



Fort Belvoir, Va. -- DeWitt Army Community Hospital medical staff prepares a mock patient for arrival at the new, state-of-the-art Fort Belvoir Community Hospital during an inpatient move exercise on June 23. The exercise included contingency plans for external risks such as bad weather, a terrorist threat, or any construction issue which could occur during the inpatient move. (U.S. Army photo by Marny Malin)



## JTF CapMed moves one step closer to BRAC

Rebecca Kulinovich, transition lead, BRAC program management office, JTF CapMed

In June, the staff at DeWitt Army Community Hospital, National Naval Medical Center and Walter Reed Army Medical Center demonstrated their readiness to execute the Base Realignment and Closure mission. The detailed transition plans—developed over the past two years—to relocate equipment, records, staff, departments and inpatients were tested in a series of moves and exercises over the course of two weeks.

The series began on June 12 with WRAMC and NNMC staff executing their joint inpatient move plan, transferring 18 volunteer patients via

ambulances from WRAMC to the Bethesda campus, home of the new Walter Reed National Military Medical Center. The Family Reception Center also tested hosting seven volunteer family members during the exercise. During the week of June 13 a series of moves from WRAMC to NNMC tested the plans to relocate equipment, records, department material and staff. DACH completed this series by exercising their ability to transfer inpatients to the new Fort Belvoir Community Hospital during an inpatient move rehearsal held June 23.

These inpatient move

exercises are designed to “look exactly like the day of the move,” explains Army Col. Sophia Tillman-Ortiz, U.S. Army Nurse Corps, assistant deputy commander for Nursing at DACH and one of many exercise planners. “Our goal with the Inpatient Movement Rehearsal Exercise is to safeguard the health and well-being of all of our beneficiaries as we move them from the old hospital and get them into the new facility.”

According to Navy Vice Adm. John Mateczun, commander of Joint Task Force National Capital Region

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**Did you know?**

**2**

number of belts on the new CAREN treadmills

**4**

number of years the MATC has existed

**18**

day in Aug. when MATC will move from WRAMC

**22**

day in Aug. when MATC will be at full capabilities at WRNMMC

**New!**

Transition toolkits for employees moving to FBCH are now available at [capmed.mil/toolkits](http://capmed.mil/toolkits)

# Military Advanced Training Center gets new technologies with BRAC transition

Ann Brandstadter, strategic communications, JTF CapMed

New and improved technologies will be available for the Military Advanced Training Center when it moves from Walter Reed Army Medical Center to Walter Reed National Military Medical Center in Bethesda, Md.

Aug. 18 is the scheduled move date, and on Aug. 22 the center will be at full capabilities.

“The facilities at Bethesda were designed based on the MATC at Walter Reed and lessons learned in the facility over the past four years,” said Chuck Scoville, chief, amputee patient care service at MATC at WRAMC.

The MATC cares for amputees, patients who have experienced severe limb damage and patients with traumatic brain injuries and other diagnoses.

The main clinical care areas, such as orthotics and prosthetics, will be located on the first floor in the America Building at WRNMMC, and are already providing patient care. On the lower level of the America Building, the center has technology that focuses on gait analysis and bio-mechanical areas. This is also where the Computer Assisted Rehabilitation Environment

system, or CAREN, is located.

“Because of our experience, we were able to improve the design and capabilities at the facility in Bethesda,” said Scoville. “For example, we have a new CAREN system, which has incorporated new advances in state-of-the-art computer modeling. There are newer technologies that we were able to incorporate. We went from a single-belt treadmill to a double belt-treadmill, which makes for a more real-life walking experience. It can mimic any terrain.”

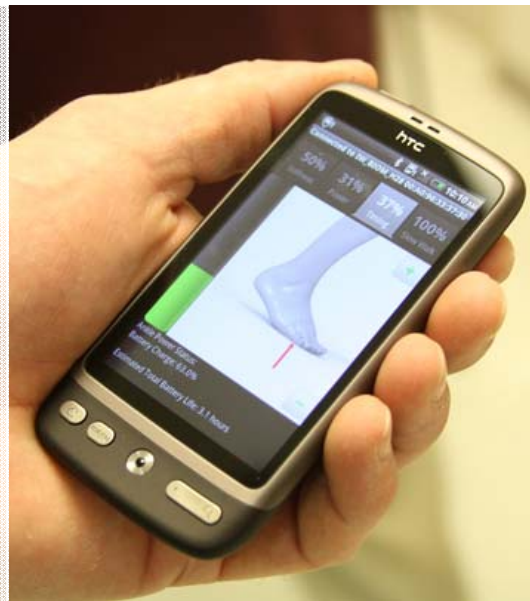
There are also improvements to orthotics and prosthetics. “The new orthotics and prosthetics areas are designed to improve patient privacy and patient flow, as well as increased efficiencies in prosthetics and orthotic production,” said Scoville. “The majority of the work the center does is on the orthotics side, mostly in shoe inserts, foot, ankle, knee and back brace work.”

Scoville explained all of the WRAMC amputee care staff will move to the new center at WRNMMC, where patients will continue to receive phenomenal care.



**Left:** Army 1st Sgt. William Leonard is fitted with the PowerFoot BiOM, the world's first bionic lower leg system to replace the action of the foot, which results in near normalization of gait. (Photo By Bernard S. Little)

**Right:** A cell phone app enables the Power-Foot BiOM to be programmed to fit the user's biomechanics and gait. (Photo by Joshua Wick)







**JTF CapMed**

The Joint Task Force National Capital Region Medical is a fully functional Standing Joint Task Force reporting directly to the Secretary of Defense through the Deputy Secretary of Defense. The JTF CapMed was charged with leading the way for the effective and efficient realignment and enhancement of military health care in the National Capital Region.

**Navy Vice Adm. John Mateczun, M.D.**  
commander

**Army Brig. Gen. Steve Jones, M.D.**  
deputy commander

**Army Command Sgt. Maj. Donna Brock**  
senior enlisted leader

**Christine Bruzek-Kohler, Ed.D.**  
executive director,  
health care operations

**Scott Wardell**  
executive director,  
administrative operations

**Nancy Popejoy**  
director, communications

# JTF CapMed Civilian Human Resources Center established

Debra Edmond, special assistant for civilian human resources, JTF CapMed



Navy Vice Adm. John Mateczun, commander of JTF CapMed and Barbara Panther (left), director of the Civilian Human Resources Agency, proudly sign the agreement establishing the new Civilian Human Resources Center. Civilian Human Resources Consultant Leslie McGlothlin stands behind Panther. (Photo by Ann Brandstadter)

On June 23, Navy Vice Adm. John Mateczun, commander, Joint Task Force National Capital Region Medical, and Barbara Panther, director, Civilian Human Resources Agency entered into a historic agreement establishing the JTF CapMed Civilian Human Resources Center. The “first of its kind” Center will provide exclusive HR services to the Department of Defense civilians delivering and supporting medical care in the National Capital Region

at Walter Reed National Military Medical Center, Fort Belvoir Community Hospital, the Joint Pathology Center and the JTF CapMed Headquarters. The CHRC will have civilian human resources experts located at WRNMMC’s Building 17, FBCH, and at Rock Island, Illinois, with benefits counseling and processing provided by the Benefits Center in Fort Leavenworth, Kansas.

## Final letters to be mailed in August

Navy Lcdr. Wendy George, Chief, healthcare business operations, JTF CapMed

Joint Task Force National Capital Region Medical will mail the third and final beneficiary reassignment letter to beneficiaries in August.

The letter will confirm the location of each beneficiary’s assigned military treatment facility and the name of their primary care physician.

JTF CapMed made every effort to accommodate all received requests. Those requests that were not accommodated have been

addressed individually based on specific guidelines, such as access to care standards and drive time standards.

Beneficiaries reassigned to the network (any provider that is not at a military treatment facility), will receive a letter during the month of August from Healthnet. The letter will identify the name and location of the beneficiary’s network provider.

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National Capital Region Medical

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Medical, the relocation of inpatients is an important milestone in the BRAC timeline. Over the last couple of months, Mateczun and other leaders met with the vice chiefs from all of the Services to ensure that “we’re not leaving any seams,” said Mateczun. “We will do everything we must for the Wounded, Ill and Injured and all the beneficiaries that we are privileged to care for,” he said.

Lessons learned during the exercises will be incorporated into process improvement measures. Together, JTF CapMed, DACH, NNMC and WRAMC have developed, planned and are ready to execute the detailed plans necessary to meet the Sept. 15 BRAC deadline.

**Commander’s Corner** by Navy Vice Adm. John Mateczun, M.D.



Navy Vice Adm. John Mateczun, M.D., commander, JTF CapMed

A little over three years ago on July 3, 2008, President George Bush and Deputy Secretary of Defense Gordon England presided over the groundbreaking for Walter Reed National Military Medical Center. Deputy Secretary England remarked, “our warriors are our country’s most important resource and when they return injured or ill from war, we must care for them without fail. This new joint facility will provide America’s heroes and their families the most advanced medical care in the world.” Next month, we will complete a six-year BRAC journey culminating with the transition into WRNMMC and Fort Belvoir Community Hospital. At the same time, we will continue to receive and care for our Nation’s wounded warriors without

fail. We are privileged to have this opportunity to care for our country’s wounded and participate in this historic integration of health care staff from Walter Reed Army Medical Center, National Naval Medical Center, and Dewitt Army Community Hospital to form a world class integrated delivery system. “This is a big deal, at this new center, wounds will be healed, medical knowledge will be advanced, lives will be rebuilt and those who wear our Nation’s uniform will be reminded that they have the enduring gratitude of the American people,” says President Bush. Thank you for all that you do every day to care for our Nation’s heroes, and their families.

June Emergency Management Conference covers disaster response efforts at new facilities

Ann Brandstadter, strategic communications, JTF CapMed

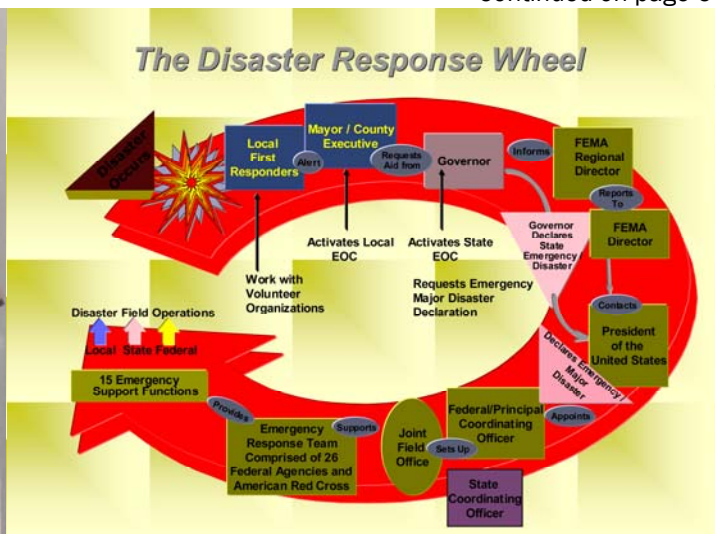
The sixth Emergency Management Conference, “Base Realignment and Closure and Defense Support of Civil Authorities—What Do They Mean to You?” took place at Uniformed Services University for Health Sciences in Bethesda, Md. on June 28. The conference was sponsored by Joint Task Force National Capital Region Medical and was moderated by Bruce Thompson, JTF CapMed’s deputy chief of the Plans Division and Command Emergency Manager.

The Conference featured a variety of guest speakers who talked about emergency disaster response exercises and programs.

Executive Director for Health Care Operations, JTF CapMed, Christine Bruzek-Kohler, Ed.D, started the day by sharing what she observed

at CAPITAL SHIELD 11. “What I saw was a magnificently orchestrated, integrated system between the military, other government organizations, civilian institutions, and civilian agencies, working a synchronized dance to move several hundred patients,” said Bruzek-Kohler. “In a true emergency, you don’t have control over the weather, you don’t

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Dr. Chen discusses a diagram called “The Disaster Response Wheel,” which tracks through the anatomy of an event or response. (Photo by Ann Brandstadter)





Army Col. Craig Shriver, MD, interim director of the Cancer Center (right), and Army Lt. Col.(P) Christopher Gallagher, MD, deputy interim director of the Cancer Center, show the wayfinding map of the third floor of the America Building, where the Cancer Center is located. (photo by Ann Brandstadter)



## The Comprehensive Cancer Center at WRNMMC: a one-stop shop for a cancer patient’s needs

Ann Brandstadter, strategic communications, JTF CapMed

The new Comprehensive Cancer Center at Walter Reed National Military Medical Center is an all-inclusive cancer care center where military beneficiaries can receive top-notch health care in most areas of cancer care. Located on the third floor of the America Building, the Center includes services such as medical oncology, infusion therapy, surgical oncology, prostate, gynecology, and breast care and breast imaging.

“Occupancy in the Cancer Center started in December 2010, and by the end of August, we’ll all be here,” said Army Lt. Col.(P) Christopher Gallagher, MD, deputy interim director of the Cancer Center.

Gallagher explained the benefits of having a center where all cancer services are located in one central location. “Comprehensive cancer centers are part of every university hospital, and there is a lot of evidence that shows how patients get better care at a comprehensive care center,” said Gallagher. “All the excellent medical care a person needs is right here. In one day a patient can see his or her surgeon, medical oncologist, nutritionist, psychologist and physical therapist. Now that we are co-located, we can offer seamless, patient-centric care.”

The Cancer Center offers unique features including a dedicated women’s suite for state-of-the-art treatment in breast cancer and gynecological diseases, including a breast MRI; infusion therapy in private cubicles; standardized clinic

rooms that permit flexibility for future service line growth; and a waiting area near a natural-light healing garden.

The Center will combine all the Cancer Centers of Excellence at Walter Reed Army Medical Center and National Naval Medical Center. “For example, Walter Reed has a Prostate Cancer Center of Excellence and a Gynecologic Cancer Center of Excellence, which we are moving over to NNMC. Walter Reed hematology and oncology has a stem cell transplant service and a large research clinical trials program that will also bring added value to medical oncology once we emerge,” said Gallagher.

One of the unique features of the Cancer Center is the use of clinical trials. “A clinical trial is the standard of care if it’s available,” explained Gallagher. “It’s a treatment that is being studied in a prospective, randomized way against what was the historic standard of care. If it is successful, it becomes the new standard of care.”

Army Col. Craig Shriver, MD, interim director of the Cancer Center discussed the outstanding care patients receive at the Center. “There are a lot of unique aspects that we offer that are only available here in the military,” said Shriver. “We have the most robust medical oncology service, the most number of surgical oncologists and fellowships, and the best trained staff. We have the most highly regarded radiation oncology, best screening

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## Upcoming Events

**Aug. 2**

Wounded Warrior Tour at WRNMMC

**Aug. 10**

DACH Inpatient Move

**Aug. 12-14**

WTB Move to FBCH

**Aug. 19-21**

WTB Move to WRNMMC

**Aug. 28**

WRAMC Inpatient Move

**Sept. 15**

Base Realignment and Closure Deadline

## EMC con't from page 4

have control over traffic, and your objective is to work together as a team to get those patients where they need to be. That's exactly what they did, and that's what we are excited to see. Our goal for you is to continue that partnership."

Guest speaker Christopher C. Gillette, command emergency manager, National Naval Medical Center, described emergency management capabilities at the new Walter Reed National Military Medical Center in Bethesda, Md. such as a new hospital command center, rapid response shelters and mobile decontamination vehicles. "Our new state-of-the-art hospital Command Center has an unclassified watch floor, a classified operations section, full communications capabilities, and video surveillance systems with multiple sites," said Gillette.

Pterri L. Shelton-Phillips, chief of Plans, Training, Mobilization and Security from DeWitt Army Community Hospital discussed how evidence-based design enhances Fort Belvoir Community Hospital. "The four outpatient buildings—Meadows, Sunrise, Eagle and River—all have nature-sounding names, which are soothing for patients and staff," said Shelton-Phillips. "There is a central monitoring system where any staff member can make a

mass notification announcement throughout the hospital regarding an emergency code. Above all our exits is a scrolling marquis with all announcements and emergency codes.

U.S. Public Health Service Capt. D.W. Chen, M.D., M.P.H., director, Civil-Military Medicine, Office of the Assistant Secretary of Defense for Health Affairs, discussed how the Military Health System supports readiness and response programs. "Since Katrina, there has been a change in terms of taxonomy and the hierarchy of national security—there is now a Principle Federal Official, which never existed before," said Chen.

Gene Smallwood, civil-military operations officer and acting chief, Readiness, Training and Exercise Division, JTF CapMed, talked about the CAPITAL SHIELD 11, and what to expect for CAPITAL SHIELD 12. In 2010, participants were 30 civilian hospitals, three hospital associations/alliances, three different county EMS units, nine military medical commands (including four military hospitals), three military non-medical commands and eight private sector or inter-agency partners. In 2011, there will be six military medical commands, 13 civilian hospitals, one hospital association, and one interagency partners participating.

Bruce Thompson wrapped up the day with tabletop exercises that were based on a chlorine tank explosion scenario developed by FEMA involving a rail tanker car explosion and release of chlorine.

**"Fort Belvoir has a central monitoring system where any staff member can make a mass notification announcement throughout the hospital."**

**Pterri L. Shelton-Phillips, chief of Plans, Training, Mobilization, and Security, DACH**

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programs. There is absolutely nothing we can't do here that can't be done in the civilian sector. It's the best you can find in the military."

Compared to civilian centers, the Cancer Center scored very well in screening and prevention programs. "Our mammograms screening rate for eligible beneficiaries is 20 percentage points higher than the national average. Cancer is diagnosed at earlier and more curable stages for military

beneficiaries because of required screening programs," said Shriver.

Partnerships are a big part of the Cancer Center, and the organizations that are partnered with the Center are Uniformed Services University of Health Services and the National Cancer Institute. "NCI will work with us hand-in-hand with their providers, providing specialty referral support, and access to their clinical trials for our patients," said Shriver. "USUHS has a strong basic science research

organization. By incorporating that in the Cancer Center, we will have much more ability to direct cancer related research at the medical school that is relevant."

Eventually, the Cancer Center hopes to achieve National Cancer Institute designation. "Our ultimate goal is to become the destination for DoD beneficiaries who have cancer, and ultimately receive NCI designation," said Gallagher.

