

PREPARED STATEMENT

OF

ALLEN W. MIDDLETON,
ACTING PRINCIPAL DEPUTY ASSISTANT SECRETARY OF DEFENSE FOR
HEALTH AFFAIRS

BEFORE THE

SUBCOMMITTEE ON READINESS

AND

SUBCOMMITTEE ON MILITARY PERSONNEL

OF THE

HOUSE COMMITTEE OF THE ARMED SERVICES

JOINT HEARING ON NCR BRAC TRANSFORMATION

DECEMBER 2, 2009

NOT FOR PUBLIC RELEASE UNTIL RELEASED BY COMMITTEE

Madame Chairwoman, Mr. Chairman and distinguished members of the Subcommittees. Good morning. I am pleased to be here today to discuss progress in the implementation of the 2005 Clinical BRAC Recommendations for the National Capital Region (NCR). As you know, the BRAC Commission Report to the President, released on November 9, 2005, directed the Department of Defense to close the Walter Reed Army Medical Center (WRAMC) in Washington, DC and realign the facility with the National Naval Medical Center (NNMC) in Bethesda, MD, creating the Walter Reed National Military Medical Center (WRNMMC), and to build a new community hospital at Fort Belvoir, VA (FBCH) by the BRAC deadline of September 15, 2011.

The Military Health System (MHS) fulfills a vital responsibility: to care for our nation's Servicemen and Women, their families, and those who have served before. In these challenging times, the men and women of the MHS work tirelessly to provide the best possible medical care to those who protect our country. We are grateful for the many dedicated men and women who have answered the call to duty and are working to ensure that we create healthcare facilities well-positioned to meet the needs of our Servicemen and Women, veterans, and Wounded Warriors in the NCR and throughout the country.

As the principal advisor to the Secretary of Defense for the Department's healthcare program, the Office of the Assistant Secretary of Defense for Health Affairs maintains oversight of the clinical BRAC actions, including the transformation of the NCR currently underway. The BRAC 2005

Recommendations proposed a transition from a legacy Service-specific medical infrastructure into a premier, modernized joint operational medicine platform. We are making great progress, and I am pleased to report that we are on track to implement the BRAC recommendations by the statutory deadline of September 15, 2011.

However, we acknowledge that completion of construction activities represents only part of the story. While our intention all along has been the transformation of all health care operations within the NCR, the Health Systems Advisory Subcommittee of the Defense Health Board has articulated a vision of world class and shared their perspectives on how we may be more effective in translating that vision into reality. We sincerely appreciate the efforts of the Subcommittee and acknowledge that their findings and recommendations can only help us in our quest to be "world-class" in the NCR and throughout the MHS. Addressing the complexity and resolving the challenges of BRAC transformation in the NCR clearly necessitates the knowledge and insight that the members of the Health Systems Advisory Subcommittee possess.

Executing BRAC and creating a world class care delivery system in the NCR in a relatively short period of time is certainly one of the most difficult undertakings in the history of the MHS. The Joint Task Force (JTF) CAPMED was created to lead this clinical transformation in the NCR.

Despite the challenges and complexities inherent in this task, we should not lose sight of the great progress that has been made to date. The single act of

consolidating two medical centers into one and constructing a new robust community hospital in proximity to the majority of beneficiaries is a major accomplishment. The creation of the JTF CAPMED as the overarching market manager would have been unimaginable just a few years ago. I am confident that we are heading in the right direction and appreciate the Subcommittee's detailed roadmap to achieve a world class delivery system built upon world class facilities at WRNMMC and FBCH. I look forward to working with the JTF CAPMED, Military Services, and other stakeholders to implement the Subcommittee's recommendations.

I monitor on a monthly basis the progress of the implementation of the Clinical BRAC recommendations as part of our shared journey to create truly "world-class" medical facilities at the WRNMMC and the FBCH. While performing the duties of the Principle Deputy, my staff and I have provided policy oversight of clinical BRAC actions and have served as a focal point for resolution of issues. Health Affairs has also provided budgeting and programming guidance for Clinical BRAC actions and has validated and submitted the annual BRAC and non-BRAC budget and program requests in support of the construction and integration of the medical facilities in the NCR. Additionally, we have provided guidance and direction to the JTF CAPMED, U.S. Army Corps of Engineers, and Naval Facilities Command regarding each of the hospital construction projects.

Over the past several years, I have been consistently impressed with the dedication of the individuals working on BRAC to rise above the many challenges

inherent in such a transformation and deliver a final product that will be the standard for military healthcare in our country. With less than two years remaining until the BRAC deadline, we have a comprehensive plan to meet the BRAC deadline with minimal risk to patient safety. I am pleased to report that new construction is over 60 percent complete at the new WRNMMC, which includes new inpatient and outpatient additions, as well as a parking garage. Additional construction is beginning for a Wounded Warrior Lodging, Messing, and Administrative complex as well as a Gym, and Parking Garage complex. The FBCH is over 50 percent complete and will provide a total replacement of the existing community hospital.

The Fallen Hero Foundation is also building a National Intrepid Center of Excellence (NICoE) for the diagnosis, treatment planning, research, family-centered education and long-term follow-up for military personnel with Traumatic Brain Injury (TBI) and Psychological Health (PH) conditions.

The Intrepid Fallen Heroes Fund is funding the construction and major equipment costs for NICoE, which will be gifted to the government upon completion. Future maintenance and operation costs will be funded by the government. We will continue working with all stakeholders to monitor the program through the duration of the BRAC deadline and beyond to ensure a premier, modernized joint operational medicine platform is provided in the NCR.

Although our primary focus has been completing the BRAC recommendations before the deadline, we understand that creating "world-class"

healthcare facilities is a long-term commitment to improvement beyond BRAC and that additional investments are required to achieve that end state. We are willing to support the JTF CAPMED and the Military Services to identify additional non-BRAC requirements and ensure they are considered in future budget requests. We are also incorporating the world class attributes identified in the DHB report in our DoD design and construction criteria where appropriate and are applying “lessons learned” from NCR BRAC to other MHS construction projects where feasible. We continue working to provide every beneficiary with the best healthcare possible, and we appreciate your continued support as we strive to be "world-class" in everything we do.