



DCN: 2306

COUNCIL OF MEDICAL SPECIALTY SOCIETIES

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June 13, 2005



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

Re: Armed Forces Institute of Pathology

Dear Chairman Principi:

The Council of Medical Specialty Societies (CMSS) is a unique forum in U.S. medicine representing eighty-five percent of physicians whose members are 23 national specialty organizations with an aggregate membership of more than 468,000 physicians nationwide. CMSS is committed to the improvement of the health of the public and patient safety through excellence in professionalism, education and quality of care.

The CMSS wishes to express its dismay about inclusion of the AFIP in the list of military facilities slated for closure by the Department of Defense (DoD) in its effort to critically review and winnow the number of its medical installations with the goal of enhancing the overall efficiency of those that remain.

The AFIP is a truly unique institution - No other single organization in USA has done more to advance our knowledge of human diseases such as microbial infections, cancer, developmental anomalies, and degenerative disorders. Improvements in clinical recognition and disease management depend on a clear understanding of pathophysiology, and this is what sets the AFIP apart from other laboratories. The community of clinicians, researchers and educators which comprise the AFIP faculty (military and civilian) are able to look beyond individual case submissions and turnaround statistics. Its unmatched archives offer subject experts immediate access to hundreds, even thousands of comparable diagnoses. This vital resource offers depth and context to investigators who seek answers to today's medical challenges.

Today's knowledge is the sum of past discoveries. Disestablishment of the AFIP will create an immediate and lasting disruption among the medical profession worldwide. The AFIP *Tumor Fascicles* is an illustrative example. This honored multi-volume series of reference texts published by AFIP is used by nearly every practicing pathologist, military and civilian. Now in its fourth generation, *Tumor Fascicles* continues as an authoritative resource for the interpretation of tumor histopathology.

Outsourcing is not a viable alternative. Commercial pathology laboratories, as well as many academic facilities, observe a business model built on volume and expediency. Some of the best run, most profitable laboratories outsource difficult cases because they consume excess resources. All Military Treatment Facilities (MTF's) worldwide rely heavily on the AFIP's reputation for excellence. Smaller facilities lack the variety of experts whereas larger military medical centers depend on AFIP for consultation regarding second opinions and rare, unusual diagnoses. A signed Pathology Report from the AFIP is the final word. Military physicians use that vital information to develop a treatment plan with confidence.

The AFIP is a vital diagnostic lifeline for military and civilian providers. Yesterday and today, DoD has selected the AFIP to spearhead many urgent health challenges that confront the civilian and military communities. Research involving innovative vaccines, AIDS, biologic weapons and the continuing wave of emerging diseases are assignments ideally suited for the AFIP. The historic collegiality between departments, between scientists, and between military services creates a one-of-a-kind environment for accelerated collaboration.

An Irreplaceable Resource. AFIP statistics are legendary; e.g. total diagnoses rendered, outside consultations, original scientific manuscripts, hours of continuing education provided. The most important number, however, is **one**. Military physicians know they can count on one renowned Center of Excellence to render accurate and unequivocal diagnoses. Moreover, Quality Control services supervised by AFIP insure local MTF's deliver efficient and dependable pathology services to local beneficiaries. Disestablishment of the AFIP will mean the permanent dissolution of its cadre of Senior Pathologists and Scientists. Regardless of future staffing recommendations, no military hospital could attempt to imitate the nature of services currently rendered by the AFIP.

AFIP is unfairly bundled with Walter Reed Army Medical Center. Although the AFIP is a tenant activity on the WRAMC installation with its own mission and command structure, it continues to provide primary diagnostic pathology services for Walter Reed and many other regional MTF's. More specifically the proposal to disestablish the AFIP receives only brief mention, as well as no justification, in the May 2005 BRAC report (Excerpt attached). This suggests an incomplete appreciation for the mission and military relevance of AFIP operations.

The work of the AFIP is not yet done. From a public health perspective the world is more dangerous than ever before. Since its inception AFIP has built its reputation on the discovery of new diagnostic techniques and therapies that have served the global population. The institution holds a key leadership role among the international health science community. Disestablishment of AFIP would impede a wide variety of important

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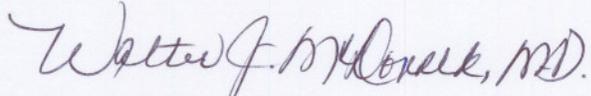
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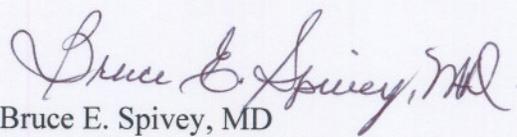
international scientific endeavors and professional alliances devoted to eliminating worldwide public health threats such as HIV/AIDS, malnutrition, malaria, and infectious agents as biologic weapons.

We urge you to retain the integrity of the AFIP and its staff, and if necessary, consider moving it to a location where it would be most effective.

Sincerely,



Walter J. McDonald, MD
Executive Vice President



Bruce E. Spivey, MD
Deputy Executive Vice President

Enclosure

Recommendations and Justifications

Walter Reed National Military Medical Center, Bethesda, MD

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 Walter Reed AMC 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 medical personnel elsewhere in Military Healthcare System activities of higher military value.

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 Ft. 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.

Payback: The total estimated one-time cost to the Department of Defense to implement this recommendation is \$988.8M. The net of all costs and savings to the Department during the implementation period is a cost of \$724.2M. Annual recurring savings to the Department after

implementation are \$99.6M with a payback expected in 10 years. The net present value (NPV) of the costs and savings to the Department over 20 years is a savings of \$301.2M.

Economic Impact on Communities: Assuming no economic recovery, this recommendation could result in a maximum potential reduction of 6,011 (3,567 direct jobs and 2,444 indirect jobs) in the Washington-Arlington-Alexandria, DC-VA-MD-WV Metropolitan Division, which is 0.2 percent of economic area employment. The aggregate economic impact of all recommended actions on this economic region of influence was considered and is at Appendix B of Volume I.

Community Infrastructure Assessment: A review of community attributes indicates no issues regarding the ability of the infrastructure of the communities to support missions, forces and personnel. Civilian inpatient capacity exists in the area to provide services to the eligible population. There are no known community infrastructure impediments to implementation of all recommendations affecting the installations in this recommendation.

Environmental Impact: This recommendation has a potential impact on air quality at NNMC Bethesda, MD, Fort Belvoir, VA, Dover AFB, DE, Aberdeen Proving Ground, MD and Fort Detrick, MD. New source review permitting and air conformity analyses may be required. Additional operations at Dover may impact archaeological resources and historic properties. New construction could impact historic resources at Fort Sam Houston, Fort Belvoir, and Aberdeen Resources must be evaluated on a case-by-case basis at Fort Belvoir, Aberdeen Proving Ground, and Fort Detrick. Consultation with SHPO will be required to ensure protection of cultural resources at Walter Reed. Additional operations may impact sensitive resources at Dover and constrain operations. Additional operations at Aberdeen may further impact threatened/endangered species leading to additional restrictions on training or operations. Modification to the hazardous waste program at Dover may be required. Significant mitigation measures to limit releases may be required at Aberdeen to reduce impacts to water quality and achieve US EPA water quality standards. Additional operations may impact wetlands at Dover, which may restrict operations. This recommendation has no impact on dredging; marine mammals, resources, or sanctuaries; noise; or wetlands. This recommendation will require spending approximately \$2.8M for waste management and environmental compliance activities. This cost was included in the payback calculation. This recommendation does not otherwise impact the costs of environmental restoration, waste management, and 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.