Meeting your Health Care needs
World Wide

TRICARE

Welcome to the TRICARE Military Treatment Facilities (MTF) Locator

Friday, May 13, 2005

Walter Reed Army Medical Center

MTF Name: Walter Reed Army Medical Center
Address: 6900 Georgia Ave. NW
Washington, DC 20307-5001
Web Site: http://www.wramc.army.mil
Main Phone: 202-782-3501
Hours: Clinic hours are generally 7:30 am - 4:30 pm.

Making an Appointment

Phone Number: 1-800-433-3574

Additional Information:
Walter Reed appointment call-in hours are 6 am to 6 pm.

Prime enrollees may be able to make an MTF appointment online at www.tricareonline.com.

Pharmacy

Phone: 1-800-248-6337

Hours: 8 am - 8 pm, Monday - Friday
8 am - 4 pm, Saturday
Closed Sundays and all Federal Holidays

Additional Information:
Refills should be called in and may be picked up at whatever site within the Walter Reed Health Care System that the patient specifies.

Additional Information

Advice Line:

After Hours Care: Beneficiaries requiring care for life-threatening or acute medical situations after regular working hours report to Emergency Services on the hospital's first floor, 202-782-1199 / 3927. Beneficiaries with problems not requiring immediate care are encouraged to schedule a next day appointment with their Primary Care Manager. They may call Central Appointments at Walter Reed, 1-800-433-3574, between 6 am and 6 pm Monday through Friday.

In case of an emergency:
Walter Reed's Emergency Services, 202-782-1199 / 3927, are open round the clock, and may be used by anyone in a life-threatening medical condition for whom there is not another emergency facility closer by. Patients are seen based on the severity of their medical condition.

Specialties

Allergy
Audiology / Speech Pathology
Clinical Psychology
Dermatology
Dietetics
Emergency Services
Internal Medicine
Neurology
OB/GYN
Occupational Therapy
Ophthalmology
Optometry
Orthopedics
Otolaryngology (ENT)
Pediatrics
Physical Medicine
Physical Therapy
Psychiatry
Surgery
Urology
Cardiology
Chiropractics
Gastroenterology
Infectious Disease
Nuclear Medicine
Developmental Pediatrics
Perinatology
Population Health (wellness)
Psychology
Pulmonology
Social Work
Substance Abuse

Options

Get Directions
Return to search results
Return to search options

Other

What is an MTF?
All TRICARE Plan options work at MTF.
Prime is the usual choice for patients who use the MTF.
More MTF information helps you make choices.

Other Information:
Walter Reed is a partner in the Walter Reed Health Care System along with DeWitt Army Health Care Network in Northern Virginia
and with Kimbrough Ambulatory Care Center at Fort Meade and three other associated clinics in Maryland and Pennsylvania.
Walter Reed Health Care System "for all your medical needs"

Customer Service

Beneficiary Counseling & Assistance Coordinator (BCAC)	Debt Collection & Assistance Officer (DCAO)
Mrs. Peggy Allison Primary Phone: 202-782-4393 DSN: 662-4393 Fax:202-782-7066 E-mail: peggy.allison@na.amedd.army.mil	**Ms. Gladys Blake** Primary Phone: 202-782-4393 DSN: 662-4393 Fax:202-782-7066 E-mail: gladys.blake@na.amedd.army.mil

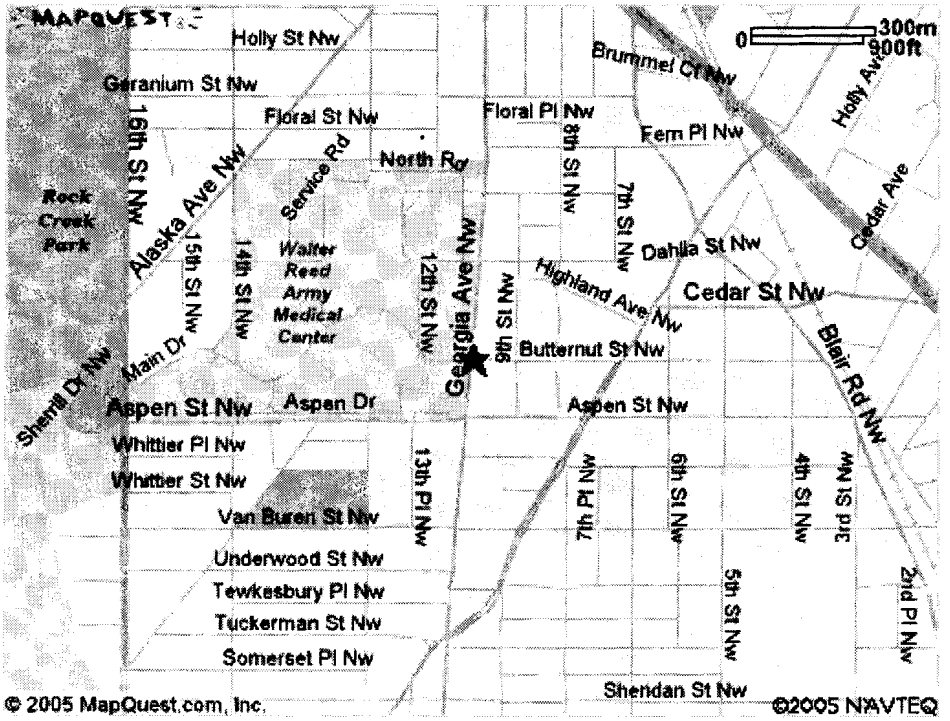
Additional Customer Service Information

Other Customer Service Phone Number:
Other Customer Service Email Address:

Other customer service information:
Hospital representatives at the Information Desk in the Main Lobby, first floor, assist patients with general hospital information. For specific TRICARE information or assistance, patients call or visit the third floor TRICARE Service Center, 202-782-4393, open Monday through Friday from 7:30 am to 4:30 pm.

MAPQUEST.

★ 6900 Georgia Ave Nw Washington, DC 20307-0003, US



MAPQUEST.

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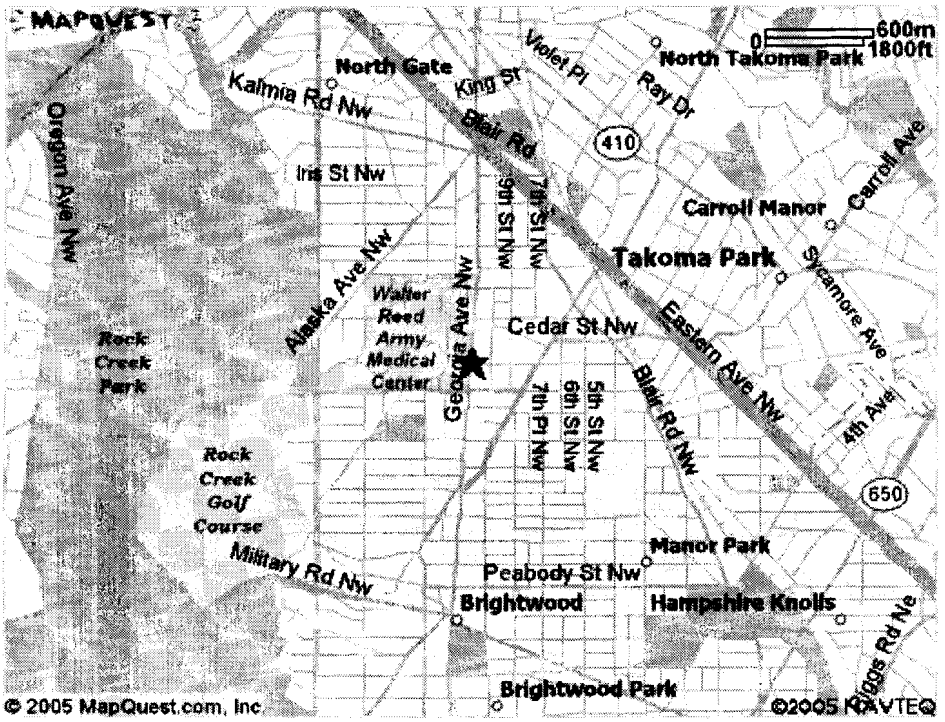
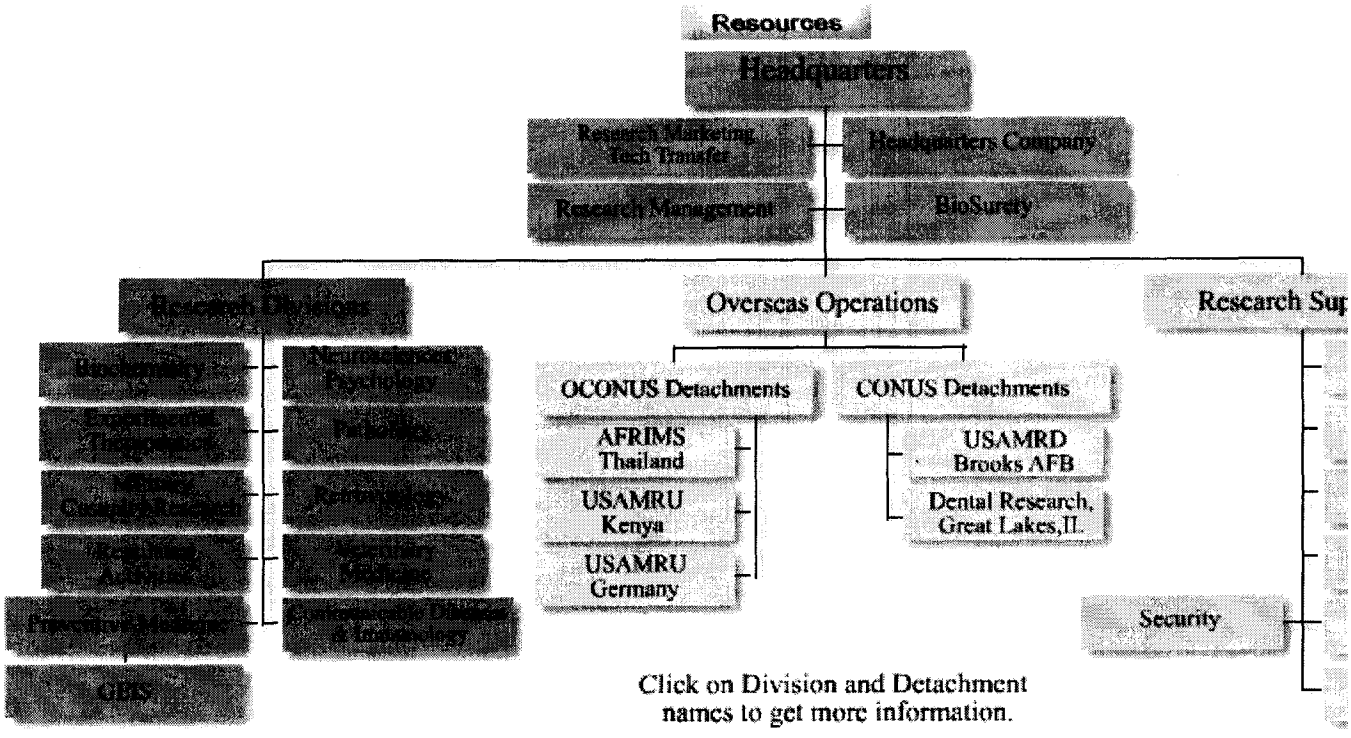
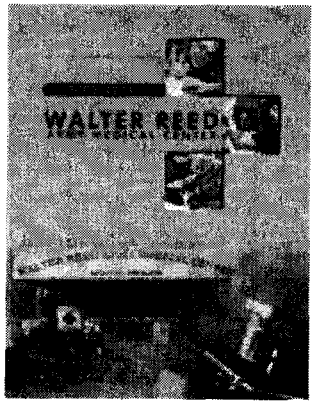


Walter Reed Army Institute of Research



NORTH ATLANTIC REGIONAL MEDICAL COMMAND



Winter 2004

The commanding general of Walter Reed Army Medical Center also serves as commander of the North Atlantic Regional Medical Command, which covers 21 of the northeastern United States plus the District of Columbia.

NARMC is one of the Army's six regional medical commands and is responsible for about 25 percent of its patient load in the United States. It provides leadership, planning and support for approximately 40 Army hospitals and clinics, which provide day-to-day health care in its area.

The regional headquarters coordinates medical readiness with 200 reserve-component units in the region, working through 22 Army National Guard state area commands and six Army Reserve regional support commands. It also provides health-care services in support of reserve-component training at 12 sites in the region.

As leader of NARMC, the Walter Reed Army Medical Center commander is responsible for the regional command as well as for the Walter Reed installation, which includes the main post, Forest Glen section, and Glen Haven Housing area. He is the executive agent for Region 1 of the Department of Defense's managed health-care initiative, TRICARE, and also represents Walter Reed in the National Capital Area Military Medical Consortium.

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Tenant Activities On WRAMC Campus

Office of the Lead Agent Tricare Region 1

Armed Forces Institute of Pathology (AFIP)

Walter Reed Army Institute of Research (WRAIR)

Deployment Health Clinical Center

WRAMC Forest Glenn Annex
in Silver Spring, MD
2 4 miles N of WR

164 acres

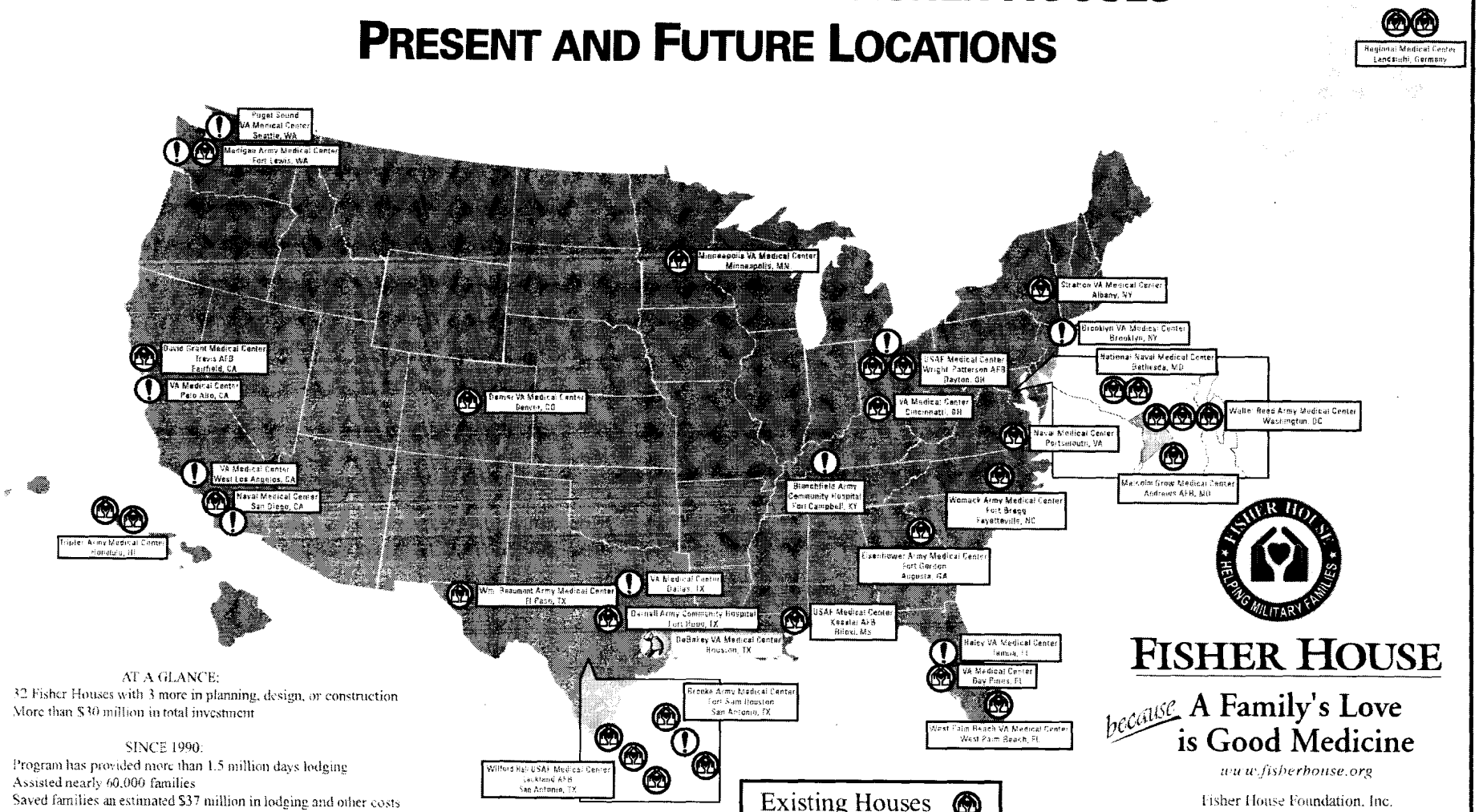
503 Robert Grant Ave
Silver Spring, MD
20910

WR Army Institute of Research
+ Naval Med. Research Institute

Fisher House

N: 12098

ZACHARY AND ELIZABETH M. FISHER HOUSES
PRESENT AND FUTURE LOCATIONS



AT A GLANCE:
32 Fisher Houses with 3 more in planning, design, or construction
More than $30 million in total investment

SINCE 1990:
Program has provided more than 1.5 million days lodging
Assisted nearly 60,000 families
Saved families an estimated $37 million in lodging and other costs

EACH YEAR:
Program serves more than 8,500 families (90% occupancy rate)
Costs families less than $10 per day (No charge at eleven houses
or for any families of service members wounded in Iraq or Afghanistan)

FISHER HOUSE

because A Family's Love is Good Medicine

www.fisherhouse.org

Fisher House Foundation, Inc.
1401 Rockville Pike, Suite 600
Rockville, Maryland 20852
Phone: (888) 294-8560
Fax: (301) 294-8562
E-Mail: info@fisherhouse.org

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Welcome to the TRICARE Military Treatment Facilities (MTF) Locator

Friday, May 13, 2005

National Naval Medical Center

MTF Name: National Naval Medical Center
Address: 8901 Wisconsin Avenue
Bethesda, MD 20889-5600
Web Site: http://www.bethesda.med.navy.mil/
Main Phone: 301-295-4611
Hours: For specific department hours, see NNMC's web site, http://www.bethesda.med.navy.mil

Making an Appointment

Phone Number: 301-295-6289

Additional Numbers:

Number	Description
1 (866) NAVY-MED (628-9633)	Toll-free to Appointment Call Center

Additional Information:
As a TRICARE Prime beneficiary, make and cancel appointments with your Primary Care Manager (PCM) on TRICARE Online, http://www.tricareonline.com.

Prime enrollees may be able to make an MTF appointment online at www.tricareonline.com.

Pharmacy

Phone: 301-295-2124; DSN 295-2124

Hours: Main Pharmacy, Bldg 9, Outpatient Center, 2nd floor:
Monday-Friday 7:30 AM - 8:30 PM
Saturday 8:00 AM - 12:00 PM

Satellite Pharmacy, Bldg 142 on Taylor Rd.
:
Monday-Friday 8:00 AM - 6:00 PM
Saturday: 8:00 AM - 12:00 PM

Additional Information:
Adverse Drug Reaction Hotline - (301) 295-0941
Prescription refills (call 24/7) - 1 (800) 377-1723
Satellite Pharmacy Refill Pick-up - (301) 295-6873
Prescription questions - (301) 295-2124

Additional Information

Advice Line: The following services are available through August 31, 2004:
After hours Nurse Advice Line 1-800-308-3518
Health Care Information Line (HCIL) 1-800-308-3518
Health Information Library 1-800-308-3518 pin # 208

After Hours Care:

Specialties

Allergy
Audiology / Speech Pathology
Dermatology
Dietetics
Emergency Services
Family Medicine
Internal Medicine
Neurology
OB/GYN
Occupational Therapy
Ophthalmology
Optometry
Orthopedics
Otolaryngology (ENT)
Pediatrics
Physical Medicine
Physical Therapy
Psychiatry
Surgery
Urology
Cardiology
Chiropractics
Gastroenterology
Infectious Disease
Nuclear Medicine
Developmental Pediatrics
Perinatology
Podiatry
Population Health (wellness)
Psychology
Pulmonology
Social Work
Substance Abuse

Options

Get Directions
Return to search results
Return to search options

Other

What is an MTF?
All TRICARE Plan options work at MTF.
Prime is the usual choice for patients who use the MTF.
More MTF information helps you make choices.

In case of an emergency:
In case of an emergency, call 911 or go to the nearest emergency room. NNMC Emergency Department is open 24 hours a day, 7 days a week. Phone - 301-295-4810.

Other Information:
Your and your family's needs and best interests are at the heart of our Family-Centered Care. Be assured that the best possible personalized and coordinated care will be delivered. Your providers will listen to your questions and your family's concerns and help develop individualized treatment plans.

Customer Service

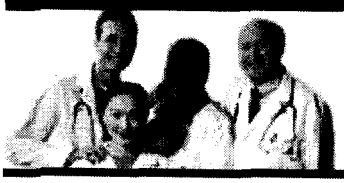
Beneficiary Counseling & Assistance Coordinator (BCAC)	Debt Collection & Assistance Officer (DCAO)
Ms. Dana Acho Primary Phone: 301-295-5143 DSN: 295-5143 Fax:301-295-4643 E-mail: dmacho@bethesda.med.navy.mil	**Ms. Dana Acho** Primary Phone: 301-295-5143 DSN: 295-5143 Fax:301-295-4643 E-mail: dmacho@bethesda.med.navy.mil
Ms. Cynthia M. Bankston Alternate Phone: 301-295-5143 DSN: 295-5143 Fax:301-295-4643 E-mail: CMBankston@bethesda.med.navy.mil	**Mr. James Dixon** Alternate Phone: 301-295-5143 DSN: 295-5143 Fax:301-295-4643 E-mail: Jadixon@bethesda.med.navy.mil
Ms. Jovettia W. Cooper Alternate Phone: 301-295-5143 DSN: 295-5143 Fax:301-295-4643 E-mail: JWCooper@bethesda.med.navy.mil	
Mr. James Dixon Alternate Phone: 301-295-5143 DSN: 295-5143 Fax:301-295-4643 E-mail: Jadixon@bethesda.med.navy.mil	

Additional Customer Service Information

Other Customer Service Phone Number: 301-295-4000 or toll-free automated phone line 1-(800) 526-7101; Command Duty Office - 301-295-4611

Other Customer Service Email Address:
Customer Advocates are available in every service area to help you with questions, comments, or concerns you may have while you are a patient at NNMC. For Customer Advocate emails, please go to NNMC's web site, http://www.bethesda.med.navy.mil.

Other customer service information:
You have our commitment in creating a Culture of Customer Service Excellence and provide the highest quality of care and services to you and your loved ones. Customer feedback about your experience at NNMC is greatly appreciated. To provide feedback, please contact the Customer Advocacy Office located in the Customer Service Center, first floor of Bldg 9 or call: (301) 295-0156, DSN - 295-0156.



Meeting your Health Care needs
World Wide

TRICARE

Welcome to the TRICARE Military Treatment Facilities (MTF) Locator

Saturday, May 14, 2005

Dewitt Army Community Hospital

MTF Name: Dewitt Army Community Hospital
Address: 9501 Farrell Road
Fort Belvoir, VA 22060-5901
Web Site: http://www.dewitt.wramc.amedd.army.mil/
Main Phone: 703-805-0510
Hours: Mon-Fri 0700-2000; Sat 1000-1700 Closed Sun and Federal Holidays
Effective February 5, 2005
Sat 0700-1400

Making an Appointment

Phone Number: (703) 805-0612

Additional Information:

Prime enrollees may be able to make an MTF appointment online at www.tricareonline.com.

Pharmacy

Phone: (703) 805-0694

Hours: Mon-Fri 0730-2030; Sat 0930-1730; Closed Sun and Federal Holidays
Effective 5 February 2005:
Sat 0730-1600

Additional Information:

Additional Information

Advice Line:

After Hours Care:

In case of an emergency:
Call 911 and/or report to the nearest emergency room. The DeWitt emergency room number is (703) 805-0421

Other Information:

Specialties

Allergy
Audiology / Speech Pathology
Clinical Psychology
Dermatology
Emergency Services
Family Medicine
Internal Medicine
Neurology
OB/GYN
Occupational Therapy
Ophthalmology
Optometry
Orthopedics
Pediatrics
Physical Medicine
Physical Therapy
Psychiatry
Surgery
Urology
Cardiology
Gastroenterology
Infectious Disease
Podiatry
Population Health (wellness)
Psychology
Pulmonology
Social Work
Substance Abuse

Customer Service

Beneficiary Counseling & Assistance Coordinator (BCAC)	Debt Collection & Assistance Officer (DCAO)
Madlin Edmonds Primary Phone: (703) 805-0117 DSN: 655-0622 Fax:(703) 805-0763 E-mail: madlin.edmonds@na.amedd.army.mil	**Madlin Edmonds** Primary Phone: (703) 805-0117 DSN: 655-0622 Fax:(703) 805-0763 E-mail: madlin.edmonds@na.amedd.army.mil

Options

Get Directions
Return to search results
Return to search options

Other

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All TRICARE Plan options work at MTF.
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More MTF information helps you make choices.

Kenya Hudson Alternate Phone: (703) 805-0190 DSN: 655-0190 Fax:(703) 805-0763 E-mail: kenya.hudson@na.amedd.army.mil	**Mina Dugger** Alternate Phone: (703) 805-9045 DSN: 655-9045 Fax:(703) 805-0763 E-mail: mina.dugger@na.amedd.army.mil

Honorata Fireoved Alternate Phone: (703) 805-0167 DSN: 655-0167 Fax:(703) 805-0763 E-mail: honorata.fireoved@na.amedd.army.mil
Colette Hopson Alternate Phone: (703) 805-0178 DSN: 655-0178 Fax:(703) 805-0763 E-mail: agnes.hopson@na.amedd.army.mil
Mina Dugger Alternate Phone: (703) 805-9045 DSN: 655-9045 Fax:(703) 805-0763 E-mail: mina.dugger@na.amedd.army.mil

Additional Customer Service Information

Other Customer Service Phone Number:
Other Customer Service Email Address:

Other customer service information:

The TRICARE/Military Health System Web site www.tricare.osd.mil is the official Web presence of the Office of the Assistant Secretary of Defense (Health Affairs) and the TRICARE Management Activity
Skyline 5, Suite 810, 5111 Leesburg Pike, Falls Church, VA 22041-3206
Need to file a claim?
Please e-mail the following for: TRICARE benefits and program questions: questions@tma.osd.mil;
Web site technical issues, or if you see something wrong? on the Web site
The content of this page was updated on Friday, January 14, 2005.

DCN: 12098

WR 4/610 A 5

SCENARIO ERROR REPORT (COBRA v6.10)
Data As Of 8/3/2005 12:09:46 PM, Report Created 8/3/2005 12:09:48 PM

Department : Medical JCSG
Scenario File : S:\Scenarios\Health Services\Commission Scenarios_HS_Aug05\MED002WR_3Aug05\MED002R_Disestablish Walter Reed_3Aug05.CBR
Option Pkg Name: MED002R - Disestablish Walter Reed_6May05
Std Fctrs File : S:\COBRA 6.10\BRAC2005.SFF

SCENARIO DATA:
"Medical JCSG" is not a recognized Department.

COBRA REALIGNMENT SUMMARY REPORT (COBRA v6.10) - Page 1/2
Data As Of 8/3/2005 12:09:46 PM, Report Created 8/3/2005 12:09:50 PM

Department : Medical JCSG
Scenario File : S:\Scenarios\Health Services\Commission Scenarios_HS_Aug05\MED002WR_3Aug05\MED002R_Disestablish Walter Reed_3Aug05.CBR
Option Pkg Name: MED002R - Disestablish Walter Reed_6May05
Std Fctrs File : S:\COBRA 6.10\BRAC2005.SFF

Starting Year : 2006
Final Year : 2011
Payback Year : 2017 (6 Years)

NPV in 2025($K): -830,557
1-Time Cost($K): 988,759

Net Costs in 2005 Constant Dollars ($K)

	2006	2007	2008	2009	2010	2011	Total	Beyond
MilCon	31,422	243,905	225,559	170,842	0	0	671,728	0
Person	0	0	-185	-865	-23,368	-104,109	-128,528	-104,109
Overhd	-14,817	-10,242	-5,092	-1,134	-86,635	-90,879	-208,800	-84,978
Moving	0	43	7,731	5,400	55,709	8	68,891	0
Missio	0	0	500	550	-8,169	-8,522	-15,641	-8,522
Other	-12,277	-12,844	29,477	64,738	123,705	52,336	245,137	52,336
TOTAL	4,328	220,862	257,990	239,531	61,242	-151,166	632,788	-145,273

	2006	2007	2008	2009	2010	2011	Total
POSITIONS ELIMINATED							
Off	0	0	0	0	110	0	110
Enl	0	0	0	0	176	0	176
Civ	0	0	0	0	1,090	0	1,090
TOT	0	0	0	0	1,376	0	1,376
POSITIONS REALIGNED							
Off	0	0	53	22	984	0	1,059
Enl	0	0	70	44	986	0	1,100
Stu	0	0	1	30	203	0	234
Civ	0	0	140	46	1,112	0	1,298
TOT	0	0	264	142	3,285	0	3,691

Summary:

Candidate Recommendation #MED-0002R - Walter Reed National Military Medical Center Bethesda

Candidate Recommendation: Realign Walter Reed Army Medical Center, Washington, DC, as follows: relocate all tertiary 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 patient care functions to DeWitt Hospital, Ft Belvoir, VA;
relocate the Office of the Secretary of Defense to Fort Belvior, 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 and the Combat Casualty Care Research sub-function of the Naval Medical Research Center- Walter Reed Army Medical 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 and Naval Medical Research Center 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 to Aberdeen Proving Ground, MD, and consolidate it with the US Army Medical Research Institute of Chemical Defense.

COBRA REALIGNMENT SUMMARY REPORT (COBRA v6.10) - Page 2/2
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Option Pkg Name: MED002R - Disestablish Walter Reed_6May05
Std Fctrs File : S:\COBRA 6.10\BRAC2005.SFF

Costs in 2005 Constant Dollars ($K)

	2006	2007	2008	2009	2010	2011	Total	Beyond
MilCon	78,422	243,905	225,559	170,842	0	0	718,728	0
Person	0	0	1,659	1,873	34,992	5,824	44,348	5,824
Overhd	1,836	6,411	11,663	15,675	21,137	16,893	73,615	16,377
Moving	0	43	8,065	5,562	55,758	8	69,437	0
Missio	0	0	500	550	7,431	7,078	15,559	7,078
Other	723	156	29,477	64,738	123,705	52,336	271,137	52,336
TOTAL	80,981	250,515	276,923	259,242	243,023	82,139	1,192,825	81,616

Savings in 2005 Constant Dollars ($K)

	2006	2007	2008	2009	2010	2011	Total	Beyond
MilCon	47,000	0	0	0	0	0	47,000	0
Person	0	0	1,844	2,739	58,360	109,934	172,876	109,934
Overhd	16,653	16,653	16,755	16,810	107,772	107,772	282,415	101,355
Moving	0	0	334	162	49	0	545	0
Missio	0	0	0	0	15,600	15,600	31,200	15,600
Other	13,000	13,000	0	0	0	0	26,000	0
TOTAL	76,653	29,653	18,933	19,711	181,781	233,305	560,037	226,889

TOTAL COBRA ONE-TIME COST REPORT (COBRA v6.10) - Page 1/9
Data As Of 8/3/2005 12:09:46 PM, Report Created 8/3/2005 12:09:49 PM

Department : Medical JCSG
Scenario File : S:\Scenarios\Health Services\Commission Scenarios_HS_Aug05\MED002WR_3Aug05\MED002R_Disestablish Walter Reed_3Aug05.CBR
Option Pkg Name: MED002R - Disestablish Walter Reed_6May05
Std Fctrs File : S:\COBRA 6.10\BRAC2005.SFF

(All values in 2005 Constant Dollars)

Category	Cost	Sub-Total
Construction		
Military Construction	718,728,408	
Total - Construction		718,728,408
Personnel		
Civilian RIF	26,750,276	
Civilian Early Retirement	1,325,622	
Eliminated Military PCS	1,856,273	
Unemployment	2,007,400	
Total - Personnel		31,939,573
Overhead		
Program Management Cost	6,037,423	
Support Contract Termination	0	
Mothball / Shutdown	4,098,600	
Total - Overhead		10,136,023
Moving		
Civilian Moving	9,256,796	
Civilian PPP	7,844,616	
Military Moving	731,369	
Freight	313,281	
Information Technologies	2,899,800	
One-Time Moving Costs	48,391,000	
Total - Moving		69,436,863
Other		
HAP / RSE	0	
Environmental Mitigation Costs	2,779,000	
Mission Contract Startup and Termination	353,000	
One-Time Unique Costs	155,386,000	
Total - Other		158,518,000
Total One-Time Costs		988,758,867
One-Time Savings		
Military Construction Cost Avoidances	47,000,000	
Military Moving	545,596	
One-Time Moving Savings	0	
Environmental Mitigation Savings	0	
One-Time Unique Savings	0	
Total One-Time Savings		47,545,596
Total Net One-Time Costs		941,213,270

COBRA ONE-TIME COST REPORT (COBRA v6.10) - Page 2/9
Data As Of 8/3/2005 12:09:46 PM, Report Created 8/3/2005 12:09:49 PM

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Base: WALTER REED, DC (11933)
(All values in 2005 Constant Dollars)

Category	Cost	Sub-Total
Construction		
Military Construction	8,333,462	
Total - Construction		8,333,462
Personnel		
Civilian RIF	26,750,276	
Civilian Early Retirement	1,325,622	
Eliminated Military PCS	1,856,273	
Unemployment	2,007,400	
Total - Personnel		31,939,573
Overhead		
Program Management Cost	6,037,423	
Support Contract Termination	0	
Mothball / Shutdown	3,928,950	
Total - Overhead		9,966,373
Moving		
Civilian Moving	9,256,796	
Civilian PPP	7,844,616	
Military Moving	731,369	
Freight	313,281	
Information Technologies	83,800	
One-Time Moving Costs	4,306,000	
Total - Moving		22,535,863
Other		
HAP / RSE	0	
Environmental Mitigation Costs	1,300,000	
Mission Contract Startup and Termination	353,000	
One-Time Unique Costs	10,000,000	
Total - Other		11,653,000
Total One-Time Costs		84,428,271
One-Time Savings		
Military Construction Cost Avoidances	0	
Military Moving	545,596	
One-Time Moving Savings	0	
Environmental Mitigation Savings	0	
One-Time Unique Savings	0	
Total One-Time Savings		545,596
Total Net One-Time Costs		83,882,674

DCN: 12098

ITINERARY
FOR
Ms. Lesia Mandzia and Mr. Dean Rhody
WRAMC Visit
3 June 2005

0900-0920	Office Call- COL Williamson and COL Davies	Command Suite, Bldg 1
0930-1200	Walter Reed Medical Center Overview – COL Jones	Cmd Conf Rm, Bldg 2
0930-1000	Medical Center Brief- COL Jones	
1000-1030	Graduate Medical Education Briefing- COL Nace	
1040-1200	Medical Center Tour- Occupational Therapy, Physical Therapy, Deployment Health Center, Wards 57, 58, & 72, Clinical Breast Care Center	
1200-1210	BRAC Staff Remarks & Introductions	Regimental Room
1210-1300	Lunch/Armed Forces Institute of Pathology (AFIP) Briefing	" "
1300-1340	WRAIR Briefing- COL McQueen	Regimental Room
1345-1415	Windshield Tour of Glen Haven	Enroute
1415-1500	Windshield Tour of Forest Glen	Enroute
1500-1515	Enroute to Main Post	Enroute
1515-1630	Tour of Main Post (Mologne House, Fisher House, Museum)	Main Post
1630-1700	Exit Briefing- COL Davies and COL Jones	Bldg 1

Host Participants:
COL Tim Williamson
COL Jeff Davies
COL Charles McQueen
COL Charles Pemble
CAPT Kathy Beasley
COL Cathy Nace
COL Dave Jones
LTC Jane Denio
MSG Nelson Charles-Palacios (Tour Only)
Ms. Lyn Kukral
Mr. Randy Treiber
Mr. John Wetterau
Ms Yvette Bell

Garrison HQ Elements WRAMC Garrison

Main | Mission Statement | Organization Chart

WRAMC Garrison Mission

- To provide quality service and support to the WRAMC Community.
- To train and maintain a quality work force.
- To sustain a safe, secure and quality working, training and living environment.
- To sustain a good working relationship with local governments and community and civic leaders.

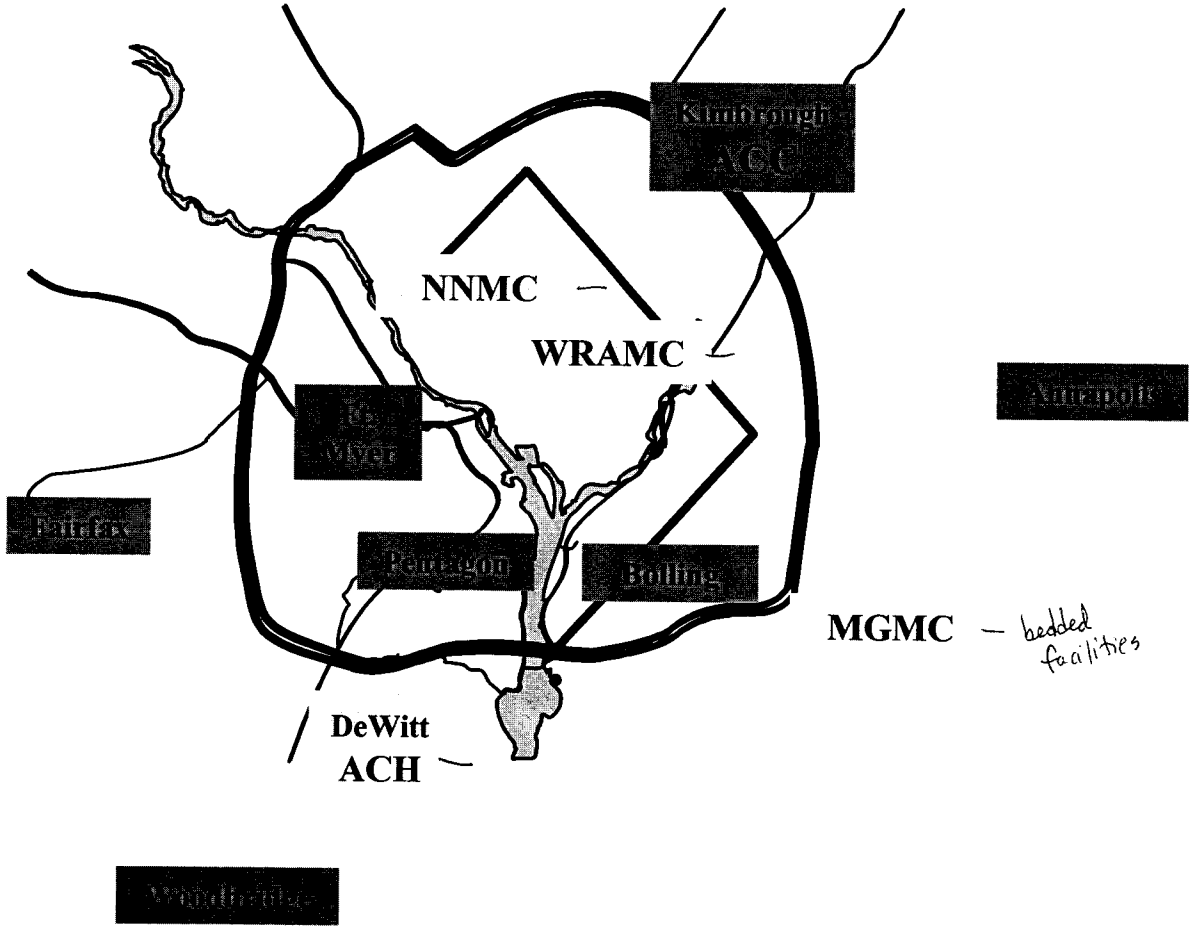
Walter Reed Army Medical Center
"We Provide Warrior Care"

HISTORY

- **Walter Reed Installation is outgrowth of the United States Army General Hospital – need identified during the Civil War and established during the Spanish American War.**
- **Tract of land purchased in the spring of 1905 as a Military Reservation to be known as the Walter Reed U.S. Army General Hospital**
- **The Main Hospital was completed in 1908**
- **Building 2 opened in 1978**

• 261 operational beds

NCA MTF Locations



DCN: 12098

Overview

- WRAMC overview (113 acres, 261 beds)
  - Workload and enrollment
- Unique WR missions
- BRAC planning steps
- Remaining BRAC issues to be resolved

DCN: 12098

NCA FY04 Enrollmént/Production

NCA Relative Enrollment & Production Capability FY04					
	DMIS Code	Enrollment Nov 04	FY04 PPS Production	% Intra-Service Group Production	% NCA Production
Walter Reed AMC	0037	19,956	$ 170,556,252	72%	41%
DiLorenzo TRICARE Clinic	0256	8,959	$ 4,917,452	2%	1%
DiLorenzo Branch Clinic	7298	1,480	$ 477,344	0%	0%
McNair AHC	0255		$ 186,377	0%	0%
WRAMC Subtotal:		**30,395**	**$ 176,137,425**	**74%**	**42%**
DeWitt ACH	0123	32,608	$ 31,939,341	13%	8%
Rader AHC	0390	11,077	$ 3,885,865	2%	1%
Fairfax FHC	6201	26,635	$ 4,936,692	2%	1%
Woodbridge FHC	6200	19,817	$ 8,869,890	4%	2%
DACH Subtotal:		**90,137**	**$ 49,631,787**	**21%**	**12%**
Kimbrough ACH	0069	23,710	$ 10,711,229	5%	3%
Barquist AHC	0309	4,861	$ 1,507,946	1%	0%
Kimbrough Subtotal:		**28,571**	**$ 12,219,175**	**5%**	**3%**
Army MTF's Subtotal:		**149,103**	**$ 237,988,387**		**57%**
National Naval Med Center	0067	32,380	$ 115,998,350	86%	28%
BMC Washington Navy Yard	0703	2,773	$ 642,705	0%	0%
BMC Dahlgren	0386	2,950	$ 890,464	1%	0%
BMC Andrews AFB	0522	782	$ 621,459	0%	0%
BMC Indian Head	0301	1,914	$ 503,377	0%	0%
BMC Carderock	0302		$ 67,952	0%	0%
BMC Naval Research Lab	0259		$ 135,149	0%	0%
NNMC Subtotal:		**40,799**	**$ 118,859,456**	**88%**	**29%**
NMCL Annapolis	0306	6,939	$ 2,576,486	2%	1%
BMC Bancroft Hall	0525	4,426	$ 2,620,716	2%	1%
Annapolis Subtotal:		**11,365**	**$ 5,197,201**	**4%**	**1%**
NMCL Quantico	0385	24,177	$ 5,503,196	4%	1%
BMC -The Basic School	1671	2,509	$ 651,820	0%	0%
BMC- Officer Candidate School	1670	676	$ 1,360,136	1%	0%
Quantico Subtotal:		**27,362**	**$ 7,515,152**	**6%**	**2%**
NMCL Patuxent River NAS	0068	11,330	$ 3,295,446	2%	1%
Navy MTF's Subtotal:		**90,856**	**$ 134,867,256**	**100%**	**32%**
Malcom Grow MC-89th MG	0066	34,131	$ 40,250,785	92%	10%
11th MG Clinic	0413	11,740	$ 3,326,833	8%	1%
Air Force MTFs Subtotal:		**45,871**	**$ 43,577,619**		**10%**
		Total Enrollment	Total PPS Production FY04		
Totals		285,830	$ 416,433,261		

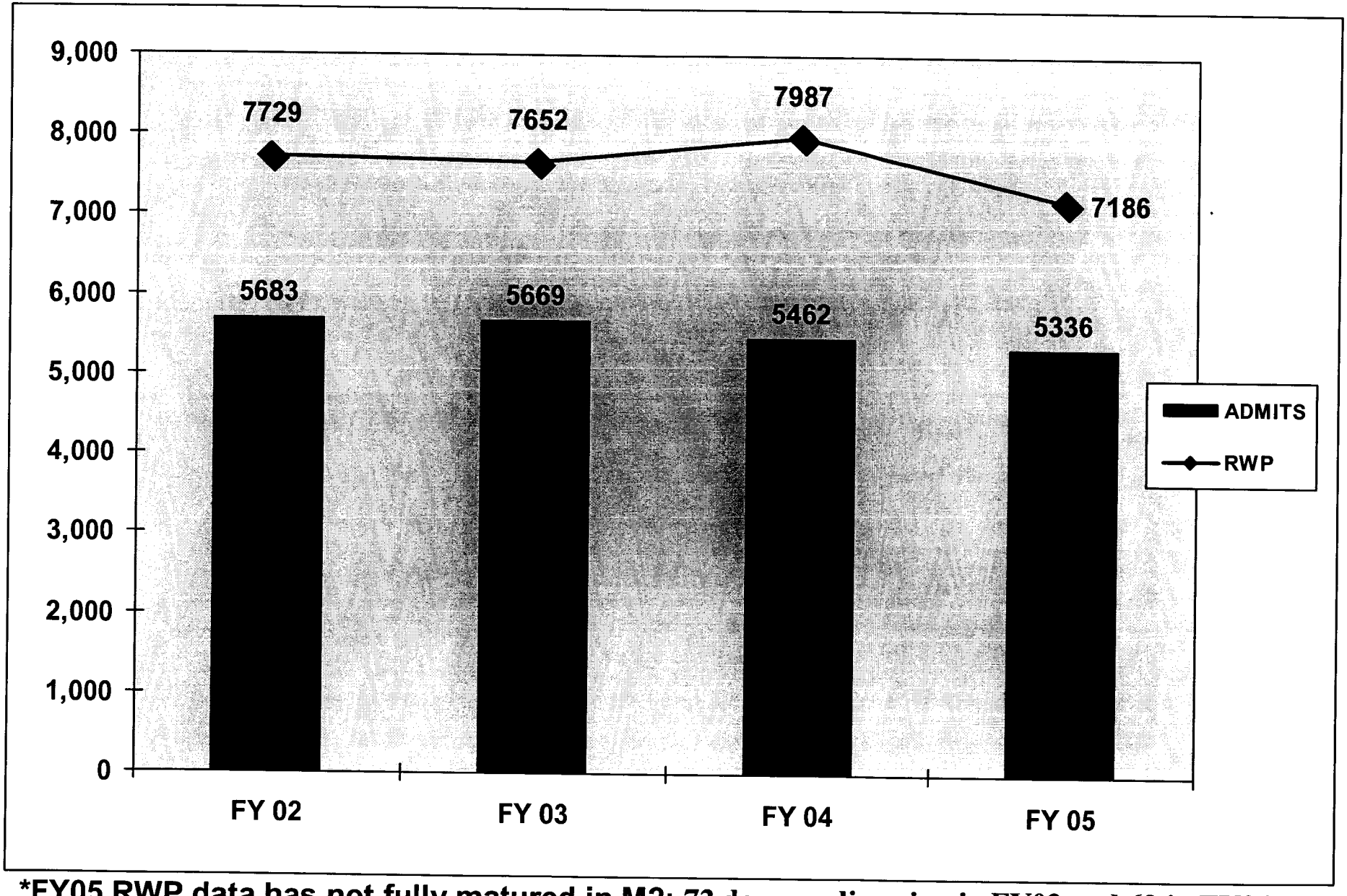
#1 WRAMC

#2 NNMC

#3 MGMC

DRAFT DELIBERATIVE DOCUMENT - FOR DOD DISCUSSION ONLY - DO NOT RELEASE UNDER FOIA

WRAMC Admissions/ RWPs Oct–Mar



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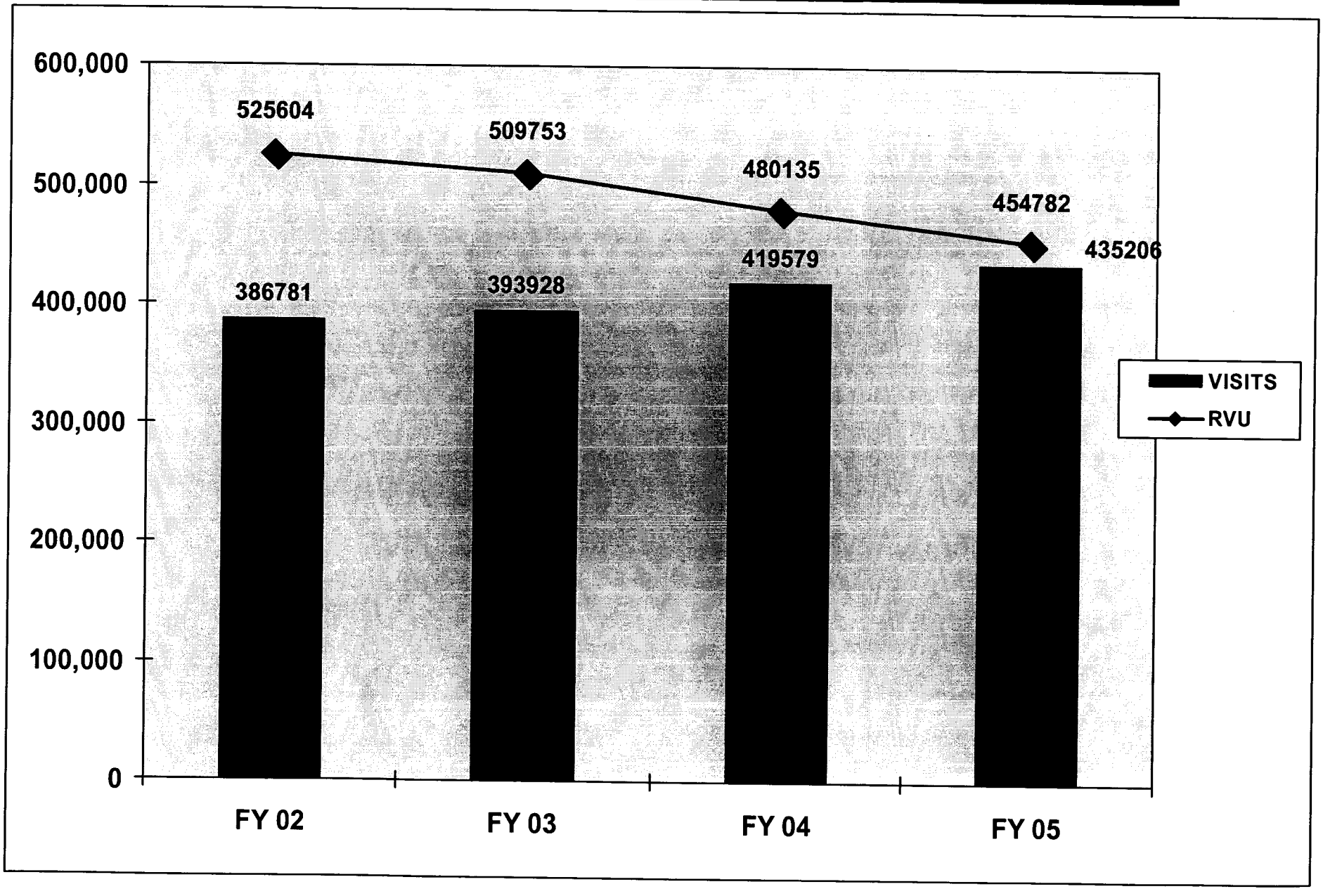
*FY05 RWP data has not fully matured in M2; 72 days on diversion in FY03 and 69 in FY04

only 1.5E6 m^3 d/ea.yr.

WRAMC Encounters/ RVUs Oct-Mar



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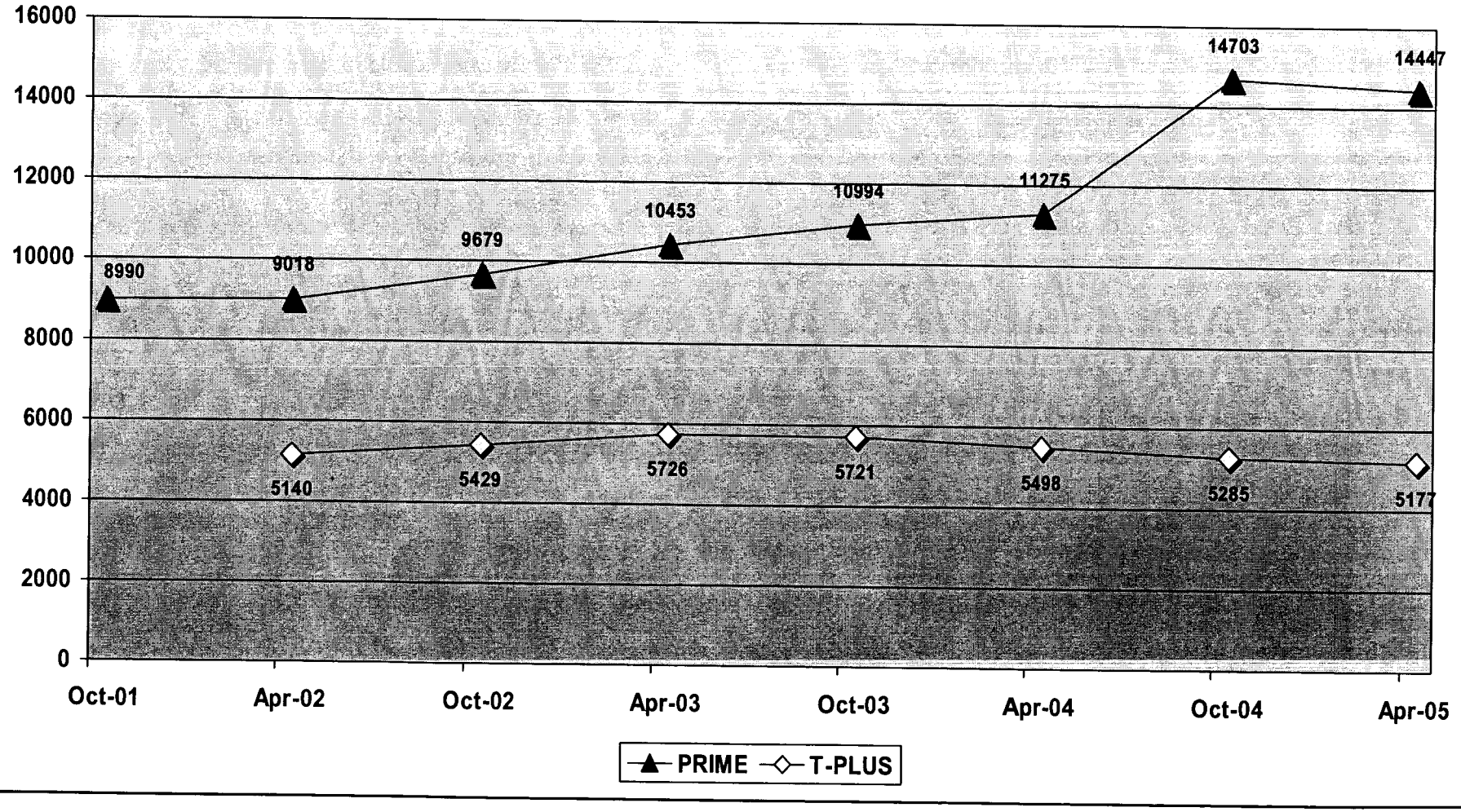
WRAMC Prime/T-Plus Enrollment
FY 2002-2005 Oct-Apr



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Average Day at Walter Reed

Clinic visits	1,650
Beds occupied	185
Surgical procedures	32
X-rays, CT Scans and MRI's	6,700
Pathology procedures	8,000
Prescriptions filled	2,000
ER Visits	50

WRAMC Readiness Support

- Forward-deployed over 250 active-duty military staff (physicians, nurses, and technical specialists) to OIF/OEF
  - 48th CSH in Afghanistan (Dec 02 to Jun 03)
  - 28th CSH in Iraq (Feb 03 to current)
  - Other various units (47th CSH, 86th CSH, general field hospitals, forward surgical teams, combat support units)
- Trained and integrated over 100 activated reservists into WRAMC (backfill)
- 17,284 days of total provider taskings for FY04

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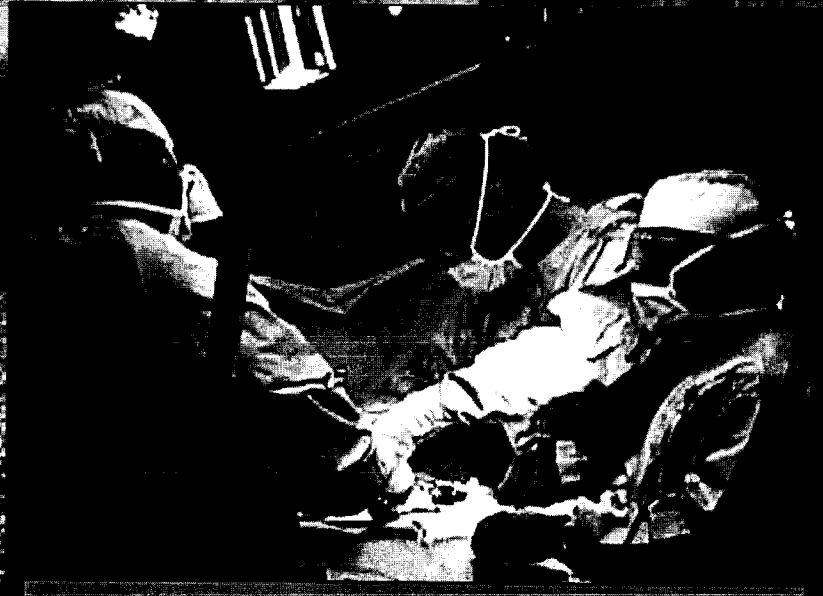
WRAMC Readiness

(Other Special Programs and Support at WRAMC)

- DoD Center for Amputee Health Care
- National Vaccine Health Care Center (NVHC)
  - Education and Research in conjunction with the CDC
  - DoD Smallpox Vaccination Program
- Infectious Disease Laboratory – team deployed to investigate pneumonia cases in Iraq
- DoD Deployment Health Clinical Center
- Defense and Veterans Brain Injury Center - shares prog w/ VA

Combat Casualty Care

Centers of Excellence



Forward Surgical Teams

At Malcom Kerr

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OIF and OEF Warrior Care

- **As of 2 June 2005, WRAMC has treated 4,141 OIF and 283 OEF patients**
  - **1,182 of these patients were battle casualties**
  - **872 of the battle casualties have received treatment as inpatients**
  - **233 of the battle casualties have received treatment as outpatients**
  - **52 Soldiers remain at the medical center as inpatients.**

+ 125 will get daily treatment here at Malone or Fisch

Major Outpatient Care Mission for AD: OIF and OEF Soldiers

- Medical Hold Mission:
  - 859 current soldiers in the eval. & care process
    - 565 AD and 294 Reservists
- Outpatient housing for soldiers and their families (304 beds):
  - 275 beds in the Mologne House, Delano Hall, & Guest House
  - 3 Fisher houses (27 beds)
  - 2 VIP Suites (Bldg 12)
- "New" Barracks (267 beds)
- Major support to mobilization centers (e.g. Ft Dix)

Role of WRAMC/BAMC in Amputee Care and Rehabilitation

- **257 service members with major limb loss** (200 Army)
  - 208 Active Component
  - 17 Reserve Component
  - 32 National Guard Component
- **Two Sites: Walter Reed and Brooke in San Antonio**
  - BAMC Became Second Site in January 2005
  - 231 Patients Received Care At Walter Reed AMC
  - 37 Received Care At Brooke AMC (11 cared for at both)
- **54 Have Completed The Medical Board Process**
  - 40 Active Duty (AD)
  - 4 Army Reserve (AR)
  - 10 National Guard (NG)
- **10 Continued On Active Duty (18.5%) (9 AD, 1 AR)**

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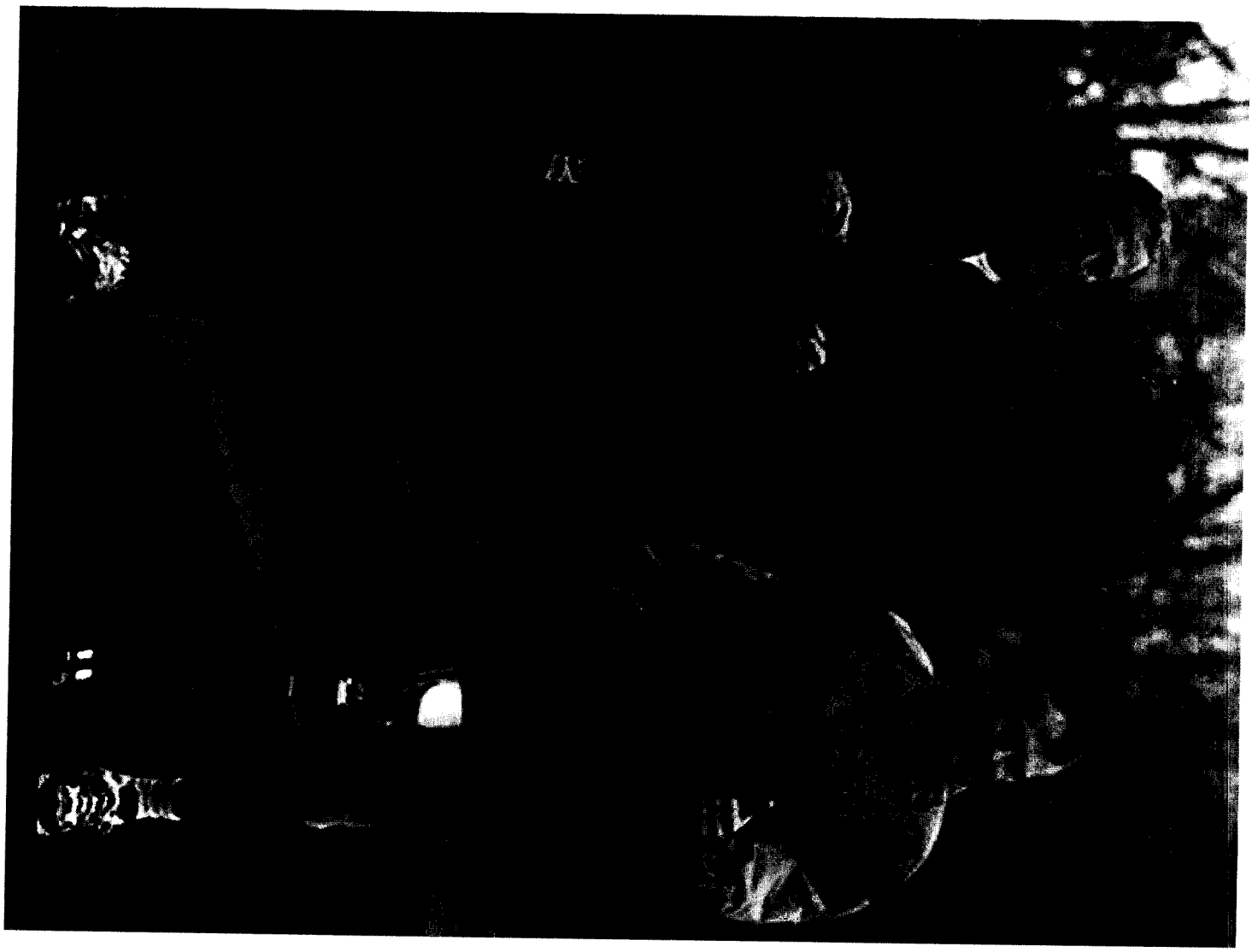


Military Amputee Training Center

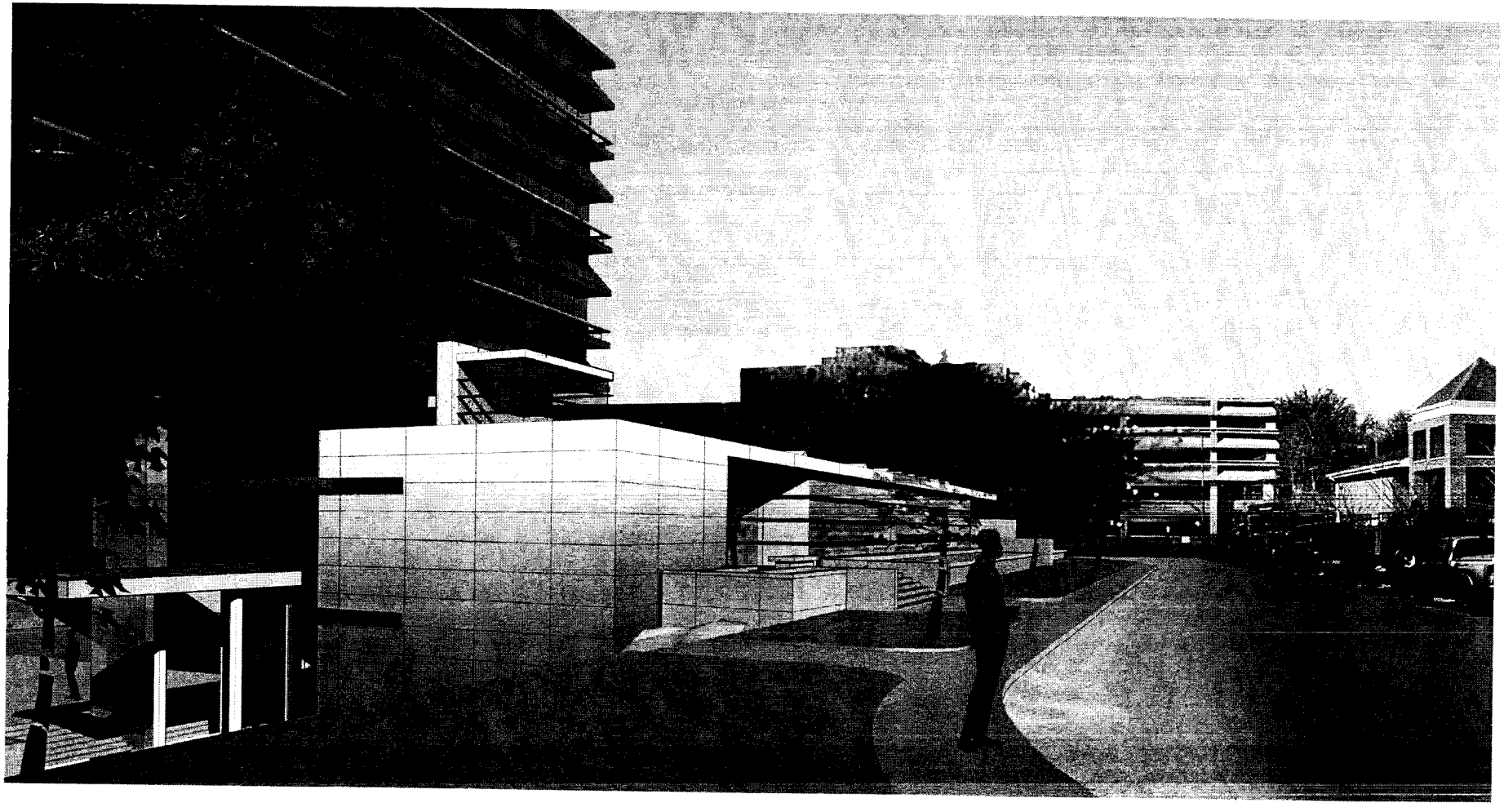
+ Congressionally Directed Prog

- Indoor track
- Running gait lab
- Treadmill with dual force running plates
- Rope climb/Rock wall climb/Repelling tower
- Virtual reality Training Center
- Uneven terrain/incline parallel bars
- Vehicle simulators
- Fire Arms Training Simulator (FATS)
- Prosthetic shop

FY04 MilCon $ runs out in 5 yrs.

Staff comes from acute care - how would it be staffed

Military Amputee Training Center



Deployment Health Clinical Center

- Established in 1994 as the Gulf War Center and renamed in 1999
- The clinical component of three DoD Centers of Excellence dedicated to improving deployment health
- The principal referral site for soldiers with deployment health concerns
  - >10,000 soldiers seen; >1300 OIF/OEF
  - Major research initiatives aimed at improving soldier care

Ward 72

Provides in/outpatient care to Executive-level DOD and US Government leadership

- Over 3,000 eligible (Presidential Cabinet/Appointees, Members of Senate/Congress, Secretarial Designees, Foreign Dignitaries, AD General Officers (2-star and above), and Retired 3&4-star Generals and spouses)
- 4-bed ward averages 2-3 inpatients/day
- 15-18 Outpatient visits/day
- Outpatient workload has double workload since FY03
- Services provided for nearly 30 years
- Provides same outstanding care along with increased convenience, security and privacy

Realigning Health Care Activities in the National Capital Area

- Establish the Walter Reed National Military Medical Center (WRNMMC) at Bethesda
  - 300 bed Medical Center
  - Full range of intensive, complex specialty and subspecialty medical services
  - Worldwide referral center for casualty and beneficiary care
- Construct a new 165-bed community hospital at Ft Belvoir, VA
- Convert the 89th Medical Group at Andrews AFB (Malcom Grow) to a clinic with ambulatory surgery capability
- Maintain existing military outpatient capabilities at Ft Myer; Bolling AFB; the Pentagon; et al.
- Realign military medical staff and assets within the NCR, providing the same level of healthcare as before
- Relocate non-clinical, biomedical R&D activities to Centers of Excellence at FSH, TX; APG, MD; or Ft Detrick, MD
- Realign AFIP by moving DNA registry and the medical Examiner functions to Dover, AFB; Enlisted Histopath training to Ft Sam Houston; the Museum to the new WRNMMC, and outsource non-military essential pathology activities
- Close the main WRAMC installation and return the property to reuse in the 2010 timeframe

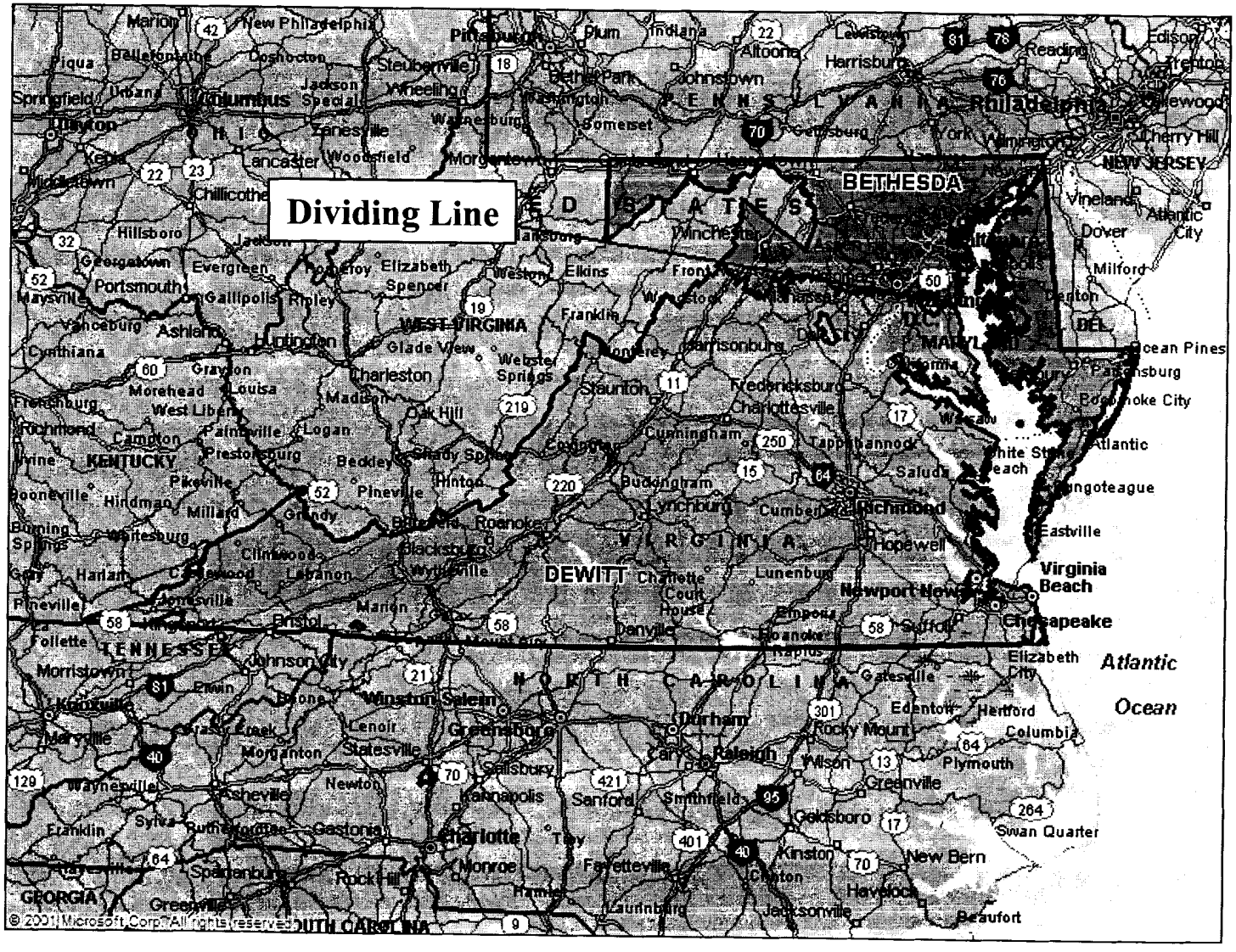
BRAC: NCA Vision

- One unified NCA military health care system with two joint inpatient campuses that provide high quality, efficient, and convenient care for our beneficiaries. [Campuses are sized to provide most health care at the closest facility to the beneficiary.]

- North academic campus serves as a worldwide referral center for casualty and beneficiary care, and is the principal site for NCA graduate medical education, research, and executive medicine. [GME, research, and IT headquartered in the North. Adequate temporary housing for non-inpatient, transitional care and, families at the North facility.]

- A robust South facility that provides convenient primary and appropriate specialty care to NCA beneficiaries living in the southern NCA. [Many training programs will also do many GME rotations in the South]

Which patients live closer to WRNMMC vs. Dewitt?



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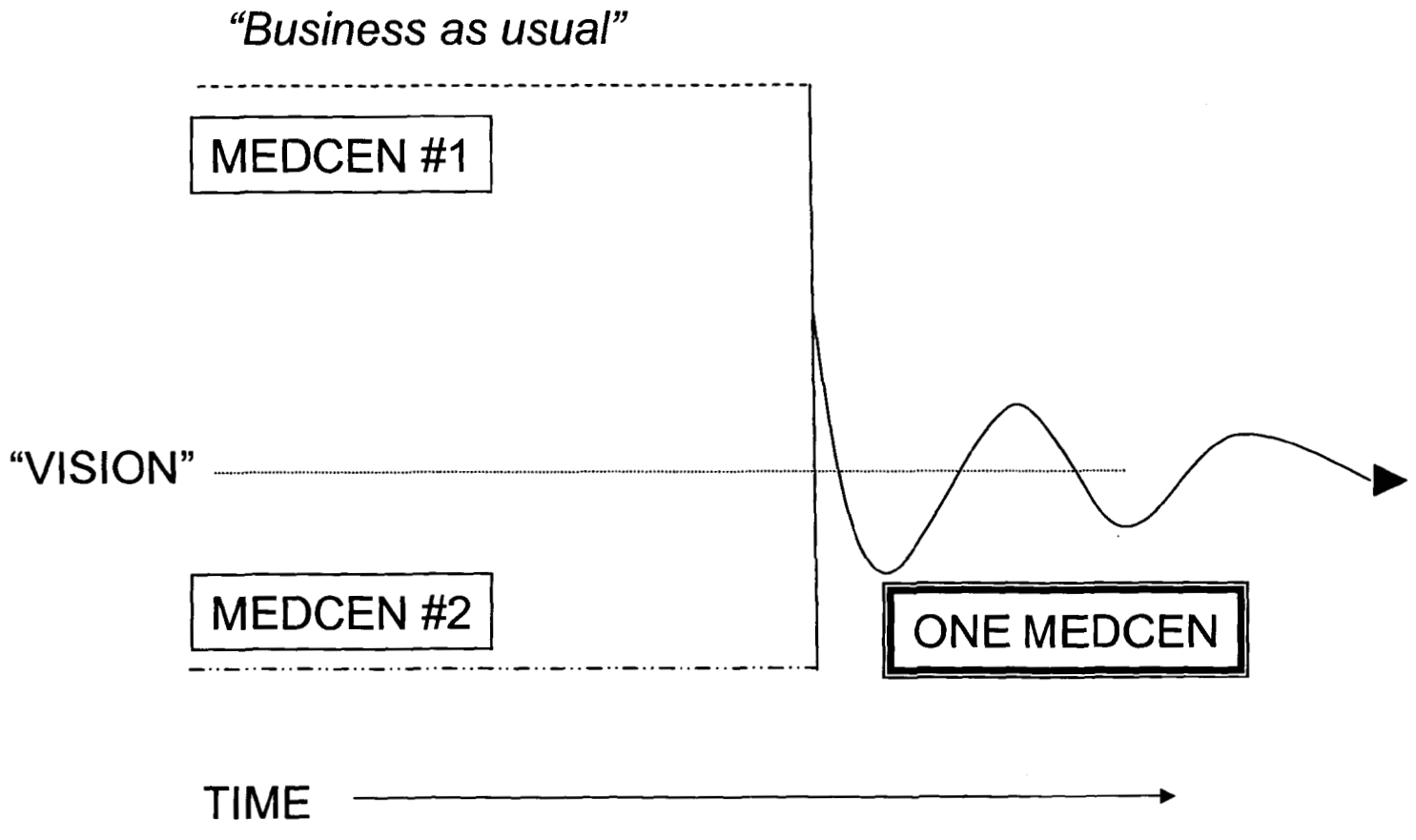
NCA demographics based on distance to closest MTF from patient's home

WRNMMC vs Dewitt: FY04-05

- Walter Reed National Military Med Center
  - Current enrollees: 51%
  - Inpatient visits: 55%
  - Outpatient visits: 58%

does not consider
- ? capacity (of new) specialty care w/ future care going north
- recapture around DeWitt

REVOLUTIONARY CHANGE



<u>Disadvantages</u>- too many last minute details – won't get it right; appears disorganized; will disenfranchise patients and staff; will probably take longer to get where you want to be.

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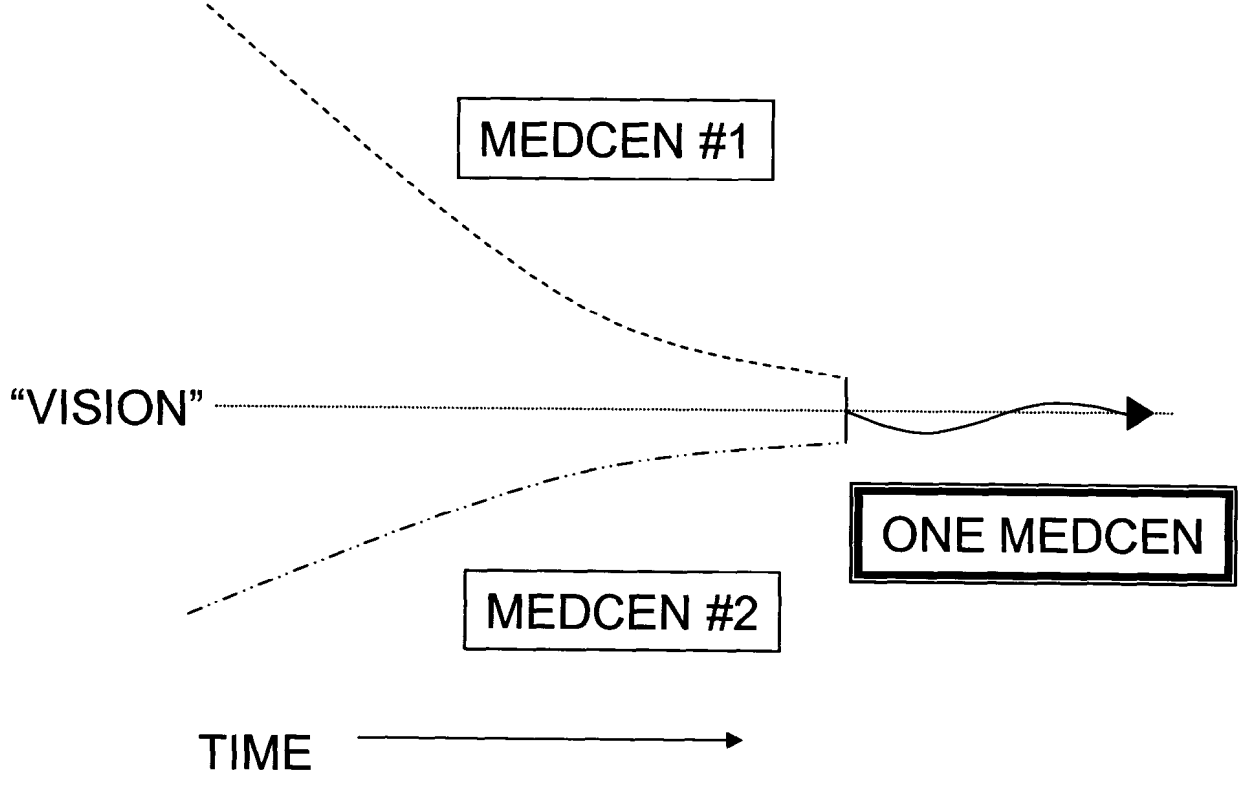
EVOLUTIONARY CHANGE



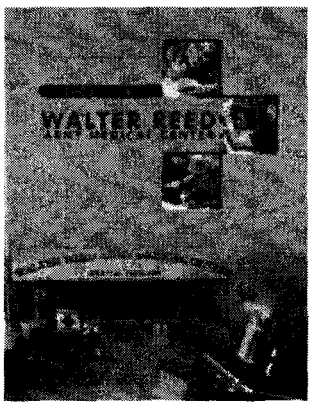
Advantages: less traumatic; people know where they are going; less degradation of MEDCEN assets; earlier you start the easier it will be.

Issues to be Resolved in BRAC Clinical Scenario

- Current BRAC scenario seems to undersize and underfund the outpatient clinic space at WRNMMC
- Existing Bethesda facility space (1970s era) vs. current health care standards
- Concern re. clinic flow as we remodel existing space at Bethesda
- # of staff available to execute the BRAC vision for the WRNMMC
- Intensive Ambulatory Billeting/Family Housing $$ of casualties
  (Mologne House and Barracks)
- Location of WRAMC Congressional Programs

◀ HOME

OTHER UNITS



Winter 2004

Armed Forces Institute of Pathology

The Armed Forces Institute of Pathology, a tri-service organization on the Walter Reed campus, is the nation's leading laboratory for pathology. The AFIP's wide-ranging mission includes research, consultation, and education to serve the military and the civilian community worldwide.

The AFIP is an international resource in the field of diagnostic pathology in medicine, dentistry, and the veterinary sciences, with a combined staff of more than 800 military, federal civilian, and contract employees. It is the reference center in pathology for the Departments of Defense and Veterans Affairs.

AFIP's Directorate for Advanced Pathology, the heart of the institute, comprises 15 departments and six groups. It includes more than 550 professional, administrative and technical staff members. In 2002, AFIP consulted on more than 50,000 cases. In more than 70 percent of the consultations, the staff initiated or modified the diagnosis, leading to direct changes in patient treatment.

The largest department in the AFIP is the Armed Forces Medical Examiner System. The AFMES is responsible for conducting forensic medico-legal death investigations for the Department of Defense and other federal agencies. Specialty divisions include the Forensic Toxicology Division, the Mortality Surveillance Division, and the DoD DNA Registry. The Forensic Toxicology Division is also responsible for providing quality assurance and quality control for the entire Department of Defense Drug testing program.

The Directorate for Advanced Pathology's other departments include areas studying aspects of pathology from molecular levels to skin (dermatopathology) and everything in between. The center leads or collaborates on many DoD Health Affairs-directed medical programs. This involvement reflects the staff's world-class reputation in the world of pathology. Further evidence is the numerous honors, lectureships, and special awards they receive, and the offices they hold in national and

Related Sites

- Fort Myer
- Fort McNair
- Fort Belvoir
- Fort Meade
- Ft. Detrick
- MDW
- Walter Reed

international societies.

In education, the AFIP staff is devoted to teaching physicians worldwide about emerging diseases; the various tumors they encounter; toxic agents in the environment; and the molecular components of disease. The AFIP offers nearly 112,000 hours of continuing medical education annually and in 2002 offered more than 450,000 contact hours, including distance-learning programs. Additionally, almost all the radiology residents in the United States and even some from overseas attend our six-week radiology pathology correlation course.

In research and development, AFIP experts examine or develop new technologies and procedures to deliver the best possible patient care in diagnostic pathology. Much of the approved research is in collaboration with other healthcare entities in government, academia and industry. In 2002, the institute developed 37 new immunostains, 15 new DNA and RNA tests, three new enzyme assays, and seven new toxicological assays.

Also in 2002, AFIP supported the health of active-duty service members and their families at home and abroad by deploying pathology experts or resources 34 times. U.S. military treatment facilities received more than 18,000 of the institute's 60,000 second opinions, all of which were difficult cases. All 25,000 primary cytology examinations supported Air Force facilities.

The AFIP evolved from the Army Medical Museum, which was founded in 1862 to undertake a systematic collection and study of the anatomical and disease-related specimens produced as a result of the Civil War.

From 1893-1902 the museum's curator was Maj. Walter Reed while he was also a faculty member of the Army Medical School. During its first session, he taught clinical and sanitary microscopy and was the director of the pathological laboratory. The museum became the National Museum of Health and Medicine in 1989. While always located in Washington, D.C., it has moved several times and is now on the campus of Walter Reed.

Today the museum - the "soul" of the institute and the successor to the founding Army Medical Museum - preserves, collects and interprets the objects, specimens, photographs, and documents chronicling the history and practice of medicine over the centuries. Among the most popular anatomical specimens and historical artifacts on display are those related to President Abraham Lincoln. These include the bullet that ended his life, the probe used to locate the bullet, the bloodstained cuffs from the museum surgeon who attended the autopsy, and bone fragments from Lincoln's skull.

The museum's interactive exhibits and historical collections document the history and practice of medicine over the centuries. It hosts health fairs on the first Saturday of every month and offers guided tours to walk-in visitors at 1 p.m. on the second and fourth Saturday of each month. The

museum is in Bldg. 54 on the installation and is open from 10 a.m. to 5:30 p.m. every day of the year except Dec. 25. Phone 202-782-2200 or visit its Web site at www.nmhm.washingtondc.museum.

For more information about the AFIP, visit the Web site at www.afip.org, or contact the AFIP Public Affairs Office at (202) 782-2113 or 2115.

Armed Forces Pest Management Board

The Armed Forces Pest Management Board is a Department of Defense function under the direction of the Office of the Deputy Under Secretary of Defense for Installations and Environment. The board ensures that deployed combat forces have the most effective disease vector control and pest management capabilities to prevent adverse effects to troops, weapons systems, supplies, equipment and installations, using environmentally sound techniques to reduce risk.

A senior officer selected from one of the military service branches directs the board; duty rotates among the services. Army, Navy, and Air Force officers and scientists staff it jointly. The AFPMB offices, located at Forest Glen, include two sections: the Directorate and the Defense Pest Management Information Analysis Center.

The AFPMB Web site is www.afpmb.org.

Center for Prostate Disease Research

The Center for Prostate Disease Research Clinical Trials Research and Treatment Center at Walter Reed provides the most advanced clinical research and treatment for patients with prostate cancer and disease. This direct patient-care facility enhances the center's ability to conduct clinical research, expand its database, and continue its education and training programs.

Congress established the CPDR in 1991 to help combat the increasing rate of prostate disease. The program now manages the largest, most comprehensive prostate cancer database in the country and has made several landmark research findings that have helped to improve diagnosis and treatment in the past decade.

This Department of Defense program is affiliated with the Uniformed Services University of the Health Sciences, the Armed Forces Institute of Pathology, the Henry M. Jackson Foundation for the Advancement of Military Medicine, and Army, Navy, and Air Force medical centers throughout the United States.

For more information about the CPDR and its programs, visit our Web site, www.cpdr.org.

Comprehensive Breast Center

The Walter Reed Comprehensive Breast Center, located on Ward 55 of the Bldg. 2 (main hospital), is an outgrowth of the Clinical Breast Care Project, a congressionally mandated military-civilian collaboration. The Breast Center provides breast cancer screenings, diagnostic procedures, comprehensive services, and breast cancer treatment visits.

Broad in scope and research-centered, the Breast Center provides all patients with the opportunity to participate in clinical studies aimed at understanding the genomic (genetic) changes that occur in all breast cancers. Breast cancer patients receive treatment from all their health care providers in the Breast Center, avoiding unnecessary multiple visits and clinic appointments. The center's Risk Reduction Program specializes in identifying women who are candidates for its prevention approaches.

The most modern conference and video-teleconferencing facilities in the Breast Center link its health care providers to its off-site research locations, ensuring strong collaborations between the people treating the patients and the researchers looking for new approaches in the cure for breast cancer.

Defense and Veterans Brain Injury Center

The Defense and Veterans Brain Injury Center (formerly the Defense and Veterans Head Injury Program) is an integrated disease management system and represents a unique collaboration between the Department of Defense and the Department of Veterans Affairs. The program helps to ensure that all military and veterans personnel with traumatic brain injury, or TBI, receive appropriate evaluation, treatment and follow-up. DVBIC research has helped define optimal care for survivors of TBI.

In peacetime, more than 8,000 Americans with traumatic brain injury are admitted to military and veterans hospitals. In times of combat, TBI represents between 14 and 20 percent of surviving casualties, which account for a disproportionate amount of acute and long-term combat casualty care resources.

Clinical care and research is conducted at both military and VA sites. This allows us to complete innovative single and multi-center trials to inform future clinical care and treatment strategies. In addition to its headquarters at Walter Reed, the DVBIC includes military, veterans and civilian-partner specialized brain injury sites in California, Florida, Minnesota, Texas and Virginia, with additional research programs in California, New York and North Carolina.

Deployment Health Clinical Center

The Deployment Health Clinical Center is a comprehensive, tri-service outpatient program which serves returning service members and family members who are experiencing post-deployment health concerns. It works with its patients, their families and their doctors to find answers, improve

health care and enhance the quality of life after military deployments.

The center offers a caring program that includes medical evaluation and treatment, veteran and clinician education, and strategies for improving the quality of post-deployment health care delivered within all Department of Defense health care facilities.

The skilled DHCC health care team of internists, nutritionists, occupational and physical therapists, psychologists, social workers, psychiatrists, chaplains, and other specialists operates the nation's only Specialized Care Program for service members returning from deployments. This intensive, three-week, outpatient program offers a multidisciplinary treatment approach in a comfortable small group setting to those affected by persistent and often unexplained symptoms.

The center's Web site, www.pdhealth.mil ,provides the most up-to-date deployment health information available for service members, family members, health care providers and everyone who cares about veterans.

Naval Medical Research Center

The Naval Medical Research Center's mission has remained the same since it was established in 1942 as the Naval Medical Research Institute: to enhance the health, safety, readiness and performance of Navy and Marine Corps personnel. NMRC and its subordinate laboratories conduct basic and applied biomedical research in infectious diseases, biological defense, combat casualty care, bone marrow, and military operational medicine. In addition, NMRI and its overseas laboratories support global surveillance, training, research and response to emerging infectious disease threats as part of the expanded Department of Defense Mission.

The original research institute was a tenant command of the National Naval Medical Center in Bethesda, Md. It was disestablished on Oct. 1, 1998, and the Naval Medical Research Center was established as a headquarters command with responsibility for the Navy Dental Research Institute at Great Lakes Naval Base, Ill.; the Navy Infectious Disease Research Commands in Cairo, Egypt, and Jakarta, Indonesia; and the Navy Infectious Diseases Detachment in Lima, Peru.

From the beginning, the institute's research focus included heat stress and exposure limits for hot and humid shipboard environments. Safety equipment, including protective clothing, flight goggles, safety belts, and repellents for insect vectors of disease and for sharks were also studied. NMRI studied the Japanese survivors of the atomic bomb and became deeply involved in developing methods for treatment of radiation exposure. These efforts led to the establishment of the Armed Forces Radiobiology Research Institute.

During the 1950s and 1960s the institute became involved in training monkeys, and later human astronauts, for space flight. It also developed a

telemetry suit for transmitting astronauts' physiological data. The Navy Tissue Bank was established at NMRI, developing freeze-drying techniques for preserving tissue for grafting and other reconstructive surgery. During the Vietnam War, thousands of wounded soldiers were treated with tissue that was collected, preserved and shipped from the Navy Tissue Bank.

The National Marrow Donor Program was established in 1986 with the Navy as lead contracting agent. In 1990, the C. W. Bill Young Marrow Donor Recruitment and Research Program became a permanent part of the NMRI scientific regimen. In 1990-91, NMRI scientists became involved in biological defense research. In 1995, USA Combat Developer selected biological defense rapid assays developed by NMRI as its technology of choice. The institute's biological defense scientists helped UNSCOM inspectors determine evidence for Iraqi weaponization of biological threat agents.

In 1995 a space shuttle Discovery payload included an experiment developed by NMRI Immune Cell Biology Program scientists investigating the growth and development of bone marrow stem cells. That same year the Endeavor included a second set of experiments developed by NMRI scientists. In 1997, NMRI immune cell biology scientists collaborated with university and private-sector partners to test novel medical therapy to prevent rejection of transplanted organs.

Our research continues in the Daniel K. Inouye Building, co-located with the Walter Reed Army Institute of Research in the Forest Glen section of Silver Spring, Md.

North Atlantic Regional Dental Command

The North Atlantic Regional Dental Command is responsible for providing dental care to active-duty beneficiaries in 21 states and the District of Columbia. The NARDC also coordinates dental readiness and wellness and provides professional fillers to the Active and Reserve Components and to multi-component units throughout the region. The NARDC provides dental support at nine projection platforms in the region as part of mobilizing and demobilizing soldiers of the Reserve Component.

The command has subordinate dental activities, or DENTACs, at Fort Bragg, N.C.; Fort Drum, N.Y.; Fort Eustis, Va.; Fort Knox, Ky.; Fort Meade, Md.; West Point, N.Y.; and at Walter Reed. In addition, there are three dental clinic commands, at Carlisle Barracks, Pa.; Fort Lee, Va.; and Aberdeen Proving Ground, Md.; and 12 U.S. Army Reserve annual training sites. The total number of active dental clinics is 33. NARDC headquarters is in Bldg. T-20.

North Atlantic Regional Veterinary Command

The North Atlantic Regional Veterinary Command is responsible for food inspection and animal care in Washington, D.C., and the same 21 northeastern states as the region's medical and dental commands, plus a unit in the Azores.

As in the rest of the Army, the primary mission of the Veterinary Corps is food inspection for such activities as dining facilities, commissaries, and snack bars.

NARVC veterinarians also provide care for military working animals, such as bomb and drug detection dogs, the mascots of the Army and Navy military academies, and the horses that pull the caissons for traditional military funerals at Arlington National Cemetery. They also provide limited veterinary care to eligible beneficiaries at veterinary treatment facilities on Army, Navy, and Air Force installations in the 21-state region.

NARVC has four subordinate commands: the Allegheny District at Carlisle Barracks, Pa.; the Mid-Atlantic District at Fort Eustis, Va.; the National Capital District at Fort Belvoir, Va.; and the Northeast District at Fort Monmouth, N.J. The command's headquarters is in Bldg. 1 (old hospital) on the main Walter Reed installation.

TRICARE Northeast Region Office of the Lead Agent

The Department of Defense Military Health System has divided the United States and overseas areas into 12 geographic regions led by a service executive agent, known as the "lead agent." The TRICARE Northeast Region covers 11 northeastern states plus the District of Columbia, northern Virginia and part of West Virginia. It serves more than 1.2 million health care beneficiaries. In this region, the commanding general of Walter Reed Army Medical Center serves as the lead agent. The Office of the Lead Agent, a joint services administrative organization, oversees management of the TRICARE program, including a $1.2 billion managed care support contract.

The Office of the Lead Agent coordinates and monitors the delivery of health care at all Army, Navy, Air Force and Coast Guard medical treatment facilities and a regional managed care support contractor, Sierra Military Health Services. The office also administers any special Department of Defense health care demonstrations in the Northeast Region. In addition, it oversees the contracts of the Uniformed Services Family Health Programs offered by Johns Hopkins Medical Services Corp. in Maryland, St. Vincent's Hospital in New York, Brighton Marine in Massachusetts, and Martin's Point in Maine.

U.S. Army Dental Activity Walter Reed

The U.S. Army Dental Activity Walter Reed is a subordinate command of the North Atlantic Regional Dental Command and the U.S. Army Dental Command.

The DENTAC coordinates dental services for the National Capital Area, including Walter Reed, Fort Belvoir, Fort Myer, the Pentagon, and Fort McNair.

Priority of care goes to active-duty service members. Care for other beneficiaries is limited to treating emergencies and supporting Walter Reed inpatients and medically compromised patients. Limited resources do not generally allow DENTAC clinics to give standby or space-available care to other beneficiaries.

Dental care includes a full range of diagnostic, consultative and restorative dental services. Dental specialty support includes oral medicine, oral and maxillofacial pathology, comprehensive general dentistry, endodontics, periodontics, pedodontics, orthodontics, prosthodontics, and oral and maxillofacial surgery.

Teaching is an integral part of the DENTAC mission. The command provides residency training in oral and maxillofacial surgery through its affiliation with the combined Army-Navy Oral Maxillofacial Surgery Residency Program. It also offers an annual postgraduate dental continuing education course in oral diagnosis, oral medicine, and oral pathology; and a biennial postgraduate course in oral and maxillofacial surgery. It provides speakers for dental continuing education programs sponsored by the Navy Postgraduate Dental School in Bethesda, Md., and the Armed Forces Institute of Pathology on the Walter Reed campus. These programs, in conjunction with clinical research and consultation, enhance the clinical skills of Army Dental Corps officers and other dentists throughout the United States.

U.S. Army Physical Disability Agency

The U.S. Army Physical Disability Agency is a field operating agency of the U.S. Army Human Resource Command. It manages the Army's physical disability evaluation system and provides prompt processing of soldiers who must leave the Army because of a service-connected disability.

The agency develops and implements policies, procedures and programs related to physical disability issues and makes sure applicable laws, policies and directives are interpreted uniformly. By reviewing physical evaluation board proceedings, the USAPDA also ensures that soldiers' cases are decided fairly and are substantially the same as members of other services under similar conditions.

The agency operates three Physical Evaluation Boards: at Walter Reed; at Fort Sam Houston, Texas; and at Fort Lewis, Wash. The board at Walter

Reed is co-located with the USAPDA and is on the second floor of Bldg. 7. More information about the USAPDA is available by clicking on "Physical Disability Evaluation System" at the agency's Web site, www.perscom.army.mil.

U.S. Military Cancer Institute

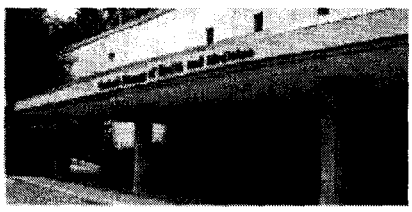
The United States Military Cancer Institute is a tri-service, collaborative endeavor to enhance patient care and research among military beneficiaries. The headquarters is in Bldg. 1 (old hospital) at Walter Reed. The institute is composed of military cancer specialists and civilian scientists from the medical departments of the Army, Navy and Air Force. They are working together to answer important questions about the cause and treatment of cancer.

A particular interest of the institute is the area of cancer epidemiology, prevention and control. It chose this focus because prevention of cancer is better than its treatment, even when the treatment is successful. Prevention lessens suffering, preserves the wellness of the military, and decreases the economic costs of this disease.

For further information, consult our Web site, www.usmci.org.

Walter Reed Army Institute of Research

The Walter Reed Army Institute of Research is the oldest and largest of the laboratories in the U.S. Army Medical Research and Materiel Command. It was founded in 1893 as the first school of preventive medicine in the United States and has evolved into the military's premier biomedical research laboratory. Its primary focus is on research that delivers life-saving products to the war fighter.



Today WRAIR pursues a research program extending from basic research through product development. This includes research on military-relevant infectious diseases, combat casualty care, operational medicine, field medical and dental care, and equipment development and medical defense against chemical and biological agents.

In the study of infectious diseases, basic research is aimed at understanding the molecular biology of agents that cause militarily important diseases such as malaria, hepatitis, and dysentery. Research in epidemiology and immunology complements these studies. The goal is to understand these mechanisms and then to rationally design products and strategies that will prevent exposure and infection.

Basic studies in neurophysiology and behavioral psychology seek to discover determinates of behavior and response to stress and sleep

deprivation. The object is to understand and prevent combat psychiatric injuries and to enhance performance.

Since its inception the institute has sought practical answers to military medical problems. The institute's ability to drive the field toward solutions stems from its range of capabilities. This range extends from basic exploratory efforts to advanced development capability in collaboration with units of the Army's Medical Research and Materiel Command, academia, and the pharmaceutical and biotechnology industries.

Medical research in genetic engineering and modern vaccine development is immediately applicable to disease prevention measures. For example, work continues in the development of genetically engineered vaccines to prevent diseases such as malaria and shigellosis. Much of this work also has application in the civilian world.

Also in active development or testing are vaccines for dengue fever, hepatitis-E, brucellosis, malaria, shigellosis, and AIDS. Each of these vaccines has been at some stage of human testing trials. Field tests of drugs and vaccines in military and civilian populations provide important final evaluations of their ability to prevent disease.

Much of WRAIR's work takes place in its main laboratory in Bldg. 503 at the Walter Reed Army Medical Center's Forest Glen section in Silver Spring, Md. Collocated with it is the Naval Medical Research Center (see separate listing above). Elements of the institute have operated beyond the main campus since Maj. Walter Reed led the Yellow Fever Commission to Cuba from 1900 to 1901. WRAIR special field activities are currently in Thailand, Kenya, and Germany. Research in these laboratories provides critical knowledge to protect war fighters deployed overseas.

WRAIR is also responsible for scientific and administrative oversight of laboratories that focus on directed energy bio-effects, military dentistry, and operational stress. The directed energy detachment is co-located with the Air Force at Brooks Air Force Base in San Antonio, Texas. The Dental Detachment is co-located with the Navy at Great Lakes Naval Base.

Complementing the successful in-house research produced by WRAIR is its responsibility for managing a broad program of external research. Contracts with leading university and industrial laboratories greatly expand the Medical Research and Materiel Command's capability in neuropsychiatry, combat care, and infectious disease and drug development research.

The Walter Reed Army Institute of Research, through a combination of teaching, research, and product development, exemplifies preventive medicine in its broadest context: identifying potential medical threats, developing specific prevention and treatment methods, instructing others in their application, and constructing drugs and vaccines which simplify the task of conserving the fighting strength.

The institute still maintains an educational mission by hosting residencies and fellowships in military preventive medicine, military medical research, clinical pharmacology, and others.

The work force of approximately 800 researchers and support staff is divided about equally between soldiers and civilians. Many staff members hold advanced degrees in a wide variety of disciplines.

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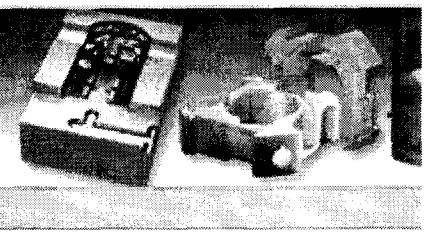
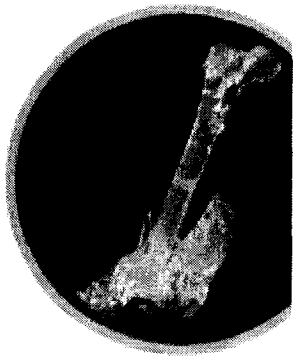


OTHER CASE STUDIES

3D Systems Helps Walter Reed Army Medical Center Rebuild Lives



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Although Walter Reed Army Medical Center isn't on the front lines, the hospital is not far removed from the action. The mission of Walter Reed is to provide advanced and sub-specialty health care and services to soldiers, their families, and a large community of military retirees. Through its 60 clinics, Walter Reed provides patient care, medical education and training, medical research, and combat medical readiness. An important function of the Medical Center is to treat Army and other military personnel following surgical, accidental, or combat trauma.

To support effective treatment interventions, the Walter Reed 3D Medical Applications Center plays a vital role. The Center provides 3-D models for pre-surgical and post-surgical planning, as well as for patient and provider education. For that work, the Center uses the SLA® 7000 (stereolithography) system from 3D Systems (Valencia, California, The SLA 7000 system is constantly in use, helping surgeons rebuild shattered bodies and lives.

This support provided by the Center extends throughout the United States military. Because it only facility with a reasonable turnaround time today in building 3-D anatomical models, the Ce supports all service branches.

Track Record, Speed, and Consistency

Some years ago, surgeons at Walter Reed began to look into rapid prototyping for pre-surgical planning. Thanks to computed tomography (CT) and magnetic resonance imaging (MRI), the A surgeons had very accurate two-dimensional images of their patients. These imaging technolo revealed the location of bones and tissues through a series of single, isolated snapshots, instea using an actual three-dimensional volume reconstruction. Whereas the CT and MRI images had examined one cross-section at a time for accurate patient diagnosis, the 3-D stereolithography technology allows these images to be converted to a 3-D model so that physicians can actually the information and examine all of the data at one time.

To create these prototypes, Walter Reed surgeons needed a rapid prototyping tool. In 2001, th Medical Center chose a 3D Systems SLA 7000 system. This device has a low-vibration optical s dual-spot laser technology, and high throughput. The build material used is translucent or transparent, making it possible for surgeons to see through a model. Also, 3D Systems is a cor with a long track record in the stereolithography arena.

Today the 3D Medical Applications Center produces many models that are used by both healthc providers and patients. The models allow for more rapid and accurate diagnoses, more effectiv treatment planning, better informed patients, reduced time and costs related to the operating and anesthesia, reduced need for follow-up surgeries, and better education and training of hea providers.

The 3-D models are used for pre-operative planning and reconstruction, such as mock-ups of shoulders, pelvises, femurs, and facial bones. While originally intended primarily for other uses system has been pressed into service to help with the cranial and facial reconstruction that mil personnel may require after combat. The machine runs between six and nine full models at a t

Shorter Surgeries to Reduce Risk and Cost

In the Center's rapid prototyping operations, data is transmitted in raw CT form, and then thirc software combines the 2-D images into an accurate 3-D rendering. Working with that image, C personnel apply a filter to highlight desired features, such as bone.

With the items of interest selected, the staff then submits the information to the SLA 7000 syst

The machine creates a model, which can be multicolored to further highlight different regions. patient-specific model is then used by the surgeon to plan an operation and for other activities as patient education. Prior to making an incision, the 3-D models provide the opportunity for th physician to see and feel the anatomy as it will be seen in the operating room, which facilitates effective pre-operative planning.

The system has only been in use at Walter Reed for a few months, and models have been emp in nearly 90 major cases. Although a complete study comparing the use and non-use of models not been done, preliminary results are available. Surgeries done with a 3-D model have taken and-a-half hours less operating room time and cost $15,000 less than comparable surgeries dc without a 3-D medical model.

Shorter surgeries enable greater utilization of operating rooms and resources. Cutting time in s and the length of time a patient is under anesthesia should lead to better patient outcomes, fas healing times, and a lower morbidity rate.

More Effective Patient Education
Rapid prototyping with the SLA 7000 system enables patients to make decisions based on bett information. In one case, a patient with cancer was considering surgery. A two-color model, ho clearly revealed that the surgery would require removing so much bone that the patient would difficult to walk. Using the model, the surgeon sat down with the patient and discussed the ava options. Because of the 3-D model, the patient had a better understanding of the consequence surgery. That degree of truly informed consent means fewer surprises for the surgeon or the p

The added information from the 3-D model is useful for more than just planning for surgery or deciding on surgery. In many combat trauma cases, surgeons are confronted with patients wh missing large pieces of their skulls. For patients and their families, dealing with the injury and is highly stressful. Part of the problem is facing the unknown, and detailed 3-D models help wit aspect. Center staff, for example, will build a model of a cranial plate and take this to a patient education session.

With model in hand, staff can put a replica of the proposed cranial plate against the damaged a the patient's skull and show the patient and family exactly how the implant will restore the oric contours of the skull. That visual aide helps the situation greatly.

Safer Vehicles
While most of the work of the 3D Center has understandably been helping surgeons do their jo Center and its 3D Systems-driven modeling have also contributed in other ways. For instance, the Center has saved soldiers on the battlefield. In one case, a soldier arrived at Walter Reed v blast damage to his face, which should have been protected by the shielding of the vehicle in w he was riding. Using a model of the injury, Army investigators were able to reconstruct the exp and pinpoint why the shielding failed to protect the soldier. With that information, Army persor went back to the manufacturer of the vehicle and showed how it needed to modify it to preven to other soldiers.

With help, the Walter Reed 3D Medical Applications Center will continue to combine the latest computer technology and 3-D modeling fabrication with traditional CT and MRI scans to greatly enhance medical efficiency and patient outcomes.

Company Overview
The Walter Reed Health Care System provides comprehensive health care for more than 150,000 soldiers and other military members, both active duty and retired. The System consists of 10 major treatment centers in three U.S. states, with a staff of more than 6,000. That total includes more than 600 Army physicians, many in training in graduate medical specialty programs. The Walter Reed Health Care System is the Army's leading center of clinical research and innovation.

Want to know more?
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Skip to comments.

DoD Uses Process to Revamp Medical System

American Forces Press Service ^ | 13 May 2005 | Jim Garamone

Posted on **05/15/2005 1:02:28 AM PDT** by **Racehorse**

WASHINGTON, May 13, 2005 – Defense officials have used the base realignment and closure process to transform the way military medicine operates. Medical facilities will become more joint, they will consolidate where patients reside and they will become state-of-the-art. "We want to rival Johns Hopkins or the Mayo Clinics," said Dr. William Winkenwerder Jr., assistant defense secretary for health affairs.

Defense Secretary Donald H. Rumsfeld delivered his recommendations for base realignment and closure to the BRAC Commission today. The medical recommendations are part of this process.

The recommendations mean changes to military medicine in the nation's capital and San Antonio, as well as changes in many other military health facilities in the United States.

The major recommendation would establish the Walter Reed National Military Medical Center on the grounds of the Bethesda Naval Hospital in Maryland. It also will create a brand-new 165-bed community hospital at Fort Belvoir, Va. If approved, this will cost around $1 billion, said Dr. (Lt. Gen.) George P. Taylor, Air Force surgeon general, who headed the joint cross-service group that worked on DoD's medical BRAC recommendations.

Army, Navy and Air Force medical personnel will staff both facilities. The current hospitals - Walter Reed Army Medical Center and Bethesda - are separated by just seven miles. They are the primary receiving hospitals for casualties from Iraq and Afghanistan. "We believe the best way to do this is to place the facility on the Bethesda campus," Taylor said.

In addition to housing the Walter Reed National Medical Center, the Bethesda campus will keep the Uniformed Services University of the Health Sciences. The National Institutes of Health is also right across the street from the Bethesda facility. "The facility is able to accommodate the in-patient activities at this location," Taylor said.

Part of this recommendation would close the Army's Walter Reed campus in Washington, D.C., and Malcolm Grow Hospital at Andrews Air Force Base, Md., would close its in-patient facilities and become a large same-day surgery center.

"We know these types of joint medical facilities work," Taylor said. "We have two of them today: Landstuhl Regional Medical Center in Germany has been staffed by Army and Air Force for more than 10 years. If you go to Balad Hospital in Balad (Iraq), it is Army and Air Force run."

Changes would take place in San Antonio also. The two big medical platforms there are Brooke Army Medical Center at Fort Sam Houston and the 59th Medical Wing's Wilford Hall Medical Center at Lackland Air Force Base. Plans call for medical care to center at Brooke. It will become the San

Antonio Regional Medical Center, and will be a jointly staffed, 425-bed center. At Lackland, BRAC recommends building a world-class outpatient and ambulatory surgery center. The trauma center at Lackland will close, and Brooke will expand to handle the need.

San Antonio also will become the hub for training enlisted medical technicians of all services. Currently, the Army trains at Sam Houston, but the Air Force trains medics at Sheppard Air Force Base, Texas, and sailors train at Great Lakes, Ill., San Diego, and Portsmouth, Va. "All enlisted specialty training would be done at Fort Sam Houston," Taylor said. The approximate student load would be about 4,500.

Aerospace medicine research will move from Brooks City Base (the one-time Brooks Air Force Base) to Wright-Patterson Air Force Base, Ohio. The Navy's Aeromedical Research Lab will move from Pensacola, Fla., to Wright-Patterson also.

The recommendations create six new centers of excellence for biomedical research, and all are joint. Assets will come from Navy, Air Force and Army locations to these new centers. They are the Joint Center of Excellence in Battlefield Health and Trauma at the Brooke Regional Medical Center, the Joint Center of Excellence in Infectious Disease Research at the Forest Glen Complex in Maryland, the Joint Center of Excellence for Aerospace Medicine Research at Wright-Patterson Air Force Base, the Joint Center of Excellence in Regulated Medical Product Development and Acquisition at Fort Detrick, Md., the Joint Center of Excellence in Biomedical Defense Research at Fort Detrick, and the Joint Center of Excellence in Chemical, Biological Defense Research, Development and Acquisition at Aberdeen Proving Ground, Md.

Overall, the recommendations will cost $2.4 billion to build new facilities and capabilities. Once in place, the services will save $400 million per year, officials said.

The joint cross-service group, new in this round of BRAC, was able to make recommendations to the secretary. In past BRAC rounds, joint groups merely advised service leaders.

"It is my view that the group put together a very thoughtful, very comprehensive plan for improving military health care," said Winkenwerder. "It is a plan that allows us to invest in, and modernize key flagship facilities and at the same time, it will allow the military health system to be more efficient."

TOPICS: Culture/Society; Government; News/Current Events
KEYWORDS: AIRFORCE; ARMY; BRAC; BROOKE; FTSAMHOUSTON; LACKLANDAFB; MILITARYMEDICINE; VA; WALTERREED; WILFORDHALL

From a New era dawning at Fort Sam

> *"We will grow significantly," said Col. Richard L. Agee, chief of staff at Fort Sam's Army medical department and school.*
>
> *The proposed transfers to Fort Sam include the 59th Medical Wing from Wilford Hall Medical Center at Lackland AFB; research into combat casualty care and dental care now done at Walter Reed Medical Center in Washington and the Army Environmental Center at Aberdeen Proving Ground in Maryland.*
>
> *If approved, the recommendations would make Fort Sam the Defense Department's "premier medical training base," Agee said.*

Asked if there is any downside to the possible expansion, Agee's usual poker face softened into a slight smile.

"It will be very crowded, very quickly," he said.

Will the realignment work. You betcha. Wilford Hall and Brookes have jointly trained Army and Air Force medical personnel for years. Their quality of care they provide to active and retiree military community, and the level 1 trauma care is outstanding.

But, will the realignment work so well for all the patients these two hospitals serve? That is not so clear.

While San Antonio is rather relieved Wilford Hall is only being realigned, with personnel and training remaining in the city, the loss of a trauma center will hurt us and hurt us badly. Some might say we're spoiled, though. How many cities boast three level 1 trauma centers so well placed that anyone in need is mere minutes away from life saving care?

Brookes will certainly become very crowded, very quickly. San Antonio has a huge retiree population. We will want to know rather quickly how out-patient services at Wilford Hall will affect us. Will oncology stay? What about ophthalmology? Will access to specialized medical services be no less cumbersome than they are now?

1 posted on **05/15/2005 1:02:29 AM PDT** by **Racehorse**
[**Post Reply** | **Private Reply** | **View Replies**]

To: **Racehorse**

"We want to rival Johns Hopkins or the Mayo Clinic, said Dr. William Winkenwerder Jr., assistant defense secretary for health affairs."

Having been assigned to Army medical units in the 60's and having worked at a Harvard teaching hospital for 20 years,I can say that unless there's a draft of physicians, nurses and other medical personnel,Dr Winkenwerder's dream will,sadly,go unfulfilled.

2 posted on **05/15/2005 4:27:47 AM PDT** by **Gay State Conservative**
[**Post Reply** | **Private Reply** | **To 1** | **View Replies**]

Article published May 13, 2005

Plan Would Close Venerable Army Hospital

The Pentagon wants to close the Army's century-old hospital at Walter Reed Medical Center, the world-renowned facility in the nation's capital that has treated presidents and foreign leaders as well as soldiers and veterans.

The proposal is part of a broad reordering of the military's system for medical education, research and care, which the Pentagon says suffers from a mismatch of needs and resources.

Inpatient services would be curtailed at some military bases, and some facilities would be consolidated. Under the plan, the shuttering of Walter Reed would involve moving some of its staff and services to an expanded health care facility on the campus of the National Naval Medical Center in nearby Bethesda, Md. The new facility would retain the Walter Reed name, officials said.

"It will rival Mayo Clinic, Johns Hopkins and the other great medical institutions of the world," Lt. Gen. George Taylor, the Air Force surgeon general, told a Pentagon news conference, referring to the new Walter Reed.

The plan is contained in Defense Secretary Donald H. Rumsfeld's recommendations for base closings and realignments, which he submitted Friday to an independent base closing commission and to Congress. Pentagon officials said they expect some elements of the medical proposals to stir controversy, particularly the closure of Walter Reed, the most famous military hospital.

Dr. William Winkenwerder, the assistant secretary of defense for health affairs, said Rumsfeld wants to use the base consolidation - the military's first since 1995 - as an opportunity to gain efficiencies in the medical care system and better position it for the 21st century.

"It is a plan that allows us to invest in and modernize key flagship facilities," he said in an interview.

After spending an estimated $2.4 billion to make these changes over the coming six years, the Pentagon projects that it would then yield a net savings of $400 million a year thereafter.

Walter Reed hospital first opened in 1909 and has treated presidents, members of Congress and foreign leaders, in addition to members of the armed forces and veterans. Today it admits about 16,000 patients a year. They include hundreds of the more seriously wounded soldiers from the wars in Iraq and Afghanistan. The far larger Navy hospital at Bethesda opened in 1942.

Research at Walter Reed's satellite Forest Glen facility at Silver Spring, Md., will be expanded.

Among other proposed changes:

- Build a new 165-bed hospital at Fort Belvoir, Va., just south of Washington. Creating the expanded facility in Bethesda - to be renamed the Walter Reed National Military Medical Center at Bethesda - and building the new hospital at Fort Belvoir will cost a combined $1 billion, according to Taylor, who directed a multi-service group that developed the overall plan for changing the medical care delivery system.

Taylor said Thursday that the 450,000 military beneficiaries in the Washington area who currently rely on Walter Reed and Bethesda will see no net decline in health care services. And once the changes are completed, the Pentagon will be able to run the military medical care system in the national capital region for $100 million a year less than it costs today, he said.

- Similar to the merging of Walter Reed and Bethesda services for the Washington area, the Pentagon would create a single, expanded medical center for the San Antonio area by closing Wilford Hall Medical Center at Lackland Air Force Base, Texas, and moving its resources to the 450-bed Brooke Army Medical Center at Fort

Sam Houston in northeastern San Antonio.

Brooke also would expand its trauma services. The Pentagon would build a new outpatient, same-day surgical center at Lackland.

- Fort Sam Houston would get a new medical training center for enlisted personnel from all the services. Currently each service sends its enlisted people to separate sites for this training - Sheppard Air Force Base, Texas; Fort Sam Houston and Navy bases in Virginia, Illinois and California.

- Fort Sam Houston also will be the home of a new "center of excellence" in battlefield health and trauma, to be staffed by people from all the military services. Similar joint-service centers will be created elsewhere for other specialties like infectious disease research.

Fort Sam Houston overall would gain about 9,000 positions. Lackland would lose a few thousand.

- Medical centers on nine military bases in eight states will close their inpatient care facilities and become same-day surgical centers. They are at Fort Eustis, Va., Fort Knox, Ky., Marine Corps Air Station Cherry Point, N.C., the Great Lakes Naval Training Center in Illinois, Andrews Air Force Base, Md., MacDill Air Force Base, Fla., Scott Air Force Base, Ill., Keesler Air Force Base, Miss., and the Air Force Academy in Colorado Springs, Colo.

- The aerospace medicine program at Brooks City-Base - formerly Brooks Air Force Base - in San Antonio would be moved to Wright-Patterson Air Force Base in Dayton, Ohio. Wright-Patterson also would obtain the Navy's aero-medical research laboratory now located at Pensacola, Fla.

- All military functions at Brooks City-Base would cease, Taylor said. The Pentagon currently leases the space it has used there from the city of San Antonio. "We're not shutting the doors to the place. We'll simply remove the military structure at Brooks City-Base," Taylor said.

Walter Reed Army Medical Center at

National Naval Medical Center at Bethesda at

DCN: 12098

Utilization Indicators

DCHA District of Columbia Hospital Association

Calendar Year **2004**

ABOUT THIS REPORT ON UTILIZATION INDICATORS

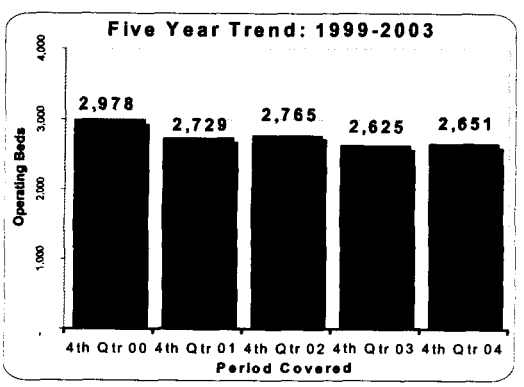
The charts in this publication are intended to provide aggregate and comparative data on the utilization trends of the District of Columbia hospital community for calendar year 2004. The source of the data is the District of Columbia Hospital Association's (DCHA) Monthly Utilization Survey and Quarterly Bed Capacity and Census Survey (self-reported by individual hospitals). The graphs in this report describe utilization trends in the aggregate for the following District's acute care non-federal hospitals:

Children's National Medical Center
George Washington University Hospital
Georgetown University Hospital
Greater Southeast Community Hospital
Howard University Hospital
Providence Hospital
Sibley Memorial Hospital
Washington Hospital Center

The health care community in the District of Columbia has seen significant changes in the last five years, including the conversion of Hadley Memorial Hospital from an acute to a long-term acute care facility in 2001, the closure of DC General Hospital in 2001 and the closure of Columbia Hospital for Women in 2002. For comparison, those hospitals have been removed from all charts, with the exception of Operating Bed Capacity.

Operating Bed Capacity

Compared to last year, there has been a slight increase of 26 operating beds in the District's acute care non-federal hospitals. However, there has been an overall decrease in the number since 2000. From the fourth quarter of 2000 through the fourth quarter of 2004, the District's acute care non-federal hospitals decreased the number of operating beds by 273 beds or 10.98 percent.



Note: *Columbia Hospital for Women Medical Center, DC General Hospital and Hadley Memorial Hospital data are included in 2000.*

Note: *Hadley Memorial Hospital was an acute care facility in 2000.*

Note: *Calculations are based on reported utilization figures for the District of Columbia acute care non-federal hospitals.*

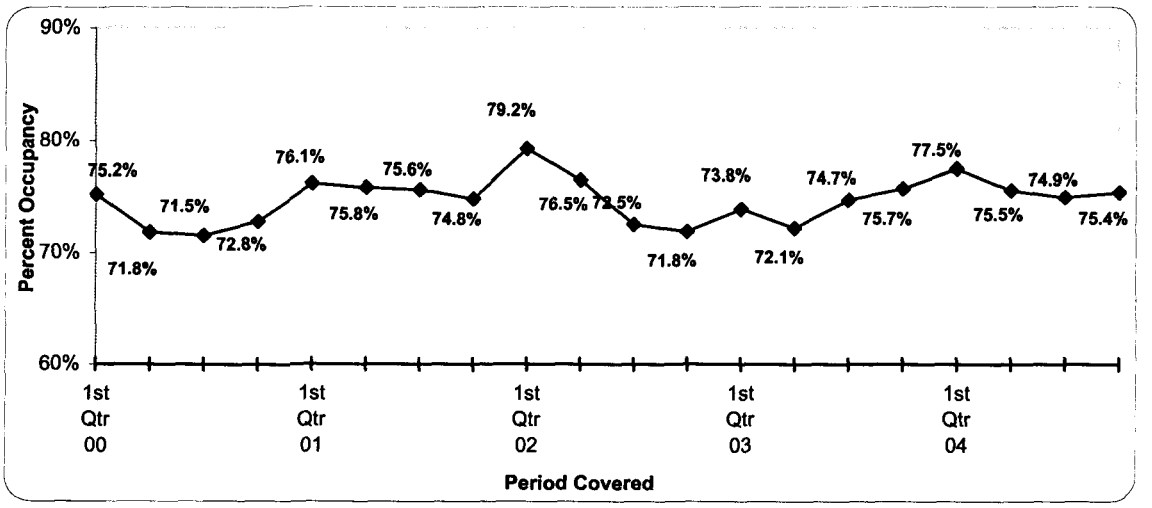
Definition: *Bed Capacity – The average number of operating staffed beds during the reporting period.*

Source: *DCHA Quarterly Occupancy and Bed Capacity Survey*

	Beds In Operation		
	4th Quarter 2000	4th Quarter 2004	Percent Change
Acute Care			
Children's National Medical Center	188	188	0.0%
Columbia Hospital for Women	110	CLOSED	N/A
District of Columbia General Hospital	150	CLOSED	N/A
George Washington University Hospital	231	332	43.7%
Georgetown University Hospital	283	329	16.3%
Greater Southeast Community Hospital	278	218	-21.6%
Howard University Hospital	294	291	-1.0%
Providence Hospital	330	273	-17.3%
Sibley Memorial Hospital	226	226	0.0%
Washington Hospital Center	834	794	-4.8%
ACUTE TOTAL	**2,924**	**2,651**	**-9.3%**
Other Specialty			
Hadley Memorial Hospital	54	71	31.5%
National Rehabilitation Hospital	128	168	31.3%
Psychiatric			
Psychiatric Institute of Washington	104	107	2.9%
Riverside Hospital	N/A	126	N/A
Saint Elizabeths Hospital, DMH	609	548	-10.0%
Federal			
Veterans Affairs Medical Center	171	141	-17.5%
Walter Reed Army Medical Center	235	261	11.1%
Malcolm Grow Medical Center, AAFB	60	68	13.3%
National Naval Medical Center, Bethesda	N/A	259	N/A
SUBTOTAL - DC ONLY	**4,225**	**4,073**	**-3.6%**
GRAND TOTAL	**4,285**	**4,400**	**2.7%**

Occupancy Rate

While there is a seasonal fluctuation in the District's occupancy rate, it continues to be higher than the national average, which is approximately 66 percent. This reflects the ongoing demand for tertiary services, and the hospitals' commitment to care for the uninsured (who are hospitalized at a higher rate than the insured populations) even as the number of hospital providers has decreased.



Note: *Calculations are based on reported utilization figures for the District of Columbia acute care non-federal hospitals.*

	Annualized Occupancy Rate		
	2000	2004	% Change
Acute Care			
Children's National Medical Center	80.48%	93.62%	16.33%
George Washington University Hospital	67.78%	62.58%	-7.67%
Georgetown University Hospital	63.69%	82.75%	29.93%
Greater Southeast Community Hospital	66.43%	61.29%	-7.74%
Howard University Hospital	59.21%	72.94%	23.19%
Providence Hospital	80.17%	76.75%	-4.27%
Sibley Memorial Hospital	74.59%	71.74%	-3.82%
Washington Hospital Center	72.55%	80.31%	10.70%
ACUTE TOTAL	72.78%	75.82%	4.18%
Other Specialty			
Hadley Memorial Hospital	59.21%	81.73%	38.03%
National Rehabilitation Hospital	83.31%	58.36%	-29.95%
Psychiatric			
Psychiatric Institute of Washington	65.34%	74.27%	13.67%
Riverside Hospital	N/A	73.61%	N/A
Saint Elizabeths Hospital, DMH	96.77%	92.20%	-4.72%
Federal			
Veterans Affairs Medical Center	72.38%	66.08%	-8.70%
Walter Reed Army Medical Center	82.73%	68.46%	-17.25%
Malcolm Grow Medical Center, AAFB	53.51%	32.72%	-38.85%
National Naval Medical Center, Bethesda	N/A	55.65%	N/A
SUBTOTAL - DC ONLY	**76.82%**	**76.10%**	**-0.94%**
GRAND TOTAL	**76.47%**	**74.38%**	**-2.73%**

Note: *Hadley Memorial Hospital was an acute care facility in 2000.*
Definition: *Occupancy percentages are calculated based on the number of operating beds. Percent occupancy is defined as the average daily census divided by the number of operating beds.*
Source: *DCHA Quarterly Occupancy and Bed Capacity Survey, 2005 AHA Hospital Statistics*

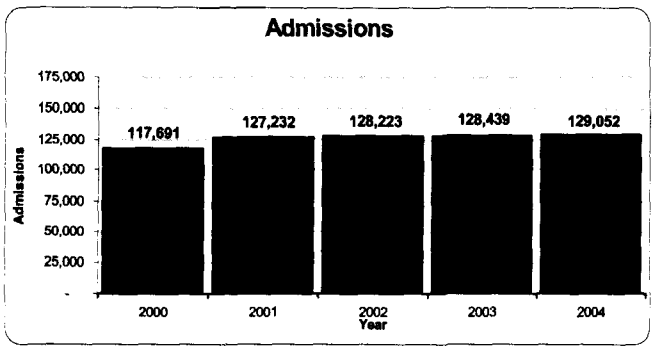
DCN: 12098

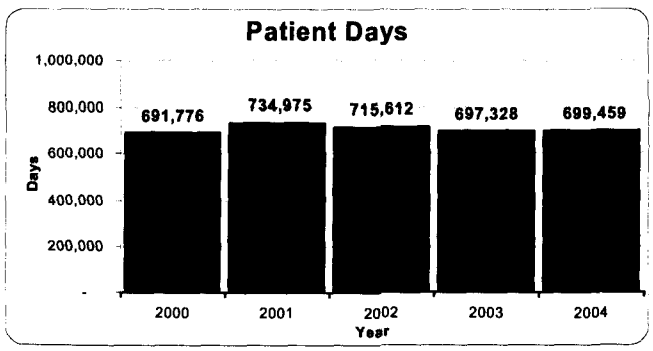
Inpatient Admissions and Patient Days

While inpatient hospital admissions and patient days have leveled off or decreased during the past decade, there was a slight increase in the last year. In addition, the closure or conversion of three District hospitals in 2001 and 2002 has coincided with an increase in the remaining hospitals' admissions of 9.65 percent over the last five years.

Admissions and patient days, after declining for over a decade due to managed care and advanced technology, are slowly increasing, mostly attributed to the aging population.

For specialty hospitals, rates of admissions and patient days are mixed compared to last year.





Note: *Calculations are based on reported utilization figures for the District of Columbia acute care non-federal hospitals.*

	Admissions			Patient Days		
	2003	2004	% Change	2003	2004	% Change
Acute Care						
Children's National Medical Center	10,113	10,529	4.1%	52,622	52,268	-0.7%
George Washington University Hospital	15,509	14,772	-4.8%	79,315	72,381	-8.7%
Georgetown University Hospital	14,135	14,319	1.3%	86,075	93,387	8.5%
Greater Southeast Community Hospital	8,319	7,886	-5.2%	51,865	46,664	-10.0%
Howard University Hospital	12,725	12,584	-1.1%	72,918	76,679	5.2%
Providence Hospital	13,174	13,132	-0.3%	75,144	72,998	-2.9%
Sibley Memorial Hospital	13,285	13,096	-1.4%	61,505	60,262	-2.0%
Washington Hospital Center	41,179	42,734	3.8%	217,884	224,820	3.2%
ACUTE TOTAL	**128,439**	**129,052**	**0.5%**	**697,328**	**699,459**	**0.3%**
Other Specialty						
Hadley Memorial Hospital	528	747	41.5%	13,756	19,575	42.3%
National Rehabilitation Hospital	1,996	2,087	4.6%	36,040	36,819	2.2%
Psychiatric						
Psychiatric Institute of Washington	2,159	2,038	-5.6%	22,044	28,156	27.7%
Riverside Hospital	663	678	2.3%	32,631	34,081	4.4%
Saint Elizabeths Hospital, DMH	2,723	2,360	-13.3%	190,048	186,886	-1.7%
Federal						
Veterans Affairs Medical Center	6,476	6,229	-3.8%	37,127	34,698	-6.5%
Walter Reed Army Medical Center	10,639	10,385	-2.4%	71,366	66,317	-7.1%
Malcolm Grow Medical Center, AAFB	3,498	3,006	-14.1%	10,064	8,111	-19.4%
National Naval Medical Center	9,077	9,096	0.2%	39,064	40,087	2.6%
SUBTOTAL – DC ONLY	**153,623**	**153,576**	**0.0%**	**1,100,340**	**1,105,991**	**0.5%**
GRAND TOTAL	**166,198**	**165,678**	**-0.3%**	**1,149,468**	**1,154,189**	**0.4%**

Definition: *Inpatient Admissions - The number of patients, excluding newborns, accepted for inpatient services during the entire reporting period. Inpatient Days - The number of adult and pediatric days of care, excluding newborn days of care, rendered during the entire reporting period.*

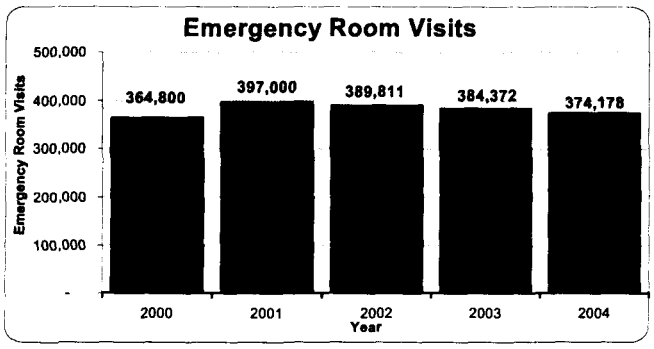
Source: *DCHA Monthly Utilization Survey*

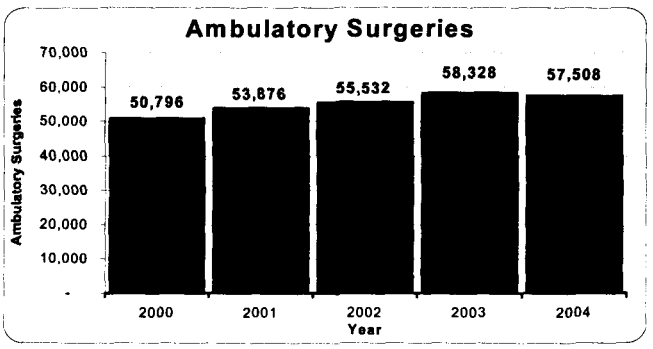
DCN: 12098

Emergency Department Visits and Ambulatory Surgeries

District hospitals experienced a slight decrease in emergency department visits in 2004, which is consistent with the decreases seen since 2001. This is due largely to the "anthrax-related" incidents in 2001, as well as the impact in the changes in status of the emergency department at DC General Hospital. However, an overall increase has been evident in the remaining hospitals since 2000, with visits up 2.57 percent, during the time period. District hospitals have faced continued overcrowding due to this increase of approximately 10,000 visits.

The continuing increase in ambulatory surgeries demonstrates improved clinical practice to provide care on the outpatient side and has encouraged hospitals to develop satellite facilities throughout the entire metropolitan area. While there was a slight decrease over the last year, ambulatory surgeries increased 13.21 percent during a five-year period, 2000-2004.





Note: *Includes data for all hospitals providing emergency room services and ambulatory surgeries.*

	Emergency Department Visits			Ambulatory Surgeries		
	2003	2004	% Change	2003	2004	% Change
Acute Care						
Children's National Medical Center	69,845	66,038	-5.5 %	4,964	5,588	12.6%
District of Columbia General Hospital	7,853	N/A	N/A	N/A	N/A	N/A
George Washington University Hospital	53,173	54,351	2.2%	5,612	5,480	-2.4%
Georgetown University Hospital	27,993	26,221	-6.3%	9,239	9,113	-1.4%
Greater Southeast Community Hospital	40,377	39,103	-3.2%	3,192	2,040	-36.1%
Howard University Hospital	44,773	47,738	6.6%	7,473	7,439	-0.5%
Providence Hospital	46,904	46,492	-0.9%	7,738	7,326	-5.3%
Sibley Memorial Hospital	26,688	27,503	3.1%	9,585	9,685	1.0%
Washington Hospital Center	66,766	66,732	-0.1%	10,525	10,837	3.0%
ACUTE TOTAL	**384,372**	**374,178**	**-2.7%**	**58,328**	**57,508**	**-1.4%**
Federal						
Veterans Affairs Medical Center	16,693	17,633	5.6%	3,323	3,073	-7.5%
Walter Reed Army Medical Center	20,890	20,005	-4.2%	9,397	11,186	19.0%
Malcolm Grow Medical Center, AAFB	31,299	28,152	-10.1%	1,924	2,168	12.7%
National Naval Medical Center, Bethesda	23,047	22,191	-5.3%	9,829	9,987	2.8%
SUBTOTAL – DC ONLY	**421,955**	**421,120**	**-2.4%**	**71,048**	**71,767**	**1.0%**
GRAND TOTAL	**476,301**	**471,463**	**-3.0%**	**82,801**	**83,922**	**1.5%**

Note: *District of Columbia General Hospital converted to an urgent care center on May 3, 2003. The data reflect January – April 2003 emergency department visits.*

Note: *Calculations are based on reported utilization figures for the District of Columbia acute care non-federal hospitals.*

Definition: *Ambulatory Surgeries - The number of scheduled surgical services provided to patients who do not remain in the hospital overnight. Emergency Department Visits - The number of visits to the hospital's emergency unit, including those resulting in admissions.*

Source: *DCHA Monthly Utilization Survey*

DCN: 12098

Utilization Indicators

DCHA
District of Columbia Hospital Association

Calendar Year **2003**

ABOUT THIS REPORT ON UTILIZATION INDICATORS

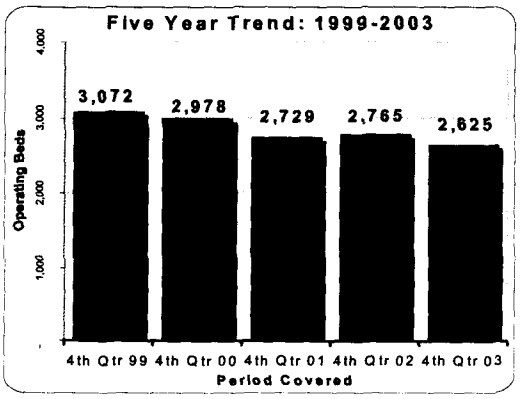
The charts in this publication are intended to provide aggregate and comparative data on the utilization trends of the District of Columbia hospital community for calendar year 2003. The source of the data is the District of Columbia Hospital Association's (DCHA) Monthly Utilization Survey and Quarterly Bed Capacity and Census Survey (self-reported by individual hospitals). The graphs in this report describe utilization trends in the aggregate for the following District's acute care non-federal hospitals:

Children's National Medical Center
George Washington University Hospital
Georgetown University Hospital
Greater Southeast Community Hospital
Howard University Hospital
Providence Hospital
Sibley Memorial Hospital
Washington Hospital Center

The health care community in the District of Columbia has seen significant changes in the last three years, including the conversion of Hadley Memorial Hospital from an acute to a long-term acute care facility in 2001, the closure of DC General Hospital in 2001 and the closure of Columbia Hospital for Women in 2002. For comparison, those hospitals have been removed from all charts, with the exception of Operating Bed Capacity.

Operating Bed Capacity

From the fourth quarter of 1999 through the fourth quarter of 2003, the District's acute care non-federal hospitals decreased the number of operating beds by 447 beds or 14.55 percent.



Note: *Columbia Hospital for Women Medical Center, D.C. General Hospital and Hadley Memorial Hospital data are included in 1999 and 2000.*

Note: *Hadley Memorial Hospital was an acute care facility in 1999.*

Note: *Calculations are based on reported utilization figures for the District of Columbia acute care non-federal hospitals.*

Definition: *Bed Capacity – The average number of operating staffed beds during the reporting period.*

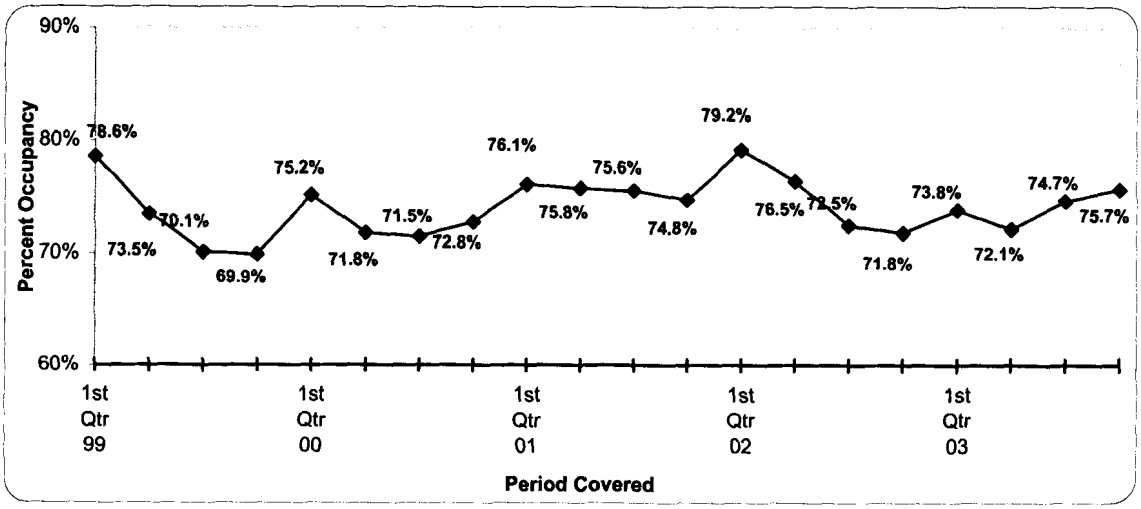
Source: *DCHA Quarterly Occupancy and Bed Capacity Survey*

	Beds In Operation		
	4th Quarter 1999	4th Quarter 2003	Percent Change
Acute Care			
Children's National Medical Center	188	188	0.00%
Columbia Hospital for Women	110	CLOSED	N/A
District of Columbia General Hospital	303	CLOSED	N/A
George Washington University Hospital	231	332	43.72%
Georgetown University Hospital	303	329	8.58%
Greater Southeast Community Hospital	266	224	-15.79%
Howard University Hospital	283	291	2.83%
Providence Hospital	316	264	-16.46%
Sibley Memorial Hospital	218	236	8.26%
Washington Hospital Center	791	761	-3.79%
ACUTE TOTAL	**3,009**	**2,625**	**-12.76%**
Other Specialty			
Hadley Memorial Hospital	63	45	-28.57%
National Rehabilitation Hospital	128	177	38.28%
Psychiatric			
Psychiatric Institute of Washington	104	104	0.00%
Riverside Hospital	N/A	126	N/A
Saint Elizabeths Hospital, DMH	639	548	-14.24%
Federal			
Veterans Affairs Medical Center	167	146	-12.57%
Walter Reed Army Medical Center	284	260	-8.45%
Malcolm Grow Medical Center, AAFB	N/A	68	N/A
National Naval Medical Center, Bethesda	N/A	215	N/A
SUBTOTAL - DC ONLY	**4,394**	**4,031**	**-8.26%**
GRAND TOTAL	**4,394**	**4,314**	**-1.82%**

DCN: 12098

Occupancy Rate

The District's occupancy rate continues to be higher than the national average, which remains about 60 percent. This reflects the ongoing demand for tertiary services, and the hospitals' commitment to care for the uninsured (who are hospitalized at a higher rate than the insured populations) even as the number of hospital providers has decreased.



	Annualized Occupancy Rate		
	1999	2003	% Change
Acute Care			
Children's National Medical Center	78.69%	91.76%	16.61%
George Washington University Hospital	72.79%	67.84%	-6.80%
Georgetown University Hospital	60.89%	74.53%	22.40%
Greater Southeast Community Hospital	68.88%	55.05%	-20.08%
Howard University Hospital	79.53%	70.70%	-11.10%
Providence Hospital	72.48%	78.78%	8.69%
Sibley Memorial Hospital	71.31%	71.75%	0.62%
Washington Hospital Center	76.89%	80.09%	4.16%
ACUTE TOTAL	**72.99%**	**74.08%**	**1.49%**
Other Specialty			
Hadley Memorial Hospital	52.44%	85.00%	62.09%
National Rehabilitation Hospital	77.65%	57.71%	-25.68%
Psychiatric			
Psychiatric Institute of Washington	63.58%	64.42%	1.32%
Riverside Hospital	N/A	71.83%	N/A
Saint Elizabeths Hospital, DMH	94.87%	95.30%	0.45%
Federal			
Veterans Affairs Medical Center	78.89%	68.23%	-13.51%
Walter Reed Army Medical Center	93.25%	76.42%	-18.05%
Malcolm Grow Medical Center, AAFB	N/A	40.44%	N/A
National Naval Medical Center, Bethesda	N/A	55.34%	N/A
SUBTOTAL - DC ONLY	**77.91%**	**76.01%**	**-2.44%**
GRAND TOTAL	**N/A**	**74.46%**	**N/A**

Note: *Hadley Memorial Hospital was an acute care facility in 1999.*
Definition: *Occupancy percentages are calculated based on the number of operating beds. Percent occupancy is defined as the average daily census divided by the number of operating beds.*
Source: *DCHA Quarterly Occupancy and Bed Capacity Survey*

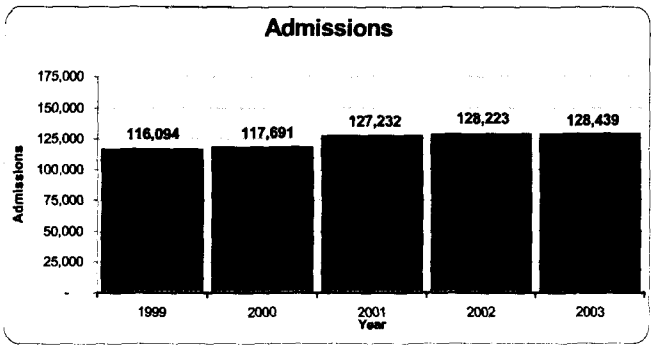
DCN: 12098

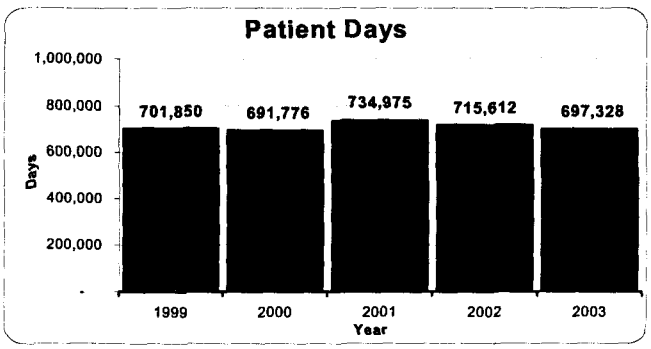
Inpatient Admissions and Patient Days

While inpatient hospital admissions and patient days have leveled off or decreased during the past decade, the closure or conversion of three District hospitals in 2001 and 2002 has caused the remaining hospitals' admissions to increase 10.68 percent over the last five years.

Admissions and patient days, after declining for over a decade due to managed care and advanced technology, are increasing at roughly a two percent rate nationally. This increase is mostly attributed to the aging population.

For specialty hospitals, rates of admissions and patient days are mixed compared to last year.





Note: *Calculations are based on reported utilization figures for the District of Columbia acute care non-federal hospitals.*

	Admissions			Patient Days		
	2002	2003	% Change	2002	2003	% Change
Acute Care						
Children's National Medical Center	9,680	10,113	4.5%	50,243	52,622	4.7%
George Washington University Hospital	15,144	15,509	2.4%	69,781	79,315	13.7%
Georgetown University Hospital	14,315	14,135	-1.3%	83,847	86,075	2.7%
Greater Southeast Community Hospital	10,535	8,319	-21.0%	71,561	51,865	-27.5%
Howard University Hospital	11,858	12,725	7.3%	74,838	72,918	-2.6%
Providence Hospital	13,066	13,174	0.8%	80,286	75,144	-6.4%
Sibley Memorial Hospital	12,777	13,285	4.0%	63,603	61,505	-3.3%
Washington Hospital Center	40,848	41,179	0.8%	221,453	217,884	-1.6%
ACUTE TOTAL	**128,223**	**128,439**	**0.2%**	**715,612**	**697,328**	**-2.6%**
Other Specialty						
Hadley Memorial Hospital	439	528	20.3%	12,156	13,756	13.2%
National Rehabilitation Hospital	1,876	1,996	6.4%	36,863	36,040	-2.2%
Psychiatric						
Psychiatric Institute of Washington	2,166	2,159	-0.3%	26,054	22,044	-15.4%
Riverside Hospital	N/A	663	N/A	N/A	32,631	N/A
Saint Elizabeths Hospital, DMH	2,494	2,723	10.2%	194,478	190,048	-2.3%
Federal						
Veterans Affairs Medical Center	6,696	6,476	-3.3%	42,799	37,127	-13.3%
Walter Reed Army Medical Center	11,078	10,639	-4.0%	70,451	71,366	1.3%
Malcolm Grow Medical Center, AAFB	3,517	3,498	-0.5%	10,585	10,064	-4.9%
National Naval Medical Center	8,427	9,077	7.7%	36,542	39,064	6.9%
SUBTOTAL – DC ONLY	**152,949**	**153,623**	**0.4%**	**1,098,413**	**1,100,340**	**0.2%**
GRAND TOTAL	**164,893**	**166,198**	**0.8%**	**1,145,540**	**1,149,468**	**0.3%**

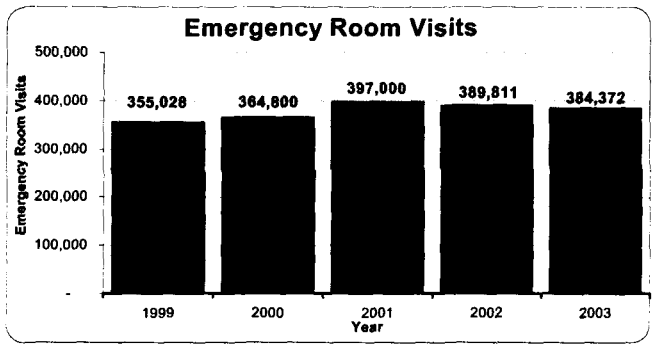
Note: *Saint Elizabeths Hospital's 2002 data has been annualized, using January – June 2002 data.*
Definition: *Inpatient Admissions - The number of patients, excluding newborns, accepted for inpatient services during the entire reporting period.*
Inpatient Days - The number of adult and pediatric days of care, excluding newborn days of care, rendered during the entire reporting period.
Source: *DCHA Monthly Utilization Survey, 2004 AHA Health Statistics*

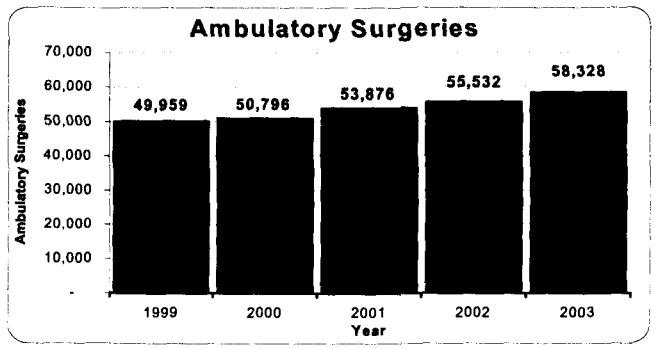
Emergency Department Visits and Ambulatory Surgeries

Emergency department visits increased 8.26 percent, and ambulatory surgeries increased 16.75 percent during a five-year period, 1999-2003. The increase in emergency care can be attributed to several issues, including the changes in the District's health care system and the anthrax incidents of 2001. It should be noted that this increase is consistent with a national trend, which is not yet fully attributed to one cause.

District hospitals appear to have experienced a slight decrease in emergency department visits from 2001 to 2003. This is due largely to the "anthrax-related" incidents in 2001, as well as the impact in the changes in status of the emergency department at DC General Hospital. However, an overall increase has been evident in the remaining hospitals since 2000, with visits up approximately four percent in the three-year period.

The continuing increase in ambulatory surgeries demonstrates improved clinical practice to provide care on the outpatient side and has encouraged hospitals to develop satellite facilities throughout the entire metropolitan area.





Note: *Includes data for all hospitals providing emergency room services and ambulatory surgeries.*

	Emergency Department Visits			Ambulatory Surgeries		
	2002	2003	% Change	2002	2003	% Change
Acute Care						
Children's National Medical Center	62,408	69,845	12.2%	4,957	4,964	0.1%
District of Columbia General Hospital	27,400	7,853	-71.3%	N/A	N/A	N/A
George Washington University Hospital	46,755	53,173	13.7%	5,382	5,612	4.3%
Georgetown University Hospital	27,150	27,993	3.1%	8,618	9,239	7.2%
Greater Southeast Community Hospital	43,554	40,377	-7.3%	4,434	3,192	-28.0%
Howard University Hospital	45,783	44,773	-2.2%	6,427	7,473	16.3%
Providence Hospital	43,238	46,904	8.5%	7,747	7,738	-0.1%
Sibley Memorial Hospital	25,624	26,688	4.2%	7,479	9,585	28.2%
Washington Hospital Center	68,065	66,766	-1.9%	10,488	10,525	0.4%
ACUTE TOTAL	389,977	384,372	-1.4%	55,532	58,328	5.0%
Federal						
Veterans Affairs Medical Center	16,988	16,693	-1.7%	3,590	3,323	-7.4%
Walter Reed Army Medical Center	19,611	20,890	6.5%	7,796	9,397	20.5%
Malcolm Grow Medical Center, AAFB	31,860	31,299	-1.8%	1,823	1,924	5.5%
National Naval Medical Center, Bethesda	21,772	23,047	5.9%	7,307	9,829	34.5%
SUBTOTAL – DC ONLY	**426,576**	**421,955**	**-1.0%**	**66,918**	**71,048**	**6.2%**
GRAND TOTAL	**480,208**	**476,301**	**-0.8%**	**76,048**	**82,801**	**8.9%**

Note: *District of Columbia General Hospital converted to an urgent care center on May 3, 2003. The data reflect January – April 2003 emergency department visits.*
Note: *Calculations are based on reported utilization figures for the District of Columbia acute care non-federal hospitals.*
Definition: *Ambulatory Surgeries - The number of scheduled surgical services provided to patients who do not remain in the hospital overnight. Emergency Department Visits - The number of visits to the hospital's emergency unit, including those resulting in admissions.*
Source: *DCHA Monthly Utilization Survey*

DCN: 12098

2004 NCC GME ANNUAL REPORT

GENERAL PROGRAM INFORMATION

Program	Program Number	Program Director	Effective Date of Appointment	Associate Program Director 1	Associate Program Director 2	ACGME Accreditation Status	Accreditation Effective Date	Next ACGME Review Date
Allergy	201011087	Bryan L. Martin, COL, MC, USA	Jul-02			Continued Full Accreditation	23-Mar-02	01-Feb-05
Diagnostic Lab Immunology	251021006	Michael Nelson LTC, MC, USA	Aug-03			Continued Full Accreditation	15-Sep-01	01-Sep-06
Anesthesia	401021190	Paul Mongan COL, MC, USA	Feb-03	Patrick Sipe, M.D. (NNMC)	James V. Winkley MAJ, MC, USA	Continued Full Accreditation	8-Nov-01	01-Nov-04
Regional Anesthesia Fellowship	New Program	Chester C. Buckenmaier III LTC, MC, USA	May-04					N/A
Anesthesia Critical Care	451021042	Christian Popa, MAJ, MC, USA	Oct-00			Continued Full Accreditation	8-Nov-01	01-Nov-04
Anesthesia Pain Management	481021101	Dominique Schiffer MAJ,MC,USA	1998			Continued Full Accreditation	29-Mar-01	01-Nov-04
CT Surgery WRAMC	4601011003	Philip C. Corcoran, LTC, USA	January-04	COL William Castle DeVries		Continued Full Accreditation	25-Jul-03	01-Jul-08
Dermatology	801021123	George W. Turiansky, COL, MC, USA	Jul-01	Timothy Curtin CAPT, MC, USN		Continued Full Accreditation	4-Apr-02	01-Nov-04
Family Medicine MGMC	1202321002	Douglas C. Warren, Lt Col, USAF, MC	13-Sep-01	Jessica Mitchell, Maj, USAF, MC		Full	15-Sep-03	01-Sep-08
Family Practice Ft. Belvoir	1205112012	Kevin Moore, MAJ, MC, USA	4-Mar-04			Continued Accreditation	20-May-02	10-Nov-04
FP Sports Medicine - Ft. Belvoir	1275121037	Fred Brennan, LTC, MC, USA	Jun-04	Anthony Beutler MAJ, USAF, MC (MGMC)		Accredited	20-May-02	10-Nov-04
General Surgery - WRAMC	4401011007	Craig Shriver COL, MC, USA	Jun-98			Continued Full Accreditation	21-Feb-02	01-Feb-07
General Surgery - NNMC	4402321014	J. Denobile CAPT, MC, USN	Dec-94			Continued Full Accreditation	25-Oct-01	01-Oct-06
Hand Surgery - WRAMC	2631021056	Gerald Farber, LTC, MC, USA	Jul-00			Continued Full Accreditation	7-May-03	01-Apr-07

2004 NCC GME ANNUAL REPORT

GENERAL PROGRAM INFORMATION

Program	Program Number	Program Director	Effective Date of Appointment	Associate Program Director 1	Associate Program Director 2	ACGME Accreditation Status	Accreditation Effective Date	Next ACGME Review Date
Internal Medicine WRAMC	1401011006	Gregory J. Argyros, LTC, MC, USA	28-May-99	LTC Brian Cuneo		Continued Full Accreditation	21-Sep-01	01-Apr-09
Internal Medicine NNMC	1402311013	Terrence X. Dwyer CAPT, MC, USN	30-Jun-03	Eric S. Sawyers LCDR, MC, USN		Continued Full Accreditation	1-Jul-01	01-Dec-06
General Internal Medicine		Jeffrey L. Jackson, LTC, MC, USA	1997			N/A		
IM Cardiovascular	1411011159	Allen Taylor COL, MC, USA	Jul-01	CAPT Curran		Continued Full Accreditation	27-Jan-02	01-Apr-09
IM Critical Care	1421021125	Thomas Fitzpatrick COL, MC, USA	Nov-96	Dr Ramage		Continued Full Accreditation	30-Jan-04	01-Apr-09
IM Endocrinology	1432311126	M. Shakir, CAPT, MC, USN	Oct-96	Henry Burch COL MC, USA		Continued Full Accreditation	23-Sep-01	01-Dec-06
IM Gastroenterology	1442311156	Inku Hwang, MAJ, MC, USA	24-Jun-04	John Eastone LCDR, MC, USN		Continued Full Accreditation	23-Sep-01	01-Dec-06
IM Hematology/Oncology	1552321088	Brian P. Monahan, CDR, MC, USN	Feb-00	Lloyd Ketchum, MAJ, MC, USA		Continued Full Accreditation	23-Sep-01	01-Dec-06
IM Infectious Disease	1461011127	Gregory Wortmann LTC, MC, USA	Jul-04	Tim Burgess, LCDR, USN		Continued Full Accreditation	30-Jan-04	01-Apr-09
IM Nephrology	1481011113	Erin M. Bohen, LTC, MC, USA	Sep-04	Eric Sawyers, LCDR, MC, USN		Continuing Accreditation	30-Jan-04	01-Apr-09
IM Pulmonary Critical Care	1561021082	Oleh W. Hnatiuk, COL, MC, USA	Jul-02	Mark Miller, LCDR, MC, USN	Russell Gilbert LCDR, MC, USN	Continued Full Accreditation	30-Jan-04	01-Apr-09
IM Rheumatology	1501011-093	William R. Gilliland, LTC, MC, USA	Jun-00			Continued Accreditation	30-Jan-04	01-Apr-09
Neurology	1801021144	Mark Landau, LTC, MC, USA	May-04	Michael Yochelson, LCDR, MC, USN		Continued Full Accreditation	4-Nov-99	01-Jun-04
Child Neurology	1851011010	Michael Mitchell COL, MC, USA	1983			Continued Full Accreditation	4-Nov-99	02-Dec-04

2004 NCC GME ANNUAL REPORT

GENERAL PROGRAM INFORMATION

Program	Program Number	Program Director	Effective Date of Appointment	Associate Program Director 1	Associate Program Director 2	ACGME Accreditation Status	Accreditation Effective Date	Next ACGME Review Date
Clinical Neurophysiology - NIH	1871031028	Susumu Sato, M.D.	Jul-96			Continued Accreditation	4-Nov-1999	03-Jun-04
Clinical Neurophysiology - WRAMC	1871031024	William Campbell, M.D., COL, MC, USA	Jul-01			Approved	4-Dec-99	01-Dec-03
Neurosurgery	1601021118	James M. Ecklund, COL, MC, USA	Mar-98	Leon Moores, MD, LTC, MC, USA (WRAMC)	Bryan Mason CDR, MC, USN (NNMC)	Continued Full Accreditation	12-Jan-01	26-May-04
Nuclear Medicine	2001012002	Aaron Stack MAJ, MC, USA	Jun-04	Jennifer Jergens, MAJ, MC, USA		Continued Full Accreditation	10-Apr-00	01-Nov-05
Obstetrics/Gynecology	2201021354	Christopher Zahn, LtCol (P)	May-04	Robert Gherman CDR, MC, USN	Susan G. Dunlow LTC, MC, USA	Continued Full Accreditation	17-Jan-02	17-Jan-07
Gynecology Oncology		Scott Rose LTC, MC, USA	J-03	John Elkas CDR, MC, USN	Dr Armstrong	Accredited by ABOG	1-Mar-01	01-Mar-05
Repro Endocrinology		J. Segars M.D.	Nov-95	Alecia Armstrong, M.D. COL, MC, USA (Ret))		Accreditied by ABOG		ABOG
Occupational / Environmental Medicine	3802377073	Richard Thomas CAPT, MC, USN	Oct-02	James M. Madsen Col, MC, USA		Continued Full Accreditation	4-Apr-02	01-Apr-07
Ophthalmology	240-10-12-004	Thomas P. Ward, COL, MC, USA	Jul-00			Continued Full Accreditation	30-May-03	01-May-07
Oral & Maxillofacial Surgery	ADA	Michael J. Will, DDS, LTC, DE	Jul-00	Joel Funari CAPT, MC, USN (NNMC)		Continued Full Accreditation	1-May-01	01-May-06
Orthopaedics WRAMC	2601011075	Timothy Kuklo LTC, MC, USA	Feb-03			Continued Full Accreditation	1-Oct-02	01-Jun-05
Orthopaedics - NNMC	2602321183	Patrrica McKay, LCDR, USN	14-Nov-04	Michael Kuhn, LCDR, MC, USN		Accredited	15-Jun-03	01-Oct-06
Otolaryngology	2801031132	Martin Sorensen, CDR, MC, USN	Apr-00	James K. Markwell, CAPT, MC, USN		Continued Full Accreditation	7-Feb-02	01-Apr-05

2004 NCC GME ANNUAL REPORT

GENERAL PROGRAM INFORMATION

Program	Program Number	Program Director	Effective Date of Appointment	Associate Program Director 1	Associate Program Director 2	ACGME Accreditation Status	Accreditation Effective Date	Next ACGME Review Date
Pathology	3001021416	Carol F. Adair, COL, MC, USA	Jul-99	John P. Williams CAPT, MC, USN		Full - pending current RRC results	26-Mar-03	01-Mar-08
Pediatric	3201021401	Clifton Yu LTC, MC, USA	Apr-03	Maureen Petersen CPT(P)), MC, USA	Angela Allevi LCDR, MC, USN	Continued Full Accreditation	1-Sep-98	17-Feb-04
Pediatric Endo	3261011041	Gary L. Francis, COL, MC, USA	24-Jan-94	Patricia Powers, COL, MC, USA	Peter Clemons, CAPT, MC, USN	Continued Full Accreditation	25-Oct-98	17-Feb-04
Pediatric Gastroenterology	3321021010	Carolyn Sullivan LTC, MC,USA	1-Jan-01			Continued Full Accreditation	26-Oct-98	17-Feb-04
Pediatric Hematology/Oncology WRAMC	3271021044	Gary Crouch, Lt Col, USAF, MC	Jul-99			Continued Accreditation	23-Nov-98	17-Feb-04
Pediatric Infectious Disease	3351031014	Martin G. Ottolini, Col, USAF, MC	Jan-97	Steven Spencer MAJ, MC, USA	David Regis LCDR, MC, USN	Continued Full Accreditation	1-Oct-99	17-Feb-04
Pediatric Neonatology	3291011090	Jerri Curtis, CAPT, MC, USN	Feb-98	Russell R. Moores COL, MC, USA		Continued Full Accreditation	25-Oct-98	17-Feb-04
Physical Medicine & Rehabilitation	3401021074	Paul F. Pasquina, M.D., LTC, MC, USA	Jul-00	LTC (P) Jeffrey Gambel		Continued Full Accreditation	15-Feb-02	01-Mar-07
Preventive Medicine	3802321044	Dana Bradshaw Col, USAF, MC	Jul-00	LTC Charles Engel, MC, USA	CAPT Ken Schor "Pending"	Continued Full Accreditation	4-Apr-02	01-Apr-07
Psychiatry	4001021287	Douglas Waldrep, COL, MC, USA	1-Jul-98	William V. Bobo, LCDR, MC, USN		Continued Full Accreditation	6-Apr-03	01-Apr-08
Child & Adolescent Psychiatry	4051012002	Nancy Black, LTC, MC, USA	1-Jul-00	Donald Berghman, M.D. Ft. Belvoir	Steven Pankopf, MD - NNMC	Continued Full Accreditation	31-Oct-03	01-Oct-08
Forensic Psychiatry	4061021006	Richard Malone, LTC, MC, USA	Nov-99	Bret Schneider, MAJ, USA		Continued Full Accreditation	19-Oct-01	01-Oct-05
Geriatric Psychiatry	4071021062	Charles Milliken LTC, MC, USA				Continued Full Accreditation	31-Oct-03	01-Apr-08

2004 NCC GME ANNUAL REPORT

GENERAL PROGRAM INFORMATION

Program	Program Number	Program Director	Effective Date of Appointment	Associate Program Director 1	Associate Program Director 2	ACGME Accreditation Status	Accreditation Effective Date	Next ACGME Review Date
Preventive Psychiatry	ADA	Ann Norwood COL, MC, USA	Aug-02				N/A	
Psych/Family Practice	7202344012	Timothy Lacy, Lt Col, USAF, MC	Oct-96	Charles Motsinger, MAJ, MC, USA		Non Accredited	N/A	N/A
Psychatry/IM (non accredited)		Douglas Waldrep, COL, MC, USA				Non Accredited	N/A	N/A
Radiation Oncology	4301021113	Mathew Poggi, LCDR, MC, USNR				Continued Full Accreditation	28-Aug-01	01-Aug-06
Diagnostic Radiology	4201021247	Donald J. Flemming, CAPT, MC, USN	Jun-00			Continued Full Accreditation	2-Oct-03	01-Oct-08
Body Imaging		CAPT D. Flemming Interim PD	2-Jul-02			N/A		
Transitional MGMC	9992300023	Anthony Beutler, Maj, USAF	Jul-02			Probationary	28-Mar-04	01-Mar-09
Transitional NNMC	9992300051	Elizabeth McGuigan, CD, MC	Nov-03			Continued Full Accreditation	17-Sep-04	01-Sep-09
Transitional WRAMC	999-10-00-024	Mary Nace, COL, MC, USA	May-97	Jonathan Roebuck MAJ, MC, USA		Continued Full Accreditation	22-Mar-02	01-Mar-07
Urogynecology WRAMC Female Pelvic Medicine & Reconstructive Surgery	Accredited by ABOG	John Fischer, LtCol	May-04			Approved by ABOG		
Urology WRAMC	4801021004	David G. McLeond, COL, MC, USA	05/26/04			Continued Full Accreditation	4-Dec-03	01-Dec-08
Vascular Surgery	4511011022	Sean D. O'Donnell, COL, MC, USA	Nov-95			Continued Full Accreditation	25-Oct-01	01-Oct-05

DCN: 12098

WRAMC Non-GME Phase II Training Programs

PROGRAM TITLE w/ RESULTING AOC/MOS	LENGTH	PROPONENT	# OF FACULTY	# OF STUDENTS / SESSION	FACILITIES USED
Laboratory					
Pathology Residency Program - 61U	4 years	MEDCOM	10 + FTE	7 - 10 (22 total but located at other sites for the rotation)	Pathology conference room (Wd 47) Sign out room (Wd 47) Gross room (Wd 47) Frozen section room (Wd 47) 7 staff pathologist offices (Wd 47) 2 staff pathologist offices (Clinical lab 2nd flr) 2nd floor lab 4th floor transfusion service/donor center Morgue Histology & cystology (Wd 47)
US Army Blood Bank Fellowship Program at WRAMC - 8T	18 - 24 Months Army 18 months AF & Navy 24 months	Army, Navy & Air Force Medical Commands	1 FT + 10 PT	Average of 6	WRAMC: Transfusion Service Donor Center Reference Lab Diagnostic Immunology Special Coagulation Stem Cell Processing & Tissue Typing Bldg 1 Classroom NNMC: Donor Center Transfusion Service
Clinical Laboratory Officer Course - 71E	50 Weeks	MEDCOM	1 FT + 10 PT	1 - 6	WRAMC clinical lab + blood banking sections CLOC classroom in Bldg 1
Medical Laboratory Technician Phase II - 91K	6 months	MEDCOM	6 + 1 backup	8 - 10 every 2 months	WRAMC clinical lab + blood banking sections

DCN: 12098

WRAMC Non-GME Phase II Training Programs

Nursing Programs	Length	Proponent	Faculty	Students/sessio	Facilities Used
Anesthesia Nsg Cr-66F Phase II Program	54 week	MEDCOM	2 FT	Average of 8/rotation	WRAMC OR, Pain Cl,Fort Meade, NNMC,Belvoir, VA. Honduras, Portsmouth Navel, Maryland Shock Truama
Critical Care Course/8A	4 months	MEDCOM	2 FT +(1PT) auth is vac	Class capacity-14 average class-9	USHUS, WRAMC,
Psychiatric Nsg Crs/66C	16 Weeks	MEDCOM	2 FT	4-6 per class	WRAMC, VA, Bethesda,
Dialysis Technician Cr-91WM3	20 weeks	MEDCOM	2 FT	5-8/class	WRAMC
OR Technician Cr/91D	10 weeks	MEDCOM	1FT	10-12/class	WRAMC
91WM6 Course	46 week	MEDCOM	18 FT	120 Student/yr	WRAMC, VA, Bethesda, Belvoir

DCN: 12098

2004-2005 Non-physician Professional Medical Training Program Information

	Duration of Training	No. Trainees Yr 1	No. Trainees Yr 2	**Total Trainees**
Social Work Fellowship	2 yr	2	2	**4**
Clinical Psychology Internship	1 yr	4	na	**4**
Neuropyschology Fellowship	1 yr	1	na	**1**
Nuclear Pharmacy Residency	1 yr	2	na	**2**
Oncology Pharmacy Residency	1 yr	1	na	**1**
Gen'l Pharmacy Pract Residency	1 yr	2	na	**2**
Dietetic Internship	9 mo	5	na	**5**
Occupat Therapy Internship	9 mo	3	na	**3**
Chaplains Residency (joint svce)	1 yr	8	na	**8**
Audiology Residency	1 yr	2	na	**2**
Clinical Lab Officer Course	1 yr	2	na	**2**
Health Care Administration	1 yr	1	na	**1**
			Total	**35**

DCN: 12098

WRAMC Non-GME Phase II Training Programs

PROGRAM TITLE w/ RESULTING AOC/MOS	LENGTH	PROPONENT	# OF FACULTY	# OF STUDENTS / SESSION	FACILITIES USED
Laboratory					
Pathology Residency Program - 61U	4 years	MEDCOM	10 + FTE	7 - 10 (22 total but located at other sites for the rotation)	Pathology conference room (Wd 47) Sign out room (Wd 47) Gross room (Wd 47) Frozen section room (Wd 47) 7 staff pathologist offices (Wd 47) 2 staff pathologist offices (Clinical lab 2nd flr) 2nd floor lab 4th floor transfusion service/donor center Morgue Histology & cystology (Wd 47)
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Clinical Laboratory Officer Course - 71E	50 Weeks	MEDCOM	1 FT + 10 PT	1 - 6	WRAMC clinical lab + blood banking sections CLOC classroom in Bldg 1
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91WM6 Course	46 week	MEDCOM	18 FT	120 Student/yr	WRAMC, VA, Bethesda, Belvoir

DCN: 12098

INFORMATION PAPER

MCMR-FPZ
19 January 2005

SUBJECT: Walter Reed Army Medical Center (WRAMC) Replacement/Renewal

1. Purpose. The purpose of this information paper is to provide facts to OSD in order to respond to Mr. Murtha's letter to Mr. Rumsfeld dated 17 DEC 04.

2. Facts.

a. WRAMC Building 2 construction started in 1972 and was dedicated on 26 SEP 77. Design started in 1966 with an inpatient focus based on functional and technological standards of the era.

b. Over the past 30 years, in light of advances in health care and technology, coupled with the sheer size and operational tempo of the WRAMC mission, maintenance and repair funding has not kept pace with change and requirements. Infrastructure systems are past their life cycle, failing, and require frequent and costly maintenance and upgrade.

c. WRAMC receives $7M annually to sustain building operations and safety. Congress recently provided $18.5M in inserts to address urgent requirements. During the past five years, the hospital received over $33M for building improvements.

d. The Assistant Secretary of Defense for Health Affairs' annual Medical Military Construction (MED MILCON) averages only $243M to support the $19.5B medical facility infrastructure worldwide. In addition to $9M in FY 04 for the WRAMC energy plant, approximately $78M has been identified to recapitalize the Walter Reed hospital in the FY 06-11 DoD MED MILCON program, beginning in FY 09.

e. National Capital Area health care planning initial estimates indicate the MED MILCON cost of replacing WRAMC (at current size/mission) exceeds $520M. Added equipment and transition costs increase that to $675M. Relocation to a new site would incur additional costs (i.e. barracks, daycare, parking, etc.). Alternately, the cost of renovation/renewal of building 2 is estimated at $550M. Planning, design and construction could take up to 6-8 years for replacement, or 12-15 years for renovation/renewal. Planning funds are required to conduct more detailed infrastructure analysis, option development, and further project definition and programming.

MAJ Brennan/202-356-0038
APPROVED: COL Richard L. Bond

DCN: 12098

Ft Belvoir BRAC Briefing

27July 2005

Lee Marshall
Ft Belvoir BRAC Implementation Team Leader (BITL)

A Strategic Sustaining Base for America's Armed Forces

DCN: 12098

Lee Marshall, IMNE-BEL-BOM/(703) 805-1319 (DSN 655)/Leon_R_Marshall@belvoir.army.mil

BRAC's Belvoir Recommendations

Commander's Statement

- **Consolidating operations necessary to transform Army**
- **Official decision process ongoing; finalized November 2005**
- **Manage growth carefully to maintain/improve quality of life**
- **Committed to taking care of people**
- **Committed to doing what's right for Soldiers, military and nation**
- **Committed to partnering with our local communities to reduce BRAC impacts**

"Good communication with the local community leaders will go a long way to establishing good will within the community"

DCN: 12098

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BRAC's Belvoir Recommendations

The 13 May DOD Submission will be the guide for Fort Belvoir Implementation planning.

DCN: 12098

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DCN: 12098

BRAC's Belvoir Recommendations

Effectively and efficiently implement the Congressionally approved BRAC 2005 recommendations, while maintaining the well-being of Soldiers, civilians and families, and considering impacts to the Army's primary mission and local communities.

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BRAC's Belvoir Recommendations

Realignment, closure and disposal actions will be completed within 4 years. *

** BRAC Law is expected to allow 6 years.*

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BRAC's Belvoir Recommendations

Has overall responsibility to ensure that the Fort Belvoir BRAC Implementation Plan is completed in a timely and accurate manner.

Ensures that the Senior Mission Commander (MDW) is engaged in the planning process and agrees with the plan prior to final submission.

Appoints the BRAC Implementation Team Leader (BITL) = Lee Marshall.

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BRAC's Belvoir Recommendations

- Primary, Secondary Medical Care functions from Walter Reed Medical Center to new, expanded DeWitt Hospital
- Army and DoD organizations from NCR leased space
- National Geospatial Agency units from various NCR leased locations and Bethesda, MD
- Inventory Control Point functions for Consumable Items to Defense Logistics Agency (DLA) from Naval Support Activity, Mechanicsburg, PA and Wright-Patterson AFB, OH and relocate various procurement management functions for Depot Level repairables to DLA.

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BRAC's Belvoir Recommendations

- Program Manager Acquisition, Logistics, Technology Enterprise Systems Support (PM, ALTESS) from NCR leased space and elements of the Program Executive Office, Enterprise Information Systems from Fort Monmouth, NJ
- Selected Defense Intelligence Agency (DIA) activities from various leased locations to Ravenna Station (Charlottesville), VA

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BRAC's Belvoir Recommendations

- Army Material Command (AMC) Headquarters and US Army Security Assistance Command (USASAC) to Redstone Arsenal, AL
- Prime Power School to Ft Leonard Wood, MO
- US Army Criminal Investigation Division (CID) Headquarters to Quantico Marine Corps Base, VA
- Soldiers Magazine to Ft Meade, MD
- Biomedical Science & Technology programs of Defense Threat Reduction Agency (DTRA) to Aberdeen Proving Ground, MD
- Conventional armaments research functions of Defense Threat Reduction Agency (DTRA) to Eglin AFB, FL

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BRAC's Belvoir Recommendations

- Army Research Office, and the Defense Threat Reduction Agency (DTRA) extramural research program management functions to Bethesda, MD
- Information Systems (except PEO Enterprise Information Systems), Sensors, Electronic Warfare & Electronics research, development and acquisition to Aberdeen Proving Ground, MD

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BRAC's Belvoir Recommendations

Military	Civilian	Student
~+ 4,000	~+ 14,000	- 61

MILCON Cost Estimate: +$ 1.8 Billion*

* Does not include construction estimates for all of the supporting Infrastructure and facilities

DCN: 12098

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BRAC's Belvoir Recommendations

13 May 05 – Secretary of Defense forwards recommendations to BRAC Commission

08 Sep 05 – BRAC Commission recommendations due to President

23 Sep 05 – President approves/disapproves Commission recommendations

20 Oct 05 – Commission resubmits recommendations

07 Nov 05 – President submits final recommendations to Congress.

Once submitted, the plan becomes final within 45 legislative days, unless Congress passes a joint resolution to block the entire package.

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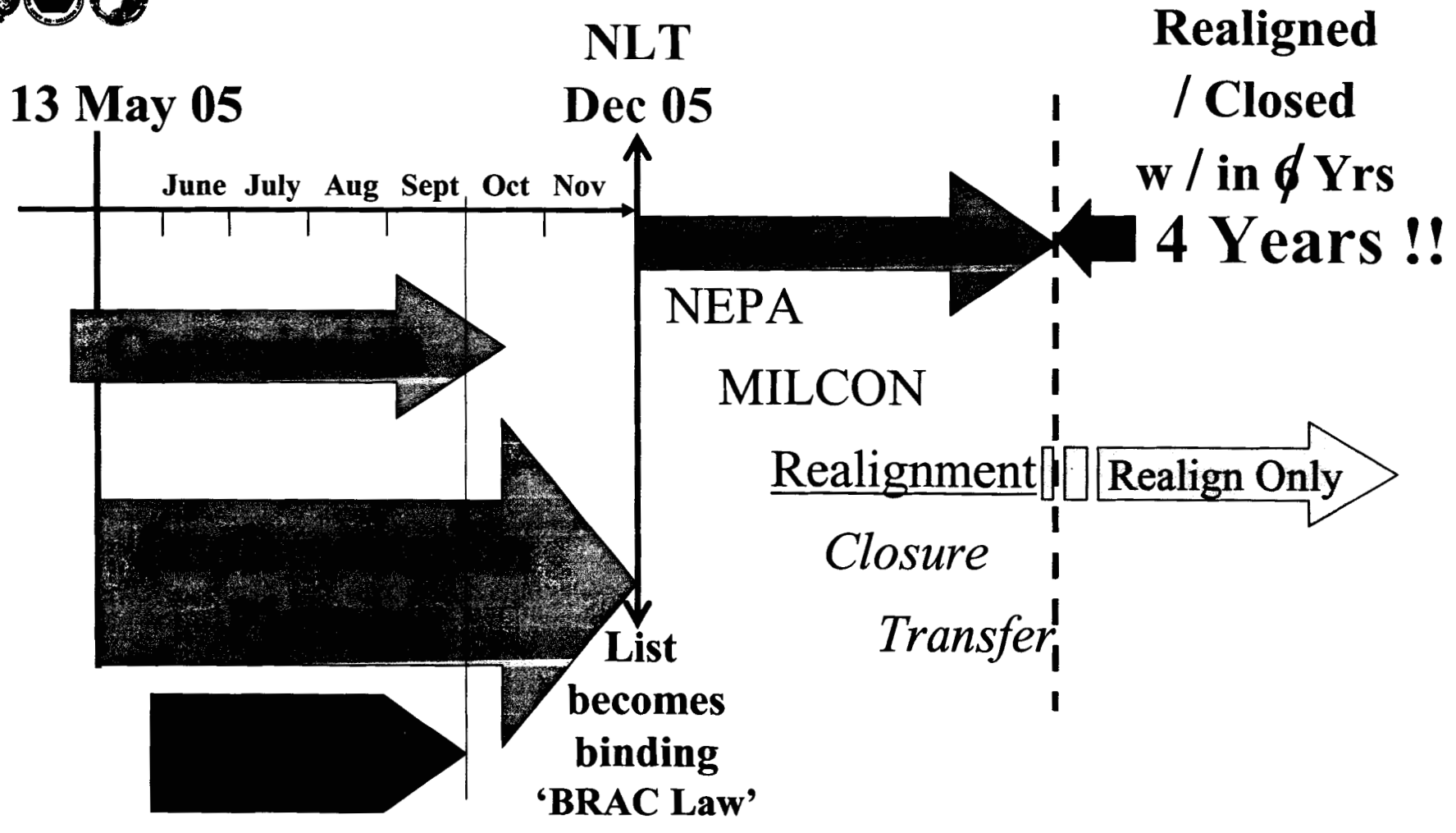
BRAC's Belvoir Recommendations



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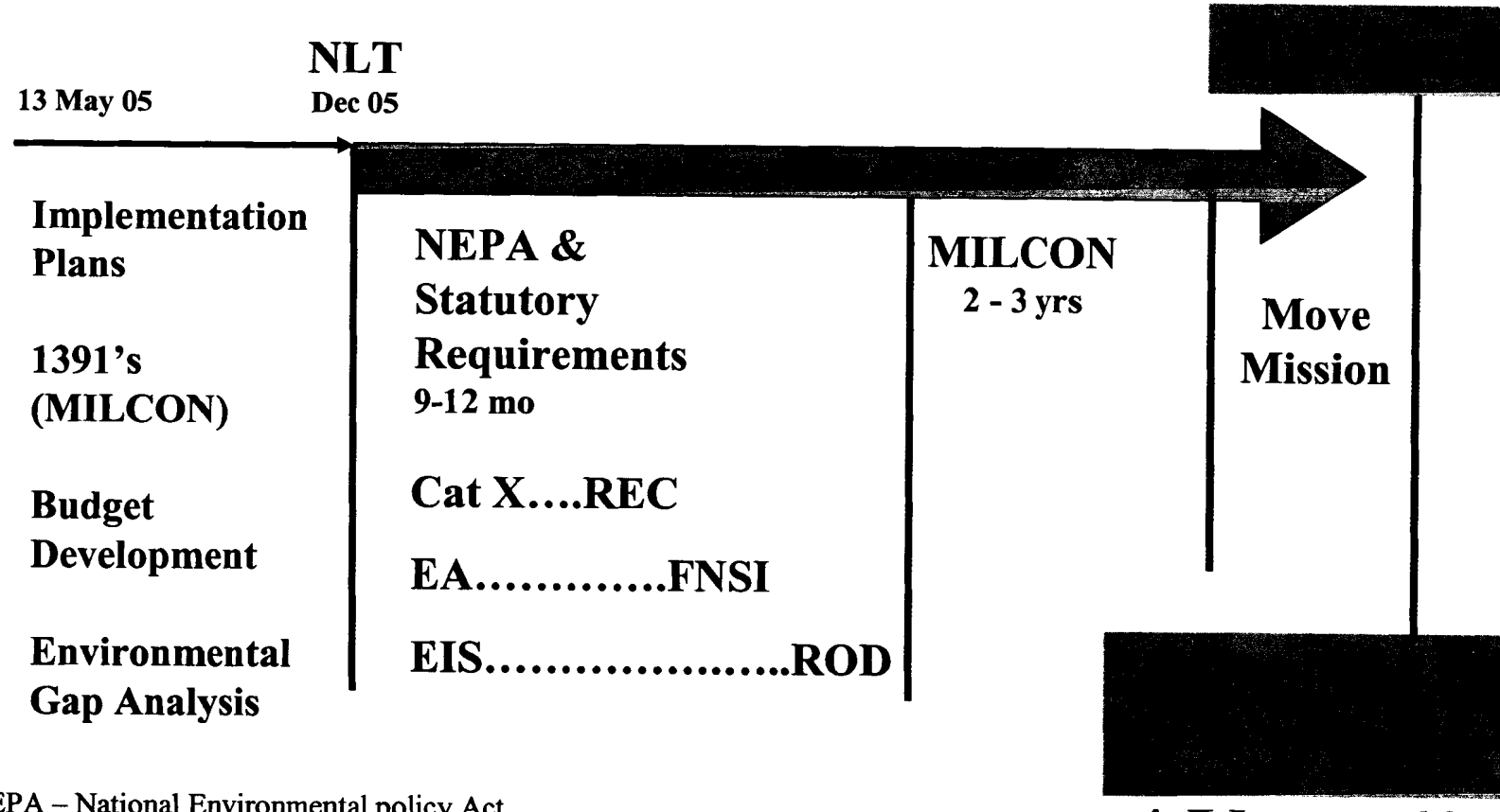
BRAC's Belvoir Recommendations



NEPA – National Environmental policy Act
Cat X – Categorical Exclusion - Record of Environmental Consideration
EA – Environmental Assessment - Finding of No Significant Impact
EIS – Environmental Impact Statement - Record Of Decision

DCN: 12098

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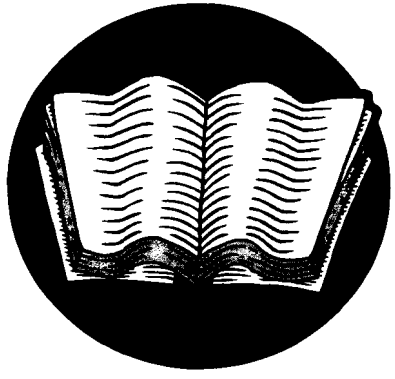
BRAC's Belvoir Recommendations

Planning Phase (13 May – Dec 05)



- Installation Implementation Plan
- A maximum of 16 Chapters (called Action Plans)

DCN: 12098

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BRAC's Belvoir Recommendations

1. **Operations**
2. **Manpower and Personnel**
3. **Financial Management**
4. **NEPA**
5. **Facilities**
6. **Information Technology**
7. **Logistics/Personal Property**
8. **Discretionary Moves**
9. **MWR**
10. **AAFES**
11. **Military Historical Property**
12. **Medical Services**
13. **Religious Support**
14. **Army Reserve/Army Guard**
15. **Environmental**
16. **Real Property**

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DCN: 12098

FY05
Base Closure and Realignment Commission (BRAC) Update: NCA Medical Services

DeWitt Health Care Network
Fort Belvoir, VA
as of 27 July 2005

13 July 2005

Two Major Challenges

- Effectively and efficiently implement the Congressionally approved BRAC 2005 recommendations
  - NCA Scope
  - Integrated TriService Healthcare System
- Simultaneously maintain the health and well-being of Soldiers, civilians and families at Fort Belvoir

DCN: 12098

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BRAC NCA Scenario

- World Class Center for Casualty Care
- World Class Center for GME
- 1.3m sq. ft. new space in the NCA
  - 165 bed community hospital in south, ~1m sf
  - 300k sf annex in the north (GME, inpt. Ancillary)
- $1B capital investment
- No loss of capability (RVU/RWP)
- 1376 manpower eliminations
  - Represents the BRAC savings
  - 777 are healthcare workers

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Preliminary Assessment

The BRAC "checkbook" is based on assumptions of capacity (RWPs/RVU's, Beds, Square Footage and Costs). Preliminary findings suggest that the NCA scenario targets are within reason for this market. Some "shifts" may need to occur between the North and South markets.

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The Way Ahead

Close coordination with:

North Virginia Community, Ft Belvoir Garrison, North Atlantic Regional Medical Command, Multi-Service Marketing Management Office, Health Facilities Planning Agency, National Naval Medical Center, and Malcolm Grow Medical Center

Continue to determine impacts, develop transition plan for Medical Services:

- Working with WRAMC staff to ensure continuity of care
- Space is a major limitation during transition phase
- Planning for delta of:
  - 4K military
  - 14k civilians
- Need greater fidelity on:
  - How many military are already part of the NCA
  - How many civilians are DOD-eligible for medical care
    - How many are enrolled for direct primary care
    - Where they are currently receiving care

Continue providing quality health care to 90K enrollees of the DeWitt Health Care Network

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Discussion

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BRAC's Belvoir Recommendations

With Civic Authorities

Maintain a dialogue with Fort Belvoir
Present suggestions to Fort Belvoir

With General Public

Various DOD, Army, and Belvoir websites
Releases to media as appropriate
NEPA process once BRAC 2005 is law

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BRAC's Belvoir Recommendations

http://www.brac.gov

http://www.defenselink.mil/brac

http://www.hqda.army.mil/acsim/brac/braco.htm

http://www.belvoir.army.mil

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BRAC's Belvoir Recommendations

Questions

?

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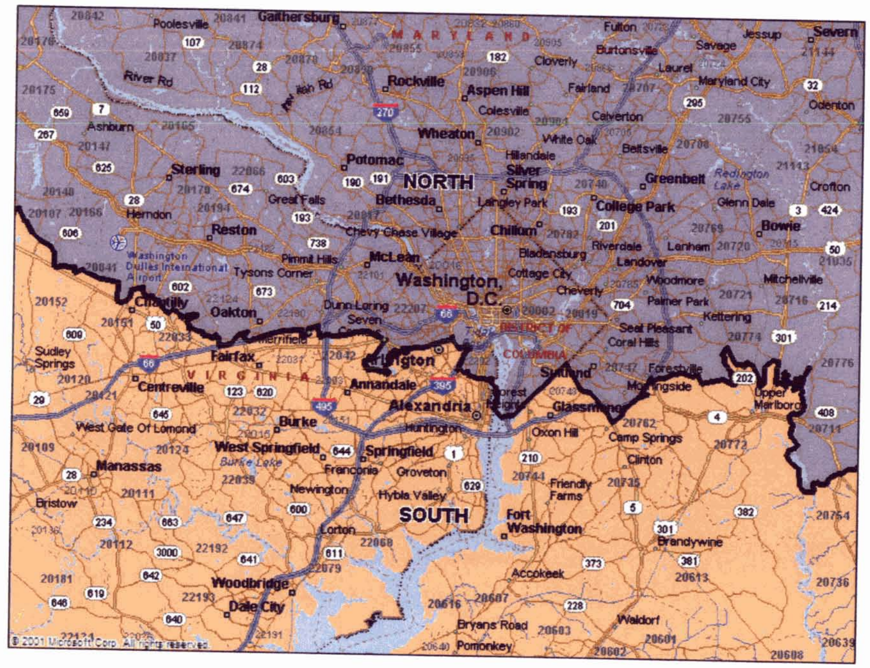
25 July 2005

Current Methodology and Approach

- Divided NCA into North and South based on distance/drive time to Bethesda and DeWitt
- Pulled data (visits, admits, RVUs/RWPs) for NNMC, WRAMC, and Belvoir based on geographic distribution (patients home zip code)
- Redistributed South "tertiary care" workload to the North based on a combination of qualitative and quantitative clinical service data and input
- Approximately 20% of South-generated inpatient activity (and 13% Ambulatory care) is expected to migrate to the North;

North and South Markets



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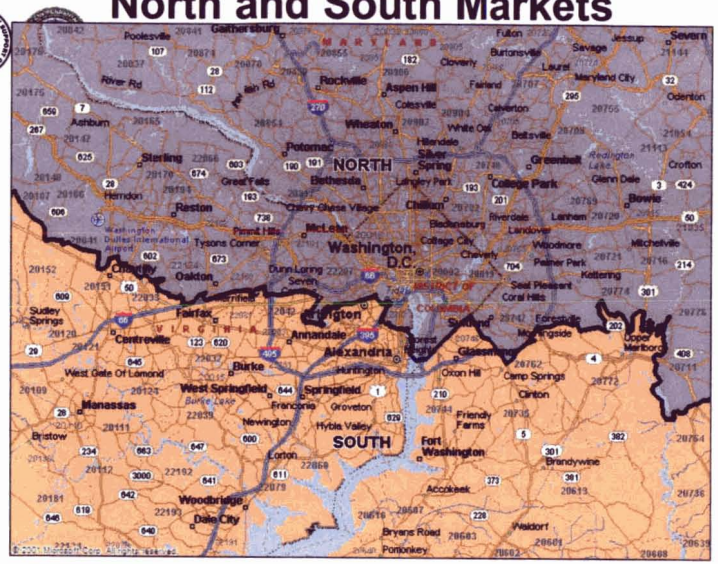
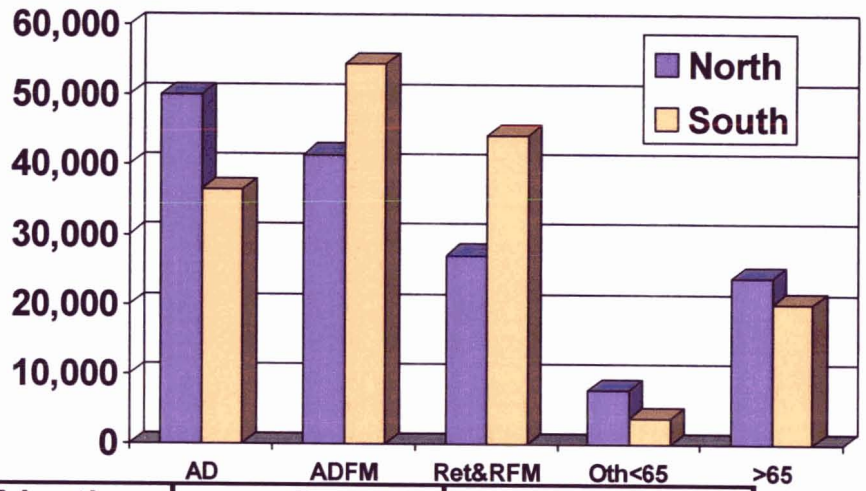
NCA Population

North and South Markets



FY04 Users



#Users	North	South	Total
Total	150,247	159,354	309,601
AD	50,054	36,493	86,547
ADFM	41,532	54,549	96,081
Ret & RFM <65	27,111	44,378	71,489
OTHER <65	7,688	3,762	11,450
Ret & RFM >=65	22,949	19,767	42,716
OTHER >=65	913	405	1,318
outside of 3 state area	26,766	4,777	31,543
Enrolled	86,075	112,076	198,151
Non-enrolled	64,174	47,281	111,455
Average age	40	40	

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DeWitt Golf Course Site Plan

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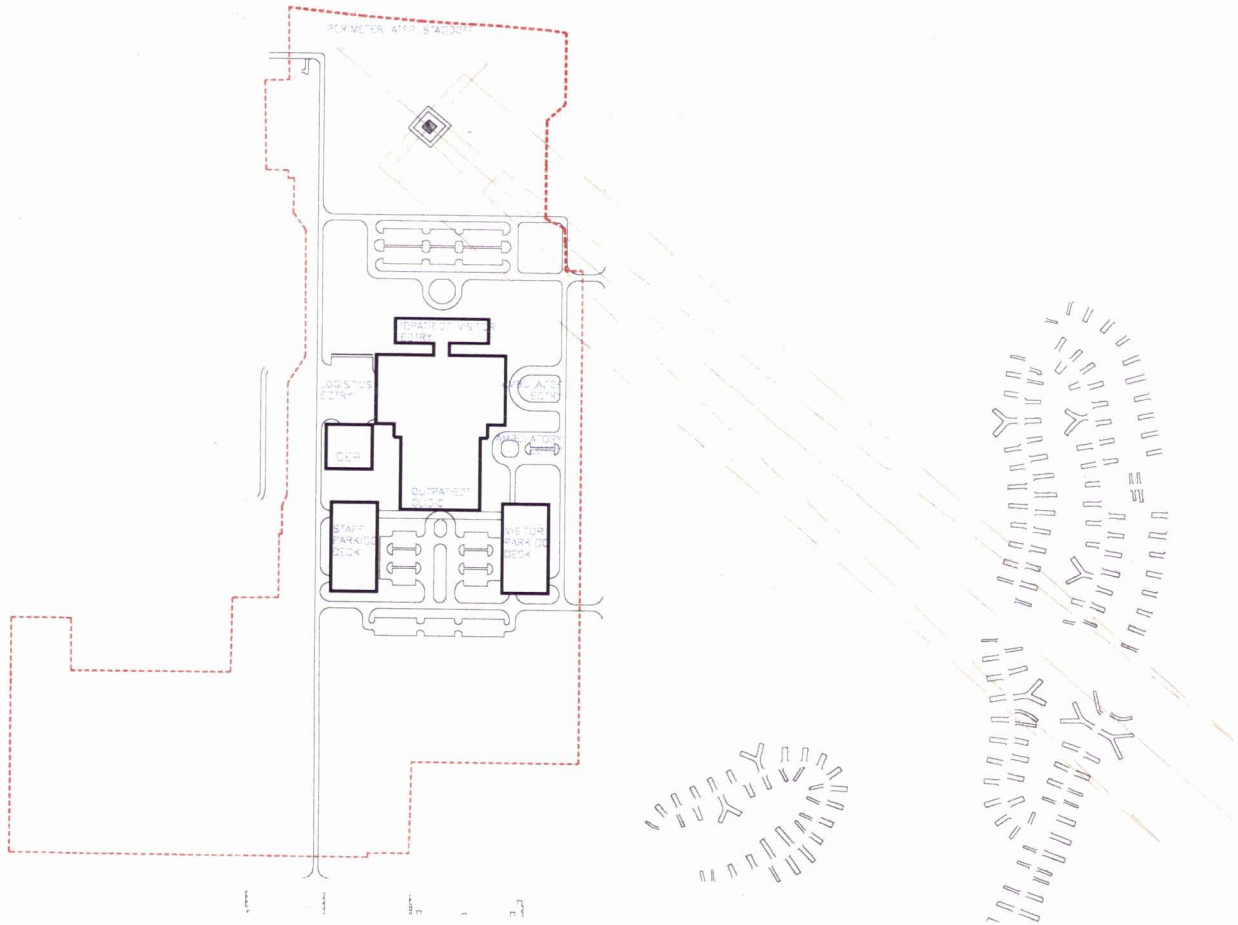

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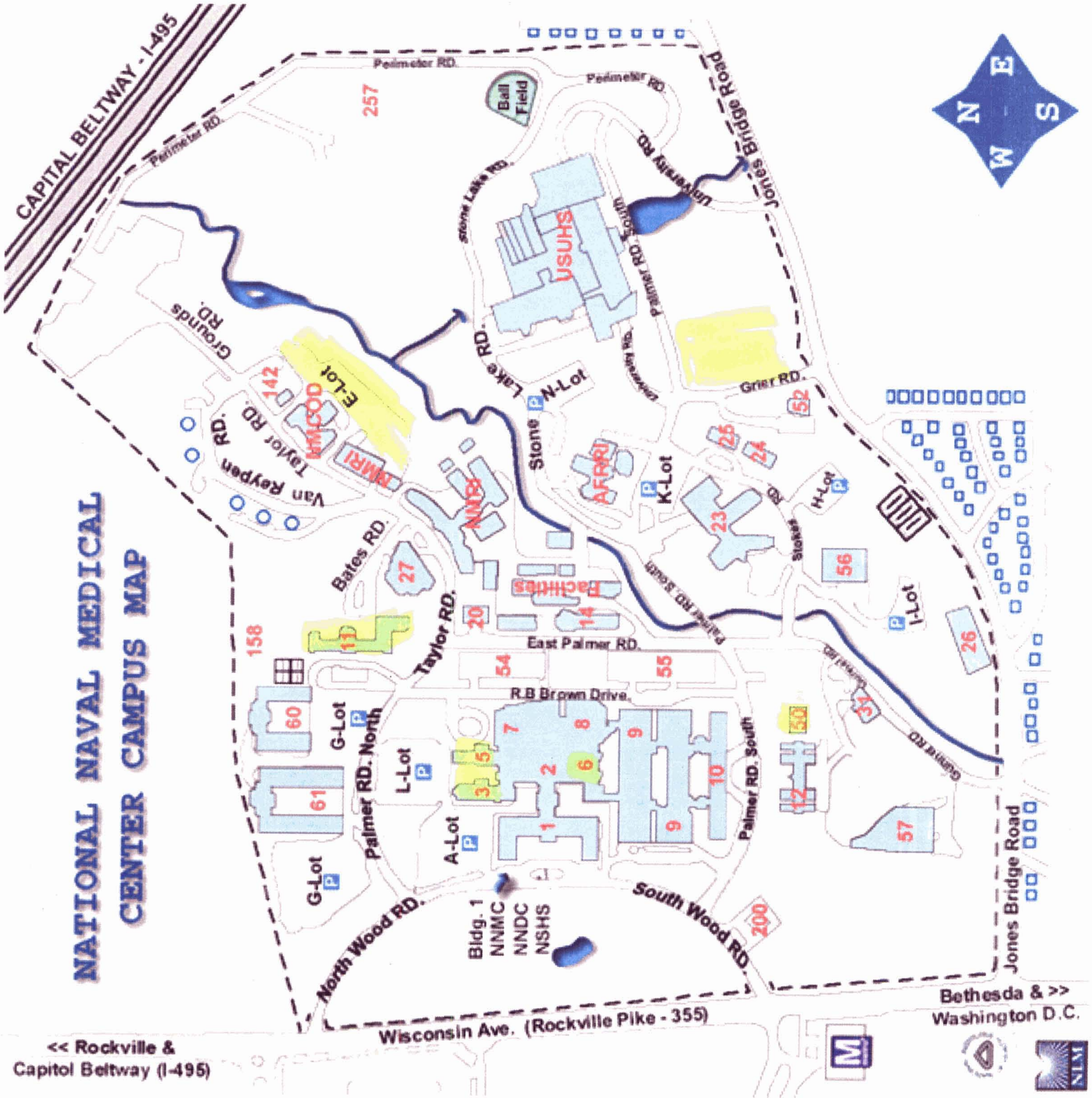
NATIONAL NAVAL MEDICAL CENTER CAMPUS MAP
CAPITAL BELTWAY - I-495
Perimeter RD.
Ball Field
Jones Bridge Road
Stone Lake RD.
USUHS
Palmer RD. South
Grier RD.
Lake RD.
N-Lot
E-Lot
NMCOD
NMRI
AFRRI
NNMC
K-Lot
H-Lot
I-Lot
Stoker RD
Bates RD.
Taylor RD.
Van Reypen RD.
Taylor RD.
Grounds RD.
Facilities
East Palmer RD.
R.B Brown Drive
Palmer RD. North
Palmer RD. South
G-Lot
L-Lot
A-Lot
Bldg. 1
NNMC
NNDC
NSHS
North Wood RD.
South Wood RD.
Wisconsin Ave. (Rockville Pike - 355)
<< Rockville & Capitol Beltway (I-495)
Bethesda & >> Washington D.C.
N
E
S
W

2004

PATIENT & VISITOR MAP

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*See back for clinics and other destinations

QUESTIONS?

Customer Service
301-295-4000

CDO Desk
301-295-4611

KEY

- VISITOR AND PATIENT PARKING
- OUTPATIENT CLINICS & INPATIENT WARDS
- POPULAR BUILDINGS

GATES

- Gate 1 - North Gate
- Gate 2 - South Gate
- Gate 3 - Navy Exchange
- Gate 4 - Navy Lodge
- Gate 5 - USUHS

SHUTTLE

Gold Line

1. Metro Stop ..... "Medical Center"
2. Hospital ..... Bldg. 10
3. Child Development Center ..... I - Lot
4. NMIMC ..... Bldg. 17
5. Satellite Pharmacy ..... E - Lot

Blue Line

1. Metro Stop ..... "Medical Center"
2. Hospital ..... Bldg. 10
3. AFRRI ..... Bldg. 46
4. Child Development Center ..... Bldg. 26
5. Fisher House ..... Bldg. 24
6. Navy Lodge ..... Bldg. 52
7. USUHS ..... Bldg. 71

DCN: 12098


Stone Lake
National Naval Medical Center
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Google
Pointer 39°00'11.09" N 77°05'11.69" W elev 253 ft
Streaming 100%
Eye alt 5988 ft

DCN: 12098


N
W
E
S
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Pointer 38°58'30.32" N 77°01'49.36" W elev 279 ft
Streaming 100%
Eye alt 2985 ft