

REPORT TO CONGRESS  
ON  
ASSESSING ALTERNATE LOCATIONS WITHIN  
THE MID-ATLANTIC REGIONAL AREA  
FOR POTENTIAL RELOCATION OF  
ARMED FORCES INSTITUTE OF PATHOLOGY

The Armed Forces Institute of Pathology (AFIP) is Department of Defense's (DoD) internationally recognized, one-of-a-kind, research, education and referral center for tissue and laboratory diagnoses. It is the nation's leading organization in surgical and forensic pathological research in medicine, dentistry, and veterinary medicine. AFIP collects, archives and analyzes DNA samples for all US military personnel. The Institute is the only Level "C" reference laboratory in the Centers for Disease Control (CDC) Laboratory Response Network, performing BSL-3 (Bio Safety Level- 3) specialty diagnostic and confirmatory testing on samples for potential biological agents. AFIP's one-of-a-kind reputation and capabilities encourage civilian pathologists to send it tens of thousands of cases annually for diagnosis.

In the Senate Appropriations Committee Report (107-68), the Committee noted the long-standing need for expanded and improved facilities for the Armed Forces Institute of Pathology (AFIP). The Committee directed DoD to undertake an assessment of alternate locations (other than the existing facility at Walter Reed Army Medical Center) in lower cost regions within the Mid-Atlantic area.

In late November 2001, the Secretary of the Army received a letter from Senator Robert C. Byrd, Chairman of the Committee on Appropriations, requesting Army representatives to visit and consider several locations in West Virginia (Attachment 1). These locations were visited by members of the U.S. Army Health Facilities Planning Agency (HFPA) and the Armed Forces Institute of Pathology (AFIP) and were determined to have potential as relocation sites for AFIP. Estimated construction cost for relocating to this area was over \$505.4M. Excerpts from a briefing prepared by HFPA and presented to Senator Byrd by the Secretary of the Army showing requirements necessary to relocate to West Virginia are provided as attachment 2. Attachment 3 is a template used by HFPA that provides the project components that support the estimated costs.

To comply with the requirement to assess potential AFIP relocation areas within the Mid-Atlantic region, the estimated cost to relocate AFIP to West Virginia provided by HFPA was normalized using DOD's area cost factors. These cost factors are determined by the Tri-Service Committee on Cost Engineering and are published in the DoD Guidance for Unit Costs, Area Cost Factors, Size Adjustment Factors and Inflation Rates table, dated February 1, 2001. Due to the wide variance in the land cost throughout the report region, the \$3M for land in the West Virginia project estimate was removed and other cost adjustments were made. The subsequent values were then applied to sixty-one sites along

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the East Coast, ranging from New York to Georgia. This study assumes that the AFIP will continue to operate as it currently executes its duties and responsibilities. It is also assumed that a similar facility is the most feasible course of action at this time. Lastly, it assumes that the potential support activities within the estimated 60 mile driving distances of the identified construction locations have trained personnel and skill sets available to perform the missions and the area is easily accessible by all modes of transportation. The cost of land must be assessed on a site-by-site basis and may be the decisive factor in making the ultimate decision on where to relocate AFIP.

The estimated costs to relocate AFIP to the sites considered, without associated cost for land, is provided in Attachment 4.

Attachment 5 provides the estimated costs to relocate AFIP to the sixty-one sites without the land and other associated quality of life facility costs.

In order to continue its vital missions, AFIP and its staff members must maintain their close geographical and professional contacts with other world-class physicians and biomedical scientists. AFIP's extensive professional teaching programs and its National Museum of Health and Medicine must be located at a site that will continue to attract visitors and students. The AFIP major education mission offers postgraduate courses to Pathologists and other professionals, varying from 2-14 days each with over a half-million total student days last year. Any location for AFIP would have to be selected to support this mission as well.

Attachment 6 includes a graphic representation and listing of a sample of facilities that could provide support to AFIP if AFIP were relocated near those facilities. For added information, military hospitals have been included on the regional map. An estimated cost for AFIP for each of these possible sites was calculated using the DoD area cost factors for locations within a 60-mile radius of the designated support facility. The lowest average area cost factor (.85) developed by this exercise was found in North Carolina and Georgia.

The AFIP Board of Governors recently approved a new business and transformation plan on December 6, 2002, which removes the requirement for new construction. Congressional support during the past several years has allowed the Department to address the life safety issues and environmental hazards in the main AFIP building. As part of the transformational plan, the Institute will be refocused to greater military relevance, increase revenues from civilian consultation, education and research, and maintain the Institute's core functional values to the nation which supporting the military mission.