

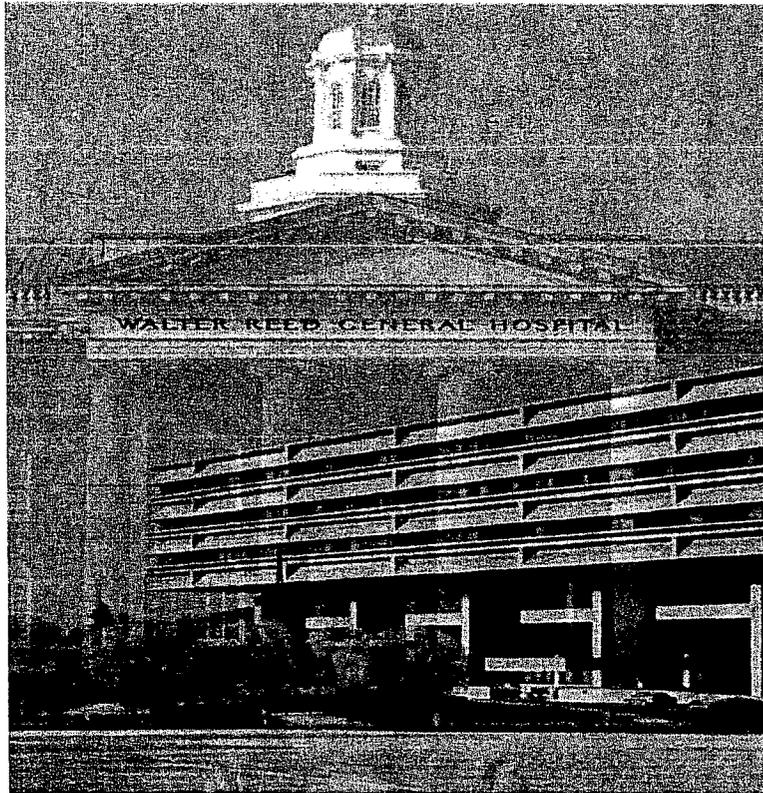


DCN: 4958

WALTER REED ARMY MEDICAL CENTER

Overview for General (Ret) Lloyd Newton
Base Realignment and Closure Commissioner

10 June 2005



Library Routing Slip 2005 BRAC Commission Materials

Title of Item: Briefing Slides
Installation or Community: Walter Reed Army Medical Center
Source: Base (visited)
Certified Material? yes no
Analyst / Provider: Lesia Mandzira Date Received: 6/10/05
Ashley Buzzell

MG Kenneth L. Farmer, Jr.
Commanding General & Installation Commander
Walter Reed Army Medical Center



What is Walter Reed

- World-renowned center of 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
- A National Treasure with an ailing infrastructure

Walter Reed Installation

- 8,700 personnel
- Multi-purpose joint use installation
- Premier Medical Community

Main Post:

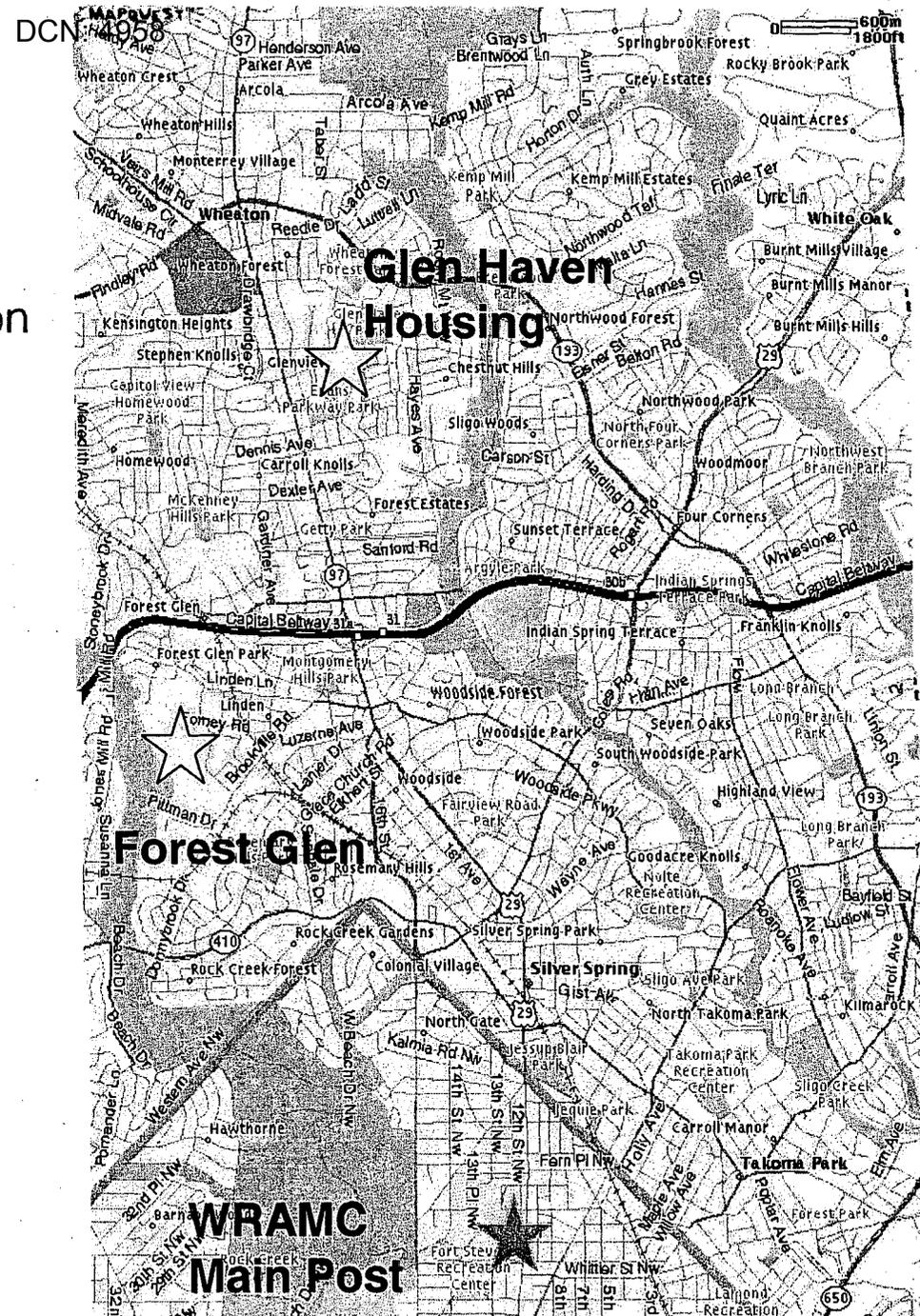
- 113 acres
- Acquired in 1905, 1918, 1922
- 73 buildings
- 4.6MSF

Forest Glen:

- 164 acres
- Acquired in 1942
- 33 buildings
- 1.3MSF

Glen Haven:

- 20 acres
- Acquired in 1942
- Privatized housing





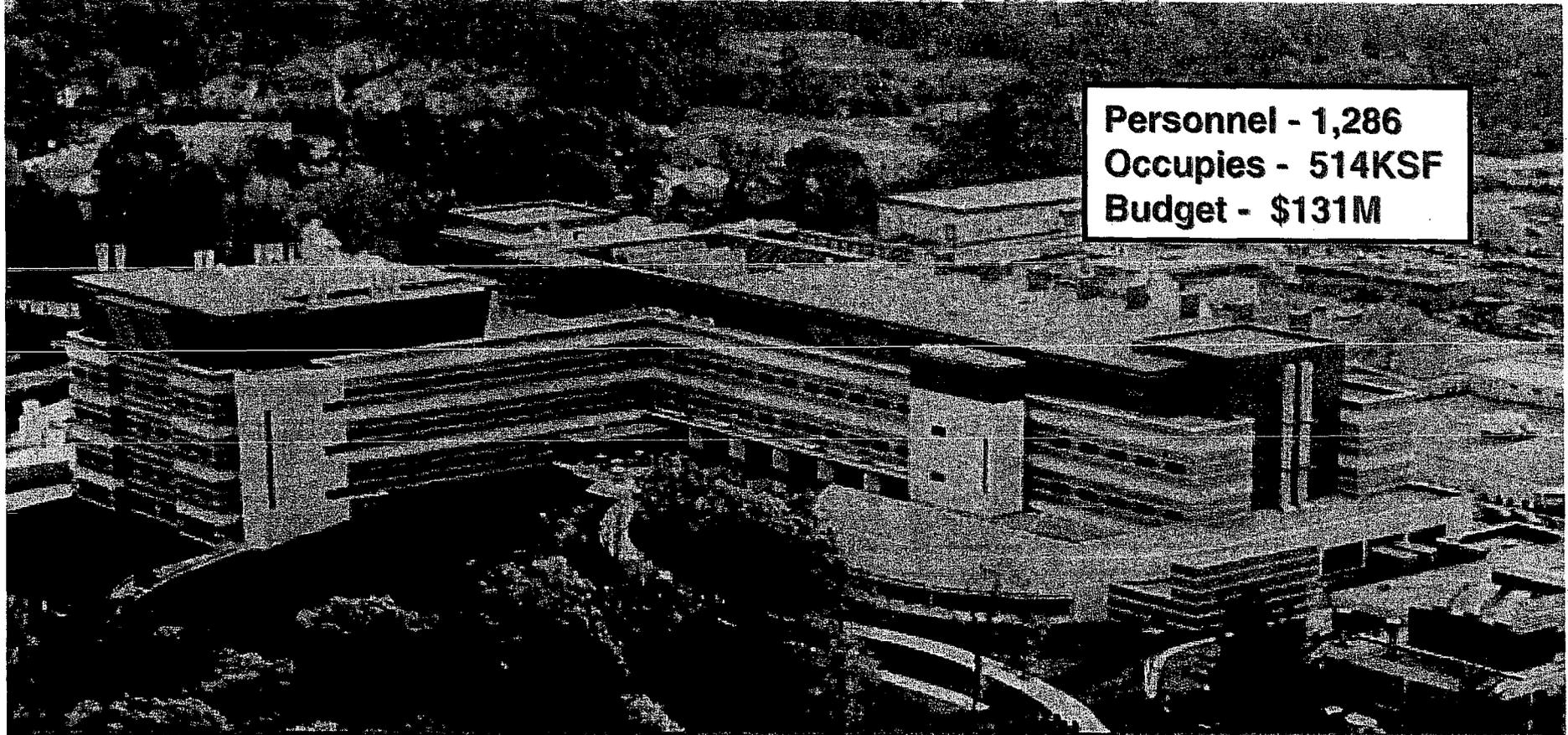
Major Tenant Organizations

- **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** *1 of 3*
(board) *San Antonio*
Ft. Lewis
- **Multi Service Market Manager Office**
- **2290th US Army Hospital**
- **Armed Forces Pest Management Board** *~15 people*
- **Walter Reed Army Institute of Research**
- **Naval Medical Research Center**



Walter Reed Army Institute of Research

*Moved to
Forest Glen
in 198*

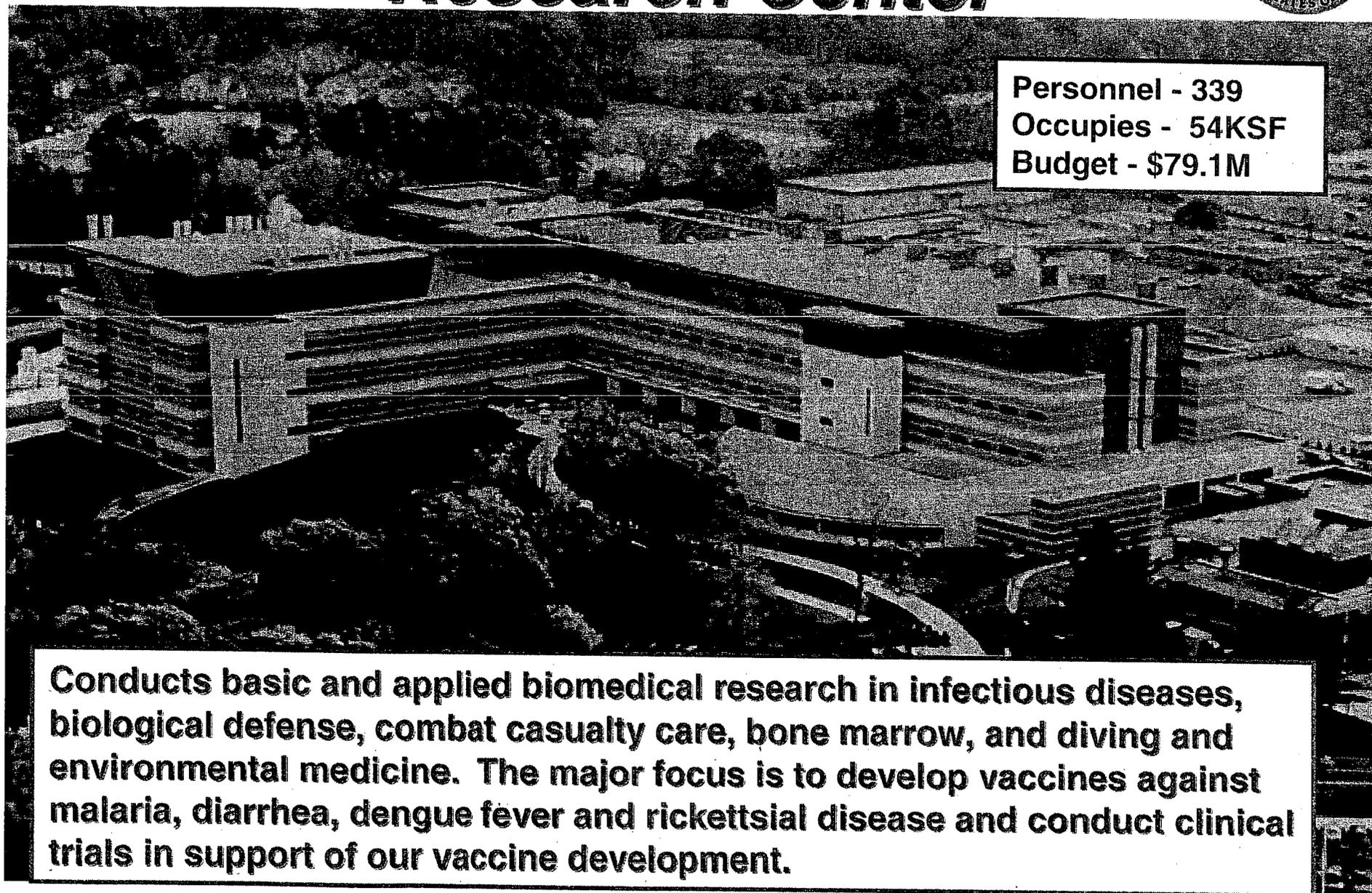


**Personnel - 1,286
Occupies - 514KSF
Budget - \$131M**

WRAIR is a world-famous facility and the largest biomedical research laboratory in DoD. Their cadre of distinguished personnel conduct military relevant biomedical research in the areas of military infectious disease, combat casualty care, military operational medicine and medical chemical and biological defense. Five residency post doctoral training programs and outreach to students from elementary school to post doctoral fellows. Vibrant technology transfer program.



Naval Medical Research Center



Personnel - 339
Occupies - 54KSF
Budget - \$79.1M

Conducts basic and applied biomedical research in infectious diseases, biological defense, combat casualty care, bone marrow, and diving and environmental medicine. The major focus is to develop vaccines against malaria, diarrhea, dengue fever and rickettsial disease and conduct clinical trials in support of our vaccine development.

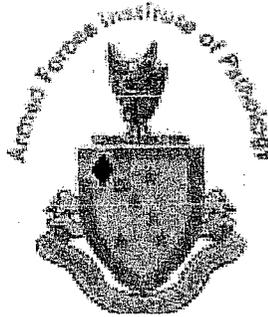


Armed Forces

Institute of Pathology (AFIP)



Personnel - 817
Occupies - 408KSF
Budget - \$85M



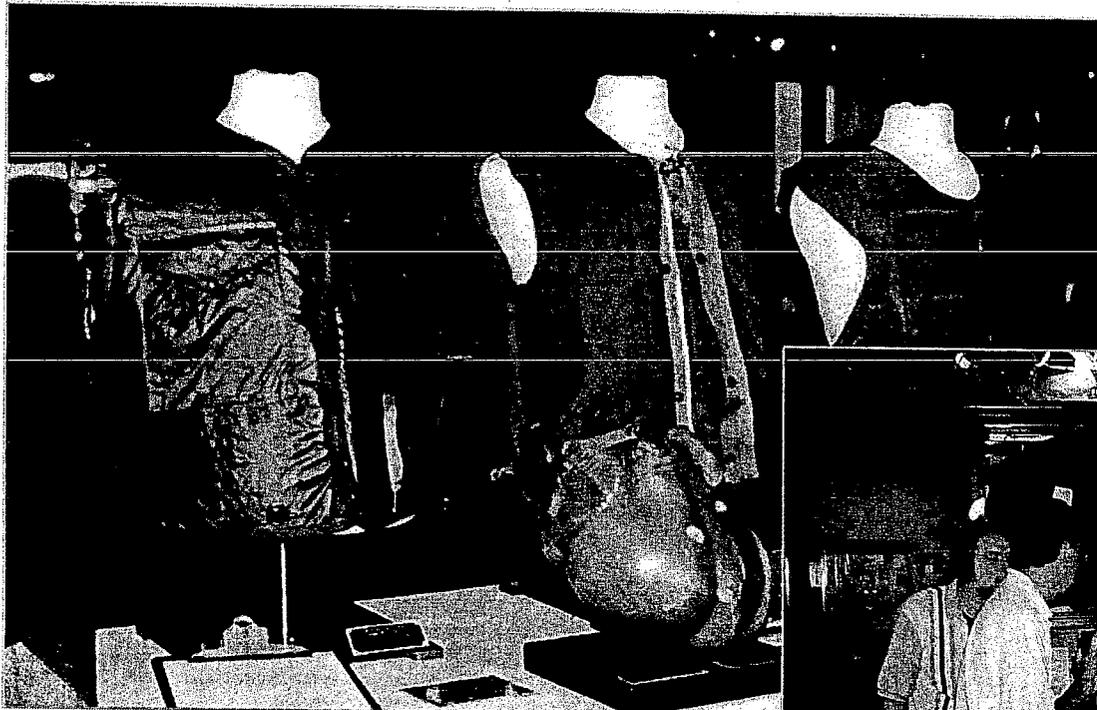
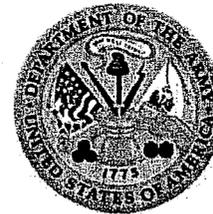
AFIP supports the DoD and other governmental agencies and enhances their health and well being. It provides medical, dental and veterinary expertise in secondary diagnostic consultation, education, and research. Directly supports the Central Identification Laboratory in Hawaii for remains identification mission and DoD Counter Narcotics programs.

RENEWAL COST - \$250M

have invested \$53M so far



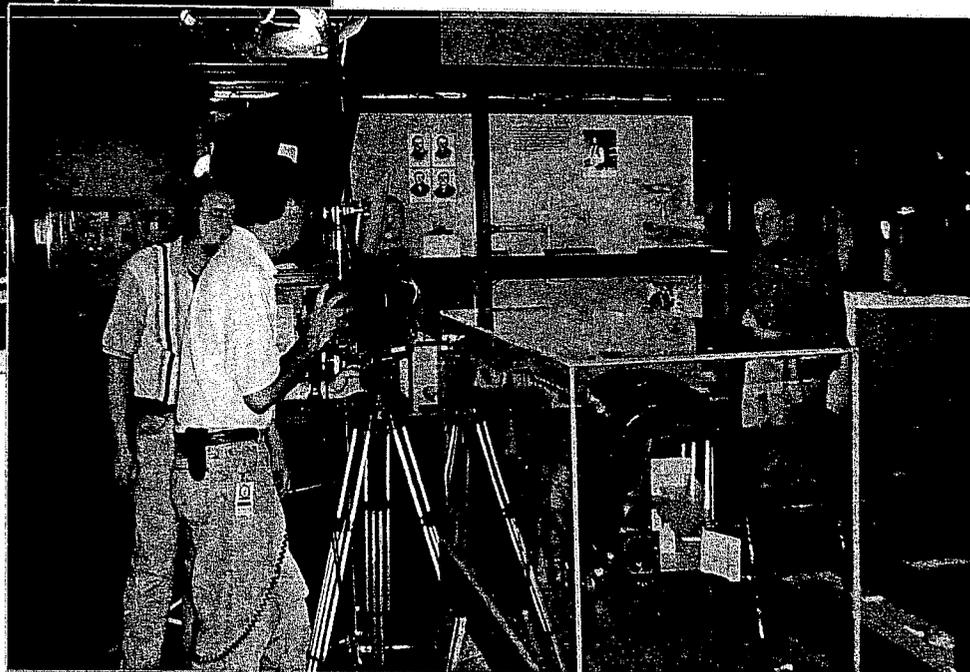
National⁹⁵ Museum of Health and Medicine

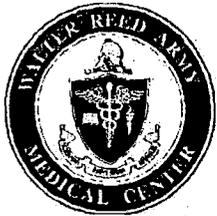


BRAC Recommendation
- Relocate to WRNMMC at Bethesda
or National Mall

Over 100,000 visitors a year

FACILITY REQUIREMENTS
- Current: 86,000SF
- Required: 101,700SF

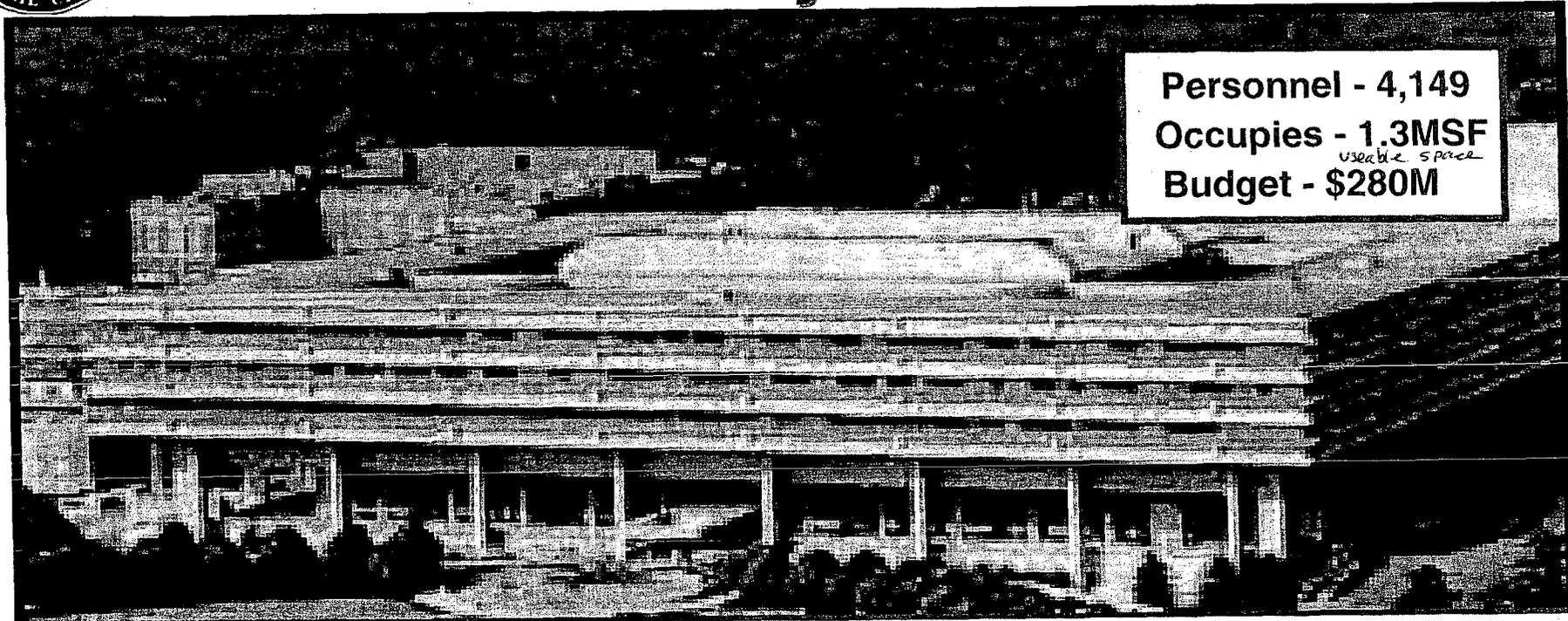




DCN: 4958



Walter Reed Army Medical Center



Personnel - 4,149
Occupies - 1.3MSF
usable space
Budget - \$280M

Walter Reed is a pre-eminent military medical center in DoD and the flagship of army medicine providing state-of-the art medical care, research, training and education with an enduring legacy of service to the armed forces that continues to expand the frontiers of military medicine. The Medical Center provides quality, comprehensive health care that is cost-competitive, accessible, and valued by our customers and serves as a national resource for specialty care and medical issues unique in DoD and other Federal agencies.



Operation Iraqi Freedom Operation Enduring Freedom



Warrior Care

- As of 6 June, WRAMC has treated 4,153 patients from OIF/OEF since the war began
- 1,133 of these patients were battle casualties
- 896 of the battle casualties have received treatment as inpatients
- Daily, over 50 casualties are typically at the medical center as inpatients with over 170 casualties remaining on the installation while receiving outpatient care and rehabilitation
- Responsible for the management of 836 active duty and reserve component personnel in medical hold and medical hold over processing, many of whom reside in on-post facilities

still in care + recuperative process



DCN: 4958

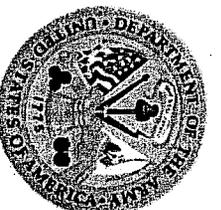


Medical Center Daily Statistics

Clinic visits	>2,500 <i>- Mon → Fri</i>
Beds occupied	185
Surgical procedures	32
X-rays, CT Scans and MRI's	6,700
Pathology procedures	8,000
Prescriptions filled	2,000
ER Visits	50



WRAMC Services



DCN: 4958

<ul style="list-style-type: none"> • Emergency Medicine • Primary Care <ul style="list-style-type: none"> - OB/GYN - Pediatrics - General Internal Medicine - Optometry - Wellness Service - Preventative Medicine • Surgical Services <ul style="list-style-type: none"> - General Surgery - Neurosurgery - Cardiothoracic Surgery - Plastic Surgery - Vascular Surgery - Ophthalmology - Urology - Prostate Center - Organ Transplant Surgery <i>Kidney</i> - Refractive Eye Surgery • Breast Care Center • Orthopaedics and Rehabilitation <ul style="list-style-type: none"> - Orthopaedic Surgery - Orthotics and Prosthetics 	<ul style="list-style-type: none"> • Physical Medicine <ul style="list-style-type: none"> - Physical and Occupational Therapy • Mental Health Service <ul style="list-style-type: none"> - Social Work - Psychiatry - Psychology - Behavioral Health - Army Substance Abuse Program • Sub-Specialty Care <ul style="list-style-type: none"> - Pulmonary Functions <ul style="list-style-type: none"> • Sleep Disorders Center - Cardiology - Oncology / Hematology - Audiology - Dermatology - Endocrinology - Gastroenterology 	<ul style="list-style-type: none"> - Infectious Disease - Nephrology - Otolaryngology - Rheumatology - Neurology - Podiatry - Pediatric Sub Specialty • Allergy/Immunology • Ancillary Services <ul style="list-style-type: none"> - 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
---	---	--



WRAMC Readiness Support

- Forward-deployed over 250 active-duty military staff (physicians, nurses, and technical specialists) to OIF/OEF
 - 48th CSH in Afghanistan (Dec 02 to Jun 03)
 - 28th CSH in Iraq (Feb 03 to current)
 - Other various units (47th CSH, 86th 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



Executive Medicine (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 General Officers (3 star and above and spouses)
- 4-bed ward averages 2-3 inpatients/day
- 15-18 Outpatient visits/day
- Outpatient workload has doubled since FY03
- Provides same outstanding care along with increased convenience, security and privacy



Other Special Programs and Support at WRAMC



- DoD Center for Amputee Health Care
 - Military Amputee Training Center MILCON on Hold
- National Vaccine Health Care Center (NVHC)
 - Education and research in conjunction with the CDC
 - DoD Smallpox Vaccination Program
- DoD Deployment Health Clinical
- Defense and Veterans Brain Injury Center



BRAC 2005 Recommendation

Walter Reed Army Medical Center



Walter Reed Army Medical Center

1. Realign WRAMC and relocate all tertiary medical services to National Naval Medical Center, Bethesda, MD establishing a 300 bed Walter Reed National Military Medical Center at Bethesda
2. Relocate all non-tertiary patient care to a new 165 bed community hospital at Ft Belvoir, VA
3. Close the main WRAMC Installation

Armed Forces Institute of Pathology

1. Relocate the Armed Forces Medical Examiner, DNA Registry, and Accident Investigation to Dover AFB
2. Relocate Legal Medicine to the new WRNMMC
3. Establish Program Management Office at WRNMMC to coordinate and control DoD second opinion consults world-wide
4. Relocate enlisted histology technician training to Ft Sam Houston, TX
5. Disestablish all other elements of AFIP except National Medical Museum and the Tissue Repository

Walter Reed Army Institute of Research/Naval Medical Research Center

1. Relocate the Combat Casualty Care Research sub-functions from WRAIR and NMRC to Ft Sam Houston, TX
2. Relocate Medical Biological Defense Research from WRAIR and NMRC to Ft Detrick, MD and consolidate with USAMRIID
3. Relocate Chemical Defense Research from WRAIR to Aberdeen Proving Ground, MD
4. Division of Retrovirology relocated to WRAIR from Rockville, MD and Naval Submarine Medical Research Laboratory from New London, CT to Forest Glen Annex



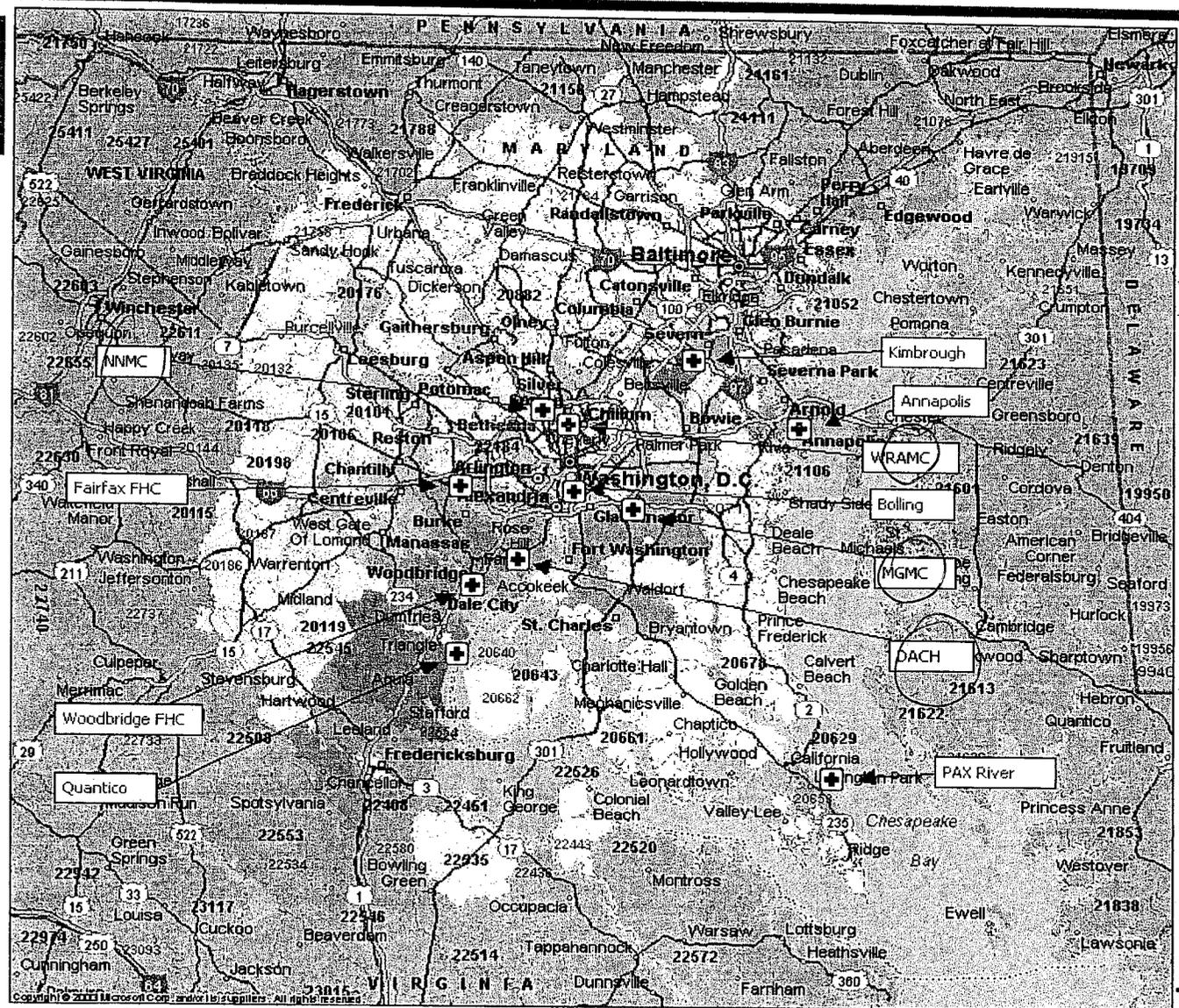
DCN: 4958



Multi-Service Market Area

Eligible Pop = 453,532
 Enrolled Pop = 280,505

- 10,001 to 15,000
- 5,001 to 10,000
- 2,501 to 5,000
- 1,251 to 2,500
- 0 to 1,250



circles = inpatient



Walter Reed Army Medical Center Renewal

DCN: 4958



- **2.4MSF gross; 1.3MSF net, facility completed in 1977**
- **Unfunded cost of hospital renovation / renewal estimated at \$734M**
- **Renewal / renovation would require 12-15 years to execute construction while maintaining operability of hospital**
- **Periodic lengthy disruptions to service throughout project lifecycle, as medical functions relocate to vacate space during phased construction**



DCN: 4958



Dewitt Hospital Replacement

built 1957

- FY2005 Project
- Programmed Amount \$100M (estimated \$178M)
already scheduled for replacement
- Provides 25 beds; birthing unit; same day surgery, primary, Specialty & emergency care
- 90% design due 15 July



DCN: 4958



Complexities and Issues of Integrating 2 Medical Centers

- Graduate Medical Education (GME)
- Organizational framework
 - WR = Svc & dept lines*
 - NMHC = integrated functional lines*
- Space availability
- Congressionally directed programs
- WRAMC installation support
- Command and Control



Graduate Medical Education National Capital Consortium



DCN: 4958

- Total # of trainees 742
- Total # of programs 66
- # Consolidated programs 17
- # WRAMC only programs 31
- # NNNMC only programs (8%) 5
- # Duplicate programs 4
- # Non GME Training programs 23

*PT
Chaplain
Field Medics (915)
Nurse Anesthetists*



DCN: 4958

Graduate Medical Education Training



- Accreditation Council for Graduate Medical Education (ACGME)
 - Accredits National Capital Consortium programs
 - “Regulators” of GME
 - Views program relocation as a “significantly changed” program
 - “Sympathetic” to current military challenges but uncompromising in expectations



Graduate Medical Education Training



Implications of Residency Review Committee Actions

- Loss of training positions
 - Service-wide implications
- Loss of training programs
 - “Domino” effect
- Challenging recruitment for residents
- Institutional education philosophy

WR - from residents, dating # C.

B- 11 11 1



Space Availability

- **Costs**

- Unit cost factor for BRAC Dewitt \$218 / SF; reality is \$309 *for 165 beds*

- **Personnel**

- Contract staff not included - > 1000 providing hospital support
- GME & Research requirements underestimated
- Significantly more requirements needed at the WRNMMC facility

- **Healthcare workload:**

- BRAC 70% south / 30% north – Reality: 50% / 50% *how did 70/30 come up w/ this ratio*

- **Space Concerns**

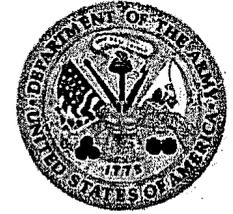
- Construction / Renovation SF at Bethesda may be too small / inadequate to meet current healthcare requirements

- **Gross to Net Factors**

- Bethesda facility: BRAC 325K SF = 185K functional (net)
- DeWitt facility: BRAC 1.1M SF = 800K functional (net)

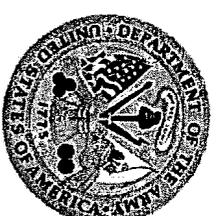


Congressionally Directed Research Programs



- Comprehensive Breast Care Center – 5,100 GSF
- Prostate Disease Center – 22,015 GSF
- GYN Disease Center – 5,500 GSF
- Liver Disease Center – 1,316 GSF
- Coronary Artery Disease Center – 10,012 GSF
- Deployment Health Center – 6,996 GSF

501 939



WRAMC Installation Support

- Lodging Facilities – More than 300 rooms available for families and patients (3 Fisher Houses, Mologne House, Guest House) which supports continuum of care paradigm
- Availability of Fitness Center/ Rehabilitation Facilities
- Vibrant Transition Employment Assistance Management Services coordinated through the Army Career Alumni Program by partnerships with Department of Veteran Affairs, Department of Labor, Office of Personnel Management, Department of Defense
- Barracks: Bldg 14 – 275 newly renovated rooms; ^{\$ 25M}
Bldg 18 – 50 rooms



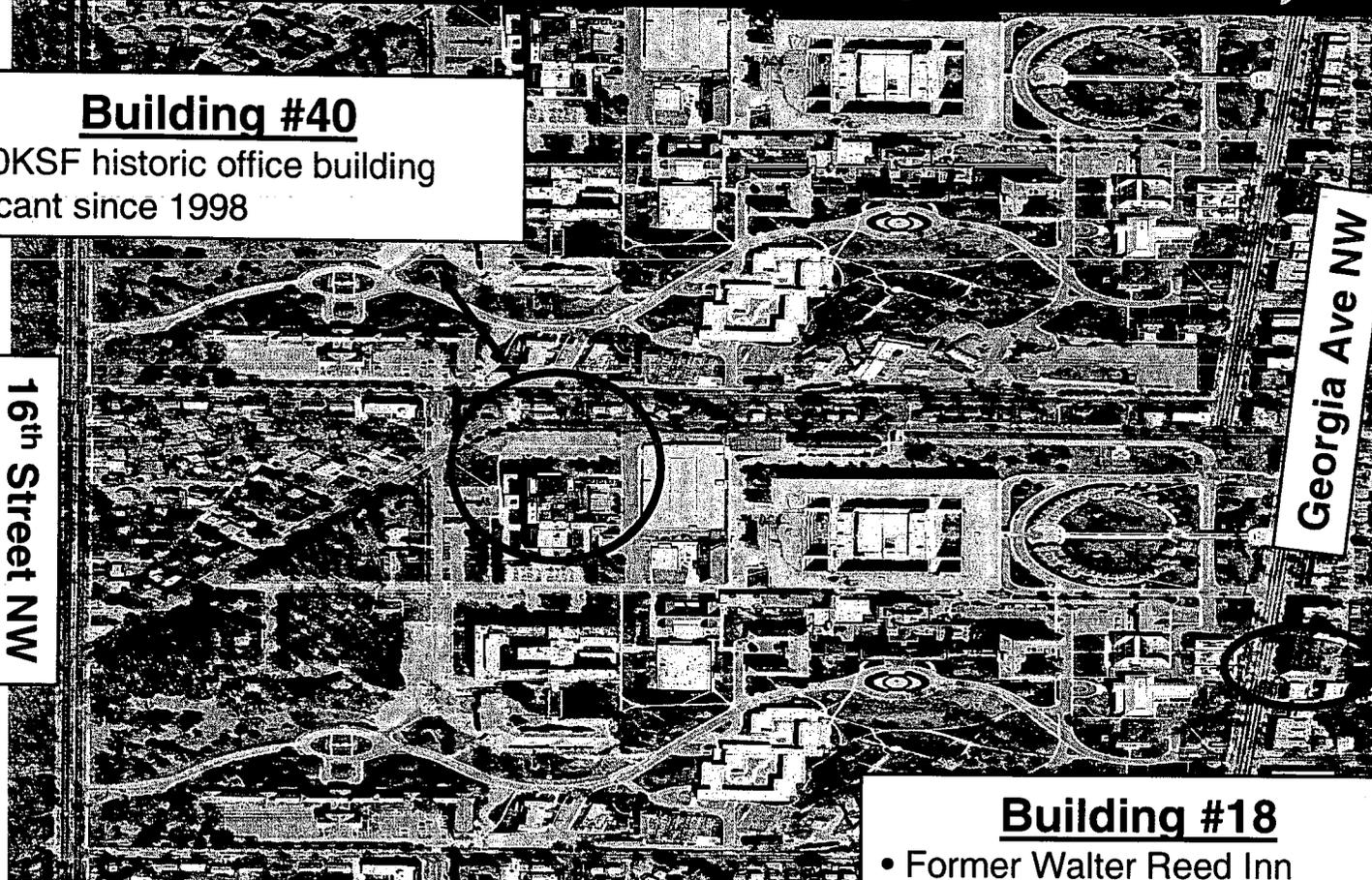
WRAMC Enhanced Use Lease

What Falls Under the Scope of the Project?

Building #40

- 220KSF historic office building
- Vacant since 1998

16th Street NW



Georgia Ave NW

Building #18

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



DCN: 4958



Building 40 EUL

- HQDA Approval and EUL ground lease signed Oct 04
- \$62M Renovation of historic structure to create a modern and efficient building with 220K rentable square feet
- WRAMC will receive over \$20M in-kind services over the prime lease term
- 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



DON: 4958 ***Historical Buildings / Artifacts and Environmental Issues***



- Museum collection listed on National Register
- 29 buildings and 8 landscape features contribute to the register-eligible district
- The Armed Forces Institute of Pathology – Building #54 and the old hospital – Building #1 likely eligible for individual listing on the National Register
- Multiple historic artifacts and records
- Unique environmental issues when decommissioning and closing medical treatment and research facilities



People Impact

- It is too early in the process to determine total personnel impact
- The BRAC language notes a loss of 2,524 Military and 2,370 civilian personnel and a loss of 234 students
- There are over 6,900 military, civilian and contractor personnel working on main post
- Civilian Workforce: 69% from MD, 19% from DC, 10% from VA
- Approximately 60% of the jobs leaving Walter Reed Main Post remain in the National Capital Region
- Will civilian employees be Department of the Army, or Department of the Navy, or DoD employees?
- Workforce will be impacted by recent Commercial Activities Studies



Political Environment

- Community members attending Walter Reed's 26 May 05 Town Hall meeting voiced opposition to the realignment and/or closure of Walter Reed, vowing to engage local officials to fight the Department of Defense recommendation to close the installation
- Walter Reed's historic significance as a community landmark, its world-renowned reputation as a premiere medical center; and its economic impact on the adjacent community make the closure recommendation unpalatable to its neighbors, local business owners, military retirees and veterans
- Most local and federal political officials have stated publicly that they oppose the closure of Walter Reed; however, they have indicated significant interest in the re-use of the property should it be closed



Political Environment

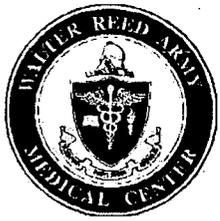
- Local and federal officials in Maryland appear to support the proposed move of Walter Reed to Bethesda, but have expressed concerns about the significant increase in traffic congestion such a move would cause. Movement of additional units/personnel to the Forest Glen Annex in Silver Spring also has neighbors concerned about traffic congestion and noise pollution
- Media reports strongly indicate community members want the BRAC Commission to hold public meetings so local residents have an opportunity to personally address commissioners about their concerns
- Uncertain about local receptivity to additional construction at Bethesda



BRAC: National Capital Area 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)



Benefits of BRAC Recommendations



- Joint market perspective makes sense
- Improves Joint Service capabilities and retains Walter Reed's importance as a pre-eminent institution while creating a world-class Joint Medical Center ensuring quality health care for our Armed Forces, their families and veterans
- Expansion of the hospital at Fort Belvoir and the new facility at Bethesda provide state of the art medical facilities in the northern and southern sectors of the National Capital Area



DCN: 4958



Issues to be Resolved

- Command and Control of WRNMMC
- Command and Control of Forest Glen and Glen Haven
- Footprint at Bethesda for clinical and support requirements
- Required apportioning of medical assets in the NCA
- Determining total project cost
- Intensive Ambulatory Patient Lodging, visiting family housing / Medical Hold / Holdover Housing requirements



DCN: 4958



Summary

- Recommendations make sense from a market and business perspective
- Complexities of integrating programs and different cultures is going to be a challenge
- Enhanced Use Lease agreement will need to be addressed
- Space and footprint requirements a concern
- Walter Reed Army Medical Center as a national treasure

WRAMC Briefing to BRAC Commissioner – 10 June 2005
Attendee List

GEN (Ret) Lloyd Newton	BRAC Commission
MG Kenneth Farmer	WRAMC-NARMC-MSMO
COL Jeffrey Davies	WRAMC
COL David Jones	WRAMC
COL Charles McQueen	WRAIR, Forest Glen
COL Charles Pemble	AFIP
COL Patricia Horoho	Ft Belvoir (DeWitt)
CAPT Mark Olesen	NNMC, Bethesda
Jerry Morris	NMRC, Forest Glen
Elliott Doomes	Delegate Holmes-Norton Office
COL Kathryn Beasley	MSMO
COL Cathy Nace	WRAMC
COL Timothy Williamson	NARMC
COL Janice McCreary-Watson	NARMC
LTC Jane Denio	WRAMC
MAJ Michael Brennan	WRAMC
MAJ David Hammer	Ft Belvoir (DeWitt)
CPT Edward Weinberg	WRAMC
Lt(jg) Vincent Palrose	NNMC, Bethesda
James Burke	NNMC, Bethesda
Barbara Andreno	NNMC, Bethesda
Alan King	WRAMC
Randal Treiber	WRAMC
John Wetterau	WRAMC
Lyn Kukral	WRAMC
Charles Battaglia	BRAC Commission
Christine Hill	BRAC Commission
Lesia Mandzia	BRAC Commission
Rob McCreary	BRAC Commission
Ashley Buzzell	BRAC Commission
Megan Riffle	BRAC Commission