



Base Realignment and Closure

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BRAC 2005: DoD uses process to revamp medical system

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WASHINGTON, D.C. — Defense officials have used the base realignment and closure process to transform the way military medicine operates.

Medical facilities will become more joint, they will consolidate where patients reside and they will become state-of-the-art. “We want to rival Johns Hopkins or the Mayo Clinics,” said Dr. William Winkenwerder Jr., assistant defense secretary for health affairs.

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

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

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

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

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

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

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

Changes would take place in San Antonio also. The two big medical platforms there are Brooke Army Medical Center at Fort Sam Houston and the 59th Medical Wing’s Wilford Hall Medical Center at Lackland Air Force Base. Plans call for medical care to center at BAMC. It will become the San Antonio Regional Medical Center, and will be a jointly staffed, 425-bed center. At Lackland, BRAC recommends building a worldclass outpatient and ambulatory surgery center. The trauma center at Lackland will close, and BAMC will expand to handle the need.

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

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

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

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

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

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