



Base Realignment and Closure Commission Visit Bureau of Medicine and Surgery (Potomac Annex)

Hon. Anthony J. Principi – Chairman
Brigadier General Sue E. Turner, USAF, Ret. – Commissioner

July 28, 2005



NAVY MEDICINE

World Class Care...Anytime, Anywhere

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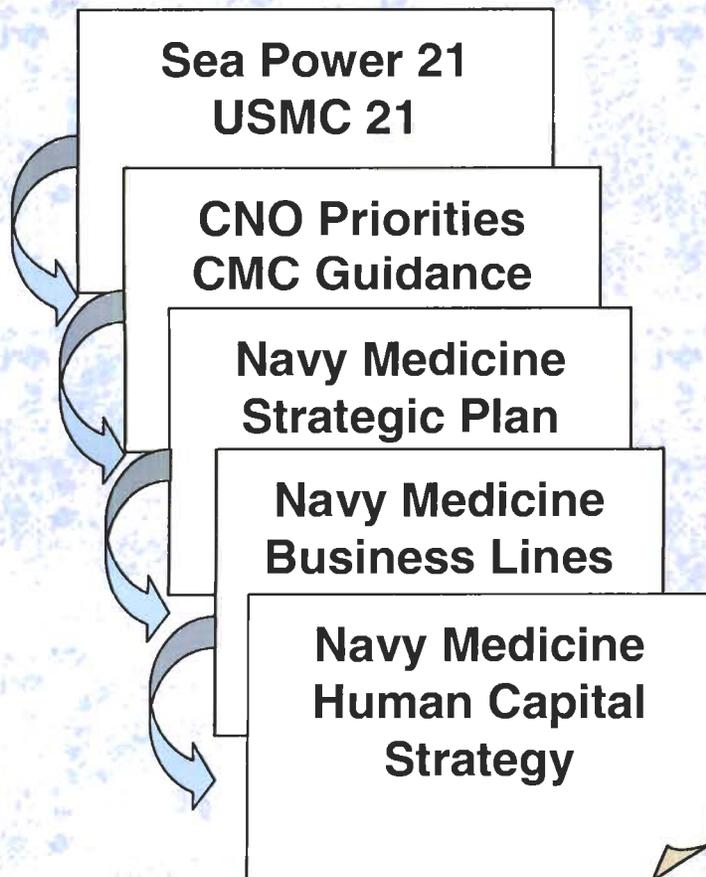
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Our Mission and Priorities

Navy Medicine's mission: Force Health Protection. We promote, protect and restore the health of our Sailors and Marines, families, retired veterans and all others entrusted to our care...anytime, anywhere.

BUMED Mission: Implement Chief of Naval Operations responsibilities for provision of centralized, coordinated policy development, guidance, and professional advice on health care programs for DON. Oversee direct and indirect systems for providing health care to all beneficiaries



Navy Medicine's Priorities

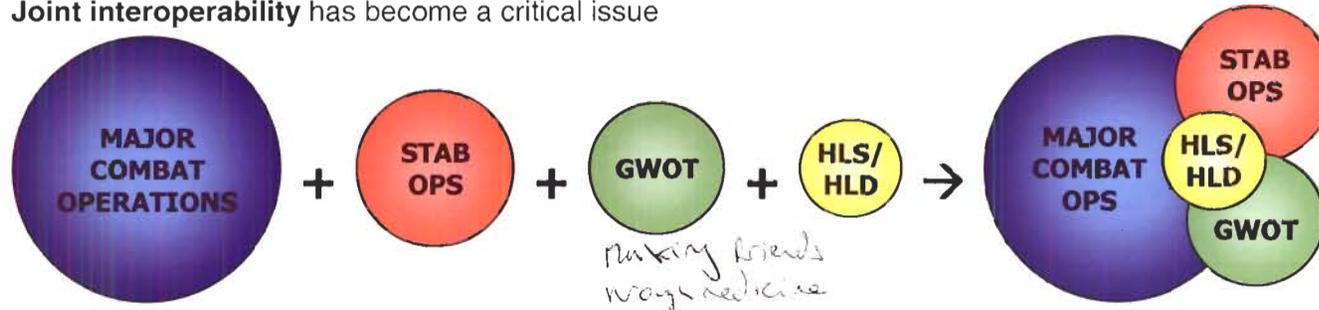
- **Readiness – Aligned and Agile**
 - Operational Excellence
 - Responsiveness and Agility
 - Homeland Defense
 - Medical Intelligence and Research
- **Quality, Economical Health Services**
- **Shaping Tomorrow's Force**
- **One Navy Medicine – Active, Reserve and Civilian**
- **Joint Delivery of DoD Health Services**
 - Combat Service Support

Turner: regional commands
in the past execution
miss for assets
responsibility

Turner: command of all Naval Hospitals
command & control

Interoperability – The Impetus for Change

- September 11, 2001 fundamentally changed our beliefs and assumptions
- Surge mission **flexibility** – strategic deterrence, stability operations, GWOT, homeland security/defense
- **Joint interoperability** has become a critical issue



- Operational support requires different capability and personnel mix → smaller, modular, mobile, rapid response
- Ability to **sustain** combat support (surge) operations
- Equipment more sophisticated → higher cost and maintenance
- Increased training requirements

Why Create a Unified Medical Command?

- **Currently, three Services have separate:**
 - Accounting systems
 - Contracting and acquisition programs
 - Human capital strategies
 - Training programs
 - Operational support doctrines

A Unified Medical Command Would...

- **Provide uniform combat service support mechanisms**
- **Ensure Joint interoperability → ↑ military effectiveness**
- **Allow better preparation for**
 - Stability Operations
 - Global War on Terror
 - Homeland Security/Defense support
 - Humanitarian Assistance/Disaster Relief
- **Standardize business practices**
- **Decrease administrative overhead**
- **Decrease “other infrastructure” costs**
- **Eliminate redundant and competitive processes**

Joint Cross Service Group. Jointness, interoperability consolidation, collocation, co-location. Colocation not sufficient. Are we interoperable?



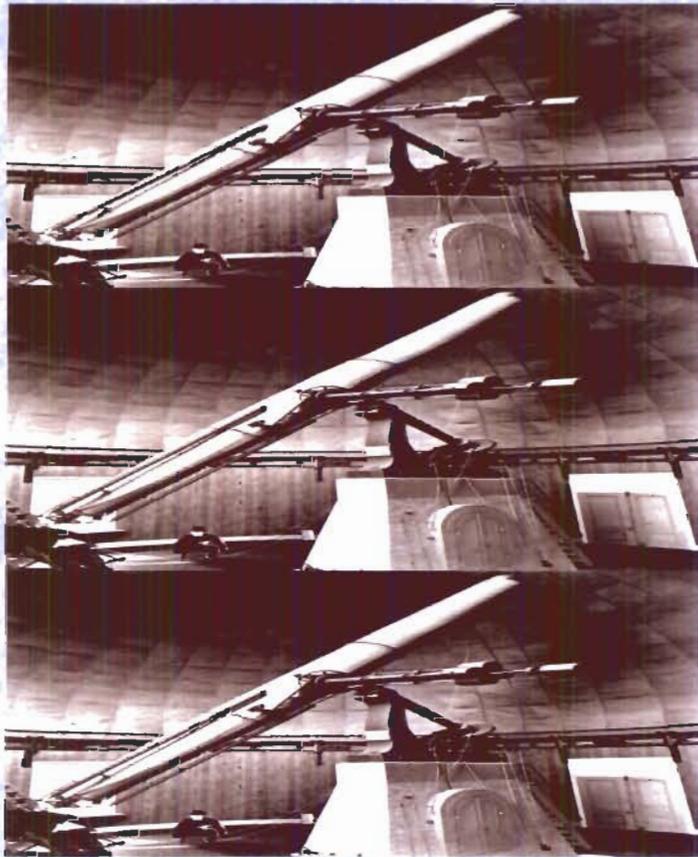
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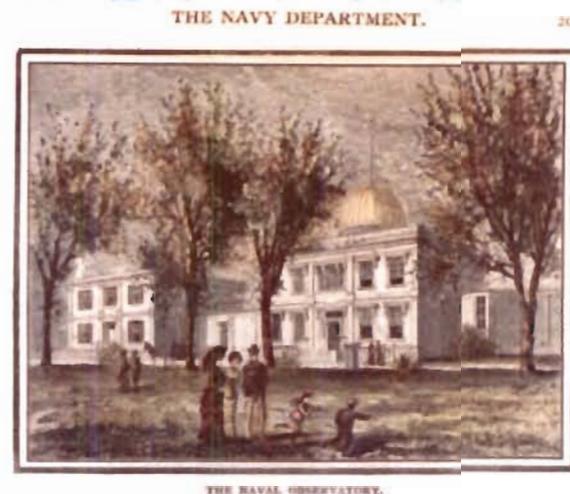
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Potomac Annex U.S Naval Observatory



Great Equatorial Telescope (1873)

- 1844 – Maury, Pathfinder of the Seas
- 1845 – Time Service Established
- 1850 – Prime Meridian
- 1855 – Physical Geography of the Sea
- 1873 – World's Largest Telescope
- 1877 – Moons of Mars
- 1893 – Observatory vacates the hill
- 1894 – Land is given to BUMED



THE NAVY DEPARTMENT.

201

THE NAVAL OBSERVATORY.

Potomac Annex Transfer of Grounds

Sir:-

I beg to request that inventory of property and all plans and reports relating to [the] old Observatory buildings and grounds, on file in the Department, may be transferred to the Bureau of Medicine and Surgery for inspection and guidance in adapting said establishment for purpose of the Museum of Hygiene.

Very Respectfully,

J. R. Tryon

Surgeon General of the Navy

Potomac Annex

Bureau of Medicine (BUMED)

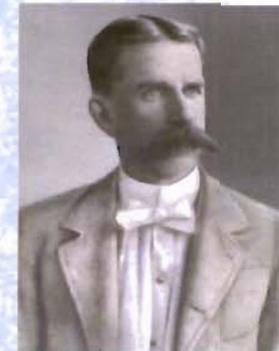
- 1894 – Museum of Hygiene relocates
- 1902 – Navy Medical School is established
- 1904 – Dr. Benjamin Rush Memorial is commissioned
- 1904 – Construction begins on Naval Hospital (NH)
- 1905 – Museum is disestablished
- 1908 – USNH Washington formally opens
- 1908 – “Sacred Twenty” report to work in Building One
- 1923 – Navy Dental School is built on the grounds
- 1935 – Naval Hospital is re-designated the Naval Medical Center
- 1942 – Hospital and Medical School moves to Bethesda, MD
- 1942 – BUMED Headquarters moves to campus



First Navy Nurses (1908)

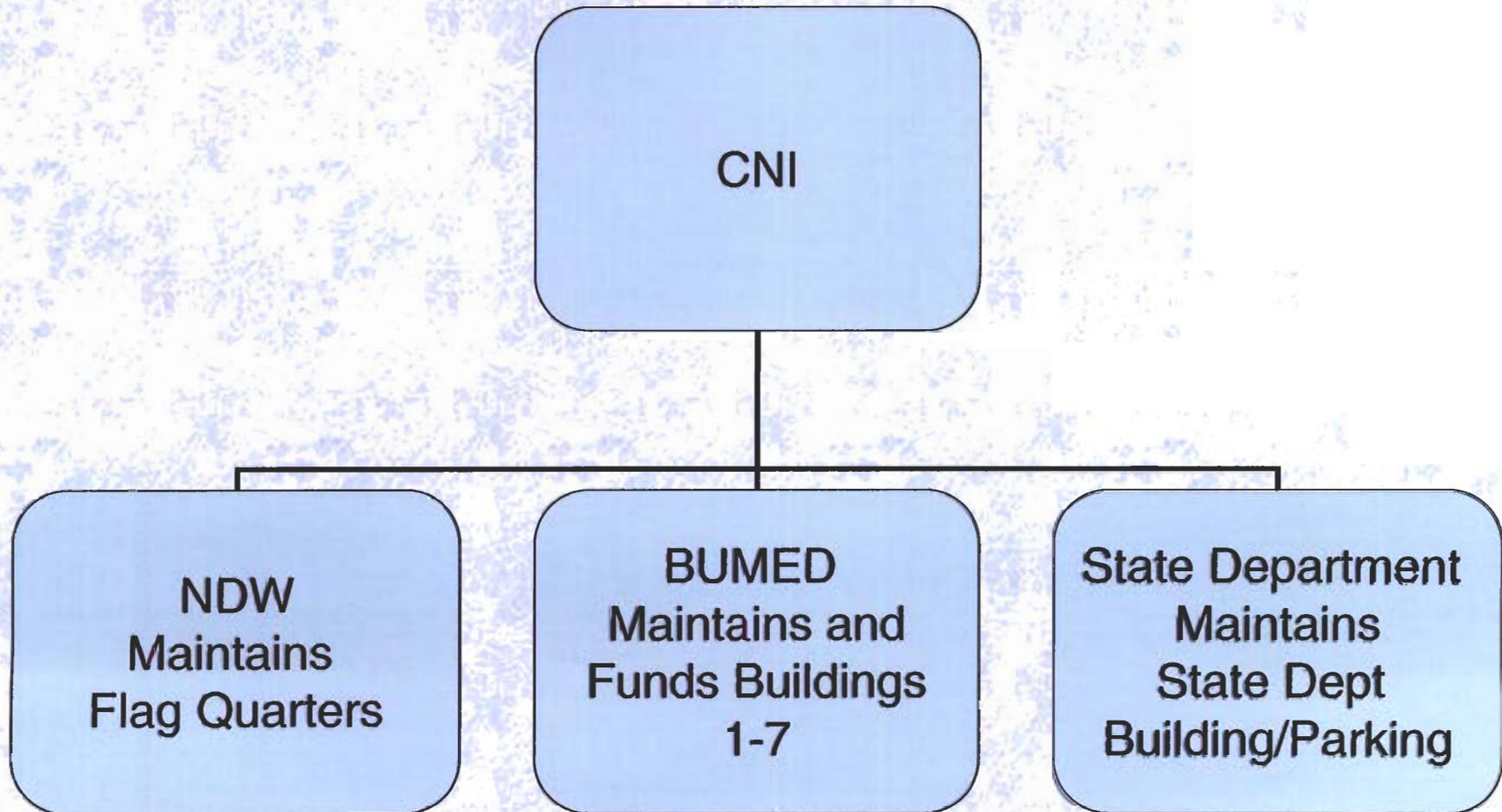


Dr. Rush Memorial (1904)



**Presley Rixey
establishes Navy
Medical School (1902)**

Potomac Annex



Potomac Annex Operating Costs

- 7 buildings with an annual operating cost of \$3M FY 05
 - Utilities: \$600K
 - Service Calls and Maintenance: \$1.8M
 - Security: \$500K
 - Staffing: \$150K (Civilian)
- 173,600 gross sq ft - total
- 95,745 usable sq ft (GSA) *landlord?*

excludes flag quarters

Potomac Annex Quality of Life

- Metro/mass transit Accessible
- Secure on base parking (Will loose 140 slots during Institute of Peace construction)
- Convenient access to air & rail transportation hubs
- Culture/arts/sporting venues abound
- Relatively good employment opportunities (for military spouses)

18 months

have to replace
storage & access

Potomac Annex Authorized Personnel

BUMED	FY05	FY06	FY 07	FY08	FY09	FY10	FY11
Off	150	151	152	151	151	151	151
Enl	50	50	50	50	50	50	50
Civ	178	178	178	178	178	178	178

BUMED RPN

Off	11	11	11	11	11	11	11
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There are no *programmed* personnel changes through 2010

Source: M1 - TMMCA a/o 22 June 2005 – Authorized BUMED Billets

Starting to go down w/ regional commanders

Potomac Annex

Anti-Terrorism & Force Protection

- Gate Security Hardening Project
 - E Street & C Street Gates
 - Upgrade perimeter fence line
 - New control points
 - Permanent remote barricades
 - Completed July 2005



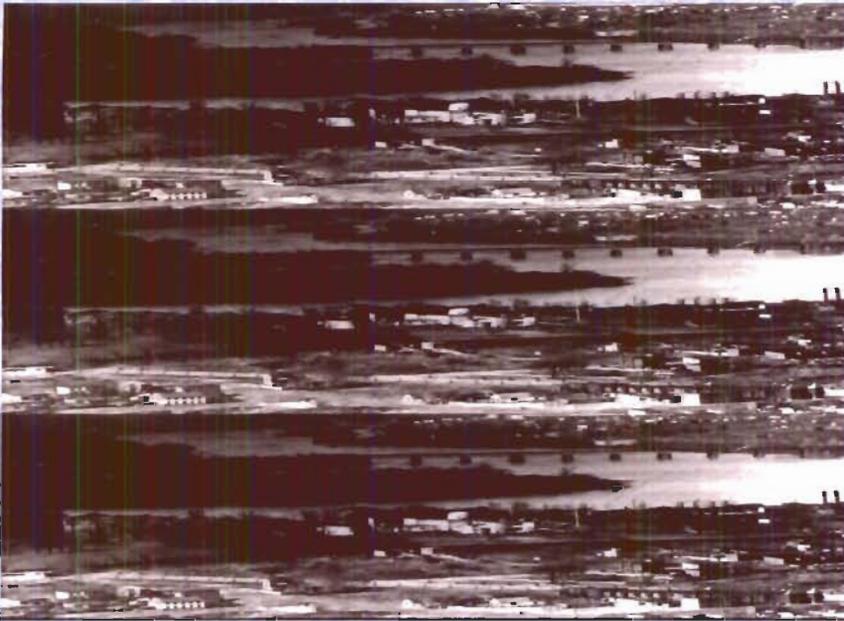
Potomac Annex External Factors

- Institute of Peace – to be constructed at 23rd and Constitution
- State Department – has 3 buildings and parking on the Potomac Annex
- Flag Quarters – 3 sets of quarters, including the VCNO.



Potomac Annex

Historic Nature of the Property



Foggy Bottom circa 1900

- *National Capital Planning Commission*
 - *Building 2 protected under the National Historic Preservation Act (Sec. 106)*
 - *Potomac Annex included in “Monument District” master plan*

Potomac Annex

Required Facility Projects

- **Repair/Replace Underground Utilities** – Project to repair or replace outdated and deteriorating electrical and sewage systems. Design complete. Estimate \$10M.
- **Install/Replace Elevators** – Replace existing elevators. Estimate \$5M
- **Fire Egress Upgrades for Buildings # 5, 6, and 7** – Replace existing wood fire escapes. Estimate \$2.6M.
- **Resurface all Roads and Parking Lots** – Planned for completion after the utility work is completed. Estimated cost is \$1M.
- **Renovation of Building 2** – Required for preservation. Estimate \$15M. → \$30M?
- **Replace Retaining Wall** - City vs. DON to fund? Estimate \$10M

Required within 5 years to meet City and Federal Codes

\$ 2-3 million on major repair projects

\$ 45 million



NAVY MEDICINE

World Class Care...Anytime, Anywhere

Comms to the Pentagon
Fibre consideration, physical presence at Pentagon.
Provide responsiveness

Did not look at headquarters. Only way to pay was a unified command

crises
big open
space.
nucleus to
move. collocation

Questions

Many cross service groups. a lot of synergies. collocation to meet needs.
explored to the fullest extent.