



THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

FEB 28 2008

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

Dear Mr. Chairman:

The enclosed report responds to Section 3702, Public Law 110-28, U.S. Troop Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriations Act, 2007, signed May 25, 2007, which directs the Department to not use "the funds in this or any other Act to reorganize or relocate the functions of the Armed Forces Institute of Pathology (AFIP)" until the Secretary of Defense has submitted a "detailed plan and timetable for the proposed reorganization and relocation "of the AFIP" to the Committees on Appropriations and Armed Services of the Senate and House of Representatives" by December 31, 2007.

This report provides the latest available information on the Department's plans and activities for the Base Realignment and Closure (BRAC) recommendations regarding AFIP. It also addresses the available findings and recommendations from the Government Accountability Office (GAO) study into the impact of AFIP BRAC, and provides additional information on the Program Management Office for second-opinion consults as well as the management of the Tissue Repository. GAO's overall finding was that discontinuing, relocating, or outsourcing AFIP services may have minimal impact on Department of Defense, Veterans Affairs, and civilian communities because pathology services are available from alternate sources, but a smooth transition depends on DoD's actions to address the challenges in developing new approaches to obtaining pathology expertise and managing the repository.

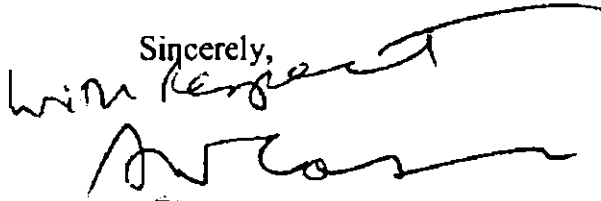
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Thank you for your continued support of the Military Health System.

Sincerely,

A handwritten signature in black ink, appearing to read "S. Ward Casscells", written over a horizontal line.

S. Ward Casscells, MD

Enclosure:
As stated

cc:
The Honorable John McCain
Ranking Member



THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

FEB 28 2008

The Honorable Ike Skelton
Chairman, Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515-6035

Dear Mr. Chairman:

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S. Ward Casscells, MD

Enclosure:

As stated

cc:

The Honorable Duncan Hunter
Ranking Member



THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

FEB 28 2008

HEALTH AFFAIRS

The Honorable Robert C. Byrd
Chairman, Committee on Appropriations
United States Senate
Washington, DC 20510-6025

Dear Mr. Chairman:

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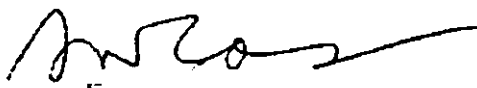
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S. Ward Casscells, MD

Enclosure:
As stated

cc:
The Honorable Thad Cochran
Ranking Member



THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

FEB 28 2008

HEALTH AFFAIRS

The Honorable David R. Obey
Chairman, Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515-6015

Dear Mr. Chairman:

The enclosed report responds to Section 3702, Public Law 110-28, U.S. Troop Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriations Act, 2007, signed May 25, 2007, which directs the Department to not use "the funds in this or any other Act to reorganize or relocate the functions of the Armed Forces Institute of Pathology (AFIP)" until the Secretary of Defense has submitted a "detailed plan and timetable for the proposed reorganization and relocation "of the AFIP" to the Committees on Appropriations and Armed Services of the Senate and House of Representatives" by December 31, 2007.

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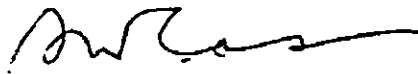
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S. Ward Casscells, MD

Enclosure:
As stated

cc:
The Honorable Jerry Lewis
Ranking Member



THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

FEB 28 2008

The Honorable Susan Davis
Chairwoman, Subcommittee on Military Personnel
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515-6035

Dear Madam Chairwoman:

The enclosed report responds to Section 3702, Public Law 110-28, U.S. Troop Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriations Act, 2007, signed May 25, 2007, which directs the Department to not use "the funds in this or any other Act to reorganize or relocate the functions of the Armed Forces Institute of Pathology (AFIP)" until the Secretary of Defense has submitted a "detailed plan and timetable for the proposed reorganization and relocation "of the AFIP" to the Committees on Appropriations and Armed Services of the Senate and House of Representatives" by December 31, 2007.

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Very Best
Sincerely,



S. Ward Casscells, MD

Enclosure:
As stated

cc:
The Honorable John M. McHugh
Ranking Member



THE ASSISTANT SECRETARY OF DEFENSE

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WASHINGTON, DC 20301-1200

FEB 28 2008

HEALTH AFFAIRS

The Honorable Ben Nelson
Chairman, Subcommittee on Personnel
Committee on Armed Services
United States Senate
Washington, DC 20510-6050

Dear Mr. Chairman:

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S. Ward Casscells, MD

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cc:
The Honorable Lindsey O. Graham
Ranking Member



THE ASSISTANT SECRETARY OF DEFENSE

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WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

FEB 28 2008

The Honorable Daniel K. Inouye
Chairman, Subcommittee on Defense
Committee on Appropriations
United States Senate
Washington, DC 20510-6028

Dear Mr. Chairman:

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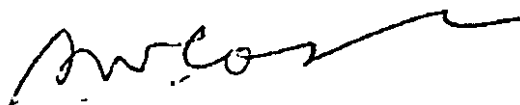
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With Respect
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S. Ward Casscells, MD

Enclosure:
As stated

cc:
The Honorable Ted Stevens
Ranking Member



THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

FEB 28 2008

HEALTH AFFAIRS

The Honorable John P. Murtha
Chairman, Subcommittee on Defense
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515-6018

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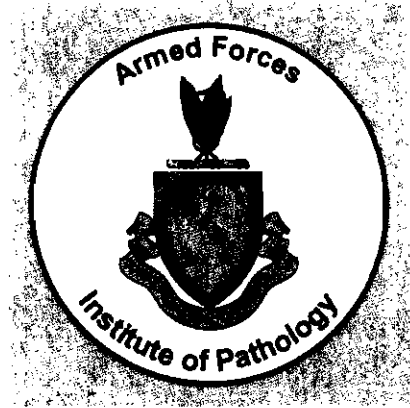
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Very Best
Sincerely,
S. Ward Casscells
Ward

S. Ward Casscells, MD

Enclosure:
As stated

cc:
The Honorable C. W. Bill Young
Ranking Member



**Report on
The Armed Forces Institute of Pathology
Base Realignment and Closure
Reorganization, Relocation
and Closure of Functions**

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Report on the Armed Forces Institute of Pathology Base Realignment and Closure Reorganization, Relocation and Closure of Functions

I. Executive Summary

This report responds to a requirement in Section 3702, Public Law (P.L.) 110-28, U.S. Troop Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriations Act, 2007 for the Secretary of Defense to submit a report to Congress by December 31, 2007.

It details the actions taken by the Department of Defense (DoD) since the passage of Public Law 110-28 and the prior report forwarded to Congress on July 12, 2007 entitled "Report on the AFIP BRAC Implementation."

BRAC 2005 recommendations, as amended, included the disestablishment of Armed Forces Institute of Pathology (AFIP) as part of a series of actions that included the Walter Reed Army Medical Center (WRAMC) 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-essential functions of the Armed Forces Medical Examiner System (AFMES) to Dover Air Force Base (AFB);
- Relocating enlisted histotechnology training to Fort Sam Houston, Texas, and Legal Medicine to the new Walter Reed National Military Medical Center (WRNMMC);
- Maintaining the National Museum of Health and Medicine Museum (location not specified) and the Tissue and Case Material Repository at Forest Glen (FG) Annex;
- 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.

In September 2006, the Assistant Secretary of Defense for Health Affairs (ASD (HA)) approved:

- Retention of DoD Veterinary Pathology Residency Program and its relocation to the Walter Reed Army Institute of Research (WRAIR);

- Retention of the Automated Central Tumor Registry (ACTUR), to be collocated with the Tissue Repository at FG Annex;
- Retention of the Center for Clinical Laboratory Medicine and the Patient Safety Center, moving both to Bethesda.

In November 2006, the ASD (HA) directed a review by the Military Departments to determine which, if any, of AFIP functions are needed 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 were pending final decision by ASD (HA) at the time of the July 2007 report to Congress:

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

Section 3702, P.L. 110-28, U.S. Troop Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriations Act, 2007, May 25, 2007, directed that the Department could not use "the funds in this or any other Act to reorganize or relocate the functions of the AFIP" until the Secretary of Defense submitted a "detailed plan and timetable for the proposed reorganization and relocation of the AFIP to the Committees on Appropriations and Armed Services of the Senate and House of Representatives." This report is due no later than December 31, 2007. The plan shall take into consideration the recommendations of a study being prepared by the Government Accountability Office (GAO) on the impact of dispersing selected functions of AFIP among several locations, and the possibility of consolidating those functions at one location. Section 3702 further directed that "the plan shall include an analysis of the options for the location and operation of the Program Management Office for second opinion consults that are consistent with the recommendations of the Base Realignment and Closure Commission, together with the rationale for the option selected by the Secretary."

In response to Section 3702, P.L. 110-28, DoD:

- Curtailed all planning and design work requiring appropriated funds;

- Delayed implementation of the first reduction in force scheduled for October 2007;
- Identified the “loss” of \$10 million in AFIP BRAC savings;
- Determined by legal reviews that second opinion consultations cannot be retained within DoD and until this report is forwarded to Congress, appropriated funds cannot be expended on planning and design efforts; and
- Delayed all AFIP reorganization or relocation actions.

The Department supported GAO review of AFIP Education, Training, and Consultation Services under engagement code: 290622. GAO conducted this work in response to a request made by the Senate Committee on Health, Education, Labor, and Pensions. This engagement examined the educational, training, and consultation services of the AFIP, including the amount of services provided, how the services are viewed in the scientific and medical community, any potential impacts of discontinuing these services, and the status of the Institute under BRAC recommendations. GAO’s overall finding was that discontinuing, relocating, or outsourcing AFIP services may have minimal impact on DoD, Veterans Administration (VA), and civilian communities because pathology services are available from alternate sources, but a smooth transition depends on DoD’s actions to address the challenges in developing new approaches to obtaining pathology expertise and managing the repository.

During this period of delay, the Military Services determined outsourcing cystic fibrosis testing was the most cost effective alternative and began to do so effective July 2007. The Department determined diagnostic telepathology will be retained; however, the location still must be determined. DoD established a Work Group (WG) to develop a strategy for operation of PMO; the strategy is in accordance with BRAC law and maintains expert pathology services for the beneficiaries of the Military Health System (MHS) while optimizing utilization of pathologists within the system and relying on non-DoD resources for second opinion consultations. In addition, the Uniformed Services University of Health Sciences (USUHS) developed a strategy to determine the potential use and value of the tissue repository. Even though the Department continued to plan for the retention of biodefense and depleted uranium capabilities, the details of the scope of capability to be retained and the appropriate location are still being formulated. The location of the museum is being reconsidered.

In summary, DoD will retain the following capabilities:

- Legal Medicine (location: Bethesda);

- PMO 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 (location: Dover AFB);
- Accident Investigation (location: Dover AFB);
- Tissue Repository (administration by USUHS, location: FG Annex);
- National Museum of Health and Medicine (location: To be determined);
- Center for Clinical Laboratory Medicine (location: Bethesda);
- Patient Safety Center (location: Bethesda);
- DoD Veterinary Pathology Residency Program (location: FG Annex);
- ACTUR (location: FG Annex);
- Diagnostic Telepathology (location: Bethesda or Fort Belvoir);
- DU (location: Probably Center for Health Promotion and Preventive Medicine (CHPPM)); and
- Biodefense (location: Probably U.S.A. Edgewood Chemical Biological Center and U.S.A. Medical Research Institute of Infectious Diseases).

The capabilities being disestablished fall into the traditional AFIP mission categories of consultation, education, and research. 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 also has aligned them within the functionally appropriate organizational structure for command, control, and oversight.

Subsequent to the completion of the GAO report, Congress enacted section 722 of the National Defense Authorization Act for Fiscal Year 2008. That law requires that the President establish a Joint Pathology Center that will provide diagnostic pathology consultation services in medicine, dentistry, and veterinary sciences; pathology education, to include graduate medical education, including residency and fellowship programs, and continuing medical education; diagnostic pathology research; and maintenance, continued modernization and appropriate use of the Tissue Repository. The Joint Pathology Center is to be established in DoD if that can be done consistent with the final BRAC Commission recommendations, or, if not, in another federal agency. This statute will affect planning for future operation of functions designated for the Joint Pathology Center, under the Department of Defense or another federal agency.

DoD is cognizant of the need for continuity of operations and the need to mitigate potential negative impacts of the disestablishment of AFIP. ASD (HA), the executive agent for AFIP, and the agencies gaining AFIP functions will work together to ensure a smooth transition and to continue a high quality of pathology services for DoD beneficiaries.

II. Background

In December 2001, Congress authorized a new round of Military base closings using BRAC process, but delayed any BRAC actions until 2005. DoD created seven cross-Service groups which were empowered to make recommendations for the Defense Secretary's consideration. The Medical Joint-Cross Service Group (MJCSG) proposed the disestablishment of AFIP as part of a series of actions that included WRAMC 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-essential functions of AFMES to Dover AFB;
- Relocating enlisted histology training to Fort Sam Houston, Texas, and Legal Medicine to the new WRNMMC;
- Maintaining the National Museum of Health and Medicine Museum (location not specified) and the Tissue and Case Material Repository at Forest Glen; and
- Establishing a PMO at WRNMMC that will coordinate pathology results, contract administration, quality assurance and control of DoD second-opinion consults worldwide.

The plan noted that the civilian-related activities at AFIP cease with the disestablishment of AFIP, as these activities were not DoD/Defense Health Program (DHP) core business requirements.

The Secretary of Defense concurred with the MJCSG recommendations concerning AFIP and forwarded his recommendations and justification to the BRAC Commission. 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.

In addition, ASD (HA), with input from AFIP Board of Governors (BoG), approved:

- Retention of DoD Veterinary Pathology Residency Program and its relocation to WRAIR;
- Retention of ACTUR, to be collocated with the Tissue Repository at the Forest Glen Annex; and
- Retention of the Center for Clinical Laboratory Medicine and the Patient Safety Center, moving both to Bethesda.

Based on the Military Departments' responses to a review directed by ASD (HA) in November 2006, the following AFIP capabilities were also recommended for retention as mission-essential and are pending final decision by ASD (HA):

- Retain two biodefense projects and the biologic agent reserve repository at Fort Detrick, Maryland, and the Edgewood Chemical Biological Center, Maryland; and
- Retain DU testing capability.

As requested 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 Department submitted to Congress the Report on AFIP BRAC Implementation on July 12, 2007. This report outlined the Department's actions and implementation plan for executing AFIP BRAC (see Appendix 1).

In addition to the above information, the report notes the fact that among 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 PMO for second opinion consults, and;
- The Radiologic Pathology Correlation Course, which was not specified in the Commission recommendations but lacks mission criticality.

III. Section 3702, Public Law 110-28

Section 3702, Public Law 110-28, U.S. Troop Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriations Act, 2007, May 25, 2007, directed that the Department could not use "the funds in this or any other Act to reorganize or relocate the functions of the AFIP" until the Secretary of Defense submitted a "detailed plan and timetable for the proposed reorganization and relocation of AFIP to the Committees on Appropriations and Armed Services of the Senate and House of Representatives." This report was due no later than December 31, 2007. The plan shall take into consideration the recommendations of a study being prepared by GAO on the impact of dispersing selected functions of AFIP among several locations, and the possibility of consolidating those functions at one location. Section 3702 further directed that "the plan shall include an analysis of the options for the location and operation of the Program Management Office for second opinion consults that are consistent with the recommendations of the Base Realignment and Closure Commission, together with the rationale for the option selected by the Secretary." This report meets the requirements of Section 3702.

IV. DoD Actions Taken in Response to Section 3702, Public Law 110-28

In a memorandum dated June 27, 2007, Acting the Surgeon General (ATSG), Army, directed AFIP to delay any reorganization or relocation of AFIP functions, including the transfer of any funding in support of moving or transitioning AFIP capabilities, until further guidance was provided. This was in response to the language in Section 3702, Public Law 110-28 detailed in Section III above.

ATSG requested AFIP to provide an operational plan (OPLAN) for the disestablishment of AFIP in accordance with Section 3702, Public Law 110-28. OPLAN was to detail the proposed reorganization/transition with requirements, recommendations, and timetable. It was to identify the capabilities to be retained in DoD and how they will be managed, as well as a description of alternatives for any capabilities that are not retained but still required by the Department. It was to include an analysis of the options for the location and operation of PMO for second opinion consults that are consistent with BRAC recommendation, together with the rationale for the recommended option. Once the GAO report would be available, OPLAN would be revised to consider any pertinent recommendations provided by GAO.

AFIP developed OPLAN and has updated it twice to include additional detail as decisions are made and the Department optimizes the plans for AFIP's established and disestablished capabilities.

At the September 2007 AFIP BoG meeting, ATSG, as the responsible official for AFIP, informed the members AFIP will not achieve the projected saving, or the major milestones due to the Congressional delay of the implementation of AFIP BRAC plan. The delay will decrease BRAC savings by \$10 million in fiscal year (FY) 2008. As a result, any budget adjustments will be delayed. Once implementation begins, ATSG will notify Board members of the revised milestones and recalculated savings.

As a result of Section 3702, Public Law 110-28, the Department delayed the reorganization or relocation of AFIP functions, including the transfer of funding in support of moving or transitioning AFIP capabilities until this report is sent to Congress.

V. DoD Participation in GAO Review

On March 15, 2007, GAO announced a review of AFIP Education, Training, and Consultation Services under engagement code: 290622. GAO conducted this work in response to a request made by the Senate Committee on Health, Education, Labor, and Pensions. This engagement examined the educational, training, and consultation services of AFIP, including the amount of services provided, how the services are viewed in the scientific and medical community, any potential impacts of discontinuing these services, and the status of the Institute under BRAC recommendations. The primary agencies involved in this review were AFIP, the Office of the ASD (HA), and the Office of the Surgeon General of the Army (OTSG).

GAO conducted an entrance conference on April 5, 2007. The analysts indicated the GAO would examine the following key objectives: (1) describe the status of AFIP under BRAC recommendations; (2) describe the training, research, and consultation services that are offered through AFIP and; (3) identify the potential impacts of discontinuing or reorganizing delivery of these services, particularly on pathology training and services, diagnosis of diseases in the Military, and AFIP's Tissue Repository. In addition, to focus their initial activity, GAO personnel provided questions for each of these areas.

The analysts interviewed key staff within the Office of ASD (HA), OTSG Army, the TRICARE Management Activity (TMA), AFIP, USUHS, and several pathologists within the MHS to include the Service Surgeons General's pathology consultants. The Department provided all requested materials pertaining to AFIP and BRAC, as well as prior reports, reviews and studies of AFIP and major elements such as the Tissue Repository.

GAO conducted an exit conference on September 19, 2007 and provided a Statement of Facts for the Department to verify or correct. At that time, GAO did not provide the recommendations that would appear in the report.

In general, the draft Statement of Facts was accurate and the Department primarily provided technical corrections or further interpretation on the value of the methods and practices of AFIP in performing secondary consultations. DoD comments to GAO Statement of Facts were provided on October 26, 2007.

GAO provided the draft report titled "MILITARY BASE CLOSURES: Impact of Terminating, Relocating, or Outsourcing the Services of the Armed Forces Institute of Pathology," to the Department for comments on October 9, 2007.

GAO's overall finding was that discontinuing, relocating, or outsourcing AFIP services may have minimal impact on DoD, VA, and civilian communities because pathology services are available from alternate sources, but a smooth transition depends on DoD's actions to address the challenges in developing new approaches to obtaining pathology expertise and managing the repository. The report states that while DoD has begun to identify the challenges, it has not developed strategies to address them. In addition, the draft report said DoD has not developed its strategies to determine whether the repository will continue to be a rich resource for civilian and Military research.

While we agreed with the description of the challenges, in our comments back to GAO, we emphasized that we were actively pursuing alternatives to develop the best courses of action for PMO and the Tissue Repository. We also noted that the plan is to coordinate across the Department, and with VA, to ensure

we developed a strategy that will meet the Department's needs, assist VA as much as possible, and be in accordance with BRAC recommendations.

GAO's recommendations and the Department's responses are as follows:

RECOMMENDATION 1: The GAO recommends that the Secretary of Defense include in his December 2007 plan to the Congress implementation strategies for how DoD will use existing in-house pathology expertise available within MTFs, identify and obtain needed consultation services from subspecialty pathologists with appropriate expertise through the PMO in a timely manner, and solidify the source and organization of funds to be used for outsourced consultation services.

DOD RESPONSE: Concur. DoD continues to plan for meeting its needs for diagnostic pathology services after the disestablishment of AFIP. This planning must now also consider the requirements of section 722 of the National Defense Authorization Act for Fiscal Year 2008 (NDAA-08). That law requires that the President establish a Joint Pathology Center that will provide diagnostic pathology consultation services in medicine, dentistry, and veterinary sciences; pathology education, to include graduate medical education, including residency and fellowship programs, and continuing medical education; diagnostic pathology research; and maintenance, continued modernization and appropriate use of the Tissue Repository. The Joint Pathology Center is to be established in DoD if that can be done consistent with the final BRAC Commission recommendations, or, if not, in another federal agency. The report to Congress required by section 3702 of the U.S. Troop Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriations Act, 2007 will address the issue of diagnostic pathology consultation services.

RECOMMENDATION 2: The GAO recommends that the Secretary of Defense within six months of completion of its study regarding the usefulness of the pathology material in the repository that is to be finished in October 2008, should require USUHS to provide Congress with information on the status of the repository's assets and their potential for research use.

DOD RESPONSE: Concur. USUHS commissioned a study to evaluate the repository assets and the Department will be glad to forward a report to Congress six months after completion. The report will provide the evaluation and the status of the assets and their potential research use.

RECOMMENDATION 3: The GAO recommends that as part of DoD's initiative to develop a plan for disestablishing AFIP, prior to USUHS assuming responsibility for the repository, the Secretary of Defense should provide a report to Congress on its implementation strategies for how it will populate, manage, and use the repository in the future. The implementation strategies should include information on how USUHS intends to use pathology expertise to manage the material, obtain pathology material from a wide variety of individuals, maximize availability of the repository for research through cooperative ventures with other academic institutions, and assist interested groups, if any,

in supporting the continuation of education services, such as the Radiologic-Pathologic Correlation course.

DOD RESPONSE: Partially concur. Concur with keeping Congress informed on repository management and implementation strategies. However, the requirements of section 722 of NDAA-08 may change the premise of the GAO recommendation. Responsibility for the tissue repository is to be a function of the Joint Pathology Center. The potential relationship, if any, of the Joint Pathology Center to USUHS or the Department of Defense is undetermined at present.

VI. DoD Actions Taken Since May 2007

Even though actual implementation of AFIP BRAC plan was affected by Section 3702, the planning process continued. The Department continued to review those BRAC actions that were pending final decisions with the submission of the first report to Congress in July 2007.

A. Absorption of AFIP capabilities within DoD.

Planning continued on actions required to absorb AFIP capabilities within the Department. In addition, operating funds will be transferred to the gaining organization from AFIP operational funds.

B. Cystic Fibrosis Testing.

During this period, the Military Services completed the analysis of courses of action for cystic fibrosis testing performed by AFIP. The business case analysis determined that the most cost effective alternative was to contract with a civilian vendor.

C. Diagnostic Telepathology Capability.

The Department intends to retain diagnostic telepathology capability within the National Capital Area. The location of these services will be at the new WRNMMC or at the new medical facility at Fort Belvoir. As the plans for both facilities are finalized, the location of telepathology will be determined.

D. Program Management Office.

In addition, AFIP BOG and the Executive Agent directed AFIP to establish a PMO WG to recommend the most appropriate vehicle(s) for PMO to obtain needed consultation services from sub-specialty pathologists while coordinating pathology results, contract administration, and quality assurance. The group was tasked to analyze options for the location and operation of PMO for second

opinion consults that are consistent with BRAC recommendations. The membership includes the three Services' pathology consultants, senior pathologists from AFIP, pathology department chairs from WRAMC and National Naval Medical Center (NNMC), and senior medical and administrative representatives from VA. Per the initial plan for PMO, the activity will be located at the new WRNMMC.

Service specific needs will drive PMO operation and design. The working group continues to meet to refine courses of action that include strategies for maximizing the use of existing in-house pathology expertise in accordance with BRAC law. The members are assessing local, regional and national needs, as well as resources available within each of these geographical areas. The group's goal is to optimize the use of existing pathology expertise in-house prior to seeking second opinions by sending pathology cases to the outside. After reviewing access to existing referral patterns, location of in-house sub-specialists, and standards of practice, WG identified the following requirements after AFIP is disestablished:

- Expert, timely, second opinion consultation of pathology specimens in all of the sub-specialty areas of anatomic and surgical pathology to include but not limited to dermatopathology; neuropathology (including muscle and peripheral nerve as well as central nervous system); oral pathology; gastrointestinal pathology; genitourinary pathology; bone; hematopathology; forensic pathology; endocrine; and others as requirements and availability change.
- Expert, timely, second opinion consultation for gynecologic and non-gynecologic cytopathology specimens.

To date, PMO WG developed the following scope of services for PMO (not inclusive):

- Coordination of second opinion consultation;
- Contract administration;
- Provide logistical support on contracting and quality assurance;
- Tracking of cases sent to an external contractor;
- Link Military and veterans pathologic diagnoses;
- Channel results to DoD's ACTUR;

- Provide epidemiological and statistical support to HA and Services; and
- Indirectly support and populate the tissue repository if tasked and funded.

The WG's recommendations will include opportunities and mechanisms for VA to partner with DoD in the acquisition of pathology services following BRAC implementation.

WG continues to assess mechanisms to fund outsourcing through a PMO to develop the most efficient and effective alternatives to present to DoD leadership by third-quarter FY 2008. The funding strategy is to provide central funds for PMO, as well as funds to the Services for local outsourcing. WG is coordinating with the TRICARE Management Activity resource management offices to solidify the source and organization of funds to be used to support outsourcing consultation services. Funding will be included in Defense Health Program through the Program Objective Memorandum (POM) and budget years as necessary. Simultaneously, WG members are considering the timeliness factor and methods to ensure the process proposed does not impede patient care.

In summary, the strategy for PMO is to:

- Optimize use of pathology services within DoD;
- Ensure direct support of Military operations;
- Ensure quality assurance and confirmation in pathology diagnosis;
- Collect cases for legislated registries;
- Partnership with other federal entities in accordance with BRAC law;
- Oversee contracting for second opinion consultations;
- Require vendor to provide preliminary report within four working days and final report within five working days from receipt of specimen;
- Institute the most cost effective and efficient method for resourcing PMO both centrally and locally; and
- PMO operational before AFIP disestablishes consultation services.

E. Tissue Repository.

Anticipating the transfer of management responsibility for the tissue repository, USUHS developed a strategy to determine the potential use and value of the repository. The first step was to award a contract to perform a comprehensive assessment of the condition and value of the holdings of the Tissue Repository. Currently, AFIP repository contains material in a variety of media, including: Digital images; paper records; microfiche; photographs; negatives; autoradiographs; tissue in paraffin and plastic; gross tissue in formalin; frozen and desiccated tissue; and millions of slides. The assessment will be used to determine which parts of the material should be made available to clinicians, researchers, and possibly the commercial sector for the betterment of Military and civilian medicine and ultimately patient care. The contract was awarded on September 30, 2007, and the report is due September 30, 2008. The report will be sufficiently detailed to inform the Director of AFIP, the President of USUHS, and other interested parties within the Government of the utility potential and ultimately the value of the repository.

As noted in GAO response to Recommendation 2 (section V.), USUHS will then convene a panel of experts to develop a road map on how to use the repository for research. This most likely will result in another contracting action to develop a strategy with details as to how USUHS will populate, manage, and use the repository. With the input of the panel and the results of the studies, USUHS will develop a strategy to optimize the use and continuation of the repository.

F. Assessment of the impact of GAO recommendation on dispersing and consolidating AFIP functions.

The draft GAO report did not express concern about dispersing selected functions of AFIP among several locations. In fact, the draft GAO report contained the following: “Discontinuing, relocating, or outsourcing AFIP services may have minimal impact on DoD, VA, and civilian communities because pathology services are available from alternate sources, but a smooth transition depends on DoD’s actions to address the challenges in developing new approaches to obtaining pathology expertise and managing the repository.”

VII. Plan and Milestones for the Reorganization, Relocation and Disestablishment of AFIP Functions

It is critical that there be seamless continuation of AFIP’s provision of medical services without mission degradation, and that this will be achieved through carefully phased transition to new locations and through acquisition from

alternate sources for disestablished capabilities. Emphasis is placed on continuity of operations for activities in direct support of war-related missions (e.g. operations of AFMES). DoD has tried to align the remaining capabilities geographically and physically with other similar activities taking into consideration limitations of BRAC funding, Military construction funding, space, and access. DoD also has aligned them within the functionally appropriate organizational structure for command, control, and oversight.

A. Functions Remaining in DoD.

ASD (HA), in accordance with BRAC law and in collaboration with the Services, VA, and the Public Health Service (PHS) has determined that DoD will retain the following capabilities:

- Relocate Legal Medicine to the new WRNMMC, Bethesda, Maryland;
- Establish a PMO at the new WRNMMC, Bethesda, Maryland, to coordinate pathology results, contract administration, and quality assurance and quality control (QA/QC) for DoD second opinion consults worldwide;
- Relocate the enlisted histology technician training to Fort Sam Houston, Texas;
- Relocate AFMES, Deoxyribonucleic Acid Registry, and Accident Investigation to Dover AFB, Delaware;
- Disestablish all elements of AFIP except the National Medical Museum, and the Tissue Repository;
- Relocate the National Museum of Health and Medicine (location : To be determined);
- Consolidate the Tissue Repository on FG Annex and align under USUHS;
- Relocate the Center for Clinical Laboratory Medicine and the Patient Safety Center to the new WRNMMC, Bethesda;
- Retain DoD Veterinary Pathology Residency Program and locate it at WRAIR on FG Annex, Maryland;

- Retain ACTUR and collocate it with the Tissue Repository on FG Annex, Maryland; and
- Retain diagnostic telepathology capability at either WRNMMC or Fort Belvoir's hospital.

The following tables show the capabilities that have been directed to be retained or established (D), capabilities that are to be absorbed in DoD (A), the gaining base, and the number of positions migrating with each capability:

Capability	Gaining Base	Positions
Armed Forces Medical Examiner System (D)	Dover AFB	Total = 240 Military (Mil)—47; Civilian (Civ)—193
Tissue Repository (D)	FG Annex	Civ—52
Program Management Office (D)	Bethesda	Total = 9 Mil—3; Civ—6
Legal Medicine (D)	Bethesda	Total = 9 Mil—1; Civ—8
National Museum of Health & Medicine (D)	To be determined	Civ—26
Triservice School of Histotechnology (D)	Fort Sam Houston	Total = 4 Mil—2; Civ—2
Center for Clinical Laboratory Medicine (D)	Bethesda	Mil—6
Patient Safety Center (A)	Bethesda	Civ—9
Automated Central Tumor Registry (A)	FG Annex	Civ—3
Veterinary Pathology Residency Program (A)	WRAIR	Total = 28 Mil—18; Civ—10
Diagnostic Telepathology (A)	WRNMMC or Ft Belvoir	Civ—2

Table 1-1, D = Directed Capabilities; A = Absorbed Capabilities; Positions based on May 2005 baseline personnel data

Destination	Military	Civilian	Total
Dover AFB, DE	47	193	240
FG Annex, MD	18	65	83
Bethesda (includes Telepathology)	12	49	61

Fort Sam Houston, TX	2	2	4
TOTAL	79	309	= 388 of 756

Table 1-2, Migrating positions by category and by destination.

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.

Relocation of capabilities that are directed to move will occur as the gaining commands are prepared to receive them. The goal remains to fully and successfully implement BRAC recommendations no later than September 15, 2011.

B. Disestablishment.

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, distinguished scientists, and related professional staff. Table 1-3 provides the detail for the capability being disestablished and the manpower associated with each function.

Capability	Losing Base	Positions
Office of Director / Governance & Management	WRAMC	Total = 27 Mil—4; Civ—22; Ctr—1
Field Operations	Rockville Annex	Total = 2 Mil—1; Ctr—1
Advanced Pathology (Consultation, Research)	WRAMC	Total = 108 Mil—42; Civ—45; Ctr—21
Clinical Sciences (Labs, Education)	WRAMC, Rockville Annex	Total = 119 Mil—23; Civ—56; Ctr—40
Administrative Services & Infrastructure Support (HR, Log, IM/IT)	WRAMC	Total = 112 Mil—11; Civ—74; Ctr—27
TOTAL POSITIONS		Mil—81+ Civ—197+ Ctr—90 = 368 of 756 positions

Table 1-3, Positions to be abolished, terminated, or returned to their Military service

The actual dates for the disestablishment of each capability are dependent on the date the Department fully resumes the implementation plan. Table 1–4, AFIP BRAC Strategy provides a generic timeline based on months prior to Walter Reed Main Post closure. Once the revised implementation date is determined, one can overlay the dates on Table 1–4 and identify specific dates for each step in the strategy.

AFIP DPMO Strategy - expressed in terms of months prior

TIME	ELEMENT	DESCRIPTION
-16	AT&C PLAN	ISSUE: NEED FOR DEVELOPMENT OF 3702 PLAN
-15	3702 PLAN	Submit Dec 07(-05) reply, write; must include P&O & GAO
-14	Relocating Capabilities	Submit Dec 07(-05) Reply, edit, submit, edit, finalize
-13	QUALIFICATION: REP	AFMES, NARRATE L&L Report, P&O, H&O, P&C, C&L&M, V&R, ACTUR
-12	Develop Execution Budget	Validate one-time move costs: P&O for G&S&S&S, O&M
-11	Phase 2 Transition Plan: COOP	Many mission-critical laboratory and support functions must continue without degradation during relocation
-10	PMO	Working Group to develop options, preferred COA milestones
-09	Common Actions	Coordinated effort among P&O, AFIP, MEDCOM, HA, Services
-08	Internal/External Customer Support	Formal/Informal Customer support
-07	Logistics - Equip, Supplier, Facility, Contract, Main, Contracting	Termination, Transfer, Perform, as appropriate
-06	PM Closure	Close out part FTs, Close out current FT
-05	IM/IT Data Mgmt	Archive / Transfer data to new C2 infrastructure; Appropriate management of legacy data
-04	Established Capabilities	Implement P&O information and notification plan
-03	Consultation	Last consult signed for Mil, Fed, and G&S
-02	Education	Establish last course date; close books, transfer A/C, C&E to AFMES
-01	Research	Finalize projects, transfer grants, close DLR&I
00	Boundary	Scope of capability to be relocated TBD; special requirements for transfer of BSAI inventory to AF0
01	RIF Action	Flow 12 months from initiation to effective date; duration is -2 mos for % and -12 to 0 for %
02	vacate Bldg 54	Flow time for Garrison to perform environmental cleanup and transfer to new owner

★ = Major Milestones

Table 1-4, Positions to be abolished, terminated, or returned to their Military service

C. Decisions in Process.

Additional BRAC actions that are pending final decisions regarding scope of capability to be retained include Biodefense and Depleted Uranium. The following table shows AFIP capabilities that one or more of the Military services indicated should be retained. Since the scope of these capabilities is still being reviewed by subject matter experts, the table only reflects the minimal subset of capabilities that are being considered for absorption.

Capability	Gaining Base	Positions
Biodefense		
Joint Biological Agent Identification and Detection System (JBAIDS)	United States Army Medical Research Institute of Infectious Diseases (USAMRIID)	0
Critical Agent Program (CRP)	U.S.A. Edgewood Chemical Biological Center (ECBC)	0
Biological Select Agent and Toxins (BSAT) Reserve Inventory	U.S.A. Edgewood Chemical Biological Center (ECBC)	0
Biophysical Toxicology		
Depleted Uranium (DU)	CHPPM	0

Table 1.5, Capabilities desired by DoD. Final decisions are pending and expanded scope of capabilities is still under review.

Biodefense Programs

AFIP biodefense programs, projects, and assets are being assessed by AFIP and the Joint Program Executive Office for Chemical and Biological Defense to determine the scope of capabilities that need to be retained in DoD. To date, the consensus opinion is to retain and relocate JBAIDS to USAMRIID and retain/relocate the Critical Reagent Program (CRP) and the reserve repository of BSAT to Edgewood Chemical Biological Center (ECBC). More comprehensive and detailed analyses to maintain all Biodefense capabilities that reside at AFIP may be undertaken by the stakeholders.

Depleted Uranium

A working group led by the Director, Force Readiness & Health Assurance, Force Health Protection & Readiness Programs, is assessing the scope of capabilities currently provided by the Biophysical Toxicology Division at AFIP. The capabilities include DU testing in urine, other body fluids and tissues, testing for other metals, and analysis of metal fragments surgically removed from service members. These tests are directed by current policy, developing policy, and as part of DoD/VA cooperative clinical investigative and research activities.

New requirements are pending that will mandate analysis of all metal fragments removed from our wounded Service members. There is reasonable concern that several metals may be toxic and if left may cause long term adverse health effects. This will bring the scope of mandated requirements to include DU urine testing, embedded fragment analysis, DU testing in tissues and other body fluids, and storage/archiving of urine, tissue, and metal fragments.

On October 30, 2007, the Deputy Assistant Secretary of Defense (Force Health Protection and Readiness Programs) requested the Army Surgeon General to consider designating U.S. Army CHPPM as the single laboratory supporting this mission for both DoD and VA. The Army is assessing this request and developing a concept of operations. The executive agent, AFIP, and the agency approved to perform this mission will coordinate with ASD (HA) to develop an implementation plan for the transfer of the mission from AFIP in accordance with BRAC timeline.

Location of the Museum

In addition, the location of the National Museum is being reconsidered. Initial planning envisioned locating the museum at NNMC Bethesda. However, the volume of patients, visitors and traffic expected on campus due to enhanced warrior care increased the community impact of the impending hospital expansion at Bethesda. Since BRAC law does not specify a location for the museum, the DoD is developing alternative locations and concepts of operation for the museum.

AFIP is developing alternative concepts of operations for the museum. Options under consideration include "road shows or rotating exhibits," permanent displays at the new hospitals at Bethesda and Fort Belvoir, partnerships with academia; and telling the story of Military medicine in a more active way. Courses of action will be developed to meet various concepts of operation and presented to the leadership in early 2008. The plan will support utilization of the funds contained in the 2010 BRAC budget for construction for the Museum. All of the courses of action under consideration are intended to maintain the history,

attributes and value added by the National Museum for Health and Medicine for DoD and the Nation.

VIII. Requirement for Joint Pathology Center

As noted above, subsequent to the completion of the GAO report, Congress enacted section 722 of the National Defense Authorization Act for Fiscal Year 2008. That law requires that the President establish a Joint Pathology Center that will provide diagnostic pathology consultation services in medicine, dentistry, and veterinary sciences; pathology education, to include graduate medical education, including residency and fellowship programs, and continuing medical education; diagnostic pathology research; and maintenance, continued modernization and appropriate use of the Tissue Repository. The Joint Pathology Center is to be established in DoD if that can be done consistent with the final BRAC Commission recommendations, or, if not, in another federal agency. This statute will affect planning for future operation of functions designated for the Joint Pathology Center, under the Department of Defense or another federal agency.

At present, activities to reorganize or relocate AFIP functions, consistent with the BRAC statute, will be resumed, except for activities that require reassessment in connection with the establishment of a Joint Pathology Center in DoD or another agency. For example, actions relating to the Armed Forces Medical Examiner, which is not addressed in section 722, will be resumed. In addition, planning activities to implement the BRAC statute as it relates to AFIP, as well as section 722, will proceed.

IX. Summary

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 BRAC law, the result is a set of capabilities that directly support DoD mission, cost approximately 42 percent of AFIP's current annual DHP operating budget and at the same time will preserve 58 percent 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, distinguished scientists, and related professional staff.

DoD has tried to align the remaining capabilities geographically and physically with other similar activities taking into consideration limitations of BRAC funding, Military constructing funding, space, and access. DoD also has aligned them within the functionally appropriate organizational structure for command, control, and oversight.

In accordance with the concerns of the GAO, DoD will ensure that all reviews, studies, and work group inputs will culminate in implementation strategies that detail how DoD will organize consultation services and manage the repository in the future. DoD is cognizant of the need for continuity of operations and the need to mitigate potential negative impacts of the disestablishment of AFIP. ASD (HA), the executive agent for AFIP, and the agencies gaining AFIP functions will work together to ensure a smooth transition and to continue a high quality of pathology services for DoD beneficiaries. End state is full implementation of the 2005 BRAC law by September 15, 2011.