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New Community Hospital at Fort Belvoir

Links

▪ [Joint Task Force Medical](#)

Since the Base Realignment and Closure (BRAC) process began more than a decade ago to maximize use of available funding by eliminating excess Department of Defense facilities, more than 350 installations have been closed. The latest round of BRAC was announced in May 2005 and included a plan to integrate the extensive military medical operations in the Washington, D.C., area. The plan calls for merging major medical facilities into two primary hospitals, one in Bethesda, Maryland, and one at Fort Belvoir, Virginia.

The Army Corps of Engineers selected the Joint Venture of HDR/Dewberry to perform architectural design services for the new Community Hospital complex at Fort Belvoir. HDR's Healthcare Expertise was the key factor in the teams selection. The project encompasses design services including a new hospital, a central energy plant, a new helipad, an ambulance shelter, and parking for 3,500 cars. Construction began in 2008.



Since the visual language of south post Fort Belvoir is historically and predominantly red brick, the new facilities will be composed of materials similar and sympathetic to that visual character, but will be modern and high performing. Most of the unglazed portions of the exterior of the buildings will be composed of a terra cotta Rainscreen system, which is energy efficient and may be constructed rapidly (an important factor in an aggressive schedule). In addition, the terra cotta tiles may be manufactured in larger units which might better suit the scale of the new facilities.

In addition to the Rainscreen system, limited areas of metal panel wall surfaces are incorporated in the design. Sloping curvilinear roof forms over the penthouse elements above the outpatient clinics are designed to express their rain collecting functions, as well as help relate to the vertical scale of the central inpatient nursing



tower and provide a distinctive profile along the long eastern elevation of the building.



The design of the hospital building is envisioned as being closely associated with site development, integrating concepts of generous exposure to natural light and views to the outside with patterns of movement and locations of public space. The site plan incorporates fully and partially enclosed outdoor courtyards which will be intensively landscaped with pedestrian paving, low maintenance planting, water features, and other materials providing visual interest and human comfort. These treatments will also be employed around the perimeter of the building, particularly in the areas along the entrance boulevard and the three major public access points for the building.

An area of vegetated roof is intended to be developed over the central portion of the hospital building, reducing runoff and providing visual relief and interest to the views from the inpatient areas. In addition, rooftops of the penthouse areas atop each of the outpatient clinics will collect rainwater which will be stored in cisterns located at each of the north and south outpatient courtyards. It is envisioned that the rainwater will be used to irrigate the areas of the courtyards and surrounding landscape. Further measures to manage storm water runoff include the development of a system of bioswales to the east and west of the building, which will contain and naturally absorb surface drainage.

The organization of the plan is a centralized concept. The public face of the building engages a wide concourse where vehicular drop offs and access points are clearly established. Beyond the access points, pedestrians enter the main public lobby which interconnects inpatient and outpatient destinations. Secondary entrances permit more immediate access to outpatient functions. The areas which are deployed in the center of the building are oriented toward inpatient care as well as diagnostic and treatment areas. Supporting functions are located at basement and first floor levels below these areas. Mechanical equipment serving these areas is located in a floor dedicated to this use immediately beneath the inpatient nursing unit floors.

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