THE ASSISTANT SECRETARY OF DEFENSE

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WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

JUL 12 2007

The Honorable Carl Levin
Chairman, Committee on Armed Services
United States Senate
Washington, DC 20510-6050

Dear Mr. Chairman:

The enclosed report responds to the request by the House Appropriations Committee in House Report 109-464, accompanying the Military Quality of Life and Veterans Affairs, and Related Agencies Appropriations Act for Fiscal Year 2007, for the Secretary of Defense to provide the Committee a report on the Department's plans for the Armed Forces Institute of Pathology (AFIP) including plans to maintain the Tissue Repository, pathology consultations, training and education functions.

This report provides information on the Base Realignment and Closure (BRAC) recommendations regarding the AFIP from the Medical Joint-Cross Service Group, the Secretary of Defense, and the BRAC Commission. It also includes the recommendations from the AFIP Board of Governors on the implementation of the BRAC for AFIP, and the decisions made to date by the Assistant Secretary of Defense (Health Affairs) regarding the closure of the AFIP and relocation of select capabilities.

One final note: as required by section 3702 of Public Law 110-28, DoD is taking no action to reorganize or relocate the functions of the AFIP pending an additional report to the Congressional Defense Committees not later than December 31, 2007.

Thank you for your continued support of the Military Health System.

Sincerely,

S. Ward Casscells, MD

cc:
The Honorable John McCain
Ranking Member

Report on
The Armed Forces Institute of Pathology (AFIP) Base Realignment and Closure (BRAC) Implementation

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Report on The Armed Forces Institute of Pathology (AFIP) Base Realignment and Closure (BRAC) Implementation

I. Executive Summary.

This Report responds to a request in House Report 109-464 of the House Appropriations Committee, accompanying the proposed Military Quality of Life and Veterans Affairs, and Related Agencies Appropriations Bill for Fiscal Year 2007.

The Armed Forces Institute of Pathology (AFIP) was originally established as the Army Medical Museum during the Civil War in 1862 as a public, military, and professional repository for injuries and disease specimens of Civil War soldiers. 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. In December 2001, Congress authorized a new round of military base closings using the BRAC process, but delayed any BRAC actions until 2005.

Recognizing that the BRAC recommendations are "a very important component of military transformation," DoD created seven cross-Service groups which were empowered to make recommendations for the Defense Secretary's consideration. One of the seven groups was the Medical Joint-Cross Service Group (Medical JCSG). The MJCSG was chartered to review Department of Defense healthcare functions and to provide base closure and realignment recommendations based on that review. The Medical JCSG proposed the disestablishment of AFIP as part of a series of actions that include the Walter Reed Army Medical Center realignment. The plan called for the relocation and realignment of critical military functions and the disestablishment of all other capabilities, including civilian-related health care activities at AFIP:

- Relocating the military-unique functions of the Armed Forces Medical Examiner System to Dover AFB
- Relocating enlisted histotechnology training to Fort Sam Houston, TX, and Legal Medicine to the new Walter Reed National Military Medical Center (WRNMMC).
- Maintaining the National Museum of Health and Medicine Museum at the National Naval Medical Center (NNMC) Bethesda and the Tissue and Case Material Repository at Forest Glen.

- Establishing a Pathology Program Management Office (PMO) at WRNMMC that will coordinate pathology results, contract administration, quality assurance and control of DoD second-opinion consults worldwide.

The MJCSG recommended that the civilian-related activities at AFIP cease with the disestablishment of AFIP, as these activities were not DoD/DHP core business requirements. The MJCSG forwarded these recommendations to the Secretary of Defense.

The Secretary of Defense concurred with the MJCSG recommendations concerning the AFIP and forwarded his recommendations and justification to the BRAC Commission. The BRAC Commission recommendations mirrored the Secretary's recommendations with one exception - the addition of an amendment which reads "AFIP capabilities not specified in this recommendation will be absorbed into other DoD, Federal, or civilian facilities, as necessary." The President approved the final recommendations of the Commission.

Under section 2904(a) of the Base Closure and Realignment Act of 1990, as amended, upon the failure of Congress to disapprove the final BRAC Commission Recommendations, the Secretary of Defense "shall" "close all military installations recommended for closure by the Commission" and "realign all military installations recommended for realignment by such Commission." Thus, DoD began action to comply with the legal obligation to implement the final BRAC Commission recommendation concerning AFIP.

The AFIP Board of Governors (BOG) was tasked by the Assistant Secretary of Defense for Health Affairs [(ASD(HA)] to develop implementation recommendations. On September 6, 2006, the Office of the Army Surgeon General, as the Executive Agent for the AFIP, presented the AFIP BRAC transition plan to ASD(HA). The ASD(HA) concurred with the recommendations. In addition, the ASD(HA) approved:

- Retention of the DoD Veterinary Pathology Residency Program and its relocation to the Walter Reed Army Institute of Research.
- Retention of the Automated Central Tumor Registry, to be collocated with the Tissue Repository at the Forest Glen Annex.
- Retention of the Center for Clinical Laboratory Medicine and the Patient Safety Center, moving both to Bethesda.

In a memorandum dated November 16, 2006, the ASD(HA) requested the Surgeons General of the Military Departments, the President, Uniformed Services University of the Health Sciences, and the Deputy Director, TRICARE Management Activity, to conduct a thorough review of all AFIP capabilities/services planned for disestablishment and in collaboration with each other and with input from other federal agencies as appropriate,

determine which, if any, of the AFIP functions are needed by the Military Departments for mission-critical activities.

Based on the Military Departments' responses to the directed review, the following AFIP capabilities were recommended for retention as mission-essential and are pending final decision by the ASD(HA):

- Retain two biodefense projects and the biologic agent reserve repository at Ft Detrick, MD, and the Edgewood Chemical Biological Center, MD
- Retain depleted uranium (DU) testing capability
- Relocate cystic fibrosis testing capability
- Retain diagnostic telepathology capability

The capabilities identified for absorption support the Secretary of Defense's BRAC goals to more efficiently and effectively support its forces, increase operational readiness and facilitate new ways of doing business. When combined with full implementation of the BRAC law, the result is a set of capabilities that directly support the DoD mission, cost approximately 42% of AFIP's current annual DHP operating budget and at the same time preserve 58% of AFIP's federally funded employees.

Among the AFIP activities that will be disestablished are two programs popular with segments of the civilian medical community: civilian sector second opinion consultations, which were specified for disestablishment incident to the creation of the Program Management Office for second opinion consults, and the Radiologic Pathology Correlation Course, which was not specified in the Commission recommendations but lacks mission criticality. Although popular with elements of the civilian medical community, these activities do not directly and significantly support the military mission. The civilian medical community is fully capable of supplementing its current assets and expertise to offset the reduced DoD involvement, a process which DoD will seek to facilitate. Although these AFIP programs have been professional and well received, their disestablishment is more than consistent with the purposes of BRAC in refocusing DoD resources to mission critical activities.

In sum, DoD will retain the following capabilities:

- Legal Medicine (location: Bethesda)
- Program Management Office to coordinate pathology results, contract administration, and Quality Assurance/Quality Control for DoD second opinion consults worldwide (location: Bethesda)
- Enlisted histology technician training (location: San Antonio)
- Armed Forces Medical Examiner System (location: Dover AFB)
- Armed Forces Repository of Specimen Samples for the Identification of Remains

- Accident Investigation (location: Dover AFB)
- Tissue Repository (administration by USUHS, location: Forest Glen Annex)
- National Museum of Health and Medicine (location: Bethesda)
- Center for Clinical Laboratory Medicine (location: Bethesda)
- Patient Safety Center (location: Bethesda)
- DoD Veterinary Pathology Residency Program (location: Forest Glen Annex)
- Automated Central Tumor Registry (location: Forest Glen Annex)

II. History of AFIP.

The Armed Forces Institute of Pathology was founded in 1862 during the Civil War as the Army Medical Museum. US Army Surgeon General William Hammond established the Museum to conduct medical and surgical research. General Hammond wanted to reform the medical department which he felt had been unprepared for the magnitude of the Civil War. He issued two orders to support this effort. The first order, Circular #2 of May 21, 1862 established the Museum and told medical officers to "diligently to collect, and to forward to the office of the Surgeon General, all specimens of morbid anatomy, surgical or medical, which may be regarded as valuable; together with projectiles and foreign bodies removed, and such other matters as may prove of interest in the study of military medicine or surgery..." The second order established the Medical & Surgical History of the War of the Rebellion, the first large scale study of military medicine. It took twenty-three years and over 6,000 pages to complete the writing of the Medical & Surgical History - a systematic, statistical compilation of the types of injuries and diseases a military doctor could expect to treat.

In 1883, the Surgeon General's Library and the Museum were consolidated into the Army Medical Museum & Library. The Museum moved into a new building on Independence Ave and 7th Sts, SW in 1888. In 1893, Walter Reed, who also taught in the new Army Medical School, which shared the building with the Museum, became the Director.

In 1896, during the Spanish-American War, the Museum fielded the military's first x-ray machine on board the Hospital Ship Relief. In 1900, Walter Reed was appointed to the Yellow Fever Board, and with his colleagues from the Museum was able to pinpoint the mosquito as the agent of transmission, leading to the last outbreak of the disease in the US as well as the building of the Panama Canal. A few years after Reed's death, curator Frederick Russell developed a typhoid vaccine and tested it on Museum volunteers in 1909; by 1911 it was mandatory in the Army.

The Museum's next big role came in World War I when it was called upon to train pathologists for duty in American camps and oversees. Museum staff also gathered thousands of specimens, fielded oversees photographer teams, provided medical illustration services including making lectures and films on venereal disease, and set the stage for its eventual specialization in pathology. After the War, museum staff assisted in compiling the History of the US Army Medical Department in the World War.

In World War II, the museum's role in providing pathology services, including identifying tropical diseases, was codified, and on January 1, 1944, the Army Institute of Pathology became a department of the Museum. On June 7, 1946, this role was reversed. During the war, the Museum served as a central clearinghouse for medical specimens, and provided pathologic and photographic services throughout the world.

On July 6, 1949, the organization was renamed the Armed Forces Institute of Pathology, and the following February, each of the Services issued new regulations recognizing its 'tri-service' role and responsibilities.

After the war, the AFIP was the lead agency in studying the pathology caused by the atomic bombs used in Japan. The Joint Committee on Aviation Pathology was established at AFIP in 1955, and cooperation on tumor studies with the World Health Organization was formalized in 1958. The Atlas of Tumor Pathology began in 1949. During this time, AFIP also developed the moulage system for training the military with rubber 'wounds' that looked real. This was taken up widely for disaster training.

In 1955, the AFIP but not the Museum, moved to an atomic-bomb proof building on the campus of Walter Reed General Hospital. The 1950s and 1960s saw the AFIP become the premier center for surgical pathology.

In the 1960s, a public-private partnership with the Universities Associated with Research and Education in Pathology (UAREP) was set up; when questions about the legality of this were raised, Congress chartered the American Registry of Pathology (ARP) in 1976.

Meanwhile in 1968, the Museum closed on the Mall and the Old Red Brick Building was demolished. The Museum was reopened in 1973 on Walter Reed, and then closed again to provide space for the Uniformed Services University of the Health Sciences, the new military medical school. When the Museum reopened, it was renamed the Armed Forces Medical Museum until 1988, when a Blue Ribbon Commission recommended a wider focus and the new name of National Museum of Health & Medicine.

AFIP's forensic pathology department expanded to investigate mass disasters such as Jonestown, Guyana and the Gander airplane crash; recognizing this expertise, DOD reorganized the department into the Office of the Armed Forces Medical Examiner (OAFME). The Armed Forces DNA Identification Laboratory (AFDIL) was established as part of OAFME in 1992. Additional recent AFIP successes have been Dr. Jeffrey Taubenberger's successful genotyping of the World War I influenza strain and AFIP's identification of remains after 9-11.

In 2005, the AFIP was put on the BRAC list to be disestablished. Certain functions such as the Museum, the Tissue Repository, Office of the Armed Forces Medical Examiner (OAFME), and Legal Medicine are to be retained, but the AFIP will be closed by 2011.

III. AFIP BRAC.

A. BRAC Tasking

In December 2001, Congress authorized a new round of military base closings via the BRAC process. Congress delayed any BRAC actions until 2005. The Secretary of Defense memorandum of November 15, 2002 established the authorities, organizational structure, goals, and objectives for the Department's implementation of the Defense Base Closure and Realignment Act of 1990 as amended. In January 2004, the Department of Defense requested commanders of installations in the US, territories and possessions to gather information about their installations as part of the 2005 round of BRAC.

B. Medical Joint Cross-Service Group (MJCSG) Recommendations to SECDEF

On May 13, 2005, DoD announced that the BRAC recommendations are "a very important component of military transformation." For the first time, the BRAC process included seven cross-Service groups empowered to make recommendations for the Defense Secretary's consideration. One of the seven groups was the Medical Joint-Cross Service Group (Medical JCSG).

The Medical Joint Cross-Service Group (MJCSG) was chartered to review Department of Defense healthcare functions and to provide base closure and realignment (BRAC) recommendations based on that review. Assigned functions included Department of Defense (DoD) Healthcare Education and Training; Healthcare Services; and Medical and Dental Research, Development and Acquisition (RD&A). The Air Force Surgeon General chaired the Medical JCSG, and other principal members included senior medical members from the Military Departments, the Joint Staff, and the Office of the Secretary of Defense (OSD).

The Medical JCSG was responsible for a comprehensive review of its assigned functional areas, an evaluation of alternatives, and the subsequent development and documentation of realignment and closure recommendations for the Secretary of Defense. In developing its analytical process, the Medical JCSG established internal policies and procedures consistent with DoD policy memoranda, the force structure plan prepared by the Chairman of the Joint Chiefs of Staff, an installation inventory, BRAC final selection criteria, and the requirements of the Defense Base Closure and Realignment Act of 1990, as amended.

The Medical JCSG developed key strategies to guide deliberations based on the key objectives above. These strategies came from an analysis of the BRAC final selection criteria. The Medical JCSG focused its efforts on:

- Supporting the war fighter and their families' in-garrison and deployed;

• Maximizing military value while reducing infrastructure footprint and maintaining an adequate surge capability;
• Maintaining or improving access to care for all beneficiaries, including retirees, using combinations of the Direct Care and TRICARE systems;
• Enhancing jointness, taking full advantage of the commonality in the Services' healthcare delivery, healthcare education and training, and medical/dental research, development and acquisition functions;
• Identifying and maximizing synergies gained from collocation or consolidation opportunities; and
• Examining out-sourcing opportunities that allow DoD to better leverage the large U.S. health care system investments.
• The group's final recommendations were based on a review of the entire Military Healthcare System, including the TRICARE program, with a view towards advancing these strategies.

The Medical JCSG approved the disestablishment of AFIP as part of a series of actions incident to the Walter Reed Army Medical Center base realignment. The plan called for the realignment of critical military functions and the disestablishment of civilian-related activities at AFIP. AFIP will be disestablished after doing the following:

- Relocating the military-unique functions of the Armed Forces Medical Examiner System to Dover AFB.
- Relocating enlisted histotechnology training to Fort Sam Houston, TX, and Legal Medicine to the new WRNMMC.
- Maintaining the National Museum of Health and Medicine Museum at the National Naval Medical Center (NNMC) Bethesda and the Tissue and Case Material Repository at the Forest Glen Annex of WRAMC.
- Establishing at WRNMMC a Pathology Program Management Office (PMO) that will coordinate pathology results, contract administration, quality assurance and control of DoD second-opinion consults worldwide.

The civilian-related activities at AFIP will cease with the disestablishment of AFIP. According to the Medical JCSG report: "Over half of AFIP's capacity is being dedicated to commercial activities with private industry." Since these are not DoD/DHP core business requirements, they are considered excess and should be discontinued.

As a result, the group recommended eliminating non-core product lines and retaining, through relocation, only the critical military activities. "Relocation would parse the different militarily relevant functions to locations of higher military value, such as Dover AFB, Fort Sam Houston, and NNMC Bethesda, that could provide for enhanced synergies and efficiencies."

The Medical JCSG report noted that routine pathology services will be distributed within the Military Health System (MHS) and the Department of Defense will rely on the civilian market for second-opinion pathology consults and initial diagnosis when the local pathology laboratory's capabilities are exceeded. The report estimated that $6M per year would be required for out-sourcing second-opinion consultations.

C. SECDEF Recommendations and Justification

Based on the recommendations of the MJCSG, the Secretary of Defense made the following recommendations to the BRAC Commission:

> 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 at Bethesda, MD; relocate Legal Medicine to the new Walter Reed National Military Medical Center at Bethesda, MD; relocate sufficient personnel to the new Walter Reed National Military Medical Center at Bethesda, MD, to establish a Program Management Office that will coordinate pathology results, contract administration, and quality assurance and control of DoD second opinion consults worldwide; relocate all non-tertiary (primary and specialty) patient care functions to a new community hospital at Fort Belvoir, VA; relocate the Office of the Secretary of Defense supporting unit to Fort Belvoir, VA; disestablish all elements of the Armed Forces Institute of Pathology except the National Museum of Health and Medicine 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;

The Secretary of Defense provided the following justification for his recommendations:

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

D. BRAC Commission Recommendations/BRAC Act

The Commission recommendations mirror the Secretary's recommendations with one exception; the addition of an amendment which reads "AFIP capabilities not specified in this recommendation will be absorbed into other DoD, Federal, or civilian facilities, as necessary."

COMMISSION FINDINGS:

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 recommended the following:

> Realign Walter Reed Army Medical Center, Washington, DC, as follows: relocate all tertiary (sub-specialty and complex care) medical services to National Naval Medical Center, Bethesda, MD, establishing it as the Walter Reed National Military Medical Center Bethesda, MD; relocate Legal Medicine to the new Walter Reed National Military Medical Center Bethesda, MD; relocate sufficient personnel to the new Walter Reed National Military Medical Center Bethesda, MD, to establish a Program Management Office that will coordinate pathology results, contract administration, and quality assurance and control of DoD second opinion consults worldwide; relocate all non-tertiary (primary and specialty) patient care functions to a new community hospital at Fort Belvoir, VA; relocate the Office of the Secretary of Defense supporting unit to Fort Belvoir, VA; disestablish all elements of the Armed Forces Institute of Pathology except the National Museum of Health and Medicine Museum and the Tissue Repository; relocate the Armed Forces Medical Examiner, DNA Registry, and Accident Investigation to Dover Air Force Base, DE; AFIP capabilities not specified in this recommendation will be absorbed into other DoD, Federal, or civilian facilities, as necessary; relocate enlisted histology technician training to Fort Sam Houston, TX

IV. DoD IMPLEMENTATION ACTIONS

A. AFIP Board of Governors Recommendations.

The AFIP Board of Governors (BOG) directed an independent analysis of the risks and impacts to the DoD healthcare mission associated with the disestablishment of the AFIP capabilities. Acting on behalf of the Secretary of the Army who is the Executive Agent for AFIP, the Army Surgeon General (Responsible Official) contracted with BearingPoint to conduct the analysis. BearingPoint presented findings and recommendation to the AFIP BOG in June 2006. The BOG adopted the recommendation to implement the BRAC plan to disestablish AFIP, and recommended that the Assistant Secretary of Defense for Health Affairs further analyze the retention of core multidisciplinary diagnostic pathology capability within the MHS.

B. Assistant Secretary of Defense for Health Affairs Decisions.

On September 6, 2006, the Executive Agency Directorate, Office of the Army Surgeon General, as the Army Executive Agent for the AFIP, presented the AFIP BRAC transition plan to ASD(HA). The ASD(HA) concurred with the BOG recommendations, which included:

1) Relocate the Tissue Repository to the Forest Glen Annex and aligning the repository under the Uniformed Services University of the Health Sciences;
2) Establish a Program Management Office to coordinate pathology results, contract administration, and quality assurance and control of DoD second opinion consults worldwide;
3) Relocate the National Museum of Health and Medicine to Bethesda;
4) Relocate the Armed Forces Medical Examiner, DNA Registry, and Accident Investigation to Dover Air Force Base;
5) Relocate Legal Medicine to the new Walter Reed National Military Medical Center Bethesda;
6) Relocate the enlisted histopathology technician training to Fort Sam Houston, TX; and
7) Disestablish the remaining AFIP activities, subject to review for absorption into other DoD, Federal, or civilian facilities.

In addition, the ASD(HA) approved retention of:

1) The DoD Veterinary Pathology Residency Program and its relocation to the Walter Reed Army Institute of Research;
2) The Automated Central Tumor Registry, to be collocated with the Tissue Repository at the Forest Glen Annex; and
3) The Center for Clinical Laboratory Medicine and the Patient Safety Center, moving both to Bethesda.

In a memorandum dated November 16, 2006, the ASD(HA) requested the Surgeons General, the President, Uniformed Services University of the Health Sciences, and the Deputy Director, TRICARE Management Activity, to conduct a thorough review of all AFIP capabilities/services planned for disestablishment to ascertain whether they should be absorbed into other DoD activities because they are unique mission essential capabilities needed to support the war fighter or necessary for the Military Health System mission and not available in the civilian sector. He encouraged them to collaborate with each other, and to obtain input from other federal agencies that use AFIP services (e.g., Department of Veterans Administration) as appropriate.

C. Services' and Other Agencies' Review of Planned Disestablished Capabilities.

1) Army.

The Center for Health Promotion and Preventive Medicine (CHPPM), which currently performs testing for uranium in urine, will absorb uranium in urine testing currently performed by AFIP for Navy, AF, and the VA. All pertinent instrumentation will be relocated from AFIP. CDC or a commercial laboratory will provide confirmation of samples and provide back-up if necessary.

The US Army Medical Research and Materiel Command (USAMRMC) will absorb the following capabilities from AFIP Division of Microbiology:

-Clinical specificity of JBAIDS-Anthrax Detection Program
-Critical Reagents Program nucleic acid production and research
-Reserve repository for biological agents (pox-, alpha-, flaviviruses)

These capabilities will continue to be funded by Chemical Biological Medical Systems Medical Identification and Treatment Systems ($1.98M/yr) Program of the Joint Program for Executive Office for Chemical and Biological Defense. All equipment, records, protocols, and pathogen collections currently at AFIP will be relocated to USAMRMC.

2) Navy:

The Navy concurred with the AFIP BRAC recommendations directing the retention and relocation of specified AFIP capabilities to WRNMMC. In addition, the Navy recommended: exploring collaborations of certain AFIP functions with other DoD R&D organizations with special interests in infectious diseases and biological warfare agents; that a business case analysis be conducted to determine most efficient method for obtaining Cystic Fibrosis testing for DoD (expand the Molecular Pathology Lab at WRNMMC to absorb this testing, or contract with a civilian laboratory to provide this testing for DoD).

3) Air Force:

The Air Force advocated that AFIP functions identified for disestablishment either be absorbed by other military laboratories or outsourced.

4) FHP&R, OSDHA re DU testing:

The Office of Force Health Protection and Readiness recommended preservation of certain depleted uranium testing capabilities.

5) USUHS:

USUHS concurred with the AFIP BRAC directed recommendation to realign the Tissue Repository under USUHS and felt that this was a unique asset with great potential research and educational value. USUHS agreed that BRAC provided the opportunity to more fully explore the value of the repository assets to the medical research community, and has proposed a multi-phased analysis of the status and condition of the holdings in the Tissue Repository.

6) Veterans Administration:

VA has initiated discussions with DoD Laboratory Specialty Leaders and Consultants to explore opportunities for collaboration, especially the potential to partner with DoD in negotiating contract(s) for 2nd opinion consultations, and determining how the VA will continue to interact with the Tissue Repository and Registries. VA advocated the retention of the capability to analyze DU in tissue and body fluids.

D. BOG Review of Services Review and Recommendations.

On February 5, 2007, the Executive Agency Directorate, OTSG, presented the recommendations of the Military Departments and other federal partners regarding the AFIP capabilities to be disestablished. The BOG is in the process of forwarding the following additional recommendations to the ASD(HA) for decision:

- Retain two biodefense projects and the biologic agent reserve repository at Ft Detrick, MD, and the Edgewood Chemical Biological Center, MD
- Retain depleted uranium (DU) testing capability
- Relocate cystic fibrosis testing capability
- Retain diagnostic telepathology capability

V. BRAC Implementation Plan

Key aspects/components of the AFIP plan are relocation of specified capabilities, disestablishment of specified capabilities, retention and relocation of capabilities

necessary to the mission of DoD as determined by ASD(HA), and disestablishment of the remaining capabilities and of the AFIP.

- The Commission's final recommendation gives Department of Defense (DoD) flexibility to assess AFIP capabilities that it did not specifically address and absorb them into other DoD, Federal, or civilian agencies, as necessary. The DoD will retain some capabilities from AFIP that are critical to the military. These capabilities will be absorbed by DoD organizations and redistributed across DoD sites in the National Capital Area, Dover, DE and San Antonio, TX.

- Decisions to retain capabilities focused on the Secretary of Defense's BRAC goals to more efficiently and effectively support its forces, increase operational readiness and facilitate new ways of doing business. When combined with full implementation of the BRAC law, the result is a set of capabilities that directly support the DoD mission, cost approximately 42% of AFIP's current annual DHP operating budget and at the same time preserve 58% of AFIP's federally funded employees.

- The capabilities being disestablished fall into the traditional AFIP mission categories of consultation, education, and research. The majority of AFIP positions to be abolished are pathologists, scientists, and related professional staff.

- The disposition of AFIP's second opinion pathology consultation service is specified in the BRAC law incident to the recommendation to create a Program Management Office for second opinion consults, and is therefore not eligible for retention within DoD. The Secretary's justification for the recommendation states, in part, "As a result of this recommendation, in the future the Department will rely on the civilian market for second opinion pathology consults and initial diagnosis when the local pathology labs capabilities are exceeded."

- ASD(HA), in collaboration with the Military Departments, Department of Veterans Affairs, and the Public Health Service have determined that DoD will retain the following capabilities:
  - Relocate Legal Medicine to the new Walter Reed National Military Medical Center, Bethesda,
  - Establish a Program Management Office to coordinate pathology results, contract administration, and QA/QC for DoD second opinion consults worldwide,
  - Relocate the enlisted histology technician training to Fort Sam Houston, TX,
  - Relocate the Armed Forces Medical Examiner System including the, DoD DNA Registry, Forensic Toxicology, and Mortality Surveillance Division, and Accident Investigation to Dover AFB, DE,
  - Relocate the National Museum of Health and Medicine to Bethesda,
  - Consolidate the Tissue Repository on Forest Glen Annex and align under the USUHS,

- Relocate the Center for Clinical Laboratory Medicine to Bethesda,
- Relocate the Patient Safety Center to Bethesda,
- Retain the DoD Veterinary Pathology Residency Program, and
- Retain the Automated Central Tumor Registry.

- Additional AFIP BRAC actions pending final decisions include:
  - Retain two biodefense projects and the biologic agent reserve repository at Ft Detrick, MD, and the Edgewood Chemical Biological Center, MD
  - Retain depleted uranium (DU) testing capability
  - Relocate cystic fibrosis testing capability
  - Retain diagnostic telepathology capability

- Relocation of capabilities that are directed to move will occur as the gaining commands are prepared to receive them. A strategy for phased curtailment of all other services has been developed that meets savings targets and personnel end strength requirements.

- Emphasis is placed on preserving consultation services to military and other federal customers until the Program Management Office is operational with earlier disestablishment of research and education activities for disestablished departments and divisions.

- The DoD will no longer maintain the Radiologic Pathology Correlation Course. However the Department may make materials and information available to qualified civilian organizations or agencies that desire to develop and offer such a course in the future.

- Milestones/End points for AFIP services that have been determined to date include:
  - July 2007 - No new residents/fellows
  - September 2007 - Last continuing medical education course
  - September 2007 - No new research protocols approved
  - May 2008 - Last Radiologic-Pathologic Correlation education course
  - September 2008 - All research projects/protocols must be completed
  - December 2009 - Last civilian pathology consultation case
  - December 2010 - Last military and other federal pathology consultation case

Overall Strategy for AFIP's BRAC Implementation Plan:

<u>FY 2008</u>

- Reduce research staff and education staff levels as course offerings decline
- Release PAO information, dissemination plan
- Eliminate library, electronic subscription services, and staff

FY 2009

- Curtail Consultation, Education and Research missions; eliminate corresponding staff positions
- Notify customers of curtailment of civilian consult services
- Discontinue Distance learning, Grand Rounds VTCs, AskAFIP

FY 2010

- Notify VA and Service Consultants of curtailment of federal consult services
- Transfer Telepathology to identified key sites within MHS
- Execute directed moves & transition absorbed capabilities to gaining DoD, federal or civilian agency

FY 2011

- Transfer Biological Select Agent and Toxin inventory to USAMRIID
- Transfer equipment to other DoD or Federal agencies
- Resource Management (RM) close out previous 5 years and transfer accounts

2006 – 2011 (ongoing)

- Rewrite DoD Directives (DODDs), DoD Instructions (DoDIs), relevant legislation
- Terminate Memoranda of Agreement/Understanding (MOAs/MOUs), and Inter-Agency Agreements (IAAs), as appropriate; renew remainder under new Command and Control (C2)
- Halt Biosafety Level (BSL)-3 laboratory use upon loss of funding for security guard for or other regulatory requirements
- Prepare to adjust drawdown of areas to accommodate attrition and unexpected departures
- Reduce infrastructure (Information Management/Technology, Logistics, Resource Management, Human Resources, Laboratories) as appropriate to the level of mission activity
- Retain minimum critical support until Sep 2011 (Safety, Legal, Security, Credentials, etc.)

VI. Summary

In summary, the following current AFIP capabilities will be retained by DoD and relocated:

- Armed Forces Medical Examiner System	Dover AFB
- National Museum of Health and Medicine	Bethesda
- Legal Medicine	Bethesda
- Program Management Office*	Bethesda
- Patient Safety Center	Bethesda

- Center for Clinical Laboratory Medicine	Bethesda
- Tissue and Case Material Repository	Forest Glen Annex
- Automated Central Tumor Registry	Forest Glen Annex
- DoD Veterinary Pathology Residency Program	Forest Glen Annex

The DoD decision concerning retaining the following current AFIP capabilities within DoD is still open:

- Diagnostic Telepathology	Bethesda or Ft Belvoir
- Biodefense project – JBAIDS	Ft Detrick, MD
- Biodefense project – CRP	Aberdeen Proving Ground
- Reserve biological select agent inventory	Aberdeen Proving Ground
- Depleted Uranium testing	Aberdeen Proving Ground
- Cystic fibrosis testing	TBD

DoD is required to implement the BRAC Act of 1990, as amended, and has exercised due diligence in this deliberate process. The BRAC law directs the relocation of several capabilities out of the National Capital Region. DoD has tried to align the remaining retained capabilities geographically and physically with other similar activities taking into consideration limitations of BRAC funding, military construction funding, space, and access. DoD has also aligned them within the functionally appropriate organizational structure for command, control, and oversight.

Although research, educational activities and consultation services currently offered to the federal and civilian medical communities will be discontinued starting in the Summer 2007, DoD is retaining approximately half of the AFIP personnel and all military mission-essential capabilities. After the AFIP as an institution is closed, DoD will derive benefit from the retained AFIP capabilities, as well as the savings generated by the completed realignment and closure.