

WALTER REED ARMY MEDICAL CENTER, WASHINGTON, D.C. (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 (ARDM4), 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.

WALTER REED ARMY MEDICAL CENTER, WASHINGTON D.C. (JOINT CROSS SERVICE GROUP – MEDICAL)

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 RWPs) and an expansion of the inpatient care at DeWitt Hospital (13K RWPs), the entire inpatient care produced at Walter Reed AMC (17K RWPs) can be relocated into these facilities along with their current workload (11K RWPs and 1.9K RWPs, 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.

**WALTER REED ARMY MEDICAL CENTER, WASHINGTON, D.C.
(JOINT CROSS SERVICE GROUP – MEDICAL; JOINT CENTERS OF
EXCELLENCE FOR CHEMICAL, BIOLOGIST, 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.

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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.