

DREDGING

Mr. PATTEN. Last year funds were provided for the first increment of a dredging project to provide for access of the SSN-688 class submarine to the State pier and the laboratory here. What is the status of this project?

Admiral MARSCHALL. Right now the engineering and environmental statement submission is pending a public hearing. The hearing was postponed while the Corps of Engineers of the Army, which is responsible for such things, is investigating a new spoil site for the dredge material.

Mr. PATTEN. When do you anticipate that the dredging must be completed in order to allow the first 688 class submarine access to the sound laboratory?

Admiral MARSCHALL. I think Mr. Murphy has that information.

Mr. MURPHY. The first 688 class submarine will complete performance trials and enter the Atlantic Fleet in early 1975. We require 36 feet of depth by that time up to the State pier, or the sound lab, predominantly to the Navy sound lab facility.

Mr. PATTEN. Is it still your plan to bring it here for testing?

Mr. MURPHY. Yes, sir. The 688 class ships that come in the fleet initially will periodically come to the sound lab for testing and development work for that weapons system.

SCHEDULE FOR SSN-688 CLASS

Mr. PATTEN. Can you provide for the record the schedule for the procurement and delivery of the SSN-688 class. Show where each of these ships will be homeported. Also indicate what testing period will be required at New London.

[The information follows:]

SSN 688 CLASS, SSN SCHEDULE

Fiscal year	Hull No.	Name	Bullder	Fiscal year in commission	Homeport (tentative)
1970.....	688	Los Angeles.....	NN	1975	Classified.
1970.....	689	Baton Rouge.....	NN	1975	
1970.....	690	Philadelphia.....	EB	1975	
1971.....	691	.....	NN	1976
1971.....	692	.....	EB	1976
1971.....	693	.....	NN	1976
1971.....	694	.....	EB	1976
1972.....	695	.....	NN	1977
1972.....	696	.....	EB	1977
1972.....	697	.....	EB	1977
1972.....	698	.....	EB	1977
1972.....	699	.....	EB	1977
1973.....	700	.....		1978
1973.....	701	.....		1978
1973.....	702	.....		1978
1973.....	703	.....		1978
1973.....	704	.....		1978
1973.....	705	.....		1978
1974.....	706	.....		1979
1974.....	707	.....		1979
1974.....	708	.....		1979
1974.....	709	.....		1979
1974.....	710	.....		1979

Note: NN=Newport News Shipbuilding & Drydock Co., Newport News, Va. EB=Electric Boat Division, General Dynamics, Groton, Conn.

The testing period at New London will extend from early 1975, when the first ship is operational, through several years into the future. Since this is an entirely new class of submarine, equipped with new sonar and weapons systems, the testing will progress from sonar evaluation, with the Naval Underwater Systems Center New London Laboratory ("sound lab") playing an important role, to a later class evaluation program by the New London based Submarine Development Group 2. Since the sound lab is at the forefront of development work on the new BQQ-5 sonar in these submarines, periodic visits to the sound lab waterfront facilities are essential.

OUT-YEAR CONSTRUCTION PROGRAM

Mr. PATTEN. Provide for the record the out-year construction program at Naval Submarine Base, New London.

[The information follows:]

The out-year construction program is as follows: (29 May 1973)

CAT CODE	LINE ITEM DESCRIPTION	P-NO.	SCOPE	COST (\$000)	EST. YR	PROG YR
131.50	Communication Facility	100	1,835 SF	210	75	UP
151.20	SSN Berthing Pier	112	840 FB	4,959	75	UP
151.50	Drydock Fac Pier 15	145	460 FB	4,000	75	UP
151.10	Weapons Pier	103	1,160 FB	6,419	75	UP
151.40	Replace Pier 1	084	350 FB	2,834	75	UP
151.20	State Pier-Addn Utilities	114	LS	527	75	UP
151.20	Pier 33	142	720 FB	2,670	75	UP
165.10	Dredge River Channel 2nd	152	1,286,578 CY	5,651	75	UP
213.49	Sub Rep Supp Fac 3rd Incr	097	35,658 SF	994	75	UP
214.20	Auto Maint Facility	080	33,300 SF	1,302	75	UP
219.10	Conversion Bldg 411	101	12,644 SF	110	75	UP
216.40	Torpedo Assembly Shop	144	1,188 SF	120	75	UP
441.10	Transit Shed	021	30,000 SF	791	75	UP
722.11	Marine Barracks	082	54 MN	687	75	75
722.11	BEQ	154	66,400 SF	2,657	75	UP
724.11	Rehab BOQ Bldgs D/M	130	131 MN	1,009	75	UP
722.11	BEQ	159	780 MN	5,350	75	UP
740.36	Hobby Shop	063	24,900 SF	1,417	75	UP
740.40	Bowling Alleys	143	14 LA	1,303	75	UP
740.43	Rehab Gym/Pool	051	48,242 SF	92	75	UP
740.56	Rehab Theatre/Library	052	LS	240	75	UP
740.73	Sub Museum/Library	064	10,000 SF	670	75	UP
740.01	Navy Exchange/Branch	132	65,000 SF	2,906	75	UP
740.60	Repace Com/Open	029	26,300 SF	1,416	75	UP
740.66	NCO Club	136	25,000 SF	1,197	75	UP
740.55	Teenage Club/Dependents	081	14,400 SF	551	75	UP
740.50	Field House	079	62,000 SF	2,636	75	UP
812.30	Utilities Improvements	090	LS	1,743	75	UP
822.12	Pier 8-Addnl Utilities	115	LS	309	75	UP
822.12	Pier 9-Addnl Utilities	116	LS	206	75	UP
851.10	Access Road/on base	057	11,000 SY	397	75	UP
880.10	Fire Sprinklers Misc Bldg	073	LS	981	75	UP
851.10	Arterial Rds Upper Base	102	10,000 SY	377	75	UP
890.20	HP Air Cap Nucl Sub Sup	092	LS	1,079	75	UP
890.90	Power Plant P/A	131	LS	500	75	75
911.10	Land Acq for BEQ	121	11 AC	74	75	UP
TOTAL				58,384		

BACHELOR ENLISTED QUARTERS MODERNIZATION

Mr. PATTEN. You are requesting bachelor enlisted quarters modernization at a cost of \$3,372,000. What is the requirement here?

Captain WATSON. Mr. Chairman, the requirement is to modernize six barracks buildings for the personnel that are stationed at New London. These are primarily permanent party personnel at the naval station, offduty crews from the nuclear submarines, and transient personnel. The barracks were built during the period 1944 through 1969.

Mr. PATTEN. You have nothing at Newport, R.I., or the like, that is portable that could help you with this?

Admiral MARSCHALL. No, sir. Nothing of that nature. These are existing buildings to be modernized. We do have a real estate problem there. It is a very tight situation. We have chosen this modernization approach as opposed to new construction for that very reason.

Mr. PATTEN. Will you provide for the record, at this station, and at all other locations where you are requesting bachelor housing in the fiscal year 1974 program, a summary of the bachelor housing situation.

Admiral MARSCHALL. We will, Mr. Chairman.

AVERAGE COST OF BACHELOR ENLISTED QUARTERS

Mr. PATTEN. What is the average cost per man, per square foot, and per room of the bachelor enlisted quarters in your fiscal year 1974 program?

Admiral MARSCHALL. May we provide this for the record?
[The information follows:]

Average cost per square foot.....	\$30.90
Average cost per man.....	5,006.00
Average cost per room.....	14,596.00

Mr. PATTEN. Why do you give this project such a low priority, 54?

Admiral MARSCHALL. Here again, Mr. Chairman, we have so many really vital projects that this took its place after certain operational requirements. It is a very desirable project.

ELECTRICAL DISTRIBUTION SYSTEM

Mr. PATTEN. For what time period do you anticipate the electrical distribution project will meet your requirements?

Captain WATSON. This should satisfy our requirements through 1980.

Mr. PATTEN. That ends New London.

Are there any questions?

Mr. LONG. No questions.

Mr. PATTEN. Is it agreeable to everyone that we adjourn now?

We cannot meet this afternoon. So we will reschedule this.

Thank you, I think we have had a good morning.

THURSDAY, JUNE 21, 1973.

NAVAL UNDERWATER SYSTEMS CENTER, NEW LONDON LABORATORY,
NEW LONDON, CONN.

Mr. LONG. The committee will come to order.

The first item today is the Naval Underwater Systems Center, New London Laboratory, Conn. Insert in the record page I-11.

[The page follows:]

1. DATE 19 FEB 1973		2. DEPARTMENT NAVY		3. INSTALLATION NAVAL UNDERWATER SYSTEMS CENTER NEW LONDON LABORATORY							
4. COMMAND OR MANAGEMENT BUREAU CHIEF OF NAVAL MATERIAL		5. INSTALLATION CONTROL NUMBER 6540-580		6. STATE/COUNTRY NEW LONDON, CONNECTICUT							
7. STATUS ACTIVE		8. YEAR OF INITIAL OCCUPANCY 1945		9. COUNTY (U.S.) NEW LONDON							
10. NEAREST CITY WITHIN CITY											
11. MISSION OR MAJOR FUNCTIONS The principal Navy RDT&E Center for underwater weapons systems.		12. PERSONNEL STRENGTH		PERMANENT		STUDENTS		SUPPORTED		TOTAL (9)	
		OFFICER (1)	ENLISTED (2)	CIVILIAN (3)	OFFICER (4)	ENLISTED (5)	OFFICER (6)	ENLISTED (7)	CIVILIAN (8)		
		a. AS OF 31 DEC 1972		11	30	1,364	0	0	0	0	1,405
		b. PLANNED (End FY 1975)		11	9	1,391	0	0	0	0	1,411
		13. INVENTORY									
		LAND		ACRES (1)	LAND COST (\$000) (2)		IMPROVEMENT (\$000) (3)		TOTAL (\$000) (4)		
		a. OWNED		25.5	168		10,582		10,750		
b. LEASES AND EASEMENTS		0	0		0		0				
c. INVENTORY TOTAL (Except land rent) AS OF 30 JUNE 19 72								10,750			
d. AUTHORIZATION NOT YET IN INVENTORY								0			
e. AUTHORIZATION REQUESTED IN THIS PROGRAM								3,600			
f. ESTIMATED AUTHORIZATION - NEXT 4 YEARS								0			
g. GRAND TOTAL (c + d + e + f)								14,350			
14. SUMMARY OF INSTALLATION PROJECTS											
PROJECT DESIGNATION											
CATEGORY CODE NO. a	PROJECT TITLE b	TENANT COMMAND PRIORITY c	UNIT OF MEASURE d	AUTHORIZATION PROGRAM			FUNDING PROGRAM				
				SCOPE e	ESTIMATED COST (\$000) f	SCOPE g	ESTIMATED COST (\$000) h				
310.34	ENGINEERING BUILDING	8	SF	74,000	3,600	74,000	3,600				

203

NAVAL UNDERWATER SYSTEMS CENTER, NEW LONDON LABORATORY, NEW LONDON, CONN., \$3,600,000

This laboratory is the principal Navy research, development test and evaluation center for underwater weapons systems.

The engineering building project will provide space for engineering and scientific personnel engaged in the research and development of Sonar systems and improved underwater acoustic sensors for antisubmarine warfare ships. This developmental and test support is currently being conducted in World War II type, deficient, dispersed and functionally inadequate buildings.

Status of funds

	<i>Amount</i>
Cumulative appropriations through fiscal year 1973.....	\$0
Cumulative obligations, Dec. 31, 1972 (actual).....	0
Cumulative obligations, June 20, 1973 (estimated).....	0

DESIGN INFORMATION

Project	Design cost	Percent complete Apr. 1, 1973
Engineering building.....	\$172,600	4

CONSOLIDATION WITH NEWPORT LABORATORY

Mr. LONG. Tell us about the consolidation of this laboratory with the one at Newport.

Admiral MARSCHALL. Yes, sir. I think Captain Watson has chapter and verse on that, Mr. Chairman.

Captain WATSON. Mr. Chairman, the laboratory was consolidated a year or so ago under one head up at Newport. The two laboratories operate independently with Newport laboratory primarily concerned with underwater weapons research, development, testing and fleet introduction of the weapons, whereas the New London laboratory is essentially involved in underwater acoustics, detection, communications, and related technology. Each laboratory has its own separate functions although they do operate under one head at Newport.

MISSIONS OF UNDERWATER AND UNDERSEA CENTERS

Mr. LONG. How does the mission of the Naval Underwater Systems Center, on the east coast, differ from that of the Naval Undersea Center, on the west coast?

Mr. MURPHY. The Undersea Center in San Diego, Mr. Chairman, deals in all phases of underwater research whereas New London is limited to acoustics and underwater communications applied to weapons systems directly.

Mr. LONG. Are the east and west coast laboratories set up to compete with each other?

Mr. MURPHY. No, sir. They have independent areas of interest, and they pursue them independently. They are not competing.

Mr. LONG. How is the work assigned to one or the other?

Mr. MURPHY. The Director of Naval Laboratories at the Secretary of the Navy level, within his research and development resources designates which lab will take the lead in developing specific weapons systems, such as the MK-48 torpedo. Specific work assignments are

made primarily by the various systems commands under the Chief of Naval Material. Other assignments are made by major Navy commands such as BuMED, BuPERS and by other Government agencies. Labs also make assignments from one lab to another for specialized assistance.

UTILIZATION OF NAVAL UNDERSEA CENTER, SAN DIEGO

Mr. LONG. According to a report by the committee's surveys and investigations staff, the Naval Undersea Center in San Diego loaned out 22 man-years of effort during fiscal years 1970 through 1972. Is this laboratory underutilized?

Mr. MURPHY. I am not immediately familiar with the loan of those man-years, but I can state that the laboratory is not underutilized. As a matter of fact, under the recent shore establishment realignment, they will receive additional people through a relocation.

Mr. LONG. You have an anomaly there to explain nevertheless; don't you?

Mr. MURPHY. Yes, sir. The facilities base is adequate to take additional people.

Mr. LONG. Why are you loaning people out?

Admiral MARSCHALL. Mr. Chairman, I will investigate that for the record.

Mr. LONG. You are not aware of it?

Admiral MARSCHALL. No, I am not aware of it. My immediate feeling is that these people may have been expert in some particular field which called for their services at another place. I will provide this information for the record.

[See page —.]

NAVAL UNDERSEA CENTER, SAN DIEGO, CALIF., MAN-YEARS LOANED OUT

During the period of fiscal years 1970 through 1972 the following exchanges of personnel took place at the Naval Undersea Center in San Diego.

	MH loaned	MH borrowed ¹
Fiscal year:		
1970	12,653	1,560
1971	15,406	7,285
1972	20,351	4,180
Total	48,510	13,025

¹ Scientific exchange program.

The policy of the laboratories is to loan out personnel when a recognized expert in a specific field who is employed at one laboratory is required to fill a short term critical need at another laboratory. In the above data, 48,510 man-years equates to 23.3 man-years at 2,000 hours per man-year; however, the man-hours of 41 individuals make up this total. To reiterate testimony previously given, the Naval Undersea Center, at San Diego is fully utilized at the present time. Loaning of personnel does not necessarily indicate an excess nor does borrowing indicate shortage although the latter is more nearly the case. This shifting of personnel can result from the scientific exchange program, an interchange of scientists to broaden expertise and further the cause of R.D.T. & E., and the short term shift of recognized experts in specific fields to meet critical needs in other laboratories. It is also a useful technique to balance workloads over Staff resources in periods of relatively slack or full activity. The number of man-years loaned in this in-

stance is not considered to be a significant index of utilization. A more pertinent indicator is the ability of staff in-house resources to do the work assigned. For fiscal year 1973 (first 6 months actual, second 6 months estimated) the total R.D.T. & E. funds expended at NUC broken down as in-house and contract are as follows:

	<i>Millions</i>
In-house R.D.T. & E.-----	\$33. 62
Contract R.D.T. & E.-----	18. 88
Total R.D.T. & E.-----	52. 50

A small portion of the \$18.88 million was contracted out because of highly specialized short time requirements; however, a major portion of these funds would have been expended in-house had sufficient resources been available at NUC.

Mr. LONG. I thought every naval admiral was aware of absolutely anything that went on anywhere in the Navy. Mr. Nicholas.

MISSIONS OF UNDERWATER AND UNDERSEA LABORATORIES

Mr. NICHOLAS. The committee has an investigative staff report which is classified "Secret" and so we can't discuss it too much at this point, but the technical director of the Naval Undersea Center advised the investigative staff that the two laboratories, the Undersea Center and the Underwater Laboratory were intentionally created as competing laboratories. He said this was in compliance with the principals stated by the Director of D.D.R. & E., that within each mission there should be at least two laboratories in the Department of Defense. Do you have any comments on this? Do they do the same type of research?

Mr. LONG. That certainly conflicts with the testimony.

Mr. NICHOLAS. Is there differentiation between their missions which you indicated here? Would you like to research it further?

Mr. MURPHY. We would like to research it. I would like to reiterate, however, that the Underwater Sound Laboratory of the Naval Underwater Systems Center at New London devotes itself to weapons systems development for underseas weapons systems almost exclusively. We can provide a more distinct differentiation.

Mr. LONG. It says, "Intentionally created as competing laboratories," and we asked if they were set up to compete with each other? That is exactly, it seems to me, what this statement indicated. You have said no, so there is something to be explained.

Admiral MARSCHALL. Yes, sir. We will provide that for the record.
[The information follows:]

The chief of naval material assumed command of the major Navy research and development activities on April 1, 1966. The Navy laboratories had been operated under broad mission statements and often overlapping functional assignments which generated competition for resources.

The intervening years has seen the realignment of major Navy laboratories into centers along warfare or functional lines. In doing so six centers have been established. The shift to this arrangement was dictated by the increasing need to have technical organizations capable within themselves of handling the technical features of significant portions of complicated systems rather than merely components of such systems.

It has been the intent of the chief of naval material to strike a balance between, on the one hand, a rigid definition of functions that would create monopolies, deprive sponsors of flexibility, and lead to a decrease in technical option; and on the other hand, a dispersion of capabilities that would foster duplication,

decrease effective application of resources, and promote competition for programs and resources.

Assignment of primary responsibility to Navy research centers and laboratories carries with it the responsibility for fostering communications to keep abreast of related efforts in other laboratories and to insure compatibility of interrelated development programs.

Because of the diversity of technical equipment used by the Navy and the broad applicability of technologies certain laboratories and centers are sometimes required to maintain secondary, supporting capabilities.

The assignment of primary functional responsibilities for systems, subsystems, and supporting technologies to the appropriate laboratory or center is the responsibility of the chief of naval material through his director of laboratory programs.

The officially assigned mission and functions of the laboratories are mutually exclusive, however, the Navy policy encourages exploitation of the technology base so that alternative technical approaches to particular problems are available to provide options for systems development.

Editor's note: For further discussion on subject of competition between laboratories, see later testimony, given in these hearings on July 11, 1973, under overall subject of "Navy Research Projects."

Mr. LONG. Would it be beneficial to put the east and west coast laboratories under one head, in order to minimize duplication?

Admiral MARSCHALL. I think, Mr. Chairman, that they do have a common head, the Director of Naval Laboratories. If you mean in immediate superior running both, that is an organizational question, which we can research for you. I would say we effectively have that now at the top. It is just a matter of degree as I see it.

Mr. LONG. That is a little confusing.

Admiral MARSCHALL. All Navy laboratories now work under one head, who is the Director of Naval Laboratories.

Mr. LONG. I think it makes a difference whether this is a nominal or real consolidation.

Admiral MARSCHALL. Yes, sir.

Mr. LONG. Is this nominal or real?

Admiral MARSCHALL. It is real as far as the head Director of Naval Laboratories, is concerned. He is the boss, and he is the one who designates lead labs and assigns missions to the laboratories. If you are talking about a common commanding officer or a common technical director of the laboratory, we would have to go into that and research it for you and find out if this were feasible.

Mr. NICHOLAS. Again this report, which we have not yet put in the record, indicates that the Navy has attempted to distinguish between the missions of the Naval Underseas Center at San Diego and the Naval Underwater Systems Center at Newport, but the investigative staff says the principal difference seems to be that the underwater center has cognizance over the development of incoming systems and the underseas for more advanced systems. They also point out that much of the work of the latter center has to do with improvements in operational systems. In a way they feel the distinction hasn't been made, and that really perhaps these two are competing, duplicating a good deal. Could you answer that in greater detail?

Admiral MARSCHALL. We will for the record.

[The information follows:]

The missions of Navy laboratories under the command of the Chief of Naval Material are defined in terms of technologies, platforms, and warfare areas. The Chief of Naval Material monitors work assignments after the fact to insure reasonable balance between competition and consolidation; approves all assign-

ments of lead laboratory and programwide responsibilities and provides resources and sponsors military construction projects to obtain facilities required by the respective laboratories or centers to carry out their assigned mission.

The naval undersea center's mission is oriented along technology lines of undersea surveillance, ocean technology, and advanced undersea weapons systems. As such, it has broad programwide management responsibilities which involves management and coordination of supporting activity in other laboratories and in industry. Two such assignments to the naval undersea center are: Undersea surveillance and marine biosciences.

The naval underwater systems center is focused on undersea and antisubmarine warfare. One such program for which it has broad programwide responsibilities is Sanguine.

A further distinction of the mission of NUSC and NUC is evident in their working arrangements with their principal customers. NUSC is heavily involved with fleet users of the electronic submarine and surface ship sonar systems and the related control systems that combine into an underwater ordnance system.

The philosophy of relating the weapon and fire control systems to the electronic search, target acquisitions and identification expertise has been the background for the formation of the naval underwater systems center.

The naval undersea center was formed and functionally aligned to address the longer range missions, objectives, and developmental requirements of the Navy. Their mission encompasses a broad range of advanced R.D.T. & E. programs versus the operational systems fleet support of NUSC.

There is no duplication. Because both laboratories work in the underwater environment there is some similarity in the types of work they do. For example, both laboratories develop torpedoes. The torpedoes developed at Newport are those launched from ships or submarines; while at San Diego they develop lighter weight torpedoes for use from aircraft. In the sonar area the large hull mounted sonar are developed at underwater systems center, while the naval undersea center specializes in sonar for small high-speed vehicles and fixed sonar systems. The naval undersea center is the Navy's principal center for ocean technology, ocean engineering, and marine biosciences while the naval underwater system center specializes in areas important to the evaluation of underwater systems such as underwater range technology, underwater target systems.

Editor's note: For further discussion on subject of competition between laboratories, see later testimony, given in these hearings on July 11, 1973, under overall subject of "Navy Research Projects."

Mr. NICHOLAS. I guess a follow-on question, as a result of this, is whether there are duplicating facilities which are being requested or programed in the outyears?

Admiral MARSCHALL. Certainly there is a feeling here today that we are not duplicating facilities.

Mr. LONG. There may be some question of semantics here. I don't suppose anybody ever plans to duplicate intentionally.

Admiral MARSCHALL. No, sir.

Mr. LONG. Duplication might be a result, but very few people intentionally set out to accomplish that.

[Discussion off the record.]

MISSIONS OF NAVY LABORATORIES

Mr. LONG. May we have a list of the Naval laboratories and the primary mission of each?

Admiral MARSCHALL. Yes, sir.

[The information follows.]

NAVAL LABORATORIES AND MISSIONS1. Naval Aerospace Medical Research Laboratory, Pensacola, FL:

Conduct research, development, test and evaluation in aerospace medicine and related scientific areas applicable to aerospace systems.

2. Naval Air Development Center, Warminster, PA:

The principal Navy RDT&E Center for naval aircraft systems.

3. Naval Air Propulsion Test Center, Trenton, NJ:

To test and evaluate aircraft propulsion systems-their components and accessories and fuels and lubricants and to perform applied research and development leading to correction of design deficiencies and service problems.

4. Naval Air Test Center, Patuxent River, MD:

Coordinate and perform test and evaluation of aircraft weapons systems, their components and related equipment, conduct test pilot training, provide technical advice and assistance to BIS NASC contractors, etc.

5. Naval Electronics Laboratory Center, San Diego, CA:

The principal Navy RDT&E Center for electronics technology and command control and communications concepts and systems.

6. Naval Medical Research Institute, Bethesda, MD:

Conduct basic and applied research and development concerned with the health safety and efficiency of naval personnel.

7. Naval Missile Center, Point Mugu, CA:

To perform test, evaluation, development support and exercise engineering cognizance as assigned of naval weapons systems and related devices.

8. Naval Ordnance Laboratory, White Oak, Silver Spring, MD:

The principal Navy RDT&E Center for ordnance technology, concepts and systems.

9. Naval Ordnance Missile Test Facility, White Sands M.R., NM:

Support the Navy guided missile and rocket program including ground and flight testing and participate in the operation of the Department of Defense Integrated Missile Test Range at White Sands.

10. Naval Personnel R&D Laboratory, Washington, DC:

Conduct research development test evaluation behavior and social sciences and related fields directed toward new and improved personnel and manpower systems techniques and operations.

11. Naval Personnel Research Activity, San Diego, CA:

Plans and conducts research and development in personnel operations and behavioral sciences to develop new concepts and improved methods for acquiring, classifying, training, distributing, and retaining personnel and for maximizing the utilization of Navy manpower resources.

12. Naval Research Laboratory, Washington, DC:

To conduct scientific research and development in the physical sciences and related fields directed toward new and improved materials, equipment, techniques, and systems for the Navy.

13. Naval Coastal Systems Laboratory, Panama City, FL:

The principal Navy RDT&E center for the application of science and technology associated with military operations carried out primarily in the coastal region, and to perform investigations in related fields of science and technology.

14. Naval Ship Research and Development Center, Bethesda, MD:

The principal Navy RDT&E Center for naval vehicles and to provide RDT&E support to the U.S. Maritime Administration and the maritime industry.

15. Naval Submarine Medical Research Laboratory, New London, CT:

To conduct basic and applied research in submarine and diving medicine, closed environments in areas of physiology, medical psychology, vision audition, human facility engineering, dentistry, military applications, to meet Navy requirements, and furnish research and medical assistance to sub and diving shore and fleet activities.

16. Naval Undersea Center, San Diego, CA:

The principal Navy RDT&E Center for undersea surveillance, ocean technology, and advanced undersea weapons systems.

17. Naval Underwater Systems Center, Newport, RI:

The principal Navy RDT&E Center for underwater weapon systems.

18. Naval Weapons Center, China Lake, CA:

The principal Navy RDT&E Center for air warfare and missile weapon systems.

19. Naval Weapons Laboratory, Dahlgren, VA:

The principal Navy RDT&E Center for surface warfare weapon systems.

20. Navy Medical Neuropsychiatric Research Unit, San Diego, CA:

Conduct neuropsychiatry research as applies to naval service. Develop study plan on repatriated prisoners of war.

21. Pacific Missile Range, Point Mugu, CA:

To provide support for the Department of Defense and other designated government agencies for launching, tracking, and collecting data in guided missile, satellite, and space vehicle research, development, evaluation and training programs and actual operations.

22. Naval Air Test Facility, Lakehurst, NJ:

To conduct tests and evaluation of launching, recovery and visual landing aids systems and related equipment. Provide test site facilities for development and test of ship installations equipment. Conduct R&D of equipment and instruments used in test and evaluation of ship installation equipment.

NAVAL UNDERWATER SYSTEMS CENTER, NEW LONDON, ENGINEERING
BUILDING

Mr. LONG. I note that the engineering building here has a relatively low priority. What are you using at the present time?

Admiral MARSCHALL. We have some pictures here which may be of interest to you, sir. This is a picture of the establishment itself.

Captain WATSON. The buildings on the waterfront near the piers are the buildings that we are requesting replacement of. They are old, deteriorated, wooden buildings.

Mr. LONG. You mean down here?

Captain WATSON. No, sir, the upper left. There are several small buildings that were there when the station was first established, and they have become machine shops and woodworking shops. This is where they fabricate the prototypes of the installations for the submarines or whatever ship is to have the installation put aboard.

Mr. LONG. They seem awfully small.

Captain WATSON. Yes, sir. These are some photographs of the working conditions, and further photographs of the buildings themselves, showing how old they are, subject to flooding in case of extremely high water, and they have very crowded working conditions. With the larger sonars, like the SQS-26 and various other large projects, fabrication is done outside, in the open. There is not room in the buildings. This new facility would consolidate these buildings into one with decent working conditions. The new building will be large enough to fabricate the sonars or whatever device is inside the building. Additionally the new building will have air-conditioning for a large amount of electronic equipment that requires the proper temperatures to keep it within calibration limits.

Mr. LONG. What portion of this will be administrative space and what part will be shops and laboratory space?

Admiral MARSCHALL. May we supply that for the record.

[The information follows:]

<i>Engineering building space breakdown</i>		<i>Square feet</i>
Shops -----		37, 000
Administrative -----		4, 500
Laboratories -----		32, 500
		<hr/>
Total -----		74, 000

The above space breakdown is taken from plans being developed in preliminary engineering studies. These studies are currently under review for possible revision to improve site adaptation and may result in changes to functional areas listed.

Mr. LONG. Is this space required to build and test working models of components and sensor systems?

Captain WATSON. Yes, sir, it is.

R. & D. FUNDING

Mr. LONG. What type of R. & D. money is this funded under?

Captain WATSON. I will furnish that for the record.

Mr. LONG. We are told there is a shortage of R. & D. funding in this area.

[The information follows:]

The major effort of work to be accomplished in the proposed facility would be funded from research and development funds in category 6.4, engineering development. This includes development programs being engineered for service use, but which have not yet been approved for procurement or operation.

The remaining source of funding would be proportioned approximately equally between category 6.3, advanced development, and 6.2, exploratory development. Advanced development includes projects which have moved into the development of hardware for experimental or operational test. Category 6.2 funds encompass efforts directed toward solution of specific military problems. This is the research in technology phase.

The programs which will be supported by this project are fully funded by major underwater combat systems using 6.2, 6.3, and 6.4 R.D.T. & E. funds. There are shortages in other R.D.T. & E. funding areas at New London but they will not affect the work to be accomplished in the building proposed in this project.

MILITARY OCEAN TERMINAL, BAYONNE, N.J.

Mr. LONG. Military Ocean Terminal, Bayonne, N.J. Put page 13 in the record.

[The page follows:]

1. DATE 19 FEB 1973		2. DEPARTMENT NAVY		3. INSTALLATION MILITARY OCEAN TERMINAL									
4. COMMAND OR MANAGEMENT BUREAU CHIEF OF NAVAL OPERATIONS		5. INSTALLATION CONTROL NUMBER 6238-101		6. STATE/COUNTRY BAYONNE, NEW JERSEY									
7. STATUS ACTIVE		8. YEAR OF INITIAL OCCUPANCY -		9. COUNTY (U.S.) UNION		10. NEAREST CITY WITHIN CITY							
11. MISSION OR MAJOR FUNCTIONS Provides effective and economical sea transportation in the Atlantic Area for personnel cargoes of the Department of Defense and other governmental agencies. Provides and administers support ships for scientific projects. Administers established supporting facilities for accomplishment of the Military Sealift Command Atlantic Mission.				12. PERSONNEL STRENGTH			13. INVENTORY						
				PERMANENT			STUDENTS		SUPPORTED				
				OFFICER (1)	ENLISTED (2)	CIVILIAN (3)	OFFICER (4)	ENLISTED (5)	OFFICER (6)	ENLISTED (7)	CIVILIAN (8)	TOTAL (9)	
				a. AS OF 31 DEC 1972	21	39	354	0	0	0	0	0	414
				b. PLANNED (END FY 1977)	22	166	354	0	0	0	0	0	542
				LAND		ACRES (1)	LAND COST (\$000) (2)		IMPROVEMENT (\$000) (3)		TOTAL (\$000) (4)		
				a. OWNED		678.2	4,736		82,346		87,082		
				b. LEASES AND EASEMENTS		0	0		0		0		
c. INVENTORY TOTAL (Except land rent) AS OF 30 JUNE 19 72				87,082									
d. AUTHORIZATION NOT YET IN INVENTORY				0									
e. AUTHORIZATION REQUESTED IN THIS PROGRAM				1,806									
f. ESTIMATED AUTHORIZATION - NEXT 4 YEARS				0									
g. GRAND TOTAL (c + d + e + f)				88,888									
14. SUMMARY OF INSTALLATION PROJECTS													
PROJECT DESIGNATION				AUTHORIZATION PROGRAM				FUNDING PROGRAM					
1. CATEGORY CODE NO.	2. PROJECT TITLE			3. TENANT COMMAND PRIORITY	4. UNIT OF MEASURE	5. SCOPE	6. ESTIMATED COST (\$000) ?	7. SCOPE	8. ESTIMATED COST (\$000) h				
610.10	MILITARY SEALIFT COMMAND/ATLANTIC RELOCATION			//	SF	98,200	1,806	98,200	1,806				

MILITARY OCEAN TERMINAL, BAYONNE, N.J., \$1,806,000

This activity provides effective and economical sea transportation in the Atlantic area for personnel and cargoes of the Department of Defense and other Government agencies. The headquarters of the Military Sealift Command is presently located at the Brooklyn Army Terminal, which is scheduled for closure.

The Military Sealift Command/Atlantic relocation project will convert existing space to accommodate the facilities to be relocated from the Military Ocean Terminal, Brooklyn.

Status of funds

Cumulative appropriations through fiscal year 1973-----	\$0
Cumulative obligations, Dec. 31, 1972 (actual)-----	0
Cumulative obligations, June 30, 1973 (estimated)-----	0

DESIGN INFORMATION

Project	Design cost	Percent complete, Apr. 1, 1973
Military Sealift Command/Atlantic relocation-----	\$80,000	1

Mr. LONG. Can you explain the relationship of your Military Sealift Command, Atlantic, and the Army's Eastern Area Military Traffic Management and Terminal Service?

Admiral MARSCHALL. Mr. Taylor will answer, sir.

Mr. TAYLOR. Sir, the Army's Military Traffic Management and Terminal Service is responsible for getting the cargo from its origin to the piers and loading it onto the ships. The Military Sealift Command is responsible for arranging for the ships and the transporting of the cargo to the terminal port.

Mr. LONG. What is the status of the proposed merger of MSC and MTMTS?

Admiral MARSCHALL. That is I think at the moment in limbo, Mr. Chairman. I do not believe there are any longer plans afoot to merge the two organizations.

Mr. LONG. Would such a merger, if it were ever put into effect, save money, or do you feel that is an academic question at this time?

Admiral MARSCHALL. I have been told that it would not save money.

Mr. LONG. How is the proposed move of the Military Sealift Command to Bayonne related to the consolidation of other naval activities in the New York area at the Brooklyn Annex?

Mr. TAYLOR. Sir, the Navy has been trying to relocate the Military Sealift Command to Bayonne, in conjunction with the Army's move, for quite a while. As a result of the recent shore establishment realignment space has become available which we are studying to see if it would be more economical to locate MSC into the space becoming available than it would be to consolidate at Bayonne. The study should be complete within the next couple of weeks, and we will keep the committee advised. However, there is the other side of the coin, that it may be operationally effective to colocate it with the Army at Bayonne.

Mr. LONG. Would the Navy rather move the MSC to Bayonne? If so, why?

Mr. TAYLOR. Sir, from an operational standpoint it makes good sense to locate with the Army. However, as I mentioned we have to study the economics of the situation to see which in the long run is

the most satisfactory to the Navy.

Mr. LONG. But the economics would justify it, then you would prefer to be there.

Mr. TAYLOR. Yes, sir.

Mr. LONG. Is there sufficient space to accommodate MSC at the Brooklyn Annex?

Mr. TAYLOR. Yes, sir, there is a possibility there will be space available.

Mr. NICHOLAS. That is the space you are looking at?

Mr. TAYLOR. That is the space we are looking at, the space that is being vacated by the Naval Strategic Navigational facility.

[The information follows:]

The reevaluation of the New York Complex realignments indicate that the project to relocate the Military Sealift Command, Atlantic from MOT Brooklyn, N.Y., to MOT Bayonne, N.J., is still a valid requirement. The project at the NSA Brooklyn, N.Y., to relocate the telephone switchboard is no longer required and the project for the bachelor enlisted quarters modernization can be reduced in scope from 225 men to 150 men with a comparable cost reduction to \$612,000.

NAVAL SUPPORT ACTIVITY, BROOKLYN, NEW YORK

Mr. LONG. Naval Support Activity, Brooklyn, N.Y. Insert page I-15 in the record.

[The page follows:]

1. DATE 17 APR 1973		2. DEPARTMENT NAVY		3. INSTALLATION FY 1974 MILITARY CONSTRUCTION PROGRAM			5. INSTALLATION NAVAL SUPPORT ACTIVITY									
4. COMMAND OR MANAGEMENT BUREAU CHIEF OF NAVAL OPERATIONS				6. INSTALLATION CONTROL NUMBER 6202-135			6. STATE/COUNTRY BROOKLYN, NEW YORK									
7. STATUS ACTIVE		8. YEAR OF INITIAL OCCUPANCY 1942			9. COUNTY (U.S.) KINGS		10. NEAREST CITY WITHIN CITY OF NEW YORK									
11. MISSION OR MAJOR FUNCTIONS Provide, as appropriate, logistic support for the operating forces of the Navy, Administrative Staff services for dependent activities and other commands as assigned.				12. PERSONNEL STRENGTH			PERMANENT			STUDENTS			SUPPORTED		TOTAL (9)	
							OFFICER (1)	ENLISTED (2)	CIVILIAN (3)	OFFICER (4)	ENLISTED (5)	OFFICER (6)	ENLISTED (7)	CIVILIAN (8)		
				a. AS OF 31 December 72				372	1761	3794	25	30	10	250	0	6242
				b. PLANNED (BY FY 75)				360	1703	3795	24	3	8	230	0	6123
				13. INVENTORY												
				LAND		ACRES (1)		LAND COST (\$000) (2)		IMPROVEMENT (\$000) (3)		TOTAL (\$000) (4)				
				a. OWNED		123.0		1196		19,305		20,501				
b. LEASES AND EASEMENTS		0		0		0		0								
c. INVENTORY TOTAL (Except land rent) AS OF 30 JUNE 19 72										20,501						
d. AUTHORIZATION NOT YET IN INVENTORY										0						
e. AUTHORIZATION REQUESTED IN THIS PROGRAM										1,131						
f. ESTIMATED AUTHORIZATION - NEXT 4 YEARS										2,046						
g. GRAND TOTAL (c + d + e + f)										23,678						
14. SUMMARY OF INSTALLATION PROJECTS																
PROJECT DESIGNATION				TENANT COMMAND PRIORITY		UNIT OF MEASURE		AUTHORIZATION PROGRAM		FUNDING PROGRAM						
CATEGORY CODE NO.	PROJECT TITLE					SCOPE	ESTIMATED COST (\$000)	SCOPE	ESTIMATED COST (\$000)							
135.50	RELOCATE TELEPHONE SWITCHBOARD			/	LS	-	75	-	75							
722.11	BACHELOR ENLISTED QUARTERS MODERNIZATION			/	SF	37,500	1,056	37,500	1,056							
						TOTAL	1,131		1,131							

216

NAVAL SUPPORT ACTIVITY, BROOKLYN, N.Y., \$1,181,000

This activity maintains and operates facilities to provide services and material in support of operating forces in the New York area including port services, communications, medical care, receiving and shipping, and personnel support services.

The telephone switchboard project will relocate the telephone switchboard equipment from the naval station to the naval annex as the existing facilities used to house this equipment will be exceeded.

The bachelor enlisted quarters project will modernize existing spaces to provide modern living quarters for 225 men. Existing spaces are overcrowded, poorly lighted and ventilated, and have no recreational or storage spaces.

Status of funds

	<i>Amount</i>
Cumulative appropriations through fiscal year 1973.....	\$113, 000
Cumulative obligations, Dec. 31, 1972 (actual).....	62, 496
Cumulative obligations, June 30, 1973 (estimated).....	64, 496

DESIGN INFORMATION

Project	Design cost	Percent complete Apr. 1, 1973
Relocate telephone switchboard.....	\$3, 600	0
Bachelor enlisted quarters modernization.....	50, 688	0

CONSOLIDATION OF ACTIVITIES

Mr. LONG. Could you discuss further, and provide details for the record on the activities being consolidated into the Naval support activity, Brooklyn?

Admiral MARSCHALL. We shall, sir.

[The information follows:]

The Naval Support Activity; Commander, Eastern Sea Frontier; Commandant, 3d Naval District; Navy Exchange; Military Sealift Command, Atlantic; Naval Investigative Service Office; Plant Representative, Bethpage (Grumman); Navy Finance Office; and Navy District Recruiting Office are being reduced in their scope of operation.

The Public Affairs Office, East Coast; Armed Forces Police Detachment; Assistant Supervisor of Salvage, Inactive Ships Maintenance Activity; Naval Audit Office, New York; Navy Oceanographic Office representative; and area representative, Boston Branch, Office of Naval Research are being disestablished.

The planned actions are a part of an overall effort to realize the shore establishment commensurate with programed reductions of the operating units of the fleet. The reduction and disestablishment of the 15 activities will result in an annual savings of \$2.5 million and a reduction of 161 military and 149 civilian personnel. One-time cost to implement this action totals \$2.56 million.

Mr. LONG. What savings and costs are associated with this realignment?

Admiral MARSCHALL. Estimated annual savings are \$2.494 million, the one-time closure cost is \$2.56 million, and the military construction required is \$1.131 million.

Mr. LONG. And what is the savings?

Admiral MARSCHALL. Savings annually—estimated at \$2.494 million, sir.

Mr. LONG. Is this a real savings? Have you taken into effect all of the costs, including the costs of return on the money? I am always puzzled by military estimates of savings, and wonder whether they take into account the implicit cost to the Government of the interest on the money they are putting into it, and appreciation of that?

Admiral MARSCHALL. We didn't do a present value study on this.

Mr. LONG. I think all your savings data ought to have that. If not, it is fallacious.

Admiral MARSCHALL. Again, sir, we normally would do this, but this one happens to be part of the shore establishment realignment program, the total of which has been shown to amortize itself in approximately 2½ years.

Mr. LONG. I would hope you would keep that in mind for the future.

Admiral MARSCHALL. We certainly try to do that in any of our capital investments.

Mr. LONG. Will the two projects here complete the requirements?

Admiral MARSCHALL. These two projects are being studied at the present time. We are looking for a better solution than the one we have right now. I should think these studies would be completed within the next few weeks.

Mr. LONG. What is the additional \$2,046,000 you are requesting in the out years?

Admiral MARSCHALL. That should be zero, Mr. Chairman. That figure is in error, and we didn't get a chance to correct it previously.

Mr. LONG. You mean you are not asking for anything in the out years?

Admiral MARSCHALL. It depends on the studies. We really have no figure to give you now. This particular figure we can't stand behind. We should have taken it out of your book.

Mr. LONG. At this point, you do not plan to request anything for the out years?

Admiral MARSCHALL. Nothing at this time.

TELEPHONE SWITCHBOARD

Mr. LONG. Why is it necessary to move the telephone switchboard?

Admiral MARSCHALL. Again this is part of the same study. We feel this study we are conducting may very well prove that we should leave the telephone switchboard where it is.

BACHELOR ENLISTED QUARTERS MODERNIZATION

Mr. LONG. You are asking for bachelor enlisted quarters modernization at a cost of some \$24.61 a square foot. Is this economical?

Admiral MARSCHALL. Mr. Chairman, this is part of the same ongoing study. We should be finished with it in about 3 weeks.

Mr. LONG. Provide for the record a breakdown of the enlisted personnel to be stationed here by activity.

Admiral MARSCHALL. We shall, sir.

[The information follows:]

The following is the enlisted strength projections for ships and activities in the New York area supported by Naval Support Activity, Brooklyn.	
Naval Support Activity, Brooklyn-----	109
DD-842 (Reserve)-----	176
DD-863 (Reserve)-----	176
DD-829 (Reserve)-----	176
Naval Reserve Center, 3d Naval District-----	178
MSO-430 (Reserve)-----	36
MSO-441 (Reserve)-----	36
AE-23 -----	296

Reserve centers (New York, New Jersey area)-----	136
Commander, Military Sea Lift Command, Atlantic-----	35
Navy Band-----	30
Commander, Eastern Sea Front-----	13
Marine Inspection and Instruction Office, New York, New Jersey area-----	48
Navy/Marine Recruiting Office, New York-----	51
Navy Special Services Administration, New York-----	44
Fleet Post Office, New York-----	9
Headquarters, 3d Naval District-----	30
Director, 1st Marine Corp District-----	104
Commissary and exchange personnel-----	12
Officer selection teams-----	8
Total -----	1, 703

FOURTH NAVAL DISTRICT

Mr. PATTEN. Next is the Fourth Naval District. Insert page I-18 in the record.

[The page follows:]

DEPARTMENT OF THE NAVY—MILITARY CONSTRUCTION PROGRAM, FISCAL YEAR 1974

[In thousands of dollars]

Installation and project	Authorization	Appropriation
4th Naval District—State of Pennsylvania:		
Philadelphia Naval Shipyard, Philadelphia (CNM):		
P-502 Electronics equipment facility (217.10-62,000 SF)-----	735	735
P-501 Computer support facility (610.20-5,500 SF)-----	180	180
Total-----	915	915
Naval Air Development Center, Warminster (CNM): P-120 primary substation expansion (812.10-7,500 KV)-----	215	215
Total, 4th Naval District-----	1, 130	1, 130

REALIGNMENT OF NAVAL RESEARCH ACTIVITIES—4TH NAVAL DISTRICT.

Mr. PATTEN. Can you discuss the realignment of naval research activities affecting the 4th Naval District?

Mr. MURPHY. I am sorry, Mr. Chairman, would you repeat the question please, sir?

Mr. PATTEN. This is the 4th Naval District. Can you discuss the realignment of naval research activities affecting the 4th Naval District?

Mr. MURPHY. Mr. Chairman, we propose to relocate into the 4th Naval District the Strategic Systems Navigation Office that was previously discussed, which is now in Brooklyn. We propose to move that into the Naval Air Development Center at Warminster. We have plans also to move into the Naval Air Test Facility at Lakehurst elements from the Naval Air Engineering Center in Philadelphia. We propose to accomplish that over the next 2 years.

Mr. PATTEN. What construction will be required as a result of these relocations?

Mr. MURPHY. At Warminster to receive the Navigations Systems Office, Mr. Chairman, we don't anticipate a considerable amount of construction. We feel we can accommodate most of that move in some existing facilities. A potential requirement for 20,000 square feet of lab space is being studied. However, for the Naval Air Engi-

neering Center move, we will require extensive modernization and alterations to the existing facilities there, including the large blimp hangars that exist at Lakehurst. We plan to use those for industrial facilities. A new engineering building will also be required. The fiscal year 1975 Lakehurst Milcon program in this regard will approximate \$6.2 million.

Mr. PATTEN. A lot of people like that area, such as Rockefeller and others, so the Navy should like it.

Mr. MURPHY. Yes, sir.

CLOSURE OF NAVAL AIR ENGINEERING CENTER

Mr. PATTEN. What net savings do you project as the result of the closure of the Naval Air Engineering Center?

Mr. MURPHY. We project annual savings, sir, of \$14.944 million for that closure.

Mr. PATTEN. What use do you expect to make of the existing facilities at this location?

Mr. MURPHY. Are you speaking of the facilities at Lakehurst? We plan to modify the blimp hangars and other facilities to accommodate some of this relocation.

Mr. PATTEN. Provide for the record the construction which will be required.

[The information follows:]

NAEC projects required at Lakehurst, fiscal year 1975

	<i>Millions</i>
Engineering complex.....	\$3.3
Administration building.....	0.8
GSE development center.....	1.6
Utilities.....	0.5
Total	6.2

PHILADELPHIA NAVAL SHIPYARD, PHILADELPHIA, PA.

Mr. PATTEN. Naval Shipyard, Philadelphia, Pa. Put page I-19 in the record.

[The page follows:]

1. DATE: 17 APR 1973		2. DEPARTMENT NAVY		3. FY 19 74 MILITARY CONSTRUCTION PROGRAM		4. INSTALLATION PHILADELPHIA NAVAL SHIPYARD			
4. COMMAND OR MANAGEMENT BUREAU NAVAL SHIP SYSTEMS COMMAND			5. INSTALLATION CONTROL NUMBER 5867-625			6. STATE/COUNTRY PHILADELPHIA, PENNSYLVANIA			
7. STATUS ACTIVE		8. YEAR OF INITIAL OCCUPANCY 1876			9. COUNTY (U.S.) PHILADELPHIA		10. NEAREST CITY WITHIN CITY		
11. MISSION OR MAJOR FUNCTIONS Provide logistic support for assigned ships including overhaul, conversion, repairs, alteration, and dry-docking of surface ships (up to and including attack carriers) and diesel submarines, surface new construction; support for weapons systems, air and anti-air warfare; only East Coast capability, public or commercial for production of large special war ship propellers.									
12. PERSONNEL STRENGTH									
PERMANENT									
STUDENTS									
SUPPORTED									
OFFICER (1) ENLISTED (2) CIVILIAN (3) OFFICER (4) ENLISTED (5) OFFICER (6) ENLISTED (7) CIVILIAN (8) TOTAL (9)									
a. AS OF 31 December 1972 57 68 7,296 29 310 575 3,725 4,105 16,125									
b. PLANNED (END FY 1975) 77 91 8,368 24 260 390 2,775 3,605 15,590									
13. INVENTORY									
LAND									
ACRES (1) LAND COST (\$000) (2) IMPROVEMENT (\$000) (3) TOTAL (\$000) (4)									
a. OWNED 828 1,145 157,018 158,163									
b. LEASES AND EASEMENTS # 0 0 194*-0# 194									
c. INVENTORY TOTAL (Except land rent) AS OF 30 JUNE 19 72 158,357									
d. AUTHORIZATION NOT YET IN INVENTORY 15,617									
e. AUTHORIZATION REQUESTED IN THIS PROGRAM 2,454 1/									
f. ESTIMATED AUTHORIZATION - NEXT 4 YEARS 7,945									
g. GRAND TOTAL (c + d + e + f) 184,373									
14. SUMMARY OF INSTALLATION PROJECTS									
PROJECT DESIGNATION									
CATEGORY CODE NO. PROJECT TITLE TENANT COMMAND PRIORITY UNIT OF MEASURE AUTHORIZATION PROGRAM FUNDING PROGRAM									
a b c d e f g h									
217.10 ELECTRONICS EQUIPMENT FACILITY / SF 62,000 735 62,000 735									
610.20 COMPUTER SUPPORT FACILITY / SF 5,500 180 5,500 180									
TOTAL 915 915									
1/ INCLUDES \$ 1,539,000 FOR POLLUTION ABATEMENT									

PHILADELPHIA NAVAL SHIPYARD, PHILADELPHIA, PA. \$915,000

This shipyard repairs and overhauls surface ships and diesel submarines.

The electronics equipment facility project will provide additional facilities required to perform the restoration and refit of selected electronics components for all east coast naval shipyards.

The computer support facility project will provide the facilities necessary to relocate the NAVSHIPS Computer Applications Support Development Office to this yard from the Boston Naval Shipyard.

Status of funds

Cumulative appropriations through fiscal year 1973-----	\$36, 815, 000
Cumulative obligations, Dec. 31, 1972 (actual)-----	26, 976, 652
Cumulative obligations, June 30, 1973 (estimated)-----	28, 258, 983

DESIGN INFORMATION

Project	Design cost	Percent complete Apr. 1, 1973
Electronics equipment facility-----	\$20, 000	0
Computer support facility-----	8, 640	0

WORKLOAD

Mr. PATTEN. According to figures provided the committee earlier, your projected man-years for Philadelphia in the fiscal years 1975 through 1978 is 6,500. Is this your latest and best estimate?

Admiral MARSCHALL. Captain Ginn will answer that, sir.

Captain GINN. Yes, sir.

Mr. PATTEN. What number of man-years would be employed at Philadelphia if this shipyard were fully utilized on a one-shift basis? Probably 15,600?

Captain GINN. No, sir. The one-shift basis figure for Philadelphia is around 9,000, sir.

Mr. PATTEN. That is for full utilization?

Captain GINN. Yes, sir. That is optimum utilization.

Mr. PATTEN. We didn't ask optimum. We asked, if it was fully utilized on a one-shift basis, what number of man-years would be employed?

Captain GINN. That is what we call optimum utilization.

[Discussion off the record.]

Captain GINN. The figure is close to 14,000, but I would have to reconfirm that for the record.

[The information follows:]

The maximum shipyard size as used by the Navy is the manpower level to which a navy shipyard can be workloaded on a one-shift 40-hour-a-week basis. In the case of the Philadelphia Naval Shipyard the maximum shipyard size for a new construction, conversion, overhaul, and repair workload mix is 15,800 men per day on a single-shift, 5-day-week basis.

Mr. PATTEN. That is the presently projected workload. What would be the optimum man-year level at Philadelphia for repair work only?

Captain GINN. About 9,500, sir.

Mr. PATTEN. At the presently projected workload, what percentage of your man-years represents direct labor, and what percentage is overhead?

Captain GINN. I will have to furnish that for the record.

[The information follows:]

Based on the current workload projection of 7,250 employees per day for fiscal year 1974, the production ratio for the Philadelphia Naval Shipyard is 50 percent direct labor, 35 percent overhead, and 15 percent absences.

Mr. PATTEN. What would be the corresponding figures for direct work force and overhead if the shipyard were working at optimum utilization levels for new construction and repair?

Captain GINN. For both new construction and repair? I would have to supply that for the record.

[The information follows:]

Corresponding figures for the optimum Philadelphia Naval Shipyard size of 13,500 employees per day and a workload mix of new construction, conversion, overhaul and repair would be 59 percent direct labor, 26 percent overhead and 15 percent absences.

Mr. PATTEN. And then for repair only?

Captain GINN. Yes, sir, I will supply that also.

[The information follows:]

Corresponding figures for the optimum Philadelphia Naval Shipyard size of 9,500 employees per day for an overhaul and repair workload mix only would be 54 percent direct labor, 31 percent overhead and 15 percent absences.

Mr. PATTEN. What types of ships are you planning to overhaul at Philadelphia?

Captain GINN. Philadelphia performs work on aircraft carriers, on DLG's and other ships of this type and size. They also work on diesel submarines, as long as they are in the fleet.

Mr. PATTEN. I was in Philadelphia when you didn't have a rowboat.

Mr. MCKAY. Are you phasing out the diesel subs?

Captain GINN. The diesel subs are being phased out of the fleet, yes, sir.

Mr. MCKAY. When will the phaseout be complete?

Mr. MURPHY. I can answer that. By 1978 all but a few that will be used in special operations will have been phased out.

Mr. MCKAY. What is a few?

Mr. MURPHY. About four.

Mr. DAVIS. Does that mean you have never had or do not now have capacity for handling nuclear vessels at Philadelphia?

Captain GINN. That is correct, sir.

Mr. PATTEN. I think you have answered that. Provide a detailed breakdown of your projected workload for the record.

Mr. NICHOLAS. Broken down between ships, components, et cetera.

Captain GINN. When you speak of components I assume you are talking about major categories of commodities.

[The information follows:]

The projected workload for the Philadelphia Naval Shipyard for fiscal year 1974 is made up of the following work:

1. Completion of the conversion of two guided missile frigates.
2. The overhaul of seven surface ships: one guided missile cruiser (CG), one guided missile destroyer (DLG), two guided missile frigates (DLG), one escort ship (DE), one destroyer (DD), one storage ship (AF).
3. Several post construction ship availabilities (PSA).
4. Inactivation of one guided missile cruiser (CLG).
5. Overhaul of one conventional submarine for transfer to a foreign government.
6. Various refit and restoration programs in support of the fleet, manufacture of naval propellers and primary east coast foundry (approximately 400 men per day).

7. Unscheduled restricted availabilities in support of the fleet (approximately 80 men per day).

SHIPYARD CRITERIA

Mr. PATTEN. According to your criteria, how does Philadelphia rate in comparison to other east coast shipyards?

Captain GINN. As compared to what sir?

Mr. PATTEN. We are doing a lot of talking on the floor. Yesterday, we heard a lot about Boston, Portsmouth, Norfolk.

Captain GINN. Philadelphia is one of the two east coast aircraft carrier overhaul sites.

Mr. PATTEN. Can you make other comparisons?

Captain GINN. You can compare at the various missions of the yards, but as far as Philadelphia is concerned, it is unique and has its own set of capabilities. It was created to satisfy certain strategic and operational requirements of CNO such as being one of the two east coast sites for carrier overhaul and, one of the three east coast sites for complex electronics and weapon systems overhaul. It is the principal propeller manufacturing activity for the Navy as well as the principal east coast foundry.

COMPUTER SUPPORT FACILITY

Mr. PATTEN. Is there a possibility that space at the Naval Air Engineering Center which is being vacated could be utilized for the computer applications support development office which is transferring from Boston?

Captain GINN. Yes, sir; and that is where we proposed to put it.

Mr. PATTEN. Would that eliminate the need for the \$180,000 you are requesting here?

Captain GINN. No, sir. That money is to make the NAEC space suitable for this application.

Mr. PATTEN. What are buildings 17, 713, and 19 at the shipyard presently used for?

Mr. NICHOLAS. The justifications sheet indicates that this is to convert warehouse space to computer administration space. Was it originally planned to locate this computer support facility at the naval shipyard or at NAEC?

Captain GINN. The naval shipyard, sir. At the time the project was originally planned we knew nothing about property at NAEC being available.

Mr. NICHOLAS. Will there be a reduction in cost?

Captain GINN. No. We have already revised the project. It is a standoff in cost.

Mr. PATTEN. What are buildings Nos. 17, 713, and 19 at the shipyard presently used for?

Commander KIRKPATRICK. Electric shop functions, which are scheduled to move into the new electronics weapons precision facility. The first increment will be completed about October 1973.

Mr. PATTEN. What had you planned to do with them?

Captain GINN. They will be demolished, sir.

ELECTRONICS EQUIPMENT FACILITY

Mr. PATTEN. The electronics equipment facility you are requesting at a cost of \$735,000 is one of the items which has been identified as being due to base realignments. Is it required as the result of base realignments?

Captain GINN. Mr. Patten, during the hearings here on the 12th we discussed that item. At that time I said there was a possibility of it going to Portsmouth as a result of the sound survey. You asked me to prepare an insert for the record if we knew where it would go before these hearings ended. I have done so for the record of the 12th. The sound survey has been completed and the site in Philadelphia was completely unsatisfactory. We cannot put the facility there. It has now been determined that it will definitely go to Portsmouth. This will mean that the project P-502 in Philadelphia is no longer required, and a project for Portsmouth will have to be requested.

NAVAL AIR DEVELOPMENT CENTER, WARMINSTER, PA.

Mr. PATTEN. Next is Warminster, Pa., Naval Air Development Center. Insert page I-22 in the record.

[The page follows:]

1. DATE 19 FEB 1973		2. DEPARTMENT NAVY		3. INSTALLATION FY 1974 MILITARY CONSTRUCTION PROGRAM		5. INSTALLATION NAVAL AIR DEVELOPMENT CENTER									
4. COMMAND OR MANAGEMENT BUREAU CHIEF OF NAVAL MATERIAL			6. INSTALLATION CONTROL NUMBER 1305-500			8. STATE/COUNTRY WARMINSTER, PENNSYLVANIA									
7. STATUS ACTIVE		9. YEAR OF INITIAL OCCUPANCY 1944		9. COUNTY (U.S.) BUCKS		10. NEAREST CITY 17 MILES SOUTH TO PHILADELPHIA									
11. MISSION OR MAJOR FUNCTIONS This Center conducts research, design, development, test, and evaluation of aeronautical systems and components; and performs research and development in aviation medicine. <u>Major Activities Supported:</u> Naval Air Facility				12. PERSONNEL STRENGTH		PERMANENT			STUDENTS		SUPPORTED		TOTAL (9)		
				OFFICER (1)	ENLISTED (2)	CIVILIAN (3)	OFFICER (4)	ENLISTED (5)	OFFICER (6)	ENLISTED (7)	CIVILIAN (8)				
				a. AS OF 31 DEC 1972		89	330	2,286	0	0	6	0	13	2,724	
				b. PLANNED (End FY 1973)		93	316	2,278	0	0	6	0	14	2,707	
				13. INVENTORY											
				LAND		ACRES (1)		LAND COST (\$000) (2)		IMPROVEMENT (\$000) (3)		TOTAL (\$000) (4)			
				a. OWNED		735		706		22,909		23,615			
b. LEASE AND EASEMENTS		16* - 81#		11* - 38#		73* - 0#		111							
c. INVENTORY TOTAL (Except land rent) AS OF 30 JUNE 19 72								23,726							
d. AUTHORIZATION NOT YET IN INVENTORY								387							
e. AUTHORIZATION REQUESTED IN THIS PROGRAM								215							
f. ESTIMATED AUTHORIZATION - NEXT 4 YEARS								2,131							
g. GRAND TOTAL (c + d + e + f)								26,459							
14. SUMMARY OF INSTALLATION PROJECTS															
PROJECT DESIGNATION				TENANT COMMAND PRIORITY	UNIT OF MEASURE d	AUTHORIZATION PROGRAM		FUNDING PROGRAM							
CATEGORY CODE NO. a	PROJECT TITLE b					SCOPE c	ESTIMATED COST (\$000) f	SCOPE g	ESTIMATED COST (\$000) h						
812.10	PRIMARY SUBSTATION EXPANSION			78	KV	7,500	215	7,500	215						

NAVAL AIR DEVELOPMENT CENTER, WARMINSTER, PA., \$215,000

This center conducts research, design, development, test, and evaluation of aeronautical systems and components and performs research and development in aviation medicine.

The primary substation expansion project will expand the existing primary system to meet normal power usage growth and planned facilities construction and improvements.

Status of funds

Cumulative appropriations through fiscal year 1973.....	\$9, 226, 000
Cumulative obligations, Dec. 31, 1972 (actual).....	8, 866, 550
Cumulative obligations, June 30, 1973 (estimated).....	9, 018, 550

DESIGN INFORMATION

Project	Design cost	Percent complete Apr. 1, 1973
Primary substation expansion.....	\$10, 796	41

MISSIONS OF AIR RESEARCH CENTERS

Mr. PATTEN. Can you describe the mission of this installation and tell us if similar work is done at other Navy R. & D. facilities?

Mr. MURPHY. Mr. Chairman, the work of this activity is predominantly on aeronautical systems. It differs from the station at Lakehurst in that work here centers on aeronautical systems, the physiology of the flight crews, aviation medicine the ability of the aircraft to stand stress in flight. LAMPS program effort is centered at Warminster Lakehurst concentrates on marrying an aircraft carrier to the aircraft, involving test and development of arresting gear and the catapult launching equipment. Warminster does not deal with that type but deals solely with the aircraft, with the crew and the onboard systems.

PRIMARY SUBSTATION EXPANSION

Mr. PATTEN. The project for expansion of the primary substation has a low priority of 78. How urgent is this project?

Admiral MARSCHALL. Sir, we think all of these are urgent. These projects have been distilled from many, many projects and it is a judgment factor. Additionally we have an overload problem.

Mr. PATTEN. You think it is a co-favorite?

Admiral MARSCHALL. I think all of them are co-favorites, sir.

Mr. PATTEN. Provide for the record information on the increases in load here. Show in what fiscal year you expect to exceed present capacity.

[The information follows:]

The single electrical load of significant impact most recently added was the Structural Environmental Simulation Facility in 1972. This facility consists of banks of 240-volt quartz heat lamps which may be arranged in different arrays and at varying distance from the test subject to produce desired temperatures on the subject. This facility has varying power requirements related to tests being run. High short period requirements are 8,000 kilovoltampere for a 12-second period and 6,000 kilovoltampere for 5 minutes. The load requirement under continuous operation is 4,000 kilovoltampere.

Additional loads of recent origin which make the transformer capacity marginal occur from the need to provide enclosed areas in the main building to house efforts related to specific new projects. One such requirement in 1972 is for the

LAMPS program. The power requirements for this space began at 40 kilovolt-ampere and is now being increased by an additional 70 kilovoltampere for a computer system to simulate aircraft. Load increases of this nature have added 10 percent per year to power requirements over the past 5 years with exception of 1 year.

The present 10,000 kilovoltampere capacity transformer substation is inadequate now for peak transient loads imposed during equipment startups. The present substation's capacity to meet daily continuous loads will be exceeded by fiscal year 1975. This is predicated on a load of 6,600 kilovoltamperes experienced in June 1973, which was reduced at that point in compliance with an urgent request of the Philadelphia Electric Co. Based on past experience of a 6,800 kilovoltampere peak and knowledge of existing requirements the activity estimates the June load would have peaked at a minimum of 7,000 kilovoltampere.

Increases in power requirements by the summer of 1974 will be 2,370 kilovoltamperes from the following sources :

Apron power units for P-3A	350
Additional hangar power	200
New P-3C software development facility	50
Technical support center	150
Tactical support center instruction facility	50
Dedicated aircraft programs (new generator development)	500
Naval strategic systems laboratory	1,000
LAMPS facility	70
Total	2,370

Additional increases anticipated for fiscal year 1975 total 700 kilovoltampere from the following sources :

Requirements of new laboratories to be converted from shop space	500
Proposed dispensary	200
Total	700

The above tabulated loads total through fiscal year 1975 as follows :

Current peak load	7,000
Anticipated 12-month increase	2,370
Fiscal year 1975 increase	700
Fiscal year 1975 total	10,070

NAVAL DISTRICT, WASHINGTON, D.C.

Mr. PATTEN. Let's turn to our home base, Naval District, Washington, D.C. Insert in the record pages I-24 and I-25.

[The pages follow:]

DEPARTMENT OF THE NAVY—MILITARY CONSTRUCTION PROGRAM, FISCAL YEAR 1974

[In thousands of dollars]

Installation and project	Authori- zation	Appropri- ation
Naval District, Washington, D.C.:		
District of Columbia:		
Naval Research Laboratory, Washington, D.C. (ONR):		
P-091 Acoustic research facility (310.26—46,200 SF).....	740	740
P-180 Integrated electromagnetic test and analysis laboratory (310.34—56,250 SF).....	4, 655	4, 655
Total.....	5, 395	5, 395
State of Maryland:		
Naval Academy, Annapolis (CNT): P-071 Maury Hall rehabilitation (171.10—73,506 SF).....	4, 334	4, 334
Naval Station, Annapolis (CNT): P-184 Bulkhead replacement (154.10 LS).....	1, 080	1, 080
National Naval Medical Center, Bethesda (BUMED):		
P-033 Navy exchange retail store (740.01—36,370 SF).....	1, 764	1, 764
P-046 Roads (851.10—15,000 SY).....	1, 546	1, 546
Total.....	3, 310	3, 310
Naval Medical Research Institute, Bethesda (BUMED): P-020A Environmental health effects laboratory (phase II) (310.88 LS).....	6, 372	6, 372
Naval Communication Station, Cheltenham (COMNAVCOMM) NRS Annapolis: P-105 VLF antenna modifications (132.10 LS).....	1, 300	1, 300
Naval Ordnance Station, Indian Head (CNM): P-236 Fire protection system modifications (843.10 LS).....	1, 528	1, 528
Naval Air Test Center, Patuxent River (CNM):		
P-100 Electromagnetic propagation facility (310.24—8,370 SF).....	680	680
P-158 Electrical distribution system (812.10—7,500 kVA).....	560	560
Total.....	1, 240	1, 240
Naval Ordnance Laboratory, White Oak (CNM): P-003 Hypervelocity wind tunnel (amendment Public Law 89-568, fiscal year 1967—authorized (3,847,000) (310.68 LS).....	0	448
Naval Hospital Quantico (BUMED): P-006 Hospital alterations (510.10—2,424 SF).....	484	484
Total, Naval District, Washington, D.C.....	25, 043	25, 491

Mr. PATTEN. Is it correct that none of the facilities requested here are the result of the shore establishment realignment?

Admiral MARSCHALL. That is correct.

Mr. PATTEN. Are any projects going to be required in this Naval District as a result of these realignments?

Admiral MARSCHALL. No, sir.

CONSOLIDATIONS, REDUCTIONS, AND RELOCATIONS

Mr. PATTEN. Provide for the record the progress made in the past year in locating Navy activities out of Washington.

[The information follows:]

Activity and relocation site	Military	Civilian	Total	Effective date
Naval Training Support Command: Pensacola, Fla.....	4	58	62	1973
Overseas Dependent School, Atlantic Office: Pensacola, Fla.....	0	15	15	1973
Inactive Ship Division: Portsmouth, Va.....	6	0	6	1973
Naval Personnel Research and Development Laboratory: 1 San Diego, Calif.....	11	94	105	1973
Education Programs Division and NROTC/NJROTC Programs Division: Pensacola, Fla.....	11	39	50	1973
Navy Manpower Support Unit: Norfolk, Va.....	2	5	7	1973
Naval Training Publications Detachment: Pensacola, Fla.....	52	99	151	1974
Naval Experimental Diving Unit: Panama City, Fla.....	72	7	79	1974
Naval Reserve Personnel: New Orleans, La.....	30	99	129	1975
Total.....	188	416	604	

¹ To be disestablished effective July 1, 1973; personnel to be assigned to the Personnel Research and Development Center, San Diego.

Continuing efforts are being made to reduce Navy space by consolidations and further relocations. However, major emphasis during the past year has been placed on the large Navy-wide realignment of forces and weapons systems as opposed to administrative-type facilities which predominate in the Washington area. Additionally, and as stated by Mr. Sheridan before the committee, the new top management of the Department of Defense has not yet had the opportunity to focus on this problem.

Mr. PATTEN. Can you tell us how many square feet of space will be given up as the result of Navy activities being consolidated and reorganized in the Washington region, but not relocated?

Admiral MARSCHALL. Yes, sir. We will provide that for the record. It is roughly 900,000.

[The information follows:]

A total of 950,000 square feet of space will be vacated as a result of consolidation and reductions.

Mr. PATTEN. But not relocated?

Admiral MARSCHALL. Not relocated. This is consolidation.

Mr. NICHOLAS. Have these consolidations been announced?

Admiral MARSCHALL. No, they have not been announced, Mr. Nicholas. The plan is to do it within the next 2 or 3 years. As you know, it is going to take time to move the various organizations. However, there is a specific plan under way which will achieve Mr. Laird's target for the Navy of approximately 900,000 square feet.

Mr. PATTEN. What are the Navy's objectives in terms of reorganization of administrative functions in Washington to reduce personnel and office space?

Admiral MARSCHALL. We have under way, at the present time, a staff reduction of both military and civilian personnel of about 25 percent, Mr. Patten.

Mr. PATTEN. When do you expect to have more definite information on this subject?

Admiral MARSCHALL. I think that by the end of fiscal year 1975 we will have achieved this.

Mr. MCKAY. We had some figures, I think a year ago, Mr. Chairman, which indicated the number of your people who were employed in the Washington area. It was something around 85,000. Can somebody enlighten me as to what those figures were?

Mr. PATTEN. Are you talking just Navy?

Mr. MCKAY. Maybe this was total Defense Department.

Mr. PATTEN. I remember the figure. If you are talking about Virginia and the cost of Navy research—

Mr. NICHOLAS. This newspaper article says 82,000 military personnel and 91,000 civilian employees, a total of 174,000.

Mr. MCKAY. How many employees does the Navy have in this area?

Admiral MARSCHALL. Sir, I will have to provide that for the record. I do not know offhand what the number is.

[The information follows:]

The Navy and Marine Corps have a combined total of 56,200 civilian and military employee positions in the Washington area. As of March 31, 1973, there were 38,400 civilian and contract employee positions and 17,800 military positions. The number of positions is provided since this is fairly stable while the actual number of employees on board would vary daily.

Mr. MCKAY. My question relates to the fact that you come in and say "we are cutting 25 percent," and so on, by date X, but it seems

to me that, when we get through, we wind up with the same number of employees year after year. We have shuffled missions or some other ploy, and the Defense Department is still petitioning for a second Pentagon. If we are reducing all this many personnel and shifting these activities out into the regions and elsewhere, why do we still have to keep pushing for more buildings?

Admiral MARSCHALL. I think probably that question came up on the Defense Office Building and it was an attempt on the part of the Department of Defense to consolidate activities to get out of leased structures. In answer to your question about the real numbers, the real numbers have been going down rather steadily and will continue to go down through fiscal year 1975 for the Navy. I don't have figures right at my fingertips, but, in my own organization, for example, in the headquarters, I am losing or I have lost about 100 people this year.

Mr. MCKAY. Are these military or civilians?

Admiral MARSCHALL. Military and civilians, sir.

Mr. PATTEN. This is logistics?

Admiral MARSCHALL. Yes, sir.

Mr. MCKAY. Have they moved to other stations or is that a total cut?

Admiral MARSCHALL. It is a total cut in the numbers. Navy-wide, for example, I think I have lost something like 2,500 to 3,000 total, in a small organization. We handle the construction and maintenance of shore activities through various engineering field divisions and public work centers. We have had a rather remarkable drop in just the last year, and expect more, because the Navy is shrinking through realignment and reducing bases. My total number will go down.

Mr. MCKAY. Your total number is nationwide?

Admiral MARSCHALL. Worldwide, really.

Mr. MCKAY. Or is that Washington?

Admiral MARSCHALL. No, in the Washington Headquarters I have 685 people going down to 635. We have really made significant reductions, not paper reductions.

Mr. MCKAY. I have this concern, because in this discussion we had last year it came out that even after they consolidated in a proposed new building, they would still have 25 leases, so even that wouldn't meet their needs. Then you turn around and begin to see coming in the back door more leasing space. That is Defense overall. I think there is too much impaction in the Washington, D.C., area. This is out of date. With our ability to communicate and our new facilities for sending messages and all the rest, we ought to be able to diffuse to several locations but it seems like everybody has to sit near the throne.

NAVAL ACADEMY, ANNAPOLIS, MD.

Mr. PATTEN. We will turn to the Naval Academy, Annapolis, Md. Insert in the record page I-29.

[Page I-29 follows:]

1. DATE 19 FEB 1973		2. DEPARTMENT NAVY		3. INSTALLATION FY 1974 MILITARY CONSTRUCTION PROGRAM			3. INSTALLATION NAVAL ACADEMY										
4. COMMAND OR MANAGEMENT BUREAU CHIEF OF NAVAL TRAINING			5. INSTALLATION CONTROL NUMBER 7010-200		6. STATE/COUNTRY ANNAPOLIS, MARYLAND												
7. STATUS ACTIVE			8. YEAR OF INITIAL OCCUPANCY 1845		9. COUNTY (U.S.) ANNE ARUNDEL		10. NEAREST CITY WITHIN CITY										
11. MISSION OR MAJOR FUNCTIONS Prepare young men morally, mentally , and physically to be professional officers in the Naval Service.				12. PERSONNEL STRENGTH		PERMANENT			STUDENTS			SUPPORTED		TOTAL			
				OFFICER (1)		ENLISTED (2)	CIVILIAN (3)		OFFICER (4)	ENLISTED (5)		OFFICER (6)	ENLISTED (7)		CIVILIAN (8)	(9)	
				a. AS OF 31 December 1972		377	41	2,120		4,300	0		0	0		109	6,947
				b. PLANNED (End FY1977)		377	45	2,120		4,300	0		0	0		109	6,951
				13. INVENTORY													
				LAND		ACRES (1)		LAND COST (\$000) (2)			IMPROVEMENT (\$000) (3)			TOTAL (\$000) (4)			
				a. OWNED		1,194		5,589			115,302			120,891			
b. LEASES AND EASEMENTS		0		0			0			0							
c. INVENTORY TOTAL (Except land rent) AS OF 30 JUNE 19 72												120,891					
d. AUTHORIZATION NOT YET IN INVENTORY												39,464					
e. AUTHORIZATION REQUESTED IN THIS PROGRAM												4,334					
f. ESTIMATED AUTHORIZATION - NEXT 4 YEARS												24,403					
g. GRAND TOTAL (c + d + e + f)												189,092					
14. SUMMARY OF INSTALLATION PROJECTS																	
PROJECT DESIGNATION																	
CATEGORY CODE NO. a		PROJECT TITLE b				TENANT COMMAND PRIORITY c	UNIT OF MEASURE d	AUTHORIZATION PROGRAM SCOPE e		ESTIMATED COST (\$000) f	FUNDING PROGRAM SCOPE g		ESTIMATED COST (\$000) h				
171.10		MAURY HALL REHABILITATION				6	SF	73,506		4,334	73,506		4,334				

NAVAL ACADEMY, ANNAPOLIS, MD., \$4,334,000

The Academy prepares young men to be professional officers in the Naval Service.

The Maury Hall rehabilitation project will correct existing deficiencies in classrooms, laboratories, and training facilities needed for the expanded program of the Weapons and Systems Engineering Department.

Status of funds

Cumulative appropriations through fiscal year 1973-----	\$131, 036, 000
Cumulative obligations, Dec. 31, 1972 (actual)-----	120, 060, 475
Cumulative obligations, June 30, 1973 (estimated)-----	126, 278, 323

DESIGN INFORMATION

Project	Design cost	Percent complete, Apr. 1, 1973
Maury Hall rehabilitation-----	\$255, 000	8

Mr. PATTEN. You are proposing to rehabilitate Maury Hall at a cost of some \$51.76 a square foot. What type of space are you providing at this cost?

Commander KIRKPATRICK. We are providing academic space. The large cost is due to the fact the interior of the building is quite antiquated. We are removing virtually all of the insides of the building and modernizing it.

Mr. PATTEN. Can you give us some examples of the types of curricula which require this type of space?

Commander KIRKPATRICK. We are providing weapons and systems engineering courses there.

Mr. PATTEN. Provide further details for the record.

Commander KIRKPATRICK. Yes, sir.

[The information follows:]

WEAPONS AND SYSTEMS ENGINEERING DEPARTMENT

EXAMPLES OF CURRICULA

1. Basic shipboard weapons and engineering courses for all first-year midshipmen.
2. Electrical engineering systems.
3. Systems approach to design as applied to naval weapons systems.
4. Simulation and control of weapons systems using analog, digital, and hybrid computer systems.
5. Laboratories for study of actual, modern hydraulic, and electrical control systems.
6. Research programs in conjunction with the naval weapons laboratories.

Mr. PATTEN. Provide for the record the breakout of the space being rehabilitated by function. Show what the costs are to rehabilitate the current facilities for each type of space being provided.

Commander KIRKPATRICK. Yes, sir.

[The information follows:]

Type space	Quantity (SF)	Cost
Classrooms.....	17,000	\$850,000
Laboratories.....	12,000	720,000
Offices.....	17,000	935,000
Corridors.....	13,000	615,000
Mechanical room/heads.....	3,000	140,000
All other.....	11,506	545,000
Total.....	73,506	3,805,000

Mr. PATTEN. What is the most expensive type of space you are providing?

Commander KIRKPATRICK. The laboratory type space would be the most expensive.

Mr. PATTEN. What is the cost per square foot of this type of space?

Commander KIRKPATRICK. Mr. Chairman, we have not had our architect-engineer breakout the cost by functional space. We can provide that for the record when we get it.

[The information follows:]

The cost of the laboratory space is approximately \$60 per square foot.

Mr. PATTEN. What alternatives have you considered in the way of providing this high-cost space in new construction or in other existing facilities in lieu of rehabilitating Maury Hall at such a high cost?

Mr. TAYLOR. Sir, we have looked at the option of new construction versus rehabilitation. One of the problems is that land is at a premium at the Naval Academy. A second thing that makes rehabilitation of Maury Hall the best alternative is its relationship to the new engineering building that is under construction and the other existing engineering spaces at the Academy.

Mr. PATTEN. Provide more details on that for the record.

[The information follows:]

At the Naval Academy provision of sites for the needed facilities becomes a critical issue on a campus where land is in short supply and expansion is limited by the Severn River and densely developed areas of Annapolis. To provide the needed sites, the Navy is faced with three alternatives:

- (1) Landfill of additional water areas.
- (2) Acquisition of privately owned city land.
- (3) Relocation of some existing facility.

In the resolution of the site problem, there are three restraints that limit the range of possible alternatives.

(1) The midshipman's tight schedule allows only 7 minutes walking time between regularly scheduled activities. Occasional activities (such as the Field House, chapel or auditorium) can be only a few minutes further or about 12 minutes away.

(2) The availability of adequate sites is restricted by the absence of vacant land, the historical significance or financial investment in existing facilities and the time required to make sites available for a new use.

(3) The ability to relocate activities is limited by the cost of constructing new facilities for them.

The optimum sites, therefore, are those with the following characteristics:

Within the "7-minute walking circle"—except for the auditorium, which may be within the 12-minute circle.

Most efficient use of land: minimum landfill or acquisition, minimum encroachment on athletic fields; minimum utilities extensions.

Availability when needed and with the least disruption and relocation costs, including temporary relocations.

Opportunities to improve the functioning of the academic facilities, to obtain multiple use of facilities, or to improve appearance of the Academy.

Opportunities for facilities to grow and change and adapt to the unforeseen future.

Under the Naval Academy modernization program the rehabilitation and use of the existing Maury Hall offered the best overall solution for providing the required facilities. No other existing facilities could be made available to provide satisfactory space at a lower cost. New construction was not feasible due to the land availability constraint and the high cost of new construction. Rehabilitation at a unit cost of \$51.76 per square foot represents a considerable savings over the cost of new construction. For comparison, the fiscal year 1964-66 Science Building was constructed at a unit cost of \$39.70 per square foot. When adjusted for building size and cost escalation this represents a comparable fiscal year 1974 unit cost of \$84.50 per square foot. Similarly the engineering studies complex authorized in fiscal year 1971-73 at an average unit cost of \$66.33 per square foot would represent a fiscal year 1974 unit cost of \$87.10 per square foot when adjusted for size and cost escalation.

Captain WATSON. I have a map here. This is Maury Hall. The engineering laboratory is over here. The complex is here. There is very little land to build a new building.

Mr. NICHOLAS. You are not providing any complex laboratory space or ripping out floors in order to put in two-story lecture halls or this type of thing. This is just a normal rehabilitation of the inside of the building?

Commander KIRKPATRICK. We do have a lecture hall in there.

Mr. NICHOLAS. Is it going to be extraordinarily expensive? Are you going to be gutting the building?

Commander KIRKPATRICK. The building is largely to be gutted.

Admiral MARSCHALL. Mr. Nicholas, I think you will remember over the years we have had money appropriated by the Congress to increase the landholdings of the Naval Academy. The land is at a complete premium. With the athletic program and the drill program at the Naval Academy we need quite a number of fields for both athletic and drill purposes. Anything that requires any more land is really out of the question.

We had a recent project, I guess within the last 3 years, to fill that part of Dorsey Creek just to get more land available for the midshipmen.

I think in answer to your basic question we don't have a great deal of choice here. It is a necessity.

Mr. NICHOLAS. Is this the type of space where there is no question of being able to save money by providing some of this type of space in a new building?

Admiral MARSCHALL. No, sir, I don't know of an alternative. I feel we are in a corner here as far as what we do. We need certain types of space to provide certain types of training, and with no more real estate the alternative of a new building as opposed to rehab of an old one just doesn't exist.

Mr. PATTEN. Are there esthetic or historical or sentimental reasons for doing it this way?

Admiral MARSCHALL. I think from the purely esthetic standpoint you will find we keep the compatibility which has existed over the years. As you know, when we presented our master plan some years back, compatibility was the key to the master plan—to try to provide an architectural theme and make it the showplace which it is.

Mr. PATTEN. Are there further questions on the Academy?

Mr. LONG. Last year the Navy estimated in fiscal year 1974 that \$3.137 million would be requested to modernize Maury Hall. Why is \$4.334 million now requested?

Admiral MARSCHALL. Was this figure in our preliminary planning Dr. Long? I am not familiar with the figure you refer to.

Mr. LONG. This was in the fiscal 1973 hearing record.

Admiral MARSCHALL. That was in the 5-year projection before we did a preliminary cost estimate which revealed the true value of the project. It has been engineered to some extent now, Dr. Long.

Mr. LONG. So this is merely a price change?

Admiral MARSCHALL. The same work, but we have estimated it more carefully.

Mr. PATTEN. They upped it to \$53 a square foot. ,

Mr. LONG. Last year the Navy estimated \$4.9 million would be requested in fiscal year 1974 for Luce Hall modernization.

Admiral MARSCHALL. We have deferred that item for this year.

Mr. LONG. What are your estimates for fiscal 1975?

Commander KIRKPATRICK. We hope to have the Luce Hall rehabilitation in the program.

NAVAL STATION, ANNAPOLIS, MD.

Mr. PATTEN. We will turn to Naval Station, Annapolis, Md. Please put page I-31 in the record.

[Page I-31 follows:]

1. DATE 19 FEB 1973		2. DEPARTMENT NAVY		3. INSTALLATION FY 19 ⁷⁴ MILITARY CONSTRUCTION PROGRAM			5. INSTALLATION NAVAL STATION						
4. COMMAND OR MANAGEMENT BUREAU CHIEF OF NAVAL TRAINING			6. INSTALLATION CONTROL NUMBER 6035			6. STATE/COUNTRY ANNAPOLIS, MARYLAND							
7. STATUS ACTIVE		8. YEAR OF INITIAL OCCUPANCY 1947		9. COUNTY (U.S.) ANNE ARUNDEL		10. NEAREST CITY WITHIN CITY							
11. MISSION OR MAJOR FUNCTIONS Support the US Naval Academy.				12. PERSONNEL STRENGTH		PERMANENT			STUDENTS		SUPPORTED		TOTAL
				OFFICER (1)	ENLISTED (2)	CIVILIAN (3)	OFFICER (4)	ENLISTED (5)	OFFICER (6)	ENLISTED (7)	CIVILIAN (8)	(9)	
a. AS OF 31 DEC 1972				22	907	48	0	0	7	194	28	1,206	
d. PLANNED (END FY 1979)				22	907	48	0	0	7	194	28	1,206	
13. INVENTORY													
LAND		ACRES (1)		LAND COST (\$000) (2)		IMPROVEMENT (\$000) (3)		TOTAL (\$000) (4)					
a. OWNED		257		158		6,694		6,852					
b. LEASES AND EASEMENTS		0		0		0		0					
c. INVENTORY TOTAL (Except land rent) AS OF 30 JUNE 19 72								6,852					
d. AUTHORIZATION NOT YET IN INVENTORY								0					
e. AUTHORIZATION REQUESTED IN THIS PROGRAM								1,080					
f. ESTIMATED AUTHORIZATION - NEXT 4 YEARS								3,681					
g. GRAND TOTAL (c + d + e + f)								11,613					
14. SUMMARY OF INSTALLATION PROJECTS													
PROJECT DESIGNATION				TENANT COMMAND				AUTHORIZATION PROGRAM		FUNDING PROGRAM			
CATEGORY CODE NO.	PROJECT TITLE			PRIORITY	UNIT OF MEASURE	SCOPE	ESTIMATED COST (\$000)	SCOPE	ESTIMATED COST (\$000)				
a	b			c	d	e	f	g	h				
154.10	BULKHEAD REPLACEMENT			84	LS	-	1,080	-	1,080				

237

NAVAL STATION, ANNAPOLIS, MD., \$1,080,000

This station supports the U.S. Naval Academy.

The bulkhead replacement project will replace a damaged bulkhead and associated facilities used to protect and maintain 150 various types of small craft used for training at the Academy.

Status of funds

Cumulative appropriations through fiscal year 1973-----	\$307, 000
Cumulative obligations, Dec. 31, 1972 (actual)-----	303, 576
Cumulative obligations, June 30, 1973 (estimated)-----	303, 576

DESIGN INFORMATION

Project	Design cost	Percent complete, Apr. 1, 1973
Bulkhead replacement-----	\$51, 840	100

Mr. PATTEN. What is the requirement for bulkhead replacement here?

Captain WATSON. Mr. Chairman, the bulkhead has been collapsing over the years, and with the storm Agnes a year ago it accelerated the destruction of the bulkhead. The area was originally a seaplane ramp and these pictures show how it is deteriorating. A pier extends out from this bulkhead where the YP's the Naval Academy use are moored. The docks are used for small boats. With the continued deterioration of the bulkhead the building on this seaplane ramp will soon be undermined unless we keep backfilling, which is an interim measure until the complete repair job is accomplished.

Mr. PATTEN. The Army Engineers could do that job for you.

You have given this a high priority of 84.

Admiral MARSCHALL. We have been making do by trying to fill in behind this bulkhead.

Mr. PATTEN. What is the anticipated design and construction schedule?

Admiral MARSCHALL. The design was completed on February 2 of 1973, and we estimate that we will complete the job in 9 months.

Mr. PATTEN. Is this small craft function a long-term need at the Academy?

Admiral MARSCHALL. Yes, sir, it is.

Mr. PATTEN. Have you studied other less expensive ways to conduct this training?

Admiral MARSCHALL. Mr. Chairman, this is sort of the guts of going down to the sea in ships business. Without training in these small craft we wouldn't have the naval instruction that we have today. I think it is vital to the mission of the Naval Academy.

Mr. PATTEN. We will skip the medical facilities and come back to them when we consider the medical facilities together.

NAVAL COMMUNICATIONS STATION WASHINGTON, CHELTENHAM, MD.

Mr. PATTEN. We will turn to Naval Communications Station Washington, Cheltenham, Md., and insert page I-39 in the record.

[Page I-39 follows:]

1. DATE 19 FEB 1973		2. DEPARTMENT NAVY		3. INSTALLATION FY 19 74 MILITARY CONSTRUCTION PROGRAM			4. INSTALLATION NAVAL COMMUNICATION STATION, WASHINGTON														
5. COMMAND OR MANAGEMENT BUREAU NAVAL COMMUNICATIONS COMMAND			6. INSTALLATION CONTROL NUMBER 2476-175			7. STATE/COUNTRY CHELTENHAM, MARYLAND															
7. STATUS ACTIVE			8. YEAR OF INITIAL OCCUPANCY 1948			9. COUNTY (U.S.) -		10. NEAREST CITY WASHINGTON, D.C.													
11. MISSION OR MAJOR FUNCTIONS Provide Fleet broadcasts, tactical ship-to-shore and point-to-point communications in support of the Defense Communication System for surface ships and submarines operating in the Atlantic Ocean Area.											12. PERSONNEL STRENGTH			PERMANENT			STUDENTS		SUPPORTED		TOTAL (9)
											OFFICER (1)	ENLISTED (2)	CIVILIAN (3)	OFFICER (4)	ENLISTED (5)	OFFICER (6)	ENLISTED (7)	CIVILIAN (8)			
a. AS OF 31 December 1972											51	484	0	0	0	57	0	0	592		
b. PLANNED (END FY 1977)											73	675	0	0	0	60	0	0	808		
13. INVENTORY											LAND		LAND COST (\$000)		IMPROVEMENT (\$000)		TOTAL (\$000)				
											ACRES (1)		COST (2)		COST (3)		COST (4)				
a. OWNED											1,090		180		14,857		15,037				
b. LEASES AND EASEMENTS											0		0		0		0				
c. INVENTORY TOTAL (Except land rent) AS OF 30 JUNE 19 72																	15,037				
d. AUTHORIZATION NOT YET IN INVENTORY																	164				
e. AUTHORIZATION REQUESTED IN THIS PROGRAM																	1,300				
f. ESTIMATED AUTHORIZATION - NEXT 4 YEARS																	551				
g. GRAND TOTAL (c + d + e + f)																	17,052				
14. SUMMARY OF INSTALLATION PROJECTS																					
PROJECT DESIGNATION											TENANT COMMAND PRIORITY		UNIT OF MEASURE		AUTHORIZATION PROGRAM		FUNDING PROGRAM				
CATEGORY CODE NO.		PROJECT TITLE								SCOPE		ESTIMATED COST (\$000)		SCOPE		ESTIMATED COST (\$000)					
a		b				c		d		e		f		g		h					
132.10		NRS ANNAPOLIS VLF ANTENNA MODIFICATIONS				1		LS		-		1,300		-		1,300					

NAVAL COMMUNICATIONS STATION, CHELTENHAM, MD., \$1,300,000

This station provides very low-frequency broadcasts to submerged submarines operating in the Atlantic area.

The VLF antenna modifications project will correct existing deficiencies in the system which cause the current to arc over to ground, thus drawing excessive current which could damage the transmitters. A reduction in operating power, to prevent the arcing to ground lowers the signal strength to an unacceptable level.

Status of fund

Cumulative appropriations through fiscal year 1973.....	\$5, 952, 000
Cumulative obligations, Dec. 31, 1972 (actual).....	5, 728, 149
Cumulative obligations, June 30, 1973 (estimated).....	5, 810, 149

DESIGN INFORMATION

Project	Design cost	Percent complete, Apr. 1, 1973
VLF antenna modifications.....	\$62, 400	100

Mr. PATTEN. Are the VLF antenna modifications proposed here to correct a design defect in the original construction?

Commander KIRKPATRICK. In a sense it is to correct design defects. We designed in accordance with current practice at the time. As you know, this is a VLF tower, very low frequency. It is one of the first of a kind. During the testing we found that the insulators cracked, due to unexpected electronic properties. So they are having to be re-designed and retested.

Admiral MARSCHALL. This was in the way of pushing the state of the art, Mr. Chairman.

Mr. PATTEN. Are you sure this project will correct the problems?

Admiral MARSCHALL. We feel right now that it will. We have had some subsequent experience which we think will stand us in good stead.

NAVAL ORDNANCE STATION, INDIAN HEAD, MD.

Mr. PATTEN. Insert page I-41 in the record.

[Page I-41 follows:]

1. DATE 19 FEB 1973		2. DEPARTMENT FY 1973 MILITARY CONSTRUCTION PROGRAM		3. INSTALLATION NAVAL ORDNANCE STATION							
4. COMMAND OR MANAGEMENT BUREAU NAVAL ORDNANCE SYSTEMS COMMAND			5. INSTALLATION CONTROL NUMBER 4600-120		6. STATE/COUNTRY INDIAN HEAD, MARYLAND						
7. STATUS ACTIVE		8. YEAR OF INITIAL OCCUPANCY 1890		9. COUNTY (U.S.) CHARLES		10. NEAREST CITY 21 MILES NORTHEAST TO WASHINGTON, D.C.					
11. MISSION OR MAJOR FUNCTIONS Provide material and technical support for assigned weapons systems, weapons or components. Major Functions: Maintain and operate facilities for mixing, blending, casting and extruding chemicals, propellants and explosives and for the assembly and test of rocket and missile motors Conduct research in propellants, explosives and related fields, including producing pilot plant quantities of new chemicals Repair, rework and modify Fleet returned guided missile propulsion units Provide logistic support for the Naval Explosive Ordnance Disposal Facility and the Naval School, Explosive Ordnance Disposal				12. PERSONNEL STRENGTH			13. STUDENTS			TOTAL (9)	
				PERMANENT			SUPPORTED				
				OFFICER (1)	ENLISTED (2)	CIVILIAN (3)	OFFICER (4)	ENLISTED (5)	OFFICER (6)	ENLISTED (7)	CIVILIAN (8)
a. AS OF 31 DEC 1972				75	239	2,545	24	134	0	0	0
b. PLANNED (END FY 1975)				86	262	2,289	24	134	0	0	0
				18. INVENTORY							
				LAND		LAND COST (\$000)		IMPROVEMENT (\$000)		TOTAL (\$000)	
				ACRES (1)		COST (2)		COST (3)		COST (4)	
a. OWNED				3,449		437		85,311		85,748	
b. LEASES AND EASEMENTS				0		0		0		0	
c. INVENTORY TOTAL (Except land rent) AS OF 30 JUNE 19 72										85,748	
d. AUTHORIZATION NOT YET IN INVENTORY										4,534	
e. AUTHORIZATION REQUESTED IN THIS PROGRAM										1,528	
f. ESTIMATED AUTHORIZATION - NEXT 4 YEARS										10,970	
g. GRAND TOTAL (c + d + e + f)										102,780	
14. SUMMARY OF INSTALLATION PROJECTS											
PROJECT DESIGNATION				TENANT COMMAND PRIORITY	UNIT OF MEASURE d	AUTHORIZATION PROGRAM		FUNDING PROGRAM			
CATEGORY CODE NO. e	PROJECT TITLE b					SCOPE c	ESTIMATED COST (\$000) f	SCOPE g	ESTIMATED COST (\$000) h		
843.10	FIRE PROTECTION SYSTEM MODIFICATIONS			/	LS	-	1,528	-	1,528		

NAVAL ORDNANCE STATION, INDIAN HEAD, MD., \$1,528,000

This station conducts research and development in the field of propellants, chemicals and explosives. Rework and modification of fleet returned guided missile propulsion units is also performed at this station.

The fire protection system modifications project will increase the capacity of the system and will provide treatment plants to reduce the corrosiveness and turbidity of the water.

The corrosive water causes a chemical buildup in the piping system which restricts water flow to and plugs deluge sprinkler nozzles in propellant production facilities.

Status of funds

Cumulative appropriations through fiscal year 1973-----	\$20,792,000
Cumulative obligations, Dec. 31, 1972 (actual)-----	10,073,015
Cumulative obligations, June 30, 1973 (estimated)-----	11,389,551

DESIGN INFORMATION

Project	Design cost	Percent complete, Apr. 1, 1973
Fire protection system modifications.....	\$37,000	17

Mr. PATTEN. Has the problem with the fire protection system been known since early 1970? What are you doing to correct it at the present time?

Mr. MURPHY. Mr. Chairman, we realized in 1970 some of the fire protection devices were inoperative. This project will provide a solution to the problem of the deteriorating system. In the interim we have inaugurated some temporary measures of periodic inspection and disassembly and cleanout of the sprinkler system. We would anticipate being able to terminate that temporary measure when this project provides in effect the clear water we are looking for for the system.

Mr. PATTEN. Are there questions?

NAVAL AIR TEST CENTER, PATUXENT RIVER, MD.

Mr. PATTEN. We will turn to the Naval Air Test Center, Patuxent River, Md., and insert page I-43 in the record.

[Page I-43 follows:]

1. DATE 17 APR 1973		2. DEPARTMENT NAVY		3. FY 19 74 MILITARY CONSTRUCTION PROGRAM		5. INSTALLATION NAVAL AIR TEST CENTER								
4. COMMAND OR MANAGEMENT BUREAU NAVAL AIR SYSTEMS COMMAND			6. INSTALLATION CONTROL NUMBER 1472-700		9. STATE/COUNTRY PATUXENT RIVER, MARYLAND									
7. STATUS ACTIVE			8. YEAR OF INITIAL OCCUPANCY 1943		10. COUNTY (U.S.) ST. MARY'S		10. NEAREST CITY 65 MILES NORTHWEST TO WASHINGTON, D.C.							
11. MISSION OR MAJOR FUNCTIONS Test and evaluate aircraft and weapon systems, components, and related equipment for Fleet use. Provide logistic and training support for assigned Fleet squadrons. <u>Major Activities Supported:</u> Test Pilot School 3 Research Squadrons Integrated Logistics Support Center Naval Hospital Reserve Training Unit 68 Naval Air Reserve Training Detachment				12. PERSONNEL STRENGTH		PERMANENT		STUDENTS		SUPPORTED		TOTAL (J)		
				OFFICER (1)	ENLISTED (2)	CIVILIAN (3)	OFFICER (4)	ENLISTED (5)	OFFICER (6)	ENLISTED (7)	CIVILIAN (8)			
				A. AS OF 31 DEC 1972		636	3,836	2,801	15	3	154	388	0	7,833
				B. PLANNED (END FY 1977)		527	3,089	3,039	15	3	29	170	0	6,872
				13. INVENTORY		LAND		ACRES (1)	LAND COST (\$000) (2)		IMPROVEMENT (\$000) (3)		TOTAL (\$000) (4)	
A. OWNED				6,638	1,031		120,429		121,460					
B. LEASES AND EASEMENTS		235* - 0#			0		47* - 0#		47					
C. INVENTORY TOTAL (EXCEPT LAND COST) AS OF 30 JUNE 19 72									121,507					
D. AUTHORIZATION NOT YET IN INVENTORY									9,595					
E. AUTHORIZATION REQUESTED IN THIS PROGRAM									1,240					
F. ESTIMATED AUTHORIZATION - NEXT 4 YEARS									7,050					
G. GRAND TOTAL (C + D + E + F)									139,392					
14. SUMMARY OF INSTALLATION PROJECTS														
PROJECT DESIGNATION				TENANT COMMAND PRIORITY	UNIT OF MEASURE d	AUTHORIZATION PROGRAM		FUNDING PROGRAM						
CATEGORY CODE NO. a	PROJECT TITLE b					SCOPE c	ESTIMATED COST (\$000) e	SCOPE f	ESTIMATED COST (\$000) g					
310.24	ELECTROMAGNETIC PROPAGATION FACILITY			70	SF	8,370	680	8,370	680					
812.10	ELECTRICAL DISTRIBUTION SYSTEM			66	KV	7,500	560	7,500	560					
						TOTAL	1,240	1,240						

243

NAVAL AIR TEST CENTER, PATUXENT RIVER, Md., \$1,240,000

This center tests and evaluates aircraft and weapons systems, components, and related equipment for fleet use and supports two research squadrons, the test pilot school, and a naval hospital.

The electromagnetic propagation facility project will provide a facility free from electronic interference adjacent to an extensive water surface for electromagnetic propagation studies on avionics systems. It will replace existing sub-standard dispersed buildings currently used for these studies which do not provide a suitable environment for the sensitive and expensive electronic gear used in the studies.

The electrical distribution system project will correct current deficiencies which resulted in 79 power outages over the last couple of years, and provide additional transformer capacity to meet the power demand of new testing equipment and facilities.

Status of funds

Cumulative appropriations through fiscal year 1973.....	\$20,998,000
Cumulative obligations, Dec. 31, 1972 (actual).....	14,597,285
Cumulative obligations, June 30, 1973 (estimated).....	18,114,421

DESIGN INFORMATION

Project	Design cost	Percent complete Apr. 1, 1973
Electromagnetic propagation facility.....	\$34,499	52
Electrical distribution system.....	10,000	31

RELOCATIONS

Mr. PATTEN. What functions are being relocated in and out of NATC, Patuxent River?

Mr. MURPHY. The patrol squadrons have been migrating out of Patuxent River to Jacksonville and Brunswick for about 3 years now, Mr. Chairman. The last squadron will transfer to Jacksonville this year. That is one action. Under the SER announcement, we are moving into Patuxent River a research and development squadron from Key West, Fla. Essentially those are the main moves going on as the ongoing mission of development continues.

Mr. PATTEN. Can you provide the costs and savings associated with these moves for the record?

Mr. MURPHY. Yes, sir.

[The information follows:]

Naval Air Test and Evaluation Squadron 1 (VX-1) with 348 military personnel and 14 aircraft, will relocate to NATC Patuxent River, Md., from NAS Key West, Fla. This move complements other moves into NAS Key West which result in significant savings. VX-1 is more closely aligned with the basic test and evaluation mission of the Patuxent River facility, where existing excess facility capacity is available. Facilities freed up at NAS Key West by the move out of VX-1 will be available for support of A-5 reconnaissance squadrons displaced by the closure of NAS Albany, Ga.

Savings associated with the VX-1 move to Patuxent River are in reality the savings generated by closure of NAS Albany, since the Albany units will be accommodated (in part) in the former VX-1 facilities at NAS Key West. The annual savings from closure of NAS Albany are \$3.986 million. One time relocation costs from Albany are \$4.023 million. MILCON required at NAS Key West is as follows, all in the urgent minor construction category:

P-261—Alterations to building A-994—Elect reconnaissance photo.....	\$221, 000
P-263—AIMD shops expansion.....	300, 000
P-266—Training space alterations.....	204, 000
P-265 (tentative)—Carrier deck lighting simulation.....	80, 000

Total MILCON..... 805, 000

MILCON required at NATC Patuxent River for VX-1 is as follows, all in the urgent minor construction category :

P-252—Alterations to buildings 305/301.....	\$229, 000
P-255—Sonics computer laboratory.....	284, 000
P-254—Training building.....	237, 000

Total MILCON..... 750, 000

P-3 squadron relocations from Patuxent River

The relocation of four P-3 squadrons from Patuxent River to Jacksonville, and two P-3 squadrons from Patuxent River to Brunswick, Maine, was approved by SECDEF in June 1970. All squadron moves are complete, except for the training squadron, VP-30, which remains at Patuxent River pending completion of the new training facility at Jacksonville, approved in the fiscal year 1973 military construction legislation. Costs associated with the P-3 squadron relocations are :

A. One-time moving costs for personal household goods, equipment.....	\$1, 544, 000
B. MILCON:	
Fiscal year:	
1970—Patuxent River, parking apron (cancel).....	(-1, 219, 000)
1972—Jacksonville aircraft maintenance hangar/apron.....	3, 262, 000
1972—Jacksonville BEQ (partial).....	2, 346, 000
1972—Jacksonville BOQ (partial).....	1, 322, 000
1973—Jacksonville training building.....	3, 676, 000
1974—Brunswick DIFAR trainer.....	135, 000
Costs (P-3 squadrons).....	11, 066, 000

Savings associated are as follows :

	1-time	Annual
A. Single-site, all P-3C aircraft.....	\$8, 000, 000	.....
B. Colocate RAG w/Jax squadrons for transition.....	378, 000	.....
C. Per diem and travel for RAG students.....	.....	\$500, 000
Savings (P-3 squadrons).....	8, 378, 000	500, 000

AIR TEST CENTERS

Mr. PATTEN. How do the test functions carried out at the Naval Air Test Center, Patuxent River, differ from those carried out at Lakehurst or at China Lake, Calif.? Is there any duplication of function or of facilities between these activities?

Mr. MURPHY. First, Mr. Chairman, with regard to Lakehurst and Patuxent River, we think a most concise statement would be at Lakehurst we marry the ship to the airplane and at Patuxent River we marry the airplane to the ship. Patuxent River is concerned principally with the aircraft itself, its ability to perform in flight, be arrested and make a carrier landing. The test and inspection and survey process on all new aircraft is conducted at Patuxent River. Lakehurst is fully equipped with catapults and arresting gear systems to test that aircraft's ability to land on a ship's deck. Patuxent River also serves as host to the Navy's test pilot school.

Mr. OBEY. Could I ask you to run that by me once more.

Mr. MURPHY. At Lakehurst we have an extensive installation of carrier deck catapult systems with which we can launch an aircraft as though it were launched from a carrier at sea. At Lakehurst we also have extensive arresting gear installations where we can propel sleds of lead or steel at high speed and arrest them, simulating the equipments' ability to arrest the aircraft.

Patuxent River concerns itself with the airborne element entirely, and its ability to perform in flight and operate from a carrier. Evaluation of the ability of the aircraft to communicate, as supported by one of these projects at Patuxent River in this year's MILCON program.

Mr. OBEY. If you are relating them to each other, why don't you do them at the same place?

Mr. MURPHY. I think the principal reason is that over the years at Lakehurst we have developed an extensive facility base. These launchers and arresting gear installations are tremendous in length and are in effect runways unto themselves. Relocation of that to another location would be very complex and costly.

Mr. MCKAY. You still have me confused. One is the plane to the ship and the other is the ship to the plane. One is launching and one is landing.

Mr. MURPHY. The ship has to have its hardware to launch aircraft and accomplish the landing as the aircraft approaches the deck and engages the arresting gear. The testing of that arresting gear, using predominantly sled dummies, the testing of the wire, the testing of the entire pay-out system is performed at Lakehurst. Entire catapult systems are in place at Lakehurst. Patuxent River is entirely a flying operation, the capability of the aircraft when it is airborne to perform its mission, not only to land on a carrier but to communicate with the ground and perform to the specifications for the aircraft.

Mr. MCKAY. Are they both test facilities?

Mr. MURPHY. Yes, sir.

Mr. MCKAY. And not training facilities?

Mr. MURPHY. It is completely in the area of test, development and evaluation, of new systems.

[Discussion off the record.]

Mr. MCKAY. In the total testing somewhere they have to be joined together. You are going to have both of those systems on the same ship when you go to sea. Is that right?

Admiral MARSCHALL. I think what he explained, as I see it, is that you are testing aircraft at Patuxent; testing their performance, communications and weapons systems, all functions that take place in the air. At Lakehurst we have a huge complex consisting of a runway, which I think is about 10,000 feet, and all of the arresting gear and catapult facilities. I think we tested for ourselves the first catapult. Lakehurst is more oriented towards ship hardware as opposed to the aircraft itself.

Mr. MCKAY. At some point those two have to come together. You don't operate the carrier in isolation from the airplane. They are the two things you are trying to put together. Is that right?

Mr. MURPHY. We have the ability at Lakehurst when we feel we are ready to arrest the aircraft that Patuxent River has pronounced fit for a landing so that we can go to Lakehurst and perform an arrested landing, but the operations are distinct and separated and have been.

Admiral MARSCHALL. Until that point in time.

Mr. MURPHY. At China Lake you have none of this type of evaluation, neither the arresting capability or the capability of the ship. China Lake is an air weapons development and test facility where the aircraft, with the availability of a huge range some 60 miles in dimension, can come in and fire its weapons system and we can evaluate and score the performance of the aircraft to confirm it is really doing the purpose created for, which is essentially to fight.

Mr. MCKAY. You have said you have two segments of testing, both of which finally have to end up on a ship. But you have separated them completely in testing and analysis. Is that right?

Admiral MARSCHALL. Yes, sir. I think that if we were able to go to a single place and perform all of these functions in the same locale it would be wonderful. Over the years we didn't have the luxury of doing this, and these separate areas grew up. Not at China Lake so much because that is a different kind of research, but primarily Lakehurst and Patuxent.

I think from any operator's standpoint it would be great to have them together. At the time the test function grew up at Lakehurst we still had blimps operating out of Lakehurst and we had real estate and a place to put the test function. If we were able to go back and put them all together, I think we would.

Mr. PATTEN. Embellish this for the record.

[The information follows:]

The Naval Air Test Facility (NATF) Lakehurst and the Naval Air Test Center (NATC), Patuxent River have distinct, not overlapping missions. They are:

NATF—Conduct tests and evaluation of launching, recovery, and visual landing aids systems and related equipment; and to provide test sites, facilities, and support services for developmental tests of ship installations equipment.

NATC—To conduct tests and evaluation of aircraft and aircraft weapon systems, their components and related equipment to determine technical suitability and suitability for service use. To maintain the excellence of the Navy's total aviation test program by managing the Test Pilot School.

In essence NATF tests and evaluates the launch and recovery equipments which make the operation of aircraft from ships feasible, while NATC tests and evaluates aircraft and everything that goes with them, i.e., ground support equipment, communications systems, gun fire control systems, weapon delivery systems, navigation systems, etc.

To carry out these missions, each base has installed specific equipment and has requirements which are unique. NATF has a C-13 catapult system; non-aviation ship (as differentiated from carrier) simulation facilities; and recovery systems test tracks. NATC has extensively instrumented test ranges over land and over water which require a very large airspace reservation unavailable at NATF. NATC's mission could not be performed at NATF because of restricted airspace and inadequate available land for installation of required instrumentation to permit data collection from operations over land or water.

To move NATF to NATC would necessitate duplication of large, fixed installations which cannot be economically moved, plus construction of laboratory and office buildings which are not currently available at NATC. Such a move would likewise involve a second relocation of the Naval Air Engineering Center, which is currently being consolidated into NATF from Philadelphia, an action implemented by the Navy in the continuing efforts to consolidate activities to improve management, effect cost reduction, and facilitate operations.

For all of the foregoing reasons, and based on an in-dept study of consolidation feasibility conducted by the Naval Air Systems Command in January and February of this year, consolidation of NATC/NATF is not economically justifiable and would seriously impair the performance of the unique functions involved

ELECTROMAGNETIC PROPAGATION FACILITY

Mr. PATTEN. You are requesting an electromagnetic propagation facility in the amount of \$680,000. You give this a priority of 70 in the bottom 20 percent of the program. What type of construction are the present facilities?

Mr. MURPHY. We now use four separate buildings for this function and they total 7,300 square feet. Three of them were built in the 1941-55 period. The two constructed in 1944 are wood frame and are lacking in the necessary environmental controls that we need for this type of work.

Mr. PATTEN. Did you say where they are located?

Mr. MURPHY. There are four separate buildings separated by 2 miles approximately.

Mr. PATTEN. What use will you make of these buildings if you get the new facilities?

Mr. MURPHY. The two buildings that are not wood frame that are more or less permanent are not suitable for antenna work due to location, however we can retain them for other administrative and some other test functions. The two wood frame buildings we will have to demolish because they are so substandard.

Mr. NICHOLAS. How hard have you really looked at the necessity of building this electromagnetic propagation facility? Our investigative staff report indicates there are four laboratory antenna facilities that do antenna research. At one laboratory there is an antenna model range, microwave antenna pattern range complex, and antenna test area. At another laboratory there is a 320 foot antenna range, and there is an outdoor modeling antenna facility at another location. Have you really looked at whether you need all of these facilities before proposing to build another antenna facility?

Admiral MARSCHALL. Are we talking about the same function here, Mr. Nicholas?

Mr. NICHOLAS. I don't know.

Mr. MURPHY. This facility is complementary to facilities at Patuxent River overall. Let's consider the F-14 when it goes into survey trials. There are many operations that Patuxent River would perform. Indeed last year's program provided a data analysis facility for this installation to obtain in-flight data on the ground. At the same time that that aircraft is put up for an evaluation of some of the specifications, this facility compliments that by testing its ability to receive the communication signals, the antenna system mounted on various parts of the aircraft. Antenna test work here is complementary to the overall mission. We feel Patuxent River is the place to do it, to accomplish both evaluations simultaneously.

Mr. PATTEN. I think it is clear it has no relationship to the job at Lakehurst.

Mr. MURPHY. That is correct.

Mr. PATTEN. Will the functions transferring here from NAEC, Philadelphia have any effect on the requirement for this project or its scope?

Mr. MURPHY. No, sir. In fact, the Navy is now proposing that most of the NAEC relocation will go into Lakehurst. The principal incoming element here is a research and development squadron from Key West.

ELECTRICAL DISTRIBUTION SYSTEM

Mr. PATTEN. Is the same true of the electrical distribution system?

Mr. MURPHY. The electrical distribution system is related in part to the arrival of this new squadron but relates mainly to a buildup over the years. We have had considerable military construction at Patuxent River since 1972 which is greatly taxing our present distribution system. This project opens up, if you will, an entire new area of the base to a proper electrical distribution capability.

Mr. PATTEN. Provide for the record data on the growth of electrical power requirements in the southeast area of the station.

Mr. MURPHY. Yes, sir.

[The information follows:]

Commercial power is now fed to the Naval Air Test Center through a single high voltage line which terminates in the northern area of the base. To reach the growing Weapons System Test (WST) Area in the southeast area of the base, power must flow from this primary terminal point over long secondary lines. This results in severe voltage drop, up to 8%, as the load in the southeast area grows. This is critical as each 1% voltage drop causes a 3% decrease in efficiency of lamps, electron tubes, and motors. Motor burn-out are a severe problem due to this voltage drop. An engineering study by electrical consultants recommends the solution proposed in this project, that is to construct a new, high voltage primary feeder from a commercial line near the southeast area of the base directly in to the center of WST area, thereby providing a second, more effective power source. This will eliminate the long secondary power runs. The initial transformer capacity of 7,500 KVA will be expandable for future growth. The high voltage transmission line will be constructed with ample built-in capacity for this future growth.

Recent new construction at Patuxent River, plus currently proposed programming, is listed below to indicate the growth situation causing power problems.

		(\$000)
FY 72	Heating Plant Expansion	170
FY 72	Replace Theatre	635
FY 72 (UMC)	Jet Engine Test Cell	296
FY 72 (EMERG)	SES Facility	1,870
FY 72	Family Housing	856
FY 73	Acft Data Analysis	2,529 WST Area
FY 73	BEQ	2,100
FY 73	Galley	285
FY 73	Training Bldg.	1,680
FY 74	Electromagnetic Prop. Fac	680 WST Area
FY 75	Test Pilot School	1,548

Other load growth is associated with steady expansion of new weapons systems testing programs in existing facilities in the WST area.

NAVAL ORDNANCE LABORATORY, WHITE OAK, MD.

Mr. PATTEN. We will turn to Naval Ordnance Laboratory, White Oak, Md. Insert page I-46 in the record.
[Page I-46 follows:]

1. DATE 19 FEB 1973		2. DEPARTMENT NAVY		3. INSTALLATION FY 1974 MILITARY CONSTRUCTION PROGRAM			5. INSTALLATION NAVAL ORDNANCE LABORATORY								
4. COMMAND OR MANAGEMENT BUREAU CHIEF OF NAVAL MATERIAL			6. INSTALLATION CONTROL NUMBER 3856-950			8. STATE/COUNTRY WHITE OAK, MARYLAND									
7. STATUS ACTIVE			9. YEAR OF INITIAL OCCUPANCY 1948		9. COUNTY (U.S.) MONTGOMERY		10. NEAREST CITY 12 MILES SOUTHWEST TO WASHINGTON, D.C.								
11. MISSION OR MAJOR FUNCTIONS The principal Navy RDT&E Center for Ordnance Technology, concepts and systems.				12. PERSONNEL STRENGTH		PERMANENT			STUDENTS		SUPPORTED		TOTAL (9)		
				OFFICER (1)	ENLISTED (2)	CIVILIAN (3)	OFFICER (4)	ENLISTED (5)	OFFICER (6)	ENLISTED (7)	CIVILIAN (8)				
				A. AS OF 31 DEC 1972		16	2	2,581	0	0	0	0	0	0	2,599
				B. PLANNED (END FY 1975)		16	2	2,600	0	0	0	0	0	0	2,618
				13. INVENTORY											
LAND		ACRES (1)		LAND COST (\$000) (2)		IMPROVEMENT (\$000) (3)		TOTAL (\$000) (4)							
A. OWNED		732		327		41,227		41,554							
B. LEASES AND EASEMENTS		1* - 0#		(0/YR* - 0#)		89* - 0#		89							
C. INVENTORY TOTAL (Except land rent) AS OF 30 JUNE 18		72						41,643							
D. AUTHORIZATION NOT YET IN INVENTORY								6,138							
E. AUTHORIZATION REQUESTED IN THIS PROGRAM								0							
F. ESTIMATED AUTHORIZATION - NEXT 4 YEARS								793							
G. GRAND TOTAL (c + d + e + f)								48,574							
14. SUMMARY OF INSTALLATION PROJECTS															
PROJECT DESIGNATION															
CATEGORY CODE NO. a	PROJECT TITLE b	TENANT COMMAND c	UNIT OF MEASURE d	AUTHORIZATION PROGRAM		FUNDING PROGRAM									
				SCOPE e	ESTIMATED COST (\$000) f	SCOPE g	ESTIMATED COST (\$000) h								
310.68	HYPERVELOCITY WIND TUNNEL - AMENDMENT FOR ADDITIONAL AUTHORIZATION AND APPROPRIATION (PL 89-568 (FY 1967) PREVIOUSLY AUTHORIZED \$3,847,000).	PRIORITY 1	-	-	-	-	-	-	-	-	448				

NAVAL ORDNANCE LABORATORY, WHITE OAK, MD., \$448,000

This laboratory develops new and improved explosives for underwater- and surface-launched weapon systems.

The hypervelocity wind tunnel project was originally authorized and funded in fiscal year 1967. The prime contractor defaulted on four procurement contracts. Additional authorization and appropriations are required for award of a procurement contract for the model test section, which is needed to provide a complete and usable facility.

Status of funds

Cumulative appropriations through fiscal year 1973.....	\$72, 783, 000
Cumulative obligations, Dec. 31, 1972 (actual).....	72, 191, 494
Cumulative obligations, June 30, 1972 (estimated).....	72, 410, 494

DESIGN INFORMATION

Project	Design cost	Percent complete, Apr. 1, 1973
Hypervelocity wind tunnel.....	(1)	(1)

¹ Not available.

Mr. PATTEN. Can you explain the legal situation here? Is this project still required?

Commander KIRKPATRICK. We have just recently advised the staff, sir, that the legal situation has clarified considerably. At one time we could not obtain a court order to clear the necessary equipment from the contractor's plant and it appeared there would be no way to obtain that equipment from the contractor's plant. In just recent weeks we have been able to obtain the equipment from the defaulted contractor. The equipment is in good condition, much better condition than we expected, and we feel we can proceed without this amount.

Mr. PATTEN. Is this project still required?

Commander KIRKPATRICK. No, sir, it is not.

Mr. PATTEN. We will omit the naval hospital at Quantico for the present.

FIFTH NAVAL DISTRICT

Mr. PATTEN. Let's turn to the Fifth Naval District. Mr. Reporter, put pages I-50 to I-52 in the record.

[The pages follow:]

DEPARTMENT OF THE NAVY—MILITARY CONSTRUCTION PROGRAM, FISCAL YEAR 1974

[In thousands of dollars]

Installation and Project	Authorization	Appropriation
5th Naval District—State of Virginia:		
Fleet Combat Direction Systems Training Center, Atlantic, Dam Neck (CNT):		
P-829 Academic training building (171.10—9,100 SF).....	572	572
P-999 Applied instruction building (171.20—112,409 SF).....	5,959	5,959
Total.....	6,531	6,531
Naval Amphibious Base, Little Creek (LANTFLT):		
P-213 Electronics building (217.10—3,281 SF).....	139	139
P-194 Dispensary and dental clinic (550.10—44,132 SF).....	3,211	3,211
Total.....	3,350	3,350
Naval Air Station, Norfolk (LANTFLT): P-517 Helicopter maintenance hangar (211.05—73,642 SF).....		
	2,525	2,525
Naval Station, Norfolk (LANTFLT):		
P-373 Berthing pier (151.20—2,800 Feet Berthing).....	9,624	9,624
P-697 Relocate fleet landing (159.40 LS).....	803	803
P-889 Pier 2 dredging (165.10—151,000 CV).....	314	314
P-725 Enlisted men's dining facility modernization (723.10—30,300 SF).....	1,435	1,435
P-372 Pier utilities (812.90 LS).....	2,057	2,057
P-025 Vehicle parking area (852.10—52,500 SY).....	310	310
P-999 Applied instruction building (171.20—74,500 SF).....	3,950	3,950
Total.....	18,493	18,493
Navy Public Works Center, Norfolk (CNM): P-901 Electrical distribution system (5th increment) (812.30 LS).....		
	567	567
Nuclear Weapons Training Group, Atlantic, Norfolk (LANTFLT): P-413 Nuclear training building (171.20—47,500 SF).....		
	2,470	2,470
Naval Air Station, Oceana (LANTFLT):		
P-243 Aircraft systems training buildings (171.20—68,409 SF).....	3,386	3,386
P-623 Utilities (822.22 LS).....	576	576
Total.....	3,962	3,962
Norfolk Naval Shipyard, Portsmouth (CNM):		
P-212 Machine shop (213.49 LS).....	4,066	4,066
P-134 Bachelor enlisted quarters (722.10—516 MN, 81,012 SF).....	2,624	2,624
P-002 Enlisted men's dining facility (723.10—13,696 SF).....	1,111	1,111
P-221 Utilities improvements (5th increment) (812.30 LS).....	3,332	3,332
Total.....	11,133	11,133
Naval Weapons Station, Yorktown (CNM): P-329 Torpedo overhaul shop (216.40—13,400 SF) ¹		
	1,327	1,327
Total, 5th Naval District.....	50,358	50,358

¹ See classified book for requirement statement.

PROJECTS RELATED TO REALINEMENTS

Mr. PATTEN. Which of the projects requested in the program for the Fifth Naval District this year are requested as a result of the shore establishment realinements?

Admiral MARSCHALL. In 1974 we have an applied instruction building at the Fleet Combat Direction Systems Training Center, Dam Neck, Va. We have a helicopter maintenance hangar at the Naval Air Station, Norfolk, Va. We have a relocation of the fleet landing, dredging of the south side of Pier 2, a vehicle parking area, and an applied instruction building all at the Naval Station, Norfolk, Va.

Mr. PATTEN. What amount of construction will be required in the Fifth Naval District in future years as a result of these actions?

Admiral MARSCHALL. At Dam Neck in 1975 we plan to have projects for bachelor enlisted and bachelor officer quarters.

At the Naval Air Station, Norfolk, we plan to have a runway and

parking apron project and at the Naval Station, Norfolk, a fleet operations staff facility and BEQ modernization.

Mr. NICHOLAS. And nothing at the naval shipyard?

Admiral MARSCHALL. No. At the moment we don't think so.

Mr. PATTEN. Provide more details for the record.

[The information follows:]

The following shore establishment realignment (SER) related projects are currently planned for the fiscal year 1975 Milcon program for the Fifth Naval District:

<i>Activity and project</i>	<i>Cost (thousands)</i>
FCDSTC Dam Neck—Bachelor officers quarters.....	\$1, 685
FCDSTC Dam Neck—Bachelor enlisted quarters.....	1, 095
NAS Norfolk—Runway.....	1, 530
NAS Norfolk—Parking apron.....	1, 364
NS Norfolk—Fleet staff operations facility.....	1, 214
NS Norfolk—BEQ modernization.....	2, 680
NSY Norfolk—None.....	

No SER related projects are presently planned beyond fiscal year 1975.

INCREASES IN MILITARY PERSONNEL

Mr. PATTEN. With regard to military personnel, which installations in this naval district will have the largest increases?

Admiral MARSCHALL. The naval station will have the largest increase, sir.

Mr. PATTEN. Where will they come from?

Captain WATSON. They will mainly come from Newport. The people gained will be at the fleet sonar school from Key West. The ships at the naval station will bring in another large group of 8,000 enlisted—

Commander KIRKPATRICK. 8,006 enlisted, 496 officers which are connected with the Newport and Key West moves.

Mr. NICHOLAS. How about the naval air station?

Mr. MURPHY. At Norfolk Naval Air Station, we are relocating helicopter squadrons from Lakehurst. This would bring one helicopter squadron of approximately 80 officers and 300 enlisted men. At the same time, however, we will commission a new squadron similar to that from scratch, if you will, at Norfolk, further increasing the load.

INCREASED HOUSING REQUIRED

Mr. PATTEN. How are you planning to provide the necessary bachelor and family housing for the personnel being relocated to this region?

Commander KIRKPATRICK. The bachelors not living aboard ship will be housed in the previously mentioned facilities at Norfolk and Dam Neck.

Mr. PATTEN. What will be the net increase in bachelor and family housing units required?

Commander KIRKPATRICK. Our family housing unit increase would be in the neighborhood of 4,000. That does not necessarily mean it would all come out of the family housing construction program. We will be looking to the community for a portion of that. It would mean an additional 4,000 requirement for enlisted, and for officers it would be about 441—a total of about 4,500 families additional in the area to be housed by the community or the family housing construction program.

Mr. PATTEN. Provide more detail for the record.

Commander KIRKPATRICK. Yes.

[The information follows:]

Bachelor personnel reassigned to the Norfolk area who live aboard ships will continue to do so. The increase in bachelor personnel not living aboard ships is 1,249 and will be absorbed by the planned facilities at Norfolk and Dam Neck. The net increase of Navy family housing units required by the realignment is 3,502.

Captain REED. Our housing deficit will be 2,793 families after they all shake down. We do have an increase of about 4,000, as the commander says, but they will not cause an increase in our program with a deficit of that magnitude.

Mr. PATTEN. How much will it cost to provide the necessary housing and community support facilities to support these additional personnel?

Admiral MARSCHALL. We would like to supply that for the record.
[The information follows:]

The cost for bachelor housing is estimated at \$3,775,000. If the community is unable to absorb the additional requirement for family housing, and it is determined necessary to construct units to meet the total deficit, the cost would be approximately \$57 million. It is envisioned, however, that the majority of this deficit will be accommodated by increased community support. The Navy will continue to review the availability of family housing support from the community in an effort to minimize new construction under the military construction family housing program. We do not anticipate the need for any other type of community support facilities to support the additional personnel.

Mr. PATTEN. How about rule of thumb?

Admiral MARSCHALL. As Captain Reed pointed out, the addition of 4,500 families doesn't mean we have to build for 4,500 families because we use community assets where possible.

Mr. PATTEN. Have all of these costs been taken into account in your estimates of costs and savings resulting from these realignments?

Admiral MARSCHALL. Yes, sir.

Commander KIRKPATRICK. We don't anticipate any significant increase in personnel support facilities connected with the move into the Norfolk area other than the family housing, which we expect to be largely accommodated by the community over the long haul.

CONCENTRATION IN NORFOLK AREA

Mr. PATTEN. Is there a danger from overconcentration of Navy activities in the Norfolk area?

Admiral MARSCHALL. I am sure there is a danger of concentration anywhere. The matter of concentration was considered in the shore realignment and was given a weight and the other factors outweighed it.

Mr. PATTEN. After the realignments have been completed, would the Atlantic Fleet be unable to operate for a sustained period if some man-made or natural disaster were to eliminate Norfolk as a support base?

Admiral MARSCHALL. I think probably if the ships were out they could operate from other ports. If the ships were in and a disaster occurred and we lost the ships, we would be in a bad fix.

Mr. PATTEN. You have 80 ships right now. Would you say how many are in and how many are out?

Admiral MARSCHALL. Captain Watson has the figures.

Captain WATSON. Out of the 80 ships home ported, the maximum we have in port would be 50 ships or 49.2 ships at one time on a weekend. That is what our planning factors show.

Mr. PATTEN. Are you pulling them all in as an economy measure to save oil in this crisis?

Captain WATSON. We have more ships in port at certain times than others. If, for example, the Navy operating funds run low we may tie up the ships. For planning purposes these are the figures we used, figuring deployments ships in normal operation and ships in overhaul. Statistics show that over the years for 80 ships home ported at Norfolk, 50 ships would be in port on a weekend.

FUEL CRISIS

Mr. PATTEN. We have two cars in our family. We sold my wife's car and don't use it anymore after listening to the pleas on the power crisis. I didn't get in my car Monday, Tuesday and Wednesday, nor today. Normally I would be in and out of it everyday coming to work and the like.

You know there are millions of people who will follow if the leaders will tell them what they want done. I don't think we have asked the American people in this power crisis to cooperate strongly enough as a patriotic duty.

You are too young to know but we had two gallons of gas a week in World War II and we were happy to cooperate. They say if you drive 15 miles less we will solve gasoline shortages in the District. I know a lot of people who haven't used their car this week in trying to help. I have faith our people will cooperate if we tell them what we want, if the leaders of the government will tell them.

I don't want to ask you a direct question because you fellows are logistics, but I bet overall in the service there are many people like minded and I bet there have been a few less test flights and a few less maneuverings lately in order to help.

Admiral MARSCHALL. That is correct, sir.

Mr. PATTEN. Without making a big song and dance about it. That would be my natural reaction if I were in charge of Lakehurst or any other place. I would try to cut down a little bit. The American people are expected to go to smaller cars and get more mileage. If the statistics they are giving public are true, it will take very little if we all cooperate and cutting down 15 percent is nothing. That is no problem for us.

I put 50,000 miles a year on my Cadillac running back and forth to New Jersey once or twice a week, 400 and some miles each time, and running around all weekend. Several times in April and May I have cut my gasoline bill in half. I know others who are doing it too.

Most everybody has two cars. So this is a little sacrifice and a simple adjustment. I think in the services there must be many who are cooperating to this extent.

In answer to the last question, when you think of Pearl Harbor and you think of other situations in the past history, it makes you think about Norfolk.

There will be a lot of questions and objections on the floor. In that light the best job you can do for the record will help us on the floor because you are going to have many questions. We have had a sample of it.

Are there questions on Norfolk?

FLEET COMBAT DIRECTIONS SYSTEMS TRAINING CENTER,
ATLANTIC, DAM NECK, VA.

Mr. PATTEN. We will turn to Fleet Combat Direction Systems Training Center, Atlantic, Dam Neck, Va., and insert page I-53 in the record.

[Page I-53 follows:]

1. DATE 17 APR 1973		2. DEPARTMENT NAVY		3. PROJECT FY 1974 MILITARY CONSTRUCTION PROGRAM			4. INSTALLATION FLEET COMBAT DIRECTION SYSTEMS TRAINING CENTER, ATLANTIC								
4. COMMAND OR MANAGEMENT BUREAU CHIEF OF NAVAL TRAINING			5. INSTALLATION CONTROL NUMBER 3140-850		6. STATE/COUNTRY DAM NECK, VIRGINIA										
7. STATUS ACTIVE			8. YEAR OF INITIAL OCCUPANCY 1941		9. COUNTY (U.S.) PRINCESS ANNE		10. NEAREST CITY WITHIN CITY								
11. MISSION OR MAJOR FUNCTIONS Provide training in operation and employment of specified tactical combat direction and control systems in Naval Warfare, and support operational commanders in evaluation, development and analysis of Naval Warfare doctrines and tactics.				12. PERSONNEL STRENGTH			PERMANENT			STUDENTS		SUPPORTED		TOTAL (9)	
				OFFICER (1)	ENLISTED (2)	CIVILIAN (3)	OFFICER (4)	ENLISTED (5)	OFFICER (6)	ENLISTED (7)	CIVILIAN (8)				
				a. AS OF 31 December '72	213	1,327	222	177	1,055	0	129	0	3,123		
				b. PLANNED (BY FY 77)	277	1,776	269	292	1,805	0	75	0	4,494		
				13. INVENTORY											
				LAND	ACRES (1)	LAND COST (\$000) (2)	IMPROVEMENT (\$000) (3)	TOTAL (\$000) (4)							
a. OWNED	1.107	71	33,654	33,725											
b. LEASES AND EASEMENTS	0* - 0#	0* - 0#	0	0											
c. INVENTORY TOTAL (Except land rent) AS OF 30 JUNE 1972				33,725											
d. AUTHORIZATION NOT YET IN INVENTORY				1,456 1/2											
e. AUTHORIZATION REQUESTED IN THIS PROGRAM				7,131 1/2											
f. ESTIMATED AUTHORIZATION - NEXT 5 YEARS				7,548											
g. GRAND TOTAL (c + d + e + f)				49,860											
14. SUMMARY OF INSTALLATION PROJECTS															
PROJECT DESIGNATION															
CATEGORY CODE NO. a	PROJECT TITLE b	TEHANT COMMAND PRIORITY	UNIT OF MEASURE d	AUTHORIZATION PROGRAM SCOPE e	ESTIMATED COST (\$000) f	FUNDING PROGRAM SCOPE g	ESTIMATED COST (\$000) h								
171.10	ACADEMIC TRAINING BUILDING	73	SF	9,100	572	9,100	572								
171.20	APPLIED INSTRUCTION BUILDING	1	SF	112,409	5,959	112,409	5,959								
				TOTAL	6,531		6,531								
1/ INCLUDES \$600,000 FOR POLLUTION ABATEMENT.															

259

FLEET COMBAT DIRECTION SYSTEM TRAINING CENTER, ATLANTIC, DAM NECK,
VA., \$6,531,000

This center provides naval warfare training for fleet personnel to develop and perfect their skills by the actual operation of tactical command direction systems in a realistic warfare environment.

The applied instruction building project will provide facilities to support Combat Information Center and carrier air traffic control training to be relocated from the Naval Air Station, Glynco, Ga.

The academic training building project will provide academic instruction space to support courses whose applied training is being conducted in a nearby multipurpose building. Several new areas of training coupled with projected increases in student loading requires the provision of additional academic training space.

Status of funds

Cumulative appropriations through fiscal year 1973.....	\$34,486,000
Cumulative obligations, Dec. 31, 1972 (actual).....	34,485,757
Cumulative obligations, June 30, 1973 (estimated).....	34,485,757

DESIGN INFORMATION

Project	Design cost	Percent complete Apr. 1, 1973
Applied instruction building.....	\$286,030	1
Academic training building.....	29,600	19

RELOCATIONS FROM NAVAL AIR STATION, GLYNCO

Mr. PATTEN. What are the costs and savings of relocating functions here from Naval Air Station, Glynco?

Admiral MARSCHALL. The estimated annual savings, sir, are \$9,260,000. The one time closure cost will be \$21.111 million.

Mr. PATTEN. Provide us details for the record.

Admiral MARSCHALL. Yes, sir.

[The information follows:]

The costs and savings associated with the closure of NAS Glynco, Ga., are as follows:

	Millions
Estimated annual savings.....	\$9,260
One-time closure costs.....	21,111
Military construction avoided.....	11,609
Military construction required:	
Fiscal year 1974.....	10,437
Fiscal year 1975.....	9,500

Of the total military construction required in fiscal years 1974 and 1975, \$8,739,000 is for construction of facilities at FCDSTC Dam Neck, Va.

Mr. PATTEN. What functions are being moved here, and how will they affect the training facilities required?

Mr. TAYLOR. The combat information center training from Glynco is being relocated to this activity. It involves some 442 military positions and an onboard student loading of approximately 118 personnel.

APPLIED INSTRUCTION BUILDING

Mr. PATTEN. Will the 112,409 square foot applied instruction building, which you are requesting in the amount of \$5,959,000, complete the requirements for training spaces for these functions?

Mr. TAYLOR. Yes, sir, it will.

Mr. PATTEN. How much training space did these activities occupy at Glynco?

Mr. TAYLOR. 126,281 square feet.

Mr. PATTEN. Provide for the record the training load, past, present, and future, for the courses which will be located at Dam Neck.

Mr. TAYLOR. Yes, sir.

[The information follows:]

TRAINING LOADS AT DAM NECK—FLEET COMBAT DATA SYSTEMS TRAINING CENTER

	1972	1973	1974	1975	1976	1977	1978
Students (average onboard).....	361	272	475	506	531	520	600

ACADEMIC TRAINING BUILDING

Mr. PATTEN. You are also requesting an academic training building for \$572,000 which has a priority of 7373. How are you currently conducting this academic training?

Mr. TAYLOR. This academic training is currently conducted in an applied training building. An applied training building is designed primarily for mockups of weapons systems. We are receiving a new surface ship antisubmarine warfare attack trainer which requires the space we are presently using in the applied training facility. Therefore, when we install this new training device, we will have no place to conduct the academic training.

Mr. PATTEN. Should not the provision of some 112,409 square feet of applied instruction space in the other project reduce the pressure to move academic training out of the existing applied training spaces which it now occupies?

Mr. TAYLOR. No, sir. As a matter of fact, even before the relocation of the combat information center training, Dam Neck had a serious deficit in both academic and applied training space.

Mr. PATTEN. Could you give us more detail for the record?

Mr. TAYLOR. Yes, sir.

[The information follows:]

TRAINING SPACE AT FLEET COMBAT DATA SYSTEMS TRAINING CENTER, ATLANTIC DAM NECK, VA.

	Academic (square feet)	Applied (square feet)
Before CIC training:		
Requirement.....	28,300	209,550
Existing adequate.....	1,744	95,880
Deficit.....	26,556	113,670
After CIC training:		
Requirement (additional).....	0	112,409
Deficit.....	26,556	226,079

Mr. PATTEN. It wouldn't hurt to put this off for a year, of course.

Mr. TAYLOR. It sure would.

VINYL ASBESTOS FLOORING

Mr. OBEY. Mr. Chairman, I notice on page I-54 you mentioned, in connection with the academic training building, your use of vinyl

asbestos floor tile. I am curious as to whether or not you have run into any flak about the use of asbestos tile from a health standpoint?

Admiral MARSCHALL. No, sir. I think, and I am sure Captain Ginn can elaborate more on this, the problem we have had with the asbestos is the working of the asbestos on large jobs. One of the shipyards had a great problem with respect to asbestos dust.

Mr. OBEY. I understand that, but the reason I ask this is because we had some testimony from NIH on my other subcommittee which indicated that there may exist hazards from use of the asbestos tile which becomes scuffed and releases particles into the air. I expressed my surprise at the time.

Admiral MARSCHALL. I express my surprise, too, because I have never heard of this before.

Mr. OBEY. I hadn't either and wondered if you had.

Admiral MARSCHALL. No, sir. We have had an industrial asbestos dust problem that we have been trying to combat in these locations, but nothing else.

Mr. PATTEN. You know the head of our union died due to asbestos inhalation. I introduced the first asbestos bill in the Congress for him at the request of a doctor in New York. This past year it has blossomed out and now NIH and all are making a big effort of the question of air vents and ducts and things like that. That is well established. But they are going further.

Admiral MARSCHALL. We will certainly look into this, Mr. Obey. It is a complete surprise to me.

Mr. OBEY. I was curious if anyone had raised it in your shop. As I say, I used to work with asbestos tile myself and I was surprised to hear that even the stuff sitting on the floor was considered by some to be a potential hazard if it wasn't kept freshly waxed.

Admiral MARSCHALL. We will try to find out some more information just for our own use.

[The information follows:]

The question of vinyl asbestos floor tile being a potential health hazard has been researched and the following information is provided:

(a) No Navy or DOD design criteria indicates vinyl asbestos floor tile (VAT) as being a health hazard.

(b) Clean room criteria does not ban VAT; however, vinyl sheet flooring is preferred.

(c) VAT is used in most naval hospital administrative patient care and general-purpose areas but not in operating-type rooms.

(d) No mention is made of VAT as a potential health hazard in the Occupational Safety and Health Act, Public Law 91-596.

(e) Navy and commercial construction material specialists consulted have not heard of a problem and could not foresee this type of floor creating a health hazard if properly applied.

[Discussion off the record.]

Mr. PATTEN. Are there other questions?

NAVAL AMPHIBIOUS BASE, LITTLE CREEK, VA.

Mr. PATTEN. We will take up Naval Amphibious Base, Little Creek, Va., and insert page I-56 in the record.

[Page I-56 follows:]

1. DATE 5 MAR 1973		2. DEPARTMENT NAVY		3. PROGRAM FY 1974 MILITARY CONSTRUCTION PROGRAM		5. INSTALLATION NAVAL AMPHIBIOUS BASE								
4. COMMAND OR MANAGEMENT BUREAU COMMANDER IN CHIEF, ATLANTIC FLEET			6. INSTALLATION CONTROL NUMBER 1536-500		8. STATE/COUNTRY LITTLE CREEK, VIRGINIA									
7. STATUS ACTIVE			9. YEAR OF INITIAL OCCUPANCY 1941		9. COUNTY (U.S.) PRINCESS ANNE		10. NEAREST CITY 9 MILES NORTHWEST TO NORFOLK							
11. MISSION OR MAJOR FUNCTIONS Provide logistic support, facilities and other support as required to local commands, organizations, units, amphibious ships and commands of the Operating Forces in order to meet the amphibious training requirements of the Navy, Marine Corps, Army and Air Force and perform such other functions as may be directed by competent authority. Major Activities Supported: Commander, Amphibious Force, Atlantic Fleet Naval Inshore Warfare Command Amphibious Operational Training Unit, Atlantic Naval Amphibious School Amphibious Construction Battalion Two, Eastern Area Amphibious Training				12. PERSONNEL STRENGTH		STUDENTS		SUPPORTED		TOTAL				
				OFFICER (1)		ENLISTED (2)	CIVILIAN (3)	OFFICER (4)	ENLISTED (5)	OFFICER (6)	ENLISTED (7)	CIVILIAN (8)	(9)	
				e. AS OF 31 December 72		906	7,031	1,599	192	1,166	5	172	0	11,071
				f. PLANNED (END FY 77)		926	8,341	1,632	228	1,416	3	167	0	12,713
				13. INVENTORY										
LAND		ACRES (1)		LAND COST (\$000) (2)		IMPROVEMENT (\$000) (3)		TOTAL (\$000) (4)						
a. OWNED		8,639		747		71,709		72,456						
b. LEASES AND EASEMENTS		3205* - 8#		0* - 4#		139* - 0#		143						
c. INVENTORY TOTAL (Except land rent) AS OF 30 JUNE 19 72								72,599						
d. AUTHORIZATION NOT YET IN INVENTORY								7,494						
e. AUTHORIZATION REQUESTED IN THIS PROGRAM								3,783 1/						
f. ESTIMATED AUTHORIZATION - NEXT 4 YEARS								24,179						
g. GRAND TOTAL (c + d + e + f)								108,055						
14. SUMMARY OF INSTALLATION PROJECTS														
PROJECT DESIGNATION					AUTHORIZATION PROGRAM			FUNDING PROGRAM						
CATEGORY CODE NO.	PROJECT TITLE				TENANT COMMAND PRIORITY	UNIT OF MEASURE	SCOPE	ESTIMATED COST (\$000)	SCOPE	ESTIMATED COST (\$000)				
a	b				c	d	e	f	g	h				
217.10	ELECTRONICS BUILDING				85	SF	3,281	139	3,281	139				
550.10	DISPENSARY AND DENTAL CLINIC				1	SF	44,132	3,211	44,132	3,211				
							TOTAL	3,350		3,350				
1/ INCLUDES \$433,000 FOR POLLUTION ABATEMENT														

263

NAVAL AMPHIBIOUS BASE, LITTLE CREEK, VA., \$3,350,000

This base supports the headquarters, Atlantic Fleet Amphibious Force, Amphibious School, Inshore Warfare Command, and is the homeport of 35 Atlantic Fleet ships.

The electronics building project will provide an electronics maintenance shop to furnish communications support to harbor control, security, training, and administrative functions.

The dispensary and dental clinic project will provide a new clinic to replace the existing inadequately sized, dilapidated, and poorly located facility.

Status of funds

Cumulative appropriations through fiscal year 1973-----	\$57,996,000
Cumulative obligations, Dec. 31, 1972 (actual)-----	52,968,525
Cumulative obligations, June 30, 1973 (estimated)-----	53,701,591

DESIGN INFORMATION

Project	Design cost	Percent complete, Apr. 1, 1973
Electronics building-----	\$5,000	10
Dispensary and dental clinic-----	45,000	4

STATUS OF PRIOR PROJECTS

Mr. PATTEN. What is the status of prior year projects at this installation?

Admiral MARSCHALL. To date there are two uncompleted projects at the naval amphibious base. The bachelor enlisted quarters in the 1971 program is now 60-percent complete, and the land acquisition in the 1972 program is not consummated.

We have three projects in the 1973 program which have not yet started. Two of them are to be awarded in July with completion in December 1974, and one of the requirements has been canceled.

Mr. NICHOLAS. The 1973 project?

Admiral MARSCHALL. Yes, sir, the messhall.

AMPHIBIOUS SHIPS

Mr. PATTEN. It would appear from your briefing on the shore establishment realignment that the number of amphibious ships is declining rather markedly. Provide for the record the number and types of amphibious ships which are expected to be based at this installation through fiscal year 1978. Also show what ships have been located here in fiscal years 1964, 1968, and 1973.

Admiral MARSCHALL. Yes, sir.

[The information follows:]

NAB LITTLE CREEK, VAHOME PORT FORECAST
MID-RANGE PLANNING

<u>DESCRIPTION</u>	<u>TYPE</u>	<u>FISCAL YEAR ENDING</u>									
		<u>64</u>	<u>68</u>	<u>71</u>	<u>72</u>	<u>73</u>	<u>74</u>	<u>75</u>	<u>76</u>	<u>77</u>	<u>78</u>
GAS TANKER	AOG	2	2	2	2	2					
SALVAGE SHIP	ARS	4	4	4	4	4					
FLEET TUG	ATF	7	7	7	5	4					
SALVAGE TUG	ATS			1	1	1					
AMPHIB TR SMALL	LPR	3	3								
AMPHIB TRANS DOCK	LSD	12	11	7	6	6					
TANK LAND'G SHIP	LST	18	18	14	11	10					
MINE C'MSR SHIP	MSC	4	4								
OCEAN MINESWPR	MSO	4	4								
RESCUE ESCORT	PCR	1	1								
PATROL FRIGATE	PF										
PATROL GUNBOAT	FG				3	3					
PATROL HYDROFOIL	PHM										
FLEET TOTAL		55	54	35	32	30					
COAST GUARD		3	3	3	3	3					
RANGE SHIP	TAGM	1	1	1	1	1					
RANGE SHIP	TAGS	1	1	1	1	1					
TOTAL		60	59	39	37	35					

Projected home-port data is classified. Data has been furnished separately to the Committee staff.

Mr. PATTEN. In view of these reductions, do you still need the electrical improvements and land acquisition which were provided in previous years?

Admiral MARSCHALL. Yes, sir, we do.

Mr. PATTEN. Will you still need the BOQ?

Commander KIRKPATRICK. That was in the 1971 program and is still required.

Mr. PATTEN. As you shift to lesser numbers of larger amphibious ships in later years, will Little Creek remain a viable base for these ships?

Mr. MURPHY. Yes, sir, Mr. Chairman. The amphibious force is declining. However, we have come down in the case of landing ship tanks, LST's, to 10 large new high speed ships that will be assigned to Little Creek as part of the Atlantic Fleet. They are a very sophisticated ship and will be there over the long term. Also landing ship docks, LSD's, all new construction, will be located at Little Creek. So we have a hardcore amphibious loading here.

Mr. PATTEN. And the larger LPH's?

Mr. MURPHY. Yes, sir.

Mr. PATTEN. Are they located there too?

Mr. MURPHY. No, sir. Traditionally they have to go to the Norfolk Base piers. There is only 20 feet draft in Little Creek.

Mr. PATTEN. As you go to larger and larger ships is there going to be less of a requirement?

Mr. MURPHY. No, sir. In the case of LST's, we are already using the larger ship and it has been constructed for a shallow draft by nature of its function. So the LSD's and LST's have Little Creek as a home port for the long term.

Mr. PATTEN. Do you need more than 20 foot draft?

Mr. MURPHY. For the LPH, which is practically an aircraft carrier in size we draw 32 feet. They have to berth at the Norfolk waterfront.

Admiral MARSCHALL. They provide for the vertical deployment of helicopters and are not truly amphibious.

ELECTRONICS BUILDING

Mr. PATTEN. You rate the electronics building at a rather low priority of 85. What are you currently using?

Mr. MURPHY. Mr. Chairman, we are now using a building of approximately this size. However, in addition to being substandard for the function, it is being displaced by the construction of a new building. This building is going up now well within 3 feet of the walls of the present building, and for fire protection reasons and other reasons we have to demolish it and in effect leave them without a facility.

Mr. PATTEN. What are you currently using?

Mr. MURPHY. We are using this building that is jeopardized by the construction of a new building adjacent to it.

Mr. PATTEN. What type of equipment are you maintaining here?

Mr. MURPHY. It is essentially radio equipment, the mobile radio equipment that the amphibious force needs for controlling ships in the Little Creek Harbor and in amphibious operations which we practice here, landings, coordinating landing craft with beach operations. Essentially it is mobile communications equipment.

OUTYEAR PROJECTS

Mr. PATTEN. Provide for the record the outyear projects at this base.

[The information follows:]

ESTIMATED AUTHORIZATION IN THE NEXT 4 YEARS AT NAVAL AMPHIBIOUS BASE LITTLE CREEK, VA.

PY	Cat. code	Project description	Cost (thousands)
75	151. 20	Extension to Piers 12-15.....	\$1, 120
75	165. 10	Dredging Little Creek Channel.....	896
75	610. 10	Command control and administration building.....	2, 034
75	821. 50	Steam plant boiler addition.....	904
75	832. 10	Ship wastewater collection ashore.....	1, 171
Total.....			6, 125
UP	141. 55	Ordnance disposal group facility.....	2, 193
UP	171. 20	LFTC vehicle training facility.....	306
UP	179. 55	Combat swimmer operations trainer.....	1, 070
UP	213. 54	AMSU maintenance facility.....	3, 873
UP	213. 75	NAVSPECWARGRU facility 1st increment.....	2, 715
UP	213. 75	NAVSPECWARGRU facility 2d increment.....	1, 030
UP	213. 75	NAVSPECWARGRU facility 3d increment.....	2, 478
UP	431. 10	Dry/cold provision storage.....	1, 204
UP	141. 83	SERVRON 8 facility.....	2, 209
UP	722. 11	Modn of IUWG II barracks/AC.....	110
UP	740. 76	Library.....	289
UP	740. 60	Officers club 2d increment.....	730
Total.....			18, 207

Mr. PATTEN. We stand adjourned until Tuesday at 10 a.m.

TUESDAY, JUNE 26, 1973.

MODERNIZATION OF NAVY MEDICAL FACILITIES

Mr. SIKES. The committee will come to order.

Admiral Etter, we are happy to have you here this morning to present the Navy's fiscal year 1974 request for the medical facilities modernization and to discuss with us the Navy's overall program for modernization of its medical facilities.

We are particularly interested in the modernization program and in the new developments which are in progress. We are appreciative of the good work that you are doing and have done through the years. We are grateful for your help to this committee. We expect you to take full advantage of your supporting witnesses when questions are asked which require their assistance.

MEDICAL FACILITIES MODERNIZATION FUNDING

Tell us how much the Navy is requesting to modernize and replace its medical facilities.

Admiral MARSCHALL. In this area for the next 5 years the figures are as follows: Fiscal year 1975, \$161.7 million. Fiscal year 1976, \$177.1 million. Fiscal year 1977, \$144.3 million. Fiscal year 1978, \$111.2 million. Fiscal year 1979, \$38.3 million, for a total of \$632.6 million.

Mr. SIKES. How much is requested for fiscal year 1974?

Admiral MARSCHALL. Fiscal year 1974, sir, is about \$65 million in pure medical facilities with a total of \$77.4 million in the entire medical improvement program.

Mr. SIKES. What did you have in fiscal year 1973?

Admiral MARSCHALL. That was \$36,230,000.

Mr. SIKES. Is this a realistic picture that you have given us for the future in view of the fact that the prior programs have been much smaller than that which you project?

Admiral ETTER. Mr. Chairman, I think it is a realistic program when it is looked at in the context of the present plan for the All-Volunteer Force and the things that we must do to give our physicians modern facilities in which to practice medicine.

DEFICIT

Mr. SIKES. What is your current deficit in medical facilities, and what do you expect it to be at the end of the 5-year period?

[The information follows:]

The current deficit in medical facilities is \$597.6 million. The Navy expects to eliminate this total deficit at the end of the 5-year period if funds are provided in accordance with the annual requests described above.

Mr. SIKES. What type of facilities represent the larger portion of this deficit, major hospital centers, base hospitals, dispensaries, dental facilities? Where are you going? Where is your principal problem?

Admiral ETTER. If we look at it from the standpoint of the dollars attached to the programs, it naturally falls in the major hospital centers and base hospitals. On the other hand, if you look at the numbers of different areas to be considered, it would also be the dispensaries and dental facilities because there are obviously many more of those than base hospitals. The big dollar value is attached to our centers and base hospitals.

OBSOLESCENCE

Mr. SIKES. Does this indicate there has been a gradual obsolescence in Navy medical facilities over the years which you feel must now be overcome by modernization?

Admiral ETTER. There definitely has been obsolescence over the past years. Many of these were built in the mid-1940's and even earlier so that it is just time. They are tired, worn out, they are not equipped with modern equipment, and we have to get on with the program of replacing them or modernizing them.

REGIONALIZATION OF HEALTH CARE DELIVERY

Mr. SIKES. Tell us something about the manner in which Navy health care delivery is organized and discuss any significant changes that have occurred recently or that are scheduled.

Admiral ETTER. The biggest change that has taken place in delivery of Navy medicine has happened over the past 2 years with the development of the concept of regionalization. Under this concept all major hospitals in any area are the supporting structure for the surrounding dispensaries so that you have support from the director of

the regional center reaching down to the dispensary level. You can have a much better distribution of patient load, of staff, and also of funds.

Up to the development of this concept, as you know, Mr. Chairman, the Bureau of Medicine and Surgery was only the major claimant, or responsible for or commanded only the naval hospitals and medical centers and three area dispensaries. These were in the neighborhood of 38. With this new plan we have now brought from the other major claimants, dispensaries, under the command and supervision of the Surgeon General. With this plan we have now established 27 regions, including 151 medical facilities attached thereto. We have about 61 dispensaries in relatively isolated places that have not been regionalized to date but the plans are to regionalize them. When this happens, then all medical care and treatment facilities will be under the cognizance of the Surgeon General.

We hope by this method to have achieved economy of operations and more uniform distribution of health care.

Mr. SIKES. At the base or naval complex level, do you prefer to have one centralized medical facility or a series of dispensaries and dental clinics which deliver health care to each locality in the complex?

Admiral ETTER. We prefer to have the centralized facility, sir. To give you an example of what will happen in the—

Mr. SIKES. Is that realistic in view of the gas shortage, et cetera? Would it make it difficult for people to get to a centralized facility?

Admiral ETTER. I am thinking of centralization here only from the management standpoint, not from the standpoint of the abolition or closing of smaller ones. We definitely would like to close some marginal ones, but this is not in our present plans. I would like, if I could, to give you an illustration of how this regionalization would work.

Take the Bethesda complex for a moment. As of the 1st of August the Bethesda Regional Medical Center will include not only what is presently at the compound at Bethesda and all the component commands, but also under its umbrella, if you will, will include the hospitals of Annapolis, Quantico, and Patuxent River and the scattered dispensaries in the area, including the naval regional medical clinic in Washington, and those at White Oak and around the metropolitan area. Under this concept the commanding officer of Bethesda then will be responsible for the day-to-day operation of all of these satellite activities.

Mr. SIKES. In which areas has the Navy set up regional health care delivery as it has in the Norfolk area?

Admiral ETTER. A total to date of 27, sir.

Mr. SIKES. Is this a significant change?

Admiral ETTER. It is extremely significant, as I attempted to outline in my previous answer. It is primarily a management concept. I feel it is a significant change. Yes, sir.

Mr. SIKES. Are you satisfied with the way it is working?

Admiral ETTER. Yes, but certainly changes can and should be made. As with any new system, it has to work a while to get the bugs ironed out. I am not saying everything is completely satisfactory as yet, but approaching that.

Mr. SIKES. You stress management, but what about the patients?

Admiral ETTER. I am stressing management from the standpoint of the patients' welfare first and foremost. With a centralized management and ability to distribute resources equitably where the patient load is, you automatically improve the lot for the patients.

Mr. SIKES. Except for availability. I come back to the problem of availability. Some of these bases are quite large and scattered in several different localities. Does that not cause some problems with accessibility?

Admiral ETTER. In the areas that are currently regionalized, Mr. Chairman, the care is just as accessible as it ever was. We hope it is more accessible.

MEDICAL FACILITIES AT TRAINING BASES

Mr. SIKES. Are there certain medical facility requirements which tend to be identified with certain types of populations or base missions? Do you need a different mix of facilities to support a training complex than to support a fleet base?

Admiral ETTER. There are major differences, Mr. Chairman. In each one of our training centers we have established a recruit dispensary, which takes care of the short-term illnesses of the recruits, getting them back to duty in the most expeditious manner. These particular recruit facilities can be analogous to the infirmaries attached to some of our, or the majority of our major universities where students can be treated for up to 4 or 5 or 6 days and then returned. For any major illnesses, however, or any complications they must be transferred to the base hospital where the equipment is better, the staff is more in depth. At the recruit dispensaries we primarily are manned by general medical officers for short-term upper respiratory illnesses and these kinds of diseases.

Mr. SIKES. I note that you are requesting facilities at several of your training bases. Can you provide for the record data on the size and type of populations you are supporting at these training bases and the type of medical workload which is generated at training installations as compared to some of your other naval complexes.

[The information follows:]

SIZE AND TYPE OF POPULATIONS SUPPORTED BY TRAINING FACILITIES

	<i>Fiscal year</i> 1973
Naval Training Center, Great Lakes, Ill.:	
Average recruit population.....	6, 914
Average Navy/Marine Corps population, other.....	7, 735
Naval Training Center, Orlando, Fla.:	
Average recruit population.....	4, 361
Average Navy/Marine Corps population, other.....	1, 609
Naval Training Center, San Diego, Calif.:	
Average recruit population.....	6, 552
Average Navy/Marine Corps population, other.....	6, 461
Marine Corps Recruit Depot, San Diego, Calif.:	
Average recruit population.....	6, 200
Average Navy/Marine Corps population, other.....	9, 500
Marine Corps Recruit Depot, Parris Island, S.C.:	
Average recruit population.....	6, 400
Average Navy/Marine Corps population, other.....	8, 300

TYPE OF MEDICAL WORKLOAD GENERATED BY DISPENSARIES LOCATED AT TRAINING INSTALLATIONS

1. Recruit screening examinations—conducted on all recruits reporting to naval training centers and Marine Corps recruit depots. This examination is accomplished at a separate medical/dental processing facility and is required to detect physical and mental defects or active communicable and infectious disease processes which may not have been detected at time of enlistment or occurred prior to reporting to recruit camp. It also insures that required laboratory tests, chest X-rays, or other indicated tests are accomplished for cases where facilities were not available at the original examining activity.

2. Recruit populations, in contradistinction to the populations at other naval complexes, have historically experienced epidemics of short-term illnesses (such as upper respiratory infections). Such short-term illnesses can be adequately treated at a recruit dispensary, thereby eliminating the need to admit these patients to a hospital with its sophisticated equipment, facilities, and personnel. By admitting these patients to a recruit dispensary for short periods, there is less disruption to the recruit training cycle.

Admission rates of recruits are generally much higher than for nonrecruits, despite the fact that recruits are a relatively small group, rarely accounting for more than 5 percent of the total naval strength. The following table represents incidence rates per 1,000 average strength for recruits and nonrecruits:

Diagnostic class	Recruits	Enlisted nonrecruits
All diseases and conditions.....	638.8	245.0
Diseases.....	542.9	156.7
Injuries.....	95.9	88.3

The high morbidity rate among recruits results from a variety of factors. Exposure of recruits for the first time to new strains of respiratory disease bacteria that form a "military pool" contributes to a higher incidence of upper respiratory infections and other communicable diseases. However, following development of immunity seasoning, the active duty man or woman experiences relatively few incidences of hospitalization due to respiratory or communicable diseases for the remainder of their careers. Other contributing factors leading to a high morbidity rate among recruits include skin infections from the breaking in of new clothing, particularly boots; and increased accidents and diseases of the bones and muscles due to the strenuous physical conditioning that is a part of the recruits training. Another significant factor that tends to increase recruit morbidity is the encouragement given to recruits to report even small complaints to physicians and hospital corpsmen. This increases the probability that some significant morbidity will be diagnosed that otherwise might be overlooked. The opportunities for recruits to disclose this information are far more numerous than those for nonrecruits, due to the extensive and repetitive screening recruits undergo in order to insure that those individuals with preexisting physical defects and disabilities are culled out of the service before serious problems arise.

Variations in rates among the training centers are basically similar to regional and city variations in disease rates, especially those of respiratory diseases, in the population at large. There are also variations due to administrative differences, such as recruits excused from duty (sick in quarters), proximity of quarters to nearest medical facility, and the methods used to report the incidence rates of hospital admissions.

RECRUITMENT AND RETENTION OF MEDICAL PERSONNEL

Mr. SIKES. Tell us about the Navy's success in the recruitment and retention of medical personnel.

Admiral ETTER. I can tell you about some of our efforts. Our success at the moment is a little difficult to forecast. In the All-Volunteer

Force we do have problems. Up to now we have relied on the Berry plan, which has been stimulated by the draft environment, of course. With the lack of the draft, the incentives for the Berry plan and other plans for young doctors to come in the service will be gone. In an attempt to remedy the situation the hospital modernization and replacement program is one of the methods that we hope to use to increase the attractiveness of a service career.

Mr. SIKES. Are you about to build more medical facilities than you can staff under the 5-year program you outlined?

Admiral ETTER. No, sir. I would hope not. It is difficult to forecast what is going to be downstream here for the next few years. For example, we still have an adequate number of Berry plan physicians who have 2 years obligated service to get us over this year and help in the following year. It is following the loss of these that we are going to have problems. At this particular time we hope to have our scholarship programs turning out physicians in increasing numbers, and hopefully this will add a considerable number to the system.

FAMILY PRACTICE TRAINING

Mr. SIKES. Tell us about the new family practice training program you are setting up.

Admiral ETTER. Mr. Chairman, the family practice training programs are designed to produce a more sophisticated type of general medical officer than we have had in the past. In the new scholastic schedule which has been recommended for postgraduate training after medical school, the old internship, as we used to know it, is disappearing. That first year of internship instead of being a rotating internship where they were exposed to all specialties is now being replaced by going into a residency directly and having that first year out of medical school count on the residency program in medicine, surgery, OB, et cetera. For the family practice program, they start their first year and it, in effect, is like the old internship and been; then the next 2 years for the residency are related to producing a rounded medical officer with some specialty training in obstetrics, surgery, in the garden variety type of things, so he does become a well trained family practitioner like we used to familiarly call the old family doctor.

He has 3 years of specialized training to improve his skills in these areas. This is what we hope will replace the general medical officers, as we think of them today.

Mr. SIKES. Where are these family practice training programs located?

Admiral ETTER. We have them located at naval hospitals in Pensacola, Jacksonville, and Camp Pendleton and one will start in July at the Naval Hospital, Charleston.

Mr. SIKES. Are you going to expand the program?

Admiral ETTER. The program will be expanded, Mr. Chairman, yes.

SPECIALISTS AND SPECIALIST TRAINING

Mr. SIKES. What is the situation with regard to specialists? Are you experiencing new and unusual difficulty in attracting specialists to the Navy?

Admiral ETTER. Yes, sir, we are. Again it is hard to gage what the long-term difficulty will be because we this year still have access to our Berry planners. They are specialists. They have been deferred from military duty specifically to pursue the residency of their choice. Therefore, this year we will have sufficient specialty coverage in most fields with the exception of some shortages in neuropsychiatry, neurology, pathology, anesthesiology, and radiology. The following year will not be as good. It is beyond that that we expect to have trouble, at which time we hope to realize the benefits of modernization and other incentives such as special bonuses which we hope will be enacted.

Mr. SIKES. Are there significant changes planned or anticipated in the way you use or train Navy specialists?

Admiral ETTER. Yes, sir; there certainly are from the standpoint of utilization. For example, I said before that the general medical officers are going to be in short supply from now on. Until such time as we have enough family practitioners to replace them, we have a program now of training physician assistants where we take selected corpsmen and have them attend a 1-year didactic course and 1-year practical course in a naval hospital following which they will function directly under the physician. This physician assistant then will do the screening in the outpatient department and if it is a surgical problem he will take him to the surgeon. If it is a medical problem he will take him to the internist. Many minor illnesses he will manage himself. Hopefully better utilizing our corpsmen and get more mileage out of our specialist.

Mr. SIKES. Where are the major training centers for specialists at the present time? Can you provide for the record data on where your specialty training is conducted and what the anticipated training workload is for 1975 through 1980?

[The information follows:]

The following tables list the major training centers for specialists at the present, the type of specialty training available, and the anticipated training workload for 1975 through 1980.

It should be emphasized that the National Naval Medical Center, Bethesda, is the central major training facility, recognized for its excellence both nationally and internationally, which exists within the Navy.

Specialty Training Program	Program Length (Years)	BETHESDA		GREAT LAKES		OAKLAND		PHILADELPHIA		PORTSMOUTH, VA.		SAN DIEGO		NAMI, PNCLA		CIVILIAN INSTITUTIONS	
		Positions	On Board	Positions	On Board	Positions	On Board	Positions	On Board	Positions	On Board	Positions	On Board	Positions	On Board	Positions	On Board
Aerospace Medicine	3																
Anesthesiology	3	12	8			12	9	9	7	12	3	18	14	12	6	6	4
Dermatology	3	6	0					9	9			12	12				
Hand Surgery	1																
Internal Medicine and Subspecialties	3	18	17	12	7	12	8	18	14	18	14	24	16				
Cardiovascular Diseases	2	4	4					2	2			4	3				
Endocrinology & Metabolism	2	2	1			2	1		4								
Gastroenterology	2	2	2														
Hematology/Oncology	2	2	1					4	3			2	0				
Pulmonary Disease	2	2	1									4	3				
Clinical Immunology	2	2	1							2	0	2	3				
Neurosurgery	5	5	2														10
Nuclear Medicine	2	2	1														
Neurology	3	12	3														
Obstetrics and Gynecology	3	9	8	6	6	6	6	6	6	18	12	12	12			3	4
Occupational Medicine	3																
Ophthalmology	3	9	8			6	6	6	5			9	10				
Orthopedic Surgery	4	8	6			12	9	8	6	12	8	16	16				
Otolaryngology	4	8	8			12	11	8	5			16	14				
Pathology	4	12	10			8	4					12	9				
Pediatrics	3	9	8			9	8	6	4	12	10	15	10				
Plastic Surgery	2	2	1														
Preventive Medicine (General)	3																
Psychiatry	3	12	7			9	8	12	9							3	2
Radiology	3	12	12			9	6	9	8			21	15				
Surgery (General)	4	8	7	8	7	8	8	8	7	16	17	16	17				
Thoracic & CV Surgery	2	2	2									4	2				
Urology	4	8	6			4	4	4	4	8	5	8	7				
Anesthesia Research	2	2	1														
Surgical Research	2	2	1														

PROJECTED RESIDENCY (SPECIALTY/SUBSPECIALTY) TRAINING LEVELS (IN MAN YEAR LOADS) FOR FY's 1975 - 1980

Specialty	Years of training per enrollee	Bethesda Md.	Oakland Ca.	Philadelphia Pa.	Portsmouth Va.	San Diego Ca.	NAMI, Pnc1. Fla.	Civilian Institutions	Totals
Aerospace Medicine									
Anesthesiology	3	--	--	--	--	--	12	--	12
Anesthesia Research	3	12	12	9	12	18	--	6	18
Dermatology	2	2	--	--	--	--	--	--	63
Hand Surgery	4	8	--	12	--	16	--	--	8
Internal Medicine	1	--	--	--	--	1	--	--	35
and Subspecialties	3	18	12	18	18	24	--	--	1
Cardiovascular Diseases									90
Endocrinology & Metabolism	2	4	--	2	--	4	--	--	10
Gastroenterology	2	2	2	--	--	--	--	--	4
Hematology/Oncology	2	2	2	4	--	2	--	--	10
Pulmonary Diseases	2	2	2	4	--	4	--	--	12
Clinical Immunology	2	2	--	--	2	2	--	--	6
Neurology	3	3	--	--	--	--	--	--	2
Neurosurgery	5	5	--	--	--	--	--	--	3
Obstetrics & Gynecology	4	12	8	8	24	16	--	--	5
AND Subspecialties									68
Endocrinology	2	2	2	--	--	--	--	--	4
Oncology	2	--	--	--	2	2	--	--	4
Occupational Medicine	3	--	--	--	--	--	--	--	4
Ophthalmology	4	12	8	8	8	12	--	3	3
Orthopedic Surgery	4	8	12	8	12	16	--	--	48
Otolaryngology	4	8	12	8	12	16	--	--	56
Pathology	4	12	8	8	8	16	--	--	52
Pediatrics	3	9	9	6	12	15	--	--	40
Plastic Surgery	2	2	--	--	--	--	--	--	51
Preventive Medicine (General)	3	--	--	--	--	--	--	--	2
Psychiatry	3	12	9	12	--	--	--	3	3
Radiology	3	12	9	9	9	21	--	--	33
Nuclear Medicine	2	4	--	--	--	4	--	--	60
Surgery, General	4	8	8	8	16	16	--	--	8
Vascular Surgery	1	--	--	--	--	--	--	--	56
Surgical Research	2	2	--	--	--	1	--	--	1
Thoracic & CV Surgery	2	2	--	--	--	--	--	--	2
Urology	4	8	4	4	--	4	--	--	6
Totals		175	119	120	139	214	12	12	791

Grand Total 791

FAMILY PRACTICE TRAINING PROGRAMS

Background: Organized Medicine in 1970 implemented a five year plan designed to eliminate the traditional internship training year. The rationale behind this decision was to eliminate mandatory non-specialty related training in the developmental gradient for physicians. In February, 1969 a new specialty was established to reassert emphasis on primary health care: Family Practice. This will then offset the dwindling numbers of primary care practitioners which has resulted from continued emphasis on clinical specialization. Therefore, as conscriptive physician procurement will no longer provide general medical officers, trained Family Practitioners will assist in providing primary health care.

Fully approved three-year Family Practice residency training programs are presently conducted at:

	<u>Professionally Approved Positions</u>	<u>Estimated Actual on Board (1 July 1973)</u>
Camp Pendleton, California	12	10
Charleston, South Carolina	12	8
Jacksonville, Florida	18	16
Pensacola, Florida	6	6

PROJECTED FUTURE FAMILY PRACTICE TRAINING LEVELS

	FY75		FY76		FY77		FY78		FY79		FY80-	
	(Load)	Output	(Load)	Output	(Load)	Output	(Load)	Output	(Load)	Output	(Load)	Output
Naval Hospitals												
Camp Lejeune, North Carolina	8	0	12	0	12	4	12	4	12	4	12	4
Camp Pendleton, California	18	4	18	6	18	6	18	6	18	6	18	6
Charleston, South Carolina	12	2	12	4	12	4	12	4	12	4	12	4
Jacksonville, Florida	18	6	18	6	18	6	18	6	18	6	18	6
*Long Beach, California	8	0	12	4	12	4	12	4	12	4	12	4
Memphis, Tennessee	0	0	8	0	12	4	12	4	12	4	12	4
New Orleans, Louisiana	0	0	0	0	8	0	12	4	12	4	12	4
Orlando, Florida	0	0	8	0	12	4	12	4	12	4	12	4
Pensacola, Florida	12	4	12	4	12	4	12	4	12	4	12	4
TOTALS	76	16	100	24	116	36	120	40	120	40	120	40

*Contingent upon resolution of current SER plans.

TRISERVICE REGIONALIZATION

Mr. SIKES. Do you expect or have you experienced any major shifts in your training programs or in your workloads as a result of the DOD effort to achieve a higher degree of integration of military health care?

Admiral ETTER. Up to this time, Mr. Chairman, we have not had any significant changes. As you know, the triservice regionalization program of the DOD has been on a trial basis for the past year in the bay area, in the Tidewater area, in the Texas area, and in the Florida-Georgia area. This program, quite frankly, up to now has resulted in a better rapport between the three services, improving lines of communication and cooperation between the Army, Navy, and Air Force, which should always have been present. But quite frankly I cannot say at the moment it has resulted in a significant shift of workload. This will happen as the program becomes more operational, as we get more experience with it. Up to now I don't think so.

INPATIENT AND OUTPATIENT WORKLOADS

Mr. SIKES. We are aware of the marked shift from inpatient to outpatient care at military hospitals. Can you identify some of the causes of this trend and tell us whether it will continue to increase or diminish in future years?

Admiral ETTER. This, Mr. Chairman, is really a reflection of what is going on in the civilian community also. It is due to an increasing awareness by patients and physicians of the value of preventive medicine, attempting to get at the problem before it becomes serious enough to admit them as inpatients. I am sure that it is also a result of increasing effectiveness of some of the newer drugs available today which can be used to treat successfully the patients on an outpatient basis so you don't have to admit them.

There have also been trends recently to do an increasing number of very minor surgical procedures on an outpatient basis where you can keep them for only 1, 2, or 3 hours postoperative and send them home rather than have them take up a hospital bed. This is a trend in the civilian community and it is reflected here in the military. It appears to us at the moment that it is leveling off. We do not know whether we have reached a plateau, but we feel that it is about in a balance that we can expect over the next few years between outpatient and inpatient.

Mr. SIKES. Can you provide for the record the Navy's total workload for inpatients and outpatients at the present time and what you expect 5 years from now. Also show, for purposes of comparison, your workload for 1 or 2 years of the last 5 years.

[The information follows:]

TOTAL INPATIENT AND OUTPATIENT WORKLOAD

Fiscal year	ADPL ¹	Average monthly outpatient visits
1971 (Historical).....	10, 537	1, 276, 000
1972 (Historical).....	8, 467	1, 237, 417
1973 (Current).....	8, 073	1, 237, 080
1978 (Projected).....	8, 200	1, 309, 000

¹ ADPL—Average daily patient load.

MEDICAL CARE OF RETIRED PERSONNEL

Mr. SIKES. What is the Navy's policy on providing medical support for retired personnel?

Admiral ETTER. The Navy's policy is the same as that of DOD, in that we provide care for retired personnel to the limit of our facilities and personnel resources.

Mr. SIKES. Are you building additional facilities to accommodate the retired personnel workload?

Admiral ETTER. Mr. Chairman, we at this time follow the DOD policy of allowing 5-percent additional beds in a nonteaching hospital and 10 percent more beds in a teaching hospital for the retirees and their dependents.

Mr. SIKES. That is not going to be realistic in the future as more and more retirees settle in the areas around major military hospitals. Do you anticipate any change in policy? What is the Navy's recommendation on this?

Admiral ETTER. As long as the commitment has been made to the active-duty man when he comes into the service he will be taken care of during his service and retired years, we certainly have to provide resources and facilities for them. We also must remember our first obligation is to the active-duty man and active-duty dependents. If the capabilities for our care, both facilities and particularly personnel resources, cannot expand to take care of retirees, they obviously would have to get their care elsewhere.

Mr. SIKES. Mr. Patten?

Mr. PATTEN. We talked about phasing out Camp Dix and the local people told us they had 55,000 retirees in the Army who would be affected if we closed Camp Dix—55,000. We looked into it and we have everything there. You can buy land for \$100 a lot and as long as they had the backup on the health care, this was the ideal place for them. No schools, no taxes, down in the pines.

Admiral, don't belittle the importance of this on the outside. It is all right to say we have first to take care of our own, but we have to face up to this retiree proposition.

Thank you, Mr. Chairman.

Admiral ETTER. Mr. Patten, I agree with you wholeheartedly we must take care of them under the current environment. Unless we do get more personnel downstream and more facilities, we are going to be in a position that we just are not going to be able to do it. It is for this reason that Congress in their wisdom provided the Champus program, where a certain percentage of their hospital bill can be picked up by the Government and they pick up a very small amount of it.

Mr. SIKES. What I am trying to get at is, is it realistic to set a limit of 5 percent across the board as specified in the current OSD policy for spaces, or 10 percent in the case of teaching hospitals for the retired personnel?

Admiral ETTER. It is not realistic if you look at it from the total numbers that you have to take care of. I think it may be realistic, though, when we are looking at it from the standpoint of resources to take care of it.

Mr. SIKES. You outlined a very large and costly program for the next 5 years by which you hope to be able to accomplish this modern-

ization of medical facilities. Does that program adhere to the 5-percent or 10-percent limit?

Admiral ETTER. Yes, it does, and it is not realistic if all eligible retirees are considered. A recent check showed roughly 19 percent of our present hospital patient load is made up of retirees and their dependents across the United States. Nineteen percent in general.

Mr. SIKES. What do you think it will be in the future, in 10 or 20 years?

Admiral ETTER. I think it will be much higher if the services still have the responsibility of giving this care. I repeat that I think everyone has to realize we have to have the resources to do this.

Mr. PATTEN. Mr. Chairman, I don't know of any Congressman who has any pending legislation to reduce the amount of care given to the retirees. I am not familiar with any such pending legislation.

Admiral ETTER. No, there is none. We find ourselves in a position, Mr. Patten, both dollars and people, of having a hard time trying to keep up with our commitments. It is my position that right now morally and legally we have to do this. At the same time we don't want to forget that we have to take care of active-duty personnel and their dependents first.

Mr. PATTEN. Between you and me, my closest friends are World War I veterans. You young fellows around here don't realize this.

Admiral ETTER. I feel it very acutely, Mr. Patten. Again, I want to make sure that we do not make promises that we cannot keep. That is what has been happening in Navy medicine for a long time now.

Mr. SIKES. By and large, are the hospital facilities which you are closing adequate or inadequate facilities?

Admiral ETTER. They are inadequate.

HOSPITAL INVENTORY

Mr. SIKES. Which of the remaining hospitals are substandard? Those remaining in the inventory? Identify that for the record.

[The information follows:]

All of our existing hospitals are substandard in one respect or another. Changes to the National Fire Protection Association (NFPA) codes which have been recently made, modify certain requirements for emergency electrical power and electrical systems. However, those structures of World War II vintage or older, are inadequate not only from the standpoint of the NFPA codes, and the Joint Commission on Accreditation of Hospitals criteria, but are structurally inadequate and functionally obsolete.

The codes referred to involve the National Electrical Code and NFPA 101 (Life Safety Code). They are quite voluminous and complicated; but briefly, article 517 of the National Electrical Code incorporated new criteria on essential electrical systems for health care facilities. These systems are comprised of alternate sources of power, transfer switches, overcurrent protective device, distribution cabinets, feeders, branch circuits, motor controls, and all connected electrical equipment designed to provide designated areas with continuity of electrical service during disruption of normal power sources, and also designed to minimize the interruptive effects of disruption within the internal wiring system.

The two resulting systems are designated the equipment system and the emergency system. The emergency system is divided into three branches, (1) the life support branch, (2) the life safety branch, and (3) the critical branch. The requirement for emergency electrical power has been required for many years, but the code was not as comprehensive as this new one adopted within the last year.

The Life Safety Code, NFPA 101, requires more complete fire detection and fire isolation requirements through use of smoke detectors, automatic door closers, and isolated ventilation systems.

The first naval hospital to be constructed incorporating these latest codes is Pensacola, Fla. These new codes are being incorporated into the new facilities during their design. Changes are being made insofar as economically practical to the facilities that were under construction when the code was changed.

Other major deficiencies involve seismic protection. For example, San Diego Naval Hospital, the largest naval hospital, does not meet seismic requirements. In fact, a large part of it which was constructed in 1920-1921 is of identical construction to the VA hospital which collapsed 2 years ago.

The following is a listing of all of the naval hospitals with construction dates.

Hospital	Dates constructed	Meet codes	Hospital	Dates constructed	Meet codes
Portsmouth, N.H.	1913-45	No.	Pensacola, Fla.	1942	No.
Boston, Mass.	1900-58	No.	Great Lakes, Ill.	1928-60	No.
Newport, R.I.	1913-45	No.	Corpus Christi, Tex. ²	1943	(²)
Quonset Point, R.I.	1941	No.	Bremerton, Wash.	1911-43	No.
New London, Conn. ¹	1941	No.	Whidbey Island, Wash.	1969	No.
St. Albans, N.Y.	1951	No.	Lemoore, Calif.	1961	No.
Philadelphia, Pa.	1935-46	No.	Oakland, Calif.	1942-68	No.
Annapolis, Md.	1939-42	No.	San Diego, Calif.	1922-56	No.
Patuxant River, Md.	1967	No.	Camp Pendleton, Calif. ³	1944	(³)
Quantico, Va.	1939-42	No.	Long Beach, Calif. ⁴	1967	(⁴)
Bethesda, Md.	1941-63	No.	Overseas hospitals:		
Portsmouth, Va.	1927-60	No.	Guam, Micronesia Islands.	1954	No.
Cherry Point, N.C.	1942	No.	Yokosuka, Japan	⁵ 1928	No.
Camp Lejeune, N.C.	1943	No.	Subic Bay, Republic of the Philippines.	1956	No.
Memphis, Tenn.	1972	No.	Taipei, Taiwan	1961	No.
Charleston, S.C.	1973	No.	Guantanamo Bay, Cuba	1956	No.
Beaufort, S.C.	1949	No.	Roosevelt Roads, P.R. ⁶	1962	(⁶)
Jacksonville, Fla.	1967	No.	Naples, Italy	⁷ 1960	No.
Key West, Fla.	1943	No.	Rota, Spain	1958	No.
Orlando, Fla.	1943	No.			
Port Hueneme, Calif.	1942	No.			

¹ New London, Conn.—Naval hospital will be completed in November. Certain modifications have been made to the grounding system, but since this hospital was designed in 1967, the new code changes were not included. Neither time nor funds permitted necessary changes.

² Corpus Christi, Tex.—Naval hospital will be completed in November. This hospital was designed in 1969. Certain modifications have been made to the grounding system but neither time nor funds permitted inclusion of all new codes.

³ Camp Pendleton, Calif.—Naval hospital was designed prior to the new codes. However, every effort is being made to incorporate all code changes that can be done. Completion scheduled for May 1974.

⁴ Long Beach, Calif.—Naval Hospital addition scheduled for completion in June 1974. This was designed prior to recent code changes, but modifications are being made to include as many as possible.

⁵ Former Japanese hospital.

⁶ Roosevelt Roads, P.R.—Naval hospital was designed in 1967 and did not include code changes. Facility is scheduled for completion in September 1973. Certain modifications have been made to the grounding system but neither time nor funds permitted inclusion of all new codes.

⁷ Leased building.

⁸ Temporary construction. All other hospitals are primarily permanent construction.

IMPACT OF NAVY HOSPITAL CLOSURES

Mr. SIKES. Can you discuss the impact of the recently announced hospital closures on your workloads at existing hospitals and on the Navy's overall health care program.

[The information follows:]

The Navy will experience an increase in the workload of certain naval hospitals as a result of the shore establishment realignment. It is planned to increase the authorized staffing of the following naval medical facilities by the number of billets indicated:

Facility	Billet increase		
	Officer	Enlisted	Civilian
Naval Hospital, Beaufort, S.C.	10	25	0
Naval Regional Medical Center, Bremerton, Wash.	15	40	0
Naval Hospital, Charleston, S.C.	11	14	2 ³
Naval Regional Medical Center, Charleston, S.C.	0	20	0
Naval Regional Medical Center, Jacksonville, Fla.	0	20	0
Branch Dispensary, Naval Air Station, Brunswick, Maine	1	6	0
Naval Submarine Medical Center, New London, Conn.	12	20	0
Naval Hospital, Orlando, Fla.	10	20	20
Naval Aerospace and Regional Medical Center, Pensacola, Fla.	0	20	29
Naval Hospital, Philadelphia, Pa.	17	36	35
Naval Regional Medical Center, Philadelphia, Pa.	17	43	21
Naval Hospital, Portsmouth, Va.	29	61	59
Naval Regional Medical Center, Portsmouth, Va.	18	15	80

While it is quite possible that it will be necessary to increase the size of some of these facilities to accommodate the growth in workload, the exact amount of increase and alternate courses of action are still being studied. Other than the reduction in the Navy health care program in the Northeast Conus areas of Portsmouth, N.H.; Boston, Mass.; Newport, R.I.; and St. Albans, N.Y., the Navy does not anticipate any major impact on the program overall.

Mr. SIKES. Do you need all the remaining hospitals in the inventory?

Admiral ETTER. Mr. Chairman, we are taking a hard look at some of the hospitals which have a low-occupancy rate. At the moment I would have to say that we need them all. I am thinking of hospitals that are only running around 40 or 50 percent occupied. These mostly happen to be in areas with inadequate civilian facilities available to support the population if the others would be closed. At the moment I would have to say we need them all, but we are taking a good hard look. Again, because of resources, both dollars and people.

Mr. SIKES. According to figures supplied the committee in earlier testimony, your workload at your 10 major hospitals will decline from an inpatient load of 7,654 in 1971 to 5,962 in 1975. Does this take into account the shifts in workload as a result of the closures?

Admiral ETTER. I think we would have to say it does, Mr. Chairman, although it should provide a better training mix of patients for these training facilities. For example some workload will shift down into the Norfolk, and Charleston areas, away from the hospitals closed. I think it is pretty well taken into account.

Mr. SIKES. How many hospital beds will be given up as a result of the realignments?

Admiral ETTER. Boston has a normal capacity of 380 beds, has been running a census around 246. St. Albans, 607 beds, a census of 155. Quonset, 104 beds, census of 33. Portsmouth, N.H., 151 beds, for a census of 58. The point is that when you close a hospital you are closing a lot more beds than being used in today's environment. Many of these beds are not being used.

In the St. Albans, N.Y. area, only 150 patients in that hospital, for a 600-bed facility. You have to be careful. We are giving up a lot more beds than medical care provided.

Mr. PATTEN. When we talk of St. Albans, you are talking of Navy personnel?

Admiral ETTER. I am talking—

Mr. PATTEN. Those beds are not empty?

Admiral ETTER. No, sir, there are 450 empty beds. Today's census is 155 of all categories of patients.

Mr. PATTEN. You are closing facilities in New Hampshire, Mass., and New York as well as reducing the scope of operations at the hospital at Newport, R.I. Will this create a deficit of adequate hospital facilities to support Navy populations in the Northeast? Is the reduction in eligible personnel in the Northeast proportionately greater or lesser than the reduction in hospital facilities?

Admiral ETTER. The answer to the first part of the question, Mr. Patten: We do not think that there will be a deficit of adequate hospital facilities in the area. There will be a deficit of military facilities to take care of the dependents and retirees in those areas. I cannot argue that point. They are eligible under the CHAMPUS program in very fine civilian facilities. They can be taken care of. The few active-duty remaining in the Boston-New York area can either be hospitalized

in civilian facilities or more likely will be hospitalized at naval facilities in Philadelphia, Newport, or at New London. Adequate facilities are available. The reduction in eligible personnel is proportionate to the lack of hospital facilities, neither greater nor less, proportionate to the remaining population.

Mr. PATTEN. How will you take care of the population which does require care in this region?

Admiral ETTER. Following closure of the naval hospitals in the Northeast, medical care for eligible beneficiaries will be available from a variety of sources—both military and civilian. Navy outpatient facilities will be available in the New England area in Brunswick, Maine; Portsmouth, N.H.; South Weymouth, Mass.; Davisville, R.I.; and Newport, R.I., to provide routine and emergency care and to act as referral points to either the civilian medical community or to the Naval Hospital, Newport, R.I. As authorized by Congress, the benefits of the civilian health and medical program, uniform services (CHAMPUS), or medicare will apply when civilian sources are elected for use. In addition, the Air Force is completing construction of a new hospital at Pease Air Force Base, N.H., and the Cutler U.S. Army Hospital, Fort Devens, Mass., will continue to provide inpatient services for a portion of the eligible community. Continued availability of an aeromedical evacuation service will provide the option of transporting selected patients to appropriate military installations should the need arise.

In addition to this I would like to point out, outpatient facilities will remain available at the naval support activity at Brooklyn and the naval ammunition depot at Earle, N.J.

Mr. PATTEN. If you will, look at the picture in Newport, R.I., at how many sailors marry Japanese, how many married Koreans or Vietnamese. Fellows tell me that you have people who just can't be left adrift in the local economy; they are foreign to it. Have you ever thought of that? I had a big red-headed Irishman who married a Japanese girl and they have four children. These people do not feel part of the local economy. I have talked to a couple of them and they feel they should not be cut adrift.

Admiral ETTER. I think there certainly are counselors that can be made available to them to help them bridge this gap and if their husbands are still on active duty, most likely they will move when their husbands move back to the military communities.

Mr. PATTEN. Admiral, the truth is when you came here this was not on your mind; right?

Admiral ETTER. Not this particular point, no, sir.

Mr. PATTEN. Maybe there is nothing to it. It may have been overstated. But some people have told me—not Congressmen—people from the base I just happened to be with over the weekend—told me there are many Navy personnel with wives from all over the world. You have sailors who married Filipinos and married Japanese.

Can you provide for the record the personnel shifts and the costs and anticipated savings associated with each of the recent Navy hospital realignment actions. Also show how you plan to take care of the residual health needs in each of these areas.

[The information follows:]

Naval Hospitals, Portsmouth, N.H.; Chelsea, Mass.; Quonset Point, R.I.; and St. Albans, N.Y., are being closed in fiscal year 1974. The staff of the Naval Regional Medical Center, Newport, R.I., is being reduced and the naval hospital annex in the REPOSE is being disestablished. The personnel shifts, costs, and anticipated savings from these hospital realignment actions are as follows:

[Dollar amounts in thousands]

	Personnel ¹						Anticipated savings ²			Estimated costs ³		
	Transfers			Eliminated								
	Off.	Enl.	Civ.	Off.	Enl.	Civ.	MPN	O. & M.N.		MPN	O. & M.N.	
Naval Hospital, St. Albans, N.Y.-----	57	111	117	101	248	269	\$2,738		\$89	\$513	\$1,611	
Naval Hospital, Quonset Point, R.I.-----	26	54	22	10	27	9	(⁴)	(⁴)	(⁴)	116	97	
Naval Hospital, Newport, R.I.-----	0	0	0	54	121	71	(⁴)	(⁴)	(⁴)	173	126	
Naval Hospital, Boston, Chelsea, Mass.-----	102	144	129	83	143	195	(⁴)	(⁴)	(⁴)	482	1,965	
Naval Hospital Annex in Repose-----	0	0	0	45	133	0	(⁴)	(⁴)	(⁴)	172	0	
Naval Hospital, Portsmouth, N.H.-----	18	35	31	24	61	55	(⁴)	(⁴)	(⁴)	136	454	

¹ Based upon June 30, 1972, end strength.

² Savings are estimated for 1st full year of savings being in fiscal year 1975.

³ Estimated costs are 1-time only. MPN costs are estimated costs for civil service severance pay or relocation costs and for 1-time costs attributable to closure.

⁴ The savings associated with the relocations are included in the overall calculations of such data resulting from the closing of the entire complexes, of which these activities were a part.

When the Naval Hospital, St. Albans, N.Y., is disestablished, medical care for the active duty population will be provided in outpatient facilities in the Naval Support Activity, Brooklyn. Emergency medical care can be obtained in Veterans' Administration hospitals and any one of the 150 general hospitals in the Greater New York City area. Routine and elective medical care can be provided in the naval hospitals in New London, Conn.; Newport, R.I.; or Philadelphia, Pa. Other eligible beneficiaries may receive care under the provisions of CHAMPUS, the cost-sharing program legislated by the Congress to insure adequate care when service facilities are not available.

Mr. DAVIS. Mr. Chairman.

Mr. SIKES. Proceed.

CHAMPUS

Mr. DAVIS. I would like for you to discuss for us the relationship of the CHAMPUS program to the medical facility development program. What does CHAMPUS provide? What does it cost the serviceman? Who is eligible?

Admiral EITNER. The program primarily was provided to supplement that in military facilities or to provide care when military facilities were not available. For the active duty dependent their cost is \$1.75 per day or \$25 for the total hospitalization. For retirees, however, and their dependents, the Government, as I remember it, picks up about 75 percent of the bill and the patient is responsible for the additional 25 percent. This admittedly in an extended illness or long-term hospitalization can be a hardship to the retired community. There is no doubt about that. For your usual type of care this will suffice. In addition to that, I would like to point out that for the retirees and their dependents, all of the Reserve officer associations, and those associations also which are responsible for the enlisted retirees, all have optional insurance programs that the retiree can pick up, can pay the premiums, and with CHAMPUS this covers the entire cost of his hospitalization in civilian facilities.

The capability mechanism is there for the retirees to be taken care of at a very reasonable cost. If they have the insurance this would be the cost of the insurance premiums.

Mr. DAVIS. The man in uniform does not rely upon CHAMPUS?

Admiral ETTER. He does not rely upon CHAMPUS but there is a program—it is called nonnaval medical and dental care program, his entire hospital bill can be picked up for outpatient care and hospitalization of emergency medical/surgical conditions, in a civilian facility if a Federal facility is not available. The entire bill is paid under this program.

Mr. DAVIS. CHAMPUS supplies this then to the dependent of the man in uniform, to the retiree, and his dependents?

Admiral ETTER. That is correct.

Mr. DAVIS. He has made no direct financial contribution for that coverage; is that correct?

Admiral ETTER. That is correct, except for the retirees' optional insurance premiums.

Mr. DAVIS. With that kind of service available to this individual, should we be concerning ourselves about expanding the physical plant of the Navy's medical facilities for other than those who are actually in uniform? In other words, there is another side of the coin to what has been previously discussed here.

Admiral ETTER. Mr. Davis, I appreciate your concern here, but if we are looking at it from a cost-effective standpoint and to providing a full mix of patients to provide a more professionally rewarding career for a physician, there is no doubt the service facilities have to take care of a certain number of dependents and their retirees. In all of your residency training programs they require care across the board, in all age groups from the time you are born until the time you die, some people at 95 or 100. You have to have this span for your training requirements. In addition, you could get very few doctors worth the name doctor to come into the service if all they had to do was take care of healthy, getting sick occasionally young males. It just doesn't work. This was the background for the 5 and 10 percent mix DOD has allowed in your service hospitals. It was specifically for training and to provide this more complete patient mix in the practice of medicine. You can supplement with CHAMPUS but it cannot take the place of military medicine. It can also get to be a very costly thing. Admittedly when you try to break down CHAMPUS costs, you can get yourself into some difficulty, but we estimate that from strictly O. & M. operating costs, it costs us between two and three times as much in the civilian community as it costs to take care of the patient in our own hospitals.

Mr. DAVIS. How long have these 5 and 10 percent DOD directives been in effect?

Admiral ETTER. I think since about 1966.

Mr. DAVIS. Has CHAMPUS been in effect that long?

Admiral ETTER. Yes, sir. It has been in effect since I think 1966, with the expanded CHAMPUS program. The original bill since about 1956. They came in about the same time.

Mr. DAVIS. Roughly speaking, the limitation on the development of physical facilities for the nonserviceman and CHAMPUS have grown together?

Admiral ETTER. They have.

Mr. DAVIS. Thank you. That is all.

NATIONAL NAVAL MEDICAL CENTER, BETHESDA, MD.

Mr. SIKES. We will take up the National Naval Medical Center, Bethesda.

Insert in the record page I-33.

[The information follows:]

1. DATE 19 FEB 1973		2. DEPARTMENT NAVY		3. PROGRAM FY 1974 MILITARY CONSTRUCTION PROGRAM			4. INSTALLATION NATIONAL NAVAL MEDICAL CENTER					
4. COMMAND OR MANAGEMENT BUREAU BUREAU OF MEDICINE AND SURGERY			5. INSTALLATION CONTROL NUMBER 4170-200		6. STATE/COUNTRY BETHESDA, MARYLAND							
7. STATUS ACTIVE		8. YEAR OF INITIAL OCCUPANCY 1942			9. COUNTY (U.S.) MONTGOMERY		10. NEAREST CITY 5 MILES SOUTHEAST TO WASHINGTON, D.C.					
11. MISSION OR MAJOR FUNCTIONS To administer the various activities and components by direction, coordination and professional supervision with respect to research, training and clinical and hospitalization services.				12. PERSONNEL STRENGTH								
				PERMANENT			STUDENTS		SUPPORTED			TOTAL
				OFFICER (1)	ENLISTED (2)	CIVILIAN (3)	OFFICER (4)	ENLISTED (5)	OFFICER (6)	ENLISTED (7)	CIVILIAN (8)	(9)
A. AS OF 31 DEC. 1972				758	873	1,241	115	534	11	13	0	3,545
B. PLANNED (END FY 75)				611	950	1,241	95	229	11	13	0	3,150
The mission of the Naval Hospital component is to provide general clinical and hospitalization services for active duty Navy and Marine Corps personnel, other services, dependents of active duty personnel and to cooperate with military and civilian personnel in matters pertaining to health, sanitation, local disasters and other emergencies.				13. INVENTORY								
				LAND	ACRES (1)	LAND COST (\$000) (2)	IMPROVEMENT (\$000) (3)	TOTAL (\$000) (4)				
A. OWNED				243	350	36,065	36,415					
B. LEASES AND EASEMENTS				0	0	0	0					
C. INVENTORY TOTAL (Except land from) AS OF 30 JUNE 19 72							36,415					
D. AUTHORIZATION NOT YET IN INVENTORY							0					
E. AUTHORIZATION REQUESTED IN THIS PROGRAM							3,310					
F. ESTIMATED AUTHORIZATION - NEXT 4 YEARS							100,000					
G. GRAND TOTAL (C + D + E + F)							139,725					
14. SUMMARY OF INSTALLATION PROJECTS												
CATEGORY CODE NO.		PROJECT DESIGNATION PROJECT TITLE			TENANT COMMAND	UNIT OF MEASURE	AUTHORIZATION PROGRAM SCOPE		FUNDING PROGRAM ESTIMATED COST (\$000)			
a		b			c	d	e		f			
740.01		NAVY EXCHANGE RETAIL STORE			5	SF	36,370		1,764			
851.10		ROADS			19	SY	15,000		1,546			
							TOTAL		3,310			

287

National Naval Medical Center, Bethesda, Md., \$3,310,000

The center administers the various component commands and activities and provides personnel support and community facilities for assigned personnel. The Naval Hospital component of the center provides general clinical and hospitalization services for active duty Navy and Marine Corps personnel.

The Navy exchange retail store project will replace, with a convenient, one-stop shopping center, the existing inadequately sized and located store. The vacated site of the retail store is required for the construction of new clinical facilities.

The roads project will provide the new roadways required to streamline ingress and egress to the center from Jones Bridge Road.

Status of funds:

Cumulative appropriations through fiscal year 1973-----	\$14, 774, 500
Cumulative obligations, Dec. 31, 1972 (actual)-----	13, 470, 150
Cumulative obligations, June 30, 1973 (estimated)-----	13, 470, 150

DESIGN INFORMATION

Project	Design cost	Percent complete April 1, 1973
Navy exchange retail store-----	\$84, 672	4
Roads-----	73, 000	1

BRIEFING ON CORE DEVELOPMENT PLAN

Mr. SIKES. I understand that there is a briefing on your core development plan for the hospital complex at this installation. We will be glad to hear you.

Admiral ETTER. Thank you, Mr. Chairman.

Commander Jim Smith is going to give this presentation.

Mr. SIKES. Proceed.

Commander SMITH. Mr. Chairman, the National Naval Medical Center at Bethesda was opened in 1942. The basic mission of this 31-year-old center is to provide for the delivery of health care, conduct education and training, and undertake medical research. Bethesda is more than a hospital; it is made up of the following components: Hospital, Center command which administers the complex, Medical Training Institute, Medical Research Institute and Graduate Dental School, and the School of Health Care Administration. It is a highly integrated medical center.

DEFICIENCIES

The center covers some 245 acres and has a total staff and student population of approximately 3,500. The center is currently affected by four major operational deficiencies. These are (1) fragmentation of functions; (2) obsolescence; (3), vehicle circulation and parking; (4), increased workload without a corresponding increase in facilities.

FRAGMENTATION OF FUNCTIONS

The most evident of these deficiencies is No. 1, fragmentation of functions.

As an example, I portray here the Laboratory Service of Bethesda. As you can see, the various parts of the laboratory are spread throughout the institution. Management of such a fragmented service is difficult and inefficient at best. Another problem, (2) obsolescence. The original design of this facility is obsolete for today's level of care.

This diagram is a cross section of a typical ward in the tower of the hospital at Bethesda. The green indicates the patient area and the orange corridors, and purple nursing stations. This configuration was examined by a consulting firm, and they found that the tower wards take care of 19 percent of the total patient load, while costing 36 percent of the total operating cost at Bethesda. It is a very inefficient configuration.

FIRE HAZARD

Another of Bethesda's major deficiencies is indicated by red, which you see here on the chart. This is the only fire exit from the tower. The Joint Commission on the Accreditation for Hospitals has indicated if we do not find an alternative to housing patients in the tower at Bethesda, that we will lose our accreditation as a hospital.

The impact of the loss of accreditation is severe. This would mean it would completely destroy our entire residency training program. Let me give you some idea of the magnitude of the residency training program. Of the 298 physicians at Bethesda, 32 are interns, 113 are residents, and nine are fellows. This means 51 percent of the total staff are in accredited training programs. These would be lost should we lose our accreditation because of the potential fire problem.

PARKING DEFICIENCY

The third major problem is the parking deficiency. An independent consulting firm examined our parking problem and found the deficiency is now 100 percent. We presently need twice as many spaces.

Mr. SIXES. Don't you have any parking? One hundred percent? I have seen some parking out there. How do you get 100 percent deficiency?

Commander SMITH. We need to increase it 100 percent. We need to double the parking availability.

OUTPATIENT WORKLOAD

The most serious of all deficiencies is the overwhelming workload. In 1963 we built a new outpatient clinic at Bethesda. At that time the outpatient visitation rate was 10,000 visits per month. In March of this year, the same facilities, the visitation rate was 2,000 patients per day in the same facility.

Mr. PATTEN. How many a month? You said 10,000 a month? Compared with what today?

REDEVELOPMENT STUDY

Commander SMITH. 60,000. The point is that it is just completely overwhelmed to the point that the waiting time for various clinics has been as long as 8 weeks. Should a dependent or serviceman need a specialty appointment, they must wait 8 weeks in many clinics. This is poor medical practice. As a result of these deficiencies that I have mentioned, a consulting firm was hired in 1971 to prepare a study for the redevelopment of Bethesda. Their recommendations were as follows:

1. Development of a new naval hospital at the same site.

2. A retrofit of the other components in space vacated when the new hospital is completed.

3. Provision for structured parking.

4. Reutilization of the tower at Bethesda for other than patient care.

The redevelopment of Bethesda was programed on a functional zoning basis. That is with like activities grouped. The plan was for command and administration to occupy the tower and the central building, with education and research to the north, with room for expansion, health care delivery to the south on the site of the new hospital and parking to the east connecting with both of these.

The consultants recommended that Bethesda be redeveloped by phasing and by so doing this would allow us to continue to perform our mission with little or no decrease in services and also would allow us to continue our residency training programs.

PHASING OF CONSTRUCTION

The implementation of the proposed plan requires a 5-phase construction program. I will first present a brief overview and then I will explain the hows and whys of phasing in detail.

To maintain the operation of this Center during the redevelopment cycle phasing is necessary; that is, certain things must happen before other things can be done. Thus, before the new hospital can be built here, the functions that are in these buildings which must be demolished must be moved. This parking lot, which is—

Mr. SIKES. When the job is complete will you have torn down the present facility and built a new one?

Commander SMITH. No, sir. The portions that are shown in red on the chart are the portions which will be demolished. These are for the most part World War II temporary structures, and these are permanent construction [indicating]; the only permanent construction which will be destroyed. The remaining part of the institution will remain, but it will be—

Mr. SIKES. Orient me. Where is the tower?

Commander SMITH. Here is the tower [indicating]. This is the west facing Wisconsin Avenue.

Mr. SIKES. You will keep most of the existing structure?

Commander SMITH. Yes, sir. It will be retained for command administration and training functions for the component commands now located on the periphery, in 17 World War II buildings, which will be moved in to occupy this space. Those World War II buildings that are now on the periphery will be destroyed.

As I indicated, the parking must be moved. These buildings must go. The parking is proposed to be on the east and the parking structure here. We have two buildings in the way, one of which is the Navy Exchange. It seems ludicrous to begin redevelopment of the Navy Medical Center by building a Navy Exchange, but the truth of the matter is—

Mr. SIKES. First things first.

Commander SMITH. The truth of the matter is that it is in the way. We have a parking facility to go there. The Navy Exchange has merit on its own. It is an old World War II structure but the exchange service is fragmented. It is in the way. Therefore, the functions in these

buildings need to be relocated. In 1974 we plan to build a new Navy Exchange which will be located [indicating] in this area of the base. The present site will be moved here.

BASE MASTER PLAN

Now, by so doing we are also in keeping with our master plan which shows all personnel support services in this area of the base, removing them from the areas of the clinical aspects of the base.

Mr. SIKES. That thing looks a little too much like a modernistic painting.

Commander SMITH. I am not responsible for this.

Mr. PATTEN. You have a couple of buildings out there that fascinated me, the radiological facility and a few other of those exotic subjects. Are they going to be retained and be part of the whole complex?

Commander SMITH. Yes, sir; the Armed Forces Radiological Research Institute will be retained just as it is. It won't be touched at all.

Mr. PATTEN. In other words, that nuclear—

Commander SMITH. The nuclear reactor is at the site.

Mr. PATTEN. You have a facility out there related to research on any trouble or accidents or as a result of radioactivity. Those facilities will still stay?

Commander SMITH. Yes, sir. They are modern and complete. They are going to stay.

To briefly run through the phasing, as I said, the exchange will go and also the other temporary buildings and this will make room for the parking facility which is to go here.

PARKING FACILITIES

This parking facility will take the place of this during the construction and the functions located in these buildings we hope to move into a temporary—

Mr. SIKES. How many cars will the new parking facility accommodate?

Commander SMITH. Six hundred thirty.

Mr. SIKES. How many do the present facilities accommodate?

Commander SMITH. This lot here takes care of 243.

Mr. SIKES. Well, according to your diagram the new parking area looks smaller than the old one.

Commander SMITH. You are correct, sir, in area. This [indicating] is a multidecked parking structure. This [indicating] is simply a flat lot.

Mr. SIKES. Is it necessary to have a parking structure with the additional cost that is associated with a vertical structure?

Commander SMITH. Yes, sir. We examined that very carefully along with the consultant that did the study. We found, No. 1, that the National Capital Planning Commission frowns very much on our taking up any more of the grass space. We also have severe problems with the environmentalists.

Also the patient care functions are located here. If we spread our lots farther away the sick people must walk farther and farther to get to their treatment center.

Mr. SIKES. What is the difference between walking further on the ground or up and down stairs?

Commander SMITH. Well, this facility and the new proposed parking lot that would go here [indicating] bring you in on the ramps according to the clinic you are going to.

Mr. OBEY. How many levels of parking?

Commander SMITH. Four. An interesting thing, the structure is very much in keeping with the rest of the design of the facility.

Mr. PATTEN. Will that take care of your nurses, your interns, and your permanent residents as well as the patients and visitors?

Commander SMITH. No, sir. This will take care of the staff primarily when the project is completed. Another parking garage is required accommodating some 830 cars which will go here, the south parking garage, and it will serve primarily the outpatient department and the hospital itself. The two are required.

FISCAL YEAR 1975 PHASE

The functions located in these buildings we hope to put in a relocatable building which is in phase 2, 1975. The construction would be a temporary facility merely to give us some space during the construction phase.

Next in 1975 we also have public works shops and warehouse which would be constructed off the perimeter of the map and would provide relief for the functions located in these buildings.

With these buildings and the parking then we can begin construction of the naval hospital which will go at this site.

UTILIZATION OF EXISTING FACILITIES

Mr. SIKES. You will have an entirely new hospital at a cost of \$82.5 million?

Commander SMITH. Yes, sir; with 135,000 square feet of the existing plant still utilized, the messhall and some of the adjacent areas. 135,000 square feet of existing space will be utilized as part of the new facility.

I have divided the items in fiscal year 1975 into two groups. One I call the primary group, the relocatable structure, parking structure, public works shops, and the warehouse. I did so because these items are instrumental to the operational phasing of the project. These must occur for the phasing to develop without an impact on our services.

Support facilities in 1975 are ongoing projects not directly related to the phasing although having merit of their own.

REQUIREMENT FOR NEW HOSPITAL

Mr. SIKES. When was it determined that you will need a new hospital at this location?

Commander SMITH. It was determined on the basis of the study conducted in 1971. The study was completed in late 1972 early 1973.

Mr. SIKES. Is your problem overcrowding or obsolescence or both?

Commander SMITH. The problem is both, sir, but primarily obsolescence, mainly functional obsolescence, the existing facility is not suitable for today's level of care.

Mr. SIKES. You have 750 beds now; is that correct?

Commander SMITH. That is correct, 750 authorized beds.

Mr. SIKES. How many will you have in the new hospital?

Commander SMITH. The new hospital will have 600 new acute care beds, retaining in that 135,000 square feet that I mentioned and 250 light care beds.

Mr. SIKES. And the total is what?

Commander SMITH. The total will be 850.

Mr. SIKES. We have been attempting to get some military activities moved out of Washington, not very successfully, but we have been trying to get it done. We have felt that that is one good way to effect revenue sharing, to let some of the States have some of the military activities that have been concentrated around Washington and to make this a little less attractive as a target in case of war.

Apparently you are expecting the military population to build up here.

Commander SMITH. Well, sir, two points on that.

One, Bethesda is a large teaching hospital and a research facility and its present location is close to the National Institutes of Health. It is close to the National Library of Medicine and it is close to several universities that we are affiliated with, George Washington, Howard, and Georgetown, with whom we have programs.

Therefore our population base is quite a bit larger than just this area. It acts as a center receiving patients from outside of the area.

Some 10 percent of the patients are referred from other hospitals, because the level of treatment they require is available here but not available elsewhere.

Mr. OBEY. Mr. Chairman, would you yield at that point?

Mr. SIKES. Yes.

RELATIONSHIP WITH NIH

Mr. OBEY. Could you explain to me just in a shorthand way the kind of relationship which you have with NIH?

Commander SMITH. Yes, sir.

Mr. OBEY. How integrated it is.

Commander SMITH. Yes, sir. We have mutual training programs with NIH and also cooperate in various research projects which I am not prepared to discuss.

We have ongoing research projects, both psychological and physiological, with NIH.

Mr. SIKES. Do you have anyone here who knows more about the relationship between the two? Do you have anyone here who has the details on this?

Admiral ETTER. What is the particular question?

Mr. OBEY. My point is that in response to the chairman's question one of the reasons given for the necessity to locate here was that you had some cooperative efforts going on with NIH and I was curious as to really how important those were and what they really in fact involved.

Admiral ETTER. From the overall residency programs I think that they are quite important. They provide, for example, the expertise which is not available anywhere else to the best of my knowledge in the United States in neuroradiology and in certain types of neurophysiology. They share certain of the laboratory facilities and it just makes a very happy relationship.

Now, Dr. Friess would like to add to that.

Dr. FRIESS. I have at least one example to give you of a way in which medical research laboratories and the National Naval Medical Center interact with those at National Institutes of Health. Take the homey example that struck the heart because it is in my department.

We have developed some techniques for the use of carbon monoxide as a means of looking at the dynamic half life of the red cells. That technique once evolved was most useful in looking at the course of some diseases which are progressive in nature to make the maximum use of the technique.

My technologists and research people intercollaborate with several laboratories at NIH to study the disease of interest to them and then the use of the technique in our particular case for our problems. It is cross-fertilization.

The development in a given area has worked to the advantage of both programs of NIH and to the Navy Medical Research Institute and the personnel cross-fertilizing get much more mileage out of some development.

Mr. OBEY. Of your total personnel, how many in a given year work with NIH on some kind of problem?

Dr. FRIESS. It looks like about 10-percent collaboration at any given time.

INCREASE IN BEDS

Mr. SIKES. That would hardly seem a justification for an increase of 100 beds in the hospital, and again I refer to the efforts of this committee to have some military activities moved out of Washington.

Your plans would indicate that you anticipate a continuing increase of activities in the Washington area. Is that what you are basing this on?

Commander SMITH. I can address part of that. Sir, 25 percent of our present workload is retired, factually 25 percent of our workload is retired and dependents of retired.

Mr. SIKES. But you only build for 10 percent?

Commander SMITH. Yes, sir; and that is the planning base that has been used.

Mr. SIKES. Are you going to build for more than 10 percent at the new hospital?

Commander SMITH. No, sir; 10 percent is what has been calculated.

Mr. SIKES. But you expect to accommodate 25 percent?

Commander SMITH. Yes, sir.

Mr. SIKES. There seems to be an inconsistency there. That would indicate that you are building more than you need for the military requirements plus 10 percent.

Commander SMITH. The workload projections were based on 1977 and the consultant made a computer-based program to determine what our forecast would be.

Mr. SIKES. Do we have anything in our justifications that indicate the Navy population in the Washington area is going to increase?

Commander SMITH. No, sir; it is going to decrease and the consultant estimated by 33 percent.

Mr. SIKES. I don't want to spend too much time pursuing this, but if you have a decreasing population I don't understand the need for an increase in the size of the facility.

Commander SMITH. Sir, a decrease in the population here along with closures elsewhere, and the more centralized we are becoming, the more people come into the larger facility.

Mr. SIKES. You see, Commander, and Admiral Etter, this is only the beginning. You are asking for \$3,300,000 for roads and an exchange in fiscal 1974 which doesn't look particularly big but that is the first bite out of a \$136 million package which includes an 850-bed hospital.

Let us be sure that we are on sound ground and that we can justify each step of this program. Otherwise we are going to run into difficulty all along the line, not only in authorization but in funding.

Admiral ETTER. Yes, sir.

Mr. Chairman, there is one thing that has not been emphasized here and that is that Bethesda is a referral center for many types of patients from without the Greater Washington area. For example, it is our only organ transplant center. All of the patients on the east coast, Navy patients, who are in need of kidney transplants are transferred to Bethesda. It is the center of excellence for open heart surgery on the east coast and these are regardless of the local populations.

However, I will assure you that the 850 beds that are being asked for can be well documented. This was the recommendation of the consulting firm that did the study for us.

Mr. SIKES. Will you document it for this record?

Admiral ETTER. We will document it for the record, sir.

[The information follows:]

The projected bed requirements for the Naval Hospital, Bethesda, were determined as a result of an extensive study by RTKL, Inc., a civilian architectural/engineering firm assisted by the following special consultants:

1. Westinghouse Electric Corp. health systems department.
2. Metcalf & Associates, architects and engineers.
3. John Hopkins Medical Institutions Medical Planning and Development Committee.

4. Jack W. Love, M.D., Ph. D., Santa Barbara Medical Clinic.

Four levels of care were identified: intensive, heavy, moderate, and light. The criteria for placing patients within one of these levels are described below.

INTENSIVE CARE

If a patient is admitted or transferred to either the intensive care unit (ICU) or coronary care unit (CCU) as noted in either the nurse's notes or doctor's notes.

Isolettes and croupettes are noted in the same manner.

HEAVY CARE

Any of the following conditions indicate heavy care:

The patient is bedridden.

The patient requires respiratory assistance or IV's.

All newborns were considered in heavy care unless nursing notes indicate intensive.

MODERATE CARE

Moderate care is dictated by the patient's ability to walk. The patient is considered to be in the moderate care category if he is ambulatory and/or has bathroom privileges but does not yet satisfy the condition of light care.

LIGHT CARE

A patient enters light care if he is transferred to a light care unit or assigned a task within the hospital. It may be noted that most patients in this category for any length of time are active duty military.

The importance of this relates to the beds required by level of care. The risks the hospital should be willing to assume for best occupancy differ by level of care. For the purpose of this analysis, the following occupancy rates were assumed as planning criteria :

	<i>Percent occupancy</i>
Intensive	50
Heavy	75
Moderate	80
Light	90

By planning with this method, rather than using the usual planning criteria of 80-percent occupancy for all levels of care, there is less chance of not being able to accommodate a patient requiring more intensive care. The total beds required is shown for each method of planning in the table.

ACTUAL EXPERIENCE AT NAVAL HOSPITAL, BETHESDA—BASED ON DATA COLLECTED DURING FISCAL YEAR 1972

Percentage of occupied beds by level of care:

Intensive.....	1.91
Heavy.....	16.74
Moderate.....	37.99
Light.....	29.75
Total percentage of occupied beds.....	85.68

AVERAGE DAILY PATIENT LOAD BY LEVEL OF CARE AND REQUIRED BEDS

	Average daily patient load	Appropriate occupancy rate (percent)	Beds required (as recommended by RTKL Inc.)
ICU.....	10.6	50	21
Heavy.....	173.4	75	231
Moderate.....	316.7	80	396
Light.....	231.8	90	258
Total.....	732.5		906

FORECAST BY RTKL

1. The total inpatient beds required exceed slightly the current authorized level of 906.

2. The current authorized level of 906 falls approximately at midpoint within the range predicted by the total patient demand and the extension of historical trends.

3. It is concluded that with an improved configuration related to levels of care, the authorized level of 906 beds is capable of meeting all the predicted patient requirements.

After thorough review of the consultants' findings by the Navy Medical Department, it was felt that the appropriate or ideal occupancy rate could be slightly increased without compromising patient care and therefore the total bed requirement was reduced from 906 to 850.

[Note: Additional information will be found in the appendix to this volume on page 1054.]

Mr. SIKES. How many beds are there in the tower ?

Commander SMITH. There are 241 beds in the tower.

Mr. SIKES. Will they be discontinued ?

Commander SMITH. Yes, sir; those beds will be discontinued and will be in the new hospital facility.

Mr. SIKES. Please continue with your briefing if you have not finished.

ROADS

Commander SMITH. Yes, sir. The other point I wanted to address was the roads which appear in fiscal year 1974 in phase 1. The black indicates the present roads, the red the new roads.

Mr. SIKES. That is what you would get for \$1,546,000 ?

Commander SMITH. Yes, sir.

The purpose of the new roads is threefold.

One, it will allow access to the construction site without disrupting services of the hospital during construction, but, more important, on a long-range basis it will allow access of administrative traffic to the base and segregated from the patient traffic.

Right now we have a mix and it is a rather tremendous problem.

Mr. SIKES. Will you need to restructure those roads after you complete the building program ?

Commander SMITH. No, sir. It meets short-term and long-term needs, both.

Mr. SIKES. What is the sketch behind you ? I think it would tell me more than some of the other maps which you have been showing me. Is that the new facility or the—

Commander SMITH. This is how we hope it will look at completion.

Mr. SIKES. This is the new facility ?

Commander SMITH. Yes, sir.

Mr. SIKES. Go through that. I can understand that one better than I could that modernistic diagram, so would you tell us now what you have been telling us previously ?

Commander SMITH. Yes, sir.

The new parking structures are indicated in this area. This, [indicating] of course, is the existing facility. This [indicating] is the new hospital. The new road system will come in here [indicating] and also here. Of course this [indicating] serves the administrative portion of the base.

The other reason for the change in the road here was to cooperate with Montgomery County highways. We have a dangerous problem. This road [indicating] is too close to Wisconsin Avenue causing quite

a bottleneck. They have requested that we adjust that to be consistent with future county plans. That was the third point on the roads.

Mr. SIKES. Where is the new exchange?

Commander SMITH. The new exchange, sir, was left off by the artist but it goes right here in this location.

Mr. SIKES. Where is the one that you propose to build for \$1,764,000 in fiscal 1974?

Commander SMITH. That is the new exchange. It doesn't appear on here.

Mr. SIKES. I see. You weren't very sure of getting it. You didn't even put it on the map.

Commander SMITH. My artist wasn't sure.

Mr. SIKES. Anything else?

Commander SMITH. No, sir.

UTILIZATION OF EXISTING FACILITIES

Mr. SIKES. You have done a good job for us.

What are the areas in the existing facility in which you could, if necessary, locate the beds you require?

Admiral ETTER. No areas exist in the present facility which could adequately accommodate the 241 beds which must be removed from the tower to maintain the hospital's accreditation. The master planning study completed by Ballinger Planning Consultants in 1967 recommended new construction for the 241 bed requirement, as did the 1972 RTKG study. There has been no proposal to relocate the beds into existing buildings.

Mr. SIKES. What is the replacement value of the existing hospital core facilities at Bethesda? Can you show us each of these buildings and tell us what its replacement value and current and projected uses might be? Provide details for the record.

Admiral MARSCHALL. The replacement value of the existing Core facilities is \$48,230,000. The replacement cost of the buildings to remain for reuse under the Core area study is estimated to be \$37,800,000. The projected use for each building is: Building 1—command and administration; building 2—administration and training; building 3—administration and training; building 4—to be demolished; building 5—training; building 6—to be demolished; building 7—light care ward; building 8—light care ward; building 24—to be demolished; building 31—to be demolished; building 110—to be demolished; building 136—to be demolished; building 144—to be demolished and building 211—oxygen dispensing unit (tank farm surrounded by a fence).

We will provide for the record the current use and replacement value for each building.

[The information follows:]

<u>Building</u>	<u>Current Use</u>	<u>Replacement Value</u>
1	Inpatient Ward, Administration, Graduate Dental School, portions of Medical Training Institute, Diagnostic Support Activities (Radiology and Lab), Obstetrics Suite, Nursery and Physical Therapy	\$17,300,000
2	Hospital Area, including Food Services Division, number of Administrative Spaces and Clinics, Diagnostic Area and portions of Lab	6,200,000
3	Wards	2,300,000
4	Wards and Outpatient Clinics	2,800,000
5	Wards (clinic area to be established)	2,300,000
6	Wards and Clinics	2,700,000
7	Wards (basement level - Physicians' Offices, Administrative Space and Clinics for Psychiatry)	3,700,000
8	Inpatient Wards (Basement - major section of Outpatient Department (Clinics))	6,000,000
24	Radiation Therapy	700,000
31	Radiation Exposure and Evaluation Lab Endocrinology Lab	1,000,000
104	Radiation Therapy and Lab	300,000
105	Radiation Therapy and Lab	600,000
109	Blood Donor Center and Red Cross	400,000
110	Teaching and Administration	400,000
136	Experimental Immunology and Radiological Safety - Public Works space & Warehouse Storage in the basement	500,000
137	First Floor Physical Evaluation Ward and Day Care Nursery Basement Public Works Administration and Design	400,000
144	Navy Exchange and Television Division	600,000
211	Oxygen Dispensing Unit (Tank Farm surrounded by a fence)	30,000

Mr. SIKES. The justification material lists the total cost of your improvements at Bethesda as \$36,415,000. What is the corresponding replacement value?

Admiral MARSCHALL. The cost of improvements consists of two parts, \$350,000 for land and \$36,065,000 for structures. The replacement cost for the structural improvements is \$111,507,000. It is difficult to estimate the replacement cost of the land without current appraisals but we consider it to be approximately \$10 million.

SITE

Mr. SIKES. How much land is there in this center, total land, acreage.

Commander SMITH. 245 acres.

Mr. SIKES. Do you expect to retain all of that land?

Commander SMITH. Yes, sir.

Mr. SIKES. None of it will be available for other purposes?

Admiral ETTER. No, sir.

Mr. SIKES. It would seem that you would certainly not have any excess land. Do you anticipate the possibility of needing additional land?

Admiral ETTER. No, sir.

Mr. SIKES. Is this the soundest way to provide the facilities which the Navy needs for a national medical center? Would another site and a completely new facility be preferable to this?

Admiral MARSCHALL. Mr. Chairman, I don't think there is another site available within the commuting distance. We had certainly looked into this and with the availability of this land and the fine location we feel that this is probably the ideal site.

Mr. SIKES. Is it the site that is governing, or the fact that you have some facilities which you would continue to use?

Admiral MARSCHALL. Well, it is a combination of both, Mr. Chairman. I think the bill would come even higher were we to begin from scratch.

Mr. SIKES. What other areas did you look at?

Admiral MARSCHALL. To be perfectly honest, sir, we don't have any other areas in which to look without acquiring land and land is becoming a much more precious commodity in this area than it was previously.

Mr. SIKES. So there are really no other alternatives which were before you, in your opinion?

Admiral MARSCHALL. No, sir.

MOVE OUT OF WASHINGTON

Mr. SIKES. Have you considered moving the medical center out of Washington and away from the high priced and scarce land?

Admiral ETTER. We have thought about it, sir, but have decided that it certainly would be much more desirable to keep it here than to move it anywhere else.

Mr. SIKES. Why? Spell that out for the record, will you?

Admiral ETTER. Yes, sir.

[The information follows:]

The graduate training being accomplished at the National Naval Medical Center, Bethesda, accounts for 25 percent of all Navy medical officer residents. These training programs rely heavily on the faculties of George Washington University, Georgetown University, Howard University, and the National Institutes of Health for professors in the teaching programs. Ninety professors from the above institutions are utilized in the medical residency programs, and 62 Navy medical officers hold faculty appointments at these civilian institutions. In addition to the faculty at the National Institutes of Health, the medical case material available at the National Institutes of Health and the library material available at the National Library of Medicine play a vital role in the residency program. Collectively, this constitutes a unique educational center which spans the entire spectrum of medical education.

If the training programs were removed from the Washington area all of the professional services outlined above as well as the clinical and research material would be extremely difficult to duplicate. In addition to the above it must be recognized that we currently possess a facility which has a replacement value in excess of \$110 million which must be constructed elsewhere.

[Note: Additional information appears in the appendix to this volume on page 1053.]

RELATIONS WITH COMMUNITY

Mr. SIKES. Have there been any major problems with regard to community relations, security, et cetera, at the present site?

Admiral ETTER. No, sir.

GEOGRAPHIC DISTRIBUTION OF NAVAL POPULATION

Mr. SIKES. What is the center of the naval population which this hospital is called upon to support?

Admiral ETTER. It is practically areawide, of course, extending from Anacostia, the Navy Yard area, out to White Oaks. A large percentage of the population, Navy population at least, live in the Rockville-Gaithersburg corridor area so if I can provide this for the record, this is an origin of outpatient visits to Bethesda from the area.

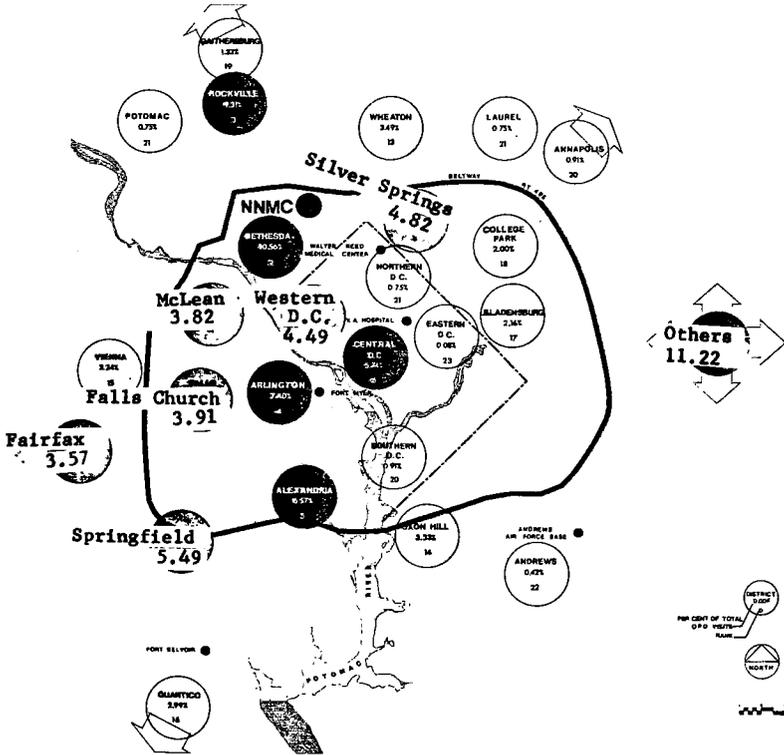
Mr. SIKES. Provide it for the record.

[The information follows:]

The Medical Center serves as a focus for a perimeter of population centers which comprise the outpatient beneficiary group. The Metropolitan Virginia suburbs account for 34 percent of the total visitation, the Maryland suburbs 38.9 percent, the District 12 percent, and other areas 15.1 percent, with 3.9 percent originating from Annapolis or Quantico. The enclosed map and chart give specific geographical breakdowns.

ORIGINS OF OUTPATIENT VISITS

National Naval Medical Center
Bethesda, Md.



OUTPATIENT
VISITS
DISTRIBUTION
(PERCENTAGES)

	NAVY/MARINES					ARMY					AIR FORCE					COAST GUARD/P. RES.					OTHERS		
	Active Duty	Dependents	Active Duty	Retired	Dependents Retired	Total	Active Duty	Dependents	Active Duty	Retired	Dependents Retired	Total	Active Duty	Dependents	Active Duty	Retired	Dependents Retired	Total			TOTAL		
Wash.D.C.-Central	.58	1.50	.25	.67		2.99			.08	.08	.17		.17	.17	.08	.25	.17	.17		.33	2.00	5.74	
Wash.D.C.-West	.25	1.16	.67	.42		2.49			.08	.08	.25		.08	.08	.08	.25	.17	.42		.58	.91	4.49	
Wash.D.C.-North		.25	.33	.17		.75																.75	
Wash.D.C.-South	.08	.42				.50							.17	.08								.17	.91
Wash.D.C.-East		.08				.08																	.08
Arlington	1.16	4.41	.42	.42		6.40		.17		.08	.25		.17		.08	.25	.25	.25		.25	.33	7.40	
Alexandria	1.16	3.24	.58	.75		5.74		.08		.17	.25		.08	.08	.08	.33	.08	.17		.25			6.57
Bethesda	2.58	1.75	.75	1.25		6.32	.17	.50	.17		1.00	.08	.33	.08	.17	.67	.83	.83	.08	.17	1.91	.67	10.56
Falls Church	.33	1.91	.33	.42		2.99		.25		.08	.33	.08	.17	.08		.33	.08			.08	.17		3.91
Fairfax	.42	1.83		.50		2.74	.08	.67			.75		.08			.08							3.57
Vienna	.08	1.83	.25	.33		2.49		.25			.25		.25			.25	.08	.08		.17	.08		3.24
Rockville	.58	2.49	.42	.91		4.41	.08	.67	.33		1.08	.08	.42	.17	.42	1.08	.33	1.83		2.16	.58		9.31
Silver Spring	.33	1.91	.25	.67		3.16	.17	.42			.58	.08	.25	.33	.67	.08	.08			.17	.25		4.82
McLean	.50	1.50	.33	.75		3.08		.25		.17	.42	.17	.08			.25						.08	3.82
Gaithersburg		.42	.08	.25		.75	.08				.08		.08	.08		.17	.25		.08	.33			1.33
Oxon Hill	.83	1.33	.25	.25		2.66				.08	.08	.08	.33			.42					.17		3.33
Wheaton	.25	.83	.17	.58		1.83	.08	.08	.08		.25		.08	.08		.17	.17	.42	.08	.67	.58		3.49
Potomac	.17	.50		.08		.75																	.75
Quantico	2.00	.91		.08		2.99																	2.99
Andrews	.08	.08		.08		.25	.08				.08					.08				.08	.17		.42
Bladensburg	.25	.91	.17	.58		1.91										.08					.17		2.16
College Park	.25	.91	.25	.33		1.75		.17			.17						.08			.08			2.00
Laurel	.25	.25	.17	.08		.75																	.75
Annapolis	.58	.17		.17		.91																	.91
Springfield	.58	2.16	.58	.75		4.07	.08	.33		.08	.50		.33		.33	.08	.17		.25	.33			5.49
Other Areas	2.99	4.07	1.25	2.16		10.47		.08		.08	.17		.08		.08	.33	.17		.50				11.22
TOTAL	16.29	36.82	7.48	12.64		73.23	.75	3.99	.75	1.16	6.65	.33	2.99	.75	1.41	5.82	2.16	5.07	.08	.50	7.81	6.48	100.00

BREAKDOWN OF SPACE-EXISTING AND PROPOSED

Mr. SIKES. What are the specifics on the amounts of clinic space, doctors offices, et cetera, which are available in the present facility versus what you are planning in the new facility?

Admiral ETTER. Mr. Chairman, I will provide that for the record. [The information follows:]

	Existing	Proposed new construction	Proposed alterations	Total
Outpatient diagnostic/treatment and ancillary support...	398,092	732,942	66,779	799,721
Inpatient nursing units.....	314,909	244,909	84,822	329,731
Total gross areas.....	713,001	977,851	151,601	1,129,452

Note: These areas reflect preliminary programing prior to submission to OASD (H & E).

PARKING

Mr. SIKES. Can you provide some statistics on the need for a 680 car parking structure at a cost of \$3,927,000. You have 243 acres here. Why do you need a structure?

Admiral ETTER. Mr. Chairman, an independent consulting firm made a study of the parking deficiency at Bethesda which I will summarize for the record:

[The information follows:]

<i>Parking deficiency</i>	<i>Parking spaces</i>
Core parking requirements.....	2,500
Current inventory.....	1,100
Parking deficiency.....	1,400
Surface parking to remain.....	740
New structured parking.....	1,510
Parking Area "G".....	250
Total available within Core.....	2,500
The parking is allocated as follows:	
Patients/visitors (2,400 visits per day, approximately three turnovers a day).....	850
Staff (P-80 criteria).....	1,650
Total assigned within the Core.....	2,500

Structures are needed because sufficient area does not exist in close proximity to the new facilities to allow adequate drop-off areas for patients convenient to their destination. The new parking structures are designed to bring the patient to the same level as his specific clinic, thus minimizing walking distances. The structure will also eliminate the conflict between short-term parking for patients and visitors and long-term parking for staff, thus facilitating the overall circulation of the center.

Another reason the structures are deemed essential is because of the refusal of the National Capital Planning Commission to authorize the coverage of any more grass area for surface parking. The environmental impact is much less by using a smaller area for a structure than the larger area required for surface parking.

RELATIONSHIP TO ARMED SERVICES MEDICAL SCHOOL

Mr. SIKES. There will be a new armed services medical school. Has any consideration been given to placing this school at Bethesda in connection with the National Naval Medical Center?

Admiral ETTER. This has been considered, sir, and the master plan for Bethesda developed by the architect had provided land which would be adequate for the building of this university.

I would emphasize, however, that the site for this has not been chosen as yet. The Board of Regents meet in California the last week in July at which time this problem, it is my understanding, will be addressed, but space is available at Bethesda.

Mr. SIKES. Where would the space be?

Commander KIRKPATRICK. Right here. [Indicating]

STATUS OF DESIGN

Mr. SIKES. Will you tell us the status of the design of the new facility, this facility.

Admiral MARSCHALL. The two projects included in the 1974 program—the Navy exchange retail store and the roads—are both scheduled for design completion by November 30, of this year. No other final design has been started but the concept design for the new hospital will begin on August 1, 1973.

RELATIONSHIP TO NEW GENERATION HOSPITAL

Mr. SIKES. There is a new generation hospital which is being built at Travis Air Force Base. Have you integrated your planning of the National Naval Medical Center facility with that of the Travis hospital?

Admiral ETTER. Yes, Mr. Chairman, we have.

We have several individuals who are members of the committee that consider all of the changes for the new generation hospital. They are being kept up to date on all the changes and these will be incorporated as appropriate.

Mr. SIKES. So that, would you tell the committee, the new facility you are proposing is fully modern in every respect, not only from the standpoint of other military hospitals, but from the standpoint of new civilian hospitals?

Admiral ETTER. Yes, sir.

SCHEDULE OF CONSTRUCTION OBLIGATIONS

Mr. SIKES. Provide for the record the schedule for the construction of facilities and obligation of funds on a month-by-month basis for the record.

[The information follows:]

NATIONAL NAVAL MEDICAL CENTER, BETHESDA

Projects	Award/obligation	Cost (thousands)
Fiscal year 1974:		
Navy exchange retail store.....	January 1974	\$1,764
Roads.....	February 1974	1,546
Fiscal year 1975:		
Relocatable structure, parking building, utilities.....	June 1975.....	10,510
Warehouse.....	February 1975	1,884
Patient recreation facility.....	do.....	2,100
Bachelor officers quarters.....	do.....	2,667
Bachelor enlisted quarters.....	do.....	1,200
Barracks rehabilitation.....	do.....	527
Enlisted men's club.....	do.....	650
Public works shops.....	do.....	783
Fiscal year 1976: Hospital and renovated hospital space.....	May 1976.....	82,490
Fiscal year 1977: Parking structure.....	April 1977.....	6,747
Fiscal year 1978: Major renovation and retrofit.....	May 1978.....	23,180

FISCAL YEAR 1974 REQUEST

Mr. SIKES. What is the relationship of the two items which you are requesting this year to your long-range development program?

Admiral ETTER. Mr. Chairman, there are two items in the fiscal year 1974 program: the Navy exchange retail store (P-033) and the roads project (P-038); both are essential to the operational phasing of the long-range development program.

The present Navy exchange retail store is located in a World War II structure and lies directly in the path of new construction scheduled for fiscal year 1975 in the proposed redevelopment plan. Site clearance and construction of a parking structure in fiscal year 1975 necessitates construction and relocation of the Navy exchange in fiscal year 1974. The parking structure will itself afford site clearance for construction of the new hospital facility in fiscal year 1976. By phasing the redevelopment in this manner, operation of the Center may continue during construction with minimal impact on service to the beneficiary population.

The purpose of the roads project (P-038) is threefold: One, it will allow access to the construction site without disrupting services of the hospital during construction. Second, and more important, on a long-range basis it will allow access of administrative traffic to the base and segregate this traffic from patient traffic. Third, the road project is consistent with a Montgomery County highway plan—to improve the safety and flow of traffic at Jones Bridge Road and Wisconsin Avenue.

EXCHANGE RETAIL STORE

Mr. SIKES. What are you currently using for a Navy exchange retail store? How does this facility fit into your redevelopment plans? Is this the cheapest and best alternative?

Admiral ETTER. Mr. Chairman, the present Navy exchange facilities are spread throughout the medical center complex at four different locations. The main retail store presently occupies 9,069 square feet in a World War II vintage building on the northeast corner of

the core area. The present retail store must be demolished to permit the orderly redevelopment of the hospital core area. A 630-car parking structure is scheduled for construction on the site of the present Navy exchange retail store. Construction of the parking structure will provide relief for parking to be lost when the site for the new hospital is cleared in fiscal year 1976.

Several alternatives for redevelopment were considered by the consultant as a result of his study. By use of a computer adjacency model he determined the present program to be the most efficient and economical of all the alternatives.

Mr. SIKES. Provide for the record the population this retail store serves?

[The information follows:]

Mr. Chairman, the Navy exchange retail store serves the staff and patient population of the National Naval Medical Center in addition to other authorized patrons living in the immediate Bethesda area.

Following is a patron breakdown :

<i>Category</i>	<i>Number</i>
Married military.....	5, 361
Dependents	16, 083
Bachelor officers.....	514
Authorized civilians.....	100
Bachelor enlisted men.....	7, 057
Retired military.....	6, 995
Total	31, 110

Mr. SIKES. Are there questions?

PAST AND PROJECTED WORKLOADS

Mr. DAVIS. I just want to be sure, Mr. Chairman, when we do get this projection of the patient load here, that we get a pretty good breakdown of the people who are going to be brought in here, especially from naval facilities which will no longer be available, and particularly that we get a breakdown as to the service personnel as contrasted to potential patient load including other-than-service personnel.

Admiral ETTER. Yes, sir.

[The information follows:]

INPATIENT WORKLOAD

	Admissions	Daily patient load
Past workload figures (excludes newborns):		
1970:		
Active duty.....	4, 120	378
Active duty dependents.....	4, 693	97
Retired.....	1, 922	84
Retired dependents.....	2, 288	70
Other.....	150	6
Total.....	13, 173	635
Average daily census, 754.		
1971:		
Active duty.....	4, 141	332
Active duty dependents.....	4, 365	110
Retired.....	2, 043	95
Retired dependents.....	2, 048	74
Other.....	142	4
Total.....	12, 749	615
Average daily census, 718.		
1972:		
Active duty.....	3, 082	232
Active duty dependents.....	4, 133	83
Retired.....	2, 215	90
Retired dependents.....	2, 597	78
Other.....	435	13
Total.....	12, 462	496
Average daily census, 595.		
Present workload figures (January-May 1973):		
Active duty.....	1, 321	244
Active duty dependents.....	1, 787	84
Retired.....	972	91
Retired dependents.....	1, 130	77
Other.....	110	2
Total.....	5, 320	498
Average daily census, 637.		
Projected workload figures, 1977:		
Active duty.....	4, 148	
Active duty.....	10, 298	
Retired.....	1, 170	
Retired dependents.....	5, 110	
Other.....	453	
Total.....	21, 779	
9.5 percent referral.....	2, 069	
Total.....	23, 848	

In reviewing the present and past workload figures, the average daily patient load indicates beds occupied, whereas the census figure includes those individuals still carried as inpatients but currently on convalescent leave or subsisting out of the hospital. Moreover, the calendar years 1971 and 1972 totals were impacted by the massive air-conditioning project which curtailed various portions of the hospital operation over that 2-year period. Although 1970 represented one of the years of Vietnam-originated admissions, there was a corresponding decline of retired and dependent admissions as a result of the saturation of the facilities by higher priority patients. Based on the current inpatient demand of the beneficiary population, about 25 percent of the workload was calculated to be served by health care resources outside the National Naval Medical Center.

In the projected workload, patients referred from other facilities are shown in addition to the beneficiary population, whereas the historical data already includes these. The referral component of the workload may be expected to increase due not only to the regionalization of this area's Navy medical resources at National Naval Medical Center, but also to the closing of several east coast naval hospitals. Additionally, there has been accounting for an increase in the retired component of 4 percent per year for 9 years.

OUTPATIENT WORKLOAD

	1971	1972
Active duty.....	101,452	98,760
Dependents.....	223,403	219,022
Retired.....	57,443	56,850
Dependents.....	88,977	89,630
Other.....	17,427	14,530
Total.....	488,702	478,792

Current workload (January-May 1973)

Active duty.....	46,659
Dependents.....	97,081
Retired.....	25,688
Dependents.....	40,751
Other.....	6,173
Total.....	216,352

Projected workload, 1977

All categories..... 680,696

Outpatient projections were completed on the basis of specialty clinic and not by beneficiary category. Since recent statistics reveal a leveling off or slight decline in visitation rates, this markedly reveals a saturation of facilities and staff capability. The total patient care demand of the population is predicted at 25 to 30 percent over the current workload level. The trend toward more outpatient diagnostic workups and increased emphasis upon ambulatory care will increase outpatient utilization substantially.

Mr. DAVIS. That is all, Mr. Chairman.

Mr. SIKES. Are there questions?

Mr. PATTEN. Admiral, I sometimes wonder whether you try to keep up with the Army in having the National Naval Hospital comparable to Walter Reed.

Admiral ETTER. No, sir.

OTHER NAVY MEDICAL FACILITIES IN WASHINGTON

Mr. PATTEN. Tell me what relationship has that Navy medical facility down there around 23d Street. We pass it going to the State Department. What is that all about? How much land do they have? Has that any relationship to Bethesda?

Admiral ETTER. That must be where my office is, sir.

That is the Bureau of Medicine and Surgery. It is somewhat antiquated, being built in the mid-1800's. In fact it had been the old naval hospital, Washington, and old medical school, Washington, prior to the time Bethesda was built.

Mr. PATTEN. Do you still want to hang on to that?

Admiral ETTER. Quite, frankly, Mr. Patten, although the buildings are old, it does make good headquarters space but to be perfectly honest in the long-range plans of the National Park and Planning Commission those buildings are all gone and I think that we will definitely have to make plans to move sometime within the next 5 years or more.

Mr. SIKES. Is it planned to incorporate that activity into the new one?

Admiral ETTER. We are looking at that very carefully, sir.

Mr. SIKES. It is planned at this stage?

Admiral ETTER. Looking at the tower specifically for space for the bureau functions and they would fit.

Mr. PATTEN. If a fellow scratches his finger down at your Navy Research Laboratory does he have to go 25 miles out to Bethesda?

Admiral ETTER. No, sir. At the research center there they have some local medical capability. There is a dispensary at the Navy yard and also at 23d and E Streets is what had been the old main Navy dispensary which you remember used to be down on Constitution. That has been relocated up to those buildings at 23d and E Streets so there are facilities downtown, Mr. Patten.

POSSIBILITY OF SITING AT NAVAL OBSERVATORY OR OTHER LAND HELD BY
NAVY

Mr. PATTEN. You seem to have a lot of land on Massachusetts Avenue where you have an observatory and the top man in the Navy has a big home up there. Is that where you stay? I always thought that would be ideal for the Vice President to entertain important visitors.

I went by it many a time. It looks like a couple of square miles there. Is that being put to its best uses?

Admiral MARSCHALL. Well, there was a study made to put the Vice President's residence at the Naval Observatory site and there is land set aside for it but it is a Naval Observatory and we do need the area around there to keep the clear space required for these observations which are made at the observatory.

Mr. PATTEN. With all the space program and we are taking pictures from outer space and we are on top of every mountain in the world and observing everything, why do we need that observatory out there. That looks like real estate that is worth \$10 million or \$20 million for some other purpose.

I always thought it was quite a luxury. Out on Nebraska Avenue you have a big operation, an intelligence operation. They have a lot of land there.

Admiral MARSCHALL. Not a very extensive holding out there on Nebraska Avenue, sir.

Mr. PATTEN. It looks to me like you might have several miles down here in the Southeast Washington, D.C.—is that true—between the Gun Factory on M Street all the way, with a hundred buildings for the Navy Research Lab, to the District of Columbia line. There is a lot of real estate down there and it is all called Navy.

Admiral MARSCHALL. Yes, sir. That is the Bolling-Anacostia tract you are talking about.

Mr. PATTEN. It is a lot of land, isn't it?

Admiral MARSCHALL. Former Naval Air Station and former Bolling Field.

Mr. PATTEN. Yet considering all of that and all your operations you are building out 15 or 20 miles at Bethesda—and you are talking about outpatients. I just wondered how many of the people from around here are going to travel 15 or 20 miles for outpatient service.

Admiral ETTER. The outpatients, as I indicated before, in the downtown area here can use the Main Navy Dispensary and also the dis-

pensary that is at the Navy yard. Bethesda acts primarily as a referral point for specialty outpatient care for these other feeder dispensaries.

SPECIALTIES AT BETHESDA

Mr. PATTEN. Do you handle cancer?

Admiral ETTER. At Bethesda? Yes, sir.

Mr. PATTEN. I was surprised to hear you say you are into transplants out there. Isn't that one area where NIH can give you a few pointers, where you have a little liaison with them?

Admiral ETTER. Yes, indeed. The transplants are primarily kidney transplants which we are doing at the present time.

Mr. PATTEN. I am not going to pursue it further.

ACCESSABILITY OF SITE

Admiral ETTER. From the standpoint of land available in the Washington area for the National Naval Medical Center, I think that a very illustrious predecessor of all of us is one who chose that as the best place and it was Franklin Delano Roosevelt and he personally chose it after riding all over the entire Washington area, and I think it was a very foresighted move because with the present beltway system of transportation, with the Metro line trains that will go right by it, with the beltway, the access here is about as good, as central, as any single place you can get in the entire Washington, D.C. area for all land.

Mr. PATTEN. You like it?

Admiral ETTER. Yes, sir.

Mr. PATTEN. It looks to me like it is way out. But don't ever forget when you are talking about FDR you look at the Bethesda Hospital and you will see the name Charles A. Edson, Secretary of the Navy. He became Governor of New Jersey, resigned as Secretary of the Navy just a little before Pearl Harbor, and his name is up there, and his dad I think was foremost in creating the Navy Research Laboratory facilities. So Charles Edson's name is up there, if I remember correctly, on the plaque as Secretary of the Navy.

Admiral ETTER. It is.

Mr. PATTEN. And my friend Lew Compton was his No. 2 man at the time of Pearl Harbor. Lew was Acting Secretary of the Navy because Charlie went up to be Governor of New Jersey.

I am not going to pursue the questioning any further but we will be looking at this.

VISITOR ACCESS TO NAVY BASES—WASHINGTON

I am going to take a better look at this so-called observatory and your home office down there. You know, at most of your facilities, you hesitate to go in. I never felt free to just drive in at the gun factory or these other facilities. Everything looks forbidden. It looks as though you are butting in if you go in, and here they are just a couple of blocks from us.

I have no idea how much land it is. But the public comes here, millions of visitors. They never see the Navy. No one is ever invited

down there. Do you realize that? We show them where the pigeons are on the Washington Monument but we never show them these Navy facilities. There is nothing for visitors; right? They never get into the Navy research lab, they never get into your docks, they never get into your gun factory, and never get into these other facilities.

I have no further questions.

Thank you, Mr. Chairman.

NAVAL OBSERVATORY

Admiral ETTER. Of general interest, Mr. Patten, the first Naval Observatory was at the site of 23d and E Streets. That has been made a historical building now, old building 2, was built in 1842 and was the first naval building in the Washington area, and then the observatory was moved to its present location.

Mr. SIKES. Mr. Obey.

Mr. OBEY. Just two questions. I realize it is off the subject but I really am curious as to why there is a necessity for the Naval Observatory here.

RELATIONSHIP WITH NIH

Second, you mentioned the cooperative training programs which you do operate with NIH. I wonder if you could provide for the record in some detail just what those training programs involve and what it means in terms of time and contracts and most especially which institutes you use out there.

Admiral ETTER. Yes, sir, be glad to.

[The information follows:]

BETHESDA AND NIH RELATIONSHIPS

The Naval Hospital, Bethesda, has well established relationships with the neighboring National Institutes of Health which encompass clinical support, teaching services, and clinical investigation. The naval hospital provides direct clinical support to NIH in obstetrics and gynecology since the Institute has no facilities for these services.

Clinical support is also provided by the ear, nose, and throat service of the naval hospital to NIH in performing laryngological surgical procedures since NIH has no such specialists on their staff. NIH subsequently provides many "once-in-a-lifetime" referrals patients for the naval hospital's teaching program.

There are significant affiliations in areas of medical education. Particularly in the field of infectious disease, cooperative programs exist which provide for the exchange of residents and fellows between NIH and Bethesda as well as the establishment of such additional benefits as weekly conferences, averaging between 20-40 students per session. These conferences avail current medical trends to the staffs of both institutions. Moreover, many staff members from Bethesda participate in the NIH visiting professor series. These include lectures from the pulmonary disease, hematology, urology, ear, nose, and throat, endocrinology, chest medicine, and infectious disease departments. Both the naval hospital and NIH are participating in the evaluation and orientation of the computer-assisted medical education program of the Lister Hill Center.

The National Naval Medical Center has a number of cooperative clinical investigation (research which has direct patient application) programs with NIH which include such major programs as the production, and joint testing and use of immunosuppressant antilymphocyte serum utilized in current organ transplantation programs. This program has been in progress between 4 and 5 years supporting the clinical centers transplant research. This contract is the only such type in the world and has yielded the Navy about \$500,000. Contracts with the National Breast Unit of NIH to establish protocol for the treatment of breast cancer

is in preparation for about \$50,000 per year. Further endeavors such as research on bilirubin metabolism and spinal cord blood flow are also in progress.

Affiliation agreements between the medical schools of Georgetown, George Washington, and Howard Universities and the naval hospital have been drawn up in memoranda of understanding which provide for the clinical association with their medical students in the Navy facility.

Since October 1972, approximately 300 civilian medical students have rotated through the various specialty departments at Bethesda while the staff of the naval hospital hold faculty appointments at the respective school of major affiliation. Additionally, this program also provides for exchange of residents from National Naval Medical Center with the medical schools of Georgetown, George Washington, and Howard Universities.

The association of National Naval Medical Center with NIH is invaluable. NIH refers teaching material (patients) which are of such a type and quantity not found anywhere else in the world. NATNAVMEDCEN on the other hand can assist in rendering overall patient care in conjunction with their specialized research in providing services which are not available at NIH.

NAVAL OBSERVATORY

The Naval Observatory performs services in the areas of celestial navigation, time determination and management, and positional astronomy. These efforts are not accomplished by any other educational, research, or Federal institution in the United States and were originally located at this site due to its ideal geographic and atmospheric conditions. The Naval Observatory could physically be relocated out of the Washington area but only at a cost in excess of \$50 million. In addition, this move would require 5 years to accomplish. The ability to recruit the necessary scientific expertise at another location is considered doubtful.

HOUSING

Mr. SIKES. Are the houses that are shown on the map now before us already built in the lower right-hand corner?

Admiral ETTER. No, sir.

Mr. SIKES. So it is projected housing. There is nothing there now?

Commander KIRKPATRICK. That is correct, there is nothing there now.

Mr. SIKES. How many houses do you plan to build?

Commander KIRKPATRICK. About a hundred, sir.

Mr. SIKES. In what year?

Admiral ETTER. It is unplanned at the moment.

NAVY'S LAND HOLDINGS IN WASHINGTON

Mr. SIKES. On the question of possible excess Navy land, a number of installations were named and questions were asked about the requirement for them, of course GSA has been making a very careful search for land which can be excessed.

I would like you to provide for the record the situation on each of the Navy's holdings. I am sure that the possibility of excessing land already has been looked into and that discussions have been made as to these, so will you provide for the record what the facts are?

Admiral MARSCHALL. That is navywide, Mr. Chairman?

Mr. SIKES. No, no; in the immediate Washington area.

Admiral MARSCHALL. In the Washington area?

Mr. SIKES. Correct.

Admiral MARSCHALL. Certainly, sir.

[The information follows:]

<u>Facility</u>	<u>Acreage</u>	<u>Navy/DOD Proposal</u>	<u>Special Remarks</u>
<u>District of Columbia</u>			
Potomac Annex	11.9	Ultimate Excessing	As space becomes available at NNMC Bethesda, this site should be vacated. The old Naval Observatory should be retained as a registered landmark. Action should take place in approximately 5 years.
Washington Navy Yard	66.5	Retain with increased development.	A redevelopment of the Washington Navy Yard into a modern Administrative Office Complex is planned over the next 15 years.
Marine Barracks (8th & I St.)	3.6	Retain with present use	
Naval Security Station	38.4	Ultimate Excessing	As the pressures mount and funds become available to relocate these required facilities, the site will be vacated. Estimated time frame is 15 years.
Naval Observatory	72.1	Ultimate Excessing or alternate use	Not now designated as a long range site, the Naval Observatory must continue its research efforts until a suitable replacement site can be obtained. Alternate uses for the site are being investigated. Estimated time frame for relocation is 10-15 years.
Bellevue Housing	61.7	Retain with alternate use	This family housing area will be demolished as replacement housing becomes available and the Naval Research Laboratory expands.
U. S. Naval Station	430.6	Redevelop as part of Bolling/Anacostia tract	Redevelopment to be in conjunction with Bolling AFB as the total Bolling/Anacostia Complex.
Naval Research Laboratory	177.5	Retain with present use	

Maryland

Naval Ship Research and Development Center	186.2	Retain with present use	
National Naval Medical Center	242.4	Retain with present use	Redevelopment of the hospital core area is planned to provide modern medical care for Navy personnel.
Naval Ordnance Laboratory	732.1	Retain with present use	
Naval Communication Station, Cheltenham	563.5	Retain facility but modify present use	Now designated as a long range site this facility is to be developed as a tri-service housing area.
Naval Reserve Training Center, Adelphi	4.3	Retain with present use	

Virginia

Naval Reserve Training Center, Jones Point	1.3	Ultimate excessing	Facility to be consolidated with others on the Bolling/ Anacostia tract within the next 15 years.
Navy Department Service Center	17.2	Ultimate excessing	Ultimately this facility will be declared excess as funds be- come available to relocate the present functions to other Navy land holdings. Estimated time frame for action is 15-20 years.
Hybla Valley	1,262.5	Excess to Navy needs	Actions have been instituted declaring this facility excess to Navy needs.
Marine Corps Base, Quantico	57,880.9	Retain with present use	Actions have been instituted declaring 2,660.1 acres of this facility excess to Marine Corps needs.
Marine Corps Headquarters Battalion, Henderson Hall	21.4	Ultimate excessing	As programming funds become available, this facility will be relocated to the Bolling/ Anacostia Complex. Estimated time frame for accomplishment is within 5 years.

NAVAL MEDICAL RESEARCH INSTITUTE, BETHESDA, MD.

Mr. SIKES. All right.

We will take up the Naval Medical Research Institute at Bethesda and insert page I-36 in the record.

[The information follows:]

1. DATE 5 MAR 1973		2. DEPARTMENT NAVY		3. INSTALLATION FY 19 74 MILITARY CONSTRUCTION PROGRAM		4. INSTALLATION NAVAL MEDICAL RESEARCH INSTITUTE									
4. COMMAND OR MANAGEMENT BUREAU BUREAU OF MEDICINE AND SURGERY				5. INSTALLATION CONTROL NUMBER 4175-200		6. STATE/COUNTRY BETHESDA, MARYLAND									
7. STATUS ACTIVE				8. YEAR OF INITIAL OCCUPANCY 1942		9. COUNTY (U.S.) MONTGOMERY		10. NEAREST CITY 9 MILES SOUTHEAST TO WASHINGTON, D.C.							
11. MISSION OR MAJOR FUNCTIONS Conduct research and development concerned with health, safety, and efficiency of personnel of the Naval Establishment. Determine mechanisms and measure effects of physiological and psychological stresses imposed on personnel involved in underwater, amphibious and sea-air-land operations. Determine toxicological effects of weapons systems and components upon personnel living and working in unique environments associated with Navy and Marine Corps operations. Conduct research on diseases of particular importance to Naval global operations and develop measures of prevention and treatment. Develop advanced methods and techniques of Naval medical and allied sciences, education, and training.				12. PERSONNEL STRENGTH		PERMANENT			STUDENTS		SUPPORTED		TOTAL (9)		
				OFFICER (1)	ENLISTED (2)	CIVILIAN (3)	OFFICER (4)	ENLISTED (5)	OFFICER (6)	ENLISTED (7)	CIVILIAN (8)				
				A. AS OF 31 December 1972		88	119	228	0	0	0	0	0	0	435
				B. PLANNED (SHA FY 1975)		88	119	228	0	0	0	0	0	0	435
				13. INVENTORY											
LAND		ACRES (1)		LAND COST (\$000) (2)		IMPROVEMENT (\$000) (3)		TOTAL (\$000) (4)							
A. OWNED		TENANT OF NATIONAL NAVAL MEDICAL CENTER, BETHESDA								3,478					
B. LEASES AND EASEMENTS										0					
C. INVENTORY TOTAL (Except land rent) AS OF 30 JUNE 19 72										3,478					
D. AUTHORIZATION NOT YET IN INVENTORY										4,500					
E. AUTHORIZATION REQUESTED IN THIS PROGRAM										6,372					
F. ESTIMATED AUTHORIZATION - NEXT 5 YEARS										0					
G. GRAND TOTAL (C + D + E + F)										14,350					
14. SUMMARY OF INSTALLATION PROJECTS															
PROJECT DESIGNATION															
CATEGORY CODE NO. a	PROJECT TITLE b				TENANT COMMAND - PRIORITY	UNIT OF MEASURE d	AUTHORIZATION PROGRAM SCOPE e		ESTIMATED COST (\$000) f		FUNDING PROGRAM SCOPE g		ESTIMATED COST (\$000) h		
310.88	ENVIRONMENTAL HEALTH EFFECTS LABORATORY (PHASE II)				-I-	LS	-	6,372	-	6,372			6,372		

NAVAL MEDICAL RESEARCH INSTITUTE, BETHESDA, MD., \$6,372,000

This institute conducts basic and applied biomedical research on human effectiveness and physiological response to naval operational environments.

The environmental health effects laboratory project will provide a facility to conduct animal experimentation to a 3,300 foot depth so that safe operating parameters may be established for human saturation dives of 2,000 feet and beyond.

Status of funds

Cumulative appropriations through fiscal year 1973-----	\$4, 500, 000
Cumulative obligations, Dec. 31, 1972 (actual)-----	450, 000
Cumulative obligations, June 30, 1973 (estimated)-----	2, 250, 000

DESIGN INFORMATION

Project	Design cost	Percent complete, Apr. 1, 1973
Environmental health effects laboratory (phase II)-----	\$305, 856	1

ENVIRONMENTAL HEALTH EFFECTS LABORATORY

Mr. SIKES. The request is for \$6,372,000 for an environmental health effects laboratory.

Mr. PATTEN. What is the status of phase I of this laboratory?

Admiral MARSCHALL. Sir, a contract was awarded on June 7, 1973, for the 1,000 pounds per square inch portion of the man-rated chamber complex. The 1,500 pounds per square inch portion of the man-rated chamber complex is under design and the contract for fabrication will be awarded by May 1, 1974.

The design of the remaining work under phase I is combined with phase II and is currently underway. The building construction contract is scheduled for award by April 1.

The animal toxicology laboratory chambers will be awarded by May 1, 1974. The systems fabrication and installation contract will be awarded by July 1, 1974.

Mr. PATTEN. Will you provide for the record the scheduled month-by-month obligations for phases I and II of this facility?

Admiral MARSCHALL. Yes, sir.

[The information follows:]

ENVIRONMENTAL HEALTH EFFECTS LABORATORY, BETHESDA, MD.

[Fiscal year 1972 (phase I)—\$4,500,000; fiscal year 1974 (phase II)—\$6,372,000; total—\$10,872,000]

Contract	Cost (thousands)	Award/ obligation
Fabricate and install 1,000-lb/m ² portion of man rated chamber complex-----	1 \$558	June 1973.
Building construction-----	2 2, 900	April 1974.
Quality assurance and chamber certification contracts-----	3 380	Do.
Fabrication and installation of 1,500-lb/m ² portion of man rated chamber complex and animal toxicology lab.	1 944	May 1974.
Fabricate and install all systems-----	3 6, 040	July 1974.
Total-----	10, 872	

¹ All phase I funds.

² All phase II funds.

³ Mixed, phases I and II funds.

Mr. PATTEN. In addition to the high pressure research which you plan to conduct here, what other types of research will be conducted in this facility?

Admiral MARSCHALL. Dr. Friess I think is prepared to answer that.

Dr. FRIESS. Yes, sir.

HIGH PRESSURE RESEARCH FACILITIES

Only high pressure research will be conducted in the new facility. Other functions and other tasks which are non-high pressure have been deleted as the scope and costs were reduced.

Mr. PATTEN. Why should they be located at Bethesda?

Dr. FRIESS. The pressure functions, sir?

Mr. PATTEN. Yes.

Dr. FRIESS. We feel this is the place where our professional talent is, where we have our backup disciplines and laboratories where our major animal facility is, and where we function most effectively with nearby collaborators.

Mr. PATTEN. What about the other research functions?

Dr. FRIESS. Those functions will have to be taken up in the existing spaces of the Naval Medical Research Institute to prosecute them to the hilt in our existing spaces.

Mr. PATTEN. Does the Navy also have high pressure research facilities at Panama City, Fla., and in California.

Dr. FRIESS. Yes, sir; we have a high pressure facility at Panama City which is going to be a beauty. It is nearing completion. It is dedicated toward advanced development type tasks.

With respect to a high pressure facility in California, I think the answer, sir, is no. We do have a low pressure oxygen treatment facility at the Navy Hospital, Long Beach. This is not for deep diving research. It is for clinical treatment at relatively low pressures, using two atmospheres of oxygen, and it is used for studies of treatment of gunshot wounds, septicemia, bone necrosis, and in certain cases used for cases of skin-diving effects. It is not a high pressure research facility in California.

LOSS OF JOHNSON-SEA LINK SUBMERSIBLE

Mr. PATTEN. Did you have more than a passing interest in the tragedy of our sub in Florida last week?

Dr. FRIESS. Interest and deep-felt sympathy for the tragedy. It is a combination of some technical points which has caused the entire technical community to take another look at what we have available for rescue in the future and the compatibility of rescue units.

We feel it is a tragedy which must never take place again.

Mr. PATTEN. Well, I thought you were going to go further than that. I was just wondering how much we go to contract allotments. That was done by a contractor, wasn't it?

Dr. FRIESS. Yes, sir. It is a private vessel operating on contract to the Smithsonian. It was for scientific purposes. The cause was good. The people were dedicated. They were doing a fine job and a series of accidents multiplied one on top of another leading to the ultimate

tragedy. The lesson for us, I think—and I would like to take this one off the record.

[Discussion off the record.]

LOCATION AT BETHESDA

Mr. PATTEN. Do you definitely need the facility at Bethesda to look into the medical aspects of this program?

Dr. FRIESS. We definitely need this high pressure facility in Bethesda adjacent to where we have our major research space at the Naval Research Institute.

REDUCTION IN SCOPE

Mr. PATTEN. Have you been able to reduce the scope and cost of this facility?

Admiral MARSCHALL. Yes, sir; the scope has been reduced by eliminating certain functions that could remain in their present locations and by reducing certain office and administrative spaces. The following functions were eliminated: The Behavioral Science Department, the Heat Stress Laboratory, the Library, the Data Processing Facility, and one private office.

The following functions were reduced: The Animal Toxicology Laboratory and the Animal Holding Facility.

Mr. PATTEN. Will phase II complete the requirements?

Admiral MARSCHALL. Dr. Friess, please.

Dr. FRIESS. Yes, sir; phase II will complete the requirements for our high pressure diving program.

Mr. PATTEN. Are there any questions?

AREA OF RESEARCH

Mr. OBEY. Mr. Chairman, if I may just go back to page I-36, on your justification sheet you say, "Determine toxicological effects of weapons systems and components upon personnel living and working in unique environments associated with Navy and Marine Corps operations."

Could you just expand on that a little bit for me? What are you talking about? What are you worried about?

Dr. FRIESS. The factors pertaining to man working in and living in high pressure environments; the toxicological aspects that you are addressing are the effects of trace military chemicals on man saturated at high pressure.

Mr. OBEY. Chemicals like what?

Dr. FRIESS. Chemicals like torpedo fuel, solvents, oil, carbon monoxide, carbon dioxide, and metabolic products and indeed all of the chemicals, gas from plastics, which are found in structural units of closed environments, so we are faced with man being exposed to trace chemicals at saturation in his environment.

We have to know long-term effects on him and his functionality and the environmental health effects laboratory will deal with that problem in the hyperbaric environment using animal models.

Mr. OBEY. Thank you.

Mr. PATTEN. The gentleman on my left?

LOCATION

Mr. DAVIS. Yes.

Where is this with respect to the medical center out there?

Commander KIRKPATRICK. In this area right here shown on the sketch.

Dr. FRIESS. The new laboratory facility will be contiguous to the Naval Research Institute and interconnect with it.

Mr. DAVIS. That is all, Mr. Chairman.

Mr. PATTEN. Doctor, are burns a big factor in this research, burns of themselves? You mentioned oil. I saw a man severely burned with oil.

Dr. FRIESS. Actually, sir, in the hyperbaric domain you don't run into fire when you get below 200 feet. You are really unable to sustain combustion. That is one of the saving features of the effort.

You do run into the possibility of conflagration when you are coming from 200 feet upward, and we have very careful fire protection systems in our decompression tanks.

Mr. PATTEN. I always felt the Navy per se was an authority on burns, on medical research. I don't know what gives me that impression. Of course, much of your training is in fire protection; right?

Admiral ETTER. Yes, sir.

Mr. PATTEN. I don't know where I got that, from World War II, that the Navy doctors are doing the best job on burns. It may be something I heard local doctors say.

Admiral ETTER. Could I have the answer off the record?

Mr. PATTEN. Yes.

[Discussion off the record.]

NAVAL HOSPITAL, QUANTICO, VA.

Mr. PATTEN. Let us proceed to Quantico, Va.

Please place page I-48 in the record.

[The information follows:]

1. DATE 5 MAR 1973		2. DEPARTMENT NAVY		3. FY 19 74 MILITARY CONSTRUCTION PROGRAM			5. INSTALLATION NAVAL HOSPITAL						
4. COMMAND OR MANAGEMENT BUREAU BUREAU OF MEDICINE AND SURGERY			6. INSTALLATION CONTROL NUMBER 3435-727			8. STATE/COUNTRY QUANTICO, VIRGINIA							
7. STATUS ACTIVE			9. YEAR OF INITIAL OCCUPANCY 1941			9. COUNTY (U.S.) PRINCE WILLIAM		10. NEAREST CITY 26 MILES SOUTH OF FREDERICKSBURG					
11. MISSION OR MAJOR FUNCTIONS Provide general clinical and hospitalization services for active duty Navy and Marine Corps personnel, active duty members of the other armed services, dependents of active duty personnel, and other authorized persons. Cooperate with military and civil authorities in matters pertaining to health, sanitation, local disasters, and other emergencies.				12. PERSONNEL STRENGTH			PERMANENT		STUDENTS		SUPPORTED		TOTAL (9)
				OFFICER (1)	ENLISTED (2)	CIVILIAN (3)	OFFICER (4)	ENLISTED (5)	OFFICER (6)	ENLISTED (7)	CIVILIAN (8)		
				a. AS OF 31 December 1972				49	107	87	0	2	7	43	0	295
b. PLANNED (SIC FY 1975)				56	120	87	0	0	0	0	0	0	263
13. INVENTORY													
LAND		ACRES (1)		LAND COST (\$000) (2)		IMPROVEMENT (\$000) (3)		TOTAL (\$000) (4)					
a. OWNED		50		21		2,621		2,642					
b. LEASES AND EASEMENTS		-		-		-		0					
c. INVENTORY TOTAL (Except land rent) AS OF 30 JUNE 19 72								2,642					
d. AUTHORIZATION NOT YET IN INVENTORY								185					
e. AUTHORIZATION REQUESTED IN THIS PROGRAM								484					
f. ESTIMATED AUTHORIZATION - NEXT 4 YEARS								0					
g. GRAND TOTAL (c + d + e + f)								3,311					
14. SUMMARY OF INSTALLATION PROJECTS													
PROJECT DESIGNATION					TENANT COMMAND		AUTHORIZATION PROGRAM		FUNDING PROGRAM				
CATEGORY CODE NO. a	PROJECT TITLE b				PRIORITY	UNIT OF MEASURE d	SCOPE e	ESTIMATED COST (\$000) f	SCOPE g	ESTIMATED COST (\$000) h			
510.10	HOSPITAL ALTERATIONS				-1-	SF	2,424	484	2,424	484			

322

NAVAL HOSPITAL, QUANTICO, VA., \$484,000

This hospital provides general clinical and hospitalization services for active duty Navy and Marine Corps personnel and their dependents.

The hospital alterations project will provide air-conditioning and a centralized special care unit to provide adequate, basic, clinical facilities for intensive and coronary care patients.

Status of funds

Cumulative appropriations through fiscal year 1973-----	\$185,000
Cumulative obligations, Dec. 31, 1972 (actual)-----	18,500
Cumulative obligations, June 30, 1973 (estimated)-----	92,500

DESIGN INFORMATION

Project	Design cost	Percent complete, Apr. 1, 1973
Hospital alterations-----	\$23,232	1

Mr. PATTEN. Will this project for a specialized care unit complete the requirements to modernize this hospital?

Admiral ETTER. No, sir, it will not.

Mr. PATTEN. Any questions?

NAVAL AMPHIBIOUS BASE, LITTLE CREEK, VA.

The Naval Amphibious Base at Little Creek, Va.

We have already put the justification sheet in the record.

DISPENSARY AND DENTAL CLINIC

You are requesting a dispensary and dental clinic at a cost of \$3,211,000. What population will this support?

Admiral ETTER. It will support an active duty population. Mr. Patten, of between 8,000 and 9,000.

Mr. PATTEN. How does this tie-in with the regional medical program in this area?

Admiral ETTER. It is part of the Tidewater Regional Medical Center complex.

Mr. PATTEN. Provide for the record your past, present, and projected workload figures for this facility.

[The information follows:]

PAST, PRESENT, AND PROJECTED WORKLOAD STATISTICS FOR DISPENSARY, NAVAL AMPHIBIOUS BASE,
LITTLE CREEK, VA.

ANNUAL WORK UNITS

	Fiscal year—		
	1971 ¹	1973 ²	1977 ³
1. Outpatient visits:			
Active duty.....	29,991	38,479	39,340
Dependents of active duty personnel.....	124,703	40	0
Retired, dependents retired and deceased.....	13,721	40	0
Other authorized.....	616	642	642
Total.....	169,031	39,121	39,982

¹ Statistics of Navy Medicine, vol. 27, No. 4, fiscal year 1971.

² Statistics provided on June 26, 1973, by medical administrative officer, dispensary, Naval Amphibious Base, Little Creek, Va.

³ Projected workload.

⁴ Provisions for care of all dependents and retired personnel regionalized and transferred on Mar. 15, 1972, to Adm. Joel T. Boone Clinic, Naval Amphibious Base, Little Creek, Va.

⁵ Includes outpatient visit statistics for active duty, dependents, and retired personnel.

⁶ Statistics represent level of outpatient workload provided only to active duty personnel by dispensary, Naval Amphibious Base, Little Creek, Va.

2. Births: Not applicable.

	Fiscal year—		
	1971 ^{1,2,3}	1973 ^{4,5}	1977 ⁶
3. Other:			
Prescriptions.....	218,993	40,532	41,445
Laboratory.....	104,271	52,817	53,979
X-ray film exposed.....	52,746	16,383	16,742
Physical examinations.....	4,596	5,986	6,038
Immunizations.....	24,877	4,748	4,849
ECG's.....	921	473	483
EEG's.....	0	0	0

¹ Medical services report 51102A27, fiscal year 1971.

² Includes outpatient visit statistics for active duty, dependents, and retired personnel.

³ Provisions for care of all dependents and retired personnel regionalized and transferred on Mar. 15, 1972, to Adm. Joel T. Boone Clinic, Naval Amphibious Base, Little Creek, Va.

⁴ Statistics provided on June 26, 1973, by medical administrative officer, dispensary, Naval Amphibious Base, Little Creek, Va.

⁵ Statistics represent level of outpatient workload provided only to active duty personnel by dispensary, Naval Amphibious Base, Little Creek, Va.

⁶ Projected workload

Mr. PATTEN. If the ships at Little Creek were to be reduced in the out years how would this affect the need for this facility?

Admiral ETTER. Mr. Patten, I don't foresee the ships being significantly reduced in the out years out at Little Creek but if they were it would not have a great effect on the facility. Most of the ships have their own small medical departments assigned to them and although this will provide more specialized care than is available aboard ship, the dispensary itself will take care also of the base personnel and those people who were assigned to the staffs at the amphibious base.

Mr. PATTEN. What are you using at the present time to provide dispensary and dental services at this location?

Admiral ETTER. Mr. Patten, we are using very functionally inadequate structures which were built in 1943. They are right in the path of a landing pattern and it is an extremely noisy area. Also it is in a spot that if we had a plane accident it could easily demolish the entire dispensary.

Mr. PATTEN. Any questions?

NAVAL AIR STATION, CECIL FIELD, FLA.

If not, we will turn to the Naval Air Station at Cecil Field.
Page I-89 will appear in the record at another place.

DISPENSARY ADDITION REGIONAL MEDICAL CENTER

You are requesting \$107,000 for a dispensary addition at the Naval Regional Medical Center, Jacksonville. How does this project tie into your area health services in the Jacksonville area?

Admiral ETTER. They are tied in again, Mr. Patten, to the regional medical center located at the naval hospital at Jacksonville.

However, this facility is about a 40-minute drive from the main hospital complex and is provided to give onsite care for the individuals who are assigned to Cecil Field for duty.

This is an expansion of the present dispensary to provide two examining rooms for doctors and to make the operation more efficient.

Mr. PATTEN. By the way, if you were to go out to Bethesda from your office would you cross the river and go up Washington Parkway and get on the beltway

Admiral ETTER. Yes, sir. I have crossed the Roosevelt Bridge and gone out George Washington Parkway.

Mr. PATTEN. What is the mileage? Over 15 miles, isn't it?

Admiral ETTER. I don't know the mileage. I can give you driving time; in the middle of the day 25 minutes.

NAVY HEALTH CARE SOUTHERN REGION

Mr. PATTEN. How is the Navy health care organized in the southern region? That is in relation to Jacksonville and this Navy regional medical center.

Admiral ETTER. From the Navy standpoint, we regionalized at Orlando, at Jacksonville, and at Pensacola. All of the surrounding or feeder dispensaries are part of the region, as I indicated earlier in these proceedings.

There is another factor which may be considered here and that is triservice regionalization in which the Army has been given the lead activity to coordinate Army, Navy, and Air Force medical facilities in Florida, in Georgia, and in Alabama.

The headquarters for this are at Fort Gordon, Ga. Each of the services has their own subregion but this again is an extension of the Navy's plan to try to get increased efficiency out of our resources.

Mr. PATTEN. The next question you partly covered, but I wish you would embellish the record on your last answer.

[The information follows:]

In May 1972, the Secretary of Defense directed that a concept of regionalization of military health services be tested commencing July 1, 1972 in four regions: the Tidewater area, the southeast area, the gulf area, and the northern California/Nevada area. The test was extended to the overseas areas of Japan and Europe in November 1972.

The objectives of the test were (1) to determine the increase in efficiency and economy in the operations of regionalized medical services, particularly from the standpoint of making the most efficient use of physicians and dentists and other scarce health care personnel, and (2) to determine the improvements in the quality of patient care as a result of the development of more formal regional ar-

rangements among military medical services. The existing command relationships, budgeting and programing systems, and the service identification of personnel and facilities of the three services were not to be disturbed incident to the test.

With the exception of the northern California/Nevada area, each region in CONUS had a coordinator and subregional coordinators. For example, in the southeast region, the coordinator was an Army medical officer and the subregional coordinators were Navy and Air Force medical officers. The tidewater and gulf regions had Navy and Air Force coordinators, respectively. In the northern California/Nevada region, a regional committee of the senior medical officers of the three services, rather than coordinators, tested an alternate concept of the three Surgeons General.

The CONUS regional coordinators met with the Assistant Secretary of Defense (Health and Environment) and the three Surgeons General in March 1973, and it was the consensus of attendees that the test had been successful in validating the regionalization of the Armed Forces medical services through improved communications and coordination is a viable concept. It was also agreed that plans and procedures for worldwide implementation should be developed for the approval of service Secretaries. We are now awaiting that approval on the plans developed and fully coordinated by the offices of the three Surgeons General for the regionalization of the entire continental United States, with extension to overseas areas as a followon action.

Mr. PATTEN. Which are your major regional hospitals in this area?

Admiral ETTER. I would answer that, Mr. Patten, by saying that we have base hospitals in the area rather than regional hospitals in the sense that I think you are using the term.

We have a base hospital at Pensacola, we have a base hospital at Jacksonville, and we have a base hospital at Orlando. All of those are general service type hospitals which provide only the care which is required for the personnel, for the garden variety type of things, medicine, surgery, O.B., et cetera.

None of these is a referral center for specialized care, which I think is what you probably have in mind here.

Mr. PATTEN. Yes.

Admiral ETTER. The closest one would be Charleston where we do have a neurosurgical capability and also a plastic surgery capability at Charleston. These other things are not available in the Florida hospitals themselves.

Mr. PATTEN. One of your plastic surgery men out of World War II is a millionaire up in my district. He learned this from the Navy. You have answered this but I am going to repeat it. Which of these hospitals offers a full range or nearly full range of specialties? You are indicating you have to go up to Charleston.

Admiral ETTER. For neurosurgery and for plastic surgery and for cobalt therapy, for example, the supervoltage therapy. Those things are not provided in these hospitals. They have to go further.

Mr. PATTEN. Which are your major centers for referrals in this region?

Admiral ETTER. Ours would be Charleston and Portsmouth, Va.

Mr. PATTEN. You know I am a little surprised at that. I thought down there in Florida at Pensacola you had a real medical center to which you referred people. I thought it was comparable to Brooks, research and all.

Admiral ETTER. No. Well, from the standpoint of research in aviation medicine, Pensacola, of course, is unsurpassed by any of the services and the capabilities they provide in the School of Aviation Medi-

cine at Pensacola. These are specialized things above and beyond the hospital. The hospital is a general type hospital.

Mr. NICHOLAS. Do you think you will be making more use of the new medical hospital at Fort Gordon as a facility for Navy patients?

Admiral ETTER. That has not been completed yet, Mr. Nicholas. When it is I think we would be making more use of the referral center, yes.

NAVAL HOSPITAL, ORLANDO, FLA.

Mr. PATTEN. Let's move along. Shall we turn to Orlando?

Insert page 101 in the record.

[The page follows:]

1. DATE 5 MAR 1973		2. DEPARTMENT NAVY		3. PROJECT/MILITARY CONSTRUCTION PROGRAM FY 19 74 MILITARY CONSTRUCTION PROGRAM			4. INSTALLATION NAVAL HOSPITAL								
5. COMMAND OR MANAGEMENT BUREAU BUREAU OF MEDICINE AND SURGERY				6. INSTALLATION CONTROL NUMBER 3435-990		7. STATE/COUNTRY ORLANDO, FLORIDA									
8. STATUS ACTIVE				9. YEAR OF INITIAL OCCUPANCY 1968		10. COUNTY (U.S.) ORANGE		11. NEAREST CITY WITHIN CITY							
12. MISSION OR MAJOR FUNCTIONS To provide general clinical and hospitalization services for active duty Navy and Marine Corps personnel, active duty members of other armed services, dependents of active duty personnel and other authorized persons as outlined in current directives. To participate as an integral element of the Navy Regional Health Care System. To cooperate with military and civil authorities in matters pertaining to health, sanitation, local disasters and other emergencies.				13. PERSONNEL STRENGTH			PERMANENT		STUDENTS		SUPPORTED		TOTAL (9)		
				OFFICER (1)	ENLISTED (2)	CIVILIAN (3)	OFFICER (4)	ENLISTED (5)	OFFICER (6)	ENLISTED (7)	CIVILIAN (8)				
				a. AS OF 31 December 72											
				91	197	198	0	3	0	0	0	0	0	0	489
				b. PLANNED (End FY 1975)											
141	339	201	0	0	0	0	0	0	0	0	681				
14. INVENTORY															
LAND		ACRES (1)		LAND COST (\$000) (2)		IMPROVEMENT (\$000) (3)		TOTAL (\$000) (4)							
a. OWNED		0		0		1,732		1,732							
b. LEASES AND EASEMENTS		0# - 0#		0# - 0#		0		0							
c. INVENTORY TOTAL (Except land rent) AS OF 30 JUNE 19 72								1,732							
d. AUTHORIZATION NOT YET IN INVENTORY								0							
e. AUTHORIZATION REQUESTED IN THIS PROGRAM								22,312							
f. ESTIMATED AUTHORIZATION - NEXT 4 YEARS								0							
g. GRAND TOTAL (c + d + e + f)								24,044							
15. SUMMARY OF INSTALLATION PROJECTS															
16. PROJECT DESIGNATION															
17. CATEGORY CODE NO. a	18. PROJECT TITLE b			19. TENANT COMMAND PRIORITY c	20. UNIT OF MEASURE d	21. AUTHORIZATION PROGRAM e		22. FUNDING PROGRAM f							
510.10	HOSPITAL REPLACEMENT			/	ED	310	22,312	310	22,312						

328

NAVAL HOSPITAL, ORLANDO, FLA., \$22,312,000

This hospital provides inpatient and outpatient care to eligible personnel in the Orlando area.

The hospital replacement project will replace with a 310-bed hospital the existing facility which is structurally and functionally inadequate, with open bay wards and unreliable utilities.

Status of funds

Cumulative appropriations through fiscal year 1973.....	\$0
Cumulative obligations, Dec. 31, 1972 (actual).....	0
Cumulative obligations, June 30, 1973 (estimated).....	0

DESIGN INFORMATION

Project	Design cost	Percent complete. Apr. 1, 1973
Hospital replacement.....	\$310,822	35

REDUCTION IN SCOPE

Mr. PATTEN. The Navy has proposed to reduce the scope of this project to \$20,981,000 and to 235 beds. Why is this?

Admiral ETTER. Mr. Patten, we took a very close look at the requirements, the base loading, and we had predicted some of our earlier forecasts on more people than actually are going to end being in the Orlando area.

As a result of this new look, we knew that we could reduce the hospital to 235 beds, which would be adequate for that area.

Mr. PATTEN. And you are bearing in mind that you are moving some people out of Bainbridge down there to Orlando—and WAVES?

Admiral ETTER. That is correct, the WAVES and also the nuclear power school.

Mr. PATTEN. You have taken that into account?

Admiral ETTER. Yes, sir.

CAPACITY OF EXISTING RECRUIT DISPENSARY

Mr. PATTEN. What is the bed and outpatient capacity of the dispensary at the recruit training center?

Admiral ETTER. The bed capacity at the recruit training center is 135. It does not have an outpatient capacity or capability except for recruit sick call.

AREA WORKLOADS

Mr. PATTEN. Can you provide for the record the workload for the past year for the naval hospital, the dispensary at the training center, and the Air Force facilities at McCoy Air Force Base? Also show what effect the closure of McCoy will have on the Navy's workload at Orlando. That is for the record.

[The information follows:]

AVERAGE MONTHLY INPATIENT WORKLOAD

[Average number patients occupying beds, 12-month period ending March 1973]

	Naval hospital, Orlando	Dispensary, Naval Training Center	Dispensary, McCoy Air Force Base
Active duty:			
Navy and Marine Corps.....	110.0	92.4	
Army.....	1.1		
Air Force.....	6.8		
Other.....	0		
Total	117.9	92.4	
Dependents of active duty:			
Navy and Marine Corps.....	6.2		
Army.....	1.7		
Air Force.....	8.5		
Other.....	.3		
Total	16.7		
Retired.....	25.1		
Dependents of retired and deceased.....	25.3		
All others.....	.3		
Total	185.3	92.4	

AVERAGE MONTHLY OUTPATIENT WORKLOAD

[Average monthly outpatient visits, 12-month period ending March 1973]

	Naval Hospital, Orlando	Dispensary Naval Train- ing Center	Dispensary, McCoy Air Force Base
Active duty:			
Navy and Marine Corps.....	2,123	10,013	6
Army.....	93		19
Air Force.....	508		2,244
Other.....	19		2
Total	2,743	10,013	2,271
Departments of active duty:			
Navy and Marine Corps.....	1,914		22
Army.....	416		37
Air Force.....	1,591		3,502
Other.....	25		
Total	3,946		3,561
Retired.....	3,139		705
Dependents of retired and deceased.....	6,533		1,355
All others.....	121		17
Total	16,482	10,013	7,909

**AVERAGE MONTHLY INPATIENT WORKLOAD COMPARISON FOR NAVAL HOSPITAL, ORLANDO
AND McCoy AFB DISPENSARY**

[Monthly average based on 12-month period ending February 1973]

	Naval Hospital, Orlando	McCoy	Gains/losses due to closure of McCoy	Projected Naval Hospital, Orlando
Active duty:				
Air Force.....	6.8		-6.8	0
Army.....	1.1			1.1
Navy and Marine Corps.....	110.0			110.0
Other.....				
Total	117.9		-6.8	111.1
Retired	25.1			25.1
Dependents of active duty:				
Air Force.....	8.5		-8.5	0
Army.....	1.7			1.7
Navy and Marine Corps.....	6.2			6.2
Other.....	.3			.3
Total	16.7		-8.5	8.2
Dependents of retired and deceased.....	25.3			25.3
All others.....	.3			.3
Grand total	185.3		-15.3	170.0

**AVERAGE MONTHLY OUTPATIENT WORKLOAD COMPARISON FOR NAVAL HOSPITAL, ORLANDO, AND McCoy AFB
DISPENSARY**

[Monthly average based on 12-month period ending March 1973]

	Naval Hospital, Orlando	McCoy	Gains/losses due to closure of McCoy	Projected, Naval Hospital, Orlando
Active duty:				
Air Force.....	508	2,244	-508	0
Army.....	93	19	+19	112
Navy and Marine Corps.....	12,136	6	+6	12,142
Other.....	19	2	+2	21
Total	12,756	2,271	-481	12,275
Retired	3,139	705	+705	3,844
Dependents of active duty:				
Air Force.....	1,591	3,502	-1,591	0
Army.....	416	37	+37	453
Navy and Marine Corps.....	1,914	22	+22	1,936
Other.....	25			25
Total	3,946	3,561	-1,532	2,414
Dependents of retired and deceased.....	6,533	1,355	+1,355	7,888
All others.....	121	17	+17	138
Grand total	26,495	7,909	+64	26,559

Mr. PATTEN. Tell us now what effect you expect.

Admiral ETTER. From the past records of the hospital at Orlando there is an average patient load from the Air Force at McCoy of nine patients a day only added to the hospital census. We would not have those nine patients.

However, the outpatient care which McCoy has been providing for the retired personnel particularly and their dependents in that area would have to shift to the naval hospital when McCoy closes.

Mr. PATTEN. Thank you. At this time we will adjourn until 10 o'clock tomorrow morning.

WEDNESDAY, JUNE 27, 1973.

Mr. SIKES. The committee will come to order.

Return to the naval hospital in Orlando, for which there is a request of \$22,312,000.

WORKLOAD

Provide for the record the workload for the past 5 years, the present, and the projected workload for the next 5 years in terms of beds occupied and outpatient visits of the Navy medical facilities in Orlando.

[The information follows:]

NAVAL MEDICAL FACILITIES, ORLANDO, FLA.—WORKLOAD STATISTICS

Fiscal years	Outpatient visits	Average daily patient load
1968	(1)	(1)
1969	150,323	41
1970	187,119	150
1971	223,747	145
1972	266,285	146
1973	333,238	212
1974 (projected)	361,856	222
1975 (projected)	372,047	229
1976 (projected)	363,780	224
1977 (projected)	368,207	226
1978 (projected)	369,726	227

¹ Acquired from Air Force on Feb. 17, 1968.

Mr. SIKES. What has been the number of beds occupied in the hospital in the past?

Admiral ETTER. Mr. Chairman, this of course varies considerably, but the average daily patient load has been between 140 and 150 patients in the main hospital itself.

Mr. SIKES. What does that mean? Are there more in other facilities?

Admiral ETTER. This is in addition to those which are in the recruit dispensary.

Mr. SIKES. How many are in the recruit dispensary?

Admiral ETTER. The recruit dispensary has 138 beds and it varies from low values occasionally when there are not many recruits or when there are no epidemics occurring it can be as low as 25. It has exceeded the 138 capacity, however, a dozen times over the past year.

Mr. SIKES. What causes that? Primarily colds?

Admiral ETTER. Primarily colds, upper respiratory infections, these kinds of things, which can be treated in 3 to 6 days and then return to duty.

Mr. SIKES. How many beds are you planning for the new hospital?

Admiral ETTER. Two hundred thirty-five, sir.

Mr. SIKES. Will you continue to use the recruit dispensary?

Admiral ETTER. It will continue to be used strictly as a dispensary for only the recruit population. I likened it yesterday to that of an infirmary attached to a major university, where you have the facilities available there for short-term care.

Most of the laboratory and X-ray support comes from the hospital itself.

HOSPITAL WORKLOADS AT MAJOR TRAINING CENTERS

Mr. SIKES. Can you compare the population you are supporting here to that supported at other naval training centers, such as Great Lakes? Has your workload been comparable in terms of the makeup of the population, and are your projections of workload consistent between hospital training centers? Provide details for the record.

[The information follows:]

COMPARISON OF WORKLOAD PROJECTIONS FOR NAVAL HOSPITALS PROVIDING HEALTH CARE SUPPORT TO NAVAL TRAINING CENTERS

	Fiscal year—				
	1973 ¹	1974	1975	1976	1977
Naval Hospital, Orlando, Fla.:					
Total population supported (all categories, current and projected).....	78, 832	85, 748	88, 163	86, 204	87, 253
Outpatient visits.....	231, 015	265, 819	273, 305	267, 232	270, 184
ADPL ² (1.25).....	160	173	178	173	175
Naval Hospital, Great Lakes, Ill.:					
Total population supported (all categories, current and projected).....	70, 756	65, 894	64, 989	64, 989	65, 494
Outpatient visits.....	239, 234	222, 722	219, 662	219, 663	221, 370
ADPL ² (1.25).....	446	411	405	405	408
Naval Hospital, San Diego, Calif.:					
Total population supported (all categories, current and projected).....	420, 672	407, 484	399, 445	420, 280	416, 633
Outpatient visits.....	711, 316	688, 648	675, 062	710, 273	704, 109
ADPL ² (1.25).....	1, 506	1, 425	1, 397	1, 470	1, 457

¹ Actual workload.

² Includes dispersion factor of 1.25.

HOSPITAL SUPPORT IN ORLANDO AREA

Mr. SIKES. Would it be possible to obtain specialty support or regional support from Jacksonville or other naval or Department of Defense hospitals in the southern region in lieu of replacing the facility at Orlando?

Admiral ETTER. Mr. Chairman, we certainly would get any specialty support that we needed from other hospitals in the area. This is not planned as a specialty or referral hospital. This will be a garden variety type hospital where you have surgery, medicine, O.B., GYN, pediatrics for the dependents, and it is not planned to have any of the sophisticated type things that you find in your regional or referral hospitals.

Mr. SIKES. The nearest military hospital I presume would be in Tampa. Is that correct? At MacDill.

Admiral ETTER. That probably is correct, sir.

Mr. SIKES. Jacksonville would be a little farther away.

Admiral ETTER. A little farther.

Mr. SIKES. Neither would be in close proximity.

Admiral ETTER. Neither in close proximity, but I would like to deemphasize a point, that this is not a specialty center. It is what we call a base hospital. It takes care of the local population.

EXISTING HOSPITAL

Mr. SIKES. What type of hospital do you have there now?

Admiral ETTER. It is a deteriorating hospital built during World War II.

Mr. SIKES. Is it a World War II cantonment type?

Admiral ETTER. Cantonment type. I would like if I could, sir, to pass out a few pictures of the existing hospital.

Mr. SIKES. I have seen the hospital. I want to establish for the record what type it is and I think it would be well to pass the photographs around. Are there questions?

Mr. DAVIS. I have no questions at this time.

Admiral ETTER. Mr. Chairman, could I add one other thing to this? At the last accreditation survey by the Joint Committee on Hospital Accreditation they, in effect, put the hospital on probation because of "the deplorable deteriorating physical condition of the plant."

Mr. SIKES. Mr. Nicholas.

CIVILIAN HOSPITALS IN AREA

Mr. NICHOLAS. What is the situation on civilian hospitals in the area? Could you provide for the record or give some indication now what the utilization is?

Admiral ETTER. I will provide a complete list for the record, Mr. Nicholas.

[The information follows:]

ORLANDO, FLA.

Facility—Orange Memorial Hospital	Type of facility—General medical and surgical
Bed Capacity—808	Admissions—6,488
Type of facility—General medical and surgical	Census—114
Admissions—27,877	Percent of occupancy—79.2
Census—608	Facility—Orlando General Hospital
Percent of occupancy—72.5	Bed capacity—82
Facility—Florida Hospital	Type of facility—General medical and surgical
Bed capacity—469	Admissions—2,852
Type of facility—General medical and surgical	Census—53
Admissions—16,892	Percent of occupancy—73.6
Census—372	Facility—Sunland Hospital
Percent of occupancy—80.3	Bed capacity—1,000
Facility—Holiday Hospital	Type of facility—Institute for mental retardation
Bed capacity—155	Admissions—151
Type of facility—General medical and surgical	Census—947
Admissions—6,805	Percent of occupancy—94.7
Census—97	Facility—Winter Park Memorial
Percent of occupancy—62.6	Bed capacity—223
Facility—Mercy Hospital	Type of facility—General medical and surgical
Bed capacity—150	Admissions—9,741
	Census—162
	Percent of occupancy—72.6

Facility—Seminole Memorial Hospital	Bed capacity—86
Bed capacity—194	Type of facility—General medical and surgical
Type of facility—General medical and surgical	Admissions—3,016
Admissions—7,129	Census—67
Census—143	Percent of occupancy—78.8
Percent of occupancy—73.7	
Facility—West Orange Memorial Hospital	

NOTE: Statistics and supplying information obtained from the American Hospital Association Guide to the Health Care Field, calendar year 1972.

Admiral ETTER. The civilian hospitals, the larger ones, are running around 80 to 85 percent occupancy at the present time and, as you know, Orlando is a tremendously growing area from the civilian economy standpoint with Disney World nearby and I would assume that the civilian hospital could absorb very little of the military load.

SUPPORT OF RETIRED POPULATION

Mr. SIKES. You are closing out McCoy, an Air Force Base at Orlando. There are military retirees there, principally Air Force because of the fact that you have long had an Air Force installation there.

What is the situation on retirees and their dependents in the Navy hospital there?

Admiral ETTER. We take care of them now to the limit of our capability. As you know, though, if we get approval to replace it we would only replace 10 percent more beds for retirees and their dependents. We will continue to do what we can for their welfare.

Incidentally, the Air Force active duty and retirees accounted for average occupied beds of around nine during the past year.

Mr. SIKES. Do you have many more requests than that or not?

Admiral ETTER. I think not. There is one thing about it, that I have heard statements made that the hospital is in such bad shape that many, even the retirees, try to get their care through Champus.

NAVAL TRAINING CENTER, ORLANDO, FLA.

Mr. SIKES. If there are no further questions we will turn to the Naval Training Center in Orlando.

Place in the record page I-103.

[The page follows:]

1. DATE 5 MAR 1973		2. DEPARTMENT NAVY		3. INSTALLATION FY 19 74 MILITARY CONSTRUCTION PROGRAM		5. INSTALLATION NAVAL TRAINING CENTER						
4. COMMAND OR MANAGEMENT BUREAU CHIEF OF NAVAL TRAINING			6. INSTALLATION CONTROL NUMBER 6373-700		8. STATE/COUNTRY ORLANDO, FLORIDA							
7. STATUS ACTIVE		9. YEAR OF INITIAL OCCUPANCY 1968		9. COUNTY (U.S.) ORANGE		10. NEAREST CITY WITHIN CITY						
11. MISSION OR MAJOR FUNCTIONS Provide basic indoctrination (recruit training) for enlisted personnel and primary, advanced and/or specialized training for officer and enlisted personnel of the Regular Navy and the Naval Reserve				12. PERSONNEL STRENGTH		PERMANENT		STUDENTS		SUPPORTED		TOTAL (3)
				OFFICER (1)	ENLISTED (2)	CIVILIAN (3)	OFFICER (4)	ENLISTED (5)	OFFICER (6)	ENLISTED (7)	CIVILIAN (8)	
A. AS OF 31 December 1972				287	1,416	2,161	0	5,780	0	0	0	9,644
B. PLANNED (END FY 1973)				448	2,273	2,273	240	12,706	0	0	0	17,940
13. INVENTORY												
LAND		ACRES (1)		LAND COST (\$000) (2)		IMPROVEMENT (\$000) (3)		TOTAL (\$000) (4)				
A. OWNED		1,702		528		55,870		56,398				
B. LEASE AND EASEMENTS		37* - 8#		0		0		0				
C. INVENTORY TOTAL (EXCEPT LAND RENT) AS OF 30 JUNE 19 72		72		0		0		56,398				
D. AUTHORIZATION NOT YET IN INVENTORY						(EXCLUSIVE OF FAMILY HOUSING \$6,865,000)		13,894				
E. AUTHORIZATION REQUESTED IN THIS PROGRAM						(EXCLUSIVE OF FAMILY HOUSING \$8,100,000)		7,383				
F. ESTIMATED AUTHORIZATION - NEXT 4 YEARS						(EXCLUSIVE OF FAMILY HOUSING \$25,713,000)		46,205				
G. GRAND TOTAL (C + D + E + F)								123,880				
14. SUMMARY OF INSTALLATION PROJECTS												
PROJECT DESIGNATION				TENANT COMMAND PRIORITY		UNIT OF MEASURE		AUTHORIZATION PROGRAM		FUNDING PROGRAM		
CATEGORY CODE NO. a	PROJECT TITLE b							SCOPE c	ESTIMATED COST (\$000) d	SCOPE e	ESTIMATED COST (\$000) f	
540.10	<u>ADMINISTRATIVE COMMAND</u> DENTAL CLINIC			/3		SF		19,834	1,481	19,834	1,481	
171.20	<u>SERVICE SCHOOL COMMAND</u> NUCLEAR POWER TRAINING BUILDING			/		SF		131,300	4,628	131,300	4,628	
171.20	BASIC ELECTRICITY & ELECTRONICS TRAINING BUILDING			/		SF		25,000	1,274	25,000	1,274	
								TOTAL	7,383	7,383		

336

Mr. SIKES. The request is for \$7,383,000 for a dental clinic, nuclear power training building, and a basic electricity and electronics training building.

DENTAL CLINIC

Why would you not place the dental clinic in the hospital?

Admiral ETTER. In our replacement hospitals we have been building the dental department of the hospital as part of the structure to take care of the inpatient load only.

We have found it much more convenient really to provide a separate dental facility or separate dental clinic to provide the needs for the large number of people who come in and out of the dental clinic.

It just adds very much to the confusion and traffic in a hospital.

NUCLEAR POWER TRAINING BUILDING

Mr. SIKES. Would you discuss the requirement for a nuclear power training building?

Admiral MARSCHALL. Sir, I think Mr. Taylor would be best qualified to answer that.

Mr. TAYLOR. Sir, the nuclear power school is presently located at NTC Bainbridge. We are planning to disestablish Bainbridge by January of 1975 and to relocate the nuclear power school to Orlando. There are no facilities available to house this school at Orlando.

Mr. SIKES. From Bainbridge to Orlando?

Mr. TAYLOR. Yes, sir.

Mr. SIKES. Have you examined other areas to determine if there are facilities elsewhere in which that could be accommodated without the construction of new facilities?

Mr. TAYLOR. Yes, sir; we have examined—

Mr. SIKES. Where.

Mr. TAYLOR [continuing]. Many areas. However, we have determined that the best area for the establishment of this service school would be at Orlando. It is going to become our center for nuclear power training.

Mr. SIKES. I am sorry to tell you you still haven't told me anything. You say you examined many locations and this is best?

Mr. TAYLOR. Yes, sir.

Mr. SIKES. Those are just words. Tell me what you looked at and why this is best.

Mr. TAYLOR. We have looked at facilities that are becoming available as a result of Shore Establishment realignment and have determined that none is really suitable.

The reason is that we need the nuclear power school collocated with one of our recruit training centers since many of the students who go into the nuclear power school come directly from our recruit training command.

Admiral MARSCHALL. From a cost standpoint, Mr. Chairman, we have made many studies showing that if we collocate with a recruit training command it saves the Government money in the long run.

Mr. SIKES. Do you have any other schools collocated other than the nuclear training school?

Admiral MARSCHALL. Yes, sir. Mr. Taylor can give a list of these.

MR. TAYLOR. At each of our training centers, sir, we have collocated a service school command. The Chief of Naval Training has examined all naval training and has come up with six centers which we hope to establish. The recruits will attend one of these centers for their advanced training upon graduation from recruit training. These we call core centers.

They are primarily located near a recruit camp so that we can cut down on our PCS funds and the time a student is in training.

Admiral MARSCHALL. Name some of these other types of schools.

MR. TAYLOR. For example, sir; we will establish at Great Lakes the center for the engineering and ordnance.

San Diego will be the center for radiomen ratings.

Pensacola will become our electronic warfare and communications center, and Meridian our clerical center.

NAVAL AIR STATION, MERIDIAN, MISS.

MR. MCKAY. Let us pass, gentlemen, the next two here until the chairman gets back.

Let us move down to Naval Air Station, Meridian, Miss.

DISPENSARY AND DENTAL CLINIC

We will insert page I-124 in the record at another point. The request here is for a dispensary and dental clinic at a cost of \$2.5 million.

What facilities are you using at the present time and to what use will they be put if a new facility is provided?

Admiral ETTER. Mr. McKay, we are presently using a 21,000 square foot permanent facility. However, we cannot economically or functionally expand the existing dispensary to serve the increased base loading caused by the establishment of the Naval Technical Training Center. In fact, the military active duty population is being doubled at Meridian. The existing facilities would then be used for a personnel services center consisting of such offices as a travel office, family assistance office, training office, American Red Cross, et cetera.

MR. SIKES. Will this project at Meridian complete the requirements for medical facilities there?

Admiral ETTER. It will, Mr. Chairman.

MR. SIKES. Provide for the record the past, present, and projected workload data for the dispensary and dental clinic.

[The information follows:]

OUTPATIENT WORKLOAD STATISTICS FOR DISPENSARY AND DENTAL CLINIC, NAVAL AIR STATION, MERIDIAN, MISS.

	Fiscal year—						
	1970	1971	1972	1973	1974	* 1975	1976
Uniformed services.....	12,341	15,713	14,624	12,106	11,219	17,391	17,268
Dependents of active duty.....	12,963	20,471	19,696	27,007	25,018	38,784	38,513
Dependents, retired/deceased.....	680	1,327	1,202	2,320	2,320	2,320	2,320
Retired personnel.....	550	669	1,196	869	869	869	869
Others.....	167	161	294	226	226	226	226
Total.....	26,701	38,341	37,012	42,528	39,652	59,590	59,196

* Increase due to anticipated additional personnel to be assigned to the Naval Air Technical Training Center for technical training.

NAVAL AEROSPACE REGIONAL MEDICAL CENTER, PENSACOLA, FLA.

Mr. SIKES. Take up the Naval Aerospace Regional Medical Center in Pensacola and please provide a justification page 1390 for the record on this project.

[The information follows:]

1. DATE 25 MAY 1973		2. DEPARTMENT NAVY		3. FY 1974 MILITARY CONSTRUCTION PROGRAM		4. INSTALLATION NAVAL AEROSPACE REGIONAL MEDICAL CENTER								
5. COMMAND OR MANAGEMENT BUREAU BUREAU OF MEDICINE			6. INSTALLATION CONTROL NUMBER 1180-650			7. STATE/COUNTRY PENSACOLA, FLORIDA								
7. STATUS ACTIVE		8. YEAR OF INITIAL OCCUPANCY 1957		9. COUNTY (U.S.) ESCAMBIA		10. NEAREST CITY 5 MILES NORTHEAST TO PENSACOLA								
11. MISSION OR MAJOR FUNCTIONS To administer the Naval Aerospace Medical Institute, the Naval Aerospace Medical Research Laboratory, and the Naval Hospital, Pensacola, Florida, by direction, coordination, and professional supervision concerning aerospace medical training, clinical and hospitalization services, aerospace medical research, and evaluation of aerospace medical equipment. To provide coordinated dispensary health care services as an integral element of the Naval Regional Health Care System, including shore activities as may be assigned. To cooperate with military and civil authorities in matters pertaining to health, sanitation, local disasters, and other emergencies.				12. PERSONNEL STRENGTH		PERMANENT		STUDENTS		SUPPORTED		TOTAL (9)		
				OFFICER (1)	ENLISTED (2)	CIVILIAN (3)	OFFICER (4)	ENLISTED (5)	OFFICER (6)	ENLISTED (7)	CIVILIAN (8)			
				a. AS OF 31 December 1972		200	376	409	52	45	0	0	0	1,082
				b. PLANNED (End FY 1974)		205	386	409	52	45	0	0	0	1,097
				13. INVENTORY										
LAND		ACRES (1)		LAND COST (\$000) (2)		IMPROVEMENT (\$000) (3)		TOTAL (\$000) (4)						
a. OWNED		47		1		6,105		8,153						
b. LEASES AND EASEMENTS		-		-		-		0						
c. INVENTORY TOTAL (Except land rent) AS OF 30 JUNE 19 72		-		-		-		8,153						
d. AUTHORIZATION NOT YET IN INVENTORY		-		-		-		10,156						
e. AUTHORIZATION REQUESTED IN THIS PROGRAM		-		-		-		1,100						
f. ESTIMATED AUTHORIZATION - NEXT 4 YEARS		-		-		-		-						
g. GRAND TOTAL (c + d + e + f)		-		-		-		28,459						

PROJECT DESIGNATION		TENANT COMMAND PRIORITY	UNIT OF MEASURE d	AUTHORIZATION PROGRAM		FUNDING PROGRAM	
CATEGORY CODE NO. a	PROJECT TITLE b			SCOPE e	ESTIMATED COST (\$000) f	SCOPE g	ESTIMATED COST (\$000) h
530.10	MEDICAL AND DENTAL SUPPORT FACILITIES	/	LS	-	1,084	-	1,084

NAVAL AEROSPACE REGIONAL MEDICAL CENTER, PENSACOLA, FLA., \$1,084,000

This center provides complete inpatient and outpatient medical care to all eligible personnel in the Pensacola area and supports the professional training mission of the Navy Medical Department.

The medical and dental support facilities project will: (1) provide a medical warehouse for the new naval hospital, (2) construct a new dental clinic and (3) modernize the existing dispensary at the Naval Communications Training Center, Corry Field, Fla.

Status of funds

Cumulative appropriations through fiscal year 1973.....	\$19,156,000
Cumulative obligations, Dec. 31, 1972 (actual).....	13,804,762
Cumulative obligations, June 30, 1973 (estimated).....	14,736,831

DESIGN INFORMATION

Project	Design cost	Percent complete, Apr. 1, 1973
Medical and dental support facilities.....	\$24,786	0

Mr. SIKES. And I would like to have copies for the members. If they are not available now we will come back to it later when they are available.

The request is for \$1,084,000. I am going to pass this around among the members for examination. In the meantime I would like for you to tell me the need for this, the requirement for this facility.

Admiral ETTER. Mr. Chairman, this requirement is related to the unanticipated buildup of the load at Corry Field where the naval hospital is being built. Originally when the hospital was first conceived it was planned to take care of the sick-call requirements for Corry as a component part of the hospital itself.

It became apparent, however, when we found that the base loading was increasing to better than 4,000 that the hospital outpatient spaces were not adequate for this purpose. It was therefore decided at that time to request a change to the program at Pensacola and to modernize the present dispensary at Corry Field, construct a small dental clinic, and take care of Corry's requirements for active duty outpatient care that way.

This then allowed us to take the spaces which had been programed originally for the outpatient spaces and convert them into family practice training spaces which are needed since the hospital is being located at Corry.

As you know, Mr. Chairman, where the hospital is now it is very close to another building that now houses a family practice clinic. By locating the hospital at Corry it makes it completely impractical to operate the present family practice clinic on a separate basis. We therefore would incorporate it into the new hospital spaces.

Mr. SIKES. For the benefit of the record and the committee will you explain how the funding for this clinic was obtained; in other words, by a reduction in scope which was found possible in another facility. This represents a part of the savings at another facility.

Now, will you bring out the details?

Admiral MARSCHALL. Yes, Mr. Chairman.

We reduced the scope of the hospital at the Naval Training Center, Orlando. With that \$1,331,000 saving we can fund the medical and dental support facilities. This change is still in the Office of Management and Budget. It has been approved by the Office of the Secretary of Defense.

Mr. SIKES. All right.

What is the status of prior-year projects here? Have you saved money on them?

[The information follows:]

NH PENSACOLA

Fiscal year	Project	Cost	Construction percent complete	Completion date
1973.....	Hospital (310 bed).....	\$19,156,000	18	September 1975.

Mr. SIKES. You are planning to modify or to redesign space in the hospital?

Admiral ETTER. Mr. Chairman, it is planned to redesign the space in the hospital which will become available by the shift in medical/dental support functions to the student center at the Naval Communications Training Center to provide for a family practice clinic required to support and assure accreditation of the recently commenced family practice residency training program at Pensacola.

Mr. SIKES. Provide for the record details on the past and projected workloads at Corry Field.

[The information follows:]

WORKLOAD STATISTICS FOR DISPENSARY, NAVAL COMMUNICATIONS TRAINING CENTER, CORRY FIELD, FLA.

	Fiscal year—		
	1973 ¹	1974	1975 ²
Total military population supported (all categories, current and projected).....	1,886	1,886	4,100
Outpatient visits ³	9,639	9,639	23,780

¹ Actual workload.

² Projected increase in workload, based on increase in training billets at the Naval Communications Training Center.

³ Outpatient care provided only for active duty military and others authorized treatment. All dependent and retired care provided by Naval Hospital, Naval Aerospace Regional Medical Center, Pensacola, Fla.

Mr. SIKES. Will the modernization of the dispensary provide a modern facility and complete the requirements?

Admiral ETTER. Modernization of the existing dispensary with construction of a new dental clinic will provide a modern facility and complete the requirements at Corry Field, Mr. Chairman.

Mr. SIKES. Is there no existing warehouse space you can use?

Admiral ETTER. Mr. Chairman, the existing warehouse facilities at Pensacola are too distant to the new hospital to provide an efficient and effective supply warehouse operation. There is no existing warehouse space at Corry Field that we could use.

Mr. SIKES. Are there questions from the committee?

PROJECTED MEDICAL FACILITIES PROGRAM

Mr. McKAY. How many hospitals are we presently building in the Navy or propose to build?

Admiral ETTER. In this year's program, Mr. McKay, we are proposing to replace a hospital at Orlando and to add an addition to the hospital at New Orleans.

Admiral MARSCHALL. The new hospital there was approved in the 1973 program.

Admiral ETTER. Coming downstream, I can provide for the record, if you would like, what our 5-year projected replacement program is. [The information follows:]

The following table provides a breakdown by year and dollars for the projected medical facilities program. These figures are estimates only, and will require refinement as more specific cost estimates and requirements are developed. Included are both design and construction costs.

Fiscal year	Hospitals	Dispensaries denclinics	Support and design	Total
1975.....	\$28,029	\$86,493	\$47,178	\$161,700
1976.....	107,490	35,000	34,610	177,100
1977.....	131,130	5,000	8,170	144,300
1978.....	94,905	10,000	6,295	111,200
1979.....	30,920	5,000	2,380	38,300
Total.....	392,474	141,493	98,633	632,600

Mr. SIKES. As of the current 1974 budget those are the only ones?

Admiral ETTER. Those are the only two.

NAVAL AIR STATION, WHITING FIELD, FLA.

Mr. SIKES. All right.

Take up Naval Air Station, Whiting Field.

Place in the record page I-120.

[The page follows:]

1. DATE 19 FEB 1973		2. DEPARTMENT NAVY		3. INSTALLATION NAVAL AIR STATION							
4. COMMAND OR MANAGEMENT BUREAU CHIEF OF NAVAL TRAINING		5. INSTALLATION CONTROL NUMBER 1452-590		6. STATE/COUNTRY WHITING FIELD, FLORIDA							
7. STATUS ACTIVE		8. YEAR OF INITIAL OCCUPANCY 1943		9. COUNTY (U.S.) SANTA ROSE	10. NEAREST CITY 33 MILES SOUTHWEST TO PENSACOLA						
11. MISSION OR MAJOR FUNCTIONS Maintain and operate facilities and provide services and materials to support operations of Aviation activities and units of the Naval Training Command.		12. PERSONNEL STRENGTH		PERMANENT		STUDENTS		SUPPORTED		TOTAL (9)	
				OFFICER (1)	ENLISTED (2)	CIVILIAN (3)	OFFICER (4)	ENLISTED (5)	OFFICER (6)		ENLISTED (7)	CIVILIAN (8)
		a. AS OF 31 Dec 1972	403	2,090	398	870	0	1	2	0	3,764
		b. PLANNED (End FY1975)	403	2,088	398	500	0	1	2	0	3,392
		13. INVENTORY		LAND		LAND COST (\$000) (2)		IMPROVEMENT (\$000) (3)		TOTAL (\$000) (4)	
				a. OWNED	3,592	279	35,071	35,350			
		b. LEASES AND EASEMENTS		247# - 452#	(1/YR# - 51#)	9# - 0#	60				
		c. INVENTORY TOTAL (Except land rent) AS OF 30 JUNE 19 - 72					35,410				
		d. AUTHORIZATION NOT YET IN INVENTORY					3,454				
		e. AUTHORIZATION REQUESTED IN THIS PROGRAM					2,186				
f. ESTIMATED AUTHORIZATION - NEXT 4 YEARS					3,433						
g. GRAND TOTAL (c + d + e + f)					44,483						
14. SUMMARY OF INSTALLATION PROJECTS											
PROJECT DESIGNATION		TENANT COMMAND PRIORITY	UNIT OF MEASURE	AUTHORIZATION PROGRAM		FUNDING PROGRAM					
CATEGORY CODE NO.	PROJECT TITLE			SCOPE	ESTIMATED COST (\$000)	SCOPE	ESTIMATED COST (\$000)				
550.10	DISPENSARY & DENTAL CLINIC	/	SF	31,235	2,186	31,235	2,186				

344

NAVAL AIR STATION, WHITING FIELD, FLA., \$2,186,000

This station supports the basic propeller and helicopter flight training operations of the Naval Air Training Command.

The dispensary and dental clinic project will replace the existing clinic and provide facilities needed for improving the delivery of dental services.

Status of funds:

Cumulative appropriations through fiscal year 1973.....	\$24,544,000
Cumulative obligations, Dec. 31, 1972 (actual).....	15,356,640
Cumulative obligations, June 30, 1973 (estimated).....	15,902,702

DESIGN INFORMATION

Project	Design cost	Percent complete, Apr. 1, 1973
Dispensary and dental clinic.....	\$5,733	40

Mr. SIKES. The request is for a dispensary and dental clinic at a cost of \$2,186,000.

Can you provide for the record the workload for the dispensary and dental clinic for the past 5 years and that projected for the next 5 years?

[The information follows:]

WORKLOAD STATISTICS FOR DISPENSARY, NAVAL AIR STATION, WHITING FIELD, FLA. (PAST 5 YEARS AND PROJECTED 5 YEARS)

Outpatient workload	Fiscal year--									
	1969 ¹	1970 ¹	1971 ¹	1972 ¹	1973 ¹	1974 ²	1976 ²	1977 ²	1977 ²	1978
Uniformed services.....	16,309	19,444	13,663	17,160	15,271	13,344	11,984	11,928	11,936	11,936
Dependents of active duty.....	14,095	12,039	10,787	14,452	17,308	14,100	12,510	9,834	11,190	11,190
Dependents, retired and deceased.....	2,452	2,023	1,764	2,656	2,538	2,538	2,538	2,538	2,538	2,538
Retired personnel.....	511	756	540	805	849	849	849	849	849	849
Others.....	234	336	277	215	256	256	256	256	256	256
Total.....	33,601	34,598	27,031	35,288	36,222	31,087	28,137	25,405	26,769	26,769

¹ Statistics of Navy Medicine, NAVMED P-5038.

² Projected workload based on projected population and experience.

Mr. SIKES. What are you currently utilizing at Whiting for a dispensary and a dental clinic?

Admiral ETTER. Mr. Chairman, we are currently utilizing an old facility which was built in the early 1940's which comprises about 11,000 square feet for medical and about 5,000 square feet for dental. Both were built in 1943 and they are small and of such a configuration that they cannot be adapted to provide for functional adequacy today.

Mr. SIKES. Would you tell us how the construction of the new hospital which was funded last year for Pensacola ties in with the need for a dispensary and the dental clinic here?

Does the fact that they are 30 miles apart eliminate the possibility of utilizing the facilities at Pensacola for Whiting?

Admiral ETTER. Yes, sir, indeed it does. Thirty miles I feel is too far for the active duty to have to go for their outpatient care and not only that, but the requirements for Whiting were not taken into consideration when the outpatient spaces were built at the Pensacola hospital.

Mr. SIKES. Are there questions?

CHARLESTON NAVAL SHIPYARD, CHARLESTON, S.C.

We will take up Charleston Naval Shipyard. Place in the record page I-129.

[The page follows:]

1. DATE 17 APR 1973		2. DEPARTMENT NAVY		3. FY 1974 MILITARY CONSTRUCTION PROGRAM			5. INSTALLATION CHARLESTON NAVAL SHIPYARD																	
4. COMMAND OR MANAGEMENT BUREAU NAVAL SHIP SYSTEMS COMMAND			6. INSTALLATION CONTROL NUMBER 5867-190			8. STATE/COUNTRY CHARLESTON, SOUTH CAROLINA																		
7. STATUS ACTIVE			9. YEAR OF INITIAL OCCUPANCY 1901		8. COUNTY (U.S.) CHARLESTON		10. NEAREST CITY 5 MILES SOUTHWEST TO CHARLESTON																	
11. MISSION OR MAJOR FUNCTIONS This Shipyard provides logistic support for assigned ships including conversion, overhaul, repair and alternations of smaller surface ships, and of modern submarines; support for weapons systems anti-air warfare, anti-submarine and submarine warfare; support for approximately 50 surface ships and 20 submarines home-ported in the area. Major Function: Maintenance and overhaul of smaller surface ships and of modern attack and fleet ballistic missile submarines.				12. PERSONNEL STRENGTH			STUDENTS		SUPPORTED		TOTAL (9)													
				PERMANENT			OFFICER		ENLISTED			CIVILIAN												
				(1)			(2)		(3)		(4)		(5)											
				a. AS OF 31 DEC 1972			38		2		6,473		0		0		82		162		394		7,151	
				b. PLANNED (END FY 1975)			73		41		7,025		0		0		16		77		253		7,485	
13. INVENTORY				LAND		ACRES (1)		LAND COST (\$000) (2)		IMPROVEMENT (\$000) (3)		TOTAL (\$000) (4)												
				a. OWNED		2,001		539		87,803		88,342												
				b. LEASED AND EASEMENTS		4* - 0#		0* - 0#		132* - 0#		132												
				c. INVENTORY TOTAL (Except land rent) AS OF 30 JUNE 19 72								88,474												
				d. AUTHORIZATION NOT YET IN INVENTORY								24,217												
e. AUTHORIZATION REQUESTED IN THIS PROGRAM										603														
f. ESTIMATED AUTHORIZATION - NEXT 4 YEARS										15,617														
g. GRAND TOTAL (c + d + e + f)										128,911														
14. SUMMARY OF INSTALLATION PROJECTS																								
PROJECT DESIGNATION																								
CATEGORY CODE NO.		PROJECT TITLE			TENANT COMMAND PRIORITY	UNIT OF MEASURE	AUTHORIZATION PROGRAM		FUNDING PROGRAM															
a		b			c	d	SCOPE e		ESTIMATED COST (\$000) f															
g		h			i	j	k		l															
550.10		ADDITION TO DISPENSARY			/	SF	3,600		252		3,600		252											
		1/ INCLUDES \$351,000 FOR POLLUTION ABATEMENT																						

CHARLSTON NAVAL SHIPYARD, CHARLESTON, S.C., \$252,000

This shipyard repairs, overhauls, alters, and converts small surface ships and conventional and nuclear attack and fleet ballistic missile nuclear submarines.

The dispensary project will provide an addition to the existing facility to house a photo dosimeter, laboratory, and records facility utilized in the radiological exposure safety program.

Status of funds:

Cumulative appropriations through fiscal year 1973-----	\$71,486,000
Cumulative obligations, Dec. 31, 1972 (actual)-----	56,548,754
Cumulative obligations, June 30, 1973 (estimated)-----	59,325,956

DESIGN INFORMATION

Project	Design cost	Percent complete, Apr. 1, 1973
Addition of dispensary-----	\$11,530	40

Mr. SIKES. The request is for \$252,000 for an addition to the dispensary.

Will this project complete the medical requirements at this installation?

Admiral ETTER. It will, Mr. Chairman.

NAVAL HOSPITAL, NEW ORLEANS, LA.

Mr. SIKES. Take up the naval hospital at New Orleans.

Insert page I-139 in the record.

[The page follows:]

1. DATE 19 FEB 1973		2. DEPARTMENT NAVY		3. PROGRAM FY 1974 MILITARY CONSTRUCTION PROGRAM			4. INSTALLATION NAVAL HOSPITAL						
4. COMMAND OR MANAGEMENT BUREAU BUREAU OF MEDICINE AND SURGERY			5. INSTALLATION CONTROL NUMBER 3435-999			6. STATE/COUNTRY NEW ORLEANS, LOUISIANA							
7. STATUS NEW ACTIVITY			8. YEAR OF INITIAL OCCUPANCY -			9. COUNTY (U.S.) ORLEANS		10. NEAREST CITY WITHIN CITY					
11. MISSION OR MAJOR FUNCTIONS Provide general clinical and hospitalization services for active duty Navy and Marine Corps personnel, active duty members of the other Armed Services, dependents of active duty personnel, and other authorized persons. Cooperate with military and civilian authorities in matters pertaining to health, sanitation, local disasters, and other emergencies.				12. PERSONNEL STRENGTH									
				PERMANENT				STUDENTS		SUPPORTED		TOTAL (9)	
				OFFICER (1)	ENLISTED (2)	CIVILIAN (3)	OFFICER (4)	ENLISTED (5)	OFFICER (6)	ENLISTED (7)	CIVILIAN (8)		
				a. AS OF 31 DEC 1972	-	-	-	-	-	-	-	-	0
				b. PLANNED (END FY 1979)	82	165	80	208	0	0	0	0	535
13. INVENTORY													
LAND		ACRES (1)	LAND COST (\$000) (2)		IMPROVEMENT (\$000) (3)		TOTAL (\$000) (4)						
a. OWNED		(TENANT OF NAVAL SUPPORT ACTIVITY, NEW ORLEANS)									0		
b. LEASES AND EASEMENTS		-									0		
c. INVENTORY TOTAL (Exclpt land rent) AS OF 30 JUNE 1972		-									0		
d. AUTHORIZATION NOT YET IN INVENTORY		-									11,680		
e. AUTHORIZATION REQUESTED IN THIS PROGRAM		-									3,386		
f. ESTIMATED AUTHORIZATION - NEXT 4 YEARS		-									0		
g. GRAND TOTAL (c + d + e + f)		-									15,066		
14. SUMMARY OF INSTALLATION PROJECTS													
PROJECT DESIGNATION													
CATEGORY CODE NO. a	PROJECT TITLE b				TENANT COMMAND PRIORITY	UNIT OF MEASURE d	AUTHORIZATION PROGRAM SCOPE e		FUNDING PROGRAM SCOPE d		ESTIMATED COST (\$000) h		
510.10	NURSING UNIT ADDITION				/	BD	150		150		3,386		

NAVAL HOSPITAL, NEW ORLEANS, LA., \$3,386,000

This hospital provides inpatient and outpatient clinical care and general hospitalization services to eligible personnel in the New Orleans areas.

The nursing unit project will provide an addition of 150 beds to increase the capacity of the 100-bed hospital authorized in fiscal year 1973. Increased Navy personnel loading in the area necessitates this addition.

Status of funds

Cumulative appropriations through fiscal year 1973.....	\$11, 680, 000
Cumulative obligations, December 31, 1972 (actual).....	1, 168, 000
Cumulative obligations, June 30, 1973 (estimated).....	5, 840, 000

DESIGN INFORMATION

Project	Design cost	Percent complete, Apr. 1, 1973
Nursing unit addition.....	\$172, 500	40

Mr. SIKES. The request is for \$3,386,000 for a nursing unit addition. What is the status of the new hospital approved here in the fiscal 1973 program?

Admiral MARSCHALL. Mr. Chairman, a contract for demolition and site clearing work was awarded in February 1973. A second contract for building foundations and other site preparation is scheduled for award on July 19, 1973. The fiscal years 1973 and 1974 portions of the primary facility construction will be combined for a projected February 1974 contract award.

Mr. SIKES. Provide for the record your workload, past, present, and projected, and break this down by the type of population; that is, active duty, dependents, and retired.

[The information follows:]

	Fiscal year—		
	1973	1974	1975
Population:			
Active duty, military ¹	2,865	3,034	3,665
Dependents, active duty ²	7,163	7,585	9,163
Retired ³	7,936	7,936	7,936
Dependents, retired/deceased ⁴	21,030	21,030	21,030
Others authorized ⁵	919	919	919
Total	39,913	40,504	42,713
Bed requirements:			
Active duty, military ⁶	36	39	47
Dependents, active duty ⁶	54	58	70
Subtotal	90	97	117
Retired—10 percent (and dependents, retired/deceased).....	9	10	12
Subtotal	99	107	129
Veterans' Administration ⁷	75	75	75
Total	174	182	204
Dispersion (1.25).....	218	228	255
Round to.....	220	230	255
Outpatient clinic visits:			
Active duty, military.....	⁸ 7,162	⁹ 7,585	⁹ 9,162
Dependents, active duty.....	18,480	19,569	23,640
Retired.....	7,142	7,142	7,142
Dependents, retired/deceased.....	54,257	54,257	54,257
Others authorized.....	919	919	919
Total	87,960	89,472	95,120

¹ BUPERS (C) report, NMIS R31610B and R31620B of May 31, 1973, and bachelor family housing survey information furnished by the Naval Facilities Engineering Command.

² Total of active duty personnel stationed locally multiplied by a factor of 2.5 yields an estimate of active duty dependent population supported.

³ OASD (M. & RA.) military personnel receiving retired pay as of June 30, 1972, by ZIP code of mailing address.

⁴ Retired personnel statistics multiplied by a ratio of 2.6 provides total dependents of retired and deceased personnel supported.

⁵ Distribution of manpower in the United States by State as of June 30, 1972, NAVSO P-1385.

⁶ Based on experience at similar military installations.

⁷ Based on FONECON between the VA (Mr. Guthrie) and BUMED (code 412).

⁸ NAVMED P-1454—Medical services report and statistics furnished by the Public Health Service Hospital, New Orleans

⁹ Based on experience.

Mr. SIKES. What additional personnel loading is to occur here which you did not anticipate at the time the fiscal year 1973 project was requested?

Admiral ETTER. Mr. Chairman, the New Orleans area should experience an increase of approximately 1,000 in military population by the end of fiscal year 1975 as a result of the impact of short establishment realignment and other personnel actions programed for the gulf coast area.

Mr. SIKES. Will this project complete the requirements?

Admiral ETTER. It will, sir.

Mr. SIKES. Are there questions?

Mr. DAVIS. Yes.

MEDICAL SUPPORT OF RETIRED POPULATION

Here again we have one of those cases where you talk about your requirement, additional bed support for active duty or retired personnel and their dependents. Now, I think we need to be sure here that we are staying within the criteria as far as that 5 percent goes. Are we doing that?

Admiral ETTER. We are, sir. It will be 10 percent in the case of New Orleans since we plan to start a family practice residency program there. This allows you then 10 percent additional beds for the retirees.

Mr. DAVIS. Would you give us that breakdown for the record as between active duty personnel and others that are currently making use of the facilities?

Admiral ETTER. Yes, sir.

Mr. DAVIS. That is all, Mr. Chairman.

NAVAL AIR STATION, CHASE FIELD, TEX.

Mr. SIKES. On Naval Air Station, Chase Field, insert page I-146 in the record.

[The page follows:]

1. DATE 17 APR 1973		2. DEPARTMENT NAVY		3. FY 19 74 MILITARY CONSTRUCTION PROGRAM		4. INSTALLATION NAVAL AIR STATION							
5. COMMAND OR MANAGEMENT BUREAU CHIEF OF NAVAL TRAINING			6. INSTALLATION CONTROL NUMBER 1452-198		7. STATE/COUNTRY CHASE FIELD, TEXAS								
7. STATUS ACTIVE		8. YEAR OF INITIAL OCCUPANCY 1943		9. COUNTY (U.S.) BEE		10. NEAREST CITY 5 MILES NORTHEAST TO BEEVILLE							
11. MISSION OR MAJOR FUNCTIONS Maintain and operate facilities and provide services and materials to support operations of aviation activities and units of the Naval Training Command.				12. PERSONNEL STRENGTH			STUDENTS			TOTAL (9)			
				PERMANENT			SUPPORTED						
				OFFICER (1)	ENLISTED (2)	CIVILIAN (3)	OFFICER (4)	ENLISTED (5)	OFFICER (6)	ENLISTED (7)	CIVILIAN (8)		
				a. AS OF 31 December 1972	266	1,837	529	211	0	0	0	0	2,543
				b. PLANNED (END FY 1975)	351	2,519	685	225	0	0	0	0	3,780
				13. INVENTORY									
LAND		ACRES (1)		LAND COST (\$000) (2)		IMPROVEMENT (\$000) (3)		TOTAL (\$000) (4)					
a. OWNED		2,995		716		43,775		44,491					
b. LEASES AND EASEMENTS		5,615* - 1,029#		15* - 28#		179* - 250#		457					
c. INVENTORY TOTAL (Except land rent) AS OF 30 JUNE 1972								44,948					
d. AUTHORIZATION NOT YET IN INVENTORY				(EXCLUSIVE OF FAMILY HOUSING \$0)				0					
e. AUTHORIZATION REQUESTED IN THIS PROGRAM				(EXCLUSIVE OF FAMILY HOUSING \$0)				2,875					
f. ESTIMATED AUTHORIZATION - NEXT 4 YEARS				(EXCLUSIVE OF FAMILY HOUSING \$3,025,000)				3,255					
g. GRAND TOTAL (c + d + e + f)								51,078					
14. SUMMARY OF INSTALLATION PROJECTS													
PROJECT DESIGNATION				TENANT COMMAND PRIORITY	UNIT OF MEASURE	AUTHORIZATION PROGRAM		FUNDING PROGRAM					
CATEGORY CODE NO. a	PROJECT TITLE b					SCOPE c	ESTIMATED COST (\$000) e	SCOPE d	ESTIMATED COST (\$000) h				
171.35	FLIGHT TRAINING DEVICE BUILDING			/	SF	10,800	575	10,800	575				
550.10	DISPENSARY AND DENTAL CLINIC			/	SF	30,200	2,300	30,200	2,300				
						TOTAL	2,875		2,875				

353

Mr. SIKES. The request is for \$2,875,000 for flight training device building and a dispensary and dental clinic.

DISPENSARY AND DENTAL CLINIC

What is the general situation on medical facilities? Are there other facilities such as those at Corpus Christi which could be used in lieu of those requested?

Admiral ETTER. Unfortunately, Mr. Chairman, they could not be used at Corpus because of the distance. It is about 60 miles from Chase to Corpus and the roads, in my understanding, are not too good.

The present facilities are in temporary construction, were built in 1943, and were practically demolished by a hurricane there about 4 years ago. It has been rehabilitated to the best of our ability but the building now leaks and the requirement here is compounded by the fact that there is very little medical support in the civilian community available for Chase Field.

Mr. SIKES. Do you have the retired personnel and dependents problem here?

Admiral ETTER. No, sir.

Mr. SIKES. Provide workload figures, past, present, and projected, for the record.

Admiral ETTER. Yes, sir.

[The information follows:]

OUTPATIENT WORKLOAD STATISTICS FOR DISPENSARY, NAVAL AIR STATION, CHASE FIELD, BEEVILLE, TEX.

[Past 5 years and projected 5 years]

	Fiscal year—									
	1969 ¹	1970 ¹	1971 ¹	1972 ¹	1973 ¹	1974 ²	1975 ²	1976 ²	1977 ²	1978 ²
Uniformed services.....	10,614	11,878	14,910	14,775	12,382	12,588	11,355	11,268	11,261	11,261
Dependents on active duty...	12,851	12,802	21,661	20,647	15,233	15,486	13,968	13,860	13,854	13,854
Dependents, retired and de- ceased.....	582	1,310	2,847	2,644	953	734	734	734	734	734
Retired personnel.....	47	43	124	189	342	277	277	277	277	277
Others.....	128	349	354	203	227	363	363	363	363	363
Total.....	24,222	26,382	39,896	38,458	29,137	29,448	26,697	26,502	26,489	26,489
Bed requirement—5. ³										

¹ Statistics of Navy Medicine, NAVMED P-5038.

² Projected workload based on projected population and experience.

³ There is no bed requirement experience available for NAS Chase Field. However, because of the remote location of the activity and the lack of civilian facilities to support dependent population living in the area, a 5-bed obstetrical unit is recommended.

NAVAL AIR STATION, KINGSVILLE, TEX.

Mr. SIKES. We will turn to Naval Air Station at Kingsville and place in the record page I-149.

[The page follows:]

1. DATE 19 FEB 1973		2. DEPARTMENT NAVY		3. INSTALLATION NAVAL AIR STATION						
4. COMMAND OR MANAGEMENT BUREAU CHIEF OF NAVAL TRAINING			5. INSTALLATION CONTROL NUMBER 1452-525		6. STATE/ COUNTRY KINGSVILLE, TEXAS					
7. STATUS ACTIVE		8. YEAR OF INITIAL OCCUPANCY 1942		9. COUNTY (U.S.) KLEBERG	10. NEAREST CITY 2 MILES WEST TO KINGSVILLE					
11. MISSION OR MAJOR FUNCTIONS Maintain and operate facilities and provide services and materials to support operations of aviation activities and units of the Naval Training Command.										
12. PERSONNEL STRENGTH										
		PERMANENT			STUDENTS		SUPPORTED		TOTAL	
		OFFICER (1)	ENLISTED (2)	CIVILIAN (3)	OFFICER (4)	ENLISTED (5)	OFFICER (6)	ENLISTED (7)	CIVILIAN (8)	(9)
a. AS OF 31 DEC 1972		258	2,212	319	155	0	0	0	0	2,944
b. PLANNED (End FY1975)		260	1,843	319	182	0	0	0	0	2,604
13. INVENTORY										
LAND		ACRES (1)		LAND COST (\$000) (2)		IMPROVEMENT (\$000) (3)		TOTAL (\$000) (4)		
a. OWNED		4,828		792		39,922		40,714		
b. LEASES AND EASEMENTS		0* - 970#		0* - 19#		0		19		
c. INVENTORY TOTAL (Except land rent) AS OF 30 JUNE 1972								40,733		
d. AUTHORIZATION NOT YET IN INVENTORY				(EXCLUSIVE OF FAMILY HOUSING \$0)				340		
e. AUTHORIZATION REQUESTED IN THIS PROGRAM				(EXCLUSIVE OF FAMILY HOUSING \$0)				3,040		
f. ESTIMATED AUTHORIZATION - NEXT 4 YEARS				(EXCLUSIVE OF FAMILY HOUSING \$5,088,000)				2,549		
g. GRAND TOTAL (c + d + e + f)								46,572		
14. SUMMARY OF INSTALLATION PROJECTS										
PROJECT DESIGNATION						AUTHORIZATION PROGRAM		FUNDING PROGRAM		
CATEGORY CODE NO. a	PROJECT TITLE b		TENANT COMMAND PRIORITY	UNIT OF MEASURE d	SCOPE e	ESTIMATED COST (\$000) f	SCOPE g	ESTIMATED COST (\$000) h		
171.35	FLIGHT TRAINING DEVICE BUILDING		/	SF	18,225	986	18,225	986		
550.10	DISPENSARY AND DENTAL CLINIC		/	SF	27,175	2,054	27,175	2,054		
					TOTAL	3,040	3,040			

355

Mr. SIKES. The request is for \$3,040,000. This is also for flight training device building and a dispensary and a dental clinic. How does it happen that you had identical requirements at the two stations?

DISPENSARY AND DENTAL CLINIC

Admiral ETTER. Both these facilities were built at about the same time and they are both in a similar stage of obsolescence and deterioration Mr. Chairman.

Mr. SIKES. Are there no nearby facilities that can be used for medical services in the Kingsville area?

Admiral ETTER. In the Kingsville area the civilian support is a little better than it is at Chase. This is one of the reasons that we are not providing quite as large a facility at Kingsville as at Chase, but here again for the active duty and their dependents it is about 40 to 45 miles from Corpus. They are isolated, relatively speaking, and this is to provide their day-to-day medical support, no hospitalization, five temporary holding beds.

Mr. SIKES. I would like to have the pertinent workload statistics for the record. Are there questions?

[The information follows:]

WORK LOAD STATISTICS FOR DISPENSARY, NAVAL AIR STATION, KINGSVILLE, TEX.

[Past 5 years and projected 5 years]

Outpatient work load	Fiscal year—									
	1969 ¹	1970 ¹	1971 ¹	1972 ¹	1973 ¹	1974 ²	1975 ²	1976 ²	1977 ²	1978 ²
Un informed services.....	10,850	11,063	14,877	14,006	16,179	16,465	14,209	14,165	14,173	14,173
Dependents on active duty...	17,281	16,753	13,674	18,235	17,362	17,704	15,279	15,232	15,241	15,241
Dependents, retired, and de- ceased.....	732	610	516	518	760	760	760	760	760	760
Retired personnel.....	344	201	543	738	960	960	960	960	960	960
Others.....	252	177	503	322	327	327	327	327	327	327
Total.....	29,459	28,804	30,113	33,819	35,588	36,216	31,535	31,444	31,461	31,461

¹ Statistics of Navy medicine NAVMED P-5038.

² Projected workload based on projected population and experience.

NAVAL COMPLEX, GREAT LAKES, ILL.

Turn to the naval complex at Great Lakes.

Insert in the record page I-153.

[The page follows:]

1. DATE 5 MAR 1973		2. DEPARTMENT NAVY		3. INSTALLATION FY 19 74 MILITARY CONSTRUCTION PROGRAM			4. INSTALLATION CONTROL NUMBER			5. STATE/COUNTRY NAVAL COMPLEX																							
4. COMMAND OR MANAGEMENT BUREAU VARIOUS				5. INSTALLATION CONTROL NUMBER VARIOUS			6. STATE/COUNTRY GREAT LAKES, ILLINOIS																										
7. STATUS ACTIVE				8. YEAR OF INITIAL OCCUPANCY 1906			9. COUNTY (U.S.) LAKE		10. NEAREST CITY 2 MILES SOUTHEAST TO NORTH CHICAGO																								
11. MISSION OR MAJOR FUNCTIONS Provide facilities, services, and material to support operations of Naval activities in the Great Lakes area.				12. PERSONNEL STRENGTH			STUDENTS			SUPPORTED			TOTAL (7)																				
				PERMANENT			OFFICER			ENLISTED				CIVILIAN																			
				OFFICER (1)			ENLISTED (2)			CIVILIAN (3)			OFFICER (4)			ENLISTED (5)			CIVILIAN (6)														
				a. AS OF 31 DEC 1972			858			4,115			3,577			11			16,415			34			1,837			0			26,847		
				b. PLANNED (END FY 1977)			830			4,370			3,577			21			16,753			35			1,920			0			27,506		
13. INVENTORY				LAND			ACRES (1)			LAND COST (\$000) (2)			IMPROVEMENT (\$000) (3)			TOTAL (\$000) (4)																	
a. OWNED				1,865			1,102			581,225			582,327																				
b. LEASE AND EASEMENTS				133*-0#			44*-0#			158*-0#			202																				
c. INVENTORY TOTAL (Except land rent) AS OF 30 JUNE 19 72													582,529																				
d. AUTHORIZATION NOT YET IN INVENTORY (EXCLUSIVE OF FAMILY HOUSING \$13,100,000)													27,654																				
e. AUTHORIZATION REQUESTED IN THIS PROGRAM (EXCLUSIVE OF FAMILY HOUSING \$0)													19,908																				
f. ESTIMATED AUTHORIZATION - NEXT 4 YEARS (EXCLUSIVE OF FAMILY HOUSING \$0)													44,037																				
g. GRAND TOTAL (c + d + e + f)													674,128																				
14. SUMMARY OF INSTALLATION PROJECTS																																	
PROJECT DESIGNATION																																	
CATEGORY CODE NO. a	PROJECT TITLE b				TENANT COMMAND PRIORITY	UNIT OF MEASURE d	AUTHORIZATION PROGRAM		FUNDING PROGRAM																								
	SCOPE e		ESTIMATED COST (\$000) f	SCOPE g			ESTIMATED COST (\$000) h																										
510.10	NAVAL HOSPITAL HOSPITAL MODERNIZATION AND UPGRADE NAVAL TRAINING CENTER				3	LS	-	2,800	-	2,800																							
550.10	ADMINISTRATIVE COMMAND DISPENSARY AND DENTAL CLINIC RECRUIT TRAINING COMMAND				1/2	SF	50,941	4,259	50,941	4,259																							
530.10	MEDICAL/DENTAL PROCESSING FACILITY SERVICE SCHOOL COMMAND				1	SF	31,464	1,923	31,464	1,923																							
171.20	MACHINIST/BOILERMEN INSTRUCTION BUILDING				1	SF	168,000	6,166	168,000	6,166																							
722.10	BACHELOR ENLISTED QUARTERS				76	SF	137,532	4,760	137,532	4,760																							
							TOTAL	19,908		19,908																							

Mr. SIKES. The total request is for \$19,908,000.

MEDICAL WORKLOADS

Mr. PATTEN. You are requesting hospital modernization and upgrade for \$2.8 million, a dispensary and dental clinic for \$4,259,000, and a medical/dental processing facility for \$1,923,000. Can you describe the various types of medical workloads in this area and tell us how you handle them?

Admiral ETTER. Yes, sir.

There are basically four different types of medical facilities there. The first is a very small screening area for the recruit training center where, as the recruits come in and are fitted up with uniforms and given haircuts and spruced up, they get their first physical in the Navy. This is in the recruit processing area.

The second type of care given there is at the recruit dispensary, and the dispensary is strictly for those students who have just come in the Navy and who are hospitalized for very short-term illnesses.

The third is for the administrative command dispensary, which this project requests replacement of, which handles the requirements for the staff and all of the other school commands, B and C schools there for the older servicemen.

Fourthly, of course, is the naval hospital where general hospitalization is carried out.

Mr. PATTEN. The dispensary and dental clinic and the modernization of the hospital are both in the bottom 20 percent of the Navy's program. How urgent are these projects?

Admiral MARSCHALL. As you know, the Navy milcon program for 1974 represents only a small portion of the total backlog of construction deficiencies.

Therefore, I think you can understand that anything that made the grade in getting to the Congress is extremely urgent. We feel that even though it is in the bottom 20 percent, it is in the upper 2 or 3 percent of the total Navy requirements.

MODERNIZATION OF HOSPITAL FOR ELECTRICAL SAFETY AND FIRE PROTECTION

Mr. PATTEN. What is the requirement to upgrade the hospital?

Admiral ETTER. The requirement to upgrade the hospital itself is primarily for the electrical systems and the patient protection systems. Within the past few years the Joint Commission on Accreditation of Hospitals, which accredits both civilian and military hospitals, has put increasing emphasis on safety in hospital operations.

As part of this safety they have zeroed in on electrical circuits and the safety of all electrical devices which are used in the treatment of patients.

For example, equipotential grounding so that we do not electrocute patients on whom certain diagnostic procedures are being done. This will be the first of the projects we have to upgrade the capability of our older facilities.

I would like also, if I may, to have Commander Jensen of my staff explain a little more about this fire protection business. Al.

Commander JENSEN. The modernization of existing facilities to meet the new standards of the National Fire Protection Association includes the provision of two separate electrical systems. They are

called the emergency system and the equipment system. These systems are capable of supplying a limited amount of lighting and power essential for life safety, life support, and effective hospital operation during any time when the normal electrical system is interrupted for any reason.

We are also including the provision of an equipotential grounding system and an isolated power system to protect electrically susceptible patients against currents as low as 10 microamps.

Additional modernization as necessary to meet the requirement of the life safety code applicable to medical treatment facilities will be accomplished.

This will include items such as the installation of automatic smoke detectors and self-closing fire doors.

Mr. PATTEN. For how long have the National Fire Protection Association regulations required an emergency generator system at your hospitals?

Admiral MARSCHALL. Sir, emergency generator capability has been required by the NFPA for certain hospital areas for many years.

However, in the past 2 or 3 years they have become rather militant on the subject and the requirements have become more stringent, particularly for these emergency generator systems. They have expanded their requirements.

Mr. NICHOLAS. Is this the result of patients having been electrocuted or fires which have occurred? Is this sort of a theoretical thing that they are pushing on you, or is this based on real—

Admiral ETTER. Based on real solid requirements. There have been a few patients in the past electrocuted as a result of hospital procedures, yes, and only one is one too many.

Mr. PATTEN. Have you ever had an electrical outage at the Great Lakes Hospital?

Admiral ETTER. Yes, sir; we have had three significant outages there in the last 2½ years, each one of which lasted about 2 to 3 hours. When this happens, of course, it can be extremely serious if you have patients in the operating room or if you have patients whose lives are being sustained by electrical support systems.

Mr. PATTEN. You know, when you are in municipal life running city hall you deal with these underwriters because they are interested in your water pressure, what things you have for fire protection, the whole gamut, and your people are going to pay millions of dollars in fire rates.

You fellows don't discuss fire rates but when you are running a facility like I had the pleasure of running in New York, I had put in two 12-inch mains, the biggest hydro I ever saw, in a 100-percent business area and I saved the people \$2,007,000 in fire premiums a year. I got a new classification. I went in and asked them, "What can I do." What can they do? So when you raise the question of their making a recommendation, I think all our private hospitals in our area have emergency generator systems of one type or another.

Admiral MARSCHALL. I think the Eastern power blackout back in 1968 brought this forcibly home. Many, many people hadn't even thought about it before.

Mr. PATTEN. You fellows don't give us dollar savings because you are not paying fire insurance, but our people are and any time you put in increased water pressure or put in a new water main or do other things they ask you for another rating.

FUTURE PROJECTS

Are the improvements you are proposing to the electrical and fire protection systems all that is required to provide an adequate hospital facility here?

Admiral ETTER. Yes, sir.

Mr. PATTEN. What is proposed in your out-year program for hospital facilities here?

Admiral ETTER. Mr. Patten, we do have programed next year a parking structure to take care of a severe parking situation there and a BEQ for the hospital corps school and a BEQ for the hospital, no hospital facilities.

Mr. PATTEN. If there are any other details you can provide them for the record.

[The information follows:]

Additionally, there is a replacement of the Naval Dental Research Institute planned in the fiscal year 1975 program at an estimated cost of \$2.5 million.

DISPENSARY AND DENTAL CLINIC

Mr. PATTEN. What is the situation on the dispensary and dental clinic you are requesting?

Admiral ETTER. Both of these, Mr. Patten, are old buildings which were built in the forties. They are deteriorated and they are desperately in need of replacement.

In developing the requirements for both these, however, the capability of the hospital outpatient department was also taken into consideration and we are not replacing the dispensary with as large a facility as would be indicated by the workload since we are going to try to get some of the workload from the dispensary and put it over to the hospital side.

Mr. PATTEN. Part of this workload can be handled at the hospital or at the other dispensaries?

Admiral ETTER. We are doing it in this fashion to the best of our ability. The hospital cannot handle the whole load but we are going to try to take care of part of the workload over there.

WORKLOAD PROJECTIONS

Mr. PATTEN. Provide workload projections for each of the medical facilities in this area for the record.

[The information follows:]

WORKLOAD PROJECTIONS FOR NAVAL REGIONAL MEDICAL CENTER, GREAT LAKES, ILL.

	Fiscal year—		
	1973	1974	1975
Naval hospital.....	239, 234	243, 807	240, 459
ADPL.....	360	362	357
Naval training center branch dispensary (for staff and students, service school command, and others authorized treatment).....	33, 586	33, 586	30, 205
Recruit training center branch dispensary (for recruits only).....	114, 297	110, 000	114, 000
Recruit training center, recruit-in-processing facility (for initial recruit physical examination and other required processing).....	47, 418	32, 233	46, 837

MEDICAL/DENTAL PROCESSING FACILITY

Mr. PATTEN. You are also requesting a medical/dental processing facility for \$1,923,000. What is the purpose of this facility?

Admiral ETTER. This facility is one that I referred to earlier where the recruits are taken for their initial Navy processing and this is where they are given their initial physical and dental examination, Mr. Patten, no outpatient care, no hospital-type care here, strictly a physical examination-type thing.

It is set up so you can put large numbers of people through in a relatively short time.

Mr. PATTEN. What are you using at the present time?

Admiral ETTER. An extremely deteriorated building which again was built in about 1943, Mr. Patten.

Mr. PATTEN. Provide for the record your present and projected processing load.

[The information follows:]

WORKLOAD STATISTICS, PAST AND PROJECTED RECRUIT PROCESSING LOAD, NAVAL TRAINING CENTER, GREAT LAKES, ILL.

	Fiscal year—		
	1973 ¹	1974 ²	1975 ²
Average onboard.....	6,914	7,774	9,367
Total onboard.....	47,418	38,871	46,837

¹ Medical administrative officer, Naval Regional Medical Center Branch Dispensary, Naval Training Center, Great Lakes Ill.

² Based on data provided by the Chief of Naval Technical Training (code 445).

RECRUIT WORKLOAD

Mr. PATTEN. By the way, are you in operation with your new people that come in boot training down at Orlando?

Admiral MARSCHALL. Yes, sir.

Mr. PATTEN. And on the west coast?

Admiral MARSCHALL. Yes, sir.

Mr. PATTEN. And you still have Great Lakes?

Admiral MARSCHALL. Yes, sir.

Mr. PATTEN. If your overall recruitment is going to be less, I suppose you may be asked some questions about that workload?

Admiral MARSCHALL. I think the workload will continue for some time and there is a definite requirement for the three centers.

Mr. PATTEN. Are there any questions on the Great Lakes?

Mr. MCKAY. You only have three of these areas in the Navy?

Admiral MARSCHALL. Yes, sir; San Diego, Great Lakes, and Orlando.

Mr. MCKAY. In light of the lack of recruiting success that the chairman mentioned, you still anticipate more workload?

Admiral MARSCHALL. Oh, yes, sir, we do.

Mr. MCKAY. What are you going to do? Draft them? Are you expecting more sickness among those you have?

Admiral MARSCHALL. We are talking about the centers themselves as opposed to the hospital facilities, of course.

Mr. MCKAY. Yes.

Admiral MARSCHALL. We have had a rather successful year of recruiting even in the face of the All-Volunteer Force and I would say that—I am guessing here because I am not up to date on the precise figures, but we have met our recruiting goals up to about 90 to 95 percent this year.

We look forward to equally good results in the future. There is a definite requirement for these three centers.

Mr. MCKAY. This relates to the dispensary and whether you need more facilities and so on.

Admiral MARSCHALL. Yes, sir. We certainly wouldn't go in and ask for these medical facilities, facilities that we thought we were going to taper off in the future, but our studies indicate that there will be a definite requirement for all three for the foreseeable future.

Mr. MCKAY. At that level?

Admiral MARSCHALL. Varying levels but at the level that will require three separate boot camps. I think we have dips in the curve as we go into the years in the future but definitely the loading requirements will justify what we are asking.

JOINT USE OF HOSPITAL FACILITIES

Mr. MCKAY. Talking about medical facilities, dispensary, dental, and so on, do we have many areas where there are military hospital units within close proximity? Let us take Washington. You have Bethesda Naval and you have the Walter Reed. How many other places do we have that kind of hospital situation which could be used on a joint service basis?

Admiral ETTER. There is only one other major area that the Navy has a hospital where the other services have one in proximity and that is in the bay area.

Mr. MCKAY. San Francisco?

Admiral ETTER. Yes, sir, where we have Oakland Naval and we have Letterman Army hospitals.

This whole matter of whether there should be one or two hospitals was fought out in these various committees about 10, 12 years ago and it was the considered opinion of everybody that because of the requirements in the bay area one hospital would have had to be built of such size that it would not be efficient to manage.

There is a certain size of hospital that you get and beyond that it is just inefficient. In the wisdom of the committees of Congress, fortunately, for ourselves, we were able to build both hospitals, one at Oakland on one side of the bay, one at Letterman on the other side of the bay.

Mr. MCKAY. I don't have any objection, if you have the need, that you have to have two units for the functions you need to perform, but if we are in fact building one because of "nationalism" then we need to take another look.

Admiral ETTER. Yes, sir.

Mr. MCKAY. But if we have them in near proximity, so that one facility could accommodate it all, I think that is preferable rather than to rebuild another one.

Admiral MARSCHALL. Tripler General Hospital is for total service requirements on the Island of Oahu as a hospital.

Admiral ETTER. Army, Navy, Air Force.

Mr. MCKAY. That is all I have, Mr. Chairman.

Mr. PATTEN. The gentleman who was at Great Lakes, Mr. Davis.

Mr. DAVIS. I think all the questions I have, have been covered, Mr. Chairman.

RELIANCE ON CIVILIAN HOSPITALS

Mr. MCKAY. One other question, Mr. Chairman, I was going to ask earlier when you responded to the question about the capacity of civilian hospital beds.

I think nationally there is a high vacancy rate of hospital beds as a result of outpatient procedures, and that a number of hospitals now are concerned that they may not be able to be operated simply because they do not have sufficient occupancy to keep it at a level which is economically feasible.

Do you find any of that in the near proximity to any of your bases? Could civilian facilities accommodate your need rather than revamp-ing some of these old military facilities?

Admiral ETTER. Mr. McKay, before any military hospital is approved by the Department of Defense for inclusion in a Milcon program a visit is made to the area by representatives of DOD and of the service involved and they meet there with not only the military people but with the civilian hospital administrators in that area. By this means, by this cooperative means, we hope, we integrate our requirements with those of the civilian community. We do not try to overbuild certainly and we get their approval, we have their concurrence, before any of these hospitals go downstream.

Mr. MCKAY. Do you have any problem with the civilian establishment working out a ratio or quantity of patients that you may supply in any area?

Admiral ETTER. There is no ratio of patients provided, Mr. McKay, but this has not been a real problem for us up to now.

Mr. MCKAY. At how many locations do you work in conjunction with civilian hospitals?

Admiral ETTER. Every place there is a naval hospital in a metropolitan area this would be done; Charleston, for example. Admiral Marschall pointed out that the Charleston Naval Hospital will support the community down there for certain of their emergency care since it is the only hospital in the part of—

Mr. MCKAY. The Navy provides it, but where is it the reverse?

Admiral ETTER. It is the reverse, Mr. McKay, everywhere we have retirees and their dependents who cannot be taken care of in a military hospital.

Where we don't have either the staff or the beds to take care of them they are sent to the civilian hospital under CHAMPUS and the Government picks up the majority of the bill.

Mr. MCKAY. Is there any place where you have the Active Force supported in that manner?

Admiral ETTER. The only time that the Active Force would be taken care of in a civilian hospital is if there were no military hospital facilities available there.

Mr. MCKAY. So the policy is not to provide—

Admiral ETTER. For active duty the policy is not to provide; yes, sir.

Mr. MCKAY. Except in military hospitals.

Admiral ETTER. Yes, sir, or except in emergencies.

LOCAL DESIGN OF HOSPITALS

Mr. MCKAY. In your design of a hospital do you consider the climatic conditions?

For example, a building such as is shown in this picture of the hospital at Orlando, this may serve very well in a southern climate, but if you put that same building in upper New York and it may be completely out of place and unusable.

Admiral MARSCHALL. When we build anything in the Navy we normally go to the area where the structure is to be built, and particularly in the case of hospitals, and employ an architect-engineer from that locale. In some cases we deviate from this process by taking eminent hospital architects who then associate with a local firm so that they get the full local flavor wherever we go.

EXISTING FACILITY AT ORLANDO

Mr. MCKAY. As I looked at this wood facility it just struck me that maybe that was an acceptable unit in the climatic conditions involved.

Admiral MARSCHALL. As a matter of fact, that was done, like many, many other things were done in World War II, on a very, very compressed time frame to get early use, rather than something which would last for an indefinite period.

Admiral ETTER. In that regard, Mr. McKay, this hospital in particular, even in a southern climate is not at all suitable.

For example, you notice those long ramps outside the buildings. The way this is built it is necessary for a person who is finished in surgery or in OB to be put on a stretcher and to be wheeled along those corridor areas until they get to their designated bed in their ward. This certainly is not good medical practice in spite of the fine climate some people enjoy in the South.

Mr. MCKAY. That is all I have.

HOSPITAL WORKLOADS AT RECRUIT CENTERS

Mr. NICHOLAS. I have a piece of paper here which shows the workloads for the major recruit training centers, and I have been discussing with your staff what some of these percentage figures mean and I would like to have this inserted in the record.

[The information follows:]

Recruit training centers, utilization statistics, fiscal year 1973

NTC Orlando:	
Hospitalization rate (percent).....	2.63
Existing beds.....	139
Percent utilization (percent).....	58
Peak periods of use:	
ADPL:	
August.....	140
September.....	158
October.....	159
Census:	
August.....	149
September.....	161
October.....	164
Population:	
High.....	7,610
Low.....	1,932
Average.....	4,200
NTC Great Lakes:	
Hospitalization rate (percent).....	2.89
Existing beds.....	96
Percent utilization.....	45
Peak periods of use:	
ADPL:	
August.....	72
September.....	64
October.....	59
Population:	
High.....	12,547
Low.....	3,759
Average.....	8,000
NTC San Diego:	
Hospitalization rate (percent).....	8.86
Existing beds.....	120
Percent utilization.....	71
Peak periods of use:	
ADPL:	
August.....	84
September.....	99
October.....	120
November.....	103
Census:	
August.....	139
September.....	133
October.....	168
November.....	125
Population:	
High.....	11,257
Low.....	3,525
Average.....	7,750
MCRD San Diego:	
Hospitalization rate (percent).....	9.09
Existing beds.....	85
Percent utilization.....	88.4
Peak periods of use:	
January.....	74
February.....	78
March.....	82
April.....	67
Population:	
High.....	10,443
Low.....	5,060
Average.....	5,507

Recruit training centers, utilization statistics, fiscal year 1973—Continued

MCRD Parris Island:	
Hospitalization rate (percent).....	4. 28
Existing beds.....	68
Percent utilization.....	41. 12
Peak periods of use:	
ADPL:	
April.....	45
May.....	33
June.....	33
November.....	33
Population:	
High.....	10, 215
Low.....	4, 844
Average.....	5, 099

Mr. NICHOLAS. There is a figure in here for hospitalization rate, and I gather that this is the percentage of the recruits coming in which require hospitalization, but it varies markedly.

For example, at NTC Orlando it is 2.63 percent; at NTC Great Lakes it is 2.89 percent; and at MCRD San Diego it is up to 9.9 percent for fiscal year 1973.

Is this a typical variation in the hospitalization at these various centers?

Admiral ETTER. Mr. Nicholas, I quite frankly saw that piece of paper myself for the first time about 2 days ago and I asked the same question you did and I cannot explain that. We are going to look into it. It is amazing. It goes from 2.5 to 10 percent and the healthiest place there according to that is Orlando.

There is one other factor, and, of course, I don't know what time frame these were taken in, but occasionally you will get a severe epidemic in one training camp that you do not have in another one and at San Diego at the Naval Training Center there this past winter they had a very severe epidemic of pneumonia. The pneumonia wasn't as severe as the number of patients involved. It got so bad that the dispensary certainly couldn't handle anywhere near the number that were ill and most of them had to be taken care of at the San Diego and Camp Pendleton Naval Hospitals.

Those kinds of epidemics will distort the figures. So it depends on the time those were taken.

Mr. NICHOLAS. You base your programing for the hospital facilities on your past experience at these recruit training centers; is that correct?

Admiral ETTER. That is correct.

Mr. NICHOLAS. So the programing would take into account the differences—

Admiral ETTER. The program for the dispensaries themselves does not take into account the peak but the overflow from these peaks could be accommodated in a local base hospital.

NAVAL HOSPITAL, LONG BEACH, CALIF.

Mr. PATTEN. Turn to Long Beach, Calif., and put page 167 in the record. [The page follows:]

1. DATE 19 FEB 1973		2. DEPARTMENT NAVY		3. INSTALLATION FY 1974 MILITARY CONSTRUCTION PROGRAM			4. INSTALLATION NAVAL HOSPITAL						
4. COMMAND OR MANAGEMENT BUREAU BUREAU OF MEDICINE AND SURGERY				5. INSTALLATION CONTROL NUMBER 3435-410		6. STATE/COUNTRY LONG BEACH, CALIFORNIA							
7. STATUS ACTIVE				8. YEAR OF INITIAL OCCUPANCY 1967		9. COUNTY (U.S.) LOS ANGELES		10. NEAREST CITY WITHIN CITY					
11. MISSION OR MAJOR FUNCTIONS Provide general clinical and hospitalization services for active duty Navy and Marine Corps personnel, active duty members of the other armed services, dependents of active duty personnel, and other authorized persons. Cooperate with military and civil authorities in matters pertaining to health, sanitation, local disasters, and other emergencies. Participate as an integral element of the Naval Regional Health Care System.				12. PERSONNEL STRENGTH			PERMANENT		STUDENTS		SUPPORTED		TOTAL
				OFFICER (1)	ENLISTED (2)	CIVILIAN (3)	OFFICER (4)	ENLISTED (5)	OFFICER (6)	ENLISTED (7)	CIVILIAN (8)	(9)	
				a. AS OF 31 DEC 1972	213	560	330	11	0	0	0	0	1,114
				b. PLANNED (END FY 1977)	221	454	366	2	0	3	10	0	1,055
				13. INVENTORY									
LAND		ACRES (1)		LAND COST (\$000) (2)		IMPROVEMENT (\$000) (3)		TOTAL (\$000) (4)					
a. OWNED		30		0		8,393		8,393					
b. LEASES AND EASEMENTS		0		0		0		0					
c. INVENTORY TOTAL (Except land rent) AS OF 30 JUNE 19 72								8,393					
d. AUTHORIZATION NOT YET IN INVENTORY								15,062					
e. AUTHORIZATION REQUESTED IN THIS PROGRAM								878					
f. ESTIMATED AUTHORIZATION - NEXT 4 YEARS								0					
g. GRAND TOTAL (c + d + e + f)								24,363					
14. SUMMARY OF INSTALLATION PROJECTS													
PROJECT DESIGNATION				TENANT COMMAND c	UNIT OF MEASURE d	AUTHORIZATION PROGRAM		FUNDING PROGRAM					
CATEGORY CODE NO. a	PROJECT TITLE b					SCOPE e	ESTIMATED COST (\$000) f	SCOPE g	ESTIMATED COST (\$000) h				
722.10	BACHELOR ENLISTED QUARTERS ADDITION			-	SF	22,428	878	22,428	878				

Naval Hospital, Long Beach, Calif., \$878,000.

This hospital provides medical and hospitalization services for eligible personnel in the Long Beach area.

The bachelor enlisted quarters addition project will provide modern living quarter for 128 men and relieve the overcrowding on the existing facility.

Status of funds:

Cumulative appropriation through fiscal year 1973.....	\$23, 010, 000
Cumulative obligations, Dec. 31, 1972 (actual).....	21, 298, 068
Cumulative obligations, June 30, 1973 (estimated).....	21, 364, 916

DESIGN INFORMATION

Project	Design cost	Percent complete, Apr. 1, 1973
Bachelor enlisted quarters addition.....	\$44, 206	1

Current bachelor enlisted status at NH, Long Beach, Calif.

1. Effective BEQ requirement.....	280
2. Adequate asset.....	109
Installation.....	105
Community.....	4
3. Deficit.....	171
4. Fiscal year 1974 project.....	128
5. Remaining deficit after fiscal year 1974.....	43

Mr. PATTEN. No questions.

NAVAL AIR STATION, LEMOORE, CALIF.

If there are no further questions, let us go to Lemoore, Calif., Naval Air Station.

We will insert page I-199 in the record at a later point in the hearing.

DENTAL CLINIC

You are requesting \$1,333,000 for a dental clinic. How many dental clinics are there here at the present time and where are they located?

Admiral ETTER. There is only one dental clinic at Lemoore at the present time. This is located in one of the wings of the present base hospital. In addition to that, however, there are two dental chairs down at the flight line at the operational area which is separated by about 5 miles from the hospital itself, so we have one dental clinic but we have a dental examining capability at the flight line.

Mr. PATTEN. What is the requirement for additional space for hospital services?

Admiral ETTER. Mr. Patten, the hospital at Lemoore was built in the early 1950's at a time when not nearly as much attention was being given to the outpatient requirements and as a result of this we have a grossly overloaded outpatient department at the naval hospital at Lemoore.

If the dental clinic can be built we would then convert the spaces now in the hospital which are occupied by the dental clinic to additional outpatient spaces.

NAVAL HOSPITAL, OAKLAND, CALIF.

Mr. PATTEN. Let us turn to Oakland.
Insert page I-208 in the record.
[The page follows:]

1. DATE 19 FEB 1973		2. DEPARTMENT NAVY		3. INSTALLATION FY 19 74 MILITARY CONSTRUCTION PROGRAM			5. INSTALLATION NAVAL HOSPITAL								
4. COMMAND OR MANAGEMENT BUREAU BUREAU OF MEDICINE AND SURGERY			5. INSTALLATION CONTROL NUMBER 3435-580		6. STATE/COUNTRY OAKLAND, CALIFORNIA										
7. STATUS ACTIVE			8. YEAR OF INITIAL OCCUPANCY 1942		9. COUNTY (U.S.) ALAMEDA		10. NEAREST CITY WITHIN CITY								
11. MISSION OR MAJOR FUNCTIONS To provide general clinical and hospitalization services for active duty Navy and Marine Corps personnel, active duty members of the other armed services, dependents of active duty personnel, and other authorized persons as outlined in current directives. To cooperate with military and civil authorities in matters pertaining to health, sanitation, local disasters, and other emergencies. Participate as an integral element of the Naval Regional Health Care System.				12.											
				PERSONNEL STRENGTH			PERMANENT			STUDENTS		SUPPORTED			TOTAL
				OFFICER (1)	ENLISTED (2)	CIVILIAN (3)	OFFICER (4)	ENLISTED (5)	OFFICER (6)	ENLISTED (7)	CIVILIAN (8)	(9)		(10)	
				R. AS OF 31 December 1972	367	493	635	1	97	0	0	0	0		1,593
				S. PLANNED (and FY1975)	403	607	650	1	97	0	0	0	0		1,758
13. INVENTORY															
LAND		ACRES (1)	LAND COST (\$000) (2)		IMPROVEMENT (\$000) (3)		TOTAL (\$000) (4)								
A. OWNED		220	262		23,386		23,648								
B. LEASES AND EASEMENTS		1* - 0#	0		0		0								
C. INVENTORY TOTAL (Except land rent) AS OF 30 JUNE 1972							23,648								
D. AUTHORIZATION NOT YET IN INVENTORY							0								
E. AUTHORIZATION REQUESTED IN THIS PROGRAM							5,839								
F. ESTIMATED AUTHORIZATION - NEXT 4 YEARS							0								
G. GRAND TOTAL (c + d + e + f)							29,487								
14. SUMMARY OF INSTALLATION PROJECTS															
PROJECT DESIGNATION				TENANT COMMAND PRIORITY		UNIT OF MEASURE		AUTHORIZATION PROGRAM		FUNDING PROGRAM					
CATEGORY CODE NO. a	PROJECT TITLE b					SCOPE e	ESTIMATED COST (\$000) f	SCOPE g	ESTIMATED COST (\$000) h						
442.10	WAREHOUSE FACILITY			22	SF	36,000	768	36,000	768						
510.10	HOSPITAL ALTERATIONS			4	LS	-	4,260	-	4,260						
740.63	ENLISTED MENS/CHIEF PETTY OFFICERS CLUB			21	SF	13,040	811	13,040	811						
						TOTAL	5,839		5,839						

NAVAL HOSPITAL, OAKLAND, CALIF., \$5,893,000

The hospital provides inpatient and outpatient care to eligible personnel in the San Francisco area.

The warehouse facility project will construct facilities for general organizational storage of medical supplies.

The hospital alterations project will provide increased electrical power, air-conditioning of all patient care areas and a new entrance drive to the hospital building.

The enlisted men's/chief petty officers club will replace an existing temporary construction facility which is remote from the new hospital and bachelor enlisted quarters.

Status of funds:

Cumulative appropriations through fiscal year 1973-----	\$16, 010, 000
Cumulative obligations, Dec. 31, 1972 (actual)-----	16, 010, 000
Cumulative obligations, June 30, 1973 (estimated)-----	16, 010, 000

DESIGN INFORMATION

Project	Design cost	Percent complete, Apr. 1, 1973
Warehouse facility-----	\$39, 388	15
Hospital alterations-----	211, 435	12
Enlisted men's and chief petty officer's club-----	47, 202	14

Mr. PATTEN. Looking at the figures the Navy supplied earlier, it appears that both outpatient visits and average inpatient load will decline at this location.

What effect will the base realignments have on the population you are required to support at Oakland?

Admiral ETTER. Mr. Patten, we predict relatively little at this time. As far as the base realignment in the bay area is concerned with the people leaving and the people coming we have a net reduction of only about 250 military personnel, so that we would not expect to have much impact by the base realignment actions.

Mr. PATTEN. You are requesting \$4,260,000 for hospital alterations. Was no provision for additional air-conditioning made when this hospital was built in the fiscal year 1965 program?

Admiral MARSCHALL. At the time the hospital was built, Mr. Patten, only the critical areas were considered for air-conditioning at the time, about 5 to 10 percent of the beds in the hospital. The criteria which DOD used at that time were particularly stringent. These criteria, in the light of modern day living have been changed now and experience at the hospital shows that we definitely require the air-conditioning which did not meet the criteria in the 1965 program.

Mr. PATTEN. Is it required?

Admiral MARSCHALL. Yes, sir, it is. We have had some extreme weather there.

It always strikes me as peculiar that you can get 98° and 100° weather at Oakland, Calif. But in the particular location where this hospital is, we have some weather figures that show that particularly in the summertime we get temperatures as high as 110°

Mr. PATTEN. You only have to get near one of those mountain walls. There is all the difference in the world.

Admiral MARSCHALL. It is right up in the hills and we are down in a bowl.

Mr. PATTEN. Your answers would not be the same for San Francisco?
Admiral MARSCHALL. No, sir.

Mr. PATTEN. I found out nobody out there buys overcoats, nobody buys summer clothes. Their average temperature is 68. The people do not dress like you are dressed right now. I bet even the Navy would not use that uniform in San Francisco today.

Admiral MARSCHALL. That is right.

Mr. PATTEN. Provide the committee with a map showing the access road and the hospital entrance situation.

[The map was provided.]

Mr. PATTEN. Will the provision of the central warehouse save money?

Admiral ETTER. We think it will, Mr. Patten. Through the consolidation of the supply efforts, the present warehousing facilities are scattered in about five different locations on the compound, which were built in the mid-1940's and are of such a shape now that they cannot even drive a forklift in because of the deteriorating decking on them.

In addition, with the regionalization concept, as I explained yesterday, we will be running the warehousing operation for the entire region of the bay area out of this facility. I think it not only will be more efficient, but we will definitely save people.

Mr. PATTEN. Where is the nearest permanent enlisted men's/chief petty officers' club?

Admiral ETTER. The nearest one, Mr. Patten, is at Alameda. This is about 12 miles away, the driving time averages about 30 minutes.

Mr. PATTEN. Any questions on Oakland?

Mr. DAVIS. It seems to me that you and some of our friends across the table have made a pretty strong case that we do not need complete air-conditioning out here.

Mr. PATTEN. We were talking about San Francisco.

Mr. DAVIS. The Oakland area?

Admiral MARSCHALL. No, sir, there is quite a difference between San Francisco and Oakland. As a matter of fact, just beyond the mountains or in the mountains, over on that East Bay side, it can get hotter than the hinges of hades, yet in the city itself it is always cool—I have seen it get up to 98, but that is an aberration. At night it will cool down to the 60's or 50's, but on the other side of the bay it is different. That is why I said I was surprised when I found out about Oakland, having lived in San Francisco.

Mr. McEWEN. It is unbelievable.

Mr. PATTEN. All you have to do is ask the ballplayers; they will tell you.

Admiral ETTER. If I could be off the record here.

[Discussion off the record.]

NAVAL SECURITY GROUP ACTIVITY, SKAGGS ISLAND, CALIF.

Mr. PATTEN. Turn to the Naval Security Group at Skaggs Island, Calif. Insert page I-215 in the record.

[The page follows:]

1. DATE 19 FEB 1973		2. DEPARTMENT NAVY		3. FY 1974 MILITARY CONSTRUCTION PROGRAM		5. INSTALLATION NAVAL SECURITY GROUP ACTIVITY						
4. COMMAND OR MANAGEMENT BUREAU NAVAL SECURITY GROUP COMMAND			5. INSTALLATION CONTROL NUMBER 5661-815			6. STATE/COUNTRY SKAGGS ISLAND, CALIFORNIA						
7. STATUS ACTIVE			8. YEAR OF INITIAL OCCUPANCY 1942			9. COUNTY (U.S.) SONOMA		10. NEAREST CITY 10 MILES SOUTHEAST TO VALLEJO				
11. MISSION OR MAJOR FUNCTIONS Perform Naval Security Group functions as directed by the Commander Naval Security Group and perform other functions as directed by the Chief of Naval Operations <u>Major Functions:</u> Provide secure communication essential to the defense of the US				12. PERSONNEL STRENGTH					TOTAL (9)			
				PERMANENT			STUDENTS			SUPPORTED		
				OFFICER (1)	ENLISTED (2)	CIVILIAN (3)	OFFICER (4)	ENLISTED (5)	OFFICER (6)	ENLISTED (7)	CIVILIAN (8)	
a. AS OF 31 Dec 1972				27	396	1	1	10	1	1	0	437
b. PLANNED (End FY 1976)				24	311	0	0	4	20	39	0	398
13. INVENTORY												
LAND		ACRES (1)		LAND COST (\$000) (2)		IMPROVEMENT (\$000) (3)		TOTAL (\$000) (4)				
a. OWNED		3,304		207		7,811		8,018				
b. LEASE AND EASEMENTS		0* - 0#		0* - 1#		0		1				
c. INVENTORY TOTAL (Excltd land rem) AS OF 30 JUNE 72								8,019				
d. AUTHORIZATION NOT YET IN INVENTORY								1,661				
e. AUTHORIZATION REQUESTED IN THIS PROGRAM								641				
f. ESTIMATED AUTHORIZATION - NEXT 4 YEARS								3,688				
g. GRAND TOTAL (c + d + e + f)								14,004				
14. SUMMARY OF INSTALLATION PROJECTS												
PROJECT DESIGNATION												
1	2				3	4		5		6		
CATEGORY CODE NO.	PROJECT TITLE				TENANT COMMAND PRIORITY	UNIT OF MEASURE	AUTHORIZATION PROGRAM		FUNDING PROGRAM			
a	b				c	d	SCOPE	ESTIMATED COST (\$000)	SCOPE	ESTIMATED COST (\$000)		
e	f				g	h	i	j	k	l		
550.10	DISPENSARY AND DENTAL CLINIC				88	SF	8,200	641	8,200	641		

NAVAL SECURITY GROUP ACTIVITY, SKAGGS ISLAND, CALIF., \$641,000

The Naval Security Group Activity provides rapid communications for the defense of the United States.

The dispensary and dental clinic project will replace the existing facilities which are substandard World War II temporary, wooden structures, overcrowded and a fire hazard.

Status of funds :

Cumulative appropriations through fiscal year 1973.....	\$2, 798, 000
Cumulative obligations, December 31, 1972 (actual).....	2, 798, 000
Cumulative obligations, June 30, 1973 (estimated).....	2, 798, 000

DESIGN INFORMATION

Project	Design cost	Percent complete, Apr. 1, 1973
Dispensary and dental clinic.....	\$30, 000	27

Mr. PATTEN. This project has a priority of 88 in the bottom 20 percent of the program. How urgent is it?

Admiral MARSCHALL. This project represents a modernization consistent with our long-range objectives to upgrade all medical facilities. It is consistent with the overall needs of the Navy represented by the 1974 program.

Mr. PATTEN. The population here is declining. Are there existing facilities which could be converted to this use?

Admiral MARSCHALL. No, sir, we have no existing facilities which could be converted.

NAVAL AIR STATION, BARBERS POINT, HAWAII

Mr. PATTEN. Turn to the Naval Air Station, Barbers Point, Hawaii. Insert pages 2-11 in the record.

[The pages follow :]

1. DATE 19 FEB 1973		2. DEPARTMENT NAVY		3. INSTALLATION NAVAL AIR STATION																	
4. COMMAND OR MANAGEMENT BUREAU COMMANDER IN CHIEF, PACIFIC FLEET				5. INSTALLATION CONTROL NUMBER 1451 - 160		6. STATE/COUNTRY BARBERS POINT, HAWAII															
7. STATUS ACTIVE			8. YEAR OF INITIAL OCCUPANCY 1942		9. COUNTY (U.S.) HONOLULU	10. NEAREST CITY 12 MILES EAST TO HONOLULU															
11. MISSION OR MAJOR FUNCTIONS Maintain and operate facilities and provide services and material to support operations of aviation activities and units of the Operating Forces of the Navy and other activities and units, as designated by the Chief of Naval Operations. <u>Major Function:</u> Support and patrol station for Antisubmarine Warfare (ASW) operations <u>Major Activities Supported:</u> Transient Carrier Air Wings Oceanographic Naval Fleet Composite Squadron Facility 5 ASW Patrol Squadrons Tactical Support Squadrons Coast Guard Air Station				12. PERSONNEL STRENGTH			STUDENTS		SUPPORTED		TOTAL (9)										
				PERMANENT		OFFICER		ENLISTED		OFFICER		ENLISTED									
				OFFICER (1)		ENLISTED (2)		OFFICER (3)		ENLISTED (4)		OFFICER (5)		ENLISTED (6)		OFFICER (7)		ENLISTED (8)			
A. AS OF 31 DEC 1972				633		3,260		609		0		0		73		222		0		4,799	
B. PLANNED (END FY 1973)				681		3,375		609		0		0		46		163		0		4,814	
				13. INVENTORY																	
				LAND		ACRES (1)		LAND COST (\$000) (2)		IMPROVEMENT (\$000) (3)		TOTAL (\$000) (4)									
A. OWNED				33,775		751		107,759		108,510											
B. LEASE AND EASEMENT #				98# - 2#		0# - 0#		0		0											
C. INVENTORY TOTAL (EXCEPT LAND RENT) AS OF 30 JUNE 19 72										108,510											
D. AUTHORIZATION NOT YET IN INVENTORY										2,700											
E. AUTHORIZATION REQUESTED IN THIS PROGRAM										10,674 1/											
F. ESTIMATED AUTHORIZATION - NEXT 4 YEARS										8,189											
G. GRAND TOTAL (C + D + E + F)										130,073											
14. SUMMARY OF INSTALLATION PROJECTS																					
PROJECT DESIGNATION				TENANT COMMAND		UNIT OF MEASURE		AUTHORIZATION PROGRAM		FUNDING PROGRAM											
CATEGORY CODE NO. a	PROJECT TITLE b			PRIORITY		d		SCOPE e	ESTIMATED COST (\$000) f	SCOPE g	ESTIMATED COST (\$000) h										
550.10	DISPENSARY AND DENTAL CLINIC			2 -		SF		50,810	4,306	50,810	4,306										
1/ INCLUDES \$6,368,000 FOR POLLUTION ABATEMENT																					

375

NAVAL AIR BASE STATION, BARBERS POINT, HAWAII, \$4,063,000

This station is the primary support and patrol station for the Hawaiian sea frontier. The station supports transient and carrier groups, fleet composite squadrons, tactical support squadrons, and five antisubmarine warfare patrol squadrons.

The dispensary and dental clinic project will replace the existing, functional inadequate and rundown facility.

Status of funds:

Cumulative appropriations through fiscal year 1973-----	\$22, 714, 000
Cumulative obligations, December 31, 1972 (actual)-----	22, 538, 876
Cumulative obligations, June 30, 1973 (estimated)-----	22, 639, 212

DESIGN INFORMATION

Project	Design cost	Percent complete, Apr. 1, 1973
Dispensary and dental clinic.....	\$11, 500	1

Mr. PATTEN. What are you using here at the present time?

Admiral ETTER. At the present time we are using a World War II constructed frame building which is the most termite-ridden structure I have ever seen in my life. Exactly what is holding it together is beyond me. I think it must be a few coats of paint holding it up. It has plenty of space, but it has gotten to the point, being a frame building, with the termites, it is absolutely uninhabitable.

Mr. PATTEN. Will this project complete the medical requirements here?

Admiral ETTER. It will.

Mr. PATTEN. What is the driving time to Tripler Army Hospital?

Admiral ETTER. About 30 minutes.

Mr. PATTEN. That is better time, but not as good time as you make from your office to Bethesda?

Admiral ETTER. That is correct.

Mr. PATTEN. Will this be improved with the new highway the State is constructing?

Admiral ETTER. Probably by about 5 minutes. This is only for outpatient care. Tripler takes care of all inpatients. The Tripler outpatient department could not possibly absorb the workload generated at Barbers Point.

Mr. PATTEN. Off the record.

[Discussion off the record.]

Mr. DAVIS. What accounts for your projected increase in personnel at Barbers Point?

Admiral ETTER. I had not realized that there was——

Admiral MARSCHALL. Mr. Taylor, would you answer that?

Admiral ETTER. There is no increase here.

Commander KIRKPATRICK. A slight increase of about 15 people.

Mr. TAYLOR. Sir, this is one of our ASW airfields. We are changing from the P3A's to the P3C's at this location. I think that accounts for the increase, the change in aircraft at the activity.

Mr. DAVIS. Your decrease in supportive personnel, what accounts for that?

Mr. TAYLOR. I will have to provide that for the record, sir. I do not have that readily available.

Mr. DAVIS. OK.

[The information follows:]

The figures given on the DD 1390 are in error. The figures should have been:

	Permanent			Supported		Total
	Officer	Enlisted	Civilian	Officer	Enlisted	
Dec. 31, 1972.....	608	2,874	935	46	103	4,566
End fiscal year 1975.....	681	3,375	935	46	103	5,140

These changes are due principally to the inclusion of an explosive ordnance group transferred from the NAD Oahu (41 officers; 117 enlisted), a new light helicopter squadron (28 officers; 114 enlisted) and general strengthening of the VP squadrons (110 enlisted).

NAVAL STATION, PEARL HARBOR, HAWAII

Mr. PATTEN. Turn to Pearl Harbor. We will put page 15 in the record at a later time.

PREVENTATIVE MEDICINE UNIT

You are requesting \$845,000 for a preventive medicine unit. Is this type of project provided at each major fleet base?

Admiral ETTER. Yes, Mr. Patten. We have four at the present time, one at Norfolk, one at San Diego, one at Pearl Harbor and one at Naples.

Mr. PATTEN. Is there no existing facility which can be utilized?

Admiral ETTER. Not in the immediate Pearl Harbor area. I personally looked over the situation out there about a year and a half ago with this in mind because of its existing location behind the security fence at the shipyard, which makes it very inaccessible. There is absolutely no place in the immediate area of Pearl Harbor that this could be located.

Mr. PATTEN. Will this project reduce the number of medical personnel required?

Admiral ETTER. We are not planning any reduction in medical personnel. However, we hope we can get more efficient work out of the ones we have. But we are not forecasting a reduction.

Mr. PATTEN. I do not want to draw you out now, but since we are emphasizing preventive medicine among our civilians, especially the older folks, it would be interesting to know what preventive medicine measures you take with these young fellows in the service, because we never think of it in that light. But you would be surprised what we are doing with our oldtimers in preventive medicine in my district.

Admiral ETTER. This is certainly a coming trend. This is where the emphasis is going to be in the coming years in medicine.

Mr. PATTEN. I am sold on it now. Do not get shaky about it. I just was surprised to hear you apply it to the age groups you have.

If there are no questions, let's turn to the Marine Recruit Depot at San Diego, Calif.

MARINE CORPS RECRUIT DEPOT, SAN DIEGO, CALIF.

Insert page 2-73 in the record.
[The page follows:]

1. DATE 19 FEB 1973		2. DEPARTMENT NAVY		3. INSTALLATION MARINE CORPS RECRUIT DEPOT									
4. COMMAND OR MANAGEMENT BUREAU MARINE CORPS				5. INSTALLATION CONTROL NUMBER 8600-750		6. STATE/COUNTRY SAN DIEGO, CALIFORNIA							
7. STATUS ACTIVE			8. YEAR OF INITIAL OCCUPANCY 1921		9. COUNTY (U.S.) SAN DIEGO		10. NEAREST CITY WITHIN CITY						
11. MISSION OR MAJOR FUNCTIONS Provide for reception and recruit training of enlisted personnel upon their first entry into the Marine Corps. MAJOR FUNCTIONS: West Coast Recruit Training Activity Conducts schools to train enlisted men for duty with ships' detachments, as Drill Instructors and as field musics Conduct such other schools as directed				12. PERSONNEL STRENGTH			13. INVENTORY						
				PERMANENT			STUDENTS		SUPPORTED				
				OFFICER (1)	ENLISTED (2)	CIVILIAN (3)	OFFICER (4)	ENLISTED (5)	OFFICER (6)	ENLISTED (7)	CIVILIAN (8)	TOTAL (9)	
a. AS OF 31 DEC 1972				325	2,138	276	11	78	20	7,630	0	10,478 1/2	
b. PLANNED (End FY 1975)				231	1,498	316	59	316	37	5,127	0	7,584 1/2	
				LAND		ACRES (1)	LAND COST (\$000) (2)	IMPROVEMENT (\$000) (3)		TOTAL (\$000) (4)			
a. OWNED				502		473		29,046		29,519			
b. LEASES AND EASEMENTS				0		0		0		0			
c. INVENTORY TOTAL (Except land rent) AS OF 30 JUNE 19 72										29,519			
d. AUTHORIZATION NOT YET IN INVENTORY										1,427			
e. AUTHORIZATION REQUESTED IN THIS PROGRAM										3,825			
f. ESTIMATED AUTHORIZATION - NEXT 4 YEARS										3,030			
g. GRAND TOTAL (c + d + e + f)										38,871			
14. SUMMARY OF INSTALLATION PROJECTS													
CATEGORY CODE NO. a		PROJECT DESIGNATION PROJECT TITLE b			TENANT COMMAND PRIORITY c	UNIT OF MEASURE d	AUTHORIZATION PROGRAM SCOPE e		ESTIMATED COST (\$000) f		FUNDING PROGRAM SCOPE g		ESTIMATED COST (\$000) h
550.10		DISPENSARY			3	SF	54,200		3,825		54,200		3,825
		1/2 (Communication-Electronics School being relocated to MCB Twentynine Palms)											

379

MARINE CORPS RECRUIT DEPOT, SAN DIEGO, CALIF., \$3,825,000

The recruit depot provides for reception and recruit training of enlisted personnel upon their first entry into the Marine Corps; conducts schools to train enlisted men for duty with ships' detachments; as drill instructors and as field music musicians.

One project totaling \$3,825,000 will provide this recruit depot with a 75-bed dispensary to provide adequate medical facilities for the recruits and permanent personnel.

Status of funds

Cumulative appropriations through fiscal year 1973-----	\$19, 461, 000
Cumulative obligations, Dec. 31, 1972 (actual)-----	12, 312, 096
Cumulative obligations, June 30, 1973 (estimated)-----	12, 354, 564

DESIGN INFORMATION

Project	Design cost	Percent complete Apr. 1, 1973
Dispensary-----	\$40, 100	33

MARINE CORPS RECRUIT POPULATION

Mr. PATTEN. Upon what recruit population is the requirement for this dispensary based?

Admiral ETTER. Recruit population of about 4,500, sir.

Mr. PATTEN. Can you provide for the record statistics on Marine Corps recruiting objectives and performance in the last few months?

Admiral ETTER. Yes, sir.

[The information follows:]

The recruiting goals and objectives as recently established by the commandant of the Marine Corps, reflect a target of 65 percent high school graduates and not more than 10 percent of the total recruits to be within mental group IV. In addition, there are held goals for number totals to be met through recruitment. In regards to performance to meet these objectives, achievement has been reached in quantity requirements, but has fallen short to some degree in the quality objectives. Statistically, since July 1, 1972 through May 31, 1973, 102.3 percent of the quantity requirements have been met. In this regard, 49,863 recruitments were achieved to meet a quota of 48,750 required. However, qualitatively only 48.6 percent of that number were high school graduates and 15.5 percent were within mental group IV. It is hoped that the crop of recent high school graduates will, in months to come, reflect a higher qualitative recruitment performance for the Marine Corps.

NAVAL COMPLEX, GUANTANAMO BAY, CUBA

Mr. PATTEN. We will insert page II-118 in the record at a later point.

AIR CONDITION HOSPITAL

Mr. PATTEN. You are requesting \$633,000 to air condition the hospital here. Will this complete the requirements?

Admiral ETTER. All foreseen requirements at this time; yes, Mr. Patten.

NAVAL COMPLEX, GUAM, MARIANA ISLANDS

Mr. PATTEN. Turn to Guam, naval complex at Mariana Islands. You are requesting modernization of the intensive care unit at the hospital.

MEDICAL CARE ON GUAM

How is your medical care on Guam provided?

Admiral ETTER. The naval hospital at Guam provides hospitalization care for all three services on Guam, Mr. Patten. The Air Force does maintain a dispensary with a few beds at Anderson Air Force Base, but the Navy facility is the only substantial in-house facility on the Island of Guam. It takes care of all services.

Mr. PATTEN. You know we have a representative from Guam now on the floor, as part of the House, Mr. Won Pat. We give them all the embellishments of the office.

Admiral ETTER. Very good.

Mr. PATTEN. It is quite interesting. I have learned more about Guam lately than I ever knew.

Gentlemen, I think we are finished here with the Navy medical facilities testimony. On behalf of the committee we certainly want to thank you. I think we have had a good presentation.

Doctor, you held up pretty good, I think.

Admiral ETTER. I hope so, Mr. Patten. Thank you.

Mr. PATTEN. I keep calling you "doctor"; I am quite sure you are.

Admiral ETTER. Yes, sir. I prefer that, sir.

[Discussion off the record.]

Mr. PATTEN. We are through with our medical specialists. Does anybody else on the committee have any comment?

Mr. DAVIS. Not at this time, Mr. Chairman.

Mr. PATTEN. Thanks a million. I think we have had a good hearing.

Admiral ETTER. Thank you, Mr. Patten.

FIFTH DISTRICT

NAVAL AIR STATION, NORFOLK, VA.

Mr. PATTEN. Let us turn to Norfolk, Va., the naval air station. Insert page I-60 in the record.

[The page follows:]

1. DATE 17 APR 1973		2. DEPARTMENT NAVY		3. INSTALLATION NAVAL AIR STATION											
4. COMMAND OR MANAGEMENT BUREAU COMMANDER IN CHIEF, ATLANTIC FLEET			5. INSTALLATION CONTROL NUMBER 1450-640		6. STATE/COUNTRY NORFOLK, VIRGINIA										
7. STATUS ACTIVE		8. YEAR OF INITIAL OCCUPANCY 1918		9. COUNTY (U.S.) INDEPENDENT CITY		10. NEAREST CITY WITHIN CITY									
11. MISSION OR MAJOR FUNCTIONS Maintain and operate facilities, and provide services and material to support operations of aviation activities and units of the Operating Forces of the Navy and other activities and units, as designated by the Chief of Naval Operations. <u>Major Activities Supported:</u> Naval Air Rework Facility Commander, Naval Air Force Atlantic Fleet Eight Airborne Early Warning Squadrons Two Helicopter Squadrons Three Fleet Tactical Support Squadrons Air Cargo Terminal Naval Air Maintenance Training Naval Air Reserve Training				12. PERSONNEL STRENGTH		PERMANENT			STUDENTS		SUPPORTED		TOTAL (9)		
				a. AS OF 31 December 1972		OFFICER (1)	ENLISTED (2)	CIVILIAN (3)	OFFICER (4)	ENLISTED (5)	OFFICER (6)	ENLISTED (7)	CIVILIAN (8)	14,879	
				b. PLANNED (End FY 1977)		1,192	5,046	7,701	218	422	94	206	0	0	15,791
						1,225	5,602	7,952	222	488	98	204	0	0	
				13. INVENTORY											
LAND		ACRES (1)		LAND COST (\$000) (2)		IMPROVEMENT (\$000) (3)		TOTAL (\$000) (4)							
a. OWNED		3,081		1,308		108,299		109,607							
b. LEASES & EASEMENTS #		116* - 0#		0		7* - 0#		7							
c. INVENTORY TOTAL (Except land rent) AS OF 30 JUNE 19 72								229							
d. AUTHORIZATION NOT YET IN INVENTORY								2,525							
e. AUTHORIZATION REQUESTED IN THIS PROGRAM								12,868							
f. ESTIMATED AUTHORIZATION - NEXT 4 YEARS								125,236							
g. GRAND TOTAL (c + d + e + f)															

14. SUMMARY OF INSTALLATION PROJECTS									
PROJECT DESIGNATION		TENANT COMMAND PRIORITY	UNIT OF MEASURE	AUTHORIZATION PROGRAM		FUNDING PROGRAM			
CATEGORY CODE NO. e	PROJECT TITLE b		d	SCOPE e	ESTIMATED COST (\$000) f	SCOPE g	ESTIMATED COST (\$000) h		
211.05	HELICOPTER MAINTENANCE HANGAR	1	SF	73,642	2,525	73,642	2,525		

0002

NAVAL AIR STATION, NORFOLK, VA., \$2,525,000

This station supports 11 fleet air squadrons, Naval Air Rework Facility, Norfolk, Reserve squadrons, and an overseas air passenger and cargo terminal.

This project will provide hangar space for onboard helicopter units and the 20 additional fleet support and LAMPS squadrons helicopters to be transferred to the station from the Naval Air Station, Lakehurst, N.J.

STATUS OF FUNDS

Cumulative appropriations through fiscal year 1973.....	\$15,863,000
Cumulative obligations, Dec. 31, 1972 (actual).....	9,226,814
Cumulative obligations, June 30, 1973 (estimated).....	12,176,027

DESIGN INFORMATION

Project	Design cost	Percent complete, Apr. 1, 1973
Helicopter maintenance hangar.....	\$121,200	0

RELOCATIONS TO NAVAL AIR STATION AND NAVAL AIR REWORK FACILITY

Mr. PATTEN. What functions are being relocated to the Naval Air Station, Norfolk and the Naval Air Rework Facility, Norfolk?

Admiral MARSCHALL. Mr. Murphy, would you answer that?

Mr. MURPHY. Mr. Chairman, the Naval Air Station, Norfolk, will receive additional helicopter units relocating from the Naval Air Station at Lakehurst, N.J.

The Naval Air Rework Facility will pick up workload being closed out at Naval Air Rework Facility, Quonset Point. This is predominantly workload involving avionics equipment and aerial refueling equipment mounted in aircraft.

Mr. PATTEN. Provide for the record details on the costs and savings associated with these moves.

[The information follows:]

COSTS AND SAVINGS FOR MOVES INTO THE NAVAL AIR STATION, NORFOLK

Concurrent with the move to Norfolk of fleet helicopter units (HSL-30 and HSL-32) from NAS Lakehurst, two other fleet helicopter units (HC-2 and HS-15) will move from NAS Lakehurst to Jacksonville. Estimated annual savings resulting from this down loading at Lakehurst total \$800,000. Prorated on the basis of aircraft, these savings break down at \$420,000/year due to the move to Norfolk and \$380,000/year due to the move to Jacksonville.

One-time closure costs would split out to approximately \$1,550,000 due to the move to Norfolk and \$1,950,000 due to the move to Jacksonville.

Construction projects directly required to complete the move to NAS Norfolk are: Fiscal year 1974, helicopter hangar, \$2,525,000; fiscal year 1975, helicopter parking apron, \$1,364,000 and runway, \$1,530,000.

The estimated annual savings resulting from the reductions at the Quonset Point Complex, in which the Naval Air Rework Facility is included, cannot be distributed to the other gaining activities. The savings pertain only to the cessation of certain functions at Quonset Point with the resultant elimination of certain civilian and military positions and the elimination of operating and maintenance costs.

The one-time closure costs are difficult to distribute to the other gaining activities because of such expenses as severance pay and facility preservation costs, however, it is estimated as \$100,000 for that portion of the NARF Quonset Point activity being relocated to NARF Norfolk.

Mr. PATTEN. Also show the number of military and civilian personnel involved and the facilities which will be required at the Naval Air Station and the NARF as a result of these relocations.

Admiral MARSCHALL. Yes, sir; we will provide it for the record. [The information follows:]

RELOCATIONS INTO NAS NORFOLK

Unit	Aircraft	Personnel	
		Officers	Enlisted men
Helicopter squadron HSL-30.....	16 HH-2D.....	55	365
Helicopter squadron HSL-32.....	21 SH-2.....	48	200

FACILITIES DIRECTLY REQUIRED AT NAS, NORFOLK DUE-TO HELICOPTER RELOCATIONS

Facilities	Measurements	Amount (thousand)
Fiscal year:		
1974..... Helicopter maintenance hangar.....	73,642 ft ²	2,525,000
1975..... Helicopter parking apron (1st increment).....	54,400 ft ²	916,000

FACILITIES INDIRECTLY REQUIRED AT NAS, NORFOLK DUE TO HELICOPTER RELOCATIONS

Fiscal year:		
1975..... Helicopter landing strips (runway).....	LS.....	1,531,000
1975..... Control tower, heliport.....	LS.....	266,000

¹ These facilities will serve the joint requirements of helicopter squadrons being relocated into NAS, Norfolk, and the helicopter units already in place at NAS, Norfolk.

RELOCATIONS INTO NARF NORFOLK

Rework operations on airborne ASW classification and analysis components and aircraft in-flight refueling components will be transferred from NARF Quonset Point, adding approximately 263—direct plus indirect—man-years to the NARF Norfolk workload.

An urgent minor construction project estimated at \$246,000 and providing a prefab building to house refueling rework functions is required. Also, a minor construction (O. & M.N.) project estimated at \$48,000 is required for the ASW classification relocation. These are the only facility requirements in support of the relocations into NARF Norfolk.

PROJECTED CONSTRUCTION

Mr. PATTEN. Provide for the record the total outyear construction programs at the naval air station and the NARF. [The information follows:]

TENTATIVE OUTYEAR CONSTRUCTION PROJECTS FOR NAS NORFOLK

Fiscal year 1975 :

P-248, improve security AUW compound.....	\$107,000
P-358, helicopter landing strips (runway).....	1,530,000
P-513, helicopter parking apron (1st incr).....	1,364,000
P-515, control tower/heliport.....	369,000

Fiscal year 1976-78 :

P-516, helicopter parking apron (2d incr).....	1,343,000
P-363, runway extension (uses N. & W. land).....	8,155,000

Total 12,868,000

TENTATIVE OUTYEAR CONSTRUCTION PROJECTS FOR NARF NORFOLK

Aircraft support shops improvements-----	1, 974
Aircraft surface finish facility-----	7, 888
Total -----	9, 862

NUMBERS OF AIRCRAFT

Mr. PATTEN. What number of aircraft of various types are at NAS, Norfolk, at the present time, and what additional aircraft will be brought in here?

Mr. MURPHY. Mr. Chairman, at the present time there are some 163 aircraft assigned to the Naval Air Station, Norfolk, including assigned Reserve units. This involves approximately 40 helicopters, among those 163. We will be adding on in total some 37 additional helicopters.

Other aircraft making up the 163 include 33 E-2's, electronic surveillance aircraft that deploy with various carriers in the Atlantic Fleet. Also some 35 cargo and logistics aircraft such as the C-1A, G131, and soon the new C-9 jet transports. There are 16 S-2 aircraft assigned for proficiency flying. Those are predominantly the present aircraft loadings. Transient NIAC aircraft include C-141, C-5, 727 and C-130.

Mr. PATTEN. Will more aircraft be located here than has been announced by the Secretary of Defense?

Mr. MURPHY. No, sir. The 37 additional helicopters, are approximately the number we anticipated. A change from the April 17, 1973, announcement is that squadron HS-15 with nine helicopters, will move from Lakehurst to Jacksonville/Mayport in lieu of to Norfolk.

FACILITIES REQUIRED AS A RESULT OF RELOCATIONS

Mr. PATTEN. The committee has been provided with two lists, one showing facilities required as a result of the relocation actions and the other showing outyear projects at Naval Air Station, Norfolk. The projects on these two lists do not seem to correspond to each other. Also, many more of the helicopter-support facilities programed for NAS, Norfolk in the outyears would seem to be required as a result of the realignment than the Navy has indicated. Can you tell us now about the outstanding requirements for helicopter-support facilities with the current load and what the increase in requirements will be as a result of the additional aircraft which are to be moved in here? Provide greater detail for the record.

Mr. MURPHY. Yes, sir. This project provides a helicopter hangar facility, which is the immediate need for the increase in loading. Next year and in following years we propose to continue with the development of helicopter capability at this station. At present we do not have adequate helicopter landing and takeoff strips, nor helicopter parking aprons. We have a fixed wing airfield facility which is not suitable for joint fixed wing and helicopter traffic. So, after this initial hangar we propose to continue with development of a helicopter complex, including landing strips, control tower and parking apron.

Mr. PATTEN. Will you embellish your answer for the record.

Mr. MURPHY. Yes, sir.
[The information follows:]

The master plan prepared for NAS Norfolk has long recognized the need, from a flight safety standpoint, for complete separation of fixed-wing aircraft operations on the single main runway from helicopter operations. Siting is shown on accompanying Heliport Development map. The dense fixed wing traffic, averaging 300 operations per day, is generated by assigned VAW and VR units, MAC airlift passenger and cargo aircraft such as C-141, C-130, 727, C-124 and C-5, transient fleet aircraft and NARF operations. A similarly dense helicopter traffic pattern, involving up to 250 operations per day, is currently generated by the 43 helicopters assigned. Separation is now achieved through use of a marginally satisfactory helicopter landing strip and an obsolete apron and hangar. Present helicopter operations, while separate from fixed-wing patterns, conflict with NARF industrial buildings recently constructed, and encroach on residential, administrative, and training functions. Conflicts with ground vehicular traffic also exist. It can therefore be appreciated that facility requirements exist for heliport development on the basis of today's situation, and that these needs become more acute as 37 additional helicopters are assigned to Norfolk under base realignments.

It can be stated that the helicopter hangar facility in the fiscal year 1974 program is directly related to the realignment, as it will serve the immediate needs of the two squadrons moving in. Also, the helicopter parking apron to be proposed in fiscal year 1975 will accommodate the 37 additional helicopters. Beyond these two facilities, however, the remaining projects to be proposed for heliport development in the future must be considered as serving both the current helicopter mission at Norfolk plus the realigned mission.

[A map follows:]

Mr. NICHOLAS. The point of this is that certain projects have been identified as a result of the relocation here. But there are in the out-year programs through 1978 five projects apparently related to aviation activity. The control tower heliport, runway extension and heli-park apron, the last two things, are programmed out in the fiscal year 1978 program.

You are bringing more helicopters in here. Which of these projects would or would not be required if you had not brought the additional helicopters in?

Mr. MURPHY. I would think the runway extension, which is a very large project and involves the fixed wing airfield. That is the extension of our runway through new land acquisition area. All of the others are related to helicopter requirements.

Mr. NICHOLAS. They would be required, both increments of the helicopter parking apron would be required just with the present helicopter loading?

Mr. MURPHY. No, sir; the first increment of that apron is driven by the addition of some 37 aircraft from Lakehurst. The second increment has been a requirement over the years for presently assigned helicopters.

Mr. NICHOLAS. Could you differentiate for the record between those which are required for the relocation and those which are required for the present activities?

Mr. MURPHY. Yes, sir.

[The information follows:]

Among the out-year projects, the following project is directly related to the move to Norfolk of additional helicopter squadrons:

Fiscal year 1975—helicopter parking apron (1st increment)..... \$916,000

The following projects are considered indirectly related to the move since they will serve the joint requirements of the new squadrons and squadrons already in place at Norfolk:

Fiscal year 1975—Helicopter landing strips (runway)..... \$1,531,000

Fiscal year 1975—Control tower, heliport..... 266,000

The following projects are not related to the move for the reasons indicated:

Fiscal year 1975—Improve security AVW compound..... \$107,000

AVW mission is already assigned to NAS Norfolk.

Fiscal year 1976-78—Runway extension..... \$8,155,000

Applies to operations of fixed-wing aircraft on main runway.

Fiscal year 1976-78—Helicopter parking apron (2d increment)..... \$1,343,000

Provides replacement of existing apron used by units already at Norfolk.

Fiscal year 1976-78—Parachute, survival equipment shop..... \$550,000

Supports all air crews at the station and has been long standing deficiency.

HELICOPTER MAINTENANCE HANGAR

Mr. PATTEN. Will the helicopter maintenance hangar you are requesting at a cost of \$2.525 million complete the requirements for hangar space here?

Mr. MURPHY. No, sir. We propose to construct a second helicopter hangar in an out-year for the balance of the helicopter requirements.

Mr. PATTEN. When you do that for helicopters, is that partial security or is that full security?

How far do you go, compared to what we are doing say in West Germany?

Mr. MURPHY. The hangar itself is a conventional hangar resembling a hangar we use for fixed wing aircraft. It is located in a part of the air station which is restricted, where we have restricted access.

Mr. PATTEN. But you would not be building it to protect from attack, it would be just for the purpose of protecting against weather?

Mr. MURPHY. Yes, sir, strictly enclosure for working on the machinery and on the parts of the helicopter to keep it flying, essentially.

Mr. PATTEN. You are acquainted with the protection we are trying to give our aircraft in Europe?

Mr. MURPHY. Yes, sir.

Mr. PATTEN. That is a different ball game, right?

Mr. MURPHY. Yes, sir; those are hardened parking revetments. This is strictly a maintenance facility.

Mr. PATTEN. What are you using at the present time?

Mr. MURPHY. We presently are using for helicopters, predominantly two fabricated, metal temporary buildings as hangars. These are completely unsuitable for the purpose, they lack the vertical clearance needed for pulling helicopter engines vertically out of their mounts. We propose to demolish these temporary structures when we get additional space. Helicopters have to cross a base road to reach these obsolete hangars.

ENCROACHMENT

Mr. PATTEN. Are there encroachment problems at the Naval Air Station, Norfolk?

Mr. MURPHY. With regard to the helicopter area that we are talking about, no, sir. It is located on a promontory of land which the Navy owns. We have good overwater approaches, in and out.

Talking about encroachment on the fixed wing runway, thanks to acquisition of the Norfolk and Western property—we are able to develop our runway there and eliminate the threat of encroachment.

Mr. PATTEN. You got it for a song?

HELICOPTER BASES—EAST COAST

What other helicopter bases will there be on the east coast?

Mr. MURPHY. Together with Norfolk, we will have helicopters at Naval Air Station, Jacksonville, and the associated facility at Mayport, Fla.; essentially those are the two locations where we will have active duty helicopter basing on the east coast.

NAVAL AIR REWORK FACILITY MODERNIZATION PROGRAM

Mr. PATTEN. Let us discuss the naval rework facility modernization program.

RELOCATIONS

What are the functions which are being relocated from the naval air rework facility at Quonset Point to Norfolk?

Mr. MURPHY. From Quonset Point to Norfolk, as I mentioned, airborne ASW classification and analysis components, aircraft in-flight refueling components, and various other avionics, electronics equipment rework is moving to Norfolk.

Mr. PATTEN. Are the existing facilities at Norfolk adequate to handle this additional workload?

Mr. MURPHY. We have capacity at Norfolk to accommodate this workload immediately. I would not go so far as to say they are adequate. We have a continuing program to upgrade and modernize all of our facilities at Norfolk. That program would eventually have to be accomplished.

Mr. PATTEN. What is the total number of personnel who are being relocated from the NARF at Quonset to other locations?

Mr. MURPHY. Some 1,400 billets or job assignments will be relocated to other NARFs from Quonset Point.

Mr. PATTEN. What number of personnel have been offered transfers from Quonset and how many have accepted?

Mr. MURPHY. Mr. Chairman, I would like to provide that exact data for the record, but at the moment the 1,400 jobs that I mentioned will be available for people to accept at other locations.

However, the experience to date has been that very few of the Rhode Island work force are interested in moving.

Admiral MARSCHALL. We will provide the details for the record.

[The information follows:]

As of June 29, 1973, 900 jobs have been offered and 200 jobs accepted within the DOD. At the same period 1,096 have retired.

Mr. PATTEN. What is the total workload in terms of man-years that is being transferred from NARF, Quonset, to other locations?

Mr. MURPHY. Yes, sir, approximately 1,600 man-years total. I will correct it for the record.

[The information follows:]

For fiscal year 1974 Quonset Point was programed to accomplish 2 million direct man-hours of work. With the closure plan, 1.7 million will be transferred and 0.3 million worked at Quonset Point during the closure period. The commercial rework is planned to increase by 85,000 direct man-hours of work for fiscal year 1974.

The 1.7 million direct man-hours transferred would equate to approximately 1,600 man-years of effort, including both direct and indirect labor.

For the end of fiscal year 1973 the Navaireworkfac Quonset Point had a ceiling of 2,488 civilians and 45 military personnel.

Mr. PATTEN. What major items were repaired at Quonset and where do you plan to repair them in the future?

Mr. MURPHY. By far the largest workload there was the overhaul of the J-79 jet engine, that occurs in the F-4 and A-5 tactical aircraft.

That workload will transfer to the west coast to the NARF at North Island, Calif.

Mr. PATTEN. Give a more complete answer for the record.

[The information follows:]

The NARF Quonset Point workload will be transferred as follows:

<i>Workload</i>	<i>Transfer to NARF</i>
J-79 engine overhaul.....	North Island
S-3A airframe overhaul.....	Alameda
S-3A avionics overhaul.....	Alameda
S-3A (TF-34) engine overhaul.....	Alameda
A-4B (J-65) engine overhaul.....	Alameda
S-2 and E-1 airframe overhaul.....	Jacksonville
H-3 helicopter overhaul.....	Pensacola/North Island
T-58 engine repair.....	Pensacola
Airborne ASW class/anal and in-flight refueling components.....	Norfolk
AJB-3 bombing system.....	Cherry Point
C-1 airframe overhaul.....	Commercial
H-2 helicopter overhaul.....	Commercial
J-71 engine overhaul.....	Air Force

Mr. PATTEN. Off the record.

[Discussion off the record.]

DESIGNATED REWORK POINT

Mr. PATTEN. Can you provide for the record a map similar to that put in the record in prior years, showing the future location of the repair of your major aircraft and engine items?

Admiral MARSCHALL. Yes, sir.

[The map follows:]

AIRCRAFT AND ENGINE DESIGNATED REWORK POINT SUMMARY

5 July 1973

NONORGANIC ENGINES

(Commercial/Interservice)

- * (J33)
- * (J85)
- *TF-41
- * T-53
(MK-529)
- * (O-470-4)
(R1340)
- * (R2800)
(R3350)

NONORGANIC AIRCRAFT TMS

(Commercial/Interservice)

C-117	C-131	P-2
C-118	*H-1	S-2
C-119	H-2	T-33
C-121	VH-3	T-34
C-130	+TH-57	T-39D
	U-6	+CT-39E
	U-11	+TC-4C
	H-46	

* = INTER-SERVICE

+ = FAA TYPE INSPECTION

<u>FAWRA</u>	<u>NAMRA</u>
A-4	C-117
F-4	S-2
F-8	C-1
C-1	
C-2	
C-117	
H-1	
H-46	
HU-16	
S-2	
C-118	
C-121	
C-130	
OV-10A	

ALAMEDA

(1)

A-3 J52
P-3 J65
T56

AIM-7
AIM-9B
AGM-12
AGM-45

NORTH ISLAND

(2)

F-4 J79
F-8 T58
C-2 T64
E-2
H-3
H-46
H-53

PENSACOLA

(4)

TA/A-4 J34
F-9 J60
QT-33 R1820
T-2
T-28
H-1*

JACKSONVILLE

(5)

A-4 J52
A-5 R1820
A-7

CHERRY POINT

(6)

F-4 J48
OV-10 T76
H-46 T58
AV-8A T400
F402
T74*

NORFOLK

(7)

A-6 J57
F-8 TF30
F-14

AIM-7
AIM-9D/G

QUONSET PT.

(9)

S-2(5) J65(1)
S-3(1) J79(2)
E-1(5) J71*(AF)
H-3(2/4) TF34(1)
C-1 (COM) LM2500(2)
H-2(COM) LML500(2)

Designation in Paren. shows location to which work will transfer by 30 Jun 74

NARF'S WORKLOAD AND UTILIZATION

Mr. PATTEN. Can you provide for the record the workload for each of the NARF's broken down by airframes, engines, components, and so forth?

Also, show the utilization for each NARF in each of these areas in terms of their one-shift, 40 hours a week total capacities.

Provide these figures for the past 5 years and projected for the next 5 years.

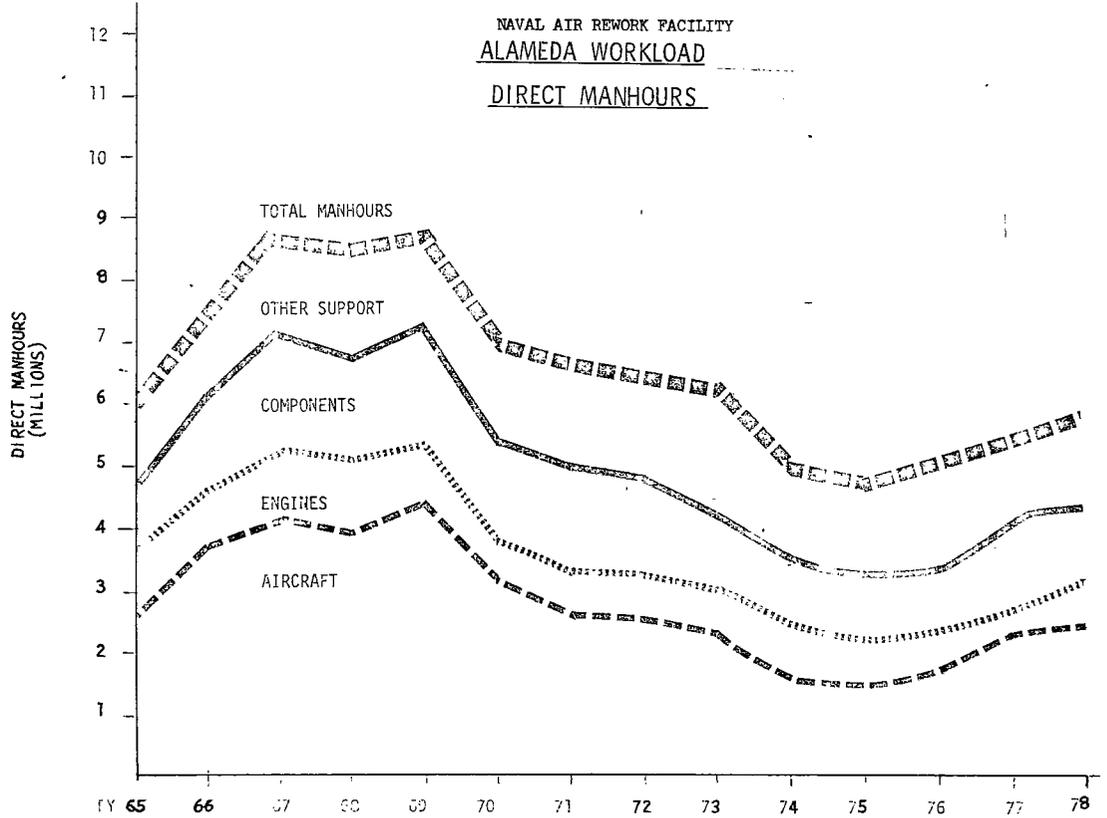
[The information follows:]

A 5-year history and 5-year projection for workload follows in graphic form for each Navairworkfac. Utilization over this 10-year period is provided below in tabulated form.

NAVAIREWORKFAC UTILIZATION IN PERCENT

	1969	1970	1971	1972	1973	1974	1975	1976	1977	1978
Alameda.....	105	91	92	90	85	69	67	71	78	83
Cherry Point.....	84	90	90	99	85	98	94	112	115	115
Jacksonville.....	70	85	79	78	91	100	90	95	93	91
Norfolk.....	98	98	89	84	79	72	82	87	90	96
North Island.....	91	80	86	99	94	90	102	90	76	78
Pensacola.....	82	98	110	102	87	82	80	80	75	77

10 July 1973

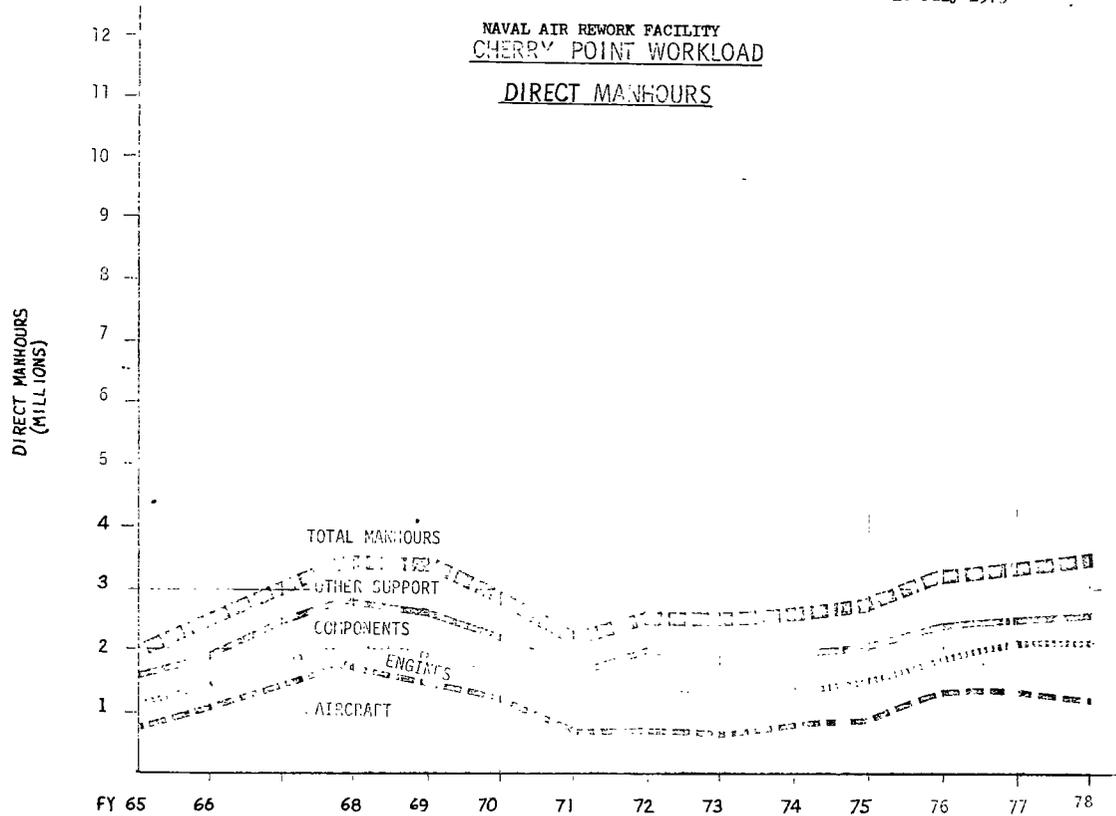


394

10 July 1973

NAVAL AIR REWORK FACILITY
CHERRY POINT WORKLOAD

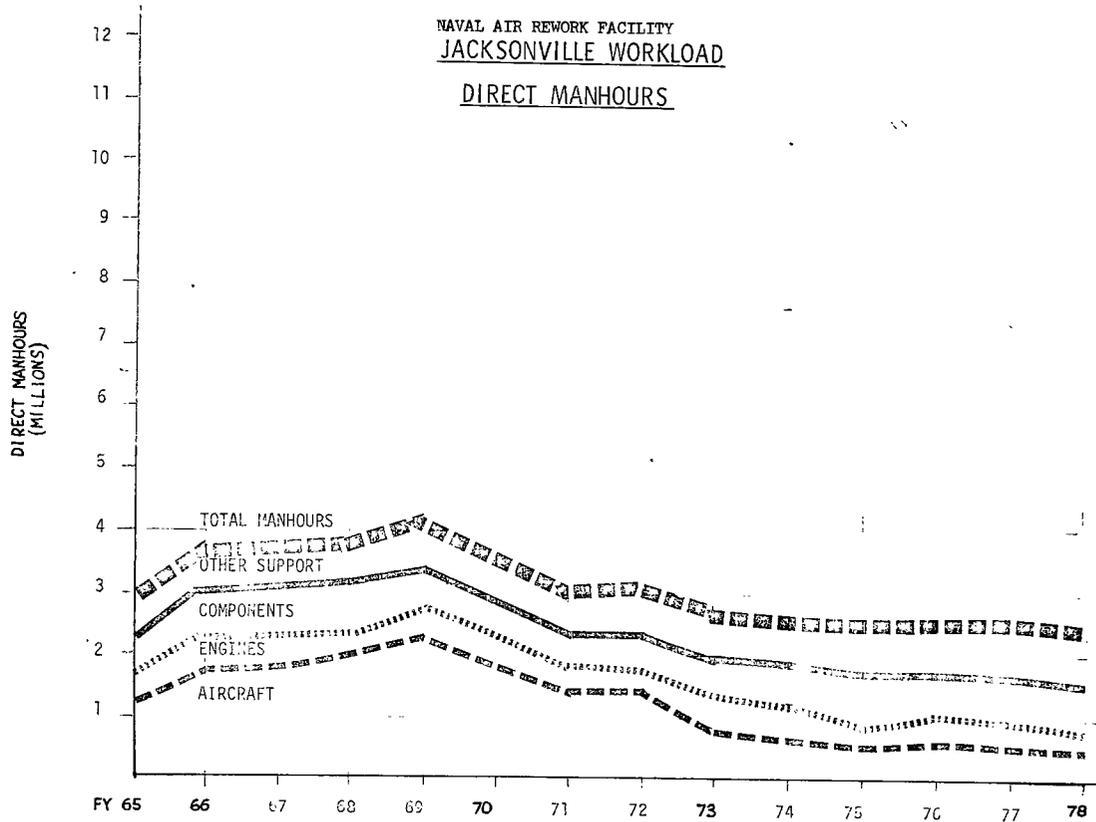
DIRECT MANHOURS



395

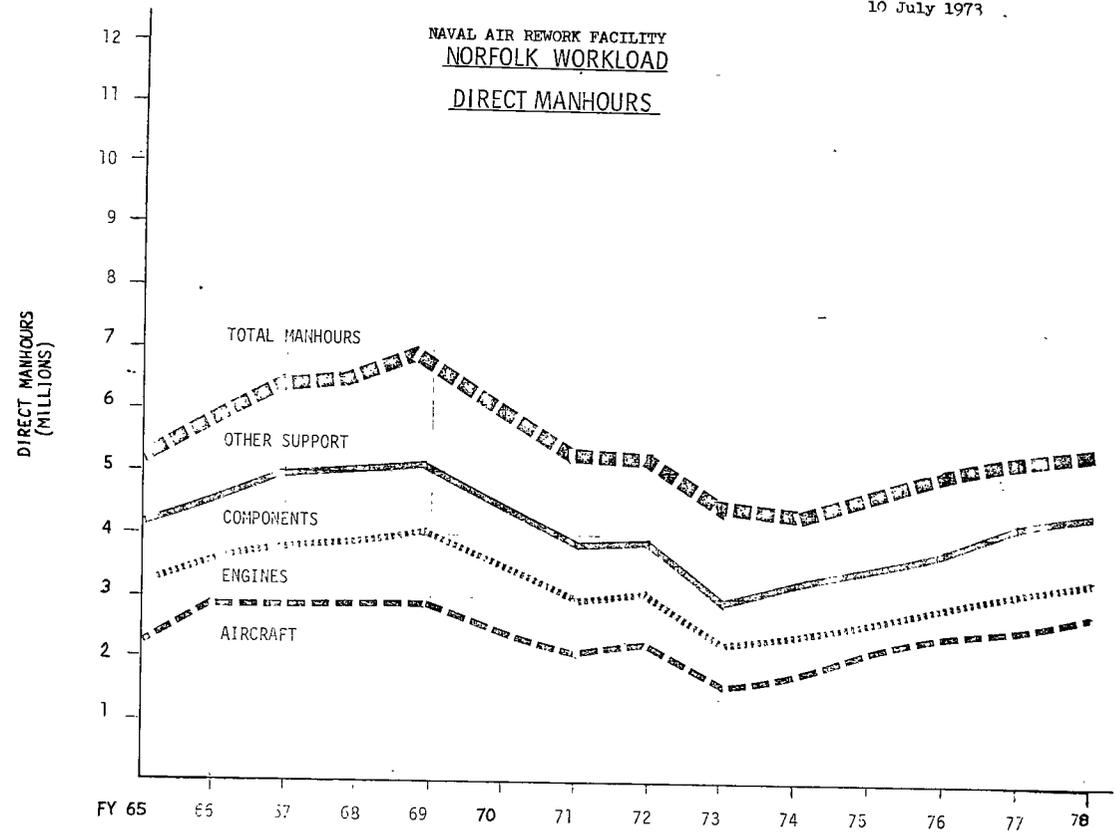
10 July 1973

NAVAL AIR REWORK FACILITY
JACKSONVILLE WORKLOAD
DIRECT MANHOURS



10 July 1973

NAVAL AIR REWORK FACILITY
NORFOLK WORKLOAD
DIRECT MANHOURS



10 July 1973

NAVAL AIR REWORK FACILITY
NORTH ISLAND WORKLOAD

DIRECT MANHOURS

