic illnesses. He authored the book *Cancer Affects Me Too: A Workbook for Siblings of Children with Cancer*, and has written over 45 peer-reviewed journal articles and book chapters. In addition, former President George W. Bush, along with the National Institute of Child Health and Human Development, have recognized Colo-

nel Murray for his childhood cancer research which has been replicated in eight countries around the world. The top five articles cited for Pediatric Cancer Care for 2010 are:

Murray JS: A concept analysis of social support as experienced by siblings of children with cancer. *J Pediatr Nurs*; 2000 Oct; 15(5):313-22

Murray JS: Development of two instruments measuring social support for siblings of children with cancer. *J Pediatr Oncol Nurs*; 2000 Oct; 17(4):229-38

Murray JS: Self-concept of siblings of children with cancer. *Issues Compr Pediatr Nurs*; 2001 Apr-Jun; 24(2):85-94

Murray JS: Social support for school-aged siblings of children with cancer: a comparison between parent and sibling perceptions. *J Pediatr Oncol Nurs*; 2001 May-Jun; 18(3):90-104

Murray JS: A qualitative exploration of psychosocial support for siblings of children with cancer. *J Pediatr Nurs*; 2002 Oct; 17(5):327-37

Mapping made up of employees as positions become people who available in their desired locations. (Continued from page 6) were not

mapped to their preferred location. However, that does not mean they have to remain there permanently. “We have a database with employees' information and their current work locations. Whenever a position opens, we'll look at that list and see if there is someone who wants to be re-mapped for 2011,” said Edmond. The CHR Council will continue to re-map

Edmond and the JTF/CHR Council team will continue to address the needs of MTF transferees in the coming months. Stay tuned for more on the process of workforce mapping in future editions of *The Voice*. For any questions regarding civilian workforce transfers, contact: Brac.civpers@med.navy.mil.