

**DEFENSE BASE CLOSURE AND REALIGNMENT COMMISSION**  
**2521 CLARK STREET, SUITE 600**  
**ARLINGTON, VIRGINIA 22202**  
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**MEMORANDUM OF MEETING**

**DATE:** June 24, 2005

**TIME:** 2:00 PM – 3:00 PM

**MEETING WITH:** Medical BRAC Contact, Room 4E180, Pentagon

**SUBJECT:** BRAC, Medical Issues

**PARTICIPANTS:**

Col. Mark Hamilton, Contact for Joint Service BRAC Medical issues, (703) 692-6990

Maj. Doug Harper, Chief of Programming, (703) 681-6052, E-Mail: Doug.Harper@pentagon.af.mil

*Commission Staff:*

Thomas A. Pantelides Senior Analysts \*

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**MEETING SUMMARY:**

Our primary objective was to discuss the intent of the Med - 12 BRAC recommendations for Converting Inpatient Services to Clinics. Col. Hamilton explained that the recommendation follows the new model of medical service envisioned by DOD. The new model recognizes that hospitals will be regionalized and installations will operate more as clinics. He added that the civilian sector has been shifting from inpatient care to outpatient care and DOD is making that shift also. The BRAC recommendation and reductions identified are based on the "A" codes of personnel working in the inpatient care of the hospital.

We asked if the recommendation included reductions of the other services in a hospital that would require an inpatient care function. Col. Hamilton acknowledged that a number of services would be reduced if a hospital no longer had an inpatient care capability. For example, the hospital at Andrews should reduce staffing associated with the emergency room and teaching functions of the hospital. The reductions associated with other factions not required as a result of inpatient care closing were not included in the BRAC recommendation. Col. Hamilton said these other reductions would be considered in the implementation phase if the BRAC recommendations are approved.

Library Routing Slip 2005 BRAC Commission Materials

Title of Item: Memorandum of mtg  
Installation or Community: BRAC Medical Issues  
Source: visit  
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Analyst / Provider: Tom Pantelides Date Received: \_\_\_\_\_

Col. Hamilton used Keesler Air Force Base as an example of a hospital that has the opportunity to employ the new model of going from inpatient to outpatient care [note: Keesler is one of the hospitals in recommendation Med-12 that goes from an inpatient facility to an outpatient facility and ambulatory care center.]. He noted that Keesler has the opportunity to create agreements in the community for health care services to include graduate medical education programs with the local community hospital.

Col. Hamilton acknowledged that recommendation Med-10 could have been stated more clearly. The intent was to create a joint facility when all the phase I training was moved to Fort Sam Houston—this would create a richer training environment/opportunity.

Additionally, we summarized our visit and tour of Bethesda and asked about the Uniformed School University of the Health Sciences (USUHS) located at Bethesda. Col. Hamilton said that the USUHS was originally on the BRAC list for closure but was taken off the list. He referred us to the deliberations on MED 30 for additional information. He estimates the closure of USUHS would have saved about \$50 million a year and would not affect the population of doctors required by DOD.

The Department of Veterans Affairs was not part of the BRAC process; however, Col. Hamilton will meet with them next week.

\* Denotes individual responsible for completing the memorandum