

Base Review



**Walter Reed Army Medical Center
National Naval Medical Center**

Commissioner Sue E. Turner

15 July 2005

TABLE OF CONTENTS

WALTER REED ARMY MEDICAL CENTER

NATIONAL NAVAL MEDICAL CENTER

July 15, 2005

1. Base Summary Sheet
2. Department of Defense Recommendation
3. Base Visits Report
4. Installation map and statistical data
5. Press articles and correspondence
6. Walter Reed Army Medical Center Installation Overview
7. National naval Medical Center Brief

DEFENSE BASE CLOSURE AND REALIGNMENT COMMISSION

BASE SUMMARY SHEET

Walter Reed Army Medical Center

INSTALLATION MISSION

Walter Reed Army Medical Center (WRAMC) Garrison Mission:

- to provide quality service and support to the WRAMC Community;
- to train and maintain a quality workforce;
- to sustain a safe, secure and quality working, training and living environment; and
- to sustain a good working relationship with local governments and community and civic leaders.

Walter Reed Army Medical Center (“We provide warrior care”)

[Note: could not find a mission statement]

The Walter Reed Health Care System provides comprehensive health care for more than 150,000 soldiers, other service members, family members and retirees in the National Capital Area. Its hub is Walter Reed Army Medical Center, the clinical center of gravity of American military medicine.

DOD RECOMMENDATION

Realign Walter Reed Army Medical Center, Washington, DC, as follows:

- Relocate all tertiary (sub-specialty and complex care) medical services to National Naval Medical Center, Bethesda, MD, establishing it as the Walter Reed National Military Medical Center Bethesda, MD; relocate Legal Medicine to the new Walter Reed National Military Medical Center Bethesda, MD;
- Relocate sufficient personnel to the new Walter Reed National Military Medical Center Bethesda, MD, to establish a Program Management Office that will coordinate pathology results, contract administration, and quality assurance and control of DoD second opinion consults worldwide;
- Relocate all non-tertiary (primary and specialty) patient care functions to a new community hospital at Ft Belvoir, VA;
- Relocate the Office of the Secretary of Defense supporting unit to Fort Belvoir, VA;
- Disestablish all elements of the Armed Forces Institute of Pathology except the National Medical Museum and the Tissue Repository;
- Relocate the Armed Forces Medical Examiner, DNA Registry, and Accident Investigation to Dover Air Force Base, DE;
- Relocate enlisted histology technician training to Fort Sam Houston, TX;
- Relocate the Combat Casualty Care Research sub-function (with the exception of those organizational elements performing neuroprotection research) of the Walter Reed Army Institute of Research (Forest Glen Annex) and the Combat Casualty Care Research sub-

function of the Naval Medical Research Center (Forest Glen Annex) to the Army Institute of Surgical Research, Fort Sam Houston, TX;

- Relocate Medical Biological Defense Research of the Walter Reed Army Institute of Research (Forest Glen Annex) and Naval Medical Research Center (Forest Glen Annex) to Fort Detrick, MD, and consolidate it with US Army Medical Research Institute of Infectious Diseases;
- Relocate Medical Chemical Defense Research of the Walter Reed Army Institute of Research (Forest Glen Annex) to Aberdeen Proving Ground, MD, and consolidate it with the US Army Medical Research Institute of Chemical Defense; and
- Close the main post.

DOD JUSTIFICATION

This recommendation will transform legacy medical infrastructure into a premier, modernized joint operational medicine platform. This recommendation reduces the excess capacity within the National Capital Region (NCR) Multi-Service Market (MSM: two or more facilities co-located geographically with “shared” beneficiary population) while maintaining the same level of care for the beneficiaries. Walter Reed Army Medical Center (AMC) has a military value of 54.46 in contrast to the higher military value of National Naval Medical Center (NNMC) Bethesda (63.19) and DeWitt Hospital (58). This action relocates medical care into facilities of higher military value and capacity. By making use of the design capacity inherent in NNMC Bethesda (18K RWPs) and an expansion of the inpatient care at DeWitt Hospital (13K RWPs), the entire inpatient care produced at Walter Reed AMC (17K RWPs) can be relocated into these facilities along with their current workload (11K RWPs and 1.9K RWPs, respectively). This strategically relocates healthcare in better proximity to the beneficiary base, which census data indicates in concentrating in the southern area of the region. As a part of this action, approximately 2,069 authorizations (military and civilian) will be realigned to DeWitt Hospital and 797 authorizations will be realigned to NNMC Bethesda in order to maintain the current level of effort in providing care to the NCR beneficiary population. DeWitt Hospital will assume all patient care missions with the exception of the specific tertiary care missions that will go to the newly established Walter Reed National Military Medical Center at Bethesda. Specialty units, such as the Amputee Center at WRAMC, will be relocated within the NCR. Casualty care is not impacted. Development of a premier National Military Medical Center will provide enhanced visibility, as well as recruiting and retention advantages to the Military Health System. The remaining civilian authorizations and contractors at WRAMC that represent unnecessary overhead will be eliminated. Military personnel filling similar “overhead positions” are available to be redistributed by the Service to replace civilian and contract personnel elsewhere in Military Healthcare System activities of higher military values.

Co-location of combat casualty care research activities with related military clinical activities of the trauma center currently located at Brooke Army Medical Center, Fort Sam Houston, TX, promotes translational research that fosters rapid application of research findings to health care delivery, and provides synergistic opportunities to bring clinical insight into bench research through sharing of staff across the research and health care delivery functions.

This action will co-locate Army, Navy, Air Force and Defense Agency program management expertise for non-medical chemical and biological defense research, development and acquisition (each at Aberdeen Proving Ground, MD) and two separate aspects of medical chemical and biological research: medical biological defense research (at Fort Detrick, MD) and medical chemical defense research (at Aberdeen Proving Ground, MD). It will:

- Promote beneficial technical interaction in planning and headquarters-level oversight of all defense biomedical R&D, fostering a joint perspective and sharing of expertise and work in areas of joint interest;
- Create opportunities for synergies and efficiencies by facilitating integrated program planning to build joint economies and eliminate undesired redundancy, and by optimizing use of a limited pool of critical professional personnel with expertise in medical product development and acquisition;
- Foster the development of common practices for DoD regulatory interactions with the U.S. Food and Drug Administration; and
- Facilitate coordinated medical systems lifecycle management with the medical logistics organizations of the Military Departments, already co-located at Fort Detrick.

The Armed Forces Institute of Pathology (AFIP) was originally established as the Army Medical Museum in 1862 as a public and professional repository for injuries and disease specimens of Civil War soldiers. In 1888, educational facilities of the Museum were made available to civilian medical professions on a cooperative basis. In 1976, Congress established AFIP as a joint entity of the Military Departments subject to the authority, control, and direction of the Secretary of Defense. As a result of this recommendation, in the future the Department will rely on the civilian market for second opinion pathology consults and initial diagnosis when the local pathology labs capabilities are exceeded.

COST CONSIDERATIONS DEVELOPED BY DOD

- One-Time Costs: \$ 988.8 million
- Net Savings (Cost) during Implementation: \$ 724.4 million
- Annual Recurring Savings: \$ 99.6 million
- Return on Investment Year: Calendar Year (10 Years)
- Net Present Value over 20 Years: \$ 301.2 million

MANPOWER IMPLICATIONS OF ALL RECOMMENDATIONS AFFECTING THIS INSTALLATION (INCLUDES ON-BASE CONTRACTORS AND STUDENTS)

	Out		In		Net Gain (Loss)	
	<u>Military</u>	<u>Civilian</u>	<u>Military</u>	<u>Civilian</u>	<u>Military</u>	<u>Civilian</u>
This Recommendation	(2,679)	(2,388)	28	31	(2,651)	(2,357)
Other Recommendation(s)						
Total						

ENVIRONMENTAL CONSIDERATIONS

• This recommendation has a potential impact on air quality at NNMC Bethesda, MD, Fort Belvoir, VA, Dover, AFB, Aberdeen Proving Ground, MD and Fort Detrick, MD. New source review permitting and air conformity analyses may be required. Additional operation at Dover may impact archaeological resources and historic properties. New construction could impact historic resources at Fort Sam Houston, Fort Belvoir, and Aberdeen Resources must be evaluated on a case-by-case basis at Fort Belvoir, Aberdeen Proving Ground, and Fort Detrick. Consultation with SHPO will be required to ensure protection of cultural resources at Walter Reed. Additional operations may impact sensitive resources at Dover and constrain operations. Additional operations at Aberdeen may further impact threatened/endangered species leading to additional restrictions on training or operations. Modification to the hazardous waste program at Dover may be required. Significant mitigation measures to limit releases may be required at Aberdeen to reduce impacts to water quality and achieve US EPA water quality standards. Additional operations may impact wetlands at Dover, which may restrict operations. This recommendation has no impact on dredging; marine mammals, resources, or sanctuaries; noise; or wetlands. This recommendation will require spending approximately \$2.8M for waste management and environmental compliance activities. This cost is included in the payback calculation. This recommendation does not otherwise impact the costs of environmental restoration, waste management and environmental compliance activities. The aggregate environmental impact of all recommended BRAC actions affecting the bases in this recommendation has been reviewed. There are no known environmental impediments of this recommendation.

REPRESENTATION

Governor: N/A
Senators: N/A

Representative: The Honorable Eleanor Holmes Norton

ECONOMIC IMPACT

- Potential Employment Loss: 6,011 jobs (3,567 direct and 2,444 indirect)
- MSA Job Base: Washington-Arlington-Alexandria, DC-VA-MD-WV metropolitan division
- Percentage: -0.3 percent

MILITARY ISSUES

- Will the space provided at Bethesda be sufficient for all current services offered by Walter Reed Army Medical Center? For example, amputee care is dependent on a fitness center; however, it is unclear whether a fitness center was included in the Bethesda plan.
- Were all services/functions/activities at Walter Reed factored into the decision and plan for the Walter Reed National Military Medical Center? For example, was Graduate Medical Education part of the assessment?

- Will the National Museum of Health and Science (a tenant in the installation and part of the Armed Forces Institute of Pathology also on the installation) be moved to Bethesda or Forest Glen?
- Will the new Walter Reed located at Bethesda continue to provide family housing services like the Mologne House (a 199 room hotel) and Barracks at the present location?
- Will the WRAMC Congressional Programs move to Bethesda?

COMMUNITY CONCERNS/ISSUES

- Employee questions about the recommendation:
 - Will the \$10 million military amputee training center at Walter Reed be built?
 - What will happen to the base operations and support personnel?

Lesia Mandzia
Joint Cross-Services Team
June 5, 2005

DISTRICT OF COLUMBIA

1991	U.S. Army Institute of Dental Research	DISESTAB
1991	Walter Reed Army Institute of Research (Microwave Bioeffects Research)	REALIGN
1993	Data Processing Center Bureau of Naval Personnel	CLOSE
1993	Data Processing Center Naval Computer & Telecommunications Station	CLOSE
1993	Naval Security Group Command (including Security Group Station and Security Group Detachment) Potomac	REALIGN
1993	Naval Electronic Security Systems Engineering Center	CLOSE
1995	Naval Recruiting Command Washington	REDIRECT
1995	Naval Security Group Detachment Potomac Washington	REDIRECT

REALIGN – Walter Reed National Military Medical Center, Bethesda (MEDICAL 4)

Fort Belvoir

- Primary & Secondary Care
- Office of the SECDEF Supporting Unit

National NMC, Bethesda, MD

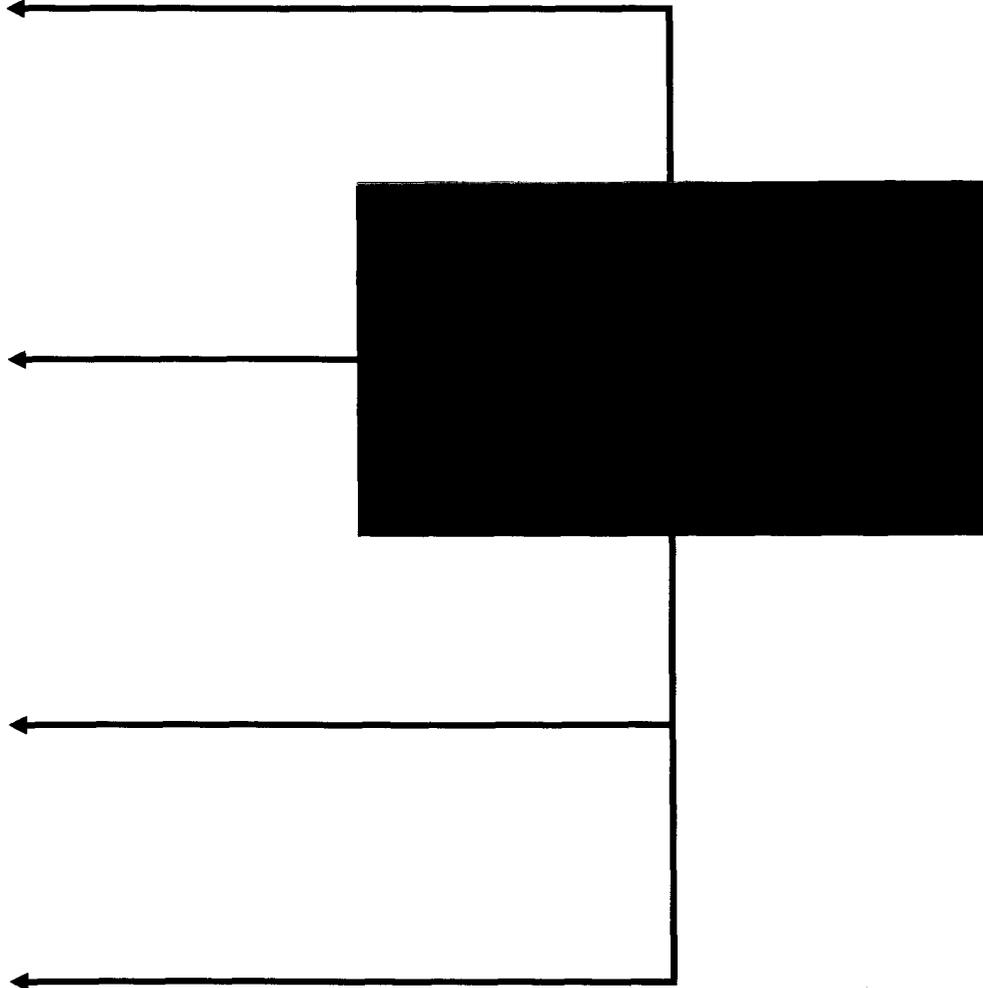
- Tertiary Care
- Legal Medicine
- Establish Program Management Office for Pathology, Admin., QA & Second Opinions

Fort Sam Houston

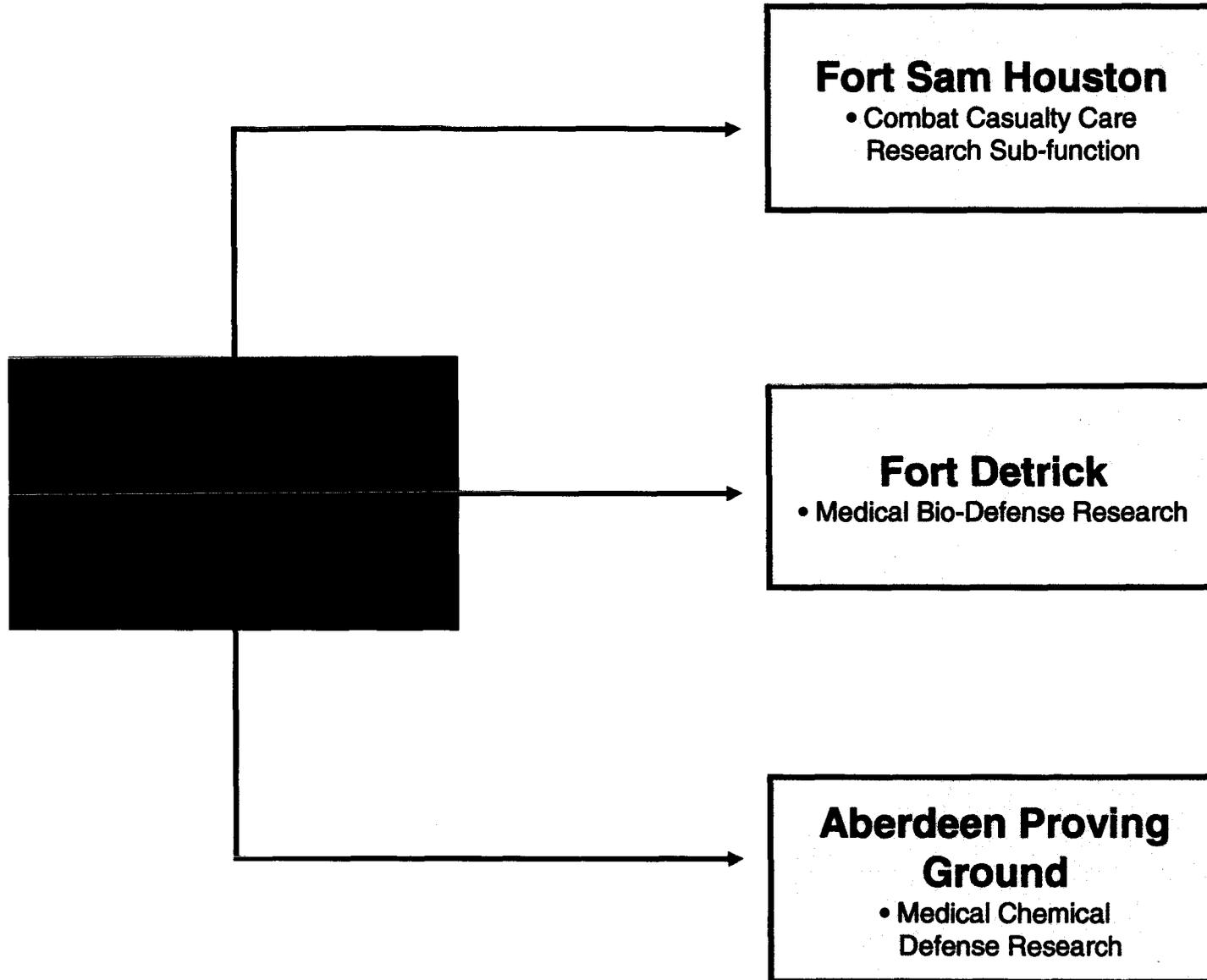
- Enlisted Histology Tech. Training

Dover AFB

- Armed Forces Medical Examiner
- DNA Registry
- Accident Investigation



DCN: 11665
REALIGN – Walter Reed National Military Medical Center, Bethesda, MD (MEDICAL 4)



Walter Reed National Military Medical Center, Bethesda, MD

Recommendation: Realign Walter Reed Army Medical Center, Washington, DC, as follows: relocate all tertiary (sub-specialty and complex care) medical services to National Naval Medical Center, Bethesda, MD, establishing it as the Walter Reed National Military Medical Center Bethesda, MD; relocate Legal Medicine to the new Walter Reed National Military Medical Center Bethesda, MD; relocate sufficient personnel to the new Walter Reed National Military Medical Center Bethesda, MD, to establish a Program Management Office that will coordinate pathology results, contract administration, and quality assurance and control of DoD second opinion consults worldwide; relocate all non-tertiary (primary and specialty) patient care functions to a new community hospital at Ft Belvoir, VA; relocate the Office of the Secretary of Defense supporting unit to Fort Belvoir, VA; disestablish all elements of the Armed Forces Institute of Pathology except the National Medical Museum and the Tissue Repository; relocate the Armed Forces Medical Examiner, DNA Registry, and Accident Investigation to Dover Air Force Base, DE; relocate enlisted histology technician training to Fort Sam Houston, TX; relocate the Combat Casualty Care Research sub-function (with the exception of those organizational elements performing neuroprotection research) of the Walter Reed Army Institute of Research (Forest Glen Annex) and the Combat Casualty Care Research sub-function of the Naval Medical Research Center (Forest Glen Annex) to the Army Institute of Surgical Research, Fort Sam Houston, TX; relocate Medical Biological Defense Research of the Walter Reed Army Institute of Research (Forest Glen Annex) and Naval Medical Research Center (Forest Glen Annex) to Fort Detrick, MD, and consolidate it with US Army Medical Research Institute of Infectious Diseases; relocate Medical Chemical Defense Research of the Walter Reed Army Institute of Research (Forest Glen Annex) to Aberdeen Proving Ground, MD, and consolidate it with the US Army Medical Research Institute of Chemical Defense; and close the main post.

Justification: This recommendation will transform legacy medical infrastructure into a premier, modernized joint operational medicine platform. This recommendation reduces excess capacity within the National Capital Region (NCR) Multi-Service Market (MSM: two or more facilities co-located geographically with "shared" beneficiary population) while maintaining the same level of care for the beneficiaries. Walter Reed Army Medical Center (AMC) has a military value of 54.46 in contrast to the higher military values of National Naval Medical Center (NNMC) Bethesda (63.19) and DeWitt Hospital (58). This action relocates medical care into facilities of higher military value and capacity. By making use of the design capacity inherent in NNMC Bethesda (18K RWPs) and an expansion of the inpatient care at DeWitt Hospital (13K RWPs), the entire inpatient care produced at Walter Reed AMC (17K RWPs) can be relocated into these facilities along with their current workload (11K RWPs and 1.9K RWPs, respectively). This strategically relocates healthcare in better proximity to the beneficiary base, which census data indicates is concentrating in the southern area of the region. As a part of this action, approximately 2,069 authorizations (military and civilian) will be realigned to DeWitt Hospital and 797 authorizations will be realigned to NNMC Bethesda in order to maintain the current level of effort in providing care to the NCR beneficiary population. DeWitt Hospital will assume all patient care missions with the exception of the specific tertiary care missions that will go to the newly established Walter Reed National Military Medical Center at Bethesda. Specialty units, such as the Amputee Center at WRAMC, will be relocated within the National Capitol Region. Casualty care is not impacted. Development of a premier National Military Medical Center will provide enhanced visibility, as well as recruiting and retention

advantages to the Military Health System. The remaining civilian authorizations and contractors at Walter Reed AMC that represent unnecessary overhead will be eliminated. Military personnel filling similar “overhead positions” are available to be redistributed by the Service to replace civilian and contract medical personnel elsewhere in Military Healthcare System activities of higher military value.

Co-location of combat casualty care research activities with related military clinical activities of the trauma center currently located at Brooke Army Medical Center, Fort Sam Houston, TX, promotes translational research that fosters rapid application of research findings to health care delivery, and provides synergistic opportunities to bring clinical insight into bench research through sharing of staff across the research and health care delivery functions.

This action will co-locate Army, Navy, Air Force and Defense Agency program management expertise for non-medical chemical and biological defense research, development and acquisition (each at Aberdeen Proving Ground, MD) and two separate aspects of medical chemical and biological research: medical biological defense research (at Ft. Detrick, MD) and medical chemical defense research (at Aberdeen Proving Ground, MD). It will:

- promote beneficial technical interaction in planning and headquarters-level oversight of all defense biomedical R&D, fostering a joint perspective and sharing of expertise and work in areas of joint interest;
- create opportunities for synergies and efficiencies by facilitating integrated program planning to build joint economies and eliminate undesired redundancy, and by optimizing use of a limited pool of critical professional personnel with expertise in medical product development and acquisition;
- foster the development of common practices for DoD regulatory interactions with the U.S. Food and Drug Administration; and
- facilitate coordinated medical systems lifecycle management with the medical logistics organizations of the Military Departments, already co-located at Fort Detrick.

The Armed Forces Institute of Pathology (AFIP) was originally established as the Army Medical Museum in 1862 as a public and professional repository for injuries and disease specimens of Civil War soldiers. In 1888, educational facilities of the Museum were made available to civilian medical professions on a cooperative basis. In 1976, Congress established AFIP as a joint entity of the Military Departments subject to the authority, control, and direction of the Secretary of Defense. As a result of this recommendation, in the future the Department will rely on the civilian market for second opinion pathology consults and initial diagnosis when the local pathology labs capabilities are exceeded.

Payback: The total estimated one-time cost to the Department of Defense to implement this recommendation is \$988.8M. The net of all costs and savings to the Department during the implementation period is a cost of \$724.2M. Annual recurring savings to the Department after implementation are \$99.6M with a payback expected in 10 years. The net present value (NPV) of the costs and savings to the Department over 20 years is a savings of \$301.2M.

Economic Impact on Communities: Assuming no economic recovery, this recommendation could result in a maximum potential reduction of 6,011 (3,567 direct jobs and 2,444 indirect jobs) in the Washington-Arlington-Alexandria, DC-VA-MD-WV Metropolitan Division, which is 0.22 percent of economic area employment. The aggregate economic impact of all recommended actions on this economic region of influence was considered and is at Appendix B of Volume I.

Community Infrastructure: A review of community attributes indicates no issues regarding the ability of the infrastructure of the communities to support missions, forces and personnel. Civilian inpatient capacity exists in the area to provide services to the eligible population. There are no known community infrastructure impediments to implementation of all recommendations affecting the installations in this recommendation.

Environmental Impact: This recommendation has a potential impact on air quality at NNMC Bethesda, MD, Fort Belvoir, VA, Dover AFB, Aberdeen Proving Ground, MD and Fort Detrick, MD. New source review permitting and air conformity analyses may be required. Additional operations at Dover may impact archaeological resources and historic properties. New construction could impact historic resources at Fort Sam Houston, Fort Belvoir, and Aberdeen Resources must be evaluated on a case-by-case basis at Fort Belvoir, Aberdeen Proving Ground, and Fort Detrick. Consultation with SHPO will be required to ensure protection of cultural resources at Walter Reed. Additional operations may impact sensitive resources at Dover and constrain operations. Additional operations at Aberdeen may further impact threatened/endangered species leading to additional restrictions on training or operations. Modification to the hazardous waste program at Dover may be required. Significant mitigation measures to limit releases may be required at Aberdeen to reduce impacts to water quality and achieve US EPA water quality standards. Additional operations may impact wetlands at Dover, which may restrict operations. This recommendation has no impact on dredging; marine mammals, resources, or sanctuaries; noise; or wetlands. This recommendation will require spending approximately \$2.8M for waste management and environmental compliance activities. This cost was included in the payback calculation. This recommendation does not otherwise impact the costs of environmental restoration, waste management, and environmental compliance activities. The aggregate environmental impact of all recommended BRAC actions affecting the bases in this recommendation has been reviewed. There are no known environmental impediments to implementation of this recommendation.

State Installation	Action	Out		In		Net Gain/(Loss)		Net Mission Contractor	Total Direct
		Mil	Civ	Mil	Civ	Mil	Civ		
Connecticut									
SGT Libby U.S. Army Reserve Center, New Haven	Close	(14)	(7)	0	0	(14)	(7)	0	(21)
Submarine Base New London	Close	(7,096)	(952)	0	0	(7,096)	(952)	(412)	(8,460)
Turner U.S. Army Reserve Center, Fairfield	Close	(13)	(4)	0	0	(13)	(4)	0	(17)
U.S. Army Reserve Center Area Maintenance Support Facility Middletown	Close	(13)	(5)	0	0	(13)	(5)	0	(18)
Bradley International Airport Air Guard Station	Realign	(23)	(88)	26	15	3	(73)	0	(70)
Connecticut Total		(7,159)	(1,056)	26	15	(7,133)	(1,041)	(412)	(8,586)
Delaware									
Kirkwood U.S. Army Reserve Center, Newark	Close	(7)	(2)	0	0	(7)	(2)	0	(9)
Dover Air Force Base	Gain	0	0	115	133	115	133	0	248
New Castle County Airport Air Guard Station	Realign	(47)	(101)	0	0	(47)	(101)	0	(148)
Delaware Total		(54)	(103)	115	133	61	30	0	91
District of Columbia									
Leased Space - DC	Close/Realign	(103)	(68)	0	79	(103)	11	0	(92)
Bolling Air Force Base	Realign	(96)	(242)	0	0	(96)	(242)	(61)	(399)
Naval District Washington	Realign	(108)	(845)	28	522	(80)	(323)	40	(363)
Potomac Annex	Realign	(4)	(5)	0	0	(4)	(5)	(3)	(12)
Walter Reed Army Medical Center	Realign	(2,679)	(2,388)	28	31	(2,651)	(2,357)	(622)	(5,630)
District of Columbia Total		(2,990)	(3,548)	56	632	(2,934)	(2,916)	(646)	(6,496)

This list does not include locations where there were no changes in military or civilian jobs.
 Military figures include student load changes.

Draft

BASE VISIT REPORT

Walter Reed Army Medical Center

June 10, 2005

LEAD COMMISSIONER: General Lloyd W. "Fig" Newton (USAF, Ret)

ACCOMPANYING COMMISSIONER: N/A

COMMISSION STAFF: Charles Battaglia, Executive Director
Christine Hill, Director, Legislative Affairs
Robert McCreary, Deputy Communications Director
Megan Riffle, Public Affairs
Ashley Buzzell, Associate Analyst
Lesia Mandzia, Senior Analyst

LIST OF ATTENDEES:

North Atlantic Regional Medical Command

- Major General Kenneth Farmer, Commanding General, Walter Reed Army Medical Center, and National Capital Area Multi Service Market Office
- COL Timothy Williamson
- COL Janice McCreary-Watson

Walter Reed Army Medical Center

- Col. Jeff Davies, Garrison Commander
- Alan King, Executive Officer
- Randal Treiber, BRAC Implementation Team Leader
- John Wetterau, BRAC Installation Administrator
- COL David Jones
- LTC Jane DeNio, Nurse Methods Analyst
- Lyn Kukral
- COL Cathy Nace, Director GME
- MAJ Michael Brennan
- CPT Edward Weinberg

National Naval Medical Center

- CAPT Mark Olesen, Deputy Commander
- Lt(jg) Vincent Palrose
- James Burke
- Barbara Andreno

Draft

Fort Belvoir-DeWitt Hospital

- COL Patricia Horoho
- MAJ David Hammer

National Capital Area Multi-Service Market

- CAPT Kathryn Beasley, Director

COL Charles McQueen, **Walter Reed Army Institute of Research**, Forest Glenn

Jerry Morris, **Naval Medical Research Center**, Forest Glenn

COL Charles Pemble, **Armed Forces Institute of Pathology**

Elliott Doomes, **Delegate Holmes-Norton Office**

BASE'S PRESENT MISSION:

Walter Reed Army Medical Center (WRAMC) Garrison Mission:

- to provide quality service and support to the WRAMC Community;
- to train and maintain a quality workforce;
- to sustain a safe, secure and quality working, training and living environment; and
- to sustain a good working relationship with local governments and community and civic leaders.

Walter Reed Army Medical Center ("We provide warrior care")

[Note: could not find a mission statement]

The Walter Reed Health Care System provides comprehensive health care for more than 150,000 soldiers, other service members, family members and retirees in the National Capital Area. Its hub is Walter Reed Army Medical Center, the clinical center of gravity of American military medicine.

SECRETARY OF DEFENSE RECOMMENDATION:

Realign Walter Reed Army Medical Center, Washington, DC, as follows:

- Relocate all tertiary (sub-specialty and complex care) medical services to National Naval Medical Center, Bethesda, MD, establishing it as the Walter Reed National Military Medical Center Bethesda, MD; relocate Legal Medicine to the new Walter Reed National Military Medical Center Bethesda, MD;
- Relocate sufficient personnel to the new Walter Reed National Military Medical Center Bethesda, MD, to establish a Program Management Office that will coordinate pathology

Draft

- results, contract administration, and quality assurance and control of DoD second opinion consults worldwide;
- Relocate all non-tertiary (primary and specialty) patient care functions to a new community hospital at Ft Belvoir, VA;
- Relocate the Office of the Secretary of Defense supporting unit to Fort Belvoir, VA;
- Disestablish all elements of the Armed Forces Institute of Pathology except the National Medical Museum and the Tissue Repository;
- Relocate the Armed Forces Medical Examiner, DNA Registry, and Accident Investigation to Dover Air Force Base, DE;
- Relocate enlisted histology technician training to Fort Sam Houston, TX;
- Relocate the Combat Casualty Care Research sub-function (with the exception of those organizational elements performing neuroprotection research) of the Walter Reed Army Institute of Research (Forest Glen Annex) and the Combat Casualty Care Research sub-function of the Naval Medical Research Center (Forest Glen Annex) to the Army Institute of Surgical Research, Fort Sam Houston, TX;
- Relocate Medical Biological Defense Research of the Walter Reed Army Institute of Research (Forest Glen Annex) and Naval Medical Research Center (Forest Glen Annex) to Fort Detrick, MD, and consolidate it with US Army Medical Research Institute of Infectious Diseases;
- Relocate Medical Chemical Defense Research of the Walter Reed Army Institute of Research (Forest Glen Annex) to Aberdeen Proving Ground, MD, and consolidate it with the US Army Medical Research Institute of Chemical Defense; and
- Close the main post.

SECRETARY OF DEFENSE JUSTIFICATION:

This recommendation will transform legacy medical infrastructure into a premier, modernized joint operational medicine platform. This recommendation reduces the excess capacity within the National Capital Region (NCR) Multi-Service Market (MSM: two or more facilities co-located geographically with “shared” beneficiary population) while maintaining the same level of care for the beneficiaries. Walter Reed Army Medical Center (AMC) has a military value of 54.46 in contrast to the higher military value of National Naval Medical Center (NNMC) Bethesda (63.19) and DeWitt Hospital (58). This action relocates medical care into facilities of higher military value and capacity. By making use of the design capacity inherent in NNMC Bethesda (18K RWPs) and an expansion of the inpatient care at DeWitt Hospital (13K RWPs), the entire inpatient care produced at Walter Reed AMC (17K RWPs) can be relocated into these facilities along with their current workload (11K RWPs and 1.9K RWPs, respectively). This strategically relocates healthcare in better proximity to the beneficiary base, which census data indicates in concentrating in the southern area of the region. As a part of this action, approximately 2,069 authorizations (military and civilian) will be realigned to DeWitt Hospital and 797 authorizations will be realigned to NNMC Bethesda in order to maintain the current level of effort in providing care to the NCR beneficiary population. DeWitt Hospital will assume all patient care missions with the exception of the specific tertiary care missions that will go to the newly established Walter Reed National Military Medical Center at Bethesda. Specialty

Draft

units, such as the Amputee Center at WRAMC, will be relocated within the NCR. Casualty care is not impacted. Development of a premier National Military Medical Center will provide enhanced visibility, as well as recruiting and retention advantages to the Military Health System. The remaining civilian authorizations and contractors at WRAMC that represent unnecessary overhead will be eliminated. Military personnel filling similar “overhead positions” are available to be redistributed by the Service to replace civilian and contract personnel elsewhere in Military Healthcare System activities of higher military values.

Co-location of combat casualty care research activities with related military clinical activities of the trauma center currently located at Brooke Army Medical Center, Fort Sam Houston, TX, promotes translational research that fosters rapid application of research findings to health care delivery, and provides synergistic opportunities to bring clinical insight into bench research through sharing of staff across the research and health care delivery functions.

This action will co-locate Army, Navy, Air Force and Defense Agency program management expertise for non-medical chemical and biological defense research, development and acquisition (each at Aberdeen Proving Ground, MD) and two separate aspects of medical chemical and biological research: medical biological defense research (at Fort Detrick, MD) and medical chemical defense research (at Aberdeen Proving Ground, MD). It will:

- Promote beneficial technical interaction in planning and headquarters-level oversight of all defense biomedical R&D, fostering a joint perspective and sharing of expertise and work in areas of joint interest;
- Create opportunities for synergies and efficiencies by facilitating integrated program planning to build joint economies and eliminate undesired redundancy, and by optimizing use of a limited pool of critical professional personnel with expertise in medical product development and acquisition;
- Foster the development of common practices for DoD regulatory interactions with the U.S. Food and Drug Administration; and
- Facilitate coordinated medical systems lifecycle management with the medical logistics organizations of the Military Departments, already co-located at Fort Detrick.

The Armed Forces Institute of Pathology (AFIP) was originally established as the Army Medical Museum in 1862 as a public and professional repository for injuries and disease specimens of Civil War soldiers. In 1888, educational facilities of the Museum were made available to civilian medical professions on a cooperative basis. In 1976, Congress established AFIP as a joint entity of the Military Departments subject to the authority, control, and direction of the Secretary of Defense. As a result of this recommendation, in the future the Department will rely on the civilian market for second opinion pathology consults and initial diagnosis when the local pathology labs capabilities are exceeded.

MAIN FACILITIES REVIEWED: Walter Reed Army Medical Center (WRAMC)

Draft

KEY ISSUES IDENTIFIED:

Space Requirements

Will there be enough space at Bethesda for all the services/functions that will move there? For Example: is there enough space in the plan to have a fitness/rehabilitation center for the amputees. A new amputee center was approved at Walter Reed; however, the construction of the facility is on hold until after the BRAC decisions are made.

Will Ward 72 that provides inpatient and outpatient care to executive level DOD and US government leadership also be a part of the new WRNMMC?

Is there enough space on the Bethesda campus to provide all the housing that WR provides to service members and their families through the Mologne and Fisher Houses, and barrack housing?

Is there enough space at WRAIR to absorb the relocations to the Forest Glen campus?

GME (Graduate Medical Education)

WR is the largest Army medical training facility with more than 700 interns and residents from the Army, Navy and AF in about 65 medical training programs. Consolidation of programs will be a challenge as they will have to go through the Accreditation Council for Graduate Medical Education (ACGME) to obtain accreditation for the programs that would be combined at the new WR. Though GME programs presently at NNMC and WRAMC are accredited the new combined programs that would result because of the creating of the new WR would require new ACGME accreditation. One of the larger concerns regarding GME consolidations is that such activities may result in the loss of resident slots when programs are merged.

AFIP

It is unclear where the National Museum of Health and Medicine will be placed. The recommendation indicates it can be placed at Bethesda or the National Mall. AFIP programs not mentioned in BRAC recommendation are the Patient Safety Center and the Automated Central Tumor Registry.

INSTALLATION CONCERNS RAISED:

Graduate Medical Education (GME)

The consolidation of WRAMC and NNMC has implications for GME. WRAMC has 66 total programs with about 740 trainees. As the GME consolidates at the new Walter Reed there is the potential of losing training positions, which could lead to the loss of training programs.

Draft

Organizational framework

Merging WRAMC and NNMC will require that the 2 organizations determine a mutually agreeable institutional education philosophy. Presently, WR is organized by services and department lines, while NNMC has integrated function lines.

Space Availability

The construction/renovation square footage at Bethesda may be too small/inadequate to meet current healthcare requirements. Additionally, the number of contract staff (about 1000) providing hospital support was not included in the calculations; the GME and research requirements were underestimated.

Congressional Directed Programs

WRAMC has 6 congressionally directed research programs: Comprehensive Breast Cancer Center, Prostate Disease Center, GYN Disease Center, Liver Disease Center, Coronary Artery Disease Center and Deployment Health Center. In total, these centers presently occupy 50,939 gross square feet. Again, if all the services that are presently provided at WRAMC are moved to Bethesda, there is concern whether there is enough space to accommodate all of those services including these congressionally directed programs.

WRAMC installation support

WR has:

- more than 300 rooms available for families and patients that supports the continuum of care;
- a new fitness center, which is important for the rehabilitation of amputees and others recovering from injuries,
- a newly renovated 275 room barracks.

WRAMC provides different housing alternatives for recovering service members and their families. Additionally, as service members recover from their injuries, particularly amputees, it is very important that these individuals have access to a fitness center so that they can have a space to work out with their prosthesis and develop physical capability. It is unclear from the recommendation whether the plan at Bethesda allows for nearby housing and space for a fitness center.

HQ Department of the Army approved an extended use lease (EUL) ground lease October 2004. The EUL is a \$62M renovation to create a modern and efficient building with 220K rentable square feet. WRAMC will receive over \$20M in-kind services over the prime lease term and will receive the building and land back at the end of the lease term. The EUL is not only a lease for the building but also for the land it stands on. Therefore, the developer "owns" the property and land for the duration of the EUL and the Army is not clear on what would happen to that agreement and the facility if WRAMC were close and services moved to Bethesda.

Draft

Command and Control

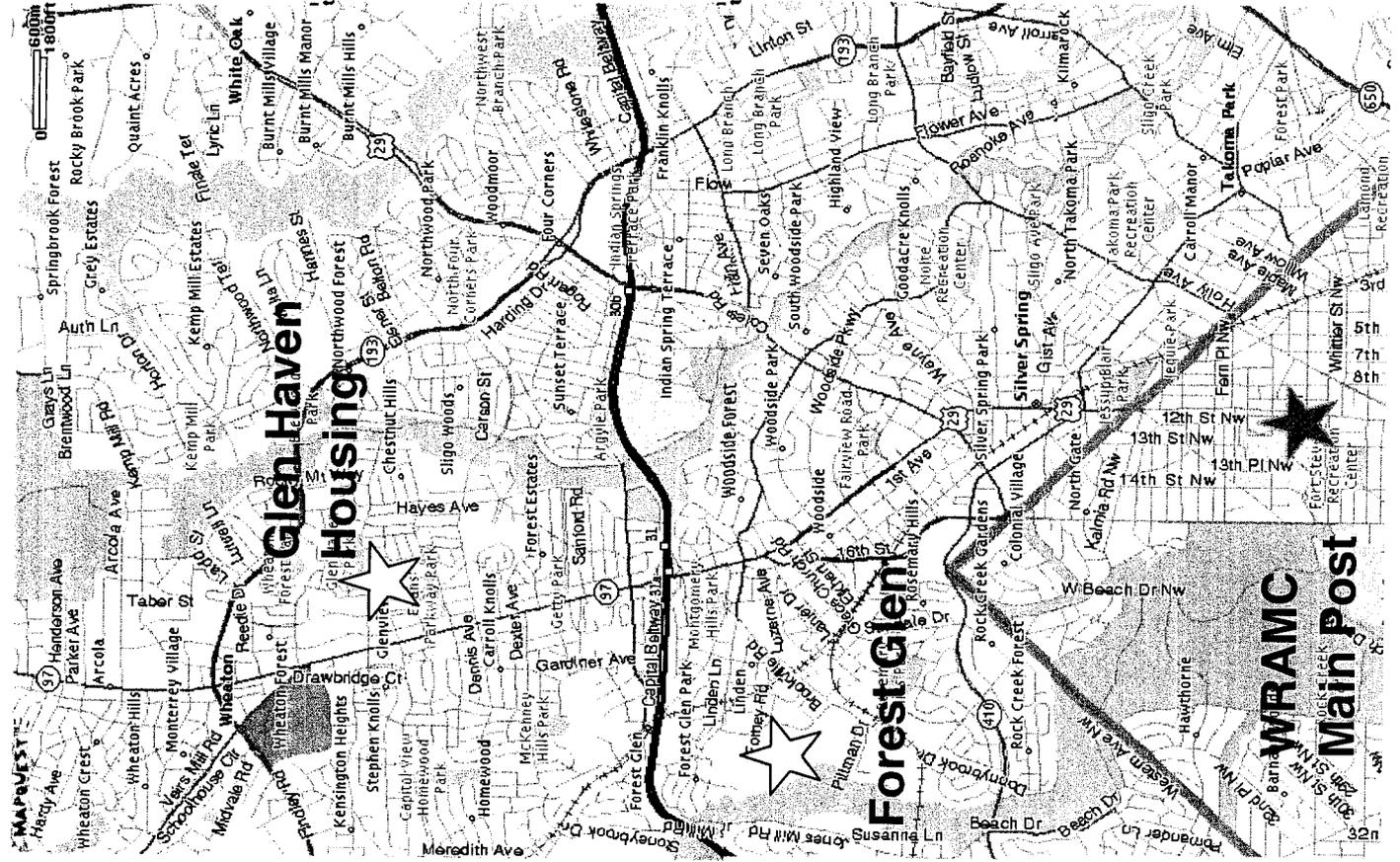
Who will have command and control at the Walter Reed National Military Medical Center, Forest Glen and Glen Haven?

COMMUNITY CONCERNS RAISED:

- Will civilian employees be Department of the Army, or Department of the Navy or DOD employees?
- Community members at a town hall meeting voiced opposition to the realignment of WR.

REQUESTS FOR STAFF AS A RESULT OF VISIT:

Create some alternatives, such as retaining the Mologne House, the Fisher Houses and the fitness center and arrange for transportation from the WR campus to the new WRNMMC.



Walter Reed Installation

- 9,400 personnel
- Multi-purpose joint use installation
- Premier Medical Community

Main Post:

- 113 acres
- acquired in 1905, 1918, 1922
- 73 buildings
- 4.6M SF

Forest Glen:

- 164 acres
- acquired in 1942
- 33 buildings
- 1.3M SF

Glen Haven:

- 20 acres
- Acquired in 1942
- Privatized housing

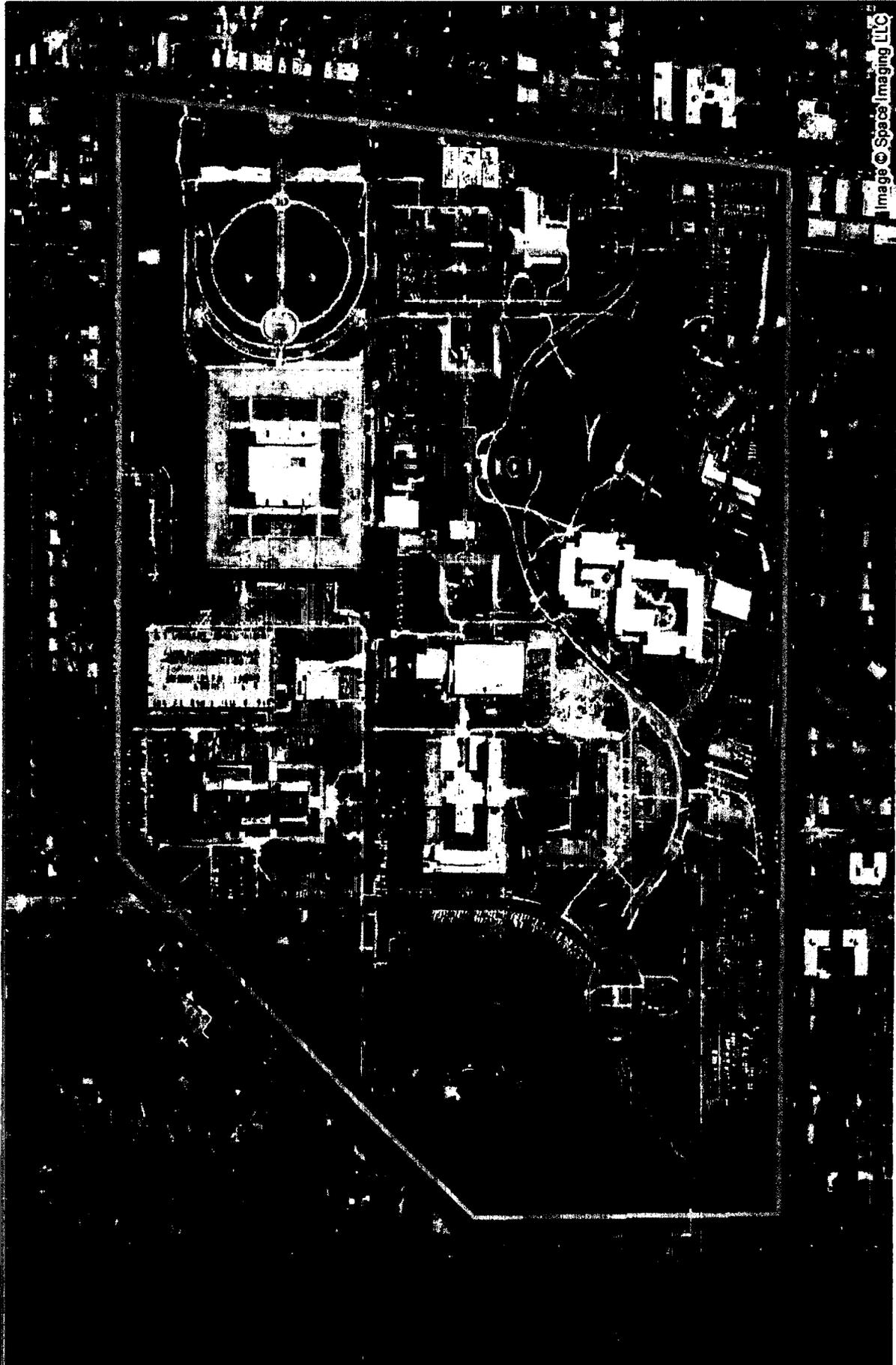


Major Tenant Organizations



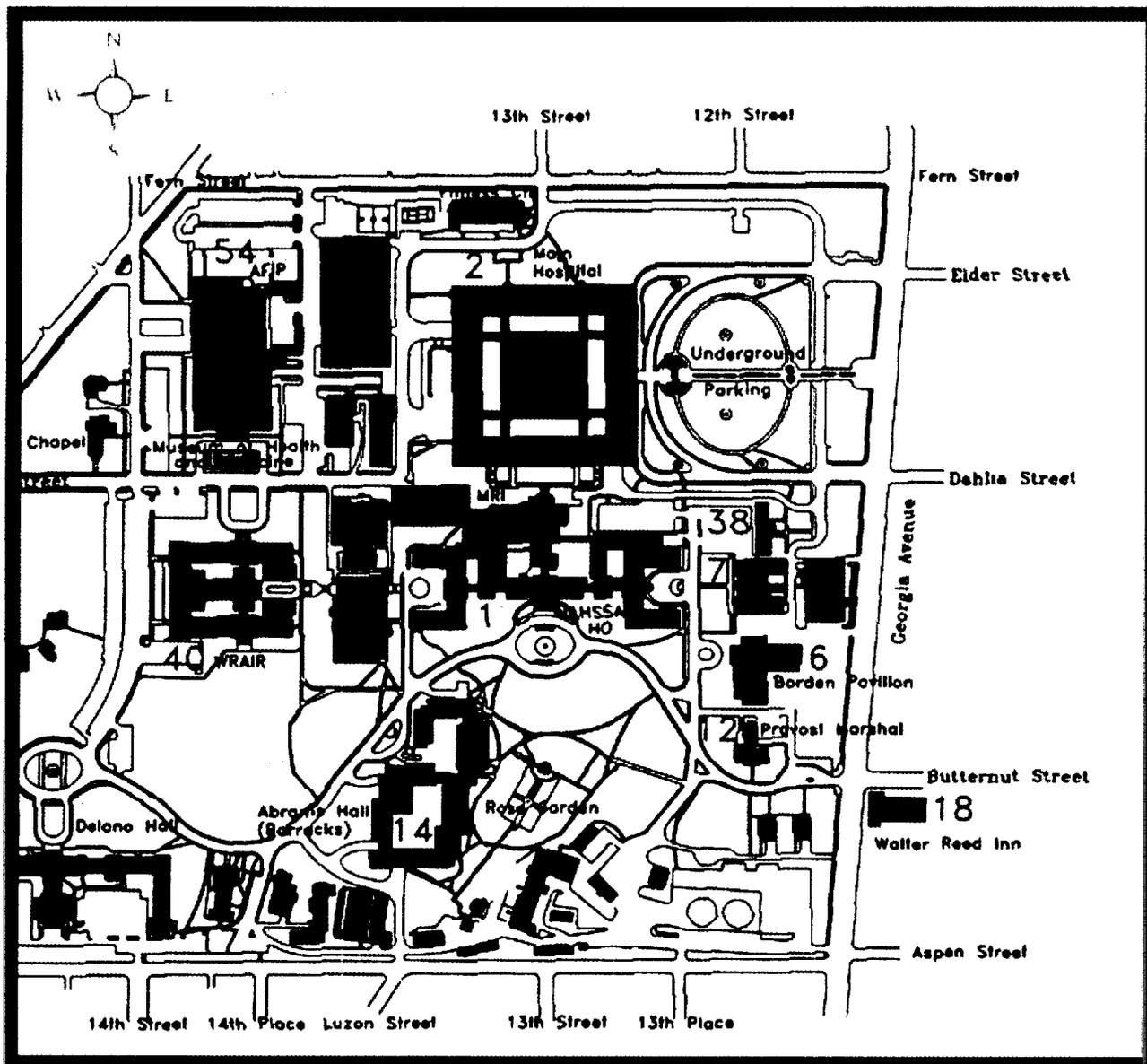
11665

- **Walter Reed Army Medical Center**
- **North Atlantic Regional Medical Command**
- **North Atlantic Regional Dental Command**
- **North Atlantic Regional Veterinary Command**
- **Armed Forces Institute of Pathology**
- **National Museum of Health and Medicine**
- **US Army Physical Disability Agency**
- **Multi Service Market Manager Office**
- **2290th US Army Hospital**
- **Armed Forces Pest Management Board**
- **Walter Reed Army Institute of Research**
- **Naval Medical Research Center**



Walter Reed Army Medical Center, DC

 Installation Boundary



Print This Page

Location - The Early Diagnosis and Screening Service is located within section 1G of the Main Radiology Department, Main Hospital (Heaton Pavilion).

Parking information - Parking is located in the Underground Patient Parking area in front of the Main Hospital.



Walter Reed Army Medical Center Washington D.C.

National News Articles

US Military Recommends Closing Storied Walter Reed Army Medical Center
Washington Area Reacts to Walter Reed Proposal
Del. Norton Brief by Pentagon Brass on Current, Future Uses of Walter Reed

Local News Articles

2010 Closing Projected for Walter Reed: Commission Members Question Pentagon Plans to Move Thousands to Belvoir
Community Fears Loss of a D.C. Institution
No Scarcity Of Suitors For Walter Reed Site: Complex Is Coveted For Its Location, Size
Outrage Expressed At Proposed Walter Reed Closing: Neighbors, Patients Concerned
Neighborhood Will Change
Pentagon Plans to Close 180 Sites, Shift Area Jobs to Outer Suburbs; Md., Va. to Gain Federal Agencies Eying Walter Reed Site

Editorial/Opinion Articles

National News Articles

US military recommends closing storied Walter Reed Army Medical Center

Turkish Press
May 14, 2005

Among the money-saving military base closings the Pentagon has advised is that of the storied Walter Reed Army Medical Center in the US capital, where president Dwight Eisenhower died and where, of late, nearly 1,200 front-line troops just back from Iraq have been treated. Defense Secretary Donald Rumsfeld unveiled the closing proposals, including 33 military bases, on Friday.

Among the towering historic figures who spent their final days at the renowned hospital are Eisenhower and General Douglas MacArthur.

"Despite its iconic status, it could not measure up in location, accessibility and research and expansion potential," The Washington Post reported. No plans for the facility or the large plot of land on which it sits -- a highly valuable piece of property -- were immediately announced. The closing of the facility, where hundreds of thousands of troops were treated in the last century, would mean 5,630 positions would be redeployed.

Most of the closures affected army, navy and some air force regional reserve bases and centers, reflecting the Pentagon's desire to move reserve units onto active-duty bases so their personnel can train more closely with the active-duty military.

The list will go to an independent nine-member commission for review and possible changes. When the commission finishes, President George W. Bush will submit the final list to Congress to approve or reject the list in its entirety.

Washington area reacts to Walter Reed proposal

Associated Press

Lisa Goddard

May 13, 2005

Washington-area officials, residents and workers scrambled to react after the Pentagon released a barrage of shutdowns and changes for local military installations, including the **closure of Walter Reed Army Medical Center**.

The plan to move all of Walter Reed's programs brought gasps from employees and strong words from Del. Eleanor Holmes Norton, D-D.C, the city's nonvoting House member.

"No city could make up for that loss in one fell swoop," Norton said. The proposal estimates that 5,067 Walter Reed jobs would be sent out of the District.

Norton said she will demand that Congress either keep Walter Reed open or compensate the city for the move. "With our population...this is a loss the District simply cannot bear," she said.

The Pentagon said while it is closing Walter Reed's campus in the District of Columbia, it plans to expand the National Naval Medical Center in Bethesda, Md., which stands to gain 1,900 jobs. The new center would be called the Walter Reed Medical Center at Bethesda. Military officials insisted that it would rival the Mayo Clinic, Johns Hopkins and the best hospitals in the world.

Despite the expansion in Bethesda, Montgomery County stands to lose jobs overall under the Pentagon plan.

Hundreds of pages inside the proposal, the Pentagon announced it wants to close the National Geospatial-Intelligence Agency and move the agency to Fort Belvoir. The department watches intelligence movements from space. Federal government sources said the agency has wanted to move for security reasons. Such a change would drain 2800 jobs from Montgomery County.

"It's obviously a concern," said County Executive Doug Duncan.

Other Washington-area installations recommended for **closure** or consolidation include Bolling Air Force Base, the Potomac Annex, the Naval District of Washington and some leased office space.

Residents and employees at Walter Reed reacted with disbelief.

"The Pentagon is definitely making a mistake," said Harold Thompson, 25, who lives and grew up directly across the street. He looked out over the three small U.S. flags on his porch to Walter Reed's wide green lawn and hospital. Thompson got his first job there and, as a Navy veteran, it's where he sees the doctor.

"It's mind boggling," Thompson said, "It will be a real issue for me and other people in the neighborhood if Walter Reed shuts down."

Thompson said he's worried about losing jobs and plummeting housing values.

But the D.C. councilman representing the area predicted the **closure** of Walter Reed will have minimal impact and could be a huge opportunity. Adrian Fenty, D-Ward 4, said the property is prime real estate and could be a good housing site.

According to the Pentagon, the **closure** would ultimately save the military \$100 million a year. But the Defense Department also said the Washington region will lose more than 14,000 military and civilian jobs at the affected installations. It predicted that another 10,000 jobs in supporting businesses could also be lost.

At least one Walter Reed employee said that's OK with her. Diane Lee has worked as a nurse at Walter Reed for seven years and said, as a taxpayer, she wants the government to save money.

"You have to go with the flow. And the real estate could definitely be used by the city," Lee said.

If Walter Reed is closed the military would hold lengthy discussions with city leaders over what will happen to the property, Norton said.

After a few months of getting public input, the proposal goes to the President in September. He is expected to send it to Congress for their approval.

Thompson, for one, said he hopes lawmakers keep Walter Reed open.

"I can't even imagine this part of the city without it."

DEL. NORTON BRIEFED BY MILITARY BRASS ON CURRENT, FUTURE USES OF WALTER REED

US States News
WASHINGTON
May 25, 2005

Del. Eleanor Holmes Norton, D-D.C., issued the following press release:

The top officers at **Walter Reed Army Medical Center** gave Del. Eleanor Holmes Norton (D-DC) a detailed briefing yesterday on the Base Realignment and **Closure** (BRAC) process, and on the status of Walter Reed Hospital and the Department of Defense (DoD) recommendation for **closure** and transfer of operations to a consolidated Bethesda Naval Hospital. Del. Norton met with Major General Kenneth Farmer, Commanding General of the North Atlantic Regional Medical Command and Colonel Jeffrey Davies, Garrison Commander of **Walter Reed Army Medical Center**. She also has called BRAC chair Anthony Principi, to request a hearing in the District of Columbia on the proposed closing, just as hearings are to be held in other districts that are proposed to lose facilities.

"The closing is not a done deal," Norton said. However, while seeking to maintain Walter Reed here because of its jobs and other significant economic benefits to the city, the Congresswoman already is investigating a number of other options in case the DoD recommendation for **closure** is endorsed by BRAC. The President will be able to make recommendations, but Congress will be limited to an up or down vote on the entire BRAC package in September. However, during the last BRAC process in 1995, Norton worked with President Clinton when his recommendations were due in order to get the Naval Sea Systems Command that was scheduled to go to California transferred instead to the Navy Yard, as a less costly alternative that would preserve skilled jobs in the region. As a result, agreement was reached for the Navy Yard to undergo a historic renovation of the facility and 10,000 jobs were brought to D.C. "We benefited from the last BRAC process," Norton said. "I hope to find benefits this time too."

Walter Reed will remain in operation for about another six years. The Congresswoman is therefore focused on both the immediate and future uses of Walter Reed, including a number of construction projects now underway. Working with the community, the Congresswoman already has stopped the construction of a large office building fronting 16th Street that was proposed for hospital-related pathology personnel. Yesterday, she was assured by the officers in charge that this building, known as Building 50, will not be constructed under any circumstances. However, Norton expressed her concern about Building 40, the original medical school, where a ground lease was given to a private developer for renovation of space for the Walter Reed Army Institute of Research before the proposed **closure**. That structure will not be built now, but Norton said that she was concerned about the developer's possession of a 50-year ground lease. At her meeting, she discussed possible options, including a buyback. Norton stressed that Army or other government retention of the site for uses inconsistent with the residential portions of the neighborhood was inappropriate, and that she would strenuously fight an office complex to cover the site if the government chooses to retain the space.

As much as 50% of the Walter Reed properties are historic buildings, raising special concerns in case of any disposition of the land. Norton warned it was too early to have designs on the property because any federal agency could have first call. If the federal government does not desire to use the property, it will be turned over to the General Services Administration (GSA). Norton is the ranking member of the subcommittee with jurisdiction over the GSA. If there is no federal use of the property, the District of Columbia would have the opportunity to negotiate for the site for public uses, such as parks and schools. If other uses were contemplated, the transaction would be more complicated and costly because of the requirements of the Federal Property Act. However, uses for other than public purposes are possible, as Cameron Station in Virginia, where private condominiums are located, shows. Yesterday, Norton introduced a bill that would transfer valuable federal land, Reservation 13 and Poplar Point, to the District as in-kind partial payment for funds due the city because of the structural imbalance. The Congresswoman will look for similar or other alternatives if Walter Reed is closed.

Local News Articles

2010 Closing Projected for Walter Reed: Commission Members Question Pentagon Plans to Move Thousands to Belvoir

Washington Post Staff Writer

Spencer S. Hsu

May 20, 2005

Walter Reed Army Medical Center will close about five years from now if the Pentagon's new round of base closings is approved, Defense Department officials said yesterday, adding that no new military activity is planned on the historic District campus.

Testifying before the nine-member Base Realignment and Closure Commission that is weighing the Pentagon's nationwide streamlining plan, officials said that Walter Reed's 113-acre site in Northwest Washington would be offered to other federal agencies or possibly to the District for reuse under applicable federal law.

D.C. and Northern Virginia leaders have mobilized against the Pentagon's recommendations, seeking to prevent the shift of tens of thousands of defense jobs from Washington area sites. Their efforts earned some sympathetic questions yesterday from commissioners, who probed whether the disruption caused to workers and to the bases they would be sent to, such as Fort Belvoir in southeastern Fairfax County, would offset predicted savings and other efficiencies. "We have to be sure that the potential gain from the move is worth the potential cost," said commission member Harold W. Gehman Jr., a retired Navy admiral and former commander of U.S. Joint Forces Command.

Gehman said that 60 to 75 percent of skilled technical workers in defense facilities typically leave their jobs if forced to relocate, "so it obviously is a loss of skill and continuity, and no one can predict in advance of moving a facility from one place to another how many people might move." Gehman, who previously served as an unpaid adviser to a Virginia base closure study panel established by Gov. Mark R. Warner (D), has recused himself from discussions regarding the state. Three other commissioners who formerly served in Congress or on a California base closure study panel also have recused themselves from projects involving their home states. Commissioner James T. Hill, a retired Army general and former commander of U.S. Southern Command, singled out traffic congestion around Fort Belvoir, which is slated to receive as many as 18,400 additional workers under the Pentagon's plan.

"I'm having a hard time understanding how 11,000 more people are absorbed into Belvoir and in the surrounding communities and into the traffic pattern out there," he said, using the figure initially released by the Pentagon and later revised by the post. "Did you all look at that?"

Army official Donald C. Tison said Pentagon analysts were assured by Army engineers that there is plenty of room on the post. As for the surrounding area, Tison said that he did not have specifics but that the Army has budgeted \$125 million for infrastructure improvements there. He also cited talks regarding light rail, commuter rail and Interstate 95 access through the Franconia-Springfield Parkway extension.

The surgeon general of the Air Force, Lt. Gen. George P. Taylor, addressed plans to close the Walter Reed hospital and expand the National Naval Medical Center in Bethesda into a new facility called the Walter Reed National Military Medical Center. The District would lose 5,630 jobs in the move.

The Pentagon also would build a 165-bed community hospital at Fort Belvoir to handle some of Walter Reed's functions.

Because of the complexity of medical construction, Taylor said, the project would be completed "in the 2010 timeframe."

At Walter Reed's current home between Rock Creek Park and Georgia Avenue NW, "no military activity will remain there, no sir. . . . The garrison is gone, the post closes," save for some affiliated housing nearby, Taylor said.

Under federal law, the property would be offered to other federal agencies. If deemed excess, the land would be offered to homeless assistance groups, then potentially to local authorities by negotiation or for sale for reuse.

A spokesman for Del. Eleanor Holmes Norton (D-D.C.) said yesterday that military officials will brief her next week and that "an upscale residential neighborhood makes it necessary for her to focus on all options, from economic loss to the District to the future of the site itself."

Community Fears Loss of a D.C. Institution

Washington Post

Susan Levine and Debbi Wilgoren

May 14, 2005

For almost a century, wounded combatants have arrived at **Walter Reed Army Medical Center**, the campus of rose-brick buildings serving as a haven from the horrors of war. It has been the hospital for those who lead and those who follow and, most recently, nearly 1,200 troops from the front lines in Iraq.

Yesterday, the hospital where President Dwight D. Eisenhower and Gen. Douglas MacArthur spent their final days was declared expendable by the Pentagon and targeted for closure. Despite its iconic status, it could not measure up in location, accessibility and research and expansion potential. If the recommendation is accepted, 5,630 positions will be redeployed, with the future of the 113-acre Northwest campus, bounded by Rock Creek Park and Georgia Avenue, still to be determined.

The prime beneficiaries of Walter Reed's demise would be Fort Belvoir in Fairfax County, where a large community hospital focusing on primary and specialty care would be built, and the National Naval Medical Center in Bethesda, which would become the military's new "world-class flagship facility," a joint research, training and teaching locus.

Walter Reed's revered namesake, an Army physician who tackled typhoid and yellow fever during the late 1800s, would remain prominent. The Pentagon proposes renaming the Bethesda complex the Walter Reed National Military Medical Center.

"It will bring together the very best for all military medicine," said William Winkenwerder Jr., assistant secretary of defense for health affairs.

The announcement stunned many of the hospital's neighbors, who talked of how Walter Reed's presence is woven into the fabric of their lives. It is the landmark they use when giving visitors directions to their homes, the place that draws the presidential motorcade when the commander-in-chief pays a visit.

"I just can't imagine Walter Reed not being on Georgia Avenue," said Tonya Taylor, who lives and works a few blocks away. "It's just part of D.C."

In the last two years, residents have grown accustomed to the sight of recuperating troops, in wheelchairs or on crutches, being escorted by loved ones around the grounds. Arletha McPherson, who will turn 60 next week, knows when an injured soldier is being flown in or out because the helicopter roars right over her roof. Evenings, she likes to sit on her front porch to hear taps as the American flag is hoisted down.

"We would be lost without it," said McPherson, whose rowhouse sits directly across from the hospital's front door. "I wouldn't want them to put anything else there."

In a broader sense, Walter Reed is also woven into the fabric of the country. Founded in 1909, it expanded quickly from 80 beds to 2,500 when World War I began. Through the 20th century, it welcomed hundreds of thousands of troops, its reputation growing along with its size and ultimately drawing patients and dignitaries from around the world.

"The clinical center of gravity of American military medicine," the center billed itself.

But as the Base Realignment and Closure Commission looked at current medical needs in the Washington region, Walter Reed did not measure up. Its proximity to the National Naval Medical Center and its age -- the last capital update was 1977 -- were factors.

"It is very expensive to run a hospital. It just did not make sense to have two tertiary facilities within seven miles of each other," Winkenwerder said in an interview yesterday afternoon.

Over 20 years, the Pentagon projects savings of \$301 million. Construction at Fort Belvoir and Bethesda probably would not begin until about 2009, Winkenwerder said, and the last medical programs would have to move from Walter Reed by 2011.

Any decision about what would happen to the Georgia Avenue property is years off, too. D.C. Council member Adrian M. Fenty (D-Ward 4) said the tract should revert to the city, "so we can have some control over what happens."

Lt. Gen. George P. Taylor, surgeon general of the Air Force and, with Winkenwerder, integrally involved in the closure recommendation, noted the "deliberative process the [defense] department goes through in disposing of or returning facilities and land. . . . The plan is there's not going to be a military requirement for the main post."

The announcement was the talk of the complex yesterday. Hundreds packed a gymnasium for a town hall-style meeting led by Maj. Gen. Kenneth L. Farmer, Walter Reed's commanding general. They emerged an hour later clutching information sheets titled "**BRAC 2005**."

In the hospital cafeteria, Master Sgt. Osvaldo Ponzo pondered the summary details as he ate lunch. Ponzo, who works in preventive medicine, said the realignment plan seemed innovative and more efficient. "I think it's important to take a look at how to better utilize our assets," he said.

Staff writers Theola S. Labbe and Chris L. Jenkins and news researchers Bobbye Pratt, Meg Smith, Madonna Lebling and Robert Lyford contributed to this report.

No Scarcity Of Suitors For Walter Reed Site: Complex Is Coveted For Its Location, Size

Washington Post Staff Writer
Dana Hedgpeth
May 23, 2005

The Pentagon's proposal to close Walter Reed Army Medical Center in Northwest Washington could touch off intense competition for a rare prize: more than 100 acres in a city where real estate values are soaring and space for new development is scarce.

Barely a week after the Pentagon said it planned to close the 96-year-old hospital between Rock Creek Park and Georgia Avenue, real estate brokers, D.C. planners, developers and politicians were laying claim to the property, a sign of the complicated discussions that ensue when the federal government pulls up stakes.

The 113-acre complex is in the middle of an increasingly affluent neighborhood convenient to downtown and also is near the burgeoning commercial area of Silver Spring -- factors that argue for dense residential, retail or office development. But it is also a historic place, where war heroes and presidents have recuperated, and its redevelopment could trigger a preservation fight. And as a federal property, its decommissioning as a military hospital would be governed by tight restrictions, such as that the campus must first be offered to other government agencies.

D.C. officials and neighborhood residents also would want a say.

"What's attractive about Walter Reed is its size," said Thomas R. Maskey, a senior vice president at Peterson Cos., a Northern Virginia developer of mixed-use projects. "There's not 113 acres anywhere around here that's going to be available. The size allows you to do a lot of different things that can really have an impact."

With congressional review of the Pentagon's base-closing plan ahead, it could be years before Walter Reed closes, and it may not happen at all if local officials succeed in blocking the proposed transfer of hospital staff to the National Naval Medical Center in Bethesda and Fort Belvoir in Fairfax County. And it could take years more before a plan for the property took shape. "There's a lot of legwork that has to be done before you can break ground and start redeveloping a site," said Tim Ford, executive director of the Association of Defense Communities, a nonprofit group that tracks base closings and redevelopments across the country. "Just getting the land from the federal government is tough."

The Washington region is no stranger to the federal government rearranging its land use, but the aftermath isn't always consistent.

The Cameron Station military base in Alexandria was quickly redeveloped into a mostly residential neighborhood after it was closed in the late 1990s. The District, in contrast, has been in a protracted debate over the fate of the federally operated and largely defunct St. Elizabeth's Hospital in Southeast. The 40-acre Southeast Federal Center was turned over to the District -- sort of. It is being redeveloped as a new headquarters for the Transportation Department, with some of the property slated for a private housing, retail and office development.

Walter Reed, based on its size, history and location, would probably pose an even more complicated development problem. Ford said that when the military vacated its prime piece of real estate in San Francisco's Presidio, for example, there was a "constant battle" among residents, developers and D.C. officials before a compromise was reached to keep part of the 1,480-acre site as parkland and use other parts for commercial space.

Developers said there would be no shortage of interest or ideas for the Walter Reed campus, which brokers said is worth \$80 million to \$100 million.

Developer John Shooshan of Arlington, who has done office buildings and housing projects, said that because Walter Reed sits in a mostly residential area, bordering Rock Creek Park, it could be developed into a combination of single-family homes, condominiums and apartments.

"It won't become a dormant piece of property," he said. "It will get redeveloped."

District officials have made it clear that they want a say in Walter Reed's future.

D.C. Del. Eleanor Holmes Norton has said she would first try to stop Walter Reed from closing. But if she can't, she said, she wants the District to control the land and help decide how it is developed.

"In a strange way, the closing of Walter Reed could be the start of bringing some real economic development to this part of the city," said D.C. Council member Adrian M. Fenty (D-Ward 4),

who represents the area. "Usually a base closing is a loss of revenue, but in this case you could put some revenue-generating uses there."

The Georgia Avenue area has successfully attracted condos and apartments in recent years but has struggled to attract retail, including sit-down restaurants.

"I don't think the city should own it for a city use," Fenty said. "I think the city should have the rights to develop it so the community can decide what should be there."

Sharon Gang, a spokeswoman for Mayor Anthony A. Williams (D), said: "We'd want to make sure that whatever was put there is in the best interest of the neighborhood. We would like for Walter Reed to stay, but we would want to see [the property] become something useful. It's valuable land." Gang declined to elaborate on what the District might like to see there.

The neighbors around the military hospital have had a love-hate relationship with the facility over the years, according to Stephen Whatley, an advisory neighborhood commissioner for the area. Neighbors fought hard when Walter Reed proposed constructing a 550-space parking garage and a seven-story office building near 16th Street and Alaska Avenue, saying it wouldn't fit into the neighborhood. Walter Reed dropped the plans.

Whatley said he was polling neighbors about what they want the campus to become. Of the about 40 comments he has received so far, preferences include turning it into a gated, private housing community or developing townhouses, shops and restaurants.

"The feelings are mixed," Whatley said. "Some of the veterans want it to stay open, while some of the community wants to see it closed and become something else."

Walter Reed was founded in 1909 as a military hospital and expanded rapidly from 80 beds to 2,500 when World War I began. Through the 20th century, it welcomed several presidents and hundreds of thousands of troops. But Pentagon officials say they are targeting it for closing because it is outdated and they are consolidating health facilities across military branches.

The property is part of the military's list of about 180 military installations nationwide that could be closed or realigned. The closings must be approved by a base-closing commission, and then the list must be accepted in all-or-nothing decisions by the president and Congress later this year. If the Pentagon vacates Walter Reed, it would be offered first to other federal agencies. If they don't need it, federal law requires that the property be offered to homeless-assistance groups. After that, the land would be offered to the District or possibly for direct sale at market value, depending on the terms of a deal between the District and the Pentagon.

Walter Reed would have to be zoned for commercial development as military bases aren't zoned. And some of its historic buildings probably would need to be preserved, D.C. planners said. The main hospital probably would be torn down, D.C. planners and developers said.

Old Post Office Possibilities

The General Services Administration, the real estate arm of the federal government, is looking for developers interested in the Old Post Office building on Pennsylvania Avenue NW. The 12-story building houses three small federal agencies with about 200 employees in its upper floors, but the lower floors have been mostly empty because a food court never took off.

Local developers say that the roughly 200,000-square-foot building with its glass, 100,000-square-foot annex is one of the few properties that could be redeveloped along Pennsylvania Avenue NW between Capitol Hill and the White House. The federal government and real estate brokers said the property could become a complex similar to the Hotel Monaco at Seventh and F streets NW. The San Francisco-based Kimpton Hotel & Restaurant Group bought the former Tariff Building and spent \$50 million to turn it into a 188-room luxury hotel.

But the Old Post Office property presents challenges.

The building needs substantial renovations to its heating and air conditioning systems and its roof. There is limited parking, so attracting high-end retailers would be difficult, real estate brokers said.

"The question is whether a hotel is best for the site, or is it better for residential?" said Whyne Quin, a real estate lawyer at Holland & Knight. "There are a lot of people who are going to be nosing around on it."

One group that has long been interested in redeveloping part of the complex is the National Women's History Museum. The group has offices in Annandale but has been trying since 2003 to get legislation passed in Congress that would compel the GSA to negotiate a long-term lease with the museum.

Joan Wages, a senior vice president of the museum, said the group had not decided whether to put in an offer to redevelop the site. "Maybe we will, and then an act of Congress won't be needed," she said.

Offers to the government are due in July.

Site by Stadium in Limbo

The site in Southeast is only about three acres and has a chiller plant, a bus repair garage and parking lots. But because it's barely a half-block from the baseball stadium planned for South Capitol Street SE, some developers groaned last week when the Washington Metropolitan Area Transit Authority pulled its request for offers on the site.

The WMATA said the District asked it to postpone action on the site, which is next to the Navy Yard Metro station. Proposals were due May 13, but the WMATA withdrew the solicitation two days before. D.C. officials are working on a master plan for about 50 acres around the stadium and expects to finish it in June.

"WMATA wanting to coordinate their efforts with the District makes perfect sense," said F.

Russell Hines, executive vice president of Monument Realty, which had planned to submit an offer to turn the WMATA property into an office, housing and retail complex.

Monument recently completed a \$10 million deal that includes land just across from the stadium site at N and Half streets SE. Monument said it was negotiating at least six other deals on the same block

Outrage Expressed At Proposed Walter Reed Closing:Neighbors, Patients Concerned Neighborhood Will Change

NBC News 4

May 26, 2005

WASHINGTON, D.C. -- Neighbors of Walter Reed Army Medical Center voiced strong opposition Thursday night to federal plans to close the installation and move its jobs elsewhere. Maj. Gen. Kenneth L. Farmer Jr., Walter Reed's commanding officer, told a community meeting that the Pentagon wants to merge Walter Reed with the National Naval Medical Center in Bethesda, Md., and move other operations to a community hospital at Fort Belvoir, Va. Officials believe the moves would improve military medical care and save billions of dollars.

But in a question and answer session that followed, more than 50 neighbors and patients were more concerned that their neighborhood would change for the worse without a military base that has been a Northwest Washington landmark for 100 years.

"Walter Reed is the history of Georgia Avenue," said a woman who identified herself only as Ms. Williams. "Without Walter Reed, there will be no Georgia Avenue."

Tony Tomlinson, 40, a neighbor and retired member of the military, drew applause when he voiced his objection.

"It shocks me no end that they would ever consider moving Walter Reed from the District of Columbia," he said, emphasizing the economic stability that the hospital brings to the community.

Farmer could not offer anything to those who pleaded to keep the hospital open but his thanks for their support. When one man asked if there was any internal opposition to the proposed closing, Farmer explained that it can't be done.

"That is not our place," he said. "Our place is not to disagree, not to refute and get this overturned."

Farmer did promise to work with the community to get information out as soon as it could be made public, and offered reassurances that the military was working on problems like traffic and helping workers make the transition to a new workplace.

D.C Council member Adrian Fenty, D-Ward 4, promised to work to make sure that the community has a say on how the property is used after the Army moves out by 2010 or later.

"The deck is stacked," said Fenty, a possible candidate for mayor next year, "If they start letting communities weigh in, it could undermine the process."

Fenty said there is an excellent chance for the property to be locally controlled. Land for development is scarce in upper Northwest, he said.

"Having a big parcel become available is a great opportunity to do some of the development that has never happened in recent history," Fenty said.

Pentagon Plans to Close 180 Sites, Shift Area Jobs to Outer Suburbs; Md., Va. to Gain

Washington Post

Spencer S. Hsu and D'Vera Cohn

May 14, 2005

D.C. Would Lose Walter Reed

The Pentagon announced plans yesterday to close the District's **Walter Reed Army Medical Center** and abandon more than 4 million square feet of leased office space in Arlington and Alexandria, proposing a massive shift of defense workers and economic investment toward communities outside the Capital Beltway.

The dislocations within the Washington region are part of a new round of base closings and realignments that would eliminate about 180 military installations nationwide with the goal of saving nearly \$49 billion over 20 years. If approved by Congress and President Bush, the changes would take effect over the next six years.

Overall, Maryland emerged as one of the biggest winners in the country under the plan, and Virginia also would experience a net gain statewide in military and civilian jobs. But the close-in Northern Virginia suburbs would lose more than 20,000 jobs, victims of the Pentagon's effort to move out of aging office buildings that do not meet security requirements imposed since the terror attacks of Sept. 11, 2001.

Walter Reed, the 96-year-old flagship of military medicine and hospital to several U.S. presidents, is targeted for **closure** because it is old and underused, Pentagon officials said. Some of its 5,630 workers would move to a renamed Walter Reed National Military Medical Center in Bethesda.

Communities near military bases outside the Beltway, meanwhile, stand to gain from a shift of billions of dollars in Pentagon payrolls, defense contractor spending and construction. The

Pentagon's plan would move more than 18,000 jobs to Fort Belvoir in southeastern Fairfax County, 5,361 to Fort Meade in Anne Arundel County and 3,013 to the Marine Corps base at Quantico.

Nationwide, 33 major bases would be shuttered, including Fort Monroe in Virginia, Ellsworth Air Force Base in South Dakota, the 200-year-old Portsmouth Naval Shipyard in Maine, Fort McPherson in Georgia and Naval Submarine Base New London in Connecticut.

"Our current arrangements, designed for the Cold War, must give way to the new demands of the war against extremism and other evolving 21st-century challenges," Defense Secretary Donald H. Rumsfeld said in releasing the list.

The plan now goes before the nine-member Base Realignment and **Closure** Commission, which will make its recommendation Sept. 8 to Bush, who must accept or reject the list in full and submit it to Congress by Sept. 23. Roughly 85 percent of the changes proposed in earlier rounds of base closings have stuck.

For the Washington area, the net loss would be about 10,000 jobs, an insignificant drop in a region that employs about 2.9 million. But in some jurisdictions, officials were braced for huge changes.

Arlington leaders said the county will lose about 10 percent of its employee and commercial office base if the plan to move workers out of leased space near the Pentagon goes through. They had been expecting such a move because of new Defense Department requirements that its workers be housed in buildings set back at least 82 feet from traffic to protect against truck bombs.

Virginia Gov. Mark R. Warner (D), while upbeat about the picture statewide, vowed to fight the loss of the leases.

"My view is we need to work with the commercial landowners and help . . . retrofit the buildings so we can meet the security concerns," he said. "It's going to be uphill."

In Fairfax County, officials were worried about the opposite problem: how to accommodate a surge in workers and residents in and near Fort Belvoir, which is the county's largest employer with about 23,000 civilian and military personnel. Nearby roads already are clogged, and officials talked yesterday with members of Congress about extending Metrorail to the area.

Fairfax Board of Supervisors Chairman Gerald E. Connolly predicted that the base realignment and **closure** process would affect Fairfax more than any rezoning in history. "This is a seismic kind of event that creates its own tsunami," he said.

Stephen Fuller, a regional economist at George Mason University, said the Pentagon's proposal could damage the economies in Arlington and Alexandria. But he said the Northern Virginia economy would remain strong because the Pentagon needs facilities in the area and so do other government agencies.

"If fully implemented, it's going to be very disruptive and hurt Arlington the worst, because its office space is not as new," he said. "But it may also be that those buildings are prime candidates for demolition and reconstruction."

Fuller said the impact of the Pentagon's plans will depend in part on whether its moves are spread out over time or done all at once. As a cautionary tale, he mentioned the Navy's decision to move offices from Crystal City to Southern Maryland several years ago. "A lot of that space emptied at the end of the '90s, and some of it is still vacant," he said.

Reps. James P. Moran Jr. (D) and Thomas M. Davis III (R) of Northern Virginia said that if jobs leave the region, the military risks a brain drain because skilled technical workers would take other jobs rather than uproot their families.

Land-use and transportation experts said the recommendations would add to the region's sprawl.

"It will be one more contributor to the dispersal of jobs away from the city," said Alan E. Pisarski, a travel behavior analyst and author of "Commuting in America."

Many of the defense-related jobs being eliminated in Arlington and Alexandria are easily accessible by bus and rail, and most jobs being added in outer locations are not. But the Pentagon's plan to move jobs outward echoes where residential development is going, so some commuters may end up with a short neighborhood drive to work rather than a long slog up Shirley Highway.

"There will be fewer people who can get to work on Metrorail," said Ron Kirby, director of transportation planning for the Metropolitan Washington Council of Governments. "But there also will be a number of people who are driving who will be closer to their jobs. That's the positive side of it."

At the Crystal Gateway complex in Arlington, one of the affected office buildings, workers who live near Fort Belvoir or Quantico welcomed the news that many defense jobs would be moved there.

"I wouldn't mind moving," said Donald Neher, a software engineer who works for defense contractor Anteon Corp. "Fort Belvoir is only two miles away from home."

Neher carried a copy of the Pentagon report, with all the Crystal City office buildings highlighted in yellow. He said feelings about the moves tended to break along geographic lines -- with workers who live in Maryland groaning about longer commutes and workers in Virginia happy about shorter ones.

In the District, where job losses would total nearly 6,500, Mayor Anthony A. Williams (D) called the cuts "a terrible shame," while Del. Eleanor Holmes Norton (D-D.C.) vowed to fight "a big, unprecedented bite" out of the city's economy. "A city without a state cannot simply absorb the loss," Norton said. "Step one is to turn this proposal back. If that fails, we must insist on appropriate compensation."

Pentagon officials said that they are weighing the future of the 113-acre Walter Reed campus in Northwest Washington and that it could be converted to military housing and research. Most of Walter Reed's services would be moved to the Bethesda military hospital, which would get a \$200 million expansion to 300 beds, or to a new \$500 million, 165-bed Fort Belvoir hospital.

The changes in military medical care in the region could save more than \$100 million a year, said Air Force Surgeon General George P. Taylor. The reorganized military medical center in Bethesda "will be the centerpiece of military health care," he said, rivaling "Mayo Clinic, Johns

Hopkins and the other great medical institutions of the world."

State and local leaders said it will take weeks to sort out all the details in the plan. Late yesterday, Maryland officials discovered a change initially concealed because of secrecy provisions: the proposed shift to Fort Belvoir of 2,800 jobs from the National Geospatial-Intelligence Agency headquarters in Bethesda.

Virginia officials also warned that an additional 27,000 workers remain in leased space that does not meet the new security requirements but was not affected by yesterday's announcement. Those jobs may be moved once those leases expire.

Marine Lt. Col. Rose-Ann L. Lynch, a Pentagon spokeswoman, suggested that the Defense Department might ease the setback rule at "existing buildings where the required level of protection can be mitigated and shown to be achieved." A Pentagon spokesman added, however, that studies and assessments need to be done at each location.

Federal agencies eyeing Walter Reed site

The Washington Times
Tom Ramstack
May 24, 2005

Walter Reed Army Medical Center is likely to become the offices of a federal agency, such as the Department of Homeland Security, under procedures that the U.S. Army plans to follow to dispose of the property.

"I think the fact that it would be well-secured and set back from the road are certainly valuable assets for that kind of a federal agency," said Sandy Paul, vice president of Delta Associates, an Alexandria real estate research firm. "I'm not going to say it would be perfect, but I think it would be considered."

Homeland Security's operations have been spread among federal agencies throughout the area since Congress created the department after the September 11, 2001, terrorist attacks. A former naval base called the Nebraska Avenue Complex, near American University, is serving as its headquarters.

"The Department of Homeland Security will remain at the Nebraska Avenue Complex for the foreseeable future," agency spokeswoman Valerie Smith said.

Under realignment procedures, Walter Reed would have to be closed within six years.

If no federal agency claims the site, the 113-acre campus would be turned over to the District for charitable purposes, which real estate executives said would be unlikely because of its value for urban development.

A final option is to sell the property to private developers or the District.

Walter Reed would be consolidated into the planned Walter Reed National Military Medical

Center on the grounds of the National Naval Medical Center in Bethesda under a Defense Department plan announced last week to close or reduce 62 military bases and "realign" hundreds of other facilities.

"It's like any federal property - it's offered up to federal agencies first," said Glenn Flood, Defense Department spokesman.

If Homeland Security takes the property, it would end several years of speculation over whether the agency would move to the campus of St. Elizabeths Hospital or a new site that would be built in Northern Virginia.

"Homeland Security has been thinking about consolidating at some point in the future," said Joe Delogu, director of the federal services group for Spaulding & Slye/Colliers, a Washington real estate services firm. "Walter Reed could present a unique opportunity for a group like that."

Behind its iron bars, the Walter Reed campus features the main hospital, a military barracks, the National Museum of Health and Medicine, a hotel, more than a dozen brick support buildings and open space with trails and trees.

D.C. Mayor Anthony A. Williams told editors and reporters at The Washington Times last week that it would be "good to have a federal presence on that site."

He also said he would be interested in using the hospital campus as a "mixed-use, multipurpose site."

However, he said any decisions on using the property depend on the Base Realignment and **Closure** Commission, which is scheduled to give its assessment of the Defense Department's recommendations to President Bush by Sept. 8.

Mr. Bush is supposed to accept or reject the recommendations by Sept. 23. If he accepts them, Congress could modify them before the Army disposes of any property.

"We're really early in the process," Mr. Williams said.

The Army plans to follow procedures similar to the General Services Administration in disposing of the property, Mr. Flood said.

First, a notice would be published in the Federal Register giving federal agencies an opportunity to claim it.

If no federal agency wants the property, the District would get the next chance for ownership.

The 1987 McKinney-Vento Homeless Assistance Act would require that the District get an opportunity to use it for charitable purposes.

Title V of the act says federal agencies must make "surplus federal property," such as buildings and land, available to states, local governments and nonprofit agencies to assist homeless people.

They also could use it for other charitable purposes.

If the District fails to find a worthwhile function for the campus, the Army could seek bidders to

buy it at fair-market value. The bidders could include private developers.

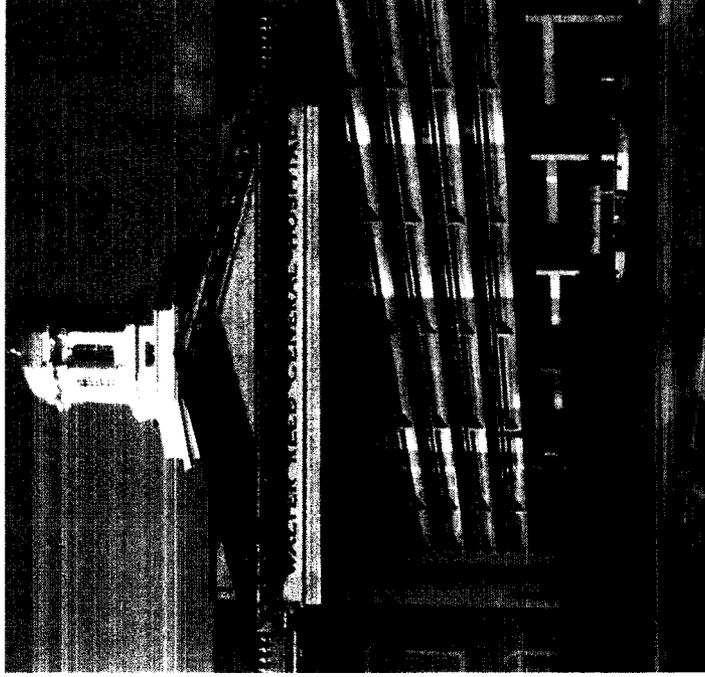
"Within six years, it has to be done," Mr. Flood said. "We don't want to be a landlord of vacant property."

Editorial/Opinion Articles



WALTER REED ARMY MEDICAL CENTER INSTALLATION OVERVIEW

03 June 2005



COL Jeffrey W. Davies
Garrison Commander

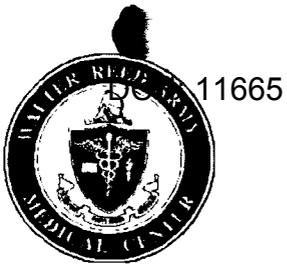




What is Walter Reed



- **Home for world-renowned facilities in medical health care delivery, education, training, biomedical research, and diagnostic pathology consultative services**
- **Installation that implements innovative business practices to enhance and sustain infrastructure in support of our most precious resource, the Warfighter - \$142M funding for recent, on-going or planned infrastructure improvements with resources from commercial sector totaling \$62M**
- **Responsive steward for environmental management**



What is Walter Reed

(cont)



- **A dynamic installation with vibrant synergy focused toward:**
 - **Comprehensive medical care and treatment for all patients**
 - **Developing the best trained health care providers for our beneficiaries**
 - **Pioneering research efforts to protect, sustain, and treat our armed forces**
 - **Providing exquisite consultative services world-wide**
 - **Enhancing the physical, mental and spiritual well-being of those who comprise the WRAMC family**
 - **Compassionate service and with a broad scope of support activities for the WRAMC community**



WRAMC History

- **Conceived as military medical reservation**
- **Army Medical Museum and Library established in 1862**
- **Second Component – Medical School opened in 1893**
- **The Army General Hospital established at Washington Barracks in 1898**
- **Walter Reed General Hospital authorized by General Order 172, 18 Oct 1905**
- **General Order 83 in 1906 declared the land a military reservation**
- **The main hospital was completed on 4 Dec 1908**



Major Tenant Organizations



- **Walter Reed Army Medical Center**
- **North Atlantic Regional Medical Command**
- **North Atlantic Regional Dental Command**
- **North Atlantic Regional Veterinary Command**
- **Armed Forces Institute of Pathology**
- **National Museum of Health and Medicine**
- **US Army Physical Disability Agency**
- **Multi Service Market Manager Office**
- **2290th US Army Hospital**
- **Armed Forces Pest Management Board**
- **Walter Reed Army Institute of Research**
- **Naval Medical Research Center**

Walter Reed Installation

- 9,400 personnel
- Multi-purpose joint use installation
- Premier Medical Community

Main Post:

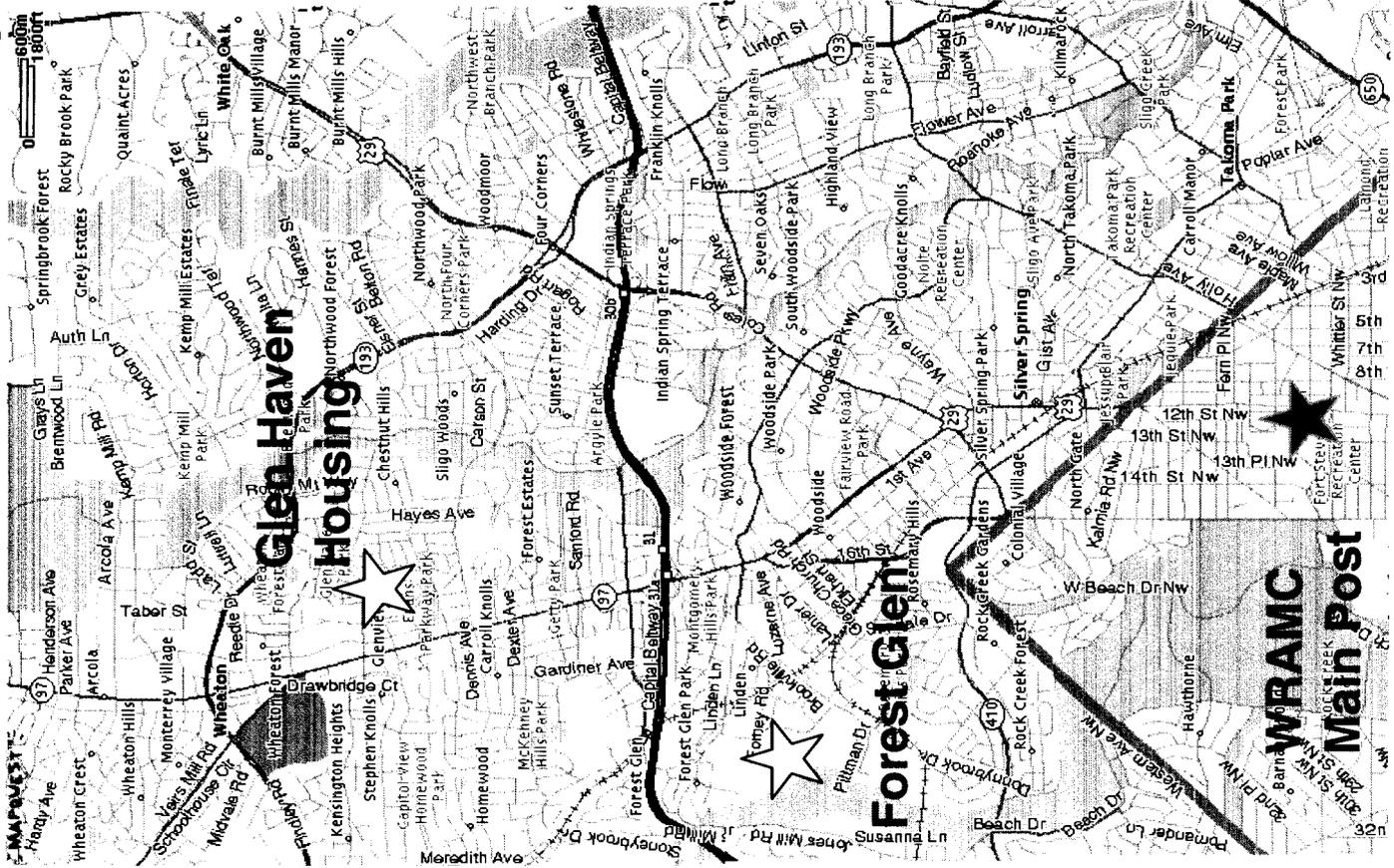
- 113 acres
- acquired in 1905, 1918, 1922
- 73 buildings
- 4.6M SF

Forest Glen:

- 164 acres
- acquired in 1942
- 33 buildings
- 1.3M SF

Glen Haven:

- 20 acres
- Acquired in 1942
- Privatized housing

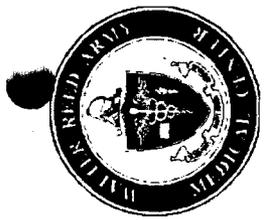




Major Installation Projects Recently Completed



- **Fire Station – Forest Glen**
- **Wagner Sports Center – Main Section**
- **Bldg 130 – School age Services – Glen Haven**
- **Fisher House III – Main Section**
- **Bldg 83 Renovation/Addition DOIM – Main Section**
- **Bldg 91 Renovation/Addition DOIM – Main Section**



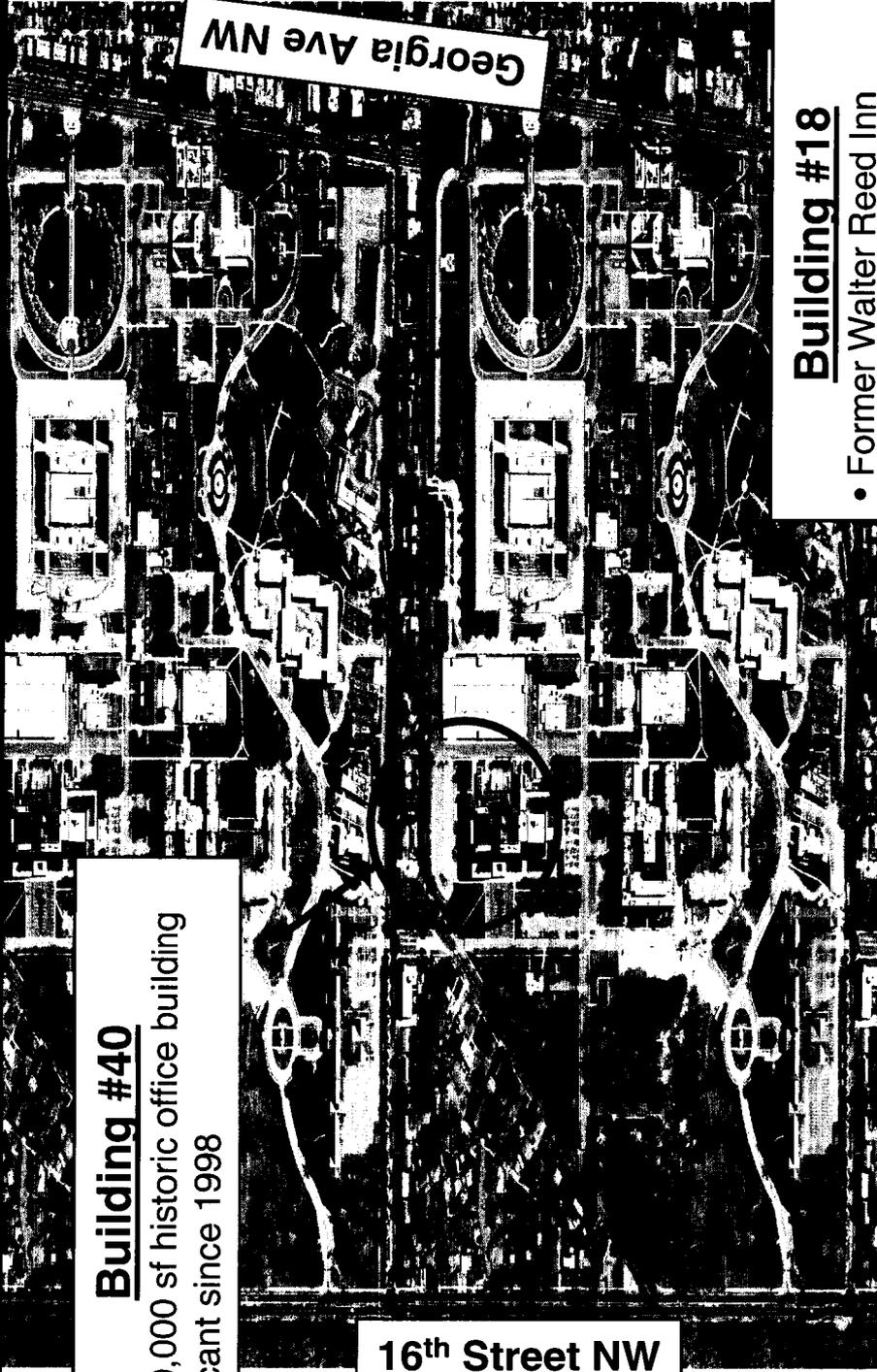
Major Installation Projects Under Construction/Planned



- Bldg 14 – Barracks Upgrade
- Bldg 15 – Electrical Switch Station (MILCON) FY 03
- Force Protection (MILCON) FY 03 – Main Section
- Force Protection (MILCON) FY 03 – Forest Glen
- Child Development Center (Main) FYDP-09
- Emergency Services Center (Main); expected FYDP-10
- Medical Warehouse (FG) FYDP-08; expected FYDP-10
- Parking Garage (Main) FYDP-11
- Bldg 40 – Renovation through Enhanced Use Lease (EUL)

WRAMC EUL

What Falls Under the Scope of the Project?



Building #40

- 220,000 sf historic office building
- Vacant since 1998

Building #18

- Former Walter Reed Inn
- 50 Rooms – Used for soldier housing

16th Street NW

Georgia Ave NW



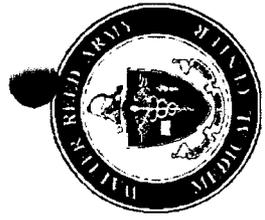


Building 40 EUL



PCN: 11665

-
- **HQDA Approval and EUL Lease signed OCT 04**
 - **\$62M Renovation of historic structure to create a modern and efficient building with over 200K rentable sq feet**
 - **WRAMC will receive over \$20M in-kind services over the prime lease term**
 - **WRAMC will avoid an estimated \$75M in O&M expenses over the prime lease term**
 - **Building 40 will be maintained to commercial office standards**
 - **WRAMC receives building and land back at the end of the lease term**



Residential Community Initiative

- **Selected GMH Military Housing as partner Apr 2003**
- **Combined Ft Detrick and WRAMC projects to achieve economic and management efficiencies**
- **HMA defined WRAMC's need for 609 houses**
- **July 2004 GMH took over WRAMC Family Housing**
- **Total of 236 new apartments and townhouses will be built at the Glen Haven Annex**
- **Life Cycle Cost Analysis results in 34% savings to the government**



11665

Garrison Funding FY05



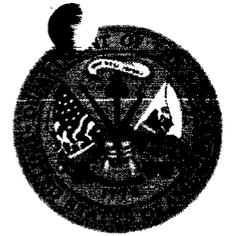
• Program M (Mission)	\$ 17,532.6M
• Program B (BASOPS)	54,706.4
• Program E (Environmental)	2,840.0
• Program R (Recurr. Maint)	8,326.7
• Program S (Sustainment)	1,440.0
• OMA (Operat & Main, Army)	<u>9,457.5</u>
Total	\$ 94,303.2M

•NAF revenue as of 31 March was \$4,828,127.42
 Our Net Income Before Depreciation (NIBD) was
 \$644,198.57.



11665

BRAC Planning Considerations



-
- **Facility Requirements on Bethesda Footprint**
 - **Barracks – students / permanent party**
 - **Patient lodging**
 - **Parking requirements**
 - **Childcare facilities**
 - **Transportation**
 - **Patient recreation**
 - **Partnerships – space required**
 - **Education center requirements**
 - **Contract support center**
 - **MILPO, military training, logistics, property accountability, CMD&CTRL element**
 - **Coordination with SHPO critical in dealing with historical assets**



Forest Glen and Glen Haven BASEOPS - Personnel REQ



DCN: 11665

-
- **Police Department: 1 Chief, 6 Supervisors, 29 Security Officers**
 - **Fire Department: 1 Chief, 2 Assistant Chiefs, 2 Fire Protection Specialists, 22 Fire Fighters**
 - **Transportation: 33 Civilian Employees and 19 Contractors**
 - **DPW Support: 13 Personnel**
 - **Child Development and Child Youth Service / MWR: 14APF and 33.5NAF**



11665

Forest Glen / Glen Haven Required Funding



- **Utility Costs:** **\$5.8M**
- **Fire Department** **1.8**
- **Police Department** **2.2**
- **Transportation** **4.3**
- **Department Public Works** **1.6**
- **CDC/CYS/MWR** **2.0 APF** **550K NAF**

TOTAL COSTS	\$16.1M APF	550K NAF
--------------------	--------------------	-----------------



11665

Installation Workforce



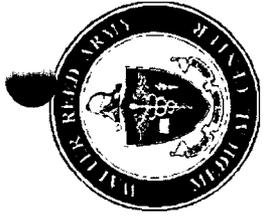
- **It is too early in the process to determine total personnel impact**
- **The BRAC language notes a loss of 2417 Military and 2357 civilian and contractor personnel and a loss of 234 students**
- **There are over 6700 military, civilian and contractor personnel working on main post**
- **Approximately 60% of the jobs leaving Walter Reed Main Post remain in the National Capital Region**



Installation Characteristics

DCN: 11665

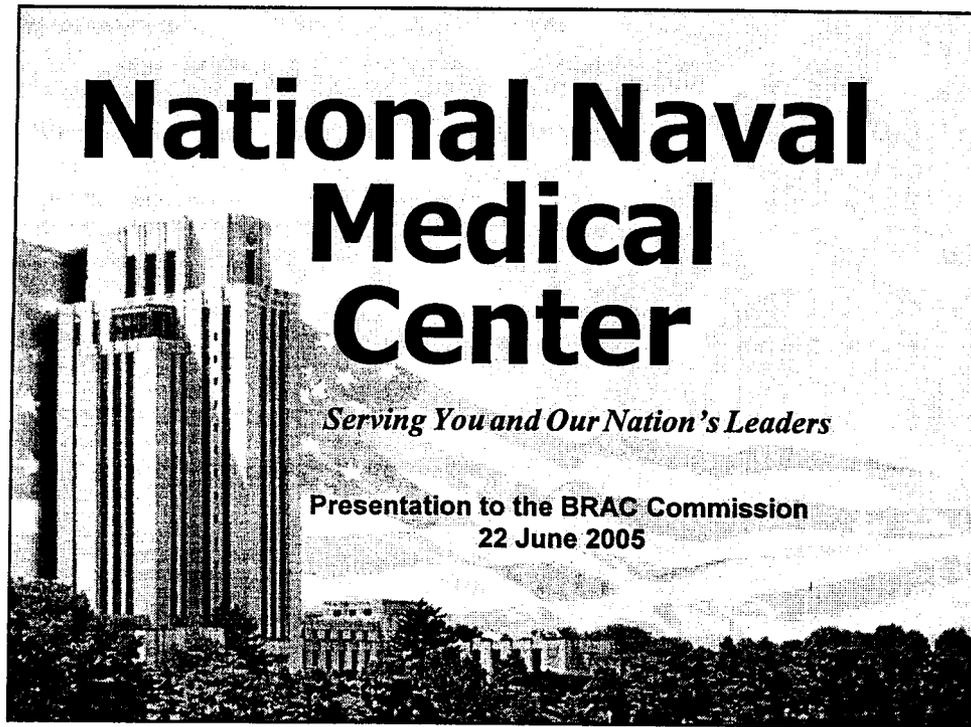
- **Benchmark medical community providing tertiary and subspecialty medical care, national and international consultative research services, the final determining authority for physical determining disabilities rating, legendary forensic laboratory capabilities maintaining the world largest tissue repository and the DoD DNA repository**
- **NCR Medical Consortium – consolidated Graduate Medical Education programs**
- **USUHS Medical Simulation Center**



The WRAMC Installation

- **Is a showpiece health oriented installation incorporating all facets of health care from training to health care delivery, to research, development, test and evaluation**
- **While land locked, innovative business practices can open administrative and laboratory space for future use**
- **Strong Joint Service working relationships and reserve component linkages symbiotically functioning together to serve America's fighting force**

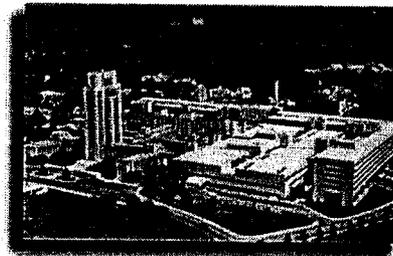




NNMC Command History

◆ NNMC Tower cornerstone was laid by President Franklin D. Roosevelt on Armistice Day, November 11, 1940. The Building officially opened on February 5, 1942.

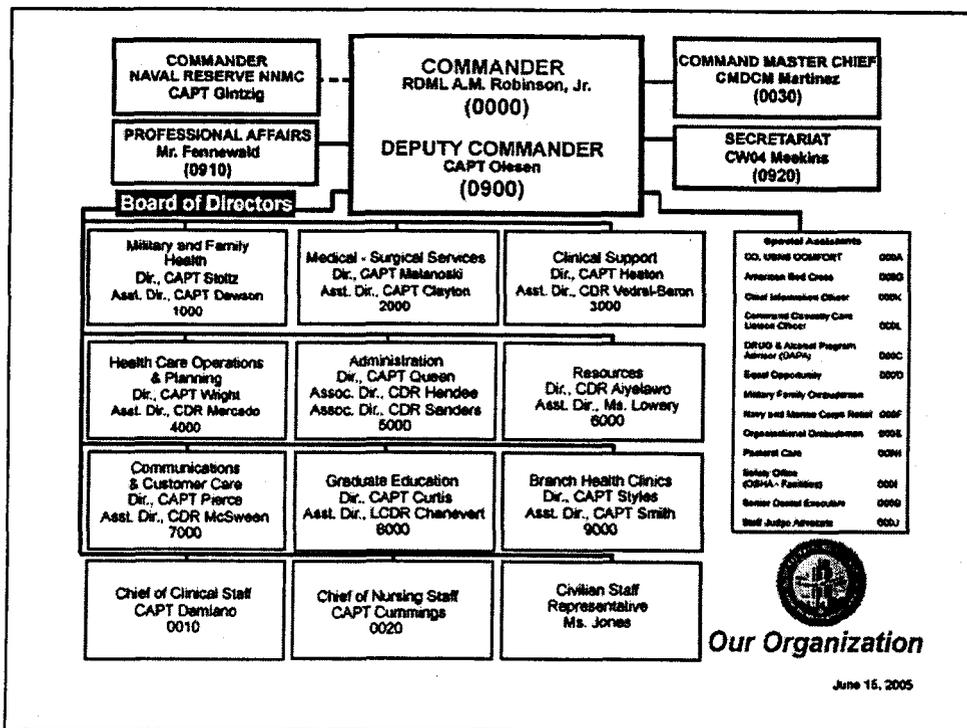
◆ Original 1200-bed capacity was augmented in 1945, at the end of WWII, with temporary structures.

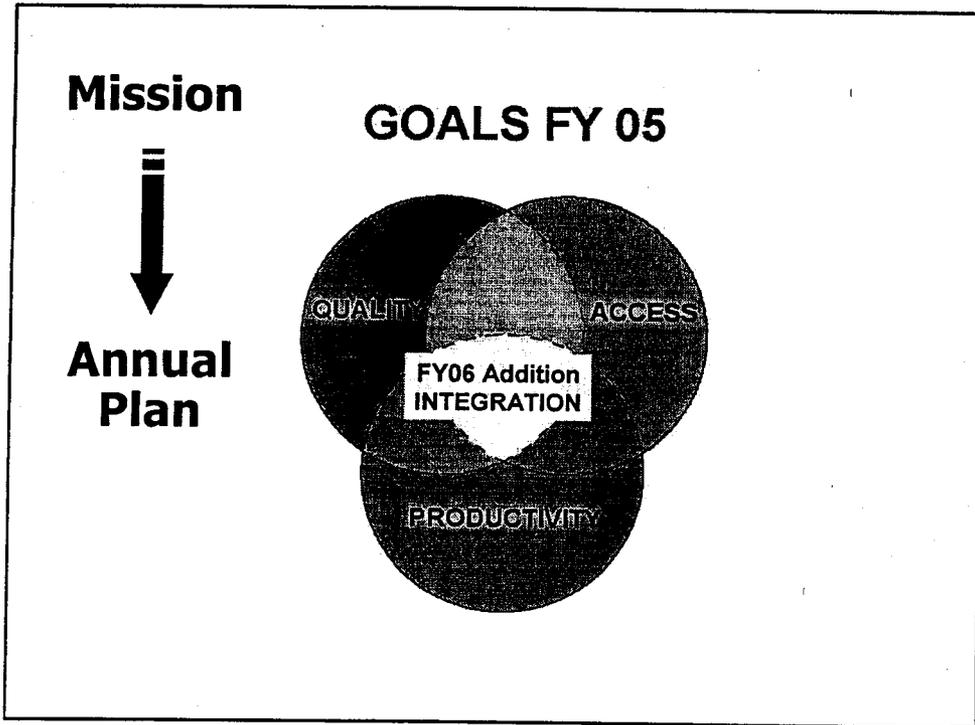


◆ WWII temporary inpatient buildings were replaced in 1963 with Buildings 7 & 8.

◆ National Naval Medical Center was officially established in 1973 with an mission expansion to include regional health care.

◆ Buildings 9 & 10 were erected during the 1975 renovation adding an additional 880,000 square feet to the inpatient and outpatient areas.





NAVY MEDICINE
World Class Care... Anytime, Anywhere

NNMC Medical System

The complex block features the Navy Medicine logo on the top left and the NNMC Medical System title in the center. On the top right is the official seal of the United States Navy. Below the title is an aerial photograph of a large medical facility. To the right of the photo is a map of the Eastern United States with several locations marked. A list of locations is provided, with lines connecting them to their respective locations on the map.

- Earle, NJ
- Lakehurst, NJ
- Willow Grove, PA
- PNBC, Philadelphia
- Indian Head
- Dahlgren
- Sugar Grove, WV

- NNMC
- USUHS
- NAF Andrews
- Washington Navy Yard
- Naval Research Lab
- Carderock

 NAVY MEDICINE <small>World Class Care...Anytime, Anywhere</small>		NNMC Health System Beneficiary Utilization			
◆ Enrolled Population (5/05)				46,276	
• Medical Center				33,785	
• Branch Health Clinics				12,491	
◆ Outpatient Visits (Total: FY04)				641,062	
• Medical Center				557,837	
• Branch Health Clinics				83,225	
◆ Inpatient Utilization (Total: FY04)					
• Average Daily Census				119	
• Average Length of Stay				4.42	
• Average Deliveries/Month				160	
• Average OR Cases/Month				755	
• Average APVs/Month				954	

Readiness Support

- USNS COMFORT (836)
- CRTS TEAMS 10 & 11 (134)
- A&S HOSPITALS (87)
- NAVY CORPS J. I.T. (6)

Partnership Program with Partners in Health
 with NIH, Suburban Hospitals and others

 NAVY MEDICINE World Class Care...Anytime, Anywhere	NNMC Casualty Care An Overview	
◆ Patients Treated (OEF/OIF)	1274	
◆ Patients: Remain Overnight (OEF/OIF)	386	
◆ NNMC Inpatient to VA (Marines & Sailors)	56	
◆ Members referred to PEB (OEF/OIF)	27	
**As of 21 June 2005		

 NAVY MEDICINE World Class Care...Anytime, Anywhere	Casualty Care	
◆ As a component of Force Health Protection		
• NNMC Trauma Service		
• Multi-Disciplinary Trauma Rounds		
• Follow-On Care Continuum		
• <i>Social Work Discharge Planning/Case Management/Seamless Transition</i>		
• Post Acute-Wounding vs. Programmatic Rehab		
• USMC Casualty Services Branch		
• As a component of Family-Centered Care		
• How does the warrior define family?		
• Family Support: 24/7		
• Systematic Coordination of Visitors/Events		



NAVY MEDICINE
World Class Care... Anytime, Anywhere

NNMC Innovations



- ◆ **Bethesda Hospital's Emergency Preparedness Partnership:** Regional partnership with NIH and Suburban Hospital Healthcare System for coordinated emergency response to natural or man-made disasters.
- ◆ **NNMC Breast Care Center / Integrated Radiology Services:** Working in conjunction with National Cancer Institute and National Institutes of Health.
- ◆ **U. S. Navy Tele-Radiology Center:** Center for receipt & interpretation of all radiographic studies from all deployed U.S.N. vessels and forward clinics.
- ◆ **Comprehensive Colon Cancer Center:** Pioneer collaborative effort of Gastroenterology, Radiology and Surgical Services.
- ◆ **Navy Central HIV Services:** Central coordinating office for all HIV testing.
- ◆ **Naval Postgraduate Dental School:** Fully accredited dental programs; Recognized nationally for excellence. TRI-Service training: combat dental specialties.
- ◆ **Neuro-Interventional Radiology:** Recognized Center of Excellence & worldwide DoD referral site.



NAVY MEDICINE
World Class Care... Anytime, Anywhere

5 National Capital BRAC Recommendations

The 2005 BRAC recommendations afford this department the opportunity to transform and improve how medical care will be delivered to the department's 9.1 million beneficiaries in the 21st Century.

BRAC 2005 medical recommendations include a number of realignments and consolidations of military medical activities and facilities. These initiatives follow the overall BRAC rationale and goals. In all instances, improving access to care for beneficiaries was a priority consideration; other considerations included military value, quality of care, and opportunities for efficiency through joint organizational solutions.

Military Health System activities evaluated in the BRAC 2005 process included patient care facilities, education and training activities, and research, development and acquisition activities; in all, 234 military medical activities were evaluated.

The Realignment
Establish the Walter Reed National Military Medical Center (WRNMMC) at Bethesda, Md., as a 300-bed Medical Center with the full range of intensive and complex specialty and subspecialty medical services, including specialized facilities for the most seriously war injured. This facility will serve as the U. S. military's worldwide tertiary referral center for casualty and beneficiary care.

Source: May 13, 2005 DoD Fact Sheet Medical BRAC Recommendations for the National Capital Region No. 473-05



NAVY MEDICINE
World Class Care...Anytime, Anywhere

2005 National Capital BRAC Recommendations (continued)

Investing and modernizing key military infrastructure will enhance the quality, effectiveness and efficiency of the Military Health System. This realignment of healthcare is estimated to cost \$988 million, and will provide the DoD with an enduring annual savings of approximately \$100 million with an estimated savings of \$301 million above the implementation costs over the next 20 years

Advantages

The amount of healthcare provided through military facilities in the National Capital Region will remain the same, with markedly improved access for our beneficiaries, particularly in the growing Northern Virginia area.

Joint staffing of these hospitals will bring together the very best expertise found in Army, Navy, and Air Force medicine to better serve our military men and women, especially those returning from the field critically ill or injured.

We will combine two facilities operating at less than full capacity into one fully utilized, world-class military healthcare complex.

This move also allows us to better leverage both the training capabilities resident in the Uniformed Service University of the Health Sciences on the same campus and the research leadership of the National Institutes of Health immediately across the street to offer a unique and fully integrated military platform for healthcare, education, and research.

Source: May 13, 2005 DoD Fact Sheet Medical BRAC Recommendations for the National Capital Region No. 473-05



NAVY MEDICINE
World Class Care...Anytime, Anywhere

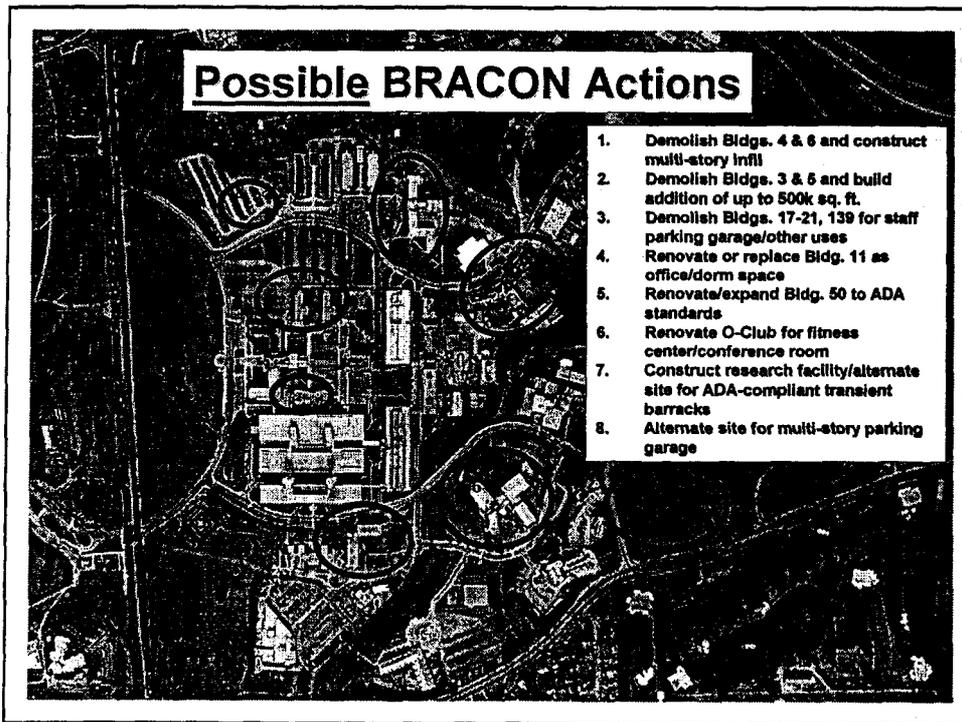
2005 BRAC Research Recommendations

Co-locate Extramural Research Program Managers

Recommendation: Close the Office of Naval Research facility, Arlington, VA; the Air Force Office of Scientific Research facility, Arlington, VA; the Army Research Office facilities, Durham, NC, and Arlington, VA; and the Defense Advanced Research Project Agency facility, Arlington, VA. Relocate all functions to the National Naval Medical Center, Bethesda, MD. Realign Fort Belvoir, VA, by relocating the Army Research Office to the National Naval Medical Center, Bethesda, MD. Realign the Defense Threat Reduction Agency Telegraph Road facility, Alexandria, VA, by relocating the Extramural Research Program Management function (except conventional armaments and chemical biological defense research) to the National Naval Medical Center, Bethesda, MD.

Justification: This recommendation co-locates the managers of externally funded research in one campus. Currently, these program managers are at seven separate locations. The relocation allows technical synergy by bringing research managers from disparate locations together to one place. The end state will be co-location of the named organizations at a single location in a single facility, or a cluster of facilities. This "Co-Located Center of Excellence" will foster additional coordination among the extramural research activities of OSD and the Military Departments. Further it will enhance the Force Protection posture of the organizations

Source: Technical Joint Cross-Service Group (TJCSG) BRAC recommendations



 **NAVY MEDICINE**
World Class Care... Anytime, Anywhere

BRAC Concerns/Challenges

- Adequate funding for proposed BRAC relocations
- Integration of Army/Navy/Air Force cultures to create a world-class academic health center at the core of an integrated regional healthcare delivery system
- Traffic implications for NMMC staff/ surrounding community

DCN: 11665
**Organizational
Listing**

Commander (0000)

Deputy Commander (0900)
Command Master Chief (0030)
Commander Naval Reserve
Professional Affairs (0910)
Secretariat (0920)

Directors

Director of Women's, Children's and
Community Health (1000)
Director of Medical-Surgical Services (2000)
Director of Clinical Support Services (3000)
Director of Health Care Operations
& Planning (4000)
Director of Administration (5000)
Director of Resources (6000)
Director Communications & Customer
Care (7000)
Director of Graduate Education (8000)
Director of Branch Health Clinics (9000)
Chief of Clinical Staff (0010)
Chief of Nursing Staff (0020)
Civilian Staff Representative

Special Assistants

CO, USNS COMFORT (000A)
American Red Cross (000G)
Chief Information Officer (000K)
Command Casualty Care Liaison Officer (000L)
Drug & Alcohol Program Advisor
(DAPA) (000C)
Equal Opportunity (000D)
Military Family Ombudsman
Navy and Marine Corps Relief (000F)
Organizational Ombudsman (000E)
Pastoral Care (000H)
Safety Office (OSHA-Facilities) (000I)
Senior Dental Executive (000B)
Staff Judge Advocate (000J)

Directorates, Associate Directorates,
Departments, and Divisions have
been denoted by the following font
size and weight.

DIRECTORATE

ASSOCIATE DIRECTORATE

Department

Division

* Naval District Washington Programs

**National Naval Medical Center
June 15, 2005**

**MILITARY AND FAMILY
HEALTH (1000)**

AMBULATORY & EMERGENCY SVCS

Emergency Medicine
Family Health Center
Health Readiness
Medical Readiness Clinic
Active Duty Health Records
Dental Readiness Clinic
**Health Promotions/Physical
Fitness Assessment (PFA)**
Command Fitness
Immunization
Preventive Health Assessments Program

WOMEN'S HEALTH SERVICES

Obstetrics and Gynecology
GYN Surgery
Obstetrics and Gynecology Clinic
General OB Prenatal Assessment Unit
**Mother & Infant Care Center/
Couplet Care**
Labor and Delivery
Couplet Care
Medical & Reproductive Genetics

CHILDREN'S HEALTH SERVICES

Neonatal Medicine
Neonatal Intensive Care Unit
Nursery
Pediatric Medicine
Subspecialty Pediatrics
Armed Forces Center for Child
Protection (AFCCP)
Educational Developmental Intervention
Services (EDIS)
Adolescent Medicine

BEHAVIORAL HEALTHCARE SERVICES

**Adult Outpatient Behavioral
Healthcare**
Adult Outpatient Behavioral Healthcare
Clinic
Consultation/Liaison Behavioral Healthcare
**Child & Adolescent Behavioral
Healthcare**
Substance Abuse
Adult Inpatient Behavioral Healthcare

**MEDICAL-SURGICAL
(2000)**

CARDIOVASCULAR and CRITICAL

CARE SERVICES
Cardiology
Cardiac Catheterization
Cardiac Rehabilitation
Critical Care
Cardiothoracic Surgery
Cardiovascular Med-Surg Inpatient
NEURO-MUSCULOSKELETAL SVCS
Chiropractic
Occupational Therapy
Orthopedic Surgery
Physical Therapy
Podiatry

Physical Medicine & Rehabilitation
Speech Language Pathology
Neurology
Neurosurgery

MEDICAL SERVICES

General Internal Medicine
Inpatient Medicine
Inpatient Oncology-Hematology
Endocrinology
Nephrology
Rheumatology
Allergy/Immunology
Infectious Disease
Pulmonary Medicine
Hematology/Oncology

OPERATIVE CARE SERVICES

Ambulatory Procedure Unit (APU)
Anesthesia
Main and Ambulatory ORs
Post Anesthesia Care Unit (PACU)
Sterile Processing

SURGERY & SPECIALTY

SURGERY SERVICES
General Surgery
Gastroenterology
Surgical Inpatient
Ophthalmology
Optometry
Dental/Oral & Maxillo-Facial Surg.
Otolaryngology Surgery (ENT)
Urologic Surgery
Dermatology
Colon Cancer Initiative

**CLINICAL SUPPORT
SERVICES (3000)**

Armed Services Blood Bank Center
Apheresis
Donor Center
Viral Testing
Clinical Care Management
Social Work
Case management
Nutrition Management
Clinical Nutrition
Food Operations
Laboratory
Anatomic Pathology
Clinical Pathology
Transfusion Services
Navy Central HIV Program
Pharmacy
Inpatient
Outpatient
Radiology
Diagnostic Radiology
Nuclear Medicine
Physics/Radiation Safety
Breast Care Center
Radiation Oncology
Interventional Radiology
Breast Imaging Center

**HEALTH CARE
OPERATIONS &
PLANNING (4000)**

Patient Appointment Call Center
Tricare Business Services
Beneficiary Services
Contract Performance
Tricare Enrollment Analysis
Business Decision Support
Referral Management
Utilization Management

ADMINISTRATION (5000)

HOMELAND SECURITY

Public Safety and Security*
Security & Law Enforcement Service*
Operation Support/Training Service*
Force Protection & Physical Safety Svc*
Contingency
Operational Readiness
Medical Augmentation/TAD
National Disaster Medical System
Reserve Operational Support
Security Liaison
Classified Materials/Security Clearance
Office of Emergency Management
Decontamination Program
Emergency Planning and Training
Command Anti-Terrorism

ADMINISTRATION

Human Resources
Manpower Management
Command Drug Screening
Facilities Management
Hospital Engineering
Planning and Self-Help
Environmental Division
NAVFAC Washington*
Commercial Services
Navy Exchange (NEX)
Navy Lodge
Logistics
Acquisition Management
Customer Support
Health Care Contract Support
Equipment Management
Central Distribution
Postal Operations*
Operations Services*
Bachelor Housing*
Morale, Welfare and Recreation*
Fisher Houses I & II*
Patient Administration
Medical Boards
Health Information Management
Command Duty Office(CDO)
Beneficiary Access and Support
Medical Holding Company
Decedent Affairs

Staff Education and Training

Resuscitative Training
Computer Training
Leadership & Professional Development
Navy College
Clinical Training
Information Technology
Information Management
Information Technology

RESOURCES (6000)

Budget
Accounting
MEDICAL SERVICES ACCOUNTS
Performance Analysis & Reporting

**COMMUNICATIONS &
CUSTOMER CARE (7000)**

Executive Health
Customer Service
Public Affairs
Marketing-Communications
Community Relations
Command Performance and Evaluation

GRADUATE EDUCATION (8000)

GRADUATE MEDICAL EDUCATION (GME)
NAVAL POSTGRADUATE DENTAL SCHOOL(NPDS)
Comprehensive Dentistry
Educational Resources
Endodontics
Maxillofacial Prosthatics
Operative Dentistry
Oral Diagnosis
Oral and maxillofacial Surgery
Orofacial Pain
Orthodontics
Pedodontics
Periodontics
Prosthodontics
Research
**GRADUATE EDUCATION AND RESEARCH
CENTER (GEAR)**
Human Research Protection (HRPD)
Learning Resources
SIM Center
Nursing Research
IT and Data Analysis

BRANCH HEALTH CLINICS (9000)

Branch Health Clinics

Carderock
Dahlgren
Earle, NJ
Indian Head
Lakehurst, NJ
Mechanicsburg
NAF Andrews
Sugar Grove, WV
Willow Grove, PA
Washington Navy Yard
Arlington Annex (*Special Relationship*)
Pentagon Tri-Service Dental Clinic (*Special Relationship*)
Industrial Hygiene
Occupational Health/Preventive Med.
Occupational Health
Hearing Conservation
Preventive Medicine
Safety



National Naval Medical Center

© 2005 Sanborn

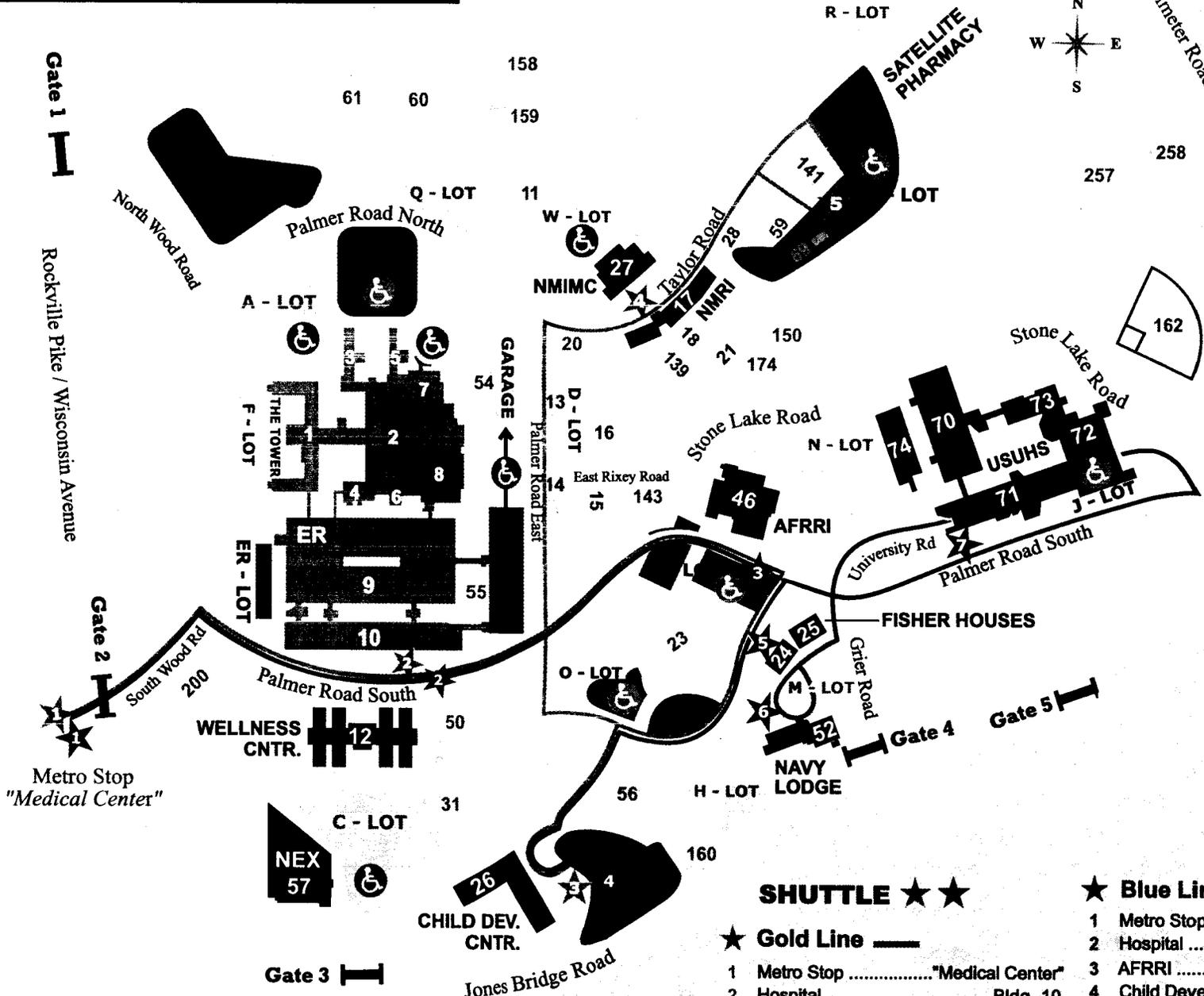
Google

Pointer 39°00'11.09" N 77°05'11.69" W elev 253 ft

Streaming ||||| 100%

Eye alt 5988 ft

PATIENT & VISITOR MAP



QUESTIONS?
 Customer Service
 301-295-4000
 CDO Desk
 301-295-4611

- KEY**
- VISITOR AND PATIENT PARKING
 - OUTPATIENT CLINICS & INPATIENT WARDS
 - POPULAR BUILDINGS

- GATES**
- Gate 1 - North Gate
 - Gate 2 - South Gate
 - Gate 3 - Navy Exchange
 - Gate 4 - Navy Lodge
 - Gate 5 - USUHS

- SHUTTLE** ★★
- ★ **Gold Line** —
 - 1 Metro Stop "Medical Center"
 - 2 Hospital Bldg. 10
 - 3 Child Development Center I - Lot
 - 4 NMIMC Bldg. 17
 - 5 Satellite Pharmacy E - Lot
 - ★ **Blue Line** —
 - 1 Metro Stop "Medical Center"
 - 2 Hospital Bldg. 10
 - 3 AFRRRI Bldg. 46
 - 4 Child Development Center Bldg. 26
 - 5 Fisher House Bldg. 24
 - 6 Navy Lodge Bldg. 52
 - 7 USUHS Bldg. 71

**See back for clinics and other destinations*

REGIONAL HEARING ISSUE SUMMARY

Walter Reed Army Medical Center, D.C.
(Med-15, DoN-10, Med-4)

Capitol Region Regional Hearing
July 7, 2005

- Witness 1: Congresswoman Eleanor Holmes Norton
 - Issue #1: Flawed metrics used to determine MILVAL.
 - Issue #2: Understated the upfront costs.
 - Issue #3: DOD ignored completely the cost of the environmental cleanup.
 - Issue #4: Consolidating at one location compromises force protection.
 - Issue #5: Affects the homeland security of our nation's capital.

- Witness: Dr. John Pierce (Former Chief Medical Officer, WRAMC)
 - Issue #1: Argues metrics used are biased towards people who deliver a lot of health care (only receive 12 points all health care delivery). (How DeWitt Army Community Hospital have more military value than Walter Reed? DeWitt has 43 inpatient beds. It has one graduate medical education training program. Walter Reed has 200 inpatient beds of high level tertiary care. It has about 50 graduate medical education programs. It has a number of research programs and it's where the combat casualties are being sent.) (References Table 5 Chapter 10 JC-S)
 - Issue #2: How does Dewitt have more MILVAL than WRAMC when: twice the outpatient visits, has eight times the inpatient care at a much higher tertiary care level, has four times the dental care.
 - Issue #3: Received no MILVAL for: Joint graduate medical research centers, largest military teaching hospital, cancer research programs, deployment healthcare centers
 - Issue #4: Metrics are capped: Inpatient capped at 10,000 relative weighted products (receive score of 1). WRAMC has 16,500 (received score of 1). Outpatient: capped at 450,000 (receive score of 1) WRAMC has 1.148 million (received score of 1).
 - Issue #5: Asks what % not how many of programs are integrated (If you have one teaching program and it is integrated with another service, it's 100

percent. WRAMC has 50 training programs and 30 of them are integrated, it's only 60 percent).

Witness: Dr. Daniel Seckinger, Past President, College of American Pathologist.
Chairman of the board, American Registry of Pathology

Issue #1: Reject recommendation

Issue #2: AFIP is unique because of the broad range of expertise, spanning 22 subspecialty departments in conjunction with the world's largest tissue repository, providing significant research and education opportunities.

Issue #3: If AFIP is dismantled and retained in piecemeal fashion and warehouse tissue repository would deprive the medical community here and abroad of a virtually irreplaceable resource for disease research and patient care.

Issue #4: The proposal makes no provision for maintenance, access to specimens, involvement of expert pathologists and others needed to sustain this dynamic resource for future and for our education. Expertise in pathology is essential to effectively using the wealth of information to be gained from the study of these materials.

Issue #5: 360,000 hours of continuing medical education for clinical specialty disciplines was provided last year.

Issue #6: plays vital role in homeland security (specifically bioterrorism)