

**Defense Base Closure and Realignment Commission
2521 Clark Street, Suite 600
Arlington, Virginia 22202
(703) 699-2950**

Memorandum of Meeting

DATE: 4 August, 2005

TIME: 0900

MEETING WITH: Representatives from the Armed Forces Institute of Pathology (AFIP) located on the Walter Reed Army Medical Center main campus.

PARTICIPANTS: COL Renatta Greenspan, Director, AFIP
COL Charles Preamble, Deputy Director, AFIP

Commission Staff: *Dean Rhody and Lesia Mandzia

MEETING SUMMARY:

1. Purpose of the meeting was to provide detail on the disposition or relocation of all activities of the Armed Forces Institute of Pathology under the proposal to realign the Walter Reed Army Medical Center (Med-4).
2. Participants reviewed the proposals for the following organizations or responsibilities:
 - Armed Forces Medical Examiner System
 - National Museum of Health and Medicine
 - Histology Training
 - Pathology Program Management Office
 - National Repository of Tissue and Case Material
 - Automated Central Tumor Registry
 - Veterinary Pathology
 - Radiologic Pathology
 - Environmental and Toxicological Pathology and Infectious and Parasitic Disease
 - Telepathology
 - Traditional missions of consultation, education, and research
2. Discussion on BRAC implementation included construction requirements, effects on training of Radiological Residents, and AFIP support to non-Army organizations.

They clarified that the DNA registry maintained by AFIP--also referred to as the 'blood stains'—are for purposes of identification of military personnel. The DNA registry is separate from the National Repository of Tissue and Case Material.

AFIP also offers a Radiology residency program that relies on the National Repository of Tissue and Case Material. AFIP's course is the only 1 that teaches the entire requirement in a 6-week block. There are other courses, however, the requirement is taught in pieces. AFIP's course is subscribed 2 years in advance and the students are required to bring 2 cases with them, which helps renew the cases. Though military residents do go through this program, most students are non-military.

3. The participants also addressed concerns associated with:
 - Loss of Biological and chemical consults for terrorism.
 - Loss of a centralized response to crisis situations.
 - Loss of centralized collection, analysis, and assessment of factors for concerns such as Agent Orange.
 - Loss of ability to assess environmental diseases and vectors.
4. Copies of this memo and the materials provided will be submitted to the library for record.

Review of Med - 4 Realignments: Armed Forces Institute of Pathology			
Med -4	Where they are located now	Where they are going according to the recommendation	Issues/Concerns
Armed Forces Medical Examiner System	AFIP (Rockville)	Dover	
Office of the Armed Forces Medical Examiner	AFIP (Rockville)	Dover	Relies on the Tissue and Case Material Repository
DNA Registry :	AFIP (Rockville)	Dover	
- DNA Identification lab	AFIP (Rockville)	Dover	
- Specimen sample repository (Blood Stains)	AFIP (Gaithersburg)	Dover	This repository is in Gaithersburg in space leased by the Corps of Engineers.
Forensic Toxicology	AFIP (Rockville)	Dover	
Mortality Surveillance Division	AFIP (Rockville)	Dover	
National Museum of Health & Medicine	AFIP	Bethesda (or the Mall)	The museum was allotted 40,000 SF in the COBRA; this is only for part of the museum. The museums assets are in Gaithersburg in space (26,000SF) leased by the Corps of Engineers (same bldg as blood stain repository). They are not sure what happens to that.
Histology training	AFIP	FSH	The Army does not train their techs in this program; 2/3rds have been from the AF; the N will be closing their program
(Pathology) Program Mgt Office	(this is new)	Bethesda	
Ctr for Clinical Lab Medicine	AFIP	Bethesda	
Patient Safety Ctr	AFIP (SS)	Bethesda	This may move to OSD/HA/TMA.
Dept of Legal Medicine	AFIP (SS)	Bethesda	
Natl Repository of Tissue & Case Material	AFIP (FG) (WR)		Some things are housed on the WR campus and would have to be moved to FG; however, there is a need for MILCON and that wasn't included in the COBRA run.
Automated Central Tumor Registry (ACTUR)	AFIP		This is the DOD database of cancer cases and has info on treatment and is also used for research. ACTUR is the computer system that contains the data.
Veterinary Pathology	AFIP	Disestablish	This program trains 4 residents per year in a 3 year residency program. This has been determined to be a discretionary move. It would move to FG, at no cost. Relies on the Tissue and Case Material Repository
Radiologic Pathology	AFIP	Disestablish	This program teaches six 6-week courses per year to Radiology residents and relies on the Natl Repository of Tissue and Case Material. The course is selfsustaining.
Environmental and Toxicologic Pathology and Infectious and Parasitic Disease	AFIP	Disestablish	These were merged 3 months ago.
CME	AFIP	Disestablish	
Telepathology	AFIP	Disestablish	
Traditional Missions of Cons, Edu, & Res	AFIP	Disestablish	

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both quantitative data, as well as military judgment. Using the installation's responses, the Medical JCSG subgroups identified realignment or closure scenarios that corroborated their strategies and were supported by data. The Medical JCSG determined that these scenarios meet the Medical JCSG's charter and goals by advancing jointness, achieving synergy, capitalizing on technology, exploiting best practices, and minimizing redundancy, while maintaining the fundamental healthcare mission of the Military Healthcare System. Once scenarios were developed, the remaining selection criteria (criteria 5-8) were assessed, using standard DoD's procedures and/or models.

The Medical JCSG ultimately approved 22 candidate recommendations for presentation to the Infrastructure Steering Group (ISG) and Infrastructure Executive Council (IEC). All Medical JCSG decisions were made by vote, and dissenting opinions were entered into the meeting minutes and presented to the ISG/IEC.

Review and adjudication by the ISG and IEC resulted in the candidate recommendations presented in section IV.

Summary of Results

The MJCSG recommends:

- Closing Brooks City-Base. Relocate Human Systems Research, Human Systems Development & Acquisition, Aerospace Medicine and Occupational Health Education and Training, and Naval Health Research Center Electro-Magnetic Energy Detachments to Wright-Patterson Air Force Base (AFB); OH; relocate AF Audit Agency and 341st Recruiting Squadron to Randolph AFB, TX; relocate Army Medical Research Detachment to Fort Sam Houston, TX; relocate Air Force Center for Environmental Excellence to Lackland AFB, TX.
- Realigning Walter Reed Medical Center as follows: relocate all tertiary medical services to National Naval Medical Center, Bethesda (NNMC), MD, establishing it as the Walter Reed National Military Medical Center Bethesda; relocate all other patient care functions to DeWitt Hospital, Fort Belvoir, VA; disestablish Armed Forces Institute of Pathology (AFIP) by relocating military relevant functions to NNMC Bethesda, Dover AFB, and Fort Sam Houston; relocate Combat Casualty Care sub-function (less neuroprotection research) of Walter Reed Army Institute of Research and Naval Medical Research Center to Fort Sam Houston; relocate the Medical Biological Defense elements of Walter Reed Army Institute of Research and Naval Medical Research Center to Fort Detrick; relocate Medical Chemical Defense element of Walter Reed Army Institute of Research to Aberdeen Proving Ground.

Medical training for enlisted personnel teaches basic medical concepts, however, service-specific curriculum results in training differences that can be problematic in operations where medical personnel support units from other military departments. With the increase in joint operations, joint training to facilitate interoperability and intra-operability is becoming necessary. To assess potential joint options, the Medical JCSG analyzed each of the three basic enlisted medical training locations (Army, Navy and Air Force). Only one of the locations (Fort Sam Houston, TX) was found to have the required physical capacity, clinical rotation capacity, and field training facilities within the local area to support consolidation of all three training programs. Further analyses confirmed this assessment and a scenario developed for an Enlisted Medical Training Center of Excellence. The result was a robust, single location for most (excepting Aerospace medicine training described in the next paragraph) basic and advanced enlisted medical training. The Medical JCSG approved the candidate recommendation for a joint enlisted training program for all services at Fort Sam Houston, TX.

The Medical JCSG developed a scenario to create a joint aerospace medical training program. Currently, the Army and Navy train at Naval Air Station Pensacola, Florida, while the Air Force trains at Brooks City Base, Texas. The Navy medical program is tied closely to the Navy Operational Flight program, the Medical JCSG determined that the Navy Aerospace Medicine program would lose effectiveness if moved from its present location. The Medical JCSG subsequently approved a candidate recommendation to move the Air Force Aerospace Medical Training Program to Wright-Patterson as an enabling scenario to the Brook City Base closure and aligning this training with the parallel movement of aerospace research and development to the same location.

The Medical JCSG approved the realignment of the Armed Forces Institute of Pathology (AFIP) as an enabling scenario to the Walter Reed Base realignment scenario. The AFIP candidate recommendation moves the two military essential functions of the AFIP, the Armed Forces Forensic Pathology Institute and the Deoxyribonucleic Acid (DNA) registry, to Dover Air Force Base. The Medical Museum within AFIP would move to either the National Naval Medical Center or the National Mall, and distributing routine pathology service within the MHS and out-sourcing.

Throughout scenario development the Medical JCSG closely monitored graduate medical and other clinical training programs conducted within military medical treatment facilities to ensure adequate capacity remained if medical facility realignment and closure recommendations were implemented.

3. Medical/Dental Research, Development and Acquisition

Medical/Dental RD&A Scenario development was driven by the goal of achieving transformation through collocation, to the greatest extent possible, of those

VI RECOMMENDATIONS

Summary of Recommendations:

- Closed nine inpatient functions in favor of market consolidation (2) or out-sourcing (7).
- Realigned McChord AFB, WA, clinic and consolidated healthcare at Ft Lewis, WA.
- Closed Brooks City Base.
- Reorganized healthcare in the National Capital Region by realigning all healthcare at Walter Reed Army Medical Center main campus to the Joint Walter Reed National Military Medical Center at Bethesda, MD. and Ft Belvoir, VA. Disestablished the Armed Forces Institute of Pathology, redistributing military unique functions, allowing the disposal of the current Walter Reed Army Medical Center main campus facilities.
- Reorganized healthcare in San Antonio, TX by realigning inpatient care from Wilford Hall Medical Center, Lackland AFB to a Joint Regional Medical Center at Ft Sam Houston, TX. Resized the current Wilford Hall Medical Center to an ambulatory care center. Co-located all (except Aerospace Medicine) enlisted medical training to Ft. Sam Houston.
- Consolidated medical Research, Development and Acquisition activities into Joint Centers of Excellence for Aerospace Medicine Research, Infectious Disease Research, Battlefield Health and Trauma Research, Regulated Medical Product Development and Acquisition, Medical Biological Defense Research, and Chemical/Biological Defense Research, Development & Acquisition.
- In addition, the MJCSG inputs are reflected in recommendations covering closure and realignments of active duty bases that have been developed by the Military Departments and other Joint Cross Service Groups.

missions, forces, and personnel. There are no known community infrastructure impediments to implementation of all recommendations affecting the installations in this recommendation.

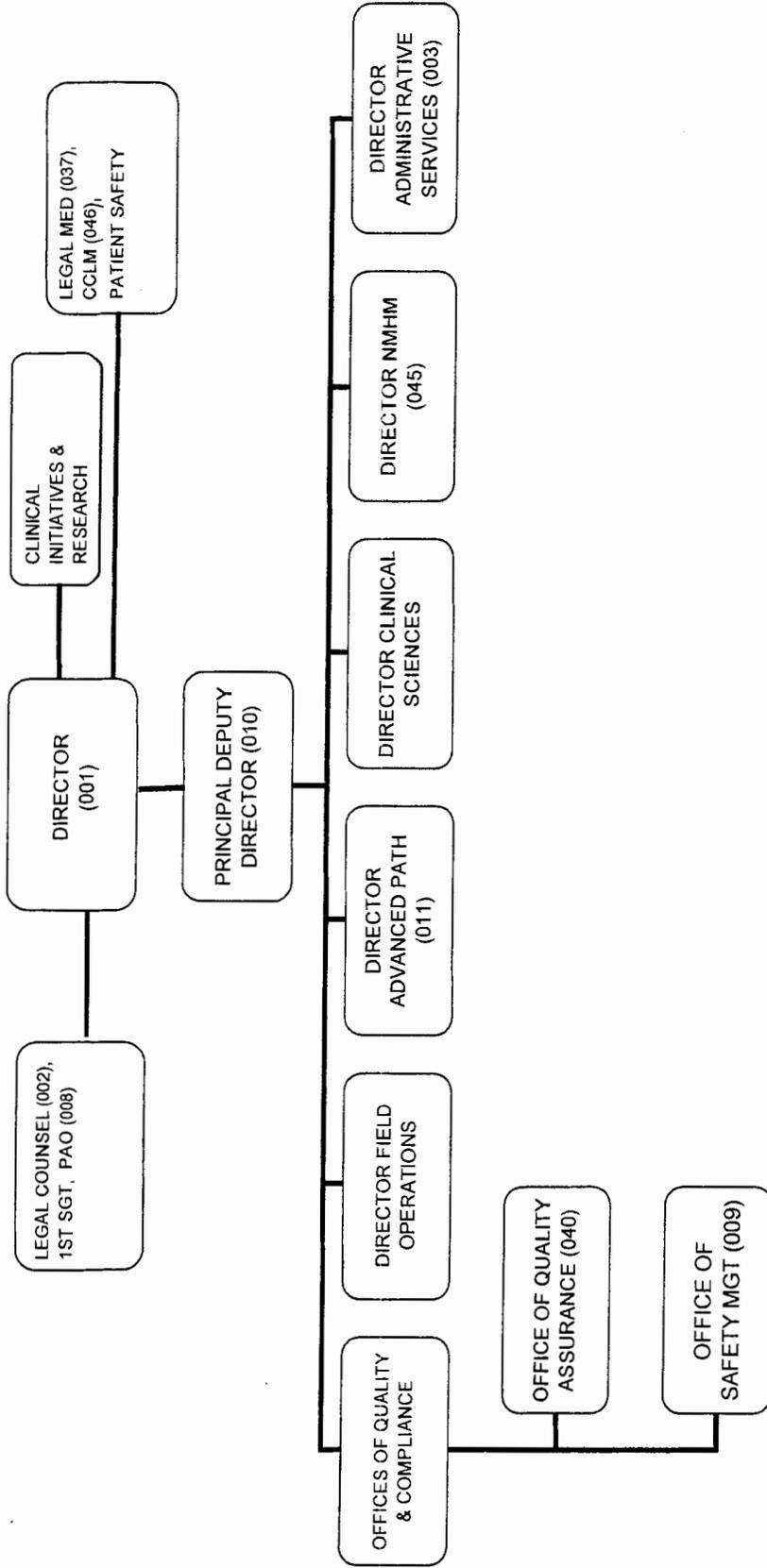
Environmental Impact: This recommendation is expected to impact air quality at Fort Sam Houston, Wright-Patterson, and Aberdeen Proving Ground. New source review permitting and permit modifications may be required. This recommendation has the potential to impact cultural or historic resources at Fort Sam Houston, Randolph, Lackland, Aberdeen Proving Ground, Brooks, and Wright-Patterson. Additional operations at Fort Sam Houston and Wright-Patterson may further impact threatened and endangered species leading to additional restrictions on training or operations. Significant mitigation measures to limit releases at Fort Sam Houston may be required to reduce impacts to water quality and achieve US EPA water quality standards. Increases in population and operations at Aberdeen Proving Ground may require upgrades/purchase of additional waste management services. Modification of the hazardous waste program at Randolph and Wright-Patterson may be necessary. Additional operations may impact wetlands at Wright-Patterson and Lackland, which may restrict operations. This recommendation has no impact on dredging; marine mammals, resources, or sanctuaries; land use constraints or sensitive resource areas; or noise. This recommendation will require spending approximately \$ 451K for waste management and environmental compliance activities. This cost was included in the payback calculation. Brooks City Base reports \$4.19M in environmental restoration costs. Because the Department has a legal obligation to perform environmental restoration regardless of whether an installation is closed, realigned, or remains open, this cost was not included in the payback calculation. This recommendation does not otherwise impact the costs of environmental restoration, waste management, or environmental compliance activities. The aggregate environmental impact of all recommended BRAC actions affecting the bases in this recommendation has been reviewed. There are no known environmental impediments to implementation of this recommendation.

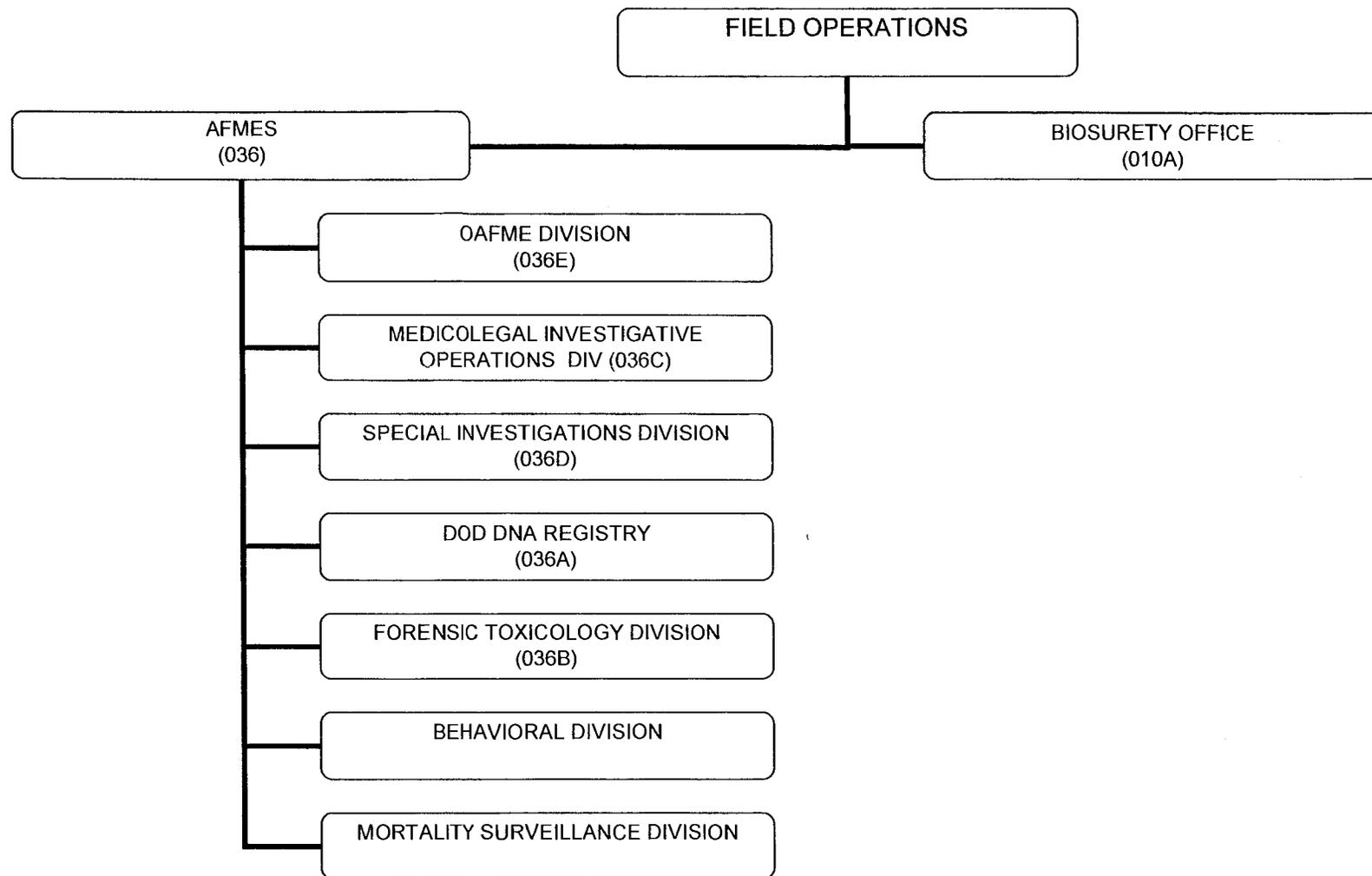
d. Walter Reed National Military Medical Center Bethesda

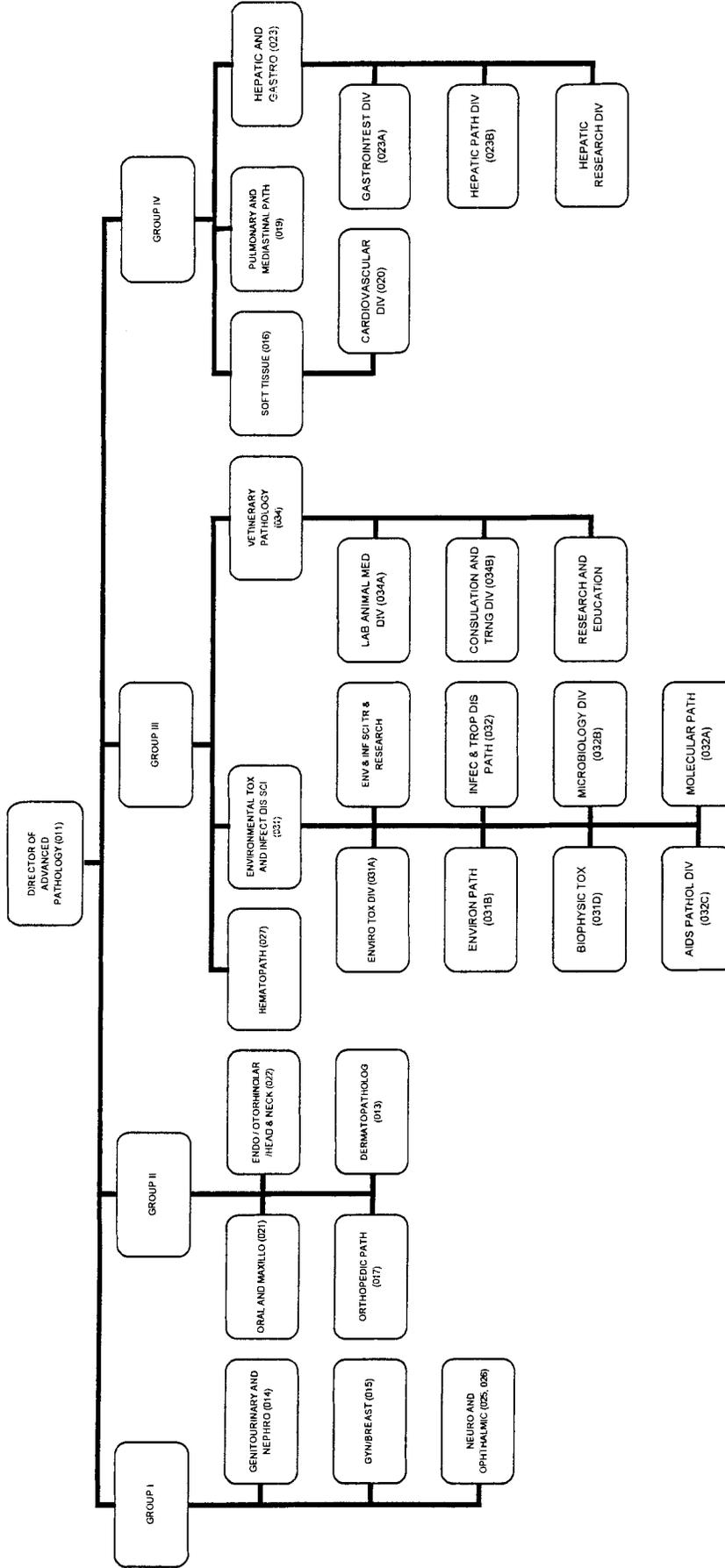
Recommendation: Realign Walter Reed Army Medical Center, Washington, DC, as follows: relocate all tertiary (sub-specialty and complex care) medical services to National Naval Medical Center, Bethesda, MD, establishing it as the Walter Reed National Military Medical Center Bethesda, MD; relocate Legal 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

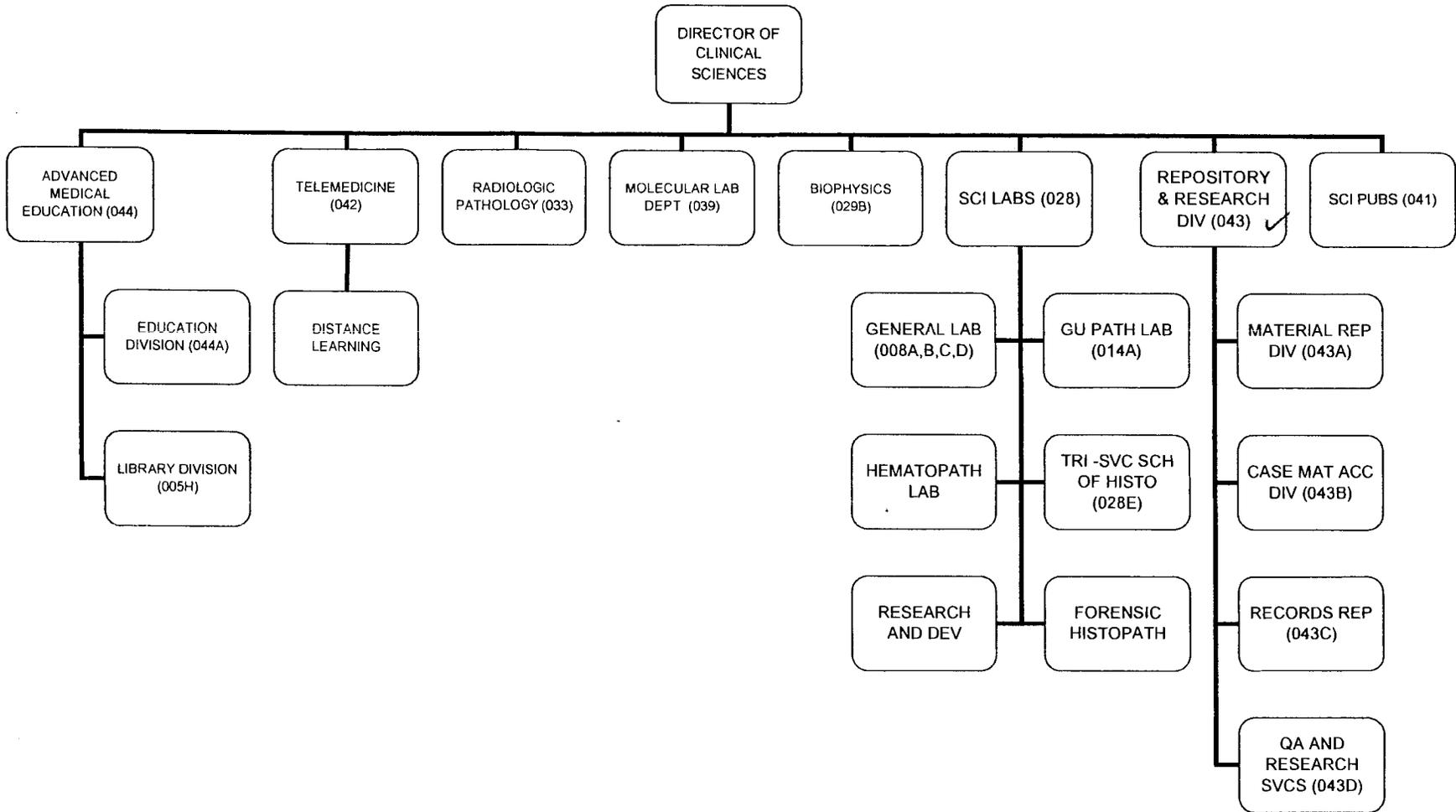
functions to a new community hospital at Ft Belvoir, VA; relocate the Office of the Secretary of Defense supporting unit to Fort Belvoir, VA; disestablish all elements of the Armed Forces Institute of Pathology except the National Medical Museum and the Tissue Repository; relocate the Armed Forces Medical 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.

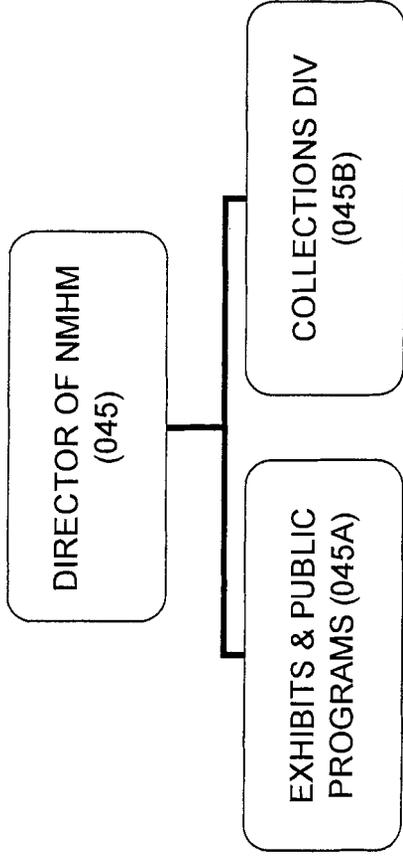
Justification: This recommendation will transform legacy medical infrastructure into a premier, modernized joint operational medicine platform. This recommendation reduces excess capacity within the National Capital Region (NCR) Multi-Service Market (MSM: two or more facilities co-located geographically 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 values 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 is 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 National Capitol Region. 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

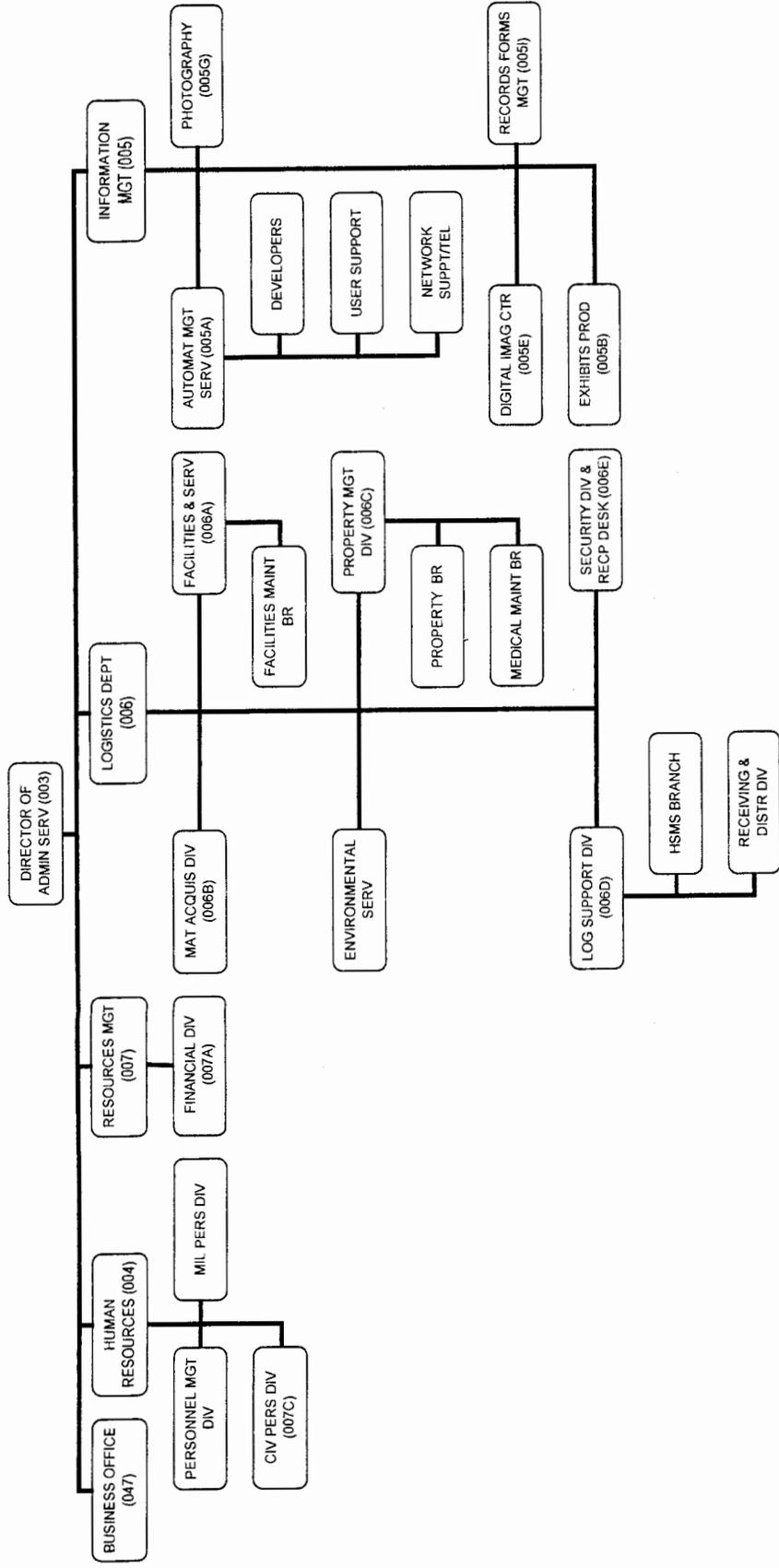














Armed Forces Institute of Pathology

AFIP Missions Review (as of 30 Apr 05)

Missions	Cost			People & Space		
	Dir Cost	OH Cost \$15,495,950	All Funds Cost	# Pers	Amount	Location
Armed Forces Med Examiner Sys (18,857,353)	54,500	10,983	65,483			
Office of the Armed Forces Medical Examiner	1,817,349	366,234	2,183,583	28	13,020	Gillette Bldg
DoD DNA Registry (Division of...)	9,398,446	1,893,985	11,292,431	120	43,929	Gillette + UPS
Forensic Toxicology	3,837,235	773,284	4,610,519	41	25,760	Gillette Bldg
Mortality Surveillance Division	587,037	118,300	705,337	10	1,386	Gillette Bldg
National Museum of Health and Medicine	2,059,833	415,100	2,474,933	20	66,122	Bldg 54 + UPS
Tissue & Case Material Repository	3,265,368	658,040	3,923,408	71	34,168	Bldg 54 + FG
Imaging of Historic Records (IMC)	17,000,000		17,000,000			Bldg 54 + WV
Diagnostic and Consultative Services	8,340,725	1,680,832	10,021,557	101	21,742	Bldg 54
Pathology Laboratories (Scientific Labs)	5,440,206	1,096,316	6,536,522	56	21,350	Bldg 54
Legal Medicine	1,088,315	219,318	1,307,633	13	3,472	SilverSprMetro
Patient Safety Center	1,652,000	332,913	1,984,913	11	1,722	SilverSprMetro
Automated Central Tumor Registry	1,200,000	241,825	1,441,825		616	Bldg 54
Center for Clinical Laboratory Medicine	1,028,714	207,308	1,236,022	6	1,372	Bldg 54
Environmental & Infectious Disease Sciences	3,983,076	802,674	4,785,750	24	14,406	Bldg 54
Veterinary Pathology	1,515,058	305,316	1,820,374	10	4,396	Bldg 54
Training						
Histo School	216,449	43,619	260,068	4	3,150	Bldg 54
Residencies & Fellowships				31	2,380	Bldg 54
Continuing Medical Education	1,608,255	324,097	1,932,352	23	8,602	Bldg 54
Radiologic Pathology Course	206,602	41,635	248,237	19	14,736	Bldg 53
Current Research Portfolio	5,690,472	1,146,750	6,837,222	45	30,411	Bldg 54
Future Initiatives (TMA, AskAFIP, Telepath)						Bldg 54
Other assets	296,000	59,650	355,650			
Facility		3,122,761	3,122,761		46,109	Bldg 54
(Human Capital) Governance & Management	2,430,713	489,840	2,920,553	17	11,074	Bldg 54
Biosafety Level 3 Lab Biodefense Programs	5,682,630	1,145,170	6,827,800	27	38,500	Bldg 54
	78,182,534	15,495,950	93,894,933			

49,000 SF

X

No military salaries included
 Directorate of Admin Services included in Overhead
 Total Direct Cost = \$78,398,983
 Direct Cost less IMC money = \$61,398,983

DAS 140
 817
 Mil = 165, DAC = 253, VA = 19, Contract - 313,
 Grants/Registry = 67, DHP-funded 227, OMA-funded 86

Includes: DHP, OMA, Reimbursables, Grants, CER, AFIP Consultation Fee Collections, GWOT Obligations
 Sample overhead calculation for line # 8:
 OH = 1817349 / (61398983 + 15495950) * 15495950



Armed Forces Institute of Pathology

AFIP Board of Governors

Special Meeting

1 August 2005



Agenda

- Opening Comments
 - Approval of June BOG minutes
 - Purpose:
 - Clarify BRAC recommendations for AFIP
 - Validation of MJCSG Intent
 - Recommended BRAC Actions
 - Directed moves
 - Discretionary moves
 - Variances to directed moves
 - Lost capabilities and issues to consider
 - Executive session
-



Directed BRAC Actions

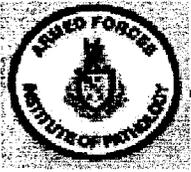
	PERS				Sq Feet	COST (\$K)		
	Off	Enl	Civ	Stu		Total	MILCON	Non-Recur
A F M E S	51	60	128	1	147,594	\$46,191	\$10,262 **	\$56,453
	15	22	163	1	122,906	\$42,303	\$8,350	\$50,653
	-36	-38	+35		-24,688	-\$3,888	-\$1,912	-\$5,800
N M H M						\$8,333		
			23		79,583***	?		
				No spt*	+39,583			

* Of the total 240, 39 IM/IT support personnel were identified. Are they for AFMES only or for all AFIP directed moves? AFMES requires 34 infrastructure billets that include RM, Log, HR, Education, Records, and IM/IT

** From MEDCR002R, 6May05

*** From HFPA PFD, 28 Jan 05; CUH2A stand-alone PFD = 101,700 GSF

? Navy has not developed 1391; must be done if NMHM is relocated to Bethesda



NMHM Collections

- Collection is built and continues to grow upon skills of military scientists and scholars and military institutions. The NMHM contributes to on-going, daily, DoD-wide military medical education and research by preserving, presenting, and interpreting these collections. This role is constructed on a long heritage of military support and public service. It transcends purely educational activities and facilitates DoD funded research and other initiatives.
- NMHM is the primary site for the prospective and historical collection and presentation of objects documenting medicine as practiced in all branches of the armed services (right of first refusal for contemporary military medical research) and supports a wide variety of activities for all services. It is unique in this mission.
- Among objects appraised as condition of loans to other institutions, single object values can exceed \$1M; other unique and non-renewable assets are literally priceless (remains of American military personnel and leaders; historically significant objects contributed as earlier military collecting agendas such as the John Shaw Billings Collection)
- Exhibitions at the museum give evidence of encouraging individuals to pursue military, and specifically military medical careers. Programs develop advocacy for military medicine and promote literacy in military, medical, and historical activities.
- National Historic Landmark status conferred on collection in its entirety and is cited in the National Register of Historic Places for preserving the medical experience of war and for the military's intent to use the collection "to minimize death and physical impairment from wounds through centralized study " of surgical and medical specimens and objects.



Directed BRAC Actions

		PERS					Sq Feet	COST (\$K)		
		Off	Enl	Civ	Stu	Total		MILCON	Non-Recur	Total
P M O	COBRA - Bethesda	22	7	16		45	24,245			
	Current - Bethesda					39				
	Legal Med-13,	0	1	12		39				
	PSC-11,	1	0	10						
CCLM-6,	3	3	0							
PMO-9	3	0	6							

0107 WTDA authorizations: Legal Med = 9; PSC = 0; CCLM = 7 for a total of 16

PFD, 28Jan05: allowed for:

- Legal Med - 12 people, 2,480sf
- PSC – 7 people and 1,230sf
- CCLM - 7 people and 980sf

[ARP – 2 people and 3,500sf (book sales director and order fulfillment center)]



Directed BRAC Actions

	PERS				Sq Feet	COST (\$K)	
	Off	Enl	Civ	Stu		Total	MILCON
R			70				
E							
P			12*			\$6,593	
O							
S			-58				
							\$6,593
H		1	4	30			
I							
S		2	2	20			
T							
O		+1	-2	-10			

* New estimate of personnel requirement is 12 with disestablishment of all consultation, education, and research activities; i.e., Tissue Repository will revert to a storage and retrieval archive.

A portion of the total tissue and case material load is currently in bldg 54, WRAMC. Relocating this material to Forest Glen will require an additional 6,000 NSF. The preparer's of the DD Form 1391 have translated this to 15,000 GSF.

It is unclear whether the COBRA data for relocation to FSH includes CBT Casualty or just the Histo School. Not a problem since renovated space was allocated for the total & will be worked at FSH. 6



Discretionary BRAC Actions

		PERS					Sq Feet	COST (\$K)		
		Off	Enl	Civ	Stu	Total		MILCON	Non-Recur	Total
V E T P A T H	COBRA*									
	Current - FG	6	2	8	10**	26	3,900			
	Discretionary									

* MEDCR002R: "The following functions that should remain within DoD because of their inherent governmental mission, need for DoD control, and the lack of a commercially marketable product:"

Several planning meetings between AFIP, WRAMC BRAC office, and WRAIR show workable solutions that do not include MILCON or PCS move costs.

Sharing of laboratories and expertise of residents demonstrate efficiencies and synergies expected By MJCSG.

** Number of residents varies from year to year and is dictated by the needs of the Army. Current number for all 3 year groups is 13 and is predicted to be 13 next year.



BRAC Actions

		PERS					Sq Feet	Cost	Savings
		Off	Enl	Civ	Con	Total		(\$K)	(\$K)
A L L A F I P	COBRA	98	87	325	183	693			
	Retain	96	87	221	27	431			
	Disestablish			81	156	237			
	Current	82	88	273	381	817			
	Retain					365*			
	Disestablish					452*			

Every attempt was made to select the latest and most consistently reported figures from the MJCSG and COBRA documents

“Current” figures represent the number of people assigned to AFIP

* Assumes Tissue Repository retains 12 personnel (decrease from 70).



Loss of Unique DoD Services with Disestablishment of AFIP

High quality expertise, secure within DoD, single site with easy access, uniform database to prevent future harm to the soldier

- Intox Registries (Agent Orange, PGI, Arsenic, DU, Bioimplants, POW)
- Center for Diagnostic, QA in Anatomic Pathology

Instant response to enemy & natural events, genomic library, repository of strains

- DoD Specific LRN
- Biosurety Projects
- Clinical & Environmental Sample Testing

Specialties / expertise in critically short supply, with relatively high volume

- Neuropathology Expertise
- Neuromuscular Laboratory
- Geographic Pathology & GEIS
- Nephropathology Expertise
- Ophthalmic Pathology Expertise
- Electron Microscopy
- Histotechnology
- Immunohistochemistry Molecular Lab Expertise

Readiness-oriented, point of care consultation, efficient, cost-effective

- Unique Training Courses in Pathology Subspecialties (>40)
- On-line Fascicles and Other Publications
- Ask AFIP and Weekly Grand Rounds VTC



The Way Ahead

**Is there a need to further
evaluate any activities or
functions for retention?**

Back-up Slides



Issues to Consider

- Does lack of commercially marketable product to meet needs of DoD warrant realignment within MHS for unique subspecialties?
- Do sunk costs for Army telemedicine sites warrant AMEDD retention?
- Does value-added of ASK/AFIP to deployed providers warrant realignment within MHS?
- Should any AFIP education programs be incorporated in MHS educational systems (e.g., VTC Grand Rounds)?
- Is there an inherent governmental mission in environmental and bio defense pathology that needs to be realigned in MHS?
- What portion of the histology, immunohistochemistry, and electron microscopy capability should be realigned within MHS?
- What should the use and role of the Tissue Repository be within MHS?
- Are there specific personnel expertise and workforce demographics that should be realigned within MHS?
- Are there legal, ethical and patient care requirements that require the Intox registries to be realigned within MHS?
- Are there BSL-3 capabilities that should be realigned within MHS?

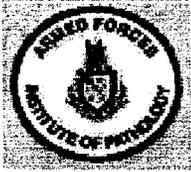


AFIP Board of Governors Meeting – 1 August 2005

AFIP - TOTAL PERSONNEL (AS OF 30 APR 2005)

Missions	# Pers	Mil	WG/GS/SES	VA	Contrator		
					DoD		OFA/Gnt/Reg
					DHP	OMA	
Armed Forces Med Examiner System							
Office of the Armed Forces Medical Examiner	30	17	9		4		
DoD DNA Registry (AFDIL & AFRSSIR)	120	1	5		33	63	18
Forensic Toxicology	41	17	5			19	
Mortality Surveillance Division	10	3			5		2
National Museum of Health and Medicine	21		10		10		1
Tissue & Case Material Repository	70		43	2	25		
Legal Medicine	13	1	5		5		2
Patient Safety Center	11	1	2		8		
Automated Central Tumor Registry	3		1				2
Center for Clinical Laboratory Medicine	6	6					
Histo School	4	2	2				
Veterinary Pathology	26	20	3		3		
Subtotal	355	68	85	2	93	82	25
	87	23	32	7	18		7
	69	20	24	5	16		4
	23	2	8	3	10		
	20	9					11
	20	1	10		9		
	18	3			1		14
	40	2	13		12		13
	17	3	9	1	4		
	26	5	1		1		19
	320	68	97	16	71	0	68
Subtotal	675	136	182	18	164	82	93
Admin Services - Overhead	2		2				
Business Office	4		3	1			
Human Resources	15	9	6				
Resources Management	6		5		1		
Logistics	61	10	19		23	9	
Information Management	54	7	34		13		
Subtotal	142	26	69	1	37	9	0
TOTAL	817	162	251	19	201	91	93

Number of Personnel				
		Relocate		Disestablish
		Mission	Overhead	
Green		355	82	
	Total	437		380
If Repository = 12		297	68	
		365		452



FY05 AFIP Funding (as of 30 Apr 05)

Source	Amount	Percent	Comment
DHP	\$59,194,800	63%	\$46.44M Core \$12.75M Fenced
Congress Insert	\$17,000,000	18%	Imaging of Records by IMC
OMA	\$6,556,500	7%	\$5.2M AFMES, \$1.4M Biosurety, Security
Reimbursables	\$6,250,780	7%	\$5.68M Biodefense Pgm \$298K AFMES
Grants	\$2,774,721	3%	\$990,254 Commercial \$1,784,467 Government
Civ Cons Collect	\$1,099,198	1%	Collections by AFIP since 1 Oct 04
GWOT	\$685,802	.7%	\$545K Personnel Contracts \$109K Travel
CER	\$333,132	.4%	Spent to date
Total	\$93,894,933	100%	

Current AFIP Facilities

2004

Site	End of Year (sq ft x 1000)			
	2001	2002	2003	2004
Bldgs 54 & 53	281.6	264.8	246.8	251.8
Forest Glen Archives	30.6	30.6	30.6	30.6
Gillette (DHP) - Rockville	75	75	75	75
Coakley Circle Warehouse	8	0	0	0
Boiling Brook Warehouse	0	13.8	13.8	13.8
SilverSpring Metro Offc	5.8	5.8	5.8	5.8
UPS Warehouse - Gaithersburg	31.5	31.5	31.5	31.5
DHP space	432.5	421.5	403.5	408.5
Gillette (non-DHP)	30	30	30	30
Lease Costs (\$ x 1000)				
Site	2001	2002	2003	2004
Gillette DHP	2600	2600	2600	2600
Gillette non-DHP	1100	1100	1100	1100
Coakley Circle	GSA	GSA	0	0
Boiling Brook	0	45	177	177
SilverSpring Metro Offc	GSA	GSA	GSA	GSA
UPS Warehouse	GSA	GSA	GSA	GSA

AFIP WRAMC Installation Strength Report:

Report Month

June 2005

	MILITARY ARMY				MILITARY SUPPORT				MILITARY OTHER UNIFORM SERVICES				GRAND TOTAL
	OFF	WO	ENL	TOT MIL	CIV DAC FTE	CIV VA FTE	CONT CIV FTE	TOT CIV/CONT	OFF	WO	ENL	TOT MIL	
ON POST	42	0	22	64	212	18	219	449	15	0	36	51	564
OFF POST	5	1	4	10	41	1	172	214	14	0	22	36	260
AFIP TOTAL	47	1	26	74	253	19	391	663	29	0	58	87	824