NANCY KASSEBAUM BAKER
BURDICK, KANSAS

July 11, 2005

Dear Dr. Winnefeld -

Enclosed is information I received on the BRAC recommendation regarding AFIP. I know you are familiar with the work done at AFIP, but I like very much all the pressure you are under from those of us who would like to see one part or another of the recommendations changed.

I first visited AFIP in the middle

80's to discuss some of the early research undertaken on HIV/AIDS. I strongly believe we need to maintain and strengthen the work done at this unique institution.

It seems to me we are already falling behind in this area and I would urgently ask that you consider maintaining AFIP until an alternative of equal breadth and quality could be put in place — such as the suggested National Institute of Pathology. With appreciation for your consideration, Sincerely,

Wendy

Memo for Dr. Principi
July 11, 2005

One of the smaller facilities listed in the 2005 BRAC recommendations, and one that easily slips under the radar of most casual observers, is the Armed Forces Institute of Pathology, a tenant organization on Walter Reed Army Medical Center. While much of Walter Reed will be relocated to the campus of the National Naval Medical Center in Bethesda, MD, the AFIP is currently slated for "disestablishment", bringing over 150 years of history and service to an ignominious end.

Very few families in this country, and in many parts of the world, have not been touched by the AFIPs efforts, either directly, or indirectly. In addition to the over 50,000 difficult medical cases on which the AFIP consults with puzzled pathologists every year, the educational and research activities of the AFIP have played an integral role in the training of pathologists and radiologists the world over. Today, 97% of US-trained radiologists come to the AFIP for 6 weeks of training, and equal numbers of pathologists attend the AFIP's 40 training courses each year, keeping abreast of the latest developments in pathology, veterinary pathology, ophthalmology, urology, and the forensic sciences. Each day, thousands of pathologists the world over use reference texts published by the AFIP on the diagnosis and treatment of cancer, infectious disease, and a wide range of other conditions in humans and animals in order to save lives and safeguard the nation's health.

In 1976, Congress recognizing the unique expertise available at the AFIP, enacted Public Law 94-361, which charged the AFIP with serving both the civilian and military sectors in pathology education, consultation, and research. These duties were further clarified in the DoD directive No 5154.24 2001, (reissued 2003) and Instruction No. 5154.30 (2003), which stipulates that the AFIP is to "conduct diagnostic and consultation services for military and civilian medicine using ....latest technology to ensure innovative pathology."
Since that time, the AFIP has faithfully performed its mission, to the betterment of the nation's health, and indeed, that of the world. Despite implementing a DoD-approved business plan which resulted in a 33% increase in military cases, a 28% decrease in civilian cases, and a marked decrease in civilian-oriented educational opportunities

between 2000 and 2004, the DoD continued to undervalue the contribution to global health of this storied institution, culminating in its inclusion on the 2005 BRAC recommendations. The fact that it would condemn to closure an organization which has likely contributed more to medicine than any other DoD healthcare facility, for following DoD mandated directives is a sad indictment of the current state of healthcare in the DoD.

Through the BRAC recommendation, the Surgeons General of the Armed Services have stated that they can no longer afford to support and preserve this Institute. Yet, I believe, it is important to remember that the American people as well as the Armed Forces are primary stakeholders in the Institute as well. The history of medicine is full of examples of the sharing of education and research between the Armed Services and the civilian medical community to the mutual benefit of both. The U.S. Congress clearly envisioned this concept when it codified the AFIP civilian/military relationship in Public Law in 1976. Both the civilian and the military workload at the AFIP provide the medical community with a clear insight into the medical issues confronting our nation across the board, and it is a resource that cannot be replaced.

I believe that a number of alternatives exist. The National Library of Medicine originated at the AFIP, and transferred to the civilian sector. Similarly, the AFIP could evolve into a National Institute of Pathology allowing it to more easily serve the entire nation (civilian and military). A transfer along these lines would solve the current dilemma of the DoD, as well as allow the Institute to once again take it's place at the forefront of pathology, radiology, and laboratory medicine. While the means for this move needs to be further investigated, the obvious first step is to remove the AFIP from the BRAC proposal. This allows the AFIP to continue its important work, and retain critical staff members while another option is pursued.

NANCY KASSEBAUM BAKER
BURDICK, KANSAS

July 11, 2005

Dear Dr. Principi -

I'm enclosing an information memo on the BRAC recommendation regarding AFIP. I know you are familiar with the work done at AFIP. I'm also very aware of all the pressure you are under from those of us who would like to see one part or another of the recommendations changed.

I first visited AFIP in the middle

50's to observe some of the early research undertaken on HIV/AIDS. I strongly believe we need to maintain and strengthen the work done at this unique institution.

It seems to me we are already falling behind in this area and would urgently ask that you consider maintaining AFIP until an alternative of equal breadth and quality could be put in place — such as the suggested National Institute of Pathology. With appreciation for your consideration — [illegible] warmest regards,

Wendy

Harvard Medical School **Brigham and Women's Hospital**

Franz von Lichtenberg, M.D.
Department of Pathology

75 Francis Street
Boston, Massachusetts 02115
Tel. (617) 732- -7528
Fax. (617)-277-9015
FVLICHTENBERG@PARTNERS.ORG

BRAC Commission

JUL 26 2005

Received

To Brigadier General Sue Ellen Turner
Commissioner
Base Closing and Realignment Commission
2521 Clark Street, Suite 600
Arlington, Virginia 22202

July 20, 2005

Dear General Turner:

Besides its many diagnostic, consultative and educative services to the U.S. Armed Forces and Veterans, the AFIP has for many years had a positive impact on the education and practice of civilian pathologists throughout the U.S. and there is widespread support among those who share my profession for maintaining that unique and famous institution intact.

Should that not be possible, the next best solution would be to transfer the core functions of the AFIP from the Army to another U.S. Government authority, preferably one concerned with biomedical research or public health so that its resources including human materials and the diagnostic expertise built up over many years not be wasted. The value of these assets today goes beyond Dollars and Cents and has become even greater with the advent of molecular science and of new approaches to cancer therapy.

I believe that, in the long run, the overall cost of replacing what is now available at the AFIP would vastly exceed that of maintaining it intact, sincerely

Franz von Lichtenberg

Franz von Lichtenberg, M.D.
Senior Pathologist

HARVARD SCHOOL OF PUBLIC HEALTH

Department of Immunology and Infectious Diseases

July 20, 2005

The Honorable Philip E. Coyle, III
Base Closure and Realignment Commission
2521 S. Clark Street, Suite 600
Arlington, VA 22202

Your Honor:

The Pentagon's 2005 recommendations for Base Realignment and Closure (BRAC) include the "disestablishment" of the Armed Forces Institute of Pathology, located on the campus of Walter Reed Army Medical Center in Washington, DC. This action would eliminate the consultation and education missions of the AFIP and their unique value to the military, the nation, and ultimately, the world.

In 1976, recognizing the unique value of the AFIP, Congress enacted Public Law 94-361, charging the AFIP with serving both the civilian and military sectors in pathology education, consultation, and research. The AFIP has carried out this mission so vigorously and successfully that today, most people around the world have been touched either directly or indirectly by the Institute's efforts in the diagnosis of rare and emerging diseases and its dissemination of health-related information to the world's physicians. Furthermore, the AFIP's decades-long role as one of the World Health Organization's International Reference Centers has bolstered America's image in the international medical community. Yet despite this extraordinary accomplishment and world service, the DoD is proposing closure of an institution-an organization that has likely contributed more to medicine than any other DoD healthcare facility, one that ranks with the world's finest and most prestigious medical institutions.

665 Huntington Avenue, Boston, Massachusetts 02115-6018

We suggest that there are alternatives to disestablishing the AFIP, and many compelling reasons to do so. The obvious alternative is to transfer the AFIP from the military to the civilian sector. There is a relevant precedent for such a move; in 1957, the National Library of Medicine splintered from the AFIP and moved to the civilian sector. As a civilian National Institute of Pathology, the AFIP would be even better positioned to serve the entire nation, solving the DoD's dilemma and maintaining the Institute's place at the forefront of pathology, radiology, and laboratory medicine. While the mechanics of such a transfer need further study, the obvious first step is to remove the AFIP from the BRAC proposal, allowing it to continue its vital work and retain critical staff while other options are pursued.

The benefits of preserving the AFIP are obvious. First, military and civilian pathologists around the world routinely consult with the experts at the AFIP, helping to ensure correct diagnosis and proper treatment for their patients. As a result, the AFIP has accumulated the world's largest repositories of rare and complex cases, and its professional staff has developed unmatched expertise and insight into diagnostic criteria and disease prevalence around the world. By training pathologists and radiologists in this country and around the world, the AFIP is helping to alleviate medical and educational disparities and shortages that I and many others in Congress are seeking to address. Because of its precarious position on the BRAC list, we must take immediate, decisive action to preserve the core functions of the AFIP (virtual and live courses and workshops, point-of-care consultation/education through AskAFIP(tm), and the innovative use of its unique archive) in order to retain the critical mass of expertise necessary to ensure the quality and integrity of their products.

Second, repositioning the Institute within the federal government would not only ensure that its products remain available to the DoD and their contributors around the nation and the world, but would provide greater leverage to expand its capabilities. Alignment with HHS, for example, would enhance opportunities to partner with US academic institutions, especially in underserved areas, reducing disparities in medical education and improving access to first-rate healthcare.

Third, repositioning the AFIP as a National Institute of Pathology would allow it to maintain its current program support for the Department of Veterans Affairs. Each year, the VA sends the AFIP over 13,000 cases for primary diagnosis, consultation, or quality assurance. A reinvigorated AFIP within the civilian sector could expand collaborations with VA medical centers through telepathology and radiology consultation, and participate in clinical trials and other research activities.

Finally, preserving the AFIP as a federal civilian entity would create numerous opportunities to improve healthcare and education for underserved populations in this country and around the world. The AFIP's vast experience and expertise in medical informatics, distance learning, and electronic consultation could be put to use in streamlining national health information technology by implementing electronic medical records, consultation, and medical education. Altogether, the AFIP's significant and growing expertise in managing, mining, and distributing healthcare information would strengthen national efforts to increase access to quality healthcare, expand research on racial, ethnic, and geographic disparities in healthcare, increase the diversity of health professionals, and promote healthcare education to the underserved. Furthermore, preserving and expanding the AFIP's diagnostic support to developing countries staggering under the weight of HIV/AIDS, malaria, and other emerging diseases is a humanitarian and political imperative.

Sincerely,

Danny A. Milner, Jr. MD
Assistant Medical Director, Microbiology
Associate Pathologist, Infectious Disease
The Brigham & Women's Hospital, Boston, Massachusetts
Instructor in Pathology, Harvard Medical School
Research Associate, Harvard School of Public Health

HARVARD SCHOOL OF PUBLIC HEALTH

Department of Immunology and Infectious Diseases

July 20, 2005

General James T. Hill, US Army, Ret
Base Closure and Realignment Commission
2521 S. Clark Street, Suite 600
Arlington, VA 22202

General Hill:

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We suggest that there are alternatives to disestablishing the AFIP, and many compelling reasons to do so. The obvious alternative is to transfer the AFIP from the military to the civilian sector. There is a relevant precedent for such a move; in 1957, the National Library of Medicine splintered from the AFIP and moved to the civilian sector. As a civilian National Institute of Pathology, the AFIP would be even better positioned to serve the entire nation, solving the DoD's dilemma and maintaining the Institute's place at the forefront of pathology, radiology, and laboratory medicine. While the mechanics of such a transfer need further study, the obvious first step is to remove the AFIP from the BRAC proposal, allowing it to continue its vital work and retain critical staff while other options are pursued.

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Assistant Medical Director — Associate Pathologist
Microbiology — Infectious Disease
The Brigham & Women's Hospital, Boston, Massachusetts
Instructor in Pathology, Harvard Medical School
Research Associate, Harvard School of Public Health

HARVARD SCHOOL OF PUBLIC HEALTH

Department of Immunology and Infectious Diseases

July 20, 2005

The Honorable Sam Skinner
Base Closure and Realignment Commission
2521 S. Clark Street, Suite 600
Arlington, VA 22202

Your Honor:

The Pentagon's 2005 recommendations for Base Realignment and Closure (BRAC) include the "disestablishment" of the Armed Forces Institute of Pathology, located on the campus of Walter Reed Army Medical Center in Washington, DC. This action would eliminate the consultation and education missions of the AFIP and their unique value to the military, the nation, and ultimately, the world.

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665 Huntington Avenue, Boston, Massachusetts 02115-6018

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Instructor in Pathology, Harvard Medical School
Research Associate, Harvard School of Public Health

HARVARD SCHOOL OF PUBLIC HEALTH

Department of Immunology and Infectious Diseases

July 20, 2005

General Lloyd W. Newton, USAF Ret
Base Closure and Realignment Commission
2521 S. Clark Street, Suite 600
Arlington, VA 22202

General Newton:

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Assistant Medical Director — Associate Pathologist
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The Brigham & Women's Hospital, Boston, Massachusetts
Instructor in Pathology, Harvard Medical School
Research Associate, Harvard School of Public Health

HARVARD SCHOOL OF PUBLIC HEALTH

Department of Immunology and Infectious Diseases

July 20, 2005

The Honorable James V. Hansen
Base Closure and Realignment Commission
2521 S. Clark Street, Suite 600
Arlington, VA 22202

Your Honor:

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Sincerely,

Danny A. Milner, Jr. MD
Assistant Medical Director — Associate Pathologist
Microbiology — Infectious Disease
The Brigham & Women's Hospital, Boston, Massachusetts
Instructor in Pathology, Harvard Medical School
Research Associate, Harvard School of Public Health

INTERNATIONAL ACADEMY OF PATHOLOGY
(Formerly International Association of Medical Museums)
(Founded by Maude Abbott 1906)

Address reply to:

July 18, 2005

Chairman Anthony J. Principi
Base Realignment and Closure Commission
2521 South Clark Street
Suite 600
Arlington, VA 22202

Dear Sir :

As Past-President of the International Academy of Pathology as well as a general surgical pathologist, I would like to stress the significance of the Armed Forces Institute of Pathology (AFIP).

The AFIP is an internationally well-known pathology research institute. It has been recognized as Mecca for Pathology Research and Education in the world. Most pathologists, young and old, from all Countries know the existence and roles of the AFIP very well, because of the important roles of consulting diagnostically difficult cases, and AFIP tumor fascicles covering diagnostic pathology of most human cancers besides to the basic pathology research. Infectious diseases, toxicology, biohazard problems, scientific identification of individuals by new techniques are included in basic pathology research. Tremendous amount of precious teaching materials is filed in the Institute and is utilized. I believe this is No.1 institute in the world.
As far as I know, many young pathology trainees and also famous pathology professors from many Countries have had opportunity to study pathology in the Institute.

Therefore, the important roles of the institute have not lost, and the roles will be much increased for the future.

Pathology in the world is growing and progressing.
The progress of Pathology gives great benefit for sick people of the world.
We must continue to learn/study our specialty in life time.
There is one of reasons for the necessity of the AFIP. The AFIP is now the institute not only for the United States, but also for the world.

INTERNATIONAL ACADEMY OF PATHOLOGY
(Formerly International Association of Medical Museums)
(Founded by Maude Abbott 1906)

Address reply to:

It is my opinion that the AFIP should continue to make important roles for Pathology research and postgraduate Pathology education, and then for human kind, because pathology is a basic science for sickness.

Sincerely yours,

Shinichiro Ushigome, M.D.
Past President of International Academy of Pathology
Visiting Professor, Jikei University School of Medicine, Tokyo
4-10-12 Takatanobaba, Shinjuku-ku, Tokyo
169-0075
e-mail: shin-ichiro@mvd.biglobe.ne.jp

Beth Israel Deaconess Medical Center

A teaching hospital of Harvard Medical School

Harvey Goldman, M.D.
Department of Pathology

Vice Chairman

Professor of Pathology

July 20, 2005

Anthony J. Principi, Chairman
Base Realignment and Closure Commission
2521 South Clark Street, Suite 600
Arlington, VA 22202

Dear Mr. Principi:

I write to request that the recommendation to close the Armed Forces Institute of Pathology (AFIP) be withdrawn.

I am certain that you are aware of the great heritage related to the Institute. It has served as the primary base for diagnoses and education related to tumors of the various human systems. As a former naval officer, I was supported by the ability to refer the most difficult cases, and my many colleagues in Pathology and Radiology annually receive instruction in the numerous courses that they offer.

To eliminate the Institute would serve as an unfortunate signal that we in the USA are no longer interested in preservation of history and continued excellence in the instruction of physicians and care of their patients. Aside from these activities, the AFIP has sponsored, over the years, the publication of several series of Fascicles related to tumors and presently to other medical conditions. These monographs occupy every physician's office involved in the diagnosis and treatment of human tumors.

I appreciate the need for periodic review of the federal offices, but urge you not to allow the elimination of one of our most vital and internationally respected resources. At a time that prevention and treatment of human disorders, including cancers, have become a dominant priority, we need to preserve our beacon. I, therefore, join my many colleagues in enlisting your support to maintain the Armed Forces Institute of Pathology.

330 Brookline Avenue
Boston, MA 02215

(617) 667-5674
fax (617) 975-5620
hgoldman@bidmc.harvard.edu

Thank you for your concern.

Sincerely,

Harvey Goldman, M.D.
Vice Chairman, Department of Pathology
Beth Israel Deaconess Medical Center

Professor of Pathology
Harvard Medical School

Harvard Medical School **Brigham and Women's Hospital**

Edmund S. Cibas, M.D.
Associate Professor of Pathology

Director, Cytology Division

Department of Pathology
Brigham and Women's Hospital

July 20, 2005

Brigadier General Sue Ellen Turner, USAF (Ret.)
Commissioner
Base Closure and Realignment Commission
2521 S. Clark Street, Suite 600
Arlington, VA 22202

Dear Brigadier General Turner:

The Pentagon's 2005 recommendations for Base Realignment and Closure (BRAC) include the "disestablishment" of the Armed Forces Institute of Pathology (AFIP), located on the campus of Walter Reed Army Medical Center. This action would eliminate the consultation and education missions of the AFIP and their unique value to the military, the nation, and ultimately, the world.

In 1976, recognizing the unique value of the AFIP, Congress enacted Public Law 94-361, charging the AFIP with serving both the civilian and military sectors in pathology education, consultation, and research. The AFIP has carried out this mission so vigorously and successfully that today, most people around the world, including me, have been touched either directly or indirectly by the Institute's efforts in the diagnosis of rare and emerging diseases and its dissemination of health-related information to the world's physicians. Furthermore, the AFIP's decades-long role as one of the World Health Organization's International Reference Centers has bolstered America's image in the international medical community. Despite this extraordinary accomplishment and world service, the DoD is proposing closure of an institution-an organization that has likely contributed more to medicine than any other DoD healthcare facility, one that ranks with the world's finest and most prestigious medical institutions.

There are alternatives to disestablishing the AFIP, and many compelling reasons to do so. One alternative is to transfer the AFIP from the military to the civilian sector. There is a relevant precedent for such a move; in 1957, the National Library of Medicine splintered from the AFIP and moved to the civilian sector. As a civilian National Institute of Pathology, the AFIP would be even better positioned to serve the entire nation, solving the DoD's dilemma and maintaining the Institute's place at the forefront of pathology, radiology, and laboratory medicine. While the mechanics of such a transfer need further study, the obvious first step is to remove the AFIP from the BRAC proposal, allowing it to continue its vital work and retain critical staff while other options are pursued.

There are many benefits to preserving the AFIP. First, military and civilian pathologists around the world routinely consult with the experts at the AFIP, helping to ensure correct diagnosis and proper treatment for their patients. As a result, the AFIP has accumulated the world's largest repositories of rare and complex cases, and its

75 Francis Street, Boston, Massachusetts 02115 *Tel: (617) 732-6797 • FAX: (617) 739-6192 • email: ecibas@partners.org*

professional staff has developed unmatched expertise and insight into diagnostic criteria and disease prevalence around the world. By providing training to pathologists and radiologists, in this country and around the world, that could not be provided elsewhere, the AFIP helps to alleviate medical and educational disparities and shortages that many, including myself, are seeking to address. Because of its precarious position on the BRAC list, immediate, decisive action should be taken to preserve the core functions of the AFIP (virtual and live courses and workshops, point-of-care consultation/education through AskAFIP(tm), and the innovative use of its unique archive) in order to retain the critical mass of expertise necessary to ensure the quality and integrity of their products.

Second, repositioning the Institute within the federal government would not only ensure that its products remain available to the DoD and their contributors around the nation and the world, but would provide greater leverage to expand its capabilities. Alignment with HHS, for example, would enhance opportunities to partner with US academic institutions, especially in underserved areas, reducing disparities in medical education and improving access to first-rate healthcare.

Third, repositioning the AFIP as a National Institute of Pathology would allow it to maintain its current program support for the Department of Veterans Affairs. Each year, the VA sends the AFIP over 13,000 cases for primary diagnosis, consultation, or quality assurance. A reinvigorated AFIP within the civilian sector could expand collaborations with VA medical centers through telepathology and radiology consultation, and participate in clinical trials and other research activities.

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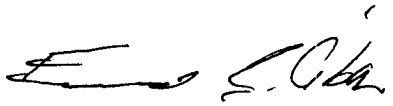
I hope you will support the preservation of the AFIP and its inestimable value to the U.S. and the world by opposing the current plans for disestablishment.

Sincerely,



Edmund S. Cibas, M.D.

HARVARD SCHOOL OF PUBLIC HEALTH

Department of Immunology and Infectious Diseases

July 20, 2005

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Commissioner
Base Closure and Realignment Commission
2521 S. Clark Street, Suite 600
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Microbiology — Infectious Disease
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Instructor in Pathology, Harvard Medical School
Research Associate, Harvard School of Public Health

HARVARD SCHOOL OF PUBLIC HEALTH

Department of Immunology and Infectious Diseases

July 20, 2005

Anthony J. Principi
Chairman
Base Closure and Realignment Commission
2521 S. Clark Street, Suite 600
Arlington, VA 22202

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665 Huntington Avenue, Boston, Massachusetts 02115-6018

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HARVARD SCHOOL OF PUBLIC HEALTH

Department of Immunology and Infectious Diseases

July 20, 2005

Admiral Harold W. Gehman Jr. USN Ret.
Base Closure and Realignment Commission
2521 S. Clark Street, Suite 600
Arlington, VA 22202

Admiral Gehman:

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Research Associate, Harvard School of Public Health

HARVARD SCHOOL OF PUBLIC HEALTH

Department of Immunology and Infectious Diseases

July 20, 2005

The Honorable James H. Bilbray
Base Closure and Realignment Commission
2521 S. Clark Street, Suite 600
Arlington, VA 22202

Your Honor:

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Research Associate, Harvard School of Public Health

INTERNATIONAL ACADEMY OF PATHOLOGY
(Formerly International Association of Medical Museums)
(Founded by Maude Abbott 1906)

Address reply to:

BRAC Commission

JUL 25 2005

Received

The Honorable James V. Hansen
Commissioner
Base Closure and Realignment Commission
2521 S. Clark Street, Suite 600
Arlington, VA 22202
USA

Paris, July 21, 2005

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F. Jaubert, MD - Service d'Anatomie Pathologique - Hôpital Necker-Enfants Malades - 149 rue de Sèvres - 75743 Paris Cedex 15, France (Europe)

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Address reply to:

President
Francis Jaubert, M.D.
Past President
Shinichiro Ushigome, M.D.
President-Elect
H. Konrad Muller, M.D.
Secretary
Florabel G. Mullick, M.D., ScD
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Harvey Goldman, M.D.
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South America
Eduardo Santini-Araujo, M.D.
Paulo Cardoso de Almeida, M.D.
Editor, International Pathology
Robin A. Cooke, M.D.

BRAC Commission

JUL 25 2005

Received

General Lloyd W. Newton, USAF Ret.
Commissioner
Base Closure and Realignment Commission
2521 S. Clark Street, Suite 600
Arlington, VA 22202
USA

Paris, July 21, 2005

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Dear Brigadier General Sue Ellen Turner, USAF (Ret.)

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F. Jaubert, MD - Service d'Anatomie Pathologique - Hôpital Necker-Enfants Malades - 149 rue de Sèvres - 75743 Paris Cedex 15, France (Europe)

INTERNATIONAL ACADEMY OF PATHOLOGY
(Formerly International Association of Medical Museums)
(Founded by Maude Abbott 1906)

Address reply to:

President
Francis Jaubert, M.D.
Past President
Shinichiro Ushigome, M.D.
President-Elect
H. Konrad Muller, M.D.
Secretary
Florabel G. Mullick, M.D., ScD
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Editor, International Pathology
Robin A. Cooke, M.D.

The Honorable James H. Bilbray
Commissioner
Base Closure and Realignment Commission
2521 S. Clark Street, Suite 600
Arlington, VA 22202
USA

Paris, July 21, 2005

Dear Honorable James H. Bilbray

"The Pentagon's 2005 recommendations for Base Realignment and Closure (BRAC) include the "disestablishment" of the Armed Forces Institute of Pathology, located on the campus of Walter Reed Army Medical Center in Washington, DC. This action would eliminate the consultation and education missions of the AFIP and their unique value to the military, the nation, and ultimately, the world.

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Admiral Harold W. Gehman Jr. USN Ret.
Commissioner
Base Closure and Realignment Commission
2521 S. Clark Street, Suite 600
Arlington, VA 22202
USA

Paris, July 21, 2005

Dear Admiral Harold W. Gehman Jr. USN Ret.,

"The Pentagon's 2005 recommendations for Base Realignment and Closure (BRAC) include the "disestablishment" of the Armed Forces Institute of Pathology, located on the campus of Walter Reed Army Medical Center in Washington, DC. This action would eliminate the consultation and education missions of the AFIP and their unique value to the military, the nation, and ultimately, the world.

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Editor, International Pathology
Robin A. Cooke, M.D.

BRAC Commission

JUL 25 2005

Received

The Honorable Philip E. Coyle, III
Commissioner
Base Closure and Realignment Commission
2521 S. Clark Street, Suite 600
Arlington, VA 22202
USA

Paris, July 21, 2005

Dear Honorable Philip E. Coyle, III

"The Pentagon's 2005 recommendations for Base Realignment and Closure (BRAC) include the "disestablishment" of the Armed Forces Institute of Pathology, located on the campus of Walter Reed Army Medical Center in Washington, DC. This action would eliminate the consultation and education missions of the AFIP and their unique value to the military, the nation, and ultimately, the world.

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BRAC Commission

JUL 25 2005

Received

The Honorable Sam Skinner
Commissioner
Base Closure and Realignment Commission
2521 S. Clark Street, Suite 600
Arlington, VA 22202
USA

Paris, July 21, 2005

Dear Honorable Sam Skinner,

"The Pentagon's 2005 recommendations for Base Realignment and Closure (BRAC) include the "disestablishment" of the Armed Forces Institute of Pathology, located on the campus of Walter Reed Army Medical Center in Washington, DC. This action would eliminate the consultation and education missions of the AFIP and their unique value to the military, the nation, and ultimately, the world.

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F. Jaubert, MD - Service d'Anatomie Pathologique - Hôpital Necker-Enfants Malades - 149 rue de Sèvres - 75743 Paris Cedex 15, France (Europe)

The benefits of preserving the AFIP are obvious. First, military and civilian pathologists around the world routinely consult with the experts at the AFIP, helping to ensure correct diagnosis and proper treatment for their patients. As a result, the AFIP has accumulated the world's largest repositories of rare and complex cases, and its professional staff has developed unmatched expertise and insight into diagnostic criteria and disease prevalence around the world. By training pathologists and radiologists in this country and around the world, the AFIP is helping to alleviate medical and educational disparities and shortages that I and many others in Congress are seeking to address. Because of its precarious position on the BRAC list, we must take immediate, decisive action to preserve the core functions of the AFIP (virtual and live courses and workshops, point-of-care consultation/education through AskAFIP(tm), and the innovative use of its unique archive) in order to retain the critical mass of expertise necessary to ensure the quality and integrity of their products.

Second, repositioning the Institute within the federal government would not only ensure that its products remain available to the DoD and their contributors around the nation and the world, but would provide greater leverage to expand its capabilities. Alignment with HHS, for example, would enhance opportunities to partner with US academic institutions, especially in underserved areas, reducing disparities in medical education and improving access to first-rate healthcare.

Third, repositioning the AFIP as a National Institute of Pathology would allow it to maintain its current program support for the Department of Veterans Affairs. Each year, the VA sends the AFIP over 13,000 cases for primary diagnosis, consultation, or quality assurance. A reinvigorated AFIP within the civilian sector could expand collaborations with VA medical centers through telepathology and radiology consultation, and participate in clinical trials and other research activities.

Finally, preserving the AFIP as a federal civilian entity would create numerous opportunities to improve healthcare and education for underserved populations in this country and around the world. The AFIP's vast experience and expertise in medical informatics, distance learning, and electronic consultation could be put to use in streamlining national health information technology by implementing electronic medical records, consultation, and medical education. Altogether, the AFIP's significant and growing expertise in managing, mining, and distributing healthcare information would strengthen national efforts to increase access to quality healthcare, expand research on racial, ethnic, and geographic disparities in healthcare, increase the diversity of health professionals, and promote healthcare education to the underserved. Furthermore, preserving and expanding the AFIP's diagnostic support to developing countries staggering under the weight of HIV/AIDS, malaria, and other emerging diseases is a humanitarian and political imperative.

Sincerely yours,

Francis Jaubert, MD
President
International Academy of Pathology

F. Jaubert, MD - Service d'Anatomie Pathologique - Hôpital Necker-Enfants Malades - 149 rue de Sèvres - 75743 Paris Cedex 15, France (Europe)

Birmingham Children's Hospital NHS

NHS Trust

HISTOPATHOLOGY DEPARTMENT
CPA Accredited

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Email: histology.department@bch.nhs.uk
M-A Brüindler, MD, Head of Dept: 0121 333 9837
R Brown, BSc., MB., ChB. MRCPath: 0121 333 9836
Darren Redfern, Head Biomedical Scientist: 0121 333 9835

Diana, Princess of Wales
Children's Hospital
Steelhouse Lane
Birmingham
B4 6NH
UK

Tel: 0121 333 9999
Fax: 0121 333 9998

BRAC Commission

JUL 25 2005

Received

Anthony J Principi,
Chairman, Base Realignment and Closure Commission,
2521 South Clark Street,
Suite 600.
Arlington, VA 22202. USA.

20th July 2005

Dear Mr Principi,

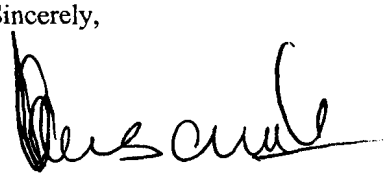
Future of Armed Forces Institute of Pathology.

I have recently been informed that you chair a commission that is to recommend the disestablishment of your country's Armed Forces Institute of Pathology (AFIP).
Although the recommendation may currently be seen to be in the best interest of your country's political and financial objectives, I as a humble foreign pathologist having worked as such in Africa for the past 45 years am extremely disappointed with this news. I fear that the future advancement and development of laboratory medicine on the "Dark Continent" will probably be compromised by this action. In Africa many of us feel that we have consistently been abused and exploited by industrialised nations, like USA, who regularly put self interest above the overall needs of the weaker wider world. These activities are often interpreted as an expression of arrogance and greed.

It is acknowledged that the AFIP was established to preferentially serve and protect America's armed forces, however it has through having an enlightened outlook by successive senior office bearers become a reference source of high standard scientific and educational information that has often been freely shared with the outside world – even during the cold war! We in Africa have benefited through discounted access to publications and consultations. This approach has very much been appreciated by the relatively small number of pathologists who serve Africa's millions of inhabitants who are progressively become poorer year by year. I thus appeal to you and your commission in whatever recommendation or decision is arrived at, to ensure that there will at least be a viable replacement organisation that will maintain the very high scientific and educational traditions of the AFIP in an ethos of international cooperation in serving humanity.

I would like to believe that you will respond to this request in a spirit of also accepting an accountability to the wider community of the planet in which we all live.

Sincerely,



Prof Ronald O C Kaschula

Permanent address (Effective from 5th November 2005): 5 Roseland Road, Rondebosch, Cape Town, 7700 South Africa.
Formerly: Head of Paediatric Pathology, Red Cross Children's Hospital and University of Cape Town.
Former Vice President of International Academy of Pathology, 1984 to 2000.
Recipient of Gold Medal of IAP for international service to pathology.
A Past President of International Paediatric Pathology Association

Francisco J. Martínez-Tello
Vicepresident for Europe of the
International Academy of Patholothy (IAP).
Hospital Universitario "12 de Octubre"
(Universidad Complutense de Madrid)
Avda de Córdoba s/n
Madrid. DP-28041
e-mail: fmartinez.hdoc@salud.madrid.org

Chairman Anthony J. Principi
Base Realigment and Clousure Commision
2521 South Clark Street
Suite 600
Arlington, VA 22202

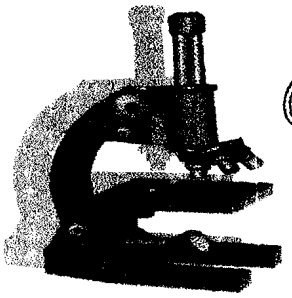
Madrid, 19th of June, 2005

Dear Sir:

I have known that the U.S. Department of Defense Base Closure and Realigment Commission (BRAC) has recommended the "disestablishment" of the Armed Forces Institute of Pathology (AFIP). If this recommendation is accomplished would be a major blunder to world science. The AFIP has been and is one of the best sources of investigation in the field of pathology and their contributions have been essential in the progress of pathology and medicine, and a guidline for pathologists of all around the world. I want to ask you to do your best for impeding that this reccommendation would be accomplished.

Sincerely yours

Professor F.J. Martínez-Tello
Vicepresident for Europe of the IAP



СПГМА им. И.И. Мечникова
Кафедра патологической анатомии

(Зав. кафедрой : член-корреспондент РАМН, Заслуженный деятель науки РФ, профессор Н.М. Аничков)

195067 С-Петербург, Пискарёвский пр., 47, корпус 23
Тел. / Факс : (812) 543 93 24, E-mail : anichkov@bk.ru , anichkov@front.ru

Chairman Anthony J. Principi **St. Peterburg : July 12, 2005**
Base Realignment and Closure Commission
2521 South Clark Street
Arlington, VA 22202

Dear Sir,

Some days ago I received an information of the U.S. Department of Defense Base Closure and Realignment Commission recommendation on the "disestablishment" of the Armed Forces Institute of Pathology (AFIP). Allow me to express my professional opinion on the consequences to the American and International pathology of such an act.

The AFIP is one of the most famous and authoritative leaders in practical pathology and research. Alongside with diagnostic work it provides a big consultation assistance and teaching. The professional help of this Institute for many pathologists abroad should be underlined separately. Numerous excellent publications of the AFIP staff traditionally reflect high methodological and theoretical level as well as significant achievements in research. One important example : highly popular fundamental voluminous guidance in diagnostic tumor pathology published in the last several years.

The loss of a leader of such caliber would give a severe stroke to both clinical and theoretical medicine. I am absolutely convinced of a necessity of further support and development of this valuable Institute.

Sincerely yours,

Prof. Nikolai M. Anichkov, MD, DSc, Head
Department of Pathology, Mechnikov Acad. of Medicine, St. Petersburg
Honored Researcher of Russian Federation,
Member of the Russian Academy of Medical Sciences
Past President of the Russian Division of Internat. Acad. of Pathology

Roger St. Vincent
1728 Lamont Street, NW
Washington, DC 20010

2005 Defense Base Closure and
Realignment Commission
2521 South Clark Street, Suite 600
Arlington, VA 22202

To the Commission,

I appreciate your taking comments from the public and the military community. I retired from the U.S. Navy in 1993 as a Chief Petty Officer, and have received treatment at both the Walter Reed Army Medical Center and the Naval Medical Center at Bethesda MD. While I understand the need for the military to realign and close certain facilities, none of the rationales I have heard put forward to justify this round of closures apply to Walter Reed.

As anyone who has parked, made and kept appointments, or attempted to fill a prescription at either Walter Reed or Bethesda recently can attest, there does not appear to be any underutilization. If that is true, unless the intent is to literally re-create all of Walter Reed on the Bethesda grounds, a needless and expensive undertaking, the rationale and purpose in closing Walter Reed necessarily entails a reduction or worsening in medical care for the military community in the Washington area.

I hope and trust that is not true, as it would constitute a breach of the trust of those who have served this country, and is a message that will not be missed by those currently serving or contemplating service in the U.S. armed services.

I urge you to reject closure of the Walter Reed Army Medical Center.

Thank you,

Roger St. Vincent

11501 Georgia Avenue # 515
Wheaton, MD 20902

June 12, 2005

2005 Defense Base Closure and Realignment Commission
2521 S. Clark St., Ste. 600
Arlington, VA 22202

Dear BRAC Commission,

During my Pulmonary/Critical Care Fellowship at George Washington University, I had the opportunity to train Pulmonary Pathology at AFIP, Walter Reed Medical Center, and thus work with some of the world's most renowned pulmonary pathologists. I remember seeing samples representing the most challenging cases, arriving from all around the globe, including from countries such as Japan, Switzerland, New Zealand, and many others, for a second opinion. Every slide was examined and diagnosis or differential diagnosis produced. Upon completion of my training I continued to communicate with AFIP because this is where I would send the specimens obtained through open lung biopsy performed on my patients.

It is my understanding that due to BRAC there is possibility of closing AFIP at Walter Reed Medical Center. To say that such an action would have significant negative repercussions on the health of my patients, would be an understatement. Such closure would also have tremendous negative impact on other private pulmonologists practicing in this area, as well as on those practicing nationally or internationally.

I am requesting that you make every effort to keep AFIP running in order to provide the highest quality services to our patients.

Sincerely,

Dr. Libuse Heinz-Momcilovic

Dr. Libuse Heinz-Momcilovic
Tel: 301-942-2977

John R. Pierce, M.D.
4849 Sweetbirch Drive
Rockville, MD 20853

2005 Defense Base Closure and Realignment Commission
Attention: Dean Rhody
2521 S. Clark St., Ste. 600
Arlington, VA 22202

June 7, 2005

Dear Mr. Rhody;

I am a retired Medical Corps colonel that served 30 years active duty about half of that at Walter Reed where I served in a number of different capacities to include Chief, Department of Pediatrics, director of the pediatric residency program, Director of Medical Education, and Deputy Commander for Clinical Services, the Army's title for the chief of the medical staff.

I grew up professionally at Walter Reed learning from and serving with Medical Corps General Officers Mologne, Rumbaugh, Hastings, Brown, Blanck, Kussman, Burger and Timboe. I also grew to love Walter Reed the institution and the people who gave their daily lives to make it a national treasure. I stayed in beyond 20 years, when most physicians retire, because I wanted to become a department chief at Walter Reed, what a great honor to lead a clinical department at the Army's greatest hospital. I stayed beyond 25 years to become the chief of the medical staff, a position beyond my wildest profession dreams. Although I knew I clearly was not, by title at least, I was Walter Reed's top doc. It was the hardest job I have ever had but wow, what an honor! At 30 years I had mandatory retirement and reluctantly took off the uniform I had proudly worn for so long. Now I am the Medical Inspector for the Department of Veterans Affairs and use on a daily basis the skills I learned from so many outstanding mentors at Walter Reed.

As you might guess I am very concerned about the closing of the main campus of Walter Reed Army Medical Center and what loss that will bring to the Army Medical Department and the nation. I am asking you for the opportunity to talk with you about this and to share with you my concerns about the BRAC selection process. You may contact me at (202) 501-2048 or via e-mail at: john.pierce@va.gov

I have enclosed my CV so that you might have a better feel for who I am. Thank you very much.

Sincerely,

John R. Pierce, M.D.

May 2005

CURRICULUM VITAE

PERSONAL DATA:

Name:	JOHN RANDALL PIERCE, M.D.
Citizenship:	United States of America
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Home Phone:	(301) 924-5637
Work Phone:	(202) 501-2048
Fax:	(202) 501-2196
E-mail address:	john.pierce@va.gov
Date of Birth:	May 9, 1947
Place of Birth:	Nashville, Tennessee
Wife:	Eugenia Kathleen Walker, May 19, 1947
Children:	Rachel Lee, January 19, 1971
	Francine Ana, November 21, 1974
	John Williams, December 24, 1982

EDUCATION:

Undergraduate: B.S. - David Lipscomb College, Nashville, TN, 1969

Postgraduate (Medical):

Medical School:	M.D. - University of Tennessee, Memphis, TN, 1971
Internship:	Tripler Army Medical Center, Honolulu, HI, 1 Jan - 31 Dec 72
Residency:	Pediatrics, Tripler Army Medical Center, Honolulu, HI, July 73 - Jun 75
Fellowship:	Neonatology, Fitzsimons Army Medical Center, Aurora, CO, Aug 77 - July 79

EDUCATION:

Postgraduate (Military):

Interagency Institute for Federal
Health Care Executives - 1988
Medical Management of Chemical Casualties - 1987
Command and General Staff College
(Commandant's List) - 1985
Combat Casualty Care Course - 1983
Medical Effects of Nuclear Weapons - 1982

PROFESSIONAL LICENSES/CERTIFICATIONS:

Tennessee, State Board of Medical Examiners, #MD 7543
American Board of Pediatrics, 1977
American Board of Pediatrics, Sub-Board of
Neonatal-Perinatal Medicine, 1981

MEMBERSHIPS:

American Academy of Pediatrics
Walter Reed Society
Association of Military Surgeons of the United States
Society of Medical Consultants to the Armed Forces
Association of Pediatric Program Directors 1992-1995

PRESENT POSITION:

Medical Inspector
Veterans Health Administration
Department of Veterans Affairs
Washington, D.C. 20420
September 2004 - present

PAST EXPERIENCE:

Deputy Medical Inspector
Veterans Health Administration
Department of Veterans Affairs
Washington, D.C. 20420
January 2002 – September 2004

Director, Patient Safety Program
Walter Reed Army Medical Center
Washington, D.C. 20307
January 2001 – December 2001

Colonel, Medical Corps
United States Army
Retired - December 2000 - 30 years service

Director of Medical Education
Walter Reed Army Medical Center
Washington, D.C. 20307
1995 - 2000

PAST EXPERIENCE:
(continued)

Deputy Commander for Clinical Services
(Chief of the Professional Staff)
Walter Reed Army Medical Center
Washington, D.C. 20307
1995 - 1998

Chief, Department of Pediatrics
Walter Reed Army Medical Center
Washington, D.C. 20307
1992 - 1995

Program Director, Pediatric Residency,
Walter Reed Army Medical Center
1992 - 1995

Consultant in Pediatrics (Specialty Advisor) to The Surgeon General, U.S. Army, 1985 - 1992

Special Project Officer, Office of the Assistant Secretary of Defense (Health Affairs), The Pentagon, Washington, D.C.
Nov 1990 - May 1991

Assistant Chief, Department of Pediatrics,
Walter Reed Army Medical Center, Washington, DC,
1985 - 1992

Chief, Newborn Service and Co-Director Neonatal-Perinatal Fellowship, Fitzsimons Army Medical Center, Aurora, CO,
1979 - 1985

Staff Pediatrician, U.S. Army Hospital, Nurnberg, Germany,
1975 - 1977

General Medical Officer, Pediatric Clinic, Schofield Barracks, Hawaii, Feb - June 1973

General Medical Officer, Atomic Energy Commission Surgery Team, Eniwetok Atoll, Trust Territories of the Pacific, Jan - Feb 1973

ACADEMIC APPOINTMENTS:

Associate Professor, Department of Pediatrics, Uniformed Services University of the Health Sciences, Bethesda, MD
1986 - present

Assistant Professor (Affiliated), Department of Pediatrics, Uniformed Services University of the Health Sciences,
1981 - 1986

Assistant Clinical Professor, Department of Pediatrics, University of Colorado Center for Health Sciences,
1981 - 1985

Clinical Instructor, Department of Pediatrics, University of Colorado Center for Health Sciences, 1978 - 1981
Clinical Instructor, Department of Pediatrics, University of Hawaii, 1974 - 1975

LEADERSHIP ACTIVITIES:

Historian, Walter Reed Society 2005-present
First Vice-President, Walter Reed Society 2001-2005

Chair, Patient Care Assessment Committee,
Walter Reed Army Medical Center
1997 – 2001

Chair, Professional Education and Training Committee,
Walter Reed Army Medical Center, 1995 - 2000

Chair, Executive Committee of the Medical Staff,
Walter Reed Army Medical Center, 1995 - 1998

Chair, Credentials Committee,
Walter Reed Army Medical Center, 1995 - 1998

Chair, Quality Outcomes Council,
Walter Reed Army Medical Center, 1995 - 1998

Chair, Radiation Safety Committee,
Walter Reed Army Medical Center, 1995 - 1998

LEADERSHIP ACTIVITIES:
(continued)

Chair, Pharmacy and Therapeutics Committee,
Walter Reed Army Medical Center, 1997 – 1998

President, Uniformed Services Chapter East,
American Academy of Pediatrics, 1992 - 1996

Chair, OB-GYN Program Director Search Committee for
National Capital Consortium OB-GYN Residency, 1995

Program Coordinator, 26th Uniformed Services Pediatric
Seminar, 1992

Vice-President, Uniformed Services Chapter East,
American Academy of Pediatrics, 1988 - 1989

Chairman, Pediatric Specialty Group for the Development of
a Military Unique Curriculum, Uniformed Services University of
the Health Sciences, 1987 - 1989

Executive Committee, Uniformed Services Section,
American Academy of Pediatrics, 1980 - 1983

HOSPITAL COMMITTEES:

Executive Committee of the Medical Staff,
Walter Reed Army Medical Center, 1992 - present

Patient Care Assessment Committee,
Walter Reed Army Medical Center, 1992 - 1995, 1997 - present

Professional Education and Training Committee,
Walter Reed Army Medical Center, 1992 - 2000

Credentials Committee,
Walter Reed Army Medical Center, 1992 - 1998

Clinical Space Utilization Committee,
Walter Reed Army Medical Center, 1992 - 1995

Education Committee,
Fitzsimons Army Medical Center, 1979 - 1985

HONORS:

The Association of Military Surgeons of the United States
History of Military Medicine Essay Award, 2001

The General Claire L. Chennault Award as Outstanding Teacher
Walter Reed Army Medical Center, 1999

Outstanding Service Award, Uniformed Services Section,
American Academy of Pediatrics, 1998

Alumnus of the Year
David Lipscomb University, 1997

U.S. Army Surgeon General's "A" Professional Designator,
1986

Order of Military Medical Merit, 1983

Selected Outstanding Staff, Department of Pediatrics by
Intern Class, Fitzsimons Army Medical Center, 1982

Selected Outstanding Teacher, Department of Pediatrics by
Intern Class, Fitzsimons Army Medical Center, 1981

Selected Outstanding Young Men of America, 1980

Andrew M. Margileth Award for Excellence in
Clinical Investigation in Pediatrics, 14th Uniformed Services
Pediatric Seminar, 1979

MILITARY AWARDS:

Legion of Merit – 1993
Legion of Merit (1st Oak Leaf Cluster) – 1999
Legion of Merit (2nd Oak Leaf Cluster) - 2001
Meritorious Service Medal - 1985
Meritorious Service Medal (1st Oak Leaf Cluster) -1990
Meritorious Service Medal (2nd Oak Leaf Cluster) - 1997
Joint Service Commendation Medal - 1989
Army Commendation Medal - 1977
Army Commendation Medal (1st Oak Leaf Cluster) - 1992
Army Commendation Medal (2nd Oak Leaf Cluster) - 2000
Army Achievement Medal - 1991

MILITARY AWARDS:
(continued)

Army Achievement Medal (1st Oak Leaf Cluster) - 1993
Army Achievement Medal (2nd Oak Leaf Cluster) - 1994
Army Achievement Medal (3rd Oak Leaf Cluster) - 1994
National Defense Medal - 1970, 1991
Humanitarian Service Medal - 1975
Reserve Service Medal - 1981
Overseas Service Ribbon - 1982
Army Service Ribbon - 1982

COMMUNITY ACTIVITIES:

Deacon, Olney Church of Christ,
Olney, MD 1991 - 2000

Youth Programs Director, Olney Church of Christ,
Olney, MD, 1987 - 2000

Deacon, Hoffman Heights Church of Christ,
Aurora, CO, 1981 - 1983

PUBLICATIONS:

Original Articles

1. Way GL, Pierce JR, Wolfe RR, et al: ST depression suggesting subendocardial ischemia in neonates with respiratory distress syndrome and patent ductus arteriosus, Journal of Pediatrics 95:609-611, 1979.

2. Pierce JR, Merenstein GB: Enteric duplication cyst, American Journal of Diseases of Children, 134:985-986, 1980.

3. Pierce JR, Blake WW, Kilbride HW: Developmental follow-up of military dependents requiring neonatal intensive care. Military Medicine 149:339-341, 1984.

4. Uniformed Services Perinatal-Infectious Disease Group-JR Pierce: Intravenous Immunoglobulin in neonatal group B streptococcal disease. American Journal of Medicine 76:117-121, 1984.

5. Pierce JR, Blake WW, Merenstein GB: Neonatal intensive care at Fitzsimons Army Medical Center. Military Medicine 149:555-560, 1984.

PUBLICATIONS:
(continued)

6. Pierce JR, Merenstein GB, Stocker JT: Immediate post-mortem culture in an intensive care nursery. Pediatric Infectious Disease 3:510-513, 1984.

7. Arthur JD, Pierce JR: Citrobacter Diversus meningitis and brain abscess in a neonate associated with Bacteroides Melaninogenicus. Pediatric Infectious Disease 3:592-593, 1984.

8. Nelson SN, Merenstein GB, Pierce JR: Early onset group B streptococcal disease: Is it underdiagnosed? Journal of Perinatology 6:234-238, 1986.

9. Weisman LE, Fischer GW, Marinelli P, Hemming VG, Pierce JR, Golden S, Peck GC: Pharmacokinetics of intravenous immunoglobulin in neonates. Vox Sanguinis 57:243-248, 1989.

10. Callahan CW, Pierce JR: Health Care for the Children of Army Service Members: Cost of Alternatives. Military Medicine 156:186-189, 1991.

11. Pierce JR: The role of the Unites States Army active component pediatricians in Operations Desert Shield, Desert Storm and Provide Comfort. Military Medicine 158:105-108, 1993.

12. Hamm CK, Pierce JR, Phillips JS, Kussman, MJ: Utilization Management Effects Health Care Practices at Walter Reed Army Medical Center. Military Medicine 164: 867-871, 1999.

13. Pierce JR: In the Interest of Humanity and the Cause of Science, The Yellow Fever Volunteers. Military Medicine 168: 857-863, 2003.

BOOK:

Yellow Jack: How Yellow Fever Ravaged America and Walter Reed Discovered its Deadly Secrets. Pierce JR, Writer JV. New York, John Wiley & Sons, April 2005.

SUPPLEMENT EDITOR:

1. Pierce JR, Writer JV (Editors): Solving the Mystery of Yellow Fever: The U.S. Army Yellow Fever Board of 1900. Military Medicine 166: Supplement 1, September 2001.

BOOK CHAPTERS:

1. Pierce JR and Turner BS; Physiologic Monitoring in A Handbook of Neonatal Intensive Care. Merenstein GB and Gardner SL, eds. St. Louis: C.V. Mosby Company, 1985 p. 97-110.

2. Pierce JR and Turner BS; Physiologic Monitoring in A Handbook of Neonatal Intensive Care. Merenstein GB and Gardner SL, eds. St. Louis: C.V. Mosby Company, 1989, p. 126-140.

3. Pierce JR and Turner BS; Physiologic Monitoring in A Handbook of Neonatal Intensive Care. Merenstein GB and Gardner SL, eds. St. Louis: C.V. Mosby Company, 1991.

ABSTRACTS:

1. Pierce JR, Merenstein GB: Streptococcal sudden unexpected death syndrome, (Abst) Clinical Research 27:128A, 1979.

2. Kilbride HW, Pierce JR, Merenstein GB: A method for following intranursery and internursery mortality trends, (Abst) Clinical Research 29(1):118A, 1981.

3. Weisman LE, Tunnel S, Stocker T, Pierce JR: Self-limited Hirschsprung's like disease in a very low-birth weight neonate (Abst). March of Dimes Birth Defects Conference, June, 1981.

4. Weisman LE, Fischer GW, Pierce JR et al: Intravenous immunoglobulin therapy in the neonate: A study of pharmokinetics and safety, (Abst) Pediatric Research 17:341A, 1983.

5. Jannuzzi PJ, Weisman LE, Pierce JR, Garcia V: Abdominal wall erythema associated with Hirschprung's disease, (Abst) 19th Uniformed Services Pediatric Seminar, 1984.

6. Weisman LE, Fischer GW, Pierce JR, Hemming VG, Marinelli P, Hunter KW, Golden SM: Intravenous immunoglobulin therapy in the neonate: A study of pharmacokinetics and safety. (Abst) Clinical Pharmacology and Therapeutics 35(2):282, 1984.

7. Nelson SN, Pierce JR, Merenstein GB: Is neonatal group B streptococcal disease underreported? (Abst) Clinical Research 33:141A, 1985.

8. Nelson S, Merenstein GB, Pierce JR, Arthur JD, Englekirk P, Morse P: Rapid identification of group B beta-hemolytic streptococci by direct swab micronitrous acid extraction technique, (Abst) 20th Uniformed Services Pediatric Seminar, 1985.

9. Murphy MG, Paine TR, Bonsack T, Arthur JD, Merenstein GB, Pierce JR: Naloxone treatment of streptococcal sepsis in a suckling rat model, (Abst) 21st Uniformed Services Pediatric Seminar, 1986.

10. Carter BS, Anderson BA, Frank CG, Pierce JR: Military neonatologists and bioethical decision making, (Abst) 9th Conference on Military Perinatal Research, 1989.

11. Callahan CW, Pierce JR: The Army Pediatrician: A cost comparison of alternatives for the medical care of dependent children, (Abst) 24th Uniformed Services Pediatric Seminar, 1989.

EDITORIALS:

1. Pierce JR, Hemming VG: A case for the military pediatrician. Military Medicine 151:559-560, 1986.

2. Pierce JR, Brennan M, Campbell J, McClurkan M, Morgan JL, Stracner CE: The Department of Military Medicine - A graduate medical education idea whose time has come. Military Medicine 154:536-537, 1989.

LETTERS TO THE EDITOR:

1. Pierce JR, Slaughter JC: Cutis aplasia congentia. American Journal of Diseases of Children 139:1178-1179, 1985.

2. Pierce JR: In Reply. Military Medicine 155 (Number 5):A6, 1990 and 155 (Number 11):A11, 1990.

AMERICAN ASSOCIATION FOR
THE STUDY OF LIVER DISEASES

AASLD

June 6, 2005

The Honorable Anthony Principi, Chairman
Base Realignment and Closure Commission
2521 South Clark Street
Arlington, VA 22202

Dear Mr. Chairman:

I am writing in my capacity as the President of the American Association for the Study of Liver Diseases (AASLD) to request respectfully that the Base Realignment and Closure Commission (BRAC) intercede to maintain the Armed Forces Institute of Pathology (AFIP). This unique national resource is a casualty of the plan to close Walter Reed Army Medical Center in Washington, DC that will have a serious negative impact on health care in the military and beyond.

The AASLD is the leading international organization representing liver disease researchers and clinicians. Our members are responsible for virtually every major breakthrough in the prevention and treatment of liver diseases. Much of the research we have conducted on behalf of the military, for veterans and for the civilian population has been informed by the AFIP. In addition, this institute is a resource that is frequently consulted on the most difficult treatment cases – a service to the military and veterans, but for which civilian physicians pay a fee.

In CY2004, AFIP consulted on nearly 18,000 of the most difficult cases military health providers faced. In addition, it provided more than 13,000 consultations to the medical facilities of the Department of Veteran Affairs. The AFIP also provided comprehensive training to nearly 600 military, DOD and DVA physicians in the same time period.

The current plan from the Department of Defense calls for moving the tissue and tumor sample repository from Walter Reed to Dover AFB in Delaware. However, the personnel that receive, analyze, interpret and consult on those samples would be eliminated, effectively decimating the value of the collection and obliterating any health benefit from it.

As important as the AFIP is to the substantial segment of the American population with liver disease, its overall impact is most significant to America's military men and women stationed throughout the world, as well as to first

responders in the United States. With threats against our troops and other personnel overseas and in this country from chemical and biological weapons at unprecedented levels, they need a world-class facility that can analyze tissue samples in a comprehensive manner and determine the causes of illness and death. The AFIP is that facility and its continuation is essential for the health of America's fighting men and women during this time of war.

If the BRAC chooses to retain Walter Reed at its current location, we hope that the recommendation will include retaining the AFIP in its current state of operations. If Walter Reed is to be closed, then please take steps to assure that AFIP will remain unified and the vital asset that it is to our nation's military men and women, and to the health of the American people.

Thank you for your consideration of our views. We look forward to learning of the Commission's final decision on this important matter.

Sincerely,

Teresa Wright

Teresa Wright, M.D.
President

Allan R. Glass
4853 Cordell Ave, Apt 614
Bethesda, MD 20814

4853 Cordell Ave #614
Bethesda, MD 20814
May 20, 2005

Commissioner Sue E. Turner
2005 Defense BRAC Commission
2521 South Clark Street, Suite 600
Arlington, VA 22202

Dear Commissioner Turner:

I have watched with interest portions of the recent BRAC Commission hearings, and I greatly appreciated your attempts to elucidate the proposed changes in military medical care. I have also read the sections of the BRAC report dealing with medical care.

As a retired Army Medical Corps officer who is extremely familiar with the military medical situation in the National Capital Region, both as a former provider and as a frequent current user of services, I remain quite confused about several aspects of the proposed changes in military health care in the DC area. I have indicated below some of the issues that I feel are still incompletely defined, at least as far as the public record to date.

- The BRAC documents indicate that Walter Reed currently has a total personnel authorization of about 5600. The BRAC report indicates that about 2000 of these authorizations will be transferred to the new Ft. Belvoir facility and about 800 to the new Walter Reed facility at Bethesda. The remaining 2800 or so authorizations are to be eliminated. How is it going to be possible to provide the patient population that currently uses Walter Reed with the same level of inpatient and outpatient care as it now receives if the number of personnel providing that care is going to be cut 50%? I can assure you that the current personnel allotment at Bethesda and at Ft. Belvoir are all extremely busy and will not be able to make up for such a huge personnel cut..

- The BRAC documents indicate that, of the personnel authorizations at the present Walter Reed, 2000 will move to Ft. Belvoir and 800 to the new Walter Reed facility at Bethesda. One would assume that the patient load will follow the personnel, so that the vast majority of current patient care at Walter Reed will move to Ft. Belvoir rather than to the new facility at Bethesda. Exactly which types of medical care and medical services are expected to move to Ft. Belvoir, and which will go to Bethesda? How many outpatients currently seen at Walter Reed will be seen in the future at Ft. Belvoir, and how many at Bethesda? What about inpatients? The new Ft. Belvoir facility will have about 120 beds more than it does at present, as compared with a current Walter Reed daily inpatient census of about 180-200. Does than mean that 2/3 of inpatient care at the current Walter Reed will move to Ft. Belvoir? Which types of inpatient care will move to Ft. Belvoir?

- What categories of retirees will be able to obtain care under the new plan? All military retirees are theoretically eligible for care at any military treatment facility on a space-available basis. At present, however, Ft. Belvoir and Bethesda Naval are limiting retiree access only to those retirees enrolled in Tricare Prime, while Walter Reed still does see some retirees who are in Tricare Standard or Tricare for Life. What happens to the latter retirees under the new plan? I would note that the opportunity for retirees to enroll for the first time in Tricare Prime at these facilities has been extremely limited and many times non-existent.

- How will subspecialty consultative care be provided at the new Ft. Belvoir? A 165-bed facility will generate substantial need for subspecialty consultations. Will subspecialists be stationed at Ft. Belvoir? How does that correspond with the BRAC report statement that all subspecialty care at the current Walter Reed will move to Bethesda? If subspecialists from the new Bethesda facility will have to go back and forth to Ft. Belvoir to do consultations (a 60 minute + drive), what arrangements will be made for transportation? Having subspecialists spend long hours on the beltway leads to great inefficiencies.

- The BRAC report indicates that the new Walter Reed National Military Medical Center will be a center for subspecialty and tertiary care. Will any primary care be provided at the new Bethesda facility? If not, where are dependents and retirees from the Maryland areas of Montgomery and Prince Georges counties supposed to receive care? It is my understanding that outpatient facilities in those counties are very limited (only Ft. Meade and Ft. Detrick come to mind), as compared to numerous military outpatient facilities in northern Virginia.

- How are the various training programs going to work? To the extent that most of the patient workload at the current Walter Reed is moving to Ft. Belvoir, how are the residents based at the new Bethesda facility going to have enough patients to work on? How will the residents see enough variety of cases if patient access is limited to Tricare Prime, thus excluding everyone over 65 and a huge percentage of retirees under 65?

I hope that you will continue to delve into the details of the proposed medical changes under the BRAC plan, particularly as it regards the National Capitol Region. The idea of combining all the tertiary care hospitals in the region always seemed reasonable, particularly when the facilities were all operating markedly below capacity. Nevertheless, from the information publicly available it is far from clear to me that this proposal has been thoroughly worked through and that its ramifications for beneficiary care have been completely outlined.

Yours truly,

Allan R. Glass

May 17, 2005

Secretary Anthony Principi
Chairman, Base Realignment and Closure Commission
2521 S. Clark St.
Arlington, VA 22202

Dear Secretary Principi:

RE: Comment on the realignment of **Walter Reed Army Medical Center**, Washington , DC

I have read the summary of the Medical Joint Cross-Service Group in the BRAC report and wish to comment on their recommendations concerning the realignment of Walter Reed Army Medical Center (WRAMC) in Washington, DC. I believe I am qualified to comment on the potential impact of the proposed realignment because 1) I am a health care provider; 2) I am a life-long military health care beneficiary as the child of a military officer and an O-6 active duty officer myself; and 3) I have been a patient of **both** the National Naval Medical Center (NNMC) in Bethesda, MD **and** WRAMC.

Due to multiple tours in the National Capitol Region (NCR) for first my father and then me, NNMC has provided the majority of my life's medical care. In 1999, I eventually became so dissatisfied with my care at NNMC that I began paying out of pocket for civilian medical care that I believed I needed to stay fit for duty. Two of my civilian providers in the area recommended physicians at Walter Reed, and I decided to give the Army a try. I was shocked by the difference in care at a neighboring MTF. I can walk from my desk to appointments in the NNMC hospital, but I happily make the drive and battle for a parking space at WRAMC because of the difference in care they provide.

While the Medical JCSG may believe that their proposal "maximizes military value while reducing infrastructure footprint", takes "full advantage of the commonality in the Services' healthcare delivery [and] healthcare education and training", "exploit[s] best practices", and "minimize[s] redundancy", my patient experiences at NNMC and WRAMC suggest the opposite will be true. Some of the supplementary press releases to the report focused on in-patient bed utilization at the various facilities in the NCR, but the in-patient bed counts are small compared to the number of out-patient visits at each of these facilities. Specifically, I would like to comment on what closing WRAMC could mean to out-patients in the NCR, and particularly on active duty personnel, because of your commission's emphasis on reviewing the list with respect to military value.

There appears to be large philosophical differences in the command's approach to patient care at NNMC as compared to WRAMC in 3 key areas that are relevant to force readiness:

1. primary care treatment of musculoskeletal complaints
2. training of medical staff
3. women's health

I will address each in detail on the following pages with specific examples from my own or other's experiences as patients at the two facilities.

1. differences in approach to primary care treatment of musculoskeletal complaints

Active duty officers and enlisted personnel are a young active group of individuals and nagging musculoskeletal problems are inevitable in this demographic group. NNMC primary care managers more often than not approach these complaints as if they are fabrications by sailors created to avoid long deployments on ships and subs or worse drug seeking behavior. They generalize this view to all their patients and manage these problems with the least amount of imaging possible (x-rays not MRIs) and minimal medications. Primary care managers at Walter Reed assume the patient is telling the truth until proven otherwise and proceed accordingly. At Walter Reed patients feel their primary care managers are allies; at NNMC, adversaries. As per the BRAC report, primary care staff at Walter Reed will not be moving to Bethesda.

Examples: 1) I had nagging hip pain that the Navy worked up with a one time series of x-rays and treated for nearly 15 years! with prescriptions for anti-inflammatory medications. After changing to a primary care manager at Walter Reed, they performed an MRI, diagnosed a cartilage tear, and referred to orthopaedics for a surgical consult. 2) A colleague of mine who also is a trained medical professional injured her knee. The injury was accompanied with pain and swelling and she could barely walk. NNMC made her wait 3 days before giving her an appointment with a primary care provider. When she finally was seen, they spent more time reprimanding her for the medication she took (without a prescription, leftover from a previous injury) to relieve her pain to get her through the three days she spent waiting for the appointment, than addressing her knee injury. (As I said, she is a trained medical professional and managed the situation appropriately.) 3) Another sailor had back pain that didn't respond to the minimal treatment his NNMC physician offered and he asked for stronger and stronger pain medication which eventually landed him an in-patient psychiatric admission at NNMC. Several months later when nothing had worked to relieve his pain, NNMC providers finally did more advanced testing, and diagnosed a malignant bone tumor at the base of his spine requiring treatment at the National Institutes of Health.

2. differences in approach to training medical staff

After primary care has done the initial work up of a medical complaint, if they cannot manage the problem themselves, a patient may be referred to specialty care such as neurology or orthopaedics. Ideally, that should mean that the patient sees a provider with more expertise in a particular area of medical practice than the primary care manager. At NNMC, in my experience a specialty referral has usually meant seeing a 3rd year medical student, not a more experienced physician. (If you are not familiar with medical training, the first two years of medical school are spent in the classroom and the 3rd year is the **first** time students spend much time with patients.) As a health professional, I can tell you these students have either not performed the examination correctly or misinterpreted test results as normal when they were not. When the students finally called in their supervisors, usually residents (physicians in the later stages of training themselves) not enough of the exam was repeated by the supervisors. In contrast, the only medical students I have seen at Walter Reed either have evaluated me at follow-up appointments where I am already well known to a staff physician, or the student has merely observed at an initial appointment with a new provider. This is a much more appropriate medical training model for **both** the student **and** the patient. As per the BRAC report, specialty care at Walter Reed will not be moving to Bethesda, so the NNMC medical training model likely will persist at Bethesda.

Example: I was referred to neurology at NNMC in 1999 and seen by a 3rd year medical student at the initial visit who performed the evaluation alone while working from notes. She did not perform some tests she should have, incorrectly performed some, and misinterpreted others (reported normal deep tendon reflexes when in fact I was

hyperreflexic, a **basic** test). She wrote a meandering 4 page note in my medical record that poorly summarized my chief complaint and could not adequately communicate my problems to the resident supposedly supervising her activities. He in turn did not repeat most of the testing she had performed, including the reflex testing. I was never treated for my complaint by neurology at NNMC. After eventually changing my primary care manager over to Walter Reed, I was referred to Neurology there, received a much more extensive and appropriate evaluation by one of their **staff** neurologists, received medication for my problem, and my daily function is now dramatically improved as a result. I am now fit for duty and a more effective officer as a result of this care. I should not have had to switch hospitals and wait 2 additional years to receive the care that NNMC should have provided. The care at NNMC is clearly not "redundant" with the care provided at WRAMC, nor is it an example of "best practice", and the differences in approach between the facilities to training medical staff is partly the reason for these differences.

3. differences in approach to women's health.

I noticed you only have one woman on the commission, but hopefully the general can emphasize to you the importance of this issue. After TRICARE was implemented in the late 1990's, primary care was defined to include general medicine, optometry, and preventative GYN services. NNMC allowed the optometry department to continue to provide annual vision screenings, but decided the GYN department was now "specialty care" and would no longer be providing annual GYN exams for women. Those services were provided in the primary care department. To have those exams performed with disposable equipment by personnel who do not routinely do those exams is awkward and uncomfortable, and leaves women reluctant to get the exams at the recommended frequency for optimum health. Also, to have to wait for the appointment in a clinic with people who are sick with colds or flu unnecessarily exposes patients who are well to patients who are sick. Walter Reed commanders did not make this same decision with respect to annual exams for women. The exams continue to be done by staff in the GYN clinic at WRAMC.

Example: My annual GYN exams are done by a civilian nurse practitioner at WRAMC who used to work at NNMC, but left and went to Walter Reed after NNMC "got out of the business of well women care" (her words)! If Walter Reed closes, female patients transferred over to Bethesda likely will not see the NNMC approach as "maintaining the same level of care" as the BRAC report suggests.

I hope these examples serve to illustrate the stark differences between the NNMC and WRAMC facilities and their command's approach to patient care. I selected these areas because I believe they most strongly influence force readiness and fitness for duty, but there are many more I could list. (For example, NNMC did not allow primary care to prescribe a non-sedating antihistamine; it must be done by an allergist. It took so long to get an appointment with the allergist, by the time I was seen, pollen season was over! WRAMC has no such requirement. You can get the drug you need **when** you need it.) These differences in NNMC command style are likely to persist if just the Walter Reed name and only their tertiary care staff are transferred to the NNMC facility in Bethesda as proposed in the BRAC report.

There is one additional area I would like to comment on in the BRAC report. In Section 8: Recommendations – Medical Joint Cross-Service Group on the top of page 5 it states, "Specialty units, such as the Amputee Center at WRAMC, will be relocated within the National Capitol Region" with no specifics. The Amputee Center is designed to be staffed by a multidisciplinary team including physical medicine, physical therapy, occupational therapy, and prosthetics and orthotics among others. Currently WRAMC is the ***ONLY*** facility in the NCR that provides Rehabilitation services as extensive as these; not only to returning combat wounded, but to all

DoD beneficiaries. To break up the WRAMC Rehabilitation staff to cover the Amputee Center located in one non-specified location and move other staff, possibly over to Bethesda which has traditionally had much more limited physical therapy services shows how implementing the details of this plan will be more complex, potentially reduce availability of care, limit training opportunities for staff and students, and possibly be more costly than portrayed in the report. Also, part of the Amputee Center is designed to house a state-of-the-art motion capture laboratory to perform studies of amputees walking with their prosthetic limbs to optimize prosthetic adjustments and enhance their function. This laboratory is a unique and valuable asset within the DoD system and should be used to evaluate other patient populations when it is not being used to test amputees. That makes the decision of where to locate the Amputee Center critical; not just an asset to be placed "somewhere" in the NCR.

I am now retirement eligible, so the decision to close Walter Reed likely will have little effect on me personally, but I believe it will have a huge effect on the fitness for duty of all active duty personnel in the NCR that currently use Walter Reed and might in the future. I am writing this letter on their behalf. The WRAMC staff currently provides the best medical care of any MTF in the region, if not the country and the world. Please reconsider the recommendation to break up the patient care services WRAMC provides and send primary and specialty care to Fort Belvoir and their sub-specialty colleagues to Bethesda along with the Walter Reed name. A valuable military asset will be lost and their patients – countless personnel and the duties they perform, negatively impacted if this recommendation is implemented. If you truly want to "rival Johns Hopkins or the Mayo Clinics" as Dr Winkenwerder is quoted as saying, I believe you will be much closer to meeting that goal if you move assets to and build upon the foundation established at WRAMC in Washington DC than to NNMC in Bethesda.

I am sorry not to sign this letter because I would like to provide additional comments on these issues if the commission has questions. However, I assume letters to the commission become part of the public record and since I have disclosed personal medical information to make my points I would rather remain anonymous.

Very Respectfully,

A concerned O-6 officer on active duty

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William Beaumont Hospital
Royal Oak

Anatomic Pathology
John C. Watts, M.D.
Chairman

July 21, 2005

Mr. Rory Cooper
Assistant for Congressional Affairs
Base Closure and Realignment Commission
2521 S. Clark Street, Suite 600
Arlington, VA 22202

Dear Mr. Cooper:

"The Pentagon's 2005 recommendations for Base Realignment and Closure (BRAC) include the "disestablishment" of the Armed Forces Institute of Pathology, located on the campus of Walter Reed Army Medical Center in Washington, DC. This action would eliminate the consultation and education missions of the AFIP and their unique value to the military, the nation, and ultimately, the world.

In 1976, recognizing the unique value of the AFIP, Congress enacted Public Law 94-361, charging the AFIP with serving both the civilian and military sectors in pathology education, consultation, and research. The AFIP has carried out this mission so vigorously and successfully that today, most people around the world have been touched either directly or indirectly by the Institute's efforts in the diagnosis of rare and emerging diseases and its dissemination of health-related information to the world's physicians. Furthermore, the AFIP's decades-long role as one of the World Health Organization's International Reference Centers has bolstered America's image in the international medical community. Yet despite this extraordinary accomplishment and world service, the Department of Defense (DoD) is proposing closure of the institution -- an organization that has likely contributed more to medicine than any other DoD healthcare facility, one that ranks with the world's fines and most prestigious medical institutions.

I suggest that there are alternatives to disestablishing the AFIP, and many compelling reasons to do so. The obvious alternative is to transfer the AFIP from the military to the civilian sector. There is a relevant precedent for such a move; in 1957, the National Library of Medicine splintered from the AFIP and moved to the civilian section. As a civilian National Institute of Pathology, the AFIP would be even better positioned to serve the entire nation, solving the DoD's dilemma and maintaining the Institute's place at the forefront of pathology, radiology, and laboratory medicine. While the mechanics of such a transfer need further study, the obvious first step is to remove the AFIP from the BRAC proposal, allowing it to continue its vital work and retain critical staff while other options are pursued.

The benefits of preserving the AFIP are obvious. First, military and civilian pathologists around the world routinely consult with the experts at the AFIP, helping to ensure correct diagnosis and proper treatment for their patients. As a result, the AFIP has accumulated the world's largest repositories of rare and complex cases, and its professional staff has developed unmatched expertise and insight into diagnostic criteria and disease prevalence around the world. By training pathologists and radiologists in this country and around the world, the AFIP is helping to alleviate medical and educational disparities and shortages.

3601 West 13 Mile Road Royal Oak, Michigan 48073-6769
248-898-9070 Fax 248-898-8020

Because of its precarious position on the BRAC list, we must take immediate, decisive action to preserve the core functions of the AFIP (virtual and live courses and workshops, point-of-care consultation/education through AskAFIP(tm) and the innovative use of its unique archive) in order to retain the critical mass of expertise necessary to ensure the quality and integrity of their products.

Second, repositioning the Institute within the federal government would not only ensure that its products remain available to the DoD and their contributors around the nation and the world, but would provide greater leverage to expand its capabilities. Alignment with HHS, for example, would enhance opportunities to partner with US academic institutions, especially in underserved areas, reducing disparities in medical eduction and improving access to first-rate healthcare.

Third, repositioning the AFIP as a National Institute of Pathology would allow it to maintain its current program support for the Department of Veterans Affairs. Each year, the VA sends the AFIP over 13,000 cases for primary diagnosis, consultation, or quality assurance. A reinvigorated AFIP within the civilian sector could expand collaborations with VA medical centers through telepathology and radiology consultation, and participate in clinical trials and other research activities.

Finally, preserving the AFIP as a federal civilian entity would create numerous opportunities to improve healthcare and education for underserved populations in this country and around the world. The AFIP's vast experience and expertise in medical informatics, distance learning, and electronic consultation could be put to use in streamlining national health information technology by implementing electronic medical records, consultation, and medical education. Altogether, the AFIP's significant and growing expertise in managing, mining, and distributing healthcare information would strengthen national efforts to increase access to quality healthcare, expand research on racial, ethnic, and geographic disparities in healthcare, increase the diversity of health professionals, and promote healthcare education to the underserved. Furthermore, preserving and expanding the AFIP's diagnostic support to developing countries staggering under the weight of HIV/AIDS, malaria, and other emerging diseases is a humanitarian and political imperative.

I urge you to support exemption of the AFIP from the BRAC recommendation. Thank you.

Sincerely,

John C. Watts, M.D.

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Anthony J. Principi
Chairman
Base Closure and Realignment Commission
2521 S. Clark Street, Suite 600
Arlington, VA 22202

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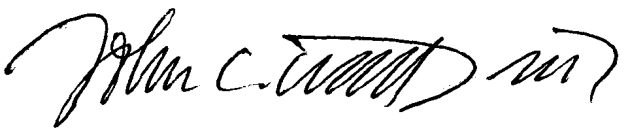

John C. Watts, M.D.

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Anatomic Pathology
John C. Watts, M.D.
Chairman

July 21, 2005

Brigadier General Sue Ellen Turner, USAF (Ret.)
Commissioner
Base Closure and Realignment Commission
2521 S. Clark Street, Suite 600
Arlington, VA 22202

Dear General Turner:

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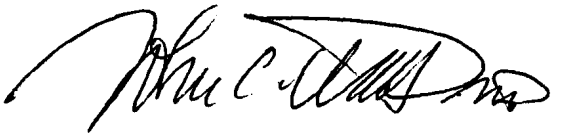

John C. Watts, M.D.

INTERNATIONAL ACADEMY OF PATHOLOGY
HUNGARIAN DIVISION

NEMZETKÖZI PATHOLÓGIAI AKADÉMIA
MAGYAR DIVÍZIÓJA

BRAC Commission

JUL 14 2005

Received

Chairman Anthony J. Principi
Base Realignment and Closure Commission
2521 South Clark Street
Suite 600
Arlington, VA 22202

July 7, 2005

Dear Mr. Principi,

On behalf of the Hungarian Division of the International Academy of Pathology (IAP) we would like to express our disbelief and deep disappointment over the U.S. Department of Defense Base Closure and Realignment Commission (BRAC) recommendation concerning the Armed Force Institute of Pathology (AFIP).

This decision would have a very profound negative impact on the science worldwide. AFIP has long been recognized as a leader institute for military and civilians around the world through expertise about diagnostics, continuous medical education and research.

AFIP consults over 100 000 special cases per year– most of them are cancer cases -, awards about 110 000 CME hours and performs internationally prestigious research.

Ten thousands of pathologists use the Atlas Series of Tumor Pathology all over the world, and the Institute is one of the flagships of modern molecular pathological diagnostic services. This tremendous work requires proper facility, professional staff and uncut budget.

We are convinced that the recommendations mentioned above will have a serious adverse consequences to pathology all over the world and the science itself.

Yours very sincerely:

Dr. Attila Zalatnai
Professor of Pathology
Secretary
Hungarian Division
International Academy of Pathology

Dr. Anna Kádár
Professor of Pathology
President
Hungarian Division
International Academy of Pathology
Former President
International Academy of Pathology

SAWYER OPERATIONS AUTHORITY

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Gwinn, MI 49841
906/346-3137, ext. 30

Marquette County
All-America City
2003

06072005

June 3, 2005

Chairman Anthony Principi
BRAC Commission
2521 South Clark Street, Suite 600
Arlington, VA 22202

RE: Naval Reserve Facility Marquette (Michigan)

Dear Chairman Principi and Commission:

This letter is written in support of retaining the Naval Reserve Facility located at the *former* K.I.Sawyer Air Force Base in Marquette County, Michigan. The Reserve center houses seven full-time military personnel, and brings in about 70 additional for monthly training sessions.

We have worked very hard at re-developing K.I.Sawyer since the Air Force left ten years ago. Every job and every service are critical to our sustainability. Not only are we facing the economic loss of these jobs and the facility, we are concerned about the loss of community services provided by the Reservists. They have worked on the youth library, community center, community association office, local parks, and other sites as needed. We are very grateful for the help they have provided and community progress in which they have been instrumental.

Please consider keeping the Naval Reserve Facility Marquette (Michigan) open and operating. While it may be a relatively small operation in your plan, it is very important to our community.

Sincerely,

Karen Anderson

Karen Anderson, Executive Director
Sawyer Operations Authority

Cc: Representative Bart Stupak
Senator Carl Levin
Senator Debbie Stabenow

HANS POPPER HEPATOPATHOLOGY SOCIETY

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e-mail: geller@cshs.org

May 25, 2005

2005 Base Realignment and Closure Commission
2521 S. Clark Street, Ste. 600
Arlington, VA 22202

Dear Members of the Commission:

This letter is being written on behalf of the Executive Committee and Officers of the Hans Popper Hepatopathology Society, the primary academic liver pathology society in North America. We are deeply concerned about the proposed closure of the Armed Forces Institute of Pathology (AFIP), located on the grounds of Walter Reed Army Medical Center, as a component of the recently announced BRAC.

In addition to the more than 50,000 diagnostic consultations processed each year in all specialties of pathology, many from military bases and many of which are rare cases that require highly qualified expertise, the AFIP has also been dedicated to research and teaching since its inception. The AFIP developed the use of telepathology for long-distance consultation. The AFIP also maintains a museum and one of the largest tissue repositories in the world; these are at risk of being lost with dissestablishment. The AFIP is known as a center for medical education in all areas of pathology: more than 1600 people attend AFIP courses each year, and staff members are integral to research and academic pursuits of national and international pathology courses and academic societies.

Hundreds of scholarly studies from the AFIP and the staff have been fundamental in describing new diseases in virtually all fields of medicine. The AFIP staff produces and updates the world-renowned multivolume fascicles of "Tumor and NonTumor Pathology." These texts are authoritative references in pathology. In its numerous capacities, the AFIP truly represents one of the most successful fruits of the American intellectual spirit, and is an institution that has far-reaching benefits in all of medical practice throughout the world.

Support of the AFIP and its mission of serving the diagnostic needs of pathologists is vital to assure continuing excellence of healthcare in the United States, and deserves our government's support. The loss of this institution would be a disservice to innumerable American military and civilian patients and their doctors, current and future.

Sincerely yours,

Elizabeth M Brunt

Elizabeth M. Brunt, MD
President, Hans Popper Hepatopathology Society