



THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, D. C. 20301-1200

HEALTH AFFAIRS

JUN 24 2004

The Honorable Joel Hefley  
Chairman, Subcommittee on Readiness  
Committee on Armed Services  
U.S. House of Representatives  
Washington, DC 20515-6035

Dear Mr. Chairman:

This is notification of intent to cancel a medical military construction project; Hospital Addition/Clinic Alteration, Heidelberg, Germany, in compliance with Section 2853, Title 10 U.S.C. The project was appropriated in FY 2002 in the amount of \$28,000,000. A general rescission and a change in the foreign currency exchange rate reduced the funds available to \$26,167,000.

This project is no longer required due to changing Global War on Terrorism priorities and the uncertainty of future troop strengths and stationing in Europe.

The Heidelberg project will be cited as a source of funds for the following medical military construction reprogramming requests:

Advanced Amputee Training Center, Walter Reed AMC, DC - \$10,000,000  
Biosafety Level 3 Laboratory, Fort Bragg, NC - \$4,300,000  
Biosafety Level 3 Laboratory, Fort Hood, TX - \$4,300,000  
Increase in Planning and Design Funds - \$6,000,000

These reprogramming requests will be processed through the Office of the Under Secretary of Defense (Comptroller). The remainder of the Heidelberg funds will be used for existing shortfalls in the medical military construction program.

Sincerely,

William Winkenwerder, Jr., MD

Enclosures:  
As stated

cc:  
Representative Solomon P. Ortiz

Bid Expiration Date: Not Applicable

Military Construction, Defense-Wide

Reprogramming Request

Installation: Fort Hood, Texas

Project: Biosafety Level 3 Laboratory

Authorization: Title 10 United States Code, Section 2803, Emergency Construction

Estimated Cost:

|                         |    |                    |
|-------------------------|----|--------------------|
| Previously Appropriated | \$ | 0                  |
| Previously Reprogrammed | \$ | 0                  |
| Requested Reprogramming |    | <u>\$4,300,000</u> |
| Total Estimated Cost    |    | \$4,300,000        |

Description: The National Defense Authorization Act for Fiscal Year 2001 recognized deficiencies and vulnerabilities in the United States public health system for dealing with the consequences of a biological terrorist attack. The Center for Disease Control (CDC) established a standardized national network known as the Laboratory Response Network which is an early warning network of diagnostic microbiology laboratories designed to detect the covert use of bio-terror agents like anthrax, racin, plague and SARS. The Department of Defense is Laboratory Response Network partner.

Justification: Two of the seven required Biosafety Level 3 (BSL3) laboratories have yet to be funded and constructed. These two facilities are required at Fort Bragg, North Carolina and at Fort Hood, Texas. Fort Hood is the largest active duty armored post in the United States. It is the only post in the United States capable of supporting two full armored divisions. The overall post population is estimated at 71,000. The design/build project for Fort Hood is fully described in the attached DD Form 1391 with an estimated cost of \$4.3 million. This project warrants the use of Emergency Construction authority contained in 10 U.S.C. 2803. Without immediate funding for this facility, one of the country's premier power projection platforms continues to operate under the threat of attack by undetectable bioterror agents and the Laboratory Response Network remains incomplete. This project can be awarded immediately upon approval by the committees.

Enclosure

|  |  |  |  |                                  |  |
|--|--|--|--|----------------------------------|--|
| 1. Component<br>DEF (TMA)                                |  | FY 2004 MILITARY CONSTRUCTION PROJECT DATA |  | 2. Date<br>APR 2004              |  |
| 3. Installation and Location/UIC:<br>Fort Hood,<br>Texas |  |  | 4. Project Title<br>Construct BSL 3 Laboratory |                                  |  |
| 5. Program Element<br>87717D                             |  | 6. Category Code<br>530 20                 | 7. Project Number<br>61905                     | 8. Project Cost (\$000)<br>4,300 |  |
| 9. COST ESTIMATES  |  |  |  |                                  |  |

| Item   | U/M | Quantity | Unit Cost | Cost (\$000)     |
|--|-----|----------|-----------|------------------|
| <b>PRIMARY FACILITIES</b>                              |     |          |           |                  |
| BLS 3 Laboratory                                       | SF  | 2,664    | 1,013     | 2,843<br>(2,699) |
| Antiterrorism/Force Protection                         | LS  | --       | --        | (53)             |
| 250 KVA Generator                                      | LS  | --       | --        | (70)             |
| Building Information Systems                           | LS  | --       | --        | (21)             |
| <b>SUPPORTING FACILITIES</b>                           |     |          |           |                  |
| Electric Service                                       | LS  | --       | --        | 698<br>(56)      |
| Water, Sewer, Gas                                      | LS  | --       | --        | (40)             |
| Paving, Walks, Curbs And Gutters                       | LS  | --       | --        | (225)            |
| Information Systems                                    | LS  | --       | --        | (30)             |
| Antiterrorism/Force Protection                         | LS  | --       | --        | (28)             |
| Site Imp( 214 ) Demo( )                                | LS  | --       | --        | (214)            |
| Other  | LS  | --       | --        | (105)            |
| <b>ESTIMATED CONTRACT COST</b>                         |     |          |           | 3,541            |
| <b>CONTINGENCY PERCENT (5.00 %)</b>                    |     |          |           | 177              |
| <b>SUBTOTAL</b>  |     |          |           | 3,718            |
| <b>SUPERVISION, INSPECTION &amp; OVERHEAD (6.00 %)</b> |     |          |           | 223              |
| <b>DESIGN/BUILD - DESIGN COST</b>                      |     |          |           | 372              |
| <b>CATEGORY E EQUIPMENT</b>                            |     |          |           | 0                |
| <b>TOTAL REQUEST</b>                                   |     |          |           | 4,313            |
| <b>TOTAL REQUEST (ROUNDED)</b>                         |     |          |           | 4,300            |
| <b>INSTALLED EQT-OTHER APPROPRIATIONS</b>              |     |          |           | (8)              |

10. Description of Proposed Construction:

Construct a permanent biosafety level 3 (BSL3) stand alone laboratory at Darnall Army Community Hospital, Fort Hood, TX. Construction will provide a reinforced concrete foundation, metal stud framing with brick veneer, 24-hour security monitoring and all required utilities. This facility will be designed in accordance with the Uniform Federal Accessibility Standards/Americans with Disabilities Act Accessibility Guidelines and Antiterror/Force Protection (AT/FP) and CDC/JCAHO Accreditation protocol/standards. Operations and maintenance manuals and commissioning will be provided. Air Conditioning 62 Tons.

11. REQ: 2,664 SF ADQT: NONE SUBSTD: NONE

**PROJECT:**

This project supports Homeland Defense and Department of Defense Force Health Protection efforts to defend from and mitigate the impact of Bio-terrorism. It provides the minimum capability to confirm the results of a potential positive suspect agent in accordance with Center for Disease Control (CDC) Laboratory Response Network (LRN) protocols (the only nationally acceptable protocols).

**REQUIREMENT:**

BSL3 laboratories provide a contained environment protecting personnel, the environment and the hazardous biological agent. In addition, BSL 3 labs require the appropriate bio-safety cabinets, respiratory protection and the ability to sterilize materials within the confinement of the laboratory. The BSL3 laboratory must be located outside the current footprint of the hospital to reduce the risk of contamination to the medical treatment facility patients and staff.

**CURRENT SITUATION:**

In support of the National Laboratory Response Network (LRN) and Homeland Defense, the Army Surgeon General directed that all Army hospitals and clinics would have the capability to support the LRN. The Centers for Disease

|  |  |  |  |                                  |  |
|--|--|--|--|----------------------------------|--|
| 1. Component<br>DEF (TMA)                                |  | FY 2004 MILITARY CONSTRUCTION PROJECT DATA |  | 2. Date<br>APR 2004              |  |
| 3. Installation and Location/UIC:<br>Fort Hood,<br>Texas |  |  | 4. Project Title<br>Construct BSL 3 Laboratory |                                  |  |
| 5. Program Element<br>87717D                             |  | 6. Category Code<br>530 20                 | 7. Project Number<br>61905                     | 8. Project Cost (\$000)<br>4,300 |  |

**CURRENT SITUATION (Continued):**

Control and Prevention (CDC) established the Laboratory Response Network as an early warning network to detect the covert use of pathogenic agents that threaten the health of the American population. Ten Army medical facilities were designated by the Army Surgeon General to perform bio-safety level 3 (BSL3) type work as defined by LRN protocols. Three of these already met the requirements, but the remaining seven required solutions. The quantity and location were determined based upon the threat assessment, geographical location, existing capabilities of medical center laboratories and size of military populations (including family members and retirees). The capabilities that a BSL3 lab provides include the ability to screen clinical specimens for the presence of bacteria and/or toxins that would likely be used in a bio-terrorism attack and confirm the results of bio-safety level 2 (BSL2) labs and or other bio-threat sentinel detection systems if required. The majority of Army medical clinics have the resources to perform basic bacterial culture and identification capabilities to evaluate bacteria that pose moderate risk to the community and are classified as BSL2. Laboratories with this capability are suitable to rule out the possibility of a specimen as being an actual bio-terrorism agent. The existing laboratory within the hospital does not have the minimum capabilities to serve as a BSL 3 laboratory primarily due to inappropriate environmental controls and space constraints. Furthermore, reception of biological samples within the existing hospital laboratory would risk contamination of the hospital and exposure of patients and staff within the facility.

**IMPACT IF NOT PROVIDED:**

If this project is not provided, a local and rapid confirmation of suspected biological agents would not be possible. Transportation of samples includes extremely cumbersome and costly chain of custody and transportation and safety requirements in coordination with a Federal Law Enforcement Agent (i.e., FBI). Even a delay of a few hours could severely impair and delay Fort Hood's capability as a Force Projection Platform to deploy troops if a bio-terrorism incident were to occur during pre-deployment activities. This would also impede the ability to isolate and treat the community in a timely manner to minimize morbidity and mortality based on a confirmed threat.

**JOINT CERTIFICATION:**

The Director, Defense Medical Facilities Office has reviewed this project for joint use potential. Joint Use construction is recommended.

**14. Supplemental Data:**

|                                     |          |
|-------------------------------------|----------|
| ESTIMATE START OF CONSTRUCTION:     | SEP 2004 |
| ESTIMATED MIDPOINT OF CONSTRUCTION: | JAN 2005 |
| ESTIMATED CONSTRUCTION COMPLETION:  | MAY 2005 |

Director, Defense Medical Facilities Office: Mr. Surinder K. Sharma, P.E.  
Phone Number: 703-681-4324

Bid Expiration Date: Not Applicable

Military Construction, Defense-Wide

Reprogramming Request

Installation: Walter Reed Army Medical Center (WRAMC), District of Columbia

Project: Advanced Amputee Training Center

Authorization: Title 10 United States Code, Section 2803, Emergency Construction

Estimated Cost:

|                         |                     |
|-------------------------|---------------------|
| Previously Appropriated | \$0                 |
| Previously Reprogrammed | \$0                 |
| Requested Reprogramming | <u>\$10,000,000</u> |
| Total Estimated Cost    | \$10,000,000        |

Description: This project constructs a permanent Amputee Advanced Training Center as an addition to Building 2, WRAMC hospital and makes minor alterations to the hospital which will include a telemedicine conference room and corridor access from the hospital to the addition. The center will harness state-of-the-art technology to improve military amputee rehabilitation through use of advanced prosthetics, computerized and video monitoring for biomechanical studies and advanced physical training therapy. The training areas in this new addition include indoor walking, running and maneuver lanes, uneven terrain simulation areas, stairs, climbing surfaces and various equipment/space for advanced strength, balance, agility and motor skill therapy. The goal of the amputee care program is to permit these service members to remain on active duty.

Justification: The existing spaces at WRAMC are inadequate and unsafe for the special requirements needed for the advanced treatment of the growing number of amputee service members resulting from the Global War on Terrorism. Amputees are not able to achieve a running gait that can be simultaneously observed by the clinical and research staff. Upper extremity amputees do not have climbing facilities. Returning soldiers who need to re-learn how to perform basic military functions are unable to learn such skills due to the inadequate space for suitable equipment. The Tricare Management Activity urgently requires this project to provide the necessary facility to prepare amputees to remain in the military service. This facility would provide technologically advanced medical care so that service members are no longer forced out of the military after a grievous injury, such as the loss of a limb.

The design/build project is fully described in the attached DD Form 1391 with an estimated cost of \$10 million. The changing patterns of injuries in the Global War On Terrorism are producing greater numbers of amputees than previous conflicts, while

Enclosure

advances in prosthetic and training technology can restore service members to high levels of tactical, athletic function. This project warrants the use of Emergency Construction authority contained in 10 U.S.C. 2803. To delay construction of this Advanced Training Amputee Center would be inconsistent with national interest. This project can be awarded immediately upon approval by the committees.

Source of Funds: This reprogramming action will utilize \$10 million of FY 2002 major construction funds from the following military construction project. The requirement for this project has been canceled, and therefore funds are available.

| <u>Project/Location</u>                   | <u>Fiscal Year</u> | <u>Amount Appropriated (\$000)</u> | <u>Current Estimate (\$000)</u> | <u>Proposed Reprogramming (\$000)</u> |
|---|--------------------|------------------------------------|---------------------------------|---------------------------------------|
| Hospital Replacement, Heidelberg, Germany | 2002               | 26,167*                            | 0                               | 10,000                                |

\* The project was appropriated in the amount of \$28.0 million, but has been reduced to \$26.167 million because of Foreign Currency Exchange Rate changes and a Defense-Wide Rescission. Three additional reprogramming requests seek the use of this Heidelberg project as a source of funding.

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|--|--|--|---|-----------------------------------|--|
| 1. Component<br>DEF (TMA)  |  | FY 2004 MILITARY CONSTRUCTION PROJECT DATA |   | 2. Date<br>APR 2004               |  |
| 3. Installation and Location/UIC:<br>Walter Reed Army Medical Center<br>District of Columbia |  |  | 4. Project Title<br>Amputee Advance Training Center |                                   |  |
| 5. Program Element<br>87717D   |  | 6. Category Code<br>510 10                 | 7. Project Number<br>61694                          | 8. Project Cost (\$000)<br>10,000 |  |

| 9. COST ESTIMATES                                      |     |          |           |                  |
|--|-----|----------|-----------|------------------|
| Item   | U/M | Quantity | Unit Cost | Cost (\$000)     |
| <b>PRIMARY FACILITIES</b>                              |     |          |           |                  |
| Amputee Center Addition                                | SF  | 29,690   | 207.85    | 6,751<br>(6,171) |
| Connecting Corridor                                    | SF  | 600      | 50.14     | (30)             |
| Alteration of Hospital                                 | SF  | 1,326    | 151.89    | (201)            |
| Antiterrorism/Force Protection                         | LS  | --       | --        | (240)            |
| Commissioning  | LS  | --       | --        | (90)             |
| Building Information Systems                           | LS  | --       | --        | (19)             |
| <b>SUPPORTING FACILITIES</b>                           |     |          |           |                  |
| Electric Service                                       | LS  | --       | --        | 936<br>(159)     |
| Water, Sewer, Gas                                      | LS  | --       | --        | (131)            |
| Steam And/Or Chilled Water                             | LS  | --       | --        | (60)             |
| Paving, Walks, Curbs And Gutters                       | LS  | --       | --        | (270)            |
| Storm Drainage   | LS  | --       | --        | (68)             |
| Antiterrorism/Force Protection                         | LS  | --       | --        | (62)             |
| Site Imp( 136 ) Demo( )                                | LS  | --       | --        | (136)            |
| Other  | LS  | --       | --        | (50)             |
| <b>ESTIMATED CONTRACT COST</b>                         |     |          |           | 7,687            |
| <b>CONTINGENCY PERCENT (5.00 %)</b>                    |     |          |           | 384              |
| <b>SUBTOTAL</b>  |     |          |           | 8,071            |
| <b>SUPERVISION, INSPECTION &amp; OVERHEAD (6.00 %)</b> |     |          |           | 484              |
| <b>DESIGN/BUILD - DESIGN COST</b>                      |     |          |           | 769              |
| <b>CATEGORY E EQUIPMENT</b>                            |     |          |           | 676              |
| <b>TOTAL REQUEST</b>                                   |     |          |           | 10,000           |
| <b>TOTAL REQUEST (ROUNDED)</b>                         |     |          |           | 10,000           |
| <b>INSTALLED EQT-OTHER APPROPRIATIONS</b>              |     |          |           | (0)              |

10. Description of Proposed Construction:

Construct an Amputee Advanced Training Center (Clinic) as an addition to the existing Building 2, WRAMC Hospital, and perform minor alterations to the hospital in the vicinity of the addition. The facility will include an advanced training area and increased clinical space for the growing number of amputee service members resulting from the Global War on Terrorism (GWOT). The Center will include diagnostic, treatment, rehabilitation and training functions including physical, occupational, social, mental and nutritional health. Increased clinical space will also house areas for fitting, testing and adjusting advanced prosthetics and for clinical research. Required alteration work will provide a connection corridor to the addition, and a Telemedicine Conference Room for amputee demonstrations. This clinic will serve as the long-term amputee rehabilitation center for the Department of Defense and the Veterans Affairs as required. This project will be designed in accordance with MIL-HDBK-1191, the Uniform Federal Accessibility Standards/Americans with Disabilities Act Accessibility Guidelines and Anti-Terrorism/Force Protection Standards. The project will connect to the existing energy monitoring and control system (EMCS). Operation and Maintenance manuals will be provided. Air conditioning: 110 Tons.

11. REQ: 31,616 SF ADQT: NONE SUBSTD: NONE

**PROJECT:**

Construct a new Amputee Advanced Training Center (Clinic) as an addition and alteration to the existing WRAMC Hospital to provide state-of-the-art care to the growing number of amputee service members resulting from the Global War on Terrorism.

**REQUIREMENT:**

The clinic will harness state-of-the-art technology to improve military amputee rehabilitation through use of advanced prosthetics, computerized and video monitoring for biomechanical studies and advanced physical training therapy

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|--|--|--|---|-----------------------------------|--|
| 1. Component<br>DEF (TMA)  |  | FY 2004 MILITARY CONSTRUCTION PROJECT DATA |   | 2. Date<br>APR 2004               |  |
| 3. Installation and Location/UIC:<br>Walter Reed Army Medical Center<br>District of Columbia |  |  | 4. Project Title<br>Amputee Advance Training Center |                                   |  |
| 5. Program Element<br>87717D   |  | 6. Category Code<br>510 10                 | 7. Project Number<br>61694                          | 8. Project Cost (\$000)<br>10,000 |  |

**REQUIERMENTS (CONTINUED):**

methods. The goal of the amputee care program is to permit these service members the opportunity to remain on active duty if they desire; this means returning them to their pre-injury level of activity, called "tactical athleticism." This project will provide clinical and administrative space for the multi-disciplined research and treatment team of physicians (orthopedic surgeon, prosthetics, physical therapists, occupational therapists, gait therapists, dietician, psychologist, social worker, technicians, researchers and administrative support staff). Working in partnership with the other services and the Veteran's Affairs, this program requires a state-of-the-art facility to enable attainment of the stated goals. The location of the clinic will permit access to outside areas and to the local gymnasium for additional training. The provision of a unique combination of training and clinical service in one facility, with proximity to the medical center, permits continuous research observations that will feed back into the surgical and treatment procedures, as well as the fitting and construction of the prosthetics. The Clinic must be adequately sized to accommodate approximately (300) appointments per week for advanced rehabilitative therapy and training for amputees. WRAMC has approximately (12) inpatient amputees and (18) outpatients in the program at any given time.

**CURRENT SITUATION:**

Changing patterns of injuries, in the Global War On Terrorism, are producing greater number of amputees than from previous conflicts: over (146) individuals from November 2002 through December 2003; (73) involved the loss of one or more limbs. Additionally, advances in prosthetic and training technology now can restore service members to higher levels of tactical, athletic function with many being able to return to duty. These patients are being treated in existing Physical Therapy/Occupational Therapy (PT/OT) clinics, at WRAMC, that were sized and configured for routine cases and workloads. These spaces are inadequate and unsafe for the advanced treatment of these amputees need. The limited amount of space available for the variant training and therapy needed create hazardous situations for amputees, other patients, staff, and visitors. Relevant functions are dispersed throughout the Medical Center making access and treatment difficult. Necessary equipment cannot be placed within the current Occupational Therapy clinic due to lack of space. Routine physical therapy patients are being referred out of the WRAMC hospital to other facilities. This referral of care is not due to lack of staff, but rather is contributed to lack of adequate space to treat both routine and amputee patients.

**IMPACT IF NOT PROVIDED:**

War-time amputees will continue to be treated in areas intended for routine occupational and physical therapy services. Research, through observation and measurement of how the new prosthetics fit the needs of the patient, will continue to be hampered by the lack of available space for equipment and staff to observe and measure. Lack of research information and feed back will preclude effective improvements to prosthetic designs, potentially impeding the ability for soldiers to return to active duty. The readiness status of soldiers, with non-war injuries, may deteriorate. Increase in soldiers with severe extremity injuries, and amputees seeking care at WRAMC Amputee Center, will create an ever growing backlog of amputees unable to receive state-of-the-art care. Many service members will be denied the therapy and training they need to return to active duty. In addition, service members, family members and retirees in the National Capital Region, who require routine PT/OT care, will face longer waiting times to receive care.

**JOINT CERTIFICATION:**

The Director, Defense Medical Facilities Office has reviewed this project for joint use potential. Joint Use construction is recommended.

**12. Supplemental Data:**

ESTIMATE START OF CONSTRUCTION:

SEP 2004

ESTIMATED MIDPOINT OF CONSTRUCTION:

MAR 2005

ESTIMATED CONSTRUCTION COMPLETION:

SEP 2005

Director, Defense Medical Facilities Office: Mr. Surinder K. Sharma, P.E.  
Phone Number: 703-681-4324

Bid Expiration Date: Not Applicable

Military Construction, Defense-Wide

Reprogramming Request

Installation: Fort Bragg Army Medical Center, North Carolina

Project: Biosafety Level 3 Laboratory

Authorization: Title 10 United States Code, Section 2803, Emergency Construction

Estimated Cost:

|                         |    |                    |
|-------------------------|----|--------------------|
| Previously Appropriated | \$ | 0                  |
| Previously Reprogrammed | \$ | 0                  |
| Requested Reprogramming |    | <u>\$4,300,000</u> |
| Total Estimated Cost    |    | <u>\$4,300,000</u> |

Description: The National Defense Authorization Act for Fiscal Year 2001 recognized deficiencies and vulnerabilities in the United States public health system for dealing with the consequences of a biological terrorist attack. The Center for Disease Control (CDC) established a standardized national network known as the Laboratory Response Network which is an early warning network of diagnostic microbiology laboratories designed to detect the covert use of bio-terror agents like anthrax, racin, plague and SARS. The Department of Defense is a Laboratory Response Network partner.

Justification: Two of the seven required Biosafety Level 3 (BSL3) laboratories have yet to be funded and constructed. These two facilities are required at Fort Bragg, North Carolina and at Fort Hood, Texas. Fort Bragg is one of the largest Army installations in the world, providing a home to almost 10 percent of the Army's active component forces. Approximately 43,000 military and 8,000 civilian personnel work at Fort Bragg. The design/build project for Fort Bragg is fully described in the attached DD Form 1391 with an estimated cost of \$4.3 million. This project warrants the use of Emergency Construction authority contained in 10 U.S.C. 2803. Without immediate funding for this facility, one of the country's premier power projection platforms continues to operate under the threat of attack by undetectable bioterror agents and the Laboratory Response Network remains incomplete. This project can be awarded immediately upon approval by the committees.

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Source of Funds: This reprogramming action will utilize \$4.3 million of FY 2002 major construction funds from the following military construction project. The requirement for this project has been canceled, and therefore funds are available.

| <u>Project/Location</u>                     | <u>Fiscal Year</u> | <u>Amount Appropriated (\$000)</u> | <u>Current Estimate (\$000)</u> | <u>Proposed Reprogramming (\$000)</u> |
|---|--------------------|------------------------------------|---------------------------------|---------------------------------------|
| Hospital Replacement<br>Heidelberg, Germany | 2002               | 26,167*                            | 0                               | 4,300                                 |

\* The project was appropriated in the amount of \$28.0 million, but has been reduced to \$26.167 million because of Foreign Currency Exchange Rate changes and a Defense-Wide Rescission. Three additional reprogramming requests seek the use of this Heidelberg project as a source of funding.

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|  |  |  |  |                                  |  |
|--|--|--|--|----------------------------------|--|
| 1. Component<br>DEF (TMA)  |  | FY 2004 MILITARY CONSTRUCTION PROJECT DATA |  | 2. Date<br>APR 2004              |  |
| 3. Installation and Location/UIC:<br>Fort Bragg,<br>North Carolina |  |  | 4. Project Title<br>Construct BSL 3 Laboratory |                                  |  |
| 5. Program Element<br>87717D                                       |  | 6. Category Code<br>530 20                 | 7. Project Number<br>61907                     | 8. Project Cost (\$000)<br>4,300 |  |

| 9. COST ESTIMATES                           |     |          |           |              |
|---|-----|----------|-----------|--------------|
| Item  | U/M | Quantity | Unit Cost | Cost (\$000) |
| <b>PRIMARY FACILITIES</b>                   |     |          |           | 2,941        |
| BLS 3 Laboratory                            | SF  | 2,664    | 1,049     | (2,795)      |
| Antiterrorism/Force Protection              | LS  | --       | --        | (53)         |
| 250 KVA Generator                           | LS  | --       | --        | (72)         |
| Building Information Systems                | LS  | --       | --        | (21)         |
| <b>SUPPORTING FACILITIES</b>                |     |          |           | 585          |
| Electric Service                            | LS  | --       | --        | (168)        |
| Water, Sewer, Gas                           | LS  | --       | --        | (30)         |
| Paving, Walks, Curbs And Gutters            | LS  | --       | --        | (47)         |
| Information Systems                         | LS  | --       | --        | (56)         |
| Antiterrorism/Force Protection              | LS  | --       | --        | (29)         |
| Site Imp( 150 ) Demo( )                     | LS  | --       | --        | (150)        |
| Other                                       | LS  | --       | --        | (105)        |
| ESTIMATED CONTRACT COST                     |     |          |           | 3,526        |
| CONTINGENCY PERCENT (5.00 %)                |     |          |           | 176          |
| SUBTOTAL                                    |     |          |           | 3,702        |
| SUPERVISION, INSPECTION & OVERHEAD (6.00 %) |     |          |           | 222          |
| DESIGN/BUILD - DESIGN COST                  |     |          |           | 370          |
| CATEGORY E EQUIPMENT                        |     |          |           | 0            |
| TOTAL REQUEST                               |     |          |           | 4,294        |
| TOTAL REQUEST (ROUNDED)                     |     |          |           | 4,300        |
| INSTALLED EQT-OTHER APPROPRIATIONS          |     |          |           | (5)          |

10. Description of Proposed Construction:  
 Construct a permanent biosafety level 3(BSL3) stand alone laboratory at Womack Army Medical Center, Fort Bragg, NC. Construction will provide a reinforced concrete foundation, metal stud framing with brick veneer, 24-hour security monitoring and all required utilities. This facility will be designed in accordance with BSL3 laboratories provide a contained environment protecting personnel, the environment and the hazardous biological agent. In addition, BSL 3 labs require the appropriate biosafety cabinets, respiratory protection and the ability to sterilize materials within the confinement of the laboratory. The BSL3 laboratory must be located outside the current footprint of the hospital to reduce the risk of contamination to the medical treatment facility staff and patients. The uniform federal accessibility standards/Americans with Disabilities Act Accessibility Guideline, Anti-terror/force protection (AT/FP), and CDC/ICAHO accreditation protocols standards. Operations and maintenance manuals and commissioning will be provided. AC: 62 Tons.

11. REQ: 2,664 SF ADQT: NONE SUBSTD: NONE

**PROJECT:**

This project supports Homeland Defense and Department of Defense Force Health Protection efforts to defend from and mitigate the impact of Bio-terrorism. It provides the minimum capability to confirm the results of a potential positive suspect agent in accordance with Center for Disease Control (CDC) Laboratory Response Network (LRN) protocols (the only nationally acceptable protocols).

**REQUIREMENT:**

BSL3 laboratories provide a contained environment protecting personnel, the environment and the hazardous agent. In addition, BSL 3 labs require the appropriate bio-safety cabinets, respiratory protection and the ability to sterilize materials within the confinement of the laboratory. The BSL 3 lab must be located outside the current footprint of the hospital to reduce the risk of contamination to the medical treatment facility staff and patients.

|  |  |   |  |                                  |  |
|--|--|---|--|----------------------------------|--|
| 1. Component<br>DEF (TMA)  |  | <b>FY 2004 MILITARY CONSTRUCTION PROJECT DATA</b> |  | 2. Date<br>APR 2004              |  |
| 3. Installation and Location/UIC:<br>Fort Bragg,<br>North Carolina |  |   | 4. Project Title<br>Construct BSL 3 Laboratory |                                  |  |
| 5. Program Element<br>87717D                                       |  | 6. Category Code<br>530 20                        | 7. Project Number<br>61907                     | 8. Project Cost (\$000)<br>4,300 |  |

**CURRENT SITUATION:**

In support of the National Laboratory Response Network (LRN) and Homeland Defense, the Army Surgeon General directed that all Army hospitals and clinics would have the capability to support the LRN. The Centers for Disease Control and Prevention (CDC) established the Laboratory Response Network as an early warning network to detect the covert use of pathogenic agents that threaten the health of the American population. Ten Army medical facilities were designated by the Army Surgeon General to perform bio-safety level 3 (BSL3) type work as defined by LRN protocols. Three of these already met the requirements, but the remaining seven required solutions. The quantity and location were determined based upon the threat assessment, geographical location, existing capabilities of medical center laboratories and size of military populations (including family members and retirees). The capabilities that a BSL3 lab provides include the ability to screen clinical specimens for the presence of bacteria and/or toxins that would likely be used in a bio-terrorism attack and confirm the results of bio-safety level 2 (BSL2) labs and or other bio-threat sentinel detection systems if required. The majority of Army medical clinics have the resources to perform basic bacterial culture and identification capabilities to evaluate bacteria that pose moderate risk to the community and are classified as BSL2. Laboratories with this capability are suitable to rule out the possibility of a specimen as being an actual bio-terrorism agent. The existing laboratory within the hospital does not have the minimum capabilities to serve as a BSL 3 laboratory primarily due to inappropriate environmental controls and space constraints. Furthermore reception of biological samples within the existing hospital laboratory would risk contamination of the hospital and exposure of patients and staff within the facility.

**IMPACT IF NOT PROVIDED:**

If this project is not provided, a local and rapid confirmation of the suspect biological agent would not be possible. Transportation of samples includes an extremely cumbersome and costly chain of custody, and transportation and safety requirements in coordination with a Federal Law Enforcement Agent (i.e. FBI). Even a delay of a few hours could severely impair and delay Fort Bragg's capability as a Force Projection Platform to deploy troops if a bio-terrorism incident were to occur during pre-deployment activities. This would also impede the ability to isolate and treat the community in a timely manner to minimize morbidity and mortality based on a confirmed threat.

**JOINT CERTIFICATION:**

The Director, Defense Medical Facilities Office has reviewed this project for joint use potential. Joint Use construction is recommended.

13. Supplemental Data:

ESTIMATE START OF CONSTRUCTION:  
ESTIMATED MIDPOINT OF CONSTRUCTION:  
ESTIMATED CONSTRUCTION COMPLETION:

SEP 2004  
JAN 2005  
MAY 2005

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