

2. OVERVIEW AND PROGRAM REQUIREMENTS

This chapter includes authorization and contractual information and the general purpose and scope of the Master Plan Update. It also includes historical and organizational background, identifies the planning approach to include goals and objectives, summarizes the requirements and discusses the relationship of the update to other related efforts.

2.1 Authorization and Applicability

This Master Plan focuses on the NNMC Bethesda campus to ensure logical development of the requirements identified by BRAC and supporting organizations and allow for logical growth beyond the BRAC implementation. It looks at the existing constraints and opportunities on the campus and develops a framework for orderly development.

The NNMC Master Plan Update was contracted through NAVFAC Washington under an Indefinite Quantity Contract for Facility Planning and Master Planning Components, Various Locations, A/E Contract #N62467-01-D-0328.

2.2 Purpose and Scope of the NNMC Master Plan Update

While the master plan efforts provided the basis for the EIS, the publication of the Master Plan Update intentionally lagged behind the EIS to ensure ample opportunity for community organizations and public review through the NEPA process. Results of these reviews were then incorporated in the Master Plan documentation.

The BRAC 2005 requirements identified a large influx of personnel, services and facilities that had to be accommodated within a long range plan or framework for NNMC. Support requirements and growth in other areas was anticipated as well and had to be considered as part of the total requirements. With this large growth as the impetus, NNMC began the process of identifying the requirements to update the Master Plan.

2.3 Historic Overview and Background

2.3.1 National Naval Medical Center

NNMC has been at its current location in Bethesda since 5 February 1942, but the presence of Navy Medicine in Washington DC started long before that. Beginning with the War of 1812, the first Naval Medical Facility in the Washington D.C. area was established in a rented building near the Washington Navy Yard. That facility was replaced by another at the Navy Yard and in 1843 by yet another at the Marine Barracks at 8th and I Streets. At the beginning of the Civil War, these existing accommodations were declared inadequate, and a temporary naval hospital was established at the Government Hospital for the Insane in what is now part of the Saint Elizabeth's Hospital campus. In 1866, Congress appropriated funds for

the construction of a 50-bed naval hospital on Pennsylvania Avenue, SE, in Washington, D.C. In October 1906, the Naval Hospital at 23rd and E Streets was established at the present site of the Bureau of Medicine and Surgery. It Became the Naval Medical Center in 1935. At that time, the Center consisted of the Naval Hospital and the Naval Medical School.

The history of the present location for NNMC began in 1938 when Congress appropriated funds for the purchase of land for a new Naval Medical Center. The site was selected by President Franklin D. Roosevelt on 5 July of that year. He selected the site, a 250 acre farm on one of the older land-grant parcels in Maryland, because of the spring fed pond that reminded him of the Biblical reference to the Pool of Bethesda, a place of healing. He not only selected the site, but President Roosevelt also initiated the idea for the building design. He had been impressed with the design of the Lincoln Nebraska state capitol building, and sketched an elevation and ground plan of what he envisioned for the Naval Medical Command in 1937. From these sketches, and under the close supervision of the noted architect Paul Philippe Cret, evolved the 20 story high rise tower symbolic of NNMC with dramatic vertical lines in art deco style. Ground was broken for the tower on 29 June 1939. President Roosevelt laid the cornerstone for the new structure on 11 Nov 1940. On 5 February 1942, the Naval Medical Command, National Capital Region (NMCNCR) was commissioned. It was dedicated by President Roosevelt on 31 August 1942, the 100th anniversary of the Bureau of Medicine and Surgery.

The original pond that led to the site selection is still located directly in front of the tower and has been christened Lake Eleanor in honor of Mrs. Roosevelt.

The original Center included a Naval Hospital with 1,200 beds, the Naval Medical School, the Naval Dental School, and the Naval Medical Research Institute.

During World War II, numerous temporary facilities were constructed to meet the immediate health care needs of up to 2,500 sailors and marines. Since that time, there have been significant changes as the mission of the medical center has expanded.

The campus continued to grow with the establishment of the Naval School of Hospital Administration in 1945, the Navy Toxicology Unit of the Armed Forces Radiobiology Research Institute in 1961, the Naval Medical Data Services Center in 1965, and the Naval Medical Research and Development Command in 1974.

In August of 1960 Buildings 7 and 8 were added to the east side of the original tower to provide 258 beds and replaced the temporary wards.

In 1973 the mission grew to provide coordinated dispensary health care services as an integral element of the Naval Regional Health Care System, bringing all the health facilities within the Naval District of Washington under

the Medical Center Commander. To meet this mission growth, in the mid 70's an extensive construction program began. Building 9, a large 4 story outpatient facility, and Building 10, a seven story 500 bed inpatient tower, were constructed to the south of the original facilities adding more than 880,000 square feet (SF) to the Medical Center. In the late 70's, two multi-level parking garages were constructed east of the medical buildings for staff and visitors.



The strong history of the campus was recognized when the original hospital tower was added to the Registry of Historical Places by the U.S. Department of the Interior in 1977. Other structures have historic significance as well and a historic district on campus is recognized by the Maryland Historic Trust.

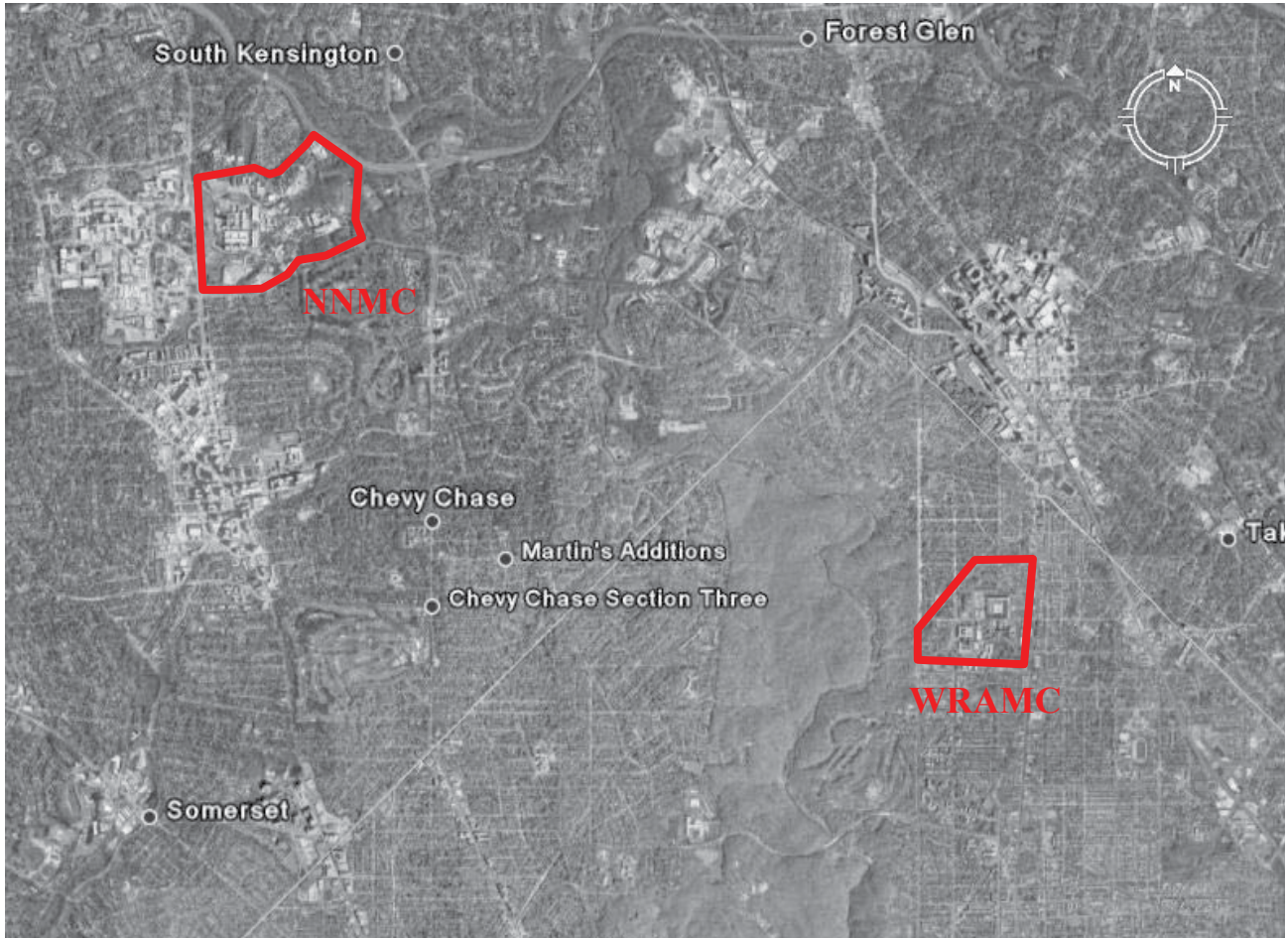


2.3.2 Walter Reed Army Medical Center

Walter Reed Army Medical Center is located in Washington D.C., approximately 6.5 miles from the National Naval Medical Center in Bethesda. (Figure 2-1 NNMC and WRAMC location map) The Army also has a long history in the Washington DC area with efforts to construct a general hospital with a training school as early as 1862 during the Civil War. It was not until 1893, however, that the Surgeon General was successful in establishing the Army Medical School.



In 1903, a committee was appointed to look for appropriate land within the District of Columbia for the erection of a general hospital. From 32 available tracts of land that were considered, they eventually chose what was known as the "Cameron tract". This tract was well elevated and was situated near



two street car connections, close to the Army medical school, and less than a mile from the railroad, all of which were considered the ideal setting.

In December of 1908, the main building, Building 1 was completed. Less than 30,000 SF, it was intended primarily for administrative purposes and had a bed capacity of only 65 beds. Building 2, the hospital stewards' quarters, was completed a few months later in April 1908, followed by Bldg 3 as a second set of quarters. On 1 May 1909, with only three buildings constructed, the Walter Reed General Hospital (WRGH) opened to receive patients. The hospital was named in honor of Major Walter Reed, an Army surgeon and researcher.

Additional buildings continued to be constructed on the site, to include a storehouse, stable, wagon shed, barracks for the enlisted, captain's quarters, mortuary, nurse's home, and an isolation hospital. After the initial 13 buildings were complete in 1913, construction began on additions for the main building and nurses' home.



FIG. 58.—Hospital stewards' quarters, Walter Reed General Hospital.

In 1917, because of requirements from WWI, WRGH initiated an expansion that continued for the next three years in order to meet its role as a general Army hospital, the post hospital for Washington Barracks, and the several camps in the vicinity. Twenty additional temporary frame buildings were constructed in 1917 bringing the bed capacity to 950. At that point three additional parcels of land had to be purchased to continue the construction and by the end of 1918, the bed capacity was 2,500. In 1923 General Pershing signed the order creating the Army Medical Center (AMC) within the same campus as WRGH, the Army Medical School moved to the campus and was renamed the Medical Department Professional Service



School (MDPSS). In 1951, the entire complex of approximately 100 brick buildings was renamed the Walter Reed Army Medical Center (WRAMC).

WRAMC functions continued to grow and in June 1955 the Armed Forces Institute of Pathology (AFIP) was established on campus. To meet the

growing requirements, in 1972, a large new building began construction and was finished and occupied in 1977. In addition to the Medical Center, the Walter Reed installation includes the North Atlantic Regional Medical Command (NARMC), and many other tenant organizations.

Today the 113 acre campus serves more than 150,000 active and retired personnel with over 8,000 staff on the main campus.

With BRAC 2005, WRAMC will close in Sep 2011. The future disposition of the property is still being evaluated. State departments and federal agencies are investigating the potential of using portions of the property, as well as other interested parties.

As part of the realignment of some services from WRAMC to NNMC, it is important that the organizations responsible for the realignment, recognize the history of both organizations and to strive to look for a way to incorporate elements of that history in the implementation of the new WRNMMC. As the execution is developed, consideration should be given to the relocation of significant element(s) from WRAMC to an appropriate location(s) at NNMC to incorporate a physical piece of WRAMC and its strong history to the new WRNMMC campus.

2.4 The NNMC Organization

2.4.1 National Naval Medical Center

As it exists today, the National Naval Medical Center is one of the Navy's largest health care delivery systems. As the headquarters for the regional Health Care System, NNMC encompasses facilities in five states (Virginia, Maryland, Pennsylvania, West Virginia and New Jersey) and the District of Columbia.

NNMC falls under the regional command of Navy Medicine National Capital Area. A single commander serves for both the regional command and the National Naval Medical Center. Resources and technical support are from the Navy Bureau of Medicine and Surgery commanded by the Surgeon General of the Navy.

NNMC is organized in functional Service Lines with direct lines to the Board of Directors. A brief list is included below:

Command Directorate

- Commander
- Deputy Commander
- Command Master Chief
- Commander OHSU NNMC
- Professional Affairs
- Secretariat

Board of Directors

- Director of Military and Family Health
- Director of Medical-Surgical Services

- Director of Clinical Support Services
- Director of Health Care Operations and Planning
- Director of Administration
- Director of Resources
- Director of Communications and Customer Care
- Director of Graduate Education and Research
- Director of Branch Health Clinics
- Chief of Clinical Staff
- Chief of Nursing Staff
- Civilian Staff Representative

Special Assistants

- CO, USNS COMFORT
- American Red Cross
- Chief Information Officer
- Command Casualty Affairs Office
- Drug and Alcohol Program Advisor
- Equal Opportunity
- Military Family Ombudsman
- Navy and Marine Corps Relief
- Organizational Ombudsman
- Pastoral Care
- Safety Office (OSHA-Facilities)
- Safety Dental Executive
- Special Projects Officer
- Staff Judge Advocate

The Medical Center provides primary care, specialty care, and tertiary care through multiple clinics and departments, some of which are located throughout the region. As of 2004, the National Naval Dental Center is also aligned with the National Naval Medical Center.

An important command for NNMC and the entire NCA medical region is the Joint Task Force National Capital Region-Medical (JTF CapMED). JTF CapMed was established in Sep 2007 to help navigate and implement the BRAC integration for Navy, Army and Air Force medical treatment facilities in the National Capital Region and is located on NNMC. The command coordinates resources from military branches to eliminate redundancies, enhance clinical care, promote health education, joint training and military medical research opportunities. The task force will also implement the BRAC changes, oversee the construction at Bethesda and develop an improved regional medical disaster response system. The command went fully operational in Sep 2008 with approximately 150 personnel.

In addition to the primary mission of the Medical Center, a wide variety of health care, educational and medical research programs exist on the campus creating interrelated operations and shared services through multiple tenants on the Bethesda campus. Some of the more significant tenants and a brief description of their missions are listed below. (*NNMC*).

American Red Cross. The American Red Cross, a humanitarian organization led by volunteers and guided by its Congressional Charter

and the Fundamental Principles of the International Red Cross Movement, will provide relief to victims of disaster and help people prevent, prepare for, and respond to emergencies. Nearly 200 volunteers are part of the Red Cross at Bethesda.

Armed Forces Radiobiology Research Institute (AFRRI). Chartered in 1961 to study the biological effects of ionizing radiation, the Institute's mission today focuses on development and applied research leading to effective medical countermeasures against ionizing radiation. AFRRI works with government facilities, academic institutions and civilian laboratories in the U.S. and other countries to find ways of treating and managing radiation injuries.

Human Resource Office. The Human Resource Office provides advice and guidance on standard personnel issues such as recruitment, classification, training and equal employment relations.

Medical Inspector General (IG). Provides oversight of health services to all beneficiaries in wartime and peacetime as authorized by law.

Moral Welfare and Recreation (MWR). MWR has a robust program on NNMC for military dependents and NNMC civilian employees. An MWR Info Center, Bowling Center, Comfort Zone (Fitness Center), Liberty Zone (Club for Single or Unaccompanied Sailors), Child Development Center, and USUHS Café are some of the services provided on campus through MWR.

National Cancer Institute (NCI). The National Cancer Institute coordinates the National Cancer Program, which conducts and supports research, training, health information dissemination, and other programs with respect to the cause, diagnosis, prevention, and treatment of cancer, rehabilitation from cancer, and the continuing care of cancer patients and the families of cancer patients.

Naval Dosimetry Center (NDC). The Naval Dosimetry Center provides centralized radiation dosimetry processing and consultation service to Naval commands worldwide. NDC maintains a registry of ionizing radiation exposure data for Navy and Marine Corps personnel exposed to radiation sources in their work environment. Also, it provides operations conducted under the Navy's Master Material License from the Nuclear Regulatory Commission listed in NAVMED P-5055.

Navy Medicine MPT&E Command. The Navy Medicine Manpower, Personnel, Training and Education (MPT&E) Command supports the Navy's priority of developing leaders for Navy Medicine. The command provides Operational and Peacetime education, training, visual information and program management for officers and enlisted personnel in support of DoD health care.

Navy Exchange. The NEX mission is to provide customers quality goods and services at a savings, and support quality-of-life programs. In addition

to the main exchange, NEX provides personalized services, optical shop, barbershop, laundry and dry cleaning services, tailor shop, NEX gas station and QuikMart, uniform center, flower service and package store. They also are responsible for the Main Street eateries and vendors as well as the 106 room Navy Lodge.

Navy Legal Services. The Legal Services mission is to provide legal services to active duty service members and their dependents, reservists, and to retirees. They provide legal services to support fleet operational readiness. The highest priority is given to fleet and operational units, particularly those deployed or preparing to deploy.

Naval Medical Research Center (NMRC). NMRC conducts scientific research on various diseases and operational problems in order to improve the health, safety, readiness and performance of Navy and Marine Corps personnel. NMRC is the Navy's largest biomedical research facility. It is being relocated off campus by separate BRAC action.

Navy-Marine Corps Relief Society (NMCRS). The Mission of the Navy-Marine Corps Relief Society is to provide, in partnership with the Navy and Marine Corps, financial, educational, and other assistance to members of the Naval Services of the United States, eligible family members, and survivors when in need; and to receive and manage funds to administer these programs.

Naval Medical Center for Organizational Development (NMCOD). The Navy Medicine Center for Organizational Development provides consultation, coaching, and training in strategic change and continuous performance improvement in organizations. Our goal is to promote optimal organizational performance throughout all Navy Medicine activities.

Naval Medical Information Management Center (NMIMC). The first of the Navy's Information Systems Agencies, NNIMC was established in 1965 as an Officer-in-Charge role under the Chief, Bureau of Medicine and Surgery (BUMED) to provide computer support. The Center links campus commands to worldwide locations through the Defense Data Network and the Navy's system of host contractors. Their mission is to plan, coordinate and provide comprehensive and cost-effective information management capacity throughout the world in support of Force Health Protection. The Agency is currently scheduled to relocate to San Antonio in the near future.

Personnel Support Activity Detachment (PSD). The PSD at the National Naval Medical Center provides one-stop pay, personnel, administrative and passenger transportation support to approx. 4,300 active duty and 1,100 reserve military personnel assigned to the medical center and 100 tenant and area commands in the D.C. area. Support is also provided to military dependents of assigned personnel, retirees in the mid-Atlantic region and passenger transportation to Department of the Navy civilians.

Retired Activities Office (RAO). Retired Activities Office provides several services, including helping family members of retirees with benefit information and paperwork, and providing pre-retirement briefings for active duty personnel. RAO also helps plan and conduct an annual RAO seminar and provide information on VA benefits, job referrals and relocation services.

Uniformed Services University of Health Sciences (USUHS or USU). The Uniformed Services Health Professions Revitalization Act of 1972, Public Law 92-426, established the Uniformed Services University of the Health Sciences (USUHS) to provide Continuity and Leadership and insure Medical Readiness for the Military Health System (MHS). It is the nation's only fully accredited federal school of medicine and school of graduate nursing. There are several centers within or associated with the University, some of which are listed below:

- Tri-Service Center of Oral Health Studies
- Center for Disaster and Humanitarian Assistance Medicine (CDHAM)
- Casualty Care Research Center (CCRC)
- Center for the Study of Traumatic Stress
- Center for Education and Research in Patient Safety (CERPS)
- Center for Health Disparities Research and Education (CHD)

2.4.2 Walter Reed National Military Medical Center

The new Walter Reed National Military Medical Center (WRNMMC) at Bethesda will be the core of an integrated military medicine system in the National Capital Area. The new NCA healthcare will be a fully integrated delivery system that combines the medical expertise of the Army, Navy, and Air Force. What was, at the time of the BRAC announcement in 2005, three medical centers, a small community hospital, and 19 clinics in the NCA, will become WRNMMC, a single tri-service medical center in Bethesda MD, a new large tri-service community hospital at Ft Belvoir in Northern Virginia, the Uniformed Services University (USU), and other treatment facilities and clinics in the NCA. At the heart of the delivery system will be WRNMMC at Bethesda, the U.S. Military's worldwide tertiary care, referral center for casualty and beneficiary care.

However, the realignment is much more than facilities. The functional integration of WRAMC and NNMC will be accomplished long before the construction is complete at the new WRNMMC in 2011. Integration of the services in the National Capital Area actually began by the services in the mid-1990's. Efforts to standardize the approach for care and protocols are ongoing with the formalized process. Executive oversight for the BRAC consolidation and medical integration is through the Commander Joint Task Force National Capital Area (JTF CapMed). The Office of Integration (OI)

and the Deputy Commanders for Integration (DCIs) at each institution also play key roles in the functional aspects of the realignment.

Organizations and Functions that will be included in the new WRNMMC are listed below. Medical services are organized under the user groups or service lines that have been used throughout the integration process.

Adult Primary Care:

- Emergency Medicine
- Executive Medicine
- Internal Medicine
- Family Practice
- Optometry
- Physical Exams

Behavioral Health:

- Family Advocacy
- Outpatient Integrated Adult
- Partial Hospitalization
- Preventive and Consultative Services
- Substance Abuse

Cancer Care:

- Breast Cancer
- Gynecology
- Hem and Onc Pharmacy
- Medical Oncology
- Prostate Center
- Radiation Oncology

Cardiovascular-Pulmonary:

- Cardiology
- Cardiothoracic Surgery
- Integrative Cardiac Health Program
- Interventional Imaging
- Pulmonary Clinic
- Respiratory Services
- Vascular Surgery

Children's' Health Services:

- Adolescent Medicine
- Armed Forces Center for Child Protection
- Behavioral Health
- Exceptional Family Member Program
- General Pediatrics
- Pediatric Hematology and Oncology
- Pediatric Sedation and Procedures
- Early Intervention
- Pediatric Subspecialty

Musculoskeletal:

- Amputee Center
- Chiropractic Services

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- Occupational Therapy
- Orthopedic and Podiatry Clinic
- Orthotics and Prosthetics
- Physical Medicine and Rehab
- Physical Therapy
- Sports Medicine

Neurosciences:

- Defense and Veterans Brain Injury Center (DVBIC)
- Neurology
- Neurosurgery

Operational Medicine:

- Community Health Nursing
- Deployment Health
- Environmental Health
- Medical Readiness and Deployment
- Industrial Hygiene
- Occupational Health
- Preventive Medicine
- Pathology Department:
 - Anatomic Pathology
 - Blood Donor Center
 - Clinical Pathology
 - Infectious Disease Laboratories
 - Transfusion and Pheresis Services

Pharmacy:

- Clinical
- Outpatient
- Inpatient
- Investigational Research

Radiology:

- Breast Care Center
- Health Physics and Radiation Safety
- Diagnostic Radiology
- Nuclear Medicine

Special Medical:

- Allergy and Immunology
- Dermatology
- Endocrinology
- GI and Virtual Colonoscopy
- Infectious Disease
- HIV Program
- Rheumatology
- Sleep Medicine
- Vaccine Healthcare

Surgery and Specialty Surgery Clinics:

- Audiology and Speech Pathology
- ENT
- General Surgery

- Nephrology
- Ophthalmology
- Plastic Surgery
- Transplant and Urology

Women's Health

- OB/GYN Clinic
- Reproductive Endocrinology
- URO/GYN Clinic

Operative Services:

- Anesthesia
- Central Sterile
- Main OR

Nursing Units:

- Medical
- Surgical
- ICU
- IMCU
- Behavioral Health

Chapel and Pastoral Care

Clinical Care Management

Clinical Investigations

Dental Services

- Dental Readiness
- Hospital Dentistry

Education and Training

- GME
- Hospital Education
- Medical Library
- Non-GME

Food Services

General Admin

- CDHAM
- Command Drug Screening
- Community Activities
- Housing Referral
- JAG
- Medical Center Brigade
- NARCO
- Naval Dosimetry
- NCIS
- Protective Medicine
- PSD/Company/Commands
- Reserve Operational Support
- Security and Public Safety
- 2290th US Army Hospital

Hospital Admin

- HPMO
- Managed Care/TRICARE
- Patient Admin
- Patient Appointments/Referrals
- Quality Management

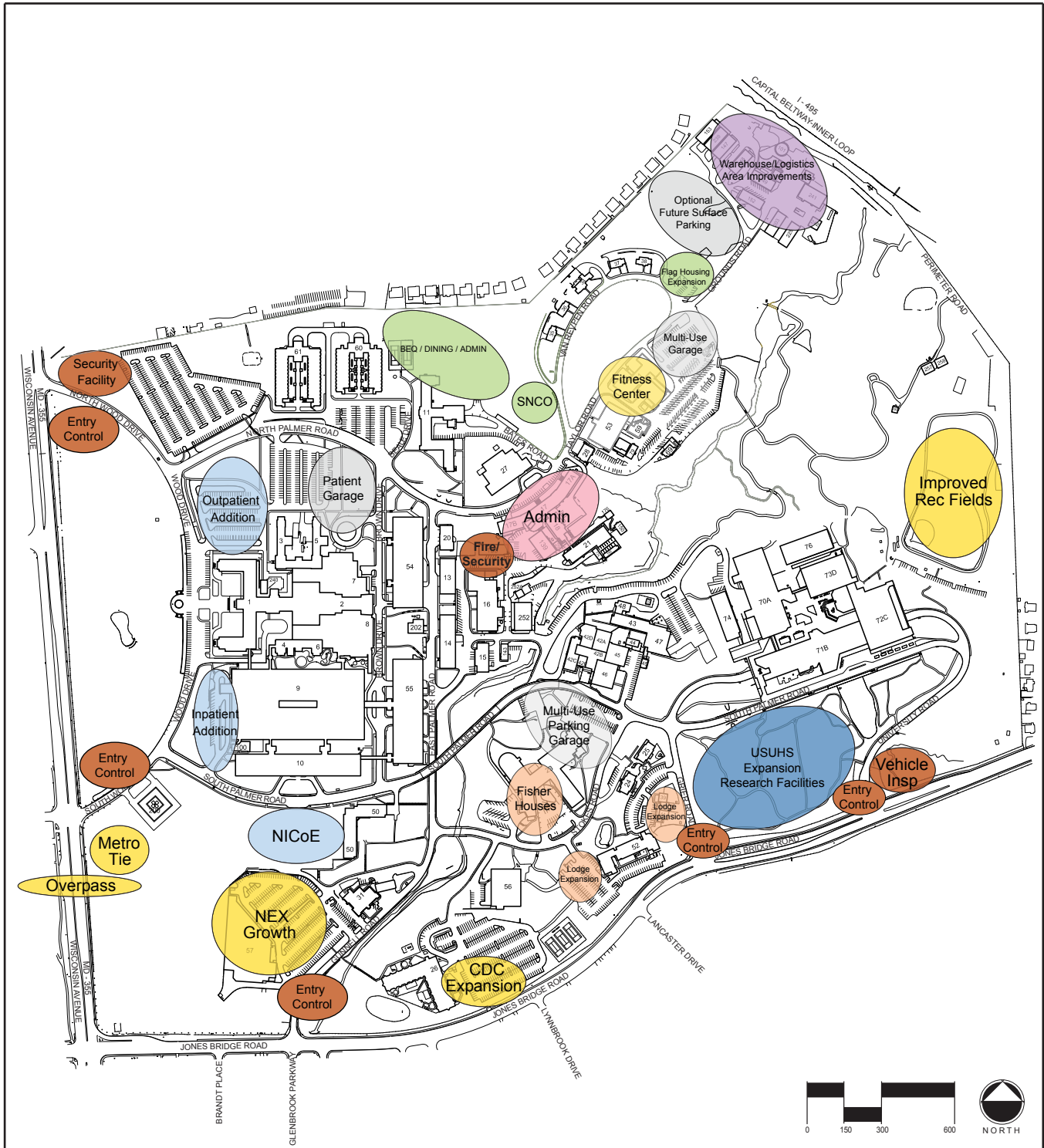
2.5 The Master Plan Goals and Objectives

NNMC has undergone several master planning efforts through the years, some more formalized than others. The most recent approved Master Plan was completed in 1990. The stated goals of the 1990 Master Plan were geared toward stabilizing patient care operations and increasing access to patient services. These goals were the result of projections of a 35% increase in military personnel and a 42% increase in civilians. At that time, the total personnel were expected to increase from 3,050 to 4,200 by FY94. Projections also included a 25% increase in annual outpatient visits across the board and an anticipated increase in the inpatients or Average Daily Patient Workload (ADPL) from 340 to 400. Utilizing an 80% occupancy rate, the ADPL increase generated a total bed count of 500 beds. While the increases in personnel have materialized and continued to grow to approximately 4,500 total current staff, the total bed count and ADPL have not. Advances in healthcare technology have reduced the number of admissions and increased the number of procedures that are done on an ambulatory basis. The current bed count is 257 and the ADPL for 2006 was only 128. However, now as a result of BRAC and the realignment of select services from WRAMC, making WRNMMC the only military medical center for the northern D.C. area, the additional patient care directed to NNMC is expected to increase the bed count requirements to 345 beds.

The focus of the 1990 Master Plan was a reorganization of existing medical facilities to better utilize the existing space and identify sites for proposed new construction throughout the campus within the established master plan framework. Much of that focus is still pertinent in this update.

For 2008, the established functional relationships will remain and future developments will continue within the established six broad land use patterns. (Figure 2-2 Proposed Functional Relationships) The medical functions will continue to be located within the “medical core” of the campus, the inner circle defined by Wood Road to the west, and Palmer Road North, East, and South as defined by the geographic road designations. This is the functional core, the epicenter of activity for patient care, and the heart of the campus. Housing will continue to be developed in the northern portion of the site, to include Bachelor Enlisted Quarters (BEQs), single family dwellings, and Warrior Transition Units, which will house personnel while they are recuperating from injuries sustained during their service. The southern portion of the site will continue to focus on community services to include non-permanent party or transient housing, retail, and support functions. The far northeast portion of the campus currently houses “back

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NNMC
Master Plan
Update 2008
Bethesda Campus

- | | |
|--|--|
| MEDICAL | EDUCATION |
| ADMINISTRATION | TEMPORARY HOUSING |
| PERM PARTY HOUSING | SECURITY |
| COMMUNITY SERVICES | PARKING |
| RESEARCH | WAREHOUSE/ LOGISTICS |

Figure 2-2
Proposed
Functional
Relationships

of the house” storage and support functions that do not require patient or visitor access and minimal day to day interface with the rest of the campus. Recreation use along the east side of the campus will continue, taking advantage of the natural resources and providing an appropriate adjacency and buffer for neighboring recreational and residential uses. Development in the southeast will focus on requirements anticipated for growth related to USUHS (Uniformed Services University of Health Sciences), the largest tenant on the campus that is an integral part of the medical mission. While intended functional areas are defined in the Master Plan it is expected that minor deviations in actual building placement will occur as specific projects are identified.

Areas of green open space will remain throughout the campus drawing from the natural resources and beauty of the campus, to include Stoney Creek which bisects the site from the southwest to the northeast. A large forested area exists in the northeastern and southeastern portions of the site to include portions of Stoney Creek. Appropriate focus of this area is included in the planning efforts. The natural spaces created by the creek and the forested areas will be integrated in the campus plan.

In terms of massing, the historic tower, will remain the focus of the campus as the tallest structure. It is important and recognized that any changes to the campus or any buildings do not detract from this focal point and its significant mark on history. Proposed growth will not compete with the tower but will enhance its strategic position.

2.6 Master Plan Update Format

The Master Plan Update includes six chapters.

Chapter 1 - Executive Summary.

Chapter 2 - Program Requirements. This chapter includes authorization and contractual information and the general purpose and scope of the Master Plan Update. It also includes historical and organizational background, identifies the planning approach to include goals and objectives, summarizes the requirements and discusses the relationship of the update to other related efforts.

Chapter 3 - Community Context. This includes regional and local information to include some local history, resources and the relationship of the NNMC campus to adjacent communities. It describes review organizations and those interested in the process from a community perspective.

Chapter 4 - Existing Conditions on NNMC campus. This is a discussion of existing constraints and opportunities and built and natural environmental features of the campus that affect future development to include climate, land uses, utilities, historical and archaeological elements, and physical characteristics and limitations of the campus.

Chapter 5 - Master Plan Development Plan. This includes future development of the campus with summaries of the existing facilities,

anticipated growth and proposed direction in terms of land use for that development. Requirements for BRAC 2005 and additional requirements, in terms of BRAC support and other potential development, are included. The current status of ongoing efforts is described along with modifications resulting to the master plan where applicable. Refinements will continue to occur throughout the design processes, but this chapter provides a general development direction.

Chapter 6-Development Guidelines. This includes general recommendations to incorporate in specific projects as the campus continues to develop to improve and provide a consistent character throughout the campus.

Attachments – Includes the Traffic Management Plan (TMP) and Section 106 Correspondence

Appendix - Separate appendix document containing Building Assessments of the individual campus buildings.

2.7 Summary of Program Requirements

Following the BRAC 2005 announcement to realign services from Walter Reed to Bethesda, teams of subject matter experts from both Army and Navy met on a regular basis to integrate their areas of focus and develop an integrated Business Plan to determine the requirements of integration and realignment.

The following is the current list of the requirements identified for the Master Plan. The list includes BRAC requirements as well as other potential developments:

- Additional space for inpatient and outpatient medical care as well as renovation of existing medical space.
 - Approximately 690,000 SF addition
 - Approximately 317,000 SF renovation
- A National Intrepid Center of Excellence for Traumatic Brain Injury and Psychological Health (NICoE)
 - 80,000 SF
- Parking structures for a total of roughly 2,500 cars
- Medical Administrative Space
 - Approximately 60,000-100,000 SF
- Clinical and Administrative Space for the Warrior Transition Unit (WTU)
Clinical space and 41,000 SF Administrative Space (included in the BEQ)
- Billeting to accommodate an increase in permanent party
 - Approximately 300 new rooms to include 80 WTU requirements
 - A new 21,000 SF dining facility for WTU

- SNCO Housing
 - New units (townhouse style)
- Lodge Expansion
 - Additional rooms
- Fisher Houses
 - New 21 room houses
- Applied Medical Research Facility
 - 150,000-200,000 SF
 - 450 parking spaces
- USUHS President's House
- Additional Child Care Facilities
 - Hourly Drop Off Center 8,000 SF
 - Night Care Facility 4,000 SF
- Gym / Fitness Facility
 - Approximately 98,000 SF
- Navy Exchange (NEX)
 - 75,000-150,000 SF
 - Associated structured parking
- Transportation and Security Improvements
 - 1,000 SF Pass and ID facility
 - Commercial Vehicle Inspection Station
 - Gate and Road Improvements
 - Summary of Site Data

2.8 Summary of Site Data

The chart below summarizes statistics of growth over the duration of the planning period to 2016.

Table 2.8 Summary of Site Data

	Existing	2016
Site		
Total Acreage	243 acres	243 acres
Total Campus Personnel	8,000	10,500
Annual Patients and Visitors	497,000	981,000
Building Areas	4,700,000 SF	6,350,000 SF
Parking Spaces		
Surface Lots	2,621 spaces	1,594 spaces
Structured Parking	3,092 spaces	6,275 spaces
Street Parking	370 spaces	218 spaces

2.9 Planning Premises and Program

2.9.1 Population

Current estimates indicate personnel will increase by approximately 2,500 during the master planning period, from approximately 8,000 campus wide in 2005 to 10,500 by 2016. The BRAC driven personnel increase is 2,200 and an additional 300 is anticipated in support areas. In addition to the staff, annual patient and visitors are expected to increase from 497,000 in 2005 to approximately 981,000.

2.9.2 Program Basis

The Program Basis for the Master Plan included all anticipated requirements. The most significant was the BRAC requirements to realign WRAMC and NNMC. The requirements for this portion of the program are the overriding premise for the Master Plan and were identified through multiple committees and independent studies. As they were developed, they were provided to the master planning team for incorporating in the Master Plan.

Additional requirements for existing functions on the campus that were not affected by the BRAC consolidation were identified throughout the process by various users and identified to the planning team.

The Master Plan provides a framework to accommodate these needs. Based on the requirements identified, the campus will potentially grow from approximately 4.7 million gross square feet (GSF) to approximately 6.4 million GSF, an increase of about 1.7 million GSF or an increase of approximately 36%. Additional growth is identified as potential projection only and is not currently programmed, so the actual figures may vary. The framework for development includes some key concepts.

- Development to accommodate the growth in population should follow existing land uses and building functions wherever possible to ensure efficiency of operation for both staff and patients.
- The forested areas around Stoney Creek should be preserved and respected as a central feature of the campus. The established perimeter buffers should remain to the greatest extent possible.
- The historical significance of Building 1, the Tower, should be respected and construction within the medical core should enhance its setting as the showpiece of the campus.
- Expansion of medical functions should be located within the medical core area or convenient to this central hub.
- New requirements should be met with a combination of new construction at previously developed sites, redevelopment of existing structures, and renovation to the greatest extent possible.

2.9.3 Security Considerations

One of the important planning premises at NNMC is security. Perimeter security, gate access queues, vehicle inspection areas, setback requirements from the installation perimeter, roads and parking all must be considered in planning for the proposed development. Anti-terrorism requirements as established in UFC 4-010-01 Oct 2003 (rev Jan 2007), DoD Minimum Antiterrorism Standards for Buildings are an important basis for security considerations.

2.9.4 Transportation and Circulation

Transportation access and circulation is an important component of the Master Plan. Key planning principles which support the campus transportation-land use relationships and form the basis for master plan transportation recommendations, include the following:

- Development for increased growth will be in concert with the existing road system.
- Additional structured patient parking will be provided in close proximity to the expanded medical facilities and areas of future development.
- Currently programmed changes to the existing gates will enhance access and security.
- Impacts of campus growth will be mitigated on the surrounding communities to the greatest extent possible.
- Shuttle services within the campus will continue and be expanded as development increases.
- A pedestrian friendly atmosphere will be encouraged.
- The Transportation Management Plan (TMP) will be integrated in the development of the campus.

2.10 Relationship to Other Efforts

As a Federal action, the Walter Reed National Military Medical Center project is subject to the National Environmental Policy Act (NEPA) process.

A key component of the NEPA process is the Environmental Impact Statement (EIS). The purpose of the EIS is to provide a systematic and interdisciplinary approach to planning and decision-making by ensuring that the information related to the impacts of a Proposed Action on the human and natural environment is available to decision makers and citizens before making decisions.

In order for the results of the EIS process to be incorporated in the Master Planning efforts, the Master Planning timelines were aligned to follow the NEPA and EIS process.