

PREPARED STATEMENT

OF

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BEFORE THE

HOUSE COMMITTEE ON ARMED SERVICES

SUBCOMMITTEES ON READINESS AND MILITARY PERSONNEL

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Chairman Ortiz, Chairwoman Davis, Ranking Members Forbes and Wilson and committee members, thank you for the opportunity to share with you the progress the Department of Defense (DoD) is making in 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 delivery system. This transformation will allow the DoD and the Military Services to capitalize on their collective strengths, maintain high levels of readiness and provide world-class healthcare to our armed forces and their families active and retired. This committee's oversight and support have greatly enhanced the Department's efforts throughout this process.

2005 Base Realignment and Closure Law

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 four Medical Treatment Facilities (MTFs) into two. It did this by establishing the Walter Reed National Military Medical Center (WRNMMC), in Bethesda, Maryland, and a robust 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 those two facilities and established Malcolm Grow Medical Center at Andrews Air Force Base as an ambulatory surgical center.

Joint Task Force National Capital Region Establishment and Mission

In September of 2007, the Department established the Joint Task Force, National Capital Region Medical (JTF CAPMED) as a fully functional Standing JTF located on the National Naval Medical Center (NNMC) campus and reporting directly to the Secretary of Defense (SECDEF) through the Deputy Secretary of Defense (DEPSECDEF). JTF CAPMED reached Initial Operational Capability (IOC) on October 1, 2007, and Fully Operational Capable (FOC) status on September 30, 2008.

JTF CAPMED is executing its standing mission to oversee the effective and efficient consolidation and realignment of military healthcare delivery in the NCR Joint Operating Area (JOA). To accomplish this mission, JTF CAPMED is coordinating with the NCR medical components of the Army, Navy, and Air Force to integrate processes and ensure the best utilization of resources available to eliminate redundancies, enhance clinical care, promote health professions education and joint training, and enhance military medical research opportunities. JTF CAPMED has also been directed to oversee the implementation of the 2005 Walter Reed BRAC recommendation as well as any other missions assigned.

As required by law, continued access to quality healthcare will not be affected throughout this transformation process and overall medical capabilities of the regional end state will remain equivalent to what existed prior to the BRAC. In addition, JTF CAPMED will coordinate Health Service Support (HSS) missions in the NCR as a functional medical component of JTF NCR when activated, significantly simplifying the planning process for events such as the National Special Security Events, such as the Presidential Inauguration, State Funerals, or responding to potential influenza outbreaks.

The NCR Joint Operating Area (JOA), as defined by the forces assigned, stretches as far north as New Jersey, skirts West Virginia and extends south to Bowling Green, VA. It has 37 MTFs, including what will become the largest Medical Center in the military (WRNMMC), as well as over 12,000 military and civilian employees. The region encompasses over 545,000 eligible beneficiaries and 282,000 MTF enrollees.

2005 NCR Medical BRAC Projects and Transition

While the NCR Medical BRAC construction and initial outfitting & transition (IO&T) timeline for Bethesda and Fort Belvoir is aggressive, the Department, through integrated program and project management, has developed comprehensive milestone schedules and a transition of operational plans as part of its Master Transition Plan (MTP) for the Walter Reed transition. In addition, firms in the private sector retain hospital transition activities as a core competency and the IO&T contract that was just awarded will leverage that competency.

The MTP was delivered to Congress on September 30, 2009, and covers all aspects of the transition from WRAMC to WRNMMC and FBCH and lays out the sequence and timing of service moves (clinical and others). It details all of the individual actions required to ensure success at each step of the transition. The plan is dynamic in nature and will be regularly updated as it continues to evolve across the duration of the BRAC execution timeline.

As informed by the MTP, the Department is currently on schedule to complete the BRAC projects and Walter Reed transition by the September 15, 2011 deadline. There is minimal schedule risk left in the construction at Bethesda and Fort Belvoir and the IO&T contract for both hospitals has been awarded. Both WRAMC and NNMC pose inherent operating risks during BRAC that the Department is mitigating. At WRAMC, it will be important to maintain the civilian workforce to preserve current capability and to staff both of the new hospitals. The Department is working to identify a military force mix for WRNMMC and FBCH by the end of the year. This will allow for the completion of the JTD manning document and identifications of locations for individuals in the end state by Spring 2010. At NNMC, the Navy must continue to provide healthcare while renovations require the relocation of many functions. During the actual movement of patients from WRAMC to WRNMMC and FBCH, direct care system patients will be appropriately offloaded to the private sector or other military hospitals temporarily to allow for the transition.

Development of the BRAC Projects at Bethesda and Fort Belvoir

The NCR Medical BRAC projects at Bethesda and Fort Belvoir have matured between May 2005 and the present due to several factors. While capabilities in the NCR will remain the same after the completion of BRAC, the 2005 original estimate for transitioning operations at WRAMC to Bethesda, MD and Fort Belvoir, VA did not include adequate funding for non-medical treatment aspects of the WRAMC recommendation which also encompass moving various research and support functions from WRAMC to other locations.

Between May 2005 and September 2006, the DoD performed detailed requirements and cost analysis for the healthcare needs associated with the WRAMC BRAC actions in the NCR. These refinements resulted in almost doubling the required floor space.

The remaining modifications occurred in two main parts: additional MILCON at both WRNMMC and FBCH resulting from decisions to primarily enhance and also accelerate construction in support of wounded warriors as well as additional construction projects (including traffic mitigation/additional parking) and IO&T funds for both hospitals.

DoD's First Jointly Governed Hospitals

On January 15, 2009, the Department directed the WRNMMC and FBCH to be established as the Department's first jointly governed and staffed hospitals in the MHS. Both hospitals will be Joint commands subordinate to JTF CAPMED, and the manpower document providing their billets will take the form of a Joint Table of Distribution (JTD). This will greatly enhance interoperability, achieve economies of scale, provide for patient safety and ensured clinical standardization.

DoD also approved a single civilian manning model for the medical personnel in NCR, creating the potential for new leadership and executive roles as well as expanded career progression for MHS civilians. This will be accomplished through the realignment of Army, Navy and Air Force civilians from the Military Services to DoD civilians. The Department is also reviewing the appropriate delegation of Title 5 authority needed to manage and direct civilian employees consistently across the region.

Bethesda's final footprint will include world-class inpatient and ambulatory medical center additions of more than 682,000 sqft. Current alterations to the existing medical center are estimated to exceed 300,000 sqft, will include some 700,000 sqft of administrative space, enlisted quarters and facilities in support of the Warrior Transition Services. Fort Belvoir will have an innovative state-of-the-art community hospital (FBCH) of over 1.2M square feet, which will be the leading exemplar of Evidence Based Design in this country. At the conclusion of BRAC, WRNMMC and FBCH will be staffed with over 9,000 individuals; more than 3 million square feet of clinical and administrative space and provide 465 beds of inpatient capability (345 at WRNMMC and 120 at FBCH).

World Class Vision for Bethesda and Fort Belvoir

In July 2009, the NCR Base Realignment and Closure (BRAC) Health Systems Advisory Subcommittee of the Defense Health Board (DHB) provided the Department of Defense (DoD) with its review of plans and designs for the new Walter Reed National Military Medical Center (WRNMMC) and Fort Belvoir Community Hospital (FBCH). The DHB panel is to be commended for the review and its efforts to better describe the attributes necessary to define a world-class medical facility, which Congress codified under section 2714 of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2010.

After careful consideration, the Department submitted to Congress its plan to actively address the DHB panel's findings and recommendations. It has initiated the development of a comprehensive master plan for the NCR Medical that will realize a common world-class vision and, among other items, effectively synchronize non-BRAC and BRAC funding streams to achieve that vision. This plan will include additional non-BRAC MILCON and renovation projects at Bethesda as well as inform the non-BRAC projects required to achieve conformity among the older structures on the installation with the new construction. The plan will also be

used to satisfy the requirements under section 2714 of the NDAA for FY 2010 and is due to Congress by March 31, 2010. The Department may request non-BRAC funds to begin to implement this plan as early as FY 2011; however, the majority of the execution will likely occur following the completion of the BRAC projects to minimize disruption to patient care and maintain existing schedules.

The DHB panel identified the authorities issue in the NCR Medical as “foundational” and recommended empowering a single official with complete organizational and budgetary authority in the NCR. In its plan the Department stated that, “[organizational] authority issues regarding the relationship between the two hospitals and the installation Commanders remain under development, particularly in accountability for establishing and executing sustainment, restoration and modernization (SRM) and the alignment of medical support services.” The Department is reviewing the appropriate delegation of organizational and budget authorities to effectively implement a common world-class vision for the NCR Medical and understands the urgency in resolving this quickly.

Wounded Warriors

Maintaining the capability to serve as America’s primary casualty reception site and caring for those casualties remains my number one priority. 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.

Each Service employs comparable 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 is working with NSA Bethesda to thoughtfully design support services for these wounded warriors while maintaining the command and control equities that the Services see as essential.

Conclusion

Chairman Ortiz, Chairwoman Davis, Ranking Members Forbes and Wilson 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. The Department will continue to work with the Military Services to deliver the finest, most robust, integrated regional healthcare system in the country. JTF CAPMED looks forward to a fruitful and collaborative partnership with this committee and I thank you for this opportunity to be with you today.