

**BASE VISIT REPORT**

**Walter Reed Army Medical Center**

**June 10, 2005**

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

**ACCOMPANYING COMMISSIONER:** N/A

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

**LIST OF ATTENDEES:**

**North Atlantic Regional Medical Command**

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

**Walter Reed Army Medical Center**

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

**National Naval Medical Center**

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

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Analyst / Provider: Lesia Mandzia Date Received: 7/15/2005  
Ashley Buzzell

**Fort Belvoir-DeWitt Hospital**

- COL Patricia Horoho
- MAJ David Hammer

**National Capital Area Multi-Service Market**

- CAPT Kathryn Beasley, Director

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

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

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

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

[Note: see attached briefing slides for information presented.]

**BASE'S PRESENT MISSION:**

Walter Reed Army Medical Center (WRAMC) Garrison Mission:

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

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

[Note: could not find a mission statement]

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

**SECRETARY OF DEFENSE RECOMMENDATION:**

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

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

results, contract administration, and quality assurance and control of DoD second opinion consults worldwide;

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

### **SECRETARY OF DEFENSE JUSTIFICATION:**

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

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

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

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

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

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

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

**KEY ISSUES IDENTIFIED:**

**Space Requirements**

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

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

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

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

**GME (Graduate Medical Education)**

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

**AFIP**

It is unclear where the National Museum of Health and Medicine will be placed. The recommendation indicates it can be placed at Bethesda or the National Mall.

AFIP programs not mentioned in BRAC recommendation are the Patient Safety Center and the Automated Central Tumor Registry.

**INSTALLATION CONCERNS RAISED:**

**Graduate Medical Education (GME)**

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

### **Organizational framework**

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

### **Space Availability**

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

### **Congressional Directed Programs**

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

### **WRAMC installation support**

WR has:

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

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

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

**Command and Control**

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

**COMMUNITY CONCERNS RAISED:**

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

**REQUESTS FOR STAFF AS A RESULT OF VISIT:**

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