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*Walter Reed Army Medical Center: Realignment Under
BRAC 2005 and Options for Congress*

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July 9, 2007

Abstract. This report details the BRAC Commission recommendation to create the WRNMMC, and the concomitant realignment of the WRAMC. It describes the concerns raised by the community before the BRAC Commission regarding the closure of the WRAMC main post and explains each of the 13 parts of the overall recommendation. The report details the principal organizations currently resident at WRAMC and indicates the fate of each. It describes the timing of the necessary construction and moves, as currently planned by DOD. It also includes a discussion of BRAC-related recommendations made by an Independent Review Group in their April 2007 report to the Secretary of Defense on patient care at WRAMC.

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Walter Reed Army Medical Center: Realignment Under BRAC 2005 and Options for Congress

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Summary

The 2005 Defense Base Realignment and Closure (BRAC) Commission recommended that the Department of Defense (DOD) establish a new Walter Reed National Military Medical Center (WRNMMC) on the site of the current National Naval Medical Center (NNMC) in Bethesda, Maryland. The President approved the recommendation in September 2005, and the Secretary of Defense is required by statute to implement it within six years of the date of that approval.

Part of that recommendation is the realignment of the Walter Reed Army Medical Center (WRAMC), which entails the transfer of many functions from organizations currently located on its Georgia Avenue main post in the District of Columbia and Forest Glen annex in suburban Maryland to other defense installations. The main post is scheduled to be closed. The Department of State and General Services Administration have requested that title to portions of the main post property be transferred to them.

This report details the BRAC Commission recommendation to create the WRNMMC, and the concomitant realignment of the WRAMC. It describes the concerns raised by the community before the BRAC Commission regarding the closure of the WRAMC main post and explains each of the 13 parts of the overall recommendation. The report details the principal organizations currently resident at WRAMC and indicates the fate of each. It describes the timing of the necessary construction and moves, as currently planned by DOD. It also includes a discussion of BRAC-related recommendations made by an Independent Review Group in their April 2007 report to the Secretary of Defense on patient care at WRAMC.

Appendix C includes legislative language regarding the creation of the WRAMC that has been proposed during the 110th Congress. Significantly, the proposed National Defense Authorization Act for Fiscal Year 2008 (H.R. 1585) includes a provision (Sec. 712) that would establish a floor for funding for WRAMC operations at the FY2006 level until new facilities are “completed, equipped, and staffed.” Also, the Dignified Treatment of Wounded Warriors Act (S. 1606) would require the Secretary of Defense to assess the feasibility of accelerating the construction of new facilities needed before closing WRAMC (the planned realignment actually closes only the main post, not the entire installation). If such acceleration is deemed feasible, he would then plan and execute that construction. Both bills are on the Senate’s Legislative Calendar. Other proposed bills that could affect the operation of WRAMC include H.R. 1417 (to prohibit the closure of Walter Reed Army Medical Center notwithstanding the 2005 recommendations of the Defense Base Closure and Realignment Commission), H.R. 2206 (U.S. Troop Readiness, Veterans’ Care, Katrina Recovery, and Iraq Accountability Appropriations Act, 2007, enacted as P.L. 110-28 on May 25, 2007), and S. 1044 (Effective Care for the Armed Forces and Veterans Act of 2007).

This report will be updated as necessary.

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2005 Defense Base Closure and Realignment Commission Recommendation

In May 2005, the Secretary of Defense recommended to the 2005 Defense Base Closure and Realignment Commission, also known as the BRAC Commission, the establishment of a new Walter Reed National Military Medical Center (WRNMMC). Included in Commission Recommendation #169 was the realignment of several of the functions currently carried out at Walter Reed Army Medical Center (WRAMC). The Commission amended the Secretary's recommendation before forwarding it to the President, who approved it on September 15, 2005.¹ The Commission recommended that the Secretary of Defense:²

1. relocate all tertiary (sub-specialty and complex care) medical services to National Naval Medical Center, Bethesda, MD, establishing it as the Walter Reed National Military Medical Center Bethesda, MD;³
2. relocate Legal Medicine to the new Walter Reed National Military Medical Center Bethesda, MD;
3. 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;
4. relocate all non-tertiary (primary and specialty) patient care functions to a new military community hospital at Ft Belvoir, VA;
5. relocate the Office of the Secretary of Defense supporting unit at WRAMC to Ft. Belvoir, VA;
6. dissolve all elements of the Armed Forces Institute of Pathology (AFIP) except the National Medical Museum (National Museum of Medicine and Health) and the Tissue Repository (National Pathology Repository);
7. relocate the Armed Forces Medical Examiner, DNA Registry, and Accident Investigation to Dover Air Force Base, DE;

¹ The full text of Commission Recommendation #169 is transcribed in **Appendix A** to this report.

² The Defense Base Closure and Realignment Act of 1990 (10 USC 2687 note), as amended, defines "realignment" to include "any action which both reduces and relocates functions and civilian personnel positions, but does not include a reduction in force resulting from workload adjustments, reduced personnel or funding levels, skill imbalances, or other similar causes."

³ **Primary care** is provided by the physician or other health professional who has first contact with a patient. This occurs in physician offices, clinics, nursing homes, schools, home visits and other places close to patients. **Secondary care** is provided by medical specialists in their offices or clinics or at local community hospitals for a patient referred by the primary care provider who first diagnosed or treated the patient. **Tertiary care** is provided by specialist hospitals or regional centers equipped with diagnostic and treatment facilities not generally available at local hospitals. These include trauma centers, burn treatment centers, advanced neonatology unit services, organ transplants, high-risk pregnancy, radiation oncology, etc.

8. Absorb AFIP capabilities not specified in this recommendation into other DoD, Federal, or civilian facilities, as necessary;
9. relocate enlisted histology technician training to Ft. Sam Houston, TX;
10. relocate the Combat Casualty Care Research sub-function (with the exception of those organizational elements performing neuroprotection research) of the Walter Reed Army Institute of Research (Forest Glen Annex) and the Combat Casualty Care Research sub-function of the Naval Medical Research Center (Forest Glen Annex) to the Army Institute of Surgical Research, Ft. Sam Houston, TX;
11. relocate Medical Biological Defense Research of the Walter Reed Army Institute of Research (Forest Glen Annex) and Naval Medical Research Center (Forest Glen Annex) to Ft. Detrick, MD, and consolidate it with U.S. Army Medical Research Institute of Infectious Diseases;
12. relocate Medical Chemical Defense Research of the Walter Reed Army Institute of Research (Forest Glen Annex) to Aberdeen Proving Ground, MD, and consolidate it with the U.S. Army Medical Research Institute of Chemical Defense; and
13. close the main post.

Each action will be addressed in detail later in this report. These and all other BRAC recommendations must be completed within six years of their approval by the President. The Department of Defense (DOD) has specified that all BRAC recommendations will be implemented on or before September 15, 2011.

Relationship to Other BRAC Recommendations

The realignment of WRAMC is one of a set of seven designed by DOD to make a significant change in the makeup and character of the Military Health System (MHS).⁴ The 2005 BRAC round, the fourth such carried out under the Defense Base Closure and Realignment Act of 1990, is unique in its focus on interoperability among the military services, its transformation of defense organization and infrastructure away from the legacies of World War II and the Cold War, and its intention to reduce inter-service redundancy in facilities. According to DOD, these seven recommendations, taken together, transform DOD clinical, education and training, Biomedical Research and Development (R&D) capabilities:

⁴ Commission Recommendation #169 realigns the Walter Reed Army Medical Center. Commission Recommendation #171 realigns McCord Air Force Base, Washington, medical facilities with those of the Madigan Army Medical Center. Commission Recommendation #172 creates the San Antonio Regional Medical Center, Texas, at Ft. Sam Houston. Commission Recommendation #173 dissolves or relocates inpatient facilities at seven military medical treatment locations to create clinics with ambulatory surgery centers and converts the medical center at Keesler Air Force Base, Mississippi, to a community hospital. Commission Recommendations #170, 174, and 198 address additional non-clinical actions, including the creation of the Joint Centers of Excellence and a Joint Medical Command Headquarters, among others. The electronic libraries and complete Commission report are available on the World Wide Web at <http://www.brac.gov>. For more information on the process by which DOD and the BRAC Commission crafted their recommendations, see CRS Report RS21822, *Military Base Closures: DOD's 2005 Internal Selection Process*, by Daniel H. Else and David E. Lockwood, CRS Report RS22061, *Military Base Closures: The 2005 BRAC Commission*, by Daniel H. Else and David E. Lockwood, and CRS Report MM70068, *Military Base Closures: DOD's Internal 2005 BRAC Selection Process. Online Video. Video Tape.*, by Daniel H. Else and David E. Lockwood.

They include reorganization of the two largest medical markets (National Capital and San Antonio) into jointly staffed and managed health care systems, downsizing of several small hospitals to clinics, DOD-wide consolidation of basic medical enlisted training in San Antonio and consolidation of the fragmented Biomedical R&D technical base into centers of excellence.⁵

Existing Problems and the Independent Review Group

In the midst of the planning for the realignment of WRAMC, reports appeared in the press relating the experiences of several injured soldiers and their families who felt that they had been offered inadequate housing and suffered inadequate administrative care at Walter Reed Army Medical Center.⁶ Soon thereafter, Secretary of Defense Robert M. Gates commissioned an independent panel (the Independent Review Group, or IRG) under the sponsorship of the Defense Health Board to review rehabilitative care and administrative processes at both Walter Reed Army Medical Center in the District of Columbia and National Naval Medical Center in Bethesda, Maryland.⁷ The panel was established on March 1, 2007, and consisted of nine members, cochaired by two former Secretaries of the Army, Togo D. West, Jr. (1993-1997), and John O. Marsh, Jr. (1981-1989). The IRG submitted its report, which included a series of findings and recommendations, to Secretary Gates on April 11, 2007.

The panel focused most of its attention on patient administrative and clinical practices at the two installations. Nevertheless, several of their findings and recommendations dealt with BRAC and facilities management issues. Among their recommendations, the members of the panel suggested that:

1. Planned Base Realignment and Closure construction projects should be accelerated in establishing the Walter Reed National Military Medical Center (WRNMMC) and of the new Ft. Belvoir medical complex while fully funding existing operations.
2. Leadership should survey patients and family members to assess quality of services provided and the condition of physical facilities at WRAMC and NNMCC.
3. A senior facilities engineer should be assigned at WRAMC to assume the responsibility of maintenance of non-medical facilities.
4. Tools for assessing the condition of existing facilities should be modernized; requirements for facility and infrastructure maintenance, repair, and restoration should be prioritized and appropriately addressed.

⁵ Under Secretary of Defense (Comptroller), *Defense-Wide Agencies and Activities, DOD Base Realignment and Closure, 2005 Commission, Fiscal Year (FY) FY 2008/2009 Budget Estimates, Program Year 2008, Justification Data Submitted to Congress*, Office of the Secretary of Defense: Washington, DC, February 2007, Exhibit BC-01 (BRAC Service Overview).

⁶ See, for example, Dana Priest and Anne Hull, "Soldiers Face Neglect, Frustration At Army's Top Medical Facility," *The Washington Post*, February 18, 2007, p. A1.

⁷ The Department of Defense established the Defense Health Board on October 1, 2006, merging into it the roles and functions of the former Armed Forces Epidemiological Board, the Amputee Patient Care Program Board of Governors, and the Armed Forces Institute of Pathology Scientific Advisory Board. In addition, the congressionally directed DoD Task Force on Mental Health is under the new board's responsibilities. Additional information on the Board can be found on the World Wide Web at <http://www.ha.osd.mil/dhb/default.cfm>.

In its report to the Secretary of Defense, the IRG focused on identifying additional problem areas and making recommendations to help the military services and DOD in this process. The IRG argued that the corrections suggested for WRAMC would require the attention of both the Secretary of Defense and Congress.⁸ These recommendations are among those listed in the “Options for Congress” section of this report.

DOD Justification for WRAMC Realignment and Community Resistance

The Department of Defense created its plan for the 2005 BRAC round as part of a worldwide adaptation of its installations to national security needs of the 21st century. Included among these recommendations was one suggesting the creation of a new Walter Reed National Military Medical Center on the campus of the current National Naval Medical Center in Bethesda, Maryland, and the redistribution of military medical functions throughout the national capital region and beyond.

DOD characterized this recommendation as part of the creation of a joint, modernized medical support structure for the armed forces. In executing its various elements, DOD recommended trimming excess military medical treatment capacity in the national capital area and relocating much of the remaining routine care capacity to a new community hospital on Ft. Belvoir, Virginia.

The local and professional medical communities expressed a number of concerns with the DOD recommendation to the BRAC Commission before the realignment was finalized.⁹ The local community argued that the recommended moves would break up an integrated, mission-oriented principal military medical facility, would adversely impact the economy of the nation’s capital, and could degrade homeland security in the national capital region. Community representatives also expressed apprehension over the quantity of family housing available on or near the planned WRNMMC. Insufficient housing, they contended, would obstruct the efforts of family members to collocate with and support seriously injured service members being cared for at the relocated facility. Witnesses suggested an alternative to the DOD recommendation – retaining the current WRAMC in place and realigning the mission of the NNMC to avoid any potential disruption of wartime casualty care.¹⁰

The extended professional civilian medical community expressed its own concerns with the proposed dissolution of the Armed Forces Institute of Pathology (AFIP), which is currently located at the WRAMC Main Post. Several professional organizations and individuals from various regions of the country submitted statements, testimony, and correspondence to the

⁸ The entire IRG Report, *Rebuilding the Trust*, is posted on the website of the House Committee on Oversight and Government Reform at <http://oversight.house.gov/documents/20070418170543.pdf>. An alternative electronic path is available through the website of Daily Kos at <http://www.dailykos.com/story/2007/4/22/142727/879>.

⁹ Original documentation submitted to the Commission by DOD and other interested parties and much of the Commission’s internal documents can be found in its electronic library, available online at <http://www.brac.gov>. The Commission also digitized and deposited at the website a significant portion of the documentation of its predecessor, the 1995 BRAC Commission.

¹⁰ Community concerns presented to the BRAC Commission are consolidated in the Commission’s September 2005 report, transcribed in **Appendix A**. All of the original documentation submitted to the Commission and transcripts of the Commission’s hearings and deliberations can be found on the Commission’s website at <http://www.brac.gov>.

Commission, contending that the current AFIP is irreplaceable as a disease research and medical education resource whose influence is felt far beyond the narrowly focused body of military pathologists.

The Commission acknowledged the importance of many of the expressed community concerns and objections. Nevertheless, the Commission judged that a new facility would offer the most effective means to offer state-of-the-art treatment and endorsed the Secretary of Defense's assessments of military value. The Commission did require DOD to address expressed community concerns regarding the perceived lack of family housing on the Bethesda campus of the new WRNMMC. The Commission also recognized the importance the professional community assigned to the services provided by the AFIP in the form of radiological resident training, continuing medical education, and pathology consultations. The Commission's decisions regarding the redress of these deficiencies were folded into their final list of recommended actions, which moved some functions to new locations and directed that the remaining capabilities be absorbed into other DOD, federal, and civilian facilities. The Commission concluded that DOD plans, as modified by the Commission, preserved the legacy of WRAMC, provided for continued needed medical care during the moves, and safeguarded the clinical and research functions being relocated.

The Walter Reed Military Installation

“Walter Reed” has been the premier Army medical facility since its founding on its current site during the first years of the 20th century. In the decades since, hundreds of thousands of soldiers, their families, and government officials have received medical treatment at the hospital.

The Walter Reed Military Installation consists of three separate sites: Main Post, Forest Glen Annex, and the Glen Haven Housing Area. It is a Department of Defense (DOD) site administered by the Department of the Army and provides military medical health care, medical education and training, advanced biomedical research, and diagnostic pathology consultative services. Together, the three sites cover 297 acres and contain more than 100 buildings, exclusive of family housing, with 5.9 million square feet of floor space.

Main Post

The Main Post is located at 7100 Georgia Ave. N.W. in the District of Columbia. The Main Post occupies 113 acres of land, acquired in three parcels (in 1908, 1918, and 1922), and contains 73 buildings with 4.6 million square feet of floor space. The major, though not the only, facility resident on the Main Post is the Walter Reed Army Medical Center (WRAMC). The Center employs more than 4,000 military and civilian personnel, or approximately half of the Military Installation's total, and a number of supporting contractors. WRAMC occupies 1.3 million square feet of usable floor space and provides primary, secondary, and tertiary medical care, medical research, and medical education and training.

Forest Glen Annex

The Forest Glen Annex lies on 164 acres to the northwest of Silver Spring, Maryland, acquired by the War Department in 1942. The site contains 33 buildings of 1.3 million ft.² of floor space. Its principal occupants are the Walter Reed Army Institute of Research (WRAIR) and the Naval

Medical Research Center (NMRC). Both WRAIR and NMRC engage in medical research, and both are located in the Daniel K. Inouye Building on the Annex.

The WRAIR employs more than 1,200 personnel and occupies 514,000 square feet of the building's floor space. Its activities include biomedical research in military-related infectious disease, combat casualty care, operational medicine and medical chemical and biological defense. The NMRC conducts research in infectious diseases, biological defense, combat casualty care, bone marrow and diving and environmental medicine. A major focus is vaccine development. The Center employs approximately 340 personnel and occupies 54,000 square feet of the Inouye Building.

The Armed Forces Pest Management Board, described later in this report, is lodged in offices at the Annex.

Glen Haven Housing Area

The Glen Haven Housing Area contains 204 family housing units and is located north of the Capital Beltway (I-495) near Wheaton, Maryland. The site was acquired by the War Department in 1942, at the same time as the Forest Glen Annex. The homes at Glen Haven are not government-owned, having been privatized in 2004 as part of the Northeast Integrated (Phase I) housing project that incorporates a total of 590 housing units at Glen Haven and at Ft. Detrick, located near Frederick, Maryland. This housing complex was built and is owned, maintained, and operated by GMH Military Housing, LLC, in a 50-year public-private partnership between a private developer and the Department of the Army.¹¹

¹¹ For more information on the privatization of military housing, see CRS Report RL31039, *Military Housing Privatization Initiative: Background and Issues*, by Daniel H. Else.

Functions of Walter Reed Organizations¹²

The various significant Walter Reed organizations are listed at the text box at right. The organization and function of each of these will be taken up in order.

Walter Reed Army Medical Center (WRAMC)

WRAMC is a 261-bed military medical treatment facility (MTF) that provides emergency medical care, primary medical care, surgical services, orthopaedic and rehabilitative care, mental health services, allergy and immunology care, care in various medical sub-specialties, and ancillary services.¹³

Major Walter Reed Organizations	
Main Post	
	Walter Reed Army Medical Center
	North Atlantic Regional Medical Command
	North Atlantic Regional Veterinary Command
	Armed Forces Institute of Pathology
	Army Physical Disability Board (1 of 3)
	National Capital Multi-Service Market Office (TRICARE Management)
	2290 th U.S. Army Hospital (Army Reserve)
Forest Glen Annex	
	Walter Reed Army Institute of Research
	Naval Medical Research Center
	Armed Forces Pest Management Board

North Atlantic Regional Medical Command

The North Atlantic Regional Medical Command is one of six geographically defined units subordinate to Army Medical Command.¹⁴ The commander of Army Medical Command (MEDCOM) is “dual-hatted,” also holding the position of Army Surgeon General, who heads the Army Medical Department (AMEDD) within the headquarters of the Department of the Army. The Surgeon General holds the rank of lieutenant general in the Army Medical Corps, is the medical expert on the most senior Army staff at the Pentagon, and is the medical advisor to the Secretary of the Army, the Army Chief of Staff, and other senior executives in the Army structure. Because the position of surgeon general is purely staff in its function, it has no command authority over operational medical units. In his other role as Commander, MEDCOM, the general

¹² Text in the following section is derived from information provided by the Department of Defense and the 2005 Defense Base Closure and Realignment Commission.

¹³ Services provided at WRAMC within these general categories are: Primary Care (OB/GYN, Pediatrics, General Internal Medicine, Optometry, Wellness Services, and Preventive Medicine); Surgical Services (General Surgery, Neurosurgery, Cardiothoracic Surgery, Plastic Surgery, Vascular Surgery, Ophthalmology, Urology, Prostate Center, Organ Transplant Surgery, Refractive Eye Surgery, and Breast Care Center); Orthopaedics and Rehabilitation (Orthopaedic Surgery, Orthotics and Prosthetics, Physical Medicine, and Physical and Occupational Therapy); Mental Health Service (Social Work, Psychiatry, Psychology, Behavioral Health, and Army Substance Abuse Program); Subspecialty Care (Pulmonary Functions, Cardiology, Oncology/Hematology, Audiology, Dermatology, Endocrinology, Gastroenterology, Infectious Disease, Nephrology, Otolaryngology, Rheumatology, Urology, Podiatry, and Pediatric Subspecialty); Ancillary Services (Ministry and Pastoral Care, Clinical Investigation, Pathology and Laboratory Services, Pharmacy, Radiology, Telemedicine, Deployment Health Clinical Center, Managed Care Division, and Nutrition Care and Dietetics).

¹⁴ From east to west, these include Europe, North Atlantic, Southeast, Great Plains, Western, and Pacific Regional Medical Commands.

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does exercise command authority over the medical staffs at all of the Army's fixed medical facilities and other AMEDD commands and agencies.

Before 1994, Army medical facilities were decentralized in management and operation. The Department of the Army began to consolidate their diverse medical operations into a single MEDCOM during the mid-1990s and placed the Surgeon General at its head. Thus, the Surgeon General, located in the Washington, D.C., area, now holds both that office and commands the Army Medical Command. His AMEDD staff is collocated with him in the national capital, while the MEDCOM staff is located at Ft. Sam Houston, Texas.

The headquarters of the North Atlantic Regional Medical Command is located on the main post of the WRAMC. The region covers states from Maine to Minnesota and as far south as North Carolina, and the regional commander exercises command authority over medical staffs at facilities within that area.

North Atlantic Regional Veterinary Command

The North Atlantic Regional Veterinary Command is the veterinary functional equivalent of its Regional Medical Command counterpart. Its headquarters is sited in Building 1 of the WRAMC.

Army Veterinary Command (VETCOM) is commanded by a colonel of the Army Veterinary Corps, and engages in animal care, food safety and defense against food-borne diseases, and veterinary research and development. Each Regional Veterinary Command is collocated with its MEDCOM counterpart.

Armed Forces Institute of Pathology

The Armed Forces Institute of Pathology is a joint agency, employing approximately 820 and specializing in pathology consultation, education, and research. It is located on the WRAMC Main Post. A number of subdepartments operate within the Institute. In addition to their strictly military functions, pathologists on the AFIP staff offer pathology consultations to civilian colleagues through the American Registry of Pathology, a non-profit organization. Some AFIP subsidiary organizations include:

Legal Medicine

Legal Medicine is an educational journal for physicians whose production staff is located within the AFIP. The journal addresses issues at the intersection of medical practice and the legal system, such as appearing as an expert witness at trials. Subscriptions to *Legal Medicine* can assist physicians to satisfy professional requirements for continuing medical education.

National Museum of Medicine and Health

The Army Medical Museum, predecessor to the National Museum of Medicine and Health, was established on May 21, 1862. The Museum's five major collections (Anatomical, Historical, Otis Historical Archives, Human Developmental Anatomy, and Neuroanatomical) are estimated to contain more than 24 million objects. Appropriated funding comes from the DOD Office of

Health Affairs, with the remainder provided through grants, contributions, donations, and in-kind gifts.

National Pathology Repository

The National Pathology Repository, located at the AFIP, accepts, codes by pathologic diagnosis, and stores medical material. It has catalogued more than 2.8 million medical cases since 1917, including written records and more than 50 million microscope slides, 30 million paraffin tissue blocks, and 12 million preserved wet tissue specimens. Approximately 60,000 new cases are brought into the Repository each year. In addition, the Repository stores case files and specimens from more than 20 closed military medical facilities.

Armed Forces Medical Examiner

The Armed Forces Medical Examiner System (AFMES) is a Department of Defense standard system to conduct scientific forensic investigations for determining the cause and manner of death of members of the Armed Forces on active duty or on active duty for training and, under specific circumstances, civilians who die in areas of exclusive federal jurisdiction. The Office of the Armed Forces Medical Examiner (OAFME) is a component of the Armed Forces Institute of Pathology (AFIP), but is located at the AFIP Annex in Rockville, Maryland. Regional and Associate Medical Examiners, appointed by the Armed Forces Medical Examiner with the concurrence of the respective service Surgeon General, are stationed at designated military medical treatment facilities within the United States and overseas. Subordinate departments within the OAFME include:

Armed Forces DNA Repository

The Repository stores deoxyribonucleic acid (DNA) reference specimens and maintains a database to assist in their retrieval for human remains identification. It also purchases and distributes DNA collection supplies to field sites for collecting specimens.

DNA Identification Laboratory

The Laboratory provides scientific consultation, research, and education services in the field of forensic DNA analysis to the Department of Defense (DoD) and other agencies. It also provides DNA reference specimen collection, accession, and storage of DNA material gathered from U.S. military and other personnel.

Forensic Toxicology

The Division of Forensic Toxicology Post-Mortem and Human Performance Testing Laboratory is the DoD's centralized laboratory for routine toxicological examinations associated with military aircraft, ground, and ship (sea) mishaps in which no fatalities occur (referred to as incidents). Forensic Toxicology also assists in all military aircraft, ground and ship (sea) accidents involving fatalities; selected military autopsies; biological specimens from the Air Force Office of Special Investigations (AFOSI), Army Criminal Investigative Division (CID), and Navy Criminal Investigative Service (NCIS) criminal investigations; blood for legal alcohol and drug tests in

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medico-legal determinations; blood and urine in fitness for duty interrogations; and selected cases of national interest.

Army Physical Disability Board

The Washington, D.C., Physical Evaluation Board (PEB, also known as the Army Physical Disability Board) is located in Building 7 of the WRAMC main post and is one of three similar panels within the U.S. Army Physical Disability Agency. The Agency is not part of the Army Medical Command, but is an organization within the Adjutant General Directorate of the Army Human Resources Command. The PEB determines an injured individual's physical fitness for continued military service. If the PEB finds that a soldier is unfit for further service, the Physical Disability Agency is responsible to find the appropriate level and type of compensation to be awarded. If the soldier cannot continue on active duty because of a physical disability, the Agency takes the appropriate actions to separate or retire him or her. Two other Army PEBs exist and are located at Ft. Lewis, Washington, and Ft. Sam Houston, Texas.

National Capital Multi-Service Market Office

Military and military-sponsored medical care has been consolidated under a Tricare system of management.¹⁵ This Tricare system is divided into three regions, North, South, and West, and subdivided into 13 Multiple Service Market Areas. The National Capital Area is one of these, and the office of the Area Market Manager, created in 2004, is currently located within the Walter Reed Army Medical Center.

The Area Market Manager is responsible for coordinating the development of a single, integrated business plan for the provision of military medical care throughout his assigned district. The National Capital Area contains nine major military treatment facilities that for which the Area Market Manager drafts plans for appointing services, resource sharing and optimization, and the sharing of DoD and Veterans Administration facilities.

2290th U.S. Army Hospital

The 2290th U.S. Army Hospital, an Army Reserve unit that was created in 1963, is physically located at 1850 Baltimore Road in Rockville, Maryland. Its mission when called to active duty is to move to the Walter Reed Army Medical Center and augment the hospital personnel there in order to accommodate surges in patient load.

¹⁵ Tricare is the United States military's health care plan for active and retired military personnel and their dependents, supplementing the services available at military and Public Health Service facilities. It is managed by the Tricare Management Activity (TMA) under the authority of the Office of the Assistant Secretary of Defense for Health Affairs (OSD/HA). Tricare replaced a previous program, Champus, in 1993. For more information on Tricare, see CRS Report RL33537, *Military Medical Care: Questions and Answers*, by Richard A. Best Jr., and CRS Report RS22402, *Increases in Tricare Costs: Background and Options for Congress*, by Richard A. Best Jr.

Walter Reed Army Institute of Research

The Walter Reed Army Institute of Research (WRAIR) is the Army's largest, most diverse, and oldest medical laboratory. It is a subordinate command in the Army Medical Research and Materiel Command, which in turn is subordinate to Army Medical Command. As of mid-2005, WRAIR employed 1,286 military and civilian personnel. WRAIR conducts research on a range of military medical issues, including naturally occurring infectious diseases, combat casualty care, operational health hazards, and medical defense against biological and chemical weapons. WRAIR is the Department of Defense's lead agency for infectious disease research and research in support of both military and civilian medical product development. WRAIR also hosts five post-doctoral residency programs. WRAIR is located in the Daniel J. Inouye Building on the WRAMC Forest Glen Annex.

Naval Medical Research Center

The Naval Medical Research Center (NMRC) conducts basic and applied biomedical research in infectious diseases, biological defense, combat casualty care, bone marrow, and diving and environmental medicine. The major focus at NMRC is the development of vaccines against malaria, diarrhea, dengue fever, and rickettsial disease and the carrying out of clinical trials in support of vaccine development. The NMRC employed 339 military and civilian individuals as of mid-2005.

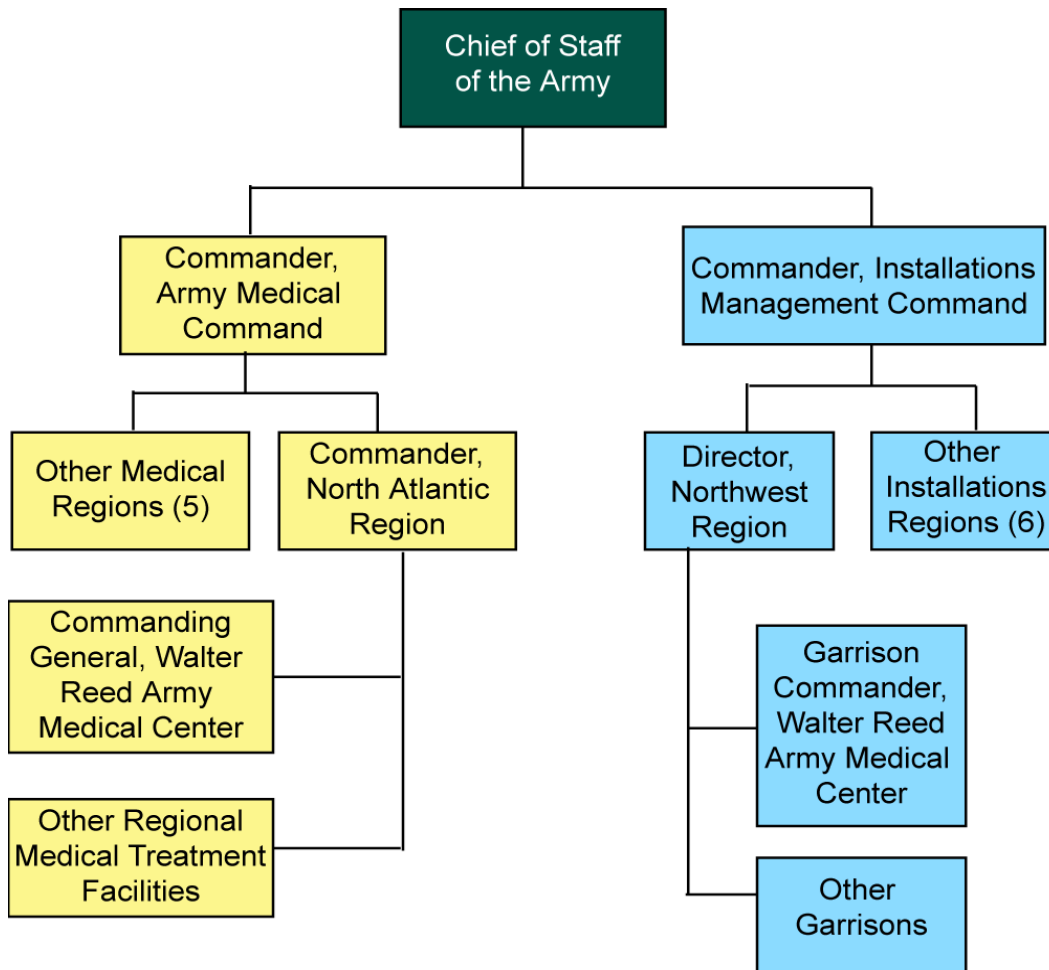
Armed Forces Pest Management Board

The Armed Forces Pest Management Board (AFPMB) recommends policy, provides guidance, and coordinates the exchange of information on all matters related to pest management throughout DOD. The AFPMB's mission is to ensure that environmentally sound and effective programs are present to prevent disease vectors from adversely affecting DOD operations. The AFPMB hosts meetings, maintains a virtual information library on relevant literature, and encourages continuing education and training in pest and disease vector management. The AFPMB staff is located in Building 172 of the WRAMC Forest Glen Annex.

Parallel Chains of Command at the Walter Reed Installation

Army Medical Command exercises command authority over the medical functions at WRAMC, but the caretaker of the Walter Reed complex (main post, Forest Glen Annex, and Glen Haven Housing area) is the Army's Installation Management Command (see **Figure 1**).

<http://wikileaks.org/wiki/CRS-RL34055>

Figure 1. Parallel Command Structure, Walter Reed Army Medical Center

Source: Prepared by CRS based on information provided by DOD.

As noted earlier, the commanding general of Army Medical Command (MEDCOM) also serves as the Army's Surgeon General. MEDCOM is headquartered at Ft. Sam Houston, Texas, and includes the North Atlantic Regional Medical Command as well as five other regional medical commands – Europe, Great Plains, Pacific, Southeast, and Western. Major commands subordinate to MEDCOM that are not depicted in **Figure 1** include the Army Medical Department Center & School, Army Center for Health Promotion & Preventive Medicine, Army Dental Command, Army Medical Research & Materiel Command, and Army Veterinary Command.

The North Atlantic Regional Medical Command is headquartered at the WRAMC Main Post. This region includes two Army medical centers (at Walter Reed and Ft. Bragg, North Carolina), eight other clinics, community hospitals, and equivalent facilities (Ft. Belvoir, Ft. Lee, and Ft. Eustis in Virginia, Ft. Drum and West Point in New York, Ft. Knox in Kentucky, Ft. Meade in Maryland, and Ft. Monmouth in New Jersey), and the research installations at the Forest Glen Annex and Ft. Detrick, Maryland.

Army Installations Management Command (IMCOM) is headquartered in Ft. Monroe, Virginia. Just as MEDCOM is commanded by a lieutenant general who is dual-hatted as the Army's Surgeon General, IMCOM's commander is a lieutenant general who is dual-hatted as the Army's

Assistant Chief of Staff for Installation Management. As illustrated in **Figure 1**, both officers report directly to the Army Chief of Staff.

IMCOM includes seven regions: Northeast, Northwest, Southeast, Southwest, Europe, Pacific, and Korea. It was created in October of 2006 with the consolidation of the former Installation Management Agency (IMA), Community and Family Support Center, and Army Environmental Center. IMCOM is responsible, among other missions, for bringing efficient oversight and business practices to the management of the Army's installations, inheriting this from its predecessor, the IMA.¹⁶

Before 2002, the Army did not have a single, consolidated management agency dedicated to the operation, modernization, and maintenance of its individual posts and other sites. Responsibility for the physical plant at any given installation was then vested in a senior post commander whose chain of command usually ran upward through a division, army, or other such operational unit. Because the funds used to maintain and modernize these posts come from the same operations and maintenance (O&M) appropriations accounts as funds for training, operations, and the direct day-to-day support of the post's military mission, many Army managers came to understand that, over time, infrastructure suffered as funding tended to migrate toward operations and away from maintenance. One of the reasons for establishing the IMA was to create an institutional advocate for the installations themselves and for the funding necessary for their upkeep and operation.

IMA became the Army's "landlord" and took responsibility for operating posts, forts, etc. It did so by establishing the regions listed above, and then by creating "garrisons" at all installations within each region. Each garrison was commanded by an officer assigned to the position, usually a colonel, who was accountable for maintenance, construction, servicing, etc., on the site or sites constituting the installation. Funding for the operation of each post was then no longer funneled through the operational chains of command, but rather through the IMA and its regions to the individual garrisons. Garrison commanders, since the creation of the IMA and its transition into IMCOM, have supervised the installation of contract guard forces at posts on United States territory, military construction and building demolition, provision of supplies and services, privatization of installation utilities and military housing, and the creation of public-private partnerships, such as the two enhanced use lease projects at the Walter Reed installation.¹⁷

Therefore, all medical practice-related functions at the Walter Reed Army Medical Center are the responsibility of MEDCOM's installation commander, while all facility maintenance, operations, and services are the responsibility of the IMCOM garrison commander.

¹⁶ Installation Management Agency was created in late 2002.

¹⁷ The enhanced use lease (EUL) is a real estate financing tool that allows the federal government to lease to the private sector real property (land, buildings, etc.) that is underutilized due to condition or lack of construction, renovation, or demolition funds. EUL projects are privately financed and executed. In return, the military department receives a return as either cash or in-kind consideration and reversion of the constructed or renovated asset at the end of the lease term. Authority for the Department of Defense to engage in such activities is found in statute in 10 USC 2667. One EUL for Walter Reed property was signed prior to the approval of the BRAC realignment recommendation. This consisted of the renovation of Building 40, an unused former medical laboratory located near the original hospital, Building 1, leased to a private developer for conversion into an office complex of mixed Army/civilian use. Renegotiation of the lease awaits the designation of the agency that will receive title to the property from the Department of the Army. A second EUL for Building 50, a new-build medical office/laboratory building planned for 8.2 vacant acres of the main post, was not signed prior to the decision to close the main post. It may be relocated to the Forest Glen Annex. Both projects are long-term leases of 50 years.

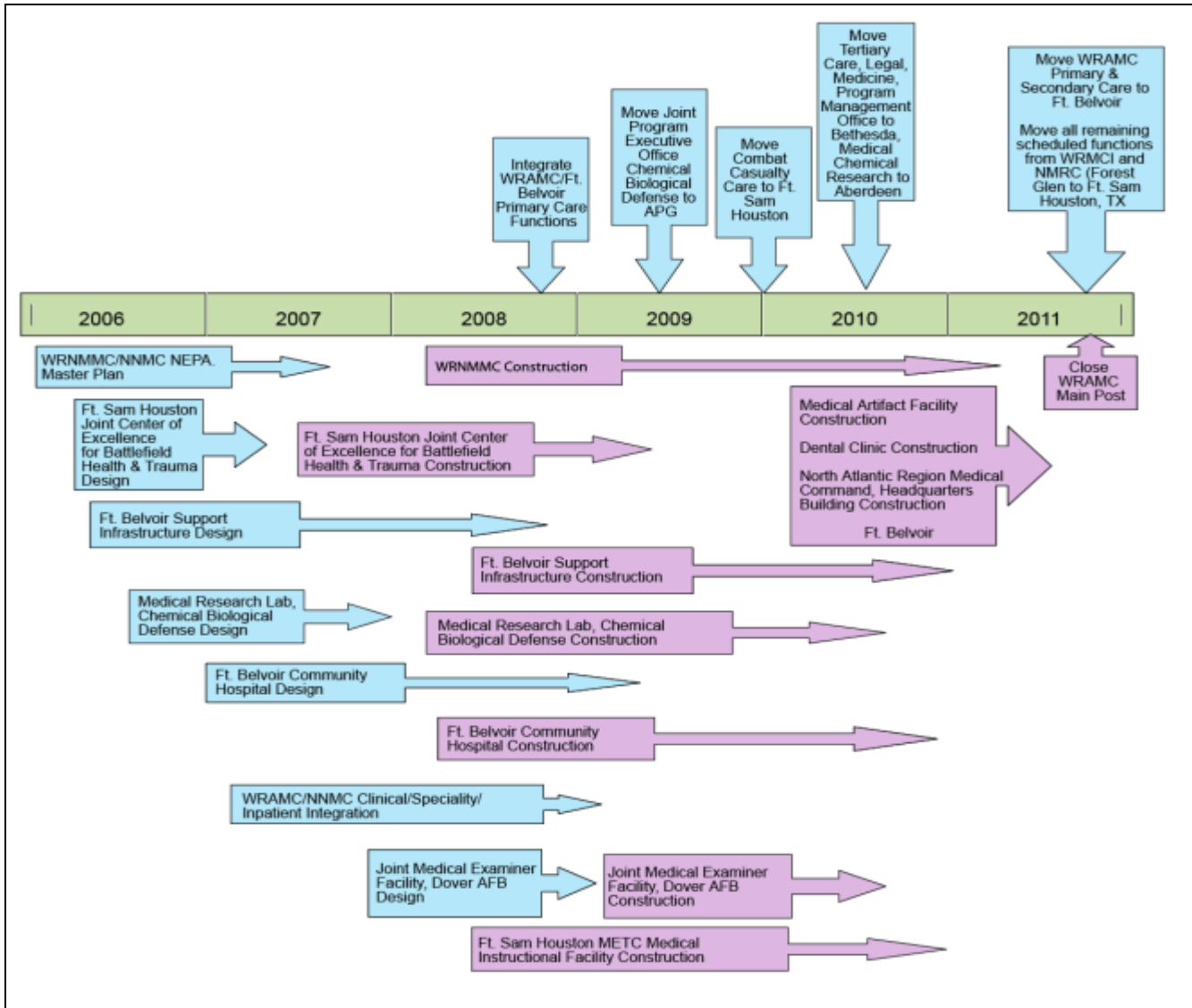
Implementation of BRAC Recommendation #169

Under the guidance of the Department of the Army, the military departments and defense agencies affected by BRAC Commission Recommendation #169 negotiated and agreed on a plan of 13 distinct actions to distribute functions and establish the Walter Reed National Military Medical Center in time to meet the September 15, 2011, deadline.¹⁸ **Figure 2** depicts in graphic form the timelines of the actions described in this section. **Figure 3** illustrates the recommendation's geographic disposition of WRAMC functions resulting from the Commission's recommendation.

<http://wikileaks.org/wiki/CRS-RL34055>

¹⁸ The full text of BRAC Commission Recommendation #169, including the original Secretary of Defense recommendation, his justification, concerns about the recommendation expressed by the local community, the Commission's findings, and the Commission recommendation, are transcribed verbatim in **Appendix A** to this report.

Figure 2. BRAC Recommendation #169 Timeline



Source: Prepared by CRS based on information provided by DOD.

1. Relocate all tertiary (sub-specialty and complex care) medical services to National Naval Medical Center (NNMC), Bethesda, MD, establishing it as the Walter Reed National Military Medical Center Bethesda (WRNMMC), MD.

Master planning for the creation of the WRNMMC and necessary NEPA (National Environmental Policy Act) actions began during Fiscal Year 2006. This planning is to be completed during Fiscal Year 2007. The current National Naval Medical Center (NNMC) at Bethesda requires additional clinical treatment, graduate medical education, ancillary, parking, and supporting facilities in order to absorb the functions being transferred from the WRAMC. A contract for the development of a Request for Proposal (RFP) for design and construction is to be awarded during Fiscal Year 2007.

The construction contract is to be awarded during February 2008, and construction in itself is expected begin in March of that same year and continue through May 2011. Initial outfitting of the building and the first transition of personnel and activities is scheduled to begin during Fiscal Year 2009. Tertiary (sub-specialty and complex care) is scheduled to move from WRAMC to the WRNMMC in April 2010. The bulk of construction costs are being borne by the DOD TRICARE Management Agency. Some community support infrastructure, including a new physical training facility and an expansion of general administrative space, is funded by the Department of the Army. Community support construction is scheduled to begin in February 2009 and end in May 2011.

The functional integration of the clinical departments at WRAMC and NNMC began during early 2007.¹⁹ Specialty and inpatient care at the two facilities is scheduled to be functionally integrated in early Fiscal Year 2008. The new Bethesda WRNMMC will be a joint military facility administered by the Department of the Navy.²⁰ Civilian DOD employees transferred to Bethesda from WRAMC will become part of the Navy civilian workforce. WRNMMC is to officially open in September 2011.

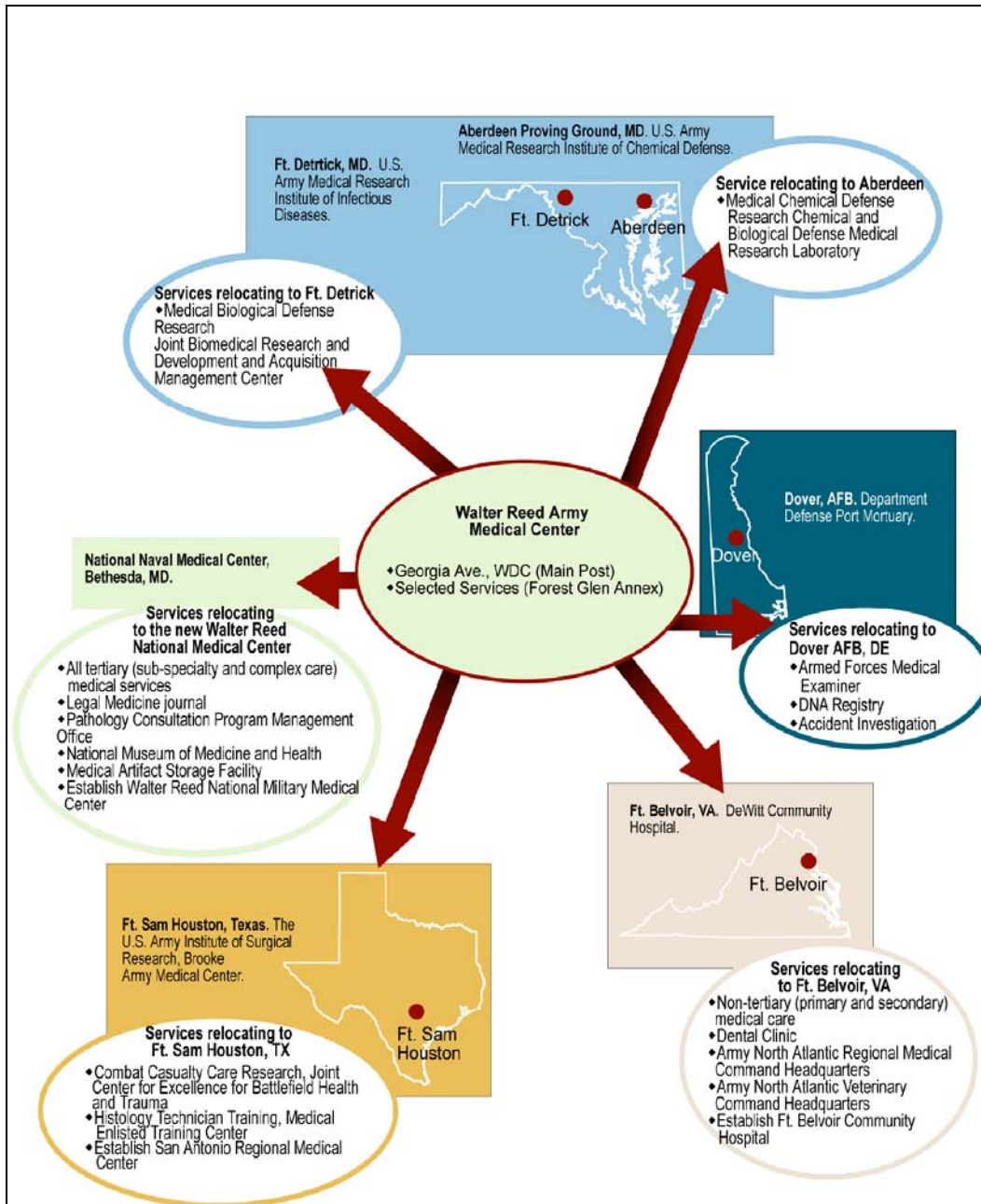
2. Relocate *Legal Medicine* to the new Walter Reed National Military Medical Center Bethesda, MD.

The move of *Legal Medicine*'s staff from the current AFIP location to new offices will not entail significant new construction. The transition is scheduled to occur in April 2010.

¹⁹ The appointment of a chief of the integrated WRAMC/NNMC Orthopedics and Rehabilitation Department was jointly announced in a press release by the commanders of the two medical centers on December 26, 2006.

²⁰ Brief historical vignettes of WRAMC, NNMC, and a description of the combined facility are found in **Appendix B** of this report.

Figure 3. Geographic Disposition of WRAMC Functions



Source: Prepared by CRS based on information provided by DOD.

3. 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.

This recommendation involves the translation of a portion of the pathology consultation function currently administered by the AFIP from WRAMC to a new Program Management Office at WRNMMC. No significant new construction is involved. The move is scheduled to take place in April 2010.

http://wikileaks.org/wiki/CRS-RL34055

4. Relocate all non-tertiary (primary and specialty) patient care functions to a new community hospital at Ft. Belvoir, VA.

Because four separate BRAC recommendations will relocate functions and facilities onto Ft. Belvoir, the responsibility for funding a \$152 million general upgrade of basic installation infrastructure (utilities, roads, etc.) has been apportioned to each recommendation. A \$40 million share has been allocated to BRAC Recommendation #169 that is divided between Fiscal Years 2007 and 2008. The current DeWitt Army Community Hospital, which this construction will replace, was built in 1957 as a 250-bed inpatient facility that still utilizes its original heating, air conditioning, electrical, and other support facilities. Extensive use of asbestos throughout the building has encouraged plans to replace, rather than renovate, the facility. New construction will include the hospital, a medical office building, ambulance shelter, parking garage, and central energy plant, among other ancillary facilities.

Master planning for on-base construction, moves, and necessary NEPA actions began during Fiscal Year 2006. This planning is scheduled to be completed during Fiscal Year 2007, when a design contract for the new hospital and design initiation are to begin. As part of the first phase, primary care functions at WRAMC and Ft. Belvoir are scheduled to integrate in early Fiscal Year 2009.

The hospital's construction contract is to be awarded in January 2008 with construction set to begin in February. Hospital construction is to continue throughout Fiscal Year 2009 while the building's initial outfitting and the transition of activities from WRAMC begins. Construction is to be completed by May 2011. The non-tertiary patient care functions at WRAMC are scheduled to move to the Ft. Belvoir hospital in August 2011. At the same time, the design of a new dental clinic at Ft. Belvoir is to begin. Construction of the new dental clinic is scheduled to begin during Fiscal Year 2010. The clinic is scheduled to be completed and the WRAMC staff is set to transition into the new facility during Fiscal Year 2011. The Ft. Belvoir Community Hospital and Dental Clinic will be a joint military facility administered by the Department of the Army. Civilian DOD employees transferred from WRAMC to Ft. Belvoir will remain part of the Army civilian workforce.

The final major building project, construction of a new headquarters for the Army's North Atlantic Regional Medical Command (NARMC) staff at Ft. Belvoir is scheduled to begin in Fiscal Year 2010. The staff is currently located at WRAMC.

5. Relocate the Office of the Secretary of Defense supporting unit to Ft. Belvoir, VA.

The supporting unit is scheduled to move from WRAMC to Ft. Belvoir in August 2011.

6. Dissolve all elements of the Armed Forces Institute of Pathology (AFIP) except the National Medical Museum (National Museum of Medicine and Health) and the Tissue Repository (National Pathology Repository).

The National Museum of Medicine and Health will relocate from the WRAMC main post to the new WRNMMC during the general move as space becomes available. Construction of a Medical Artifact Storage Facility at Bethesda is scheduled to commence during Fiscal Year 2010.

7. Relocate the Armed Forces Medical Examiner, DNA Registry, and Accident Investigation to Dover Air Force Base, DE.

Design of a new Joint Medical Examiner Facility to receive the Armed Forces Medical Examiner staff and DNA Registry is scheduled to begin in December 2007. The Facility will support the existing DOD Port Mortuary at Dover Air Force Base. A construction contract is planned for award in January 2009. Construction is to be completed by September 2010.

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

There have been no public announcements regarding which of the remaining capabilities will migrate or when this will occur.

9. Relocate enlisted histology technician training to Ft. Sam Houston, TX.

The Department of the Air Force is responsible for implementing the non-clinical portions of BRAC Commission Recommendation #172, the creation of the San Antonio Regional Medical Center at what is now the Brooke Army Medical Center, Ft. Sam Houston, Texas. One of those non-clinical actions is the construction of a Medical Enlisted Training Center (METC) to consolidate enlisted medical technician instruction now conducted at several installations. Construction of the METC is scheduled to be completed in September 2010. The training function is scheduled to move to Ft. Sam Houston not later than August 2011.

10. Relocate the Combat Casualty Care Research sub-function (with the exception of those organizational elements performing neuroprotection research) of the Walter Reed Army Institute of Research (Forest Glen Annex) and the Combat Casualty Care Research sub-function of the Naval Medical Research Center (Forest Glen Annex) to the Army Institute of Surgical Research, Ft. Sam Houston, TX.

The Combat Casualty Care Research subfunction of the NMRC will join dental and biomedical research functions currently being carried out at Great Lakes Naval Station, Illinois, and Brooks City Base (San Antonio), Texas, in a Joint Center of Excellence for Battlefield Health and Trauma that is being established at Ft. Sam Houston, Texas (BRAC Commission Recommendation #174). Construction of this new facility is scheduled to be completed by June 2009. Movement of the Combat Casualty Care Research subfunction from the current Forest Glen Annex facility to Ft. Sam Houston is scheduled for January 2010.

11. Relocate Medical Biological Defense Research of the Walter Reed Army Institute of Research (Forest Glen Annex) and Naval Medical Research Center (Forest Glen Annex) to Ft. Detrick, MD, and consolidate it with U.S. Army Medical Research Institute of Infectious Diseases.

The Medical Biological Defense Research function is scheduled to move into facilities at Ft. Detrick, Maryland, in May 2010. This is associated with the consolidation of DOD biomedical research and management functions into a single Joint Biomedical Research, Development, and Acquisition Management Center at Ft. Detrick (BRAC Commission Recommendation #174).

12. Relocate Medical Chemical Defense Research of the Walter Reed Army Institute of Research (Forest Glen Annex) to Aberdeen Proving Ground, MD, and consolidate it with the U.S. Army Medical Research Institute of Chemical Defense.

The movement of the chemical defense research function will require building a new Chemical and Biological Defense Medical Research Laboratory at Aberdeen Proving Ground, Maryland. The construction contract is scheduled to be awarded in January 2008 with construction itself

beginning two months later. The new facility is to be completed during March 2010. The research function is to move from its Forest Glen Annex facility in May 2010.

Movement of an associated function, the Joint Program Executive Office for Chemical, Biological Defense, from leased facilities in Falls Church, Virginia, and Ft. Belvoir, Virginia, to Aberdeen Proving Ground is scheduled to occur in April 2009.

13. Close the main post.

Closure will take place subsequent to the last relocation of official functions, currently scheduled for August 2011. The Department of State and the General Services Administration have requested that title to the property be transferred to them in roughly equal portions.

Options for Congress

Some legislation that could affect the implementation of BRAC Commission Recommendation #169 has already been proposed in the 110th Congress. **Appendix C** lists these bills, quotes the relevant sections of each, and indicates their status. The bills that are most advanced include the proposed National Defense Authorization Act for Fiscal Year 2008 (H.R. 1585), which would establish a funding floor for WRAMC operations, and the Dignified Treatment of Wounded Warriors Act (S. 1606), which would require the Secretary of Defense to assess the feasibility of accelerating the construction of new medical facilities. Both bills are on the Senate's Legislative Calendar.

Potential options for Congress regarding the creation of the Walter Reed National Military Medical Center – some of which might have the effect of legislatively altering the statutory deadline for completing BRAC Commission actions – include but are not limited to the following:

- Further modify, delay, or negate the BRAC Commission Recommendation #169.
- Require DOD to report one time or on a set schedule the progress of implementation of BRAC Commission Recommendation #169.
- Adjust or expand the proposed acceleration in implementation of BRAC Commission Recommendation #169.
- Create a dedicated funding stream to ensure the timely implementation of BRAC Commission Recommendation #169.
- Obligate the Department of the Army to track and report on the reforms suggested by the Independent Review Group on Rehabilitative Care and Administrative Processes and Walter Reed Army Medical Center and National Naval Medical Center in their report “Rebuilding the Trust,” of April 2007.
- Commission a blue ribbon panel to monitor Department of Defense and Department of the Army implementation of Independent Review Group recommendations and BRAC Commission Recommendation #169.
- Require DOD or the Department of the Army to report on the organization of the newly created Installation Management Command (IMCOM) and its subordinate

Installation Management Agency (IMA) and assess their performance in managing Army installations since IMA creation in 2002.

<http://wikileaks.org/wiki/CRS-RL34055>

Appendix A. Commission Recommendation #169

WALTER REED NATIONAL MILITARY MEDICAL CENTER, BETHESDA, MD

RECOMMENDATION # 169 (MED 4)

ONE-TIME COST: \$988.8M

ANNUAL RECURRING COSTS/(SAVINGS): (\$145.3M)

20-YEAR NET PRESENT VALUE: (\$830.6M)

PAYBACK PERIOD: 6 YEARS

SECRETARY OF DEFENSE RECOMMENDATION

Realign Walter Reed Army Medical Center, Washington, DC, as follows: relocate all tertiary (sub-specialty and complex care) medical services to National Naval Medical Center, Bethesda, MD, establishing it as the Walter Reed National Military Medical Center Bethesda, MD; relocate *Legal Medicine* to the new Walter Reed National Military Medical Center Bethesda, MD; relocate sufficient personnel to the new Walter Reed National Military Medical Center Bethesda, MD, to establish a Program Management Office that will coordinate pathology results, contract administration, and quality assurance and control of DoD second opinion consults worldwide; relocate all non-tertiary (primary and specialty) patient care functions to a new community hospital at Ft. Belvoir, VA; relocate the Office of the Secretary of Defense supporting unit to Ft. Belvoir, VA; disestablish all elements of the Armed Forces Institute of Pathology except the National Medical Museum and the Tissue Repository; relocate the Armed Forces Medical Examiner, DNA Registry, and Accident Investigation to Dover Air Force Base, DE; relocate enlisted histology technician training to Ft. Sam Houston, TX; relocate the Combat Casualty Care Research sub-function (with the exception of those organizational elements performing neuroprotection research) of the Walter Reed Army Institute of Research (Forest Glen Annex) and the Combat Casualty Care Research sub-function of the Naval Medical Research Center (Forest Glen Annex) to the Army Institute of Surgical Research, Ft. Sam Houston, TX; relocate Medical Biological Defense Research of the Walter Reed Army Institute of Research (Forest Glen Annex) and Naval Medical Research Center (Forest Glen Annex) to Ft. Detrick, MD, and consolidate it with US Army Medical Research Institute of Infectious Diseases; relocate Medical Chemical Defense Research of the Walter Reed Army Institute of Research (Forest Glen Annex) to Aberdeen Proving Ground, MD, and consolidate it with the US Army Medical Research Institute of Chemical Defense; and close the main post.

SECRETARY OF DEFENSE JUSTIFICATION

This recommendation will transform legacy medical infrastructure into a premier, modernized joint operational medicine platform. This recommendation reduces excess capacity within the National Capital Region (NCR) Multi-Service Market (MSM: two or more facilities collocated geographically with “shared” beneficiary population) while maintaining the same level of care for the beneficiaries. Walter Reed Army Medical Center (AMC) has a military value of 54.46 in contrast to the higher military values of National Naval Medical Center (NNMC) Bethesda (63.19) and DeWitt Hospital (58). This action relocates medical care into facilities of higher military value and capacity. By making use of the design capacity inherent in NNMC Bethesda

(18K RWPs) and an expansion of the inpatient care at DeWitt Hospital (13K RWPs), the entire inpatient care produced at Walter Reed AMC (17K RWPs) can be relocated into these facilities along with their current workload (11K RWPs and 1.9K RWPs, respectively).²¹ This strategically relocates healthcare in better proximity to the beneficiary base, which census data indicates is concentrating in the southern area of the region. As a part of this action, approximately 2,069 authorizations (military and civilian) will be realigned to DeWitt Hospital and 797 authorizations will be realigned to NNMC Bethesda in order to maintain the current level of effort in providing care to the NCR beneficiary population. DeWitt Hospital will assume all patient care missions with the exception of the specific tertiary care missions that will go to the newly established Walter Reed National Military Medical Center at Bethesda. Specialty units, such as the Amputee Center at WRAMC, will be relocated within the National Capitol Region. Casualty care is not impacted. Development of a premier National Military Medical Center will provide enhanced visibility, as well as recruiting and retention advantages to the Military Health System. The remaining civilian authorizations and contractors at Walter Reed AMC that represent unnecessary overhead will be eliminated. Military personnel filling similar “overhead positions” are available to be redistributed by the Service to replace civilian and contract medical personnel elsewhere in Military Healthcare System activities of higher military value.

Co-location of combat casualty care research activities with related military clinical activities of the trauma center currently located at Brooke Army Medical Center, Ft. Sam Houston, TX, promotes translational research that fosters rapid application of research findings to health care delivery, and provides synergistic opportunities to bring clinical insight into bench research through sharing of staff across the research and health care delivery functions.

This action will co-locate Army, Navy, Air Force and Defense Agency program management expertise for non-medical chemical and biological defense research, development and acquisition (each at Aberdeen Proving Ground, MD) and two separate aspects of medical chemical and biological research: medical biological defense research (at Ft. Detrick, MD) and medical chemical defense research (at Aberdeen Proving Ground, MD). It will promote beneficial technical interaction in planning and headquarters-level oversight of all defense biomedical R&D, fostering a joint perspective and sharing of expertise and work in areas of joint interest; create opportunities for synergies and efficiencies by facilitating integrated program planning to build joint economies and eliminate undesired redundancy, and by optimizing use of a limited pool of critical professional personnel with expertise in medical product development and acquisition; foster the development of common practices for DoD regulatory interactions with the US Food and Drug Administration; and facilitate coordinated medical systems lifecycle management with the medical logistics organizations of the Military Departments, already co-located at Ft. Detrick.

The Armed Forces Institute of Pathology (AFIP) was originally established as the Army Medical Museum in 1862 as a public and professional repository for injuries and disease specimens of Civil War soldiers. In 1888, educational facilities of the Museum were made available to civilian medical professions on a cooperative basis. In 1976, Congress established AFIP as a joint entity of the Military Departments subject to the authority, control, and direction of the Secretary of Defense. As a result of this recommendation, in the future the Department will rely on the civilian

²¹ An RWP is a DOD workload measurement representing the resource consumption (materials, personnel, etc.) of one patient’s hospitalization as compared to that of other inpatients. RWPs are computed from data taken from Composite Health Care System (CHCS) Standard Inpatient Data Records (SIDRs).

market for second opinion pathology consults and initial diagnosis when the local pathology labs capabilities are exceeded.

COMMUNITY CONCERNS

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

COMMISSION FINDINGS

The Commission acknowledged Walter Reed Army Medical Center's rich heritage and earned reputation as a world-class medical center. However, the Commission found that service members deserve a state-of-the-art 21st century medical center and that the Secretary's proposal would increase military value. The Commission considered the community's concerns that realigning medical services will disrupt Walter Reed's mission, but the Commission found that the Walter Reed legacy will be preserved in the plan for the new facility and that service members would continue to receive needed medical services during the implementation period. The Commission concurred with the Department's objective to transform medical infrastructure within the National Capital Region. However, the Commission agrees with the communities' concern about whether sufficient housing will be available for family members at the Bethesda Campus and urges the DoD to address this issue. The professional community regards AFIP and its services as integral to the military and civilian medical and research community, and relies on AFIP for pathology consultations and the training of radiology residents. The Commission found that DoD failed to sufficiently address several AFIP functions, such as the Radiologic Pathology program, with the associated tissue repository, veterinary pathology and continuing medical education.

COMMISSION RECOMMENDATIONS

The Commission found that the Secretary of Defense deviated substantially from final selection criteria 1, as well as from the Force Structure Plan. Therefore, the Commission recommends the following: Realign Walter Reed Army Medical Center, Washington, DC, as follows: relocate all tertiary (sub-specialty and complex care) medical services to National Naval Medical Center, Bethesda, MD, establishing it as the Walter Reed National Military Medical Center Bethesda, MD; relocate Legal Medicine to the new Walter Reed National Military Medical Center Bethesda, MD; relocate sufficient personnel to the new Walter Reed National Military Medical Center Bethesda, MD, to establish a Program Management Office that will coordinate pathology results, contract administration, and quality assurance and control of DoD second opinion consults worldwide; relocate all non-tertiary (primary and specialty) patient care functions to a

new community hospital at Ft Belvoir, VA; relocate the Office of the Secretary of Defense supporting unit to Ft. Belvoir, VA; disestablish all elements of the Armed Forces Institute of Pathology except the National Medical Museum and the Tissue Repository; relocate the Armed Forces Medical Examiner, DNA Registry, and Accident Investigation to Dover Air Force Base, DE; AFIP capabilities not specified in this recommendation will be absorbed into other DoD, Federal, or civilian facilities, as necessary; relocate enlisted histology technician training to Ft. Sam Houston, TX; relocate the Combat Casualty Care Research sub-function (with the exception of those organizational elements performing neuroprotection research) of the Walter Reed Army Institute of Research (Forest Glen Annex) and the Combat Casualty Care Research sub-function of the Naval Medical Research Center (Forest Glen Annex) to the Army Institute of Surgical Research, Ft. Sam Houston, TX; relocate Medical Biological Defense Research of the Walter Reed Army Institute of Research (Forest Glen Annex) and Naval Medical Research Center (Forest Glen Annex) to Ft. Detrick, MD, and consolidate it with U.S. Army Medical Research Institute of Infectious Diseases; relocate Medical Chemical Defense Research of the Walter Reed Army Institute of Research (Forest Glen Annex) to Aberdeen Proving Ground, MD, and consolidate it with the U.S. Army Medical Research Institute of Chemical Defense; and close the main post.

<http://wikileaks.org/wiki/CRS-RL34055>

Appendix B. Creating the Walter Reed National Military Medical Center

Army Component

On May 1, 1909, the staff and patients of the Army's General Hospital at the District of Columbia's Washington Barracks relocated to a new facility on the city's northwest periphery.²² After World War I, the General Hospital (now Building 1 at the Georgia Avenue campus of the Walter Reed Army Medical Center) was joined by the Army Medical School (Building 40), the combined facility being designated the Walter Reed Army Medical Center in 1951. The former Medical School was redesignated the Walter Reed Army Institute of Research in 1955.

During the mid-1970s, the Army constructed Building 2, an additional 200-bed hospital, at the Army Medical Center, raising the inpatient capacity on the site to the current 261. The Institute of Research vacated Building 40 and moved to a new facility at the Center's Forest Glen Annex in nearby Maryland in 1999. Building 40 was then leased to a private concern by the Department of Defense under a so-called Enhanced-Use Lease.²³

Navy Component

In October 1906, a Naval Hospital was opened at 23rd and E St., NW, replacing a 50-bed post-Civil War facility located near the Washington Navy Yard. By 1935, a Navy Medical School had been added and the combined facility was renamed the Naval Medical Center.

A new Naval Medical Center, consisting of a 1,200-bed hospital, the Naval Medical School (now the Uniformed Services University of the Health Sciences), the Naval Dental School (now the National Naval Dental Center), and the Naval Medical Research Institute (now the Naval Medical Research Center), opened at the current 243-acre location in Bethesda, Maryland, in February 1942. Temporary World War II, Korean War, and Vietnam War inpatient facilities were gradually replaced by permanent structures, and the entire facility was reconstructed in the late 1970s.

There are 257 inpatient beds available in the current facility, known since 1989 as the National Naval Medical Center.²⁴ In 1999, the Naval Medical Research Center relocated to the Walter Reed Army Medical Center Forest Glen Annex, joining the Walter Reed Army Institute of Research in the Daniel J. Inouye Building.

²² With the transfer, the former General Hospital became the post's hospital. A portion of the hospital building is today's medical treatment facility at the renamed Ft. Leslie J. McNair.

²³ 38 USC 8161 defines an enhanced-use lease as "a written lease entered into by the Secretary under this subchapter (38 USC 8161 et seq.)." In general, statutes permit the Secretary of any executive department to enter into such lease of real property under his jurisdiction or control. 38 USC 8164 states that "If, during the term of an enhanced-use lease or within 30 days after the end of the term of the lease, the Secretary determines that the leased property is no longer needed by the Department, the Secretary may initiate action for the transfer to the lessee of all right, title, and interest of the United States in the property."

²⁴ Over the course of the past six decades, military medical practice has emphasized outpatient treatment, reducing the number of beds needed for a given level of medical care.

The Combined Facility

The Army is scheduled to move all tertiary medical services, Legal Medicine, and some of the functions currently performed by the Armed Forces Institute of Pathology currently located at the Walter Reed Army Medical Center to the Bethesda Navy site during 2010 to create the Walter Reed National Military Medical Center.²⁵

<http://wikileaks.org/wiki/CRS-RL34055>

²⁵ Primary and secondary medical services will relocate to a new \$100 million community hospital being constructed at Ft. Belvoir, Virginia. Construction of this facility was authorized and funds were appropriated in the standard military construction process for Fiscal Years 2005 and 2006.

Appendix C. Legislation Proposed During the 110th Congress Regarding the Creation of Walter Reed National Military Medical Center

Various bills have been introduced during the 110th Congress that would affect in some way the implementation of BRAC Commission Recommendation #169. As of the date of this report, the relevant bill sections and bill status are listed below:

To prohibit the closure of Walter Reed Army Medical Center notwithstanding the 2005 recommendations of the Defense Base Closure and Realignment Commission. (Introduced in House) [H.R. 1417.IH]

Status: Referred to the House Committee on Armed Services Subcommittee on Readiness on April 3, 2007.

SECTION 1. PROHIBITION ON CLOSURE OF WALTER REED ARMY MEDICAL CENTER.

Notwithstanding section 2904(a)(5) of the Defense Base Closure and Realignment Act of 1990 (part A of title XXIX of P.L. 101-510; 10 U.S.C. 2687 note) and the recommendations of the Defense Base Closure and Realignment Commission contained in the report transmitted to Congress on September 15, 2005, under section 2903(e) of such Act, the Secretary of Defense shall not close Walter Reed Army Medical Center.

National Defense Authorization Act for Fiscal Year 2008 (Engrossed as Agreed to or Passed by House) [H.R. 1585.EH]

Status: Laid before the Senate by motion on June 28, 2007.

SEC. 712. GUARANTEED FUNDING FOR WALTER REED ARMY MEDICAL CENTER.

The amount of funds available for the commander of Walter Reed Army Medical Center for a fiscal year shall be not less than the amount expended by the commander of Walter Reed Army Medical Center in fiscal year 2006 until the first fiscal year beginning after the date on which the Secretary of Defense certifies to the Committee on Armed Services of the Senate and the Committee on Armed Services of the House of Representatives that the expanded facilities at the National Naval Medical Center, Bethesda, Maryland, and DeWitt Army Community Hospital, Ft. Belvoir, Virginia, as described in section 304(a), are completed, equipped, and staffed with sufficient capacity to accept and provide at least the same level of care as patients received at Walter Reed Army Medical Center during fiscal year 2006.

<http://wikileaks.org/wiki/CRS-RL34055>

U.S. Troop Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriations Act, 2007 (Enrolled as Agreed to or Passed by Both House and Senate) [H.R. 2206.ENR]

Status: Became P.L. 110-28 on May 25, 2007.

SEC. 3701. Notwithstanding any other provision of law, none of the funds in this or any other Act may be used to close Walter Reed Army Medical Center until equivalent medical facilities at the Walter Reed National Military Medical Center at Naval Medical Center, Bethesda, Maryland, and/or the Ft. Belvoir, Virginia, Community Hospital have been constructed and equipped: Provided, That to ensure that the quality of care provided by the Military Health System is not diminished during this transition, the Walter Reed Army Medical Center shall be adequately funded, to include necessary renovation and maintenance of existing facilities, to maintain the maximum level of inpatient and outpatient services.

Sec. 3702. Notwithstanding any other provision of law, none of the funds in this or any other Act shall be used to reorganize or relocate the functions of the Armed Forces Institute of Pathology (AFIP) until the Secretary of Defense has submitted, not later than December 31, 2007, a detailed plan and timetable for the proposed reorganization and relocation to the Committees on Appropriations and Armed Services of the Senate and House of Representatives. The plan shall take into consideration the recommendations of a study being prepared by the Government Accountability Office (GAO), provided that such study is available not later than 45 days before the date specified in this section, on the impact of dispersing selected functions of AFIP among several locations, and the possibility of consolidating those functions at one location. The plan shall include an analysis of the options for the location and operation of the Program Management Office for second opinion consults that are consistent with the recommendations of the Base Realignment and Closure Commission, together with the rationale for the option selected by the Secretary.

Effective Care for the Armed Forces and Veterans Act of 2007 (Introduced in Senate) [S. 1044]

Status: Read twice and referred to the Senate Committee on Armed Services on March 29, 2007.

SEC. 4. LIMITATION ON IMPLEMENTATION OF RECOMMENDATION TO CLOSE WALTER REED ARMY MEDICAL CENTER.

(a) Findings- Congress finds the following:

(1) The final recommendations of the Defense Base Closure and Realignment Commission under the 2005 round of defense base closure and realignment include recommendations to close Walter Reed Army Medical Center and to build new, modern facilities at the National Naval Medical Center at Bethesda and at Ft. Belvoir to improve the overall quality of and access to health care for members of the Armed Forces.

(2) These recommendations include the transfer of medical services from the Walter Reed Army Medical Center to the National Naval Medical Center at Bethesda and at Ft. Belvoir, but they do

not adequately provide for housing for the families of wounded members of the Armed Forces who will receive treatment at such new facilities.

(3) The recommended closure of the Walter Reed Army Medical Center has impaired the ability of the Secretary of Defense to attract the personnel required to provide proper medical services at such medical center.

(b) **Limitation on Implementation of Recommendations-** The Secretary of Defense shall not take any action to implement the recommendations of the Defense Base Closure and Realignment Commission under the 2005 round of defense base closure and realignment relating to the transfer of medical services from Walter Reed Army Medical Center to the National Naval Medical Center at Bethesda and at Ft. Belvoir during the period beginning on the date of the enactment of this Act and ending on the date that is 60 days after the date on which Congress receives the plan required under subsection (c).

(c) **Plan Required-** Not later than one year after the date of the enactment of this Act, the Secretary of Defense shall submit to Congress a plan that includes an assessment of the following:

(1) The feasibility and advisability of providing current or prospective employees at Walter Reed Army Medical Center a guarantee that their employment will continue in the Washington, DC, metropolitan area for more than two years after the date on which Walter Reed Army Medical Center is closed.

(2) Detailed construction plans for new medical facilities and family housing at the National Naval Medical Center at Bethesda and at Ft. Belvoir to accommodate the transfer of medical services from Walter Reed Army Medical Center to the National Naval Medical Center at Bethesda and at Ft. Belvoir.

(3) The costs, feasibility, and advisability of completing all of the construction planned for the transfer of medical services from Walter Reed Army Medical Center to the National Naval Medical Center at Bethesda and at Ft. Belvoir before any patients are transferred to such new facilities from Walter Reed Army Medical Center as a result of the recommendations of the Defense Base Closure and Realignment Commission under the 2005 round of defense base closure and realignment.

Dignified Treatment of Wounded Warriors Act (Introduced in Senate) [S. 1606]

Status: Placed on Senate Legislative Calendar under General Orders (Calendar No. 203) on June 18, 2007.

SEC. 402. REPORTS ON ARMY ACTION PLAN IN RESPONSE TO DEFICIENCIES IDENTIFIED AT WALTER REED ARMY MEDICAL CENTER.

(a) **Reports Required-** Not later than 30 days after the date of the enactment of this Act, and every 120 days thereafter until March 1, 2009, the Secretary of Defense shall submit to the congressional defense committees a report on the implementation of the action plan of the Army to correct deficiencies identified in the condition of facilities, and in the administration of

outpatients in medical hold or medical holdover status, at Walter Reed Army Medical Center (WRAMC) and at other applicable Army installations at which covered members of the Armed Forces are assigned.

(b) Elements of Report - Each report under subsection (a) shall include current information on the following:

(1) The number of inpatients at Walter Reed Army Medical Center, and the number of outpatients on medical hold or in a medical holdover status at Walter Reed Army Medical Center, as a result of serious injuries or illnesses.

(2) A description of the lodging facilities and other forms of housing at Walter Reed Army Medical Center, and at each other Army facility, to which are assigned personnel in medical hold or medical holdover status as a result of serious injuries or illnesses, including—

(A) an assessment of the conditions of such facilities and housing; and

(B) a description of any plans to correct inadequacies in such conditions.

(3) The status, estimated completion date, and estimated cost of any proposed or ongoing actions to correct any inadequacies in conditions as described under paragraph (2).

(4) The number of case managers, platoon sergeants, patient advocates, and physical evaluation board liaison officers stationed at Walter Reed Army Medical Center, and at each other Army facility, to which are assigned personnel in medical hold or medical holdover status as a result of serious injuries or illnesses, and the ratio of case workers and platoon sergeants to outpatients for whom they are responsible at each such facility.

(5) The number of telephone calls received during the preceding 60 days on the Wounded Soldier and Family hotline (as established on March 19, 2007), a summary of the complaints or communications received through such calls, and a description of the actions taken in response to such calls.

(6) A summary of the activities, findings, and recommendations of the Army tiger team of medical and installation professionals who visited the major medical treatment facilities and community-based health care organizations of the Army pursuant to March 2007 orders, and a description of the status of corrective actions being taken with to address deficiencies noted by that team.

(7) The status of the ombudsman programs at Walter Reed Army Medical Center and at other major Army installations to which are assigned personnel in medical hold or medical holdover status as a result of serious injuries or illnesses.

(c) Posting on Internet- Not later than 24 hours after submitting a report under subsection (a), the Secretary shall post such report on the Internet website of the Department of Defense that is available to the public.

SEC. 403. CONSTRUCTION OF FACILITIES REQUIRED FOR THE CLOSURE OF WALTER REED ARMY MEDICAL CENTER, DISTRICT OF COLUMBIA.

(a) Assessment of Acceleration of Construction of Facilities- The Secretary of Defense shall carry out an assessment of the feasibility (including the cost-effectiveness) of accelerating the construction and completion of any new facilities required to facilitate the closure of Walter Reed Army Medical Center, District of Columbia, as required as a result of the 2005 round of defense base closure and realignment under the Defense Base Closure and Realignment Act of 1990 (part A of title XXIX of P.L. 101-510; U.S.C. 2687 note).

(b) Development and Implementation of Plan for Construction of Facilities-

(1) IN GENERAL - The Secretary shall develop and carry out a plan for the construction and completion of any new facilities required to facilitate the closure of Walter Reed Army Medical Center as required as described in subsection (a). If the Secretary determines as a result of the assessment under subsection (a) that accelerating the construction and completion of such facilities is feasible, the plan shall provide for the accelerated construction and completion of such facilities in a manner consistent with that determination.

(2) SUBMITTAL OF PLAN - The Secretary shall submit to the congressional defense committees the plan required by paragraph (1) not later than September 30, 2007.

(c) Certifications- Not later than September 30, 2007, the Secretary shall submit to the congressional defense committees a certification of each of the following:

(1) That a transition plan has been developed, and resources have been committed, to ensure that patient care services, medical operations, and facilities are sustained at the highest possible level at Walter Reed Army Medical Center until facilities to replace Walter Reed Army Medical Center are staffed and ready to assume at least the same level of care previously provided at Walter Reed Army Medical Center.

(2) That the closure of Walter Reed Army Medical Center will not result in a net loss of capacity in the major military medical centers in the National Capitol Region in terms of total bed capacity or staffed bed capacity.

(3) That the capacity and types of medical hold and out-patient lodging facilities currently operating at Walter Reed Army Medical Center will be available at the facilities to replace Walter Reed Army Medical Center by the date of the closure of Walter Reed Army Medical Center.

(4) That adequate funds have been provided to complete fully all facilities identified in the Base Realignment and Closure Business Plan for Walter Reed Army Medical Center submitted to the congressional defense committees as part of the budget justification materials submitted to Congress together with the budget of the President for fiscal year 2008 as contemplated in that business plan.

(d) Environmental Laws- Nothing in this section shall require the Secretary or any designated representative to waive or ignore responsibilities and actions required by the National Environmental Policy Act of 1969 (42 U.S.C. 4321 et seq.) or the regulations implementing such Act.

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