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Walter Reed Army  
Institute of Research

**COL CHARLES E. MCQUEEN MD FACP**  
Commander

**ITINERARY  
FOR  
Ms. Lesia Mandzia and Mr. Dean Rhody  
WRAMC Visit  
3 June 2005**

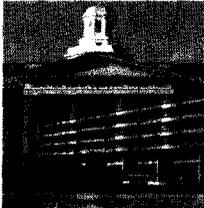
0900-0920	Office Call- COL Williamson and COL Davies	Command Suite, Bldg 1
0930-1200	Walter Reed Medical Center Overview – COL Jones	Cmd Conf Rm, Bldg 2
0930-1000	Medical Center Brief- COL Jones	
1000-1030	Graduate Medical Education Briefing- COL Nace	
1040-1200	Medical Center Tour- Occupational Therapy, Physical Therapy, Deployment Health Center, Wards 57, 58, & 72, Clinical Breast Care Center	
1200-1210	BRAC Staff Remarks & Introductions	Regimental Room
1210-1300	Lunch/Armed Forces Institute of Pathology (AFIP) Briefing “ “	
1300-1340	WRAIR Briefing- COL McQueen	Regimental Room
1345-1415	Windshield Tour of Glen Haven	Enroute
1415-1500	Windshield Tour of Forest Glen	Enroute
1500-1515	Enroute to Main Post	Enroute
1515-1630	Tour of Main Post (Mologne House, Fisher House, Museum)	Main Post
1630-1700	Exit Briefing- COL Davies and COL Jones	Bldg 1

**Host Participants:**

COL Tim Williamson  
COL Jeff Davies  
COL Charles McQueen  
COL Charles Pemble  
CAPT Kathy Beasley  
COL Cathy Nace  
COL Dave Jones  
LTC Jane Denio  
MSG Nelson Charles-Palacios (Tour Only)  
Ms. Lyn Kukral  
Mr. Randy Treiber  
Mr. John Wetterau  
Ms Yvette Bell

**WALTER REED ARMY MEDICAL CENTER  
BRAC ISSUES TO BE RESOLVED**

03 June 2005



COL Jeffrey W. Davies  
Garrison Commander

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**Summary of Concerns  
and Issues to be Resolved**

- Mismatch between clinical (productivity) & academic/research staffing availability & space requirements
- Existing Bethesda facility space (1970s era) vs. current health care standards
- Clinic flow as we remodel existing space at Bethesda
- Number of staff available to execute the BRAC vision for the WRNMMC
- Location of WRAMC Congressional Programs
- Command & Control WRNMMC
- Continuing need for SRM, including modernization \$\$ for WRAMC due to ongoing mission for 5 years

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**Summary of Concerns  
and Issues to be Resolved**

- Command and control Forest Glen / Glen Haven
- Footprint Bethesda for clinical and support requirements
- Management Enhanced Use Lease Project
- Coordination historical properties
- Intensive Ambulatory Patient Billeting / Visiting Family Housing / Medical Hold / Holdover Housing Requirement (Mologne House and Barracks)

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 **Summary of Concerns and Issues to be Resolved** 

- **Continuing requirements and support elements for Repository:**
  - Retain automated system (PIMS) for tracking & retrieval
  - Upgrade warehouse buildings at Forest Glen (34,168 sq ft) to acceptable life safety and HIPAA standards
  - Move all case material currently located in Bldg 54, WRAMC which requires an additional 5,900 sq ft at Forest Glen
  - Continue imaging all paper-based records
- **2nd order effects of disestablishing AFIP's diagnostic and consultative services**
  - Reduces repository personnel requirement from 72 to 10
  - Does not eliminate need for PIMS with support and maintenance tail

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 **Summary of Concerns and Issues to be Resolved** 

- **National Repository of Tissue and Case Material**
  - Must remain an active pathology archive for continuing patient treatment
  - Recognize that the true value is in discovery and dissemination of information leading to improved health care delivery to DoD beneficiaries through sharing of repository material with qualified government, academic and commercial collaborators
  - Logical destination to accept BRAC 2005 pathology material from closed / downsized MTFs; retain sufficient personnel to accomplish this

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 **Summary of Concerns and Issues to be Resolved** 

- **Armed Forces Medical Examiner System**
  - **Concern and issue to be Resolved:**
    - AFMES must be defined to include all of its operational divisions, not just the 3 written in the 13 May recommendations
- **National Museum of Health and Medicine**
  - **Concerns and issues to be Resolved:**
    - Forest Glen is a less desirable location than WRNMMC
    - 40,000 sq ft is less than half the required space of 101,700 sq ft
    - Current space is 86,000 sq ft and is inadequate
- **Pathology Program Management Office**
  - **Concern and Issue to be Resolved:**
    - Need to have early involvement of SG Pathology Consultants in planning this new program management office

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 **Summary of Concerns  
and Issues to be Resolved** 

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➤ **Disposition of AFIP Functional Elements**

- Environmental and Toxicologic Pathology
- Infectious and Parasitic Diseases Pathology
- Telepathology
- Patient Safety Center
- Automated Central Tumor Registry
- Veterinary Pathology
- Radiologic Pathology

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INFORMATION PAPER

MCMR-FPZ  
19 January 2005

**SUBJECT: Walter Reed Army Medical Center (WRAMC) Replacement/Renewal**

1. Purpose. The purpose of this information paper is to provide facts to OSD in order to respond to Mr. Murtha's letter to Mr. Rumsfeld dated 17 DEC 04.

2. Facts.

a. WRAMC Building 2 construction started in 1972 and was dedicated on 26 SEP 77. Design started in 1966 with an inpatient focus based on functional and technological standards of the era.

b. Over the past 30 years, in light of advances in health care and technology, coupled with the sheer size and operational tempo of the WRAMC mission, maintenance and repair funding has not kept pace with change and requirements. Infrastructure systems are past their life cycle, failing, and require frequent and costly maintenance and upgrade.

c. WRAMC receives \$7M annually to sustain building operations and safety. Congress recently provided \$18.5M in inserts to address urgent requirements. During the past five years, the hospital received over \$33M for building improvements.

d. The Assistant Secretary of Defense for Health Affairs' annual Medical Military Construction (MED MILCON) averages only \$243M to support the \$19.5B medical facility infrastructure worldwide. In addition to \$9M in FY 04 for the WRAMC energy plant, approximately \$78M has been identified to recapitalize the Walter Reed hospital in the FY 06-11 DoD MED MILCON program, beginning in FY 09.

e. National Capital Area health care planning initial estimates indicate the MED MILCON cost of replacing WRAMC (at current size/mission) exceeds \$520M. Added equipment and transition costs increase that to \$675M. Relocation to a new site would incur additional costs (i.e. barracks, daycare, parking, etc.). Alternately, the cost of renovation/renewal of building 2 is estimated at \$550M. Planning, design and construction could take up to 6-8 years for replacement, or 12-15 years for renovation/renewal. Planning funds are required to conduct more detailed infrastructure analysis, option development, and further project definition and programming.

MAJ Brennan/202-356-0038  
APPROVED: COL Richard L. Bond

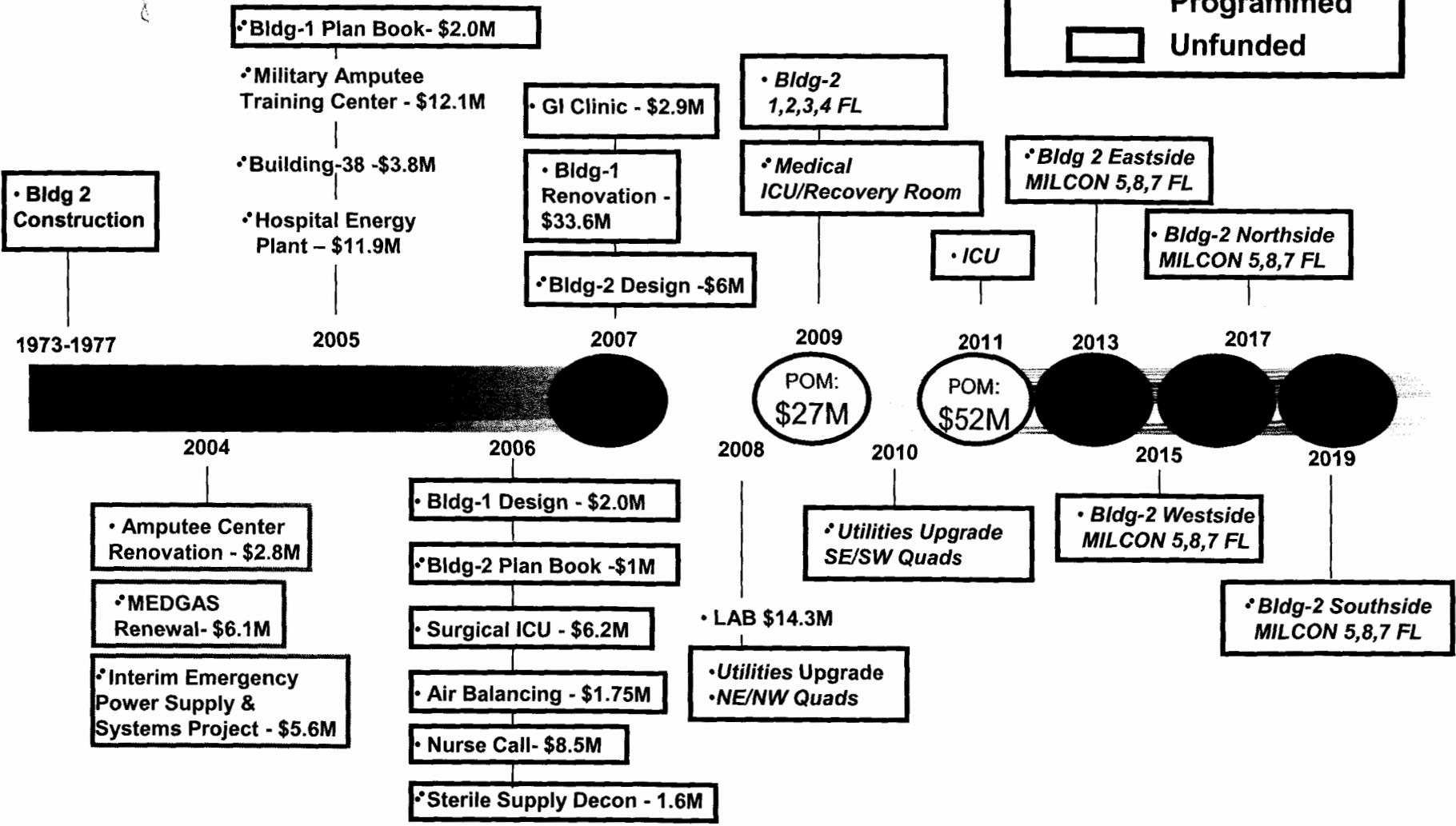
# WRAMC Hospital Revitalization

**Estimated Unfunded Cost \$ 550 million**

**Project Funding Status**

- Funded
- Programmed
- Unfunded

FAC SCO only



**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.

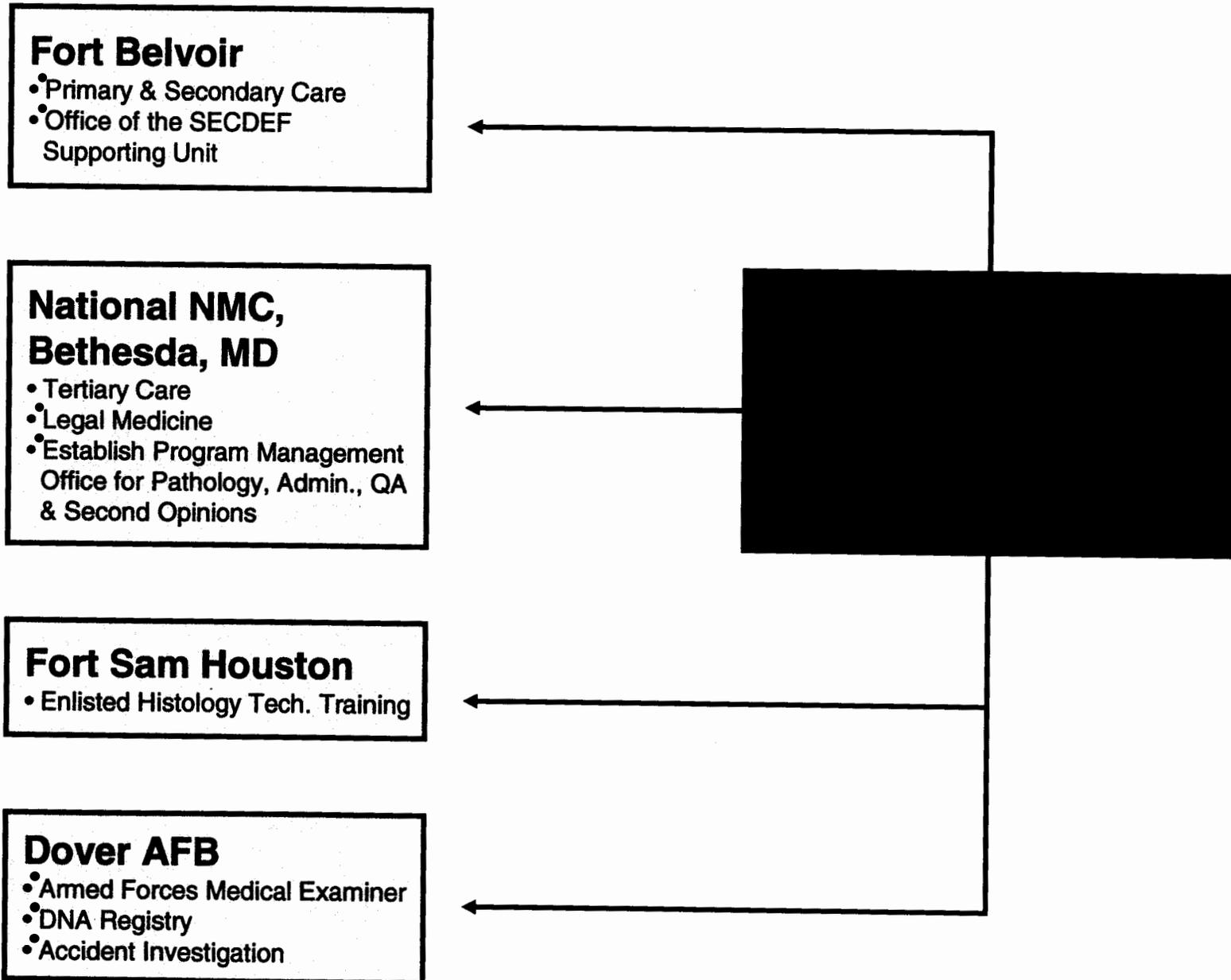
**Payback:** The total estimated one-time cost to the Department of Defense to implement this recommendation is \$988.8M. The net of all costs and savings to the Department during the implementation period is a cost of \$724.2M. Annual recurring savings to the Department after implementation are \$99.6M 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.

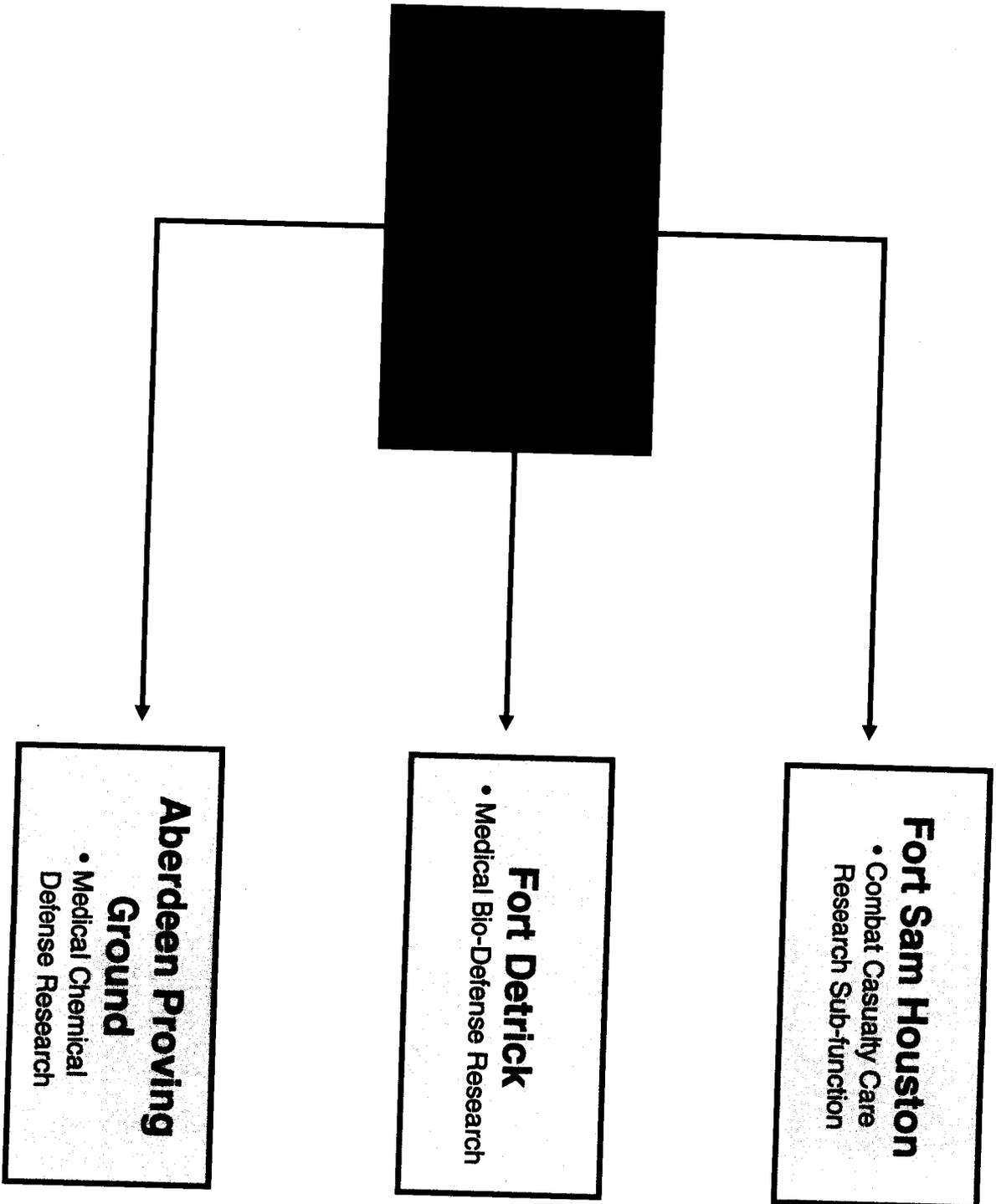
**Community Infrastructure:** A review of community attributes indicates no issues regarding the ability of the infrastructure of the communities to support missions, forces and personnel. Civilian inpatient capacity exists in the area to provide services to the eligible population. There are no known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

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

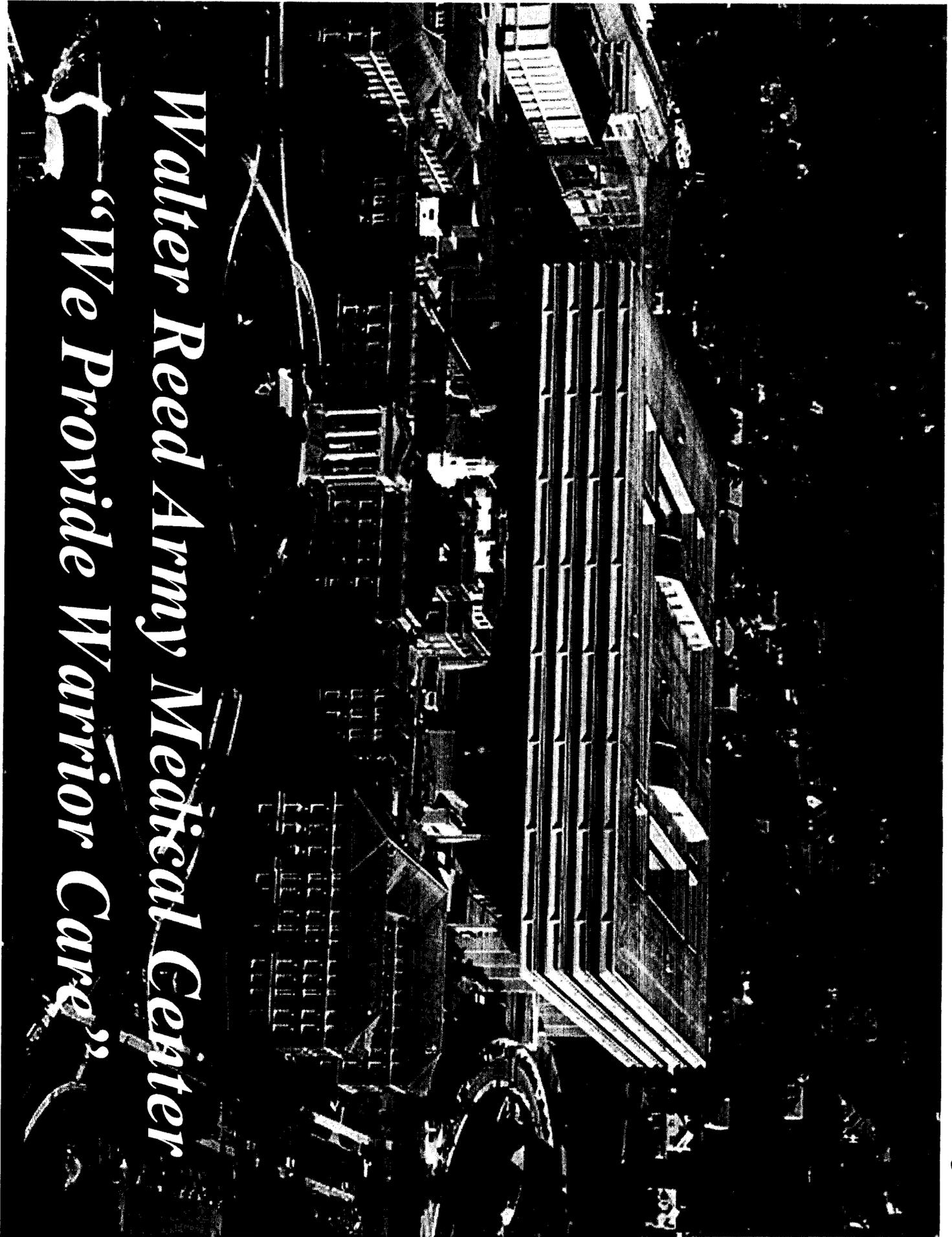


**REALIGN – Walter Reed National Military Medical Center, Bethesda, MD (MEDICAL 4)**





Col David Jones C, 1st Hosp Co, Mgt.



*Walter Reed Army Medical Center*

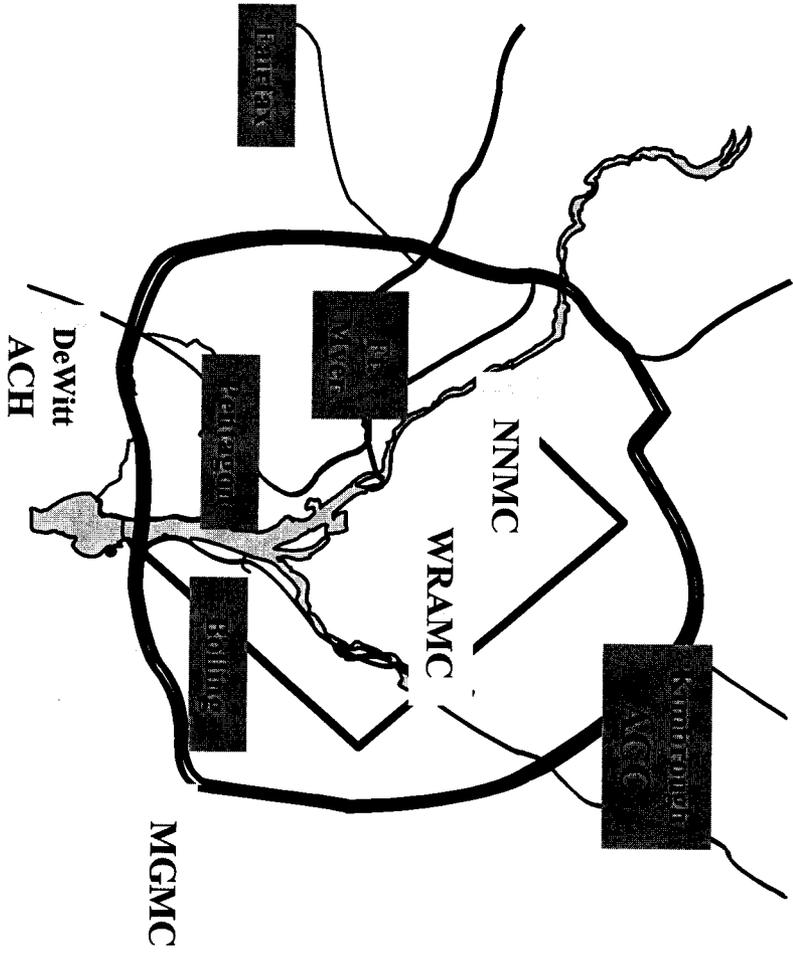
*“We Provide Warrior Care”*

# HISTORY

1780  
2  
1300  
in

- **Walter Reed Installation is outgrowth of the United States Army General Hospital – need identified during the Civil War and established during the Spanish American War.**
- **Tract of land purchased in the spring of 1905 as a Military Reservation to be known as the Walter Reed U.S. Army General Hospital**
- **The Main Hospital was completed in 1908**
- **Building 2 opened in 1978** *as a 1200 bed facility.*

# NCA MTF Locations



Fort Bragg

Fort Liberty

# Overview

- WRAMC overview (113 acres, 261 beds)
  - Workload and enrollment
- Unique WR missions
- BRAC planning steps
- Remaining BRAC issues to be resolved

# WRAMC Services

- **Emergency Medicine**
- **Primary Care**
  - **OB/GYN**
  - **Pediatrics**
  - **General Internal Medicine**
  - **Optometry**
  - **Wellness Service**
  - **Preventative Medicine**
- **Surgical Services**
  - **General Surgery**
  - **Neurosurgery**
  - **Cardiothoracic Surgery**
  - **Plastic Surgery**
  - **Vascular Surgery**
  - **Ophthalmology**
  - **Urology**
  - **Prostate Center**
  - **Organ Transplant Surgery**
  - **Refractive Eye Surgery**
  - **Breast Care Center**
- **Orthopaedics and Rehabilitation**
  - **Orthopaedic Surgery**
  - **Orthotics and Prosthetics**
  - **Physical Medicine**
  - **Physical and Occupational Therapy**
- **Mental Health Service**
  - **Social Work**
  - **Psychiatry**
  - **Psychology**
  - **Behavioral Health**
  - **Army Substance Abuse Program**
- **Sub-Specialty Care**
  - **Pulmonary Functions**
    - **Sleep Disorders Center**
  - **Cardiology**
  - **Oncology / Hematology**
  - **Audiology**
  - **Dermatology**
  - **Endocrinology**
  - **Gastroenterology**
  - **Infectious Disease**
  - **Nephrology**
  - **Otolaryngology**
  - **Rheumatology**
  - **Neurology**
  - **Podiatry**
  - **Pediatric Sub Specialty**
- **Allergy/Immunology**
- **Ancillary Services**
  - **Ministry and Pastoral Care**
  - **Clinical Investigation**
  - **Pathology and Laboratory Services**
  - **Pharmacy**
  - **Radiology**
    - **Nuclear Medicine**
  - **Telemedicine**
  - **Deployment Health Clinical Center**
  - **Managed Care Division**
  - **Nutrition Care and Dietetics**

*National Capital Area*

*People*

# NCA FY04 Enrollment/Production

NCA Relative Enrollment & Production Capability FY04					
	DMIS Code	Enrollment Nov 04	FY04 PPS Production	% Intra-Service Group Production	% NCA Production
Walter Reed AMC	0037	19,956	\$ 170,556,252	72%	41%
DiLorenzo TRICARE Clinic	0256	8,959	\$ 4,917,452	2%	1%
DiLorenzo Branch Clinic	7298	1,480	\$ 477,344	0%	0%
McNair AHC	0255		\$ 186,377	0%	0%
<b>WRAMC Subtotal:</b>		<b>30,395</b>	<b>\$ 176,137,425</b>	<b>74%</b>	<b>42%</b>
DeWitt ACH	0123	32,608	\$ 31,939,341	13%	8%
Rader AHC	0390	11,077	\$ 3,885,865	2%	1%
Fairfax FHC	6201	26,635	\$ 4,936,692	2%	1%
Woodbridge FHC	6200	19,817	\$ 8,869,890	4%	2%
<b>DACH Subtotal:</b>		<b>90,137</b>	<b>\$ 49,631,787</b>	<b>21%</b>	<b>12%</b>
Kimbrough ACH	0069	23,710	\$ 10,711,229	5%	3%
Barquist AHC	0309	4,861	\$ 1,507,946	1%	0%
<b>Kimbrough Subtotal:</b>		<b>28,571</b>	<b>\$ 12,219,175</b>	<b>5%</b>	<b>3%</b>
<b>Army MTF's Subtotal:</b>		<b>149,103</b>	<b>\$ 237,988,387</b>		<b>57%</b>
National Naval Med Center	0067	32,380	\$ 115,998,350	86%	28%
BMC Washington Navy Yard	0703	2,773	\$ 642,705	0%	0%
BMC Dahlgren	0386	2,950	\$ 890,464	1%	0%
BMC Andrews AFB	0522	782	\$ 621,459	0%	0%
BMC Indian Head	0301	1,914	\$ 503,377	0%	0%
BMC Carderock	0302		\$ 67,952	0%	0%
BMC Naval Research Lab	0259		\$ 135,149	0%	0%
<b>NNMC Subtotal:</b>		<b>40,799</b>	<b>\$ 118,859,456</b>	<b>88%</b>	<b>29%</b>
NMCL Annapolis	0306	6,939	\$ 2,576,486	2%	1%
BMC Bancroft Hall	0525	4,426	\$ 2,620,716	2%	1%
<b>Annapolis Subtotal:</b>		<b>11,365</b>	<b>\$ 5,197,201</b>	<b>4%</b>	<b>1%</b>
NMCL Quantico	0385	24,177	\$ 5,503,196	4%	1%
BMC -The Basic School	1671	2,509	\$ 651,820	0%	0%
BMC- Officer Candidate School	1670	676	\$ 1,360,136	1%	0%
<b>Quantico Subtotal:</b>		<b>27,362</b>	<b>\$ 7,515,152</b>	<b>6%</b>	<b>2%</b>
NMCL Patuxent River NAS	0068	11,330	\$ 3,295,446	2%	1%
<b>Navy MTF's Subtotal:</b>		<b>90,856</b>	<b>\$ 134,867,256</b>	<b>100%</b>	<b>32%</b>
Malcom Grow MC-89th MG	0066	34,131	\$ 40,250,785	92%	10%
11th MG Clinic	0413	11,740	\$ 3,326,833	8%	1%
<b>Air Force MTFs Subtotal:</b>		<b>45,871</b>	<b>\$ 43,577,619</b>		<b>10%</b>
<b>Totals</b>		<b>285,830</b>	<b>\$ 416,433,261</b>		

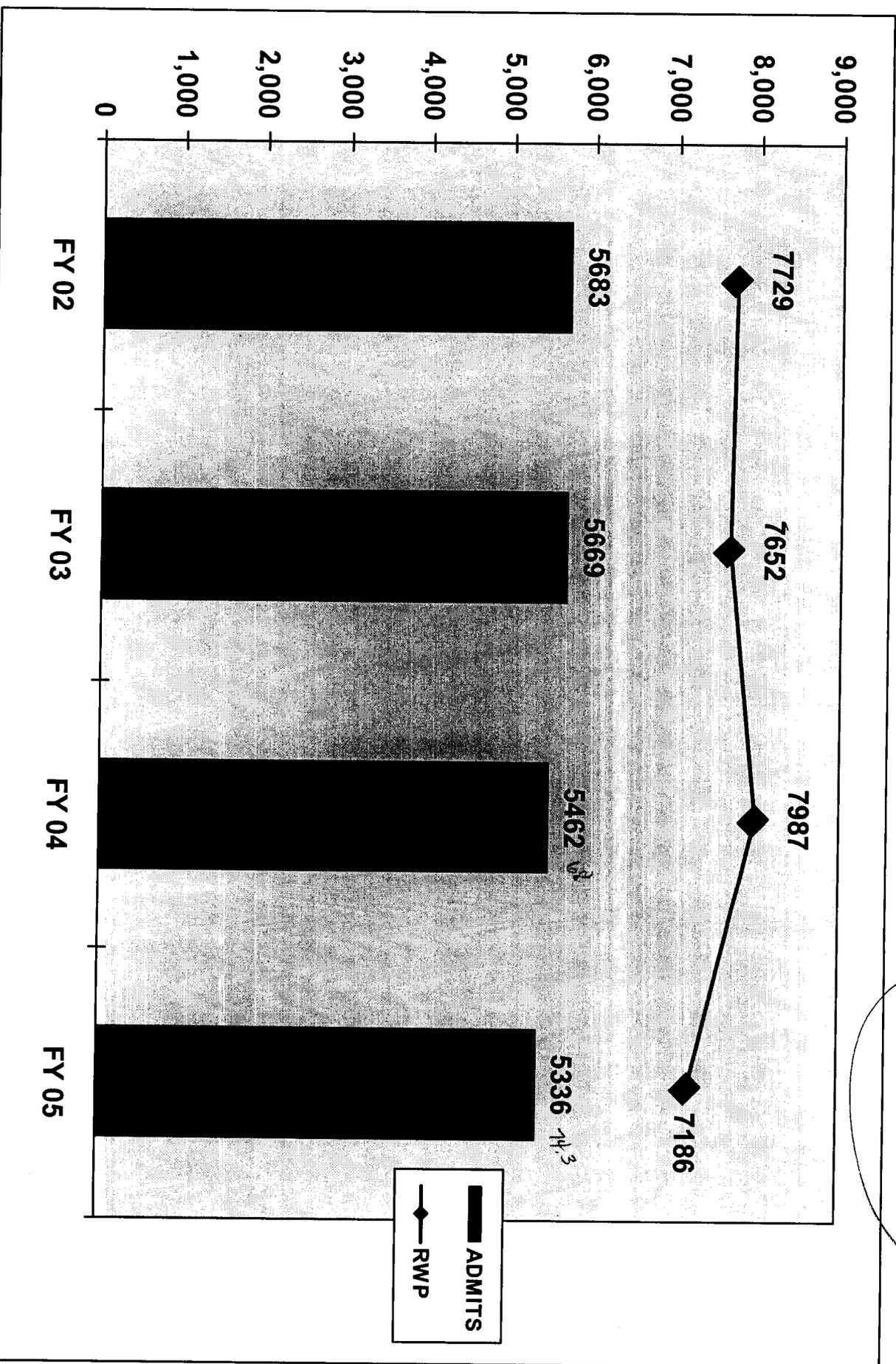
#1  
WRAMC

#2  
NNMC

#3  
MGMC

# WRAMC Admissions/ RWPs Oct-Mar

*Relative Weighed Product*



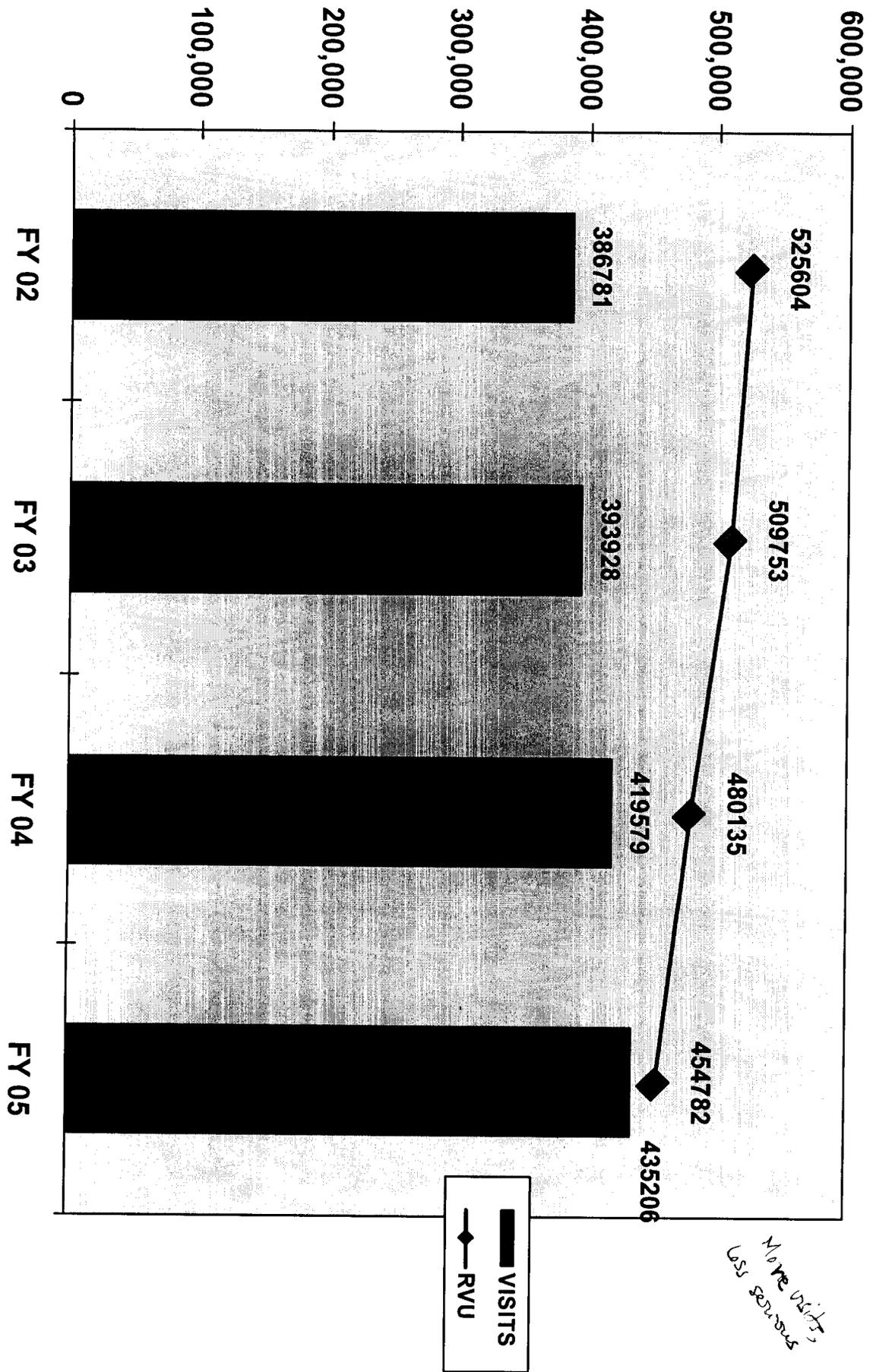
\*FY05 RWP data has not fully matured in M2; 72 days on diversion in FY03 and 69 in FY04

# WRAMC Encounters/ RVUs Oct-Mar

*Relative Value Units*

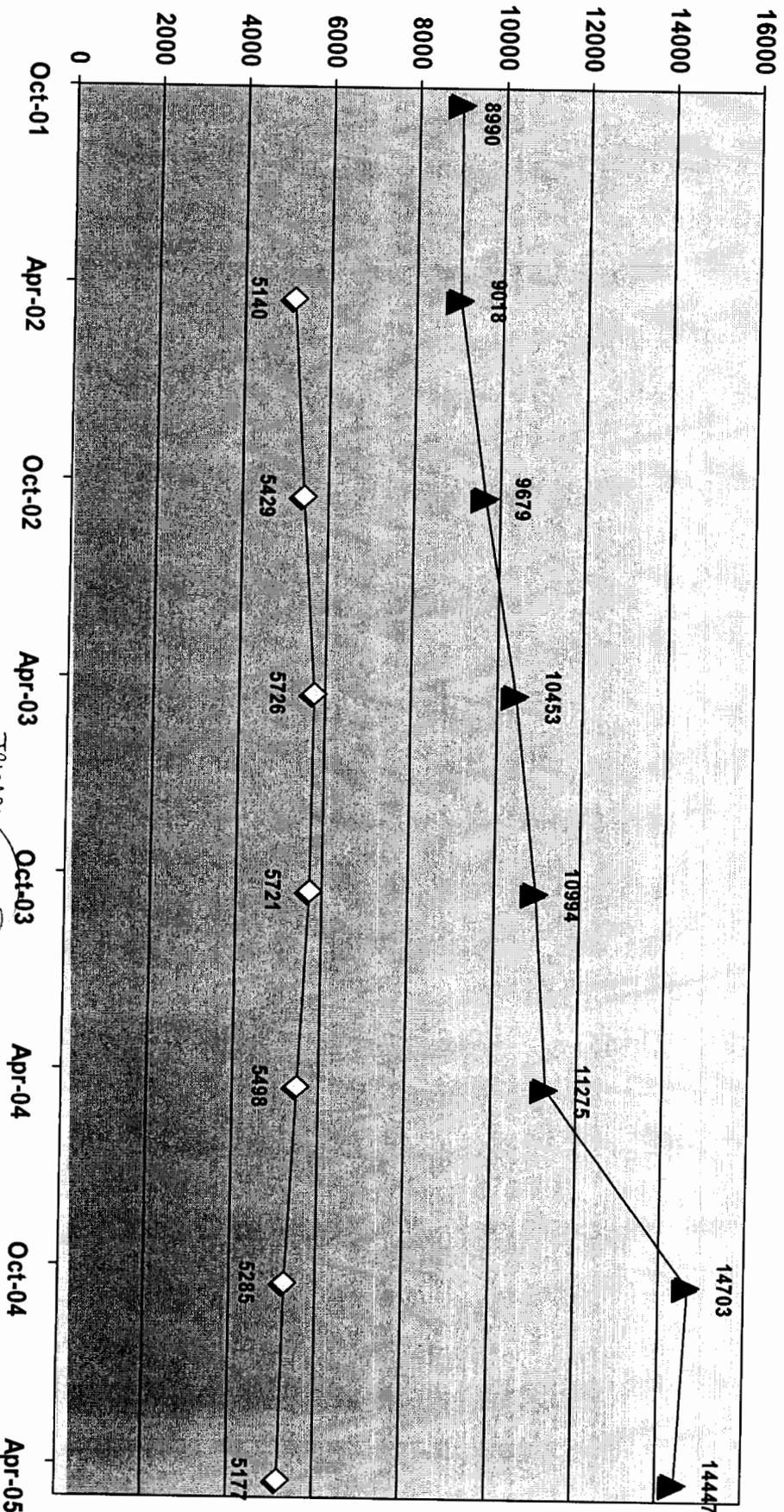
*More visits, less services*

DCN: 11860



■ VISITS  
◆ RVU

# WRAMC Prime/T-Plus Enrollment FY 2002-2005 Oct-Apr



▲ PRIME  
◆ T-PLUS

TRICARE

Oct 05

# Average Day at Walter Reed

*includes all  
365 days*

<b>Clinic visits</b>	<b>1,650</b>
<b>Beds occupied</b>	<b>185 / 261</b>
<b>Surgical procedures</b>	<b>32</b>
<b>X-rays, CT Scans and MRI's</b>	<b>6,700</b>
<b>Pathology procedures</b>	<b>8,000</b>
<b>Prescriptions filled</b>	<b>2,000</b>
<b>ER Visits</b>	<b>50</b>

# WRAMC Readiness Support

*Has effect on  
uni-pattern used as  
specialists can  
oversee.*

- Forward-deployed over 250 active-duty military staff (physicians, nurses, and technical specialists) to OIF/OEF
  - 48<sup>th</sup> CSH in Afghanistan (Dec 02 to Jun 03)
  - 28<sup>th</sup> CSH in Iraq (Feb 03 to current)
  - Other various units (47<sup>th</sup> CSH, 86<sup>th</sup> CSH, general field hospitals, forward surgical teams, combat support units)
- Trained and integrated over 100 activated reservists into WRAMC (backfill)
- 17,284 days of total provider taskings for FY04

*Kier backfill + wear  
to cover*

# WRAMC Readiness

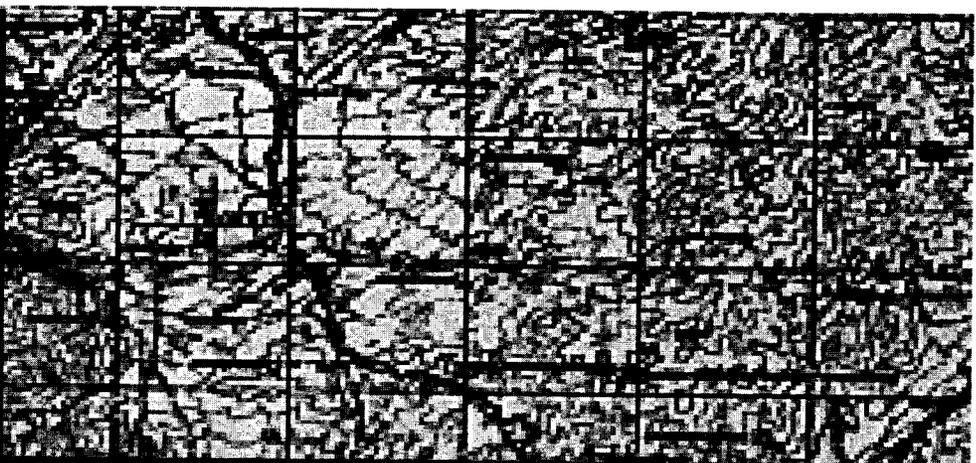
(Other Special Programs and Support at WRAMC)

- DoD Center for Amputee Health Care
- National Vaccine Health Care Center (NVHC)
  - Education and Research in conjunction with the CDC
  - DoD Smallpox Vaccination Program
- Infectious Disease Laboratory – team deployed to investigate pneumonia cases in Iraq
- DoD Deployment Health Clinical Center
- Defense and Veterans Brain Injury Center

*Opened another  
@ Amc*

*don't have BSLIII  
labs, no research*

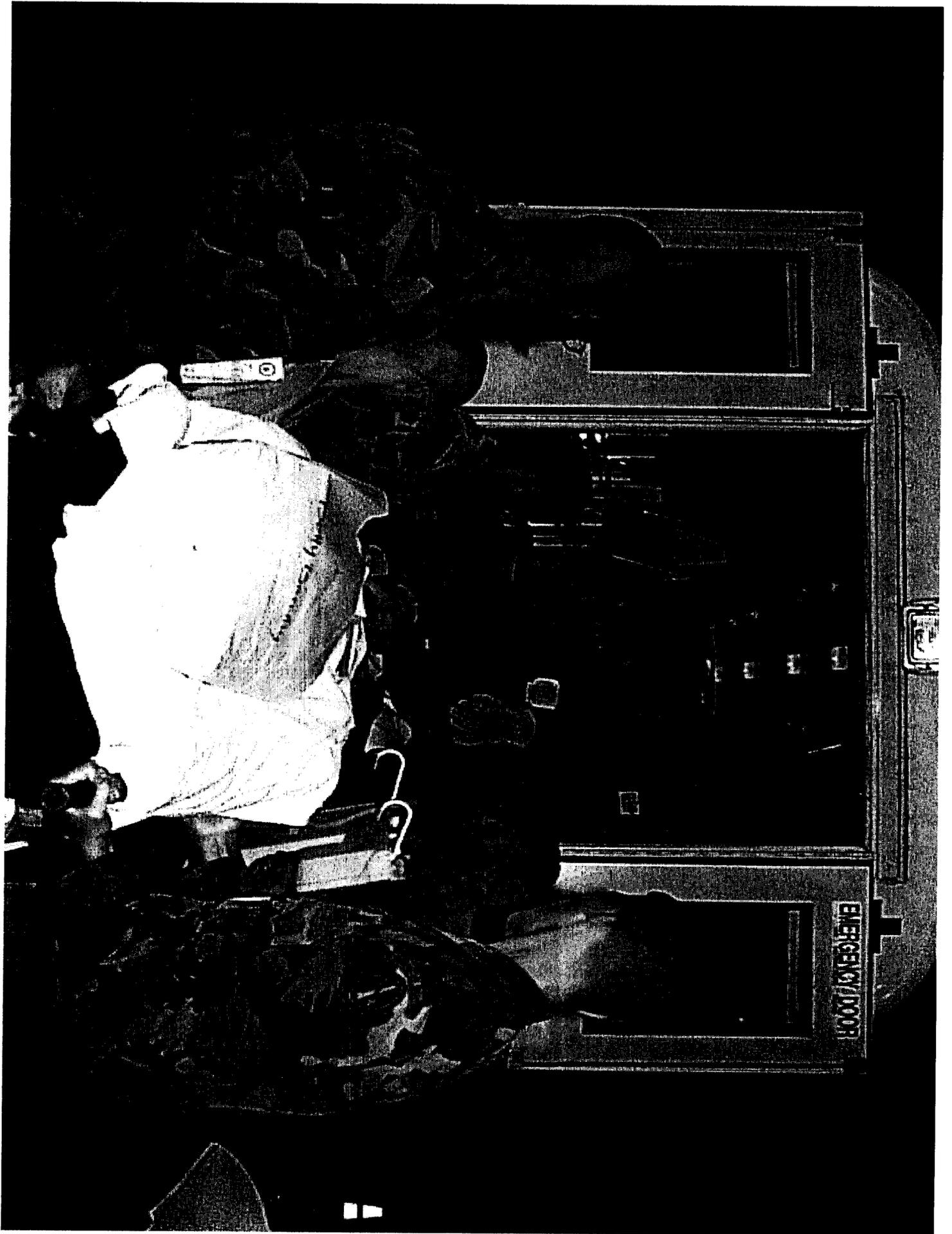
Forward Surgical Teams



# Combat Casualty Care

Centers of Excellence

U.S. - of the  
and of the  
Long, LA  
Lm. H. MIV.



© 1997

EMERGENCY DOOR

# OIF and OEF Warrior Care

- As of 2 June 2005, WRAMC has treated 4,141 OIF and 283 OEF patients

- 1,182 of these patients were battle casualties

- 872 of the battle casualties have received treatment as inpatients

- 233 of the battle casualties have received treatment as outpatients

- 52 Soldiers remain at the medical center as inpatients.

*~125 getting out patients  
treatment  
(living on post)*

# Major Outpatient Care Mission for AD: OIF and OEF Soldiers

- Medical Hold Mission:

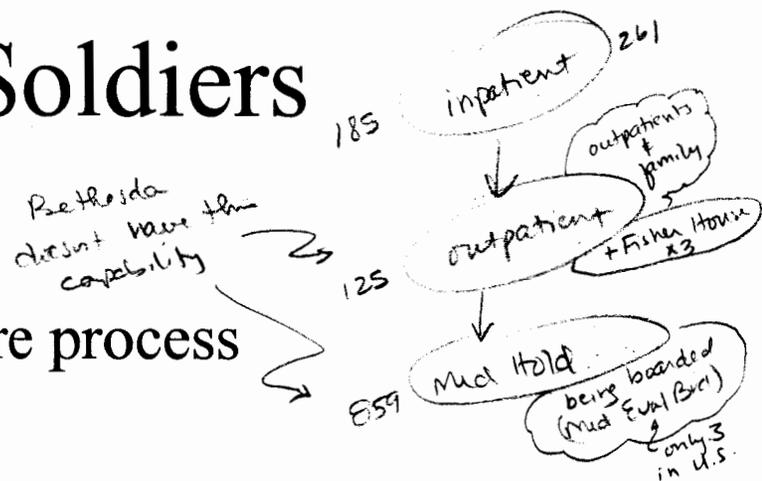
- 859 current soldiers in the eval. & care process
  - 565 AD and 294 Reservists

- Outpatient housing for soldiers and their families (304 beds):

- 275 beds in the Mologne House, Delano Hall, & Guest House
- 3 Fisher houses (27 beds)
- 2 VIP Suites (Bldg 12)

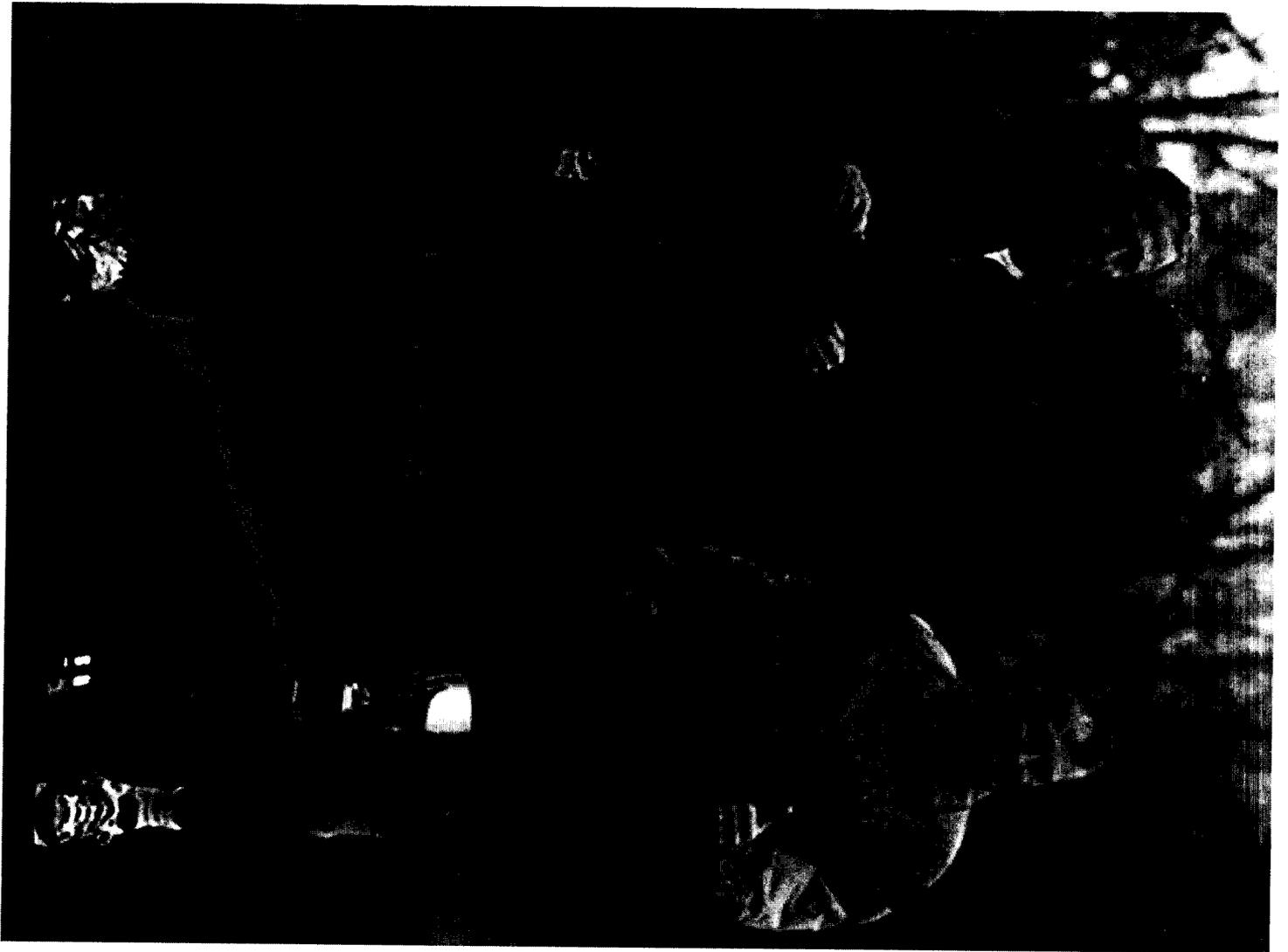
- “New” Barracks (267 beds)

- Major support to mobilization centers (e.g. Ft Dix)



# Role of WRÁMC/BAMC in Amputee Care and Rehabilitation

- **257 service members with major limb loss (200 Army)**
  - 208 Active Component
  - 17 Reserve Component
  - 32 National Guard Component
- **Two Sites: Walter Reed and Brooke in San Antonio**
  - BAMC Became Second Site in January 2005
  - 231 Patients Received Care At Walter Reed AMC
  - 37 Received Care At Brooke AMC (11 cared for at both)
- **54 Have Completed The Medical Board Process**
  - 40 Active Duty (AD)
  - 4 Army Reserve (AR)
  - 10 National Guard (NG)
- **10 Continued On Active Duty (18.5%) (9 AD, 1 AR)**



# Military Amputee Training Center

- **Indoor track**
- **Running gait lab**
- **Treadmill with dual force running plates**
- **Rope climb/Rock wall climb/Repelling tower**
- **Virtual reality Training Center**
- **Uneven terrain/incline parallel bars**
- **Vehicle simulators**
- **Fire Arms Training Simulator (FATS)**
- **Prosthetic shop**

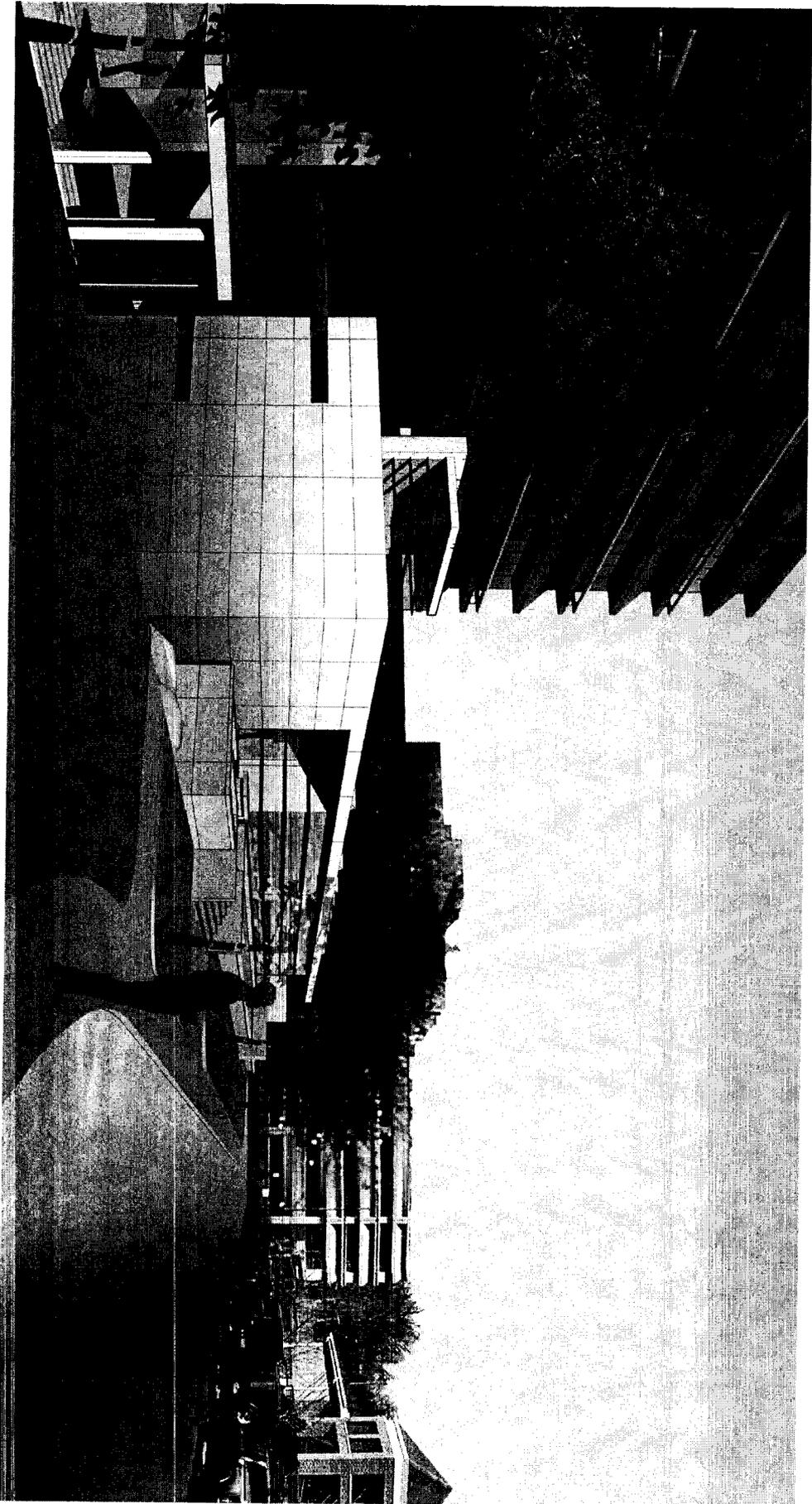
*"breaking ground" ??*

*'09 MCA.*

*• '16 not built when to do for 5-6 yrs?*

*• How to staff? they know BSAC moving this?*

# Military Amputee Training Center



# Deployment Health Clinical Center

- Established in 1994 as the Gulf War Center and renamed in 1999
- The clinical component of three DoD Centers of Excellence dedicated to improving deployment health
- The principal referral site for soldiers with deployment health concerns
  - >10,000 soldiers seen; >1 300 OIF/OEF
  - Major research initiatives aimed at improving soldier care

# Ward 72

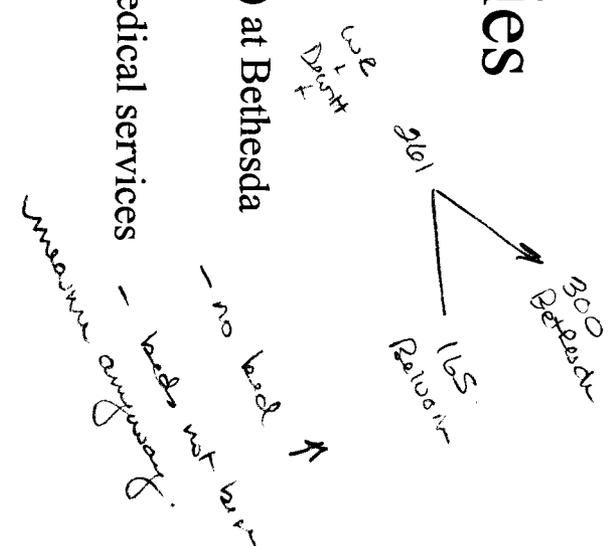
*Bethesda  
has presidential  
suite.*

**Provides in/outpatient care to Executive-level DOD and US Government leadership**

- Over 3,000 eligible (Presidential Cabinet/Appointees, Members of Senate/Congress, Secretarial Designees, Foreign Dignitaries, AD General Officers (2-star and above), and Retired 3&4-star Generals and spouses)
- 4-bed ward averages 2-3 inpatients/day
- 15-18 Outpatient visits/day
- Outpatient workload has double workload since FY03
- Services provided for nearly 30 years
- Provides same outstanding care along with increased convenience, security and privacy

# Realigning Health Care Activities in the National Capital Area

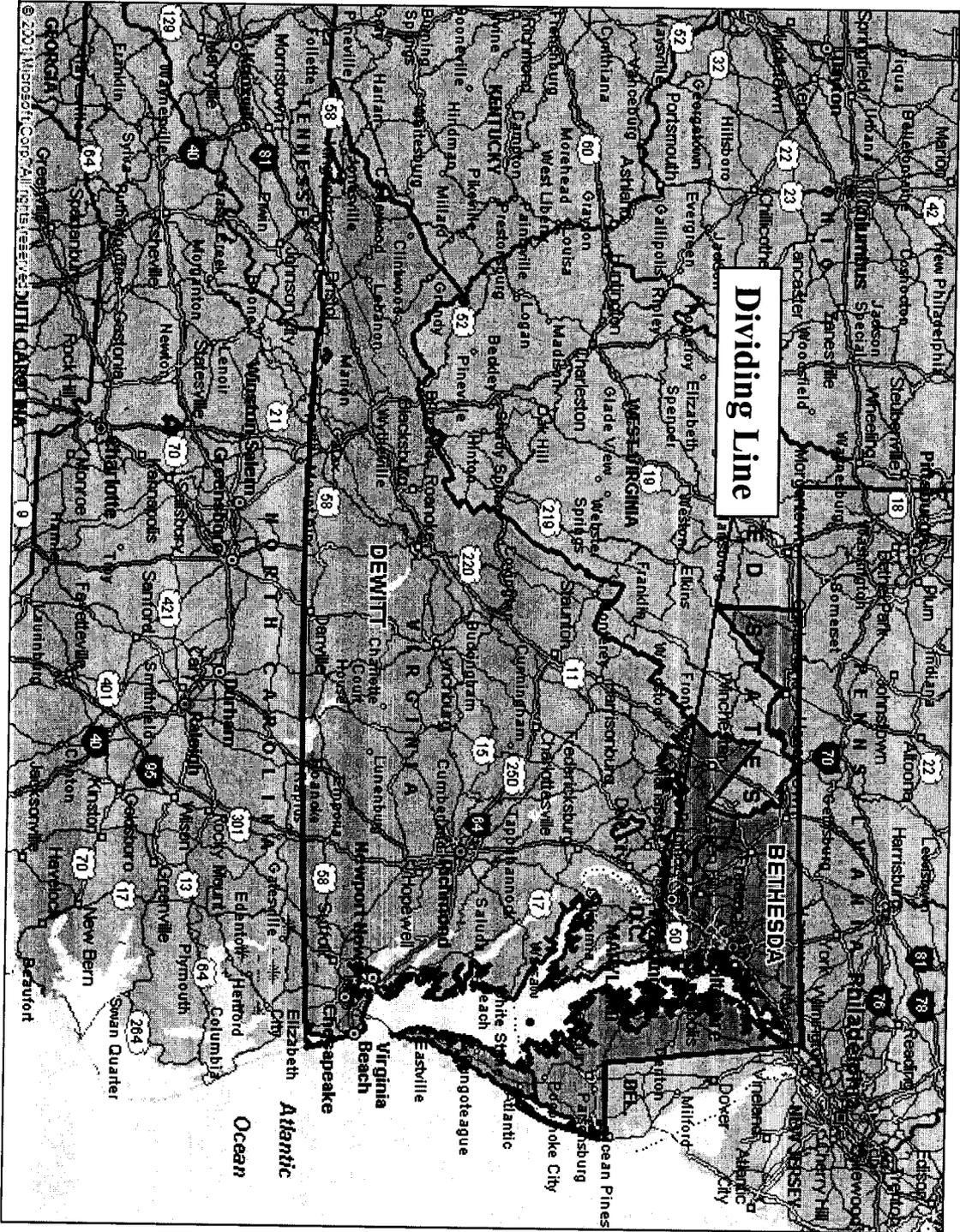
- Establish the Walter Reed National Military Medical Center (WRNMMC) at Bethesda
  - 300 bed Medical Center
  - Full range of intensive, complex specialty and subspecialty medical services
  - Worldwide referral center for casualty and beneficiary care
- Construct a new 165-bed community hospital at Ft Belvoir, VA
- Convert the 89th Medical Group at Andrews AFB (Malcom Grow) to a clinic with ambulatory surgery capability
- Maintain existing military outpatient capabilities at Ft Myer; Bolling AFB; the Pentagon; et al.
- Realign military medical staff and assets within the NCR, providing the same level of healthcare as before
- Relocate non-clinical, biomedical R&D activities to Centers of Excellence at FSH, TX; APG, MD; or Ft Detrick, MD
- Realign AFIP by moving DNA registry and the medical Examiner functions to Dover, AFB; Enlisted Histopath training to Ft Sam Houston; the Museum to the new WRNMMC, and outsource non-military essential pathology activities
- Close the main WRAMC installation and return the property to reuse in the 2010 timeframe



# BRAC: NCA Vision

- One unified NCA military health care system with two joint inpatient campuses that provide high quality, efficient, and convenient care for our beneficiaries. [Campuses are sized to provide most health care at the closest facility to the beneficiary.]
- North academic campus serves as a worldwide referral center for casualty and beneficiary care, and is the principal site for NCA graduate medical education, research, and executive medicine. [GME, research, and IT headquartered in the North. Adequate temporary housing for non-inpatient, transitional care and, families at the North facility.]
- A robust South facility that provides convenient primary and appropriate specialty care to NCA beneficiaries living in the southern NCA. [Many training programs will also do many GME rotations in the South]

Which patients live closer to WRNMMC vs. Dewitt?



which establish  
 splat  
 - but on beneficiary  
 - best on enrolled

# NCA demographics based on distance to closest MTF from patient's home

WRNMMC vs Dewitt: FY04-05

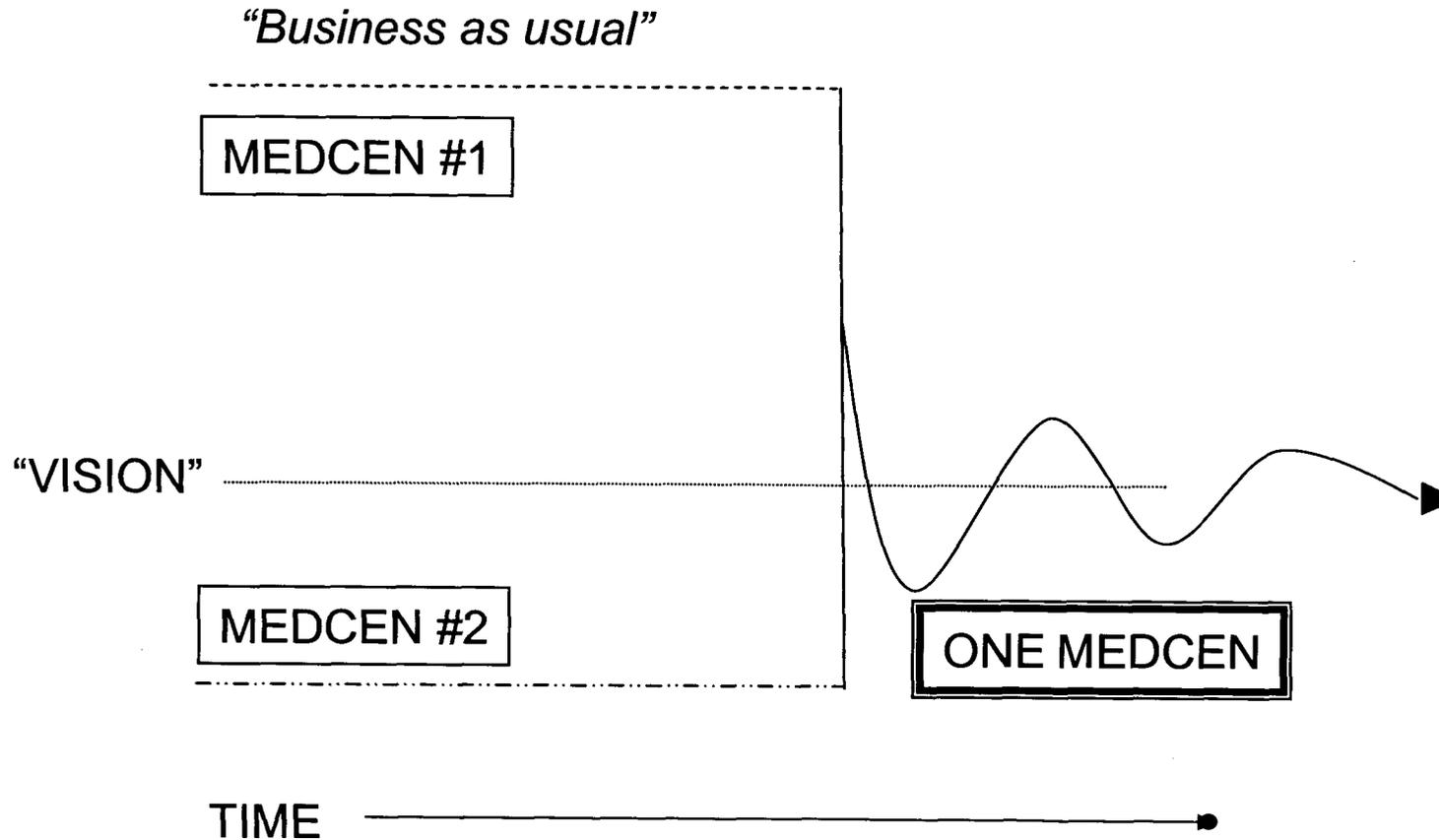
- Walter Reed National Military Med Center
  - Current enrollees: 51%
  - Inpatient visits: 55%
  - Outpatient visits: 58%

*% closer to new WR.*

*does COBES include civilian M Captive in savings? These are TRICARE → hospital*

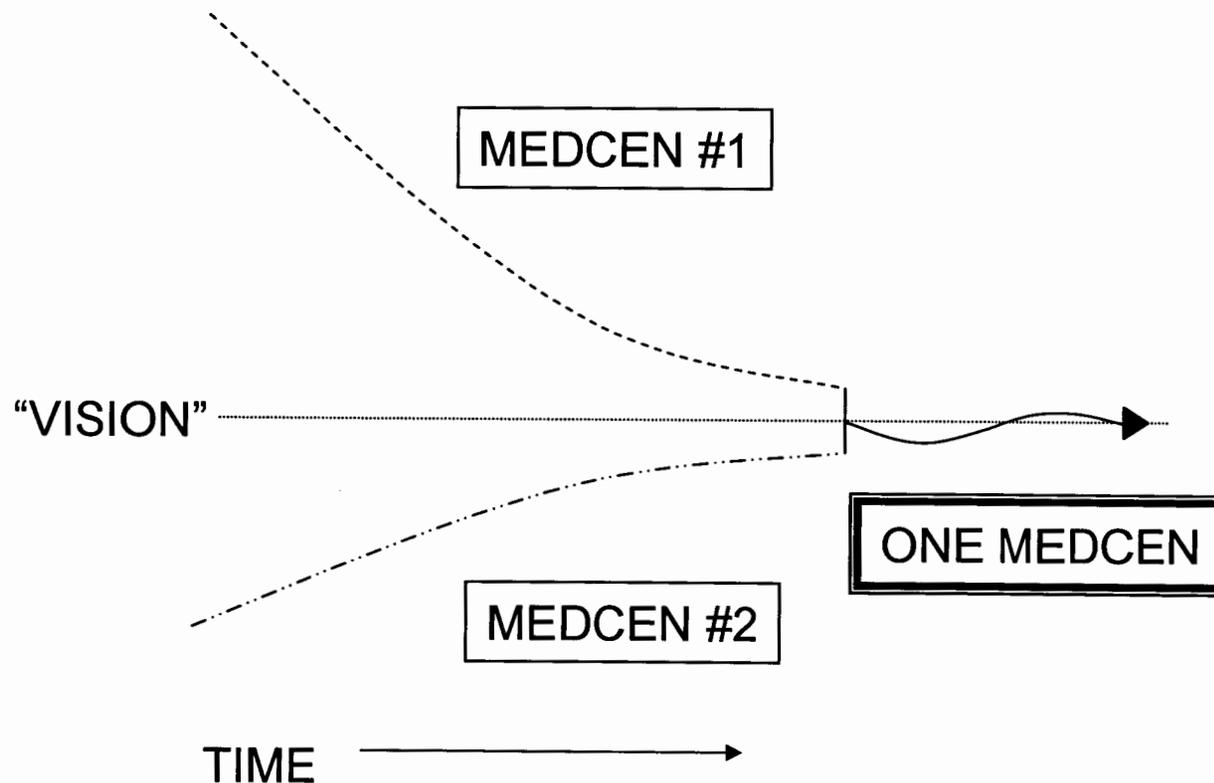
*assump: will do same health care in 10 yrs as now.*

# REVOLUTIONARY CHANGE



**Disadvantages**- too many last minute details – won't get it right; appears disorganized; will disenfranchise patients and staff; will probably take longer to get where you want to be.

# EVOLUTIONARY CHANGE



**Advantages: less traumatic; people know where they are going; less degradation of MEDCEN assets; earlier you start the easier it will be.**

# Issues to be Resolved in BRAC Clinical Scenario

• Current BRAC scenario seems to undersize and

underfund the outpatient clinic space at WRNMMC

• Existing Bethesda facility space (1970s era) vs. current health care standards

• Concern re. clinic flow as we remodel existing space at Bethesda

• # of staff available to execute the BRAC vision for the WRNMMC

• Intensive Ambulatory Billing/Family Housing **\$\$\$**  
(Mologne House and Barracks)

• Location of WRRAMC Congressional Programs

70:30 split  
Bethesda - 50%  
Current is 50:50  
Bethesda

Need Care Assistant  
Ctr

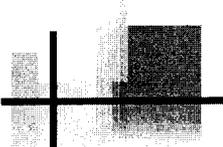
1/3, 40%

**Graduate Medical Education**  
**Walter Reed Army Medical Center**

**Cathy Nace, M.D.**

**COL, MC**

**Director of Medical Education**



# GME Overview

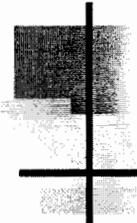
- **Mission**
- **Organization**
- **Training Programs**



# Mission

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- To educate physicians and other health care professionals who care for soldiers, sailors, airmen, and marines, of all ages, and their families



# Mission

---

- To provide a scholarly environment dedicated to excellence in education and healthcare
- To instill in trainees the ethical values and standards expected of those in public service

# Organization

- Largest of 3 major hospitals comprising the National Capital Consortium (NCC):
  - WRAMC, NNMC, MGMC
  - USUHS
- NCC is the administrative body supplying educational leadership

*National Naval Med Ctr*      *Malcolm Grove Med Ctr*

*Uniform Svc's Univ Health Svc's*

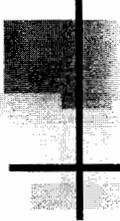
*oversee*



# Organization

- Board of Directors oversight of NCC
  - Commanders of each medical center
    - MG Farmer
  - Dean, USU-SOM
- NCC Graduate Med Ed Comm (GMEC)
  - Admin Director
- Local leadership
  - Commander, WRHCS
  - Deputy Cdr for Clinical Svcs
  - Director of Medical Education

*Cashy  
Dir Med Ed*



# Training Programs at WRAMC

---

- Largest Army medical training facility
- More than 700 interns and residents from Army, Navy, and AF
- Over 65 medical training programs
  - Internal Medicine to OB/GYN to Surgery
  - Advanced training in pediatric, surgical, medical, and psychiatric subspecialties
    - Ie child neurology, cardiothoracic surgery, hematology/oncology, forensic psychiatry



# Training Programs

---

- ACGME (Accreditation Council for Graduate Medical Education)
  - All NCC programs are accredited by ACMGE
  - “Regulators” of GME
    - Specific requirements for number of patients, number of faculty, number of ORs and OR cases, work hours, call rooms, offices, research facilities, etc
    - Each program has it’s own ACGME Residency Review Committee (RRC) and requirements
    - Site visits to determine compliance
    - Authority to close programs, permit “new” programs on trial basis, limit number of residents

# Training Programs

- Duration: Vary from 1-7 years
- Accreditation: All ACGME accredited
- Sponsorship: All under NCC
- Location:
  - "Consolidated": single program at both
  - WRAMC only: single program at WRAMC
  - NNMC only: single program at NNMC
  - Duplicate: separate program at each

WR & Bethesda



# GME Training: Data

---

- Total number of trainees: 739
- Total number of programs: 66
- Number of consolidated programs: 17
- Number of WRAMC only programs: 31
  - (47%)
- Number of NNMC only programs: 5
  - (8%)
- Number of duplicate programs: 4



# Consolidated Programs

---

- Single “combined” residency training
- One program director
- Training at WRAMC and NNMC
  - Residents rotate from one to the other
- Example: OB/GYN
  - Obstetrics at NNMC
  - Gyn Oncology at WRAMC
  - “On call” at both institutions



# Consolidated Programs

---

- Ob/Gyn
- Pediatrics
- ENT
- Anesthesia
- Dermatology
- Neurology\*
- Neurosurgery\*
- Pathology
- Psychiatry
- Radiology
- Int Med Subspec\*
  - Cardio, Pulm, GI
  - Heme/Onc, Inf Dis
  - Crit Care Med (IM,Pul), Endo
- \*majority of training at WRAMC

# Consolidated Programs

- Challenges with "realignment"
  - Can't simply shift from 2 hospitals to 1
  - ACGME requirements
    - Space: office, OR, call rooms
    - Case/patient numbers
- Historical loss of resident "slots"

▪  $5+4 = 7$

*one reason to  
have duplicates*

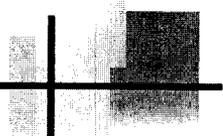
*Need  
resolution*



# WRAMC Only Programs

---

- No parallel/counterpart at NNMC
- Higher level training
  - Fellowship level most often
- Total number – 31 (47% of NCC)
- Challenges
  - Disposition – move to WRNMMC?
  - Need same level of support



# WRAMC Only Programs

---

- Allergy
- Critical Care (Anes)
- Pain Management
- Cardiothoracic Surg
- Vascular Surg
- Hand Surg
- Nephrology
- Rheumatology
- Child Neurology
- Nuclear Medicine
- Gyn Oncology
- Urogynecology
- Ophthalmology
- Phys Md and Rehab
- Psychiatry Subspec
  - Child, Forensic
  - Geriatric
- Urology
- And others

# Duplicate Programs

*Mainly not combined  
because of fewer slots  
will be left.*

- Separate programs at each institution
- 4 programs
  - Orthopaedics WRAMC-6 yrs/NNMC-5 yrs
  - General Surg WRAMC-6 yrs/NNMC-5 yrs
  - Internal Medicine
  - Transitional Year

*↑ rotating year to  
give general  
experience.*

*↑ Includes  
Research  
year.*



# Duplicate Programs

---

- Challenges
  - Combined size will be VERY large
    - Int Med  $37 + 39 = \sim 76$
    - Difficult to oversee for Prog Dir and Admin
  - Risk of loss of trainees in critical specialties
    - Orthopaedics  $18 + 12 = < 30$
    - General Surgery  $25 + 26 = < 51$
  - Accreditation (ACGME) issues
    - ? Considered as "new" program

*Enlisted*



# Additional Training Programs

---

- Numerous nursing and medical support training programs
  - Critical care nursing to...
  - Anesthesia nursing to..
  - Dialysis technician to...
  - Dietician to....
  - Chaplain specialty training...



# Non-physician Prof Training

---

- Social Work
- Clinical Psychology
- Neuropsychology
- Nuclear Pharmacy
- Oncology Pharmacy
- General Pharmacy
- Dietetics
- Occupational Therapy
- Chaplain (joint svce)
- Audiology
- Clinical Lab
- Health Care Admin



# Additional Training Programs

---

- Anesthesia Nursing
- Critical Care Nursing
- Psychiatry Nursing
- Pediatric Nursing
- Blood Bank Fellowship
- Clinical Lab Officer
- Medical Technician

# Other Training Programs: Data

- Duration: 4 mo to 2 years
- Number of trainees
  - Non-physician Professional: 37
  - Nursing and other: ~50

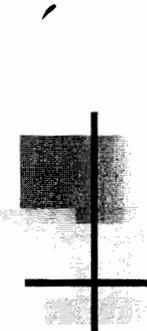
*91W - Medico  
91K - Lab Tech  
D - OTC Tech*



# BRAC Implications & Challenges

- Merging programs into 1 institution
- “Moving” WRAMC only programs
  - Identifying location
  - Support
- Accreditation (ACGME) issues
  - Approvals for changes/new programs
- Potential loss of trainee positions

*... makes sense to do it @ Northern location*

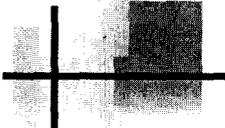


# BRAC Implications and Challenges

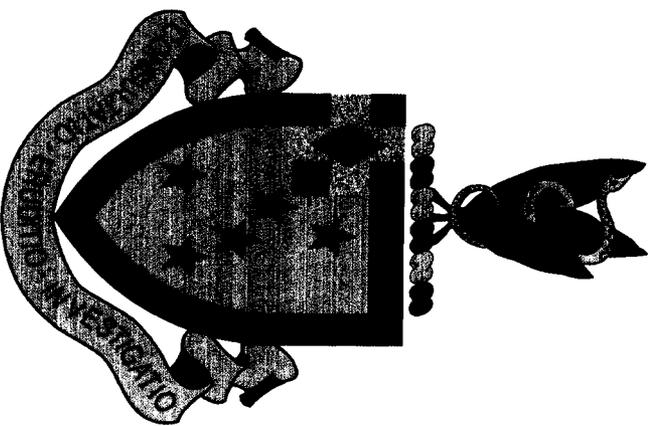
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- Resolving Army and Navy training differentials
  - Training requirements
  - Training length (ie Ortho and Gen Surg)
- Complexity of all of the above
  - Requires significant planning
  - Definitely “do-able”

# ■ QUESTIONS??



# *Command Briefing*

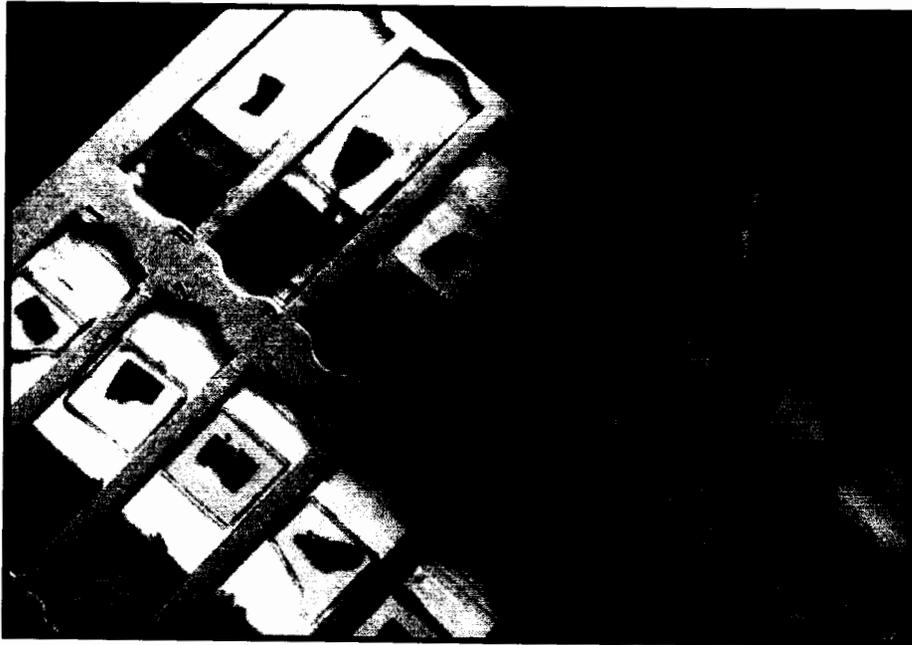


*Armed Forces*

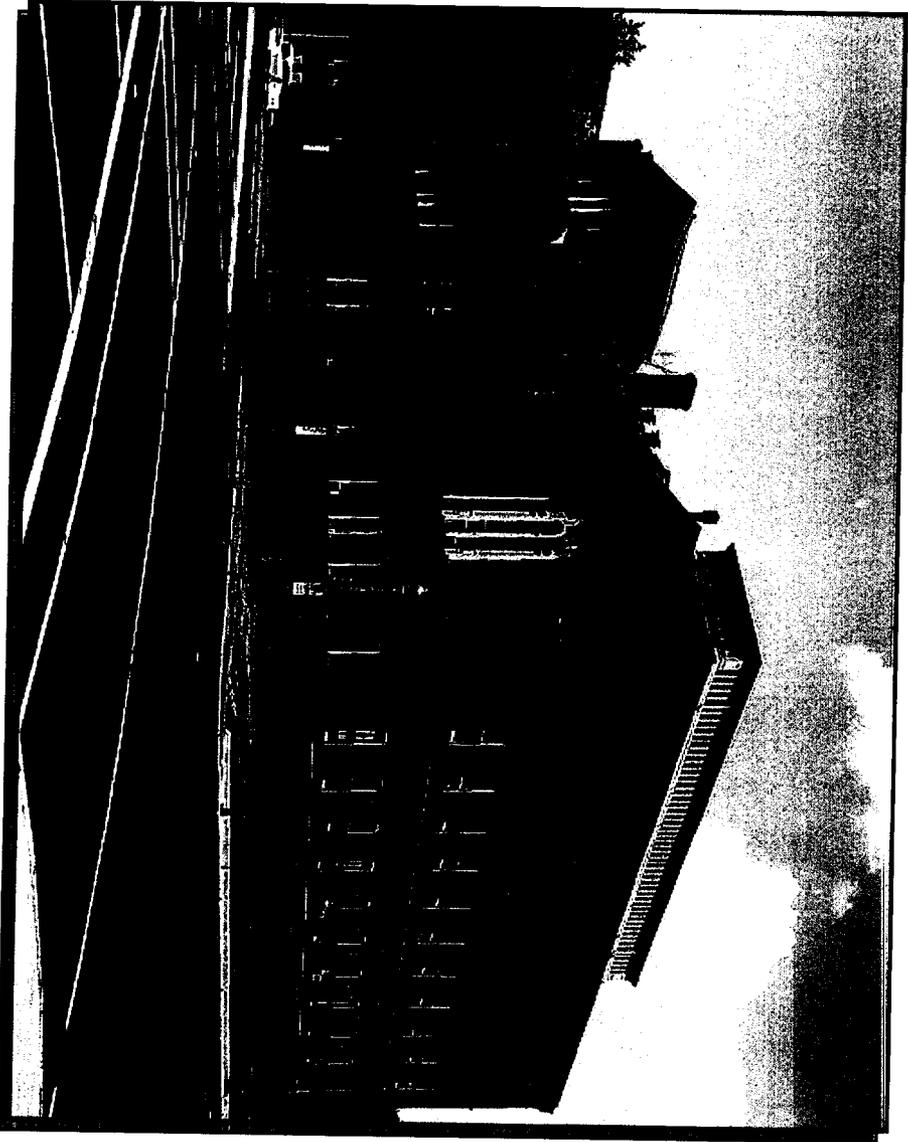
*Institute of Pathology*

*3 June 2005*

# ***Defining the leading edge of human, veterinary and dental medicine***

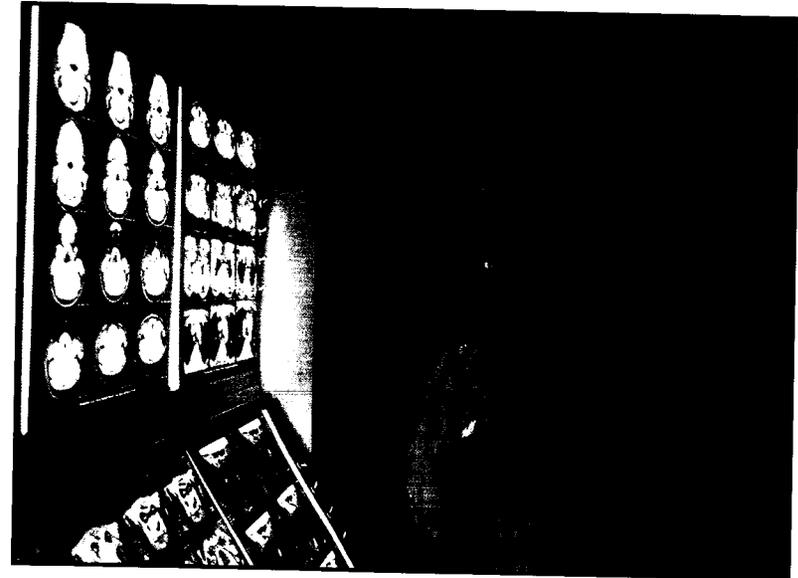


**Since 1862**



**Army Medical Museum  
1888 - 1968**

# *Providing Pathology Expertise for the U.S. Military*



# *And Civilian Medicine Worldwide*



# Collaborating Worldwide



**DOD-Health Affairs**

**DOD-GEIS**

**DoD Biomedical Laboratories - USAMRIID**

**Walter Reed Army Institute of Research**

**National Library of Medicine**

**USUHS**

**Centers for Disease Control**

**Dept. of State, Justice, Treasury and**

**Trans.**

**World Health Organization**

**Industry**

**Academia**

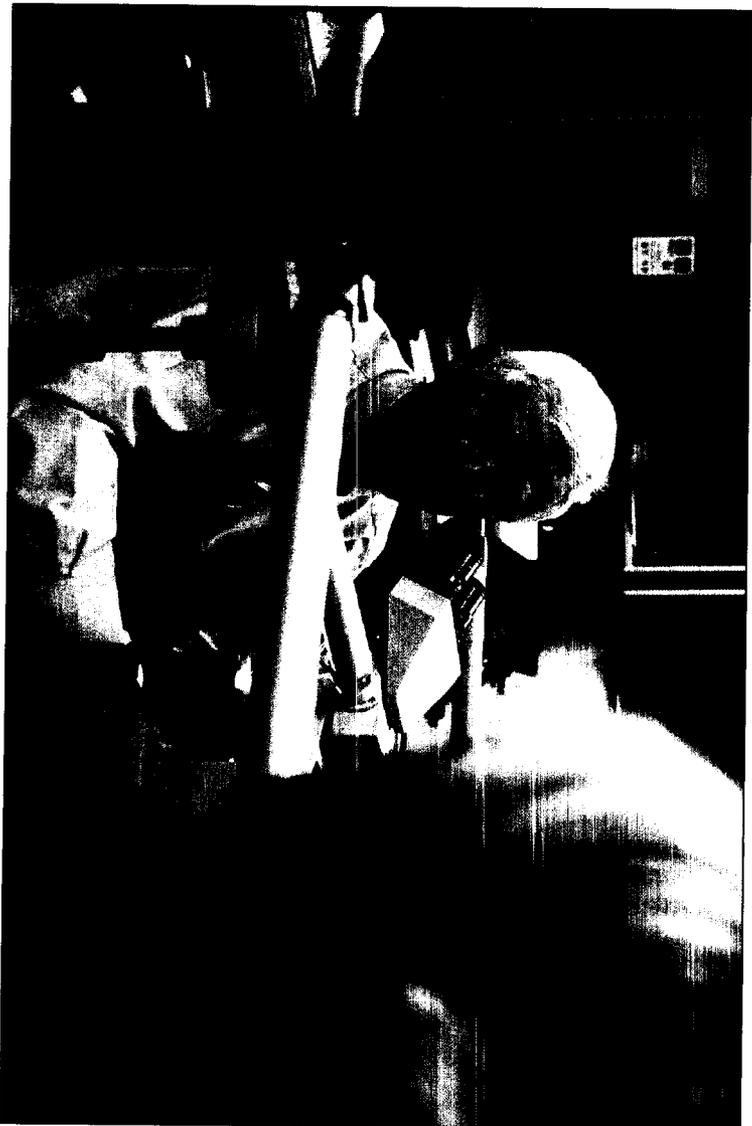
**Veterans Affairs**

**Civilian medicine worldwide**

# ***Mission***

***Providing medical, dental  
and veterinary expertise in  
diagnostic consultation, education  
and research for the U.S. military  
and the civilian community  
worldwide.***

**In FY 2004 our experts reviewed  
43,661 second-opinion cases**



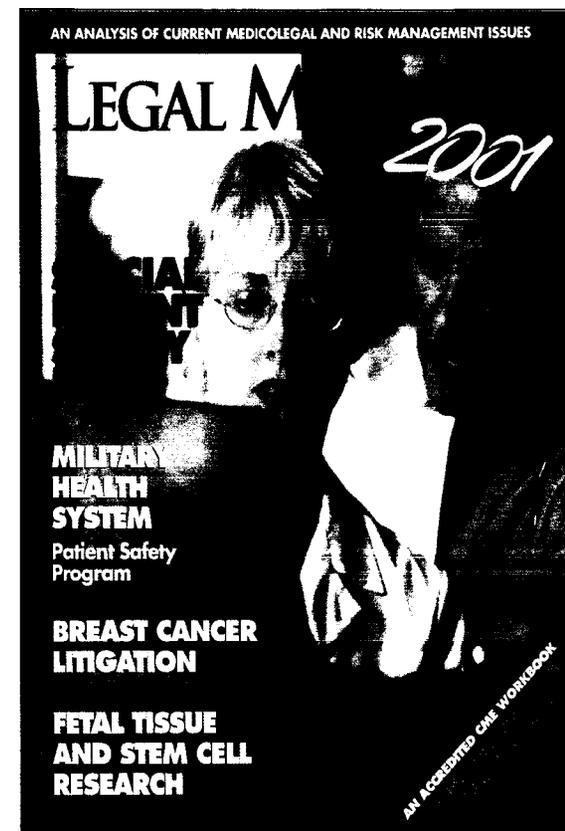
***30 departments in five directorates***

## **AFIP's Expert Pathology Staff**

- *Initiated or changed diagnoses in over half of the cases received.*
- *Over 90% of all cases are neoplasms, requiring immediate patient treatment options.*

## DoD-directed programs:

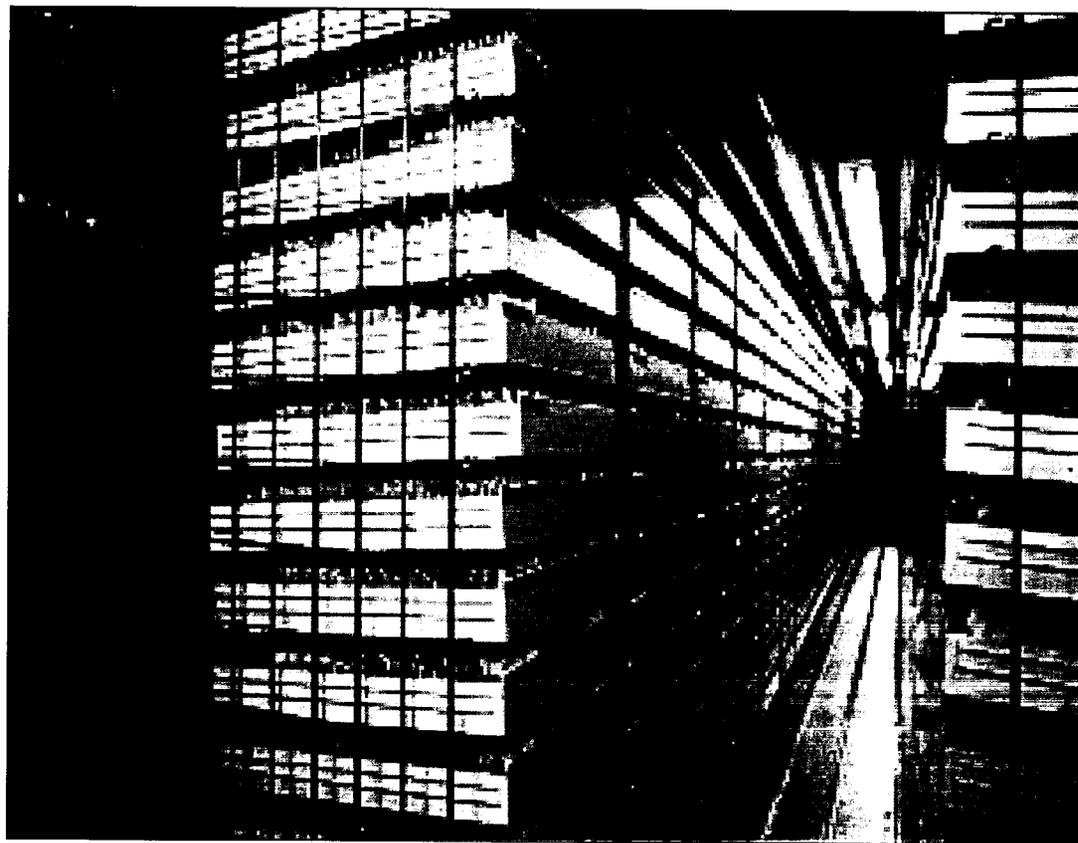
- **CCLM – implements DoD lab guidelines**
- **ACTUR – over 280,000 active cancer cases**
- **Patient Safety Center – tracking MHS medical errors**
- **Legal Medicine – reviews closed cases**



# *Education Achievements 2004*

*Awarded 120,312 CME hours to 9,870 attendees, including 1,680 military and 4,415 federal pathologists, physicians and other medical and scientific professionals.*

***AFIP's National Tissue Repository forms the foundation of our extensive pathology clinical investigation program***



***Over 3 million cases since 1862***

# ***Research Achievements 2004***

- ***1274 Presentations/Lectures***
- ***245 Journal Articles***
- ***140 Abstracts***
- ***40 Books and Chapters***
- ***26 Other publications***
- ***3 Web-based Publications***

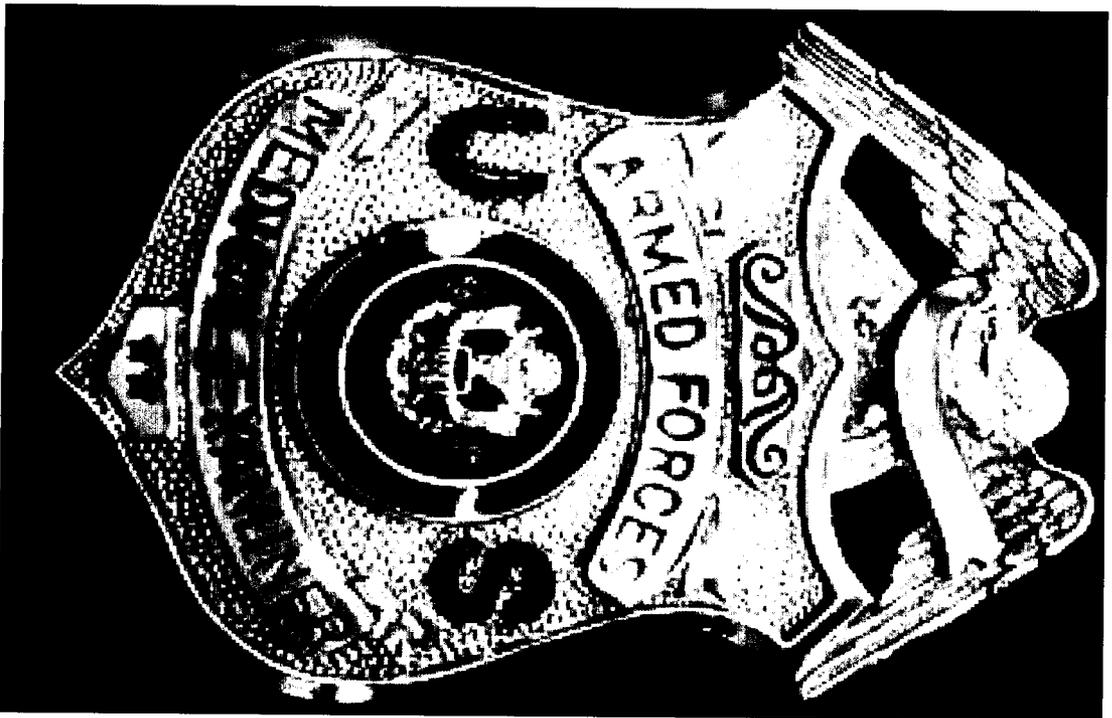
***Research Achievements  
2004***



**In top 2% of all 400 participating academic institutions submitting abstracts to the U.S. and Canadian Academy of Pathology since 1999**

# **Specialized Programs**

*Within AFIP include . . .*



***Office of the  
Armed Forces  
Medical  
Examiner***

*AFIP is the sole source for DoD mass fatality management - unmatched worldwide. Multi-disciplinary forensic teams support Combatant Commanders through:*

- **Postmortem Examinations**
- **Dental Identifications**
- **DNA Analysis**
- **Toxicology**
- **Human Factor Analysis**



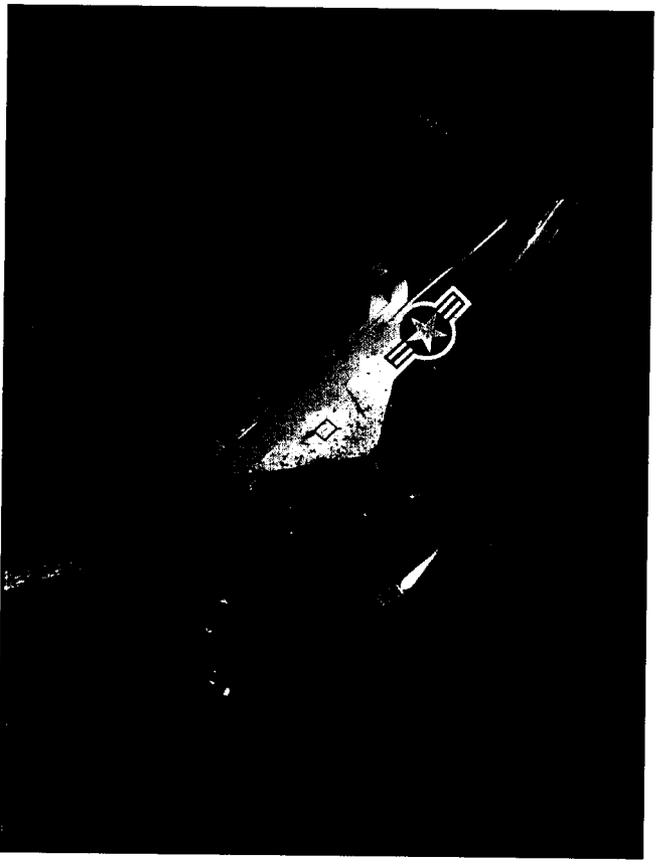
# *Specialized Services*

## **Mortality Surveillance Division**



*Detecting active-duty mortality incidents from infectious diseases, training injury, vehicular, accidental and sudden deaths*

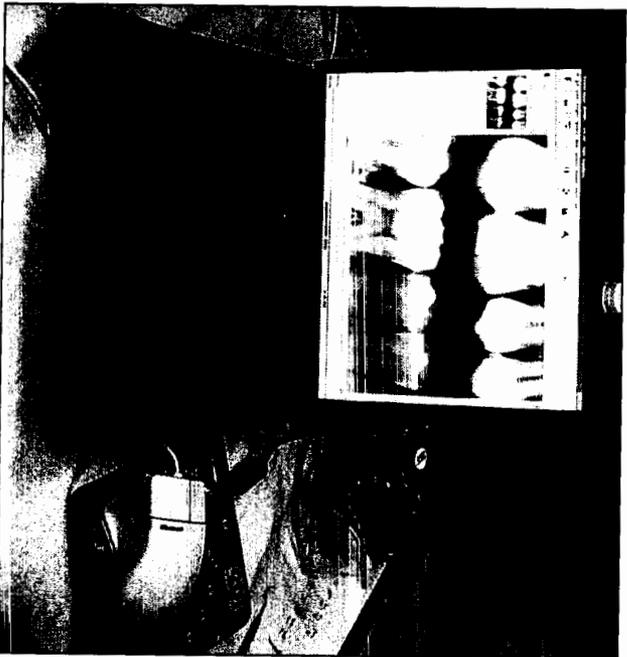
# **Aircraft Accident On-Site Investigations**



*A Multi-Disciplinary Response*



**Forensic Odontology**



*A Multi-Disciplinary Response*

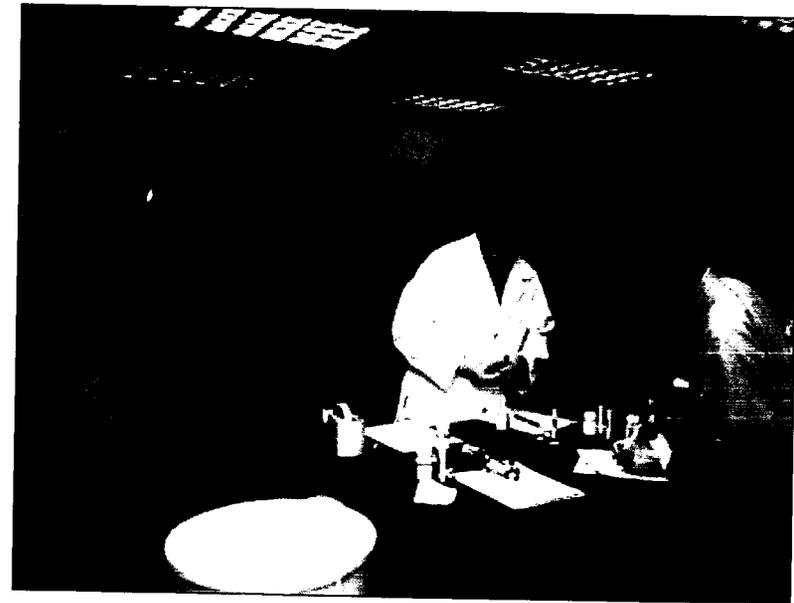


**Forensic  
Anthropology**

## *A Multi-Disciplinary Response*

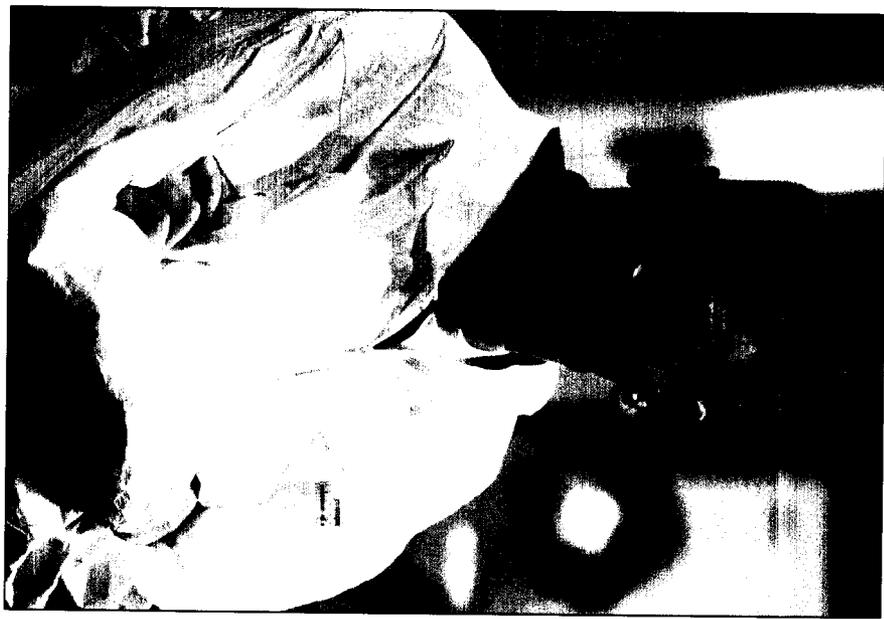


## **Forensic Toxicology**





# Operation Iraqi Freedom



**CDR Craig Mallak, MC, USN**  
**The Armed Forces Medical Examiner**

# Global War on Terror



**Total Autopsies: >1,700**  
(OIF/OEF combined)

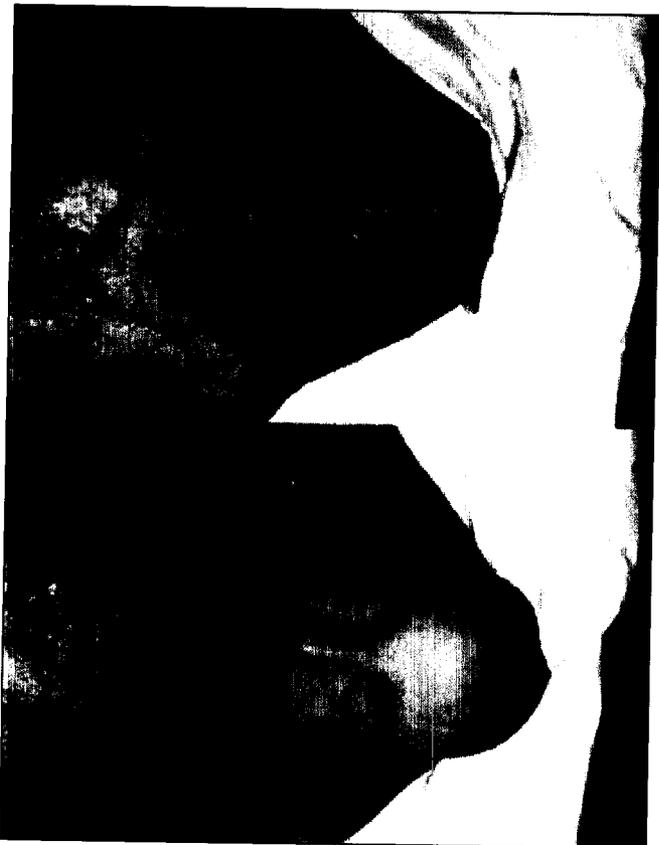
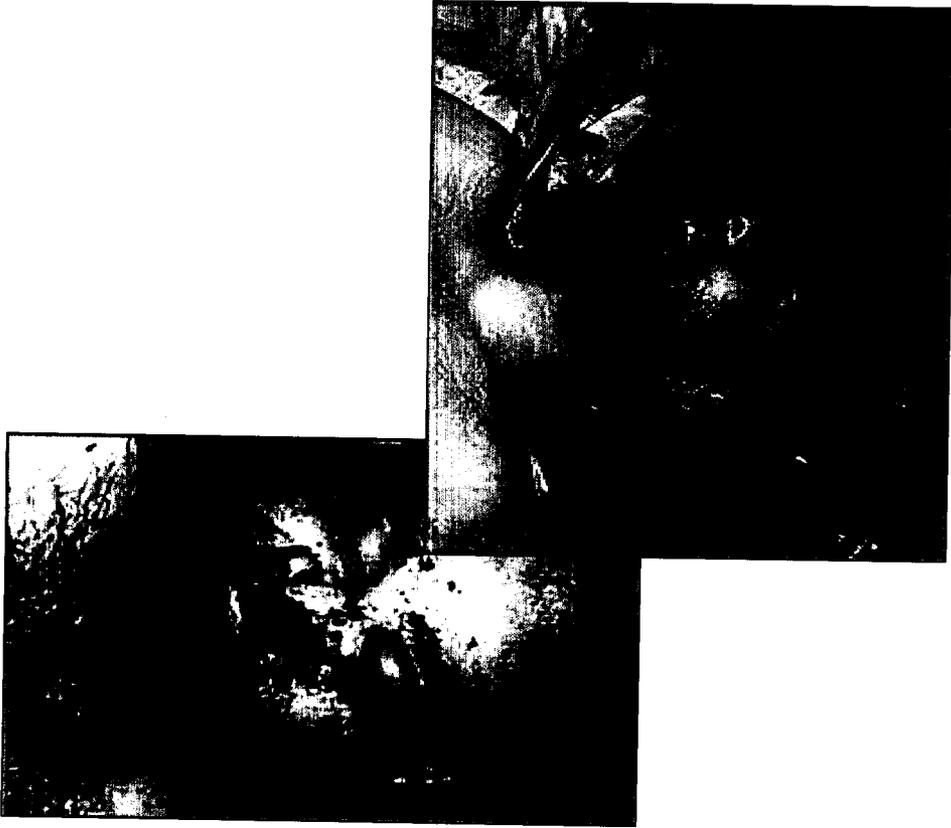
**Staffing: OAFMIE**  
**Regionals**  
**Reserves**

# Uncovering Mass Graves in Mosul July 2003

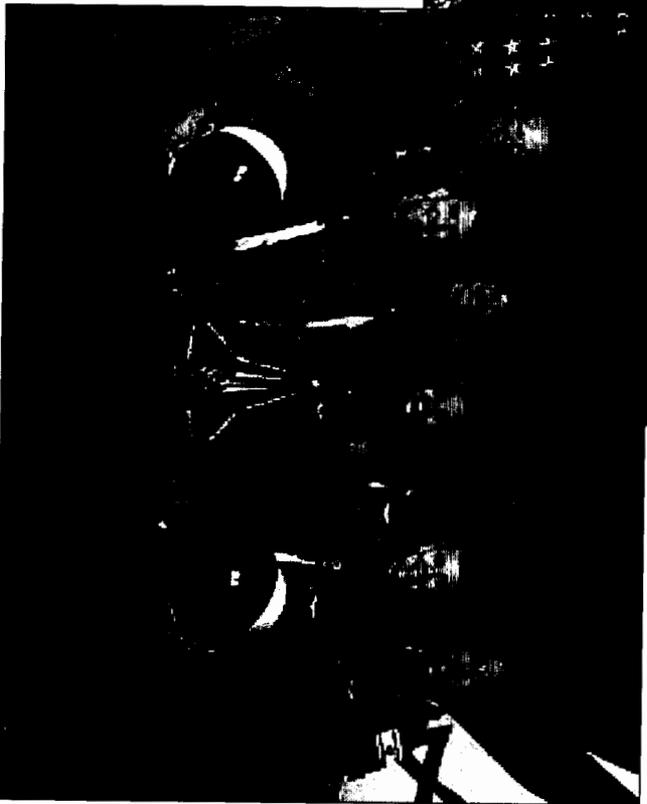
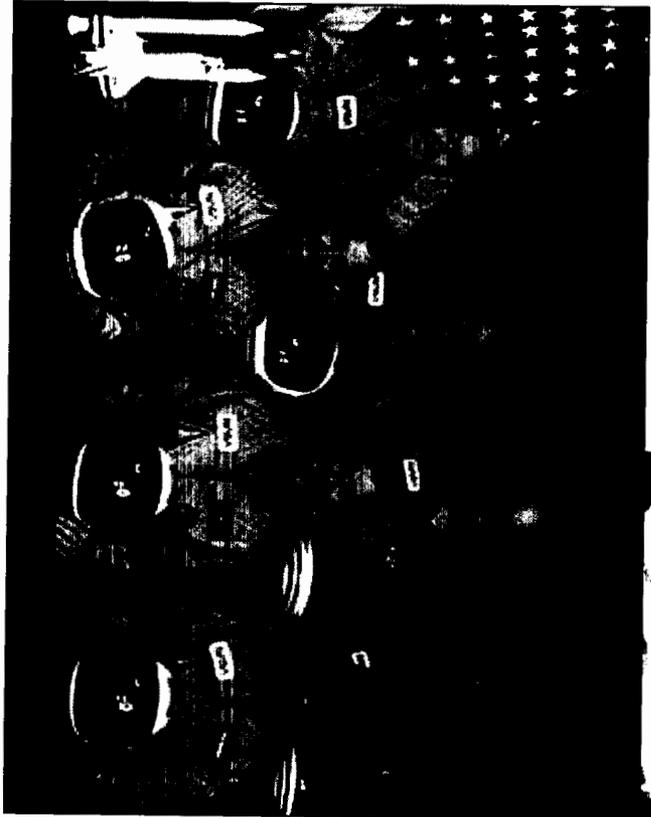


# War Crimes Investigations

# Conducting ID's of Qusay and Uday Hussein

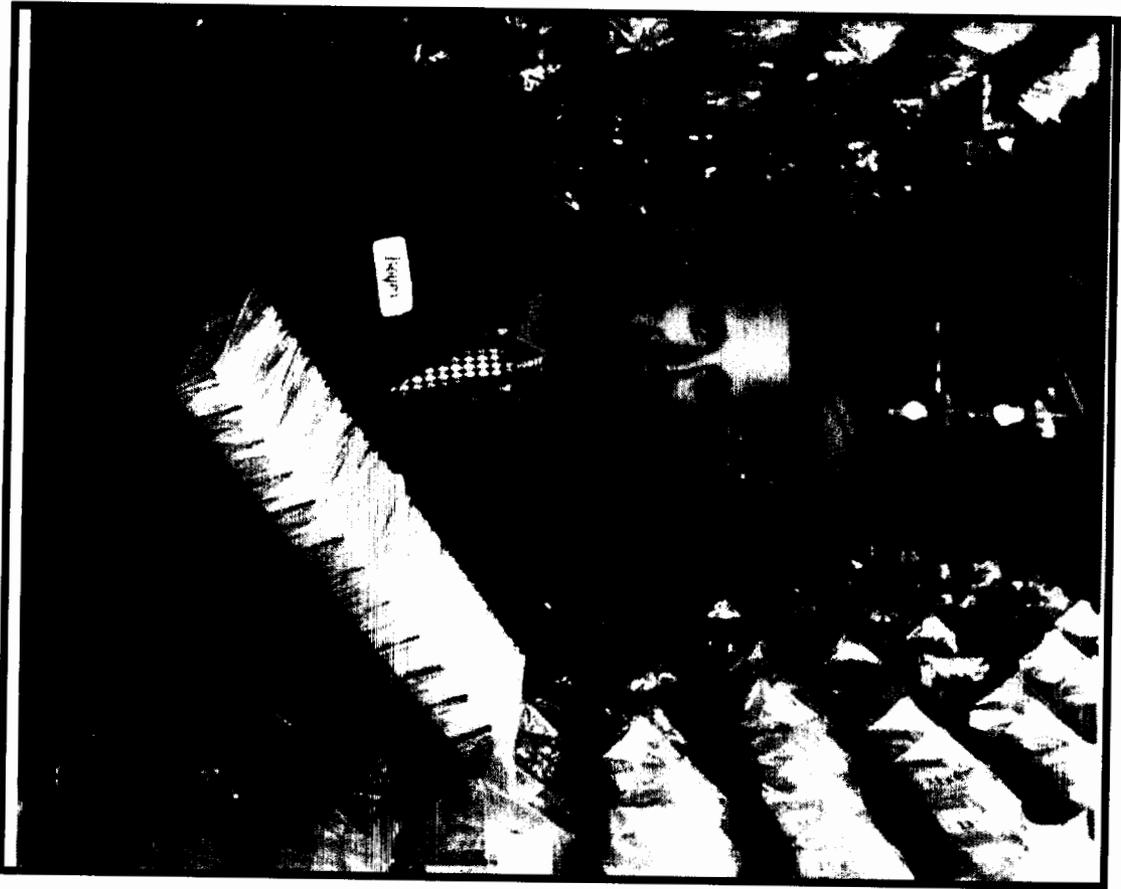


Space Shuttles *Challenger* and *Columbia*  
Investigations



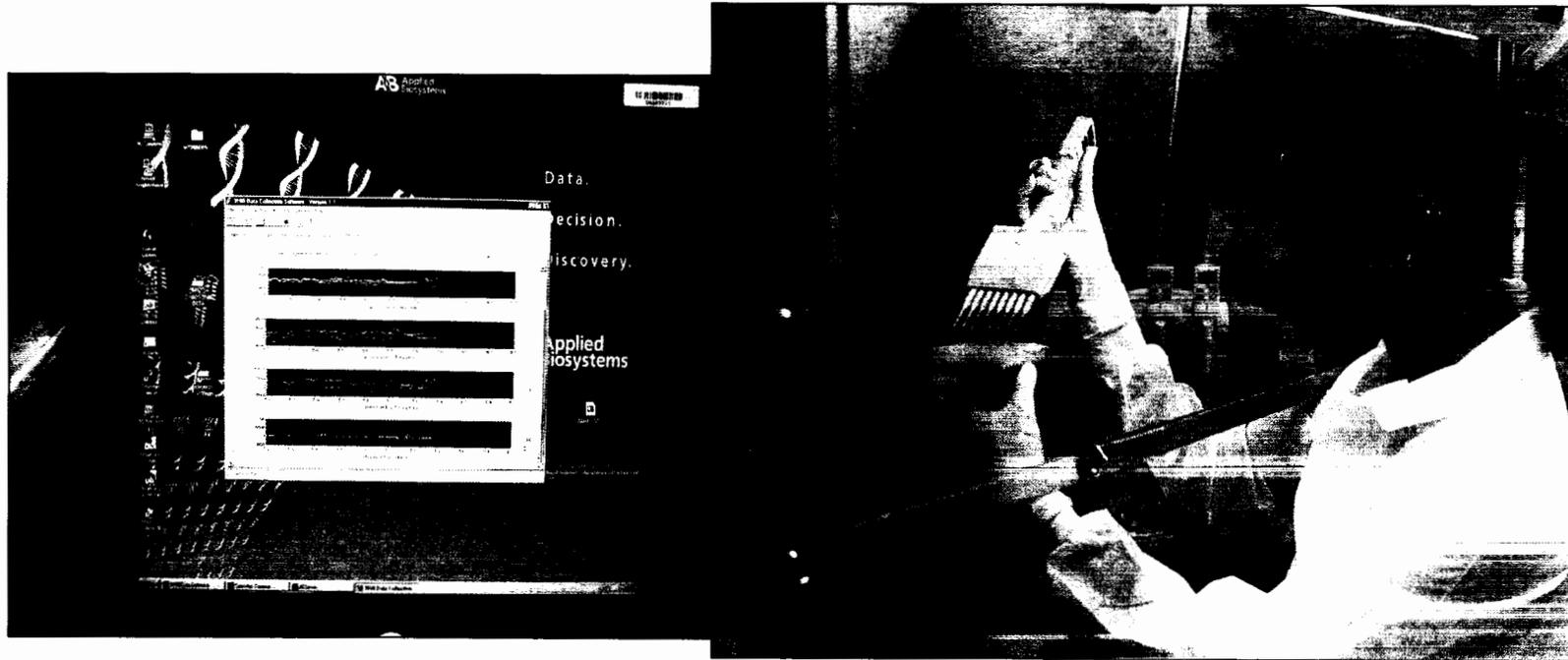


***Includes the  
Armed Forces  
DNA  
Identification  
Laboratory***

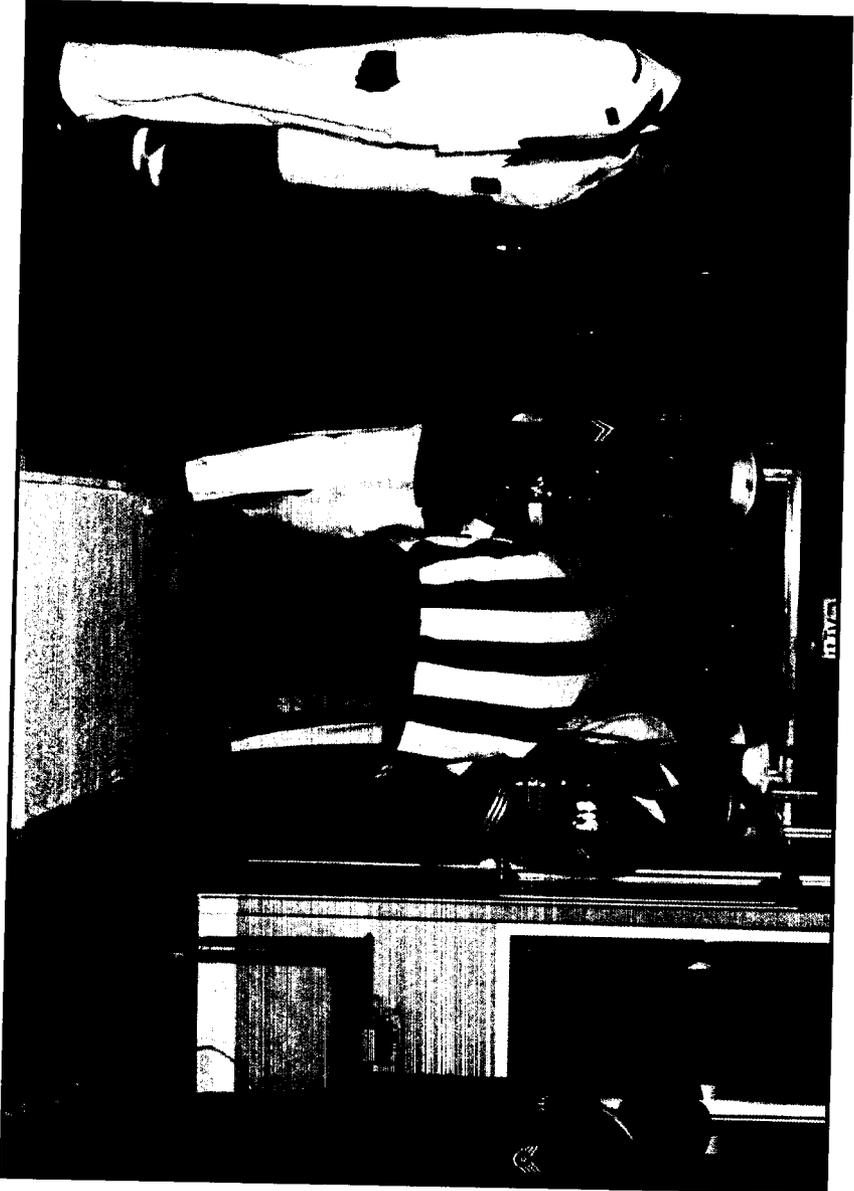


***And a repository of  
over 4.6 million  
specimen samples  
for human remains  
identification***

# ***The DNA laboratory provides “DNA matches” on remains from Vietnam, Korea, and WWII***



***Including the identity of the  
“Vietnam Unknown”***



**From this review, we see that the DoD forensic medical resource is truly an integrated system of :**

*Office of the Armed Forces Medical Examiner*

*DoD DNA Registry*

*Forensic Toxicology*

*Mortality Surveillance Division*

*Special Investigations*

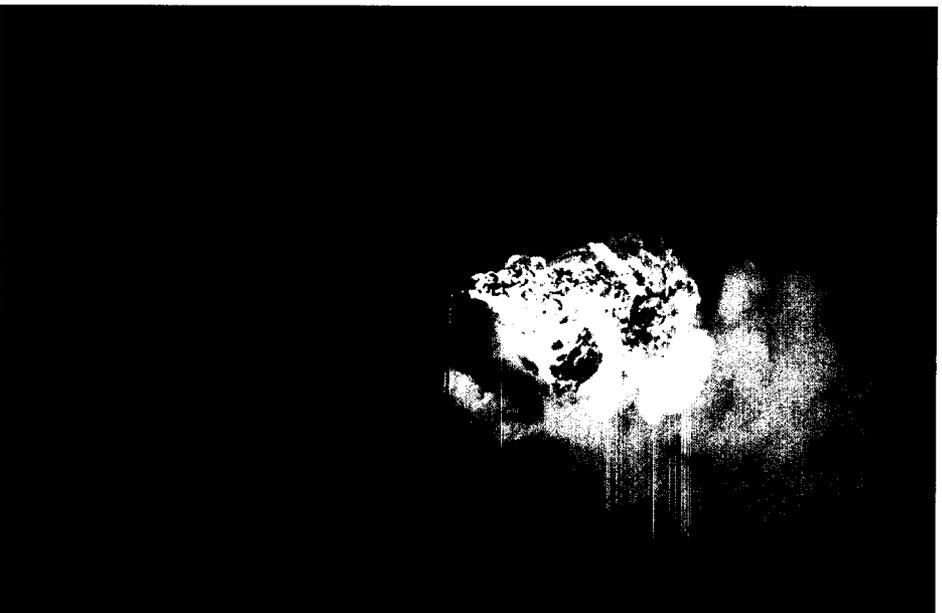
*Behavioral Division*

**Environmental and  
Infectious Disease Sciences**



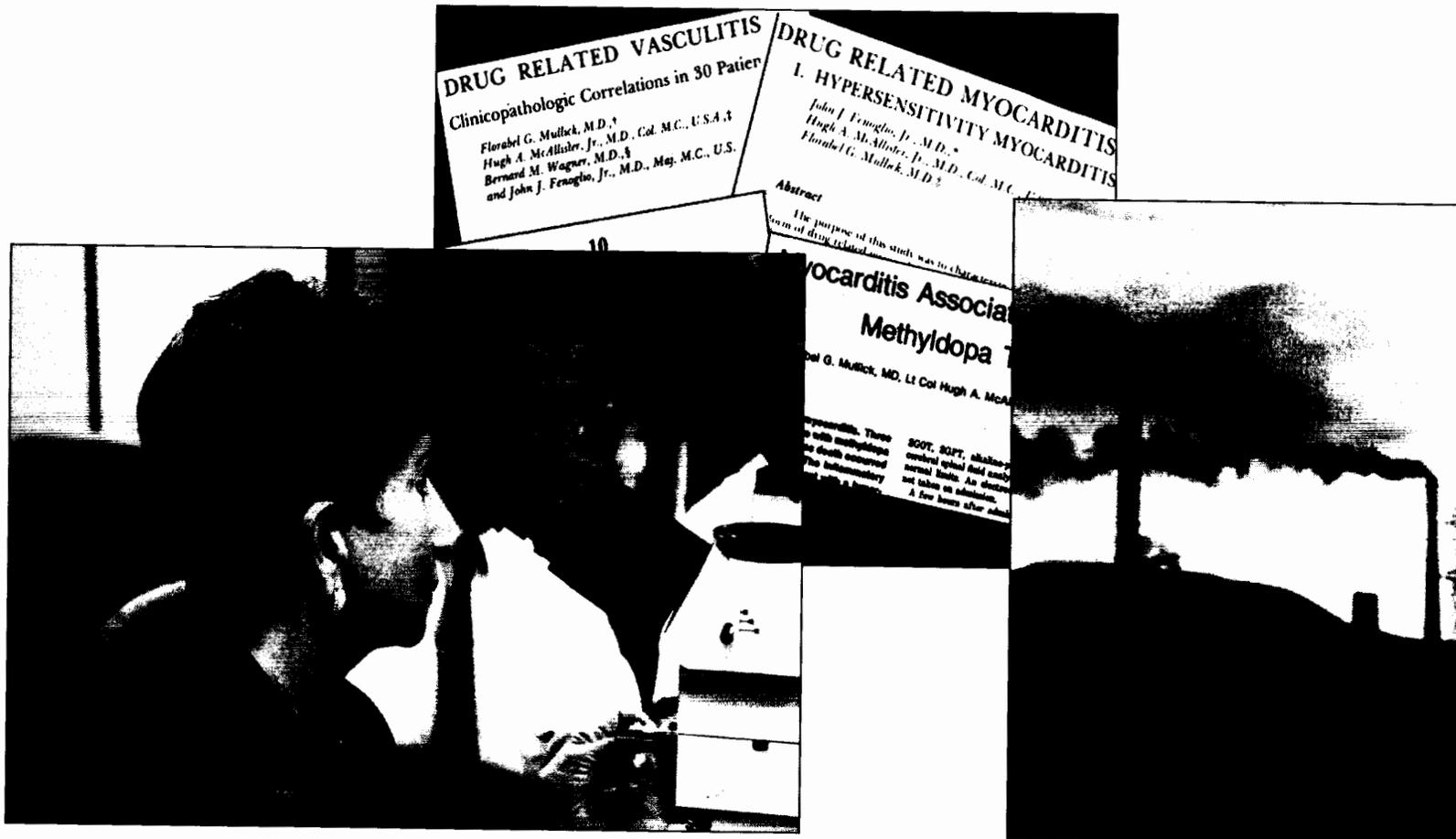
*A Center for International Knowledge*

# **Division of Environmental Toxicology**



***Provides  
pathology  
expertise to study  
Persian Gulf  
Illness, Agent  
Orange, POW  
Registries***

# Tracks environmental toxins and adverse drug reactions worldwide

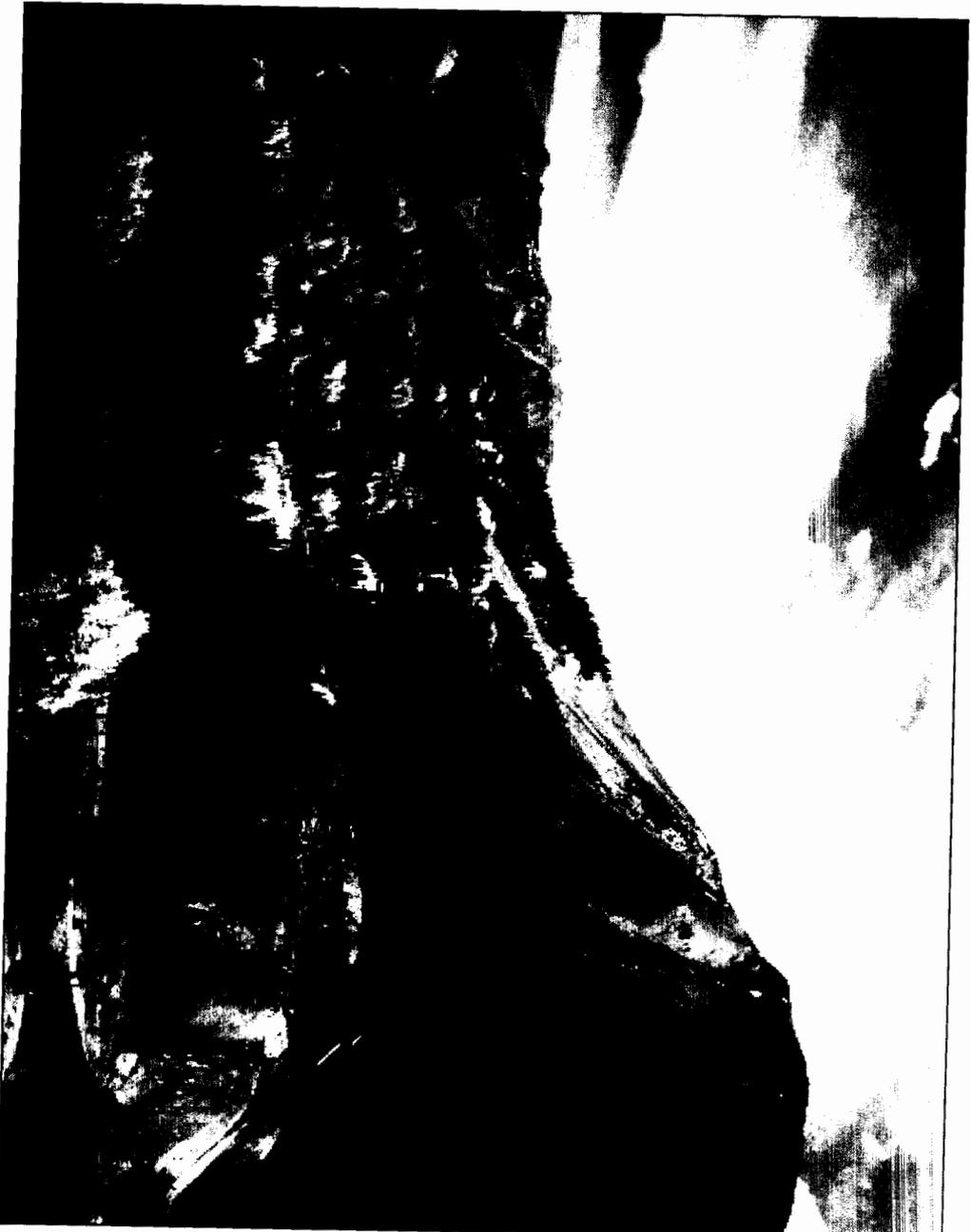


# Depleted Uranium Studies

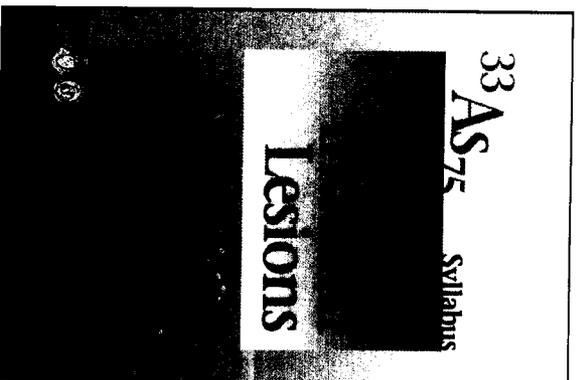


# Medical Geology

**Studying geographic and environmental factors  
on the distribution of human and animal diseases.**



# International Tissue Repository on Chronic Arseniasis



# *Infectious Disease Experts*



**Collaborate with WRAIR on biodefense vaccine research**

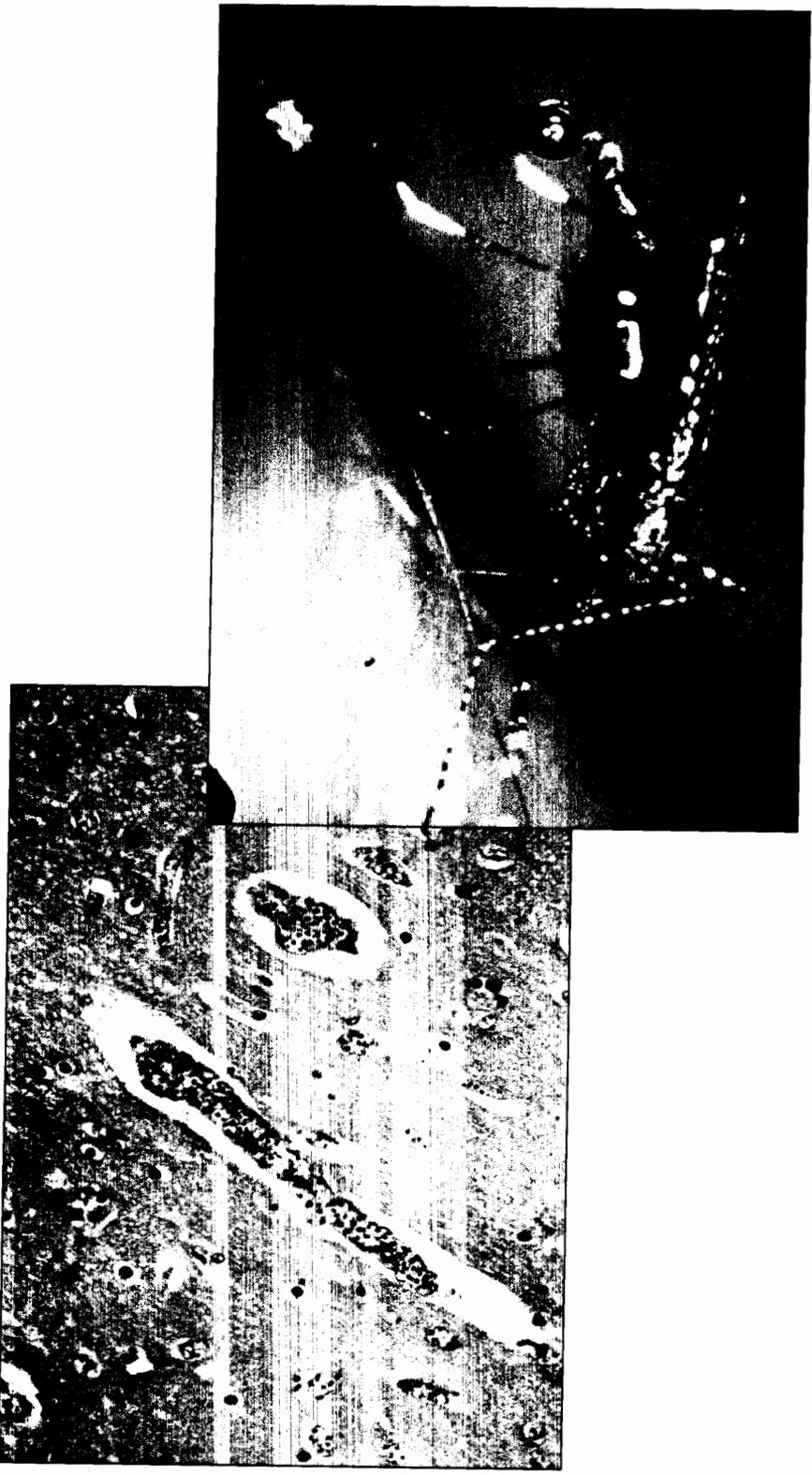


*Detecting  
Pathogens in  
the Field*

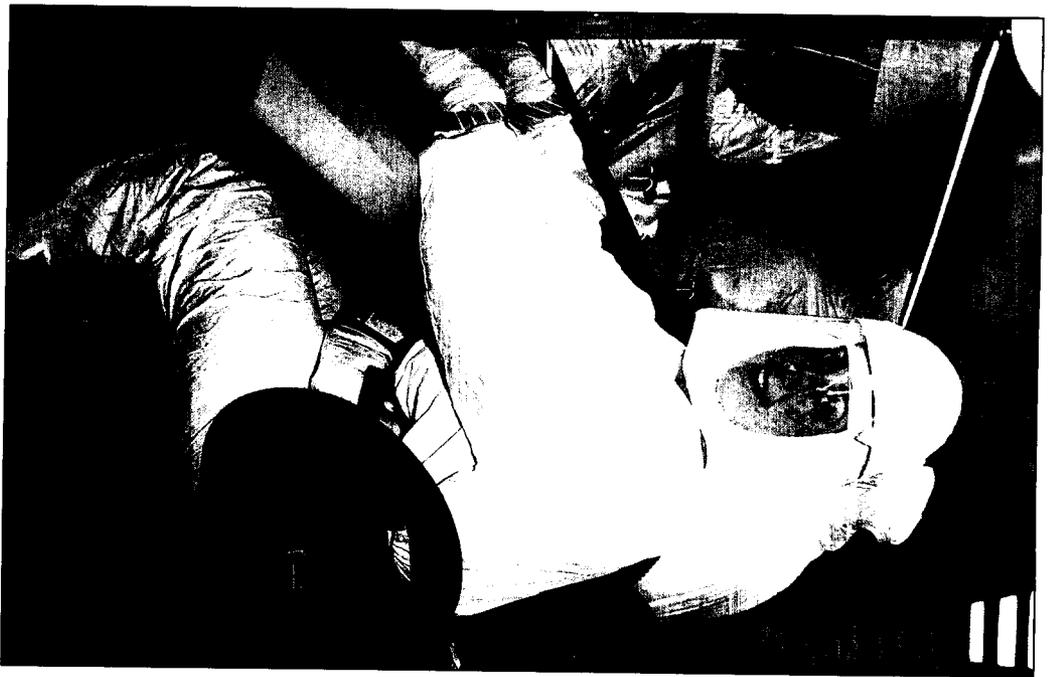
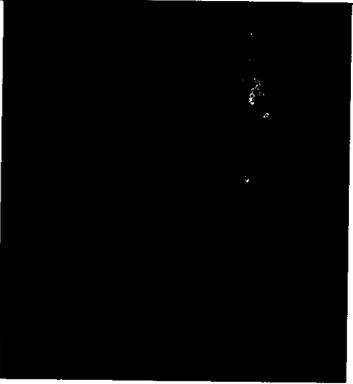
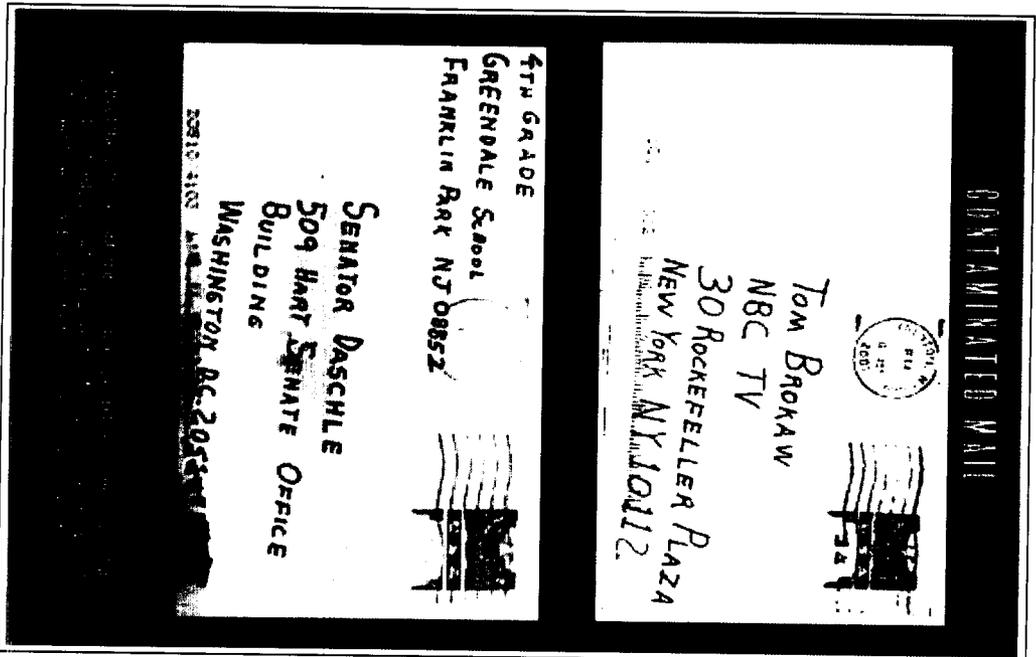
## ***Ruggedized Advanced Pathogen ID System (RAPIDS)***



# **Malaria diagnosis in deployed personnel**



# Division of Microbiology



# Biodefense Vaccine Research



***BSL-3 Containment  
Laboratory***

- Testing for:**
- **Capitol Police**
  - **State Department**
  - **AFMIC**
  - **CHPPM**
  - **US Courts**
  - **DIA**
  - **FBI**
  - **FEMA**
  - **Secret Service**
  - **Pentagon**

## ***Anthrax Testing at AFIP***

- **Confirmatory BSL-3 lab,  
in CDC's LRN**
- **Conducting environmental  
and clinical tests**
- **Completed thousands of  
samples; confirmed 60  
cultures as anthrax**



AFIP-Radiologic Pathology-Anthrax-CASES - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media Print Mail News RSS

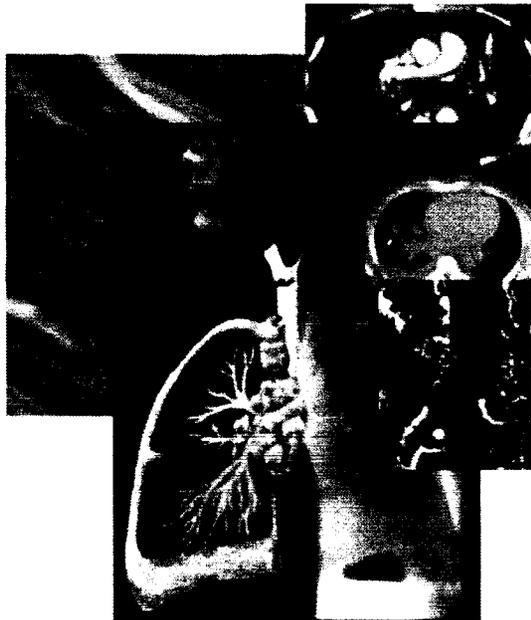
Address http://anthrax.radpath.org/ Go Links

Search Web Radio Music Games Sports News Movies HotStuff TV/Celebs

Department of Radiologic Pathology  
Armed Forces Institute of Pathology

# INHALATIONAL ANTHRAX

HOME Pathogenesis Cases References Credits Notice Summary



This site provides information about the pathogenesis and imaging of inhalational anthrax. The content represents the combined efforts of the **Armed Forces Institute of Pathology and the American Registry of Pathology**, Washington DC and **INOVA Fairfax Hospital**, Fairfax VA. We invite collaboration with other institutions who have experience with anthrax.

Our goal is to provide information that improves the understanding and recognition of inhalational anthrax.

We extend our deepest sympathy to the families and friends of those who have died or been injured in this attack and hope that this information contributes to the prevention of future casualties.

A complete list of those responsible for the content, design and administration of this site is available on the credits page.

Jeffrey R. Galvin, MD  
Department of Radiologic Pathology  
Armed Forces Institute of Pathology

*Created October 27, 2001*  
*Last Update : November 2, 2001, 6:30 AM (ET)*

Next Page

Done Start Roxio Project Selector AFIP-Radiologic Patho... Microsoft PowerPoint - [P... Internet 3:03 PM

Severe Acute Respiratory Syndrome (SARS) - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Search Favorites Media Radio Music Games Sports News Movies HotStuff TV/Celebs

Address http://www.afip.org/Departments/Pulmonary/SARS/

Type search here Search Web

## Armed Forces Institute of Pathology

### Severe Acute Respiratory Syndrome (SARS)

Home Pathology Radiology Cases References Credits Notice Contact



Departme

Pathology of Buruli Ulcer - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Search Favorites Media Radio Music Games Sports News Movies HotStuff TV/Celebs

Address http://www.afip.org/Departments/Infectious/bu/

Type search here Search Web

## Armed Forces Institute of Pathology

### Buruli Ulcer

Home Introduction Clinical Disease Forms References Credits Notice



Infection by *Mycobacterium ulcerans*, a condition popularly known as Buruli ulcer (BU), has been identified by the WHO as a rapidly re-emerging disease. This website outlines the epidemiology, clinical and laboratory diagnosis, and treatment of this disease, and is a collaborative effort of the

Pathology of Cutaneous Leishmaniasis (CL) - Microsoft Internet Explorer

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Back Forward Stop Search Favorites Media Radio Music Games Sports News Movies HotStuff TV/Celebs

Address http://www.afip.org/Departments/Infectious/ln/

Type search here Search Web

## Armed Forces Institute of Pathology

### Cutaneous Leishmaniasis (CL)

Home Clinical Cytology Histology References Credits Notice



Department of In

Pathology of Monkeypox - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Search Favorites Media Radio Music Games Sports News Movies HotStuff TV/Celebs

Address http://www.afip.org/Departments/Infectious/mp/

Type search here Search Web

## Armed Forces Institute of Pathology

### Monkeypox

Home Clinical Current Comparative Cases References Credits Notice



This website provides information about the pathology of monkeypox, and is a collaborative effort of the **Armed Forces Institute of Pathology** and **American Registry of Pathology**, Washington, DC, USA, the **Center for Disease Control, World Health Organization**, and the **Oregon Regional Primate Center**

A complete list of those responsible for the content of this site is available on the [Credits](#) page.

**Ann Marie Nelson, MD**  
 Chief, AIDS Pathology and Emerging Infectious Diseases  
 Armed Forces Institute of Pathology

NEXT PAGE

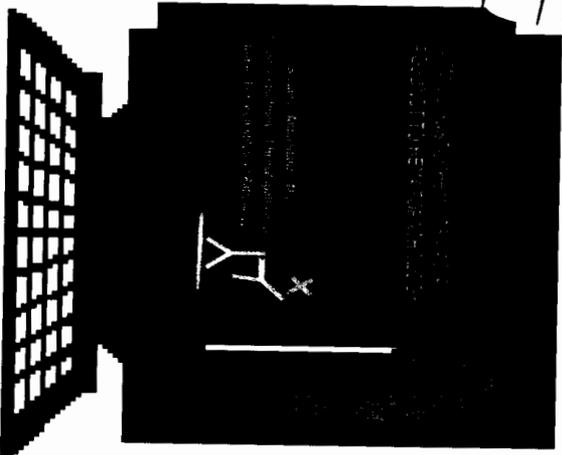
Department of Infectious and Parasitic Diseases - Armed Forces Institute of Pathology  
 Contact Us - Security and Privacy Notice

Website created: June 16, 2003. Last updated: July 1, 2003

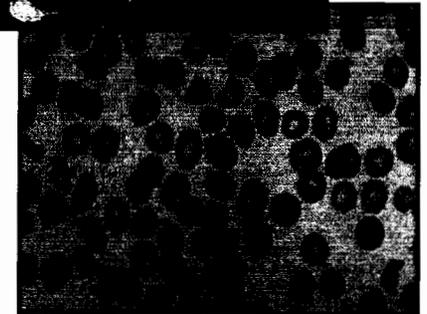
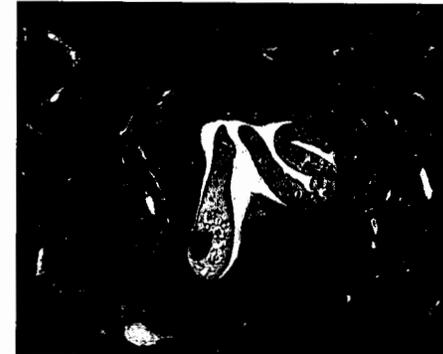
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Internet 3:05 PM

# *Department of Telemedicine and Distance Learning*



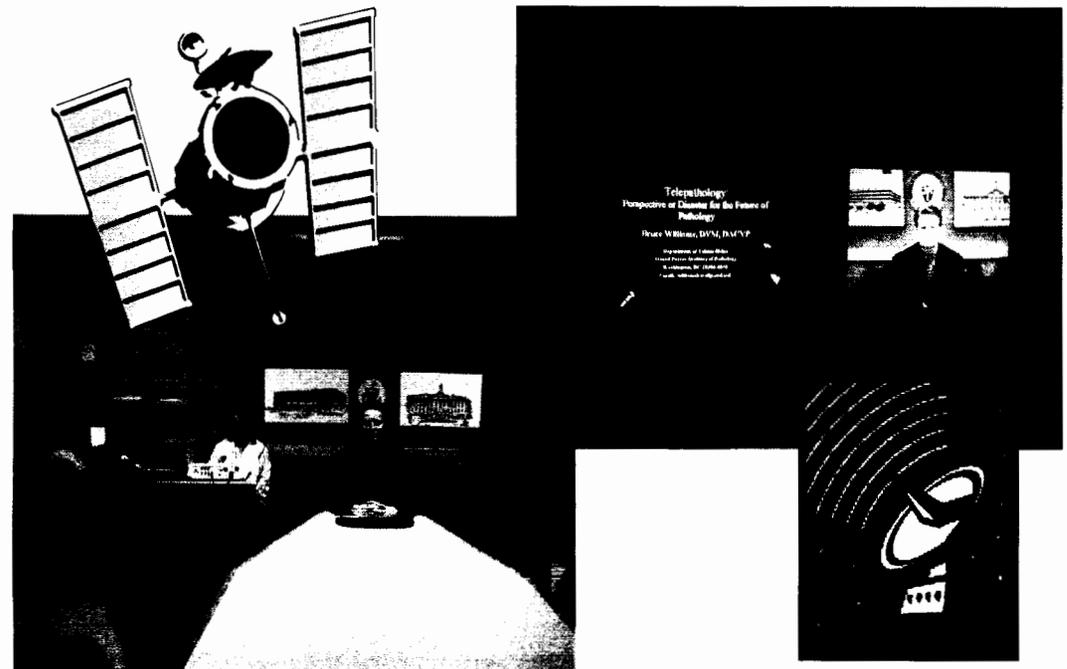
# ***Telemedicine offers rapid diagnoses to remote locations around the world***



# Distance Learning Initiative

- Provides a wide range of free CME to military healthcare providers
- Focus on timely topics relevant to military pathologists and clinicians in related disciplines

## Grand Rounds VTC



# Expanded Online CME

Online CME Available in a wide range of areas

## Cutaneous Leishmaniasis (CL)

Home   Clinical   Cytology   Histology   References   Credits   Notice

This Web site describes various aspects of cutaneous protozoan parasites of the genus *Leishmania*. Increases in Afghanistan, Iraq and Kuwait are being diagnosed with increasing frequency. **Understanding, recognition, and diagnosis of this infection is essential for the military surgeon.**

**WRONG SITE SURGERY IS FOCUS OF NATIONAL**

**WRONG SITE SURGERY IS FOCUS OF NATIONAL**

**WRONG SITE SURGERY IS FOCUS OF NATIONAL**

**THIS ISSUE: SPECIAL FOCUS: WRONG SITE SURGERY**

## Patient Safety

SUMMER 2003

**Page 3** Patient Safety: Report on...

**Page 4** Wrong Site Surgery...

**Page 6** ...

**Page 6** ...

*A quarterly newsletter to assist DoD hospitals with improving patient safety*

Department of Infectious and Parasitology  
Contact Us - ...  
Website cr...

<http://www.afip.org>

**ONLINE PATHOLOGY SERVICES**

Discussion & Diagnosis for Oral1-03

**Case History**  
A 72 year old black woman had a one...

**AFIP Diagnosis and Discussion**  
Canalicular adenoma  
Benign tumor usually of upper lip, par...  
buccal mucosa next. Gradually enlarg...

**Gross:** Circumscribed rubbery mass u...

**Histology:** Encapsulated or well-circu...  
hyperchromatic nuclei. Vascular strom...  
ameloblastoma, cutaneous basal cell...

**Treatment and Prognosis:** complete...

800, 2600 - 400 x 400

1X 2X 4X 10X 20X

4700, 13800 - 600 x 600

# Virtual Bookshelf

Free to All Military Healthcare Providers – Will contain entire AFIP Tumor Fascicle series within 24 months

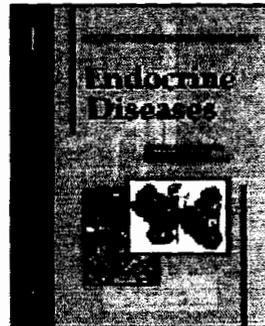
- [Account Profile](#)
- [Virtual Bookshelf](#)
- [Add Fascicle](#)
- [Online Education](#)
- [My CME](#)
- [Tech Support](#)
- [Log Out](#)



## Virtual Bookshelf

Below is your virtual bookshelf. Click on a cover below to display the table of c

### Endocrine Diseases



[Table of Contents](#)

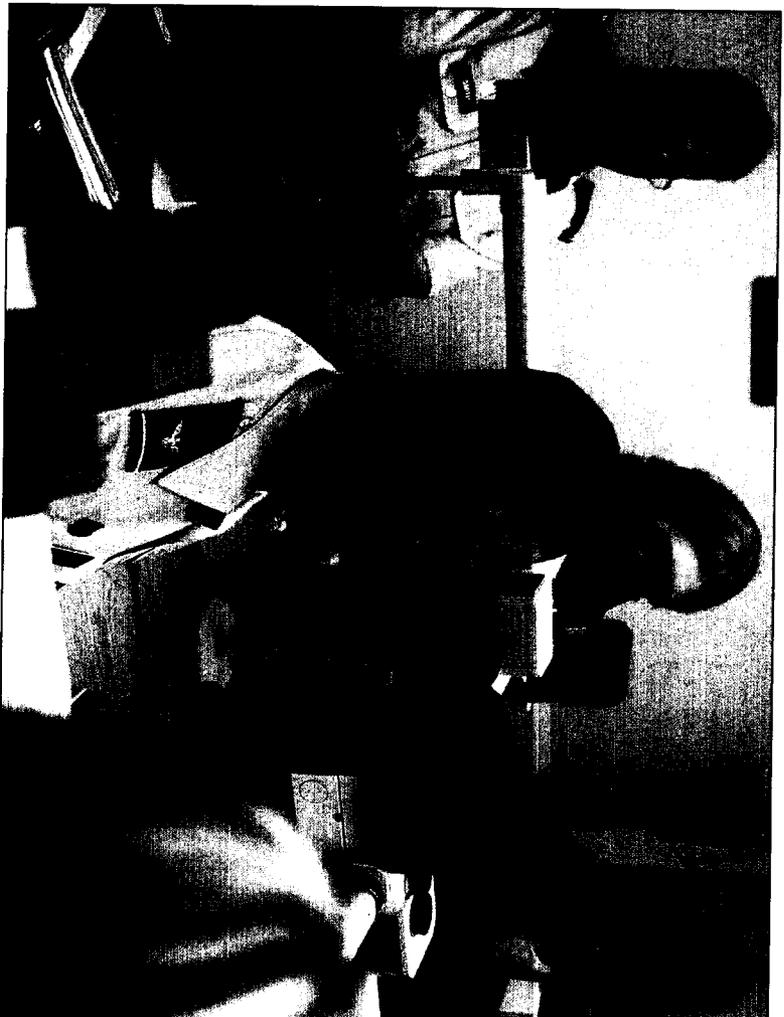
### Non-Neoplastic Disorders of the Lower Respiratory Tract



[Table of Contents](#)

Access to online fascicles is free to legitimate owners of volumes within the N<sup>o</sup> Atlas of Tumor Pathology. If you would like to purchase any of the available vol would like to register a new fascicle and have your unique serial number, please

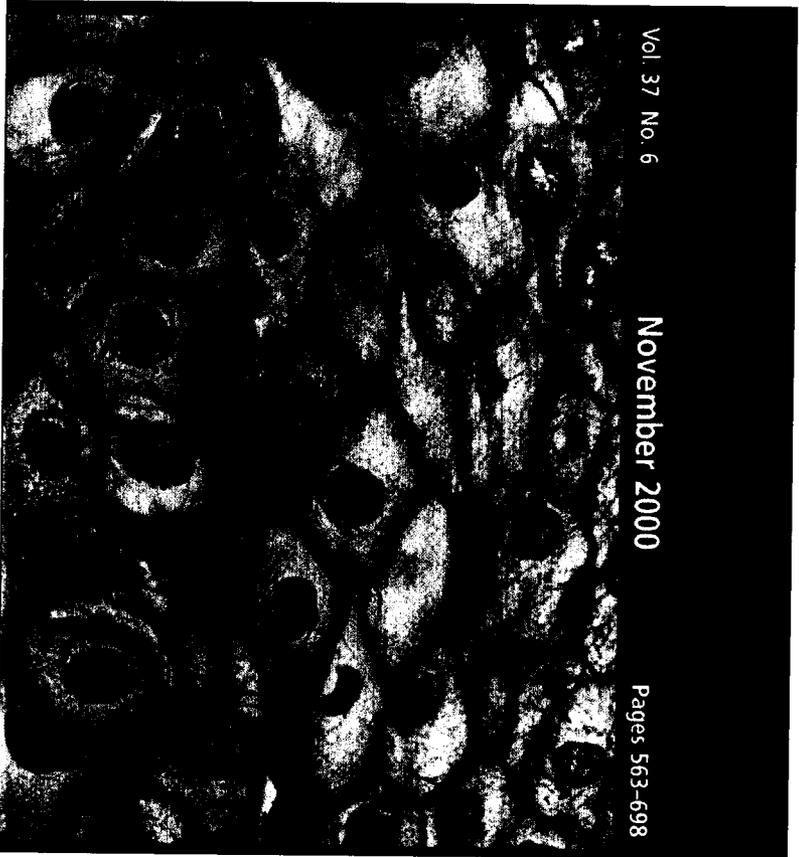
**Department of  
Veterinary Pathology**



***Trains All Veterinary Pathologists for  
DoD Biomedical Research Laboratories***

***Ensures health and wellness of  
Navy marine mammals  
and military working dogs***

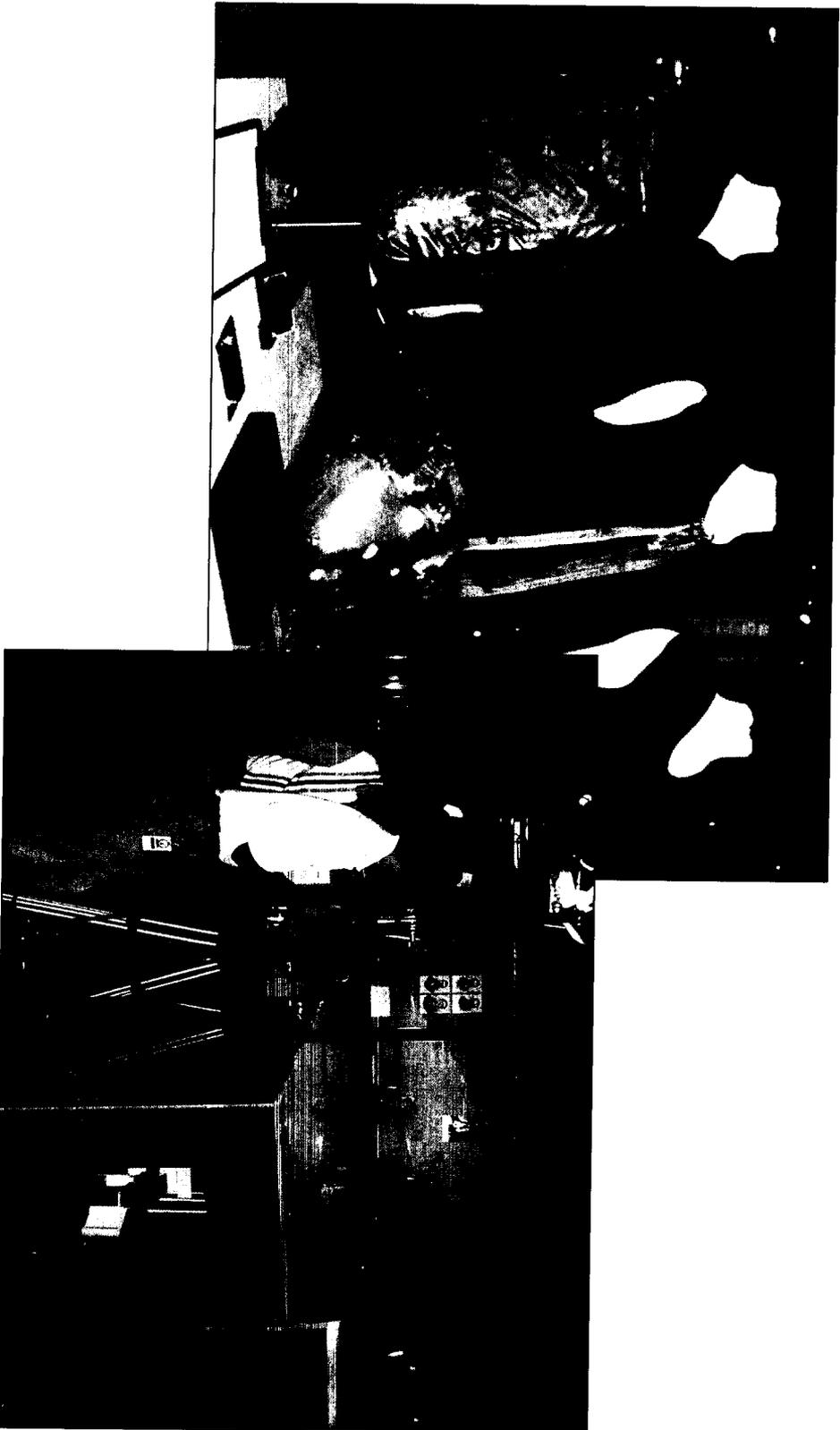




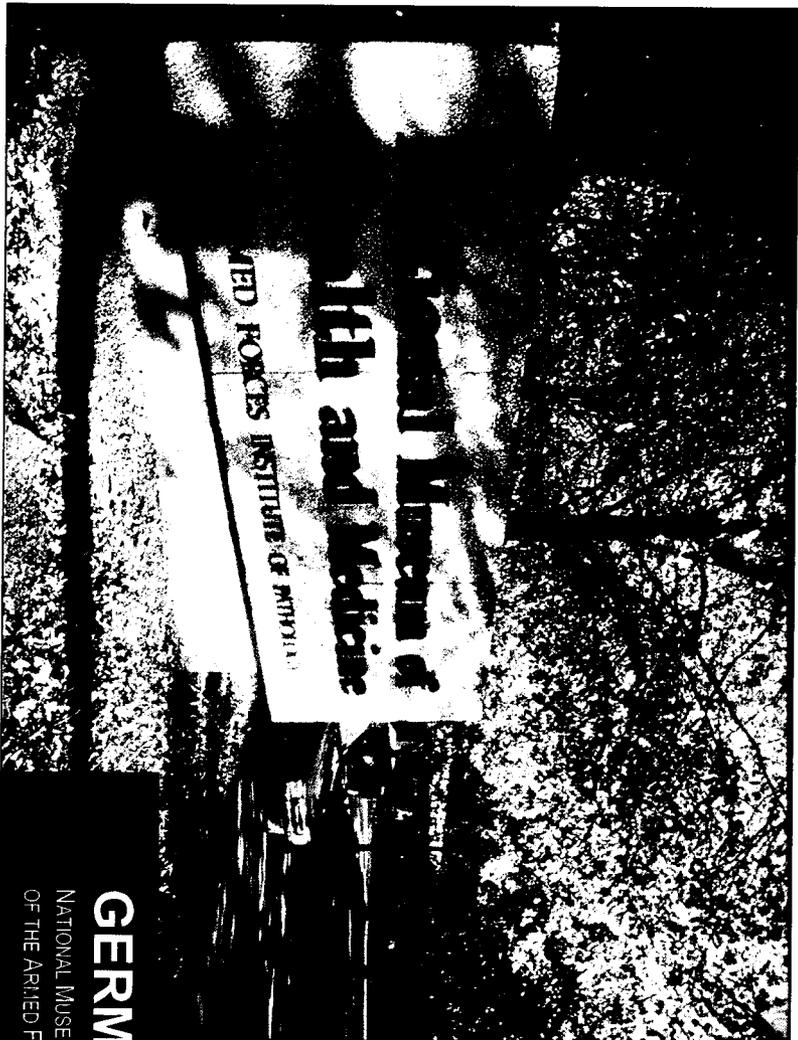
# Genital carcinoma in California sea lions



# National Museum of Health and Medicine



# Perpetuate the historical role and importance of AFIP and WRAMC



# Our public presence in the National Capital Area

## GERMS

NATIONAL MUSEUM OF HEALTH AND MEDICINE  
OF THE ARMED FORCES INSTITUTE OF PATHOLOGY



- Military Relevance
- AFIP Accomplishments
- Public Interest

STRATEGIC DESIGN MASTERPLAN

# WALTER REED ARMY INSTITUTE OF RESEARCH

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### The WRAIR Mission

Conduct biomedical research that is responsive to DoD and US Army requirements and delivers life-saving products including knowledge, technology, and medical materiel that sustain the combat effectiveness of the warfighter.



*Walter Reed Army Institute of Research*

*Do med materiel development - hand  
off to Detrick.*

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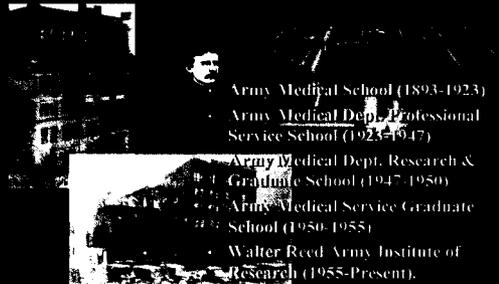
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### A History of the WRAIR



- Army Medical School (1893-1923)
- Army Medical Dept. Professional Service School (1923-1947)
- Army Medical Dept. Research & Graduate School (1947-1950)
- Army Medical Service Graduate School (1950-1955)
- Walter Reed Army Institute of Research (1955-Present).

*Walter Reed Army Institute of Research*

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Completed 1999. Forrest Glen.

500K ft<sup>2</sup>



**WRAIR Bio-Production Facility**

Malaria vaccines produced at WRAIR

- State of the art facility
  - CDX approved, Good Manufacturing Practices
  - 900,000 L of vaccines
  - Cooperative Research and Development Agreement with industry partner

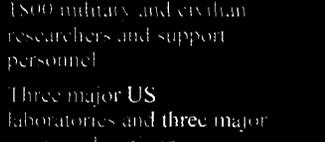


Fermenter  
Walter Reed Army Institute of Research

Dietrich doesn't do clinical trials.  
There is lease space @ Goody Dntc  
(156 people, 150K F+E lab space) w/  
contractors. Will remain after BRAC.

**WRAIR Work Force and Major Locations**

- 1500 military and civilian researchers and support personnel
- Three major US laboratories and three major overseas locations
- \$131.6M budget

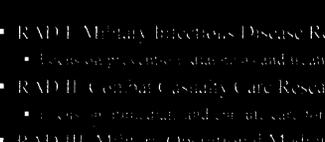


Fermenter  
Walter Reed Army Institute of Research

① DC, San Antonio, Great Lakes (dentel)  
② Heidelberg, Nairobi, Bangkok.  
1800 includes K personnel (~1000).

**MIRMC RESEARCH AREA DIRECTORATES**

- RAD I: Military Infectious Disease Research
  - Focus on prevention, diagnosis and treatment of IM
- RAD II: Combat Casualty Care Research
  - Focus on prevention and emergency care for casualties
- RAD III: Military Operational Medicine Research
  - Focus on diagnosis, treatment, prevention
- RAD IV: Medical Chemical and Biological Defense
  - Focus on diagnosis, treatment, prevention and detection of CBR
- Special Research Programs



Fermenter  
Walter Reed Army Institute of Research

RAD = Research Area Directorates.

**Prevention of Infectious Diseases:  
Vaccines (Discovered, Developed or Tested)**

- Hepatitis A
- Menigitis
- Adenovirus
- Typhoid
- Typhus
- Japanese Encephalitis
- Rubella
- Influenza
- Equine Encephalitis



*Walter Reed Army Institute of Research*

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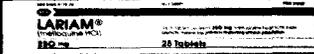
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**Prevention of Infectious Diseases:  
Non-Vaccine Measures**

- Drug development and evaluation
  - Fluorocycline for Amoebic dysentery
  - Chloramphenicol for Typhus
  - Mefloquine, Halofantrine, Malarone and now Artemisinin for malaria
- Personal protective measures
- Vector Control




*Walter Reed Army Institute of Research*

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**BRAC Impacts on  
WRAIR NAIRC**

- Retain Forest Glen Annex
- Establish an Infectious disease COE at Forest Glen
- Establish a Hyperbaric and Undersea Medicine COE
  - Use existing facilities in existing CoE at Forest Glen (MHC/N required)
- AN Medical Biodefense to the MIRD COE at Ft Detrick
- Army Medical Chemdefense to MCD COE at APG
- Renovology from leased space in Rockville to Forest Glen

*Walter Reed Army Institute of Research*

A/N = Army / Navy

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42 may not have enough space.

**BRAC Impacts on  
WRAIR NMRC**

- Re-locate AN Combat Casualty Care to a Battlefield Health & Trauma COE at FSH
- DTRD & MDDBR at Great Lakes Naval Station
- US AMRI at Brooks City Base
- Neuroprotection remains at Forest Glen
- Undersea Medicine Research at NMRC remains at Forest Glen

Walter Reed Army Institute of Research

DTRD - Dental Trauma & Research Det

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**Issues for Resolution**

- How do we best coordinate the BRAC process with the BRAC process for the other agencies?
- US AMRIH is responsible for infectious diseases that are not selected for the main BRAC process. Do they become part of the center for Excellence in Infectious Diseases at Forest Glen?
- How do we manage the transition?
- Do we need space to accommodate joint classes between WRAIR and NMRC? How do BRAC decisions fit in?
- Do we have a single document that is continuously supported by multiple agencies? If not, how do we do this?
- Other things that I don't know about

Walter Reed Army Institute of Research

USAMRIID is @ Detrick

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**Combat Casualty Care**

- Blood and blood products
- Drug delivery systems
  - Microencapsulation
- Resuscitation
  - FDA approved fluids
  - Novel fluids
- Far forward care

Walter Reed Army Institute of Research

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### Operational Medicine

- Sleep and performance
- Battlefield hazards
  - Weapons systems
- Combat stress
  - Psychological response
  - Biochemical response
- Deployment stress



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### WRAIR: Unique Military Asset for the Conduct of Biomedical Research

- Global capability
  - Overseas laboratories
  - Deployable workforce
- Bench to Bedside
  - Comprehensive vertical biomedical integration
- Unique focus on military medical problems

*Walter Reed Army Institute of Research*

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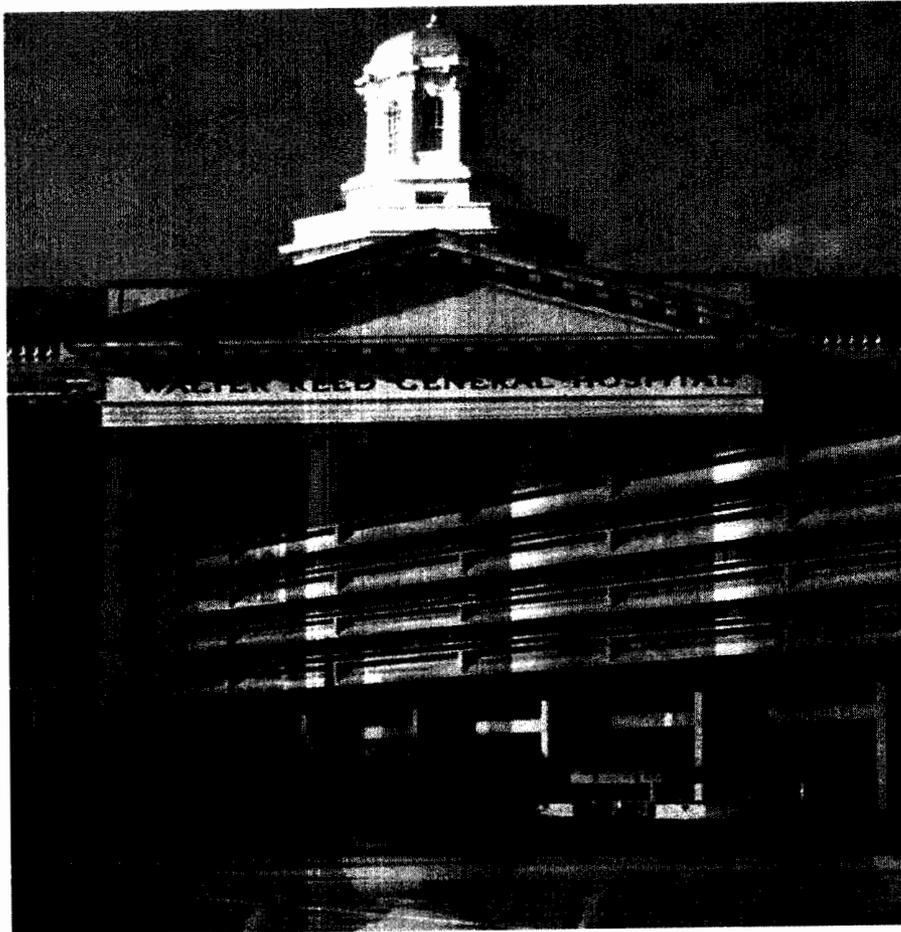
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DCN: 11860



**WALTER REED ARMY MEDICAL  
CENTER**

**Base Realignment Closure (BRAC) 2005  
Site Visit  
3 June 2005**



**MR. DEAN RHODY**

**1**

*MEDICAL  
CENTER*

**2**

*GRADUATE  
MEDICAL  
EDUCATION*

**3**

*AFIP*

**4**

*WRAIR*

**5**

*WRAMC  
GARRISON*





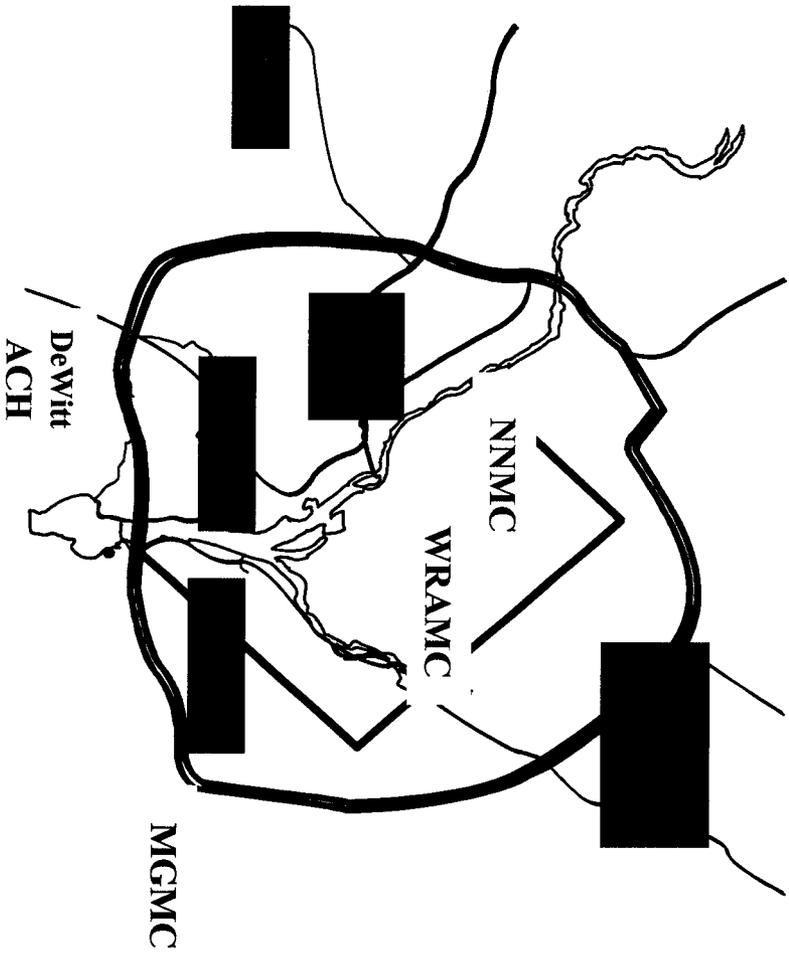
*Walter Reed Army Medical Center*

*“We Provide Warrior Care”*

# HISTORY

- **Walter Reed Installation is outgrowth of the United States Army General Hospital – need identified during the Civil War and established during the Spanish American War.**
- **Tract of land purchased in the spring of 1905 as a Military Reservation to be known as the Walter Reed U.S. Army General Hospital**
- **The Main Hospital was completed in 1908**
- **Building 2 opened in 1978**

# NCA MTF Locations



# Overview

- WRAMC overview (113 acres, 261 beds)
  - Workload and enrollment
- Unique WR missions
- BRAC planning steps
- Remaining BRAC issues to be resolved

# WRAMC Services

- **Emergency Medicine**
- **Primary Care**
  - OB/GYN
  - Pediatrics
  - General Internal Medicine
  - Optometry
  - Wellness Service
  - Preventative Medicine
- **Surgical Services**
  - General Surgery
  - Neurosurgery
  - Cardiothoracic Surgery
  - Plastic Surgery
  - Vascular Surgery
  - Ophthalmology
  - Urology
  - Prostate Center
  - Organ Transplant Surgery
  - Refractive Eye Surgery
  - Breast Care Center
- **Orthopaedics and Rehabilitation**
  - Orthopaedic Surgery
  - Orthotics and Prosthetics
  - Physical Medicine
  - Physical and Occupational Therapy
- **Mental Health Service**
  - Social Work
  - Psychiatry
  - Psychology
  - Behavioral Health
  - Army Substance Abuse Program
- **Sub-Specialty Care**
  - Pulmonary Functions
    - Sleep Disorders Center
  - Cardiology
  - Oncology / Hematology
  - Audiology
  - Dermatology
  - Endocrinology
  - Gastroenterology
  - Infectious Disease
  - Nephrology
  - Otolaryngology
  - Rheumatology
  - Neurology
  - Podiatry
  - Pediatric Sub Specialty
- **Allergy/Immunology**
- **Ancillary Services**
  - Ministry and Pastoral Care
  - Clinical Investigation
  - Pathology and Laboratory Services
  - Pharmacy
  - Radiology
    - Nuclear Medicine
  - Telemedicine
  - Deployment Health Clinical Center
  - Managed Care Division
  - Nutrition Care and Dietetics

# NCA FY04 Enrollment/Production

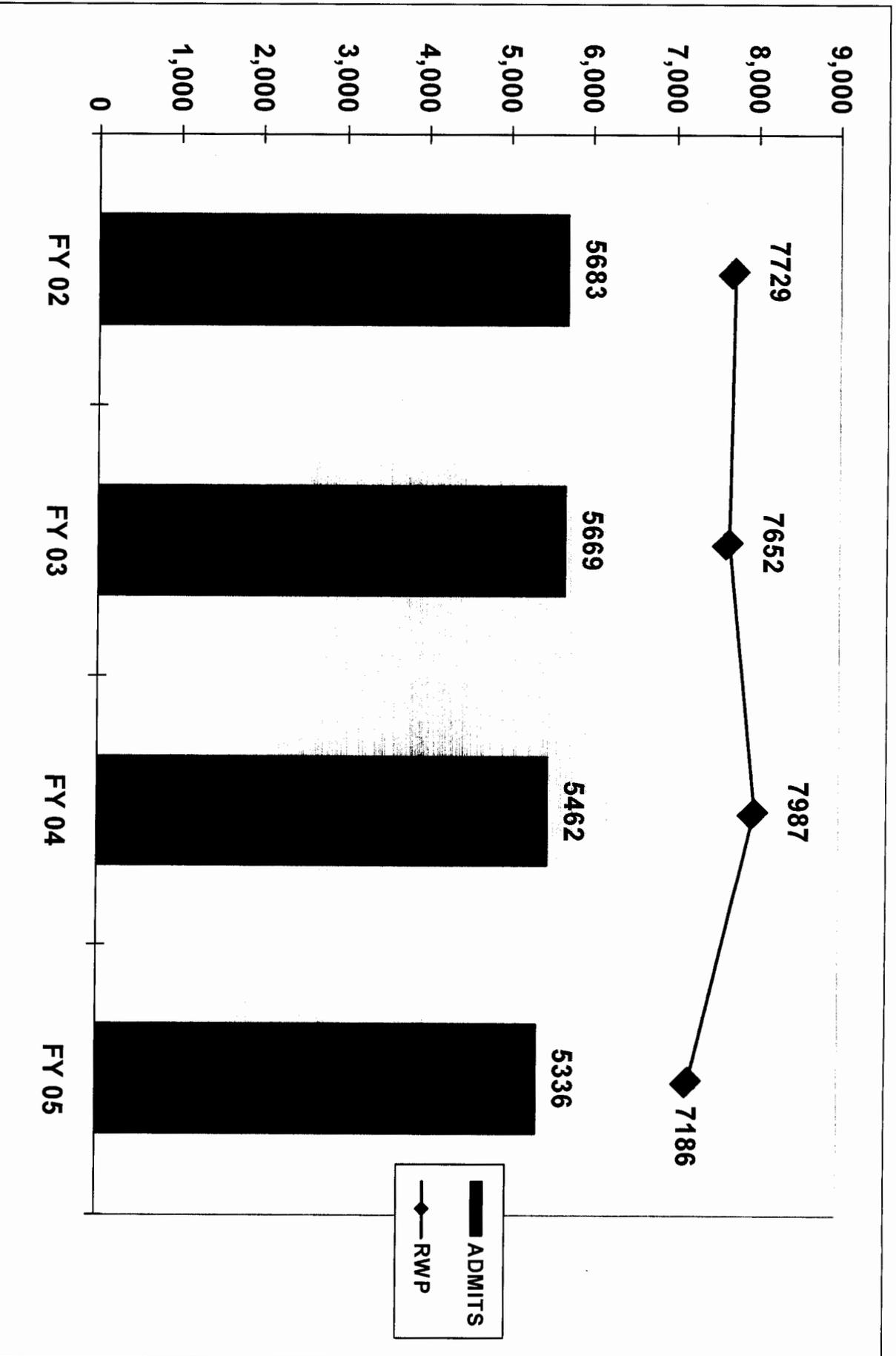
NCA Relative Enrollment & Production Capability FY04						
	DMIS Code	Enrollment Nov 04	FY04 PPS Production	% Intra-Service Group Production	% NCA Production	
Walter Reed AMC	0037	19,956	\$ 170,556,252	72%	41%	<b># 1 WRAMC</b>
DiLorenzo TRICARE Clinic	0256	8,959	\$ 4,917,452	2%	1%	
DiLorenzo Branch Clinic	7298	1,480	\$ 477,344	0%	0%	
McNair AHC	0255		\$ 186,377	0%	0%	
<b>WRAMC Subtotal:</b>		<b>30,395</b>	<b>\$ 176,137,425</b>	<b>74%</b>	<b>42%</b>	
DeWitt ACH	0123	32,608	\$ 31,939,341	13%	8%	<b>#2 NNMC</b>
Rader AHC	0390	11,077	\$ 3,885,865	2%	1%	
Fairfax FHC	6201	26,635	\$ 4,936,692	2%	1%	
Woodbridge FHC	6200	19,817	\$ 8,869,890	4%	2%	
<b>DACH Subtotal:</b>		<b>90,137</b>	<b>\$ 49,631,787</b>	<b>21%</b>	<b>12%</b>	
Kimbrough ACH	0069	23,710	\$ 10,711,229	5%	3%	<b>#3 MGMC</b>
Barquist AHC	0309	4,861	\$ 1,507,946	1%	0%	
<b>Kimbrough Subtotal:</b>		<b>28,571</b>	<b>\$ 12,219,175</b>	<b>5%</b>	<b>3%</b>	
<b>Army MTF's Subtotal:</b>		<b>149,103</b>	<b>\$ 237,988,387</b>		<b>57%</b>	
National Naval Med Center	0067	32,380	\$ 115,998,350	86%	28%	
BMC Washington Navy Yard	0703	2,773	\$ 642,705	0%	0%	
BMC Dahlgren	0386	2,950	\$ 890,464	1%	0%	
BMC Andrews AFB	0522	782	\$ 621,459	0%	0%	
BMC Indian Head	0301	1,914	\$ 503,377	0%	0%	
BMC Carderock	0302		\$ 67,952	0%	0%	
BMC Naval Research Lab	0259		\$ 135,149	0%	0%	
<b>NNMC Subtotal:</b>		<b>40,799</b>	<b>\$ 118,859,456</b>	<b>88%</b>	<b>29%</b>	
NMCL Annapolis	0306	6,939	\$ 2,576,486	2%	1%	
BMC Bancroft Hall	0525	4,426	\$ 2,620,716	2%	1%	
<b>Annapolis Subtotal:</b>		<b>11,365</b>	<b>\$ 5,197,201</b>	<b>4%</b>	<b>1%</b>	
NMCL Quantico	0385	24,177	\$ 5,503,196	4%	1%	
BMC -The Basic School	1671	2,509	\$ 651,820	0%	0%	
BMC- Officer Candidate School	1670	676	\$ 1,360,136	1%	0%	
<b>Quantico Subtotal:</b>		<b>27,362</b>	<b>\$ 7,515,152</b>	<b>6%</b>	<b>2%</b>	
NMCL Patuxent River NAS	0068	11,330	\$ 3,295,446	2%	1%	
<b>Navy MTF's Subtotal:</b>		<b>90,856</b>	<b>\$ 134,867,256</b>	<b>100%</b>	<b>32%</b>	
Malcom Grow MC-89th MG	0066	34,131	\$ 40,250,785	92%	10%	
11th MG Clinic	0413	11,740	\$ 3,326,833	8%	1%	
<b>Air Force MTFs Subtotal:</b>		<b>45,871</b>	<b>\$ 43,577,619</b>		<b>10%</b>	
<b>Totals</b>		<b>285,830</b>	<b>\$ 416,433,261</b>			

**# 1  
WRAMC**

**#2  
NNMC**

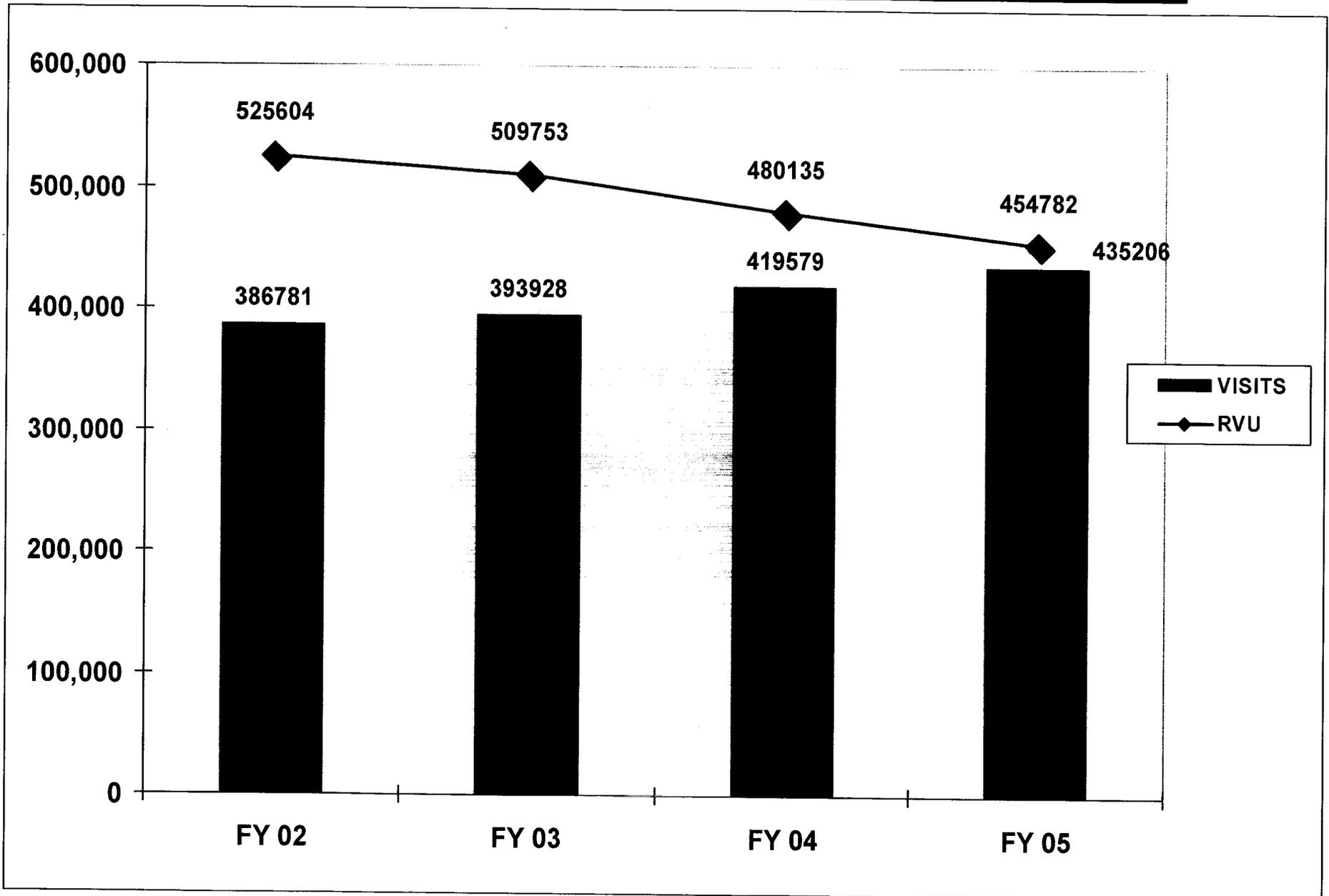
**#3  
MGMC**

# WRAMC Admissions/ RWPs Oct-Mar



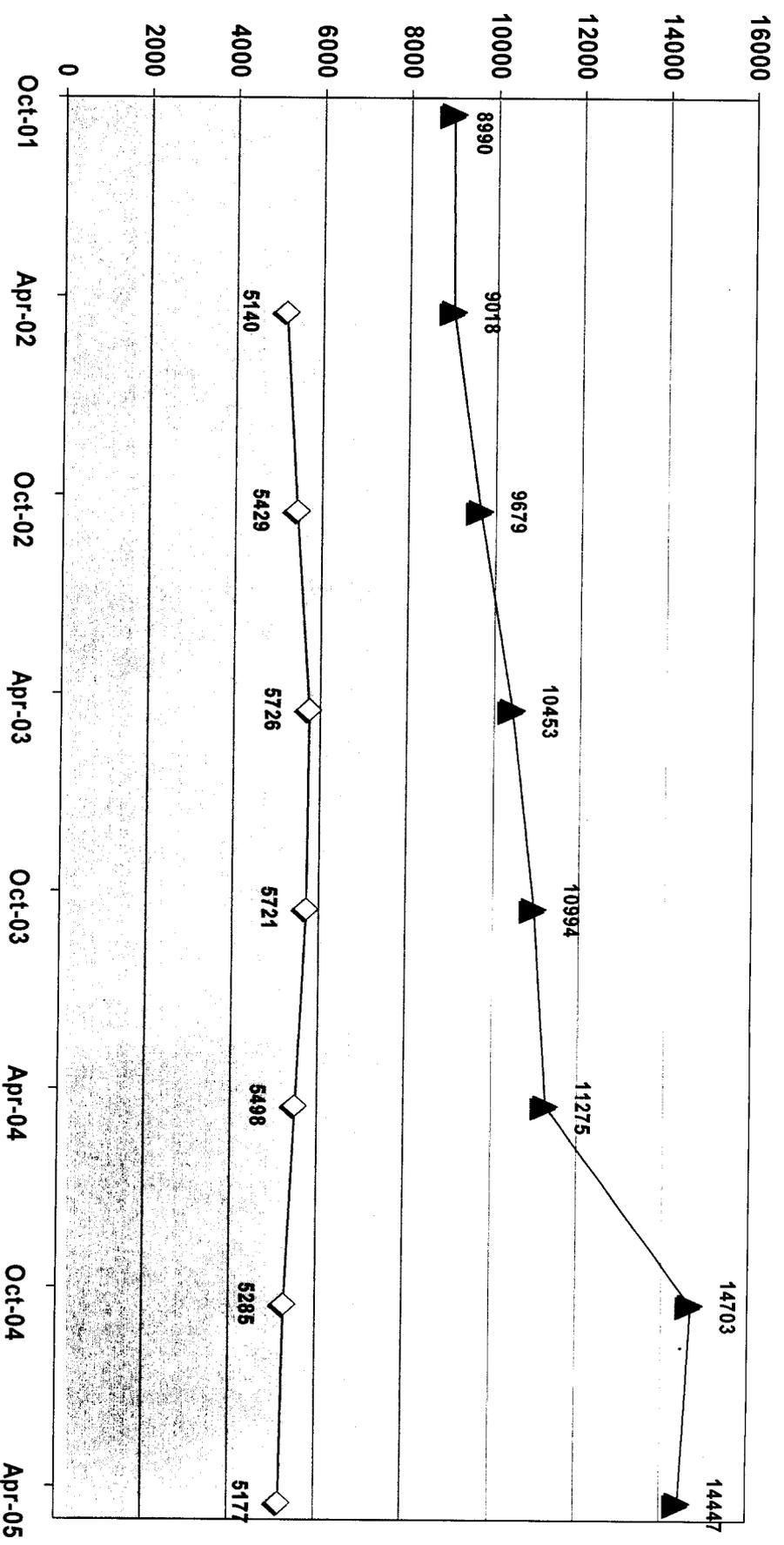
\*FY05 RWP data has not fully matured in M2; 72 days on diversion in FY03 and 69 in FY04

# WRAMC Encounters/ RVUs Oct-Mar



# WRAMC Prime/T-Plus Enrollment

## FY 2002-2005 Oct-Apr



▲ PRIME    ◆ T-PLUS

# Average Day at Walter Reed

<b>Clinic visits</b>	<b>1,650</b>
<b>Beds occupied</b>	<b>185</b>
<b>Surgical procedures</b>	<b>32</b>
<b>X-rays, CT Scans and MRI's</b>	<b>6,700</b>
<b>Pathology procedures</b>	<b>8,000</b>
<b>Prescriptions filled</b>	<b>2,000</b>
<b>ER Visits</b>	<b>50</b>

# WRAMC Readiness Support

- Forward-deployed over 250 active-duty military staff (physicians, nurses, and technical specialists) to OIF/OEF
  - 48<sup>th</sup> CSH in Afghanistan (Dec 02 to Jun 03)
  - 28<sup>th</sup> CSH in Iraq (Feb 03 to current)
  - Other various units (47<sup>th</sup> CSH, 86<sup>th</sup> CSH, general field hospitals, forward surgical teams, combat support units)
- Trained and integrated over 100 activated reservists into WRAMC (backfill)
- 17,284 days of total provider taskings for FY04

# WRAMC Readiness

(Other Special Programs and Support at WRAMC)

- DoD Center for Amputee Health Care
- National Vaccine Health Care Center (NVHCC)
  - Education and Research in conjunction with the CDC
  - DoD Smallpox Vaccination Program
- Infectious Disease Laboratory – team deployed to investigate pneumonia cases in Iraq
- DoD Deployment Health Clinical Center
- Defense and Veterans Brain Injury Center

Centers of  
Excellence

# Combat Casualty Care

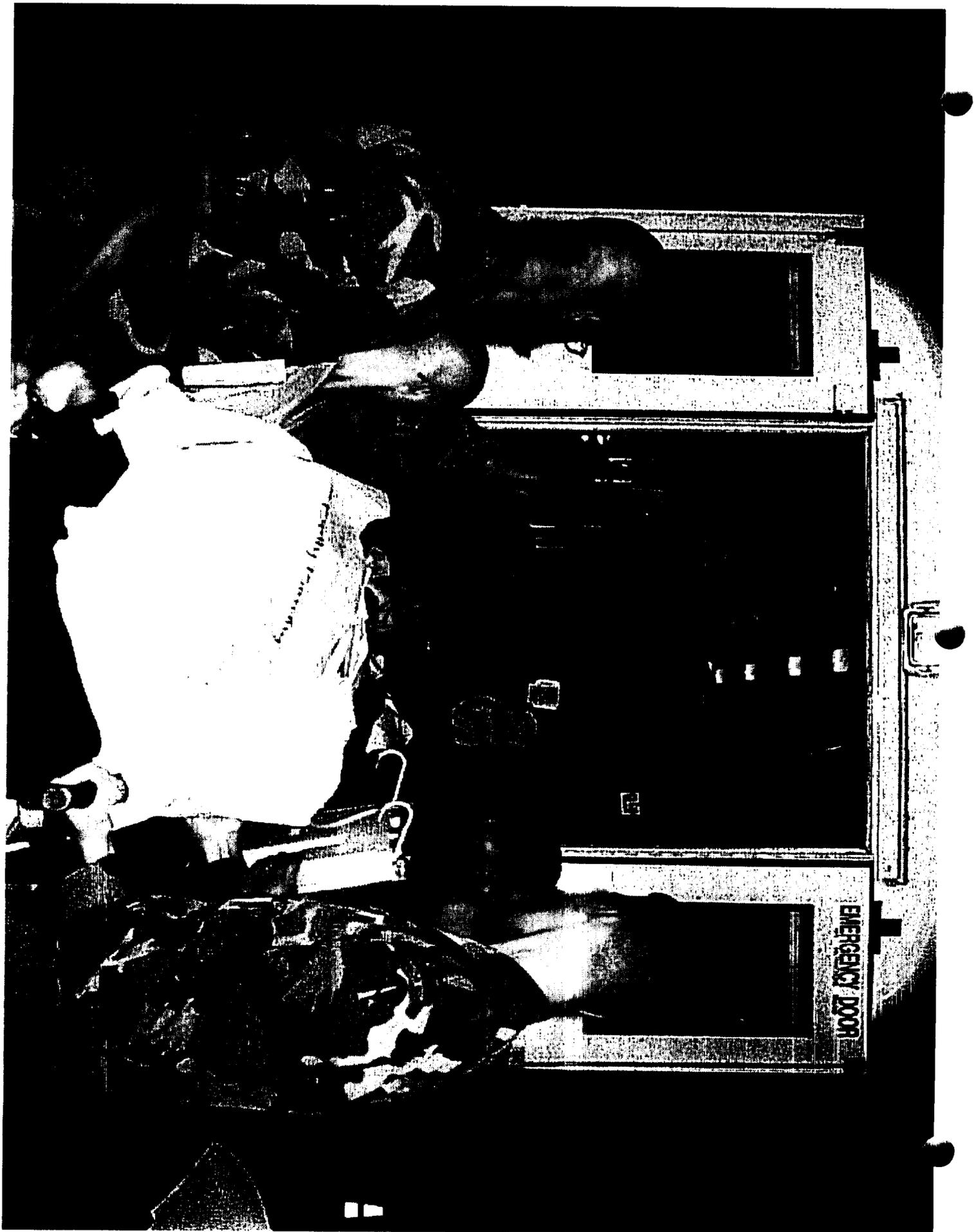
- Walter Reed Army Medical Center
- DDEAMC

Landstuhl  
Regional Medical Center

Incirtik

Samarkand, Uz

Forward Surgical Team



# **OIF and OEF Warrior Care**

- As of 2 June 2005, WRAMC has treated 4,141 OIF and 283 OEF patients**
  - 1,182 of these patients were battle casualties**
  - 872 of the battle casualties have received treatment as inpatients**
  - 233 of the battle casualties have received treatment as outpatients**
  - 52 Soldiers remain at the medical center as inpatients.**

# Major Outpatient Care Mission for AD: OIF and OEF Soldiers

- Medical Hold Mission:
  - Over 700 current soldiers in the eval. & care process
- Outpatient housing for soldiers and their families:
  - 300 beds in the Mologne House, Delano Hall, & Guest House
  - 3 Fisher houses (27 beds)
- “New” Barracks (267 beds)
- Major support to mobilization centers (e.g. Ft Dix)

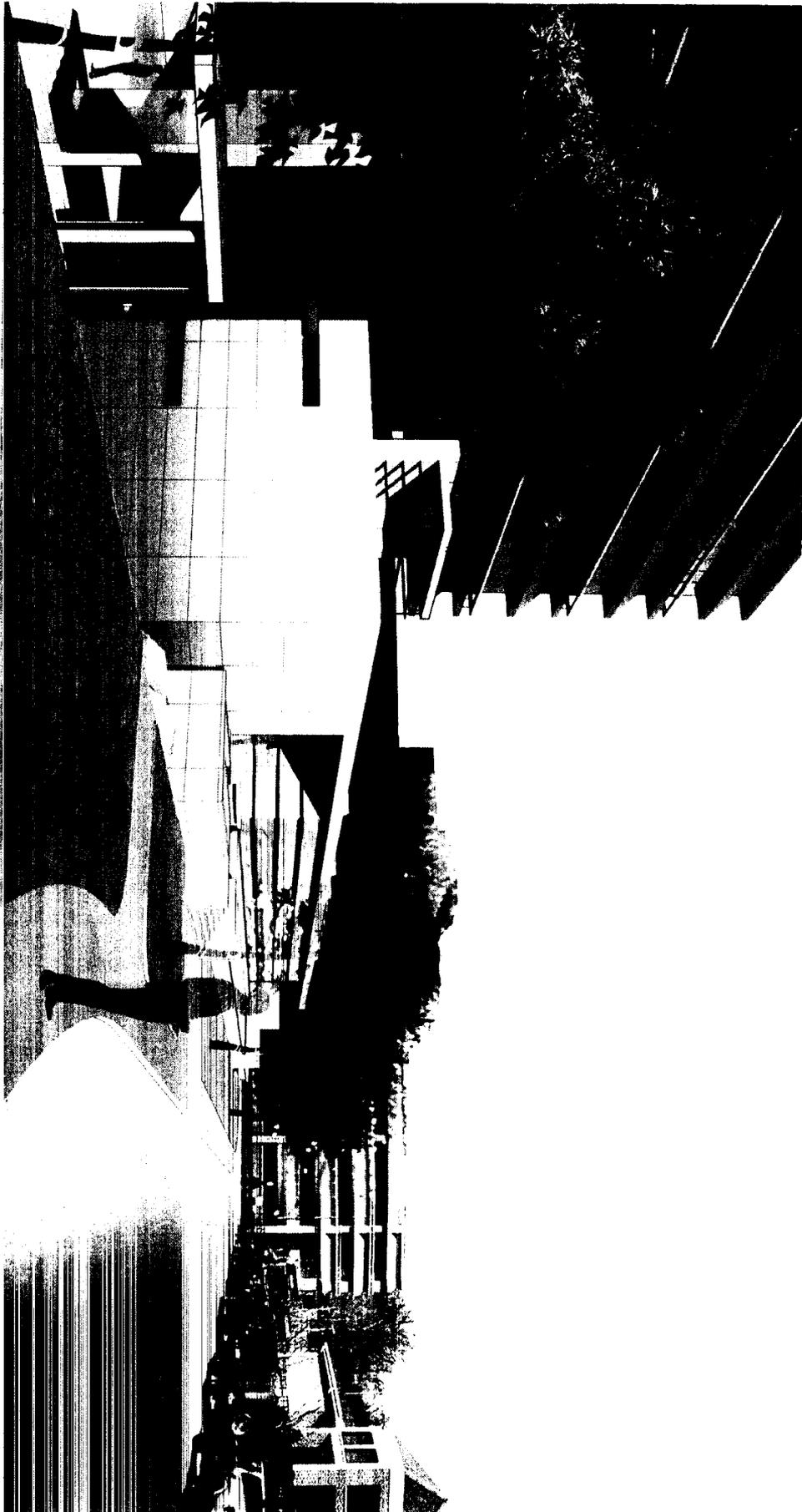
# Role of WRAMC/BAMC in Amputee Care and Rehabilitation

- **257 individuals with major limb loss**
  - 208 Active Component
  - 17 Reserve Component
  - 32 National Guard Component
- **Two Sites: Walter Reed and Brooke in San Antonio**
  - BAMC Became Second Site in January 2005
  - 231 Patients Received Care At Walter Reed AMC
  - 37 Received Care At Brooke AMC (11 cared for at both)
- **200 - Army Patients**
- **54 Have Completed The Medical Board Process**
  - 40 Active Duty (AD)
  - 4 Army Reserve (AR)
  - 10 National Guard (NG)
- **10 Continued On Active Duty (18.5%) (9 AD, 1 AR)**



# **Military Amputee Training Center**

- **Indoor track**
- **Running gait lab**
- **Treadmill with dual force running plates**
- **Rope climb/Rock wall climb/Repelling tower**
- **Virtual reality Training Center**
- **Uneven terrain/incline parallel bars**
- **Vehicle simulators**
- **Fire Arms Training Simulator (FATS)**
- **Prosthetic shop**



# Deployment Health Clinical Center

- Established in 1994 as the Gulf War Center and renamed in 1999
- The clinical component of three DoD Centers of Excellence dedicated to improving deployment health
- The principal referral site for soldiers with deployment health concerns
  - >10,000 soldiers seen; >1300 OIF/OEF
  - Major research initiatives aimed at improving soldier care

# Ward 72

Provides in/outpatient care to Executive-level DOD and US Government leadership

- Over 3,000 eligible (Presidential Cabinet/Appointees, Members of Senate/Congress, Secretarial Designees, Foreign Dignitaries, AD General Officers (2-star and above), and Retired 3&4-star Generals and spouses)
- 4-bed ward averages 2-3 inpatients/day
- 15-18 Outpatient visits/day
- Outpatient workload has double workload since FY03
- Services provided for nearly 30 years
- Provides same outstanding care along with increased convenience, security and privacy

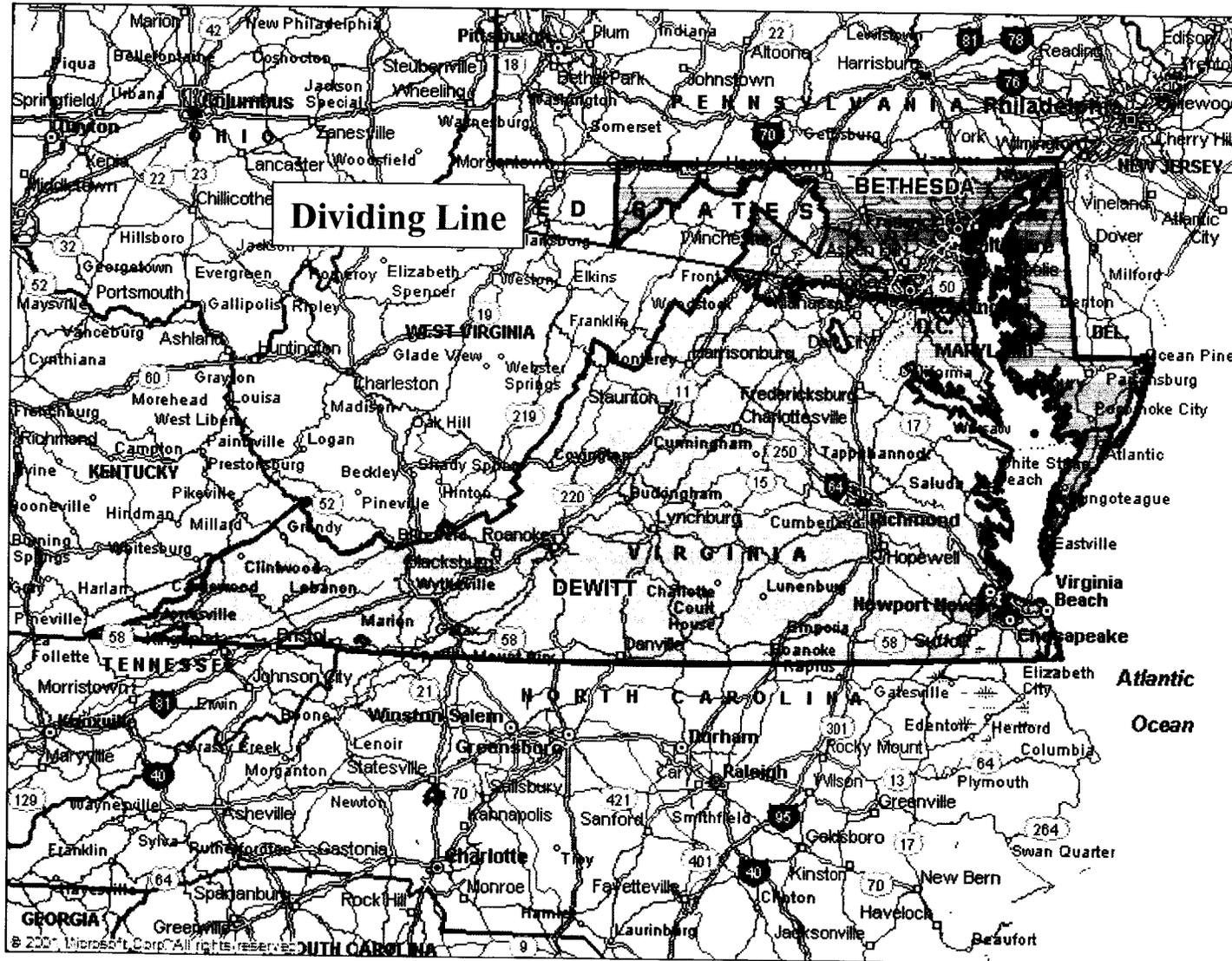
# Realigning Health Care Activities in the National Capital Area

- Establish the Walter Reed National Military Medical Center (WRNMMC) at Bethesda
  - 300 bed Medical Center
  - Full range of intensive, complex specialty and subspecialty medical services
  - Worldwide referral center for casualty and beneficiary care
- Construct a new 165-bed community hospital at Ft Belvoir, VA
- Convert the 89th Medical Group at Andrews AFB (Malcom Grow) to a clinic with ambulatory surgery capability
- Maintain existing military outpatient capabilities at Ft Myer; Bolling AFB; the Pentagon; et al.
- Realign military medical staff and assets within the NCR, providing the same level of healthcare as before
- Relocate non-clinical, biomedical R&D activities to Centers of Excellence at FSH, TX; APG, MD; or Ft Detrick, MD
- Realign AFIP by moving DNA registry and the medical Examiner functions to Dover, AFB; Enlisted Histopath training to Ft Sam Houston; the Museum to the new WRNMMC, and outsource non-military essential pathology activities
- Close the main WRAMC installation and return the property to reuse in the 2010 timeframe

# BRAC: NCA Vision

- One unified NCA military health care system with two joint inpatient campuses that provide high quality, efficient, and convenient care for our beneficiaries. [Campuses are sized to provide most health care at the closest facility to the beneficiary.]
- North academic campus serves as a worldwide referral center for casualty and beneficiary care, and is the principal site for NCA graduate medical education, research, and executive medicine. [GME, research, and IT headquartered in the North. Adequate temporary housing for non-inpatient, transitional care and, families at the North facility.]
- A robust South facility that provides convenient primary and appropriate specialty care to NCA beneficiaries living in the southern NCA. [Many training programs will also do many GME rotations in the South]

# Which patients live closer to WRNMMC vs. Dewitt?

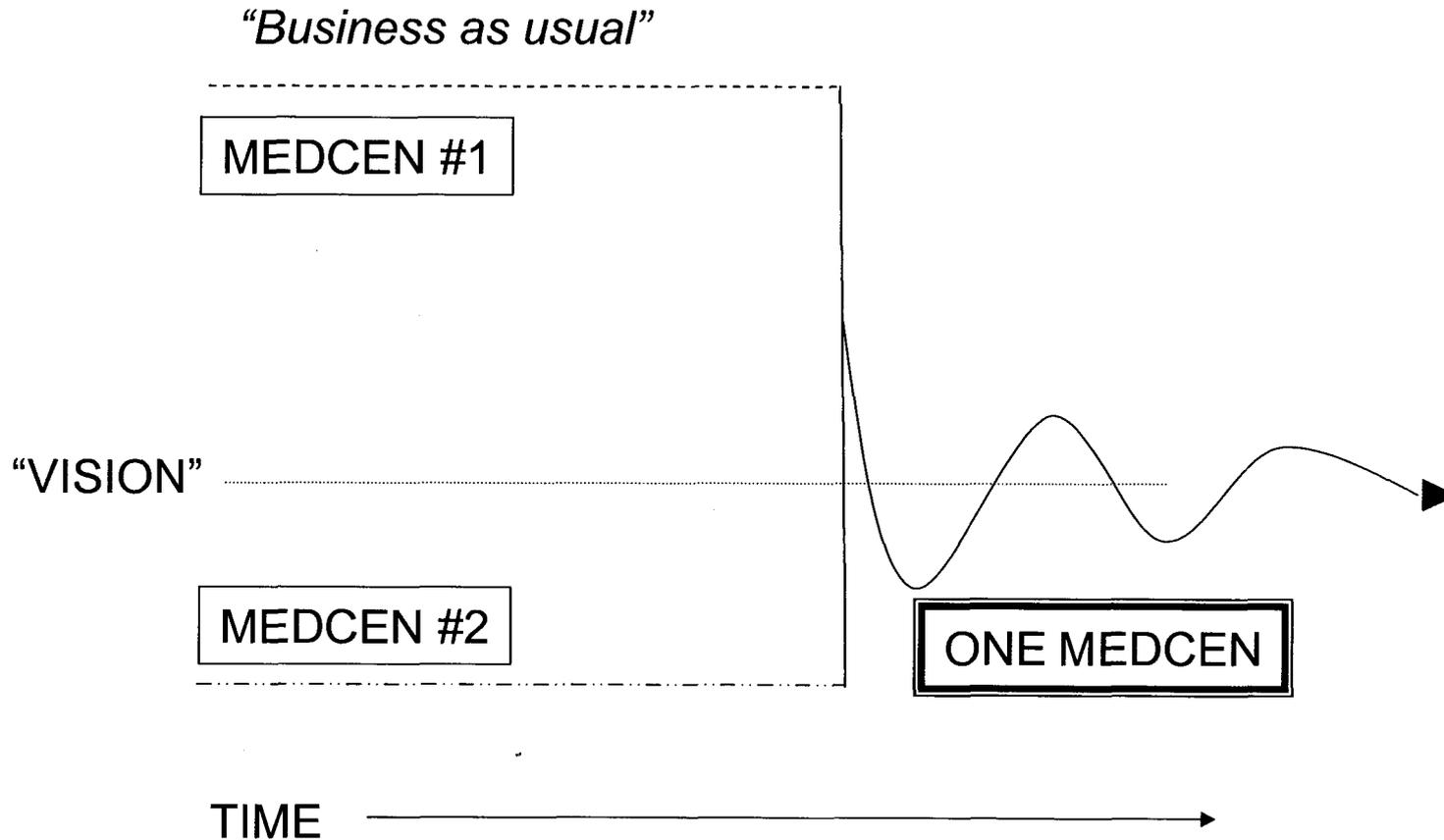


# NCA demographics based on distance to closest MTF from patient's home

WRNMMC vs Dewitt: FY04-05

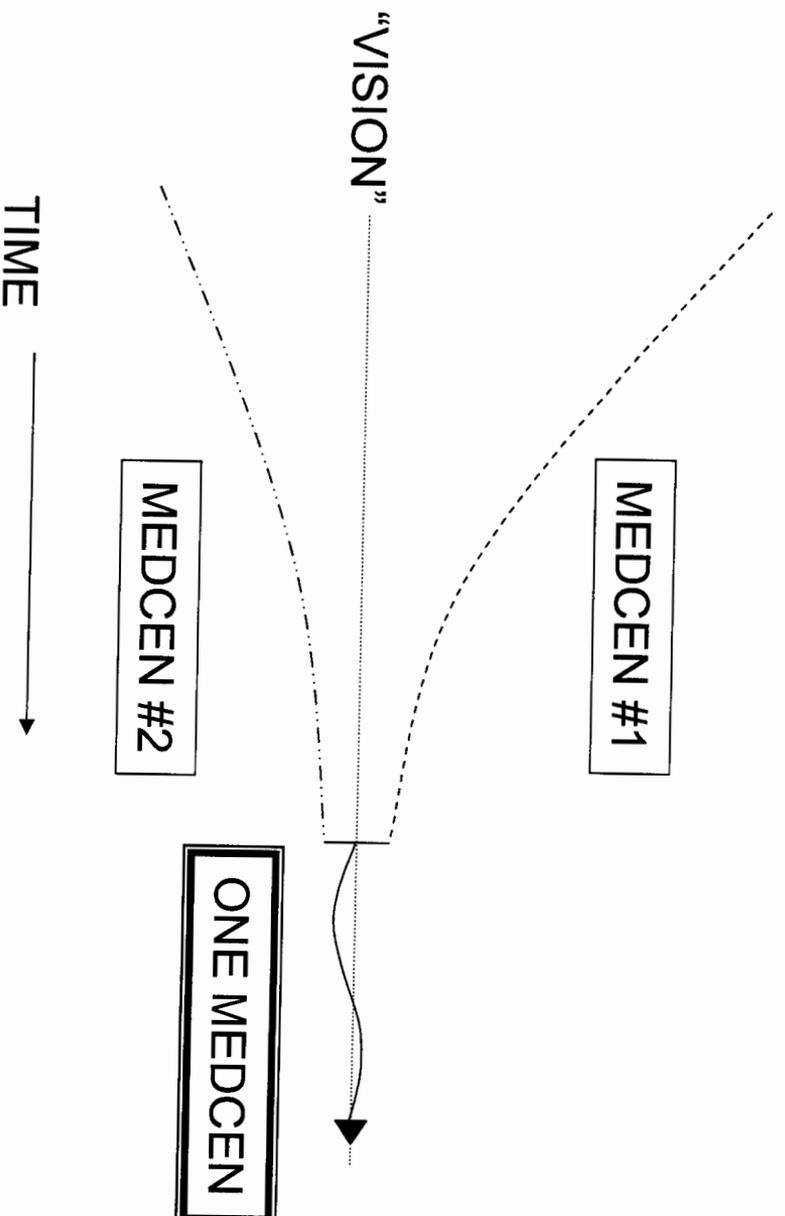
- Walter Reed National Military Med Center
  - Current enrollees: 51%
  - Inpatient visits: 55%
  - Outpatient visits: 58%

# REVOLUTIONARY CHANGE



**Disadvantages**- too many last minute details – won't get it right; appears disorganized; will disenfranchise patients and staff; will probably take longer to get where you want to be.

# EVOLUTIONARY CHANGE



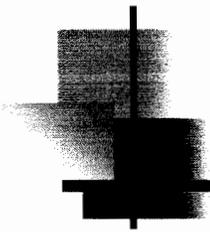
**Advantages: less traumatic; people know where they are going; less degradation of MEDCEN assets; earlier you start the easier it will be.**

# **Issues to be Resolved in BRAC Clinical Scenario**

- **Current BRAC scenario seems to undersize and underfund the outpatient clinic space at WRNMMC**
- **Existing Bethesda facility space (1970s era) vs. current health care standards**
- **Concern re. clinic flow as we remodel existing space at Bethesda**
- **# of staff available to execute the BRAC vision for the WRNMMC**
- **Intensive Ambulatory Billeting/Family Housing \$\$  
(Mologne House and Barracks)**
- **Location of WRAMC Congressional Programs**

DCN: 11860

# Graduate Medical Education Walter Reed Army Medical Center



Cathy Nace, M.D.

COL, MC

Director of Medical Education

# GME Overview

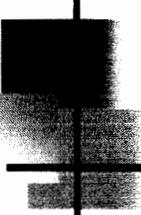
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- Mission
- Organization
- Training Programs

# Mission

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- To educate physicians and other health care professionals who care for soldiers, sailors, airmen, and marines, of all ages, and their families



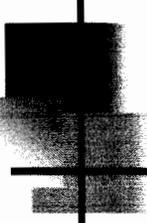
# Mission

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- To provide a scholarly environment dedicated to excellence in education and healthcare
- To instill in trainees the ethical values and standards expected of those in public service

# Organization

- Largest of 3 major hospitals comprising the National Capital Consortium (NCC):
  - WRAMC, NNMC, MGMC
  - USUHS
- NCC is the administrative body supplying educational leadership



# Organization

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- Board of Directors oversight of NCC
  - Commanders of each medical center
    - MG Farmer
  - Dean, USU-SOM
- NCC Graduate Med Ed Comm (GMEC)
  - Admin Director
- Local leadership
  - Commander, WRHCS
  - Deputy Cdr for Clinical Svcs
  - Director of Medical Education

# Training Programs at WRAMC

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- Largest Army medical training facility
- More than 700 interns and residents from Army, Navy, and AF
- Over 65 medical training programs
  - Internal Medicine to OB/GYN to Surgery
  - Advanced training in pediatric, surgical, medical, and psychiatric subspecialties
    - Ie child neurology, cardiothoracic surgery, hematology/oncology, forensic psychiatry

# Training Programs

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- ACGME (Accreditation Council for Graduate Medical Education)
  - All NCC programs are accredited by ACGME
  - “Regulators” of GME
    - Specific requirements for number of patients, number of faculty, number of ORs and OR cases, work hours, call rooms, offices, research facilities, etc
    - Each program has its own ACGME Residency Review Committee (RRC) and requirements
    - Site visits to determine compliance
    - Authority to close programs, permit “new” programs on trial basis, limit number of residents

# Training Programs

- Duration: Vary from 1-7 years
- Accreditation: All ACGME accredited
- Sponsorship: All under NCC
- Location:
  - "Consolidated": single program at both
  - WRAMC only: single program at WRAMC
  - NNMC only: single program at NNMC
  - Duplicate: separate program at each

# GME Training: Data

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- Total number of trainees: 739
- Total number of programs: 66
- Number of consolidated programs: 17
- Number of WRAMC only programs: 31
  - (47%)
- Number of NNMC only programs: 5
  - (8%)
- Number of duplicate programs: 4

# Consolidated Programs

- Single “combined” residency training
- One program director
- Training at WRAMC and NNNMC
  - Residents rotate from one to the other
- Example: OB/GYN
  - Obstetrics at NNNMC
  - Gyn Oncology at WRAMC
  - “On call” at both institutions

# Consolidated Programs

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- Ob/Gyn
- Pediatrics
- ENT
- Anesthesia
- Dermatology
- Neurology\*
- Neurosurgery\*
- Pathology
- Psychiatry
- Radiology
- Int Med Subspec\*
  - Cardio, Pulm, GI
  - Heme/Onc, Inf Dis
  - Crit Care Med (IM,Pul), Endo
- \*majority of training at WRAMC

# Consolidated Programs

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- Challenges with “realignment”
  - Can’t simply shift from 2 hospitals to 1
  - ACGME requirements
    - Space: office, OR, call rooms
    - Case/patient numbers
  - Historical loss of resident “slots”
    - $5+4 = 7$

# WRAMC Only Programs

- No parallel/counterpart at NNMC
- Higher level training
  - Fellowship level most often
- Total number – 31 (47% of NCC)
- Challenges
  - Disposition – move to WRNMMC?
  - Need same level of support

# WRAMC Only Programs

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- Allergy
- Critical Care (Anes)
- Pain Management
- Cardiothoracic Surg
- Vascular Surg
- Hand Surg
- Nephrology
- Rheumatology
- Child Neurology
- Nuclear Medicine
- Gyn Oncology
- Urogynecology
- Ophthalmology
- Phys Md and Rehab
- Psychiatry Subspec
  - Child, Forensic
  - Geriatric
- Urology
- And others

# Duplicate Programs

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- Separate programs at each institution
- 4 programs
  - Orthopaedics WRAMC-6 yrs/NNMC-5 yrs
  - General Surg WRAMC-6 yrs/NNMC-5 yrs
  - Internal Medicine
  - Transitional Year

# Duplicate Programs

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- Challenges
  - Combined size will be VERY large
    - Int Med  $37 + 39 = \sim 76$
    - Difficult to oversee for Prog Dir and Admin
  - Risk of loss of trainees in critical specialties
    - Orthopaedics  $18 + 12 = < 30$
    - General Surgery  $25 + 26 = < 51$
  - Accreditation (ACGME) issues
    - ? Considered as "new" program

# Additional Training Programs

- Numerous nursing and medical support training programs
  - Critical care nursing to...
  - Anesthesia nursing to..
  - Dialysis technician to...
  - Dietician to....
  - Chaplain specialty training...

# Non-physician Prof Training

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- Social Work
- Clinical Psychology
- Neuropsychology
- Nuclear Pharmacy
- Oncology Pharmacy
- General Pharmacy
- Dietetics
- Occupational Therapy
- Chaplain (joint svce)
- Audiology
- Clinical Lab
- Health Care Admin

# **Additional Training Programs**

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- **Anesthesia Nursing**
- **Critical Care Nursing**
- **Psychiatry Nursing**
- **Pediatric Nursing**
- **Blood Bank Fellowship**
- **Clinical Lab Officer**
- **Medical Technician**

# Other Training Programs: Data

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- Duration: 4 mo to 2 years
- Number of trainees
  - Non-physician Professional: 37
  - Nursing and other: ~50

# BRAC Implications & Challenges

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- Merging programs into 1 institution
- “Moving” WRAMC only programs
  - Identifying location
  - Support
- Accreditation (ACGME) issues
  - Approvals for changes/new programs
- Potential loss of trainee positions

# BRAC Implications and Challenges

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- Resolving Army and Navy training differentials
  - Training requirements
  - Training length (ie Ortho and Gen Surg)
- Complexity of all of the above
  - Requires significant planning
  - Definitely "do-able"

■ QUESTIONS??

DCN: 11860



## **BRAC Commission Staffers – 3 Jun 05**

### **BRAC Recommendations for the Armed Forces Institute of Pathology (AFIP)**

1. Relocate Legal Medicine to NMMC
2. Establish a (Pathology) Program Management Office
3. Disestablish all elements of AFIP except:
  - a) National Medical Museum
  - b) Tissue Repository
4. Relocate AFME, DNA Registry and Accident Investigation to Dover AFB, DE
5. Relocate enlisted histology technician training to Ft Sam Houston, TX
6. In the future, the Department will rely on the civilian market for second opinion pathology consults and initial diagnosis when the local path lab capabilities are exceeded



# Directed Moves

## Armed Forces Medical Examiner System (AFMES):

- BRAC Recommendation: Relocate to Dover AFB, DE
- AFIP Assessment: Concur. Define AFMES to include divisions:
  - Office of the Armed Forces Medical Examiner (OAFME)
  - DoD DNA Registry
    - Armed Forces DNA Identification Laboratory (AFDIL)
    - Armed Forces Repository of Specimen Samples for the Identification of Remains (AFRSSIR): blood stain cards
  - Forensic Toxicology Division
  - Mortality Surveillance: epidemiological data mining / reporting
  - Special Investigations: forensic anthropology
  - Behavioral Division: psychological autopsies / suicides
- **Concern:** AFMES is only effective and efficient if the integrity of the system is preserved including operational, investigative, laboratory, surveillance, and documentary components



# Directed Moves

## National Museum of Health and Medicine

- BRAC Recommendation: Do not disestablish
- AFIP Assessment: Concur. Relocate to WRNMMC at Bethesda and define as including:
  - Public circulation, Exhibition areas, and Auditorium
  - Office and conference areas and specialized work spaces
  - Collections management; wet laboratory space
- Justification:
  - Ability to perpetuate historical role and importance of WRAMC
  - Appropriate setting as “public face” of new NMMC
  - Proximity to Medical Center, Medical School, NIH, NLM, HHMI
  - Enhanced access to safe public transportation, hotels
  - Proximity to conference facilities and visitor services of the NMMC
- **Concerns:**
  - Forest Glen is a less desirable location
  - 40,000 sq ft is less than half the required space of 101.7K sq ft
    - Current space is 86K sq ft and is inadequate



# Directed Moves

## National Repository of Tissue and Case Material

- BRAC Recommendation: Do not disestablish
- AFIP Assessment: Concur. Retain in current location at Forest Glen; Align with US Military Cancer Institute (USMCI)
- Justification:
  - Majority of 3 million+ cases, 50M slides, 20M blocks, 10M tissue specimens are tumor cases
  - Complemented by USMCI's biological specimens network (tissue bank)
  - Source material for cancer-related education, research, and market initiatives
- **Concerns:**
  - Any intent to mothball the repository
  - Active pathology archive for continuing patient treatment (daily need to retrieve cases for review by treating physicians)
  - Recognition of the *true* value of the tissue and case material repository
    - Discovery and dissemination of information leading to improved health care delivery to DoD beneficiaries
    - Sharing of material with qualified government, academic and commercial collaborators



# Directed Moves

## National Repository of Tissue and Case Material

- **Concerns (cont'd):**
  - Logical destination to accept BRAC 2005 pathology material from closed and downsized MTFs
  - Continuing requirements and support elements for Repository:
    - Retain automated system (PIMS) for tracking & retrieval
    - Upgrade warehouse buildings at Forest Glen (34,168 sq ft) to acceptable life safety and HIPAA standards
    - Move all case material currently located in Bldg 54, WRAMC which requires an additional 5,900 sq ft at Forest Glen
    - Continue imaging all paper-based records
  - 2nd order effects of disestablishing AFIP's diagnostic and consultative services
    - Reduces repository personnel requirement from 72 to 10
    - Does not eliminate need for PIMS with support and maintenance tail



# Directed Moves

## Legal Medicine

- BRAC Recommendation: Relocate to WRNMMC
- AFIP Recommendation: Concur. Co-locate with new Pathology Program Management Office
- Justification: Joint management of pathology laboratories, pathology results, QA/QC of consults worldwide, litigation trends
- Legal Medicine includes these specific functional areas:
  - Medical Malpractice Review
  - Centralized Credentials Quality Assurance System
  - Interagency Support Agreements
  - Closed legal cases are maintained in tissue and case material repository at Forest Glen

# Directed Moves

## Program Management Office

- BRAC Recommendation: Establish office at WRNMMC
- AFIP Recommendation: Concur. Co-locate with Legal Medicine and Center for Clinical Laboratory Medicine (CCLM) at WRNMMC
- Justification: Joint management of pathology laboratories, pathology results, QA/QC of consults worldwide
- Expanded Definition:
  - Incorporates Center for Clinical Laboratory Medicine (CCLM)
  - Anatomic Pathology Section
  - Contract Administration
  - Joint Laboratory Working Group
    - Includes service SG pathology consultants
    - Pathology Results Coordination
    - QA / QC of DoD 2<sup>nd</sup> Opinion Pathology Worldwide
- **Concern:** Need to have early involvement of SG Pathology Consultants in planning this new program management office

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# Directed Moves

## Triservice School of Histotechnology

- BRAC Recommendation: Relocate to Ft Sam Houston, TX
- AFIP Recommendation: Concur



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## Directed Moves

	Cost	Overhead	Personnel	Gross Sq Ft Req'd	New Const & Fit-Up	Cost to Move
<b>AFMES</b>	\$15,640,067	\$3,151,803	201 38 Mil, 19 GS, 144 Contr	111,900	\$64.35	\$1.17M
<b>NMHM</b>	\$2,059,833	\$415,100	21 10 GS, 11 Contr	101,700	\$33.78M	\$2.11M
<b>Repository</b>	\$3,265,368	\$658,040	72 43 GS, 2 VA, 27 Contr	(34,168) 5,900 add'l	\$1.70M	\$0.07M
<b>Legal Medicine</b>	\$1,088,315	\$219,318	13 1 Mil, 5 GS, 7 Contr	5,100	\$1.80M	\$0.06M
<b>Path Pgm Mgmt Off (Incl CCLM)</b>	\$2,028,714	\$407,308	14 8 Mil, 2 GS, 4 Contr (est)	3,100	\$1.10M	\$0.04M
<b>Histo School</b>	\$216,449	\$43,619	4 2 Mil, 2 GS	3,600	\$2.61M	\$0.03M



# Discretionary Moves

1. Patient Safety Center
2. Automated Central Tumor Registry
3. Veterinary Pathology
4. Radiologic Pathology



# Discretionary Moves

## Patient Safety Center

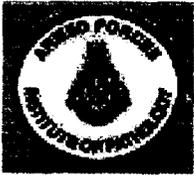
- BRAC Recommendation: Not mentioned
- AFIP Recommendation: Retain in DoD. Transfer to OASD(HA)/TMA
- Justification:
  - Prior to release of BRAC recommendations, plans to include legislative changes were progressing to move Patient Safety Center to OASD(HA)/TMA
  - Point of contact at TMA is CAPT Deborah McKay, 703-681-0064
  - Timing and location TBD

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# Discretionary Moves

## Automated Central Tumor Registry

- BRAC Recommendation: Not mentioned
- AFIP Recommendation: Retain. Combine with National Repository of Tissue and Case Material and align with USMCI
- Justification:
  - Cancer database linked to the Tissue Repository through the Pathology Information Management System (PIMS)
  - Used for case search and review as QA/QC tool
  - Study planned to use ACTUR with Tissue Repository for case finding to identify overlooked cases; pilot search revealed 100 Navy cases from 2002 that were not in ACTUR



# Discretionary Moves

## Veterinary Pathology

- BRAC Recommendation: Disestablish
- AFIP Recommendation: Non-Concur. Relocate to WRAIR
- Justification:
  - Path support for animals in pre-clinical drug efficacy & safety trials
  - Develop animal models for study of human disease
  - Pathology consultation for government-owned animals
  - Execute animal studies of predictive value for human conditions
  - Pathology support in demanding BSL-4 conditions
  - Forensic investigation of weapons system effects on animals (sonar)
- Location options with pros & cons:
  - Forest Glen (WRAIR) is best location (preliminary coordination)
    - Currently has a vet path lab with required tests & equipment
    - Provides desired electron microscopy capability for WRAIR
    - WRAIR research mission complements residency training program
    - Residents could take over animal colony QA program
    - Cost of moving (including personnel) is minimal
  - Other locations include Ft Detrick, Ft Sam Houston, USUHS



# Discretionary Moves

## Radiologic Pathology

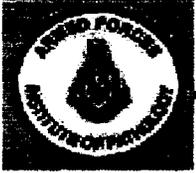
- BRAC Recommendation: Disestablish
- AFIP Recommendation: Non-Concur. Relocate to USUHS (preliminary coordination)
- Justification:
  - Unique department with repository of >38K radiology cases
  - Unique Rad-Path Correlation course for 1200 residents per year
    - Includes all 44 DoD radiology residents; 208 foreign residents
    - Fulfills ACGME requirement for 6 weeks of this education
    - Subscribed 2 years in advance
    - Self-sustaining with \$2M in revenue per year
  - Parallel education missions of Radiologic Pathology and USUHS
  - 3 vacant military billets at USUHS could accept AFIP's 3 Triservice officers (radiologists)
  - The image repository will continue to serve the military and nation



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# Discretionary Moves

	Cost	Overhead	Personnel	Gross Sq Ft Req'd	New Const & Fit-Up	Cost to Move
<b>PSC</b>	\$1,300,000	\$274,684	11 1 Mil, 2 GS, 8 Contr	1,900	\$0.68M	\$0.02M
<b>ACTUR</b>	\$1,200,000	\$241,825	3 1 GS, 2 Contr	600	\$0.22M	\$0.01M
<b>Veterinary Pathology</b>	\$1,515,058	\$305,316	10 4 Mil, 3 GS 3 Contr	8,000	\$4.41M	\$0.09M
<b>Radiologic Pathology</b>	\$206,602	\$41,635	19 3 Mil 16 Contr	22,300	\$8.80M	\$0.25M



# Discretionary Moves

1. Environmental and Toxicologic Pathology
2. Infectious and Parasitic Diseases
3. Continuing Medical Education
4. Telepathology

# Discretionary Moves

## Environmental and Toxicologic Pathology

- BRAC Recommendation: Disestablish
- AFIP Recommendation: Preserve function. Relocate to CHPPM.
- Justification:
  - Only DoD lab with multidisciplinary approach to evaluation of environmental, drug-induced, and radiation pathology
  - International Data Center for Toxic Lesions (INTOX) in humans and animals, databases include:
    - Kuwait/Persian Gulf Illness, Depleted Uranium, Agent Orange, Former POW, Environmental Toxins,
    - Tissue Reaction to Drugs, Radiation, Medical Geology, International Tissue & Tumor Repository on Chronic Arseniasis, Breast Explants & Bioimplantable Materials
  - User Groups - DTRA, CHPPM, WRAIR, VA, Naval Health Research Center, Naval Environmental Health Center, GEIS, MRMC, BAMC



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# Discretionary Moves

## Infectious and Parasitic Diseases Pathology

- BRAC Recommendation: Disestablish
- AFIP Recommendation: Preserve function. Relocate to Center of Excellence for Infectious Disease Research, Forest Glen, MD
- Justification:
  - Reference center for tissue-based infectious disease diagnosis especially leishmaniasis, malaria and AIDS
  - Establish standards of training, certification and quality assurance for DoD
  - Support DoD Centers of Excellence (e.g., Kenya, Indonesia)
  - Confirmatory (Level C) laboratory in the CDC Laboratory Response Network (LRN) for clinical and environmental testing

# Discretionary Moves

## Continuing Medical Education

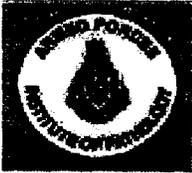
- BRAC Recommendation: Disestablish
- AFIP Recommendation: Integrate the staff of the AFIP's nationally accredited program into existing programs to form an evolutionary preeminent medical education division for the NCA
- Justification:
  - Proven track record of developing, delivering, evaluating exemplary medical education programs
  - Expertise in web-based instruction and delivery of virtual conferences
  - Skilled in many instructional formats: seminars, workshops, VTC, monographs
  - Range of skills: design, evaluation, reporting, marketing, meeting planning, syllabus and flier design and production
  - 2004: oversaw the award of 366,460 units of instruction to 7,600 course participants

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# Discretionary Moves

## Telepathology

- BRAC Recommendation: Disestablish
- AFIP Recommendation: Return Telepathology to the Army Telemedicine Project
- Justification:
  - The resources invested by the Army in this program have resulted in a true success story
  - Over \$2M invested in equipment in CONUS and OCONUS locations, including Iraq with plans for expansion to Afghanistan



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## Discretionary Moves

	Cost	Overhead	Personnel	Gross Sq Ft Req'd	New Const & Fit-Up	Cost to Move
<b>Env/Tox Pathology</b>	\$2,978,028	\$600,135	19 2 Mil, 10 GS, 3 VA, 4 Contr	25,200	\$18.45M	\$0.23M
<b>Infectious Diseases</b>	\$1,005,048	\$202,538	5 1 Mil, 2 GS, 1 VA, 1 Contr	8,400	\$5.78M	\$0.08M
<b>CME</b>	\$1,608,255	\$324,097	10 1 Mil, 8 GS, 1 Contr	1,900	\$0.68M	\$0.02M
<b>Telepath</b>	\$572,360	\$120,937	11 2 Mil, 2 GS, 7 Contr	6,800	\$2.43M	\$0.08M



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# Backup Slides

1. Mission Matrix
2. Personnel
3. Directed and Discretionary Move Data



Armed Forces Institute of Pathology

AFIP Missions Review (as of 30 Apr 05)

Missions	Cost			People & Space		
	Dir Cost	OH Cost \$15,495,950	All Funds Cost	# Pers	Amount	Location
<b>Armed Forces Med Examiner Sys ( 18,857,353)</b>	54,500	10,983	65,483			
Office of the Armed Forces Medical Examiner	1,817,349	366,234	2,183,583	28	13,020	Gillette Bldg
DoD DNA Registry (Division of...)	9,398,446	1,893,985	11,292,431	120	43,929	Gillette + UPS
Forensic Toxicology	3,837,235	773,284	4,610,519	41	25,760	Gillette Bldg
Mortality Surveillance Division	587,037	118,300	705,337	10	1,386	Gillette Bldg
National Museum of Health and Medicine	2,059,833	415,100	2,474,933	20	66,122	Bldg 54 + UPS
Tissue & Case Material Repository	3,265,368	658,040	3,923,408	71	34,168	Bldg 54 + FG
Imaging of Historic Records (IMC)	17,000,000		17,000,000			Bldg 54 + WV
Diagnostic and Consultative Services	8,340,725	1,680,832	10,021,557	101	21,742	Bldg 54
Pathology Laboratories (Scientific Labs)	5,440,206	1,096,316	6,536,522	56	21,350	Bldg 54
Legal Medicine	1,088,315	219,318	1,307,633	13	3,472	SilverSprMetro
Patient Safety Center	1,652,000	332,913	1,984,913	11	1,722	SilverSprMetro
Automated Central Tumor Registry	1,200,000	241,825	1,441,825		616	Bldg 54
Center for Clinical Laboratory Medicine	1,028,714	207,308	1,236,022	6	1,372	Bldg 54
Environmental & Infectious Disease Sciences	3,983,076	802,674	4,785,750	24	14,406	Bldg 54
Veterinary Pathology	1,515,058	305,316	1,820,374	10	4,396	Bldg 54
<b>Training</b>						
Histo School	216,449	43,619	260,068	4	3,150	Bldg 54
Residencies & Fellowships				31	2,380	Bldg 54
Continuing Medical Education	1,608,255	324,097	1,932,352	23	8,602	Bldg 54
Radiologic Pathology Course	206,602	41,635	248,237	19	14,736	Bldg 53
Current Research Portfolio	5,690,472	1,146,750	6,837,222	45	30,411	Bldg 54
Future Initiatives (TMA, AskAFIP, Telepath)						Bldg 54
<b>Other assets</b>	296,000	59,650	355,650			
Facility		3,122,761	3,122,761		46,109	Bldg 54
(Human Capital) Governance & Management	2,430,713	489,840	2,920,553	17	11,074	Bldg 54
Biosafety Level 3 Lab Biodefense Programs	5,682,630	1,145,170	6,827,800	27	38,500	Bldg 54
	<b>78,182,534</b>	<b>15,495,950</b>	<b>93,894,933</b>			

No military salaries included  
 Directorate of Admin Services included in Overhead  
 Total Direct Cost = \$78,398,983  
 Direct Cost less IMC money = \$61,398,983

DAS 677 408,423  
 140  
 817  
 Mil = 165, DAC = 253, VA = 19, Contract - 313,  
 Grants/Registry = 67, DHP-funded 227, OMA-funded 86

Includes: DHP, OMA, Reimbursables, Grants, CER, AFIP Consultation Fee Collections, GWOT Obligations  
 Sample overhead calculation for line # 8:  
 OH = 1817349 / (61398983 + 15495950) \* 15495950

Armed Forces Institute of Pathology

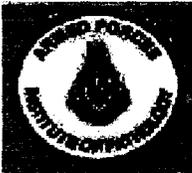
## Personnel (as of 30 Apr 05)

Army	75 (Off - 49* ; Enl - 26)
Navy	47 (Off - 19† ; Enl - 28)
Air Force	43 (Off - 17‡ ; Enl - 26)
VA	19
DAC	253
Contractors - DoD-Funded	313 (DHP - 227; OMA - 86)
Contractors - External Funding (e.g., grants, registries, 6/2/2005)	67
Total Staff	817
Total DoD-Funded Staff	750

\* Includes 12 Vet Path residents and 1 Fellow

† Includes 2 Fellows

‡ Includes 1 Fellow



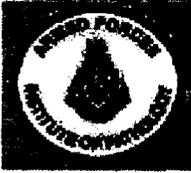
## Armed Forces Institute of Pathology

# Directed Moves

	AFMES	DNA Repository	NMHM	Tissue Repository	Legal Medicine	Prog Mgmt Offc	Histo School
<b>net sq ft:</b>							
BSL2 Lab	16,760		1,200				1,260
BSL2 Lab Support	5,510		1,200				200
Office	28,870		9,000		3,296	1,960	460
Warehouse		13,798	6,000	3,840			
Exhibition & Public Access			25,600				
Object Storage/Exhibition Mgmt			22,000				
<i>Total Net Square Feet</i>	<i>51,140</i>	<i>13,798</i>	<i>65,000</i>	<i>3,840</i>	<i>3,296</i>	<i>1,960</i>	<i>1,920</i>
<b>GROSS SQUARE FEET</b>	<b>91,600</b>	<b>20,300</b>	<b>101,700</b>	<b>5,900</b>	<b>5,100</b>	<b>3,100</b>	<b>3,600</b>
<b>Construction &amp; Fit-Up Cost (\$M)</b>	<b>\$57.42</b>	<b>\$6.35</b>	<b>\$33.78</b>	<b>\$1.70</b>	<b>\$1.80</b>	<b>\$1.10</b>	<b>\$2.61</b>
Special Equipment Cost (\$M)		\$0.58					
Move Cost (\$M)	\$0.92	\$0.25	\$2.11	\$0.07	\$0.06	\$0.04	\$0.03
<b>TOTAL COST (\$M)</b>	<b>\$58.34</b>	<b>\$7.18</b>	<b>\$35.89</b>	<b>\$1.77</b>	<b>\$1.86</b>	<b>\$1.14</b>	<b>\$2.64</b>

### Notes:

1. Special Equipment (DNA Repository) = Prepositioned two new freezers to receive portion of current DNA cards.
2. Conversion of net square feet to gross square feet estimated by CUH2A architects utilizing factors developed for HPFA (Bldg 50, & Ft Detrick Biodefense Center).  
These factors are specific to types of spaces (lab, office, BSL2 vs BLS3, etc) required by each department.
3. Construction & Fit-Up Costs estimated by CUH2A architects utilizing current per sq ft factors developed for HPFA (Bldg 50, & Ft Detrick Biodefense Center).  
*Costs of building construction for AFMES & DNA Repository estimated at \$44.46M. Higher total estimate for this mission and other missions is for Design, Outfitting and Contingencies (as per CUH2A architects).*
4. Move Costs are based on costs to move mixed-function WRAIR/NRMC to Bldg 503 (1999-01), adjusted for inflation to 2005.
5. These estimates do not include personnel relocation/retraining costs.



## Armed Forces Institute of Pathology

# Discretionary Moves

	Vet Path	Radiol Path	ACTUR	Pt Safety Cntr	Envir/Tox Pathol	CME (AdvMedEd)	Telemedicine	Infec Disease	Biodefense
<b>net sq ft:</b>									
BSL2 Lab	450				6,270			2,310	6,772
BSL2 Lab Support	450				3,440			525	1,495
BSL2 Animal Holding									800
Office Occupancy	3,900	4,180	440	1,200	3,040	1,200	4,270	1,500	6,255
Warehouse									
Teaching Center		10,000							
BSL3 Lab									5,351
BSL3 Animal Holding									833
<i>Total Net Square Feet</i>	<i>4,800</i>	<i>14,180</i>	<i>440</i>	<i>1,200</i>	<i>12,750</i>	<i>1,200</i>	<i>4,270</i>	<i>4,335</i>	<i>21,506</i>
<b>GROSS SQUARE FEET</b>	<b>8,000</b>	<b>22,300</b>	<b>600</b>	<b>1,900</b>	<b>25,200</b>	<b>1,900</b>	<b>6,800</b>	<b>8,400</b>	<b>44,400</b>
<b>Construction &amp; Fit-Up Cost (\$M)</b>	<b>\$3.67</b>	<b>\$8.80</b>	<b>\$0.22</b>	<b>\$0.68</b>	<b>\$18.45</b>	<b>\$0.68</b>	<b>\$2.43</b>	<b>\$5.78</b>	<b>\$34.24</b>
Special Equipment Cost (\$M)	\$0.75								
Move Cost (\$M)	\$0.09	\$0.25	\$0.01	\$0.02	\$0.23	\$0.02	\$0.08	\$0.08	\$0.38
<b>TOTAL COST (\$M)</b>	<b>\$4.50</b>	<b>\$9.05</b>	<b>\$0.23</b>	<b>\$0.70</b>	<b>\$18.68</b>	<b>\$0.70</b>	<b>\$2.51</b>	<b>\$5.85</b>	<b>\$34.63</b>

### Notes:

1. Special Equipment (Vet Path) = Transmission Electron Microscope (currently shares old machine at AFIP)
2. Conversion of net square feet to gross square feet estimated by CUH2A architects utilizing factors developed for HPFA (Bldg 50, & Ft Detrick Biodefense Center).  
These factors are specific to types of spaces (lab, office, BSL2 vs BLS3, etc) required by each department.
3. Construction & Fit-Up Costs estimated by CUH2A architects utilizing current per sq ft factors developed for HPFA (Bldg 50, & Ft Detrick Biodefense Center).  
The costs displayed here include a 5% addition for miscellaneous amenities (lobby, copy center, etc) except for Vet Path, where 3% was used and the EM is called out separately.
4. Move Costs are based on costs to move mixed-function WRAIR/NRMC to Bldg 503 (1999-01), adjusted for inflation to 2005.

## Cost Estimate Notes

These are global estimates of all costs including design, construction management, fit-up, move [in addition to MILCON cost]

All estimates were done by the architecture firm on retainer to HFPA to oversee the design of the Biodefense Center at Ft Detrick (with decades of experience in industry and government building complex buildings

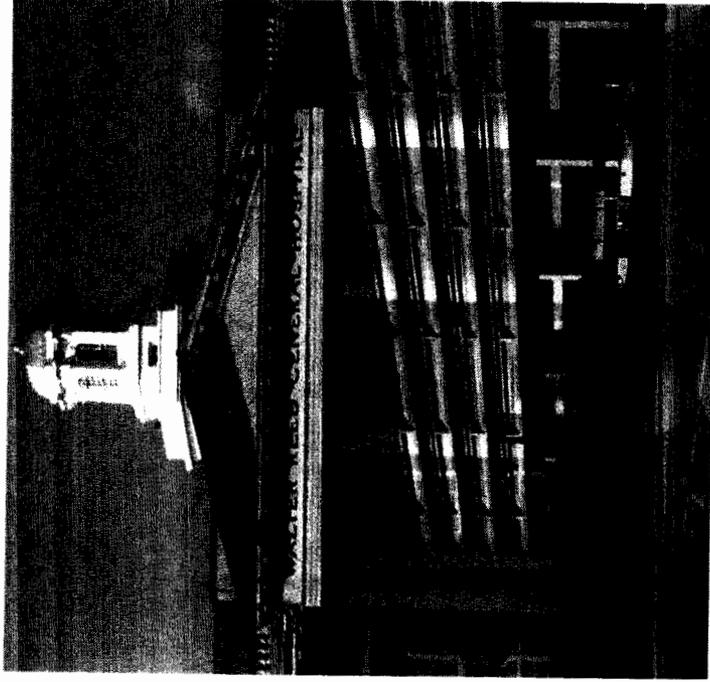
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# WALTER REED ARMY MEDICAL CENTER INSTALLATION OVERVIEW

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**

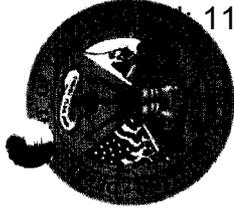


# **What is Walter Reed**

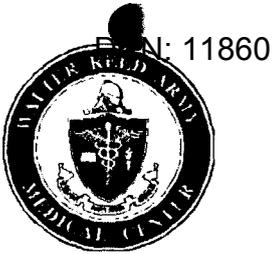
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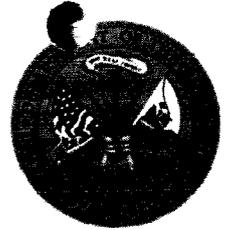
- **A dynamic installation with vibrant synergy focused toward:**
  - **Comprehensive medical care and treatment for all patients**
  - **Developing the best trained health care providers for our beneficiaries**
  - **Pioneering research efforts to protect, sustain, and treat our armed forces**
  - **Providing 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**



11860



# ***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**

# Walter Reed Installation

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

## Main Post:

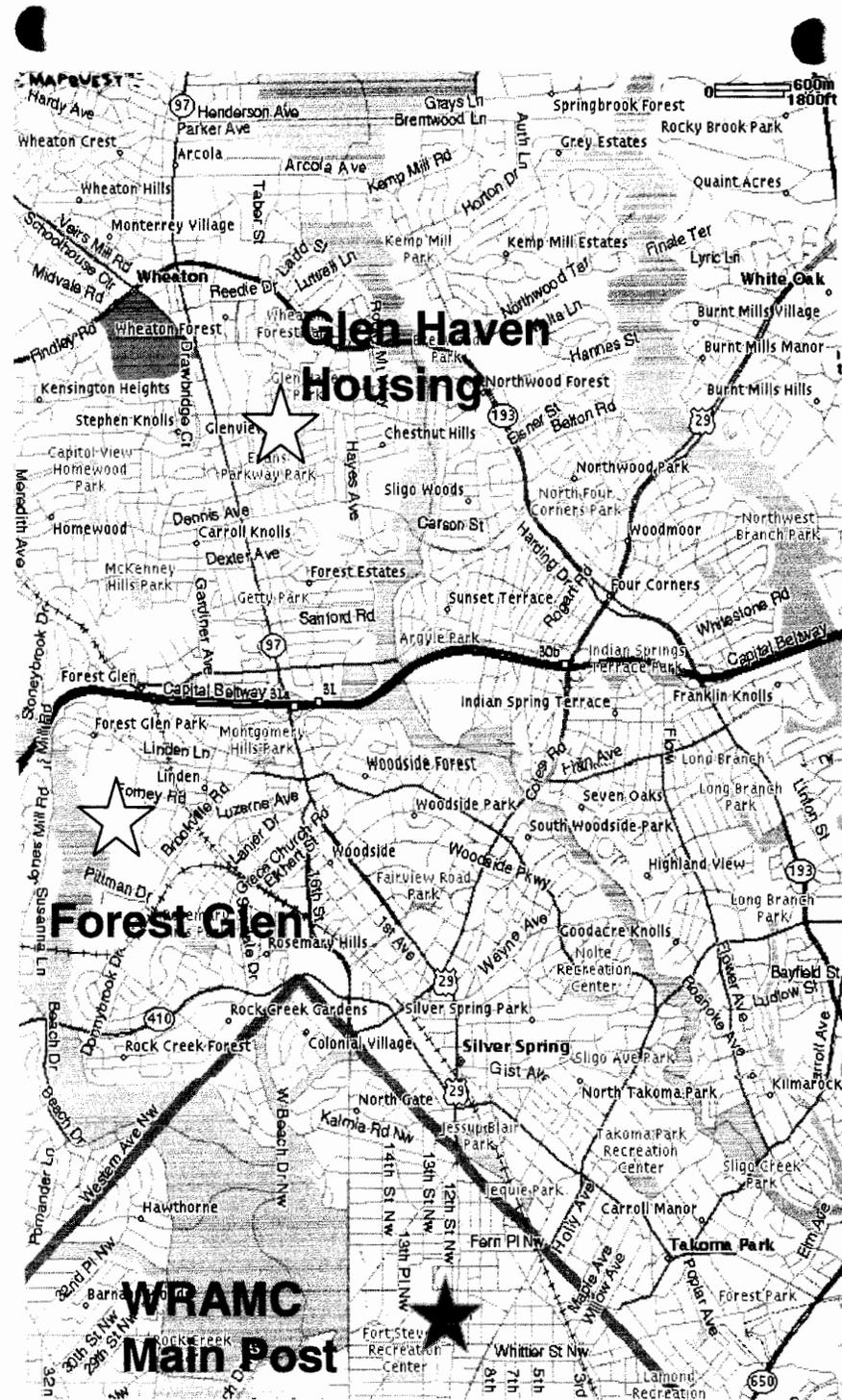
- 113 acres
- acquired in 1905, 1918, 1922
- 73 buildings
- 4.6M SF

## Forest Glen:

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

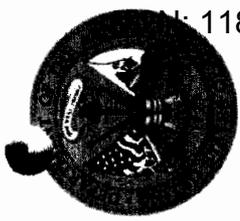
## Glen Haven:

- 20 acres
- Acquired in 1942
- Privatized housing





# Major Tenant Organizations



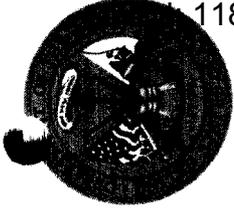
- Walter Reed Army Medical Center
- North Atlantic Regional Medical Command
- North Atlantic Regional Dental Command
- North Atlantic Regional Veterinary Command
- Armed Forces Institute of Pathology
- National Museum of Health and Medicine
- US Army Physical Disability Agency
- Multi Service Market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

*Forest Glen*



# Major Installation Projects Recently Completed

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- Fire Station – Forest Glen
- Wagner Sports Center – Main Section <sup>2003</sup>
- Bldg 130 – School age Services – Glen Haven <sup>2002</sup>
- Fisher House III – Main Section <sup>2005</sup>
- Bldg 83 Renovation/Addition DOIM – Main Section
- Bldg 91 Renovation/Addition DOIM – Main Section



# **Major Installation Projects Under Construction/Planned**

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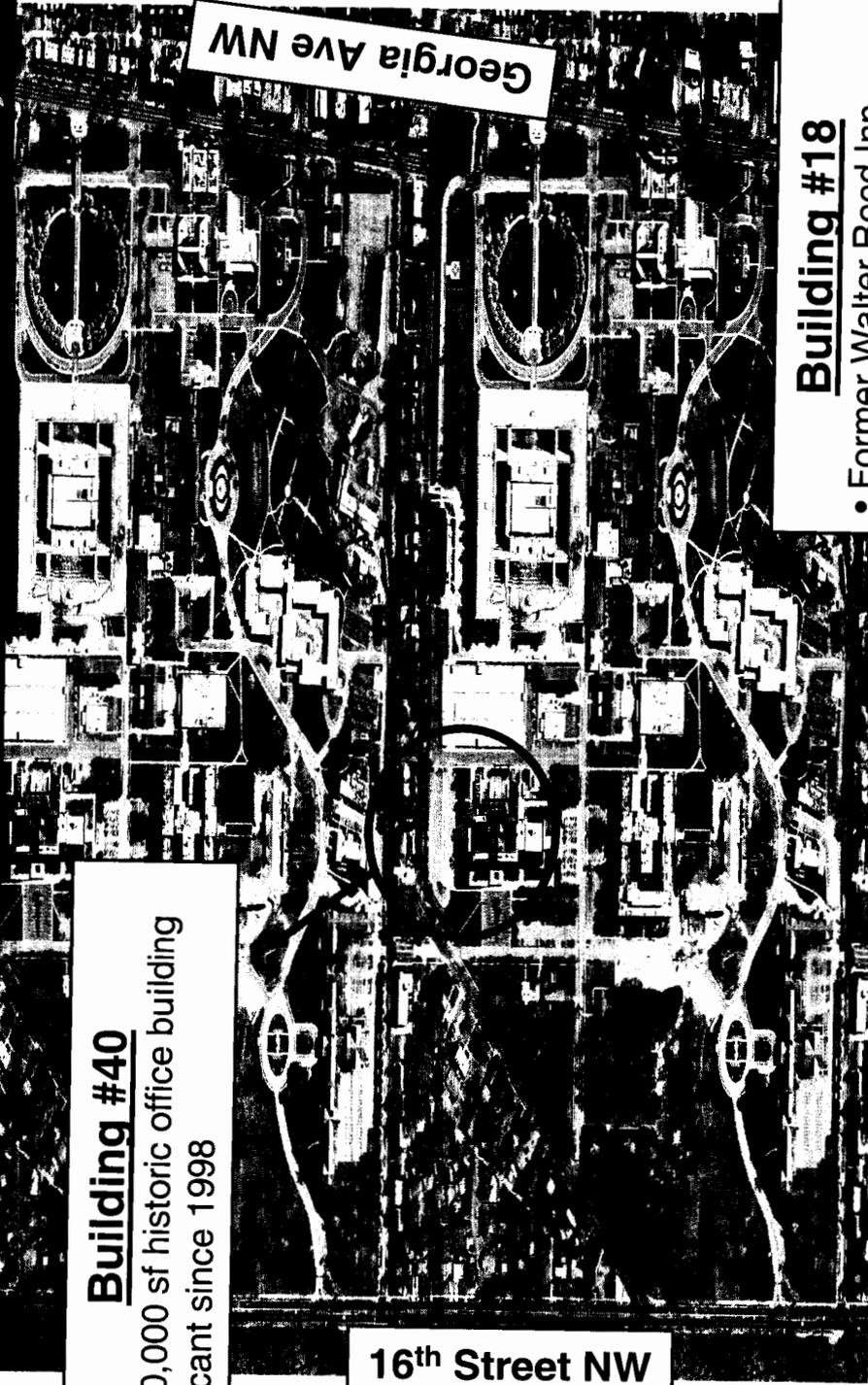


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- Bldg 14 – Barracks Upgrade <sup>1774 04-5</sup>
- Bldg 15 – Electrical Switch Station (MILCON) FY 03
- Force Protection (MILCON) FY 03 – Main Section
- Force Protection (MILCON) FY 03 – Forest Glen
- Child Development Center (Main) FYDP-09
- Emergency 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**

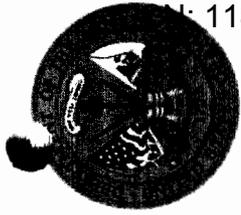
- 220,000 sf historic office building
- Vacant since 1998

### **Building #18**

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

16<sup>th</sup> Street NW

Georgia Ave NW



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N: 11860



# ***Building 40 EUL***

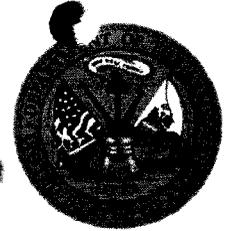
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- **HQDA Approval and EUL Lease signed OCT 04**
- **\$62M Renovation of historic structure to create a modern and efficient building with over 200K rentable sq feet**
- **WRAMC will receive over \$20M in-kind services over the prime lease term**
- **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**



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# ***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**



# ***Garrison Funding FY05***

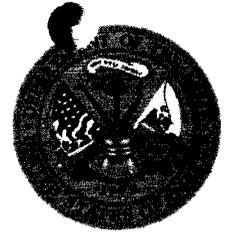
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• Program M (Mission)	\$ 17,532.6M
• Program B (BASOPS)	54,706.4
• Program E (Environmental)	2,840.0
• Program R (Recurr. Maint)	8,326.7
• Program S (Sustainment)	1,440.0
• OMA (Operat & Main, Army)	<u>9,457.5</u>
<b>Total</b>	<b>\$ 94,303.2M</b>

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



# ***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**



N: 11860

# **Forest Glen and Glen Haven BASEOPS - Personnel REQ**



- **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**

*WOW in  
@ Air Unit & Base*



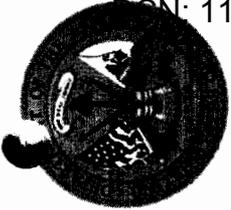
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# ***Forest Glen / Glen Haven Required Funding***



- **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**

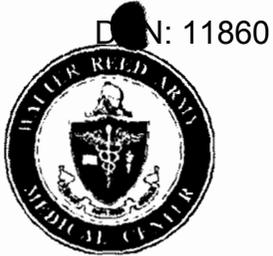
<b>TOTAL COSTS</b>	<b>\$16.1M APF</b>	<b>550K NAF</b>
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# ***Installation Workforce***

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- **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***

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- **Benchmark medical community providing tertiary and subspecialty medical care, national and international consultative research services, the final determining authority for physical determining disability 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***

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- **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**