



# The Journal

Vol. 23

No. 35

www.bethesda.med.navy.mil

September 1, 2011

## Inside



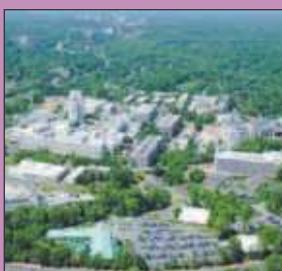
### Survey Says

Patient survey enhancing access.....Pg. 6



### Back to School

FFSC hosts educational event.....Pg. 7



### Historic Account

A look at milestones reached on base.....Pg. 8



### Financial Outlook

NDW FY '12 much the same as last year .....Pg. 12

## Last Patients Move from Walter Reed to New National Military Medical Center

By Sharon Renee Taylor  
and Sarah Fortney  
Walter Reed National Military  
Medical Center Public Affairs

The last 18 inpatients at Walter Reed Army Medical Center (WRAMC) left in a trail of ambulances bound for the National Naval Medical Center (NNMC) during the early morning hours of Aug. 27.

Beneath a cover of darkness, ambulances lined the horseshoe-shaped drive outside Heaton Pavilion as more than 100 hospital staffers and ambulance drivers rallied inside the hospital under the direction of Col. (P) Norvell Van Coots, commander of Walter Reed Healthcare System, to ensure the continuity of care and a smooth transition for patients. Officials executed the planned move a day early as a preemptive measure, exercising safety precautions in the wake of Hurricane Irene. The storm battered the region with heavy winds and rain later that evening.

"Here at last, today is the day," Coots said. "Today is not an ending but a new beginning, for the AMEDD,

See MOVE page 3



(photo by Hospital Corpsman 2nd Class Pablo Mercado)

On Saturday, during the final patient move, Walter Reed Army Medical Center and National Naval Medical Center staff members work together to transport a patient into the new Walter Reed National Military Medical Center.

## MCPON Sends Labor Day Message

Special from Master Chief  
Petty Officer of the Navy  
(MCPON)(SS/SW) Rick D. West

Master Chief Petty Officer of the Navy (MCPON)(SS/SW) Rick D. West released the following Labor Day message to the Fleet:

"Shipmates and Navy Families, The symbolic end to summer is just around the corner ... Labor Day weekend. Have you started making plans yet? Do your plans involve drinking and driving or driving long distances while fatigued? Do they involve water sports after a long day of drinking alcohol? How about driving a motorcycle at excessive speeds just to feel a rush?

Of course Sailors don't plan to do these things, but we continue to lose shipmates because of the bad choices they make. So far, we have lost 15 Sailors this summer: six in four-wheel motor vehicle mishaps, six on motorcycles and three during recreation



(U.S. Navy photo by Mass Communication Specialist 1st Class Jennifer A. Villalobos)

Master Chief Petty Officer of the Navy (MCPON) Rick West holds an all-hands call with the crew of the guided-missile destroyer USS James E. Williams (DDG 95).

mishaps. Last year we lost a total of 14 Sailors from Memorial Day to Labor Day and we have unfortunately exceeded that total with a few weeks left before Labor Day. The loss of one trained and ready Sailor is unacceptable, and in most cases preventable.

I encourage all of you to practice

off-duty risk management while planning your activities, and avoid cramming too many activities into a short period of time. Use caution when driving and think SAFE: no Speeding; no Alcohol before driving; no Fatigue (get plenty of rest) and no Ejections (wear your seatbelts). Also use caution when participating in water activities, and if drinking, always have a plan to get home.

Stay safe and let's close out summer and Labor Day weekend with zero fatalities or injuries. Enjoy your much-deserved time off with your family and friends, and as always, keep in mind our Sailors who are deployed and can't be with their loved ones.

Enjoy your Labor Day weekend and HOOYAH!

Very Respectfully,  
MCPON"

For more news from Master Chief Petty Officer of the Navy, visit [www.navy.mil/local/mcpn](http://www.navy.mil/local/mcpn).

## Commander's Column

After a successful inpatient move early Saturday morning, you're probably thinking you have finally crossed the finish line. After what felt like a marathon, long days of extensive planning - your tireless efforts have paid off, resulting in a smooth, seamless transition in the face of a hurricane that promised to wreak havoc upon those in her path.

Yes, every patient who was formally at Walter Reed Army Medical Center has been moved, but there is still work to be done as we settle in to our new home together, Walter Reed National Military Medical Center, Bethesda, Maryland.

Many of you are figuring out the best route to work and home, where and what time to have lunch, the best way to get from point A to point B, where you can find a stapler, adjusting to additional staff and most importantly, establishing new working relationships. At times it will be daunting, but I ask you all to not lose sight of why we are here together.

We are all one team. If you are familiar with the base and see someone struggling to find their way, please take that moment to help them. It is encounters such as these that build relationships and will impact how we work together for years to come.



Your flexibility continues to be needed now more than ever. Your commitment to excellence and your dedication to humanity will allow us to continue the outstanding legacy of military medicine.

I cannot thank you enough for your past efforts that made the BRAC vision a reality. Remember: ONE TEAM, ONE FIGHT!!!!

Commander sends,  
Rear Adm. Matthew L. Nathan  
Medical Corps, United States Navy

## Bethesda Notebook

### Command Name Change Now Effective

Effective Aug. 29, the command changed from the National Naval Medical Center to the Walter Reed National Military Medical Center, Bethesda, Maryland. All orders, directives, appointments, designations, and regulations currently in force will remain in effect until modified, canceled, or suspended.

### Make-Up Distribution of Transit Benefits

The Make-Up Distribution of Transit Benefits will be held Sept. 8-9 between 9 a.m. and 2 p.m. in the hallway outside of the second floor entrance to the Laurel Clark Memorial Auditorium in Building 10. For more information, contact NSAB Transportation Program Coordinator at ryan.emery@med.navy.mil. All recipients transitioning to WRNMMC should apply under the code JTF CapMed/WRNMMC.

### Family Employment Readiness Program Offered

Naval Support Activity Bethesda's (NSAB) Fleet and Family Support Center (FFSC) now offers the Family Employment Readiness Program (FERP). The FERP Specialist assists military family members with strategies for conducting an effective job search, resume writing, interview mastery, federal employment information, employment referrals and creating a career/education action plan. Each family member receives personalized services tailored to their specific needs. To schedule an appointment with the FERP Specialist, located in Building 11, call 301-319-4087.

### Seasonal Flu Vaccine Update

The seasonal flu vaccine will be available for Walter Reed National Military Medical Center staff Sept. 6-9 and Sept. 12-13 from 7:30 a.m. to 4 p.m. in Building 7, second floor. On Sept. 8, hours will be extended to 4:30 p.m. The seasonal flu vaccine is mandatory for all active duty and civilian health care workers in direct patient care as defined by NATNAVMEDCINST 6200.2. Staff may receive either the FluMist or injectable vaccine. When getting the vaccine, staff must bring their staff badge and CAC/ID card to get vaccinated.

Published by offset every Thursday by Comprint Military Publications, 9030 Comprint Court, Gaithersburg, Md. 20877, a private firm in no way connected with the U.S. Navy, under exclusive written contract with the National Naval Medical Center, Bethesda, Md. This commercial enterprise newspaper is an authorized publication for members of the military services. Contents of The Journal are not necessarily the official views of, nor endorsed by, the U.S. Government, the Department of Defense, or the Department of Navy. The appearance of advertising in this publication, including inserts or supplements, does not constitute endorsement by the Department of Defense or Comprint, Inc., of the products or services advertised. Everything advertised in this publication shall be made available for purchase, use or patronage without regard to race, color, religion, sex, national origin, age, marital status, physical handicap, political affiliation, or any other non-merit factor of the purchaser, user, or patron. Editorial content is edited, pre-

pared and provided by the Public Affairs Office, National Naval Medical Center, 8901 Rockville Pike, Bethesda, Md., 20889-5600. News copy should be submitted to the Public Affairs Office, Bldg. 1, Room 8120, by noon one week preceding the desired publication date. News items are welcomed from all NNMC complex sources. Inquiries about news copy will be answered by calling (301) 295-5727. Commercial advertising should be placed with the publisher by telephoning (301) 921-2800. Publisher's advertising offices are located at 9030 Comprint Court, Gaithersburg, Md. 20877. Classified ads can be placed by calling (301) 670-2505.



### Naval Support Activity (NSA) Bethesda

Commanding Officer Capt. Michael Malanoski  
Public Affairs Officer Sandy Dean

#### Journal Staff

Staff Writers	MC1 Ardelle Purcell	(301) 295-5727
	MC2 John Hamilton	(301) 295-5727
	MC3 Alexandra Snyder	(301) 295-5727
	MCSN Dion Dawson	(301) 295-5727
	Cat DeBinder	(301) 295-5727
	Katie Bradley	(301) 295-5727
Journal Editor	Sarah Fortney	(301) 295-5727
Fleet And Family Support Center Family Ombudsman		(301) 319-4087 (443) 854-5167 (410) 800-3787 (240) 468-6386

# MOVE

Continued from 1

the military health system and our covenant with the American warrior past, present and future," the commander said. "Today is the day that we make our mark indelibly in American military and medical history, and for the rest of this day we are Walter Reed, America's Hospital, the home of warrior care and so much more."

Weatherford, Okla. native, Sgt. Thomas Aaron Shepard was the last patient to depart from the hospital. Accompanied by his wife, Brandy. The Fort Drum Soldier exited with a rousing applause from Walter Reed staffers and a salute from the hospital's command. The 10th Mountain Division sniper lost his left leg and sustained serious injury to his right leg July 16, when he stepped on an improvised explosive device in Afghanistan during his second deployment downrange, his first to Iraq two years earlier.

Pain management team members, trauma surgeons and nurses stood standby as transport teams arrived on Ward 57 to move Shepard and the orthopedic ward's five other remaining patients. Second Lt. Brenton Arihood said he was honored to serve as Shepard's transport nurse for the move to Bethesda, but not because he was the last Walter Reed patient.

"It's not whether [he's] the first or third or last. To see a guy that I've cared for more or less from the beginning," Arihood explained. The nurse said he has worked with Shepard since the sergeant first arrived on the orthopedic ward more than a month earlier.



(photo by Hospital Corpsman 2nd Class Pablo Mercado)

**Walter Reed Army Medical Center and National Naval Medical Center staff members worked together during the final inpatient move Saturday, ensuring a smooth, seamless transition.**

Trauma Surgeon Dr. Darrell Carpenter joined other WRAMC staffers curbside as they watched the hospital commander and his deputies close the ambulance doors behind Shepard and salute.

"We got the last one in," Carpenter said.

NNMC Commander Rear Adm. Matthew Nathan said to those involved in the planning leading up to this day that they are a part of history.

"This is a historic day," said Nathan. "This is the culmination of 102 years of Walter Reed service, blending and integrating into the service of the National Naval Medical Center. Now we're taking the best of both practices."

At the conclusion of the move, Joint Task Force CapMed Commander Vice Adm. John Mateczun discussed the vision of the department for the integration of the two facilities.

When it came to planning for this new venture, the goal in mind, during the last several years, was to take these two facilities and provide the same capabilities, said Mateczun.

"What we've been able to do is put capital investment into the infrastructure, so we achieve a world class infrastructure," said Mateczun. "The department has been intent on making sure we're able to provide world class standard and keep our covenant both with wounded warriors that come back from Iraq and

Afghanistan as well as their families."

Coots also noted that the transition was almost flawless.

In the weeks leading up to the move, patients and their families, who were identified as those who would be moving, were told that WRAMC staff would be moving right along with them, which helped put their minds at ease, said Coots.

"It was such a smooth transition today," said Coots. "We've been identifying patients over the last two weeks and had informed families about the transition, what they could expect here, letting them know we're not abandoning them."

Coots went on to note the amount of pride in not only what WRAMC's achieved in the last 102 years, but also what they have achieved together with the flagship of Navy Medicine here to create the future of the military health care system.

Due to weather conditions with Hurricane Irene, the patient move, originally scheduled for Aug. 28, was moved to Aug. 27.

"We have always been an agile organization. They have deployed hundreds of personnel at the drop of a hat to human assistance relief missions or disaster relief missions, so we're pretty adept at having to change plans suddenly and reconfiguring logistics," said Nathan. "I'm very proud of the crews from Bethesda and Walter Reed."

The day concluded with handshakes and commendations shared by both organizations.

The National Naval Medical Center Bethesda will now be officially known as the Walter Reed National Military Medical Center, Bethesda, Maryland (WRNMMC).

## OR Staff Celebrate as New Spaces Open



Operating Room (OR) staff members gathered Monday for a ribbon-cutting ceremony, dedicating the opening of their new rooms in Building 9. In the background, Chief of Staff Col. Charles Callahan applauds. In addition to the new rooms, the OR's current rooms, located just down the hall, will remain open. OR staff will also continue to use their three additional rooms located in remote locations throughout the hospital.



(photos by James Royal)

Following the ribbon-cutting, OR staff members and the Deputy Commander for Surgery, Capt. Lisa Mulligan, cut a cake to commemorate the opening of their new spaces.

# Northern Command Continues to Aid Relief Efforts

---

## From a U.S. Northern Command News Release

---

U.S. Northern Command is continuing to support relief efforts in the aftermath of a powerful hurricane that struck the East Coast over the weekend, causing extensive flood and wind damage.

Northcom is coordinating the Defense Department's support to the Federal Emergency Management Agency, and state and local response efforts in the wake of Hurricane Irene, Northcom officials said Aug. 29. Northcom is also providing numerous DoD assets and personnel to support relief efforts, officials said. For example, air and space power experts are helping to synchronize air operations with Army, Navy, Air Force and National Guard aviation resources in support of FEMA air operations.

Northcom officials also have:

- Designated Fort A.P. Hill, Va., as a FEMA federal teams staging facility to support disaster operations in Virginia;

- Provided aircraft for federal operations support to assist in transporting key personnel and supplies to support disaster operations in North Carolina;

- Activated the U.S. Army North's defense coordinating officer and defense coordinating element to support FEMA Region III in Virginia;

- Designated Westover Air Reserve Base, Mass., as an incident support base to stage asset movement to impacted counties in North Carolina and South Carolina;

- Designated Joint Base McGuire-Dix-Lakehurst, N.J., as an incident support base to stage asset movement to impacted counties in Region II and III;

- Activated the Region IX U.S. Army North's defense coordinating officer and defense coordinating element to support FEMA Region I regional response coordination center;

- Activated U.S. Army North's defense coordinating officer and defense coordinating element to support FEMA Region I;

- Activated U.S. Army North's defense coordinating officer and defense coordinating element to support FEMA Region II-New Jersey and New York;

- Designated Westover Air Reserve Base as an incident support base to stage asset movement to impacted counties;

- Activated U.S. Army North's defense coordinating officer and defense coordinating element to support FEMA Region II-Puerto Rico;

- Activated U.S. Army North's defense coordinating officer and defense coordinating element to support FEMA Region IV-North Carolina;

- Activated U.S. Army North's defense coordinating officer and defense coordinating element to support the FEMA National Response Coordination Center and to provide assessments and coordination as required;

- Activated emergency preparedness liaison officers to support the National Response Coordination Center.

- Activated and deployed transportation specialists to the FEMA movement coordination center to augment and assist in strategic-level movement and logistics planning; and

- Designated Fort Bragg, N.C., as an incident support base to stage asset movement to impacted counties in North Carolina and South Carolina.

Northcom officials also are providing FEMA with pararescue and 18 rotary wing aircraft in anticipation of search and rescue operations.

# Navy iPhone Application Provides Emergency Response Information

---

**From Commander,  
Navy Installations Command  
Public Affairs**

---

Commander, Navy Installations Command (CNIC) reminded Sailors, retirees and their families last week about the "Navy Life" iPhone application that provides emergency information regarding hurricane preparedness.

The application, which was developed as part of CNIC's iShore initiative, features interactive program information that can be accessed directly from the initial download from the Apple store to a customer's iPhone or iPod Touch.

"A key feature of the app (application) is that in emergency situations we can push important information directly to Sailors and their families," said Ruel Odom, head, CNIC Fleet and Family Readiness (FFR) Marketing and Multimedia Development Branch. "We hope they find the 'Navy Life' app to be a useful resource for information on the many Fleet and Family Readiness programs and services that are available."

Additional information is provided on the mobile devices when an internet connection is used. Active links will direct users to emergency response information and news feeds for help during emergencies.

"When an emergency strikes, knowing what to do can save time, property and lives. You can learn more about how to prepare and cope with disasters by using the 'Navy Life' mobile application," said Mike Bruner, CNIC Navy Family Emergency Response Program manager. "The 'Navy Life' mobile application has important information on preparing for a disaster, what to do after a disaster occurs, basic emergency kits and important resources available (i.e. Red Cross, Federal Emergency Management Agency, Navy Family Accountability and Assessment System and more) for recovery."

The "Navy Life" mobile application, through the strength of social networking, connects members to Facebook pages for the master chief petty officer of the Navy (MCPON), Navy FFR and more.

In addition to information about CNIC's FFR programs, the mobile application contains information about other important quality of life programs, such as the Navy Exchange, Defense Commissary Agency and other resources for family members.

The app can be downloaded at <http://itunes.apple.com/us/app/navylife/id368752284?mt=8>.

For more news from Commander, Navy Installations Command, visit [www.navy.mil/local/cni](http://www.navy.mil/local/cni).

# Patient Survey Aims to Enhance Access

By Sarah Fortney  
Journal staff writer

To better communicate with and understand the needs of patients, a Patient Communication Improvement Survey was conducted earlier this summer, asking patients of all ages how they prefer to receive information from their providers.

"As we continue to refine and expand our communication plans, we really want to get a pulse check on what our patients and families prefer. Our goal is to be in sync with what our patients feel is important to know and how they'd prefer to receive that information," said Chisun Chun, Command Access Team Champion and Deputy Commander for Healthcare Operations and Strategic Planning.

"Access is more than just appointments. It's also providing the right information through the right medium that works best to create an outstanding experience for patients and families," she said.

Results from the two-week survey, conducted in early June by the Annual Plan Goal Team on Access, were announced to the Board of Deputies last week, said Cmdr. Scott Itzkowitz, medical director of the Healthcare Operations and Strategic Planning Directorate.

The survey was distributed to 168 patients in both primary and specialty care areas, including the Lab, Radiology, Pharmacy and Utilization/Referral Management, and asked patients how they prefer their providers communicate with them about their health information, and how they prefer to receive information from the medical center about general health information, such as seasonal immunizations, educational classes, support groups and lectures, said Itzkowitz. Patients could indicate whether they preferred information via email, mail, secure electronic mail (i.e. NNMC online), telephone, social media or otherwise.

Overall, the survey showed patients largely prefer to receive information from their providers via e-mail, and secondly, via phone, said Itzkowitz.

"It was very surprising to us that social media wasn't very popular," he said. Across the board, patients of all ages agreed they did not wish to receive general health information via social media. He added that this particular feedback corresponded with a national survey conducted earlier this year, in February, by Public Policy Polling.

Additionally, the survey will be used to support communication planning, Itzkowitz said.

"We plan to continue utilizing this survey in a web format to track patients' desires long-

term after the integration is completed," he said. "The plan is to use this information to tailor both short and long term communication planning."

One such short-term communication plan involves the use of an electronic messaging system to help deliver messages to patients and staff. As for long-term planning, the hospital is determining ways to best distribute clinical information, such as the use of TRICARE's RelayHealth, a secure, web-based service used to help connect patients to their providers.

Through this survey, patients indicated that they are particularly interested in information about parking and traffic on base, construction updates and community health news, such as flu shot hours and school physical schedules, Itzkowitz added.

In addition, patients expressed their appreciation for the survey, stating that they were grateful the command took time to seek their input.

During this time of transition to the new Walter Reed National Military Medical Center, Itzkowitz added, it's especially important to maintain open lines of communication. In October, the survey will be conducted again to include views from both patients and staff who have transitioned to Bethesda from Walter Reed Army Medical Center.

"Our goal is to minimize the disruptions and to do it in the highest quality manner, and to be able to support and give the highest quality of care to all of our patients," said Itzkowitz.

***"Our goal is to minimize the disruptions and to do it in the highest quality manner, and to be able to support and give the highest quality of care to all of our patients."***

***—Cmdr. Scott Itzkowitz,  
Medical Director  
of Healthcare Operations  
and Strategic Planning***

# Classes Back in Session, Fleet and Family Hosts Back to School Fair

**By Mass  
Communication  
Specialist 3rd Class  
Alexandra Snyder  
Journal staff writer**

As the summer ends and school begins, Naval Support Activity Bethesda's (NSAB) Fleet and Family Support Center (FFSC) held a back to school fair Friday offering educational tools for parents and kids.

While passing out backpacks, donated by United Services Organizations (USO) and loaded with folders, erasers, markers, glue sticks and pencils, FFSC members spoke to staff and visitors in the America building about all things school. Topics included crime prevention, healthy activities, saving for college, and free online tutoring services available to service members.

"We really wanted to share with the community information about the services provided by [Fleet and Family], as well as other or-

ganizations that work with military families, such as Operation Military Kids (OMK) and Tutor.com," said Daniel Dunham, FFSC's school liaison.

Operation Military Kids is the Army's collaborative effort with America's communities to support children and youth impacted by deployment. Regardless of how many deployments families have been through, OMK's goal is to connect military children and youth with local resources in order to achieve a sense of community support and enhance their well-being, said Laura Pettersen, OMK project director.

Helping teachers, counselors and those who work with youth, understand how military deployment impacts children, the organization offers educational opportunities, said Pettersen. OMK also sponsors youth programming, such as summer camps specifically tailored for children going through or recently coming off of a deployment of a parent in the



(photo by Mass Communication Specialist 3rd Class Alexandra Snyder)

**Daniel Dunham, Fleet and Family Support Center's school liaison, far right, distributes school supplies to parents during Friday's back-to-school fair in the America Building.**

military reserves.

"[These camps] give [children] a chance to feel the same as other kids and know they're not alone. Additionally, we're hoping the kids will want to leave with some of those skills that [counselors] talked about, whether it's more independence and responsibility, stress manage-

ment or understanding a little bit more about being in a group when you don't necessarily get along with everyone. [It also helps them with] decision-making, working together, life skills, that sort of thing. We hope they have fun, have a good time so, that they can maybe forget for a few minutes about some of

the other stressors in their lives and just focus on being a kid," she said. Among the many other resources available, Tutor.com offers children and adults the chance to succeed year-round, said Dunham.

"We really want people to know these programs and this assistance is out there," he said.

Also represented at the event was Walter Reed National Military Medical Center's (WRNMMC) Pediatrics department, which offers sports and school physicals and services.

"A physical is required by many elementary and secondary schools, sports teams and even colleges and high schools where a student may be participating in an overseas study program or trip," said Peter Zawadsky, Uniformed Services University of the Health Sciences (USU) site director and physician with WRNMMC's Pediatrics and Infectious Disease clinics.

See **SCHOOL** page 10



## Walter Reed National Military Medical Center: A Historic Account

By Sarah Fortney  
Journal staff writer

In the last six years, since BRAC law was signed by Congress, until this past weekend when the last Walter Reed Army Medical Center patient moved into the Walter Reed National Military Medical Center, Bethesda, Maryland, the base has achieved and commemorated many milestones.

Among the many accomplishments on the grounds of Naval Support Activity Bethesda (NSAB), a new, 55,000 sq. foot outpatient facility, the America building, was built to accommodate all patients and families at Walter Reed/Bethesda. The building houses a new amputee center, cancer treatment center, pharmacy and several outpatient clinics, such as dermatology, audiology and internal medicine. In addition,

an eight-level patient parking garage was built across from the America building, offering 944 spaces.

Also built to meet patient needs, a 162,000 sq. foot Arrowhead building opened in January. The building houses the Emergency Department and provides 50 inpatient Intensive Care Unit beds, as well as Nuclear Medicine and Imaging, Cardiology and Interventional Imaging departments. While patients are in long-term treatment, their loved ones have the option to stay at either the recently renovated Navy Lodge, or one of five Fisher Houses on base. The lodge, a self-sustaining business, has 106 guest rooms available for wounded warriors' families, as well as service members if they have a medical appointment, are Temporary Additional Duty (TAD), Permanent Change of Station (PCS) or Temporary Duty (TDY).

Providing a place for military families to stay at no cost, three new, the Fisher Houses on base provide 60 handicapped suites, 20 of which are private. All of the houses include common areas, communal dining, family rooms and play rooms for children.

A new Wounded Warrior Barracks, Building 62, now offers housing to wounded warriors in 153 suites. Opened last month, each two-bedroom suite includes a kitchenette, washer and dryer and a lounge area, allowing outpatients a place to stay with a non-medical attendant. If needed, each room is ADA (Americans with Disabilities Act) compliant. The base also has plans to build a new 200-bed facility, in a more secluded area on base, for wounded warriors and their families, providing both single and two bedroom suites.

A new 70,000 sq. foot fitness center

offers an Olympic-size pool, track, racquetball courts and an additional 573 parking spaces. To support staff, an administrative complex, Building 17, now open, provides staff members 145,000 sq. feet of work space.

Construction is currently underway for a new, two-story, 150,000 sq. foot Navy Exchange (NEX), more than three times the size of the previous 40,000 sq. foot store. The new exchange will have a food courts with various dining options, a pharmacy, a satellite Navy Federal Credit Union office, barber and beauty shop, an optical department and a flower shop.

This is all a testament of the dedicated and tenacious staff, who were instrumental in bringing into fruition what we now know as the Walter Reed National Military Medical Center, Bethesda, Maryland.



(file photos)



# NICoE Hosts Book Signing for Launch of Combat, Operational Health Textbook

## SCHOOL

Continued from 7

Examinations of this sort typically entail a comprehensive verbal history of the patient's medical background and a complete physical examination, said Zawadsky, adding that the check-up is an opportunity for parents and children to address concerns and create a management plan regarding the patient's health. Parents should also remember to bring their child's immunizations record because often shots are necessary and can be completed during the same visit.

"Without your personal records of your child's immunizations, their needs often cannot be fully determined because our records only go back five years," said Zawadsky.

To schedule a physical for your child, call the hospital's appointment hotline at 301-295-6289. For more information on any services for children, call FFSC at 301-319-4087.



(photo by Linsey Pizzulo)

The National Intrepid Center of Excellence (NICoE) hosted a book signing Friday for the launch of the Textbook of Military Medicine, Volume on Combat and Operational Health. Pictured above are Army Lt. Col. Jeff Yarvis, PhD, Deputy Commander for Behavioral Health at Walter Reed National Military Medical Center, and Navy Lt. Bita Kianimanesh, Clinical Psychologist at the NICoE.



(photo by Linsey Pizzulo)

Pictured above is Army Lt. Col. Ross Pastel, PhD, NICoE's Chief of Research, one of several contributors of the Textbook of Military Medicine, Volume on Combat and Operational Health.



(photo by Linsey Pizzulo)

Pictured above is Navy Capt. Robert Koffman, MD, NICoE's Deputy Director of Clinical Operations, a contributor of the Textbook of Military Medicine, Volume on Combat and Operational Health

# FY12 Outlook: Challenging but Manageable

By Natalie Jordan  
NDW Public Affairs

A way to describe the 2012 fiscal year is, at best, maintaining the status quo as the overall NDW fiscal year 2012 regional control is much the same as the previous year with no significant increases or reductions.

Commander Navy Installation Command's (CNIC) FY12 proposed budget is roughly \$8 billion — about five percent of the Department of the Navy's (DoN) requested \$161.4 billion from President Barack Obama's proposed budget for fiscal year 2012. The Navy's budget also includes an additional request for \$15 billion for overseas contingency operations to support operations primarily in Iraq and Afghanistan.

The Navy's request is an increase of \$1 billion over last year's baseline appropriations, and focuses on improving warfighter capabilities and investing in ways to counter future threats while continuing to care for Navy and Marine Corps service members, civilians, and their families.

Naval District Washington's (NDW) portion — which is allocated through CNIC, the budget submitting office for NDW — is a little less than half a billion.

"This is the President's budget, but until a defense appropriation is signed, we won't know what our actual budget will be for 2012. Although CNIC is a small percentage of the

Navy's budget, there is pressure on CNIC to find savings. No one is going to be spared," said Robert Inaba, comptroller for NDW. "From a region perspective, we're not in dire straits, but there are things that still need some attention and we are working through them. From an installation management perspective, we're not growing. We're not expanding, and, at best, we're maintaining the status quo."

The upcoming fiscal year controls present some challenges, but nothing that is not manageable Inaba expressed as he said that it is likely NDW will again enter the new fiscal year under continuing resolution authority (CRA), which allows the region to keep running at the previous year's funding level until Congress passes an Appropriations Bill.

"Anytime you are under a CRA you're typically frozen at the prior-year spending levels, and this fiscal year, we were under a CRA for an unprecedented length of time," he added. "If past history is an indicator of future events then we will likely enter FY12 under a CRA."

One of the outcomes of the extended CRA was difficulty in executing the FY11 budget because the window to spend funding was greatly reduced. The Defense appropriation for the current fiscal year was not signed until April, which in turn only gave NDW five months to ramp up and spend its FY11 budget, Inaba said.

Funding for the region is primarily



(U.S. Navy photo by Mass Communication Specialist 2nd Class Kiona Miller)

**Funding for the region is primarily in operations and maintenance, and is broken down into two subheads — base operating support (BOS), and Facilities Sustainment Restoration, and Modernization (FSRM).**

in operations and maintenance, and is broken down into two subheads — Base Operating Support (BOS), which is slated to receive roughly \$350+ million, and Facilities Sustainment Restoration, and Modernization (FSRM), which is looking to receive around \$100+ million.

Inaba said the money is spent pri-

marily in three major program areas Facilities, Quality of Life, and Operations. The big-ticket expenses include utilities, facility services, facilities management, force protection, and MWR. He noted that for the current year BOS funding over half is used for facility requirements, which was close to a \$180 million dollar bill. NDW is using the best management practices in the best interests of the Navy, and continues to look for cost-saving measures and ways to reduce energy consumption.

In fiscal year 2012, NDW is developing strategies to address potential shortfalls in quality of life programs and Human Resources.

"The budget discussions have been so contentious, with the debt ceiling, national debt, and spending cuts as lead issues. In the past DoD and Homeland Security had been by in large excluded from any discussions involving significant savings measures but I don't think that's the case anymore," Inaba said. "Legislators are taking a hard look at social security and Medicare entitlements, and if they're looking at cuts in those entitlements, then everything's in play... We don't know the impact to DoD or the Navy yet."

The bottom line according to Inaba is the financial outlook for fiscal year 12 will mirror much of fiscal year 2011, and we must all continue to look for cost saving measures because in fiscal year 2013, the picture is less clear.

Connect with  
the Military Community in Your Local Area

Go to  
[www.DCMilitary.com](http://www.DCMilitary.com)

Where Military connect in  
the Washington, DC, Maryland and Virginia region