



JOINT CROSS-SERVICE GROUPS (JCSGs):

WALTER REED NATIONAL MILITARY MEDICAL CENTER, BETHESDA, MD

RECOMMENDATION # 169 (MED 4)

ONE-TIME COST:	\$988.8M
ANNUAL RECURRING COSTS/(SAVINGS):	(\$145.3M)
20-YEAR NET PRESENT VALUE:	(\$830.6M)
PAYBACK PERIOD:	6 YEARS

SECRETARY OF DEFENSE 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 Fort 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.

SECRETARY OF DEFENSE 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 collocated 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 US 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.

COMMUNITY CONCERNS

The Washington, DC community argued that moving Walter Reed Army Medical Center to the National Naval Medical Center in Bethesda, MD would disrupt the mission of the premier military medical facility, and have a negative effect on the economy of the District of Columbia and homeland security in the nation’s capital. Concerns were also expressed about whether there would be sufficient housing for family members visiting service members recovering from serious conditions or injuries. They claimed DoD substantially deviated from the BRAC criteria by incorrectly calculating Walter Reed’s military value, underestimating the costs for closure and realignment, and ignoring environmental cleanup costs. They suggested Walter Reed remain open, and the mission of the National Naval Medical Center be aligned with Walter Reed to ensure there are no disruptions during a time of war. They also expressed concerns about the disestablishment of the Armed Force Institute of Pathology (AFIP), which is a part of the larger Walter Reed Recommendation. The community argued that AFIP is an irreplaceable resource for disease research and education, and disestablishing elements like the tissue repository would have far-reaching implications for military and civilian medicine.

COMMISSION FINDINGS

The Commission acknowledged Walter Reed Army Medical Center’s rich heritage and earned reputation as a world-class medical center. However, the Commission found that service members deserve a state-of-the-art 21st century medical center and that the Secretary’s proposal would increase military value. The Commission considered the community’s concerns that realigning medical services will disrupt Walter Reed’s mission, but the Commission found that the Walter Reed legacy will be preserved in the plan for the new facility and that service members would continue to receive needed medical services during the implementation period. The Commission concurred with the Department’s objective to transform medical infrastructure within the National Capital Region. However, the Commission agrees with the communities’ concern about whether sufficient housing will be available for family members at the Bethesda Campus and urges the DoD to address this issue.

The professional community regards AFIP and its services as integral to the military and civilian medical and research community, and relies on AFIP for pathology consultations and the training of radiology residents. The Commission found that DoD failed to sufficiently address several AFIP functions, such as the Radiologic Pathology program, with the associated tissue repository, veterinary pathology and continuing medical education.

COMMISSION RECOMMENDATIONS

The Commission found that the Secretary of Defense deviated substantially from final selection criteria 1, as well as from the Force Structure Plan. Therefore, the Commission recommends the following:

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 Fort 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; AFIP capabilities not specified in this recommendation will be absorbed into other DoD, Federal, or civilian facilities, as necessary; 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.

The Commission found that this change and the recommendation as amended are consistent with the final selection criteria and the Force Structure Plan. The full text of this and all Commission recommendations can be found in Appendix Q.

BROOKS CITY BASE, TX

RECOMMENDATION # 170 (MED 6)

ONE-TIME COST:	\$325.3M
ANNUAL RECURRING COSTS/(SAVINGS):	(\$102.1M)
20-YEAR NET PRESENT VALUE:	(\$940.7M)
PAYBACK PERIOD:	2 YEARS

SECRETARY OF DEFENSE RECOMMENDATION

Close Brooks City Base, San Antonio, TX. Relocate the Air Force Audit Agency and 341st Recruiting Squadron to Randolph AFB. Relocate the United States Air Force School of Aerospace Medicine, the Air Force Institute of Occupational Health, the Naval Health Research Center Electro-Magnetic Energy Detachment, the Human Systems Development and Acquisition function, and the Human Effectiveness Directorate of the Air Force Research Laboratory to Wright-Patterson Air Force Base, OH. Consolidate the Human Effectiveness Directorate with the Air Force Research Laboratory, Human Effectiveness Directorate at Wright-Patterson Air Force Base, OH. Relocate the Air Force Center for Environmental Excellence, the Air Force Medical Support Agency, Air Force Medical Operations Agency, Air Force Element Medical Defense Agency, Air Force Element Medical-DoD, Air Force-Wide Support Element, 710th Information Operations Flight and the 68th Information Operations Squadron to Lackland Air Force Base, TX. Relocate the Army Medical Research Detachment to the Army Institute of Surgical Research, Fort Sam Houston, TX. Relocate the Non-Medical Chemical Biological Defense

Development and Acquisition to Edgewood Chemical Biological Center, Aberdeen Proving Ground, MD. Disestablish any remaining organizations.

Realign Holloman AFB by disestablishing the high-onset gravitational force centrifuge and relocating the physiological training unit (49 ADOS/SGGT) to Wright-Patterson AFB.

SECRETARY OF DEFENSE JUSTIFICATION

This recommendation enables technical synergy, and positions the Department of the Air Force to exploit a center-of-mass of scientific, technical, and acquisition expertise required by the 20-year Force Structure Plan. Greater synergy across technical capabilities and functions will be achieved by consolidating geographically separate units of the Air Force Research Laboratory.

The end state will co-locate the Human Systems Development & Acquisition function and the Human Systems Research function with Air Force Aerospace Medicine and Occupational Health education and training. This action will co-locate the Development & Acquisition for Human Systems with the Research function and will concentrate acquisition expertise for Human Systems at one site. Additionally, the relocation of the physiological training unit from Holloman AFB with the relocation of the high-onset gravitational-force centrifuge, enables the continued use of a critical piece of equipment required for both Human Systems Research and Aerospace Medicine Education and Training. This end state will also increase synergy with the Air Platform Research and Development & Acquisition functions and continue the efficient use of equipment and facilities implemented under Biomedical Reliance and BRAC 91 at Wright-Patterson AFB, OH.

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. The availability of a co-located military trauma center also provides incentives for recruitment and retention of military physicians as researchers, and is a model that has proven highly successful in civilian academic research centers.

Edgewood Chemical and Biological Center, Aberdeen Proving Ground, is home to the military's most robust infrastructure supporting research utilizing hazardous chemical agents. Relocation of the Non-medical Chemical Biological Defense Development and Acquisition to Aberdeen Proving Ground will increase synergy, focus on joint needs, and efficient use of equipment and facilities by co-locating Tri-Service and Defense activities performing functions in chemical-biological defense and medical RDA.

This recommendation also moves the Air Force Center for Environmental Excellence (AFCEE) to Lackland AFB, where it will be co-located with the Air Force Real Property Agency (AFRPA) that is being relocated to Lackland in a separate recommendation. The military value of AFCEE is 265th out of 336 entities evaluated by the Major Administrative and Headquarters (MAH) military value model. Lackland Air Force Base is ranked 25th out of 336.

COMMUNITY CONCERNS

Community representatives argued DoD's proposed closure of Brooks City Base, Texas would be too costly and eliminated already existing synergies. Specifically, they questioned why the US Air Force School of Aerospace Medicine (USAFSAM) would be moved to the Human Effectiveness Directorate at Wright-Patterson Air Force Base when the mission of USAFSAM involves training and has nothing to do with human system research or development. Alternatively, they suggested realigning USAFSAM with Fort Sam Houston where a co-located medical training organization is proposed. The community also recommended that the Air Force Institute of Operational Health remain in San Antonio and be realigned with USAFSAM because such an alignment would create greater military value than moving to Wright-Patterson. Finally, they argued that the Tri-Service Directed Energy Bioeffects Laboratory, created as a result of a prior BRAC process, remain intact so that such tri-service research can continue.

COMMISSION FINDINGS

The Commission found that several elements of this recommendation were not supportable as originally proposed. For instance, moving the Naval Health Research Center Electro-Magnetic Energy Detachment and the directed energy aspects of the Human Effectiveness Directorate of the Air Force Research Laboratory to Wright-Patterson Air Force Base, OH, and the Army Medical Research Detachment to the Army Institute of Surgical Research at Fort Sam Houston, TX, would break apart valuable research synergies established over a 10-year period at the Tri-Service Directed Energy Laboratories. In fact, the

Tri-Service Directed Energy Laboratory was brought together at Brooks City Base in 1993 under a special project to collocate similar research and development activities of the military services. Therefore, the Commission found that the work conducted on the effect of directed energy on humans could be placed at risk under the DoD proposal.

COMMISSION RECOMMENDATIONS

The Commission found that the Secretary of Defense deviated substantially from final selection criteria 1, as well as from the Force Structure Plan. Therefore, the Commission recommends the following:

Close Brooks City Base, San Antonio, TX. Relocate the Air Force Audit Agency and 341st Recruiting Squadron to Randolph AFB. Relocate the United States Air Force School of Aerospace Medicine, the Air Force Institute of Operational Health, and the Human Systems Development and Acquisition function to Wright-Patterson Air Force Base, OH. Relocate the Naval Health Research Center Electro-Magnetic Energy Detachment and the Directed Energy portion of the Human Effectiveness Directorate of the Air Force Research Laboratory to Fort Sam Houston, TX. Consolidate the Human Effectiveness Directorate with the Air Force Research Laboratory, Human Effectiveness Directorate at Wright-Patterson Air Force Base, OH. Relocate the Air Force Center for Environmental Excellence, the Air Force Medical Support Agency, Air Force Medical Operations Agency, Air Force Element Medical Defense Agency, Air Force Element Medical-DoD, Air Force-Wide Support Element, 710th Information Operations Flight and the 68th Information Operations Squadron to Lackland Air Force Base, TX. Relocate the Army Medical Research Detachment to the Army Institute of Surgical Research, Fort Sam Houston, TX. Relocate the Non-Medical Chemical Biological Defense Development and Acquisition to Edgewood Chemical Biological Center, Aberdeen Proving Ground, MD. Disestablish any remaining organizations.

Realign Holloman AFB by disestablishing the high-onset gravitational force centrifuge and relocating the physiological training unit (49 ADOS/SGGT) to Wright-Patterson AFB.

The Commission found that this change and the recommendation as amended are consistent with the final selection criteria and the Force Structure Plan. The full text of this and all Commission recommendations can be found in Appendix Q.

MCCHORD AIR FORCE BASE, WA

RECOMMENDATION # 171 (MED 9)

ONE-TIME COST:	\$1.1M
ANNUAL RECURRING COSTS/(SAVINGS):	(\$11.6M)
20-YEAR NET PRESENT VALUE:	(\$164.4M)
PAYBACK PERIOD:	IMMEDIATE

SECRETARY OF DEFENSE RECOMMENDATION

Realign McChord Air Force Base, WA, by relocating all medical functions to Fort Lewis, WA.

SECRETARY OF DEFENSE JUSTIFICATION

The primary rationale for this recommendation is to promote jointness and reduce excess capacity. This recommendation supports strategies of reducing excess capacity and locating military medical personnel in areas with enhanced opportunities for medical practice. McChord AFB's medical facility produced 44,283 Relative Value Units (RVUs) in FY02, which is well below the Military Health System average of 166,692 RVUs. Its Healthcare Services Functional Military Value of 51.45, is much lower than that of Fort Lewis (73.30). Military personnel stationed at McChord AFB's Medical Facility can be placed in activities of higher military value with a more diverse workload, providing them with enhanced opportunities to maintain their medical currency and making them better able to support Army medical readiness requirements. Approximately 169 military and civilian authorizations will be realigned to Fort Lewis in order to maintain the current level of effort in providing care to the McChord AFB beneficiary population. The remaining civilian authorizations and contractors at McChord AFB that represent unnecessary overhead will be eliminated. Military personnel that are filling similar "overhead positions" will be redistributed by the Service to replace civilian and contract medical personnel elsewhere in the Military Health System activities of higher military value. The large savings along with the reduction of inefficiencies and workload

available supports this action. While the jobs are lost in the military system the same type of job is available in the community.

COMMUNITY CONCERNS

The community expressed concerns about access to medical services if the McChord AFB, WA Clinic is closed and all medical functions are relocated at Madigan Army Medical Center at Fort Lewis. Specifically, they questioned whether Madigan Army Medical Center has the capacity to take on the patient population from the McChord Clinic, how long patients would have to wait for an appointment, if there will be enough staff to treat all patients, and whether the TRICARE civilian network in the area was adequate.

COMMISSION FINDINGS

The Commission found merit in the community's concern that Madigan Army Medical Center at Fort Lewis may not have sufficient capacity to accept McChord Medical Clinic's patient population. Built in 2000, the McChord Clinic provides care to about 14,500 active duty members and their families, as well as retirees and their families. Madigan Army Medical Center, located approximately eight miles from the McChord clinic, has a 172-bed capacity and serves a six-state area. Additionally, the Commission found that, while the medical functions would be realigned to Madigan, the McChord Clinic would be an optimal "satellite" facility to provide health care services. The Commission believes its recommendation will reduce duplication of services while maintaining sufficient future medical capacity.

COMMISSION RECOMMENDATIONS

The Commission found that the Secretary of Defense deviated substantially from final selection criteria 2, 3 and 4, as well as from the Force Structure Plan. Therefore, the Commission recommends the following:

Realign McChord Air Force Base, WA, by reorganizing medical functions under Madigan Army Medical Center, Fort Lewis, WA. McChord Air Force Base medical functions will be reorganized and relocated as directed by the Commander, Madigan Army Medical Center.

The Commission found that this change and the recommendation as amended are consistent with the final selection criteria and the Force Structure Plan. The full text of this and all Commission recommendations can be found in Appendix Q.

SAN ANTONIO REGIONAL MEDICAL CENTER, TX

RECOMMENDATION # 172 (MED 10)

ONE-TIME COST:	\$1,040.9M
ANNUAL RECURRING COSTS/(SAVINGS):	(\$129.0M)
20-YEAR NET PRESENT VALUE:	(\$476.2M)
PAYBACK PERIOD:	10 YEARS

SECRETARY OF DEFENSE RECOMMENDATION

Realign Lackland Air Force Base, TX, by relocating the inpatient medical function of the 59th Medical Wing (Wilford Hall Medical Center) to the Brooke Army Medical Center, Fort Sam Houston, TX, establishing it as the San Antonio Regional Military Medical Center, and converting Wilford Hall Medical Center into an ambulatory care center.

Realign Naval Air Station Great Lakes, IL, Sheppard Air Force Base, TX, Naval Medical Center Portsmouth, Naval Medical Center San Diego, CA, by relocating basic and specialty enlisted medical training to Fort Sam Houston, TX.

SECRETARY OF DEFENSE JUSTIFICATION

The primary rationale for this recommendation is to transform legacy medical infrastructure into a modernized joint operational medicine platform. This recommendation reduces excess capacity within the San Antonio Multi-Service Market (MSM: two or more facilities collocated geographically with "shared" beneficiary population) while maintaining the level of

care for the beneficiaries, enhancing opportunities for provider currency, and maintaining surge capacity. By making use of the design capacity inherent in Brooke Army Medical Center (BAMC), the entire inpatient care produced at WHMC can be relocated into this facility. In terms of military value, while BAMC had a slightly lower quantitative military value score than WHMC, the difference was so small as to not be a meaningful discriminator. Additionally, the small difference is primarily attributable to the efficiency of the Dental Clinic at WHMC, a facility that is excluded from this recommendation. It was the military judgment of the MJCSG that in the context of this recommendation, the condition of the facilities and their average weighted age were the most important elements of the military value of the two locations. In this area, BAMC received a significantly higher score than WHMC. Additionally, it is more cost effective and timely to return BAMC to its inherent design capacity and convert WHMC to an ambulatory care center, than to do the reverse. BAMC is located in a more centralized location, enabling it to better support the broader population area. WHMC and BAMC support Level 1 Trauma Centers, this capability is maintained in this recommendation by expanding the BAMC Level 1 Trauma Center to the capacity of both trauma centers. It was therefore the military judgment of the MJCSG that regionalization at BAMC provided the highest overall military value to the Department. Development of a premier Regional 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 Wilford Hall Medical Center 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. While the jobs are lost in the military system the same type of job is available in the community.

This recommendation also co-locates all (except Aerospace Medicine) medical basic and specialty enlisted training at Fort Sam Houston, TX, with the potential of transitioning to a joint training effort. This will result in reduced infrastructure and excess system capacity, while capitalizing on the synergy of the co-location similar training conducted by each of the three Services. In addition, the development of a joint training center will result in standardized training for medical enlisted specialties enhancing interoperability and joint deployability.

Co-location of medical enlisted training with related military clinical activities of the San Antonio Regional Medical Center at Brooke Army Medical Center, Fort Sam Houston, TX, provides synergistic opportunities to bring clinical insight into the training environment, realtime. As a result, both the healthcare delivery and training experiences are exponentially enhanced.

COMMUNITY CONCERNS

The Lackland Air Force Base community questioned DoD’s decision to convert Wilford Hall Medical Center into an outpatient clinic and ambulatory surgery center, and move inpatient services and the Level 1 Trauma Center to Brooke Army Medical Center at Fort Sam Houston. They argued that the south side of the city would no longer have a trauma center, and it would take longer to get to the trauma center located on the north side of the city.

The Sheppard Air Force Base community questioned DoD’s decision to move basic medical training from Sheppard to Fort Sam Houston, TX. They felt Sheppard ranked better in excess capacity, buildable acreage, and nearby field training, which were three of the four reasons given by DoD for moving the training to Fort Sam Houston. Advocates claimed the fourth area, clinical capacity, is irrelevant because basic medical training does not require nearby clinical activities. They proposed adjusting the weighted value given to clinical capacity, which would give Sheppard a higher military value score than Fort Sam Houston or Great Lakes. Additionally, they estimated moving basic medical training to Sheppard saves 45.9 percent and 61.8 percent in military construction costs over Fort Sam Houston or Great Lakes respectively. Community leaders noted that Sheppard has a unique one-of-a kind medical training facility for non-prior service students where joint medical training already exists. They explained Sheppard also offers better infrastructure utilization because it has the largest footprint for classrooms reported by all installations, with an excess capacity of 24,482 students, on average.

Community representatives for Naval Station Great Lakes argued that DoD’s proposal goes too far in centralizing basic enlisted medical training at Fort Sam Houston, and asserted it would be better to provide training at two locations: Fort Sam Houston and Great Lakes. They believed two locations would better balance the goals of savings and operational flexibility. Additionally, centralizing at Fort Sam Houston would be risky due to the 10 year pay-back period for associated costs. DoD’s proposal would also have an adverse impact on the local economy with the loss of 2,000 military positions and a smaller cut in civilian jobs.

COMMISSION FINDINGS

The Commission found merit in DoD's rationale for transforming its medical infrastructure by bringing together two locations in a multi-service market (Wilford Hall Medical Center and Brooke Army Medical Center) and creating a modernized operational medicine installation in San Antonio, TX. The Commission recognizes that both medical institutions have an enviable history of providing quality health care services for active duty service members and their families, and retirees and their dependents. However, it believes implementation of this recommendation will improve service delivery and efficiency.

The Commission also found that collocating all medical basic and specialty enlisted training would create an opportunity for the service branches to develop a joint training center that could result in standardized and enhanced training opportunities, as well as improved interoperability and joint deployability.

COMMISSION RECOMMENDATIONS

The Commission found the Secretary's recommendation consistent with the final selection criteria and the Force Structure Plan. Therefore, the Commission approves the recommendation of the Secretary.

CONVERT INPATIENT SERVICES TO CLINICS

RECOMMENDATION # 173 (MED 12)

ONE-TIME COST:	\$141.3M
ANNUAL RECURRING COSTS/(SAVINGS):	(\$94.0M)
20-YEAR NET PRESENT VALUE:	(\$1,146.5M)
PAYBACK PERIOD:	IMMEDIATE

SECRETARY OF DEFENSE RECOMMENDATION

Realign Marine Corps Air Station Cherry Point, NC by disestablishing the inpatient mission at Naval Hospital Cherry Point; convert the hospital to a clinic with an ambulatory surgery center.

Realign Fort Eustis, VA, by disestablishing the inpatient mission at the Fort Eustis Medical Facility; convert the hospital to a clinic with an ambulatory surgery center.

Realign the United States Air Force Academy, CO, by relocating the inpatient mission of the 10th Medical Group to Fort Carson Medical Facility, CO; convert the 10th Medical Group into a clinic with an ambulatory surgery center.

Realign Andrews Air Force Base, MD, by disestablishing the inpatient mission at the 89th Medical Group; convert the hospital to a clinic with an ambulatory surgery center.

Realign MacDill Air Force Base, FL, by disestablishing the inpatient mission at the 6th Medical Group; convert the hospital to a clinic with an ambulatory surgery center.

Realign Keesler Air Force Base, MS, by disestablishing the inpatient mission at the 81st Medical Group; convert the medical center to a clinic with an ambulatory surgery center.

Realign Scott Air Force Base, IL, by disestablishing the inpatient mission at the 375th Medical Group; convert the hospital to a clinic with an ambulatory surgery center.

Realign Naval Station Great Lakes, IL, by disestablishing the inpatient mission at Naval Hospital Great Lakes; convert the hospital to a clinic with an ambulatory surgery center.

Realign Fort Knox, KY, by disestablishing the inpatient mission at Fort Knox's Medical Facility; convert the hospital to a clinic with an ambulatory surgery center.

The Department will rely on the civilian medical network for inpatient services at these installations. This recommendation supports strategies of reducing excess capacity and locating military personnel in activities with higher military value with a more diverse workload, providing them with enhanced opportunities to maintain their medical currency to meet COCOM requirements. Additionally, a robust network with available inpatient capacity of Joint Accreditation of Hospital Organizations (JCAHO) and/or Medicare accredited civilian/Veterans Affairs hospitals is located within 40 miles of the referenced facilities.

COMMUNITY CONCERNS

The Keesler Air Force Base, MS community questioned DoD's decision asserting a flawed military value analysis, an ineffective analysis of the effects of shutting down Keesler's Graduate Medical Education program on the community, and disputing the costing data used in estimating savings. If the recommendation is not reversed the community fears healthcare services for active duty personnel, dependents, veterans, and retirees will be drastically reduced in the 4-state area served by Keesler. Additionally, the readiness of medical training for deployment teams, and the medical support provided to the education and training mission of the base, would be adversely affected. Other community effects would be the loss of the current support provided for emergency services, medical support to retirees, and the loss of synergies and personnel support with VA and local hospitals.

Community leaders representing Kentucky questioned DoD's decision to convert Ireland Army Hospital at Fort Knox to an outpatient clinic and ambulatory surgery center when the Army planned to locate a brigade combat team (BCT) at Fort Knox. Standing up a BCT at Fort Knox will result in an increase in permanent party and families, thereby changing the overall demand for soldier and family medical support. Additionally, the community was concerned that if the Ireland Hospital were converted into an outpatient clinic, the local civilian hospitals could not absorb the projected increase in obstetrical care that will be required by the Ft. Knox population.

Community representatives from Cherry Point, NC and North Chicago, IL expressed concerns about converting their hospitals, Halyburton Naval Hospital, NC and Great Lakes Naval Station, IL to clinics with ambulatory surgery centers because active duty service members and their families would no longer have nearby access to inpatient medical services.

COMMISSION FINDINGS

The Commission found that DoD did not make a sufficiently detailed assessment of the available health care services within the referenced communities and failed to determine whether the civilian medical network would be able to provide needed medical services. Additionally, the Commission noted that GAO's analysis showed DoD did not coordinate with the Department of Veterans Affairs (VA) to determine whether military beneficiaries in the referenced communities could have adequate access to care at VA hospitals.

More specifically, the Commission found that the civilian medical network around Ireland Hospital at Fort Knox would have difficulty providing medical services, particularly obstetrical care, to the service members and their dependents who would use Ireland Hospital. Moreover, the demand for health care services would measurably grow when Fort Knox gained an overseas brigade. Finally, the Commission acknowledged community concerns about available health care in the area surrounding Keesler Air Force Base and found DoD's proposal created a risk of insufficient health care services available to Keesler beneficiaries if the medical center was downsized to a clinic with an ambulatory surgery center. It was noted that several hospitals in the area of Keesler AFB are not part of the TRICARE network.

Additionally, in that this recommendation realigns several facilities to clinics with ambulatory surgery centers, increasing demand on outpatient services, the Commission urges DoD to provide the appropriate mix of healthcare providers and the proper level of staff to meet the demand.

COMMISSION RECOMMENDATIONS

The Commission found that the Secretary of Defense deviated substantially from final selection criteria 1, 3 and 7, as well as from the Force Structure Plan. Therefore, the Commission recommends the following:

Realign Marine Corps Air Station Cherry Point, NC, by disestablishing the inpatient mission at Naval Hospital Cherry Point; convert the hospital to a clinic with an ambulatory surgery center.

Realign Fort Eustis, VA, by disestablishing the inpatient mission at the Fort Eustis Medical Facility; convert the hospital to a clinic with an ambulatory surgery center.

Realign the United States Air Force Academy, CO, by relocating the inpatient mission of the 10th Medical Group to Fort Carson Medical Facility, CO; convert the 10th Medical Group into a clinic with an ambulatory surgery center.

Realign Andrews Air Force Base, MD, by disestablishing the inpatient mission at the 89th Medical Group; convert the hospital to a clinic with an ambulatory surgery center.

Realign MacDill Air Force Base, FL, by disestablishing the inpatient mission at the 6th Medical Group; convert the hospital to a clinic with an ambulatory surgery center.

Realign Keesler Air Force Base, MS, by convert the medical center to a community hospital.

Realign Scott Air Force Base, IL, by disestablishing the inpatient mission at the 375th Medical Group; convert the hospital to a clinic with an ambulatory surgery center.

Realign Naval Station Great Lakes, IL, by disestablishing the inpatient mission at Naval Hospital Great Lakes; convert the hospital to a clinic with an ambulatory surgery center.

The Commission found that this change and the recommendation as amended are consistent with the final selection criteria and the Force Structure Plan. The full text of this and all Commission recommendations can be found in Appendix Q.

JOINT CENTERS OF EXCELLENCE FOR CHEMICAL, BIOLOGICAL, AND MEDICAL RESEARCH AND DEVELOPMENT AND ACQUISITION

RECOMMENDATION # 174 (MED 15)

ONE-TIME COST:	\$55.2M
ANNUAL RECURRING COSTS/(SAVINGS):	(\$7.3M)
20-YEAR NET PRESENT VALUE:	(\$39.5M)
PAYBACK PERIOD:	6 YEARS

SECRETARY OF DEFENSE RECOMMENDATION

Realign Building 42, 8901 Wisconsin Ave, Bethesda, MD, by relocating the Combat Casualty Care Research sub-function of the Naval Medical Research Center to the Army Institute of Surgical Research, Fort Sam Houston, TX.

Realign Naval Station Great Lakes, IL, by relocating the Army Dental Research Detachment, the Air Force Dental Investigative Service, and the Naval Institute for Dental and Biomedical Research to the Army Institute of Surgical Research, Fort Sam Houston, TX.

Realign 13 Taft Court and 1600 E. Gude Drive, Rockville, MD, by relocating the Walter Reed Army Institute of Research, Division of Retrovirology to the Walter Reed Army Institute of Research, Walter Reed Army Medical Center - Forest Glen Annex, MD, establishing it as a Center of Excellence for Infectious Disease.

Realign Naval Air Station Pensacola, FL, by relocating the Naval Aeromedical Research Laboratory to Wright-Patterson AFB, OH.

Realign 12300 Washington Ave, Rockville, MD, by relocating the Medical Biological Defense Research sub-function to the U. S. Army Medical Research Institute of Infectious Diseases, Ft. Detrick, MD.

Realign Potomac Annex-Washington, DC, by relocating Naval Bureau of Medicine, Code M2, headquarters-level planning, investment portfolio management and program and regulatory oversight of DoD Biomedical Science and Technology programs and FDA-regulated medical product development within the biomedical RDA function to a new Joint Biomedical Research, Development and Acquisition Management Center at Fort Detrick, MD.

Realign 64 Thomas Jefferson Drive, Frederick, MD, by relocating the Joint Program Executive Office for Chemical Biological Defense, Joint Project Manager for Chemical Biological Medical Systems headquarters-level planning, investment portfolio management and program and regulatory oversight of DoD Biomedical Science and Technology programs and FDA-regulated medical product development within the RDA function to a new Joint Biomedical Research, Development and Acquisition Management Center at Fort Detrick, MD.

Realign Fort Belvoir, VA, by relocating the Chemical Biological Defense Research component of the Defense Threat Reduction Agency to Edgewood Chemical Biological Center, Aberdeen Proving Ground, MD.

Realign Tyndall AFB, FL, by relocating Non-medical Chemical Biological Defense Research to Edgewood Chemical Biological Center, Aberdeen Proving Ground, MD, and consolidating it with Air Force Research Laboratory.

Realign Naval Surface Warfare Center, Dahlgren Division, VA, by relocating Non-medical Chemical Biological Defense Research and Development & Acquisition to Edgewood Chemical Biological Center, Aberdeen Proving Ground, MD.

Realign Naval Surface Warfare Center, Crane Division, IN, by relocating the Non-medical Chemical Biological Defense Development and Acquisition to Edgewood Chemical Biological Center, Aberdeen Proving Ground, MD.

Realign Skyline 2 and 6, Falls Church, VA, by relocating the Joint Program Executive Office for Chemical Biological Defense to Edgewood Chemical Biological Center, Aberdeen Proving Ground, MD.

SECRETARY OF DEFENSE JUSTIFICATION

This recommendation creates Joint Centers of Excellence for Battlefield Health and Trauma research at Fort Sam Houston, TX; Infectious Disease research at Walter Reed–Forest Glen Annex, MD; Aerospace Medicine research at Wright-Patterson AFB, OH; Regulated Medical Project development & acquisition at Fort Detrick, MD; Medical Biological Defense research at Fort Detrick, MD; and Chemical Biological Defense research, development & acquisition at Aberdeen Proving Ground, MD. These actions will increase synergy, focus on joint needs, and efficient use of equipment and facilities by co-locating Tri-Service and Defense activities performing functions in chemical-biological defense and medical RDA. Fort Sam Houston is the best location for the Center for Battlefield Health and Trauma because it is the only current biomedical S&T location that also includes a military trauma center, providing enhanced translational research opportunities and ability to recruit and retain physician/scientists. Walter Reed Army Medical Center, Forest Glen Annex, is the CONUS hub of the worldwide Army and Navy activities in infectious diseases of military significance. Fort Detrick, MD, is the site of an Interagency Biodefense Campus and the military's only Bio-Safety Level 4 containment facilities for medical research. The realignment of Air Force Aerospace medical and non-medical R&D to Wright-Patterson AFB, OH, with co-location of associated education and training activities relocated in another recommendation, makes this location most suitable for a joint center for Aerospace Medical Research. Fort Detrick, MD is home of Tri-Service medical logistics as well the Department's largest Medical RDA management activity. Edgewood Chemical and Biological Center, Aberdeen Proving Ground, is home to the military's most robust infrastructure supporting research utilizing hazardous chemical agents. These actions will also reduce the use of leased space within the National Capital Region, and increase the force protection posture of the realigning activities. Specific benefits occurring as a result of this recommendation include:

Promote beneficial technical and management interaction in the functional research areas of combat casualty care including combat dentistry and maxillofacial care, infectious disease, aerospace medicine, medical and non-medical chemical and biological defense research, as well as in the functional area of medical development and acquisition, fostering a joint perspective and sharing of expertise and work in areas of joint interest.

Build joint economies and optimize use of limited pools of critical professional personnel with expertise in unique mission areas.

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. The availability of a co-located military trauma center also provides incentives for recruitment and retention of military physicians as researchers, and is a model that has proven highly successful in civilian academic research centers.

Reduce the number of DoD animal facilities.

Provide increased opportunities to share management and scientific support functions across Services and reduce costs.

Foster the development of common practices for DoD regulatory interactions with the US Food and Drug Administration.

Facilitate coordinated medical systems lifecycle management with the medical logistics organizations of the Military Departments, already co-located at Fort Detrick.

Promote jointness, enable technical synergy, and position the Department of Defense to exploit a center-of-mass of scientific, technical, and acquisition expertise with the personnel necessary to provide defense against current and emerging chemical and biological warfare threats.

Complete earlier consolidations of military Service Chemical Biological Defense programs into a joint, consolidated Chemical Biological Defense program.

Directly support the Department's Strategy for homeland defense and Civil Support.

COMMUNITY CONCERNS

The Naval Surface Warfare Center Dahlgren (Fredericksburg, Virginia) community expressed concern about DoD's recommended transfer of the US Navy's non-medical chemical and biological defense research and development to Edgewood Chemical Biological Center, Aberdeen Proving Ground, Maryland. The community maintained that the transfer would remove the research and development effort from an organization focused on the Navy's unique concerns, to a facility with no prior experience in this area. In addition, community advocates claimed that only about 20 percent of the staff would move from the Fredericksburg, Virginia, area to Harford County, Maryland, where Aberdeen Proving Ground is located. This would cause a significant loss of intellectual and human capital, thereby jeopardizing the Navy mission.

The Tyndall Air Force Base (Bay County, Florida) community expressed concern that the DoD recommendation overstated number of people to be moved to Aberdeen Proving Ground, Maryland. Specifically, they felt the DoD recommendation improperly cited all the staff at the Air Force Research Lab, not just the people working in chemical and biological defense research.

The Naval Surface Warfare Center Crane (Southern Indiana) community expressed concern about the recommended realignment of 57 positions, including 16 engineering and 15 technicians, in Crane's development, acquisition and support of Chemical and Biological detection devices to Edgewood Arsenal at Aberdeen, Maryland. The community feels this action separates the Chemical and Biological detection technical capability which moves, from the industrial depot repair which stays. This causes duplication of knowledge and facilities.

COMMISSION FINDINGS

The Commission found DoD's recommendation to realign chemical-biological defense activities at (1) Naval Surface Warfare Center, Crane, IN, (2) Naval Surface Warfare Center, Dahlgren, VA, and (3) Tyndall Air Force Base, FL, to Aberdeen Proving Ground, MD, would not enhance DoD's chemical-biological defense research, development and acquisition activities at Aberdeen Proving Ground, but would instead degrade engineering and logistics support to chemical-biological defense equipment at operational units.

COMMISSION RECOMMENDATIONS

The Commission found that the Secretary of Defense deviated substantially from final selection criterion 1, as well as from the Force Structure Plan. Therefore, the Commission recommends the following:

Realign Building 42, 8901 Wisconsin Ave, Bethesda, MD, by relocating the Combat Casualty Care Research sub-function of the Naval Medical Research Center to the Army Institute of Surgical Research, Fort Sam Houston, TX.

Realign Naval Station Great Lakes, IL, by relocating the Army Dental Research Detachment, the Air Force Dental Investigative Service, and the Naval Institute for Dental and Biomedical Research to the Army Institute of Surgical Research, Fort Sam Houston, TX.

Realign 13 Taft Court and 1600 E. Gude Drive, Rockville, MD, by relocating the Walter Reed Army Institute of Research, Division of Retrovirology to the Walter Reed Army Institute of Research, Walter Reed Army Medical Center - Forest Glen Annex, MD, establishing it as a Center of Excellence for Infectious Disease.

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Realign Potomac Annex-Washington, DC, by relocating Naval Bureau of Medicine, Code M2, headquarters-level planning, investment portfolio management and program and regulatory oversight of DoD Biomedical Science and Technology programs and FDA-regulated medical product development within the biomedical RDA function to a new Joint Biomedical Research, Development and Acquisition Management Center at Fort Detrick, MD.

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Realign Fort Belvoir, VA, by relocating the Chemical Biological Defense Research component of the Defense Threat Reduction Agency to Edgewood Chemical Biological Center, Aberdeen Proving Ground, MD.

Realign Skyline 2 and 6, Falls Church, VA, by relocating the Joint Program Executive Office for Chemical Biological Defense to Edgewood Chemical Biological Center, Aberdeen Proving Ground, MD.

The Commission found that this change and the recommendation as amended are consistent with the final selection criteria and the Force Structure Plan. The full text of this and all Commission recommendations can be found in Appendix Q.