

THE CLEVELAND CLINIC
BRAC Commission FOUNDATION 

AUG 01 2005

Received

July 26, 2005

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The Honorable Anthony J. Principi, Chairman
2005 Defence Base Closure & Realignment Commission
2521 S Clark Street
Suite 600
Arlington VA 22202

Dear Chairman Principi:

You have no idea how discomfited I was when I learned that the Armed Forces Institute of Pathology was being "disestablished" according to the recommendation of the Defense Base Closure and Realignment Commission (BRAC). From the day I entered pathology residency training in 1959 through today the AFIP has been a bulwark of my education in pathology and a reliable source of consultation and information to solve difficult diagnostic problems. My initial exposure was through the AFIP Fascicles, a series of authoritative books on tumors, which are now published by the American Registry of Pathology. Public Law 94-361 chartered the American Registry of Pathology, which acts as a liaison to the non-military medical community and receives grants and organizes publications and educational courses, and appoints chairs of departments of the AFIP. The AFIP has been providing education to the general American public from the inception of the Army Medical Museum and to pathologists and other medical specialists for many decades. In 1966, when I entered the US Army, I witnessed and participated in the services of the AFIP to the US Military. A large number of doctors, including pathologists and surgeons, took the educational courses. Military and civilian radiologists contributed cases to the files of the Radiologic Pathology Department. Many radiologists in the US have taken the six-week course in radiologic pathology. Each participant in that course contributed one or two cases to the registry files. This course formed a sound pathologic basis for the myriad diseases that they diagnose. As a military pathologist I participated in teaching that course.

During my tour of military duty from 1966 to 1968 the US had many men and women in the services. In the Genitourinary Department where I served, we saw cases from Vietnam including cases rarely seen in this country. The pathologists in the Infectious and Parasitic Disease Department knew how to diagnose these cases due to malaria and filarial worms, etc. We received many cases from the VA hospitals from men who had served in WWII, Korea, and Vietnam, and provided consultation for the VA pathologists. I did some work with doctors at the Walter Reed Army Institute of Research on a project in experimental malaria because some of our service men in Vietnam had malaria. The Environmental Pathology Department investigated results of drugs and toxins to which military and non-military patients were exposed. The Radiation Pathology Department investigated the pathology of radiation injury and did experimental work.

After leaving the Army I have continued my relationship with the Genitourinary Department, continuing to teach in the GU Pathology Course. In the course of over 37 years, many civilian and military urologists have taken that course, including some who now serve in Iraq and Germany. I have witnessed the dedication of the staff of the AFIP for 39 years. These doctors have given the civilian and military patients superb care based on their experience, research, and scholarship. The skills they possess are based on both military and civilian cases they have studied. They are renowned for their knowledge as well as their diagnostic abilities.

The AFIP serves as an educational resource for residents in civilian training. It has offered one-month fellowships to residents in the various subspecialty branches. In recent years four residents from my institution, The Cleveland Clinic, have had a month's training in neuropathology, head and neck pathology, pulmonary pathology and dermatopathology respectively. Two of these residents have gone on to specialize in neuropathology and dermatopathology and two have gone into academic pathology. One of those took a fellowship in neuropathology at the AFIP. The AFIP also offers rotations to residents in training and career officers in the military services, and is a drawing card for those considering careers in pathology in the US military services.

The AFIP is more than a hospital pathology laboratory or a university pathology department. It is an organic unit that has developed as needs, including military needs, have demanded. The parts of the AFIP are interrelated and information is transferred freely. We are now in another war. Our military men and women are in the Middle East, subject to infectious organisms and the environment of that region. The other part of this war exists in the Western Hemisphere including our country. We are susceptible to the biohazards of radiation, infectious organisms such as anthrax and small pox, and toxins such as sarin gas. The enemy will throw anything they can at us. In what other institution is there constituted environmental, geographical, infectious, radiation pathology and biology expertise, and the knowledge to quickly solve diagnostic problems in these areas. Our enemies will expose our population to all manners of pathogens. This is not the time to disestablish, dismember, or disassemble a fine working unit and mothball its archives. There are definite military and homeland security needs for the AFIP now and in the future. This organization should be kept as a unit and adequately funded. When a new biologic or toxic threat is thrust upon us, we need a highly functioning, smoothly working organization with many resources that can attack the problem immediately. If this institution is dismantled, it will not easily be rebuilt.

Sincerely,



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