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ERIN C. CONATON, STAFF DIRECTOR

January 22, 2010

The Honorable William J. Lynn, III
Deputy Secretary of Defense
Department of Defense
1010 Defense Pentagon
Washington, DC 20301-1010

Dear Secretary Lynn:

We write to you to express our concern over the current trajectory for the new Walter Reed National Military Medical Center at Bethesda (WRNMMC).

As early as 2004, this committee raised specific concerns about gaps in the care received by our wounded warriors. We were told by a succession of witnesses that the Department of Defense had matters well in hand, and that the issues raised by the committee would never occur.

As the revelations of deficiencies at Walter Reed in 2007 demonstrated, our trust was misplaced.

Throughout the Walter Reed deliberations, the one thing that was never questioned was the quality of medical care provided at Walter Reed. It was and remains excellent. One of our key concerns has been that the current plan and organizational structure for the new WRNMMC are simply inadequate, and that patient care, wounded warrior care, will suffer as a result. This is not acceptable.

In the National Defense Authorization Act for Fiscal Year 2009, we required that an Independent Design Review be conducted to validate the current plan. This requirement was included despite the Department's strong opposition. That review was completed this past summer by a subcommittee of the Defense Health Board, and its results, which we support, were profoundly unsettling. Among the troubling descriptions of the current plan were that it would not result in a world-class facility, that it would not meet Joint Commission accreditation standards, and that it was ambiguous about the visions, goals, and expectations of the new center.

The Department's response to the Independent Design Review's findings were, however, equally disconcerting. For example, "...development of a world-class medical facility is not a destination but rather a journey of continuous improvement..." That response, more than any other, crystallizes for us that the true objective of Joint Task Force-National Capital Medicine

(JTF-CAPMED) is to only focus on what minimally can be accomplished by September 2011, a focus that will not produce a world class health care facility, as defined by the National Defense Authorization Act for Fiscal year 2010 and refined by the Independent Design Review. World-class is most decidedly a destination, but one that Congress expects the new facility to arrive at before it opens its doors. Furthermore, the current plan will not guarantee that when the WRNMMC opens in September 2011 that it will have the health care and support capabilities now available at Walter Reed for wounded warriors. Those patients and family members will be subjected to a lower standard of care and support in a new facility than what they were afforded at the old. We find both these outcomes to be unacceptable.

As a result, we convened a hearing on the new WRNMMC last month. While we do not question the good intentions of the Department's witnesses, we simply did not find that their testimony allayed our concerns.

Mr. Secretary, we have no doubt that you share our belief that there is only one acceptable standard of care for our wounded warriors, and that is the best. As the Independent Design Review pointed out, there are numerous issues that undermine the ability of JTF-CAPMED to lead and manage the consolidation of the department's medical assets in the National Capital Region. Unfortunately, as a result of the inability of JTF-CAPMED to overcome these obstacles and the apparent lack of aggressiveness by the Department in assisting JTF-CAPMED in that endeavor, we have lost confidence in JTF-CAPMED to deliver a world class facility in September 2011. However, we believe that with your immediate action and commitment to provide the necessary budget and command authority for this complex move, a complete plan to ensure that our wounded warriors will receive world-class care at the new facilities can be completed by the deadline required by the National Defense Authorization Act for 2010, and that the essential BRAC requirements can be met by the September 2011 deadline required by law.

We believe this unsatisfactory state of affairs is structural and that the leadership of JTF – CAPMED was never provided the requisite budgetary and command authority necessary to accomplish this extraordinarily complex project. For that reason, simply renaming or reorganizing the current task force will not in itself be sufficient to get the process back on track. We respectfully ask that you take immediate action to remedy the situation to ensure that when the current Walter Reed closes and the new WRNMMC opens, the health care structure provides not only a world class health care facility for all beneficiaries but also that our wounded warriors continue to receive the best care possible.

Sincerely,

SOLOMON ORTIZ
Chairman
Subcommittee on Readiness

SUSAN DAVIS
Chairwoman
Subcommittee on Military Personnel

J. RANDY FORBES
Ranking Member
Subcommittee on Readiness

JOE WILSON
Ranking Member
Subcommittee on Military Personnel

CC: Lieutenant General Eric Schoomaker, Surgeon General of the Army
CC: Vice Admiral Adam M. Robinson, Surgeon General of the Navy
CC: Lieutenant General Charles B. Green, Surgeon General of the Air Force
CC: Vice Admiral John M. Mateczun, Commander, Joint Task Force National Capital Region Medical
CC: Rear Admiral David J. Smith, Joint Staff Surgeon

SO/SD/RF/JW:dk/ds