

**DEFENSE BASE CLOSURE AND REALIGNMENT COMMISSION**  
**2521 CLARK STREET, SUITE 600**  
**ARLINGTON, VIRGINIA 22202**  
**(703) 699-2950**

**MEMORANDUM OF MEETING**

**DATE:** June 22, 2005

**TIME:** 8:00 AM – 11:30 AM

**MEETING WITH:** National Naval Medical Center, Bethesda

**SUBJECT:** Briefing and tour of Bethesda

**PARTICIPANTS:**

Captain Mark Olesen, MD, Deputy Commander, National Medical Center, Phone: Work 301-2952427, E-Mail: [MCOlesen@bethesda.med.navy.mil](mailto:MCOlesen@bethesda.med.navy.mil).

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*Commission Staff:*

Thomas A. Pantelides Senior Analyst \*

Lesia Mandzia, Senior Analyst

**MEETING SUMMARY:** Captain Mark Olesen provided a briefing of the National Naval Medical Center, (NNMC), Bethesda (Attached).

Library Routing Slip 2005 BRAC Commission Materials

Title of Item: Memorandum of mtg  
 Installation or Community: National Naval Medical Center  
 Source: other staff memo / Base visit  
 Certified Material?  yes  no  
 Analyst / Provider: Tom Pantelides Date Received: \_\_\_\_\_

The main points of the brief highlight the Mission and quality of family centered care provided at the center. Five BRAC recommendations affect the National Naval medical Center in Bethesda (see attached briefing slides). The recommendation with a large impact is the closing of Walter Reed Army Medical Center and the creation of the New Walter Reed Military Medical Center (WRMMC) at Bethesda.

According to NNMC representatives, some of the challenges they face with the creation of the WRMMC are:

- the integration of the Army/Navy/Air Force because they "do business differently";
- finding places/locations to build facilities;
- funding the proposed BRAC recommendations; and
- how to deal with traffic issues of more patients and staff coming into the facilities.

After our brief we took a tour of NNMC and viewed potential areas of future expansion. The main point made during the tour was that NNMC has the ability to absorb the projected increase of services and associated personnel proposed. Officials pointed out the locations of expansion and or demolition and or renovation of the facilities; however they noted the plans have not been finalized, attached is a Map of NNMC.

During the Tour it was agreed that the level of planned construction outlined would exceed the projected estimates. The attached summary shows projected estimates for the Medical Section and the Technical Section. Officials said these estimates were low because the BRAC deliberations did not consider all of the construction needed as a result of the planned consolidation. Additionally, all of the personnel/positions affected were not considered because personnel numbers do not reflect positions that are currently being performed by contract personnel.

We have asked for additional information in support of the higher estimates, to include contractor personnel filling required billets. Officials estimate the new numbers would increase construction costs and reduce personnel savings. All agreed that the proposed consolidation of the medical functions at NNMC is a good recommendation. One official questioned the need to have the Extramural Research Program Managers at NNMC.

\* Denotes individual responsible for completing the memorandum

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**MEMORANDUM OF MEETING**

**DATE:** June 22, 2005

**TIME:** 1:00 PM – 3:00 PM

**MEETING WITH:** Naval Medical Education and Training Command, (NMETC), Bethesda

**SUBJECT:** Briefing of NMETC, Bethesda

**PARTICIPANTS:**

Rear Admiral Carol L Turner, Commander, NMETC, Bethesda  
 Captain Thomas McGue, Deputy Commander, NMETC  
 Captain Jamie Luke, NMETC, Strategic Planning, Public Affairs and Marketing  
 Captain Florence Crosby, Prospective Commanding Officer, NSHS San Diego and head of Medical Service Corps Programs  
 Captain Robert Taft, Director, Graduate Programs  
 Commander Resa Warner, Director, Academics  
 Lieutenant Commander Ethan Josiah, Deputy Director, Governance  
 Dr. Anne Ballard, Instructional Systems Specialist, Governance  
 Ms. Louise Nazario, School Course Management, Governance  
 HM1 Andrew Neville, Strategic Planning, Public Affairs and Marketing

*Commission Staff:*

Thomas A. Pantelides Senior Analyst \*

Lesia Mandzia, Senior Analyst

**BACKGROUND:** NMETC is the Naval headquarters office responsible for the basic and specialty medical enlisted training. The training programs at Portsmouth, San Diego and Great Lakes are proposed to move to Fort Sam Houston in BRAC recommendation Med-10.

**MEETING SUMMARY:** Rear Admiral Carol L. Turner provided a briefing of NMETC (Attached).

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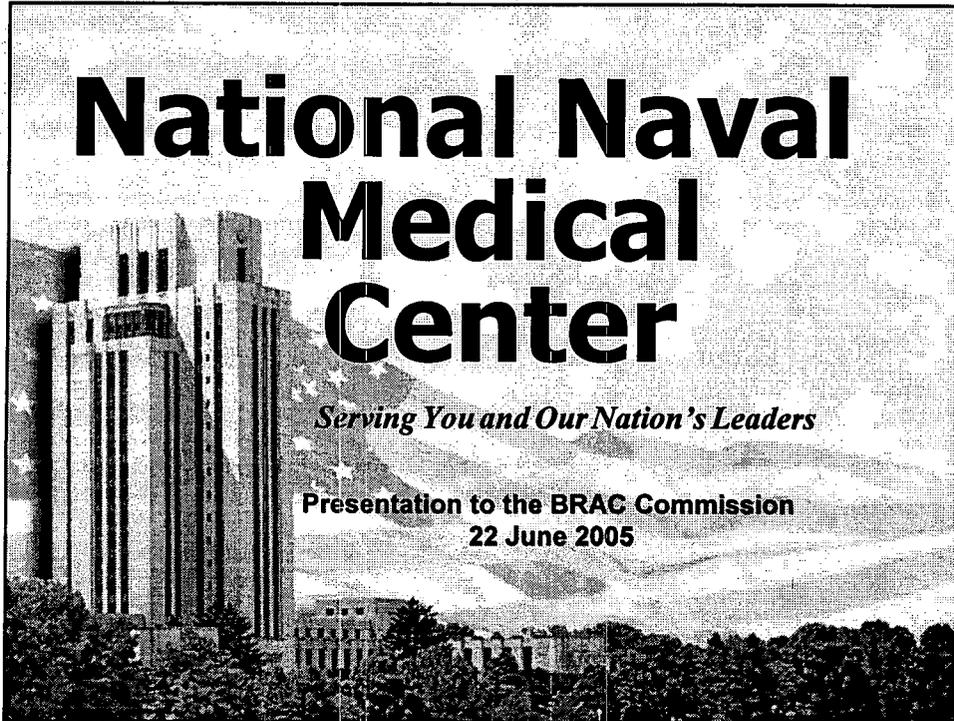
Title of Item: Memorandum of Meeting  
 Installation or Community: National Naval Medical Center  
 Source: Other Staff memo / Base Visit  
 Certified Material?  yes  no  
 Analyst / Provider: Tom Pantelides Date Received: \_\_\_\_\_

The main points of the brief highlight the Mission of NMETC while noting the training philosophy differences within the Army and Navy. Many of the concerns expressed centered on the differences in this training philosophy. Admiral Turner agreed to provide additional details to include questions that need to be addressed at San Antonio which should help in understanding the challenges being faced by both the Army and Navy in implementing this proposal.

NNMC has begun to make changes in the training programs provided. For example, corpsman and dental technician training will be combined; electroneurodiagnostics, urology technician, dermatology technician, the basic radiographer course, otolaryngology technician and basic and advanced dental prosthetic laboratory technician training will be eliminated.

Another issue discussed was the need to maintain the Navy's high standards of training especially as it applies to independent duty corpsman and the high standards required for credentialed standards.

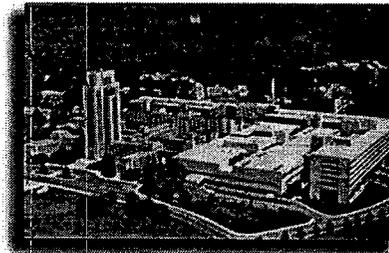
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## NNMC Command History

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

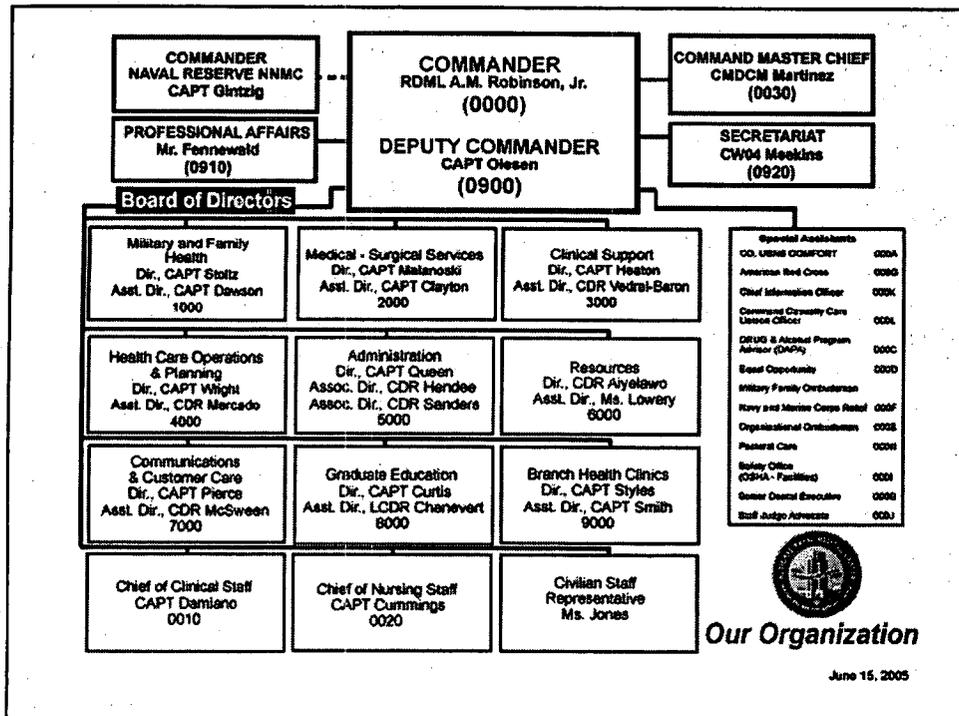
◆ Original 1200-bed capacity was augmented in 1945, at the end of WWII, with temporary structures.

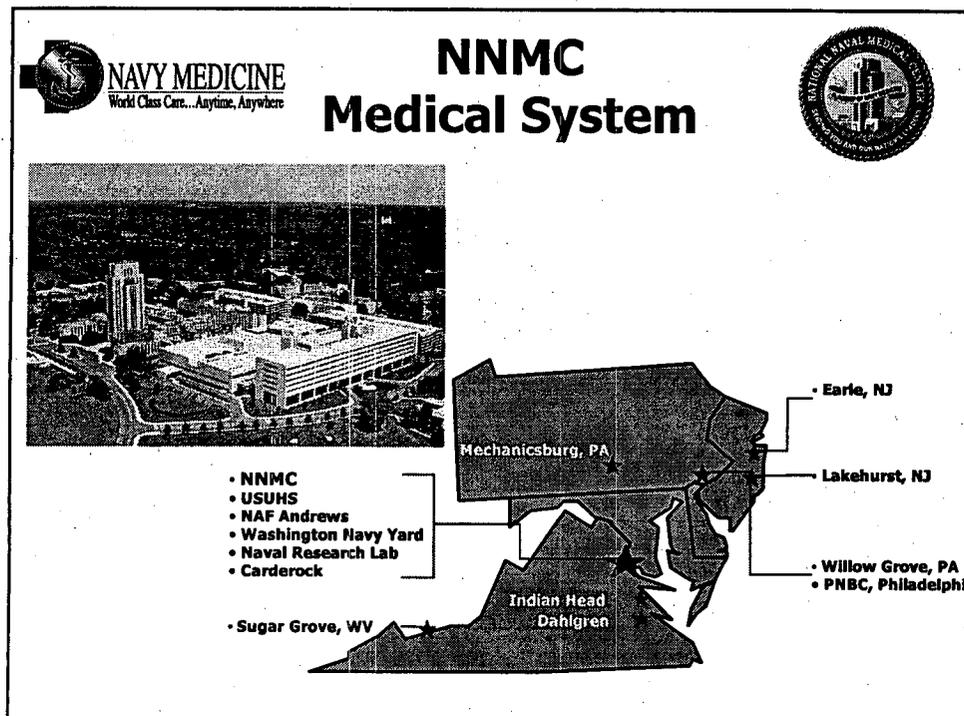
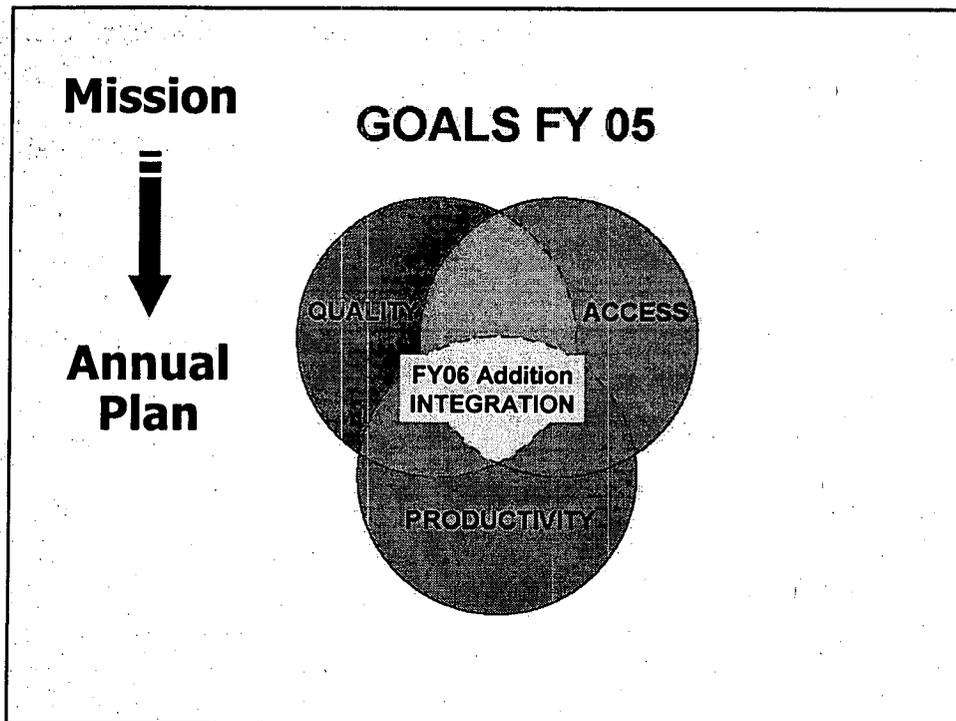


◆ WWII temporary inpatient buildings were replaced in 1963 with Buildings 7 & 8.

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

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





		<h2 style="margin: 0;">NNMC</h2> <h3 style="margin: 0;">Health System</h3> <h4 style="margin: 0;">Beneficiary Utilization</h4>			
◆ <b>Enrolled Population (5/05)</b>				<b>46,276</b>	
• Medical Center				33,785	
• Branch Health Clinics				12,491	
◆ <b>Outpatient Visits (Total: FY04)</b>				<b>641,062</b>	
• Medical Center				557,837	
• Branch Health Clinics				83,225	
◆ <b>Inpatient Utilization (Total: FY04)</b>					
• Average Daily Census				119	
• Average Length of Stay				4.42	
• Average Deliveries/Month				160	
• Average OR Cases/Month				755	
• Average APVs/Month				954	

## Readiness Support

- USNS COMFORT (836)
- CRTS TEAMS 10 & 11 (132)
- FLEET HOSPITALS (87)
- MARINE CORPS UNITS (53)

Emergency Preparedness Partners (11)  
with NIH, Suburban Hospital and USGS

*#5 in  
Personnel  
Staffing*



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## NNMC Casualty Care An Overview

◆ Patients Treated (OEF/OIF)	1274
◆ Patients: Remain Overnight (OEF/OIF)	386
◆ NNMC Inpatient to VA (Marines & Sailors)	56
◆ Members referred to PEB (OEF/OIF)	27

\*\*As of 21 June 2005



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## Casualty Care

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



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## NNMC Innovations



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



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## 5 National Capital BRAC Recommendations

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

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

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

### The Realignment

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

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



## 2005 National Capital BRAC Recommendations (continued)

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

### Advantages

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

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

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

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

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



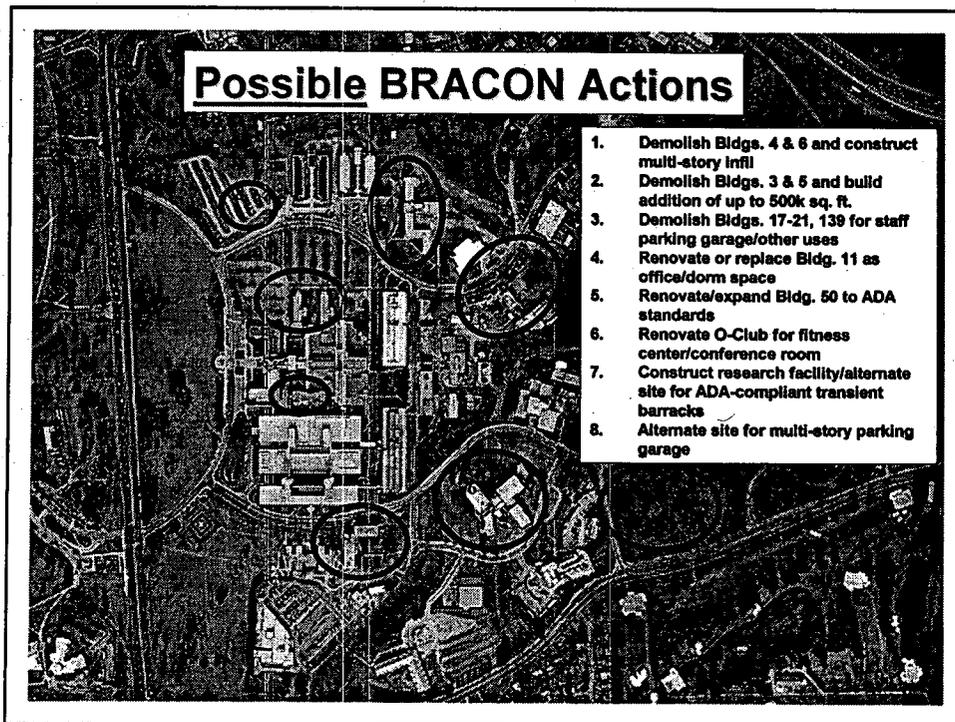
## 2005 BRAC Research Recommendations

### Co-locate Extramural Research Program Managers

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

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

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





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## BRAC Concerns/Challenges

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