JOINT PREPARED STATEMENT

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BEFORE THE

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SUBCOMMITTEE ON DEFENSE

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Chairman Murtha, Ranking Member Young and committee members, thank you for the opportunity to share with you the Department of Defense's (DoD) progress on realigning medical assets in the National Capital Region (NCR) to create the Military Health System's (MHS) first fully integrated, jointly-operated and staffed, healthcare region. This transformation will allow the DoD and the Services to capitalize on their collective strengths, maintain high levels of readiness and provide second-to-none, world-class healthcare to service members, retirees and their families.

2005 Base Realignment and Closure Law

As you know, the 2005 Base Realignment and Closure (BRAC) Commission recommendations constituted the largest realignment and transformation in the history of the MHS in the NCR. It consolidated the inpatient services of three Medical Treatment Facilities (MTFs) into two. It did this by establishing the Water Reed National Military Medical Center (WRNMMC), in Bethesda, Maryland, and a large community hospital at Fort Belvoir, Virginia (FBCH). It relocated existing functions at the Walter Reed Army Medical Center (WRAMC), in Washington, District of Columbia, to these two facilities.

Establishment of the Joint Task Force, National Capital Medical Region

On 27 November 2006, the Department approved the concept of establishing the NCR as a Joint Medical Market where MTFs would report to a Joint Senior Flag Officer. On 14 September 2007, in response to recommendations of the 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 fully functional standing JTF reporting to the Secretary of Defense (SECDEF) directly through the Deputy Secretary of

Defense (DEPSECDEF). The Department chartered JTF CAPMED with a mission to ensure the effective and efficient delivery of world-class military healthcare within the NCR Joint Operating Area (JOA) using all available military healthcare resources within the JOA, while overseeing the consolidation and realignment of military healthcare within the JOA in accordance with the BRAC implementation of the WRAMC and Andrews Air Force Base recommendations. The charter also provided that JTF CAPMED conduct other missions as may be assigned to improve the management, performance, and efficiency of the MHS.

JTF CAPMED reached Initial Operational Capability (IOC) on 1 October 2007 and Fully Operational Capable (FOC) status on 30 September 2008. It is executing the assigned missions of overseeing the delivery of integrated healthcare in the NCR while ensuring readiness, and implementing BRAC. In addition, JTF CAPMED coordinates Health Service Support (HSS) missions in the NCR as a functional medical component of JTF NCR when it is activated, greatly simplifying the planning process for events such as the recent Presidential Inauguration, or a potential influenza epidemic.

On 15 January 2009, the Department directed the MTFs established in the NCR to become the first jointly-manned and governed hospitals in the MHS. It established WRNMMC and FBCH as Joint commands subordinate to JTF CAPMED, with the manpower document providing billets for the MTFs taking the form of a Joint Table of Distribution (JTD). Services still exercise operational control (OPCON) over the remainder of their respective MTFs in the JOA. DoD also approved a single civilian manning model for the medial personnel in NCR, creating the potential for new leadership and executive roles as well as expanded career progression for MHS civilians. In addition, It directed that deliberations continue and

recommendations be brought forth expeditiously, regarding the ultimate organizational alignment of JTF CAPMED.

As the Department's first and only Joint Task Force responsible for delivering integrated, world-class healthcare in a JOA, JTF CAPMED will operate two jointly-manned MTFs comprising nearly 10,000 individuals, more than 3 million square feet of clinical and administrative space and providing 465 beds of inpatient capability (345 at WRNMMC and 120 at FBCH). To achieve that objective JTF CAPMED is responsible for overseeing the seamless transition of operations from WRAMC to WRNMMC and FBCH without disruption to the quality of care or access to care within the region. This process is the single largest BRAC movement in MHS history and achieves a level of complexity that requires the meticulous and successive execution of tens of thousands of individual construction and transition items, identified in an Integrated Master Schedule (IMS) provided to Congress in response to section 2721 of National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2009.

JTF CAPMED Mission

Today the MHS provides America's service members, retirees and their families with the finest healthcare available in the world. Surveys have overwhelmingly and repeatedly shown that the military healthcare benefit is one of the primary reasons the all volunteer force is recruited and retained in the military. The Army's capabilities at WRAMC with amputee care are leading transformations in prosthetics care and rehabilitation world-wide; the Navy's expertise in open Traumatic Brain Injury (TBI) at NNMC is also renowned world-wide; and the newly renovated state-of-the-art aeromedical staging facility at Andrews Air Force Base provides a medically capable and caring atmosphere for our returning wounded warriors.

Together these capabilities achieve a synergy greater than the sum total of their parts, for those wounded in service to our country.

The Department's vision is to deliver the promise of providing world-class medical care to our nation's warriors, Service retirees and their families in the NCR. It will accomplish this vision through deliberate and successful planning to achieve a cultural shift from MTF-centric healthcare delivery to patient-centered healthcare provided in an integrated regional delivery system. The Department must achieve this transformation while maintaining and improving the current quality care that its MTFs collectively provide. This is especially important in FYs 2010-2011 (the transition period) when the Governance, manning, and budget execution for MTFs transfers from the three Services to JTF CAPMED.

JTF CAPMED guidance for this transition period has emphasized the importance of adhering to FY 2010-2011 Business Planning Guidance from Service Surgeons General and timelines, while simultaneously beginning regional initiatives that promote and improve quality, patient satisfaction, and enhance the effective and timely delivery of healthcare.

Not later than 15 September 2011, WRNMMC and FBCH will be directly aligned as subordinate commands of JTF CAPMED. JOA MTFs that are not specifically identified as joint facilities will continue to receive guidance from JTF CAPMED through Service Medical Components. Close collaboration among the Services, MTFs and JTF CAPMED will ensure an integrated healthcare delivery approach that optimizes facility and human resource capabilities to meet the ongoing needs of our patients.

JTF CAPMED Priorities

As America's primary casualty reception site for returning warriors from Iraq, Afghanistan and other areas where Americans remain in harms way, JTF CAPMED's number

one priority remains *casualty care.* It will answer the nation's call to care for its casualties without fail. It will plan to maintain capacity to continue this mission while simultaneously ensuring the Services' ability to deploy expeditionary forces assigned for duties within the NCR.

Our number two priority is *caring for the care givers*. Thankfully, wounded service members are surviving at a historical rate and caregivers are faced with providing long-term complex healthcare and rehabilitation for these patients. Additionally, many of our personnel have deployed and provided care under extraordinarily trying circumstances and must readjust and reintegrate into society as they return. This care requires significant time, compassion, and dedication. JTF CAPMED is dedicated to taking care of its healthcare personnel and providing them with the support they need to deliver world-class care.

We also must *be ready now*. The singular lesson we have learned from service around the globe is that we must be able to think about and plan for the unimaginable; we must be prepared to adjust and react when the worst happens. Without regional planning and training we will not be able to answer the NCR's call for help in disasters and emergencies.

In addition, we need to focus on robust and integrated r*egional healthcare delivery*. Integrated planning for the efficient and effective delivery of services on a regional basis is the key to quality care, mission success and to transforming the MHS for the benefit of its patients. We cannot afford to optimize operations at any single facility at the expense of operations at other MTFs or the entire region.

Finally, achieving *common business and clinical processes* will be necessary to achieve regional potential and the competitive advantages of joint operations. Differences that could impact patient safety and outcomes as our people work in different facilities across the region on a day to day basis cannot be tolerated.

JTF CAPMED Funding

Although JTF CAPMED is responsible for the direct oversight of the NCR Medical BRAC process, the majority of the medical NCR BRAC funding flows from Health Affairs/Tricare Management Activity directly to the Naval Facilities Engineering Command (NAVFAC) and U.S. Army Corps of Engineers (USACE) to execute the construction and outfitting at WRNMMC and FBCH, respectively.

During FY 2009, all funds for MTFs in the NCR will be distributed as they have been in the past through the Services. In FYs 2010 and 2011, the three medical department headquarters will receive funds from the Defense Health Program (DHP) and will determine appropriate amounts for distribution for their respective NCR MTFs. Then the Services will each coordinate with JTF CAPMED to determine how funding will be allocated among the NCR MTFs.

The Service Medical Departments, the Assistant Secretary of Defense for Health Affairs (ASD(HA)) and JTF CAPMED are preparing courses of action for DEPSECDEF consideration on how funding for NCR MTFs will be distributed and executed in FY 2012. A major challenge will be the determination of an equitable baseline to be transferred.

NCR BRAC Construction and Procurement Costs

JTF CAPMED has responsibility for oversight and successful execution of the BRAC construction projects associated with the WRAMC BRAC recommendation – the expansion and renovation of the National Naval Medical Center (NNMC) and associated projects to create the WRNMMC, and replacement of the DeWitt Army Community Hospital at Fort Belvoir, VA, with FBCH. It is also responsible for BRAC implementation of the Andrews Air Force Base recommendation and is in charge of ensuring that these recommendations are implemented by September 2011.

To provide world-class healthcare within the NCR, JTF CAPMED needs world-class providers, facilities and equipment. While the Services already train and retain many of the best and brightest health professionals in their fields at WRAMC and NNMC, JTF CAPMED is also working with industry experts in medical facility planning, construction and outfitting. These efforts will help define the path for establishing the new WRNMMC and FBCH as among the greatest medical facilities in the nation for healthcare delivery.

These projects are being executed through construction contracts held by NAVFAC and USACE, with JTF CAPMED and Medical Service leadership input, and participation in the design and transition process. JTF CAPMED is overseeing the initial outfitting of these facilities with equipment, furniture and supplies, such that they will be fully-mission capable by the BRAC deadline of 15 September 2011.

Bethesda's final footprint will include world-class inpatient and ambulatory medical center additions of more than 682,000 square feet. Alterations to the existing medical center are still in the planning stages but it is estimated that they will exceed 300,000 square feet. It also includes 500,000 square feet of administrative space, enlisted quarters and support facilities to support the Warrior Transition Services. Fort Belvoir will have a new state of the art community hospital (FBCH) of over 1.2M square feet, which will be the leading example of Evidence Based Design in this country. At the conclusion of BRAC, WRNMMC and FBCH will constitute upwards of 3M square feet of space - this includes space at WRNMMC and FBCH that BRAC does not impact. The BRAC and BRAC-related construction uses much of the buildable space on the Bethesda campus.

The estimated cost of these initiatives from FY 2006 to FY 2011 is $2.4 billion. As critical non-BRAC health care missions and programs continue to evolve and mature, the

Department must work diligently to ensure that appropriate space is identified at WRNMMC. The Department will continue to closely monitor these and other projects.

NCR BRAC Construction and Initial Outfitting and Transition Timeline

Completing the construction and IO&T timelines for Bethesda and Fort Belvoir is the most aggressive transition program that the MHS has carried out. While transition timelines are not foreign to the private sector, this project presents the unique challenge at WRNMMC of adding to a hospital while continuing to operate that hospital.

Acceleration will enable DoD to complete construction of the Ambulatory Care Center and the inpatient hospital addition at Bethesda ahead of schedule (now October 2010) and FBCH ahead of schedule (a phased approach with construction of different building there completing August 2010 through March 2011). Renovation of the existing hospital and the construction of support facilities at Bethesda, including the Warrior Transition Services, will be completed in July and August 2011 respectively.

After construction is completed, it will take time to outfit the buildings and transition medical services to the new facilities. JTF CAPMED is standardizing equipment throughout the JOA to allow for greater interoperability, achieve economies of scale and provide for patient safety standardization. While some clinic spaces could be available as early as April 2011 at both locations, the intent is to have an orderly transition that enables both facilities to operate at full capacity by 15 September 2011. JTF CAPMED is working closely with the Service Medical Components to coordinate the seamless transition of operations from WRAMC to WRNMMC and FBCH. Malcolm Grow Medical Center (MGMC) will continue its inpatient and outpatient services throughout the transition, and through 15 September 2011, in order to ensure availability of critical capabilities during transition.

In February 2009, JTF CAPMED sponsored a Transition Wargame simulation. The goal of the Wargame was to mobilize WRNMMC stakeholders (JTF CAPMED, Army, Navy and Air Force) into evaluating various strategies necessary to transition existing services at WRAMC to their final location, primarily WRNMMC and FBCH. At the end of the Wargame, an abbreviated move for most services during August 2011 was determined to be able to provide the most efficient and safe manner to transition staff and inpatients, while also conforming to industry standards and best practices. In addition, high priority integration and transition actions were identified that need to be completed prior to a consolidated move. The Wargame also determined that the transitional moves could be accomplished by the BRAC deadline of 15 September 2011.

To implement this transition, JTF CAPMED is using a Master Transition Plan (MTP). The MTP serves as the capstone document regarding the execution of JTF CAPMED's mission for BRAC. The MTP co-locates and analyzes interdependencies identified by the IMS with critical milestones and war gaming results to ensure the maintenance of significant medical capabilities within the JOA throughout the transition cycle. The MTP is intended to be dynamic in nature and incorporates adaptive planning.

JTF CAPMED, the WRAMC Director of Clinical Integration, NNMC Director of Clinical Integration, DeWitt Army Community Hospital Project Office and the 79th Medical Wing are developing a transition organization structure for execution. The goal is to effectively plan, integrate, execute and monitor all activities required to ensure a seamless transition from WRAMC to WRNMMC and FBCH. Currently, WRAMC has established a transition office in the Clinical Integration Directorate. This office has instituted functions necessary to transition patients from WRAMC to FBHC and WRNNMC. Departmental transition coordinators are

being hired for the following functional areas: Administration-Logistics, General Medical-Surgical Wards, Critical Care, Departments of Medicine, Surgery, Obstetrics, Pediatrics, Pharmacy and Warrior Transition. NNMC and DeWitt Army Community Hospital are currently organizing and hiring staffs for transition offices. These transition offices will ensure the execution of the MTP, at those sites.

The successful completion of BRAC is dependent upon timely funding and careful synchronization of the construction effort and management of acquisition, provisioning and transition. There are a number of priority actions, such as the awarding of Request for Proposal #2 at NNMC and the IO&T contracts that if delayed could present challenges. The Department will keep Congress and beneficiaries apprised of any changes in these areas.

Traffic Mitigation and Parking at WRNMMC

The Department is working closely with the State of Maryland, Congress, the Washington Metropolitan Area Transit Authority (WMATA) and the local community to address traffic congestion and parking issues that may impact the community as it establishes the WRNMMC. The Navy and the command at NNMC have taken the lead to diligently work with stakeholders to identify specific concerns and develop mitigation strategies.

Through the National Environmental Policy Act (NEPA) process, NNMC identified on-site projects such as enhancing entry control points and widening roads near the gates on the Bethesda installation, which will support traffic flow in and around the Campus. Through the Defense Access Road (DAR) Program, the Navy has also requested authority for the DoD to fund a project which would improve pedestrian access to the Medical Center Metro Station. Currently, WMATA is examining cost and feasibility options for this project.

The Department is committed to being an active member of the local community - fully considering the affect the realignment of operations to the new WRNMMC may have on the surrounding neighborhoods. It will continue to support NNMC as needed.

NCR Joint Operating Area Military and Civilian Manning

In order to operate two world-class hospitals (WRNMMC and FBCH) and deliver integrated health care for the first time across the NCR, it is imperative that JTF CAPMED retains the top minds in the healthcare field that have played a critical role in establishing WRAMC, NNMC, MGMC and Dewitt Hospital as premier inpatient facilities in the NCR. Some individuals may be concerned about where they will be assigned. It is to JTF CAPMED's benefit to retain the expertise of each and every civilian employee currently serving at the four MTFs. They link elements of consistency and institutional knowledge necessary to enhance our delivery of care to service members in the NCR and provide continuity of operations when Service personnel are deployed.

The Department formally approved a non-Service specific, DoD Civilian Manning Model for medical personnel in the NCR. It also directed that all billets at WRNMMC and FBCH be established as joint billets and documented within a JTD. The JTD has been drafted and includes service members and civilians from all three medical-providing Services. The draft is being coordinated among the Services and the Joint staff.

Two DoD actions - a Guaranteed Placement Program commitment to WRAMC civilian personnel and the decision to convert to DoD civilians in the new joint facilities - create unique opportunities in connection with the transition of MHS civilians in the NCR to a DoD workforce for the Joint medical facilities in 2011. The objective is to transition more than 4000 Army, Navy and Air Force civilians to a NCR force of DoD MHS civilians forming a common culture

that focuses on service excellence for patients. JTF CAPMED's goal, which we believe will be achievable for the vast majority of individuals at WRAMC and NNMC, is to place employees where they want to be located doing the work they want to do.

In September 2008, the JTF CAPMED Civilian Human Resources (CHR) Council was chartered to oversee the transition of civilian personnel to the regional end state. The members of the Council are WRAMC, NNMC and DeWitt Deputy Commanders who have the delegated authority to create and modify civilian personnel policy within their organizations. The role of the Council is to work collaboratively to mitigate the adverse impact of the required transitions while identifying, nurturing and leveraging opportunities to begin thinking and operating regionally on issues affecting civilian personnel. The Council is supported by the CHR Advisory Group that includes senior human resources experts with detailed knowledge of the interests and concerns of the civilian workforces in the facilities.

A pilot program is being developed to begin building a transitional civilian leadership cadre by enabling WRAMC, NNMC and DeWitt employees to compete regionally for supervisory positions that will exist in the new manning documents. In addition, a database consisting of personnel at these three institutions and MGMC has been created to enable the Council to analyze issues regionally, develop initiatives and modify policies that fully consider the desired goal of placing civilian employees in positions and locations that optimize both employee and mission performance.

Upon delivery of the final JTD, the CHR Council will begin the process of matching the numbers and types of positions in the two new facilities to the overall numbers and types of personnel in the three facilities. Every effort will be made to notify employees of their new

positions by Spring of 2010. All processes and procedures will be subject to the provisions of the collective bargaining agreements currently in effect at each of the facilities.

JTF CAPMED/JOA/MTF Governance

As you know, on 14 September 2007, the Department established JTF CAPMED as a fully functional JTF. DoD chartered JTF CAPMED with a mission of providing health care within the NCR that will continue long after the new WRNMMC and FBCH admit their first patients.

The Services currently exercise OPCON over their respective MTFs in the JOA, while JTF CAPMED currently exercises tactical control (TACON) over MTFs in the JOA. Not later than September 2011, JTF CAPMED will assume OPCON of WRNMMC and FBCH. Governance relationships with the outpatient MTFs in the NCR will likely remain the same.

JTF CAPMED is currently working within DoD to formulate an ultimate governance alignment that will protect the policy formulation and funding flow equities of the ASD(HA) and the DHP.

JTF CAPMED Decision making

For those issues requiring decisions at a higher level than JTF CAPMED, the Department's charter tasked the Under Secretary of Defense for Personnel and Readiness (USD(P&R)) and the Vice Chairman, Joint Chiefs of Staff to ensure the effective execution of the JTF CAPMED mission. Additionally, Commander JTF CAPMED (CJTF) coordinates risks through an Overarching Integrated Process Team for the Transition of Medical Activities in the National Capital Region (NCR OIPT) as necessary. The NCR OIPT is co-chaired by ASD(HA) and Deputy Under Secretary of Defense for Installations and Environment (DUSD(I&E)).

Linkage to the Services equities is strong as each Service's Vice Chief of Staff sit on the NCR OIPT. Recommendations are forwarded to DEPSECDEF for ultimate decisions.

Utilizing the NCR OIPT for coordination, two issues have been approved by the Department. The first issue was approval of a DoD Civilian Manning Model for NCR civilian medical personnel, creating DoD civilians, including a realignment of resources and an ultimate transfer of civilian personnel authorities to JTF CAPMED. The second was approval of a military staffing model which establishes WRNMMC and FBCH as joint hospital commands under JTF CAPMED.

Wounded Warriors

Maintaining the capability to serve as America's primary casualty reception site and caring for those casualties remains the number one of JTF CAPMED. This includes Warrior Transition Services, which will be established to consolidate care and support requirements for the most seriously wounded, ill or injured service members from WRAMC and NNMC who will receive care at WRNMMC. The Department provided for significant warrior care enhancements at Bethesda, which go well beyond the BRAC requirements. Patients needing recurring tertiary care will be located at WRNMMC and warriors needing other levels of care can be located at other MTFs within the NCR that best fit their need. Based on an inpatient needs analysis from the NCR BRAC team, JTF CAPMED projects that 355 warriors will receive outpatient care that will require their location to be on the WRNMMC campus, and that the Army will have room for 290 warriors at FBCH and 175 warriors at Fort Meade, when WRAMC closes.

Each Service employs different care models and administrative processes for providing wounded warriors with inpatient/outpatient care, non-clinical support, personnel benefits and medical disability/administrative separation proceedings. JTF CAPMED must thoughtfully

design support services for these wounded warriors while maintaining the command and control equities that the Services see as essential.

Pharmacy Operations

More patients will likely use the pharmacy services than they will utilize any other service or specialty at the new WRNMMC and FBCH. Due to the BRAC consolidation of the current WRAMC and NNMC, three outpatient pharmacies are planned; two at the new WRNMMC and one at FBCH. A chartered Pharmacy Workgroup, which includes Service Medical Component representation, has been in existence since August 2008 and is vigorously working the multitude issues on how to optimize a regional pharmacy system.

The current footprint for the two WRNMMC pharmacies appears to be sufficient for the expected prescription workload to be processed at the new facility. The focus currently is on appropriate equipment acquisition/reuse and ensuring proper staffing. More importantly, prescription filling processes are being examined and re-worked to decrease waiting times and provide enhanced customer service. Mail order refills hold promise as a model and WRAMC, NNMC, and DeWitt pharmacies are working closely to develop courses of action.

The Pharmacy Work Group has diligently examined current, and projected, prescription filling processes. To assist in this effort, the group is examining how current and projected technology can be exploited to help gain a more customer-focused service. The challenge is to change the processes for the greater benefit of patients.

Reports to Congress

JTF CAPMED is mindful of Congress's interest and support for NCR Medical transformation. As you know, section 2721 of the FY 2009 NDAA, among other things, required a milestone schedule for the transition WRAMC operations and a report on whether

plans for the new WRNMMC and FBCH will achieve the goal of providing world-class medical facilities. The Department delivered an interim report on 13 March 2009 and recently delivered the final report on the milestone schedule. The final milestone schedule states that the U.S. Army intends to cease clinical operations at WRAMC on 15 September 2011 and transfer the main post to the U.S. General Services Administration and the Department of State as soon as practical thereafter. The Department expects that the design of WRNMMC and FBCH will be completed during 2009 and that construction and renovations will be completed between the beginning of 2010 and August 2011. Transition of operations from WRAMC is planned over a compressed timeframe in August 2011-September 2011. As you review the report, JTF CAPMED will be pleased to discuss any further questions or concerns you may have.

A subcommittee of The Defense Health Board (DHB) has been tasked with providing an independent review of the construction and design plans at WRNMMC and FBCH. The Department has been working through these issues identified by that subcommittee during its review and anticipates the submission of its report to SECDEF shortly. DoD will review this report and will forward it to Congress.

Section 1674 of the FY 2008 NDAA requires a detailed transition plan regarding certain aspects of the relocation of operations and patients to WRNMMC and FBCH. JTF CAPMED is currently completing the MTP that will cover all aspects of the transition from WRAMC to WRNMMC and FBCH. It will lay out the sequence and timing of moves (clinical and others) from WRAMC to WRNMMC and FBCH. It will detail the individual actions required to ensure success of the transition. The plan is intended to be dynamic in nature and will continually evolve across the duration of the BRAC execution timeline. The MTP will also be used as the foundation for providing the Department's initial and quarterly reporting obligations under

Section 1674 of the FY08 NDAA. The Department plans on submitting the initial §1674 plan to Congress by no later than the end of FY 2009.

Conclusion

Mr. Chairman, 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. JTF CAPMED 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 its strengths and together the Department will deliver the finest, most robust, integrated regional health care system in the country. JTF CAPMED looks forward to a fruitful and collaborative partnership with you and thank you for this opportunity to be with you today.