

FORT SAM HOUSTON, TEXAS (ARMY RECOMMENDATION)

SECRETARY OF DEFENSE RECOMMENDATION

Close Fort McPherson, GA. Relocate the Headquarters US Army Forces Command (FORSCOM), and the Headquarters US Army Reserve Command (USARC) to Pope Air Force Base, NC. Relocate the Headquarters 3rd US Army to Shaw Air Force Base, SC. Relocate the Installation Management Agency Southeastern Region Headquarters and the US Army Network Enterprise Technology Command (NETCOM) Southeastern Region Headquarters to Fort Eustis, VA. Relocate the Army Contracting Agency Southern Region Headquarters to Fort Sam Houston, TX.

SECRETARY OF DEFENSE JUSTIFICATION

This recommendation closes Fort McPherson, an administrative installation, and moves the tenant headquarters organizations to Fort Sam Houston, Fort Eustis, Pope AFB and Shaw AFB. It enhances the Army's military value, is consistent with the Army's Force Structure Plan, and maintains adequate surge capabilities to address unforeseen future requirements. This closure allows the Army to employ excess capacities at installations that can accomplish more than administrative missions. The organization relocations in this recommendation also create multifunctional, multicomponent and multi-Service installations that provide a better level of service at a reduced cost.

The recommended relocations also retain or enhance vital linkages between the relocating organizations and other headquarters activities. FORSCOM HQs is relocated to Pope AFB where it will be co-located with a large concentration of operational forces. The USARC HQs has a mission relationship with FORSCOM that is enhanced by leaving the two co-located. 3rd Army is relocated to Shaw AFB where it will be collocated with the Air Force component command of CENTCOM. The IMA and NETCOM HQs are moved to Fort Eustis because of recommendations to consolidate the Northeastern and Southeastern regions of these two commands into one Eastern Region at Fort Eustis. The ACA Southern Region HQs is moved to Fort Sam Houston where it is recommended to consolidate with the ACA Southern Hemisphere Region HQs, and where it will co-locate with other Army service providing organizations.

COMMUNITY CONCERNS

The community argued that cost was the overriding factor in DoD's decision to close this historic installation, and significant relocation costs were understated. The community maintained that the current co-location of three major Army headquarters (Forces Command, Reserve Command and Third Army) next to an international airport with unparallel access and point-to-point travel is an important synergy for training readiness and operational planning. Loss of a major military presence in the Atlanta metropolitan area would adversely affect the City of Atlanta, a terrorist target; hinder military recruitment of African Americans; reduce military support to the Department of homeland security; disadvantage a significant number of handicapped employees at Fort McPherson; and adversely affect surrounding communities already suffering high unemployment rates and low per-capita income. It was the community's judgment that Fort McPherson, Atlanta's seventh largest employer, is ideally located to take advantage of Atlanta's major transportation and information technology hubs which they believed will be necessary to meet future military and homeland security command and control challenges. The community maintained DoD substantially deviated from criteria 3 and 4 by dispersal of headquarters which limits command and control at additional cost; criterion 1 by dispersing critical synergy; and criterion 5 by understating costs.

COMMISSION FINDINGS

The Commission found that the cost to relocate the Defense Information Systems Agency (DISA) regional communications hub at Fort McPherson was not accounted for in DoD's analysis. Subsequent DoD certified data revealed relocation of the hub would cost \$17.09M. Moreover, relocating Third Army Headquarters to Shaw Air Force Base could require more construction funding than anticipated. The Commission confirmed that Fort McPherson has a large number of historic facilities requiring maintenance and consultation with the State Historic Preservation Office. Fort McPherson Garrison supports an 85-acre recreational area at Lake Allatoona, GA, consisting of cabins, boating and outdoor activities, and the Commission found no plan for the disposition of this Morale, Welfare and Recreational Area. The Commission notes that Fort McPherson borders East Point, GA, a Historically Underutilized Business (HUB) Zone. The closure of Fort McPherson will have a negative economic impact on this already economically depressed, predominantly minority community, and because the Garrison provides employment opportunities to a large number of individuals with severe disabilities, the Commission strongly urges the Department to proactively work with the community to minimize these impacts. However, the Commission did not find these issues individually or collectively rose to the level of a substantial deviation.

COMMISSION RECOMMENDATIONS

The Commission found the Secretary's recommendation consistent with the final selection criteria and force structure plan. Therefore, the Commission approved the recommendation of the Secretary

FORT SAM HOUSTON, TEXAS (NAVY RECOMMENDATION – SUBMARINE BASE NEW LONDON, CT)

SECRETARY OF DEFENSE RECOMMENDATION

Close Naval Submarine Base New London, CT. Relocate its assigned submarines, Auxiliary Repair Dock 4 (ARDM-4), and Nuclear Research Submarine 1 (NR-1) along with their dedicated personnel, equipment and support to Submarine Base Kings Bay, GA, and Naval Station Norfolk, VA. Relocate the intermediate submarine repair function to Shore Intermediate Repair Activity Norfolk, at Naval Shipyard Norfolk, VA, and Trident Refit Facility Kings Bay, GA. Relocate the Naval Submarine School and Center for Submarine Learning to Submarine Base Kings Bay, GA. Consolidate the Naval Security Group Activity Groton, CT, with Naval Security Group Activity Norfolk, VA, at Naval Station Norfolk, VA. Consolidate Naval Submarine Medical Research Laboratory Groton, CT, with Naval Medical Research Center at Walter Reed Army Medical Center Forest Glenn Annex, MD. Relocate Naval Undersea Medical Institute Groton, CT, to Naval Air Station Pensacola, FL, and Fort Sam Houston, TX. Consolidate Navy Region Northeast, New London, CT, with Navy Region, Mid-Atlantic, Norfolk, VA.

SECRETARY OF DEFENSE JUSTIFICATION

The existing berthing capacity at surface/subsurface installations exceeds the capacity required to support the Force Structure Plan. The closure of Submarine Base New London materially contributes to the maximum reduction of excess capacity while increasing the average military value of the remaining bases in this functional area. Sufficient capacity and fleet dispersal is maintained with the East Coast submarine fleet homeports of Naval Station Norfolk and Submarine Base Kings Bay, without affecting operational capability. The intermediate submarine repair function is relocated to Shore Intermediate Maintenance Activity Norfolk at Norfolk Naval Shipyard, and the Trident Refit Facility Kings Bay, GA, in support of the

relocating submarines. Consolidating the Naval Submarine Medical Research Laboratory with assets at the Walter Reed Army Medical Center Forest Glen Annex will create a DoD Center of Hyperbaric and Undersea Medicine that will increase synergy by consolidating previously separate animal and human research capabilities at a single location. The consolidation of Navy Region, Northeast with Navy Region, Mid-Atlantic is one element of the Department of the Navy efforts to reduce the number of Installation Management Regions from twelve to eight. Consolidation of the Regions rationalizes regional management structure and allows for opportunities to collocate regional entities to align management concepts and efficiencies.

COMMUNITY CONCERNS

The New London community argued the closure of the Submarine Base would eliminate a critical US military strategic presence. Advocates repeatedly expressed concerns that the closure would sever longstanding synergies with the Submarine School, Submarine Development Squadron 12, Electric Boat Company (which designs, constructs, and maintains nuclear submarines), Naval Undersea Medical Institute and such nearby facilities at Newport, RI, as the Naval Undersea Warfare Center, Surface Warfare Officers School and the Naval War College, as well as loss of nearby college and university centers of undersea research. They argued DoD's closure recommendation deviated from the 20-year Force Structure Plan because it was premised on fewer attack submarines than their understanding of the requirement, and would restrict the future Navy because of insufficient basing capacity. Further, they asserted DoD undervalued New London's military value by not considering tenant commands such as the Submarine School, piers, Submarine Support Facility, and synergy relationships. Advocates claimed closure costs were greatly underestimated due to environmental considerations, personnel relocation and reconstitution of facilities at Norfolk, VA, and Kings Bay, GA. Similarly, savings were overestimated because of unrealistic personnel savings and construction requirements at Norfolk and Kings Bay to accommodate relocations. Last, the community projected a much greater economic impact on the local and extended area because of jobs associated with not only the base, but also those losses attendant with supporting facilities, including Electric Boat.

The Norfolk, VA, community expressed confidence that they and the Naval Station can support all personnel, submarines and equipment.

The Camden County, GA, community supported the closure recommendation, claiming the Navy can adequately support the current 55 Fast Attack Submarines. They claimed a lower force structure number would simply add to excess capacity. They backed DoD's assessment of relative military value for submarine bases. Kings Bay, a multi-use base, would provide synergy opportunities by collocating Fast Attack Submarines with a Fleet Concentration area that provided operating, training and maintenance interchange with Fleet Ballistic Missile Submarines as well as Fleet Surface and Aviation units. They asserted that DoD calculations adequately considered construction costs, environmental considerations and potential savings. Advocates for Kings Bay indicated that with several thousand acres of unencumbered, developable land, there is ample capacity to accommodate relocated personnel, submarines, support and equipment. The community adamantly claimed there would be more than an adequate amount of high quality housing, educational and quality-of-life facilities to support an increased military population since the military presence would still be less than that supported in Camden County ten years ago.

COMMISSION FINDINGS

The Commission found that excess capacity exists in the surface-subsurface category, that significant savings would accrue, and that a solid business case was made for closure of Submarine Base New London. However, the Commission also found that decoupling and displacing long-standing collocation relationships with undersea centers of excellence, the Submarine School and a nearby submarine construction company could adversely affect operational readiness. In addition, the Commission found the argument of overall economic impact compelling. Further, the Commission's analysis found serious doubts about the threat assessment and resultant Force Structure Plan basis for the number of required Fast Attack

Submarines. These factors combined to present an inherently unknowable and therefore unacceptable security risk to national security if the base were to close.

COMMISSION RECOMMENDATIONS

The Commission found that the Secretary of Defense deviated substantially from final selection criteria 1, and the Force Structure Plan. Therefore, the Commission recommends the following:

Realign Naval Submarine Base New London, Connecticut by consolidating Navy Region Northeast, New London, CT, with Navy Region, Mid-Atlantic, Norfolk, VA.

The Commission found this change and the recommendation as amended are consistent with the final selection criteria and the Force Structure Plan. The full text of this and all other recommendations can be found in Appendix Q.

FORT SAM HOUSTON, TEXAS (JOINT CROSS SERVICE GROUP – HEADQUARTERS AND SUPPORT ACTIVITIES; JOINT BASING)

SECRETARY OF DEFENSE RECOMMENDATION

Realign McChord Air Force Base (AFB), WA, by relocating the installation management functions to Fort Lewis, WA, establishing Joint Base Lewis-McChord.

Realign Fort Dix, NJ, and Naval Air Engineering Station Lakehurst, NJ, by relocating the installation management functions to McGuire AFB, NJ, establishing Joint Base McGuire-Dix-Lakehurst.

Realign Naval Air Facility Washington, MD, by relocating the installation management functions to Andrews AFB, MD, establishing Joint Base Andrews-Naval Air Facility Washington, MD.

Realign Bolling AFB, Washington, DC, by relocating the installation management functions to Naval District Washington at the Washington Navy Yard, Washington, DC, establishing Joint Base Anacostia-Bolling-Naval Research Laboratory (NRL), Washington, DC.

Realign Henderson Hall, VA, by relocating the installation management functions to Fort Myer, VA, establishing Joint Base Myer-Henderson Hall, VA.

Realign Fort Richardson, AK, by relocating the installation management functions to Elmendorf AFB, AK, establishing Joint Base Elmendorf-Richardson, AK.

Realign Hickam AFB, HI, by relocating the installation management functions to Naval Station Pearl Harbor, HI, establishing Joint Base Pearl Harbor-Hickam, HI.

Realign Fort Sam Houston, TX, and Randolph AFB, TX, by relocating the installation management functions to Lackland AFB, TX.

Realign Naval Weapons Station Charleston, SC, by relocating the installation management functions to Charleston AFB, SC.

Realign Fort Eustis, VA, by relocating the installation management functions to Langley AFB, VA.

Realign Fort Story, VA, by relocating the installation management functions to Commander Naval Mid-Atlantic Region at Naval Station Norfolk, VA.

Realign Andersen AFB, Guam, by relocating the installation management functions to Commander, US Naval Forces, Marianas Islands, Guam.

SECRETARY OF DEFENSE JUSTIFICATION

All installations employ military, civilian, and contractor personnel to perform common functions in support of installation facilities and personnel. All installations execute these functions using similar or near similar processes. Because these installations share a common boundary with minimal distance between the major facilities or are in near proximity, there is significant opportunity to reduce duplication of efforts with resulting reduction of overall manpower and facilities requirements capable of generating savings, which will be realized by paring unnecessary management personnel and achieving greater efficiencies through economies of scale. Intangible savings are expected to result from opportunities to consolidate and optimize existing and future service contract requirements. Additional opportunities for savings are also expected to result from establishment of a single space management authority capable of generating greater overall utilization of facilities and infrastructure. Further savings are expected to result from opportunities to reduce and correctly size both owned and contracted commercial fleets of base support vehicles and equipment consistent with the size of the combined facilities and supported populations. Regional efficiencies achieved as a result of Service regionalization of installation management will provide additional opportunities for overall savings as the designated installations are consolidated under regional management structures.

Specific exceptions not included in the functions to relocate are Health and Military Personnel Services. In general, the Department anticipates transferring responsibility for all other Base Operating Support (BOS) functions and the Operations and Maintenance (O&M) portion of Sustainment, Restoration and Modernization (SRM), to the designated receiving location.

However, because of the variety of circumstances at each location, the Department requires flexibility to tailor implementation to the unique requirements at each location.

In all but three realignments, discussed below, the quantitative military value score validated by military judgment was the primary basis for determining which installation was designated as the receiving location.

McGuire's quantitative military value compared to the Fort Dix quantitative military value score was too close to be the sole factor for determining the receiving installation for installation management functions. Military judgment favored McGuire AFB as the receiving installation for the installation management functions because its mission supports operational forces, in contrast to Fort Dix, which has a primary mission of support for Reserve Component training.

As an installation accustomed to supporting operational forces, it was the military judgment of the JCSG that McGuire was better able to perform those functions for both locations.

Similarly, the quantitative military value score of Charleston AFB compared to that of Naval Weapons Station Charleston was too close to be the sole factor for determining the receiving installation for installation management functions. Military judgment favored Charleston AFB as the receiving installation for the installation management functions because of its mission in support of operational forces compared to Naval Weapons Station Charleston, which has a primary mission to support training and industrial activities. It was the military judgment of the JCSG that Charleston AFB, as an installation accustomed to supporting operational forces, was better able to perform those functions for both locations.

Langley AFB's quantitative military value score compared to the Fort Eustis quantitative military value score was a clear margin for Fort Eustis. However, pending changes to Fort Eustis resulting from other BRAC recommendations causes military judgment to favor Langley AFB as the receiving installation for the installation management functions. Relocations of organizations currently based at Fort Eustis will cause a significant population decline and overall reduction in the scope of the installation's supporting mission. Based on these changes, it was the military judgment of the JCSG that Langley AFB was better able to perform these functions for both locations.

COMMUNITY CONCERNS

Although affected communities supported the concept of Joint Basing, several communities expressed concerns about the effect of personnel cuts on the mission, questioned DoD's process used to determine the proposed number of personnel cuts, and expressed concern over the overall health and welfare of the bases involved. Additionally, communities argued that the "clash of cultures" and service-specific interests would impair installation management by a different service. To avoid this likely problem, some community advocates argued DoD would need to develop a common installation management approach by establishing a joint basing office in DoD to implement the new Joint Bases so that individual military services did not issue conflicting guidance and procedures. Finally, there was concern expressed that non-appropriated fund employees were not addressed specifically in the DoD recommendation.

COMMISSION FINDINGS

While the Commission supports the concept of Joint Basing strongly, it is concerned, as is GAO, that DoD must assess and remedy several issues before implementation will be successful. For instance, common terminology is lacking to define Base Operating Support (BOS) functions among the military services and OSD. The Commission concurs with the Government Accountability Office (GAO) that DoD needs an analytic process for developing BOS requirements. Also, while each military service has standards, there are no DoD-wide standards for common support functions.

Additionally, the Commission learned that DoD determined the manpower reductions through application of a formula and not deliberations among commanders of the affected installations. In other words, the manpower savings were directed rather than derived from functional analyses and manpower studies.

Finally, the Commission found that currently Naval District Washington provides non-mission related services to the Naval Research Laboratory because the Navy has centralized its installation management functions. Naval Research Laboratory (NRL) is a Secretary of the Navy Working Capital Fund Activity, so it must maintain control of laboratory buildings, structures, and other physical assets that are essential to the NRL research mission.

COMMISSION RECOMMENDATIONS

The Commission found that the Secretary of Defense deviated substantially from final selection criteria 1 and 4 and from the Force Structure Plan. Therefore, the Commission recommends the following:

Realign McChord Air Force Base (AFB), WA, by relocating the installation management functions to Fort Lewis, WA, establishing Joint Base Lewis-McChord, WA.

Realign Fort Dix, NJ, and Naval Air Engineering Station Lakehurst, NJ, by relocating the installation management functions to McGuire AFB, NJ, establishing Joint Base McGuire-Dix-Lakehurst, NJ.

Realign Naval Air Facility Washington, MD, by relocating the installation management functions to Andrews AFB, MD, establishing Joint Base Andrews-Naval Air Facility Washington, MD.

Realign Bolling AFB, DC, by relocating the installation management functions to Naval District Washington at the Washington Navy Yard, DC, establishing Joint Base Anacostia-Bolling, DC.

Realign Henderson Hall, VA, by relocating the installation management functions to Fort Myer, VA, establishing Joint Base Myer-Henderson Hall, VA.

Realign Fort Richardson, AK, by relocating the installation management functions to Elmendorf AFB, AK, establishing Joint Base Elmendorf-Richardson, AK.

Realign Hickam AFB, HI, by relocating the installation management functions to Naval Station Pearl Harbor, HI, establishing Joint Base Pearl Harbor-Hickam, HI.

Realign Fort Sam Houston, TX, and Randolph AFB, TX, by relocating the installation management functions to Lackland AFB, TX.

Realign Naval Weapons Station Charleston, SC, by relocating the installation management functions to Charleston AFB, SC.

Realign Fort Eustis, VA, by relocating the installation management functions to Langley AFB, VA.

Realign Fort Story, VA, by relocating the installation management functions to Commander Naval Mid-Atlantic Region at Naval Station Norfolk, VA.

Realign Andersen AFB, Guam, by relocating the installation management functions to Commander, US Naval Forces, Marianas Islands, Guam.

The Commission found this change and the recommendation as amended are consistent with the final selection criteria and the Force Structure Plan. The full text of this and all Commission recommendations can be found in Appendix Q.

FORT SAM HOUSTON, TEXAS (JOINT CROSS SERVICE GROUP – HEADQUARTERS AND SUPPORT ACTIVITIES; RELOCATE ARMY HEADQUARTERS AND FIELD OPERATING AGENCIES)

SECRETARY OF DEFENSE RECOMMENDATION

Realign the Zachary Taylor Building, a leased installation in Arlington, VA, by relocating the Army Installation Management Agency headquarters to Fort Sam Houston, TX.

Realign Rock Island Arsenal, Illinois, as follows: relocate the Army Installation Management Agency Northwest Region headquarters to Fort Sam Houston, TX, and consolidate it with the Army Installation Management Agency Southwest Region headquarters to form the Army Installation Management Agency Western Region; and relocate the Army Network Enterprise Technology Command Northwest Region headquarters to Fort Sam Houston, TX, and consolidate it with the Army Network Enterprise Technology Command Southwest Region headquarters to form the Army Network Enterprise Technology Command Western Region.

Realign Crystal Square 2, a leased installation in Arlington, VA, by relocating the Army HR XXI office to Fort Knox, KY.

Realign the Park Center IV Building, a leased installation in Falls Church, VA, by relocating the Army Center for Substance Abuse to Fort Knox, KY.

Realign Seven Corners Corporate Center, a leased installation in Falls Church, VA, and 4700 King Street, a leased installation in Alexandria, VA, by relocating the Army Community and Family Support Center to Fort Sam Houston, TX.

Realign Rosslyn Metro Center, a leased installation in Arlington, VA, by relocating the Army Family Liaison Office to Fort Sam Houston, TX.

Realign Skyline Six, a leased installation in Falls Church, VA, by relocating the Army Contracting Agency headquarters to Fort Sam Houston, TX.

Realign the Hoffman 1 Building, a leased installation in Alexandria, VA, by relocating the Army Contracting Agency E-Commerce Region headquarters to Fort Sam Houston, TX.

Realign Fort Buchanan, Puerto Rico, by relocating the Army Contracting Agency Southern Hemisphere Region headquarters to Fort Sam Houston, TX.

Realign Aberdeen Proving Ground, MD, by relocating the Army Environmental Center to Fort Sam Houston, TX.

Realign Fort Belvoir, VA by relocating Army Materiel Command (AMC) and the Security Assistance Command (USASAC, an AMC major subordinate command) to Redstone Arsenal, AL.

SECRETARY OF DEFENSE JUSTIFICATION

This recommendation relocates several Army Service Provider headquarters and regional offices in order to create operating efficiencies via co-location and/or consolidation. A new Installation Management Agency (IMA) Western Region office is created at Fort Sam Houston by relocating the IMA Northwest Region headquarters from Rock Island Arsenal; it collocates the IMA Headquarters with the IMA Western Region. Separate Army recommendations relocate other IMA regional offices to create the IMA Eastern Region at Fort Eustis.

This recommendation creates a new Network Enterprise Technology Command (NETCOM) Western Region at Fort Sam Houston by relocating the NETCOM Northwest Region headquarters from Rock Island Arsenal. Separate Army recommendations relocate other NETCOM Region headquarters to create the NETCOM Eastern Region at Fort Eustis.

The Army Contracting Agency (ACA) is relocating the ACA Southern Region office to Fort Sam Houston where it will consolidate with the ACA Southern Hemisphere Region office that is relocating from Fort Buchanan. The ACA Headquarters and ACA E-Commerce Region will collocate with the ACA Southern Region at Fort Sam Houston. By a separate Army recommendation, the ACA Northern Region headquarters will relocate from Fort Monroe to Fort Eustis in order to collocate with the ACA Northern Contracting Center.

Several other Army entities will relocate in order to collocate with the aforementioned organizations at Fort Sam Houston: the Army Community and Family Support Center, the Army Family Liaison Office, and the Army Environmental Center. The Army Center for Substance Abuse and the Army HR XXI office are relocating to Fort Knox. Finally, the Army Materiel Command (AMC) and the Security Assistance Command will relocate to Redstone Arsenal in order to collocate with one of AMC's major subordinate commands, the USA Aviation and Missile Command.

This recommendation meets several important Department of Defense objectives with regard to future use of leased space, rationalization of the Department's presence within 100 miles of the Pentagon, consolidation of Headquarters operations at single locations, and enhanced security for DoD activities. It collocates the Headquarters of the Army's regional service providers that typically interact daily. It results in improvement in military value due to the shift from leased space to locations on military installations and from re-location of organizations from installations lying outside of the Army's portfolio of installations they intend to keep to installations with higher military value. The military value of the affected Army activities range from 219th to 303rd of 334 entities evaluated by the Major Administration and Headquarters (MAH) military value model. Fort Sam Houston is ranked 19th out of 334; Fort Knox is ranked 32nd, and Redstone Arsenal is ranked 48th.

Implementation will reduce the Department's reliance on leased space which has historically higher overall costs than government-owned space and generally does not meet Anti-terrorism Force Protection standards as prescribed in UFC 04-010-01. The recommendation eliminates approximately 234,000 Usable Square Feet (USF) of leased administrative space within the National Capital Region (NCR) by relocating 8 organizations to military installations that are farther than 100 miles from the Pentagon, thereby providing dispersion of DoD activities away from a dense concentration within the NCR. This, plus the immediate benefit of enhanced Force Protection afforded by locating service providers within a military installation fence-line, will provide immediate compliance with Force Protection Standards. Operational synergies and

efficiencies gained by co-locating Headquarters and newly consolidated Regional offices will likely result in additional operational efficiency and/or personnel reductions in the future.

The relocation of AMC and USASAC to Redstone Arsenal will result in the avoidance of future military construction costs; this future cost avoidance is not reflected in the payback calculation because it is planned for post-FY05. This military construction would provide for a new headquarters building for AMC and USASAC on Fort Belvoir; the majority of AMC's current space on Fort Belvoir is currently in temporary structures.

COMMUNITY CONCERNS

No community concerns were voiced during the review and analysis process regarding this specific recommendation. All organizations visited or contacted by the analyst stated that they could perform their mission from the new location. While there were some individual issues that would require adjudication during implementation, none were of such a nature as to conflict with the move or mission performance.

Community concerns over leased space in general received by the Commission questioned DoD's security standards, stating they were unnecessarily more stringent than those developed by the Interagency Security Committee (tasked with developing and evaluating security standards for Federal facilities.) Also, they questioned whether DoD had surveyed each facility to determine compliance and the level of compliance with the DoD security standards (or even those "less stringent" standards approved by OMB in September 2004).

COMMISSION FINDINGS

The Commission found that all organizations had indicated that they could perform their mission from the new location. Individual issues requiring careful adjudication during implementation would not conflict with the move or mission performance, and none rose to the level of a substantial deviation.

COMMISSION RECOMMENDATIONS

The Commission found the Secretary's recommendation consistent with the final selection criteria and the Force Structure Plan. Therefore, the Commission approves the recommendation of the Secretary.

FORT SAM HOUSTON, TEXAS (JOINT CROSS SERVICE GROUP – MEDICAL; WALTER REED NATIONAL MILITARY MEDICAL CENTER, BETHESDA, MD)

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 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 Medical Museum and the Tissue Repository; relocate the Armed Forces Medical Examiner, DNA Registry,

and Accident Investigation to Dover Air Force Base, DE; relocate enlisted histology technician training to Fort Sam Houston, TX; relocate the Combat Casualty Care Research sub-function (with the exception of those organizational elements performing neuroprotection research) of the Walter Reed Army Institute of Research (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, Fort 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 Fort Detrick, MD, and consolidate it with US Army Medical Research Institute of Infectious Diseases; relocate Medical Chemical Defense Research of the Walter Reed Army Institute of Research (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 RWP) and an expansion of the inpatient care at DeWitt Hospital (13K RWP), the entire inpatient care produced at Walter Reed AMC (17K RWP) can be relocated into these facilities along with their current workload (11K RWP and 1.9K RWP, respectively). 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, Fort 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 Fort 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 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 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 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 Fort Sam Houston, TX; relocate the Combat Casualty Care Research sub-function (with the exception of those organizational elements performing neuroprotection research) of the Walter Reed Army Institute of Research (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, Fort 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 Fort Detrick, MD, and consolidate it with US Army Medical Research Institute of Infectious Diseases; relocate Medical Chemical Defense Research of the Walter Reed Army Institute of Research (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.

The Commission found that this change and the recommendation as amended are consistent with the final selection criteria and the Force Structure Plan. The full text of this and all Commission recommendations can be found in Appendix Q.

FORT SAM HOUSTON, TEXAS (JOINT CROSS SERVICE GROUP – MEDICAL; BROOKS CITY BASE, TX)

SECRETARY OF DEFENSE RECOMMENDATION

Close Brooks City Base, San Antonio, TX. Relocate the Air Force Audit Agency and 341st Recruiting Squadron to Randolph AFB. Relocate the United States Air Force School of Aerospace Medicine, the Air Force Institute of Occupational Health, the Naval Health Research Center Electro-Magnetic Energy Detachment, the Human Systems Development and Acquisition function, and the Human Effectiveness Directorate of the Air Force Research Laboratory to Wright-Patterson Air Force Base, OH. Consolidate the Human Effectiveness Directorate with the Air Force Research Laboratory, Human Effectiveness Directorate at Wright-Patterson Air Force Base, OH. Relocate the Air Force Center for Environmental Excellence, the Air Force Medical Support Agency, Air Force Medical Operations Agency, Air Force Element Medical Defense Agency, Air Force Element Medical-DoD, Air Force-Wide Support Element, 710th Information Operations Flight and the 68th Information Operations Squadron to Lackland Air Force Base, TX. Relocate the Army Medical Research Detachment to the Army Institute of Surgical Research, Fort Sam Houston, TX. Relocate the Non-Medical Chemical Biological Defense Development and Acquisition to Edgewood Chemical Biological Center, Aberdeen Proving Ground, MD. Disestablish any remaining organizations.

Realign Holloman AFB by disestablishing the high-onset gravitational force centrifuge and relocating the physiological training unit (49 ADOS/SGGT) to Wright-Patterson AFB.

SECRETARY OF DEFENSE JUSTIFICATION

This recommendation enables technical synergy, and positions the Department of the Air Force to exploit a center-of-mass of scientific, technical, and acquisition expertise required by the 20-year Force Structure Plan. Greater synergy across technical capabilities and functions will be achieved by consolidating geographically separate units of the Air Force Research Laboratory.

The end state will co-locate the Human Systems Development & Acquisition function and the Human Systems Research function with Air Force Aerospace Medicine and Occupational Health education and training. This action will co-locate the Development & Acquisition for Human Systems with the Research function and will concentrate acquisition expertise for Human Systems at one site. Additionally, the relocation of the physiological training unit from Holloman AFB with the relocation of the high-onset gravitational-force centrifuge, enables the continued use of a critical piece of equipment required for both Human Systems Research and Aerospace Medicine Education and Training. This end state will also increase synergy with the Air Platform Research and Development & Acquisition functions and continue the efficient use of equipment and facilities implemented under Biomedical Reliance and BRAC 91 at Wright-Patterson AFB, OH.

Co-location of combat casualty care research activities with related military clinical activities of the trauma center currently located at Brooke Army Medical Center, Fort 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. The availability of a co-located military trauma center also provides incentives for recruitment and retention of military physicians as researchers, and is a model that has proven highly successful in civilian academic research centers.

Edgewood Chemical and Biological Center, Aberdeen Proving Ground, is home to the military's most robust infrastructure supporting research utilizing hazardous chemical agents. Relocation of the Non-medical Chemical Biological Defense Development and Acquisition to Aberdeen Proving Ground will increase synergy, focus on joint needs, and efficient use of equipment and facilities by co-locating Tri-Service and Defense activities performing functions in chemical-biological defense and medical RDA.

This recommendation also moves the Air Force Center for Environmental Excellence (AFCEE) to Lackland AFB, where it will be co-located with the Air Force Real Property Agency (AFRPA) that is being relocated to Lackland in a separate recommendation. The military value of AFCEE is 265th out of 336 entities evaluated by the Major Administrative and Headquarters (MAH) military value model. Lackland Air Force Base is ranked 25th out of 336.

COMMUNITY CONCERNS

Community representatives argued DoD's proposed closure of Brooks City Base, Texas would be too costly and eliminated already existing synergies. Specifically, they questioned why the US Air Force School of Aerospace Medicine (USAFSAM) would be moved to the Human Effectiveness Directorate at Wright-Patterson Air Force Base when the mission of USAFSAM involves training and has nothing to do with human system research or development. Alternatively, they suggested realigning USAFSAM with Fort Sam Houston where a co-located medical training organization is proposed. The community also recommended that the Air Force Institute of Operational Health remain in San Antonio and be realigned with USAFSAM because such an alignment would create greater military value than moving to Wright-Patterson. Finally, they argued that the Tri-Service Directed Energy Bioeffects Laboratory, created as a result of a prior BRAC process, remain intact so that such tri-service research can continue.

COMMISSION FINDINGS

The Commission found that several elements of this recommendation were not supportable as originally proposed. For instance, moving the Naval Health Research Center Electro-Magnetic Energy Detachment and the directed energy aspects of the Human Effectiveness Directorate of the Air Force Research Laboratory to Wright-Patterson Air Force Base, OH, and the Army Medical Research Detachment to the Army Institute of Surgical Research at Fort Sam Houston, TX, would break apart valuable research synergies established over a 10-year period at the Tri-Service Directed Energy Laboratories. In fact, the Tri-Service Directed Energy Laboratory was brought together at Brooks City Base in 1993 under a special project to collocate similar research and development activities of the military services. Therefore, the

Commission found that the work conducted on the effect of directed energy on humans could be placed at risk under the DoD proposal.

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:

Close Brooks City Base, San Antonio, TX. Relocate the Air Force Audit Agency and 341st Recruiting Squadron to Randolph AFB. Relocate the United States Air Force School of Aerospace Medicine, the Air Force Institute of Operational Health, and the Human Systems Development and Acquisition function to Wright-Patterson Air Force Base, OH. Relocate the Naval Health Research Center Electro-Magnetic Energy Detachment and the Directed Energy portion of the Human Effectiveness Directorate of the Air Force Research Laboratory to Fort Sam Houston, TX. Consolidate the Human Effectiveness Directorate with the Air Force Research Laboratory, Human Effectiveness Directorate at Wright-Patterson Air Force Base, OH. Relocate the Air Force Center for Environmental Excellence, the Air Force Medical Support Agency, Air Force Medical Operations Agency, Air Force Element Medical Defense Agency, Air Force Element Medical-DoD, Air Force-Wide Support Element, 710th Information Operations Flight and the 68th Information Operations Squadron to Lackland Air Force Base, TX. Relocate the Army Medical Research Detachment to the Army Institute of Surgical Research, Fort Sam Houston, TX. Relocate the Non-Medical Chemical Biological Defense Development and Acquisition to Edgewood Chemical Biological Center, Aberdeen Proving Ground, MD. Disestablish any remaining organizations.

Realign Holloman AFB by disestablishing the high-onset gravitational force centrifuge and relocating the physiological training unit (49 ADOS/SGGT) to Wright-Patterson AFB.

The Commission found that this change and the recommendation as amended are consistent with the final selection criteria and the Force Structure Plan. The full text of this and all Commission recommendations can be found in Appendix Q.

FORT SAM HOUSTON, TEXAS (JOINT CROSS SERVICE GROUP – MEDICAL; SAN ANTONIO REGIONAL MEDICAL CENTER, TX)

SECRETARY OF DEFENSE RECOMMENDATION

Realign Lackland Air Force Base, TX, by relocating the inpatient medical function of the 59th Medical Wing (Wilford Hall Medical Center) to the Brooke Army Medical Center, Fort Sam Houston, TX, establishing it as the San Antonio Regional Military Medical Center, and converting Wilford Hall Medical Center into an ambulatory care center.

Realign Naval Air Station Great Lakes, IL, Sheppard Air Force Base, TX, Naval Medical Center Portsmouth, Naval Medical Center San Diego, CA, by relocating basic and specialty enlisted medical training to Fort Sam Houston, TX.

SECRETARY OF DEFENSE JUSTIFICATION

The primary rationale for this recommendation is to transform legacy medical infrastructure into a modernized joint operational medicine platform. This recommendation reduces excess capacity within the San Antonio Multi-Service Market (MSM: two or more facilities collocated geographically with “shared” beneficiary population) while maintaining the level of care for the beneficiaries, enhancing opportunities for provider currency, and maintaining surge capacity. By making use of the design capacity inherent in Brooke Army Medical Center (BAMC), the entire inpatient care produced at WHMC can be relocated into this facility. In terms of military value, while BAMC had a slightly lower quantitative military value score

than WHMC, the difference was so small as to not be a meaningful discriminator. Additionally, the small difference is primarily attributable to the efficiency of the Dental Clinic at WHMC, a facility that is excluded from this recommendation. It was the military judgment of the MJCSG that in the context of this recommendation, the condition of the facilities and their average weighted age were the most important elements of the military value of the two locations. In this area, BAMC received a significantly higher score than WHMC. Additionally, it is more cost effective and timely to return BAMC to its inherent design capacity and convert WHMC to an ambulatory care center, than to do the reverse. BAMC is located in a more centralized location, enabling it to better support the broader population area. WHMC and BAMC support Level 1 Trauma Centers, this capability is maintained in this recommendation by expanding the BAMC Level 1 Trauma Center to the capacity of both trauma centers. It was therefore the military judgment of the MJCSG that regionalization at BAMC provided the highest overall military value to the Department. Development of a premier Regional 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 Wilford Hall Medical Center 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. While the jobs are lost in the military system the same type of job is available in the community.

This recommendation also co-locates all (except Aerospace Medicine) medical basic and specialty enlisted training at Fort Sam Houston, TX, with the potential of transitioning to a joint training effort. This will result in reduced infrastructure and excess system capacity, while capitalizing on the synergy of the co-location similar training conducted by each of the three Services. In addition, the development of a joint training center will result in standardized training for medical enlisted specialties enhancing interoperability and joint deployability.

Co-location of medical enlisted training with related military clinical activities of the San Antonio Regional Medical Center at Brooke Army Medical Center, Fort Sam Houston, TX, provides synergistic opportunities to bring clinical insight into the training environment, realtime. As a result, both the healthcare delivery and training experiences are exponentially enhanced.

COMMUNITY CONCERNS

The Lackland Air Force Base community questioned DoD’s decision to convert Wilford Hall Medical Center into an outpatient clinic and ambulatory surgery center, and move inpatient services and the Level 1 Trauma Center to Brooke Army Medical Center at Fort Sam Houston. They argued that the south side of the city would no longer have a trauma center, and it would take longer to get to the trauma center located on the north side of the city.

The Sheppard Air Force Base community questioned DoD’s decision to move basic medical training from Sheppard to Fort Sam Houston, TX. They felt Sheppard ranked better in excess capacity, buildable acreage, and nearby field training, which were three of the four reasons given by DoD for moving the training to Fort Sam Houston. Advocates claimed the fourth area, clinical capacity, is irrelevant because basic medical training does not require nearby clinical activities. They proposed adjusting the weighted value given to clinical capacity, which would give Sheppard a higher military value score than Fort Sam Houston or Great Lakes. Additionally, they estimated moving basic medical training to Sheppard saves 45.9 percent and 61.8 percent in military construction costs over Fort Sam Houston or Great Lakes respectively. Community leaders noted that Sheppard has a unique one-of-a kind medical training facility for non-prior service students where joint medical training already exists. They explained Sheppard also offers better infrastructure utilization because it has the largest footprint for classrooms reported by all installations, with an excess capacity of 24,482 students, on average.

Community representatives for Naval Station Great Lakes argued that DoD’s proposal goes too far in centralizing basic enlisted medical training at Fort Sam Houston, and asserted it would be better to provide training at two locations: Fort Sam Houston and Great Lakes. They believed two locations would better balance the goals of savings and operational flexibility. Additionally, centralizing at Fort Sam Houston

would be risky due to the 10 year pay-back period for associated costs. DoD's proposal would also have an adverse impact on the local economy with the loss of 2,000 military positions and a smaller cut in civilian jobs.

COMMISSION FINDINGS

The Commission found merit in DoD's rationale for transforming its medical infrastructure by bringing together two locations in a multi-service market (Wilford Hall Medical Center and Brooke Army Medical Center) and creating a modernized operational medicine installation in San Antonio, TX. The Commission recognizes that both medical institutions have an enviable history of providing quality health care services for active duty service members and their families, and retirees and their dependents. However, it believes implementation of this recommendation will improve service delivery and efficiency.

The Commission also found that collocating all medical basic and specialty enlisted training would create an opportunity for the service branches to develop a joint training center that could result in standardized and enhanced training opportunities, as well as improved interoperability and joint deployability.

COMMISSION RECOMMENDATIONS

The Commission found the Secretary's recommendation consistent with the final selection criteria and the Force Structure Plan. Therefore, the Commission approves the recommendation of the Secretary.

FORT SAM HOUSTON, TEXAS (JOINT CROSS SERVICE GROUP – MEDICAL; JOINT CENTERS OF EXCELLENCE FOR CHEMICAL, BIOLOGICAL, AND MEDICAL RESEARCH AND DEVELOPMENT AND ACQUISITION)

SECRETARY OF DEFENSE RECOMMENDATION

Realign Building 42, 8901 Wisconsin Ave, Bethesda, MD, by relocating the Combat Casualty Care Research sub-function of the Naval Medical Research Center to the Army Institute of Surgical Research, Fort Sam Houston, TX.

Realign Naval Station Great Lakes, IL, by relocating the Army Dental Research Detachment, the Air Force Dental Investigative Service, and the Naval Institute for Dental and Biomedical Research to the Army Institute of Surgical Research, Fort Sam Houston, TX.

Realign 13 Taft Court and 1600 E. Gude Drive, Rockville, MD, by relocating the Walter Reed Army Institute of Research, Division of Retrovirology to the Walter Reed Army Institute of Research, Walter Reed Army Medical Center - Forest Glen Annex, MD, establishing it as a Center of Excellence for Infectious Disease.

Realign Naval Air Station Pensacola, FL, by relocating the Naval Aeromedical Research Laboratory to Wright-Patterson AFB, OH.

Realign 12300 Washington Ave, Rockville, MD, by relocating the Medical Biological Defense Research sub-function to the U. S. Army Medical Research Institute of Infectious Diseases, Ft. Detrick, MD.

Realign Potomac Annex-Washington, DC, by relocating Naval Bureau of Medicine, Code M2, headquarters-level planning, investment portfolio management and program and regulatory oversight of DoD Biomedical Science and Technology programs and FDA-regulated medical product development

within the biomedical RDA function to a new Joint Biomedical Research, Development and Acquisition Management Center at Fort Detrick, MD.

Realign 64 Thomas Jefferson Drive, Frederick, MD, by relocating the Joint Program Executive Office for Chemical Biological Defense, Joint Project Manager for Chemical Biological Medical Systems headquarters-level planning, investment portfolio management and program and regulatory oversight of DoD Biomedical Science and Technology programs and FDA-regulated medical product development within the RDA function to a new Joint Biomedical Research, Development and Acquisition Management Center at Fort Detrick, MD.

Realign Fort Belvoir, VA, by relocating the Chemical Biological Defense Research component of the Defense Threat Reduction Agency to Edgewood Chemical Biological Center, Aberdeen Proving Ground, MD.

Realign Tyndall AFB, FL, by relocating Non-medical Chemical Biological Defense Research to Edgewood Chemical Biological Center, Aberdeen Proving Ground, MD, and consolidating it with Air Force Research Laboratory.

Realign Naval Surface Warfare Center, Dahlgren Division, VA, by relocating Non-medical Chemical Biological Defense Research and Development & Acquisition to Edgewood Chemical Biological Center, Aberdeen Proving Ground, MD.

Realign Naval Surface Warfare Center, Crane Division, IN, by relocating the Non-medical Chemical Biological Defense Development and Acquisition to Edgewood Chemical Biological Center, Aberdeen Proving Ground, MD.

Realign Skyline 2 and 6, Falls Church, VA, by relocating the Joint Program Executive Office for Chemical Biological Defense to Edgewood Chemical Biological Center, Aberdeen Proving Ground, MD.

SECRETARY OF DEFENSE JUSTIFICATION

This recommendation creates Joint Centers of Excellence for Battlefield Health and Trauma research at Fort Sam Houston, TX; Infectious Disease research at Walter Reed-Forest Glen Annex, MD; Aerospace Medicine research at Wright-Patterson AFB, OH; Regulated Medical Project development & acquisition at Fort Detrick, MD; Medical Biological Defense research at Fort Detrick, MD; and Chemical Biological Defense research, development & acquisition at Aberdeen Proving Ground, MD. These actions will increase synergy, focus on joint needs, and efficient use of equipment and facilities by co-locating Tri-Service and Defense activities performing functions in chemical-biological defense and medical RDA. Fort Sam Houston is the best location for the Center for Battlefield Health and Trauma because it is the only current biomedical S&T location that also includes a military trauma center, providing enhanced translational research opportunities and ability to recruit and retain physician/scientists. Walter Reed Army Medical Center, Forest Glen Annex, is the CONUS hub of the worldwide Army and Navy activities in infectious diseases of military significance. Fort Detrick, MD, is the site of an Interagency Biodefense Campus and the military's only Bio-Safety Level 4 containment facilities for medical research. The realignment of Air Force Aerospace medical and non-medical R&D to Wright-Patterson AFB, OH, with co-location of associated education and training activities relocated in another recommendation, makes this location most suitable for a joint center for Aerospace Medical Research. Fort Detrick, MD is home of Tri-Service medical logistics as well the Department's largest Medical RDA management activity. Edgewood Chemical and Biological Center, Aberdeen Proving Ground, is home to the military's most robust infrastructure supporting research utilizing hazardous chemical agents. These actions will also reduce the use of leased space within the National Capital Region, and increase the force protection posture of the realigning activities. Specific benefits occurring as a result of this recommendation include:

Promote beneficial technical and management interaction in the functional research areas of combat casualty care including combat dentistry and maxillofacial care, infectious disease, aerospace medicine, medical and non-medical chemical and biological defense research, as well as in the functional area of

medical development and acquisition, fostering a joint perspective and sharing of expertise and work in areas of joint interest.

Build joint economies and optimize use of limited pools of critical professional personnel with expertise in unique mission areas.

Co-location of combat casualty care research activities with related military clinical activities of the trauma center currently located at Brooke Army Medical Center, Fort 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. The availability of a co-located military trauma center also provides incentives for recruitment and retention of military physicians as researchers, and is a model that has proven highly successful in civilian academic research centers.

Reduce the number of DoD animal facilities.

Provide increased opportunities to share management and scientific support functions across Services and reduce costs.

Foster the development of common practices for DoD regulatory interactions with the US Food and Drug Administration.

Facilitate coordinated medical systems lifecycle management with the medical logistics organizations of the Military Departments, already co-located at Fort Detrick.

Promote jointness, enable technical synergy, and position the Department of Defense to exploit a center-of-mass of scientific, technical, and acquisition expertise with the personnel necessary to provide defense against current and emerging chemical and biological warfare threats.

Complete earlier consolidations of military Service Chemical Biological Defense programs into a joint, consolidated Chemical Biological Defense program.

Directly support the Department's Strategy for homeland defense and Civil Support.

COMMUNITY CONCERNS

The Naval Surface Warfare Center Dahlgren (Fredericksburg, Virginia) community expressed concern about DoD's recommended transfer of the US Navy's non-medical chemical and biological defense research and development to Edgewood Chemical Biological Center, Aberdeen Proving Ground, Maryland. The community maintained that the transfer would remove the research and development effort from an organization focused on the Navy's unique concerns, to a facility with no prior experience in this area. In addition, community advocates claimed that only about 20 percent of the staff would move from the Fredericksburg, Virginia, area to Harford County, Maryland, where Aberdeen Proving Ground is located. This would cause a significant loss of intellectual and human capital, thereby jeopardizing the Navy mission.

The Tyndall Air Force Base (Bay County, Florida) community expressed concern that the DoD recommendation overstated number of people to be moved to Aberdeen Proving Ground, Maryland. Specifically, they felt the DoD recommendation improperly cited all the staff at the Air Force Research Lab, not just the people working in chemical and biological defense research.

The Naval Surface Warfare Center Crane (Southern Indiana) community expressed concern about the recommended realignment of 57 positions, including 16 engineering and 15 technicians, in Crane's development, acquisition and support of Chemical and Biological detection devices to Edgewood Arsenal at Aberdeen, Maryland. The community feels this action separates the Chemical and Biological detection technical capability which moves, from the industrial depot repair which stays. This causes duplication of knowledge and facilities.

COMMISSION FINDINGS

The Commission found DoD's recommendation to realign chemical-biological defense activities at (1) Naval Surface Warfare Center, Crane, IN, (2) Naval Surface Warfare Center, Dahlgren, VA, and (3) Tyndall Air Force Base, FL, to Aberdeen Proving Ground, MD, would not enhance DoD's chemical-biological defense research, development and acquisition activities at Aberdeen Proving Ground, but would instead degrade engineering and logistics support to chemical-biological defense equipment at operational units.

COMMISSION RECOMMENDATIONS

The Commission found that the Secretary of Defense deviated substantially from final selection criterion 1, as well as from the Force Structure Plan. Therefore, the Commission recommends the following:

Realign Building 42, 8901 Wisconsin Ave, Bethesda, MD, by relocating the Combat Casualty Care Research sub-function of the Naval Medical Research Center to the Army Institute of Surgical Research, Fort Sam Houston, TX.

Realign Naval Station Great Lakes, IL, by relocating the Army Dental Research Detachment, the Air Force Dental Investigative Service, and the Naval Institute for Dental and Biomedical Research to the Army Institute of Surgical Research, Fort Sam Houston, TX.

Realign 13 Taft Court and 1600 E. Gude Drive, Rockville, MD, by relocating the Walter Reed Army Institute of Research, Division of Retrovirology to the Walter Reed Army Institute of Research, Walter Reed Army Medical Center - Forest Glen Annex, MD, establishing it as a Center of Excellence for Infectious Disease.

Realign Naval Air Station Pensacola, FL, by relocating the Naval Aeromedical Research Laboratory to Wright-Patterson AFB, OH.

Realign 12300 Washington Ave, Rockville, MD, by relocating the Medical Biological Defense Research sub-function to the U. S. Army Medical Research Institute of Infectious Diseases, Ft. Detrick, MD.

Realign Potomac Annex-Washington, DC, by relocating Naval Bureau of Medicine, Code M2, headquarters-level planning, investment portfolio management and program and regulatory oversight of DoD Biomedical Science and Technology programs and FDA-regulated medical product development within the biomedical RDA function to a new Joint Biomedical Research, Development and Acquisition Management Center at Fort Detrick, MD.

Realign 64 Thomas Jefferson Drive, Frederick, MD, by relocating the Joint Program Executive Office for Chemical Biological Defense, Joint Project Manager for Chemical Biological Medical Systems headquarters-level planning, investment portfolio management and program and regulatory oversight of DoD Biomedical Science and Technology programs and FDA-regulated medical product development within the RDA function to a new Joint Biomedical Research, Development and Acquisition Management Center at Fort Detrick, MD.

Realign Fort Belvoir, VA, by relocating the Chemical Biological Defense Research component of the Defense Threat Reduction Agency to Edgewood Chemical Biological Center, Aberdeen Proving Ground, MD.

Realign Skyline 2 and 6, Falls Church, VA, by relocating the Joint Program Executive Office for Chemical Biological Defense to Edgewood Chemical Biological Center, Aberdeen Proving Ground, MD.

The Commission found that this change and the recommendation as amended are consistent with the final selection criteria and the Force Structure Plan. The full text of this and all Commission recommendations can be found in Appendix Q.