



Bethesda, Md. — A ribbon-cutting ceremony took place on Aug. 11 at NSA Bethesda, celebrating the opening of two new buildings: Building 62, the new Warrior Complex, Tranquility Hall; and Building 17, which holds a new fitness center and Olympic-size swimming pool. (photo by Ann Brandstadter)



## Naval Support Activity Bethesda unveils new Warrior Complex on August 11

Breanna Hockenbury, strategic communications, JTF CapMed

On Aug. 11, honored guests and spectators gathered to witness the ribbon cutting ceremony at the new Naval Support Activity Bethesda Warrior Complex, Tranquility Hall, and Building 17. This is a significant milestone in the Walter Reed Army Medical Center Base Realignment and Closure transition and a new benchmark in Wounded, Ill and Injured Warrior care.

“These buildings are taking their place as foundational elements for the transition in medical care and

Warrior support yet to come in the National Capital Region” explains Navy Lt. Andy Takach, project manager for the officer in charge of construction.

In Feb. 2010 Naval Facilities Engineering Command began construction on Tranquility Hall, a 315,000 square foot complex dedicated to WWII Warriors and their families. Tranquility Hall has centrally located warrior support services—including a spacious dining facility, space for administrative services and a full service child care

center—and 153 two-bedroom, Americans with Disabilities Act -compliant, suites for Warriors, families and non-medical attendants. Each bedroom has its own private bathroom and the suites have a central living room and full kitchen. These suites were designed to make life as comfortable as possible for the wounded Warrior, featuring wide hallways, roll-in showers, wheel-chair accessible kitchens, flat screen TVs, dishwashers, and other furnishings.

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**Did you know?**

During Day in the Life training on July 26 at NMMC, test scenarios were ran by a variety of departments, while observers captured “issues” to be discussed afterwards.

Some scenarios that occurred were:

- Equipment Training
- Scavenger Hunts
- Wayfinding
- Life Safety measures

**Upcoming Events**

**Aug. 28**  
WRAMC Inpatient Move

**Aug. 31**  
DACH Inpatient Move

**Sept. 15**  
BRAC Deadline

“Day in the Life” exercise at NMMC preps staff for new flow of patients

Ann Brandstadter, strategic communications, JTF CapMed

On Tuesday, July 26, the National Naval Medical Center held a Day in the Life training day, where different medical departments conducted rehearsed scenarios of day-to-day activities to prepare for the influx of patients when the Base Realignment and Closure transition is complete.

The Physical Medicine and Rehabilitation Center, was one department that participated in Day in the Life training, discussing operations for the department, such as fielding phone calls, and setting appointment times, to ensure a smooth transition when their doors opened for business on Monday, Aug. 22.

Director and Chief of Physical Medicine and Rehabilitation, Army Lt. Col. S. Avery Davis, MD, talked about what the department does on a daily basis. “This department handles medicine and rehabilitation for patients after their surgeries. We manage their medical conditions, which includes helping them gain back motor skills, and other mobility needs,” said Davis. “We manage amputee patients; we also manage traumatic brain injury patients as well as spinal cord

injuries. We manage their ability to function and get to their highest capability to function, no matter what the injury—stroke, brain, spinal cord, amputee—and get them as close to their prior level function.”

The department also does pain management for its patients, which includes anesthesia and interventional pain medicine. “We use electrodiagnostic medicine, which is used to determine if someone has a nerve injury, such as a pinched nerve or carpal tunnel syndrome.”

In regards to the Day in the Life exercise, “it was about the overview of the processes to makes sure we get the patients seen in a safe and expeditious fashion as we go into our new space,” said Davis.

Some of the items discussed during the exercise were the flow of patients, patient type, and ensuring that patients are seen at the correct appointments at the appropriate times. “We have a number of specialty clinics. We want to make sure the right person comes on the right day for the right procedure at the right time,” said Davis.

Army Lt. Col. S. Avery Davis, MD, director and chief (second from left); and Erica Jankovich (center), clinical manager of the Physical Medicine and Rehabilitation Department, discuss with staff what processes to consider for handling a higher volume of patients at WRNMMC. (photo by Ann Brandstadter)







**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

**Christopher A. Lopez**  
director, communications

# The cultural integration of BRAC— Services working side-by-side

Mary-Claire Burick, cultural integration, JTF CapMed



Senior Enlisted leaders problem-solve during the "Leadership Strategies for Managing Change" session at National Naval Medical Center. (photo by Mary-Claire Burick)

The military Services have successfully worked side-by-side for many years. But the 2005 Base Realignment and Closure Act—with its focus on joint operations—will take this collaboration to a much deeper level, integrating Service cultures and merging clinical operations.

With BRAC quickly progressing and physical moves happening throughout August and into early fall, the future is now upon us. As the teams and clinical operations come together, how does culture, and more importantly cultural integration factor into all of this?

Each Service and MTF has its own culture, or set of shared attitudes, values, goals, and practices that characterizes them. So when integrating cultures, all of those things must be taken into account and planned for. But culture is also emergent—meaning it does not happen overnight. Everyone has an

important role in shaping the new integrated culture, so here are some practical tips to help make the transition to a new joint operating culture a little easier:

- **Be open and curious:** Be open to new ideas, and take the time to learn about what matters to and works for others.
- **Empathize, respect and acknowledge:** People will be at different stages in the transition, will endure different levels of loss and have unique reactions.
- **Share information:** Open, honest, and consistent communication is essential in times of change. Share what you know, but stick to the facts (not opinions).
- **Be patient:** Cultural integration and change takes time. Ambiguity, confusion and resistance are normal in large-scale change.

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National  
Capital Region  
Medical

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"The complex will offer world-class care under one roof," said Navy Vice Adm. John M. Mateczun, M.D., commander, Joint Task Force National Capital Region Medical. "Family members will also have accommodations just steps away including the child care center on the premises, so wounded Warriors won't have to worry about their families while they receive care."

Also opening that day was NSA-Bethesda's Building 17, a historical building that was completely redesigned and renovated to become one of the finest fitness facilities in the Department of Defense. The 415,000 square foot building includes an Olympic-sized swimming pool with wheelchair access, a gymnasium with an elevated track, racquetball courts, a full weight-room and cardio fitness center. This evidence-based design features a glass-enclosed atrium that takes advantage of natural lighting and will be used for administration and laboratory research.



Navy Vice Adm. John Mateczun, commander of JTF CapMed, addresses the crowd that came to view the Aug. 11 ceremonial ribbon cutting at NSA Bethesda. (photo by Ann Brandstadter)



## Commander's Corner by Navy Vice Adm. John Mateczun, M.D.



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

We have completed three weeks of our five-week transition schedule for the stand-up of the Walter Reed National Military Medical Center and Fort Belvoir Community Hospital. Your teamwork, resilience and "can do" spirit have enabled the seamless relocation of 60 percent of the transitioning work areas, the relocation and housing of 179 wounded warriors and 53 non-medical attendants, the on boarding of 2,506 personnel, and the consolidation of over 4,000 civilian personnel into a single system.

In the next two weeks, we will complete the remaining 40 percent of the work area relocations and movement of approximately 80 inpatients. On Aug. 28, Walter Reed Army Medical Center will bring down the flag for the last time. On Aug. 29, the National Naval Medical Center will become the Walter Reed National Military Medical Center and will commence operation of the consolidated hospitals.

In October, we will conduct opening ceremonies for the FBCH and in November for the WRNMMC. Every day you are accomplishing firsts for military medicine and raising our Nation's standards for casualty care and rehabilitation. Thank you for all that you do every day to care for our Nation's heroes, and their families.

## The future of National Capital Region Medical—DoD civilians

Debra Edmond, special assistant for Civilian Human Resources, JTF CapMed

On Aug. 14, Army and Navy civilians working in joint hospitals and centers around the National Capital Region became Department of Defense civilians. This transition served as a key step forward in support of an integrated regional system of world-class medical care to be delivered to tens of thousands of beneficiaries in the NCR. National Capital Region Medical civilian employees will receive training in the coming months as regional personnel policies are finalized. The new regional approach with regard to civilian personnel will ensure that consistent processes and standards are used across the region and civilian employees will have greater opportunities for career growth and

mobility within the region.

All personnel records and information will transfer from the current Army and Navy personnel offices to the new NCR Medical Civilian Human Resources Center, or CHRC, effective Aug. 14. Personnel from the Service personnel offices and Defense Finance and Accounting Service have worked for the last several months to ensure a smooth transition of personnel and payroll data. Civilian employees who have concerns or questions are encouraged to contact the CHRC at 301-319-8387 or the following email address:  
[jtfcapmed.chrc@med.navy.mil](mailto:jtfcapmed.chrc@med.navy.mil).



Maj. Gen. Carla Hawley-Boland (left) commanding general of the Northern Regional Medical Command and Walter Reed Army Medical Center, and NARMC/WRAMC Command Sgt. Maj. Frances Rivera case the colors of Walter Reed Army Medical Center. (photo by Sharon Taylor)



# Casing the colors of an icon— Walter Reed Army Medical Center

Bernard S. Little, command information officer, WRAMC

On Wednesday, July 27, Army leaders cased the colors of Walter Reed Army Medical Center, signifying its closure and transition to the Walter Reed National Military Medical Center, Bethesda, Md., and Fort Belvoir Community Hospital, in Fort Belvoir, Va.

On May 13, the Base Realignment and Closure Commission called for the closure of WRAMC, and its staff and resources to integrate with those of the National Naval Medical Center at Bethesda, DeWitt Army Community Hospital at Fort Belvoir, and Malcolm Grow Medical Center at Joint Base Andrews (Md.) to form WRNMMC and FBCH by Sept. 15.

Those in attendance at the WRAMC's closure ceremony included Sen. Daniel Inouye (D-HI), Rep. Sanford Bishop (D-GA), Assistant Secretary of Defense for Health Affairs Jonathan Woodson, and a number of former commanding generals and alumni of WRAMC.

Secretary of the Army John McHugh, who spoke at the ceremony, said WRAMC "has symbolized the Army's unyielding commitment to the care and treatment of our wounded warriors."

Throughout that time, WRAMC has been a place of

"healing, hope, never-ending innovation, scientific and medical achievement," he said.

McHugh added, "here, it's impossible to walk away without having been [inspired] by the determination and sheer grit of those who are under the care of the professionals at Walter Reed. Those warriors, heroes who have endured traumatic injuries and often terrific pain, and through all of that, maintain the fighting spirit that has always been the heart and soul of the American Soldier."

"That spirit just doesn't reside in wounded Warriors alone," McHugh said. That spirit also exists within the Walter Reed staff, he added, the spirit of "never leaving a fallen comrade."

He said Walter Reed maintained its excellence in patient care despite its transition. "Miracles are what this facility has truly been about. These doors may close, the address may change, but the name, the legacy, and most importantly, the work and the healing will endure," McHugh said.

Lt. Gen. Eric B. Schoomaker, 42nd Army Surgeon General and commanding general of the U.S. Army Medical Command, said he not only met his wife, a former Army nurse, while serving at Walter Reed, but

# New Network Provides Enhanced Access to Medical Systems

Dan Messinger, program management office, JTF CapMed

The Joint Task Force National Capital Region Medical is establishing a fully integrated world-class health care network. The new Joint Medical Network, or JMED, will provide a more efficient, consistent and seamless integrated health care data delivery network consisting primarily of medical activities conducted at [as of Aug. 29] the Walter Reed National Military Medical Center, Bethesda, Md., and Fort Belvoir Community Hospital, Fort Belvoir, Va. The JMED will enable doctors, nurses, and staff to access relevant patient health care information from the connected facilities to deliver care to our Warriors and beneficiary population within the region.

Frank Rowland, JTF CapMed Chief Information Officer said, "The idea for a unified medical network has been discussed within the medical community for many years. We have effectively partnered with the Services and TRICARE Management Activity to design and build this revolutionary network which will ultimately assist our providers in delivering world-class care to our beneficiaries."

In addition to WRNMMC and FBCH, numerous satel-

ite clinics and agencies will be able to utilize the systems and platforms on the JMED network. Critical systems and platforms supported by the JMED include AHLTA, CHCS, MHS portfolio based applications, radiology imaging services, email, CAC log-on, internet access, file and print services, and NIPRNet connection.

According to Chuck Chapdelaine, JTF CapMed's deputy CIO, a key benefit of the JMED is that it will "seamlessly transfer health records for servicemen, veterans, and beneficiaries, regardless of the care delivery site within the area."

As the JMED evolves, JTF CapMed welcomes the opportunity to collaborate with its partners to integrate additional health care delivery sites into the network.



The JMED will maintain health records for servicemen, veterans and beneficiaries.

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also "worked alongside some of the most dedicated professionals honored to care for Soldiers, Sailors, Airmen, Marines and Coast Guardsmen and their families."

"We're here today to mark a great transition in the life of a great institution," added Maj. Gen. (Ret.) Carla Hawley-Bowland, commanding general of the Northern Regional Medical Command and WRAMC. She

called the locations where WRAMC's services and staff are moving, "fantastic new hospitals that will set a new high standard for all of military medicine, maintaining the highest quality for health care, medical education, clinical research and innovations that have been the foundations of Walter Reed for 102 years."

"You'll see plenty of familiar faces on your new campus, and the support services you are accustomed to here will

be available there," said Hawley-Bowland, assuring patients that their staff will be going with them.

"I cannot be more confident of the future success of the Walter Reed National Military Medical Center and the Fort Belvoir Community Hospital," Hawley-Bowland said. "Walter Reed is not a building, it is the people who provide care and compassion for Wounded, Ill and Injured Warriors and their families."

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Things will work out, so be patient with both colleagues and leaders.

- **Look for creative solutions:** Confusion and ambiguity are the wellspring of creativity.
- **Assume positive intentions:** People really are doing the best they can, don't confuse intent with impact.

- **Take baby steps:** Take things one day at a time; focus on the tangible, the immediate, and the practical. Let go of what you can't control.

While the changes associated with BRAC mark an emotional end of an era, they also signify the beginning of an exciting new future in Military medicine, which is being defined by

the people who are creating our newly integrated culture and world-class facilities. For more information, support and resources as you make the transition, visit [www.capmed.mil](http://www.capmed.mil). You can also subscribe to the MTF newsletters and social media sites to stay up to date on CI support and success stories.