



Lorton, Va.—
At CAPITAL
SHIELD 12
on Oct. 19,
Air Force
and Fairfax
CERT members
offload a casualty
from a 1st
Helicopter
Squadron "Huey."
(photo by Ann
Brandstadter)



CAPITAL SHIELD Exercise Once Again Brings Together Private and Public Sectors

Ann Brandstadter, strategic communications, JTF CapMed

Lorton, Va. On Oct. 19, the Joint Task Force National Capital Region Medical successfully completed the medical portion of CAPITAL SHIELD 12, staged at the site of the former Lorton Youth Detention Center in Lorton, Va.

This annual emergency management exercise brought together more than 58 federal and local government agencies as well as public and private sector organizations to practice Defense Support of Civil Authorities. The scenario for this year was a destructive hurricane which disabled the local infrastructure,

followed by a civil disobedience breakdown, and terrorist strikes against local civilian hospitals.

Gene Smallwood, Civil-Military Operations Officer and the senior Medical Exercise Officer for CAPITAL SHIELD worked with the Maryland Region V Hospitals that needed an exercise venue in order to test newly acquired HC Standard handheld devices, as well as test patient surge capability. Civilian Emergency Response Teams from Fairfax and Montgomery County provided first responder support to the Naval Healthcare Clinic Quantico Triage Team and the

WRNMMC Joint Critical Care ATLS Team, referred to as the JCATS. The evacuation of casualty role players was accomplished using UH-1 Huey helicopters from 1st Helicopter Squadron, Ambulance Buses (AMBUS) from 79th Medical Wing and WRNMMC.

"It's an excellent training opportunity for those of us in the Department of Defense and our civilian partners," said Smallwood in a recent radio interview with WTOG.

The exercise included evacuating 46 live casualty role

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Did you know?

7.2M

Approximate number of tissue samples stored at the JPC

55M

Approximate number of glass slides stored at the JPC

700K

Approximate number of wet tissue samples stored at the JPC

Events

Nov. 10

Opening Ceremony of WRNMMC, 0900

The JPC—Making Advances in Military Pathology Consultation and Research

Ann Brandstadter, strategic communications, JTF CapMed

With an upcoming open house for the Joint Pathology Center, *The Voice* took a tour of the facilities located at the Forest Glen Annex, Silver Spring, Md. and had a conversation with JPC Interim Director Army Col. Thomas Baker, MC about what the JPC has to offer.

The Joint Pathology Center was created by the 2008 National Defense Authorization Act. The law mandated that it function as a pathology reference center for the federal government. As such, the JPC assumed some of the key missions of the Armed Forces Institute of Pathology which was disestablished in compliance with the 2005 Base Realignment and Closure commission recommendations. The AFIP closed its doors on Sept. 14, 2011.

Organized military pathology in the U.S. dates back to 1862, when the Army Surgeon General Brig. Gen. William Hammond ordered the establishment of the Army Medical Museum to collect and catalog specimens of morbid anatomy from the military hospitals during the Civil War. In its infancy, it functioned as the Army's Medical Museum and was responsible

for the collection of pathological specimens and their case histories.

Housed at various locations in Washington, D.C. over the subsequent years -- including a time in Ford's Theatre -- the museum activities increasingly focused on pathology research and education. With an increased importance placed on pathology, the museum shifted its mission and became known as an international resource for pathology and the study of disease. This long progression in the 20th century led to the creation of the Army Institute of Pathology, which would become the Armed Forces Institute of Pathology.

With the closure of the AFIP, the JPC has been tasked with the missions to provide expert pathology consultation to the Government and to provide stewardship over the vast holdings of the Tissue Repository. The JPC Tissue Repository contains approximately 7.2 million samples of tissue, approximately 55 million glass slides, and roughly 700,000 "wet" samples are stored in formaldehyde. The holdings date from 1917, making it the largest and most extensive

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Shown is a multi-head microscope being used for consultation of veterinary pathology cases or "sign-out rounds." The session was led by Army veterinarian Lt. Col. Carl Shaia, VC, Chief of Education, and included the staff and residents of the JPC Veterinary Pathology Service. (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 Maj. 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

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The WFCC: The Liaison Between Warriors and Their Families

Ann Brandstadter, strategic communications, JTF CapMed

When Navy Capt. Constance Evans arrived at her new assignment as director of the Warrior Family Coordination Cell on Aug. 2010, she hit the ground running. Evans started putting people in place to ensure the timely opening of the WFCC in July 2011.

Located on the campus of the Walter Reed National Military Medical Center, the WFCC's mission is simple, "We are the central point of contact for the Service Liaisons, Naval Support Activity Bethesda, and the hospital to identify healthcare and administrative issues for the Wounded Warriors and their families," said Evans. The WFCC is dedicated to optimizing an

environment conducive to healing.

The center's vision is to be the Center of Excellence on all Warrior issues and provide seamless coordination and liaison services between Warriors and their Families and service providers throughout the network.

"It's a great group, and we try to work closely with the Service liaisons and with the Service leads at NSAB. We hold a monthly meeting group where we talk about what issues they have at the Service level and at the base level and try to meet the needs of the WII and their families," said Evans.

Katrina Skinner, JTF CapMed, contributed to this article.



WFCC Staff from left to right: First row: HM1 Jason Young, SFC Derrick Brown, LT Rebecca Barthel, CAPT Constance Evans (Director), LT Amanda Gardner, LT Natalia Henriquez
Second row: HM3 Codie Gibson, Gia Wallace, HM2 Kossi Nyatso, Lacey Davis, SGT Priscilla Dimbo
Third row: HM2 Demetrius Tillman, Brian O'Keefe, Evette Matthews, HM3 Tyler Curty, HM3 Christopher Johnson
Back row: HM2 Leslie Wesson, HM2 Owen Pitrone, HM2 Joseph Starnes, ADAN Christopher Suter, Mr. Caleb Brown, SGT Shaurn Richards-Bryan, Mr. Howard Clark
Absent: LTC Stephen Roth, HM3 Nick Oekerman, Ms. Tina Cole, LCDR Tod Hazlett.
(photo by Ann Brandstadter)

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tissue repository in the world.

“The potential for using this in research is unlimited. The JPC is engaged with the Institute of Medicine to review and make recommendations of the use of the repository,” said Baker.

Currently, there is a JPC staff of 135 personnel that includes 30 pathologists in various subspecialties. Some of these pathologists are recognized worldwide as subject matter experts in their subspecialty. In addition, the JPC includes, a molecular pathology laboratory located on the Walter Reed National Military Medical Center campus and the Fragment Analysis-Depleted Uranium program located at the former Malcolm Grow Medical Center. JPC also provides telemedicine capabilities, where tissue samples which have been scanned into computer systems and digitized can be reviewed remotely by the specialty pathologists. Electron microscopy is available for cases that require evaluation of the changes in individual cells, such as in some muscle, nerve tissue, and kidney diseases.

The JPC’s Veterinary Pathology Service provides a post-graduate level education program – the only of its kind in DoD – generating veterinary pathologists to support biomedical research projects at various DoD research institutes. Additionally, the veterinary service provides diagnostic support to the working animal populations of the DoD and other federal agencies and evaluates biopsy and autopsy specimens from pets of eligible active duty and retired military members.

The JPC opened its doors on April 1, 2011 and reached full operating capability on Sept. 15, 2011.

Katrina Skinner, JTF CapMed, contributed to this article.



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



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

The ribbon cutting ceremony for our nation’s newest and most advanced military hospital, the Fort Belvoir Community Hospital (FBCH), held on October 28, represented a significant milestone in the enhancement of medical care services for our Warriors and their families in the National Capital Region. The Fort Belvoir Community Hospital is a 120-bed primary and specialty care hospital with evidence-based design features, and includes 10 operating rooms, a 10-bed intensive care unit, a 10-bed behavioral health inpatient unit, cancer and cardiac care services, emergency services, advanced diagnostic capabilities and wounded warrior support services. The Fort Belvoir Community Hospital along with the Walter Reed National Military Medical Center will set the standard for integrated regional care delivery in military medicine.

My special gratitude and thanks to the FBCH Commander, Colonel Annicelli and the staff of the Fort Belvoir Community Hospital. You have accomplished something which many did not think could be done and you did it by doing things that had never been done before. You did it under the most difficult of circumstances while continuing to provide compassionate care to our Service Members and their families at the Dewitt Hospital. You stood up a 120-bed world class hospital while growing your staff threefold. You brought on line over 25 new clinical capabilities and always put your patients and their care as your number one priority. Thank you for an amazing job well done.



Shown is Dr. Iren Horkayne-Szakaly in the Tissue lab at the JPC, Forest Glen Annex. Horkayne-Szakaly performed an examination of a large cross sections of the brain of someone who died as a result of a tumor. During her analysis, Dr. Horkayne-Szakaly examines tissue that has been fixed in formaldehyde. She then selects a portion of the sample to have slides made. Slide preparation is done at Bethesda and then sent back to Dr. Horkayne-Szakaly where a microscopic examination is performed and a final diagnosis is made. (Photo by Ann Brandstadter)



Left: At the BRAC Lessons Learned conference, Army Maj. Gen. Steve Jones praises those who worked on BRAC, "All the work you've done during BRAC has paid off."

Right: Navy Capt. Betsy Myhre and Navy Vice Adm. John Mateczun give out JTF CapMed coins to those who did exceptional work on the BRAC project. (Photos by Katrina Skinner)



Lessons Learned Meeting Reviews BRAC Planning

Ann Brandstadter, strategic communications, JTF CapMed

Bethesda, MD – On Oct. 12 and 13, the Joint Task Force National Capital Region Medical held a conference to identify lessons learned in the project planning and execution to meet the Base Realignment and Closure mandated transition of Walter Reed Army Medical Center by Sept. 15, 2011. The meeting was hosted by Navy Capt. Betsy Myhre, director of the BRAC Program Management Office at JTF CapMed, and included introductory remarks by JTF CapMed Deputy Commander Army Maj. Gen. Steve Jones, and a presentation of awards from JTF CapMed Commander Navy Vice Adm. John Mateczun. "With so many people leaving the project, we want to capture our lessons learned, in order to give back to the military healthcare system what we learned on this project," said Myhre.

Both days included breakout sessions covering nine different functional areas to identify what processes were used in the construction, outfitting and transition of the hospitals that would be recommended to repeat in a future health care infrastructure project, and what processes to avoid or improve upon. The nine groups included beneficiary reassignment, training and education, clinical processes, manpower, outfitting, design and construction, information technology, transition planning and Wounded Warrior care.

The results that came back underscored the diligence of all who worked on the BRAC project. "All the work you've done during BRAC has paid off," said Jones. "What you've done is execute the most complex BRAC project in the history of the Department of Defense, and you accomplished that with a lot of folks telling you it couldn't be done. We want to

capture all the great things you did, so that we can repeat them over the next several years," said Jones.

The spokesperson for the education and training group noted that though there was a lack of space for training, there was a huge success at Walter Reed on June 23 during their training day, it was so huge that every auditorium was filled to capacity. The group also noted that culture integration was one of the most successful modules.

The beneficiary reassignment group stressed the importance of having one cohesive command message to the beneficiaries. The group noted the well-managed patient movement for populations in the North and South, which included moving Wounded Warriors based on clinical requirements—this was a process to repeat in future projects. The manpower group recommended as a repeat the early staff movement from Walter Reed Army Medical Center, which enabled a smooth transition. Another success mentioned was the creation of the onboarding toolkits, town hall meetings and welcome centers. One material that wasn't created that the group thought could be done in the future would be a pocket guide for transitioning employees. A Lessons Learned report will be published based on the findings of the conference.

On the second day, Vice Adm. Mateczun presented JTF CapMed coins to those who did exceptional work on the project, calling the work done on BRAC a "logistical miracle." Mateczun praised the audience, "we put together two hospitals for the first time in terms of outfitting, and we crossed the Service boundaries in doing that."



Left: At the Trauma station, CAPT Dunne (right), JCAT's Team Leader and Medical Incident Commander confers with one of his team members regarding the nature of the casualty's injuries. (photo by Ann Brandstadter)



Right: A joint Navy, Air Force and Army litter team load a casualty into an Ambulance Bus. (photo by Army Col. Paul Duray)

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players from the exercise site to military hospitals and Maryland Region V hospitals throughout Montgomery County. The weather turned inclement which forced the helicopters to be grounded, but not before 1st Heli was able to transport 11 patients from Lorton to Suburban Hospital and Holy Cross Hospital. Two additional helo sorties to Washington Adventist Hospital and Southern Maryland Hospital had to turn back when the ceiling dropped below 1000 feet and visibility became less than three miles. "It was an unfortunate loss" said Smallwood, "but safety of the flight crews and the role

players had to come first." The remaining thirty-five casualties were transported using the AMBUSes; while another 59 casualties were treated on the site.

JTF CapMed was able to accomplish several training goals during the exercise: enhanced regional mass casualty treatment and casualty evacuation between DoD and civilian healthcare partners in the NCR, JCATS training and air-ground communications; and while training to several Joint Mission Essential Tasks: integrate military operations with regional interagency activities, and coordinate plans with non-DoD organizations.

Physicians and Dentists to Convert to New Pay Plan

Adam Herman, HR specialist, CHRC

On Oct.23, 2011, Joint Task Force National Capital Region Medical Physicians and Dentists will be converted from National Security Personnel System to the Physicians and Dentists Pay Plan. The PDPP provides JTF CapMed with the flexibility to maintain medical talent needed to care for our military members and their families.

In 2003, an effort began to create a compensation plan allowing for greater pay opportunities for physicians and dentists being paid

through the General Schedule system and to create a plan that was competitive with Veterans Affairs. With the implementation of NSPS, it was believed that a competitive pay program was available.

The plan essentially follows the pay plan and the tier structure established by the Department of Veterans Affairs. However, the Department of Defense has the option to make modifications when needed to meet mission demands. With the alleviation of barriers,

market pay becomes a factor for physician and dentist compensation. Market pay considerations are given within the context of organizational budgets.

JTF CapMed, the Civilian Human Resources Center and the Human Resources Liaison Offices are working together to ensure a smooth transition. More information about the PDPP conversion can be found under Civilian Personnel on www.capmed.mil.