

PREPARED STATEMENT
OF
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BEFORE THE
HOUSE APPROPRIATIONS COMMITTEE
SUBCOMMITTEE ON DEFENSE

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Chairman Dicks, Ranking Member Young, and committee members, thank you for the opportunity to share with you the Department of Defense's (DoD) progress on realigning and transforming Military Medicine in the National Capital Region (NCR) to enhance the world-class healthcare capabilities already existing in our nation's primary military casualty reception site and then to achieve the newly defined world-class standard. The Department anticipates that new construction conducted during BRAC will provide state-of-the art facilities at the new Walter Reed National Military Medical Center (WRNMMC), Bethesda and Fort Belvoir Community Hospital (FBCH) by 15 September 2011. The new facilities will incorporate numerous world-class improvements and allow for better delivery of healthcare and recovery services to service members, retirees, and eligible families in the NCR.

The Department's has nearly completed a comprehensive master plan for the NCR Medical that will address the requirements under Section 2714 of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2010 to develop and implement a comprehensive master plan to provide sufficient world-class military medical facilities and an integrated system of healthcare delivery for the NCR. In addition to finalizing the plan, the Department has made substantial progress in implementing the findings and recommendations identified by the NCR BRAC Health Systems Advisory Subcommittee of the Defense Health Board's (DHB) independent review of plans for the new WRNMMC, Bethesda and FBCH, provided in July 2009.

The Department is grateful for the efforts by the DHB to define the attributes of a world-class medical facility and the Department, in its 15 October 2009 submission to Congress, endorsed the specific recommendations the panel made for WRNMMC, Bethesda and FBCH to achieve this newly defined standard. With few exceptions, in the DHB panel's review found the

plans for FBCH to meet the new world-class medical facility standard. In addition, the Department believes it has made substantial progress in addressing the panel's recommendations for WRNMMC, Bethesda, since the DHB panel's review was provided in July 2009. The remaining recommendations related to the current BRAC construction will be completed by 15 September 2011.

In the comprehensive master plan, the Department will outline these additional world-class enhancements, as recommended by the DHB, for the NCR that include recapitalizing the aging part of the infrastructure at Bethesda and providing additional Americans with Disabilities Act (ADA) compliant warrior lodging, which improves upon the Mologne House model in use at Walter Reed Army Medical Center (WRAMC) today. The plan will also realign organizational and budgetary authorities to more effectively manage the WRAMC BRAC transition and the implementation of an integrated system of healthcare delivery.

World-Class Healthcare Capabilities Currently in the NCR

Today, WRAMC, National Naval Medical Center (NMMC) and Malcolm Grow Medical Center (MGMC) provide among the best healthcare and recovery services available in the world. The hospitals already achieve many attributes of the DHB panel's newly defined world-class standard and provide exceptional care of patients.

The capabilities at WRAMC for amputee care are already world-class and in fact lead the world in transformations in prosthetics care and rehabilitation; the NMMC's expertise in open Traumatic Brain Injury (TBI) is renowned worldwide; and the state-of-the-art aeromedical staging facility at Joint Base Andrews provides a medically capable and caring atmosphere for our returning wounded warriors, the vast majority of whom transit through the NCR, even if they do not receive continued care in the region. The quality of care at the new WRNMMC, Bethesda

and the FBCH will retain this degree of excellence and those attributes of world-class care provided today in the region, and will further enhance areas of care to achieve additional world-class attributes.

The 2005 BRAC recommendation that realigned operations from WRAMC to WRNMMC, Bethesda and FBCH was the Department's first step in a larger effort to transform, realign, and significantly enhance the way it delivers healthcare in the NCR today and in the future. Taking into account the recommendations of the DoD's 2007 Independent Review Group and the President's Commission on Care for America's Returning Wounded Warriors (Dole-Shalala), the DoD Senior Oversight Council recommended and the Department established the Joint Task Force, National Capital Region Medical (JTF CAPMED) as a Standing JTF to oversee these efforts, as well as the NCR Medical BRAC recommendations. Reporting to the Secretary of Defense through the Deputy Secretary of Defense, JTF CAPMED is an integral part of the DoD's commitment to provide the best healthcare available.

By the completion of Medical BRAC construction in the NCR, WRNMMC, Bethesda and FBCH will be fully operational hospitals with many of the attributes necessary to meet the newly defined world-class standard. Regarding current facility construction at WRNMMC, Bethesda, DoD has provided \$65M of funding in FY 2010 to expand the existing operating rooms (ORs) at NNMC to achieve the new world-class standard and has also realigned \$125M in additional FY 2010 BRAC funding for WRNMMC, Bethesda to address many other recommendations of the DHB panel, including the incorporation of input from clinicians and end users. Moreover, DoD has requested \$80M in the FY 2011 President's Budget to expand ADA compliant Warrior lodging and parking on the Bethesda installation. Once the BRAC renovations are finished, conversion to single-patient hospital rooms (one of the newly

established world-class standards) will be more than 50 percent complete at WRNMMC, Bethesda.

Comprehensive Master Plan for the National Capital Region Medical

The Department's comprehensive master plan will be a road map to achieve the additional world-class attributes, which were not part of the BRAC and the DHB panel identified for the NCR hospitals and were incorporated in the NDAA for FY 2010 and the Defense Appropriations Act for FY 2010 Committee Print. The plan will provide the framework and specific action plans for world-class military medical hospitals and an integrated system of healthcare delivery for the NCR. Details related to the plan, particularly specific facility projects, will continue to be refined and integrated into the current NNMC Master Facility Plan.

The plan will provide an estimate of the total cost of requirements associated with achieving the newly defined world-class standard at WRNMMC, Bethesda and realigns budgetary and organizational authorities in the NCR to allow JTF CAPMED to more effectively oversee the WRAMC BRAC transition and operate an integrated regional healthcare delivery system. Most importantly, the Department is ensuring that wounded warriors returning from war will continue to receive the best healthcare and recovery services available.

World-Class Facilities in the National Capital Region

Since its 15 October 2009 submission to Congress in response to the DHB panel's review of WRNMMC, Bethesda and FBCH, DoD has initiated a master facilities planning process to define and execute the requirements to achieve the newly defined world-class standards at WRNMMC, Bethesda as part of its comprehensive master plan.

The projects will include completing the conversion to single-patient rooms and replacing and renovating older infrastructure on the campus, and will require a mix of Military Construction (MILCON) and Operation and Maintenance (O&M) funding. These projects will

achieve the additional attributes of world-class, as identified by the DHB panel, while enhancing existing capabilities, such as expanding and coordinating women's health services.

These requirements are not expected to bring additional personnel or new capabilities onto the installation, but they will replace and renovate existing aging infrastructure and organize medical functions for the benefit of patients. The phasing and timelines for execution of these requirements will be predicated by the National Environmental Policy Act (NEPA) process, community concerns, and other factors. The Department's medical Master Facility Plan (MFP) for WRNMMC is part of its CMP-NCRM and is scheduled for completion by 31 December 2010.

Wounded Warrior Care in the NCR

Next to the war itself, casualty care remains the Department's top priority. The Military Health System, as well as the DoD's Military Treatment Facilities (MTFs) in the NCR, will continue to provide the best healthcare and recovery services for warfighters and their families. The new WRNMMC, Bethesda and FBCH will anchor this effort in the NCR.

Creating optimal healing environments for inpatients and outpatients is integral to the renewal of spiritual, physical, and psychological wellness. To provide a full range of wellness and healing services, the Services have identified the levels of support required for their respective Wounded Warrior Programs at the new WRNMMC, Bethesda, and the Department has been actively engaged in coordinating and planning for all necessary support including medical services, WII programs, and installation requirements. Warriors will not be moved from WRAMC until appropriate recovery, support, and management services at WRNMMC, Bethesda and FBCH are in place. Any degradation in services and support would be unacceptable.

In addition to the provision of world-class medical care, an assessment has been made with all Military Services of their non-medical requirements for WII programs. From that, a footprint has been established in a Warrior complex to accommodate their needs. For the benefit of all Warriors, the center will operate similarly to the way a Soldier and Family Assistance Center operates today. JTF CAPMED is working with the Bethesda and Fort Belvoir installations to detail hours of operation, management of personnel, etc. from which the tactical aspects of operations will then be refined. Meanwhile, each node of the continuum of care is being revised including reception, inpatient, and transition to outpatient care stages to identify any secondary gaps. A Warrior and Family Coordination Center Concept of Operations (CONOPS), which provides for the common operating platform to ensure functions and responsibilities of the Services, Installation, and MTF support to Warriors and Families, is near completion.

Bethesda will support 350 of the most severely injured casualties including all amputees, open traumatic brain injury, and complex trauma cases accompanied by NMAs and their families. Furthermore, the design of new warrior lodging at Bethesda supports warriors and NMAs in a two-bedroom suite concept that will fully comply with the ADA and improve upon the Mologne House model in use at WRAMC today.

Organizational and Budgetary Authorities in the NCR

The Department directed in January 2009 that the new WRNMMC, Bethesda and FBCH be established as Joint commands subordinate to JTF CAPMED. To achieve further unity of command and unity of effort among the current medical components in the region, the plan will reorganize the current distribution of Operational Control (OPCON) of MHS assets in the NCR to allow the Commander, JTF CAPMED (CJTF) to most effectively oversee the transformation

and realignment in the region. It will also establish appropriate supporting relationships between the hospital and the Bethesda installation.

Manpower in the NCR

An Intermediate Manpower Document (IMD) has been developed and will be used to facilitate the development of the eventual Joint Table of Distribution (JTD). It will allow the compilation of all personnel requirements for the JTD, while maintaining more flexibility for changes during the transition and, as experience is gained, operating the new hospitals. JTF CAPMED and the Services are developing a Memorandum of Agreement (MOA) to commit resources in support of the IMD. Until the Department makes its final determination on the ultimate governance alignment of JTF CAPMED, the IMD can remain a local database, with necessary MOAs, allowing flexibility for position changes and realignments.

Retaining the skilled civilian workforce in the NCR is imperative to operating the new WRNMMC, Bethesda and FBCH. While attrition levels of government civilians at WRAMC remain normal, individuals at WRAMC and NNMC remain concerned about their jobs and location in the end state. The Department is engaged in comprehensive communication efforts with the current workforce to ensure transparency and maintain trust. Notifications will be made to permanent government civilians of their future work locations at WRNMMC, Bethesda, FBCH, or other reassignment opportunities by 1 July 2010. Permanent government civilians will not incur any loss in pay as a result of the transition

Conclusion

Chairman Dicks, Ranking Member Young, and committee members, thank you all for your interest and support in NCR Medical transformation and the efforts the Department is taking to constantly improve its healthcare and healthcare support. The Department is

committed to providing wounded service members, their families, and all MHS beneficiaries with world-class medical care and support.

Your support and oversight have made immeasurable contributions to this process. JTF CAPMED will continue to work with the Services and DoD to capitalize on strengths which together will deliver the finest, most robust, integrated regional health care system in the country. I look forward to the continued work ahead with you and thank you for this opportunity to be with you today.