

ACQUISITION,  
TECHNOLOGY  
AND LOGISTICS**THE UNDER SECRETARY OF DEFENSE**3010 DEFENSE PENTAGON  
WASHINGTON, DC 20301-3010

MAR 8 2004

## MEMORANDUM FOR CHAIRMAN, MEDICAL JOINT CROSS SERVICE GROUP

SUBJECT: Infrastructure Steering Group (ISG) Comments on the Medical Joint Cross-Service Group Draft Military Value Report

The ISG has reviewed the draft Medical Joint Cross-Service Group (MJCSG) Military Value Report, briefed to it on February 19, 2004.

The ISG appreciates the military judgment and dedicated effort that your members, as the experts in their field, put into the report. As you prepare your final report for formal coordination, please consider the following comments, consolidated from those submitted on behalf of ISG members. For your convenience, the original comments are also enclosed. Please note that the general process comments provided by the Air Force are for ISG consideration rather than for your direct response. If the judgment of your group is not to incorporate any of the following suggestions, please provide a brief rationale in the memorandum transmitting your final report. Your final report is due to the OSD Base Realignment and Closure (BRAC) office on or before March 22, 2004. Additionally, please plan to attend the April 2, 2004 ISG meeting (1030-1230) and be prepared to respond to any questions about your final report

General Comments

Both at your briefing and in writing, the ISG, Legal Counsel, and the BRAC offices have expressed concerns about your military value approach. These concerns will likely have to be addressed to ensure that the military value approach is accepted during the formal coordination process. The major concerns are: the overall construct of the military value approach; the lack of weights for some of the criteria in the market requirements area resulting from your military value construct; the articulation of how the military value approach relates to the core mission of providing medical/dental care to the warfighter; and gaps in describing how the military value will be scored. Each of these concerns is detailed below. Specific concerns follow these overarching concerns.

The overall construct of your approach to military value measures military value by the following subgroups: Education and Training; Market Requirements; Research, Development and Acquisition; Deployable Force Sizing; and Infrastructure. While these subgroups may make organizational sense for your group, they do not easily lend themselves to analysis in the BRAC process because not all of them correspond to functions performed at facilities. Specifically, Market Requirements, Infrastructure, and



Deployable Force Sizing are not functions; rather, Market Requirements and Infrastructure appear to be attributes of functions (i.e., qualities of a function that help you assess the value of the facilities that are performing that function), and Deployable Force Sizing appears to be a mission requirement or perhaps should be translated into a policy imperative.

The MJCSG's decision not to assign weights to criteria 2 and 3 in the Medical and Veterinary Market Requirements area and criteria 2, 3, and 4 in the Dental Market Requirements area may cause problems when the BRAC Commission reviews your analysis. The BRAC process is designed to assess the military value of facilities or groups of facilities that perform certain functions. This assessment helps guide the process that leads to facility closure and realignment recommendations. For each function within the purview of your group (Medical, Dental, and Veterinary Services; Education and Training; and Research, Development, and Acquisition), the report should present a plan for assessing the military value of facilities that perform those functions. Furthermore, that plan must ensure that each function is evaluated against each of the four military value criteria.

At your briefing, the ISG members urged your group to ensure that your report explicitly address the core mission of providing medical and dental services to the warfighter and the way that your military value approach captures this mission. Your final report should also clearly describe the role of Deployable Force Sizing in the military value analysis.

The military value report is a critical document for the process. It should be a stand-alone document that someone unfamiliar with the detailed deliberations can understand. The report should clearly show how MJCSG functions are evaluated using the military value approach of weighting criteria, attributes, metrics, and questions. Although the report contains numerous tables in the appendices, it is not always clear how the metrics and associated questions will be scored and how the scores relate to the weights assigned to the metrics, attributes, and criteria. The MJCSG should consider adding summary tables similar to those used in your briefing to the ISG on February 19, 2004 to enable the reader to move from the text in the body of the report to the appendices. The MJCSG should also carefully review the explanations for how scores will be assigned to answers for questions. It is not always clear how the questions will be scored and how the scores will translate into the weights assigned to the metrics. Finally, in those cases where capacity questions will be used, the MJCSG should repeat the text and format of those questions to enhance the stand alone nature of the report. Clearly identify which questions are from the Capacity Data Call.

The inclusion of the Veterinary Market function in the report at this stage of the process is problematic. Neither your initial report describing your functions, which was subsequently approved by the Secretary, nor your Capacity Report discuss Veterinary

Market functions. Moreover, only question (DoD #540) in the Capacity Data Call addresses veterinary services and it is simply a yes/no question about whether or not an activity provides veterinary services. It appears that the MJCSG will have to ask both additional capacity and military value questions to analyze this function completely. Given this process concern and the fact that the Veterinary Market function is small relative to the overall MJCSG, you should consider not evaluating this function.

The MJCSG reported that it used a sensitivity analysis to estimate the potential degree of variability in military value produced through the military value construct. The report should state that the data used for this analysis was not certified and that the data was used only to validate the military value construct.

In whatever final approach the MJCSG uses for assessing the Medical, Dental, and Veterinary Market areas, the MJCSG may want to consider evaluating Medical and Dental Market requirements in a consistent manner. Currently 100% of the weight for the Dental Market is placed within the mission criteria. In comparison, the Medical and Veterinary Market sections place 35% and 30% of the military value weights, respectively, on the cost criteria. While dental care is provided specifically for the active duty population and is an element of readiness, it is not clear whether civilian care is being considered as a viable option for some in-garrison dental care, since civilian capacity is one of the two dental market attributes described. Thus, it is not clear why the cost criterion is not weighted in the Dental Market.

Your final report should include a complete set of questions your JCSG will need to support the military value scoring plans. The questions should also clearly distinguish between those questions that have already been asked in the first data call and those that will be included in the next data call. Each JCSG will also be required to review the totality of its questions to ensure redundant questions (questions that will result in the same response) are eliminated. Additionally, the second data call will provide an opportunity to include questions to support your capacity analysis that were either omitted in the first data call or, based on what you have learned through feedback from the query process, clarify existing questions to ensure data received is consistent with your capacity analysis framework. These additional capacity-related questions should be included in a new section to your report.

As was done for the first data call, an Input Question Tool (IQT) will be provided to each JCSG through the Data Standardization Team (DST). Each JCSG and Military Department is required to submit their final questions in this tool, with appropriate amplification and references, no later than seven days after submission of their final report. The DST will provide guidelines for inputting questions in this tool (e.g., tables are restricted to nine total columns, avoid submitting multiple questions in a single question, etc.). The DST review will vary from the one conducted for the first data call. The primary focus of this review will be on clarity, format (i.e., correct use of tables),

and, to a smaller extent, duplication. Merging questions across JCSGs and the Military Departments is not the intent of this review.

In reviewing other military value reports, we have noticed the use of various dates for defining the data input boundary (e.g., POM 06, FY 03, etc.). To ensure the data received is consistent for analysis, we will be issuing policy that will define the “cut off” dates that should be used in your analysis.

The February 12, 2004, Federal Register notice publishing the proposed final selection criteria makes a number of commitments related to how the Department will interpret and apply the final selection criteria. Please review this notice to determine if such commitments should be built into your military value approach.

### Specific Comments

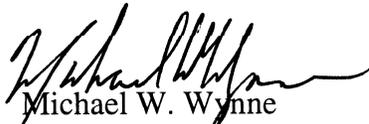
- 1) Update the report throughout to reflect the proposed final criteria published in the Federal Register on February 12, 2004.
- 2) Page 3, second paragraph, first sentence. Quality of life is important, but it is not necessarily the most important military value, as the phrase implies. Consider using a phrase other than “the utmost.”
- 3) Page 3, third paragraph, first sentence. To correct the grammar change “criteria” to “criteria”.
- 4) Page 3, third paragraph, second sentence. Refer to criteria 6 through 8 as “other considerations” rather than “impact criteria.”
- 5) Pages 7, 11, 19, 27. Unique capabilities. The report states that “A consequence of these assumptions is that the closure of any activity that is unique in its ability to train a particular element of the medical/dental ET mission, or provide unique capabilities in support of that mission, will have an immediate impact on the ability of the DoD to continue to meet the full spectrum of mission requirements.”

The statement seems to indicate that closure is not possible for a facility with a “unique” capability. This may not be a valid assumption. While it may be important to retain a “unique” capability, it may not be clear that such capability can be performed only at its current location. Consider revising this portion of the report along the following lines: “A consequence of these assumptions is that the closure of any activity and the relocation of its unique training or other mission must be executed so as to preclude an immediate disruptive impact.”

- 6) Pages. 10, 13, 15, 17, 23. Clarify the distinction between “weights per se” and “contribution.” If they are meant to capture the same concept, consider using consistent terms. On the other hand, if they refer to distinct concepts, clearly explain the difference to avoid confusion.
- 7) In Appendix A, the Metric – Student Enrichment to MHS is associated with questions asking “Would the level of services offered at your treatment facility decrease if graduate education programs were eliminated from your facility?” Consider the possibility that all or very few activities will answer yes to the question, and therefore this may provide little differentiation. Rather than using a yes/no question, consider using a scaled question which would allow the responses to be calculated in a linear manner to allow a measure of differentiation between the respondents. Throughout the report, carefully limit any questions that appear to be subjective. The scores of answers to subjective questions have the potential to weaken the analysis.
- 8) Page A-15 and on. Max Scores: It is not clear whether the MJCSG will normalize all scores and how the maximum is derived. The final report should clarify the scoring process.
- 9) Page A-16. Carefully consider whether any facility would answer “no” to this question. Also, this question seems subjective (see comment 7 above).
- 10) Appendix B. The Eligible Population metric questions should total to 100.
- 11) Page C-16. Only one facility may exceed 70% in any area, and, for some capability domains, no facility will exceed 70%. This metric may not have enough variability to discriminate among facilities.
- 12) Page C-18. Both of the metrics are based on a facility’s self-report of “ability to support” an S&T core competency or advanced development/acquisition core competency. A facility may believe that it can support all competencies with sufficient resources. Also, this question seems subjective (see comment 7 above).
- 13) Evaluate whether “ability to support” is well defined, or use a term such as “are supported.” Also, this question seems subjective (see comment 7 above).
- 14) In Appendix D, page D-24. The table appears to be labeled incorrectly. It should read “Formulas for Calculation of Medical/Dental Infrastructure Military Value Metrics.”
- 15) Page D-9. Class VIII (Blood). Please define the term population to ensure consistent answers.

- 16) Page D-24. The formula does not seem to provide the insight suggested. It is not clear why dividing a weighted sum of medical facility sizes by the total installation size yields a facility condition score.
- 17) Page D-26. It is not clear whether the unique question was used in the capacity data call or is a new question. If it is a new question, define the term “unique medical facility” and consider whether the MJCSG will be able to assess uniqueness based on self-reported responses.

If you have any questions regarding these comments, please contact Peter Potochney, OSD Director Base Realignment and Closure, at 614-5356



Michael W. Wynne  
Acting USD (Acquisition, Technology & Logistics)  
Chairman, Infrastructure Steering Group

Attachments: As stated

cc: Military Department BRAC Deputy Assistant Secretaries



**DEPARTMENT OF THE ARMY**  
**OFFICE OF ASSISTANT SECRETARY**  
**INSTALLATIONS AND ENVIRONMENT**  
**110 ARMY PENTAGON**  
**WASHINGTON DC 20310-0110**

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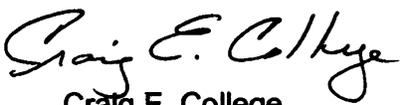
26 February 2004

MEMORANDUM FOR Mr. Peter Potochney, Director, BRAC Office, OUSD (AT&L)

SUBJECT: Medical JCSG Military Value Analysis Report and ISG Briefing

1. I appreciate the opportunity to review the draft Military Value (MV) Analysis Report. In general, we found the report sufficiently detailed to understand the framework and work-breakdown structure; the approach is generally sound with minor technical issues to fix.
2. We have concern about using a function entitled infrastructure. This seems to be too tightly correlated with Criterion 2. We also are concerned with assigning Criteria 2 and 3 weights of "0". We request that the Medical JCSG considers infusing infrastructure into other functions rather than treating it separately. Without additional justification, the Army expects the "0" weights to be abolished to eliminate a possible violation of selection criteria.
3. The Medical JCSG reports using a sensitivity analysis to estimate the potential degree of variability and its ability to differentiate activities from one another. We request that your report make clear that this data was notional and not certified, so that it is clear that the scoring plan was not biased through the use of actual data.
4. Before we concur with the final report, we will need to review the final and complete list of questions and data elements that will be included by the MJCSG in Data Call #2. We are also attaching a few specific comments on the approach for review and action.
5. TABS looks forward to continuing to work with the MJCSG on MV and other efforts.

Encl  
as

  
Craig E. College  
Deputy Assistant Secretary of the Army  
(Infrastructure Analysis)

CF:  
VCSA  
ASA (I&E)  
MG Farmer, Army Rep, Medical JCSG

## Specific Comments

Several concepts in the report are insufficiently clear to gather data that will be useful to MJCSG. For example:

p. 3. Selection Criteria: Please update the definitions of Criteria 1 through 4 to reflect those used in the Final Selection Criteria from the 12 February Federal Register. The current wording appears to reflect an earlier set of definitions.

p. 7, 11, 19, 27. Unique capabilities. “A consequence of these assumptions is that the closure of any activity that is unique in its ability to train a particular element of the medical/dental ET mission, or provide unique capabilities in support of that mission, will have an immediate impact on the ability of the DoD to continue to meet the full spectrum of mission requirements.” The statement seems to indicate that closure is not possible for a facility with a unique capability. This is untrue, as the capability may need to be preserved but could be better accomplished elsewhere. The transition would have to be executed carefully to preclude “an immediate [disruptive] impact. A better statement for the report would be, “A consequence of these assumptions is that the closure of any activity and the relocation of its unique training or other mission must be executed so as to preclude an immediate disruptive impact...”

p. 10, 13, 15, 17, 23. Weight vs. Contribution: We fail to understand the distinction made between “weights per se” and “contribution.” We recommend that you call them weight -- as do all other JCSGs and the services -- rather than create a difference in language that may confuse the Commission or the Congress.

p. 14. Dental Market. Because dental care is a benefit only for active duty members, only active duty populations will be considered. How is the family member considered?

p. A-15 and on. Max Scores: The max score for Attribute 1, Metric 1 is infinity, the min score is 1. Attribute 2, Metric 1’s max score is 1, the min score is 0. How do you normalize these (and other) metrics? For your weighting scheme to work, all max scores for each weighted metric or attribute must be the same. TJCSG is using 1, Army is using 10, others are using 100. Will you normalize all scores? If so, that process must be described in your report.

p. A-16. We fail to see how any facility would answer No to this question. Don’t all facilities enhance the care they provide because of the presence of training programs? Why would an MTF answer otherwise?

p. B-1/2. Quality of Life. “The MJCSG believes that in addition to operational readiness, quality of life for members of our armed services and their beneficiaries, is of the utmost importance, and thus translates into high military value.” We believe that operational readiness is of utmost importance and that quality of life is an important supporting factor. Do the weights given to quality of life factors support this priority?

p. C-16. How variable is the  $U_m$  metric? Only 1 facility (by definition) can exceed 70% in any area, and often no facility will exceed 70%. This metric does not appear to have enough variability to assist in discriminating among facilities.

p. C-18. Both of the metrics are based on a facility's self-report of "ability to support" an S&T core competency or an AD/ACC. Is "ability to support" well defined? Can't a facility support them all with sufficient resources? Is it better to ask for those that are supported? Or perhaps to better define conditions under which to report an ability to support?

p. D-9. Class VIII (Blood). Define population. Does it consider family members, civilian government workers, students/trainees, etc.? Does it consider the population that cannot give blood due to inoculations or other factors that prevent donating? Are there off-post capabilities? How do we define this question to get commensurate data from the field?

p. D-24. This formula does not seem to provide the insight that is suggested. What FCI is being used? What is its range? Why does dividing a weighted sum of medical facility sizes by the total installation size make sense?

p. D-26. Define a "unique medical facility." Facility or equipment or capability or what is intended? How will the question be phrased?



DEPARTMENT OF THE NAVY  
OFFICE OF THE ASSISTANT SECRETARY  
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1000 NAVY PENTAGON  
WASHINGTON, D.C. 20350-1000

26 February 2004

MEMORANDUM FOR DIRECTOR, BASE REALIGNMENT AND CLOSURE

SUBJECT: DON comments on the Medical Joint Cross-Service Group Military Value Report

We have conducted a detailed review of the draft Medical Joint Cross-Service Group Military Value Report, and provide the following recommendations to make the written report a more complete product.

Major Concern:

1. Military Value is currently being measured in the report by the following subgroups – Education and Training, Market, RD&A, and Infrastructure. These subgroups do not easily lend themselves to analysis in the BRAC process. As a specific example, Infrastructure is an input, not a product or a function, and might be more appropriately rolled into each of the other sub-group functions. For example, once combined with Infrastructure, Medical/Dental Market Requirements may be more appropriately entitled Medical/Dental Services. We understand the MJCSG is aware of this issue and is working on a solution. Related to this issue are the following:

- Medical and Dental Market Requirements should be evaluated in a consistent manner. Currently 100% of the weight for the Dental Market is placed within the mission criteria. In comparison, the Medical and Veterinary Market sections place 35% and 30% of the Military Value weights on the cost criteria, respectively. While dental care is provided specifically for the active duty population and is an element of readiness, it is not clear that civilian care is not a viable option for some in-garrison dental care, particularly because “civilian capacity” is one of the two dental market attributes described. Thus, it is not clear why the cost criteria is not weighted in the Dental Market.
- While the Military Value Report details the military value of the Veterinary Market, the only question (DoD #540) in the Capacity Data Call is a yes/no question about whether or not an activity provides veterinary support. From a modeling standpoint, this will make it difficult to define what veterinary services can be closed or realigned based on military value if no measures of capacity and requirements are available. If the Military Value of the Veterinary Market is to be defined, additional capacity/requirements concerning veterinary support appear appropriate.

Specific Recommendations:

1. In Appendix A, the Metric – Student Enrichment to MHS is associated with questions asking “Would the level of services offered at your treatment facility decrease if graduate education programs were eliminated from your facility?” It is reasonable to assume all activities will answer

yes to the question, which will not provide a significant level of differentiation in the model. Additionally, these questions could be criticized as subjective, particularly because the weight of the question is greater than the other questions in this metric. Rather than a yes/no answer, a scaled question allowing the responses to be calculated in a linear manner should be utilized to allow a measure of differentiation between the respondents.

2. In Appendix B, the Eligible Population metric questions should total to 100.

3. In Appendix D, the Infrastructure sub-group did not list the specific capacity data element to be used. While the report indicates that the information is contained in the Capacity Data Call, for purposes of documenting the scoring plan for military value, the specific question should be identified.

- Attribute – physical capacity and condition
  - Metric – equipment (Pages D-5, D-13, and D-21)
    - Probable Capacity Data Element – equipment condition?
- Attribute – throughput
  - Metric – exam rooms (Page D-10)
    - Probable Capacity Data Element – number of exams per provider?
- Attribute – operational/mission responsiveness
  - Metric – contingency beds (Page D-17)
    - Probable Capacity Data Element – number of contingency beds?

4. In Appendix D, Page D-24, the table appears to be labeled incorrectly. It should read *Formulas for Calculation of Medical/Dental Infrastructure Military Value Metrics*. Additionally, the Medical/Dental Infrastructure sub-group is the only sub-group that outlines the scoring of each activity based on the answers to the questions. For example, an installation with a FCI between 0-0:050 will be assigned a score of 1.0. It is unclear how the other sub-groups will assign scores. While it can be inferred that the answers to the questions and the actual points for that question will be calculated in a linear manner, it needs to be clear in the report to minimize confusion.

5. The report should be revised to make more clear that the sensitivity analysis performed in each subgroup was based on notional information derived from professional experience, in lieu of a combination of “in-house data sources” and “general knowledge regarding each activity.” We understand the process used was a method to validate question/attribute scoring to ensure appropriate weighting and sufficient differentiation, rather than actual data analysis.

My office stands ready to further clarify these issues and assist in the implementation of the recommendations as necessary.



Anne Rathmell Davis  
Deputy Assistant Secretary of the Navy  
Infrastructure Strategy and Analysis



DEPARTMENT OF THE AIR FORCE  
WASHINGTON DC

OFFICE OF THE ASSISTANT SECRETARY

MAR 04 2004

MEMORANDUM FOR CHAIRMAN, INFRASTRUCTURE STEERING GROUP (ISG)

SUBJECT: Commentary on Medical Joint Cross Service Group (JCSG) Military Value Analysis Report

References: (a) OSD-ATL/BRAC 19 Feb 04 e-mail; Review and Approval of JCSG Military Value Report  
(b) Medical JCSG Military Value Analysis Report

We are providing our initial comments on reference b per ISG guidance; further comments may be provided later. Before discussion of these comments, we have identified several cross-cutter issues that we believe affect more than one of the JCSGs.

a. Lack of Military Imperatives. JCSG reports lack clearly articulated military imperatives and/or guiding principles. Absent these, there is no "bounding" of the JCSGs functions substantiating the reason for their existence, i.e., military requirement.

b. Confusion between capacity and military value. There is confusion between capacity and military value and a tendency to define military value in terms of what the infrastructure could support efficiently (capacity-based) versus a capability assessment. Military value should be defined in terms of tangible improvement in operational capability effectiveness through an efficient combination of functions (mission-value based) and not be limited by infrastructure.

c. Military Value Analysis. Each of the JCSG discussions of military value should include the following: the fact that their military value determinations should be based upon DoD military requirements, that a primary task to the JCSG is to determine where joint consolidation or restructuring can either add tangible military value to the Services or provide the same military value at a tangible net savings, and that JCSG will provide military value recommendations (or when driven by imperatives, basing recommendations) to the Services for incorporation to the overall Service-wide recommendations. Military value weighting schemes for JCSGs should indicate how the schemes would produce the above deliverables.

d. Selection Criteria Interpretation. The Federal Register Notice of 12 Feb 04 makes a number of "promises" related to how we will interpret and apply the final selection criteria. Also, each Service and JCSG is interpreting the Selection Criteria to facilitate its analysis. How can the ISG be reasonably assured that these interpretations are compatible? Without a sufficient and consistent methodology to match requirements to capability, military value remains undefined.

e. Attributes. Each Service and JCSG uses different descriptions of attributes that comprise military value; one JCSG has a different attribute set for each of its subgroups. We recognize the attribute "buckets" cannot be fully congruent, but in several instances, the same attribute is described in several different ways. As this may prove problematic later in the BRAC process as we make comparisons and tradeoffs between and among Services and JCSGs, we recommend that the attributes be more standardized. Here's a proposed strawman:

- Installation mission infrastructure ... e.g., in the case of the AF, things like runway and ramp and space launch
- Installation combat service support infrastructure ... e.g., in the case of the AF, mobilization and base operations
- Production and throughput ... e.g., sorties or students
- Installation physical maneuver space ... e.g., in the case of the AF, airspace
- Installation non-physical maneuver space ... e.g., in the case of the AF, electromagnetic spectrum and bandwidth
- Ranges ... land, sea, air
- Beneficial Relationships/Synergy ... operational, professional, joint/interagency
- Geographical/Environmental Factors ... e.g., encroachment, weather, topography, proximity to mission and joint operations

f. Terminology. We need to achieve a common understanding of the terms we're using, to include imperative, principle, military value, attribute names, and synergy.

g. Ensure that MilVal questions in no way duplicate those in the capacity data call.

h. Facility Conditions. The various Joint Cross Service Groups are using different methods and approaches to assess the condition of facilities on DoD installations. Therefore, there needs to be a consistent approach across all Joint Cross Service Groups to assess the condition of facilities.

You'll find the remainder of our comments attached. Headquarters AF POC is Ms. Roxanna E. Zamora, SAF/IEBJ, 693-0221.

  
MICHAEL A. AIMONE, PE  
Deputy Assistant Secretary  
(Basing & Infrastructure Analysis)

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Attachment:  
Additional AF Medical JCSG Military Value  
Analysis Report Comments

cc:  
DASA (IA)  
DASN IS&A  
AF/SG (Chair, Medical JCSG)  
AF/SG (AF Medical JCSG Principal)  
AF/CV  
SAF/IE

## AF Comment to the Medical JCSG MV Report

1. Page 2, last paragraph, add to the end of the first sentence “to meet the military requirements of the Services”. Reason: clarity.
2. Page 3, end of second line, add “A primary task to the JCSG is to determine where joint consolidation of medical missions/activities can add tangible military value to the Services or provide the same military value at tangible savings”. Reason: completeness.
3. Page 3, first paragraph, last sentence, substitute “and” with comma and add to end of sentence “and provide recommendations that the Services can incorporate into the overall Service-wide recommendations”. Reason: clarity.
4. Page 3, second paragraph, first sentence, substitute “the utmost” with “high”. Reason: QOL is not of the most extreme (definition of “utmost”) importance.
5. Page 3, second paragraph, first sentence, delete “high”. Reason: not quantified in weighting.
6. Page 3, title “DOD INTERIM SELECTION CRITERIA 1-4”, delete “interim”. Reason: accuracy.
7. Page 3, third paragraph, first sentence, substitute “criteria” with “criteria”. Reason: grammar.
8. Page 3, third paragraph, second sentence, substitute “Impact Criteria” with “other considerations”. Reason: accuracy.
9. Page 3, last sentence, add Cost “of operations” and manpower implications. Reason: accuracy.
10. Page 4, first paragraph, comment: recommend the study outline those military requirements the medical force is to achieve or briefly describe the military principles that apply.
11. Page 4, second paragraph, last sentence, substitute “warfighting operations” with “operational requirements”. Reason: completeness, may be peacetime or wartime.
12. Page 5, last two paragraphs, delete and replace with medical force principles:
  - The DoD requires # G-force simulators.
  - The medical force requires continuous practice to maintain required skills; therefore, patient demographics directly affect positioning of the medical force.
  - Active duty (AD) AF members and families enrolled in AF facilities should receive their primary medical care from AD providers; for other care, civilianize to extent practicable.
  - There is not a strong military value correlation between military training activities and geographical location.

- Recommend including the assumptions as medical force principles if they are military value determinants. Reason: clearly lays out guiding principles.
- 13. Page 6, comment: is there a medical force principle that applies to what or how much medical force capability can be civilianized?
- 14. Page 8, regarding selection criteria and attributes, the attributes appear to refer more to capacity than either a) those military value attributes that would distinguish one base from another or b) those joint consolidations/restructures that would add value or tangibly reduce cost. Also, see cross-cutters regarding attributes.
- 15. Page 8, second bullet, comment: this reference to “location” would seem to contradict the statement-turned-principle at page 5, which plays down the correlation between location and military value.
- 16. Page 11, regarding the assumptions, recommend you state these as “medical force principles” if they are military value determinants.
- 17. Page 12, regarding the criteria and attributes, see cross-cutters regarding attributes.
- 18. Page 12, second bullet, should this be a principle?
- 19. Page 16, regarding the criteria and attributes, see cross-cutters regarding attributes.
- 20. Page 18, third bullet, recommend a medical force principle that states the level.
- 21. Page 19, top bullet, change “effect” to “affect”.
- 22. Page 19, top bullet, what is the purpose of this assumption? If we need a principle to keep this from happening, include it; but, if it doesn’t matter, delete the subsequent paragraph.
- 23. Page 20, regarding selection criteria and attributes, see cross-cutters regarding attributes.
- 24. Page 24, regarding the assumptions, express as principle where appropriate.
- 25. Page 26, regarding selection criteria and attributes, see cross-cutters regarding attributes.
- 26. Page 27, regarding the assumptions, express as principle where appropriate.
- 27. Page 28, first sentence, if this is true then recommend making it a principle. Medical force must have the capability to meet its expeditionary/deployment requirements with organic force structures, to include Reserve Components.