

UNIVERSITY OF HAWAII AT MĀNOA

John A. Burns School of Medicine
 Department of Medicine

July 15 2005

BRAC Commission

The Honorable Anthony J. Principi
 Chairman
 BRAC 2005 Independent Commission
 2521 South Clark Street, Suite 600
 Arlington, VA 22202

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Received

Dear Chairman Principi ,

I am writing to express my deep concern regarding the potential loss of a national resource that is vital to both military and civilian medicine. Specifically, the 2005 Defense Base Realignment and Closure Program (BRAC) has called for the disestablishment of the Armed Forces Institute of Pathology (AFIP). As a physician in Hawaii conducting federally-funded research on the diagnosis and treatment of prostate cancer, I view the AFIP as crucial to the potential success of this research. Currently, the AFIP provides Hawaii researchers detailed and authoritative analyses of prostate cancer specimens from patients at Tripler Army Medical Center and Queen's Medical Center in Honolulu. Because prostate cancer is the leading cause of death in American men over 50 years of age, we hope this research will lead to new strategies for diagnosing and treating prostate cancer. Closure of the AFIP will negatively affect this on-going research, which is supported by a Congressionally Directed Medical Research Program (CDMRP) grant in the Prostate Cancer Research Program (PCRP Project PC04130).

As a physician who has also practiced at VA facilities and a Federally Qualified Healthcare Center (Waianae Coast Comprehensive Health Center), I have personally experienced the positive impact of AFIP services on the health of civilians, veterans, and active military personnel. Since its origin in 1862, the AFIP has served military and civilian medicine alike. In 1976 the AFIP civilian-military relationship was codified in Public Law 94-361, July 14, 1976. This legislation was sponsored by Senators Ted Kennedy and Sam Nunn. Since that time (1976), the AFIP has provided consultation on 1,475,252 patients, 45% of which were civilian patients. The Department of Defense (DOD) has rationalized closure of the AFIP stating that this institute's support of civilian medicine has little relevance to military medicine. However, I disagree, and would argue that civilian cases give the AFIP the necessary breadth of experience to deliver accurate and timely results for veteran and military patients. Furthermore, when a difficult medical case has exceeded local diagnostic capabilities, the AFIP has been relied upon for an authoritative answer. I strongly believe closure of the AFIP will reduce our nation's ability to confront future health crises, at a critical time when there is a looming threat of biological weapons and endemic exposures to American servicemen and women.

In closing, I believe the AFIP is a vital resource for America's military and civilian citizens, and should remain an integral part of America's research community. If the DOD no longer wishes to support the mission of the AFIP, I would advocate the proposed solution to transfer this facility to another Federal agency or to give it status similar to the National Library of Medicine.

Respectfully yours,



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