DCN 1106

373

MILITARY VALUE ANALYSIS: DATA CALL WORKSHEET FOR: MEDICAL FACILITY:NAVHOSPCHASN_____

ACTIVITY UIC:68084_____

Category.....Personnel Support
Sub-category.....Medical
Types.....Clinics, Hospitals, Medical Centers

April 4, 1994

**********If any responses are classified, attach separate classified annex**********

TABLE OF CONTENTS

Mission Requirements
1. Mission 3
2. Customer Base 4
3. Workload 5
4. Projected Workload 6
5. Medical Support 7
6. Graduate Medical Education 8,9

Facilities
7. Facilities Description 10,11,12,13,14,15

Location
8. Geographic Location 16
9. Manpower and Recruiting Issues 16

Features and Capabilities
10. Capabilities 17,18,19,20
11. Mobilization 21
12. Non Availability Statements 22
13. Supplemental Care 22
14. Costs 23,24,25
15. Quality of Life 26

MISSION REQUIREMENTS

1. Mission Statement. State the mission of your medical facility in sufficient detail so that it can be distinguished from other medical facilities.

The primary mission of the Naval Hospital Charleston and its branch clinics is to support active duty combat readiness at the Naval Station, Shipyard, Naval Weapon Station, and the Charleston Air Force Base. The hospital operates within a family practice model including empanelment of the maximum number of beneficiaries, utilizing primary care providers at the core hospital and branch clinics. A Family Practice Residency Program is in existence until summer 1994. A catchment area management demonstration project (CAMCHAS) at this facility is tasked with containing the inflation rate of CHAMPUS while maximizing access to care for our beneficiaries through a health care finders program and a discount provider network in the civilian community. There is also a cost-effective home health program to treat CHAMPUS beneficiaries with exceptionally serious,long term, costly, and incapacitating health conditions as an alternative to hospitalization. The outyear mission is to provide quality health care services to the remaining beneficiaries using the TRICARE model.

2. Customer Base. In the table below, identify your active duty customers. Include both Naval and non-Naval active duty components. Begin with the largest activity and work down to the smallest. Include the customer Unit Identification Code (UIC).

SHORE TENANT LISTING

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
SIMA	52903	CHASN, SC	900
NAVAL STATION	61165	"	373
SUBTRAFAC	42110	"	242
TRANSIENT PERSONNEL UNIT/OTHER	31998	"	232
FMWTC	42140	"	165
COMBAT SYS TRN GROUP	43068	"	81
NAVAL DENTAL CENTER	65999	"	74
MOBILE MINE ASSY GROUP 11	54000	"	72
PMOLANT (NON-BRAC)	00446	"	69
FLT TECH SUPP CNTR DET	0037A	"	67
SUB GROUP 6	55424	"	65
SUB SQUADRON 4	55729	"	60
NAVAL SHIPYARD	00191	"	59
NAV TEL COMMUNICATION CTR	33254	"	58
DESTROYER SQUADRON 4	0113A	"	57
CRUISER DESTROYER GRP 2	55771	"	56
NAVAL SHIPYARD STUDENTS IMANPY	45587	"	52
PSD	43348	"	50
COMOMAG	30196	"	48
CONSTR BATTLION UNIT 412	66672	"	45
TRANSIENT PERSONNEL UNIT	44384	"	42
NAV SECURITY GROUP ECCM	45074	"	41

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BUMED-822, MSL
1 Jun 94

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
REDCOM 7	68356	CHASN, SC	36
NAVSURF SEMMES PMT	42821	"	36
NAVSURFLANT READSUPP GRU	35324	"	35
SECURITY NAVSTA	47130	"	32
NAVY BAND DC	64373	"	32
COMOMAG MINE RECOVERY DP	55535	"	31
NAVAL LEGAL SERV	68364	"	28
NAV SECR GROUP ACTY EAST	33385	"	28
SUB GROUP 6 OTHER	41735	"	25
SUB SQUADRON 4	44293	"	25
AFLTRAGRULANT ETG DET	52864	"	23
SMMS PERF MONITOR TEAM	44973	"	22
FMWTC	62603	"	21
RESERVE READINESS CTR	61911	"	21
FISC	00612	"	20
COMNAVBASE	61466	"	20
SUBTRAFAC	63322	"	19
DEFENSE COMMISSARY AGENCY	49181	"	19
CRAFT OF OPP MINE SQUAD 22	55222	"	15
DESTROYER SQUADRON 20	0129A	"	14
MARINE CORPS RESRV TRAINING	M14550	"	12
ARMY VET TEAM	W2MJ12	"	12

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
PMOLANT (NON-BRAC)	44934	CHASN, SC	8
CNB CAAC/NADSAP	47127	"	7
NAVY FOOD MGMT TEAM	30042	"	7
DOE REACTRO CHASN	44618	"	7
SUB GROUP SIX INTACT SP	66701	"	6
NAVRESERVE SEC GRP PRG	47981	"	6
DDCS	49362	"	6
SOUTHNAVFACENG ROICC	62467	"	5
LOGISTICS SYS BUSN ACTY	0069A	"	5
COMBAT SYS TRN GROUP DET - ADMIN	43671	"	4
RESRV NAVCONSTR FORCE ATL	68514	"	4
SUB GROUP 6 - TCT COM	41669	"	3
SUB GROUP 6 - OP AREA	42198	"	3
SUPSHIP	62673	"	3
SHIPS STORE ASST FAST TEAM	68148	"	3
CNB PASO	66991	"	2
NAV CRIM INVEST SERV	39376	"	2
NAVMARINE TRIAL JUDGE	32940	"	2
NJROTC AREA SIX	35106	"	2
NAV SECR GRP ACTY CSS	30989	"	2
NAVY RESERVE RECRUIT	47766	"	2
CNB FAMILY SERVICES	48664	"	1

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
CRUISER DESTROYER GRP 2 - SCAT	42600	CHASN, SC	1
NAVY EXCHANGE	39227	"	1
NAVY CAMPUS ED CTR	49307	"	1
NAVY RECRUIT DET YOUTH PRG	44163	"	1
RES CARGO HANDL BATTL FOUR	81124	"	1
FMWTC	44611	"	1
PROC DEV PRGM COMPONENT	35639	"	1
DISO-IPC	H98267	"	1

ACTIVE FLEET TENANT LISTING

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
AS 40 MSC	45255	CHASN, SC	871
AS 40 CABLE	20865	"	564
CG 20 TURNER	52691	"	415
AE 34 MOUNT BAKER	20115	"	403
AE 28 SANTA BARBARA	20111	"	393
DD 983 RODGERS	20615	"	360
DD 989 DEYO	20836	"	352
DD 987 O'BANNON	20834	"	348
DD 988 THORN	20835	"	341
DD 982 NICHOLSON	20614	"	336
DD 980 MOOSBRUGGER	20612	"	334
SSBN 658 VALLEJO	30170	"	294
SSBN 634 JACKSON	30145	"	294
SSBN 641 BOLIVAR	30152	"	294
FFG 22 FAHRION	20975	"	260
FFG 13 MORRISON	20966	"	258
FFG 45 DE WERT	21197	"	214
FFG 50 TAYLOR	21231	"	214
FFG 55 ELROD	21236	"	214
FFG 47 NICHOLAS	21199	"	214
FFG 52 CARR	21233	"	214

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
FFG 40 HALYBURTON	21107	CHASN, SC	214
FFG 49 BRADLEY	21201	"	214
FFG 42 KLAKRING	21109	"	214
FFG 53 HAWES	21234	"	214
ASR 22 ORTOLAN	20144	"	201
ARDM 2 ALAMAGORDO	05376	"	194
SSN 674 TREPANG	05155	"	144
SSN 660 SANDLANCE	05141	"	144
SSN 671 NARWHAL	05146	"	144
SSN 646 GRAYLING	05133	"	144
SSN 669 SEAHORSE	05151	"	144
SSN 681 BATFISH	20044	"	144
SSN 676 BILLFISH	05724	"	144
SSN 675 BLUEFISH	05723	"	144
SSN 686 RIVERS	20350	"	144
SSN 624 WILSON	30087	"	112
AS 40 SC	45244	"	51
MHC 51 OSPREY	21836	"	44

TENANTS TO REMAIN POST-CLOSURE

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
NAVHOSP	68084	CHASN, SC	481
MOBIL MINE ASSY GRP DET 11	54000	"	65
NISE EAST		"	46
NAVHOSP DMEDS	46882	"	36
REDCOM 7	68356	"	36
NAVHOSP FP TRAINING	48457	"	34
COMOMA (MINE RECOVERY)	55535	"	31
STUDENT EEAP TRI TECH	43984	"	25
RESERVE READINESS CTR	61911	"	21
COOPMINERON 22	55222	"	15
STUDENT ECP CITADEL	46567	"	15
NAVAL DENTAL CTR	65999	"	12
MARINE RESERVE CTR	M14550	"	12
SOUTHNAVFACENG	62467	"	11
NROTC CITADEL	66612	"	10
NAV DENTAL CENTER	65999	"	10
NAVAL LEGAL SERV	68364	"	9
NTCC	33254	"	9
ARMY VET TEAM	W2MJ12	"	9
STUDENT MECP USC	47953	"	5
SOUTHDIV ROICC	62467	"	5
STUDENT EEAP CHAS SU	49059	"	4
ARMY VET TEAM	W2MJ12	"	3
STUDENT EEAP COL CHAS	48326	"	3

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
STUDENT BAPTIST COLL	45348	CHASN, SC	3
NJROTC AREA SIX	35106	"	2
NAVAL RESERVE RECRUIT	47766	"	2
STUDENT MED TECH	43321	"	2
SUPSHIP	62673	"	2
DEFCURSTA CHASN	47474	"	2
STUDENT EEAP MED USC	48568	"	2
NAV CRIM INVEST SERV	39276	"	1
FISC	00612	"	1
RES CARGE HANDL BATTL FOUR	81124	"	1
INSERV TRNG NAVHOSP	31035	"	1
DCOUNSELOR CHASN	43616	"	1
STUDENT CDP CITADEL	44004	"	1
STUDENT EEAP J&W COL	46340	"	1
STUDENT EEAP LIMESTONE	48768	"	1

BRAC DATA CALL #27 QUESTION 3

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS SUPPORTED.

3. Workload. Identify your FY 1994 workload (this should include both completed and projected workload through the end of the Fiscal Year) as indicated in the table below by beneficiary type. Use the same categorization and definitions as that used in the MEPRS Manual (DoD 6010.13-M).

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	1574 (2)	57,648	3.35	162.26
ACTIVE DUTY NON N/MC	436 (2)	11,534	2.61	32.89
TOTAL ACTIVE DUTY	2010	69,1821	[redacted]	195.05
FAMILY OF AD	3108	118,106	2.35	332.10
RETIRED AND FAMILY MEMBERS UNDER 65	1320	50,553	4.24	142.12
RETIRED AND FAMILY MEMBERS OVER 65	667	22,501	4.25	63.48
OTHER	26	966	2.23	2.72
TOTAL	7140	261,308	[redacted]	735.48

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BUMED MED 825 GSA 9/28/94

What is your occupancy rate for FY 1994 to date? _69.3%____

(1) FIGURES DERIVED BY TAKING OCT-MARCH FY 94 WORKLOAD & MULTIPLYING BY 2.
(2) UNABLE TO OBTAIN ACTUAL FIGURES BECAUSE OF ICU WORKLOAD BEING COUNTED AS ADMISSIONS IN CHCS. AMOUNTS DERIVED BY MULTIPLYING ACTUAL TOTAL ACTIVE DUTY ADMISSIONS BY PERCENTAGE OF N/MC TO TOTAL ACTIVE DUTY REPORTED

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BUMED MED 825 GSA 9/28/94

ENCLOSURE(1)

Revised pg

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS SUPPORTED.

Question 3 - Workload. Identify your FY 1994 workload (this should include both completed and projected workload through the end of the Fiscal Year) as indicated in the table below by beneficiary type. Use the same categorization and definitions as that used in the MEPRS Manual (DOD 6010.13-M).

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS
ACTIVE DUTY N/MC	1574 (2)	57,648
ACTIVE DUTY NON N/MC	436 (2)	11,534
TOTAL ACTIVE DUTY	2010	69,182
FAMILY OF AD	3108	118,106
RETIRED AND FAMILY MEMBERS UNDER 65	1329	50553
RETIRED AND FAMILY MEMBERS OVER 65	667	22,501
OTHER	26	966
TOTAL	7140	261,308

What is your occupancy rate for FY 1994 to date? _69.3%____

(1) FIGURES DERIVED BY TAKING OCT-MARCH FY 94 WORKLOAD & MULTIPLYING BY 2.

(2) UNABLE TO OBTAIN ACTUAL FIGURES BECAUSE OF ICU WORKLOAD BEING COUNTED AS ADMISSIONS IN CHCS. AMOUNTS DERIVED BY MULTIPLYING ACTUAL TOTAL ACTIVE DUTY ADMISSIONS BY PERCENTAGE OF N/MC TO TOTAL ACTIVE DUTY REPORTED

(3) AVG LOS FOR HOSPITAL IS NOT BROKEN DOWN BY TYPE; TOTAL AVG ALOS IS 3.7 DAYS

(4) AVG DAILY PATIENT LOAD IS NOT BROKEN DOWN BY TYPE; TOTAL ADPL IS 62.4

ENCLOSURE(1)

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS SUPPORTED. ONLY USE

3. Workload. Identify your FY 1994 workload (this should include both completed and projected workload through the end of the Fiscal Year) as indicated in the table below by beneficiary type. Use the same categorization and definitions as that used in the MEPRS Manual (DoD 6010.13-M).

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY(3)
ACTIVE DUTY N/MC	1574 (2)	57,648	
ACTIVE DUTY NON N/MC	436 (2)	11,534	
TOTAL ACTIVE DUTY	2010	69,182	
FAMILY OF AD	3108	118,106	
RETIRED AND FAMILY MEMBERS UNDER 65	1996	73,054	
RETIRED AND FAMILY MEMBERS OVER 65			
OTHER	26	966	
TOTAL	7140	261,308	

What is your occupancy rate for FY 1994 to date? _69.3%____

(1) FIGURES DERIVED BY TAKING OCT-MARCH FY 94 WORKLOAD & MULTIPLYING BY 2.

(2) UNABLE TO OBTAIN ACTUAL FIGURES BECAUSE OF ICU WORKLOAD BEING COUNTED AS ADMISSIONS IN CHCS. AMOUNTS DERIVED BY MULTIPLYING ACTUAL TOTAL ACTIVE DUTY ADMISSIONS BY PERCENTAGE OF N/MC TO TOTAL ACTIVE DUTY REPORTED

(3) AVG LOS FOR HOSPITAL IS NOT BROKEN DOWN BY TYPE; TOTAL AVG ALOS IS 3.7 DAYS

(4) AVG DAILY PATIENT LOAD IS NOT BROKEN DOWN BY TYPE; TOTAL ADPL IS 62.4

4. Projected Workload. Complete the following tables for your projected workload. Please show and develop any assumptions and calculations used to complete the table. Be sure to note any impact prior closure and realignment decisions have had on your facility. Please be sure to include any impact your participation in the managed care initiative (TRICARE), previous BRAC actions, and force structure reductions will have on your workload.

	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
OUTPAT. VISITS	258,512	170,903	---	---	---	---	---
ADMISS.	6,138	3,165	---	---	---	---	---

Please show all assumptions and calculations in the space below:
The assumption is that 287,715 outpatients and 7129 admissions will be seen in FY94 and that only 3/4 of these would be seen in 1995 due to the ACDU/DEP departure from the waterfront, the decrease in NAVHOSP providers due to Family Practice Residency closure, and the fact that it will be a 40 bed hospital beginning in FY95. FY96 and the outyears assumes a 40% decrease in catchment area population and 56% decrease in bed capacity.

5. Medical Support. Indicate in the table below all the medical support you provide that is not direct patient care, and identify the time spent providing such support (i.e. food service inspections, medical standby for physical fitness tests, flight operations, field training,rifle range, MWR support for sporting events, etc.).

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
DEPLOYED/MOBILIZED	75%	3
CAREER COUNSELOR	100%	2
RANDOM DRUG SCREEN TEAM	5%	5
PRT MONITORING	25%	3
FOOD SERVICE INSPECTION	1%	2

6. Graduate Medical Education. In the table provided, identify all the training programs (to include transitional internships and fellowships) at your facility and the numbers graduated per year. Also identify major non-physician training programs (such as OR nurse, nurse anesthetist, etc.). Be sure to take into account any planned program changes, and prior base closure and realignment decisions.

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
FAMILY PRACTICE RESIDENCY	~~1~~ 5	~~0~~ 2	0	0	0	0	0	0
O.R. NURSE PROGRAM	40	0	0	0	0	0	0	0
BUMED-822, MSL								
1 Jun 94								

* HOSPITAL WILL ASK FOR WITHDRAWAL OF FPR ACCREDITION BY JANUARY 1995; OR NURSE PROGRAM TO POSSIBLY MOVE TO JAX IN 1995

6a. Graduate Medical Education. Complete the following table for each Graduate Medical Education program that requires accreditation by the Accreditation Council for Graduate Medical Education (ACGME):

PROGRAM	STATUS[1]	CERT.[2]	COMMENTS[3]
FP RESIDENCY	**F**	**99.5%**	

[1] Use F for fully accredited, P for probation, and N for not accredited.
[2] List the percentage of program graduates that achieve board certification.
[3] Complete this section for all programs that you entered a P or N in the Status column. Indicate why the program is not fully accredited and when it is likely to become fully accredited.

FACILITIES

7. Facilities Description. Complete the following table for all buildings for which you maintain an inventory record. Use only one row for each building. Provide the 5 digit category code number (CCN) where possible. Do not include any buildings that would receive their own data calls (such as a Branch Medical Clinic):

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
51010	NH-1 MAIN HOSPITAL	363,738	21	SUBSTANDARD
72111	NH-2 BEQ	30,852	20	SUBSTANDARD
83210	NH-4 INCINERATOR BLDG	1,296	8	ADEQUATE
44110	NH- 68 WAREHOUSE	37,038	51	ADEQUATE

[1] Use refers to patient care, administration, laboratory, warehouse, power plant, etc.

[2] This should be based on NAVFACINST 11011.44E Shore Facilities Planning Manual and the condition recorded should be recorded as Adequate, Substandard, or Inadequate. Chapter 5 of NAVFACINST 11011.44E provides guidance on this scoring system.

7a. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

1. Facility Type/Code:
2. What makes it inadequate?
3. What use is being made of the facility?
4. What is the cost to upgrade the facility to substandard?
5. What other use could be made of the facility and at what cost?
6. Current improvement plans and programmed funding:
7. Has this facility condition resulted in "C3" or "C4" designation on your BASEREP?

7b. Capital Improvement Expenditures. List the project number, description, funding year, and value of the **capital improvements at your facility completed (beneficial occupancy) during 1988 to 1994**. Indicate if the capital improvement is a result fo BRAC realignments or closures.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
P-061	EMERGENCY ROOM EXPANSION & RELOCATION	89	813K
CER1-90	UROLOGY CLINIC RELOCATION	91	257K
CA1-90	HVAC IMPROVEMENTS	94	170K
R2-89	REPAIR OF HOSPITAL ELEVATOR SYSTEM		474K

7c. Planned Capital Improvements. List the project number, funding year, and value of the **non-BRAC related capital improvements planned** for years 1995 through 1997.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
R4-89	REPLACE EXTERIOR WINDOWS	94	1.47M
RC1-93	REPLACE LIQUID OXYGEN SYSTEM	95	124K
*P939	LIFE SAFETY UPGRADE	98	8M

* POSTPONED FROM FY95 TO FY98 DUE TO IMPENDING BRAC

7d. Planned Capital Improvements. List the project number, description, funding year, and value of the **BRAC related capital improvements planned** for 1995 through 1999.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
	N/A		

7e. Please complete the following Facility Condition Assessment Document (FCAD) DD Form 2407: Instructions follow the form.

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)				DD-H(A)1707	DMIS ID NO
1. FACILITY NAME NAVAL HOSPITAL CHARLESTON					
2. UIC68084	3. CATEGORY CODE		4. NO. OF BUILDINGS 4		
5. SIZE	A. GSF 440,274		B. NORMAL BEDS 90		C.DTRS
6. LOCATION	A. CITY CHARLESTON			B.STATE SC	
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	80	20		C15, D18	
(2) ADMINISTRATION	95	5		E03	
(3) CENTRAL STERILE SVCS.	95	5		E03	
(4) DENTAL	95	5		E03	
(5) EMERGENCY SVCS.	100				
(6) FOOD SERVICES	100				
(7) LABORATORIES	80	20		A12, B17, E03	
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	95	5		E03	
(10) LABOR-DEL-NURSERY	90	10		B12, E03	
(11) OUTPATIENT CLINICS	85	15		B12, B17	
(12) PHARMACY	95	5		B12, B17, E03	
(13) RADIOLOGY	85	15		B17, E03	
(14) SURGICAL SUITE	90	10		B17,E03	
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	90	10		A10, B12	
(B) HVAC	50	50		A01, A16, F01	
(C) PLUMBING	85	15		A02	
(D) ELECTRICAL SVCS.				C07, A15, A16	
(E) ELECTRICAL DISTRIBUTION	95	5		A16	
(F) EMERGENCY POWER	75	25		CO6,C07	

FORM INSTRUCTIONS

1. This form is not intended to be used as detailed engineering evaluation of the condition of the facilities. It is primarily designed to assist in assessing the adequacy and condition of Medical/Dental Facilities. Complete only one form for all of your facilities.

2. The Functions/Systems should be evaluated on a consolidated basis for the entire facility.

3. Not more than 4 deficiencies should be identified in the Deficiency Codes column for each item listed under the Function/System column.

4. Fill in N/A (not applicable) where certain Function/System is not present in the facility. For example, Inpatient Nursing Units and Labor-Delivery-Nursery are not applicable to Clinics.

5. Numbers under % Adequate, % Substandard, % Inadequate must total 100 for each function/System.

6. After completion, the form must be signed by the Commander/Commanding Officer/Officer-in-Charge of the facility.

7. Use DoD Standard Data Element Codes for State when entering codes in item 6.

DEFINITIONS

CATEGORY CODE - Facility Category Code is a numeric code used to identify a particular use of Military Department's real property for Hospital and other Medical Facilities usage (i.e., building, structure or utility). The first three digits of the code are a DoD standard (DoDI 4165.3); the fourth, fifth and sixth (if applicable) digits are added to provide more definitive categorization of the Military Department's facilities.

CONSTRUCTION TYPE - Type is either Permanent, Semi-permanent, or Temporary construction at the time building was built.

% ADEQUATE - Percent Adequate is the capacity of a facility or portion thereof, in percentage form, that is in adequate condition and associated with a designated function (USE). Adequate is defined as being capable of supporting the designated function without a need for capital improvements.

% SUBSTANDARD - Percent Substandard is the capacity of a facility or portion thereof, in percentage form, that is in substandard condition and associated with a designated function (USE). Substandard is defined as having deficiencies which prohibit of severely restrict, or will prohibit or severely restrict within the next five years due to expected deterioration , the use of a facility for its designated function. Substandard is further defined as having deficiencies which can be economically corrected by capital improvements and/or repairs.

% INADEQUATE - Percent Inadequate is the capacity of a facility of portion thereof, in percentage form, that is in inadequate condition and associated with a designated function (USE). Inadequate is defined as having deficiencies due to physical deterioration, functional inadequacy or hazardous location or situation which prohibit or severely restrict, or will prohibit or severely restrict within the next five years, the use of a facility for its designated function. Inadequate is further defined as having deficiencies which cannot be economically corrected to meet the requirements of the

designated function.

DEFICIENCY CODE - Code is a three character code indicating the type of deficiency existing in a facility or portion thereof that is in a substandard or inadequate condition and associated with a designated function (USE). The first character of the code indicates one of the six types of deficiencies. The next two characters specify the facility component(s) or related items which are deficient.

(1) Deficient Status of Condition Types - first character
- A - Physical Condition
- B - Functional or Space Criteria
- C - Design Criteria
- D - Location or Siting Criteria
- E - Nonexistence
- F - Total Obsolescence or Deterioration

(2) Facility Components or Related Items - last two characters
- 01 - Heating, Ventilating and Air Conditioning (HVAC)
- 02 - Plumbing Fixtures
- 03 - Fire Protection/Life Safety Code
- 04 - Medical Gases
- 05 - Lighting Fixtures
- 06 - Power Capacity
- 07 - Emergency Generators
- 08 - Communications
- 09 - Building or Structure (total)
- 10 - Seismic Design
- 11 - Roof/Ceiling
- 12 - Building Interior/Configuration
- 13 - Sound Proofing/Excessive Noise
- 14 - Compliance of Installation with Master Plan
- 15 - OSHA Deficiency
- 16 - JCAH Deficiency
- 17 - Functionality
- 18 - Site Location
- 19 - Mission of the Base
- 20 - None

7f. Please provide the date of your most recent Joint Commission on Accreditation of Healthcare Organizations (JCAHO) survey and indicate the status of your certification. Also record your Life Safety Management score from that survey.

DATE OF SURVEY: _MAY 1992_____

FULL ACCREDITATION: Yes/No **YES**

LIFE SAFETY MANAGEMENT SCORE: 3____ (Record as 1,2,3,4,or 5)

LOCATION:

8. Geographic Location. How does your geographic location affect your mission? Specifically, address the following:

a. What is the importance of your location relative to the clients supported?

This is the only military hospital in this catchment area. It serves beneficiaries from as far away as Myrtle Beach. There are over 100K beneficiaries in the area and this will decrease in 1995 to approximately 60,000, of which 20,000 will be active duty and their families. The facility is less than a mile from the waterfront, which affords the fleet excellent access to medical care.

b. What are the nearest air, rail, sea and ground transportation nodes?

Airport....7.7 miles, Amtrack...2miles, Interstate 26..1mile

c. Please provide the distance in miles that your facility is located from any military or civilian airfield that can accommodate a C-9 aircraft.

Distance (in miles): _7____

d. What is the importance of your location given your mobilization requirements?

NAVHOSPCHASN is designated as the east coast patient receiving area and is located only 15min from the Air Force MAC terminal

e. On the average, how long does it take your current clients/customers to reach your facility?

No longer than 30min

9. Manpower and recruiting issues. Are there unique aspects of your facility's location that help or hinder in the hiring of qualified civilian personnel?

DUE TO THE ABUNDANCE OF HEALTH CARE FACILITIES AND COMPETITIVE SALARIES IN THE CHARLESTON AREA, IT IS VERY DIFFICULT TO LURE SOME SPECIALTIES SUCH AS PHARMACISTS, OCC HEALTH PROFESSIONALS, NURSES, AND LABORATORY TECHNICIANS TO THIS HOSPITAL

FEATURES AND CAPABILITIES

10. Capabilities. What would be the impact on the Navy and Marine Corps if the capabilities of your facility were to be lost? Answer this question in terms of the unique capabilities of your staff, equipment and facility.

Naval Hospital Charleston is the only DOD hospital currently supporting a significant beneficiary population in this area. The loss of the hospital would have an immediate financial impact, increasing the costs to the government and the beneficiaries. The remaining fleet and shore base activities could face serious manning problems due to time away from work for medical care, especially inpatient care. The close proximity to a major air head supporting a Military Airlift Command is a significant fact in maintaining a hospital at this location. Casualties may be flown directly to Charleston from points around the world, allowing effective use of the hospital's expanded bed capacity

10a. If your facility were to close without any change in beneficiary population would the remaining local health care infrastructure be able to absorb the additional workload? Please provide supporting information to your answer.

If this facility were to close without any change in beneficiary population, the remaining infrastructure could physically absorb the additional workload. There are seven hospitals in the catchment area including a major university medical center with trauma center. However, without some sort of managed care (TRICARE/CAMCHAS) effort including negotiated rates, empanelment, health care finders, etc., the cost to the government (CHAMPUS) and out-of-pocket costs to the beneficiaries would soar. Currently, some of our negotiated discounts are as much as 65% of the CHAMPUS allowable. Additionally, waiting times for medical care could increase.

10b. If your facility were to close and the active duty and their families were to leave the area would the local community health care system be able to care for the residual eligible population? Please provide supporting information to your answer.

If the facility closed and all active duty and their families were to leave the area, the local community health care system could care for the residual beneficiary population at an increased cost and for the reasons stated above.

10c. If your inpatient care capability were to close, would the local community be able to absorb your current inpatient workload? Please develop all of your conclusions with supporting data and show it in the space below:

If the inpatient care capability were to close, the current local health care infrastructure could absorb the inpatient workload generated by our beneficiaries. Over the next 18 months our total beneficiary population will decrease by over 40,000 people. The remaining active duty population will be less than 10,000 people; 20,000 including their dependents. Again, cost and access would be the major impediments, but this would be minimized with a functional managed care program.

R

BRAC DATA CALL #27 QUESTION 11

11. Mobilization. What are your facility's mobilization requirements?

a. If any of your staff is assigned to support a Hospital Ship, Fleet Hospital, Marine Corps unit, ship, or other operational unit during mobilization complete the following table:

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
USS GUADACANAL	07352	1
MAG 27	09167	2
USS NASSAU	20725	6
USS PELELIU	20748	2
FLT HOSPITAL #8	45392	74
FLT HOSPITAL #15	45399	90
1ST MAW	57079	1

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS.

b. What additional workload could you perform if you did not have this requirement and its associated training? Please show all assumptions and calculations used in arriving at your conclusions.

BASED ON FY93 DATA: 22,381 HOURS WERE SPENT AT THIS COMMAND FOR ACTUAL MOBILIZATION, TRAINING REQUIREMENTS, AND MEDICAL SUPPORT TO OTHER HOSPITALS. THIS MEANS THAT WE COULD HAVE UTILIZED THE SERVICES OF 1 PHYSICIAN, .4 OF AN MSC, .75 OF A NURSE, AND 9 CORPSMEN FTE's FOR A YEAR

c. Please provide the total number of your expanded beds[1] that are currently fully "stubbed" (i.e. the number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours). Use of portable gas or electrical utilities is not considered in this definition.

Number of "stubbed" expanded beds[1]: __**__ R

[1] Use the bed definitions as they appear in BUMEDINST 6320.69 and 6321.3.

**** THE HOSPITAL CURRENTLY HAS 90 OPERATIONAL BEDS ARE ALL IN AN EXPANDED CAPACITY AS PER ~~BUMEDINST DEFINITION~~.**

REVISED DEFINITION IN DATACALL #26.

X

30 R (9/16/94)

BUMED
MCOB25
GSA
9/28/94

ENCLOSURE(1)

11. Mobilization. What are your facility's mobilization requirements?

a. If any of your staff is assigned to support a Hospital Ship, Fleet Hospital, Marine Corps unit, ship, or other operational unit during mobilization complete the following table:

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
USS GUADACANAL	**07352**	**1**
MAG 27	09167	2
USS NASSAU	20725	6
USS PELELIU	20748	2
FLT HOSPITAL #8	45392	74
FLT HOSPITAL #15	45399	90
1ST MAW	57079	1

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS.

b. What additional workload could you perform if you did not have this requirement and its associated training? Please show all assumptions and calculations used in arriving at your conclusions.

BASED ON FY93 DATA: 22,381 HOURS WERE SPENT AT THIS COMMAND FOR ACTUAL MOBILIZATION, TRAINING REQUIREMENTS, AND MEDICAL SUPPORT TO OTHER HOSPITALS. THIS MEANS THAT WE COULD HAVE UTILIZED THE SERVICES OF 1 PHYSICIAN, .4 OF AN MSC, .75 OF A NURSE, AND 9 CORPSMEN FTE's FOR A YEAR

c. Please provide the total number of your expanded beds[1] that are currently fully "stubbed" (i.e. the number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours). Use of portable gas or electrical utilities is not considered in this definition.

Number of "stubbed" expanded beds[1]: __*__

[1] Use the bed definitions as they appear in BUMEDINST 6320.69 and 6321.3.

*** THE HOSPITAL CURRENTLY HAS 90 OPERATIONAL BEDS AND 56 EXPANDIBLE BEDS FOR A TOTAL OF 146**

12. Non-availability Statements. Please complete the following table for Non-availability statements (NAS):

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT	2,899	2,300	1,113
OUTPATIENT	1,376	1,204	466

13. Supplemental Care. Please complete the following table for supplemental care:

CATEGORY OF PATIENT	SUPPLEMENTAL CARE[2]					
	FY 1992		FY 1993		FY 1994	
	NO.[1]	COST[2]	NO.	COST	NO.	COST
AD	*	$765K	*	$1026K	*	$385K
AD FAMILY	*	$450K	*	$420K	*	$140K
OTHER	*	$158K	*	$173K	*	$85K
TOTAL	2909	$1373K	3443	$1619K	1564	$610K

*** THE CURRENT COMPUTER PROGRAM IS NOT ABLE TO PROVIDE NUMBERS BY PATIENT CATEGORY, ONLY THE TOTAL NUMBER OF REQUISITONS. ALSO, ONLY THE TOTAL COST PER FISCAL YEAR BY PATIENT CATEGORY IS AVAILABLE. THE PROGRAM CANNOT DIFFERENTIATE BETWEEN CARE PROVIDED AT THE CLINICS AND THE HOSPITAL. FY 94 DATA COLUMN IS THROUGH MAY 13,1994**

[1] The total number of consults, procedures and admissions covered with supplemental care dollars.

[2] The total cost in thousands of dollars.

14. Costs. Complete the following table regarding your outpatient costs. Use the same definitions and assumptions that you use for reporting to Medical Expense and Performance Reporting System (MEPRS).

CATEGORY	FY 1992	FY 1993	FY 1994 (1st qtr)
TOTAL COSTS	27,569,089	~~32,793,503~~ 35,383,068	$5,495,597
TOTAL OUTPATIENT VISITS	~~272,494~~ 275,970	~~281,078~~ 284,551	64,715
AVERAGE COST PER VISIT	~~$101~~ $99.90	~~$116~~ $124.35	$85

BUMED-822, MSS
1 Jun 94

14a. Costs. Complete the following tables regarding your inpatients costs. Use the same definitions and assumptions that you use for reporting Medical Expense and Performance Reporting System (MEPRS). Table A, B, C, and D are used to arrive at a cost per Relative Weighted Product (RWP). FY 1994 should be completed through the First Quarter FY 1994.

Table A:

CATEGORY	FY 1992	FY 1993	FY 1994
A. TOTAL MEPRS-A EXPENSE	22,563,540	26,870,090	5,166,690

Incorrect Table (see page 33R)

BUMED-822, mss 1 Jun 94

Table B:

CATEGORY	FY 1992	FY 1993	FY 1994
B. SUPPLEMENTAL CARE COSTS IN MEPRS-A[1]			
C. SAME DAY SURGERY EXPENSES IN MEPRS-A (DGA)[1]			
D. OCCUPATIONAL/PHYSICAL THERAPY EXPENSES IN MEPRS-A (DHB/DHD)[1]			
E. HYPERBARIC MEDICINE EXPENSES IN MEPRS-A (DGC)[1]			
F. TOTAL (B+C+D+E)			

[1] These costs are actual or estimated. If other than actual please provide assumptions and calculations.

Table C:

CATEGORY (SPECIAL PROGRAM EXPENSES)	FY 1992	FY 1993	FY 1994
G. AREA REFERENCE LABORATORY (FAA)			
H. CLINIC INVESTIGATION PROGRAM (FAH)			
I. CONTINUING HEALTH PROGRAM (FAL)			
J. DECEDENT AFFAIRS (FDD)			
K. INITIAL OUTFITTING (FDE)			
L. URGENT MINOR CONSTRUCTION (FDF)			
M. TOTAL (G+H+I+J+K+L)			

Incorrect Table (See page 33R)

BUMED-822, MRK 1 Jun 94

Table D:

CATEGORY	FY 1992	FY 1993	FY 1994
N. ADJUSTED MEPRS-A EXPENSE ([A+M]-F)			
O. TOTAL CATEGORY III RWPS			
P. UNIT COST (N÷O)			

TABLE A: CHARLESTON

CATEGORY	FY 92	FY 93	FY 94
A. TOTAL MEPRS-A	22563540	29064159	

FY 94 INFORMATION NOT AVAILABLE

TABLE B:

CATEGORY	FY 92	FY 93	FY 94
B. GRADUATE MED ED (EBE)	0	0	
C. EDUCATION AND TRAINING (EBF)	999228	1736018	
D. TOTAL EXP EBE AND EBF	999228	1736018	0
E. TOTAL E EXPENSES	19304564	39486167	
F. % SELECTED E EXPENSES (D/E)	0.051761	0.043965	ERR

TABLE C:

CATEGORY	FY 92	FY 93	FY 94
G. TOTAL E IN MEPRS-A	3276662	3829385	
H. E EXPENSES TO REMOVE FROM A (FxG)	169604.059	168359.8	ERR
I. AREA REF LABS (FAA)	0	0	
J. CLINICAL INVEST (FAH)	0	0	
K. TOTAL SELECTED F (I+J)	0	0	0
L. CONTINUING HEALTH ED (FAL)	983669	1199243	
M. DECEDENT AFFAIRS (FDD)	0	0	
N. INITIAL OUTFITTING (FDE)	10505	0	
O. URGENT MINOR CONST (FDF)	0	0	
P. TOTAL (L+M+N+O)	994174	1199243	0
E EXPENSE (FAL)	81621	167911	
E EXPENSE (FDD)	0	0	
E EXPENSE (FDE)	10505	0	
E EXPENSE (FDF)	0	0	
Q. E XEPENSES INCLUDED IN ROW P	92126	167911	0
R. E EXPENSES TO REMOVE FROM P. (FxQ)	4768.55518	7382.244	ERR
S. OTHER F'S LESS E (P-R)	989405.445	1191861	ERR

TABLE D:

CATEGORY	FY 92	FY 93	FY 94
T. IWU	8273.66	7743.4	
U MWU	16262.41	15624.24	
V PERCENT INPATIENT	0.50875977	0.495602	ERR
W. FINAL OTHER F EXP (SxV)	503369.688	590688.2	ERR
X FINAL F EXP (K+W)	503369.688	590688.2	ERR
Y TOTAL CATEGORY III EXP (A-H+X)	22897305.6	29486487	ERR
Z NUMBER BIOMETRICS DISPOS	9415	8063	
AA. TOTAL MEPRS DISP	9521	8744	
BB. ADJ DISPOS (Z/AA)	0.98886672	0.922118	ERR
CC ADJ MERPS EXP (YxBB)	22642383.4	27190022	ERR
DD. TOTAL RWP	7393.167	6274	
EE COST PER RWP (CC/DD)	3062.60949	4333.762	ERR
CATEGORY II RWPS			
(DXNNH)	87.1597	5.1302	
(PAS)	1800.2817	1572.15	
(ADELS)	51.2846	26.8793	
FF. TOTAL CAT II RWPS	1938.726	1604.159	0
GG. TOTAL CAT II COST (EExFF)	5937560.65	6952043	ERR
HH. TOTAL EXT CAT III EXP (CC-GG)	16704822.8	20237978	ERR
II. TOTAL CAT III RWPS (DD-FF)	5454.441	4669.841	0
JJ. COST PER CAT III RWP (HH/II)	3062.60949	4333.762	ERR

TABLE E

CATEGORY	FY 92	FY 93	FY 94
KK. TOTAL OBDS	30983	23754	
CAT II OBDS			
(DXNNH)	287	49	
(PAS)	5410	4281	
(ADELS)	602	429	
LL TOTAL CAT II OBD	6299	4763	0
MM CAT III OBDS (KK-LL)	24684	19991	0
NN. AVG DAYS/RWP (MM/II)	4.52548666	4.000734	ERR
OO. ADD ON PER RWP (NNx77)	348.462473	313.1365	ERR
PP. TOTAL COST PER RWP (JJ+OO)	3411.07196	4646.9	ERR
QQ. CIVILIAN PAY COST (PPx.15)	511.660794	697.035	ERR
RR. MILITARY PAY COST (PPx.56)	1910.2003	2602.264	ERR
SS. OTHER COSTS (PPx.29)	989.210869	1347.961	ERR
TT. CIVILIAN PAY RAISES (QQx1.037x1.0297))	546.350833	744.2043	ERR
UU. MILITARY PAY RAISES (RRx1.037x1.0165)	2013.56219	2743.074	ERR
VV. UNFUNDED CIV RET (TTx1.47)	803.135725	1094.111	ERR
WW. CIVILAIN ASSET USE CHARGE (VVx1.04)	835.261154	1137.878	ERR
XX. MILITARY ASSET USE CHARGE (UU*1.04)	2094.10468	2852.797	ERR
YY. OTHER ASSET USE CHARGES (SS*1.04)	1028.7793	1401.080	ERR
ZZ. OTHER COSTS DEFLATOR FACT (YY*1.083)	1114.16799	1517.93	ERR
ADJ CAT III COST/RWP	4043.53382	5505.503	ERR

33R BUMED-822
MSA, 1 Jun 94

15. Quality of Life. **ALL QOL QUESTIONS WILL BE ANSWERED IN BRAC DATA CALL #46 BY THE NAVAL WEAPONS STATION. POINT OF CONTACT IS MR ANDREW GRAHAM AT (803) 764-7746 OR FAX 764-4075**

a. Military Housing

(1) Family Housing:

(a) Do you have mandatory assignment to on-base housing? (circle) yes no

(b) For military family housing in your locale provide the following information:

Type of Quarters	Number of Bedrooms	Total number of units	Number Adequate	Number Substandard	Number Inadequate
Officer	4+				
Officer	3				
Officer	1 or 2				
Enlisted	4+				
Enlisted	3				
Enlisted	1 or 2				
Mobile Homes					
Mobile Home lots					

(c) In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means". For all the categories above where inadequate facilities are identified provide the following information:

Facility type/code:
What makes it inadequate?
What use is being made of the facility?
What is the cost to upgrade the facility to substandard?
What other use could be made of the facility and at what cost?
Current improvement plans and programmed funding:
Has this facility condition resulted in C3 or C4 designation on your BASEREP?

(d) Complete the following table for the military housing waiting list.

Pay Grade	Number of Bedrooms	Number on List[1]	Average Wait
O-6/7/8/9	1		
	2		
	3		
	4+		
O-4/5	1		
	2		
	3		
	4+		
O-1/2/3/CWO	1		
	2		
	3		
	4+		
E7-E9	1		
	2		
	3		
	4+		
E1-E6	1		
	2		
	3		
	4+		

[1]As of 31 March 1994.

(e) What do you consider to be the top five factors driving the demand for base housing? Does it vary by grade category? If so provide details.

	Top Five Factors Driving the Demand for Base Housing
1	
2	
3	
4	
5	

(f) What percent of your family housing units have all the amenities required by "The Facility Planning & Design Guide" (Military Handbook 1190 & Military Handbook 1035-Family Housing)?

(g) Provide the utilization rate for family housing for FY 1993.

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(h) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 98% (or vacancy over 2%), is there a reason?

(2) BEQ:

(a) Provide the utilization rate for BEQs for FY 1993.

Type of Quarters	Utilization Rate
Adequate	
Substandard	**94%**
Inadequate	

(b) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 95% (or vacancy over 5%), is there a reason? **YES. FOUR ROOMS ARE CURRENTLY BEING RENOVATED.**

(c) Calculate the Average on Board (AOB) for geographic bachelors as follows: **THERE ARE CURRENTLY NO GEOGRAPHIC BACHELORS IN NAVHOSP BEQ**

$$\text{AOB} = \frac{\text{(\# Geographic Bachelors x average number of days in barracks)}}{365}$$

(d) Indicate in the following chart the percentage of geographic bachelors (GB) by category of reasons for family separation. Provide comments as necessary.

Reason for Separation from Family	Number of GB	Percent of GB	Comments
Family Commitments (children in school, financial, etc.)			
Spouse Employment (non-military)			
Other			
TOTAL		100	

(e) How many geographic bachelors do not live on base?

(3) BOQ:

(a) Provide the utilization rate for BOQs for FY 1993.

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(b) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 95% (or vacancy over 5%), is there a reason?

(c) Calculate the Average on Board (AOB) for geographic bachelors as follows:

$$\textbf{AOB} = \frac{\textbf{(\# Geographic Bachelors x average number of days in barracks)}}{\textbf{365}}$$

(d) Indicate in the following chart the percentage of geographic bachelors (GB) by category of reasons for family separation. Provide comments as necessary.

Reason for Separation from Family	Number of GB	Percent of GB	Comments
Family Commitments (children in school, financial, etc.)			
Spouse Employment (non-military)			
Other			
TOTAL		100	

(e) How many geographic bachelors do not live on base?

b. For on-base MWR facilities[2] available, complete the following table for each separate location. For off-base government owned or leased recreation facilities indicate distance from base. If there are any facilities not listed, include them at the bottom of the table.

LOCATION _____ **DISTANCE** _____

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Auto Hobby	Indoor Bays		
	Outdoor Bays		
Arts/Crafts	SF		
Wood Hobby	SF		
Bowling	Lanes		
Enlisted Club	SF		
Officer's Club	SF		
Library	SF		
Library	Books		
Theater	Seats		
ITT	SF		
Museum/Memorial	SF		
Pool (indoor)	Lanes		
Pool (outdoor)	Lanes		
Beach	LF		
Swimming Ponds	Each		
Tennis CT	Each		

[2]Spaces designed for a particular use. A single building might contain several facilities, each of which should be listed separately.

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Volleyball CT (outdoor)	Each		
Basketball CT (outdoor)	Each		
Racquetball CT	Each		
Golf Course	Holes		
Driving Range	Tee Boxes		
Gymnasium	SF		
Fitness Center	SF		
Marina	Berths		
Stables	Stalls		
Softball Fld	Each		
Football Fld	Each		
Soccer Fld	Each		
Youth Center	SF		

c. Is your library part of a regional interlibrary loan program?

d. Base Family Support Facilities and Programs

(1). Complete the following table on the availability of child care in a child care center on your base.

Age Category	Capacity (Children)	SF			Number on Wait List	Average Wait (Days)
		Adequate	Substandard	Inadequate		
0-6 Mos						
6-12 Mos						
12-24 Mos						
24-36 Mos						
3-5 Yrs						

(2). In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

Facility type/code:
What makes it inadequate?
What use is being made of the facility?
What is the cost to upgrade the facility to substandard?
What other use could be made of the facility and at what cost?
Current improvement plans and programmed funding:
Has this facility condition resulted in C3 or C4 designation on your BASEREP?

(3). If you have a waiting list, describe what programs or facilities other than those sponsored by your command are available to accommodate those on the list.

(4). How many "certified home care providers" are registered at your base?

(5). Are there other military child care facilities within 30 minutes of the base? State owner and capacity (i.e., 60 children, 0-5 yrs).

(6). Complete the following table for services available on your base. If you have any services not listed, include them at the bottom.

Service	Unit of Measure	Qty
Exchange	SF	
Gas Station	SF	
Auto Repair	SF	
Auto Parts Store	SF	
Commissary	SF	
Mini-Mart	SF	
Package Store	SF	
Fast Food Restaurants	Each	
Bank/Credit Union	Each	
Family Service Center	SF	
Laundromat	SF	
Dry Cleaners	Each	
ARC	PN	
Chapel	PN	
FSC Classrm/Auditorium	PN	

e. Proximity of closest major metropolitan areas (provide at least three):

City	Distance (Miles)

f. Standard Rate VHA Data for Cost of Living:

Paygrade	With Dependents	Without Dependents
E1		
E2		
E3		
E4		
E5		
E6		
E7		
E8		
E9		
W1		
W2		
W3		
W4		
O1E		
O2E		
O3E		
O1		
O2		
O3		
O4		
O5		
O6		
O7		

g. Off-base housing rental and purchase

(1) Fill in the following table for average rental costs in the area for the period 1 April 1993 through 31 March 1994.

Type Rental	Average Monthly Rent		Average Monthly Utilities Cost
	Annual High	Annual Low	
Efficiency			
Apartment (1-2 Bedroom)			
Apartment (3+ Bedroom)			
Single Family Home (3 Bedroom)			
Single Family Home (4+ Bedroom)			
Town House (2 Bedroom)			
Town House (3+ Bedroom)			
Condominium (2 Bedroom)			
Condominium (3+ Bedroom)			

(2) What was the rental occupancy rate in the community as of 31 March 1994?

Type Rental	Percent Occupancy Rate
Efficiency	
Apartment (1-2 Bedroom)	
Apartment (3+ Bedroom)	
Single Family Home (3 Bedroom)	
Single Family Home (4+ Bedroom)	
Town House (2 Bedroom)	
Town House (3+ Bedroom)	
Condominium (2 Bedroom)	
Condominium (3+ Bedroom)	

(3) What are the median costs for homes in the area?

Type of Home	Median Cost
Single Family Home (3 Bedroom)	
Single Family Home (4+ Bedroom)	
Town House (2 Bedroom)	
Town House (3+ Bedroom)	
Condominium (2 Bedroom)	
Condominium (3+ Bedroom)	

(4) For calendar year 1993, from the local MLS listings provide the number of 2, 3, and 4 bedroom homes available for purchase. Use only homes for which monthly payments would be within 90 to 110 percent of the E5 BAQ and VHA for your area.

Month	Number of Bedrooms		
	2	3	4+
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

(5) Describe the principle housing cost drivers in your local area.

h. For the top five sea intensive ratings in the principle warfare community your base supports, provide the following:

Rating	Number Sea Billets in the Local Area	Number of Shore billets in the Local Area

i. Complete the following table for the average one-way commute for the five largest concentrations of military and civilian personnel living off-base.

Location	% Employees	Distance (mi)	Time (min)

j. Complete the tables below to indicate the civilian educational opportunities available to service members stationed at the air station (to include any outlying fields) and their dependents:

(1) List the local educational institutions which offer programs available to dependent children. Indicate the school type (e.g. DODDS, private, public, parochial, etc.), grade level (e.g. pre-school, primary, secondary, etc.), what students with special needs the institution is equipped to handle, cost of enrollment, and for high schools only, the average SAT score of the class that graduated in 1993, and the number of students in that class who enrolled in college in the fall of 1994.

Institution	Type	Grade Level(s)	Special Education Available	Annual Enrollment Cost per Student	1993 Avg SAT/ ACT Score	% HS Grad to Higher Educ	Source of Info

(2) List the educational institutions within 30 miles which offer programs off-base available to service members and their adult dependents. Indicate the extent of their programs by placing a "Yes" or "No" in all boxes as applies.

Institution	Type Classes	Program Type(s)				
		Adult High School	Vocational / Technical	Undergraduate		Graduate
				Courses only	Degree Program	
	Day					
	Night					
	Day					
	Night					
	Day					
	Night					
	Day					
	Night					

(3) List the educational institutions which offer programs on-base available to service members and their adult dependents. Indicate the extent of their programs by placing a "Yes" or "No" in all boxes as applies.

Institution	Type Classes	Program Type(s)				
		Adult High School	Vocational/ Technical	Undergraduate		Graduate
				Courses only	Degree Program	
	Day					
	Night					
	Corres-pondence					
	Day					
	Night					
	Corres-pondence					
	Day					
	Night					
	Corres-pondence					
	Day					
	Night					
	Corres-pondence					

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

Skill Level	Number of Military Spouses Serviced by Family Service Center Spouse Employment Assistance			Local Community Unemployment Rate
	1991	1992	1993	
Professional				
Manufacturing				
Clerical				
Service				
Other				

l. Do your active duty personnel have any difficulty with access to medical or dental care, in either the military or civilian health care system? Develop the why of your response.

m. Do your military dependents have any difficulty with access to medical or dental care, in either the military or civilian health care system? Develop the why of your response.

n. Complete the table below to indicate the crime rate for your air station for the last three fiscal years. The source for case category definitions to be used in responding to this question are found in NCIS - Manual dated 23 February 1989, at Appendix A, entitled "Case Category Definitions." Note: the crimes reported in this table should include 1) all reported criminal activity which occurred on base regardless of whether the subject or the victim of that activity was assigned to or worked at the base; and 2) all reported criminal activity off base.

Crime Definitions	FY 1991	FY 1992	FY 1993
1. Arson (6A)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
2. Blackmarket (6C)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
3. Counterfeiting (6G)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
4. Postal (6L)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
5. Customs (6M)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
6. Burglary (6N)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
7. Larceny - Ordnance (6R)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
8. Larceny - Government (6S)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
9. Larceny - Personal (6T)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
10. Wrongful Destruction (6U)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
11. Larceny - Vehicle (6V)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
12. Bomb Threat (7B)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
13. Extortion (7E)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
14. Assault (7G)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
15. Death (7H)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
16. Kidnapping (7K)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
18. Narcotics (7N)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
19. Perjury (7P)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
20. Robbery (7R)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
21. Traffic Accident (7T)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
22. Sex Abuse - Child (8B)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
23. Indecent Assault (8D)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
24. Rape (8F)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
25. Sodomy (8G)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

THIS FORMAT.

Linnset pg

15. Quality of Life

o. Provide data on the Hospital's BOQs and BEQs. Provide this information on all BEQs and BOQs that your personnel use that are located on the base you are located. This information should be provided even if you do not control or manage these facilities. The desired unit of measure for this capacity is people housed. Use CCN to differentiate between pay grades, i.e., E1-E4, E5-E6, E7-E9, CWO-O2, O3 and above.

Facility Type, Bldg. #, & CCN	Total No. of Beds	Total No. of Rooms/ Squadbays	Adequate		Substandard		Inadequate	
			Beds	Sq Ft	Beds	Sq Ft	Beds	Sq Ft
BEQ, NH-2, E1-E4	114	57	114	14,022				
BEQ, NH-2, E5-E6	2	2	2	512				
BEQ, NH-2, Geo. Bach.	3	1	3	256				
BEQ, NH-2, Med. Hold	12	4	12	1024				

*** The Naval Hospital currently does not have the need to house any E7 or above.**

b. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

(1) FACILITY TYPE/CODE:
(2) WHAT MAKES IT INADEQUATE?
(3) WHAT USE IS BEING MADE OF THE FACILITY?
(4) WHAT IS THE COST TO UPGRADE THE FACILITY TO SUBSTANDARD?
(5) WHAT OTHER USE COULD BE MADE OF THE FACILITY AND AT WHAT COST?
(6) CURRENT IMPROVEMENT PLANS AND PROGRAMMED FUNDING:
(7) HAS THIS FACILITY CONDITION RESULTED IN C3 OR C4 DESIGNATION ON YOUR BASEREP?

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

H. B. ETIENNE
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

24 May 94
Date

NAVAL HOSPITAL CHARLESTON
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title 6-2-94 Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J.B. GREENE JR NAME (Please type or print) J B Greene Jr Signature

ACTING Title 6/9/94 Date

Revised pg 14

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

H. B. ETIENNE
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

22 AUG 1994
Date

NAVAL HOSPITAL NORTH CHARLESTON
Activity

Revised pg 14.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) — Signature

CHIEF BUMED/SURGEON GENERAL

Title — Date 8-29-94

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER

NAME (Please type or print) — Signature

Title — Date 9/6/94

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

S. P. ALFORD - Acting
NAME (Please type or print)

S. P. Alford
Signature

COMMANDING OFFICER
Title

13 SEP 1994
Date

NAVAL HOSPITAL NORTH CHARLESTON
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

HAROLD M. KOENIG, RADM, MC, USN
NAME (Please type or print)

Signature

ACTING CHIEF BUMED
Title

9-16-94
Date

BUREAU OF MEDICINE AND SURGERY
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER
NAME (Please type or print)

Signature

Title

10/5/94
Date

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

S. L. LANGENBERG - Acting
NAME (Please type or print)

S. L. Langenberg
Signature

COMMANDING OFFICER
Title

16 SEP 1994
Date

NAVAL HOSPITAL NORTH CHARLESTON
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title X 9/28/94 Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR.

NAME (Please type or print) J B Greene Jr. Signature

ACTING

Title 13 OCT 1994 Date

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

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I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

S. L. LANGENBERG - Acting
NAME (Please type or print)

S. L. Langenberg
Signature

COMMANDING OFFICER
Title

16 SEP 1994
Date

NAVAL HOSPITAL NORTH CHARLESTON
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) — Signature

CHIEF BUMED/SURGEON GENERAL

Title — Date X 9/26/94

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR.

NAME (Please type or print) — Signature

ACTING

Title — Date 13 OCT 1994

Document Separator

Revised pg 373

DATA CALL 63
FAMILY HOUSING DATA

Information on Family Housing is required for use in BRAC-95 return on investment calculaitons.

Installation Name:	NAVHOSP Charleston
Unit Identification Code (UIC):	N68084
Major Claimant:	BUMED

Percentage Of Military Families Living on-Base:	26.6
Number of Vacant Officer Housing Units:	0
Number of Vacant Enlisted Housing Units:	0
Fy 1996 Family Housing Budget ($000):	$342
Total Number of Officer Housing Units:	5
Total Number of Enlisted Housing Units:	3

NOTE: Closure of this UIC may not result in closure of all housing units.

Note: All data should reflect figures as of the beginning of FY 1996. If major DON installations share a family housing complex, figures should reflect an estimate of the installation's prorated share of the family housing complex.

Revised 4 Aug 1994

DATA CALL 63
FAMILY HOUSING DATA

373

Information on Family Housing is required for use in BRAC-95 return on investment calculaitons.

Installation Name:	NAVHOSP Charleston
Unit Identification Code (UIC):	N68084
Major Claimant:	BUMED

Percentage Of Military Families Living on-Base:	27.2
Number of Vacant Officer Housing Units:	0
Number of Vacant Enlisted Housing Units:	0
Fy 1996 Family Housing Budget ($000):	$342
Total Number of Officer Housing Units:	52
Total Number of Enlisted Housing Units:	68

NOTE: Closure of this UIC may not result in closure of all housing units.

Note: All data should reflect figures as of the beginning of FY 1996. If major DON installations share a family housing complex, figures should reflect an estimate of the installation's prorated share of the family housing complex.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

J. E. BUFFINGTON, RADM, CEC, USN
NAME (Please type or print)

Signature

COMMANDER
Title

7/20/94
Date

NAVAL FACILITIES ENGINEERING COMMAND
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER
NAME (Please type or print)

Signature

Title

7/25/94
Date

BRAC-95 CERTIFICATION

Reference: SECNAV NOTE 11000 dtd 8 Dec 93

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

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I certify the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

J. R. REVER
NAME (Please type of print)

Signature

CAPT. CEC, USN
COMMANDING OFFICER
Title

27 June 1994
Date

SOUTHNAVFACENGCOM
Activity

Enclosure (1)

BRAC-95 CERTIFICATION

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

YVONNE O. SPRING
NAME (Please type or print)

Yvonne O. Spring
Signature

Housing Management Specialist
Title

27 June 1994
Date

Housing Division
Division

Facilities Management Dept.
Department

SOUTHNAVFACENCON
Activity

Enclosure (1)

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

J. E. BUFFINGTON, RADM, CEC, USN
NAME (Please type or print)

Signature

COMMANDER
Title

8/11/94
Date

NAVAL FACILITIES ENGINEERING COMMAND
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR.
NAME (Please type or print)

Signature

ACTING
Title

18 AUG 1994
Date

BRAC-95 CERTIFICATION

Reference: SECNAV NOTE 11000 dtd 8 Dec 93

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

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I certify the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

R. S. TYLER
NAME (Please type of print)

Signature

Executive Officer
Title

4 August 1994
Date

SOUTHNAVFACENGCOM
Activity

BRAC-95 CERTIFICATION

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

YVONNE O. SPRING
NAME (Please type or print)

Yvonne O. Spring
Signature

Housing Management Specialist
Title

4 August 1994
Date

Division

Housing Department
Department

SOUTHNAVFACENGCOM
Activity

Enclosure (1)

Document Separator

272

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Activity Identification: Please complete the following table, identifying the activity for which this response is being submitted.

Activity Name:	NAVAL HOSPITAL CHARLESTON
UIC:	68084
Major Claimant:	BUREAU OF MEDICINE AND SURGERY

General Instructions/Background:

Information requested in this data call is required for use by the Base Structure Evaluation Committee (BSEC), in concert with information from other data calls, to analyze both the impact that potential closure or realignment actions would have on a local community and the impact that relocations of personnel would have on communities surrounding receiving activities. In addition to Cost of Base Realignment Actions (COBRA) analyses which incorporate standard Department of the Navy (DON) average cost factors, the BSEC will also be conducting more sophisticated economic and community infrastructure analyses requiring more precise, activity-specific data. For example, activity-specific salary rates are required to reflect differences in salary costs for activities with large concentrations of scientists and engineers and to address geographic differences in wage grade salary rates.
Questions relating to "Community Infrastructure" are required to assist the BSEC in evaluating the ability of a community to absorb additional employees and functions as the result of relocation from a closing or realigning DON activity.

Due to the varied nature of potential sources which could be used to respond to the questions contained in this data call, a block appears after each question, requesting the identification of the source of data used to respond to the question. To complete this block, identify the source of the data provided, including the appropriate references for source documents, names and organizational titles of individuals providing information, etc. Completion of this "Source of Data" block is critical since some of the information requested may be available from a non-DoD source such as a published document from the local chamber of commerce, school board, etc. Certification of data obtained from a non-DoD source is then limited to certifying that the information contained in the data call response is an accurate

and complete representation of the information obtained from the source. Records must be retained by the certifying official to clearly document the source of any non-DoD information submitted for this data call.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

General Instructions/Background (Continued):

The following notes are provided to further define terms and methodologies used in this data call. Please ensure that responses consistently follow this guidance:

Note 1: Throughout this data call, the term **"activity"** is used to refer to the DON installation that is the addressee for the data call.

Note 2: Periodically throughout this data call, questions will include the statement that the response should refer to the **"area defined in response to question 1.b., (page 3)"**. Recognizing that in some large metropolitan areas employee residences may be scattered among many counties or states, **the scope of the "area defined" may be limited to the sum of:**

- **those counties that contain government (DoD) housing units (as identified in 1.b.2)), and,**
- **those counties closest to the activity which, in the aggregate, include the residences of 80% or more of the activity's employees.**

Note 3: Responses to questions referring to **"civilians"** in this data call should reflect **federal civil service appropriated fund employees.**

1. Workforce Data

a. Average Federal Civilian Salary Rate. Provide the projected FY 1996 average gross annual appropriated fund **civil service** salary rate for the activity identified as the addressee in this data call. This rate should include all cash payments to employees, and exclude non-cash personnel benefits such as employer retirement contributions, payments to former employees, etc.

Average Appropriated Fund Civilian Salary Rate:	$34,015

Source of Data (1.a. Salary Rate): FY 96/97 BUDGET REQUEST TO BUMED for Naval Hospital Charleston

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

b. Location of Residence. Complete the following table to identify where employees live. Data should reflect current workforce.

1) Residency Table. Identify residency data, by county, for both military and civilian (civil service) employees working at the installation (including, for example, operational units that are homeported or stationed at the installation). For each county listed, also provide the estimated average distance from the activity, in miles, of employee residences and the estimated average length of time to commute one-way to work. For the purposes of displaying data in the table, any county(s) in which 1% or fewer of the activity's employees reside may be consolidated as a single line entry in the table, titled "Other".

County of Residence	State	No. of Employees Residing in County		Percentage of Total Employees	Average Distance From Base (Miles)	Average Duration of Commute (Minutes)
		Military	Civilian			
BERKELEY	SC	470	204	50%	20	30
CHARLESTON	SC	282	110	30%	30	40
DORCHESTER	SC	143	114	20%	25	35

= 100%

As discussed in Note 2 on Page 2, subsequent questions in the data call refer to the "area defined in response to question 1.b. (page 3)". In responding to these questions, the scope of the "area defined" may be limited to the sum of: a) those counties that contain government (DoD) housing units (as identified below), and, b) those counties closest to the activity which, in the aggregate, include the residences of 80% or more of the activity's employees.

2) Location of Government (DoD) Housing. If some employees of the base live in government housing, identify the county(s) where government housing is located:
1. Dorchester County (Hunley Park Housing, Charleston Air Force Base)

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

2. Berkeley County (Mendel Rivers Housing, Naval Weapons Station)
3. Charleston County (Charleston Naval Base)

Source of Data (1.b. 1) & 2) Residence Data):Naval Hospital Manpower Records

c. Nearest Metropolitan Area(s). Identify all major metropolitan area(s) (i.e., population concentrations of 100,000 or more people) which are within 50 miles of the installation. If no major metropolitan area is within 50 miles of the base, then identify the nearest major metropolitan area(s) (100,000 or more people) and its distance(s) from the base.

City	County	Distance from base (miles)
Charleston/North Charleston Metropolitan Statistical Area (MSA)	Berkeley, Charleston, & Dorchester	Located within the MSA

* The Charleston Metropolitan Area is a 2600 square mile region on the Atlantic coast of South Carolina extending about 50 miles inland. The region is comprised of 26 incorporated municipalities within 3 counties-- Charleston, Berkeley, and Dorchester. The Hospital is centrally located in North Charleston with some facilities stretching toward the outer reaches of parts of the metro area

Source of Data (1.c. Metro Areas):Mary Graham, Director of the Center for Business Research of the Charleston Trident Chamber of Commerce.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

d. Age of Civilian Workforce. Complete the following table, identifying the age of the activity's civil service workforce.

Age Category	Number of Employees	Percentage of Employees
16 - 19 Years	1	.20%
20 - 24 Years	8	1.64%
25 - 34 Years	99	20.25%
35 - 44 Years	160	32.72%
45 - 54 Years	146	29.86%
55 - 64 Years	72	14.72%
65 or Older	3	.61%
TOTAL	489	100 %

Source of Data (1.d.) Age Data): Naval Hospital Charleston Manpower Management Department (SPMS system)

e. Education Level of Civilian Workforce

1) Education Level Table. Complete the following table, identifying the education level of the activity's civil service workforce.

Last School Year Completed	Number of Employees	Percentage of Employees
8th Grade or less	1	.20%
9th through 11th Grade	10	2.00%
12th Grade or High School Equivalency	306	62.60%
1-3 Years of College	89	18.20%
4 Years of College (Bachelors Degree)	62	12.70%
5 or More Years of College (Graduate Work)	21	4.30%
TOTAL	489	100 %

2) Degrees Achieved. Complete the following table for the activity's civil service workforce. Identify the number of employees with each of the following degrees, etc. To avoid double counting, only identify the highest degree obtained by a worker (e.g., if an employee has both a Master's Degree and a Doctorate, only include the employee under the category "Doctorate").

Degree	Number of Civilian Employees
Terminal Occupation Program - Certificate of Completion, Diploma or Equivalent (for areas such as technicians, craftsmen, artisans, skilled operators, etc.)	30
Associate Degree	40
Bachelor Degree	59
Masters Degree	16
Doctorate	3

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Source of Data (1.e.1) and 2) Education Level Data): Naval Hospital Charleston Manpower Management Dept (HRO data)

f. Civilian Employment By Industry. Complete the following table to identify by "industry" the type of work performed by civil service employees at the activity. The intent of this table is to attempt to stratify the activity civilian workforce using the same categories of industries used to identify private sector employment. Employees should be categorized based on their primary duties. Additional information on categorization of private sector employment by industry can be found in the Office of Management and Budget Standard Industrial Classification (SIC) Manual. However, you do not need to obtain a copy of this publication to provide the data requested in this table.

Note the following specific guidance regarding the "Industry Type" codes in the first column of the table: Even though categories listed may not perfectly match the type of work performed by civilian employees, please attempt to assign each civilian employee to one of the "Industry Types" identified in the table. However, only use the Category 6, "Public Administration" sub-categories when none of the other categories apply. Retain supporting data used to construct this table at the activity-level, in case questions arise or additional information is required at some future time. Leave shaded areas blank.

Industry	SIC Codes	No. of Civilians	% of Civilians
1. Agriculture, Forestry & Fishing	01-09	0	0
2. Construction (includes facility maintenance and repair)	15-17	0	0
3. Manufacturing (includes Intermediate and Depot level maintenance)	20-39	0	0
3a. Fabricated Metal Products (include ordnance, ammo, etc.)	34	0	0
3b. Aircraft (includes engines and missiles)	3721 et al	0	0
3c. Ships	3731	0	0
3d. Other Transportation (includes ground vehicles)	various	0	0
3e. Other Manufacturing not included in 3a. through 3d.	various	0	0

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Industry	SIC Codes	No. of Civilians	% of Civilians
Sub-Total 3a. through 3e.	20-39	0	0
4. Transportation/Communications/Utilities	40-49	0	0
4a. Railroad Transportation	40	0	0
4b. Motor Freight Transportation & Warehousing (includes supply services)	42	20	4.10%
4c. Water Transportation (includes organizational level maintenance)	44	0	0
4d. Air Transportation (includes organizational level maintenance)	45	0	0
4e. Other Transportation Services (includes organizational level maintenance)	47	3	.60%
4f. Communications	48	1	.20%
4g. Utilities	49	0	0
Sub-Total 4a. through 4g.	40-49	24	4.9%
5. Services	70-89		
5a. Lodging Services	70	0	0
5b. Personal Services (includes laundry and funeral services)	72	3	.60%
5c. Business Services (includes mail, security guards, pest control, photography, janitorial and ADP services)	73	66	13.50%
5d. Automotive Repair and Services	75	0	0
5e. Other Misc. Repair Services	76	1	.20%
5f. Motion Pictures	78	0	0
5g. Amusement and Recreation Services	79	0	0
5h. Health Services	80	148	30.3%

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Industry	SIC Codes	No. of Civilians	% of Civilians
5i. Legal Services	81	1	.2%
5j. Educational Services	82	3	.6%
5k. Social Services	83	5	1%
5l. Museums	84	0	0
5m. Engineering, Accounting, Research & Related Services (includes RDT&E, ISE, etc.)	87	37	7.6%
5n. Other Misc. Services	89	188	38.4%
Sub-Total 5a. through 5n.:	70-89	452	92.4%
6. Public Administration	91-97		
6a. Executive and General Government, Except Finance	91	1	.2%
6b. Justice, Public Order & Safety (includes police, firefighting and emergency management)	92	2	.4%
6c. Public Finance	93	0	0
6d. Environmental Quality and Housing Programs	95	10	2%
Sub-Total 6a. through 6d.		13	2.6%
TOTAL			100 %

Source of Data (1.f.) Classification By Industry Data): Naval Hospital Charleston Manpower Management Department

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

g. Civilian Employment by Occupation. Complete the following table to identify the types of "occupations" performed by civil service employees at the activity. Employees should be categorized based on their primary duties. Additional information on categorization of employment by occupation can be found in the Department of Labor Occupational Outlook Handbook. However, you do not need to obtain a copy of this publication to provide the data requested in this table.

Note the following specific guidance regarding the "Occupation Type" codes in the first column of the table: Even though categories listed may not perfectly match the type of work performed by civilian employees, please attempt to assign each civilian employee to one of the "Occupation Types" identified in the table. Refer to the descriptions immediately following this table for more information on the various occupational categories. Retain supporting data used to construct this table at the activity-level, in case questions arise or additional information is required at some future time. Leave shaded areas blank.

Occupation	Number of Civilian Employees	Percent of Civilian Employees
1. Executive, Administrative and Management	34	7%
2. Professional Specialty		
2a. Engineers	0	0
2b. Architects and Surveyors	0	0
2c. Computer, Mathematical & Operations Research	10	2%
2d. Life Scientists	0	0
2e. Physical Scientists	0	0
2f. Lawyers and Judges	0	0
2g. Social Scientists & Urban Planners	0	0
2h. Social & Recreation Workers	5	1%
2i. Religious Workers	0	0
2j. Teachers, Librarians & Counselors	2	.4%
2k. Health Diagnosing Practitioners (Doctors)	4	.8%
2l. Health Assessment & Treating(Nurses, Therapists, Pharmacists, Nutritionists, etc.)	82	16.8%

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Occupation	Number of Civilian Employees	Percent of Civilian Employees
2m. Communications	1	.2%
2n. Visual Arts	0	0
Sub-Total 2a. through 2n.:	104	21.2%
3. Technicians and Related Support		
3a. Health Technologists and Technicians	61	12.5%
3b. Other Technologists	4	.8%
Sub-Total 3a. and 3b.:	65	13.3%
4. Administrative Support & Clerical	211	43.1%
5. Services		
5a. Protective Services (includes guards, firefighters, police)	7	1.4%
5b. Food Preparation & Service	14	2.9%
5c. Dental/Medical Assistants/Aides	3	.6%
5d. Personal Service & Building & Grounds Services (includes janitorial, grounds maintenance, child care workers)	35	7.2%
Sub-Total 5a. through 5d.	59	12.1%
6. Agricultural, Forestry & Fishing	0	0
7. Mechanics, Installers and Repairers	1	.2%
8. Construction Trades	0	0
9. Production Occupations	0	0
10. Transportation & Material Moving	3	.6%
11. Handlers, Equipment Cleaners, Helpers and Laborers (not included elsewhere)	12	2.5%
TOTAL	489	100 %

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Source of Data (1.g.) Classification By Occupation Data): Naval Hospital Charleston Manpower Management Department

Description of Occupational Categories used in Table 1.g. The following list identifies public and private sector occupations included in each of the major occupational categories used in the table. Refer to these examples as a guide in determining where to allocate appropriated fund civil service jobs at the activity.

1. **Executive, Administrative and Management.** Accountants and auditors; administrative services managers; budget analysts; construction and building inspectors; construction contractors and managers; cost estimators; education administrators; employment interviewers; engineering, science and data processing managers; financial managers; general managers and top executives; chief executives and legislators; health services managers; hotel managers and assistants; industrial production managers; inspectors and compliance officers, except construction; management analysts and consultants; marketing, advertising and public relations managers; personnel, training and labor relations specialists and managers; property and real estate managers; purchasing agents and managers; restaurant and food service managers; underwriters; wholesale and retail buyers and merchandise managers.
2. **Professional Specialty.** Use sub-headings provided.
3. **Technicians and Related Support.** Health Technologists and Technicians sub-category - self-explanatory. Other Technologists sub-category includes aircraft pilots; air traffic controllers; broadcast technicians; computer programmers; drafters; engineering technicians; library technicians; paralegals; science technicians; numerical control tool programmers.
4. **Administrative Support & Clerical.** Adjusters, investigators and collectors; bank tellers; clerical supervisors and managers; computer and peripheral equipment operators; credit clerks and authorizers; general office clerks; information clerks; mail clerks and messengers; material recording, scheduling, dispatching and distributing; postal clerks and mail carriers; records clerks; secretaries; stenographers and court reporters; teacher aides; telephone, telegraph and teletype operators; typists, word processors and data entry keyers.
5. **Services.** Use sub-headings provided.
6. **Agricultural, Forestry & Fishing.** Self explanatory.
7. **Mechanics, Installers and Repairers.**Aircraft mechanics and engine specialists; automotive body repairers; automotive mechanics; diesel mechanics; electronic equipment repairers; elevator installers and repairers; farm equipment mechanics; general maintenance mechanics; heating, air conditioning and refrigeration technicians; home appliance and power tool repairers, industrial machinery repairers; line installers and cable splicers; millwrights; mobile heavy equipment mechanics; motorcycle, boat and small engine mechanics; musical instrument repairers and tuners; vending machine servicers and repairers.
8. **Construction Trades.** Bricklayers and stonemasons; carpenters; carpet installers; concrete masons and terrazzo workers; drywall workers and lathers; electricians; glaziers; highway maintenance; insulation workers; painters and paperhangers; plasterers; plumbers and pipefitters; roofers; sheet metal workers; structural and reinforcing ironworkers; tilesetters.
9. **Production Occupations.** Assemblers; food processing occupations; inspectors, testers and graders; metalworking and plastics-working occupations; plant and systems operators, printing occupations; textile, apparel and furnishings occupations; woodworking occupations; miscellaneous production operations.
10. **Transportation & Material Moving.** Busdrivers; material moving equipment operators; rail transportation occupations; truckdrivers; water transportation occupations.
11. **Handlers, Equipment Cleaners, Helpers and Laborers** (not included elsewhere). Entry level jobs not

requiring significant training.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

h. Employment of Military Spouses. Complete the following table to provide estimated information concerning military spouses who are also employed in the area defined in response to question 1.b., above. Do not fill in shaded area.

1. Percentage of Military Employees Who Are Married:	51%
2. Percentage of Military Spouses Who Work Outside of the Home:	unknown
3. Break out of Spouses' Location of Employment (Total of rows 3a. through 3d. should equal 100% and reflect the number of spouses used in the calculation of the "Percentage of Spouses Who Work Outside of the Home".	
3a. Employed "On-Base" - Appropriated Fund:	29
3b. Employed "On-Base" - Non-Appropriated Fund:	0
3c. Employed "Off-Base" - Federal Employment:	unknown
3d. Employed "Off-Base" - Other Than Federal Employment	unknown

Source of Data (1.h.) Spouse Employment Data): Naval Hospital Charleston Manpower Management Department (SPMS system)

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

2. Infrastructure Data. For each element of community infrastructure identified in the two tables below, rate the community's ability to accommodate the relocation of additional functions and personnel to your activity. Please complete each of the three columns listed in the table, reflecting the impact of various levels of increase (20%, 50% and 100%) in the number of personnel working at the activity (and their associated families). In ranking each category, use one of the following three ratings:

A - Growth can be accommodated with little or no adverse impact to existing community infrastructure and at little or no additional expense.

B - Growth can be accommodated, but will require some investment to improve and/or expand existing community infrastructure.

C - Growth either cannot be accommodated due to physical/environmental limitations or would require substantial investment in community infrastructure improvements.

Table 2.a., "Local Communities": This first table refers to the local community (i.e., the community in which the base is located) and its ability to meet the increased requirements of the installation.

Table 2.b., "Economic Region": This second table asks for an assessment of the infrastructure of the economic region (those counties identified in response to question 1.b., (page 3) - taken in the aggregate) and its ability to meet the needs of additional employees and their families moving into the area.

For both tables, annotate with an asterisk (*) any categories which are wholly supported on-base, i.e., are not provided by the local community. These categories should also receive an A-B-C rating. Answers for these "wholly supported on-base" categories should refer to base infrastructure rather than community infrastructure.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

a. Table A: Ability of the local community to meet the expanded needs of the base.

1) Using the A - B - C rating system described above, complete the table below.

Category	20% Increase	50% Increase	100% Increase
Off-Base Housing	A	A	A
Schools - Public	A	A	A
Schools - Private	A	A	A
Public Transportation - Roadways	A	A	A
Public Transportation - Buses/Subways	A	A	A
Public Transportation - Rail	A	A	A
Fire Protection	A	A	A
Police	A	A	A
Health Care Facilities	A	A	A
Utilities:	A	A	A
Water Supply	A	A	A
Water Distribution	A	A	A
Energy Supply	A	A	A
Energy Distribution	A	A	A
Wastewater Collection	A	A	A
Wastewater Treatment	A	A	A
Storm Water Collection	A	A	A
Solid Waste Collection and Disposal	A	A	A
Hazardous/Toxic Waste Disposal	A	A	A
Recreational Activities	A	A	A

Remember to mark with an asterisk any categories which are wholly supported on-base.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

2) For each rating of "C" identified in the table on the preceding page, attach a brief narrative explanation of the types and magnitude of improvements required and/or the nature of any barriers that preclude expansion.

* All category questions in this table are answered with an "A" because the downsizing activity taking place in the region makes the absorption of any increases in employees and their families easy

Source of Data (2.a. 1) & 2) - Local Community Table):Center for Business Research, Charleston Trident Chamber of Commerce. 1994

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

b. Table B: Ability of the region described in the response to question 1.b. (page 3) (taken in the aggregate) to meet the needs of additional employees and their families relocating into the area.

1) Using the A - B - C rating system described above, complete the table below.

Category	20% Increase	50% Increase	100% Increase
Off-Base Housing	A	A	A
Schools - Public	A	A	A
Schools - Private	A	A	A
Public Transportation - Roadways	A	A	A
Public Transportation - Buses/Subways	A	A	A
Public Transportation - Rail	A	A	A
Fire Protection	A	A	A
Police	A	A	A
Health Care Facilities	A	A	A
Utilities:	A	A	A
Water Supply	A	A	A
Water Distribution	A	A	A
Energy Supply	A	A	A
Energy Distribution	A	A	A
Wastewater Collection	A	A	A
Wastewater Treatment	A	A	A
Storm Water Collection	A	A	A
Solid Waste Collection and Disposal	A	A	A
Hazardous/Toxic Waste Disposal	A	A	A
Recreation Facilities	A	A	A

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Remember to mark with an asterisk any categories which are wholly supported on-base.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

2) For each rating of "C" identified in the table on the preceding page, attach a brief narrative explanation of the types and magnitude of improvements required and/or the nature of any barriers that preclude expansion.

Source of Data (2.b. 1) & 2) - Regional Table): Center for Business Research, Charleston Trident Chamber of Commerce 1994

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

3. Public Facilities Data:

a. Off-Base Housing Availability. For the counties identified in the response to question 1.b. (page 3), in the aggregate, estimate the current average vacancy rate for community housing. Use current data or information identified on the latest family housing market analysis. For each of the categories listed (rental units and units for sale), combine single family homes, condominiums, townhouses, mobile homes, etc., into a single rate:

Rental Units: The vacancy rate of rental units in the Charleston areavaries region-wide but averages between 10-15% overall

Units for Sale: The Association of Realtors lists 5,000 residential units available for sale at present

* There are a total of 199,879 housing units in the Charleston Metro area

Source of Data (3.a. Off-Base Housing): Center for Business Research, Charleston Trident Chamber of Commerce, Charleston Trident Association of Realtors 1994

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

b. Education.

1) Information is required on the current capacity and enrollment levels of school systems serving employees of the activity. Information should be keyed to the counties identified in the response to question 1.b. (page 3).

School District	County	Number of Schools			Enrollment		Pupil-to-Teacher Ratio		Does School District Serve Gov't Housing Units? *
		Element-ary	Middle	High	Current	Max. Capacity	Current	Max. Ratio	
Berkeley	Berkeley	19	8	10	27,069	30,000	20:1	35:1	YES
Charleston	Charleston	44	15	13	45,847	46,800	19:1	35:1	yes
Dorchester II	Dorchester	10	3	3	15,335	no set number, but close to max.	20:1	35:1	no
Dorchester IV	Dorchester	4	0	3	2,671	no set number, but not at max cap.	17:1	35:1	no

* Answer "Yes" in this column if the school district in question enrolls students who reside in government housing.
** The state of South Carolina sets the maximum pupil-to-teacher ratio at 35:1

Source of Data (3.b.1) Education Table): SC Education Profiles, SC Dept of Education,1993; Public Relations Offices & Superintendents' Offices of each district. NOTE: Each district noted that they continuously monitor the community's future outlook and plan to expand if necessary or adjust according to changes due to 1993 announcement of the Naval Station & Shipyard closure.

2) Are there any on-base "Section 6" Schools? If so, identify number of schools and current enrollment.

Berkeley County: Yes, there are 3 district "section 6" schools on-base with a 1994 projected

enrollment total of 1,813 combined.

Source of Data (3.b.2) On-Base Schools): County Supertendents' Offices 1994

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

3) For the counties identified in the response to question 1.b. (page 3), in the aggregate, list the names of undergraduate and graduate colleges and universities which offer certificates, Associate, Bachelor or Graduate degrees :
Colleges and Universities in the Charleston Trident Area:

-Charleston Southern University

-The Citadel

-College of Charleston

- Medical University of South Carolina

- Webster University

Source of Data (3.b.3) Colleges):Center for Business Research, Charleston Trident Chamber of Commerce

4) For the counties identified in the response to question 1.b. (page 3), in the aggregate, list the names and major curriculums of vocational/technical training schools:

-Johnson and Wales University has a vocational curriculum offering associates and bachelors degrees in the culinary arts and tourism/hospitality management

-The Neilson Electronics Institute offers associates degrees in electronics technology as well as courses in truck driver training

-Trident Technical College has courses offered in the following areas: Arts and Sciences, Business Technology, Engineering Technology, Health Sciences, Hospitality and Tourism, and Industrial Technology. Associates degrees and Certificates are awarded.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Source of Data (3.b.4) Vo-tech Training):Center for Business Research, Charleston Trident Chamber of Commerce 1994

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

c. Transportation.

1) Is the activity served by public transportation?

	Yes	No
Bus:	x	
Rail:	x	
Subway:		x
Ferry:		x

Source of Data (3.c.1) Transportation): Center for Business Research, Charleston Trident Chamber of Commerce 1994

2) Identify the location of the nearest passenger railroad station (long distance rail service, not commuter service within a city) and the distance from the activity to the station.

* Amtrack Station, 4565 Gaynor Ave., North Charleston, SC; 1 mile from the Charleston Naval Hospital; 5-6 miles from the Naval Weapons Station

Source of Data (3.c.2) Transportation): Center for Business Research, Charleston Trident Chamber of Commerce 1994

3) Identify the name and location of the nearest commercial airport (with public carriers, e.g., USAIR, United, etc.) and the distance from the activity to the airport.

*Charleston International Airport, 5500 International Blvd. North Charleston, SC; 6 miles from Naval Hospital and 8-10 miles from the Naval Weapons Station

Source of Data (3.c.3) Transportation):Center for Business Research, Charleston Trident Chamber of Commerce 1994

4) How many carriers are available at this airport?

There are 5 major airlines together offering over 100 daily flights servicing the Charleston

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

International Airport: American, United, Continental, Delta and USAir

Source of Data (3.c.4) Transportation):Center for Business Research Charleston Trident Chamber of Commerce

5) What is the Interstate route number and distance, in miles, from the activity to the nearest Interstate highway?

The Naval Hospital is located on U.S. Highway 52 just 3/4 mile from Interstate 26; Naval Weapons Station iis located off U.S. Highway 52 4-5 miles form Interstate 26

Source of Data (3.c.5) Transportation):Center for Business Research, Charleston Trident Chamber of Commmerce 1994

6) Access to Base:

a) Describe the quality and capacity of the road systems providing access to the base, specifically during peak periods. (Include both information on the area surrounding the base and information on access to the base, e.g., numbers of gates, congestion problems, etc.)

* The proximity of the main artery, Interstate 26, makes for ready long-distance logistical support. All roads leading onto the base are of a
sufficient size to handle large volumes of vehicular traffic that develop at the beginning and end of each workday.

b) Do access roads transit residential neighborhoods?

* All of the access roads transit residential neighborhoods for a short distance. However, none transit residential neighborhoods by more than a couple of blocks

c) Are there any easements that preclude expansion of the access road system?

* There are no easements that preclude expansion of the access road system

d) Are there any man-made barriers that inhibit traffic flow (e.g., draw bridges, etc.)?

*There are no man-made barriers that inhibit traffic flow

Source of Data (3.c.6) Transportation):Charleston Area Maps

d. Fire Protection/Hazardous Materials Incidents. Does the activity have an agreement with the local community for fire protection or hazardous materials incidents? Explain the nature of the agreement and identify the provider of the service.

* Not at this time. These services are currently arranged through the Naval Station and Shipyard, respectively.

Source of Data (3.d. Fire/Hazmat):Naval Hospital Facilities Management Dapartment

e. Police Protection.

1) What is the level of legislative jurisdiction held by the installation?

*Concurrent juristiction with the City of North Charleston

2) If there is more than one level of legislative jurisdiction for installation property, provide a brief narrative description of the areas covered by each level of legislative jurisdiction and whether there are separate agreements for local law enforcement protection.

*Naval Base Security and North Charleston Police provide law enforcement protection to Naval Hospital Charleston

3) Does the activity have a specific written agreement with local law enforcement concerning the provision of local police protection?

*No

4) If agreements exist with more than one local law enforcement entity, provide a brief narrative description of whom the agreement is with and what services are covered.

*N/A

5) If military law enforcement officials are routinely augmented by officials of other federal agencies (BLM, Forest Service, etc.), identify any written agreements covering such services and briefly describe the level of support received.

*None

Source of Data (3.e. 1) - 5) - Police):Naval Hospital Security Officer

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

f. Utilities.

1) Does the activity have an agreement with the local community for water, refuse disposal, power or any other utility requirements? Explain the nature of the agreement and identify the provider of the service.

*Charleston Count Public Works provides water. Electricity is received from South Carolina Electric and Gas (SCE&G) and the Naval Shipyard. Natural gas is supplied by SCE&G.

2) Has the activity been subject to water rationing or interruption of delivery during the last five years? If so, identify time period during which rationing existed and the restrictions imposed. Were activity operations affected by these situations? If so, explain extent of impact.

* During Hurricaine "Hugo" in September of 1989 the Naval Hospital was without water for a total of two days.

3) Has the activity been subject to any other significant disruptions in utility service, e.g., electrical "brown outs", "rolling black outs", etc., during the last five years? If so, identify time period(s) covered and extent/nature of restrictions/disruption. Were activity operations affected by these situations? If so, explain extent of impact.

*No

Source of Data (3.f. 1) - 3) Utilities):

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

4. Business Profile. List the top ten employers in the geographic area defined by your response to question 1.b. (page 3), taken in the aggregate, (include your activity, if appropriate):

Employer	Product/Service	No. of Employees
1.Charleston Naval Complex	US Navy	26,742
2.Medical University of South Carolina	Education/Healthcare	7,858
3.Charleston Air Force Base	US Air Force	5,918
4.Charleston County School District	Elem./Secondary education	5,150
5.Berkeley County School District	Elem./Secondary education	2,900
6.Roper Hospital	Healthcare	2,178
7.Westvaco	Manufacturing	2,040
8.US Post Office	Postal Service	1,970
9.Piggly Wiggly	Grocery Stores	1,800
10.Robert Bosch Corp.	Manufacturing	1,800

Source of Data (4. Business Profile):Charleston Trident Major Employers Directory, Center for Business Research, Charleston Trident Chamber of Commerce 1993

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

5. Other Socio-Economic Impacts. For each of the following areas, describe other recent (past 5 years), on-going or projected economic impacts (both positive and negative) on the geographic region defined by your response to question 1.b. (page 3), in the aggregate:

a. Loss of Major Employers:

* The major industries fueling the economy of the Charleston Trident Metropolitan Area include the military, the Visitor Industry, Manufacturing, the medical industry, and the Port of Charleston

Total military employment (including active, civilian, and contract) in the region stands at approximately 32,000, a decrease of 41% since 1989. In October 1991 and again in March 1992 a major reduction in force occurred at the Charleston Naval Shopyard. The total civilian layoff was 1,400 workers. Although a majority of laid-off workers were placed back in the workforce, the layoff contributed to a rise in unemployment in the region from 4.9% in October 1991 to 6.6% in March 1992. As of April 1994, the metro area's unemployment stands at 6.3%.

In June of 1993 the Base Realignment and Closure Commission voted to shut down the Charleston Naval Station and Naval Shipyard. The facilities slated for closure employ approximately 20,000 active and civilian workers with a $600 million payroll.

In addition, a major military contractor, General Dynamics, announced in November 1993, that it would cease operations at its Charleston facility March 31,1994, laying off 325 employees. This closing has occurred. Another of the region's major employers, DuPont, announced in October 1993,that that it would shut down one of its production lines in Berkeley County affecting 200 ot 250 workers.

Other major employer reductions include: 1. The Medical University of South Carolina, which reduced its workforce by 307 positions June 27, 1994, and has announced it may cut another 1,300 jobs over the next five years. 2. Reliance Comm/Tec Corp., a major manufacturer employing over 230 workers shut down its plant in December 1993. 3. Charleston Manufacturing, a 160 employee apparel manufacturer, closed its doors December 1993.

Further military cutbacks will have severe economic ramifications for the economy of Berkeley, Charleston and Dorchester counties.

b. Introduction of New Businesses/Technologies:

A total of 10 new manufacturing companies announced new operations in the Charleston

Trident region in 1991, adding some 750 jobs and more than $750 million in capital investment to the region. For 1992, capital investment totaled over $455million while over 600 jobs were added. In 1993, more than $40 million in new and expanded capital investments were announced, bringing in over an estimated 500 jobs to the area. These '93 announcements include expansions by MDT Diagnostic and Westvaco Corp. So far in 1994, the region's economic development investment announcements total nearly $18 million, bringing over 250 new jobs to the Charleston area. These developments include the relocation to our area of the corporate headquarters of Oneita Industries Inc., a national active wear and infants wear manufacturer, and the expansion of Healthsource Inc., a health maintenance organization with South Carolina Headquarters in the Charleston metro area.

c. Natural Disasters:

Because of the region's location on the Atlantic coast, the area is susceptible to hurricane activity during the summer and early fall months. The last storm to make landfall was Hugo in September 1989. With the exception of some vegetation, a full economic recovery occurred within 12-18 months following the storm.

d. Overall Economic Trends:

Comprised of three counties--Berkeley, Charleston, and Dorchester-- teh Charleston Metropolitan region is influenced heavily by four major economic sectors--the Military, the Port of Charleston, the Visitor Industry and the medical community. The region has experience a 41% decline in total military employment since 1989 but has maintained overall job growth until mid-1993. During the past 12 months, the region's total civilian labor force and total employment has begun to decline since the announcement of the closing of the Charleston Naval Station and Shipyard as well as a number of layoffs at several area manufacturers.

During 1993 and 1994, the region's Visitor Industry and Port have experienced positive growth. The Medical community, centered around the Medical University of South Carolina has begun to downsize as the national health care industry begins to restructure

Source of Data (5. Other Socio/Econ):Mary Graham, Director for the Center for Business Research, Charleston Trident Chamber of Commerce 1994

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

6. Other. Identify any contributions of your activity to the local community not discussed elsewhere in this response.

Source of Data (6. Other):

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

S. L. LANGENBERG
NAME (Please type or print)

S L Langenberg
Signature

COMMANDING OFFICER (Acting)
Title

Date

NAVAL HOSPITAL CHARLESTON
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title 7-24-94 Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER

NAME (Please type or print) W A Earner Signature

Title 8/6/94 Date

Document Separator

DATA CALL 64
CONSTRUCTION COST AVOIDANCES

Table 1: Military Construction (MILCON) Projects (Excluding Family Housing Construction Projects).

Installation Name:	Charleston NH
Unit Identification Code (UIC):	68084
Major Claimant:	Defense Agnecies (DMFO)

Project FY	Project No.	Description	Appn	Project Cost Avoid ($000)
1998	25939	Hospital Life Safety	MCON	8,700
		Sub -Total 1998		**8,700**
		Grand Total		**8,700**

BRAC-95 CERTIFICATION

Reference: SECNAV NOTE 11000 dtd 8 Dec 93

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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I certify the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

Gordon K. Dowery	Gordon K Dowery
NAME (Please type of print)	Signature
Director, DMFO	7/8/94
Title	Date
OASD(HA)	
Activity	

Document Separator

NAVHOSP CHARLESTON

373

ENVIRONMENTAL DATA CALL:
DATA CALL TO BE SUBMITTED TO
ALL NAVY/MARINE CORPS HOST ACTIVITIES

20 APRIL 1994

BRAC 1995 ENVIRONMENTAL DATA CALL:
All Navy/Marine Corps Host Ativities

INDEX

Section	Page
GENERAL INSTRUCTIONS	2
ENDANGERED/THREATENED SPECIES AND BIOLOGICAL HABITAT	3
WETLANDS	5
CULTURAL RESOURCES	5
ENVIRONMENTAL FACILITIES	6
AIR POLLUTION	10
ENVIRONMENTAL COMPLIANCE	13
INSTALLATION RESTORATION	14
LAND/AIR/WATER USE	16
WRAP-UP	20

ENVIRONMENTAL DATA CALL

Responses to the following questions provide data that will allow an assessment of the potential environmental impact associated with the closure or realignment of a Navy shore activity. This criterion consists of:

- Endangered/Threatened Species and Biological Habitat
- Wetlands
- Cultural Resources
- Environmental Facilities
- Air Pollution
- Environmental Compliance
- Installation Restoration
- Land/Air/Water Use

As part of the answers to these questions, a *source citation* (e.g., 1993 base loading, 1993 base-wide Endangered Species Survey, 1993 letter from USFWS, 1993 Base Master Plan, 1993 Permit Application, 1993 PA/SI, etc.) must be included. It is probable that, at some point in the future, you will be asked to provide additional information detailing specifics of individual characteristics. In anticipation of this request, supporting documentation (e.g., maps, reports, letters, etc.) regarding answers to these questions should be retained. Information needed to answer these questions is available from the cognizant EFD Planning and Real Estate Divisions, and Environment, Safety, and Health Divisions; and from the activity Public Works Department, and activity Health Monitoring and Safety Offices.

For purposes of the questions associated with land use at your base is *defined* as *land* (acreage owned, withdrawn, leased, and controlled through easements); *air* (space controlled through agreements with the FAA, e.g., MOAs); *and water* (navigation channels and waters along a base shoreline) *under the control of the Navy.*

Amended page
@ 2R BUMED-822, MSS
7 Jun 94

TO: LT Shaffer
BUMED
FAX #: (202) 653-0877

FROM: ENS V. MARINCASIU
NAVHOSP Charleston
FAX #: 743-7256 PHONE #: (803) 743-7699

DATE: 6/06/94
NO. PAGES INCLUDING THIS PAGE: 4

ENVIRONMENTAL DATA CALL

Responses to the following questions provide data that will allow an assessment of the potential environmental impact associated with the closure or realignment of a Navy shore activity. This criterion consists of:

- Endangered/Threatened Species and Biological Habitat
- Wetlands
- Cultural Resources
- Environmental Facilities
- Air Pollution
- Environmental Compliance
- Installation Restoration
- Land/Air/Water Use

As part of the answers to these questions, a *source citation* (e.g., 1993 base loading, 1993 base-wide Endangered Species Survey, 1993 letter from USFWS, 1993 Base Master Plan, 1993 Permit Application, 1993 PA/SI, etc.) must be included. It is probable that, at some point in the future, you will be asked to provide additional information detailing specifics of individual characteristics. In anticipation of this request, supporting documentation (e.g., maps, reports, letters, etc.) regarding answers to these questions should be retained. Information needed to answer these questions is available from the cognizant EFD Planning and Real Estate Divisions, and Environment, Safety, and Health Divisions; and from the activity Public Works Department, and activity Health Monitoring and Safety Offices.

For purposes of the questions associated with land use at your base is *defined* as *land* (acreage owned, withdrawn, leased, and controlled through easements); *air* (space controlled through agreements with the FAA, e.g., MOAs); *and water* (navigation channels and waters along a base shoreline) *under the control of the Navy.*

Provide a list of the tenant activities with UICs that are covered in this response.

N/A

BUMED-822, MH
7 Jun 94

2 R

1. ENDANGERED/THREATENED SPECIES AND BIOLOGICAL HABITAT

1a. For federal or state listed endangered, threatened, or category 1 plant and/or animal species on your base, complete the following table. Critical/sensitive habitats for these species are designated by the U. S. Fish and Wildlife Service (USFWS). A species is present on your base if some part of its life-cycle occurs on Navy controlled property (e.g., nesting, feeding, loafing). Important Habitat refers to that number of acres of habitat that is important to some life cycle stage of the threatened/endangered species that is not formally designated.

SPECIES (plant or animal)	Designation (Threatened/ Endangered)	Federal/ State	Critical / Designated Habitat (Acres)	Important Habitat (acres)
example: Haliaeetus leucocephalus - bald eagle	*threatened*	*Federal*	*25*	*0*
NONE				

Source Citation: Endangered Species Survey Final Report of 20 July 1993

1b.

Have your base operations or development plans been constrained due to: - USFWS or National Marine Fisheries Service (NMFS)? - State required modifications or constraints? If so, identify below the impact of the constraints including any restrictions on land use.	YES (NO)
Are there any requirements resulting from species not residing on base, but which migrate or are present nearby? If so, summarize the impact of such constraints.	YES (NO)

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BUMED-822, MA
7 Jun 94

1c. If the area of the habitat and the associated species have not been identified on base maps provided in Data Call 1, submit this information on an updated version of Data Call 1 map.

N/A

1d.

Have any efforts been made to relocate any species and/or conduct any mitigation with regards to critical habitats or endangered/threatened species? Explain what has been done and why.	YES/NO N/A

1e.

Will any state or local laws and/or regulations applying to endangered/threatened species which have been enacted or promulgated but not yet effected, constrain base operations or development plans beyond those already identified? Explain.	YES/NO

2. WETLANDS

Note: Jurisdictional wetlands are those areas that meet the wetland definitional criteria detailed in the Corps of Engineers (COE) Wetland Delineation Manual, 1987, Technical Report Y-87-1, U.S. Army Engineer Waterway Experiment Station, Vicksburg, MS or officially adapted state definitions.

2a.

Does your base possess federal jurisdictional wetlands?	YES/NO
Has a wetlands survey in accordance with established standards been conducted for your base?	YES/NO
When was the survey conducted or when will it be conducted? 01 / 01 / 87	
What percent of the base has been surveyed?	100
What is the total acreage of jurisdictional wetlands present on your base?	0

Source Citation: Map of Charleston Naval Shipyard, Naval Station and contiguous activities existing and planned as of 1 January 1987.

2b. If the area of the wetlands has not been identified on base maps provided in Data Call 1, submit this on an updated version of Data Call 1 map.

N/A

2c. Has the EPA, COE or a state wetland regulatory agency required you to modify or constrain base operations or development plans in any way in order to accommodate a jurisdictional wetland? NO If YES, summarize the results of such modifications or constraints.

3. CULTURAL RESOURCES

3a.

Has a survey been conducted to determine historic sites, structures, districts or archaeological resources which are listed, or determined eligible for listing, on the National Register of Historic Places? If so, list the sites below.	YES/NO

NH-68 - Medical Warehouse

3b.
YES/NO

Has the President's Advisory Council on Historic Preservation or the cognizant State Historic Preservation Officer required you to mitigate or constrain base operations or development plans in any way in order to accommodate a National Register cultural resource? If YES, list the results of such modifications or constraints below.	YES/NO

3c.

Are there any on base areas identified as sacred areas or burial sites by Native Americans or others? List below.	YES/NO

4. ENVIRONMENTAL FACILITIES

Notes: If your facility is permitted for less than maximum capacity, state the maximum capacity and explain below the associated table why it is not permitted for maximum capacity. Under "Permit Status" state when the permit expires, and whether the facility is operating under a waiver. For permit violations, limit the list to the last 5 years.

4a.

Does your base have an operating landfill?					YES / NO
ID/Location of Landfill	Permitted Capacity (CYD)		Maximum Capacity (CYD)	Contents[1]	Permit Status
	TOTAL	Remaining			

[1] Contents (e.g. building demolition, asbestos, sanitary debris, etc)

Are there any current or programmed projects to correct deficiencies or improve the facility.

4b. If there are any non-Navy users of the landfill, describe the user and conditions/agreements.

4c.

Does your base have any disposal, recycling, or incineration facilities for solid waste?					YES / NO
Facility/Type of Operation	**Permitted Capacity**	**Ave Daily Throughput**	**Maximum Capacity**	**Permit Status**	**Comments**

List any permit violations and projects to correct deficiencies or improve the facility.

4d.

Does your base own/operate a Domestic Wastewater Treatment Plant (WWTP) ?					YES / NO
ID/Location of WWTP	**Permitted Capacity**	**Ave Daily Discharge Rate**	**Maximum Capacity**	**Permit Status**	**Level of Treatment/Year Built**

List permit violations and discuss any projects to correct deficiencies.

4e. If you do not have a domestic WWTP, describe the average discharge rate of your base to the local sanitary sewer authority, discharge limits set by the sanitary sewer authority (flow and pollutants) and whether the base is in compliance with their permit. Discuss recurring discharge violations.

All sewage is pumped to Charleston Naval Shipyard. Average discharge 50,000 CCF/Year.

4f.

Does your base operate an Industrial Waste Treatment Plant (IWTP)?					YES / NO
ID/Location of IWTP	Type of Treatment	Permitted Capacity	Ave Daily Discharge Rate	Maximum Capacity	Permit Status

List any permit violations and projects to correct deficiencies or improve the facility.

4g. Are there other waste treatment flows not accounted for in the previous tables? Estimate capacity and describe the system.

N/A

4h.

Does your base operate drinking Water Treatment Plants (WTP)?					YES / NO
ID/Location of WTP	Operating (GPD)		Method of Treatment	Maximum Capacity	Permit Status
	Permitted Capacity	Daily Rate			

List permit violations and projects/actions to correct deficiencies or improve the facility.

4i. If you do not operate a WTP, what is the source of the base potable water supply. State terms and limits on capacity in the agreement/contract, if applicable.

Direct supply from the city of North Charleston. There are no limits on capacity.

4j.

Does the presence of contaminants or lack of supply of water constrain base operations. Explain.	YES/NO

4k.

Other than those described above does your base hold any NPDES or stormwater permits? If YES, describe permit conditions.	YES/NO
If NO, why not and provide explanation of plan to achieve permitted status.	

1. The hospital does not discharge any water to navigable waters therefore no NPDES permit is required.
2. The hospital is a non-industrial activity therefore it is exempt from storm water regulations.

4l.

	YES/NO
Does your base have bilge water discharge problem?	NO
Do you have a bilge water treatment facility?	NO

Explain:

4m.

Will any state or local laws and/or regulations applying to Environmental Facilities, which have been enacted or promulgated but not yet effected, constrain base operations or development plans beyond those already identified? Explain.	YES/NO NO

4n. What expansion capacity is possible with these Environmental Facilities? Will any expansions/upgrades as a result of BRACON or projects programmed through the Presidents budget through FY1997 result in additional capacity? Explain.

NO

4o. Do capacity limitations on any of the facilities discussed in question 4 pose a present or future limitation on base operations? Explain.

NONE

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BUMED-822, m11
7 Jun 94

5. AIR POLLUTION

5a.

What is the name of the Air Quality Control Areas (AQCAs) in which the base is located? EQC District No. 9
Is the installation or any of its OLFs or non-contiguous base properties located in different AQCAs? NO . List site, location and name of AQCA.

5b. For each parcel in a separate AQCA fill in the following table. Identify with and "X" whether the status of each regulated pollutant is: attainment/nonattainment/maintenance. For those areas which are in non-attainment, state whether they are: Marginal, Moderate, Serious, Severe, or Extreme. State target attainment year.

Site: Naval Hospital AQCA: EQC District No. 9

Pollutant	Attainment	Non-Attainment	Maintenance	Target Attainment Year[1]	Comments[2]
CO	X				
Ozone	X				
PM-10	X				
SO_2	X				
NO_2	X				
Pb	X				

[1] Based on national standard for Non-Attainment areas or SIP for Maintenance areas.
[2] Indicate if attainment is dependent upon BRACON, MILCON or Special Projects. Also indicate if the project is currently programmed within the Presidents FY1997 budget.

5c. For your base, identify the baseline level of emissions, established in accordance with the Clean Air Act. Baseline information is assumed to be 1990 data or other year as specified. Determine the total level of emissions (tons/yr) for CO, NOx, VOC, PM10 for the general sources listed. For all data provide a list of the sources and show your calculations. Use known emissions data, or emissions derived from use of state methodologies, or identify other sources used. "Other Mobile" sources include such items as ground support equipment.

	Emission Sources (Tons/Year)				
Pollutant	Permitted Stationary	Personal Automobiles	Aircraft Emissions	Other Mobile	Total
CO		Not Available	Not Available		
NOx					
VOC					
PM10					

Source Document: _____

5d. For your base, determine the total FY1993 level of emissions (tons/yr) for CO, NOx, VOC, PM10 for the general sources listed. For all data provide a list of the sources and show your calculations. Use known emissions data, or emissions derived from use of state methodologies, or identify other sources used. "Other Mobile" sources include such items as ground support equipment.

	Emissions Sources (Tons/Year)				
Pollutant	Permitted Stationary	Personal Automobiles	Aircraft Emissions	Other Mobile	Total
CO		Not Available	Not Available		
NOx					
VOC					
PM10					

Source Document: _____

5e. Provide estimated increases/decreases in air emissions (Tons/Year of CO, NOx, VOC, PM10) expected within the next six years (1995-2001). Either from previous BRAC realignments and/or previously planned downsizing shown in the Presidents FY1997 budget. Explain.

Air emissions will remain constant.

5f. Are there any critical air quality regions (i.e. non-attainment areas, national parks, etc.) within 100 miles of the base?

Cape Romain Wildlife Refuge

5g. Have any base operations/mission/functions (i.e.: training, R&D, ship movement, aircraft movement, military operations, support functions, vehicle trips per day, etc.) been restricted or delayed due to air quality considerations. Explain the reason for the restriction and the "fix" implemented or planned to correct.

NO

5h. Does your base have Emission Reduction Credits (ERCs) or is it subject to any emission offset requirements? If yes, provide details of the sources affected and conditions of the ERCs and offsets. Is there any potential for getting ERCs?

NO

6. ENVIRONMENTAL COMPLIANCE

6a. Identify compliance costs, currently known or estimated that are required for permits or other actions required to bring existing practices into compliance with appropriate regulations. Do not include Installation Restoration costs that are covered in Section 7. For the last two columns provide the combined total for those two FY's.

Program	Survey Com-pleted?	Costs in $K to correct deficiencies					
		FY94	FY95	FY96	FY97	FY98-99	FY00-01
Air	YES						
Hazardous Waste	YES						
Safe Drinking Water Act	YES						
PCBs	YES						
Other (non-PCB) Toxic Substance Control Act	NO						
Lead Based Paint	YES						
Radon	YES						
Clean Water Act	YES	35					
Solid Waste	NO						
Oil Pollution Act	NO						
USTs	NO					250	
Other	NO						
Total		35				250	

Provide a separate list of compliance projects in progress or required, with associated cost and estimated start/completion date.

6b.
Does your base have structures containing asbestos? YES What % of your base has been surveyed for asbestos? 93% Are additional surveys planned? YES What is the estimated cost to remediate asbestos ($K) 72,200. Are asbestos survey costs based on encapsulation, removal or a combination of both? Removal.

Amended page @ 15R
BUMED-822, mjl
7 Jun 99

6. ENVIRONMENTAL COMPLIANCE

6a. Identify compliance costs, currently known or estimated that are required for permits or other actions required to bring existing practices into compliance with appropriate regulations. Do not include Installation Restoration costs that are covered in Section 7 or recurring costs included in question 6c. For the last two columns provide the two year totals for those FY's.

Program	Survey Completed?	Costs in $K to correct deficiencies					
		FY1994	FY1995	FY1996	FY1997	FY98-99	FY00-01
Air	YES						
Hazardous Waste	YES						
Safe Drinking Water Act	YES						
PCBs	YES						
Other (non-PCB) Toxic Substance Control Act	NO						
Lead Based Paint	YES						
Radon	YES						
Clean Water Act	YES	35					
Solid Waste	NO						
Oil Pollution Act	NO						
USTs	YES					250	
Other	NO						
Total		35				250	

Provide a separate list of compliance projects in progress or required, with associated cost and estimated start/completion date. NO

6b.
Does your base have structures containing asbestos? YES What % of your base has been surveyed for asbestos? 93 Are additional surveys planned? YES What is the estimated cost to remediate asbestos ($K) 72,200. Are asbestos survey costs based on encapsulation, removal or a combination of both? REMOVAL

15R
BUMED-822, MA
7 Jun 94

6c. Provide detailed cost of operational (environmental) compliance costs, with funding source.

Funding Source	FY92	FY93	FY94	FY95	FY96	FY97	FY98-99	FY00-01
O&MN								
HA								
PA								
Other (specify)	17K DHP	17K DHP	17K DHP	17K DHP	17K DHP	17K DHP	17K DHP	17K DHP
TOTAL	17K	17K	17K	17K	17K	17K	17K	17K

6d. Are there any compliance issues/requirements that have impacted operations and/or development plans at your base. NO

7. INSTALLATION RESTORATION

7a.

Does your base have any sites that are contaminated with hazardous substances or petroleum products?	YES/NO
Is your base an NPL site or proposed NPL site?	NO

7b. Provide the following information about your Installation Restoration (IR) program. Project list may be provided in separate table format. Note: List only projects eligible for funding under the Defense Environmental Restoration Account (DERA). Do not include UST compliance projects properly listed in section VI.

Site # or name	Type site [1]	Groundwater Contaminated?	Extends off base?	Drinking Water Source?	Cost to Complete ($M)/Est. Compl. Date	Status[2]/Comments
NONE						

[1] Type site: CERCLA, 'RCRA corrective action (CA), UST or other (explain)

[2] Status = PA, SI, RI, RD, RA, long term monitoring, etc.

Amended page c 16R
BUMED-822, mss
7 Jun 99

6c. Provide detailed cost of recurring operational (environmental) compliance costs, with funding source.

Funding Source	FY1992	FY1993	FY1994	FY1995	FY1996	FY1997	FY98-99	FY00-01
O&MN								
HA								
PA								
Other O&MN (specify)	17K DHP	17K DHP	17K DHP	17K DHP	17K DHP	17K DHP	17K DHP	17K DHP
Other (specify)								
TOTAL:	17K	17K	17K	17K	17K	17K	17K	17K

6d. Are there any compliance issues/requirements that have impacted operations and/or development plans at your base.

7. INSTALLATION RESTORATION

7a.

Does your base have any sites that are contaminated with hazardous substances or petroleum products?	YES/NO
Is your base an NPL site or proposed NPL site?	NO

7b. Provide the following information about your Installation Restoration (IR) program. Project list may be provided in separate table format. Note: List only projects eligible for funding under the Defense Environmental Restoration Account (DERA). Do not include UST compliance projects properly listed in section VI.

Site # or name	Type site [1]	Groundwater Contaminated?	Extends off base?	Drinking Water Source?	Cost to Complete ($M)/Est. Compl. Date	Status[2]/Comments
NONE						

[1] Type site: CERCLA, RCRA corrective action (CA), UST or other (explain)

[2] Status = PA, SI, RI, RD, RA, long term monitoring, etc.

14 IGR BUMED-822, MSS, 7 Jun 94

7c. Have any contamination sites been identified for which there is no recognized/accepted remediation process available? List. NO

7d.

Is there a groundwater treatment system in place?	YES/NO
Is there a groundwater treatment system planned?	YES/NO

State scope and expected length of pump and treat operation.

7e.

Has a RCRA Facilities Assessment been performed for your base?	YES/NO

7f. Does your base operate any "Conforming Storage" facilities for handling **hazardous materials**? If YES, describe facility, capacity, restrictions, and permit conditions.

NO

7g. Does your base operate any "Conforming Storage" facilities for handling **hazardous waste**? If YES, describe facility, capacity, restrictions, and permit conditions.

NO

7h. Is your base responsible for any non-appropriated fund facilities (exchange, gas station) that require cleanup? If so, describe facility/location and cleanup required/status.

NO

7i.

Do the results of any radiological surveys conducted indicate limitations on future land use? Explain below.	NO

7j. Have any base operations or development plans been restricted due to Installation Restoration considerations?

NO

7k. List any other hazardous waste treatment or disposal facilities not included in question 7b. above. Include capacity, restrictions and permit conditions.

NO

8. LAND / AIR / WATER USE

8a. List the acreage of each real estate component controlled or managed by your base (e.g., Main Base - 1,200 acres, Outlying Field - 200 acres, Remote Range - 1,000 acres, remote antenna site - 5 acres, Off-Base Housing Area - 25 acres).

Parcel Descriptor	Acres	Location
NAVHOSP COMPOUND	24.2	N. CHARLESTON, SC

BUMED-822
MJL, 7 Jun 94

8b. Provide the acreage of the land use categories listed in the table below:

LAND USE CATEGORY		ACRES
Total Developed: (administration, operational, housing, recreational, training, etc.)		23.79
Total Undeveloped (areas that are left in their natural state but are under specific environmental development constraints, i.e.: wetlands, endangered species, etc.)		Wetlands: 0
		All Others: 0
Total Undeveloped land considered to be without development constraints, but which may have operational/man caused constraints (i.e.: HERO, HERF, HERP, ESQD, AICUZ, etc.) TOTAL		0
Total Undeveloped land considered to be without development constraints		0
Total Off-base lands held for easements/lease for specific purposes		0.41
Breakout of undeveloped, restricted areas. Some restricted areas may overlap:	ESQD	0
	HERF	0
	HERP	0
	HERO	0
	AICUZ	0
	Airfield Safety Criteria	0
	Other	0

8c. How many acres on your base (includes off base sites) are dedicated for training purposes (e.g., vehicular, earth moving, mobilization)? This does not include buildings or interior small arms ranges used for training purposes. 0

8d. What is the date of your last AICUZ update? ____/____/____ Are any waivers of airfield safety criteria in effect on your base? Y/N Summarize the conditions of the waivers below.

N/A

8e. List the off-base land use *types* (e.g, residential, industrial, agricultural) and *acreage* within Noise Zones 2 & 3 generated by your flight operations and whether it is compatible/incompatible with AICUZ guidelines on land use.

Acreage/Location/ID	Zones 2 or 3	Land Use	Compatible/ Incompatible
N/A			

8f. List the navigational channels and berthing areas controlled by your base which require maintenance dredging? Include the frequency, volume, current project depth, and costs of the maintenance requirement.

Navigational Channels/ Berthing Areas	Location / Description	Maintenance Dredging Requirement			
		Frequency	Volume (MCY)	Current Project Depth (FT)	Cost ($M)
N/A					

8g. Summarize planned projects through FY 1997 requiring **new channel or berthing area** dredged depths, include location, volume and depth.

N/A

8h.

Are there available **designated dredge disposal areas** for maintenance dredging material? List location, remaining capacity, and future limitations.	N/A
Are there available **designated dredge disposal areas** for new dredge material? List location, remaining capacity, and future limitations.	N/A
Are the dredged materials considered contaminated? List known contaminants.	N/A

8.i. List any requirements or constraints resulting from consistency with **State Coastal Zone Management Plans.**

N/A

8j. Describe any **non-point source pollution problems affecting water quality** ,e.g.: coastal erosion.

N/A

8k.

If the base has a cooperative agreement with the US Fish and Wildlife Service and/or the State Fish and Game Department for conducting a hunting and fishing program, does the agreement or these resources constrain either current or future operations or activities? Explain the nature and extent of restrictions.	YES/NO N/A

8l. List any other areas on your base which are indicated **as** protected or preserved habitat other than threatened/endangered species that have been listed in Section 1. List the species, whether or not treated, and the acres protected/preserved. NONE

9. WRAPUP

9a. Are there **existing or potential environmental showstoppers** that have affected or will affect the accomplishment of the installation mission that have not been covered in the previous 8 questions? NO

9b. Are there any <u>other</u> **environmental permits** required for base operations, include any relating to industrial operations. NONE

9c. Describe any **other environmental or encroachment restrictions** on base property not covered in the previous 8 sections. NO

9d. List **any future/proposed laws/regulations or any proposed laws/regulations** which will constrain base operations or development plans in any way. Explain.

NONE

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

H. B. ETIENNE
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

01 Jun 1994
Date

NAVAL HOSPITAL CHARLESTON
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) X Signature

CHIEF BUMED/SURGEON GENERAL

Title 6-7-94 Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

P.W. DRENNON

NAME (Please type or print) Signature

ACTING

Title 6/24/94 Date

Document Separator

DATA CALL 1: GENERAL INSTALLATION INFORMATION

1. ACTIVITY: Follow example as provided in the table below (*delete the examples when providing your input*). If any of the questions have multiple responses, please provide all. If any of the information requested is subject to change between now and the end of Fiscal Year (FY) 1995 due to known redesignations, realignments/closures or other action, provide current and projected data and so annotate.

- Name

Official name	*NAVAL HOSPITAL CHARLESTON, CHARLESTON SC*
Acronym(s) used in correspondence	*NAVHOSP CHARLESTON*
Commonly accepted short title(s)	*NAVHOSP CHARLESTON*

- Complete Mailing Address
  COMMANDING OFFICER
  NAVAL HOSPITAL
  3600 RIVERS AVE
  NORTH CHARLESTON, SC 29405-7769

- PLAD

  NAVHOSP CHARLESTON

- PRIMARY UIC: 68084 (Plant Account UIC for Plant Account Holders)

Enter this number as the Activity identifier at the top of each Data Call response page.

- ALL OTHER UIC(s): _____ PURPOSE: _____

_____

_____ _____

_____

68084

2. PLANT ACCOUNT HOLDER:

● Yes X No _____ (check one)

68084

3. ACTIVITY TYPE: Choose most appropriate type that describes your activity and completely answer all questions.

- HOST COMMAND: A host command is an activity that provides facilities for its own functions and the functions of other (tenant) activities. A host has accountability for Class 1 (land), and/or Class 2 (buildings, structures, and utilities) property, regardless of occupancy. It can also be a tenant at other host activities.

  - Yes X No _____ (check one)

- TENANT COMMAND: A tenant command is an activity or unit that occupies facilities for which another activity (i.e., the host) has accountability. A tenant may have several hosts, although one is usually designated its primary host. If answer is "Yes," provide best known information for your primary host only.

  - Yes X No _____ (check one)

  - Primary Host (current) UIC: 61466
  - Primary Host (as of 01 Oct 1995) UIC: 61466
  - Primary Host (as of 01 Oct 2001) UIC: 00018

- INDEPENDENT ACTIVITY: For the purposes of this Data Call, this is the "catch-all" designator, and is defined as any activity not previously identified as a host or a tenant. The activity may occupy owned or leased space. Government Owned/Contractor Operated facilities should be included in this designation if not covered elsewhere.

  - Yes _____ No _____ (check one)

4. SPECIAL AREAS: List all Special Areas. Special Areas are defined as Class 1/Class 2 property for which your command has responsibility that is not located on or contiguous to main complex.

Name	Location	UIC
BUILDING #68 (warehouse)	NAVAL STATION CHARLESTON	68084

68084

5. DETACHMENTS: If your activity has detachments at other locations, please list them in the table below.

Name	UIC	Location	Host name	Host UIC
NAVAL WEAPONS STATION BRANCH CLINIC,CHARLESTON ,SC	32543	CHARLESTON	NAVAL HOSPITAL CHARLESTON	68084

6. BRAC IMPACT: Were you affected by previous Base Closure and Realignment decisions (BRAC-88, -91, and/or -93)? If so, please provide a brief narrative.

As a result of BRAC-93, the Charleston Naval Shipyard and the Naval Station Charleston will close April 1996. However, BRAC-93 resulted in the decision to keep the Naval Hospital Charleston open to support remaining beneficiaries and to offer health care support to beneficiaries in Myrtle Beach left without same as a result of the BRAC-91 decision to close Myrtle Beach AFB.

With the Shipyard and Naval Station closing, the beneficiary population in the Charleston catchment area will decrease from approximately 110,000 to about 60,000, of which 15,000 will be active duty (all services).

Because the hospital obtains some services from the Shipyard and Naval Station, actions are being taken now to obtain these services through other means. Briefly, the services affected are: (1) Maintenance; (2) MWR; (3) Utilities; (4) Fire and Security Protection. To a lesser extent support for military and civilian personnel will be affected by relocation of these services to the Naval Weapons Station (NWS) Charleston. NWS is about 20-30 minutes travel time from the hospital.

Two branch clinics, one at the Shipyard and one at the Naval Station, will close when the host activities close. The hospital supply warehouse, located on COMNAVBASE Charleston, will also be a loss. However, new initiatives in materials management should obviate the need for this warehouse space in the future.

The demand for Occupational and Environmental Health Services will decrease as a result of the base and shipyard closures, but there will still be support required by NWS, the hospital, and NISE East.

68084

7. MISSION: Do not simply report the standard mission statement. Instead, describe important functions in a bulletized format. Include anticipated mission changes and brief narrative explanation of change; also indicate if any current/projected mission changes are a result of previous BRAC-88, -91,-93 action(s).

Current Missions

- Primary mission is to support combat readiness

- Family Practice Model Hospital to include empanelment of the maximum number of beneficiaries with primary care providers at the core hospital or branch clinic

- Catchment Area Management (CAMCHAS), a managed care demonstration project tasked with containing the inflation rate of CHAMPUS while maximizing access to care for our beneficiaries

-

-

Projected Missions for FY 2001

- Provide health care services to remaining identified beneficiaries in a Family Practice Model/managed care network

-

-

-

-

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8. UNIQUE MISSIONS: Describe any missions which are unique or relatively unique to the activity. Include information on projected changes. Indicate if your command has any National Command Authority or classified mission responsibilities.

Current Unique Missions

-
-
-

Projected Unique Missions for FY 2001

-
-
-

9. IMMEDIATE SUPERIOR IN COMMAND (ISIC): Identify your ISIC. If your ISIC is not your funding source, please identify that source in addition to the operational ISIC.

Operational name	UIC
COMVAVBASE CHARLESTON	61466

Funding Source	UIC
BUMED	00018

10. PERSONNEL NUMBERS: Host activities are responsible for totalling the personnel numbers for all of their tenant commands, even if the tenant command has been asked to separately report the data. The tenant totals here should match the total tally for the tenant listing provided subsequently in this Data Call (see Tenant Activity list). (Civilian count shall include Appropriated Fund personnel only.)

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian
(Appropriated)			
● Reporting Command	252	521	500
Contracted			169
● Tenants (total)	27	39	

Authorized Positions as of 30 September 1993

	Officers	Enlisted	Civilian
(Appropriated)			
● Reporting Command	252	478	522
● Tenants (total)	34	40	

11. KEY POINTS OF CONTACT (POC): Provide the work, FAX, and home telephone numbers for the Commanding Officer or OIC, and the Duty Officer. Include area code(s). You may provide other key POCs if so desired in addition to those above.

Title/Name	Office	Fax	Home
● CO/OIC			
CAPT H.B. ETIENNE	563-7200	563-7280	
● Duty Officer [N/A]	563-7000	563-7256	
● CDR PAT ALFORD	563-7251		
● LCDR MARK BRYSON	563-7281	563-7280	

12. TENANT ACTIVITY LIST: This list must be all-inclusive. Tenant activities are to ensure that their host is aware of their existence and any "subleasing" of space. This list should include the name and UIC(s) of all organizations, shore commands and homeported units, active or reserve, DOD or non-DOD (include commercial entities). The tenant listing should be reported in the format provide below, listed in numerical order by UIC, separated into the categories listed below. Host activities are responsible for including authorized personnel numbers, end strength as of 30 September 1993, for all tenants, even if those tenants have also been asked to provide this information on a separate Data Call. (Civilian count shall include Appropriated Fund personnel only.)

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	ENLISTED	CIVILIAN
1ST NH CHASN	31035		1	
SMED TECH CHASN	43321		2	
PSD NAVHOSP CHASN	43349		0	
DCOUNSELOR CHASN	43716		1	
DMEDS NH CHASN	46882		36	
FP TRAINING	48457	34		

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian

- Tenants residing in Special Areas (Special Areas are defined as real estate owned by host command not contiguous with main complex; e.g. outlying fields).

Tenant Command Name	UIC	Location	Office r	Enliste d	Civilia n

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Office r	Enliste d	Civilia n

68084

68084

13. REGIONAL SUPPORT: Identify your relationship with other activities, not reported as a host/tenant, for which you provide support. Again, this list should be all-inclusive. The intent of this question is capture the full breadth of the mission of your command and your customer/supplier relationships. Include in your answer any Government Owned/Contractor Operated facilities for which you provide administrative oversight and control.

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
VETERANS ADMINISTRATION	CHARLESTON	DAILY HOSPITALIZATION, VARIOUS PROCEDURES (ISSA)
DLA	CHARLESTON	OFFICE RENTAL SPACE (DLA CONTRACT)
USAF CLINIC	CHARLESTON	HEALTH SERVICES, TRAINING, DISASTER PREPAREDNESS (ISSA)
NAVAL WEAPONS STATION	CHARLESTON	WORK PLACE MONITORING/ENVIRONMENTAL QUALITY CONTROL & OCC HEALTH (ISSA)
MEDICAL UNIVERSITY OF SOUTH CAROLINA	CHARLESTON	RESIDENCY TRAINING (MOU) AND FP SERVICES (INTERNAL PARTNERSHIP)
ROPER HOSPITAL	CHARLESTON	CARDIOLOGY/UROLOGY EXTERNAL PARTNERSHIP (LITHOTRIPSY & CARDIAC CATH)
SPECTRUM RADIOLOGY	CHARLESTON	RADIOLOGY SERVICES (INTERNAL PARTNERSHIP)
SPECTRUM OB/GYN	CHARLESTON	NURSE PRACTITIONER (INT. PARTNER)
SPECTRUM INT/MED	CHARLESTON	INT MED SERVICES (INTERNAL PARTNERSHIP)
HARBOR HEALTH	CHARLESTON	NURSE MIDWIFE SERVICES (INTERNAL PARTNERSHIP)
SOUTHEASTERN PSYCHIATRY	CHARLESTON	OUTPT PSYCH. SERVICES (INT PART.)
SPECTRUM E.R.	CHARLESTON	EMERGENCY DEPT SERVICES
INTRA FLEET SUPPLY SUPPORT OPS.PGM	CHARLESTON	INTERNAL LOGISTICS SUPPORT (NSC NORFOLK, ADMINISTRATOR)
JAMES BASILE	CHARLESTON	OUTPT PSYCHIATRY SERVICES (INT PARTNERSHIP)
NAVCARE	CHARLESTON	OUTPT CARE SERVICES

68084

provide the geographical relationship to the major civilian communities within this radius. (Provide 12 copies.)

- Installation Map / Activity Map / Base Map / General Development Map / Site Map. Provide the most current map of your activity, clearly showing all the land under ownership/control of your activity, whether owned or leased. Include all outlying areas, special areas, and housing. Indicate date of last update. Map should show all structures (numbered with a legend, if available) and all significant restrictive use areas/zones that encumber further development such as HERO, HERP, HERF, ESQD arcs, agricultural/forestry programs, environmental restrictions (e.g., endangered species). (Provide in two sizes: 36"x 42" (2 copies, if available); and 11"x 17" (12 copies).)

- Aerial photo(s). Aerial shots should show all base use areas (both land and water) as well as any local encroachment sites/issues. You should ensure that these photos provide a good look at the areas identified on your Base Map as areas of concern/interest - remember, a picture tells a thousand words. Again, date and label all copies. (Provide 12 copies of each, 8½"x 11".)

- Air Installations Compatible Use Zones (AICUZ) Map. (Provide 12 copies.)

68084

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

H.B.ETIENNE

CAPT MC USN

NAME (Please type or print)

Signature

COMMANDING OFFICER

Title

Date 28 JANUARY 1994

NAVAL HOSPITAL CHARLESTON

Activity

68084

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) Signature

Title Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) Signature

Title Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

RADM R. I. Ridenour

NAME (Please type or print) Signature

ACTING CHIEF BUMED

Title Date 10 FEB 1994

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR

NAME (Please type or print) Signature

ACTING

16 FEB 1994

68084

Title

Date

Document Separator

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name: NAVAL HOSPITAL CHARLESTON, SC

UIC: 68084

Host Activity Name (if response is for a tenant activity): COMNAVBASE, Charleston BUMED-822 MAA, 19 Jul 94

Host Activity UIC: 61466

General Instructions/Background. A separate response to this data call must be completed for each Department of the Navy (DON) host, independent and tenant activity which separately budgets BOS costs (regardless or appropriation), and, is located in the United States, its territories or possessions.

1. **Base Operating Support (BOS) Cost Data.** Data is required which captures the total annual cost of operating and maintaining Department of the Navy (DON) shore installations. Information must reflect FY 1996 budget data supporting the FY 1996 NAVCOMPT Budget Submit. Two tables are provided. Table 1A identifies "Other than DBOF Overhead" BOS costs and Table 1B identifies "DBOF Overhead" BOS costs. These tables must be completed, as appropriate, for all DON host, independent or tenant activities which separately budget BOS costs (regardless of appropriation), and, are located in the United States, its territories or possessions. Responses for DBOF activities may need to include both Table 1A and 1B to ensure that all BOS costs, including those incurred by the activity in support of tenants, are identified. If both table 1A and 1B are submitted for a single DON activity, please ensure that no data is double counted (that is, included on both Table 1A and 1B). The following tables are designed to collect all BOS costs currently budgeted, regardless of appropriation, e.g., Operations and Maintenance, Research and Development, Military Personnel, etc. Data must reflect FY 1996 and should be reported in thousands of dollars.

a. **Table 1A - Base Operating Support Costs (Other Than DBOF Overhead).** This Table should be completed to identify "Other Than DBOF Overhead" Costs. Display, in the format shown on the table, the O&M, R&D and MPN resources currently budgeted for BOS services. O&M cost data must be consistent with data provided on the BS-1 exhibit. Report only direct funding for the activity. Host activities should not include reimbursable support provided to tenants, since tenants will be separately reporting these costs. Military personnel costs should be included on the appropriate lines of the table. Please ensure that individual lines of the table do not include duplicate costs. Add additional lines to the table (following line 2j., as necessary, to identify any additional cost elements not currently shown). **Leave shaded areas of table blank.**

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)
Activity Name: NAVAL HOSPITAL CHARLESTON, SC **UIC:**

Category	FY 1996 BOS Costs ($000)		
	Non-Labor	Labor	Total

DATA CALL 66
INSTALLATION RESOURCES

1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	568	405	973
1b. Minor Construction			
1c. Sub-total 1a. and 1b.	568	405	973
2. Other Base Operating Support Costs:			
2a. Utilities	1,248		1,248
2b. Transportation	125		125
2c. Environmental			
2d. Facility Leases			
2e. Morale, Welfare & Recreation	6	28	34
2f. Bachelor Quarters	10	336	346
2g. Child Care Centers			
2h. Family Service Centers			
2i. Administration	712	3,459	4,171
2j. Other (Specify)			
Other Engineering Support	183	195	378
Supply Operations	137	1,155	1,292
Pastoral Care	10	231	241
Communications	303	30	333
Hazardous Waste	17		17
Security	24	429	453
2k. Sub-total 2a. through 2j:	2,775	5,863	8,638
3. Grand Total (sum of 1c. and 2k.):	3,343	6,268	9,611

DATA CALL 66
INSTALLATION RESOURCES

b. Funding Source. If data shown on Table 1A reflects more than one appropriation, then please provide a break out of the total shown for the "3. Grand-Total" line, by appropriation:

Appropriation	Amount ($000)
MPN	$ 3,567
OMN	$ 2,774

c. Table 1B - Base Operating Support Costs (DBOF Overhead). This Table should be submitted for all current DBOF activities. Costs reported should reflect BOS costs supporting the DBOF activity itself (usually included in the G&A cost of the activity). For DBOF activities which are tenants on another installation, total cost of BOS incurred by the tenant activity for itself should be shown on this table. It is recognized that differences exist among DBOF activity groups regarding the costing of base operating support: some groups reflect all such costs only in general and administrative (G&A), while others spread them between G&A and production overhead. Regardless of the costing process, all such costs should be included on Table 1B. The Minor Construction portion of the FY 1996 capital budget should be included on the appropriate line. Military personnel costs (at civilian equivalency rates) should also be included on the appropriate lines of the table. Please ensure that individual lines of the table do not include duplicate costs. Also ensure that there is no duplication between data provided on Table 1A. and 1B. These two tables must be mutually exclusive, since in those cases where both tables are submitted for an activity, the two tables will be added together to estimate total BOS costs at the activity. Add additional lines to the table (following line 21., as necessary, to identify any additional cost elements not currently shown). **Leave shaded areas of table blank.**

Other Notes: All costs of operating the five Major Range Test Facility Bases at DBOF activities (even if direct RDT&E funded) should be included on Table 1B. Weapon Stations should include underutilized plant capacity costs as a DBOF overhead "BOS expense" on Table 1B..

BUMED-822
MJS, 19 Jul 94

"N/A"

DATA CALL 66
INSTALLATION RESOURCES

Table 1B - Base Operating Support Costs (DBOF Overhead)
Activity Name: **UIC:**

Category	FY 1996 Net Cost From UC/FUND-4 ($000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (>$15K)			
1b. Real Property Maintenance (<$15K)			
1c. Minor Construction (Expensed)			
1d. Minor Construction (Capital Budget)			
1e. Sub-total 1a. through 1d.			
2. Other Base Operating Support Costs:			
2a. Command Office			
2b. ADP Support			
2c. Equipment Maintenance			
2d. Civilian Personnel Services			
2e. Accounting/Finance			
2f. Utilities			
2g. Environmental Compliance			
2h. Police and Fire			
2i. Safety			
2j. Supply and Storage Operations			
2k. Major Range Test Facility Base Costs			
2l. Other (Specify)			
2m. Sub-total 2a. through 2l:			

DATA CALL 66
INSTALLATION RESOURCES

3. Depreciation

4. Grand Total (sum of 1c., 2m., and 3.) :

2. Services/Supplies Cost Data. The purpose of Table 2 is to provide information about projected **FY 1996** costs for the purchase of services and supplies by the activity. **(Note: Unlike Question 1 and Tables 1A and 1B, above, this question is not limited to overhead costs.)** The source for this information, where possible, should be either the NAVCOMPT OP-32 Budget Exhibit for O&M activities or the NAVCOMPT UC/FUND-1/IF-4 exhibit for DBOF activities. Information must reflect FY 1996 budget data supporting the FY 1996 NAVCOMPT Budget Submit. Break out cost data by the major sub-headings identified on the OP-32 or UC/FUND-1/IF-4 exhibit, disregarding the sub-headings on the exhibit which apply to civilian and military salary costs and depreciation. Please note that while the OP-32 exhibit aggregates information by budget activity, this data call requests OP-32 data for the activity responding to the data call. Refer to NAVCOMPTINST 7102.2B of 23 April 1990, Subj: Guidance for the Preparation, Submission and Review of the Department of the Navy (DON) Budget Estimates (DON Budget Guidance Manual) with Changes 1 and 2 for more information on categories of costs identified. Any rows that do not apply to your activity may be left blank. However, totals reported should reflect all costs, exclusive of salary and depreciation.

Table 2 - Services/Supplies Cost Data
Activity Name: NAVAL HOSPITAL CHARLESTON SC **UIC: 68084**

Cost Category	FY 1996 Projected Costs ($000)
Travel:	**459**
Material and Supplies (including equipment):	**9,860**
Industrial Fund Purchases (other DBOF purchases):	**436**
Transportation:	**74**
Other Purchases (Contract support, etc.):	**13,281**
Total:	**24,110**

DATA CALL 66
INSTALLATION RESOURCES

3. Contractor Workyears.

a. On-Base Contract Workyear Table. Provide a projected estimate of the number of contract workyears expected to be performed "on base" in support of the installation during FY 1996. Information should represent an annual estimate on a full-time equivalency basis. Several categories of contract support have been identified in the table below. While some of the categories are self-explanatory, please note that the category "mission support" entails management support, labor service and other mission support contracting efforts, e.g., aircraft maintenance, RDT&E support, technical services in support of aircraft and ships, etc.

Table 3 - Contract Workyears

Activity Name: NAVAL HOSPITAL CHARLESTON, SC **UIC: 68084**

	Contract Type	FY 1996 Estimated Number of Workyears On-Base
Construction:		
Facilities Support:		
Mission Support:	EMERGENCY ROOM CONTRACT	88
	OB/GYN PHYS. ASST (PARTNERSHIP)	1
	RADIOLOGIST (PARTNERSHIP)	1
	INTRA-FLEET SUPPLY SUPPORT OPERATIONS PROGRAM (ISSOP)	9
	INDUSTRIAL FUND SERVICES $436K (FROM TABLE 2) (PRINTING/PUBS, COMMUNICATIONS, PUBLIC WORKS)	
Procurement:		
Other:*		
Total Workyears:		99

* **Note:** Provide a brief narrative description of the type(s) of contracts, if any, included under the "Other" category.

DATA CALL 66
INSTALLATION RESOURCES

b. Potential Disposition of On-Base Contract Workyears. If the mission/functions of your activity were relocated to another site, what would be the anticipated disposition of the on-base contract workyears identified in Table 3.7

1) Estimated number of contract workyears which would be transferred to the receiving site (This number should reflect the number of jobs which would in the future be contracted for at the receiving site, not an estimate of the number of people who would move or an indication that work would necessarily be done by the same contractor(s)):

-0-

2) Estimated number of workyears which would be eliminated:

99

3) Estimated number of contract workyears which would remain in place (i.e., contract would remain in place in current location even if activity were relocated outside of the local area):

-0-

DATA CALL 66
INSTALLATION RESOURCES

c. **"Off-Base" Contract Workyear Data.** Are there any contract workyears located in the local community, but not on-base, which would either be eliminated or relocated if your activity were to be closed or relocated? If so, then provide the following information (**ensure that numbers reported below do not double count numbers included in 3.a. and 3.b., above**):

NAVCARE CONTRACT 60.5 WORKYEARS

No. of Additional Contract Workyears Which Would Be Eliminated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)
N/A	

No. of Additional Contract Workyears Which Would Be Relocated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)
N/A	

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

S. L. LANGENBERG
NAME (Please type or print)

S. L. Langenberg
Signature

COMMANDING OFFICER (Acting)
Title

Date 12 Jul 94

NAVAL HOSPITAL CHARLESTON
Activity

Encl (2)

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

JAMES L. AYERS
NAME (Please type or print)

Signature

COMPTROLLER
Title

Date 18 July 1994

NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

D. J. WILDES
NAME (Please type or print)

Signature

OFFICER IN CHARGE
Title

Date 7-18-94

NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM,MC,USN
NAME (Please type or print)

Signature

CHIEF BUMED/SURGEON GENERAL
Title

Date 7-20-94

BUREAU OF MEDICINE AND SURGERY
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER
NAME (Please type or print)

Signature

Title

Date 04 AUG 1994

Document Separator

3

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL
FACILITY:_NAVHOSPITALCHARLESTON_____
_____

Category.....Personnel Support
Sub-category....Medical
Types.....Clinics, Hospitals, and Medical Centers

*******If any responses are classified, attach separate classified annex*******

TABLE OF CONTENTS

MISSION REQUIREMENTS

1. Population 3
2. Bed Capacity 4
3. Workload 5,6,7
4. Staffing 8

LOCATION

5. Community Providers.....9
6. Regional Population.....10
7. Regional Community Hospitals 11,12

MISSION REQUIREMENTS

1. Population. Please identify your beneficiary population using the same definitions as used by RAPS. Use the following table to record your results.

TYPE	ACTUAL FY 1993			PROJECTED FY 2001		
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD	21,501	21,501	N/A	11,000	11,000	N/A
FAMILY OF AD	34,453	34,453		15,945	15,945	
SUBTOTAL	55,945	55,945		26,945	26,945	
RETIRED AND FAMILY MEMBERS UNDER 65	26,747	26,747		27,616	27,616	
RETIRED AND FAMILY MEMBERS OVER 65[4]	6,577	6,577		7,043	7,043	
OTHER	N/A	→		N/A	→	
TOTAL	89,275	89,275		61,604	61,604	

***** RAPS DATA WAS NOT USED. THE RAPS FY 93 DATA, BASED ON THE FY 92 BASELINE, SHOW A TOTAL POPULATION FOR THIS CATCHMENT AREA OF 106,269. PER DEERS, THE ACTUAL POPULATION FOR THIS CATCHMENT AREA ON SEPT 30, 1993 WAS 89,887 - A SIGNIFICANT AMOUNT LESS THAN THE RAPS PROJECTION.**

THE ACTUAL DATA REFLECTS THE ACTUAL NUMBER OF BENEFICIARIES AS OF 1 FEB 1994, AS RECORDED IN THE DEERS COMPUTER, AND EXTRACTED BY THE DEFENSE MANPOWER DATA CENTER.

THE PROJECTED DATA FOR FY 96 SHOWS THE POPULATION AS WE EXPECT IT TO BE AFTER CLOSURE OF NAVAL STATION CHARLESTON AND NAVAL SHIPYARD CHARLESTON

SEE ATTACHED SPREADSHEETS FOR SPECIFIC BREAKDOWN OF POPULATION BY BRANCH OF SERVICE,

BUMED-822, MA1
1 Jun 94

PATIENT CATEGORY, AND PATIENT AGE.

NOTE: THE FOLLOWING APPLIES TO ALL FACILITIES.

[1] THE BASIS FOR YOUR REPORTED POPULATION IS THE CATCHMENT AREA DEFINED AS SETS OF ZIP CODES EMANATING FROM THE CENTER OF THE ZIP CODE IN WHICH THE MTF IS LOCATED WITH A RADIUS OF 40 MILES.

[2] THIS IS THE POPULATION SPECIFICALLY ASSIGNED TO YOUR FACILITY IN CONTRAST TO THE POPULATION IN THE CATCHMENT AREA. THIS IS IMPORTANT IN FACILITIES WITH OVERLAPPING CATCHMENT AREAS.

[3] IF YOU ARE A DESIGNATED NAVAL MEDICAL CENTER, PLEASE REPORT YOUR LEAD AGENT POPULATION (SEE TRICARE POLICY GUIDELINES).

[4] THIS SECTION MUST BE COMPLETED.

Revised pg

BRAC DATA CALL #26 QUESTION 2

R 2. Bed Capacity. Please complete the following table related to your inpatient beds. If you have no inpatient beds please so indicate.

Operating Beds[1]:	90
Set Up Beds[1]:	00
Expanded Bed Capacity[2]:	90

R VR BUMED 824 10-3-94

[1] Use the definitions in BUMEDINST 6320.69 and 6321.3.
[2] The number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours. Use of portable gas or electrical utilities is not considered in this definition.

ENCLOSURE(1)

2. Bed Capacity. Please complete the following table related to your inpatient beds. If you have no inpatient beds please so indicate.

Operating Beds[1]: _____
Set Up Beds[1]: _____
Expanded Bed Capacity[2]: _____

***** 90 OPERATING BEDS**
~~56~~ SET UP BEDS BUMED 822, MJ1
~~146~~ EXPANDED CAPACITY 1 Jun 99

[1] Use the definitions in BUMEDINST 6320.69 and 6321.3.
[2] The number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours. Use of portable gas or electrical utilities is not considered in this definition.

BRAC DATA CALL #27 QUESTION 3

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS SUPPORTED.

"R" 3. Workload. Identify your FY 1994 workload (this should include both completed and projected workload through the end of the Fiscal Year) as indicated in the table below by beneficiary type. Use the same categorization and definitions as that used in the MEPRS Manual (DoD 6010.13-M).

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	1574 (1)	57,648	3.35	13.95
ACTIVE DUTY NON N/MC	436 (1)	11,534	2.61	3.47
TOTAL ACTIVE DUTY	2010	69,1821		17.42
FAMILY OF AD	3108	118,106	2.35	17.93
RETIRED AND FAMILY MEMBERS UNDER 65	1320	50,553	4.24	8.71
RETIRED AND FAMILY MEMBERS OVER 65	667	22,501	4.25	4.29
OTHER	26	966	2.23	.15
TOTAL	7140	261,308		48.50

What is your occupancy rate for FY 1994 to date? _53.89%___

(1) UNABLE TO OBTAIN ACTUAL FIGURES BECAUSE OF ICU WORKLOAD BEING COUNTED AS ADMISSIONS IN CHCS. AMOUNTS DERIVED BY MULTIPLYING ACTUAL TOTAL ACTIVE DUTY ADMISSIONS BY PERCENTAGE OF N/MC TO TOTAL ACTIVE DUTY REPORTED

The following questions are designed to determine the level of services provided at your facility during FY 1993, your current maximum capability (i.e. your maximum capacity given the same set of parameters that you are currently functioning within), and the requirements of the community you support.

3. Workload. Complete the following table for FY 1993:

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	76,754	125,526	74,992	277,272*
ADMISSIONS	2,240	3,011	1,848	7,099**
LABORATORY TESTS (WEIGHTED)[1]				3,692,097***
RADIOLOGY PROCEDURES (WEIGHTED)[1]				290,881***
PHARMACY UNITS (WEIGHTED)[1]				744,050***
OTHER (SPECIFY)				4,801,917****

*** NOT INCLUDED: 10,443 "OTHER" OUTPATIENT VISITS**
**** NOT INCLUDED: 30 "OTHER" ADMISSIONS; 284 SAME DAY SURGERY ADMISSIONS WHICH COULD NOT BE PULLED OUT BY PATIENT CATEGORY ARE INCLUDED**
***** ANCILLARY WORKLOAD IS NOT CAPTURED BY PATIENT CATEGORY**
****** EKG-3,457**
EEG-207
CENT STERILE-11,706
ANESTHESIA-450,777
SURG. STE.- 3,379,785
RECOV.RM.-580,473
RESP.THERAPY-225,147
NUC MED-93,009
INTENSIVE CARE-45,580

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.

3a. Workload. Complete the following table for your maximum capacity. Assume the same facility, staff, equipment, and supplies you currently have. Do not change your scope of practice. **Show all calculations and assumptions in the space below.**

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	76,754	125,526	74,992	277,272
ADMISSIONS	2,240	3,011	1,848	7,099
LABORATORY TESTS (WEIGHTED)[1]				3,692,097
RADIOLOGY PROCEDURES (WEIGHTED)[1]				290,881
PHARMACY UNITS (WEIGHTED)[1]				744,050
OTHER (SPECIFY)				4,801,917

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.

3b. Workload. Complete the following table for the current workload demand of your supported population. Assume you are to provide all the care in your facility for your catchment area. **Show all calculations and assumptions in the space below.**

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW*
OUTPATIENT VISITS	76,754 NAVHOSP	125,526 NAVHOSP 93,814 CHAMPUS 49,638 NAVCARE	74,992 NAVHOSP 68,243 CHAMPUS 13,841 NAVCARE	528,369
ADMISSIONS	2,240 NAVHOSP	2,907 CHAMPUS 3,011 NAVHOSP	1,154 CHAMPUS 1,848 NAVHOSP	11,160
LABORATORY TESTS (WEIGHTED)[1]		46,228 RAW CHAMPUS	51,762 RAW CHAMPUS	97,990 RAW CHAMPUS 3,692,097 NAVHOSP WTD 210,189 NAVCARE WTD **
RADIOLOGY PROCEDURES (WEIGHTED)[1]		19,073 RAW CHAMPUS	23,497 RAW CHAMPUS	42,570 RAW CHAMPUS 290,881 NAVHOSP WTD 28,451 NAVCARE WTD **
PHARMACY UNITS (WEIGHTED)[1]				744,050 NAVHOSP 101,426 NAVCARE **

OTHER (SPECIFY)				

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.
* THE "OTHER" CATEGORY IS NOT INCLUDED IN THIS TOTAL
** WHERE NO BREAKOUT BY PATIENT CATEGORY IS SHOWN, DATA WAS NOT CAPTURED IN THIS MANNER

CHARLESTON, #26

Revised pg 191

4. Staffing. Please complete the following table related to your provider staffing (only include those providers whose primary responsibility is patient care). Please include military, civilian, and contract providers. Do not include partnerships.

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
PRIMARY CARE[1]	~~99~~ 19 ~~27~~	~~68~~ 19 ~~26~~	~~53~~ 19 ~~26~~	~~53~~ 19 ~~26~~	~~53~~ 5 ~~6~~	~~53~~ 5 ~~6~~	~~53~~ 5 ~~6~~	~~53~~ 5 ~~6~~
SPECIALTY CARE[2]	~~46~~ 56 ~~48~~	~~46~~ 21	~~22~~ 21	~~22~~ 21	~~22~~ 6	~~22~~ 6	~~22~~ 6	~~22~~ 6
PHYSICIAN EXTENDERS[3]	~~25~~ 12 ~~12~~	~~25~~ 12 ~~5~~	~~16~~ 12 ~~8~~	~~16~~ 12 ~~8~~	~~16~~ 5 ~~4~~	~~16~~ 5 ~~4~~	~~16~~ 5 ~~4~~	~~16~~ 5 ~~4~~
INDEPENDENT DUTY CORPSMEN	~~12~~ ~~21~~ 22	~~13~~ 22 ~~6~~	~~13~~ 22 ~~6~~	~~13~~ 22 ~~6~~	~~13~~ 4	~~13~~ 4	~~13~~ 4	~~13~~ 4
TOTAL	~~183~~ ~~108~~ 109	~~149~~ ~~58~~ 74	~~104~~ ~~58~~ 74	~~104~~ ~~58~~ 74	~~104~~ 20	~~104~~ 20	~~104~~ 20	~~104~~ *20

*NUMBERS DERIVED FROM THE NAVHOSPCHASN FY-95 STAFFING PLAN

[1] This includes General Medical Officers, Flight Surgeons, Diving Medical Officers, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.

[2] This is all other physician providers not included in the primary care category.

[3] This includes Physician Assistants and Nurse Practitioners.

BUMED-822 MSS
1 Jun 94

(Above changes reflect active duty migrations)

4. Staffing. Please complete the following table related to your provider staffing (only include those providers whose primary responsibility is patient care). Please include military, civilian, and contract providers. Do not include partnerships.

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
PRIMARY CARE[1]	~~99~~ 27	~~65~~ 26	~~53~~ 26	~~53~~ 26	~~53~~ 6	~~53~~ 6	~~53~~ 6	~~53~~ 6
SPECIALTY CARE[2]	~~48~~ 48	~~46~~ 21	~~22~~ 21	~~22~~ 21	~~22~~ 6	~~22~~ 6	~~22~~ 6	~~22~~ 6
PHYSICIAN EXTENDERS[3]	~~25~~ 12	~~25~~ 5	~~16~~ 5	~~16~~ 5	~~16~~ 4	~~16~~ 4	~~16~~ 4	~~16~~ 4
INDEPENDENT DUTY CORPSMEN	~~13~~ 21	~~13~~ 6	~~13~~ 6	~~13~~ 6	~~13~~ 4	~~13~~ 4	~~13~~ 4	~~13~~ 4
TOTAL	~~183~~ 108	~~149~~ 58	~~104~~ 58	~~104~~ 58	~~104~~ 20	~~104~~ 20	~~104~~ 20	~~104~~ *20

*NUMBERS DERIVED FROM THE NAVHOSPCHASN FY-95 STAFFING PLAN

[1] This includes General Medical Officers, Flight Surgeons, Diving Medical Officers, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.

[2] This is all other physician providers not included in the primary care category.

[3] This includes Physician Assistants and Nurse Practitioners.

BUMED-822 MSS
1 Jun 94

(Above changes reflect active duty migrations)

LOCATION

5. Community Providers. Complete the following table for the civilian providers within your 40 mile catchment area. The catchment area is defined as sets of zip codes emanating from the center of the ZIP code in which the MTF is located with a radius of 40 miles. If you are required to use another boundary please define the geographical region and the reason for its use.

PROVIDER TYPE	CURRENT
PRIMARY CARE[1]	APPROX. 650
SPECIALTY CARE[2]	APPROX. 1150
PHYSICIAN EXTENDER[3]	APPROX. 100
TOTAL	APPROX. 1900*

[1] This includes General Practioners, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.

[2] This is all other physician providers not included in the primary care category.

[3] This includes Physician Assistants and Nurse Practitioners.

* SOURCE: SC DEPT. HEALTH & ENVIRONMENTAL CONTROL (DHEC)
DIVISION OF RESEARCH - 1993 REPORTS
AMA REPORTS OBTAINED BY RESERVIST 1990 (UPDATED)
ESTIMATES FROM VARIOUS SOURCES (UPDATED 1994)

6. Regional Population. Please provide the U. S. Census population for your 40 mile catchment area. If you are required to use another boundary please define the geographical region and the reason for its use. Also list the source of this information. This value should include your beneficiary population.

Region Population: _APPROX. 500,000*

* SOURCE: TRIDENT AREA COUNCIL OF GOV'TS
1990 CENSUS DATA (UPDATED)

7. Regional Community Hospitals. Please list in the table below all the community hospitals (as defined in the American Hospital Association publication Hospital Statistics) in your region (include military, civilian, and any federal facilities including Veterans Affairs):

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]
VA MED CTR	VA AFFAIRS	6.4	10 MI	MOU DOD/VA
CHASN MEM.	COMMUNITY	6.5	10 MI	CAMCHAS
EAST COOPER	AMI	8	15 MIN	CAMCHAS
FENWICK HALL	PRIVATE	9.8	15 MIN	CAMCHAS
TRIDENT REG MED CTR	HCA	9.7	15 MIN	CAMCHAS
ST FRANCIS BON SECOURS	CATHOLIC	6.5	10 MIN	CAMCHAS
BAKER	AMI	2.1	5 MIN	CAMCHAS
ROPER	COMMUNITY	6.5	10 MIN	CAMCHAS EXT. PARTNER
CHARTER	CHARTER	2.1	5 MIN	CAMCHAS
MED UNIV OF SOUTH CAROLINA*	STATE	6.4	10 MIN	CAMCHAS TRAINING FAC.

[1] Distance in driving miles from your facility
[2] List any partnerships, MOUs, contracts, etc with this facility

7a. Regional Community Hospitals. For each facility listed in the preceding table complete the following table:

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
VA MED CTR	280	Y	84%	
CHASN MEMORIAL	172	Y	60%	
EAST COOPER	100	Y	43%	
FENWICK HALL	46	Y	86%	
TRIDENT REG. MED CTR	300	Y	84%	
ST FRANCIS	362	Y	73%	
BAKER	104	Y	62%	
ROPER	421	Y	73%	
CHARTER	102	Y	55%	
MUSC	585	Y	74%	

THE AVERAGE OCCUPANCY FOR THE STATE OF SOUTH CAROLINA IS 68%

MUSC IS A REGIONAL TRAUMA CENTER, MAJOR TERTIARY CENTER, AND TEACHING FACILITY.
FENWICK HALL AND CHARTER ARE PRIMARILY TREAT SUBSTANCE ABUSE

SOURCES: SOUTH CAROLINA HOSPITAL ASSOCIATION
CAMCHAS RESEARCH FILES

[1] Use definitions as noted in the American Hospital Association publication Hospital Statistics.

[2] Such as regional trauma center, burn center, Graduate Medical Education Center, etc.

c. Training Facilities:

(1) By facility Category Code Number (CCN), provide the usage requirements for each course of instruction required for all formal schools on your installation. A formal school is a programmed course of instruction for military and/or civilian personnel that has been formally approved by an authorized authority (ie: Service Schools Command, Weapons Training Battalion, Human Resources Office). Do not include requirements for maintaining unit readiness, GMT, sexual harassment, etc. Include all applicable 171-*xx*, 179-*xx* CCN's.

Type of Training Facility/CCN	School	Type of Training	FY 1993 Requirements			FY 2001 Requirements		
			A	B	C	A	B	C
N/A								

A = STUDENTS PER YEAR
B = NUMBER OF HOURS EACH STUDENT SPENDS IN THIS TRAINING FACILITY FOR THE TYPE OF TRAINING RECEIVED
C = A x B

BUMED-822, MSS
1 Jun 94

(2) By Category Code Number (CCN), complete the following table for all training facilities aboard the installation. Include all 171-*xx* and 179-*xx* CCN's.

For example: in the category 171-10, a type of training facility is academic instruction classroom. If you have 10 classrooms with a capacity of 25 students per room, the design capacity would be 250. If these classrooms are available 8 hours a day for 300 days a year, the capacity in student hours per year would be 600,000.

Type Training Facility/CCN	Total Number	Design Capacity (PN)[1]	Capacity (Student HRS/YR)
N/A			

(3) Describe how the Student HRS/YR value in the preceding table was derived.

[1] Design Capacity (PN) is the total number of seats available for students in spaces used for academic instruction; applied instruction; and seats or positions for operational trainer spaces and training facilities other than buildings, i.e., ranges. Design Capacity (PN) must reflect current use of the facilities.

~~14~~ 17
BUMED-822, MNK
1 Jun 99

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

H. B. ETIENNE
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

24 May 94
Date

NAVAL HOSPITAL CHARLESTON
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) | Signature

CHIEF BUMED/SURGEON GENERAL | 6-2-94

Title | Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J.B. Greene Jr | J.B. Greene Jr.

NAME (Please type or print) | Signature

Acting | 8 June 1994

Title | Date

Cert for Revised pg 11

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

HAROLD M. KOENIG, RADM,MC,USN
NAME (Please type or print)

Signature

ACTING CHIEF BUMED
Title

AUG 4 1994
Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR.
NAME (Please type or print)

Signature

ACTING
Title

16 AUG 1994
Date

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

H. B. ETIENNE
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

30 SEP 1994
Date

NAVAL HOSPITAL NORTH CHARLESTON
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

X D F Hagen

Signature

CHIEF BUMED/SURGEON GENERAL

Title

X 10/4/94

Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR.

NAME (Please type or print)

J B Greene Jr

Signature

ACTING

Title

10 OCT 1994

Date

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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ACTIVITY COMMANDER

H. B. ETIENNE
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

31 OCT 1994
Date

NAVAL HOSPITAL NORTH CHARLESTON
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) X Signature

CHIEF BUMED/SURGEON GENERAL

Title X Nov 2, 1994 Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER

NAME (Please type or print) Signature

Title 11/3/94 Date

Document Separator

NAVHOSP CHERRY PT.

3-14

ENVIRONMENTAL DATA CALL:
DATA CALL TO BE SUBMITTED TO
ALL NAVY/MARINE CORPS HOST ACTIVITIES

20 APRIL 1994

BRAC 1995 ENVIRONMENTAL DATA CALL:
All Navy/Marine Corps Host Ativities

INDEX

Section	Page
GENERAL INSTRUCTIONS	2
ENDANGERED/THREATENED SPECIES AND BIOLOGICAL HABITAT	3
WETLANDS	6
CULTURAL RESOURCES	6
ENVIRONMENTAL FACILITIES	7
AIR POLLUTION	11
ENVIRONMENTAL COMPLIANCE	14
INSTALLATION RESTORATION	15
LAND/AIR/WATER USE	18
WRAP-UP	22

ENVIRONMENTAL DATA CALL

Responses to the following questions provide data that will allow an assessment of the potential environmental impact associated with the closure or realignment of a Navy shore activity. This criterion consists of:

- Endangered/Threatened Species and Biological Habitat
- Wetlands
- Cultural Resources
- Environmental Facilities
- Air Pollution
- Environmental Compliance
- Installation Restoration
- Land/Air/Water Use

As part of the answers to these questions, a *source citation* (e.g., 1993 base loading, 1993 base-wide Endangered Species Survey, 1993 letter from USFWS, 1993 Base Master Plan, 1993 Permit Application, 1993 PA/SI, etc.) must be included. It is probable that, at some point in the future, you will be asked to provide additional information detailing specifics of individual characteristics. In anticipation of this request, supporting documentation (e.g., maps, reports, letters, etc.) regarding answers to these questions should be retained. Information needed to answer these questions is available from the cognizant EFD Planning and Real Estate Divisions, and Environment, Safety, and Health Divisions; and from the activity Public Works Department, and activity Health Monitoring and Safety Offices.

For purposes of the questions associated with land use at your base is *defined* as *land* (acreage owned, withdrawn, leased, and controlled through easements); *air* (space controlled through agreements with the FAA, e.g., MOAs); *and water* (navigation channels and waters along a base shoreline) *under the control of the Navy.*

Provide a list of the tenant activities with UICs that are covered in this response.

N/A

BUMED-822
MA, 7 Jun 99

1. ENDANGERED/THREATENED SPECIES AND BIOLOGICAL HABITAT

1a. For federal or state listed endangered, threatened, or category 1 plant and/or animal species on your base, complete the following table. Critical/sensitive habitats for these species are designated by the U. S. Fish and Wildlife Service (USFWS). A species is present on your base if some part of its life-cycle occurs on Navy controlled property (e.g., nesting, feeding, loafing). Important Habitat refers to that number of acres of habitat that is important to some life cycle stage of the threatened/endangered species that is not formally designated.

SPECIES (plant or animal)	Designation (Threatened/ Endangered)	Federal/ State	Critical / Designated Habitat (Acres)	Important Habitat (acres)
example: Haliaeetus leucocephalus - bald eagle	*threatened*	*Federal*	*25*	*0*
N\A				

Source Citation:_____

1b.

Have your base operations or development plans been constrained due to: - USFWS or National Marine Fisheries Service (NMFS)? - State required modifications or constraints? If so, identify below the impact of the constraints including any restrictions on land use.	YES/NO **N\A**
Are there any requirements resulting from species not residing on base, but which migrate or are present nearby? If so, summarize the impact of such constraints.	YES/NO **N\A**

1c. If the area of the habitat and the associated species have not been identified on base maps provided in Data Call 1, submit this information on an updated version of Data Call 1 map. **N\A**

1d.

Have any efforts been made to relocate any species and/or conduct any mitigation with regards to critical habitats or endangered/threatened species? Explain what has been done and why.	YES/NO **N\A**

1e.

Will any state or local laws and/or regulations applying to endangered/threatened species which have been enacted or promulgated but not yet effected, constrain base operations or development plans beyond those already identified? Explain.	YES/NO **N\A**

2. WETLANDS

Note: Jurisdictional wetlands are those areas that meet the wetland definitional criteria detailed in the Corps of Engineers (COE) Wetland Delineation Manual, 1987, Technical Report Y-87-1, U.S. Army Engineer Waterway Experiment Station, Vicksburg, MS or officially adapted state definitions.

2a.

Does your base possess federal jurisdictional wetlands?	YES/NO **N\A**
Has a wetlands survey in accordance with established standards been conducted for your base?	YES/NO **N\A**
When was the survey conducted or when will it be conducted?____/____/____	**N\A**
What percent of the base has been surveyed?	**N\A**
What is the total acreage of jurisdictional wetlands present on your base?	**N\A**

Source Citation:_____

2b. If the area of the wetlands has not been identified on base maps provided in Data Call 1, submit this on an updated version of Data Call 1 map. **N\A**

2c. Has the EPA, COE or a state wetland regulatory agency required you to modify or constrain base operations or development plans in any way in order to accommodate a jurisdictional wetland?____**N\A**_____If YES, summarize the results of such modifications or constraints.

3. CULTURAL RESOURCES

3a.

Has a survey been conducted to determine historic sites, structures, districts or archaeological resources which are listed, or determined eligible for listing, on the National Register of Historic Places? If so, list the sites below.	YES/NO **N\A**

NAVAL HOSPITAL BLDGS 296 & 297 (POSSIBLE SIGNIFICANCE)

3b.

Has the President's Advisory Council on Historic Preservation or the cognizant State Historic Preservation Officer required you to mitigate or constrain base operations or development plans in any way in order to accommodate a National Register cultural resource? If YES, list the results of such modifications or constraints below.	YES/NO **NO**

3c.

Are there any on base areas identified as sacred areas or burial sites by Native Americans or others? List below.	YES/NO **NO**

4. ENVIRONMENTAL FACILITIES

Notes: If your facility is permitted for less than maximum capacity, state the maximum capacity and explain below the associated table why it is not permitted for maximum capacity. Under "Permit Status" state when the permit expires, and whether the facility is operating under a waiver. For permit violations, limit the list to the last 5 years.

4a. N/A

Does your base have an operating landfill?					**YES / NO**
ID/Location of Landfill	**Permitted Capacity (CYD)**		**Maximum Capacity (CYD)**	**Contents[1]**	**Permit Status**
	TOTAL	**Remaining**			

[1] Contents (e.g. building demolition, asbestos, sanitary debris, etc)

Are there any current or programmed projects to correct deficiencies or improve the facility.

4b. If there are any non-Navy users of the landfill, describe the user and conditions/agreements. **N/A**

4c. N/A

Does your base have any disposal, recycling, or incineration facilities for solid waste?					**YES / NO**
Facility/Type of Operation	**Permitted Capacity**	**Ave Daily Throughput**	**Maximum Capacity**	**Permit Status**	**Comments**

List any permit violations and projects to correct deficiencies or improve the facility.

4d. N\A

Does your base own/operate a Domestic Wastewater Treatment Plant (WWTP) ?					**YES / NO**
ID/Location of WWTP	**Permitted Capacity**	**Ave Daily Discharge Rate**	**Maximum Capacity**	**Permit Status**	**Level of Treatment/Year Built**

List permit violations and discuss any projects to correct deficiencies.

4e. If you do not have a domestic WWTP, describe the average discharge rate of your base to the local sanitary sewer authority, discharge limits set by the sanitary sewer authority (flow and pollutants) and whether the base is in compliance with their permit. Discuss recurring discharge violations. **N\A**

4f. N\A

Does your base operate an Industrial Waste Treatment Plant (IWTP)?					YES / NO
ID/Location of IWTP	**Type of Treatment**	**Permitted Capacity**	**Ave Daily Discharge Rate**	**Maximum Capacity**	**Permit Status**

List any permit violations and projects to correct deficiencies or improve the facility.

4g. Are there other waste treatment flows not accounted for in the previous tables? Estimate capacity and describe the system.
N\A

4h. N\A

Does your base operate drinking Water Treatment Plants (WTP)?					YES / NO
ID/Location of WTP	**Operating (GPD)**		**Method of Treatment**	**Maximum Capacity**	**Permit Status**
	Permitted Capacity	**Daily Rate**			

List permit violations and projects/actions to correct deficiencies or improve the facility.

4i. If you do not operate a WTP, what is the source of the base potable water supply. State terms and limits on capacity in the agreement/contract, if applicable.
As a tenant of MCAS Cherry Point, this host activity will respond for us under their Data Call #33 submission.

4j.

Does the presence of contaminants or lack of supply of water constrain base operations. Explain. **Naval Hospital must have contaminant free water for direct health care.**	YES/NO **YES**

4k. N\A

Other than those described above does your base hold any NPDES or stormwater permits? If YES, describe permit conditions.	YES/NO
If NO, why not and provide explanation of plan to achieve permitted status.	

4l. N\A

	YES/NO
Does your base have bilge water discharge problem?	
Do you have a bilge water treatment facility?	

Explain:

4m.

Will any state or local laws and/or regulations applying to Environmental Facilities, which have been enacted or promulgated but not yet effected, constrain base operations or development plans beyond those already identified? Explain.	YES/NO **NO**

4n. What expansion capacity is possible with these Environmental Facilities? Will any expansions/upgrades as a result of BRACON or projects programmed through the Presidents budget through FY1997 result in additional capacity? Explain.
As a tenant of MCAS Cherry Point, this host activity will respond for us under their Data Call #33 submission.

4o. Do capacity limitations on any of the facilities discussed in question 4 pose a present or future limitation on base operations? Explain. **N\A**

5. AIR POLLUTION

5a.

What is the name of the Air Quality Control Areas (AQCAs) in which the base is located? **As a tenant of MCAS Cherry Point, this host activity will respond for us under their Data Call #33 submission.** _____
Is the installation or any of its OLFs or non-contiguous base properties located in different AQCAs? _____ . List site, location and name of AQCA.

5b. For each parcel in a separate AQCA fill in the following table. Identify with and "X" whether the status of each regulated pollutant is: attainment/nonattainment/maintenance. For those areas which are in non-attainment, state whether they are: Marginal, Moderate, Serious, Severe, or Extreme. State target attainment year. **N\A**

Site: _____ AQCA: _____

Pollutant	Attainment	Non-Attainment	Maintenance	Target Attainment Year[1]	Comments[2]
CO					
Ozone					
PM-10					
SO_2					
NO_2					
Pb					

[1] Based on national standard for Non-Attainment areas or SIP for Maintenance areas.
[2] Indicate if attainment is dependent upon BRACON, MILCON or Special Projects. Also indicate if the project is currently programmed within the Presidents FY1997 budget.

5c. For your base, identify the baseline level of emissions, established in accordance with the Clean Air Act. Baseline information is assumed to be 1990 data or other year as specified. Determine the total level of emissions (tons/yr) for CO, NOx, VOC, PM10 for the general sources listed. For all data provide a list of the sources and show your calculations. Use known emissions data, or emissions derived from use of state methodologies, or identify other sources used. "Other Mobile" sources include such items as ground support equipment. **N\A**

	Emission Sources (Tons/Year)				
Pollutant	Permitted Stationary	Personal Automobiles	Aircraft Emissions	Other Mobile	Total
CO					
NOx					
VOC					
PM10					

Source Document: _____

5d. For your base, determine the total FY1993 level of emissions (tons/yr) for CO, NOx, VOC, PM10 for the general sources listed. For all data provide a list of the sources and show your calculations. Use known emissions data, or emissions derived from use of state methodologies, or identify other sources used. "Other Mobile" sources include such items as ground support equipment. **N\A**

	Emissions Sources (Tons/Year)				
Pollutant	Permitted Stationary	Personal Automobiles	Aircraft Emissions	Other Mobile	Total
CO					
NOx					
VOC					
PM10					

Source Document: _____

5e. Provide estimated increases/decreases in air emissions (Tons/Year of CO, NOx, VOC, PM10) expected within the next six years (1995-2001). Either from previous BRAC realignments and/or previously planned downsizing shown in the Presidents FY1997 budget. Explain. **N\A**

5f. Are there any critical air quality regions (i.e. non-attainment areas, national parks, etc.) within 100 miles of the base? **N/A**

5g. Have any base operations/mission/functions (i.e.: training, R&D, ship movement, aircraft movement, military operations, support functions, vehicle trips per day, etc.) been restricted or delayed due to air quality considerations. Explain the reason for the restriction and the "fix" implemented or planned to correct. **N\A**

5h. Does your base have Emission Reduction Credits (ERCs) or is it subject to any emission offset requirements? If yes, provide details of the sources affected and conditions of the ERCs and offsets. Is there any potential for getting ERCs? **N\A**

6. ENVIRONMENTAL COMPLIANCE

6a. Identify compliance costs, currently known or estimated that are required for permits or other actions required to bring existing practices into compliance with appropriate regulations. Do not include Installation Restoration costs that are covered in Section 7 or recurring costs included in question 6c. For the last two columns provide the combined total for those two FY's.

As a tenant of MCAS Cherry Point, this host activity will respond for us under their Data Call #33 submission.

Program	Survey Com-pleted?	Costs in $K to correct deficiencies					
		FY94	FY95	FY96	FY97	FY98-99	FY00-01
Air							
Hazardous Waste							
Safe Drinking Water Act							
PCBs							
Other (non-PCB) Toxic Substance Control Act							
Lead Based Paint							
Radon							
Clean Water Act							
Solid Waste							
Oil Pollution Act							
USTs							
Other							
Total							

Provide a separate list of compliance projects in progress or required, with associated cost and estimated start/completion date.

6b. As a tenant of MCAS Cherry Point, the host activity will respond for us under their Data Call #33 submission.

Does your base have structures containing asbestos?_____ What % of your base has been surveyed for asbestos?_____ Are additional surveys planned? _____ What is the estimated cost to remediate asbestos ($K) _____. Are asbestos survey costs based on encapsulation, removal or a combination of both?

6c. Provide detailed cost of recurring operational (environmental) compliance costs, with funding source.

Funding Source	**FY92**	**FY93**	**FY94**	**FY95**	**FY96**	**FY97**	**FY98-99**	**FY00-01**
O&MN								
HA								
PA								
Other O&MN (specify)	**23k**	**26k**	**26k**	**26k**	**28k**	**28k**	**28k**	**31k**
Other (specify)								
TOTAL	**23k**	**26k**	**26k**	**26k**	**28k**	**28k**	**28k**	**31k**

6d. Are there any compliance issues/requirements that have impacted operations and/or development plans at your base.
No

7. INSTALLATION RESTORATION

7a. As a tenant of MCAS Cherry Point, this host activity will respond for us under their Data Call #33 submission.

Does your base have any sites that are contaminated with hazardous substances or petroleum products?	YES/NO
Is your base an NPL site or proposed NPL site?	

7b. Provide the following information about your Installation Restoration (IR) program. Project list may be provided in separate table format. Note: List only projects eligible for funding under the Defense Environmental Restoration Account (DERA). Do not include UST compliance projects properly listed in section VI. **As a tenant of MCAS Cherry Point, this host activity will respond for us under their Data Call #33 submission.**

Site # or name	Type site [1]	Groundwater Contaminated?	Extends off base?	Drinking Water Source?	Cost to Complete ($M)/Est. Compl. Date	Status[2]/Comments

[1] Type site: CERCLA, 'RCRA corrective action (CA), UST or other (explain)

[2] Status = PA, SI, RI, RD, RA, long term monitoring, etc.

7c. Have any contamination sites been identified for which there is no recognized/accepted remediation process available? List.
N\A

7d. N\A

Is there a groundwater treatment system in place?	YES/NO
Is there a groundwater treatment system planned?	YES/NO

State scope and expected length of pump and treat operation.

7e. As a tenant of MCAS Cherry Point, this host activity will respond for us under their Data Call #33 submission.

Has a RCRA Facilities Assessment been performed for your base?	YES/NO

7f. Does your base operate any conforming storage facilities for handling **hazardous materials**? If YES, describe facility, capacity, restrictions, and permit conditions. **As a tenant of MCAS Cherry Point, this host activity will respond for us under their Data Call #33 submission.**

7g. Does your base operate any conforming storage facilities for handling **hazardous waste**? If YES, describe facility, capacity, restrictions, and permit conditions. **As a tenant of MCAS CHerry Point, this host will respond for us under their Data Call #33 submission.**

7h. Is your base responsible for any non-appropriated fund facilities (exchange, gas station) that require cleanup? If so, describe facility/location and cleanup required/status. **N\A**

7i. N\A

Do the results of any radiological surveys conducted indicate limitations on future land use? Explain below.	

7j. Have any base operations or development plans been restricteddue to Installation Restoration considerations?

N/A

7k. List any other hazardouw waste treatment or disposal facilities not included in question 7b. above. Include capacity, restrictions and permit conditions.

N/A

8. LAND / AIR / WATER USE

8a. List the acreage of each real estate component controlled or managed by your base (e.g., Main Base - 1,200 acres, Outlying Field - 200 acres, Remote Range - 1,000 acres, remote antenna site - 5 acres, Off-Base Housing Area - 25 acres).

Parcel Descriptor	Acres	Location
Naval Hospital Compound	**15.5**	**MCAS Cherry Point**

8b. Provide the acreage of the land use categories listed in the table below:

LAND USE CATEGORY		ACRES
Total Developed: (administration, operational, housing, recreational, training, etc.) **OPERATIONAL**		**15.5**
Total Undeveloped (areas that are left in their natural state but are under specific environmental development constraints, i.e.: wetlands, endangered species, etc.)		Wetlands:**0**
		All Others:**0**
Total Undeveloped land considered to be without development constraints, but which may have operational/man caused constraints (i.e.: HERO, HERF, HERP, ESQD, AICUZ, etc.) TOTAL		**0**
Total Undeveloped land considered to be without development constraints		**0**
Total Off-base lands held for easements/lease for specific purposes		**0**
Breakout of undeveloped, restricted areas. Some restricted areas may overlap:	ESQD	
	HERF	
	HERP	
	HERO	
	AICUZ	
	Airfield Safety Criteria	
	Other	

8c. How many acres on your base (includes off base sites) are dedicated for training purposes (e.g., vehicular, earth moving, mobilization)? This does not include buildings or interior small arms ranges used for training purposes. 0

8d. What is the date of your last AICUZ update? ____/____/____ Are any waivers of airfield safety criteria in effect on your base? Y/N Summarize the conditions of the waivers below. **As a tenant of MCAS Cherry Point, this host activity will respond for us under their Data Call #33 submission.**

8e. List the off-base land use *types* (e.g, residential, industrial, agricultural) and *acreage* within Noise Zones 2 & 3 generated by your flight operations and whether it is compatible/incompatible with AICUZ guidelines on land use.

N\A

Acreage/Location/ID	**Zones 2 or 3**	**Land Use**	**Compatible/ Incompatible**

8f. List the navigational channels and berthing areas controlled by your base which require maintenance dredging? Include the frequency, volume, current project depth, and costs of the maintenance requirement.

N\A

Navigational Channels/ Berthing Areas	**Location / Description**	**Maintenance Dredging Requirement**			
		Frequency	Volume (MCY)	Current Project Depth (FT)	Cost ($M)

9. WRAPUP

9a. Are there **existing or potential environmental showstoppers** that have affected or will affect the accomplishment of the installation mission that have not been covered in the previous 8 questions? **As a tenant of MCAS Cheryy Point, this host activity will respond for us under their Data Call #33 submission.**

9b. Are there any <u>other</u> **environmental permits** required for base operations, include any relating to industrial operations. **As a tenant of MCAS Cherry Point, this host activity will respond for us under their Data Call #33 submission.**

9c. Describe any **other environmental or encroachment restrictions** on base property not covered in the previous 8 sections. **As a tenant of MCAS Cherry Point, this host activity will respond for us under their Data Call #33 submission.**

9d. List **any future/proposed laws/regulations or any proposed laws/regulations** which will constrain base operations or development plans in any way. Explain. **As a tenant of MCAS Cherry Point, this activity will respond for us under their Data Call #33 submission.**

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

V. PAUL HAWS JR.
NAME (Please type or print)

V. Paul Haws Jr.
Signature

Commanding Officer
Title

26 May 1994
Date

Naval Hospital, Cherry Point
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title 6-9-94 Date

BUREAU OF MEDICINE & SURGERY

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

R. R. SAREERAM

NAME (Please type or print) Signature

ACTING 01 JUL 1994

Title Date

Document Separator

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Activity Identification: Please complete the following table, identifying the activity for which this response is being submitted.

Activity Name:	NAVAL HOSPITAL, CHERRY POINT, NORTH CAROLINA
UIC:	66094
Major Claimant:	BUREAU OF MEDICINE AND SURGERY

General Instructions/Background:

Information requested in this data call is required for use by the Base Structure Evaluation Committee (BSEC), in concert with information from other data calls, to analyze both the impact that potential closure or realignment actions would have on a local community and the impact that relocations of personnel would have on communities surrounding receiving activities. In addition to Cost of Base Realignment Actions (COBRA) analyses which incorporate standard Department of the Navy (DON) average cost factors, the BSEC will also be conducting more sophisticated economic and community infrastructure analyses requiring more precise, activity-specific data. For example, activity-specific salary rates are required to reflect differences in salary costs for activities with large concentrations of scientists and engineers and to address geographic differences in wage grade salary rates.
Questions relating to "Community Infrastructure" are required to assist the BSEC in evaluating the ability of a community to absorb additional employees and functions as the result of relocation from a closing or realigning DON activity.

Due to the varied nature of potential sources which could be used to respond to the questions contained in this data call, a block appears after each question, requesting the identification of the source of data used to respond to the question. To complete this block, identify the source of the data provided, including the appropriate references for source documents, names and organizational titles of individuals providing information, etc. Completion of this "Source of Data" block is critical since some of the information requested may be available from a non-DoD source such as a published document from the local chamber of commerce, school board, etc. Certification of data obtained from a non-DoD source is then limited to certifying that the information contained in the data call response is an accurate and complete representation of the information obtained from the source. Records must be retained

by the certifying official to clearly document the source of any non-DoD information submitted for this data call.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

General Instructions/Background (Continued):

The following notes are provided to further define terms and methodologies used in this data call. Please ensure that responses consistently follow this guidance:

Note 1: Throughout this data call, the term **"activity"** is used to refer to the DON installation that is the addressee for the data call.

Note 2: Periodically throughout this data call, questions will include the statement that the response should refer to the **"area defined in response to question 1.b., (page 3)"**. Recognizing that in some large metropolitan areas employee residences may be scattered among many counties or states, **the scope of the "area defined" may be limited to the sum of:**

- **those counties that contain government (DoD) housing units (as identified in 1.b.2)), and,**
- **those counties closest to the activity which, in the aggregate, include the residences of 80% or more of the activity's employees.**

Note 3: Responses to questions referring to **"civilians"** in this data call should reflect **federal civil service appropriated fund employees.**

1. Workforce Data

a. Average Federal Civilian Salary Rate. Provide the projected FY 1996 average gross annual appropriated fund civil service salary rate for the activity identified as the addressee in this data call. This rate should include all cash payments to employees, and exclude non-cash personnel benefits such as employer retirement contributions, payments to former employees, etc.

Average Appropriated Fund Civilian Salary Rate:	$32,000

Source of Data (1.a. Salary Rate): CIVPERS REPORTS - FISCAL

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

b. Location of Residence. Complete the following table to identify where employees live. Data should reflect current workforce.

1) Residency Table. Identify residency data, by county, for both military and civilian (civil service) employees working at the installation (including, for example, operational units that are homeported or stationed at the installation). For each county listed, also provide the estimated average distance from the activity, in miles, of employee residences and the estimated average length of time to commute one-way to work. For the purposes of displaying data in the table, any county(s) in which 1% or fewer of the activity's employees reside may be consolidated as a single line entry in the table, titled "Other".

County of Residence	State	No. of Employees Residing in County		Percentage of Total Employees	Average Distance From Base (Miles)	Average Duration of Commute (Minutes)
		Military	Civilian			
CRAVEN	NC	238	78	83.0	6.44	15
CARTERET	NC	19	32	13.00	12.4	20
PAMLICO	NC	--	02	.5	40.0	55
ONSLOW	NC	03	07	2.6	45.0	65
OTHER	NC	--	04	.9	--	--
		260	123			

= 100%

As discussed in Note 2 on Page 2, subsequent questions in the data call refer to the "area defined in response to question 1.b., (page 3)". In responding to these questions, the scope of the "area defined" may be limited to the sum of: a) those counties that contain government (DoD) housing units (as identified below), and, b) those counties closest to the activity which, in the aggregate, include the residences of 80% or more of the activity's employees.

2) Location of Government (DoD) Housing. If some employees of the base live in government housing, identify the county(s) where government housing is located:

Source of Data (1.b. 1) & 2) Residence Data): MCAS DATA CALL #65 AND SPMS

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

c. Nearest Metropolitan Area(s). Identify all major metropolitan area(s) (i.e., population concentrations of 100,000 or more people) which are within 50 miles of the installation. If no major metropolitan area is within 50 miles of the base, then identify the nearest major metropolitan area(s) (100,000 or more people) and its distance(s) from the base.

City	County	Distance from base (miles)
Raleigh, NC	Wake	125

Source of Data (1.c. Metro Areas): MCAS, CHPT, DATA CALL #65

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

d. Age of Civilian Workforce. Complete the following table, identifying the age of the activity's **civil service** workforce.

Age Category	Number of Employees	Percentage of Employees
16 - 19 Years	0	0
020 - 24 Years	0	0
25 - 34 Years	27	21.9
35 - 44 Years	42	34.2
45 - 54 Years	35	28.5
55 - 64 Years	18	14.6
65 or Older	1	.8
TOTAL	123	100 %

Source of Data (1.d.) Age Data): HUMAN RESOURCE OFFICE - DEFENSE CIVILIAN PERSONNEL DATA SYSTEM (DCPDS)

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

e. Education Level of Civilian Workforce

1) Education Level Table. Complete the following table, identifying the education level of the activity's **civil service** workforce.

Last School Year Completed	Number of Employees	Percentage of Employees
8th Grade or less	0	0
9th through 11th Grade	1	.81
2th Grade or High School Equivalency	63	51.22
1-3 Years of College	35	28.46
4 Years of College (Bachelors Degree)	10	8.13
5 or More Years of College (Graduate Work)	14	11.38
TOTAL	123	100 %

2) Degrees Achieved. Complete the following table for the activity's **civil service** workforce. Identify the number of employees with each of the following degrees, etc. To avoid double counting, only identify the highest degree obtained by a worker (e.g., if an employee has both a Master's Degree and a Doctorate, only include the employee under the category "Doctorate").

Degree	Number of Civilian Employees
Terminal Occupation Program - Certificate of Completion, Diploma or Equivalent (for areas such as technicians, craftsmen, artisans, skilled operators, etc.)	87
Associate Degree	8
Bachelor Degree	12
Masters Degree	5
Doctorate	1

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Source of Data (1.e.1) and 2) Education Level Data): HRO - DCPDS

f. Civilian Employment By Industry. Complete the following table to identify by "industry" the type of work performed by civil service employees at the activity. The intent of this table is to attempt to stratify the activity civilian workforce using the same categories of industries used to identify private sector employment. Employees should be categorized based on their primary duties. Additional information on categorization of private sector employment by industry can be found in the Office of Management and Budget Standard Industrial Classification (SIC) Manual. However, you do not need to obtain a copy of this publication to provide the data requested in this table.

Note the following specific guidance regarding the "Industry Type" codes in the first column of the table: Even though categories listed may not perfectly match the type of work performed by civilian employees, please attempt to assign each civilian employee to one of the "Industry Types" identified in the table. However, only use the Category 6, "Public Administration" sub-categories when none of the other categories apply. Retain supporting data used to construct this table at the activity-level, in case questions arise or additional information is required at some future time. **Leave shaded areas blank.**

Industry	SIC Codes	No. of Civilians	% of Civilians
1. Agriculture, Forestry & Fishing	01-09	0	0
2. Construction (includes facility maintenance and repair)	15-17	5	4.1
3. Manufacturing (includes Intermediate and Depot level maintenance)	20-39		
3a. Fabricated Metal Products (include ordnance, ammo, etc.)	34	0	0
3b. Aircraft (includes engines and missiles)	3721 et al	0	0
3c. Ships	3731	0	0
3d. Other Transportation (includes ground vehicles)	various	0	0

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Industry	SIC Codes	No. of Civilians	% of Civilians
3e. Other Manufacturing not included in 3a. through 3d.	various	0	0
Sub-Total 3a. through 3e.	20-39	0	0
4. Transportation/Communications/Utilities	40-49		
4a. Railroad Transportation	40	0	0
4b. Motor Freight Transportation & Warehousing (includes supply services)	42	3	2.4
4c. Water Transportation (includes organizational level maintenance)	44	0	0
4d. Air Transportation (includes organizational level maintenance)	45	0	0
4e. Other Transportation Services (includes organizational level maintenance)	47	2	1.6
4f. Communications	48	0	0
4g. Utilities	49	0	0
Sub-Total 4a. through 4g.	40-49	5	4.0
5. Services	70-89		
5a. Lodging Services	70	0	0
5b. Personal Services (includes laundry and funeral services)	72	0	0
5c. Business Services (includes mail, security guards, pest control, photography, janitorial and ADP services)	73	14	11.4

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Industry	SIC Codes	No. of Civilians	% of Civilians
5d. Automotive Repair and Services	75	0	0
5e. Other Misc. Repair Services	76	0	0
5f. Motion Pictures	78	0	0
5g. Amusement and Recreation Services	79	0	0
5h. Health Services	80	84	68.3
5i. Legal Services	81	0	0
5j. Educational Services	82	4	3.3
5k. Social Services	83	1	.8
5l. Museums	84	0	0
5m. Engineering, Accounting, Research & Related Services (includes RDT&E, ISE, etc.)	87	7	5.7
5n. Other Misc. Services	89	3	2.4
Sub-Total 5a. through 5n.:	70-89	113	91.9
6. Public Administration	91-97	0	0
6a. Executive and General Government, Except Finance	91	0	0
6b. Justice, Public Order & Safety (includes police, firefighting and emergency management)	92	0	0
6c. Public Finance	93	0	0
6d. Environmental Quality and Housing Programs	95	0	0
Sub-Total 6a. through 6d.		0	0
TOTAL		123	100 %

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Source of Data (1.f.) Classification By Industry Data): HRO - DCPDS

g. Civilian Employment by Occupation. Complete the following table to identify the types of "occupations" performed by **civil service** employees at the activity. Employees should be categorized based on their primary duties. Additional information on categorization of employment by occupation can be found in the Department of Labor Occupational Outlook Handbook. However, you do not need to obtain a copy of this publication to provide the data requested in this table.

Note the following specific guidance regarding the "Occupation Type" codes in the first column of the table: Even though categories listed may not perfectly match the type of work performed by civilian employees, please attempt to assign each civilian employee to one of the "Occupation Types" identified in the table. Refer to the descriptions immediately following this table for more information on the various occupational categories. Retain supporting data used to construct this table at the activity-level, in case questions arise or additional information is required at some future time. **Leave shaded areas blank.**

Occupation	Number of Civilian Employees	Percent of Civilian Employees
1. Executive, Administrative and Management	22	17.9
2. Professional Specialty		
2a. Engineers	1	.8
2b. Architects and Surveyors	0	0
2c. Computer, Mathematical & Operations Research	6	4.9
2d. Life Scientists	0	0
2e. Physical Scientists	0	0
2f. Lawyers and Judges	0	0
2g. Social Scientists & Urban Planners	0	0
2h. Social & Recreation Workers	1	.8
2i. Religious Workers	0	0

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Occupation	Number of Civilian Employees	Percent of Civilian Employees
2j. Teachers, Librarians & Counselors	0	0
2k. Health Diagnosing Practitioners (Doctors)	1	.8
2l. Health Assessment & Treating(Nurses, Therapists, Pharmacists, Nutritionists, etc.)	33	26.8
2m. Communications	0	0
2n. Visual Arts	0	0
Sub-Total 2a. through 2n.:	42	34.1
3. Technicians and Related Support		
3a. Health Technologists and Technicians	12	9.8
3b. Other Technologists	6	4.9
Sub-Total 3a. and 3b.:	18	14.7
4. Administrative Support & Clerical	32	26.0
5. Services		
5a. Protective Services (includes guards, firefighters, police)	0	0
5b. Food Preparation & Service	1	.8
5c. Dental/Medical Assistants/Aides	0	0
5d. Personal Service & Building & Grounds Services (includes janitorial, grounds maintenance, child care workers)	0	0
Sub-Total 5a. through 5d.	1	.8
6. Agricultural, Forestry & Fishing	0	0
7. Mechanics, Installers and Repairers	3	2.4
8. Construction Trades	2	1.6

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Occupation	Number of Civilian Employees	Percent of Civilian Employees
9. Production Occupations	0	0
10. Transportation & Material Moving	3	2.4
11. Handlers, Equipment Cleaners, Helpers and Laborers (not included elsewhere)	0	0
TOTAL	123	100 %

Source of Data (1.g.) Classification By Occupation Data): HRO - DCPDS

Description of Occupational Categories used in Table 1.g. The following list identifies public and private sector occupations included in each of the major occupational categories used in the table. Refer to these examples as a guide in determining where to allocate **appropriated fund civil service jobs** at the activity.

1. **Executive, Administrative and Management.** Accountants and auditors; administrative services managers; budget analysts; construction and building inspectors; construction contractors and managers; cost estimators; education administrators; employment interviewers; engineering, science and data processing managers; financial managers; general managers and top executives; chief executives and legislators; health services managers; hotel managers and assistants; industrial production managers; inspectors and compliance officers, except construction; management analysts and consultants; marketing, advertising and public relations managers; personnel, training and labor relations specialists and managers; property and real estate managers; purchasing agents and managers; restaurant and food service managers; underwriters; wholesale and retail buyers and merchandise managers.
2. **Professional Specialty.** Use sub-headings provided.
3. **Technicians and Related Support.** Health Technologists and Technicians sub-category - self-explanatory. Other Technologists sub-category includes aircraft pilots; air traffic controllers; broadcast technicians; computer programmers; drafters; engineering technicians; library technicians; paralegals; science technicians; numerical control tool programmers.
4. **Administrative Support & Clerical.** Adjusters, investigators and collectors; bank tellers; clerical supervisors and managers; computer and peripheral equipment operators; credit clerks and authorizers; general office clerks; information clerks; mail clerks and messengers; material recording, scheduling, dispatching and distributing; postal clerks and mail carriers; records clerks; secretaries; stenographers and court reporters; teacher aides; telephone, telegraph and teletype operators; typists, word processors and data entry keyers.
5. **Services.** Use sub-headings provided.
6. **Agricultural, Forestry & Fishing.** Self explanatory.

7. **Mechanics, Installers and Repairers.**Aircraft mechanics and engine specialists; automotive body repairers; automotive mechanics; diesel mechanics; electronic equipment repairers; elevator installers and repairers; farm equipment mechanics; general maintenance mechanics; heating, air conditioning and refrigeration technicians; home appliance and power tool repairers, industrial machinery repairers; line installers and cable splicers; millwrights; mobile heavy equipment mechanics; motorcycle, boat and small engine mechanics; musical instrument repairers and tuners; vending machine servicers and repairers.
8. **Construction Trades.** Bricklayers and stonemasons; carpenters; carpet installers; concrete masons and terrazzo workers; drywall workers and lathers; electricians; glaziers; highway maintenance; insulation workers; painters and paperhangers; plasterers; plumbers and pipefitters; roofers; sheet metal workers; structural and reinforcing ironworkers; tilesetters.
9. **Production Occupations.** Assemblers; food processing occupations; inspectors, testers and graders; metalworking and plastics-working occupations; plant and systems operators, printing occupations; textile, apparel and furnishings occupations; woodworking occupations; miscellaneous production operations.
10. **Transportation & Material Moving.** Busdrivers; material moving equipment operators; rail transportation occupations; truckdrivers; water transportation occupations.
11. **Handlers, Equipment Cleaners, Helpers and Laborers** (not included elsewhere). Entry level jobs not requiring significant training.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

h. Employment of Military Spouses. Complete the following table to provide estimated information concerning **military spouses** who are also employed in the area defined in response to question 1.b., above. **Do not fill in shaded area.**

1. Percentage of Military Employees Who Are Married:	39.0
2. Percentage of Military Spouses Who Work Outside of the Home:	7.5
3. Break out of Spouses' Location of Employment (Total of rows 3a. through 3d. should equal 100% and reflect the number of spouses used in the calculation of the "Percentage of Spouses Who Work Outside of the Home".	
3a. Employed "On-Base" - Appropriated Fund:	7.5
3b. Employed "On-Base" - Non-Appropriated Fund:	UNKNOWN*
3c. Employed "Off-Base" - Federal Employment:	UNKNOWN
3d. Employed "Off-Base" - Other Than Federal Employment	UNKNOWN

Note: Items 2 and 3a reflect dual service military members as directed.
* This data is not available or otherwise collected.

Source of Data (1.h.) Spouse Employment Data): SPMS DATA BASE

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

2. Infrastructure Data. For each element of community infrastructure identified in the two tables below, rate the community's ability to accommodate the relocation of additional functions and personnel to your activity. Please complete each of the three columns listed in the table, reflecting the impact of various levels of increase (20%, 50% and 100%) in the number of personnel working at the activity (and their associated families). In ranking each category, use one of the following three ratings:

A - Growth can be accommodated with little or no adverse impact to existing community infrastructure and at little or no additional expense.

B - Growth can be accommodated, but will require some investment to improve and/or expand existing community infrastructure.

C - Growth either cannot be accommodated due to physical/environmental limitations or would require substantial investment in community infrastructure improvements.

Table 2.a., "Local Communities": This first table refers to the local community (i.e., the community in which the base is located) and its ability to meet the increased requirements of the installation.

Table 2.b., "Economic Region": This second table asks for an assessment of the infrastructure of the economic region (those counties identified in response to question 1.b., (page 3) - taken in the aggregate) and its ability to meet the needs of additional employees and their families moving into the area.

For both tables, annotate with an asterisk (*) any categories which are wholly supported on-base, i.e., are not provided by the local community. These categories should also receive an A-B-C rating. Answers for these "wholly supported on-base" categories should refer to base infrastructure rather than community infrastructure.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

a. Table A: Ability of the local community to meet the expanded needs of the base.

1) Using the **A - B - C** rating system described above, complete the table below.

Category	20% Increase	50% Increase	100% Increase
Off-Base Housing (4)	A	B	B
Schools - Public (5)	A*	B*	C*
Schools - Private (5)	A	B	C
Public Transportation - Roadways (6)	A*	A*	B*
Public Transportation - Buses/Subways	n/a	n/a	n/a
Public Transportation - Rail	n/a	n/a	n/a
Fire Protection (8)	A	B	C
Police (8)	B	C	C
Health Care Facilities	n/a	n/a	n/a
Utilities:			
Water Supply (7)	A	B	B
Water Distribution (7)	A	A	B
Energy Supply (1)	A	A	A
Energy Distribution (1)	A	A	A
Wastewater Collection (3)	A	A	B
Wastewater Treatment (2)	A*	B*	C*
Storm Water Collection	n/a	n/a	n/a
Solid Waste Collection and Disposal (7)	A	A	A
Hazardous/Toxic Waste Disposal (9)	A*	A*	A*
Recreational Activities (7)	A	B	B

Remember to mark with an asterisk any categories which are wholly supported on-base.

NOTE: Numbers in parenthesis reflect the specific data source cited below.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

2) For each rating of **"C"** identified in the table on the preceding page, attach a brief narrative explanation of the types and magnitude of improvements required and/or the nature of any barriers that preclude expansion.

n/a indicates not available in the local area.

Schools (Public) -- Since local schools are currently at or near capacity, officials are progressing toward construction of additional facilities. A doubling of the existing school-age population, however, would necessitate construction of an additional high school and possibly elementary school.

Schools (Private) -- The local private school accommodates grades K4 - 8. A doubling of the existing enrollment would necessitate additional classroom space, plus additional personnel.

Fire Protection -- Local fire fighting capabilities are largely served by volunteers, so no investment would be required to satisfy manpower needs. Additional equipment would be required, such as trucks and facilities, as new hydrants and water lines are laid to accommodate new development.

Police -- Population increases of 50 to 100 percent would require additional personnel and attendant equipment to support traffic control, emergency response, crime prevention, etc.

Wastewater Treatment -- The City of Havelock wastewater treatment plant is located on a small tract of land and discharges into a creek with little excess assimilative capacity. Expanded treatment capability would require expansion of the physical plant (on an already small parcel) and relocating the discharge to the Neuse River (at an estimated $5 million cost). Additionally, environmental documentation and permitting would be time-consuming, expensive and politically controversial.

Source of Data (2.a. 1) & 2) - Local Community Table): MCAS, CHPT DATA CALL #65

b. Table B: Ability of the <u>region described in the response to question 1.b. (page 3)</u> (taken in the aggregate) to meet the needs of additional employees and their families relocating into the area.

1) Using the **A - B - C** rating system described above, complete the table below.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

Category	20% Increase	50% Increase	100% Increase
Off-Base Housing	A	B	B
Schools - Public	A	B	B
Schools - Private	A	A	B
Public Transportation - Roadways	A	A	A
Public Transportation - Buses/Subways	n/a	n/a	n/a
Public Transportation - Rail	n/a	n/a	n/a
Fire Protection	A	A	B
Police	A	A	B
Health Care Facilities	A	A	B
Utilities:			
Water Supply	A	A	B
Water Distribution	A	B	B
Energy Supply	A	A	A
Energy Distribution	A	A	A
Wastewater Collection	A	B	B
Wastewater Treatment	A	B	B
Storm Water Collection	A	A	A
Solid Waste Collection and Disposal	A	A	B
Hazardous/Toxic Waste Disposal	A*	A*	A*
Recreation Facilities	A	B	B

Remember to mark with an asterisk any categories which are wholly supported on-base.

2) For each rating of **"C"** identified in the table on the preceding page, attach a brief narrative explanation of the types and magnitude of improvements required and/or the nature of any barriers that preclude expansion.

N/A

Source of Data (2.b. 1) & 2) - Regional Table): MCAS, CHPT, DATA CALL #65

3. Public Facilities Data:

a. **Off-Base Housing Availability.** For the counties identified in the response to question 1.b. (page 3), in the aggregate, estimate the current average vacancy rate for community housing. Use current data or information identified on the latest family housing market analysis. For each of the categories listed (rental units and units for sale), combine single family homes, condominiums, townhouses, mobile homes, etc., into a single rate:

Rental Units: 12.1%

Units for Sale: 2.5%

Source of Data (3.a. Off-Base Housing): MCAS, CHPT, DATA CALL #65

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

b. **Education.**

1) Information is required on the current capacity and enrollment levels of school systems serving employees of the activity. Information should be keyed to the counties identified in the response to question 1.b. (page 3).

School District	County	Number of Schools			Enrollment		Pupil-to-Teacher Ratio		Does School District Serve Gov't Housing Units? *
		Element-ary	Middle	High	Current	Max. Capacity	Current	Max. Ratio	
Craven County Schools	Craven	14	4	3	13,768	14,054	26:1	29:1	Y
Carteret County Schools	Carteret	8	3	2	8,045	8,300	25:1	**	N**
Onslow County Schools	Onslow	15	7	7	19,682	19,276	***	***	N***
Pamlico County Schools	Pamlico	2	1	1	2,126	2,320	16:1	29:1	N
Annunciation****	Craven	1	na	na	200	275	20:1	26:1	Y****
St. Francis of Assissi****	Onslow	1	na	na	310	400	25:1	30:1	N***

* Answer "Yes" in this column if the school district in question enrolls students who reside in government housing.
** 3 of 8 elementary schools have grades K -8. Maximum pupil to teacher ratio is 29:1 in grades K-9 and 30:1 in grades 10-12.
*** School District does serve government housing from this activity as well as from Camp Lejeune, NC. School district pupil to teacher ratio is 29:1 for elementary grades and 32:1 for middle and high schools. On average, classes in Onslow school district are at a maximum teacher to pupil ratio.
**** Private schools. Annunciation K4-8; St. Francis PK-8. Private schools of less than 200 students in any of the four counties are not listed.

Source of Data (3.b.1) Education Table): MCAS, CHPT, DATA CALL #65

2) Are there any on-base "Section 6" Schools? If so, identify number of schools and current enrollment.

There are no on-base "Section 6" schools at MCAS Cherry Point.

Source of Data (3.b.2) On-Base Schools): MCAS, CHPT, DATA CALL #65

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

3) For the counties identified in the response to question 1.b. (page 3), in the aggregate, list the names of undergraduate and graduate colleges and universities which offer certificates, Associate, Bachelor or Graduate degrees :

Craven Community College - Craven County
Park College - Craven County
NC Wesleyan College - Craven County
Mount Olive - Craven County
Boston University - Craven & Onslow Counties
Southern Illinois University - Craven & Onslow Counties
Carteret Community College - Carteret County
Coastal Carolina Community College - Onslow County
Webster University - Onslow County
Campbell University - Onslow County
Pamlico Community College - Pamlico County

Source of Data (3.b.3) Colleges): MCAS, CHPT, DATA CALL #65

4) For the counties identified in the response to question 1.b. (page 3), in the aggregate, list the names and major curriculums of vocational/technical training schools:

There are in excess of fifty such curriculums. Refer to MCAS, CHPT Data Call #65 for complete listing.

Source of Data (3.b.4) Vo-tech Training: MCAS, CHPT, DATA CALL #65

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

c. **Transportation.**

1) Is the activity served by public transportation?

	Yes	No
Bus:		X
Rail:		X
Subway:		X
Ferry:	X	

Source of Data (3.c.1) Transportation): MCAS, CHPT, DATA CALL #65

2) Identify the location of the nearest passenger railroad station (long distance rail service, not commuter service within a city) and the distance from the activity to the station.

Amtrak: Wilson, NC; 80 miles NW of MCAS Cherry Point.

Source of Data (3.c.2) Transportation): MCAS, CHPT, DATA CALL #65

3) Identify the name and location of the nearest commercial airport (with public carriers, e.g., USAir, United, etc.) and the distance from the activity to the airport.

Craven Regional Airport; 18 miles NW of Cherry Point.

Source of Data (3.c.3) Transportation): MCAS, CHPT, DATA CALL #65

4) How many carriers are available at this airport?

Two public commercial carriers: USAir Express and American Eagle.

Source of Data (3.c.4) Transportation): MCAS, CHPT, DATA CALL #65

5) What is the Interstate route number and distance, in miles, from the activity to the nearest Interstate highway?

Interstate 40 is located approximately 80 miles to the SW of MCAS Cherry Point.

Source of Data (3.c.5) Transportation): MCAS, CHPT, DATA CALL #65

6) Access to Base:

a) Describe the quality and capacity of the road systems providing access to the base, specifically during peak periods. (Include both information on the area surrounding the base and information on access to the base, e.g., numbers of gates, congestion problems, etc.)

There are four gates which provide vehicular access to Cherry Point. The Main Gate, located at the intersection of Fontana (Highway 101) and Roosevelt Boulevards, is open 24 hours a day. The Slocum Road Gate, located off Highway 70 on the west side of Havelock, opened in October 1993. It serves as a back gate with extended hours of operation. Gates at Staff Capehart housing (Gates Road) and Cunningham Boulevard have less extensive hours and are opened to accommodate traffic as needed. The Capehart Gate is opened from 0630 - 0830 and 1400 to 1600 during the academic year to accommodate vehicular traffic to a nearby elementary school. The Cunningham Boulevard Gate off Highway 101 opens for rush hour traffic in the mornings and afternoons.

The capacity of roadway network leading to the Cherry Point gates is adequate. The dispersed location of the gates along Highway 70 and 101 allows rush hour traffic to thin out through Havelock. This, coupled with staggered work hours aboard the base and a recently installed system of coordinated and synchronized traffic lights along Highway 70, has relieved much of the congestion in Havelock which had existed for many years. Aboard the Air Station, there are few traffic congestion areas except the intersection of Slocum Road and Roosevelt Boulevard.

Access roads to the Air Station are generally of good quality. The primary access roads are multi-lane, bituminous asphalt construction maintained by the North Carolina Department of Transportation. A major maintenance project completed in 1993 included lane widening and resurfacing of Highway 70 from Slocum Bridge on the east side of town to the eastern city limits.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

b) Do access roads transit residential neighborhoods?

Off-base roads which access the gates do not transit residential neighborhoods as they are both major thoroughfares. Gates and Alexander Roads, which access the Staff Capehart gate, are major collector streets in Staff NCO housing. The access road from this gate travels through 1.5 miles of government housing. This gate's operating hours are very limited (four hours per day except weekends) so there is minimal impact on residents within the housing area. Additionally, bicycle traffic consumes a significant proportion of this gate's usage.

c) Are there any easements that preclude expansion of the access road system?

There are no easements which preclude expansion of the access road system.

d) Are there any man-made barriers that inhibit traffic flow (e.g., draw bridges, etc.)?

The only manmade barriers which inhibit traffic flow are railroad tracks which deliver fuel from off-base sources to an on-base fuel farm. The daily delivery of fuel occurs in off-peak traffic hours (0830) and causes inconsequential traffic back-ups at railroad intersections aboard the Air Station.

Source of Data (3.c.6) Transportation): MCAS CHPT, DATA CALL #65

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

d. **Fire Protection/Hazardous Materials Incidents.** Does the activity have an agreement with the local community for fire protection or hazardous materials incidents? Explain the nature of the agreement and identify the provider of the service.

Mutual aid for fire protection/hazardous materials incidents from the following fire departments: Havelock, Morehead City, Newport, New Bern, Atlantic, Cape Carteret, Broad/Gales Creek, Pollocksville, Arapahoe, the county of Carteret and the Department of Agriculture.

Source of Data (3.d. Fire/Hazmat): MCAS, CHPT, DATA CALL #65

e. **Police Protection.** UNKNOWN. REFER MCAS, CHPT DATA CALL #65.

1) What is the level of legislative jurisdiction held by the installation?

2) If there is more than one level of legislative jurisdiction for installation property, provide a brief narrative description of the areas covered by each level of legislative jurisdiction and whether there are separate agreements for local law enforcement protection.

3) Does the activity have a specific written agreement with local law enforcement concerning the provision of local police protection?

4) If agreements exist with more than one local law enforcement entity, provide a brief narrative description of whom the agreement is with and what services are covered.

5) If military law enforcement officials are routinely augmented by officials of other federal agencies (BLM, Forest Service, etc.), identify any written agreements covering such services and briefly describe the level of support received.

Source of Data (3.e. 1) - 5) - Police):

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

f. **Utilities.**

1) Does the activity have an agreement with the local community for water, refuse disposal, power or any other utility requirements? Explain the nature of the agreement and identify the provider of the service.

Refuse:
Cherry Point provided by Craven County.

Electrical Service:
Cherry Point provided by Carolina Power and Light.
Oak Grove provided by Jones/Onslow EMC.
Bogue Field provided by Carteret/Craven EMC.
Atlantic Field provided by Carolina Power and Light.
BT-11 provided by Carolina Power and Light.
Slocum Village provided by Carolina Power and Light.
Hancock Village provided by Carolina Power and Light.
Fort Macon Village provided by Carteret/Craven EMC.

Water Service:
Oak Grove provided by Jones County Water System.

2) Has the activity been subject to water rationing or interruption of delivery during the last five years? If so, identify time period during which rationing existed and the restrictions imposed. Were activity operations affected by these situations? If so, explain extent of impact.

NO

3) Has the activity been subject to any other significant disruptions in utility service, e.g., electrical "brown outs", "rolling black outs", etc., during the last five years? If so, identify time period(s) covered and extent/nature of restrictions/disruption. Were activity operations affected by these situations? If so, explain extent of impact.

NO

Source of Data (3.f. 1) - 3) Utilities): MCAS, CHPT, DATA CALL #65 Admin.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

4. **Business Profile.** List the top ten employers in the geographic area defined by your response to question 1.b. (page 3), taken in the aggregate, (include your activity, if appropriate):

Employer	Product/Service	No. of Employees
1. MCB Camp Lejeune	Military	41,226
2. MCAS Cherry Point	Military	10,903
3. NADEP Cherry Point	Military A/C rework	3,571
4. Craven County Schools	Public Education	1,691
5. Craven Regional Medical Center	Health Care	1,100
6. Carteret County Schools	Public Education	950
7. Weyerhaeuser	Wood Products	700
8. Hatteras Yachts	Boat Manufacturing	650
9. Moen	Plumbing fixtures	600
10. Atlantic Veneer Corporation	Hardwood Veneers	509

Source of Data (4. Business Profile): MCAS, CHPT, DATA CALL #65

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

5. **Other Socio-Economic Impacts.** For each of the following areas, describe other recent (past 5 years), on-going or projected economic impacts (both positive and negative) on the geographic region defined by your response to question 1.b. (page 3), in the aggregate:

a. Loss of Major Employers:

The region has seen poor economic conditions affect several local industries. In 1993, Mack Trucks closed its New Bern diesel engine components plant due to corporate downsizing and 100 local jobs were lost. R. A. Precision, an automotive parts manufacturer in Havelock, closed its doors in late 1993 due to poor market conditions and loss of a major client. Diversified Concrete Products Company closed its Beaufort-based pre-stressed concrete components production plant in 1992 and approximately 135 employees were taken off the payrolls. Similarly, Owens-Corning discontinued manufacturing two roofing material products lines and 115 jobs were lost in Morehead City. Bayliner Boats closed its doors in 1990 resulting in a loss of 125 high-paying positions in Craven County. Atlantic Veneer Technologies, based in Beaufort, is scheduled to liquidate most of its assets during 1994 and approximately 500 Down East residents are currently employed there. Military downsizing has also caused a loss of jobs and smaller on-board numbers at MCAS Cherry Point. Additionally, three A-6 squadrons scheduled to transition to the F/A-18D aircraft in 1992 were relocated at the last minute to MCAS Beaufort, South Carolina, resulting in a loss of 500 Marines and an estimated 15.2 million in salaries to the region.

b. Introduction of New Businesses/Technologies:

There are several new businesses and technologies entering the area. Carteret County, known for its productive fisheries industry and attendant satellite university oceanography & fisheries research laboratories, is attempting to capitalize on the fisheries science industry and attract new facilities to the area. Bally Engineering Structures, which produces walk-in coolers and freezers, established residence in Carteret County and expects its work force to swell to 200 persons by January 1995. Finally, the Defense Base Closure and Realignment Commission ruled in 1993 to consolidate NAS Cecil Field and NADEP Pensacola assets at Cherry Point.

c. Natural Disasters:

Impacts from the 1987-88 red tide disaster are still felt across the fishing industry in Carteret County. This microorganism outbreak caused the demise of hundreds of acres of shellfish, thereby eliminating hundreds of jobs in the oyster, scallop and clam industry of Carteret County.

d. Overall Economic Trends:

Overall economic trends within a 20 mile radius of Cherry Point are very positive due to the proposed expansions at the Air Station resulting from BRAC '93.

Source of Data (5. Other Socio/Econ): MCAS, CHPT, DATA CALL #65

6. Other. Identify any contributions of your activity to the local community not discussed elsewhere in this response.

1) Combined with the Naval Aviation Depot, Cherry Point is the largest "industry" in a four county area. It attracts employees from a 17 county region to its higher-than-average salaries (exceeds local average salaries by approximately $7,000 per year) and numerous professional opportunities. The Air Station provides highly skilled, high paying positions which are unavailable in much of the surrounding area due to its lack of urban development, industrialization and economic opportunity.

In addition to the direct financial contributions that Cherry Point provides to the region, there are numerous indirect benefits, as well. First, there are approximately 25 defense-related contractors located aboard or in the immediate vicinity of Cherry Point, largely due to the Naval Aviation Depot and the Harrier training squadron. These internationally-renown commercial activities generate approximately $30 million per year in contract sales.

Cherry Point also indirectly employs numerous civilian contractors for military construction, maintenance and service. Nearly $46 million dollars are spent each year on construction and maintenance projects and an additional $7 million is spent each year on environmental remediation.

Finally, the Marines, sailors, soldiers and civilians of Cherry Point provide thousands of dollars worth of in-kind service to the surrounding region. Some of this support is provided directly by Marine Corps assets (hard support) and some is provided through volunteerism by Cherry Point workers and their families. The "hard support" has been displayed in recent local community service construction projects, such as the construction of a hard surfaced road in the Harlowe community, building ball fields, and loaning equipment and assets to community events and fire fighting efforts. Local units volunteer their time in area schools, churches, recreation leagues, and charitable organizations. No dollar value can be placed on this support, as it serves as an invaluable benefit to residents throughout the region.

2) Prepare annual economic impact statement for MCAS Cherry Point which is used by local community leaders and Businessmen to plan and forecast.

DATA CALL 65
ECONOMIC AND COMMUNITY INFRASTRUCTURE DATA

3) Prepare Commanding General's fact book of vital MCAS Cherry Point statistics which can be used by local leaders and businessmen to plan and forecast.

Source of Data (6. Other): MCAS, CHPT, DATA CALL #65

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

R.A. Dunn, CAPT NC USN
NAME (Please type or print)

R A Dunn
Signature

Commanding Officer (Acting)
Title

7/15/94
Date

Naval Hospital, Cherry Point, NC
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) _____ Signature _____

CHIEF BUMED/SURGEON GENERAL

Title _____ Date July 19 '94

BUREAU OF MEDICINE & SURGERY

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER

NAME (Please type or print) _____ Signature _____

Title _____ Date 8/11/94

Document Separator

374

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: NAVAL HOSPITAL, CHERRY POINT, NC

ACTIVITY UIC: 66094

Category.....Personnel Support
Sub-category....Medical
Types.....Clinics, Hospitals, and Medical Centers

*******If any responses are classified, attach separate classified annex*******

MISSION REQUIREMENTS

1. Population.

TYPE	ACTUAL FY 1993			PROJECTED FY 1999		
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD	47,312 ~~9,706~~	9,706	N/A	41,503 ~~11,961~~	11,961	N/A
FAMILY OF AD	54,154 ~~13,308~~	13,308		47,544 ~~15,831~~	15,831	
SUBTOTAL	101,466 ~~23,014~~	23,014		89,047 ~~27,792~~	27,792	
RETIRED AND FAMILY MEMBERS UNDER 65	19,500 ~~6,649~~ ~~5,500~~	6,649		19,500 ~~8,909~~	8,909	
RETIRED AND FAMILY MEMBERS OVER 65[4]	~~1,371~~ 3,316	1,371		~~3,592~~ 3,316	3,592	
OTHER	1,718 ~~1,060~~	1,060		2,197 ~~1,420~~	1,420	
TOTAL	126,000 ~~32,094~~	32,094		114,060 ~~41,713~~	41,713	

GEN BUMED-823
1 Jan 94

Revised pg

2. Operating Beds ~~Bed Capacity~~: ~~23~~ 40 VRBUMED8214 10/4/94 R

Set up Beds: 0

Expanded Bed Capacity: 27 R

3 ~~2R~~ ~~5R~~ (9-30-94) VRBUMED824 10/3/94

2. Bed Capacity. (Replacement hospital)

Operating Beds[1]:	26
Set Up Beds[1]:	0
Expanded Bed Capacity[2]:	26

3. Workload. FY 1993:

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	55,569	74,747	19,463	160,039
ADMISSIONS	454	1,661	164	2,255
LABORATORY TESTS (WEIGHTED)[1]				167,570,700
RADIOLOGY PROCEDURES (WEIGHTED)[1]				7,707,100
PHARMACY UNITS (WEIGHTED)[1]				31,884,700
OTHER (SPECIFY)				

[1] The ancillary workload data is not maintained by patient category at this facility.

3a. Workload. Maximum Capicity

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	55,569	77,747	19,463	160,039
ADMISSIONS	454	1,661	164	2,255
LABORATORY TESTS (WEIGHTED)[1]				167,570,700
RADIOLOGY PROCEDURES (WEIGHTED)[1]				7,707,100
PHARMACY UNITS (WEIGHTED)[1]				31,884,700
OTHER (SPECIFY)				

[1] The ancillary workload data is not maintained by patient category at this facility.

3b. Workload. FY 93 Total Demand

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	55,569	93,946	38,816	188,331
ADMISSIONS	454	2,408	553	3,415
LABORATORY TESTS (WEIGHTED)[1]		(11,615)	(25,190)	(36,805) 167,607,500
RADIOLOGY PROCEDURES (WEIGHTED)[1]		(3,247)	(6,117)	(9,364) 7,716,464
PHARMACY UNITS (WEIGHTED)[1]		(2)	(51)	(53) 31,884,753
OTHER (SPECIFY)				

[1] Workload data for ancillary services at this command are not maintained by patient category. The data indicated within parentheses is CHAMPUS workload, and is not weighted. The total values in each row reflect both MTF and CHAMPUS data.

4. Staffing.

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
PRIMARY CARE[1]	16	26	26	40	40	40	40	40
SPECIALTY CARE[2]	11	13	13	13	13	13	13	13
PHYSICIAN EXTENDERS[3]	9	10	10	10	10	10	10	10
INDEPENDENT DUTY CORPSMEN	3	3	3	3	3	3	3	3
TOTAL	39	52	52	66	66	66	66	66

[1] This includes General Medical Officers, Flight Surgeons, Diving Medical Officers, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.
[2] This is all other physician providers not included in the primary care category.
[3] This includes Physician Assistants and Nurse Practitioners.

FY 95 increase reflects increase in baseline Efficiency Review. FY 97 increase reflects increase resulting in relocation of medical assets from NAS Cecil Field following recommendations of BRAC III.

LOCATION

5. Community Providers.

PROVIDER TYPE	CURRENT
PRIMARY CARE[1]	341
SPECIALTY CARE[2]	291
PHYSICIAN EXTENDER[3]	1
TOTAL	633

[1] This includes General Practioners, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.

[2] This is all other physician providers not included in the primary care category.

[3] This includes Physician Assistants and Nurse Practitioners.

6. Regional Population.

Region Population: 337,655

The boundaries used for this population include Beaufort, Carteret, Onslow and Pamlico counties. The source of the data is from the 1990 census.

7. Regional Community Hospitals.

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]
Naval Hospital Camp Lejeune	DoD	45	75 minutes	MTF
Carteret General	County Not For Profit	18	25 minutes	None
Craven Regional Medical Center	County Not For Profit	20	30 minutes	None

[1] Distance in driving miles from your facility
[2] List any partnerships, MOUs, contracts, etc with this facility

7a. Regional Community Hospitals. For each facility listed in the preceding table complete the following table:

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Naval Hospital Camp Lejeune	205	176	64.7%	
Carteret General Hospital	117	117	71.8%	DRG Exempt Facility Local ICU
Craven Regional Medical Center	302	302	72.5%	Local ICU

[1] Use definitions as noted in the American Hospital Association publication Hospital Statistics.

[2] Such as regional trauma center, burn center, Graduate Medical Education Center, etc.

c. Training Facilities: N/A

(1) By facility Category Code Number (CCN), provide the usage requirements for each course of instruction required for all formal schools on your installation. A formal school is a programmed course of instruction for military and/or civilian personnel that has been formally approved by an authorized authority (ie: Service Schools Command, Weapons Training Battalion, Human Resources Office). Do not include requirements for maintaining unit readiness, GMT, sexual harassment, etc. Include all applicable 171-xx, 179-xx CCN's.

Type of Training Facility/CCN	School	Type of Training	FY 1993 Requirements			FY 2001 Requirements		
			A	B	C	A	B	C
N/A								

A = STUDENTS PER YEAR
B = NUMBER OF HOURS EACH STUDENT SPENDS IN THIS TRAINING FACILITY FOR THE TYPE OF TRAINING RECEIVED
C = A x B

SEW BUMED-823
1 Jun 94

(2) By Category Code Number (CCN), complete the following table for all training facilities aboard the installation. Include all 171-xx and 179-xx CCN's.

For example: in the category 171-10, a type of training facility is academic instruction classroom. If you have 10 classrooms with a capacity of 25 students per room, the design capacity would be 250. If these classrooms are available 8 hours a day for 300 days a year, the capacity in student hours per year would be 600,000.

Type Training Facility/CCN	Total Number	Design Capacity (PN)[1]	Capacity (Student HRS/YR)
Instruction Classrm/171-10	1	25	60,000

(3) Describe how the Student HRS/YR value in the preceding table was derived.

N/A

[1] Design Capacity (PN) is the total number of seats available for students in spaces used for academic instruction; applied instruction; and seats or positions for operational trainer spaces and training facilities other than buildings, i.e., ranges. Design Capacity (PN) must reflect current use of the facilities.

~~14~~ 13

CFW BUMED-823
1 Jun 94

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

CAPT V. PAUL HAWS, JR., MSC, USN
NAME (Please type or print)

V. Paul Haws Jr.
Signature

COMMANDING OFFICER
Title

26 May 94
Date

NAVAL HOSPITAL, CHERRY POINT, MC
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) _____ Signature X D. F. Hagen

CHIEF BUMED/SURGEON GENERAL

Title _____ Date 6/2/94

BUREAU OF MEDICINE & SURGERY

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J.B. GREENE JR.

NAME (Please type or print) _____ Signature J.B. Greene Jr

ACTING

Title _____ Date 8 JUNE 1994

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

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I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

V. PAUL HAWS, JR.
NAME (Please type or print)

V. Paul Haws, Jr.
Signature

COMMANDING OFFICER
Title

30 SEPTEMBER 94
Date

NAVAL HOSPITAL, CHERRY POINT, NC
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title X Oct 4, '94 Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR.

NAME (Please type or print) J B Greene Jr Signature

ACTING

Title 10 OCT 1994 Date

Document Separator

374

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: NAVAL HOSPITAL, CHERRY POINT, NC
ACTIVITY UIC: 66094

Category.....Personnel Support
Sub-category.....Medical
Types.....Clinics, Hospitals, Medical Centers

May 23, 1994

If any responses are classified, attach separate classified annex

TABLE OF CONTENTS

Mission Requirements

1. Mission 3
2. Customer Base 5
3. Workload 10
4. Projected Workload 11
5. Medical Support 12
6. Graduate Medical Education 13

Facilities

7. Facilities Description 16

Location

8. Geographic Location 23
9. Manpower and Recruiting Issues 24

Features and Capabilities

10. Capabilities 25
11. Mobilization 29
12. Non Availability Statements 31
13. Supplemental Care 31
14. Costs 32
15. Quality of Life 35

MISSION REQUIREMENTS

1. Mission Statement. The primary mission of the Naval Hospital, Cherry Point, North Carolina, is to provide inpatient and outpatient health care support to the active duty members of the Navy and Marine Corps assigned to the Marine Corps Air Station and the Second Marine Aircraft Wing. This mission includes direct patient care, preventive medicine, and aviation physiology training, as well as staff advice to the Commanding General of the Air Station for disaster and contingency planning and other medical matters impacting on the operation of the Air Station. More specifically:

a. Provide a comprehensive range of emergency, inpatient, and ambulatory health care services to active duty personnel, their dependents, retirees, their dependents, and survivors.

b. Ensure all assigned military personnel are trained to perform their assigned contingency and wartime duties.

c. Provide health care services in support of the operation of the Navy and Marine Corps shore activities and units of the Operating Forces.

d. Provide occupational and environmental health/preventive medicine, and industrial hygiene services to civilian and military personnel of the Marine Corps Air Station and its tenant activities.

e. Participate as an integral element of the Navy and Tri-service Regional Health Care System. Cooperate with military and civilian authorities in matters pertaining to public health, local disasters, and other emergencies.

f. Maintain requisite quality health care standards to ensure successful accreditation and recognition by appropriate government and civilian agencies and commissions, to include the Joint Commission on Accreditation of Health care Organizations.

g. Provide medical coverage and emergency evacuation if needed as alternate landing site for NASA Space Shuttle program.

h. Provide in-patient nursing services:

(1) <u>The Family Medicine Division</u> is a level I in-patient adult and pediatric multi-service unit. The division provides nursing care to all eligible beneficiaries based on established policies and procedures. Capabilities include but are not limited to stable and acute medical and surgical adult and pediatric patients. Total available beds are 18 adult and pediatric patients. Average occupied bed days per day for the past 12 months was 8 per day.

(2) The Maternity Division is a combined in-patient antepartum, intrapartum, and post-partum unit. The division provides nursing care to all eligible beneficiaries based on established policies and procedures. Capabilities include professional nursing care for the uncomplicated as well as mild to moderately complicated obstetrical patients who are past 20 weeks gestation. Total available beds are 16 antepartum/post-partum and 3 labor beds. Average occupied beds per day for the past 12 months was 7 per day.

(3) The Newborn Nursery and Intermediate Care Division is a 15 bed level I unit with a 2 bed level II unit. The division provides professional nursing care to well neonates, pre-term, low birth weight, septic non-ventilator dependent neonates based on established policies and procedures. Average census was 7 babies per day.

i. Provide Aviation Physiology and water survival education and training to flight personnel and maintain the supporting training equipment and devices.

Projected Missions

a. Cardiac/Intensive Care Unit: To provide patient care services to higher level acuity patients. A request has been made and is currently being reviewed by MED-03 to expand our mission to include the provision of patient care services to higher level acuity patients (FY-94).

b. Flight Line Clinic: To provide primary health care services for active duty members relocating to Cherry Point from NAS Cecil Field. MILCON Project P-500T is a $4.6 million BRAC III initiative that provides for a 25,133 GSF medical and dental facility at the Navy flight line complex. This clinic will provide health care services for the active duty members migrating from NAS Cecil Field (FY-96).

c. Indoor Water Survival Training pool: To provide year round water survival training to flight personnel. MILCON Project P-506T is a $2.95 million BRAC III initiative that will construct a 24,690 GSF Aviation Physiology Training building. This project provides for a 25 meter pool along with the necessary aviation training devices to complete the training mission (FY-95).

d. Allergy/Immunization Clinic: To provide a full range of allergy and immunization services not currently available in house for the beneficiary population.

e. Dermatology Clinic: To provide a full range of dermatology services not currently available in house for the beneficiary population.

2. Customer Base. The Naval Hospital is a tenant command of the Marine Corps Air Station. The below table identifies those units attached to the Air Station that are supported by the hospital.

UNIT NAME	UIC/RUC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
H&HS NARF CPNC	8416	CHERRY POINT, NC.	3272
COMCABEAST	8310	CHERRY POINT, NC.	1201
CONTRACT PERSONNEL		CHERRY POINT, NC.	900
MWSS-271	8702	CHERRY POINT, NC.	636
MWSS-274	8703	CHERRY POINT, NC.	564
118110 MCAB CPNC	0040	CHERRY POINT, NC.	562
NONAPPROP EMP		CHERRY POINT, NC.	489
NAV HOSP	66094	CHERRY POINT, NC.	381
MALS-14	8810	CHERRY POINT, NC.	305
HQ 2D MAW	8600	CHERRY POINT, NC.	299
VMAT-203	8682	CHERRY POINT, NC.	283
CSSD-21	3811S	CHERRY POINT, NC.	266
VMGR-252	8820	CHERRY POINT, NC.	265
VMA-231	8860	CHERRY POINT, NC.	226

UNIT NAME	UIC/RUC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
VMA-223	8860	CHERRY POINT, NC.	226
VMA-542	8860	CHERRY POINT, NC.	226
MWCS-28, DET B	8652	CHERRY POINT, NC.	221
MWCS-28, DET A	8652	CHERRY POINT, NC.	221
MASS-1	8560	CHERRY POINT, NC.	204
VMAQ-1	8880	CHERRY POINT, NC.	152
VMAQ-3	8880	CHERRY POINT, NC.	152
VMAQ-4	8880	CHERRY POINT, NC.	152
VMAQ-2	8880	CHERRY POINT, NC.	152
VMGRT-253	8581	CHERRY POINT, NC.	138
TAOC DET, MACS-6	8632	CHERRY POINT, NC.	138
FREST to VMAT-203		CHERRY POINT, NC.	133
B BTRY, 2D LAAD	8694	CHERRY POINT, NC.	122
A BTRY, 2D LAAD	8694	CHERRY POINT, NC.	122
MTACS-28	8620	CHERRY POINT, NC.	108
VMAT FRS/FREST		CHERRY POINT, NC.	106

UNIT NAME	UIC/RUC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
HQ MAG-14	8800	CHERRY POINT, NC.	93
MALS-14 AUG to VMAT-203		CHERRY POINT, NC.	81
MALS-14 AUG to VMAQ-1		CHERRY POINT, NC.	71
MALS-14 AUG to VMA-542		CHERRY POINT, NC.	71
MALS-14 AUG to VMAQ-2		CHERRY POINT, NC.	71
MALS-14 AUG to VMAQ-3		CHERRY POINT, NC.	71
MALS-14 AUG to VMAQ-4		CHERRY POINT, NC.	71
VMGRT FRS/FREST		CHERRY POINT, NC.	70
ATC DET A, MACS-6	8633	CHERRY POINT, NC.	67
FREST to VMGRT-253		CHERRY POINT, NC.	63
MWHS-2	8601	CHERRY POINT, NC.	59
HQ MACS-6	8631	CHERRY POINT, NC.	55
MALS-14 AUG to VMGR-252		CHERRY POINT, NC.	53
2D MAW BAND	8602	CHERRY POINT, NC.	51
H&S BTRY (-), 2D LAAD	8692	CHERRY POINT, NC.	49
H&HS-27	8701	CHERRY POINT, NC.	48

UNIT NAME	UIC/RUC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
CRYOGENICS SCH		CHERRY POINT, NC.	4
PMA(F)	8417	CHERRY POINT, NC.	4
RED CROSS		CHERRY POINT, NC.	3
FAA		CHERRY POINT, NC.	1

4. Projected Workload. Complete the following tables for your projected workload. Please show and develop any assumptions and calculations used to complete the table. Be sure to note any impact prior closure and realignment decisions have had on your facility. Please be sure to include any impact your participation in the managed care initiative (TRICARE), previous BRAC actions, and force structure reductions will have on your workload.

	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
OUTPAT. VISITS	158,439	156,855	196,068	198,029	200,009	NOT AVAILABLE	NOT AVAILABLE
ADMISS.	2,232	2,210	2,818	2,846	2,874	NOT AVAILABLE	NOT AVAILABLE

Please show all assumptions and calculations in the space below:

NOTE: FY 1993 data was used as a base.

FY 1993 Outpatient Visits: 160,039 Admissions: 2,255

ASSUMPTION: Must assume the same health care seeking behavior in relation to population.

POPULATION STATISTICS/PROJECTIONS (BASED ON RAPS DATA)

1995 Decrease in population by 1 percent

1996 Decrease in population by 1 percent

1997 Increase in population by 25 percent

1998 Increase in population by 1 percent

1999 Increase in population by 1 percent

3. Workload. Identify your FY 1994 workload (this should include both completed and projected workload through the end of the Fiscal Year) as indicated in the table below by beneficiary type. Use the same categorization and definitions as that used in the MEPRS Manual (DoD 6010.13-M).

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	417	42772	2.2	2.00
ACTIVE DUTY NON N/MC	9	872	2.2	.25
TOTAL ACTIVE DUTY	426	43644		2.25
FAMILY OF AD	1532	82164	2.2	9.75
RETIRED AND FAMILY MEMBERS UNDER 65	115	16180	3.0	.50
RETIRED AND FAMILY MEMBERS OVER 65	43	3324	3.0	.25
OTHER	10	12452	2.2	.25
TOTAL	2126	157764		13

Assumes workload will be constant through the year.

What is your occupancy rate for FY 1994 to date? 32.5 percent

5. Medical Support. Indicate in the table below all the medical support you provide that is not direct patient care, and identify the time spent providing such support (i.e. food service inspections, medical standby for physical fitness tests, flight operations, field training,rifle range, MWR support for sporting events, etc.).

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
Food Service Inspections	240 hrs	2
Non-food Service Inspections	107 hrs	1
Mosquito Survey	360 hrs	2
Insect Identification	120 hrs	1
Medical Intelligence	36 hrs	1
Influenza Program	40 hrs	2
Environmental Health Administrative Duties	647 hrs	4
Construction Plan review	24 hrs	1
Sewer Spill Response	12 hrs	3
Industrial Hygiene Survey	2880 hrs	6
Epidemiology Administrative Duties	84 hrs	1
STD's/Disease Investigation	210 hrs	1
TB Control/Food Service Personnel Physicals	120 hrs	1
Medical Standby for Physical Fitness Tests	336 hrs	2
Flight Operations Coverage	3384 hrs	3
MWR support for sporting events	336 hrs	2
Field Training (NCO School)	144 hrs	1
Medical Standby for Change of Command	48 hrs	2
Medical Standby for Post and Relief	48 hrs	2
Medical Standby for Cub/Girl/Boy Scouts	672 hrs	1
Medical Standby for NJROTC operations	112 hrs	1

6. Graduate Medical Education. In the table provided, identify all the training programs (to include transitional internships and fellowships) at your facility and the numbers graduated per year. Also identify major non-physician training programs (such as OR nurse, nurse anesthetist, etc.). Be sure to take into account any planned program changes, and prior base closure and realignment decisions.

N/A

6a. Graduate Medical Education. Complete the following table for each Graduate Medical Education program that requires accreditation by the Accreditation Council for Graduate Medical Education (ACGME):

N/A

c. Training Facilities: **N/A**

(1) By facility Category Code Number (CCN), provide the usage requirements for each course of instruction required for all formal schools on your installation. A formal school is a programmed course of instruction for military and/or civilian personnel that has been formally approved by an authorized authority (ie: Service Schools Command, Weapons Training Battalion, Human Resources Office). Do not include requirements for maintaining unit readiness, GMT, sexual harassment, etc. Include all applicable 171-*xx*, 179-*xx* CCN's.

Type of Training Facility/CCN	School	Type of Training	FY 1993 Requirements			FY 2001 Requirements		
			A	B	C	A	B	C

A = STUDENTS PER YEAR
B = NUMBER OF HOURS EACH STUDENT SPENDS IN THIS TRAINING FACILITY FOR THE TYPE OF TRAINING RECEIVED
C = A x B

(2) By Category Code Number (CCN), complete the following table for all training facilities aboard the installation. Include all 171-*xx* and 179-*xx* CCN's.

For example: in the category 171-10, a type of training facility is academic instruction classroom. If you have 10 classrooms with a capacity of 25 students per room, the design capacity would be 250. If these classrooms are available 8 hours a day for 300 days a year, the capacity in student hours per year would be 600,000.

Type Training Facility/CCN	Total Number	Design Capacity (PN)[1]	Capacity (Student HRS/YR)
Instruction Classrm/171-10	1	25	60,000

(3) Describe how the Student HRS/YR value in the preceding table was derived.

The current facility does not have any design capacity instructional classrooms. The current space utilized for instruction/training was converted into a classroom for that purpose. The replacement hospital, which we will occupy Oct 94 does have one classroom designed for this purpose. The number of HRS/YR was derived as described in the example, based on the one classroom.

[1] Design Capacity (PN) is the total number of seats available for students in spaces used for academic instruction; applied instruction; and seats or positions for operational trainer spaces and training facilities other than buildings, i.e., ranges. Design Capacity (PN) must reflect current use of the facilities.

FACILITIES

7. Facilities Description. Complete the following table for all buildings for which you maintain an inventory record. Use only one row for each building. Provide the 5 digit category code number (CCN) where possible. Do not include any buildings that would receive their own data calls (such as a Branch Medical Clinic): R

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
51010	NAVAL HOSPITAL/PATIENT CARE	206,801	0	ADEQUATE
17120	WATER SURVIVAL TRAINING/TRAINING	4,508	14	SUBSTANDARD B17
51010	DECOMPRESSION CHAMBER/TRAINING & ADMINISTRATION	10,790	13	ADEQUATE
17120	ENCL FOR DEVICE 9E6-HO/WAREHOUSE	902	20	ADEQUATE

R

R

[1] Use refers to patient care, administration, laboratory, warehouse, power plant, etc.

[2] This should be based on NAVFACINST 11011.44E Shore Facilities Planning Manual and the condition recorded should be recorded as Adequate, Substandard, or Inadequate. Chapter 5 of NAVFACINST 11011.44E provides guidance on this scoring system.

[3] New hospital facility (including academic classroom) dedication 3 October 94. Old hospital and academic instruction buildings removed.

16 R (9-30-94) VR [illegible] 10-3-94

Received pg

FACILITIES

7. Facilities Description. Complete the following table for all buildings for which you maintain an inventory record. Use only one row for each building. Provide the 5 digit category code number (CCN) where possible. Do not include any buildings that would receive their own data calls (such as a Branch Medical Clinic):

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
51010	NAVAL HOSPITAL/PATIENT CARE	106,098	52	INADEQUATE F17
17120	WATER SURVIVAL TRAINING/TRAINING	4,508	14	SUBSTANDARD B17
51010	DECOMPRESSION CHAMBER/TRAINING & ADMINISTRATION	10,790	13	ADEQUATE
17110	ACADEMIC INSTRUCTION/TRAINING	6110	52	INADEQUATE F17
17120	ENCL FOR DEVICE 9E6-HO/WAREHOUSE	902	20	ADEQUATE

[1] Use refers to patient care, administration, laboratory, warehouse, power plant, etc.

[2] This should be based on NAVFACINST 11011.44E Shore Facilities Planning Manual and the condition recorded should be recorded as Adequate, Substandard, or Inadequate. Chapter 5 of NAVFACINST 11011.44E provides guidance on this scoring system.

7a. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information: R

THIS SHEET NO LONGER APPLICABLE DUE TO MOVE TO NEW HOSPITAL FACILITY OCT 94

1. Facility Type/Code: NAVAL HOSPITAL / F17
2. What makes it inadequate?
3. What use is being made of the facility?
4. What is the cost to upgrade the facility to substandard?
5. What other use could be made of the facility and at what cost?
6. Current improvement plans and programmed funding:
7. Has this facility condition resulted in "C3" or "C4" designation on your BASEREP?

1. Facility Type/Code: ACADEMIC INSTRUCTION / F17
2. What makes it inadequate?
3. What use is being made of the facility?
4. What is the cost to upgrade the facility to substandard?
5. What other use could be made of the facility and at what cost?
6. Current improvement plans and programmed funding: NONE / $0.00

17 R (9-30-94) VR BUMED 824 10/3/94

Revised pg

7a. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

1. Facility Type/Code: NAVAL HOSPITAL / F17

2. What makes it inadequate? PHYSICAL CONDITION / AGE / INADEQUATE CAPACITY

3. What use is being made of the facility? REDUCED PATIENT CARE

4. What is the cost to upgrade the facility to substandard? $4.8 MILLION

5. What other use could be made of the facility and at what cost? ADMINISTRATIVE -- $ 6 MILLION

6. Current improvement plans and programmed funding: DEMOLITION / MILCON P-836

7. Has this facility condition resulted in "C3" or "C4" designation on your BASEREP? YES

1. Facility Type/Code: ACADEMIC INSTRUCTION / F17

2. What makes it inadequate? AGE / INADEQUATE CAPACITY

3. What use is being made of the facility? REDUCED TRAINING

4. What is the cost to upgrade the facility to substandard? $107 THOUSAND

5. What other use could be made of the facility and at what cost? ADMINISTRATIVE -- / WAREHOUSE -- $ 107 THOUSAND

6. Current improvement plans and programmed funding: NONE / $0.00

THIS SHEET NO LONGER APPLICABLE DUE TO MOVE TO NEW HOSPITAL FACILITY OCT 94

7. Has this facility condition resulted in "C3" or "C4" designation on your BASEREP? ~~YES~~ N/A R

Received by

18 R (9-30-94) VR Bumb 824 10-3-94

7. Has this facility condition resulted in "C3" or "C4" designation on your BASEREP? YES

Revised pg

7b. Capital Improvement Expenditures. List the project number, description, funding year, and value of the **capital improvements at your facility completed (beneficial occupancy) during 1988 to 1994**. Indicate if the capital improvement is a result of BRAC realignments or closures. NO **R**

PROJECT	DESCRIPTION	FUND YEAR	VALUE
RCI - 86	ELECTRICAL DISTRIBUTION SYS RPLC	1990	$ 2.3 MILLION

7c. Planned Capital Improvements. List the project number, funding year, and value of the **non-BRAC related capital improvements planned** for years 1995 through 1997.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
P-836	REPLACEMENT HOSPITAL/DENTAL CLINIC	1992	$23 MILLION

Note: Projects are completed.

 (9-30-94) VR BUMED 824 10/3/94

7b. Capital Improvement Expenditures. List the project number, description, funding year, and value of the **capital improvements at your facility completed (beneficial occupancy) during 1988 to 1994**. Indicate if the capital improvement is a result of BRAC realignments or closures. NO

PROJECT	DESCRIPTION	FUND YEAR	VALUE
RCI - 86	ELECTRICAL DISTRIBUTION SYS RPLC	1990	$ 2.3 MILLION

7c. Planned Capital Improvements. List the project number, funding year, and value of the **non-BRAC related capital improvements planned** for years 1995 through 1997.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
P-836	REPLACEMENT HOSPITAL/DENTAL CLINIC	1992	$23 MILLION

7d. Planned Capital Improvements. List the project number, description, funding year, and value of the **BRAC related capital improvements planned** for 1995 through 1999.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
P-500T	FLIGHT LINE CLINIC	1996	$4.6 MILLION
P-506T	WATER SURVIVAL TRAINING POOL	1995	$2.95 MILLION

7e. Please complete the following Facility Condition Assessment Document (FCAD) DD Form 2407: Instructions follow the form.

Revised pg

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO
1. FACILITY NAME NAVAL HOSPITAL, CHERRY POINT, NC				
2. UIC N66094	3. CATEGORY CODE 51010	4. NO. OF BUILDINGS 2		
5. SIZE 293 X 789	A. GSF 206,801	B. NORMAL BEDS 23		C.DTRS 27
6. LOCATION MCAS CHERRY POINT	A. CITY HAVELOCK		B.STATE NC	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	100				
(3) CENTRAL STERILE SVCS.	100				
(4) DENTAL	100				
(5) EMERGENCY SVCS.	100				
(6) FOOD SERVICES	100				
(7) LABORATORIES	100				
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	100				
(10) LABOR-DEL-NURSERY	100				
(11) OUTPATIENT CLINICS	100				
12) PHARMACY	100				
(13) RADIOLOGY	100				
(14) SURGICAL SUITE	100				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	100				
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	100				

21 R (9-30-94) VR BUMED 824 10-3-94

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO
1. FACILITY NAME NAVAL HOSPITAL, CHERRY POINT, NC				
2. UIC N66094	3. CATEGORY CODE 51010	4. NO. OF BUILDINGS 2		
5. SIZE 293 X 789	A. GSF 112,208	B. NORMAL BEDS 41		C.DTRS 15
6. LOCATION MCAS CHERRY POINT	A. CITY HAVELOCK		B.STATE NC	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	80	10	10	B18	
(2) ADMINISTRATION		40	60	B17,B18	
(3) CENTRAL STERILE SVCS.			100	B17,F01,F02	
(4) DENTAL			100	B17,F01,F02	
(5) EMERGENCY SVCS.			100	B17,F01,F12	
(6) FOOD SERVICES			100	B17,F01,F12	
(7) LABORATORIES			100	B17,F01,F12	
(8) LOGISTICS			100	B17,F01,F12	
(9) INPATIENT NURSING UNITS			100	B17,F01,F12	
(10) LABOR-DEL-NURSERY			100	B17,F01,F12	
(11) OUTPATIENT CLINICS			100	B17,F01,F12	
(12) PHARMACY			100	B17,F01,F12	
(13) RADIOLOGY			100	B17,F01,F12	
(14) SURGICAL SUITE			100	B17,F01,F12	
(15) BUILDING					
(A) STRUCTURAL/SEISMIC			100	C10	
(B) HVAC			100	C01, C17	
(C) PLUMBING			100	C02, C17	
(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION	90	10			
(F) EMERGENCY POWER	100				

7f. Please provide the date of your most recent Joint Commission on Accreditation of Health care Organizations (JCAHO) survey and indicate the status of your certification. Also record your Life Safety Management score from that survey.

DATE OF SURVEY: MAR 93
FULL ACCREDITATION: YES/No
LIFE SAFETY MANAGEMENT SCORE: 1 (Record as 1,2,3,4,or 5)

LOCATION:

8. Geographic Location. The Naval Hospital is located in DoD Region 8 near Havelock, North Carolina, in a five-county area consisting of Craven, Carteret, Pamlico, Jones, and Onslow counties. The primary alternative military health care resource is the Naval Hospital at Camp Lejeune, North Carolina, which is about 50 miles (75 minutes) from Cherry Point. There is also a NAVCARE clinic in Jacksonville, NC (near Camp Lejeune) and a Coast Guard Clinic at Atlantic Beach. Nearly all beneficiaries of these two facilities reside in the overlap of the two catchment areas. There is no nearby Veterans Administration (VA) facility. The two short stay, acute care civilian hospitals in the area, Craven County Regional Medical Center in New Bern and Carteret General Hospital in Morehead City, are located 12 miles (30 minutes) and 24 miles (35 minutes), respectively, away from the hospital, in opposite directions.

a. Naval Hospital, Cherry Point is the only military medical treatment facility in a 50-mile radius to serve our military beneficiaries. Naval Hospital, Camp Lejeune is operating at maximum capacity, and is unable to absorb our clientele. With about 60 births per month, the cost to provided these services under CHAMPUS would increase the government's cost as well as place undue financial hardship on our young servicemembers. Due to our rural location, the absence of a mass transit system, and major access roads, this hospital is logistically the only realistic means for our beneficiaries to receive adequate medical treatment.

b. Transportation modes include:

(1) Air. The nearest airport is in New Bern, North Carolina, about 20 miles from the hospital. It is a two terminal, two airline airport, providing basic shuttle service to two major airports, Charlotte and Raleigh.

(2) Rail. There is no passenger rail service within the Cherry Point area. The nearest Amtrak rail stations are located within a 90 mile radius.

(3) Sea. The nearest port is located in Morehead City, about 20 miles from the Air Station.

(4) Ground. There is no local mass transit (or other ground) system. Trailways Bus Lines does pick-up once per evening.

c. The hospital is located about two miles from the airfield onboard the Air Station with accommodations for C-9 aircraft. The Air Station serves as the routine air terminal for patients regulated by ASMRO through the Naval

Hospitals Cherry Point and Camp Lejeune.

d. The majority of the hospital's mobilization requirements are in support of Fleet Marine Forces, located at Camp Lejeune. Because Camp Lejeune is only about 50 miles away, personnel can be quickly transported. The Morehead City Port is a Navy Administrated deep-water (70 feet) port which will accommodate most naval vessels. The auxiliary port loading/staging area, located on Radio Island, is equipped to support all forms of amphibious embarkation. The port is supported by rail freight and military/commercial trucking. During embarkation, this facility is standby medical support for all embarked troops and shipboard personnel.

e. The average driving time to this facility is 35 minutes.

9. Manpower and recruiting issues: Unique aspects of your facility's location that help or hinder in the hiring of qualified civilian personnel?

Recruitment in medical specialty areas has been enhanced due to location of several community colleges in surrounding counties; i.e., Craven, Carteret, Pamlico, Pitt, etc. and East Carolina University School of Medicine, Greenville, NC. These provide a large population of qualified medical technicians and administrative support candidates to draw from.

The Naval Hospital, Cherry Point's (NHCP) catchment area overlaps with the Naval Hospital, Camp Lejeune's (NHCL) catchment area; therefore, we generally receive patients from our typical 40-mile radius plus or minus patients from the NHCL area. The catchment area is made up of six counties.

FEATURES AND CAPABILITIES

10. Capabilities. What would be the impact on the Navy and Marine Corps if the capabilities of your facility were to be lost? Answer this question in terms of the unique capabilities of your staff, equipment and facility.

Historically, about 96 to 97 percent of the military beneficiaries in the catchment area have been Navy and Marine Corps personnel, most of whom are active duty. Women averaged 6.3 percent of this population, ranging from 5.7 to 7.4. The active duty population served is primarily young; about 85 percent under the age of 35 and 98 percent under 45. Assuming the beneficiary population will remain stable, the most immediate impact of a loss of all hospital capabilities will be a decrease in the medical/operational readiness of our active duty population. For this population, the hospital provides physical examinations, immunizations, and overseas screening, as well as emergency and ambulatory services. There are no local providers who accept CHAMPUS, and this population cannot be absorbed within the catchment area by other facilities. There will be no occupational health/preventive medicine services for civilian employees of the Air Station (about 4,300). In addition, CHAMPUS cost will rise significantly for those patients who can be absorbed within civilian facilities (such as births).

The combined answers to questions 10a, b, and c also apply.

10a. If your facility were to close without any change in beneficiary population would the remaining local health care infrastructure be able to absorb the additional workload? Please provide supporting information to your answer.

The local community health care system is inadequate to care for the population. There are presently 4,680 eligible retirees, retiree dependents, and survivors in the catchment area. Current statistics reveal that this population represents 10% of Naval Hospital, Cherry Point's (NHCP's) Occupied Bed Days, 20% of Outpatient Visits, and 30% of our Family Practice Enrollment. The nearest Medical Treatment Facility (MTF) is located 75 minutes from Cherry Point. There is adequate civilian inpatient capacity to support the residual population, however the number of primary care providers is not sufficient to support ambulatory care. There are no Primary Care Providers in the immediate vicinity of Cherry Point, and only 23 within a 15 mile radius. There are a total of 141 General Practice and Family Practice Physicians within the catchment area, however the majority of these providers reside in the overlapping catchment area with Camp Lejeune, and they are not CHAMPUS participants. There are no existing Health Maintenance Organizations (HMO's) or Preferred Provider Organizations (PPO's) in the catchment area. The planned increase of 1,500 additional employees to Cherry Point's Naval Aviation Depot compounds this impact on the local community health care system.

10b. If your facility were to close and the active duty and their families were to leave the area would the local community health care system be able to care for the residual eligible population? Please provide supporting information to your answer.

The local community health care system is inadequate to care for the residual population. There are presently 4,680 eligible retirees, retiree dependents, and survivors in the catchment area. Current statistics reveal that this population represents 10% of Naval Hospital, Cherry Point's (NHCP's) Occupied Bed Days, 20% of Outpatient Visits, and 30% of our Family Practice Enrollment. The nearest Medical Treatment Facility (MTF) is located 75 minutes from Cherry Point. There is adequate civilian inpatient capacity to support the residual population, however the number of primary care providers is not sufficient to support ambulatory care. There are no Primary Care Providers in the immediate vicinity of Cherry Point, and only 23 within a 15 mile radius. There are a total of 141 General Practice and Family Practice Physicians within the catchment area, however the majority of these providers reside in the overlapping catchment area with Camp Lejeune, and they are not CHAMPUS participants. There are no existing Health Maintenance Organizations (HMO's) or Preferred Provider Organizations (PPO's) in the catchment area. The planned increase of 1,500 additional employees to Cherry Point's Naval Aviation Depot compounds this impact on the local community health care system.

10c. If your inpatient care capability were to close, would the local community be able to absorb your current inpatient workload? Please develop all of your conclusions with supporting data and show it in the space below:

The local community impatient capacity is inadequate to support the needs of our post BRAC III population. Our Average Daily Patient Load (ADPL) for FY93 was 13. The percentage of ADPL attributable to OB/GYN is 67%, with the remainder to Family Medicine. Average deliveries per month is 53, with a bed occupancy rate of 33%. Of our total admissions, 63% were for active duty dependents, 27% for active duty, and 10% to all others. In comparison with FY93 data, admissions per day have decreased by 10%, and deliveries have decreased by 20%. 20% of Naval Hospital Camp Lejeune's inpatient workload is attributable to Cherry Point beneficiaries, with no capability to absorb additional workload. At present we feel the civilian inpatient facilities could absorb inpatient workload, but there is not sufficient capacity to care for the expected increase of 11,900 active duty and dependent beneficiaries and the 1,500 additional Naval Aviation Depot employees resulting from BRAC III.

11. Mobilization. The Naval Hospital, Cherry Point, is not a primary casualty receiving center. Our mission, in the event of mobilization, is to augment operational forces, provide secondary casualty treatment support to patients already under treatment elsewhere in CONUS, and to provide medical mobilization support to the Commanding General, Marine Corps Air Station. Platforms supported are listed in the below table:

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
USS GUADALCANAL	07352	2
2D MARINE DIVISION	08321	19
1ST MARINE AIR WING	41975	2
USNS COMFORT	46246	25
FLEET HOSPITAL #20	46977	22
2D MARINE AIR WING	57080	5
NAVHOSP GUANTANAMO BAY CU.	61564	3
ASWBPL I, MACGUIRE AFB	65388	4
NAVHOSP NAPLES	66096	18
1ST MARINE BRIGADE	67339	1
2D FSSG	68408	9
FLEET HOSPITAL #1	68681	1
FLEET HOSPITAL #2	68682	1
FLEET HOSPITAL #3	68683	11
FLEET HOSPITAL #4	68684	3
FLEET HOSPITAL #5	68685	17
NAVHOSP KEFLAVICK	68875	1
3D MARINE AIR WING	MPS2W	1

b. What additional workload could you perform if you did not have this requirement and its associated training? Please show all assumptions and calculations used in arriving at your conclusions.

ASSUMPTIONS:

(1) All personnel now involved with MPAS planning, administration, and training would be freed up to perform other assignments.

(2) Full Time Equivalents (FTE's) can be applied to existing workload data to produce analytical result of increased workload capability.

(3) Each enlisted billet calculates a monetary worth of $30 thousand, and each officer billet calculates a monetary worth of $70 thousand.

(4) Dollar amounts used in calculations can be provided by POM'd figures.

(5) Currently this command is utilizing 4 FTE's in the administration/education of MPAS personnel. Additionally the budgeted FY95 training cost is $250,000. The average mobilization platform training cycle takes approximately 1 week to complete. This removes the individual from a "productive" roll and places him in a "training" roll, thereby reducing workload. This command is assigned 246 mobilization platform billets. Using this as our basis, dividing by 52 weeks, the annual full-time equivalent (FTE) is 4.77. There are 282 military personnel aboard which provided 160,758 (FY-93) patient visits. This command should be able to increase its workload by approximately 4,967 patient visits.

CALCULATIONS:

(1) 4.72 + 4 = 8.72

(2) 8.72 / 282 x 100 = 3.09%

(3) 160,758 x 3.09% = 4,967

c. Please provide the total number of your expanded beds[1] that are currently fully "stubbed" (i.e. the number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours). Use of portable gas or electrical utilities is not considered in this definition.

See Nov 1 89

Number of "stubbed" expanded beds[1]: 0

[1] Use the bed definitions as they appear in BUMEDINST 6320.69 and 6321.3.

11. Mobilization. What are your facility's mobilization requirements?

a. If any of your staff is assigned to support a Hospital Ship, Fleet Hospital, Marine Corps unit, ship, or other operational unit during mobilization complete the following table:

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS.

b. What additional workload could you perform if you did not have this requirement and its associated training? Please show all assumptions and calculations used in arriving at your conclusions.

c. Please provide the total number of your expanded beds[1] that are currently fully "stubbed" (i.e. the number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours). Use of portable gas or electrical utilities is not considered in this definition.

Number of "stubbed" expanded beds[1]: 27 VR BUMED P24 10/3/94 R

[1] Use the bed definitions as they appear in BUMEDINST 6320.69 and 6321.3.

 R (9-30-94) VR BUMED P24 10/3/94

12. Non-availability Statements. Please complete the following table for Non-availability statements (NAS):

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT	873	667	345
OUTPATIENT	552	552	266

13. Supplemental Care. Please complete the following table for supplemental care:

CATEGORY OF PATIENT	SUPPLEMENTAL CARE[2]					
	FY 1992		FY 1993		FY 1994	
	NO.[1]	COST[2]	NO.	COST	NO.	COST
AD	239	172.9	229	234.7	88	239.3
AD FAMILY	455	164.1	240	4.8	157	78.9
OTHER	127	42.5	194	88.8	153	69.6
TOTAL	821	379.5	663	328.3	398	192.8

[1] The total number of consults, procedures and admissions covered with supplemental care dollars.

[2] The total cost in thousands of dollars.

14. Costs. Complete the following table regarding your outpatient costs. Use the same definitions and assumptions that you use for reporting to Medical Expense and Performance Reporting System (MEPRS).

CATEGORY	FY 1992	FY 1993	FY 1994
TOTAL COSTS	10284197	13503978	867745
TOTAL OUTPATIENT VISITS	167269	160758	38640
AVERAGE COST PER VISIT	61.48	84.00	69.87

14a. Costs. Complete the following tables regarding your inpatients costs. Use the same definitions and assumptions that you use for reporting Medical Expense and Performance Reporting System (MEPRS). Table A, B, C, and D are used to arrive at a cost per Relative Weighted Product (RWP). FY 1994 should be completed through the First Quarter FY 1994.

Table A:

CATEGORY	FY 1992	FY 1993	FY 1994 (OCT - DEC)
A. TOTAL MEPRS-A EXPENSE	5,421,420	5,933,241	468,074

Table B:

CATEGORY	FY 1992	FY 1993	FY 1994
B. SUPPLEMENTAL CARE COSTS IN MEPRS-A[1]	0	0	0
C. SAME DAY SURGERY EXPENSES IN MEPRS-A (DGA)[1]	13117	37721	1659
D. OCCUPATIONAL/PHYSICAL THERAPY EXPENSES IN MEPRS-A (DHB/DHD)[1]	72674	243788	20891
E. HYPERBARIC MEDICINE EXPENSES IN MEPRS-A (DGC)[1]	0	0	0
F. TOTAL (B+C+D+E)	87791	281509	22550

[1] These costs are actual or estimated. If other than actual please provide assumptions and calculations.

Table C:

CATEGORY (SPECIAL PROGRAM EXPENSES)	FY 1992	FY 1993	FY 1994
G. AREA REFERENCE LABORATORY (FAA)	0	0	0
H. CLINIC INVESTIGATION PROGRAM (FAH)	0	0	0
I. CONTINUING HEALTH PROGRAM (FAL)	423937	423749	40195
J. DECEDENT AFFAIRS (FDD)	0	0	0
K. INITIAL OUTFITTING (FDE)	0	14345897	1011626
L. URGENT MINOR CONSTRUCTION (FDF)	0	0	0
M. TOTAL (G+H+I+J+K+L)	423957	14769646	1051821

Table D:

CATEGORY	FY 1992	FY 1993	FY 1994
N. ADJUSTED MEPRS-A EXPENSE ([A+M]-F)	390380.20	20615096.00	1497345.00
O. TOTAL CATEGORY III RWPS			
P. UNIT COST (N÷O)			

Refer to pg 33R
See BYNED-823
Item 94

CHERRY POINT

TABLE A:

CATEGORY	FY 92	FY 93	FY 94
A. TOTAL MEPRS-A	5421387	5909711	

FY 94 INFORMATION NOT AVAILABLE

TABLE B:

CATEGORY	FY 92	FY 93	FY 94
B. GRADUATE MED ED (EBE)	0	0	
C. EDUCATION AND TRAINING (EBF)	338235	1157388	
D. TOTAL EXP EBE AND EBF	338235	1157388	0
E. TOTAL E EXPENSES	5944638	8558275	
F. % SELECTED E EXPENSES (D/E)	0.056897	0.135236	ERR

TABLE C:

CATEGORY	FY 92	FY 93	FY 94
G. TOTAL E IN MEPRS-A	1799911	1876783	
H. E EXPENSES TO REMOVE FROM A (FxG)	102410.4	253808.9	ERR
I. AREA REF LABS (FAA)	0	0	
J. CLINICAL INVEST (FAH)	0	0	
K. TOTAL SELECTED F (I+J)	0	0	0
L. CONTINUING HEALTH ED (FAL)	423957	445904	
M. DECEDENT AFFAIRS (FDD)	0	0	
N. INITIAL OUTFITTING (FDE)	0	14266989	
O. URGENT MINOR CONST (FDF)	0	0	
P. TOTAL (L+M+N+O)	423957	14712893	0
E EXPENSE (FAL)	35282	51396	
E EXPENSE (FDD)	0	0	
E EXPENSE (FDE)	0	245448	
E EXPENSE (FDF)	0	0	
Q. E XEPENSES INCLUDED IN ROW P	35282	296844	0
R. E EXPENSES TO REMOVE FROM P. (FxQ)	2007.457	40144.03	ERR
S. OTHER F'S LESS E (P-R)	421949.5	14672749	ERR

TABLE D:

CATEGORY	FY 92	FY 93	FY 94
T. IWU	1423.66	1437.76	
U MWU	6006.88	5505.05	
V PERCENT INPATIENT	0.237005	0.261171	ERR
W. FINAL OTHER F EXP (SxV)	100004.1	3832098	ERR
X FINAL F EXP (K+W)	100004.1	3832098	ERR
Y TOTAL CATEGORY III EXP (A-H+X)	5418981	9488000	ERR
Z NUMBER BIOMETRICS DISPOS	2290	2231	
AA. TOTAL MEPRS DISP	2309	2254	
BB. ADJ DISPOS (Z/AA)	0.991771	0.989796	ERR
CC ADJ MERPS EXP (YxBB)	5374390	9391184	ERR
DD. TOTAL RWP	1047	1116.924	
EE COST PER RWP (CC/DD)	5133.132	8408.078	ERR
CATEGORY II RWPS			
(DXNNH)	0	0	
(PAS)	169.4793	222.677	
(ADELS)	0.8822	2.325	
FF. TOTAL CAT II RWPS	170.3615	225.002	0
GG. TOTAL CAT II COST (EExFF)	874488.1	1891834	ERR
HH. TOTAL EXT CAT III EXP (CC-GG)	4499902	7499350	ERR
II. TOTAL CAT III RWPS (DD-FF)	876.6385	891.922	0
JJ. COST PER CAT III RWP (HH/II)	5133.132	8408.078	ERR

TABLE E

CATEGORY	FY 92	FY 93	FY 94
KK. TOTAL OBDS	3676		
CAT II OBDS			
(DXNNH)	0		
(PAS)	306		
(ADELS)	10		
LL TOTAL CAT II OBD	316		
MM CAT III OBDS (KK-LL)	3360		
NN. AVG DAYS/RWP (MM/II)	3.832823		
OO. ADD ON PER RWP (NNx77)	295.1274		
PP. TOTAL COST PER RWP (JJ+OO)	5428.26		
QQ. CIVILIAN PAY COST (PPx.15)	814.239		
RR. MILITARY PAY COST (PPx.56)	3039.825		
SS. OTHER COSTS (PPx.29)	1574.195		
TT. CIVILIAN PAY RAISES (QQx1.037x1.0297)	869.4435		
UU. MILITARY PAY RAISES (RRx1.037x1.0165)	3204.312		
VV. UNFUNDED CIV RET (TTx1.47)	1278.082		
WW. CIVILAIN ASSET USE CHARGE (VVx1.04)	1329.205		
XX. MILITARY ASSET USE CHARGE (UU*1.04)	3332.484		
YY. OTHER ASSET USE CHARGES (SS*1.04)	1637.163		
ZZ. OTHER COSTS DEFLATOR FACT (YY*1.083)	1773.048		
ADJ CAT III COST/RWP	6434.737		

01-Jun-94

pg 33R

CTW BUMED-823
1 Jun 94

~~PAGE 7~~

15. Quality of Life.

UIC M00146, Marine Corps Air Station, Cherry Point, NC is responding to this information in BRAC-95 data call #38

15. Quality of Life

o. Provide data on the Hospital's BOQs and BEQs. Provide this information on all BEQs and BOQs that your personnel use that are located on the base you are located. This information should be provided even if you do not control or manage these facilities. The desired unit of measure for this capacity is people housed. Use CCN to differentiate between pay grades, i.e., E1-E4, E5-E6, E7-E9, CWO-O2, O3 and above.

Facility Type, Bldg. #, & CCN	Total No. of Beds	Total No. of Rooms/ Squadbays	Adequate		Substandard		Inadequate	
			Beds	Sq Ft	Beds	Sq Ft	Beds	Sq Ft
BEQ, 4197, E-1 THRU E5	108	60	108	21,540	000	000	000	000
BEQ, 4213, E-6	72	72	72	52,704	000	000	000	000
BEQ, 4311, E-6	60	60	60	43,080	000	000	000	000
BOQ 3, 486, O-3 AND BELOW	38	38	38	22,564	000	000	000	000
BOQ 3, 497, O-4 AND ABOVE	14	14	14	12,546	000	000	000	000

b. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

(1) FACILITY TYPE/CODE:
(2) WHAT MAKES IT INADEQUATE?
(3) WHAT USE IS BEING MADE OF THE FACILITY?
(4) WHAT IS THE COST TO UPGRADE THE FACILITY TO SUBSTANDARD?
(5) WHAT OTHER USE COULD BE MADE OF THE FACILITY AND AT WHAT COST?
(6) CURRENT IMPROVEMENT PLANS AND PROGRAMMED FUNDING:
(7) HAS THIS FACILITY CONDITION RESULTED IN C3 OR C4 DESIGNATION ON YOUR BASEREP?

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

V. PAUL HAWS, JR
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

14 SEP 94
Date

NAVAL HOSPITAL
CHERRY POINT, NC 28533-0023
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title X 9-19-94 Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER

NAME (Please type or print) W A Earner Signature

Title 9/21/94 Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) — Signature: D F Hagen

CHIEF BUMED/SURGEON GENERAL — Date: 6/2/94

Title

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GROONE JR. — Signature: J B Groone Jr

NAME (Please type or print)

ACTING — Date: 6/9/94

Title

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

CAPT V. PAUL HAWS, JR., MSC, USN
NAME (Please type or print)

V. Paul Haws Jr.
Signature

COMMANDING OFFICER
Title

26 May 94
Date

NAVAL HOSPITAL, CHERRY POINT, MC
Activity

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

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I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

V. PAUL HAWS, JR.
NAME (Please type or print)

V. Paul Haws, Jr.
Signature

COMMANDING OFFICER
Title

30 SEPTEMBER 94
Date

NAVAL HOSPITAL, CHERRY POINT, NC
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title X 10-3-94 Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR.

NAME (Please type or print) J B Greene Jr. Signature

ACTING

Title 11 OCT 1994 Date

Document Separator

DATA CALL 1: GENERAL INSTALLATION INFORMATION

1. ACTIVITY:

a. Name

Official Name	Naval Hospital, Cherry Point, NC
Acronym(s) used in correspondence	NHCP, NAVHOSP CHPT
Commonly accepted short titles	None

b. Mailing Address:

Commanding Officer
Naval Hospital
P.S.C. Box 5008
Cherry Point, NC 28560-5008

c. PLAD: NAVHOSP CHERRY POINT NC

d. Primary UIC: 66094 (Plant account UIC)

All other UIC(s): None

2. PLANT ACCOUNT HOLDER: YES

3. ACTIVITY TYPE:

a. HOST COMMAND: YES

b. TENANT COMMAND: YES

(1) Primary Host UIC: M00146 (MCAS)

C. INDEPENDENT ACTIVITY: NO

4. SPECIAL AREAS: N/A

5. DETACHMENTS: N/A

ENCLOSURE

6. BRAC IMPACT: Two MILCON projects are currently being reviewed for funding/approval.

a. MILCON Project P-506T is a FY-95 $2.3 million BRAC III initiative that will construct an Aviation Physiology Training building to provide year round water survival training to flight personnel. This project provides for a 25 meter pool along with the necessary aviation training devices to complete the training mission.

b. MILCON Project P-500T is a $3.6 million BRAC III initiative that provides for a 26,600 GSF medical and dental facility at the Navy flight line complex. This clinic will provide health care services for the active duty members migrating from NAS Cecil Field.

7. MISSION:

Current Missions

a. Provide a comprehensive range of emergency, inpatient, and ambulatory health care services to active duty personnel, their dependents, retirees, their dependents, and survivors.

b. Ensure all assigned military personnel are trained to perform their assigned contingency and wartime duties.

c. Provide health care services in support of the operation of the Navy and Marine Corps shore activities and units of the Operating Forces.

d. Provide occupational and environmental health/preventive medicine, and industrial hygiene services to civilian and military personnel of the Marine Corps Air Station and their tenant activities.

f. Participate as an integral element of the Navy and Tri-service Regional Health Care System. Cooperate with military and civilian authorities in matters pertaining to public health, local disasters, and other emergencies.

g. Maintain requisite quality health care standards to ensure successful accreditation and recognition by appropriate government and civilian agencies and commissions, to include the Joint Commission on Accreditation of Healthcare Organizations.

h. Provide in-patient nursing services:

(1) The Family Medicine Division is a level I in-patient adult and pediatric multi-service unit. The division provides nursing care to all eligible beneficiaries based on established policies and procedures. Capabilities include but are not limited to stable and acute medical and surgical adult and pediatric patients. Total available beds are 18 adult beds and 3 cribs. Average occupied bed days per day for the past 12 months was 8 per day.

(2) The Maternity Division is a combined in-patient antepartum, intrapartum, and post-partum unit. The division provides nursing care to all eligible beneficiaries based on established policies and procedures. Capabilities include professional nursing care for the uncomplicated as well as mild to moderately complicated obstetrical patients who are past 20 weeks gestating. Total available beds are 16 antepartum/postpartum and 3 labor beds. Average occupied beds per day for the past 12 months was 7 per day.

(3) The Newborn Nursery and Intermediate Care Division is a 15 bed level I unit with a 2-bed level II unit. The division provides professional nursing care to well neonates, pre-term, low birth weight, septic non-ventilator dependent neonates based on established policies and procedures. Average census was 7 babies per day.

i. Provide Aviation Physiology and water survival education and training to flight personnel and maintain the supporting training equipment and devices.

Projected Missions for FY 2001

o Cardiac/Intensive Care Unit: To provide patient care services to higher level acuity patients.

o Flight Line Clinic: To provide primary healthcare services for active duty members relocating to Cherry Point from NAS Cecil Field.

o Indoor Water Survival Training pool: To provide year round water survival training to flight personnel.

o Allergy/Immunization Clinic: To provide a full range of allergy and immunization services not currently available in house for the beneficiary population.

o Dermatology Services: To provide dermatology services not currently available in house for the beneficiary population.

8. UNIQUE MISSIONS: Alternate site for National Aeronautical Space Administration (NASA).

9. IMMEDIATE SUPERIOR IN COMMAND (ISIC):

a. Operational Name:

Commanding General
Marine Corps Air Station
Cherry Point, NC 28533-0003

UIC: M00146

b. Funding Source:

Chief
Bureau of Medicine and Surgery
2300 E Street NW
Washington, DC 20372-5300

UIC: 00018

10. PERSONNEL NUMBERS:

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian (Approp'd)
o Reporting Command	80	194	112
o Tenant (12th Dental)	14	29 #	0
o Contract Personnel			43 *

Includes 26 Dental Tech/3 Corpsman

Authorized Personnel as of 30 September 1994

	Officers	Enlisted	Civilian (Approp'd)
o Reporting Command	75	~~184~~ 183 GSA	~~113~~ 111 GSA
o Tenant (12th Dental)	16	37 #	0
o Contract Personnel			43 *

Includes 33 Dental Tech/4 Corpsman

DATA CALL 1: GENERAL INSTALLATION INFORMATION 66094

11. KEY POINTS OF CONTACT (POC): Area Code: 919
DSN Prefix: 582

Title/Name	Office	Fax
o Commanding Officer V. Paul Haws, Jr. (CAPT, MSC, USN)	466-3620	466-4036
o Director for Administration Richard C. Foster (LCDR, MSC, USN)	466-2244 447-1281 (H)	466-4036
o Head, Manpower (BRAC) Cynthia A. Nixon (LT, MSC, USNR)	466-4880 636-3397 (H)	466-2514

12. TENANT ACTIVITY LIST: (End strength as of 30 Sep 93)

o Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
12th Dental Company	41627	14	29	0

o No other tenant commands

13. REGIONAL SUPPORT:

o None

14. FACILITY MAPS:

o Local (Attached)

o Installation (Attached)

o Aerial photograph (Attached)

o Air Installations Compatible Use Zones (AICUZ):
(12 copies) Attached

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

V. PAUL HAWS, JR
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

10 FEB 94
Date

NAVAL HOSPITAL, CHERRY POINT, NC
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

RADM R. I. Ridenour
NAME (Please type or print)

Signature 11 FEB 1994

ACTING CHIEF BUMED
Title

Date

BUREAU OF MEDICINE AND SURGERY
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR
NAME (Please type or print)

Signature

ACTING
Title

16 FEB 1994
Date

Document Separator

374

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	Naval Hospital, Cherry Point, NC
UIC:	66094
Host Activity Name (if response is for a tenant activity):	Marine Corps Air Station, Cherry Point, NC
Host Activity UIC:	00146

General Instructions/Background. A separate response to this data call must be completed for each Department of the Navy (DON) host, independent and tenant activity which separately budgets BOS costs (regardless of appropriation), and, is located in the United States, its territories or possessions.

1. Base Operating Support (BOS) Cost Data. Data is required which captures the total annual cost of operating and maintaining Department of the Navy (DON) shore installations. Information must reflect FY 1996 budget data supporting the FY 1996 NAVCOMPT Budget Submit. Two tables are provided. Table 1A identifies "Other than DBOF Overhead" BOS costs and Table 1B identifies "DBOF Overhead" BOS costs. These tables must be completed, as appropriate, for all DON host, independent or tenant activities which separately budget BOS costs (regardless of appropriation), and, are located in the United States, its territories or possessions. Responses for DBOF activities may need to include both Table 1A and 1B to ensure that all BOS costs, including those incurred by the activity in support of tenants, are identified. If both table 1A and 1B are submitted for a single DON activity, please ensure that no data is double counted (that is, included on both Table 1A and 1B). The following tables are designed to collect all BOS costs currently budgeted, regardless of appropriation, e.g., Operations and Maintenance, Research and Development, Military Personnel, etc. Data must reflect FY 1996 and should be reported in thousands of dollars.

a. Table 1A - Base Operating Support Costs (Other Than DBOF Overhead). This Table should be completed to identify "Other Than DBOF Overhead" Costs. Display, in the format shown on the table, the O&M, R&D and MPN resources currently budgeted for BOS services. O&M cost data must be consistent with data provided on the BS-1 exhibit. Report only direct funding for the activity. Host activities should not include reimbursable support provided to tenants, since tenants will be separately reporting these costs. Military personnel costs should be included on the appropriate lines of the table. Please ensure that individual lines of the table do not include duplicate costs. Add

DATA CALL 66
INSTALLATION RESOURCES

R

additional lines to the table (following line 2j., as necessary, to identify any additional cost elements not currently shown). **Leave shaded areas of table blank.**

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)

Activity Name: Naval Hospital, Cherry Point,NC | **UIC:**66094

Category	FY 1996 BOS Costs ($000)			
	Non-Labor	Labor	Total	
1. Real Property Maintenance Costs:				
1a. Maintenance and Repair	573	325	898	R
1b. Minor Construction				
1c. Sub-total 1a. and 1b.	573	325	898	R
2. Other Base Operating Support Costs:				
2a. Utilities	775		775	R
2b. Transportation				
2c. Environmental				
2d. Facility Leases				
2e. Morale, Welfare & Recreation				
2f. Bachelor Quarters				
2g. Child Care Centers				
2h. Family Service Centers				
2i. Administration	34	1383	1417	
2j. Other (Specify)Eng.Support, Supply Ops.,Base Comm., Physical Security	231	765	996	R
2k. Sub-total 2a. through 2j:	1040	2148	3188	R
3. Grand Total (sum of 1c. and 2k.):	1613	2473	4086	R

2R (9-30-94) VR BUMED 824 10-3-94

additional lines to the table (following line 2j., as necessary, to identify any additional cost elements not currently shown). **Leave shaded areas of table blank.**

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: Naval Hospital, Cherry Point,NC		**UIC:**66094	
Category	**FY 1996 BOS Costs ($000)**		
	Non-Labor	**Labor**	**Total**
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	21	325	346
1b. Minor Construction			
1c. Sub-total 1a. and 1b.	21	325	346
2. Other Base Operating Support Costs:			
2a. Utilities	245		245
2b. Transportation			
2c. Environmental			
2d. Facility Leases			
2e. Morale, Welfare & Recreation			
2f. Bachelor Quarters			
2g. Child Care Centers			
2h. Family Service Centers			
2i. Administration	34	1383	1417
2j. Other (Specify)Eng.Support, Supply Ops.,Base Comm., Physical Security	80	765	845
2k. Sub-total 2a. through 2j:	359	2148	2507
3. Grand Total (sum of 1c. and 2k.):	380	2473	2853

R

DATA CALL 66
INSTALLATION RESOURCES

Note: Based on projected FY-96 requirements instead of OP-32 figures. FY-96 OP-32 figures based on a control figure that did not include increased BOS requirements for the new hospital. R

b. Funding Source. If data shown on Table 1A reflects more than one appropriation, then please provide a break out of the total shown for the "3. Grand-Total" line, by appropriation:

Appropriation	Amount ($000)
O&MN	1370
MPN	1483
Grand Total	2853

c. Table 1B - Base Operating Support Costs (DBOF Overhead). This Table should be submitted for all current DBOF activities. Costs reported should reflect BOS costs supporting the DBOF activity itself (usually included in the G&A cost of the activity). For DBOF activities which are tenants on another installation, total cost of BOS incurred by the tenant activity for itself should be shown on this table. It is recognized that differences exist among DBOF activity groups regarding the costing of base operating support: some groups reflect all such costs only in general and administrative (G&A), while others spread them between G&A and production overhead. Regardless of the costing process, all such costs should be included on Table 1B. The Minor Construction portion of the FY 1996 capital budget should be included on the appropriate line. Military personnel costs (at civilian equivalency rates) should also be included on the appropriate lines of the table. Please ensure that individual lines of the table do not include duplicate costs. Also ensure that there is no duplication between data provided on Table 1A. and 1B. These two tables must be mutually exclusive, since in those cases where both tables are submitted for an activity, the two tables will be added together to estimate total BOS costs at the activity. Add additional lines to the table (following line 21., as necessary, to identify any additional cost elements not currently shown). **Leave shaded areas of table blank.**

Other Notes: All costs of operating the five Major Range Test Facility Bases at DBOF activities (even if direct RDT&E funded) should be included on Table 1B. Weapon Stations should include underutilized plant capacity costs as a DBOF overhead "BOS expense" on Table 1B..

3R (9-30-94) VR BUMED 826
10/3/94

DATA CALL 66
INSTALLATION RESOURCES

b. Funding Source. If data shown on Table 1A reflects more than one appropriation, then please provide a break out of the total shown for the "3. Grand-Total" line, by appropriation:

Appropriation	Amount ($000)
O&MN	1370
MPN	1483
Grand Total	2853

c. Table 1B - Base Operating Support Costs (DBOF Overhead). This Table should be submitted for all current DBOF activities. Costs reported should reflect BOS costs supporting the DBOF activity itself (usually included in the G&A cost of the activity). For DBOF activities which are tenants on another installation, total cost of BOS incurred by the tenant activity for itself should be shown on this table. It is recognized that differences exist among DBOF activity groups regarding the costing of base operating support: some groups reflect all such costs only in general and administrative (G&A), while others spread them between G&A and production overhead. Regardless of the costing process, all such costs should be included on Table 1B. The Minor Construction portion of the FY 1996 capital budget should be included on the appropriate line. Military personnel costs (at civilian equivalency rates) should also be included on the appropriate lines of the table. Please ensure that individual lines of the table do not include duplicate costs. Also ensure that there is no duplication between data provided on Table 1A. and 1B. These two tables must be mutually exclusive, since in those cases where both tables are submitted for an activity, the two tables will be added together to estimate total BOS costs at the activity. Add additional lines to the table (following line 21., as necessary, to identify any additional cost elements not currently shown). **Leave shaded areas of table blank.**

Other Notes: All costs of operating the five Major Range Test Facility Bases at DBOF activities (even if direct RDT&E funded) should be included on Table 1B. Weapon Stations should include underutilized plant capacity costs as a DBOF overhead "BOS expense" on Table 1B..

DATA CALL 66
INSTALLATION RESOURCES

N/A	Table 1B - Base Operating Support Costs (DBOF Overhead)		
Activity Name:		UIC:	
Category	FY 1996 Net Cost From UC/FUND-4 ($000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (>$15K)			
1b. Real Property Maintenance (<$15K)			
1c. Minor Construction (Expensed)			
1d. Minor Construction (Capital Budget)			
1c. Sub-total 1a. through 1d.			
2. Other Base Operating Support Costs:			
2a. Command Office			
2b. ADP Support			
2c. Equipment Maintenance			
2d. Civilian Personnel Services			
2e. Accounting/Finance			
2f. Utilities			
2g. Environmental Compliance			
2h. Police and Fire			
2i. Safety			
2j. Supply and Storage Operations			
2k. Major Range Test Facility Base Costs			
2l. Other (Specify)			
2m. Sub-total 2a. through 2l:			
3. Depreciation			

4. Grand Total (sum of 1c., 2m., and 3.) :			

2. Services/Supplies Cost Data. The purpose of Table 2 is to provide information about projected **FY 1996** costs for the purchase of services and supplies by the activity. **(Note: Unlike Question 1 and Tables 1A and 1B, above, this question is not limited to overhead costs.)** The source for this information, where possible, should be either the NAVCOMPT OP-32 Budget Exhibit for O&M activities or the NAVCOMPT UC/FUND-1/IF-4 exhibit for DBOF activities. Information must reflect FY 1996 budget data supporting the FY 1996 NAVCOMPT Budget Submit. Break out cost data by the major sub-headings identified on the OP-32 or UC/FUND-1/IF-4 exhibit, disregarding the sub-headings on the exhibit which apply to civilian and military salary costs and depreciation. Please note that while the OP-32 exhibit aggregates information by budget activity, this data call requests OP-32 data for the activity responding to the data call. Refer to NAVCOMPTINST 7102.2B of 23 April 1990, Subj: Guidance for the Preparation, Submission and Review of the Department of the Navy (DON) Budget Estimates (DON Budget Guidance Manual) with Changes 1 and 2 for more information on categories of costs identified. Any rows that do not apply to your activity may be left blank. However, totals reported should reflect all costs, exclusive of salary and depreciation.

Table 2 - Services/Supplies Cost Data

Activity Name: Naval Hospital, Cherry Point, NC	**UIC: 66094**
Cost Category	**FY 1996 Projected Costs ($000)**
Travel:	
Material and Supplies (including equipment):	1972
Industrial Fund Purchases (other DBOF purchases):	
Transportation:	
Other Purchases (Contract support, etc.):	4371
Total:	6343

DATA CALL 66
INSTALLATION RESOURCES

3. Contractor Workyears.

a. On-Base Contract Workyear Table. Provide a projected estimate of the number of contract workyears expected to be **performed "on base"** in support of the installation during FY 1996. Information should represent an annual estimate on a full-time equivalency basis. Several categories of contract support have been identified in the table below. While some of the categories are self-explanatory, please note that the category "mission support" entails management support, labor service and other mission support contracting efforts, e.g., aircraft maintenance, RDT&E support, technical services in support of aircraft and ships, etc.

Table 3 - Contract Workyears	
Activity Name: Naval Hospital, Cherry Point, NC	**UIC:**66094
Contract Type	**FY 1996 Estimated Number of Workyears On-Base**
Construction:	
Facilities Support:	5
Mission Support:	72
Procurement:	
Other:*	
Total Workyears:	77

* **Note:** Provide a brief narrative description of the type(s) of contracts, if any, included under the "Other" category.

DATA CALL 66
INSTALLATION RESOURCES

b. Potential Disposition of On-Base Contract Workyears. If the mission/functions of your activity were relocated to another site, what would be the anticipated disposition of the **on-base contract workyears** identified in Table 3.?

1) Estimated number of contract workyears which would be transferred to the receiving site (This number should reflect the number of jobs which would in the future be contracted for at the receiving site, not an estimate of the number of people who would move or an indication that work would necessarily be done by the same contractor(s)):

N/A

2) Estimated number of workyears which would be eliminated:

N/A

3) Estimated number of contract workyears which would remain in place (i.e., contract would remain in place in current location even if activity were relocated outside of the local area):

N/A

See Pg 7R

VR Burnes 824 7/28/94

DATA CALL 66
INSTALLATION RESOURCES

NAVAL HOSPITAL, CHERRY POINT, NC

b. Potential Disposition of On-Base Contract Workyears. If the mission/functions of your activity were relocated to another site, what would be the anticipated disposition of the on-base contract workyears identified in Table 3.?

1) Estimated number of contract workyears which would be transferred to the receiving site (This number should reflect the number of jobs which would in the future be contracted for at the receiving site, not an estimate of the number of people who would move or an indication that work would necessarily be done by the same contractor(s)):

0

2) Estimated number of workyears which would be eliminated:

77

3) Estimated number of contract workyears which would remain in place (i.e., contract would remain in place in current location even if activity were relocated outside of the local area):

0

7R VR Bumed824 7/28/94

DATA CALL 66
INSTALLATION RESOURCES

c. "Off-Base" Contract Workyear Data. Are there any contract workyears located in the local community, but not on-base, which would either be eliminated or relocated if your activity were to be closed or relocated? If so, then provide the following information **(ensure that numbers reported below do not double count numbers included in 3.a. and 3.b., above)**:

No. of Additional Contract Workyears Which Would Be Eliminated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)
13	Test/Diagnostic Procedures for Supplemental Health Care; Purchase of Oxygen; Equipment Maintenance Contracts; Laundry Services.

No. of Additional Contract Workyears Which Would Be Relocated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)
NA 7/27/94 VR Burnes 824	

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) — Signature: D F Hagen

CHIEF BUMED/SURGEON GENERAL

Title — Date: 7-28-94

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER

NAME (Please type or print) — Signature: W A Earner

Title — Date: 8/26/94

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

R.A. Dunn, CAPT NC USN
NAME (Please type or print)

Signature

Commanding Officer (Acting)
Title

14 July 94
Date

Naval Hospital, Cherry Point, NC
Activity

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

V. PAUL HAWS, JR.
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

30 SEPTEMBER 94
Date

NAVAL HOSPITAL, CHERRY POINT, NC
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title X 10-4-94 Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

P.W. DRENNON

NAME (Please type or print) Signature

Acting 12 OCT 1994

Title Date

Document Separator

375

DATA CALL 66
INSTALLATION RESOURCES

BUMED822
mM 22 Jul 96

Activity Information:

Activity Name:	NAV HOSP CORPUS CHRISTI
UIC:	ØØ28S
Host Activity Name (if response is for a tenant activity):	NAS CORPUS CHRISTI
Host Activity UIC:	ØØ216

General Instructions/Background. A separate response to this data call must be completed for each Department of the Navy (DON) host, independent and tenant activity which separately budgets BOS costs (regardless of appropriation), and, is located in the United States, its territories or possessions.

1. **Base Operating Support (BOS) Cost Data.** Data is required which captures the total annual cost of operating and maintaining Department of the Navy (DON) shore installations. Information must reflect FY 1996 budget data supporting the FY 1996 NAVCOMPT Budget Submit. Two tables are provided. Table 1A identifies "Other than DBOF Overhead" BOS costs and Table 1B identifies "DBOF Overhead" BOS costs. These tables must be completed, as appropriate, for all DON host, independent or tenant activities which separately budget BOS costs (regardless of appropriation), and, are located in the United States, its territories or possessions. Responses for DBOF activities may need to include both Table 1A and 1B to ensure that all BOS costs, including those incurred by the activity in support of tenants, are identified. If both table 1A and 1B are submitted for a single DON activity, please ensure that no data is double counted (that is, included on both Table 1A and 1B). The following tables are designed to collect all BOS costs currently budgeted, regardless of appropriation, e.g., Operations and Maintenance, Research and Development, Military Personnel, etc. Data must reflect FY 1996 and should be reported in thousands of dollars.

a. **Table 1A - Base Operating Support Costs (Other Than DBOF Overhead).** This Table should be completed to identify "Other Than DBOF Overhead" Costs. Display, in the format shown on the table, the O&M, R&D and MPN resources currently budgeted for BOS services. O&M cost data must be consistent with data provided on the BS-1 exhibit. Report only direct funding for the activity. Host activities should not include reimbursable support provided to tenants, since tenants will be separately reporting these costs. Military personnel costs should be included on the appropriate lines of the table. Please ensure that individual lines of the table do not include duplicate costs. Add additional lines to the table (following line 2j., as necessary, to identify any additional cost elements not currently shown). **Leave shaded areas of table blank.**

DATA CALL 66 TABLE 1A
INSTALLATION RESOURCES

Activity Name: Naval Hospital, Corpus Christi, Texas
UIC: 00285

CATEGORY	FY 1996 BOS Costs ($000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs			
1a. Maintenance and Repair	755	75	830
1b. Minor Construction			
1c. Sub-total 1a. and 1b.	755	75	830
2. Other Base Operating Support Costs:			
2a. Utilities	895		895
2b. Transportation	39	369	408
2c. Environmental	1		1
2d. Facility Leases	0		0
2e. Morale, Welfare & Recr	0		0
2f. Bachelor Quarters	0		0
2g. Child Care Centers	0		0
2h. Family Service Centers	0		0
2i. Administration	109	1999	2108
2j. Other Engineering Support	30	184	214
Pastoral Care	2	117	119
Supply Operations	28	580	608
Security	4	200	204
2k. Sub-total 2a through 2j:	1108	3449	4557
3. Grand Total (sum of 1c. and 2k.)	1863	3524	5387

DATA CALL 66 TABLE 1A
INSTALLATION RESOURCES

Activity Name: Naval Hospital, Corpus Christi, Texas
UIC: 00285

Funding Source

Appropriation	Amount ($000)
MFN	2106
O&MN	3281
TOTAL	5387

N/A BUMED-822 mD, 22 Jul 99

DATA CALL 66
INSTALLATION RESOURCES

Table 1B - Base Operating Support Costs (DBOF Overhead)			
Activity Name:		**UIC:**	
Category	**FY 1996 Net Cost From UC/FUND-4 ($000)**		
	Non-Labor	**Labor**	**Total**
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (>$15K)			
1b. Real Property Maintenance (<$15K)			
1c. Minor Construction (Expensed)			
1d. Minor Construction (Capital Budget)			
1c. Sub-total 1a. through 1d.			
2. Other Base Operating Support Costs:			
2a. Command Office			
2b. ADP Support			
2c. Equipment Maintenance			
2d. Civilian Personnel Services			
2e. Accounting/Finance			
2f. Utilities			
2g. Environmental Compliance			
2h. Police and Fire			
2i. Safety			
2j. Supply and Storage Operations			
2k. Major Range Test Facility Base Costs			
2l. Other (Specify)			
2m. Sub-total 2a. through 2l:			
3. Depreciation			
4. Grand Total (sum of 1c., 2m., and 3.) :			

DATA CALL 66 TABLE 2

Services/Supplies Cost Data

Activity Name: Naval Hospital, Corous Christi, Texas

UIC: 00285

COST CATEGORY	FY 1996 Projected Costs ($000)
Travel:	205
Material and Supplies (including equipment):	2377
Industrial Fund Purchases (other DBOF purchases)	0
Transportation:	39
Other Purchases (Contract support, etc.):	6361
Total:	8982

DATA CALL 66 Table 3
Contract Workyears

Activity Name: Naval Hospital, Corpus Christi, Texas
UIC: 00285

Contract Type	FY 1996 Estimated Number of Workyears On-Base
Construction:	
Facilities Support:	8
Mission Support:	29
Procurement:	
Other:	
Total Workyears:	37

DATA CALL 66
INSTALLATION RESOURCES

b. **Potential Disposition of On-Base Contract Workyears.** If the mission/functions of your activity were relocated to another site, what would be the anticipated disposition of the on-base contract workyears identified in Table 3.?

1) Estimated number of contract workyears which would be transferred to the receiving site (This number should reflect the number of jobs which would in the future be contracted for at the receiving site, not an estimate of the number of people who would move or an indication that work would necessarily be done by the same contractor(s)):

25

2) Estimated number of workyears which would be eliminated:

12

3) Estimated number of contract workyears which would remain in place (i.e., contract would remain in place in current location even if activity were relocated outside of the local area):

Ø BUMED-822
MSS, 19 Jul 94

DATA CALL 66
INSTALLATION RESOURCES

c. **"Off-Base" Contract Workyear Data.** Are there any contract workyears located in the local community, but not on-base, which would either be eliminated or relocated if your activity were to be closed or relocated? If so, then provide the following information **(ensure that numbers reported below do not double count numbers included in 3.a. and 3.b., above):**

No. of Additional Contract Workyears Which Would Be Eliminated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)
Ø	BUMED-822 MAA, 19 Jul 94

No. of Additional Contract Workyears Which Would Be Relocated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)
Obstetrics Contract - covers prenatal and delivery for 400 patients a year.	

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

Capt. B. G. Upton	B G Upton
NAME (Please type or print)	Signature
Commanding Officer	07/13/94
Title	Date
Naval Hospital, Corpus Christi, TX	
Activity	

This is the original signature for all Branch clinics of Naval Hospital Corpus Christi.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

JAMES L. AYERS
NAME (Please type or print)

Signature

COMPTROLLER
Title

Date 18 July 1994

NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

D. J. WILDES
NAME (Please type or print)

Signature

OFFICER IN CHARGE
Title

Date 7-18-94

NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN
NAME (Please type or print)

Signature

CHIEF BUMED/SURGEON GENERAL
Title

Date 7-24-94

BUREAU OF MEDICINE & SURGERY
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER
NAME (Please type or print)

Signature

Title

Date 8/4/94

Document Separator

NAVHOSP CORPUS CHRISTI

275

ENVIRONMENTAL DATA CALL: 33
DATA CALL TO BE SUBMITTED TO
ALL NAVY/MARINE CORPS HOST ACTIVITIES

NAVAL HOSPITAL, CORPUS CHRISTI, TX

20 APRIL 1994

BRAC 1995 ENVIRONMENTAL DATA CALL: 33
All Navy/Marine Corps Host Ativities

INDEX

Section
Page

GENERAL INSTRUCTIONS 2

ENDANGERED/THREATENED SPECIES AND BIOLOGICAL HABITAT 3

WETLANDS 5

CULTURAL RESOURCES 5

ENVIRONMENTAL FACILITIES 6

AIR POLLUTION 10

ENVIRONMENTAL COMPLIANCE 13

INSTALLATION RESTORATION 14

LAND/AIR/WATER USE 16

WRAP-UP 20

NOTE: Addendum pages to this Data Call are not included, but have no impact -- they are "N/A" as the entire data call is "N/A" for this activity.

BUMED-822
MSS, 9 Jun 94

ENVIRONMENTAL DATA CALL

Responses to the following questions provide data that will allow an assessment of the potential environmental impact associated with the closure or realignment of a Navy shore activity. This criterion consists of:

- Endangered/Threatened Species and Biological Habitat
- Wetlands
- Cultural Resources
- Environmental Facilities
- Air Pollution
- Environmental Compliance
- Installation Restoration
- Land/Air/Water Use

As part of the answers to these questions, a *source citation* (e.g., 1993 base loading, 1993 base-wide Endangered Species Survey, 1993 letter from USFWS, 1993 Base Master Plan, 1993 Permit Application, 1993 PA/SI, etc.) must be included. It is probable that, at some point in the future, you will be asked to provide additional information detailing specifics of individual characteristics. In anticipation of this request, supporting documentation (e.g., maps, reports, letters, etc.) regarding answers to these questions should be retained. Information needed to answer these questions is available from the cognizant EFD Planning and Real Estate Divisions, and Environment, Safety, and Health Divisions; and from the activity Public Works Department, and activity Health Monitoring and Safety Offices.

For purposes of the questions associated with land use at your base is *defined* as *land* (acreage owned, withdrawn, leased, and controlled through easements); *air* (space controlled through agreements with the FAA, e.g., MOAs); *and water* (navigation channels and waters along a base shoreline) *under the control of the Navy.*

1. ENDANGERED/THREATENED SPECIES AND BIOLOGICAL HABITAT

1a. For federal or state listed endangered, threatened, or category 1 plant and/or animal species on your base, complete the following table. Critical/sensitive habitats for these species are designated by the U. S. Fish and Wildlife Service (USFWS). A species is present on your base if some part of its life-cycle occurs on Navy controlled property (e.g., nesting, feeding, loafing). Important Habitat refers to that number of acres of habitat that is important to

some life cycle stage of the threatened/endangered species that is not formally designated.

SPECIES (plant or animal)	Designation (Threatened/ Endangered)	Federal/ State	Critical / Designated Habitat (Acres)	Important Habitat (acres)
example: Haliaeetus leucocephalus - bald eagle	*threatened*	*Federal*	*25*	
NONE/DOES NOT APPLY TO THIS HOSPITAL FACILITY				

Source Citation: N/A

1b. **THIS SECTION DOES NOT APPLY TO THIS HOSPITAL FACILITY**

Have your base operations or development plans been constrained due to: - USFWS or National Marine Fisheries Service (NMFS)? - State required modifications or constraints? If so, identify below the impact of the constraints including any restrictions on land use.	YES/NO
Are there any requirements resulting from species not residing on base, but which migrate or are present nearby? If so, summarize the impact of such constraints.	YES/NO

1c. If the area of the habitat and the associated species have not been identified on base maps provided in Data Call 1, submit this information on an updated version of Data Call 1 map. N/A

1d. THIS SECTION DOES NOT APPLY TO THIS HOSPITAL FACILITY

Have any efforts been made to relocate any species and/or conduct any mitigation with regards to critical habitats or endangered/threatened species? Explain what has been done and why.	YES/NO N/A

1e. THIS SECTION DOES NOT APPLY TO THIS HOSPITAL FACILITY

Will any state or local laws and/or regulations applying to endangered/threatened species which have been enacted or promulgated but not yet effected, constrain base operations or development plans beyond those already identified? Explain.	YES/NO N/A

2. WETLANDS

Note: Jurisdictional wetlands are those areas that meet the wetland definitional criteria detailed in the Corps of Engineers (COE) Wetland Delineation Manual, 1987, Technical Report Y-87-1, U.S. Army Engineer Waterway Experiment Station, Vicksburg, MS or officially adapted state definitions.

2a. THIS SECTION DOES NOT APPLY TO THIS HOSPITAL FACILITY

Does your base possess federal jurisdictional wetlands?	YES/NO N/A
Has a wetlands survey in accordance with established standards been conducted for your base?	YES/NO N/A
When was the survey conducted or when will it be conducted?____/____/____	N/A
What percent of the base has been surveyed?	N/A
What is the total acreage of jurisdictional wetlands present on your base?	N/A

Source Citation: N/A

2b. If the area of the wetlands has not been identified on base maps provided in Data Call 1, submit this on an updated version of Data Call 1 map. N/A

2c. Has the EPA, COE or a state wetland regulatory agency required you to modify or constrain base operations or development plans in any way in order to accommodate a jurisdictional wetland? N/A If YES, summarize the results of such modifications or constraints.

3. CULTURAL RESOURCES

3a. THIS SECTION DOES NOT APPLY TO THIS HOSPITAL FACILITY

Has a survey been conducted to determine historic sites, structures, districts or archaeological resources which are listed, or determined eligible for listing, on the National Register of Historic Places? If so, list the sites below.	YES/NO N/A

3b.

	YES/NO
Has the President's Advisory Council on Historic Preservation or the cognizant State Historic Preservation Officer required you to mitigate or constrain base operations or development plans in any way in order to accommodate a National Register cultural resource? If YES, list the results of such modifications or constraints below.	YES/NO N/A

3c.

Are there any on base areas identified as sacred areas or burial sites by Native Americans or others? List below.	YES/NO N/A

4. ENVIRONMENTAL FACILITIES

Notes: If your facility is permitted for less than maximum capacity, state the maximum capacity and explain below the associated table why it is not permitted for maximum capacity. Under "Permit Status" state when the permit expires, and whether the facility is operating under a waiver. For permit violations, limit the list to the last 5 years.

4a. THIS SECTION DOES NOT APPLY TO THIS HOSPITAL FACILITY

Does your base have an operating landfill?					YES / NO
ID/Location of Landfill	Permitted Capacity (CYD)		Maximum Capacity (CYD)	Contents[1]	Permit Status
	TOTAL	Remaining			
N/A					

[1] Contents (e.g. building demolition, asbestos, sanitary debris, etc)

Are there any current or programmed projects to correct deficiencies or improve the facility. N/A

4b. If there are any non-Navy users of the landfill, describe the user and conditions/agreements. N/A

4c. THIS SECTION DOES NOT APPLY TO THIS HOSPITAL FACILITY

Does your base have any disposal, recycling, or incineration facilities for solid waste?					YES / NO
Facility/Type of Operation	Permitted Capacity	Ave Daily Throughput	Maximum Capacity	Permit Status	Comments
N/A					

List any permit violations and projects to correct deficiencies or improve the facility.

4d. THIS SECTION DOES NOT APPLY TO THIS HOSPITAL FACILITY

Does your base own/operate a Domestic Wastewater Treatment Plant (WWTP) ?					YES / NO
ID/Location of WWTP	Permitted Capacity	Ave Daily Discharge Rate	Maximum Capacity	Permit Status	Level of Treatment/Year Built
N/A					

List permit violations and discuss any projects to correct deficiencies.

4e. If you do not have a domestic WWTP, describe the average discharge rate of your base to the local sanitary sewer authority, discharge limits set by the sanitary sewer authority (flow and pollutants) and whether the base is in compliance with their permit. Discuss recurring discharge violations. N/A

4f. THIS SECTION DOES NOT APPLY TO THIS HOSPITAL FACILITY

Does your base operate an Industrial Waste Treatment Plant (IWTP)?					YES / NO
ID/Location of IWTP	Type of Treatment	Permitted Capacity	Ave Daily Discharge Rate	Maximum Capacity	Permit Status
N/A					

List any permit violations and projects to correct deficiencies or improve the facility.

4g. Are there other waste treatment flows not accounted for in the previous tables? Estimate capacity and describe the system. N/A

4h. THIS SECTION DOES NOT APPLY TO THIS HOSPITAL FACILITY

Does your base operate drinking Water Treatment Plants (WTP)?					YES / NO
ID/Location of WTP	Operating (GPD)		Method of Treatment	Maximum Capacity	Permit Status
	Permitted Capacity	Daily Rate			
N/A					

List permit violations and projects/actions to correct deficiencies or improve the facility. N/A

4i. If you do not operate a WTP, what is the source of the base potable water supply. State terms and limits on capacity in the agreement/contract, if applicable. N/A

4j. THIS SECTION DOES NOT APPLY TO THIS HOSPITAL FACILITY

Does the presence of contaminants or lack of supply of water constrain base operations. Explain.	YES/NO N/A

4k. THIS SECTION DOES NOT APPLY TO THIS HOSPITAL FACILITY

Other than those described above does your base hold any NPDES or stormwater permits? If YES, describe permit conditions.	YES/NO N/A
If NO, why not and provide explanation of plan to achieve permitted status.	N/A

4l. THIS SECTION DOES NOT APPLY TO THIS HOSPITAL FACILITY

	YES/NO
Does your base have bilge water discharge problem?	N/A
Do you have a bilge water treatment facility?	N/A

Explain:

4m. THIS SECTION DOES NOT APPLY TO THIS HOSPITAL FACILITY

Will any state or local laws and/or regulations applying to Environmental Facilities, which have been enacted or promulgated but not yet effected, constrain base operations or development plans beyond those already identified? Explain.	YES/NO N/A

4n. What expansion capacity is possible with these Environmental Facilities? Will any expansions/upgrades as a result of BRACON or projects programmed through the Presidents budget through FY1997 result in additional capacity? Explain. N/A

4o. Do capacity limitations on any of the facilities discussed in question 4 pose a present or future limitation on base operations? Explain. N/A

5. AIR POLLUTION

5a. THIS SECTION DOES NO APPLY TO THIS HOSPITAL FACILITY

What is the name of the Air Quality Control Areas (AQCAs) in which the base is located? N/A
Is the installation or any of its OLFs or non-contiguous base properties located in different AQCAs? N/A . List site, location and name of AQCA.

5b. For each parcel in a separate AQCA fill in the following table. Identify with and "X" whether the status of each regulated pollutant is: attainment/nonattainment/maintenance. For those areas which are in non-attainment, state whether they are: Marginal, Moderate, Serious, Severe, or Extreme. State target attainment year.

Site: N/A AQCA: N/A

Pollutant	Attainment	Non-Attainment	Maintenance	Target Attainment Year[1]	Comments[2]
CO					
Ozone					
PM-10					
SO_2					
NO_2					
Pb					

[1] Based on national standard for Non-Attainment areas or SIP for Maintenance areas.

[2] Indicate if attainment is dependent upon BRACON, MILCON or Special Projects. Also indicate if the project is currently programmed within the Presidents FY1997 budget.

5c. For your base, identify the baseline level of emissions, established in accordance with the Clean Air Act. Baseline information is assumed to be 1990 data or other year as specified. Determine the total level of emissions (tons/yr) for CO, NOx, VOC, PM10 for the general sources listed. For all data provide a list of the sources and show your calculations. Use known emissions data, or emissions derived from use of state methodologies, or identify other sources used. "Other Mobile" sources include such items as ground support equipment.

THIS SECTION DOES NOT APPLY TO THIS HOSPITAL FACILITY

	Emission Sources (Tons/Year)				
Pollutant	Permitted Stationary	Personal Automobiles	Aircraft Emissions	Other Mobile	Total
CO					
NOx					
VOC					
PM10					

Source Document: N/A

5d. For your base, determine the total FY1993 level of emissions (tons/yr) for CO, NOx, VOC, PM10 for the general sources listed. For all data provide a list of the sources and show your calculations. Use known emissions data, or emissions derived from use of state methodologies, or identify other sources used. "Other Mobile" sources include such items as ground support equipment.

THIS SECTION DOES NOT APPLY TO THIS HOSPITAL FACILITY

	Emissions Sources (Tons/Year)				
Pollutant	Permitted Stationary	Personal Automobiles	Aircraft Emissions	Other Mobile	Total
CO					
NOx					
VOC					
PM10					

Source Document: N/A

5e. Provide estimated increases/decreases in air emissions (Tons/Year of CO, NOx, VOC, PM10) expected within the next six years (1995-2001). Either from previous BRAC realignments and/or previously planned downsizing shown in the Presidents FY1997 budget. Explain. N/A

5f. Are there any critical air quality regions (i.e. non-attainment areas, national parks, etc.) within 100 miles of the base? N/A

5g. Have any base operations/mission/functions (i.e.: training, R&D, ship movement, aircraft movement, military operations, support functions, vehicle trips per day, etc.) been restricted or delayed due to air quality considerations. Explain the reason for the restriction and the "fix" implemented or planned to correct. N/A

5h. Does your base have Emission Reduction Credits (ERCs) or is it subject to any emission offset requirements? If yes, provide details of the sources affected and conditions of the ERCs and offsets. Is there any potential for getting ERCs? N/A

6. ENVIRONMENTAL COMPLIANCE

6a. Identify compliance costs, currently known or estimated that are required for permits or other actions required to bring existing practices into compliance with appropriate regulations. Do not include Installation Restoration costs that are covered in Section 7. For the last two columns provide the combined total for those two FY's.

THIS SECTION DOES NOT APPLY TO THIS HOSPITAL FACILITY

Program	Survey Com-pleted?	Costs in $K to correct deficiencies					
		FY94	FY95	FY96	FY97	FY98-99	FY00-01
Air							
Hazardous Waste							
Safe Drinking Water Act							
PCBs							
Other (non-PCB) Toxic Substance Control Act							
Lead Based Paint							
Radon							
Clean Water Act							
Solid Waste							
Oil Pollution Act							
USTs							
Other							
Total							

Provide a separate list of compliance projects in progress or required, with associated cost and estimated start/completion date. N/A

6b. THIS SECTION DOES NOT APPLY TO THIS HOSPITAL FACILITY

Does your base have structures containing asbestos?_____ What % of your base has been surveyed for asbestos?_____ Are additional surveys planned? _____ What is the estimated cost to remediate asbestos ($K) _____. Are asbestos survey costs based on encapsulation, removal or a combination of both?

6c. Provide detailed cost of operational (environmental) compliance costs, with funding source. **THIS SECTION DOES NOT APPLY TO THIS HOSPITAL FACILITY**

Funding Source	FY92	FY93	FY94	FY95	FY96	FY97	FY98-99	FY00-01
O&MN								
HA								
PA								
Other (specify)								
TOTAL								

6d. Are there any compliance issues/requirements that have impacted operations and/or development plans at your base. N/A

7. INSTALLATION RESTORATION

7a. THIS SECTION DOES NOT APPLY TO THIS HOSPITAL FACILITY

Does your base have any sites that are contaminated with hazardous substances or petroleum products?	YES/NO N/A
Is your base an NPL site or proposed NPL site?	N/A

7b. Provide the following information about your Installation Restoration (IR) program. Project list may be provided in separate table format. Note: List only projects eligible for funding under the Defense Environmental Restoration Account (DERA). Do not include UST compliance projects properly listed in section VI.

Site # or name	Type[1] site	Groundwater Contaminated?	Extends off base?	Drinking Water Source?	Cost to Complete ($M)/Est. Compl. Date	Status[2]/Comments
N/A						

[1] Type site: CERCLA, 'RCRA corrective action (CA), UST or other (explain)

[2] Status = PA, SI, RI, RD, RA, long term monitoring, etc.

7c. Have any contamination sites been identified for which there is no recognized/accepted remediation process available? List. N/A

7d. THIS SECTION DOES NOT APPLY TO THIS HOSPITAL FACILITY

Is there a groundwater treatment system in place?	YES/NO
Is there a groundwater treatment system planned?	YES/NO

State scope and expected length of pump and treat operation.

7e. THIS SECTION DOES NOT APPLY TO THIS HOSPITAL FACILITY

Has a RCRA Facilities Assessment been performed for your base?	YES/NO

7f. Does your base operate any "Conforming Storage" facilities for handling **hazardous materials**? If YES, describe facility, capacity, restrictions, and permit conditions. N/A

7g. Does your base operate any "Conforming Storage" facilities for handling **hazardous waste**? If YES, describe facility, capacity, restrictions, and permit conditions. N/A

7h. Is your base responsible for any non-appropriated fund facilities (exchange, gas station) that require cleanup? If so, describe facility/location and cleanup required/status. N/A

7i.

Do the results of any radiological surveys conducted indicate limitations on future land use? Explain below.	N/A

8. LAND / AIR / WATER USE

8a. List the acreage of each real estate component controlled or managed by your base (e.g., Main Base - 1,200 acres, Outlying Field - 200 acres, Remote Range - 1,000 acres, remote antenna site - 5 acres, Off-Base Housing Area - 25 acres). THIS SECTION DOES NOT APPLY TO THIS HOSPITAL FACILITY

Parcel Descriptor	Acres	Location
N/A		

8b. Provide the acreage of the land use categories listed in the table below:

LAND USE CATEGORY		ACRES
Total Developed: (administration, operational, housing, recreational, training, etc.)		
Total Undeveloped (areas that are left in their natural state but are under specific environmental development constraints, i.e.: wetlands, endangered species, etc.)		Wetlands:
		All Others:
Total Undeveloped land considered to be without development constraints, but which may have operational/man caused constraints (i.e.: HERO, HERF, HERP, ESQD, AICUZ, etc.) TOTAL		
Total Undeveloped land considered to be without development constraints		
Total Off-base lands held for easements/lease for specific purposes		
Breakout of undeveloped, restricted areas. Some restricted areas may overlap:	ESQD	
	HERF	
	HERP	
	HERO	
	AICUZ	
	Airfield Safety Criteria	
	Other	

THE ABOVE SECTION DOES NOT APPLY TO THIS HOSPITAL FACILITY

8c. How many acres on your base (includes off base sites) are dedicated for training purposes (e.g., vehicular, earth moving, mobilization)? This does not include buildings or interior small arms ranges used for training purposes. _____N/A_____

8d. What is the date of your last AICUZ update? _____/_____/_____ Are any waivers of airfield safety criteria in effect on your base? Y/N Summarize the conditions of the waivers below. N/A

8e. List the off-base land use *types* (e.g, residential, industrial, agricultural) and *acreage* within Noise Zones 2 & 3 generated by your flight operations and whether it is compatible/incompatible with AICUZ guidelines on land use.

THIS SECTION DOES NOT APPLY TO THIS HOSPITAL FACILITY

Acreage/Location/ID	Zones 2 or 3	Land Use	Compatible/ Incompatible
N/A			

8f. List the navigational channels and berthing areas controlled by your base which require maintenance dredging? Include the frequency, volume, current project depth, and costs of the maintenance requirement.

THIS SECTION DOES NOT APPLY TO THIS HOSPITAL FACILITY

Navigational Channels/ Berthing Areas	Location / Description	Maintenance Dredging Requirement			
		Frequency	Volume (MCY)	Current Project Depth (FT)	Cost ($M)
N/A					

8g. Summarize planned projects through FY 1997 requiring **new channel or berthing area** dredged depths, include location, volume and depth. N/A

8h.

Are there available **designated dredge disposal areas** for maintenance dredging material? List location, remaining capacity, and future limitations.	N/A
Are there available **designated dredge disposal areas** for new dredge material? List location, remaining capacity, and future limitations.	N/A
Are the dredged materials considered contaminated? List known contaminants.	N/A

8.i. List any requirements or constraints resulting from consistency with **State Coastal Zone Management Plans.** N/A

8j. Describe any **non-point source pollution problems affecting water quality** ,e.g.: coastal erosion. N/A

8k.

If the base has a cooperative agreement with the US Fish and Wildlife Service and/or the State Fish and Game Department for conducting a hunting and fishing program, does the agreement or these resources constrain either current or future operations or activities? Explain the nature and extent of restrictions.	YES/NO N/A

8l. List any other areas on your base which are indicated as protected or preserved habitat other than threatened/endangered species that have been listed in Section 1. List the species, whether or not treated, and the acres protected/preserved. N/A

9. WRAPUP

9a. Are there **existing or potential environmental showstoppers** that have affected or will affect the accomplishment of the installation mission that have not been covered in the previous 8 questions? N/A

9b. Are there any **other environmental permits** required for base operations, include any relating to industrial operations. N/A

9c. Describe any **other environmental or encroachment restrictions** on base property not covered in the previous 8 sections. N/A

9d. List **any future/proposed laws/regulations or any proposed laws/regulations** which will constrain base operations or development plans in any way. Explain. N/A

DATA CALL 33

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

B. G. UPTON
NAME (Please type or print)

Signature

Commanding Officer
Title

Date June 3, 1994

Naval HospitalCorpus Christi, TX
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) _____ Signature _____

CHIEF BUMED/SURGEON GENERAL

Title _____ Date 6-9-94

BUREAU OF MEDICINE & SURGERY

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

R. R. SAREERAM

NAME (Please type or print) _____ Signature _____

ACTING

Title _____ Date 01 JUL 1994

Document Separator

UIC 00285

DATA CALL 1: GENERAL INSTALLATION INFORMATION

1. ACTIVITY: Follow example as provided in the table below (*delete the examples when providing your input*). If any of the questions have multiple responses, please provide all. If any of the information requested is subject to change between now and the end of Fiscal Year (FY) 1995 due to known redesignation, realignments/closures or other action, provide current and projected data and so annotate.

- Naval Hospital Corpus Christi

Official name	*Naval Hospital Corpus Christi, TX*
Acronym(s) used in correspondence	*NAVHOSP Corpus Christi*
Commonly accepted short title(s)	*NHCC*

- Complete Mailing Address
  COMMANDING OFFICER
  Naval Hospital
  10651 E. ST.
  Corpus Christi, TX 78419-5131

- PLAD
  NAVHOSP CORPCHRISTI TX

- PRIMARY AK: 00285 (Plant Account AK for Plant Account Holders)

Enter this number as the Activity identifier at the top of each Data Call response page.

- ALL OTHER AK(s): N/A PURPOSE: _____

2. PLANT ACCOUNT HOLDER:
   - Yes X No _____ (check one)

UIC 00285

3. ACTIVITY TYPE: Choose most appropriate type that describes your activity and completely answer all questions.

• HOST COMMAND: A host command is an activity that provides facilities for its own functions and the functions of other (tenant) activities. A host has accountability for Class 1 (land), and/or Class 2 (buildings, structures, and utilities) property, regardless of occupancy. It can also be a tenant at other host activities.

· Yes ___X___ No _____ (check one)

• TENANT COMMAND: A tenant command is an activity or unit that occupies facilities for which another activity (i.e., the host) has accountability. A tenant may have several hosts, although one is usually designated its primary host. If answer is "Yes," provide best known information for your primary host only.

· Yes ___X___ No _____ (check one)

· Primary Host (current) UIC: 00216

· Primary Host (as of 01 Oct 1995) UIC: 00216

· Primary Host (as of 01 Oct 2001) UIC: 00216

• INDEPENDENT ACTIVITY: For the purposes of this Data Call, this is the "catch-all" designator, and is defined as any activity not previously identified as a host or a tenant. The activity may occupy owned or leased space. Government Owned/Contractor Operated facilities should be included in this designation if not covered elsewhere.

· Yes _____ No ___X___ (check one)

4. SPECIAL AREAS: List all Special Areas. Special Areas are defined as Class 1/Class 2 property for which your command has responsibility that is not located on or contiguous to main complex.

Name	Location	UIC
N/A		

UIC 00285

5. DETACHMENTS: If your activity has detachments at other locations, please list them in the table below.

Name	UIC	Location	Host name	Host UIC
Branch Clinic INGLESIDE	47432	NAVSTA INGLESIDE, TX	NAVAL STATION INGLESIDE	68891
Branch Clinic KINGSVILLE	32647	NAS KINGSVILLE, TX	NAS KINGSVILLE	60241
Branch Clinic Naval Auxiliary Field Orange Grove	33045	NALF ORANGE GROVE, TX	NAS KINGSVILLE	60241
Branch Clinic DALLAS	32645	NAS DALLAS, TX	NAS DALLAS	00215

6. BRAC IMPACT: Were you affected by previous Base Closure and Realignment decisions (BRAC-88, -91, and/or -93)? If so, please provide a brief narrative.

NAS Dallas will be closed as a result of BRAC 93 - All units, including the Branch Medical Clinic will relocate to NAS Fort Worth. NAS Ft Worth will also receive additional units due to other BRAC actions.

NAS Corpus Christi, Naval Hospital and Naval Station Ingleside are being impacted by Mine Warfare consolidation.

UIC 00285

7. MISSION: Do not simply report the standard mission statement. Instead, describe important functions in a bulletized format. Include anticipated mission changes and brief narrative explanation of change; also indicate if any current/projected mission changes are a result of previous BRAC-88, -91,-93 action(s).

Current Missions

- Provide health care support to the aviation training community.
- Provide health care support to tenant commands of Naval Air Station.
- Provide health care services to all other eligible beneficiaries.
- Provide administrative and technical support to three branch medical clinics.
- Provide occupational health and industrial hygiene services to commands supported.
- Train assigned military personnel for contingency and wartime duties.

Projected Missions for FY 2001

- Continued impact upon health care demand due to population migration from mine warfare consolidation - Two mine warfare helicopter squadrons by 1997.
- Participate as an integral element of the Tri-Service Regional Health Care System, DoD Region VI TRICARE Managed Care Support Contract.
- Total catchment area population is due to expand to 32,520 beneficiaries by 1997 due to homeporting at NAVSTA Ingleside and to consolidation of COMMINEWARFARE and its Center for Excellence. This is in addition to all projected changes taking place at NAS Dallas & NAS Ft Worth due to consolidation of reserve training at NAS Ft Worth.

UIC 00285

8. UNIQUE MISSIONS: Describe any missions which are unique or relatively unique to the activity. Include information on projected changes. Indicate if your command has any National Command Authority or classified mission responsibilities.

Current Unique Missions

- See submissions for Branch Medical Clinics Dallas and Kingsville.

Projected Unique Missions for FY 2001

- Please see submission for Branch Medical Clinic Dallas.

9. IMMEDIATE SUPERIOR IN COMMAND (ISIC): Identify your ISIC. If your ISIC is not your funding source, please identify that source in addition to the operational ISIC.

• Operational name	UIC
Chief, Naval Air Training	63110

• Funding Source	UIC
BUMED	00018

UIC 00285

10. PERSONNEL NUMBERS: Host activities are responsible for totalling the personnel numbers for all of their tenant commands, even if the tenant command has been asked to separately report the data. The tenant totals here should match the total tally for the tenant listing provided subsequently in this Data Call (see Tenant Activity list). (Civilian count shall include Appropriated Fund personnel only.)

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian
(Appropriated)			
• Reporting Command	75	239	127
Contracted			40.3FTE's*
• Tenants (total)	10	37	4
Contracted			1

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian
(Appropriated)			
• Reporting Command	~~71~~ 72 GSA	~~251~~ 237 GSA	~~133~~ 138 GSA
Contracted			44 FTE's*
• Tenants (total)	11	36	4
Contracted			1

11. KEY POINTS OF CONTACT (POC): Provide the work, FAX, and home telephone numbers for the Commanding Officer or OIC, and the Duty Officer. Include area code(s). You may provide other key POCs if so desired in addition to those above.

Title/Name	Office	Fax	Home
• COMMANDING OFFICER	DSN861		
Captain Billy G. UPTON	(512)939-2684/5/6	2975	(512)937-3219
• Duty Officer	(512)939-2688	2975	[N/A]
• OIC Branch Clinic Kingsville	DSN861		
LCDR MIKE A. SCHWALM	(512)595-6305	6161	(512)584-2795
• Chief of the Day	(512)595-6160	6161	[N/A]
• OIC Branch Clinic Ingleside	DSN 776		
Captain Antonita V. DEJESUS	(512)776-4579	4586	(512)850-8485
• Beeper Watch	(512)880-1346	4586	[N/A]
• OIC Branch Clinic Dallas	DSN 874		
Lieutenant Robert BYTHEWOOD	(214)266-6220	(214)262-0359	(817)792-6700
• Chief of the Day	(214)266-6281	(214)262-0359	[N/A]

UIC 00285

12. TENANT ACTIVITY LIST: This list must be all-inclusive. Tenant activities are to ensure that their host is aware of their existence and any "subleasing" of space. This list should include the name and UIC(s) of all organizations, shore commands and homeported units, active or reserve, DOD or non-DOD (include commercial entities). The tenant listing should be reported in the format provide below, listed in numerical order by UIC, separated into the categories listed below. Host activities are responsible for including authorized personnel numbers, end strength as of **30 September 1994**, for all tenants, even if those tenants have also been asked to provide this information on a separate Data Call. (Civilian count shall include Appropriated Fund personnel only.)

• Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
Branch Dental Clinic Corpus Christi, TX	41788	3	10	1 1* *Contract
Corpus Christi Branch Army Veterinary Services	W2DN04	1	6	1

• Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

• Tenants residing in Special Areas (Special Areas are defined as real estate owned by host command not contiguous with main complex; e.g. outlying fields).

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

• Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

UIC 00285

13. REGIONAL SUPPORT: Identify your relationship with other activities, not reported as a host/tenant, for which you provide support. Again, this list should be all-inclusive. The intent of this question is capture the full breadth of the mission of your command and your customer/supplier relationships. Include in your answer any Government Owned/Contractor Operated facilities for which you provide administrative oversight and control.

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
Corpus Christi Fire Department	*Corpus Christi, TX*	*Education & Training - MOU.*
Texas A&M - Corpus Christi	*Corpus Christi, TX*	*Nursing Training - MOU.*
Southern California College of Optometry	*California*	*Optometry Student Training - MOU.*
Southern School of Optometry	*Memphis, TN*	*Optometry Student Training - MOU.*
University of Houston - School of Optometry	*Houston, TX*	*Optometry Student Training - MOU.*
University of Iowa	*Iowa City, IA*	*Physician Assistant Student Training - MOU.*
American Red Cross	*Corpus Christi, TX*	*Volunteer Support - MOU.*
Nueces County Medical Society Blood Bank	*Corpus Christi, TX*	*Blood Support - MOU.*

UIC 00285

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
Brooke Army Medical Center Occupational (CCAD Clinic)	*Corpus Christi Army Depot*	*Medical Support - ISSA.*
Defense Contract Administration - Marietta, GA	*DCMD South Activity Corpus Christi, TX*	*Occupational/Industrial Hygiene Medical Support - ISSA.*
Defense Property Disposal Office	*NAS Corpus Christi, TX*	*Occupational Medical Support - ISSA.*
National Park Service	*Corpus Christi, TX*	*Occupational Medical Support - ISSA.*
Naval Reserve Readiness Command/New Orleans, LA	*Corpus Christi & Harlingen, TX*	*Occupational Health/Industrial Hygiene - ISSA.*
U.S. Army Corps of Engineers/Galveston, TX	*Corpus Christi, TX District Office*	*Occupational Health - ISSA.*
U.S. Coast Guard	*Corpus Christi, TX*	*Supply Support - ISSA.*
U.S. Army San Antonio District Recruiting Command	*Corpus Christi, TX*	*Medical Support*

UIC 00285

Activity name	Location	Support function Host/Tenant ISSA's.
Brooke Army Medical Center (Veterinary Clinic)	*Naval Hospital Corpus Christi, TX*	*Veterinary Support - ISSA.*
Naval Regional Dental Center	*Naval Hospital Corpus Christi, TX*	*Dental Support - ISSA.*
Human Relations Office/New Orleans, LA	*Dallas, TX*	*Personnel Support - ISSA.*
NETPMSA/Pensacola, FL	*Corpus Christi, TX*	*Personnel Support - ISSA.*
NAS Corpus Christi, TX	*NAS Corpus Christi, TX*	*Medical Support/Multiple Areas of Support - ISSA.*
NAS Kingsville, TX	*NAS Kingsville, TX*	*Medical Support/Multiple Areas of Support - ISSA.*
NAS Dallas, TX	*NAS Dallas, TX*	*Medical Support/Multiple Areas of Support - ISSA.*
Naval Station Ingleside, TX	*NAVSTA Ingleside, TX*	*Medical Support/Multiple Areas of Support - ISSA.*

14. FACILITY MAPS: *MAPS PROVIDED BY NAS CORPUS CHRISTI, TX

U I C 0 0 2 8 5

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

Captain Billy G. Upton
NAME (Please type or print)

Signature

Commanding Officer
Title

3 Feb 94
Date

Naval Hospital Corpus Christi, TX
Activity

UIC 00285

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

Captain Billy G. Upton
NAME (Please type or print)

Signature

Commanding Officer
Title

3 Feb 1994
Date

Naval Hospital Corpus Christi, TX
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

VADM Donald Hagen, MC
NAME (Please type or print)

Signature

SURGEON GENERAL/CHIEF BUMED
Title

2-8-94
Date

BUREAU OF MEDICINE & SURGERY
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR
NAME (Please type or print)

Signature

ACTING
Title

16 FEB 94
Date

Document Separator

375

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: NAVAL HOSPITAL CORPUS CHRISTI, TX
ACTIVITY UIC: 000285

Category.....Personnel Support
Sub-category.....Medical
Types.....Clinics, Hospitals, Medical Centers

April 4, 1994

**********If any responses are classified, attach separate classified annex**********

TABLE OF CONTENTS

Mission Requirements
1. Mission 3
2. Customer Base 4,5,6
3. Workload 7
4. Projected Workload 8
5. Medical Support 9,10
6. Graduate Medical Education 11,12

Facilities
7. Facilities Description 13,14,15,16,17,18,19,20

Location
8. Geographic Location 21,22
9. Manpower and Recruiting Issues 22

Features and Capabilities
10. Capabilities 23,24,25,26
11. Mobilization 27
12. Non Availability Statements 28
13. Supplemental Care 28,29
14. Costs 30,31,32,33,34,35
15. Quality of Life 36

MISSION REQUIREMENTS

1. Mission Statement. State the mission of your medical facility in sufficient detail so that it can be distinguished from other medical facilities.

* Provide emergency and routine medical care for the student pilots, aviation training personnel, mine warfare command and other activie duty military personnel in the South Texas area.
Y
* Provide aviation physiology, water survival and emergency egress training to aviation commands in South Texas. Naval Hospital Corpus Christi has the only Naval Aviation Physiological Training Unit located between Pensacola, FL and San Diego, CA.

* Provide a comprehensive range of emergency, inpatient and outpatient services to active duty personnel, their family members, retirees and other beneficiaries in South Texas. This includes military personnel and their family members from Ingleside Naval Station (NAVSTA), Kingsville Naval Air Station (NAS), various locations throughout South Texas and military personnel from other foreign governments assigned to this area.

* Provide occupational health, industrial hygiene and preventive medicine services for commands located on/near NAS Corpus Christi and widely dispersed reserve units in South Texas.

* Provide training to hospital staff and assigned reserve personnel for the performance of their contingency and wartime duties and missions.

* Operate a 30 bed Alcohol Rehabilitation Department which provides for the treatment and rehabilitation of multi-service active duty military personnel with alcoholism diagnoses.

* Provide healthcare for the large number of retirees, and their family members, who visit South Texas annually as "Winter Texans". This 'Ghost Population" is estimated at 14,000 personnel and can not be considered in our population calculations since they are not permanent residents of our catchment area.

* Provide a full range of support functions and requirements for three stand alone clinics located at NAS Dallas, NAS Kingsville and NAVSTA Ingleside.

* Serve as the NAS Corpus Christi base disaster center for mass casualties, including those of hurricanes.

2. Customer Base. In the table below, identify your active duty customers. Include both Naval and non-Naval active duty components. Begin with the largest activity and work down to the smallest. Include the customer Unit Identification Code (UIC).

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
US Coast Guard Air Station	Z20245	Corpus Christi, TX	405
Flight Students	30515	Corpus Christi, TX	393
Naval Hospital	00285	Corpus Christi, TX	333
UPT	42094	Corpus Christi, TX	194
NAVRECRUITDIST	62419	Houston, TX	148
NAS Corpus Christi	00216	Corpus Christi, TX	133
TRARON 27	0406A	Corpus Christi, TX	77
COMINEWARCOM	57011	Corpus Christi, TX	64
Chief of Naval Air Training (CNATRA)	63110	Corpus Christi, TX	62
TRARON 31	0410A	Corpus Christi, TX	60
TRARON 28	0407A	Corpus Christi, TX	48
CBU 407	66629	Corpus Christi, TX	47
COMTRAWING FOUR	52812	Corpus Christi, TX	41
NAVY RESERVE CTR	61968	Houston, TX	41
MINEWARINSPGRP	39055	Corpus Christi, TX	29
NASA	64152	Houston, TX	20
NAVOCEANCOM DET	65769	Corpus Christi, TX	17
Personnel Support Activity Det	43100	Corpus Christi, TX	17
Naval Reserve Ctr	61978	Corpus Christi, TX	16
N/MC Reserve Ctr	68449	Orange Grove, TX	15
Naval Branch Dental Clinic	41788	Corpus Christi, TX	14

NLSO	68368	Corpus Christi, TX	13
DECCA	48875	Corpus Christi, TX	13
Dep Meds	46890	Corpus Christi, TX	11
Corpus Christi Army Depot (CCAD)	W45N7V	Corpus Christi, TX	10
DEP MEDS FH 15	47537	Corpus Christi, TX	9
MIUWU 108	81998	Corpus Christi, TX	9
Naval Hosp Pats	31638	Corpus Christi, TX	6
NROTC Rice University	63219	Houston, TX	6
NROTC Prairie View A&M University	66074	Prairie View, TX	6
Student Med Dept Univ of Houston	44546	Houston, TX	5
NATMSACT CAU	49151	Corpus Christi, TX	5
MEPS	66574	Houston, TX	5
SOUTH NAVFACENG	44215	Corpus Christi, TX	4
COOP Mine Unit	55223	Galveston,TX	4
DEPT NAVSI	64181	Galveston, TX	4
NAVEX	39223	Corpus Christi, TX	4
NATMSACT	68929	Corpus Christi, TX	4
Naval Brig	30037	Corpus Christi, TX	3
Student EEAP, Texas A&M Univ	43982	Corpus Christi, TX	3
CAAC Center	68113	Corpus Christi, TX	3
CSD	45678	Houston, TX	2
Student ECP, Rice University	46527	Houston, TX	2
NAS Chase Field	60376	Beeville, TX	2
4TH MARDIV-HS CO/1STBAT 23RD MAR	67643	Corpus Christi, TX	2
Dir 8TH MEDCORPS	44740	Houston, TX	1

Student AEPR, Univ of Houston	45093	Houston, TX	1
Student Med Dept, TX A&M Univ	45259	Corpus Christi, TX	1
I & I Staff	45375	Galveston, TX	1
Naval Hosp Neu Dut	45894	Corpus Christi, TX	1
Student MECP, TX A&M Univ	47223	Corpus Christi, TX	1
NAVCRRUITPRRO Stat	47865	Bryan, TX	1
USNA South Central Region Det	49742	Corpus Christi, TX	1
I & I Staff	67708	Corpus Christ, TX	1
CNATRA Public Affairs	68217	Corpus Christi, TX	1
SEE NOTE 1 BELOW		Ingleside, TX	2234
SEE NOTE 2 BELOW		Kingsville, TX	1061
SEE NOTE 3 BELOW		Dallas, TX	3053

NOTE 1: INCLUDED IN OUR SUPPORT AREA IS THE ENTIRE ACTIVE DUTY POPULATION OF INGLESIDE NAVAL STATION. SEE THEIR INPUT FOR A BREAKDOWN OF UNITS AND UIC DATA.

NOTE 2: INCLUDED IN OUR SUPPORT AREA IS THE ENTIRE ACTIVE DUTY POPULATION OF KINGSVILLE NAVAL AIR STATION. SEE THEIR INPUT FOR A BREAKDOWN OF UNITS AND UIC DATA.

NOTE 3: ALTHOUGH OUTSIDE OF OUR CATCHMENT AREA, THE ACTIVITY DUTY POPULATION OF DALLAS NAVAL AIR STATION DOES UTILIZE OUR MEDICAL TREATMENT FACILITY. SEE THEIR INPUT FOR A BREAKDOWN OF UNITS AND UIC DATA.

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS SUPPORTED. ONLY USE THIS FORMAT.

Revised pg

BRAC DATA CALL #27

1. Workload. [illegible] FY 1994 workload [illegible] completed and projected workload through the end of the Fiscal Year [illegible] Use the same categorizations and definitions as that used in the MEPRS Manual (DoD 6010.13-M).

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY M/MC	564	30,794	5.9	9.2
ACTIVE DUTY NON M/MC	117	3,952	14.9	4.8
TOTAL ACTIVE DUTY	681	34,746	[redacted]	14.0
FAMILY OF AD	655	42,786	1.8	3.0
RETIRED AND FAMILY MEMBERS UNDER 65	650	38,672	[illegible]	[illegible]
RETIRED AND FAMILY MEMBERS OVER 65	292	14,770	3.5	4.3
OTHER	10	4,468	16.6	0.5
TOTAL	2,288	125,342	[redacted]	25.3

What is your occupancy rate for FY 1994 to date? 25.5

3. Workload. Identify your FY 1994 workload (this should include both completed and projected workload through the end of the Fiscal Year) as indicated in the table below by beneficiary type. Use the same categorization and definitions as that used in the MEPRS Manual (DoD 6010.13-M).

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	564	30,794	5.9	9.2
ACTIVE DUTY NON N/MC	117	3,852	14.9	4.8
TOTAL ACTIVE DUTY	681	34,646	[redacted]	14.0
FAMILY OF AD	655	42,786	1.8	3.3
RETIRED AND FAMILY MEMBERS UNDER 65	942	43,442	2.9	7.5
RETIRED AND FAMILY MEMBERS OVER 65	NOTE 1	NOTE 1	NOTE 1	NOTE 1
OTHER	10	4,468	16.6	0.5
TOTAL	2,288	125,342	[redacted]	25.3

NOTE 1: THE "942" TOTAL FIGURE INCLUDES ALL RETIRED AND FAMILY MEMBERS. SAME APPLIES TO ALL FIGURES USED ACROSS THIS CHART FOR RETIRED AND FAMILY MEMBERS.

What is your occupancy rate for FY 1994 to date? 25.5

4. Projected Workload. Complete the following tables for your projected workload. Please show and develop any assumptions and calculations used to complete the table. Be sure to note any impact prior closure and realignment decisions have had on your facility. Please be sure to include any impact your participation in the managed care initiative (TRICARE), previous BRAC actions, and force structure reductions will have on your workload.

	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
OUTPAT. VISITS	127,849	138,077	150,504	152,010	153,529	154,000	155,000
ADMISS.	2,385	2,838	3,349	3,516	3,692	3,750	3,750

Please show all assumptions and calculations in the space below:

The above projections are based on past record of outpatient visits and admissions with current population demographics. With the increases in active duty outyear population quantities expected (FY 95: 4,946, FY 96: 5,907, FY 97: 7009) and the corresponding increases in active duty dependents associated with this increases, the above figures are viewed as very realistic in numbers. There are no previous BRAC actions or force structure reductions remaining to be accomplished which will impact our catchment area. Our catchment area is increasing over the next three year period and we expect an increase in workload requirements in several areas. The Region Six TRICARE contact is scheduled to begin in May 1995. Some relief in workload is forseen in the latter part of FY 95 as a result of the program startup. Population acceptance and enrollment in the TRICARE program will be the primary factors in determining the success of the program.

5. Medical Support. Indicate in the table below all the medical support you provide that is not direct patient care, and identify the time spent providing such support (i.e. food service inspections, medical standby for physical fitness tests, flight operations, field training,rifle range, MWR support for sporting events, etc.).

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
Food Service Inspections	182 Hrs	3
Mosquito Survey	60 Hrs	2
Heat Stress Readings	72 Hrs	1
Animal Bite Reports	4.5 Hrs	1
Water & Ice Bacteria Tests	24 Hrs	2
Home Day Care Inspections	4 Hrs	1
STD Interviews	6.45 Hrs	1
Food Service Physicals	11.5 Hrs	1
Health Record Screenings	28 Hrs	2
De-rat Certifications	7.5 Hrs	2
Sanitation Inspections	64.5 Hrs	2
Bloodborne Pathogens Training	6.5 Hrs	1
Food Service Training	22.5 Hrs	2
HIV/STD Training	4.5 Hrs	1
Tuberculosis Counseling	10.5 Hrs	1
Disease Alert Reports	6 Hrs	1
State Disease Reports	2.5 Hrs	1
Reviews/Meetings/Briefings	136 Hrs	4
Morbidity Reports	44 Hrs	2
Occupational Health Training/TAD	114 Hrs	4
Industrial Health Surveys (Baselines and Qtr/Annuals)	960 Hrs	5
Industrial Health Services (Consults/Specials/Others)	432 Hrs	5

Industrial Workplace Monitoring	517 Hrs	5
Facility Plan Reviews	47 Hrs	3
Laboratory Services	122 Hrs	5
Industrial Health Training/TAD	307 Hrs	5

6. Graduate Medical Education. In the table provided, identify all the training programs (to include transitional internships and fellowships) at your facility and the numbers graduated per year. Also identify major non-physician training programs (such as OR nurse, nurse anesthetist, etc.). Be sure to take into account any planned program changes, and prior base closure and realignment decisions.

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
NOT APPLICABLE THIS LOCATION								

6a. Graduate Medical Education. Complete the following table for each Graduate Medical Education program that requires accreditation by the Accreditation Council for Graduate Medical Education (ACGME):

PROGRAM	STATUS[1]	CERT.[2]	COMMENTS[3]
NOT APPLICABLE THIS LOCATION			

[1] Use F for fully accredited, P for probation, and N for not accredited.
[2] List the percentage of program graduates that achieve board certification.
[3] Complete this section for all programs that you entered a P or N in the Status column. Indicate why the program is not fully accredited and when it is likely to become fully accredited.

FACILITIES

7. Facilities Description. Complete the following table for all buildings for which you maintain an inventory record. Use only one row for each building. Provide the 5 digit category code number (CCN) where possible. Do not include any buildings that would receive their own data calls (such as a Branch Medical Clinic):

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
17120	Eject Seat Trng (Pilot Training)	800	20	Adequate
21920	Equipment Shed (Yard Storage)	432	15	Adequate
44130	Chemical Storage (Treat Cooling Water)	500	8	Adequate
53045	Veterinary Clinic (Pet Care)	1,798	7	Adequate
51010	Hospital (Health Care)	221,892	20	Adequate
75030	Training Pool Pump House (Also Storage)	1,080	47	Adequate
74089	Training Pool Bath House (Lockers)	900	42	Adequate
81159	Generator Bldg (Emergency Power)	192	7	Adequate
82109	Boiler Bldg (Steam Plant for Hospital)	1,044	12	Adequate
51077	Warehouse (Supply & Facility Storage)	6,000	8	Adequate

[1] Use refers to patient care, administration, laboratory, warehouse, power plant, etc.

[2] This should be based on NAVFACINST 11011.44E Shore Facilities Planning Manual and the condition recorded should be recorded as

Adequate, Substandard, or Inadequate. Chapter 5 of NAVFACINST 11011.44E provides guidance on this scoring system.

7a. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

1. Facility Type/Code:
2. What makes it inadequate?
3. What use is being made of the facility?
4. What is the cost to upgrade the facility to substandard?
5. What other use could be made of the facility and at what cost?
6. Current improvement plans and programmed funding:
7. Has this facility condition resulted in "C3" or "C4" designation on your BASEREP?

7b. Capital Improvement Expenditures. List the project number, description, funding year, and value of the **capital improvements at your facility completed (beneficial occupancy) during 1988 to 1994.** Indicate if the capital improvement is a result of BRAC realignments or closures.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
C2-84	Construct Emergency Vehicle Garage, Bldg H-100	FY 91	$164,120
C2-87	Construct Ground Water Drainage System, Bldg H-100	FY 91	$118,000
R2-88	Repair Emergency Monitoring Control System, Bldg H-100	FY 91	$208,848
R4-89	Replace Cooling Tower, Bldg H-100	FY 91	$286,200
P1-90	Life Safety Impovements, Bldg H-100	FY 92	$5.977M
RC1-89	Repair/Upgrade Nurse Call System, Bldg H-100	FY 92	$192,000
R1-92	Replace Roof, Bldg H-100	FY 94	$552,258

NOTE: NONE OF THE ABOVE PROJECTS WERE ASSOCIATED WITH OR AS A RESULT OF REALIGNMENTS OR CLOSURES.

7c. Planned Capital Improvements. List the project number, funding year, and value of the **non-BRAC related capital improvements planned** for years 1995 through 1997.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
R2-92	Repair Air Handlers and Ductwork, Bldg H-100	FY 94	$1.4M
R1-94	Construct Additional Parking Lots and Repair Existing Parking Lots, Bldg H-100	TBD	$250K
R2-94	Replace Air Conditioning Chillers, Bldg H-100	TBD	$950K
R3-88	Replace Supplemental Feed and Machine Station, Bldg H-100	TBD	$300K
RC-85	Repair/Improvements to Corridors, Bldg H-100	TBD	$200K

7d. Planned Capital Improvements. List the project number, description, funding year, and value of the **BRAC related capital improvements planned** for 1995 through 1999.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
NONE			

7e. Please complete the following Facility Condition Assessment Document (FCAD) DD Form 2407: Instructions follow the form.

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)				DD-H(A)1707	DMIS ID NO
1. FACILITY NAME: NAVAL HOSPITAL CORPUS CHRISTI					
2. UIC: 00285	3. CATEGORY CODE:510-10		4. NO. OF BUILDINGS; 10		PERMAMENT
5. SIZE	A. GSF: 234,638		B. NORMAL BEDS: 195		C.DTRS: 12
6. LOCATION	A. CITY: Corpus Christi			B.STATE: Texas	
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	80		20	B17	
(2) ADMINISTRATION	100				
(3)CENTRAL STERILE SVCS.	100				
(4)DENTAL	100				
(5) EMERGENCY SVCS.	100				
(6) FOOD SERVICES	100				
(7)LABORATORIES	100				
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	100				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	100				
(12) PHARMACY	100				
(13) RADIOLOGY	100				
(14) SURGICAL SUITE	100				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	70		30	F01	
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				

(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	100				

FORM INSTRUCTIONS

1. This form is not intended to be used as detailed engineering evaluation of the condition of the facilities. It is primarily designed to assist in assessing the adequacy and condition of Medical/Dental Facilities. Complete only one form for all of your facilities.

2. The Functions/Systems should be evaluated on a consolidated basis for the entire facility.

3. Not more than 4 deficiencies should be identified in the Deficiency Codes column for each item listed under the Function/System column.

4. Fill in N/A (not applicable) where certain Function/System is not present in the facility. For example, Inpatient Nursing Units and Labor-Delivery-Nursery are not applicable to Clinics.

5. Numbers under % Adequate, % Substandard, % Inadequate must total 100 for each function/System.

6. After completion, the form must be signed by the Commander/Commanding Officer/Officer-in-Charge of the facility.

7. Use DoD Standard Data Element Codes for State when entering codes in item 6.

DEFINITIONS

CATEGORY CODE - Facility Category Code is a numeric code used to identify a particular use of Military Department's real property for Hospital and other Medical Facilities usage (i.e., building, structure or utility). The first three digits of the code are a DoD standard (DoDI 4165.3); the fourth, fifth and sixth (if applicable) digits are added to provide more definitive categorization of the Military Department's facilities.

CONSTRUCTION TYPE - Type is either Permanent, Semi-permanent, or Temporary construction at the time building was built.

% ADEQUATE - Percent Adequate is the capacity of a facility or portion thereof, in percentage form, that is in adequate condition and associated with a designated function (USE). Adequate is defined as being capable of supporting the designated function without a need for capital improvements.

% SUBSTANDARD - Percent Substandard is the capacity of a facility or portion thereof, in percentage form, that is in substandard condition and associated with a designated function (USE). Substandard is defined as having deficiencies which prohibit of severely restrict, or will prohibit or severely restrict within the next five years due to expected deterioration , the use of a facility for its designated function. Substandard is further defined as having deficiencies which can be economically corrected by capital improvements and/or repairs.

% INADEQUATE - Percent Inadequate is the capacity of a facility of portion thereof, in percentage form, that is in inadequate condition and associated with a designated function (USE). Inadequate is defined as having deficiencies due to physical deterioration, functional inadequacy or hazardous location or situation which prohibit or severely restrict, or will prohibit or severely restrict within the next five years, the use of a facility for its designated function. Inadequate is further defined as having deficiencies which cannot be economically corrected to meet the requirements of the designated function.

DEFICIENCY CODE - Code is a three character code indicating the type of deficiency existing in a facility or portion thereof that is in a substandard or inadequate condition and associated with a designated function (USE). The first character of the code indicates one of the six types of deficiencies. The next two characters specify the facility component(s) or related items which are deficient.

(1) Deficient Status of Condition Types - first character
- A - Physical Condition
- B - Functional or Space Criteria
- C - Design Criteria
- D - Location or Siting Criteria
- E - Nonexistence
- F - Total Obsolescence or Deterioration

(2) Facility Components or Related Items - last two characters
- 01 - Heating, Ventilating and Air Conditioning (HVAC)
- 02 - Plumbing Fixtures
- 03 - Fire Protection/Life Safety Code
- 04 - Medical Gases
- 05 - Lighting Fixtures
- 06 - Power Capacity
- 07 - Emergency Generators
- 08 - Communications
- 09 - Building or Structure (total)
- 10 - Seismic Design
- 11 - Roof/Ceiling
- 12 - Building Interior/Configuration
- 13 - Sound Proofing/Excessive Noise
- 14 - Compliance of Installation with Master Plan
- 15 - OSHA Deficiency
- 16 - JCAH Deficiency
- 17 - Functionality

18 - Site Location
19 - Mission of the Base
20 - None

7f. Please provide the date of your most recent Joint Commission on Accreditation of Healthcare Organizations (JCAHO) survey and indicate the status of your certification. Also record your Life Safety Management score from that survey.

DATE OF SURVEY: NOV 1991

FULL ACCREDITATION: Yes

LIFE SAFETY MANAGEMENT SCORE: __4__ (Record as 1,2,3,4,or 5)

NOTE: Life Safety Management Score updated to "1" in March 1992.

LOCATION:

8. Geographic Location. How does your geographic location affect your mission? Specifically, address the following:

a. What is the importance of your location relative to the clients supported?

The Naval Hospital Corpus Christi is the only military treatment facility within 150 mile area. Clients of all groups come as far away as the Rio Grande border area (approximately 150 miles) to receive medical treatment in our facility. If this facility were not available, then these patients would be required to travel 300 miles to receive medical support from the next closest military treatment facility. In addition, the aviation training programs in our area receive the full range of military medicine support as does all of the personnel assigned to the ever increasing number of ships homeported at Naval Station Ingleside. Our staff, along with the Ingleside and Kingsville Medical Clinic staff personnel, provide a much needed range of medical services to all the active duty, dependent and retired service personnel over a great distance of area in South Texas.

b. What are the nearest air, rail, sea and ground transportation nodes?

The city of Corpus Christi has excellent logistical support capabilities. Airlift via the local international airport will handle all the largest wide-body aircraft. Railhead onload and offload locations exist at several locations throughout the city. Corpus Christi has an active deep-water port facility that also has full access to railhead locations. Ground transportation capabilities are superior to most locations due to accessible sea port operations as well as interstate highway connections which lead directly into the city.

c. Please provide the distance in miles that your facility is located from any military or civilian airfield that can accommodate a C-9 aircraft.

Distance (in miles): __.5__ (Located on the NAS).
The next closest location is the city commercial airfield which is located 22 land miles from the hospital.

d. What is the importance of your location given your mobilization requirements?

The importance of our location regarding out mobilization is the ease with which our personnel could be deployed to their assigned locations (see section 11). The ability to deploy by military

air transport is of great value. Since our personnel are not tasked to deploy with any significant amounts of materials or cargo, transportation requirements are considered fully supportable.

e. On the average, how long does it take your current clients/customers to reach your facility?

A drive of 20 to 25 minutes is average for personnel that live in the area of Corpus Christi proper. Personnel that live in the Ingleside area have about a 45 minute drive and those in the Kingsville area have a one (1) hour drive.

9. Manpower and recruiting issues. Are there unique aspects of your facility's location that help or hinder in the hiring of qualified civilian personnel?

There are nine (9) major hospitals and assorted specialty hospitals (psychiatric) in the catchment area. Competition and demand for health care professionals is high. It is difficult to recruit ancillary, primary and other health care professionals in this environment. Incentives are often required to recruit and retain those currently on staff in critical skill areas. The process and time required to hire nursing staff is extremely long. These issues are further compounded by the uncertainty of federal employment caused by the various issues surrounding closure, realignment and downsizing of the military forces in the area.

FEATURES AND CAPABILITIES

10. Capabilities. What would be the impact on the Navy and Marine Corps if the capabilities of your facility were to be lost? Answer this question in terms of the unique capabilities of your staff, equipment and facility.

The closure of this facility would be one of extreme mission impact on the Navy and Marine Corps. The aviation medicine support provided to the military aviation training program by our facility is substantial and significant. Naval Hospital Corpus Christi has the **ONLY** Navy Aviation Physiological Training Unit (APTU) located between Pensacola, FL and San Diego, CA. With over 500 aviation personnel assigned (instructors and students) at Corpus Christi NAS alone and the additional 700 plus aviation personnel at Kingsville NAS, the APTU provides a direct and measurable aspect of military training and readiness. Add to this the military medicine provided by our flight surgeons and military medicine personnel staff and our importance is greatly enhanced. Our military medicine staff along with the staff of our branch clinic and Navy Station (NAVSTA) Ingleside are, and will continue in the future, to provide medical support for the increasing number of active duty personnel being homeported at NAVSTA Ingleside. Current active duty population growth figures for NAVSTA Ingleside are from approximately 1700 personnel in 1994 to over 3100 personnel by the end of 1997.

In addition to the above, a Level III Alcohol Rehabilitation and Detoxification (ARD) Program is operated for active duty patients of all services. A fully operational mental health facility for active duty members is established as well as a functioning family advocacy division. Our preventive medicine and industrial hygiene departments provide basewide services to both host and tenant activities on NAS Corpus Christi, NAS Kingsville and NAVSTA Ingleside. The dental clinic and optometry department met the needs of all active duty personnel. We provide medical support for Navy Recruiting Center personnel (approximately 150) as far away as Houston (200 miles). This is just one of a number of units we support that is assigned outside the 40 mile catchment area but supported by our facility. The emergency room staff supports the 24 hours a day requirement of all base personnel, including the needs of the civilian work force assigned to Corpus Christi Army Depot.

10a. If your facility were to close without any change in beneficiary population would the remaining local health care infrastructure be able to absorb the additional workload? Please provide supporting information to your answer.

Corpus Christi Naval Air Station is located in Neuces Country. There are, according to the Texas State Board of Medical Examiners Demographics dated 3 May 1994, 562 Medical Doctors (M.D.) and 34 Doctors of Osteopathy (D.O.) for a total of 596 physicians to support a county population of approximately 326,000. The surrounding countries within our catchment area have an estimated population of 120,000 with on a total of 71 physicians (48 M.D. and 23 D.O.) to support the population. Most of the medical support provided in our catchment area comes from the Corpus Christi municipal city area. The elimination of our facility would have a measurable impact on the care of our beneficiary population. Certain disciplines could absorb the additional while others would have more of an impact. There is only one (1) aerospace medicine physician in the entire county. There are 43 pediatrics physicians in the county and shifting our workload to this area would have an large impact. Also with our population expected to rise, we anticipate an increase in the pediatrics workload requirements. Currently, all obstetrics requirements are provided through the local economy since we do not have this capability within the hospital.

Since January 1994 this facility is currently accomplishing over 80 same day surgeries per month which amounting to over 160 procedures per month. It is hoped to increase this quantity with some minor increases in operating room staff personnel. By "minor increases" we mean that a two to three person overall increase in certain special skill areas would increase our capability by a range of 50 to 65 more surgeries per month.

10b. If your facility were to close and the active duty and their families were to leave the area would the local community health care system be able to care for the residual eligible population? Please provide supporting information to your answer.

Departure of the active duty personnel and dependent population would result in a residual eligible population of approximately 11,000 individuals. Add to that our "Ghost Population" of Winter Texans (approximately 14,000) eligible to use military medical facilities and the number of residual eligible population becomes significant. There is a reported excess of hospital "available beds" within the Corpus Christi area, but the real issue would be the availability of the various medical disciplines to support the retired population which fluctuates greatly within the year. The most current listings available (Texas State Board of Medical Examiners, 3 May 1994) indicate there would be a shortage in some areas. Example of this are in the areas of allergy/immunology which has only five (5) physicians listed in the county, dermatology which has only seven (7) listed and oncology which has only four (4) listed in the county.

10c. If your inpatient care capability were to close, would the local community be able to absorb your current inpatient workload? Please develop all of your conclusions with supporting data and show it in the space below:

The local community has the capability to absorb our current inpatient workload.

Revised pg

1. Mobilization. What are your facility's mobilization equirements?

a. If any of your staff is assigned to support a Hospital hip, Fleet Hospital, Marine Corps unit, ship, or other perational unit during mobilization complete the following able:

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
MAG-31	MCAS Beauforrt	2
MAG-27	MCAS Jacksonville	3
FLT HOSP	#4	19
FLT HOSP	#8	17
FLT HOSP	#15	29
NAV HOSP	Rota	13
NAV HOSP	Roosevelt Roads	2
1st Marine Brigade	Kaneohe	3

OTE: **DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS.**

b. What additional workload could you perform if you did ot have this requirement and its associated training? Please how all assumptions and calculations used in arriving at your onclusions.

he command is funded to train approximately 15 personnel per ear. This training is "Fleet Hospital Training" and is of a 12 ay duration including travel time. This calculates to 180 work ays (15 personnel x 12 days) lost due to meeting this training equirement. This loss affects direct and indirect patient upport in various hospital areas.

c. Please provide the total number of your expanded beds[1] hat are currently fully "stubbed" (i.e. the number of beds that an be used in wards or rooms designed for patient beds. Beds re spaced on 6 foot centers and include embedded electrical and as utility support for each bed. Beds must be set up and ready ithin 72 hours). Use of portable gas or electrical utilities is ot considered in this definition.

Number of "stubbed" expanded beds[1]: 1~~85~~65 R

Use the bed definitions as they appear in BUMEDINST 6320.69 nd 6321.3.

27R 9/23/94
SFW BUMED-823

Revised pg

1. Mobilization. What are your facility's mobilization requirements?

a. If any of your staff is assigned to support a Hospital Ship, Fleet Hospital, Marine Corps unit, ship, or other operational unit during mobilization complete the following table:

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
MAG-31	MCAS Beauforrt	2
MAG-27	MCAS Jacksonville	3
FLT HOSP	#4	19
FLT HOSP	#8	17
FLT HOSP	#15	29
NAV HOSP	Rota	13
NAV HOSP	Roosevelt Roads	2
1st Marine Brigade	Kaneohe	3

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS.

b. What additional workload could you perform if you did not have this requirement and its associated training? Please show all assumptions and calculations used in arriving at your conclusions.

The command is funded to train approximately 15 personnel per year. This training is "Fleet Hospital Training" and is of a 12 day duration including travel time. This calculates to 180 work days (15 personnel x 12 days) lost due to meeting this training requirement. This loss affects direct and indirect patient support in various hospital areas.

c. Please provide the total number of your expanded beds[1] that are currently fully "stubbed" (i.e. the number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours). Use of portable gas or electrical utilities is not considered in this definition.

Number of "stubbed" expanded beds[1]: ~~195~~ 65 BUMED-822 mss, 21 Jun 94

[1] Use the bed definitions as they appear in BUMEDINST 6320.69 and 6321.3.

11. Mobilization. What are your facility's mobilization requirements?

a. If any of your staff is assigned to support a Hospital Ship, Fleet Hospital, Marine Corps unit, ship, or other operational unit during mobilization complete the following table:

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
MAG-31	MCAS Beauforrt	2
MAG-27	MCAS Jacksonville	3
FLT HOSP	#4	19
FLT HOSP	#8	17
FLT HOSP	#15	29
NAV HOSP	Rota	13
NAV HOSP	Roosevelt Roads	2
1st Marine Brigade	Kaneohe	3

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS.

b. What additional workload could you perform if you did not have this requirement and its associated training? Please show all assumptions and calculations used in arriving at your conclusions.

The command is funded to train approximately 15 personnel per year. This training is "Fleet Hospital Training" and is of a 12 day duration including travel time. This calculates to 180 work days (15 personnel x 12 days) lost due to meeting this training requirement. This loss affects direct and indirect patient support in various hospital areas.

c. Please provide the total number of your expanded beds[1] that are currently fully "stubbed" (i.e. the number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours). Use of portable gas or electrical utilities is not considered in this definition.

Number of "stubbed" expanded beds[1]: 195

[1] Use the bed definitions as they appear in BUMEDINST 6320.69 and 6321.3.

12. Non-availability Statements. Please complete the following table for Non-availability statements (NAS):

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT	790	1110	1250
OUTPATIENT	156	178	210

NOTE: THE ABOVE FIGURES ARE INCLUSIVE FOR CORPUS CHRISTI, INGLESIDE AND KINGSVILLE. ALL NAS DOCUMENTS FOR THE THREE LOCATIONS ARE ISSUED BY NAVAL HOSPITAL CORPUS CHRISTI HOSPITAL UNDER ONE FACILITY NUMBER ("0118").

13. Supplemental Care. Please complete the following table for supplemental care:

CATEGORY OF PATIENT	SUPPLEMENTAL CARE[2]					
	FY 1992*		FY 1993 (SEE NOTE 3 BELOW)		FY 1994 (SEE NOTE 4 BELOW) (PROJECTIONS)	
	NO.[1]	COST[2]	NO.	COST	NO.	COST
AD	138*	$330.9	93	$210.4	105	$225K
AD FAMILY	16*	$3.3	16	$1.6	20	$2.0K
OTHER	115*	$41.4	115	$22.6	120	$35K
TOTAL	269*	$375.6	224	$234.6	245	$262K

[1] The total number of consults, procedures and admissions covered with supplemental care dollars.

[2] The total cost in thousands of dollars.

*** = FY 1992 DATA (QUANTITY AND DOLLAR AMOUNTS) ARE INCLUSIVE OF CORPUS CHRISTI, BEEVILE, DALLAS, KINGSVILLE AND INGLESIDE. PROCEDURES WERE NOT IN EFFECT TO BREAK OUT THE DIFFERENT LOCATIONS. ALL FUNDS WERE PAID BY THE NAVAL HOSPITAL CORPUS CHRISTI FISCAL OFFICE VIA OUR BUDGET.**

3. NOTE: FY 93 FIGURES FOR CLINIC LOCATIONS ARE AS FOLLOWS:

ONLY ACTIVE DUTY (AD) FIGURES ARE AVAILABLE BY LOCATION.

LOCATION	AD	FY 93 COSTS
BEEVILLE	3	$ 13.8K
DALLAS	43	$193.4K
INGLESIDE	3	$ 13.5K
KINGSVILLE	7	$ 37.0K
TOTAL	53	$257.7K

4. NOTE: FY 94 PROJECTIONS FOR CLINIC LOCATIONS ARE AS FOLLOWS: PROJECTIONS ARE ACTIVE DUTY (AD) ONLY

LOCATION	AD	FY 94 PROJECTED COSTS
DALLAS	75	$225K
INGLESIDE	15	$ 45K
KINGSVILLE	15	$ 45K
TOTAL	105	$315K

BEEVILLE IS A CLOSED LOCATION BY FY 94.

14. Costs. Complete the following table regarding your outpatient costs. Use the same definitions and assumptions that you use for reporting to Medical Expense and Performance Reporting System (MEPRS).

NOTE: THE FOLLOWING ARE "INCLUSIVE" COSTS FOR THE CORPUS CHRISTI NAS HOSPITAL AND ALL BRANCH LOCATION CLINICS.

CATEGORY	FY 1992	FY 1993	FY 1994 *
TOTAL COSTS	$16,244,904	$18,921,073	$22,072,000
TOTAL OUTPATIENT VISITS	139,003	157,260	178,000
AVERAGE COST PER VISIT	$116.87	$120.32	$124.00

*** = THESE ARE PROJECTED COSTS FOR FY 1994.**

14a. Costs. Complete the following tables regarding your inpatients costs. Use the same definitions and assumptions that you use for reporting Medical Expense and Performance Reporting System (MEPRS). Table A, B, C, and D are used to arrive at a cost per Relative Weighted Product (RWP). Table E develops costs for inflation and add-ons to produce the final FY 1994 cost per RWP. FY 1994 should be completed through the First Quarter FY 1994. Costs should be total costs for the category unless otherwise indicated.

Table A:

CATEGORY	FY 1992	FY 1993	FY 1994
A. TOTAL MEPRS-A EXPENSE (ALL ACCOUNTS)	$6,541,616	$7,531,290	UNAVAILABLE

NOTE: ABOVE FIGURES INCLUDES ALL BRANCH CLINICS.

Table B:

CATEGORY	FY 1992	FY 1993	FY 1994
B. GRADUATE MEDICAL EDUCATION SUPPORT (EBE)	0	0	0
C. EDUCATION AND TRAINING PROGRAM SUPPORT (EBF)	$567,739	$572,983	UNAVAILABLE
D. TOTAL EXPENSES IN EBE AND EBF (B+C)	$567,739	$572,983	UNAVAILABLE
E. TOTAL E EXPENSES (ALL ACCOUNTS)	$11,664,788	$14,682,825	UNAVAILABLE
F. % SELECTED E EXPENSES (D÷E)[1]	.840032	.755424	UNAVAILABLE

[1] Record as a decimal to 6 digits.

Refer to 31R
SPCU BCMPD-823
3 Jun 94

TABLE A: CORPUS CHRISTI

CATEGORY	FY 92	FY 93	FY 94
A. TOTAL MEPRS-A	6541616	7531290	

FY 94 INFORMATION NOT AVAILABLE

TABLE B:

CATEGORY	FY 92	FY 93	FY 94
B. GRADUATE MED ED (EBE)	0	0	
C. EDUCATION AND TRAINING (EBF)	524183	503765	
D. TOTAL EXP EBE AND EBF	524183	503765	0
E. TOTAL E EXPENSES	9851211	12650320	
F. % SELECTED E EXPENSES (D/E)	0.053210	0.039822	ERR

TABLE C:

CATEGORY	FY 92	FY 93	FY 94
G. TOTAL E IN MEPRS-A	1885273	2465656	
H. E EXPENSES TO REMOVE FROM A (FxG)	100315.4	98188.12	ERR
I. AREA REF LABS (FAA)	0	0	
J. CLINICAL INVEST (FAH)	0	0	
K. TOTAL SELECTED F (I+J)	0	0	0
L. CONTINUING HEALTH ED (FAL)	30621	96395	
M. DECEDENT AFFAIRS (FDD)	15225	7609	
N. INITIAL OUTFITTING (FDE)	0	0	
O. URGENT MINOR CONST (FDF)	0	0	
P. TOTAL (L+M+N+O)	45846	104004	0
E EXPENSE (FAL)	5341	17560	
E EXPENSE (FDD)	12440	7160	
E EXPENSE (FDE)	0	0	
E EXPENSE (FDF)	0	0	
Q. E XEPENSES INCLUDED IN ROW P	17781	24720	0
R. E EXPENSES TO REMOVE FROM P. (FxQ)	946.1271	984.4076	ERR
S. OTHER F'S LESS E (P-R)	44899.87	103019.6	ERR

TABLE D:

CATEGORY	FY 92	FY 93	FY 94
T. IWU	1681.3	1881.98	
U MWU	4314.69	5001.36	
V PERCENT INPATIENT	0.389669	0.376294	ERR
W. FINAL OTHER F EXP (SxV)	17496.08	38765.62	ERR
X FINAL F EXP (K+W)	17496.08	38765.62	ERR
Y TOTAL CATEGORY III EXP (A-H+X)	6458797	7471867	ERR
Z NUMBER BIOMETRICS DISPOS	1622	1859	
AA. TOTAL MEPRS DISP	1728	1902	
BB. ADJ DISPOS (Z/AA)	0.938657	0.977392	ERR
CC ADJ MERPS EXP (YxBB)	6062597	7302945	ERR
DD. TOTAL RWP	1278.58	1496.456	
EE COST PER RWP (CC/DD)	4741.664	4880.16	ERR
CATEGORY II RWPS			
(DXNNH)	1.4358	0.8577	
(PAS)	380.4313	524.909	
(ADELS)	39.3459	8.2443	
FF. TOTAL CAT II RWPS	421.213	534.011	0
GG. TOTAL CAT II COST (EExFF)	1997251	2606059	ERR
HH. TOTAL EXT CAT III EXP (CC-GG)	4065347	4696886	ERR
II. TOTAL CAT III RWPS (DD-FF)	857.367	962.445	0
JJ. COST PER CAT III RWP (HH/II)	4741.664	4880.16	ERR

TABLE E

CATEGORY	FY 92	FY 93	FY 94
KK. TOTAL OBDS	10719	8727	
CAT II OBDS			
(DXNNH)	4	5	
(PAS)	789	881	
(ADELS)	1182	293	
LL TOTAL CAT II OBD	1975	1179	0
MM CAT III OBDS (KK-LL)	8744	7548	0
NN. AVG DAYS/RWP (MM/II)	10.19867	7.842526	ERR
OO. ADD ON PER RWP (NNx77)	785.2973	603.8745	ERR
PP. TOTAL COST PER RWP (JJ+OO)	5526.962	5484.035	ERR
QQ. CIVILIAN PAY COST (PPx.15)	829.0443	822.6052	ERR
RR. MILITARY PAY COST (PPx.56)	3095.099	3071.060	ERR
SS. OTHER COSTS (PPx.29)	1602.819	1590.37	ERR
TT. CIVILIAN PAY RAISES (QQx1.037x1.0297))	885.2526	878.3760	ERR
UU. MILITARY PAY RAISES (RRx1.037x1.0165)	3262.576	3237.236	ERR
VV. UNFUNDED CIV RET (TTx1.47)	1301.321	1291.214	ERR
WW. CIVILAIN ASSET USE CHARGE (VVx1.04)	1353.374	1342.843	ERR
XX. MILITARY ASSET USE CHARGE (UU*1.04)	3393.079	3366.725	ERR
YY. OTHER ASSET USE CHARGES (SS*1.04)	1666.932	1653.885	ERR
ZZ. OTHER COSTS DEFLATOR FACT (YY*1.083)	1805.287	1791.206	ERR
ADJ CAT III COST/RWP	6551.74	6500.854	ERR

31R

Table C1

CATEGORY	FY 1992	FY 1993	FY 1994
G. TOTAL E EXPENSES INCLUDED IN MEPRS A	UNAVAILABLE	UNAVAILABLE	UNAVAILABLE
H. E EXPENSES TO REMOVE FROM MEPRS A (F×G)	UNAVAILABLE	UNAVAILABLE	UNAVAILABLE
I. AREA REFERENCE LABORATORIES (FAA)	0	0	0
J. CLINICAL INVESTIGATION PROGRAM (FAH)	0	0	0
K. TOTAL SELECTED F (I+J)	0	0	0
L. CONTINUING HEALTH EDUCATION (FAL)	$48,164	$139,149	UNAVAILABLE
M. DECEDENT AFFAIRS (FDD)	$15,225	$7,609	UNAVAILABLE
N. INITIAL OUTFITTING (FDE)	$135,737	0	UNAVAILABLE
O. URGENT MINOR CONSTRUCTION (FDF)	0	0	UNAVAILABLE
P. TOTAL (L+M+N+O)	$199,126	$146,758	UNAVAILABLE
Q. E EXPENSES INCLUDED IN ROW P	UNAVAILABLE	UNAVAILABLE	UNAVAILABLE
R. E EXPENSES TO REMOVE FROM ROW P (F×Q)	UNAVAILABLE	UNAVAILABLE	UNAVAILABLE
S. OTHER F'S LESS E (P-R)	UNAVAILABLE	UNAVAILABLE	UNAVAILABLE

Refer to 31R
SPW BUMED-823
3 Jun 94

Table D:

NOTE; ALL INFORMATION ITEMS "*" ARE UNAVAILABLE AT THIS LOCATION. SEE NOTE BELOW.

CATEGORY	FY 1992	FY 1993	FY 1994
T. INPATIENT WORK UNIT (IWU)	3891.50	4001.75	*
U. TOTAL WORK UNITS (MWU)[2]	4216.60	4483.45	*
V. PERCENT INPATIENT (IWU÷AWU)	89%	85%	*
W. FINAL OTHER F EXPENSES (S×V)	*	*	*
X. FINAL F EXPENSES (K+W)	*	*	*
Y. TOTAL CATEGORY III EXPENSES (A-H+X)	*	*	*
Z. NUMBER OF BIOMETRICS DISPOSITIONS	*	*	*
AA. TOTAL MEPRS DISPOSITIONS	1728	1902	*
BB. ADJUSTED DISPOSITIONS (Z÷AA)	*	*	*
CC. ADJUSTED MEPRS EXPENSES (Y×BB)	*	*	*
DD. TOTAL RELATIVE WEIGHTED PRODUCT (RWP)	*	*	*
EE. COST PER RWP (CC÷DD)	*	*	*
FF. TOTAL CATEGORY II RWPs[3]	*	*	*
GG. TOTAL CATEGORY II COST (EE×FF)	*	*	*
HH. TOTAL ESTIMATED CATEGORY III EXPENSES (CC-GG)	*	*	*
II. TOTAL CATEGORY III RWPs (DD-FF)	*	*	*
JJ. COST PER CATEGORY III RWP (HH÷II)	*	*	*

Refer to 31IC
CPW BUMED-823
3 Jun 94

[1] Total work units (MWU) is the total of Inpatient Work Units plus Ambulatory Work Units (IWU+AWU).

[2] Category II RWP's are RWP's due to Diagnoses Not Normally Hospitalized (DXNNH), Potential Ambulatory Surgery (PAS), and Active Duty Excessive Length of Stay (ADELS).

TABLE E: BURDENING FOR ADD-ONS AND INFLATION

NOTE: ALL OPEN INFORMATION ITEMS IN THIS SECTION (EXCEPT KK) ARE UNAVAILABLE. SEE NOTE BELOW.

CATEGORY	FY 1992	FY 1993	FY 1994
KK. TOTAL OBDs (OCCUPIED BED DAYS)	12,227	9,900	9,500 (EST)
LL. CATEGORY II (AS DEFINED IN FF) OBDs			
MM. CATEGORY III OBDs (KK-LL)			
NN. AVERAGE DAYS/RWP (MM÷II)			
OO. ADD ON PER RWP (NNx77)			
PP. TOTAL COST PER RWP (JJ+OO)			
QQ. CIVILIAN PAY COST (PPx.15)			
RR. MILITARY PAY COST (PPx.56)			
SS. OTHER COSTS (PPx.29)			
TT. CIVILIAN PAY RAISES (QQx1.037x1.0297)			
UU. MILITARY PAY RAISES (RRx1.037x1.0165)			
VV. UNFUNDED CIVILIAN RETIREMENT (TTx1.147)			

Refer to 31R
SFCU BCMED-823
3 June 94

WW. CIVILIAN ASSET USE CHARGE (VVx1.04)			
XX. MILITARY ASSET USE CHARGE (UUx1.04)			
YY. OTHER ASSET USE CHARGES (SSx1.04)			
ZZ. OTHER COSTS DEFLATOR FACTOR (YYx1.083)			
ADJUSTED CATEGORY III COSTS/RWP (WW+XX+ZZ)			

NOTE: PER BUMED-822 DIRECTION IN E-MAIL MESSAGE OF 19 MAY 1994, THE SECTIONS IN THE ABOVE TABLES THAT DEAL WITH RELATIVE WEIGHTED PRODUCTS (RWPs), CATEGORIES II AND III, ARE NOT MEPRS DATA ITEMS -- THEY ARE BIOMETRICS DATA. THIS INFORMATIONS IS AVAILABLE IN THE "RETROSPECTIVE CASE MIX ANALYSIS SYSTEM (RCMAS). MTFs WITHOUT RCMAS WILL HAVE TO LEAVE THESE SECTIONS BLANK, AND BUMED WILL COMPLETE AT THE MAJOR CLAIMANT LEVEL.

Refer to 31R
SFCW BUMED-823
3 Jun 94

15. Quality of Life. **NOTE: ALL QUALITY OF LIFE ISSUES FOR THIS NAVAL AIR STATION WERE ANSWERED BY THE HOST BASE, UIC 00216, IN THEIR REPLY TO BRAC DATA CALLS NUMBERS 3 AND 20. SEE THEIR INPUT FOR ALL QUESTIONS IN THIS SECTION.**

a. Military Housing

(1) Family Housing:

(a) Do you have mandatory assignment to on-base housing? (circle)
yes no

(b) For military family housing in your locale provide the following information:

Type of Quarters	Number of Bedrooms	Total number of units	Number Adequate	Number Substandard	Number Inadequate
Officer	4+				
Officer	3				
Officer	1 or 2				
Enlisted	4+				
Enlisted	3				
Enlisted	1 or 2				
Mobile Homes					
Mobile Home lots					

(c) In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means". For all the categories above where inadequate facilities are identified provide the following information:

Facility type/code:
What makes it inadequate?
What use is being made of the facility?
What is the cost to upgrade the facility to substandard?
What other use could be made of the facility and at what cost?
Current improvement plans and programmed funding:
Has this facility condition resulted in C3 or C4 designation on your BASEREP?

15. Quality of Life

o. Provide data on the Hospital's BOQs and BEQs. Provide this information on all BEQs and BOQs that your personnel use that are located on the base you are located. This information should be provided even if you do not control or manage these facilities. The desired unit of measure for this capacity is people housed. Use CCN to differentiate between pay grades, i.e., E1-E4, E5-E6, E7-E9, CWO-O2, O3 and above.

Facility Type, Bldg. #, & CCN	Total No. of Beds	Total No. of Rooms/ Squadbays	Adequate		Substandard		Inadequate	
			Beds	Sq Ft	Beds	Sq Ft	Beds	Sq Ft
BEQ 1732 (E1-E4)	61	32	61	8,640				
BEQ 1736 (E1-E4)	58	58	58	7,830				
BEQ 1739 (E1-E4)	94	47	94	12,220				
BEQ 1746 (E5-E6)	184	184	184	46,920				
BEQ 1727	87	87	87	26,361				
BOQ 1281 (E7-E9, CWO-02, 03 AND ABOVE)	162	162	162	59,292				

b. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

(1) FACILITY TYPE/CODE:
(2) WHAT MAKES IT INADEQUATE?
(3) WHAT USE IS BEING MADE OF THE FACILITY?
(4) WHAT IS THE COST TO UPGRADE THE FACILITY TO SUBSTANDARD?

(5) WHAT OTHER USE COULD BE MADE OF THE FACILITY AND AT WHAT COST?
(6) CURRENT IMPROVEMENT PLANS AND PROGRAMMED FUNDING:
(7) HAS THIS FACILITY CONDITION RESULTED IN C3 OR C4 DESIGNATION ON YOUR BASEREP?

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

B. G. UPTON
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

9-12-1994
Date

NAVAL HOSPITAL CORPUS CHRISTI, TX
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

HAROLD M. KOENIG, RADM, MC, USN
NAME (Please type or print)

Signature

ACTING CHIEF BUMED
Title

9-14-94
Date

BUREAU OF MEDICINE AND SURGERY
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER
NAME (Please type or print)

Signature

Title

9/21/94
Date

DATA CALL 27

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

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Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

B. G. UPTON
NAME (Please type or print)

Signature

Commanding Officer
Title

27 May 1994
Date

Naval Hospital Corpus Christi, TX
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title 6-3-94 Date

BUREAU OF MEDICINE & SURGERY

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J.B. Greene, Jr. NAME (Please type or print) J B Greene Jr Signature

Acting Title 10 Jun 1994 Date

Revised pg 27

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) X Signature

CHIEF BUMED/SURGEON GENERAL

Title Date June 22, 1994

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

R. R. SAREERAM

NAME (Please type or print) Signature

28 JUN 1994

ACTING

Title Date

pg 7

BRAC-95 CERTIFICATION
DATA CALL #27, QUESTION 3

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, [illegible] of the Department of the Navy, uniformed and civilian who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is [illegible] to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and [illegible] for its accuracy and complete nature or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each [illegible] generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will sign this certification sheet. This sheet must remain attached to the package [illegible] up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

B. G. UPTON, USN, MSC	B G Upton
NAME (Please type or print)	Signature
COMMANDING OFFICER	17 AUGUST 1994
Title	Date
NAVAL HOSPITAL CORPUS CHRISTI, TX	
Activity	

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) _____ Signature _____

CHIEF BUMED/SURGEON GENERAL

Title _____ Date 9-6-94

BUREAU OF MEDICINE & SURGERY

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER

NAME (Please type or print) _____ Signature _____

Title _____ Date 9/12/94

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

B. G. UPTON
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

23 Sep 1994
DATE

NAVAL HOSPITAL CORPUS CHRISTI, TX
Activity

C. A. NAVARRO, LTJG, MSC, USNR
NAME

C A Navarro
Signature

Head, Patient Administration
Title

23 Sept 94
Date

NAVAL HOSPITAL CORPUS CHRISTI, TX
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

X D F Hagen

Signature

CHIEF BUMED/SURGEON GENERAL

Title

X 10/4/94

Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR.

NAME (Please type or print)

J B Greene Jr

Signature

ACTING

Title

11 OCT 1994

Date

Document Separator

375

CAPACITY ANALYSIS: DATA CALL WORK SHEET FOR MEDICAL FACILITY: NAVAL HOSPITAL CORPUS CHRISTI

UIC 00385

Category.....Personnel Support
Sub-category....Medical
Types.....Clinics, Hospitals, and Medical Centers

*******If any responses are classified, attach separate classified annex*******

Encl 1

TABLE OF CONTENTS

MISSION REQUIREMENTS

1. Population 3
2. Bed Capacity 4
3. Workload 5,6,7
4. Staffing 8

LOCATION

5. Community Providers.....9
6. Regional Population.....10
7. Regional Community Hospitals ...11,12,13
8. Training Facilities..... 14,15

MISSION REQUIREMENTS

1. Population. Please identify your beneficiary population using the same definitions as used by RAPS. Use the following table to record your results.

TYPE	ACTUAL FY 1993 *			PROJECTED FY 2001 **		
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD	5,499	2,204	N/A	7,028	2,928	N/A
FAMILY OF AD	8,191	4,142	N/A	11,010	5,505	N/A
SUBTOTAL	13,690	6,346	N/A	18,038	8,433	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	8,126	5,010	N/A	9,812	6,010	N/A
RETIRED AND FAMILY MEMBERS OVER 65[4]	2,436	1,596	N/A	3,066	1,950	N/A
OTHER	1,925	1,435	N/A	2,190	1,600	N/A
TOTAL	26,187	14,345	N/A	33,106	17,993	N/A

** = DATA IS RAPS FY 99 PROJECTIONS UPDATED TO REFLECT INBOUND UNITS.

NOTE: THE FOLLOWING APPLIES TO ALL FACILITIES.

[1] THE BASIS FOR YOUR REPORTED POPULATION IS THE CATCHMENT AREA DEFINED AS SETS OF ZIP CODES EMANATING FROM THE CENTER OF THE ZIP CODE IN WHICH THE MTF IS LOCATED WITH A RADIUS OF 40 MILES.

[2] THIS IS THE POPULATION SPECIIFICALLY ASSIGNED TO YOUR FACILITY IN CONTRAST TO THE POPULATION IN THE CATCHMENT AREA. THIS IS IMPORTANT IN FACILITIES WITH OVERLAPING CATCHMENT AREAS.

[3] IF YOU ARE A DESIGNATED NAVAL MEDICAL CENTER, PLEASE REPORT YOUR LEAD AGENT POPULATION (SEE TRICARE POLICY GUIDELINES).

[4] THIS SECTION MUST BE COMPLETED.

Revised pg

Bed Capacity. Please complete the following table related to ›ur inpatient beds. If you have no inpatient beds please so ›dicate.

Operating Beds[1]:	~~55~~ 42
Set Up Beds[2]:	~~8~~ 23
Expanded Bed Capacity[3]:	~~195~~ 65

R CFW BUMED-823 10/3/94

Use the definitions in BUMEDINST 6320.69 and 6321.3.
The number of beds that can be used in wards or rooms designed r patient beds. Beds are spaced on 6 foot centers and include bedded electrical and gas utility support for each bed. Beds st be set up and ready within 72 hours. Use of portable gas or ectrical utilities is not considered in this definition.

4 R CFW BUMED 823 9/23/94

2. Bed Capacity. Please complete the following table related to your inpatient beds. If you have no inpatient beds please so indicate.

Operating Beds[1]:	~~55~~ 42
Set Up Beds[1]:	~~8~~ 23
Expanded Bed Capacity[2]:	~~195~~ 65

[1] Use the definitions in BUMEDINST 6320.69 and 6321.3.
[2] The number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours. Use of portable gas or electrical utilities is not considered in this definition.

The following questions are designed to determine the level of services provided at your facility during FY 1993, your current maximum capability (i.e. your maximum capacity given the same set of parameters that you are currently functioning within), and the requirements of the community you support.

3. Workload. Complete the following table for FY 1993:

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS	34,184	37,546	45,493	4,224	121,447
ADMISSIONS	608	511	760	10	1,889
LABORATORY TESTS (WEIGHTED)[1]	**SEE * BELOW**				850,456.8
RADIOLOGY PROCEDURES (WEIGHTED)[1]	**SEE * BELOW**				67,847
PHARMACY UNITS (WEIGHTED)[1]	**SEE * BELOW**				298,573.97
OTHER (SPECIFY)	N/A	N/A	N/A	N/A	N/A

*** = DATA IS NOT AVAILABLE IN BREAKOUT FORM FOR THIS PARAGRAPH, 3a AND 3b.**

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.

3a. Workload. Complete the following table for your maximum capacity. Assume the same facility, staff, equipment, and supplies you currently have. Do not change your scope of practice. **Show all calculations and assumptions in the space below.**

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY/OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS	35,893	39,423	52,203	127,609
ADMISSIONS	638	537	809	1,984
LABORATORY TESTS (WEIGHTED)[1]				892,979.6
RADIOLOGY PROCEDURES (WEIGHTED)[1]				71,240
PHARMACY UNITS (WEIGHTED)[1]				313,502.66
OTHER (SPECIFY)				N/A

ASSUMPTIONS USED: Current capacity of the facility could be increased by an estimated five percent (5%) over current workload though various means. We are attempting to increase our 1993 workload accomplishments by improved scheduling methods, procedures discovered as a result of QA and I programs, and in some cases redistribution of current work force within departments. The ability to work more cost effective is one of our prime goals as the increase in workload resulting from the Ingleside buildup continues.

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.
Input: Data by beneficiary area breakdown is not available for FY 1993 and therefore no means exists to provide this breakdown for question 3a or 3b.

3b. Workload. Complete the following table for the current workload demand of your supported population. Assume you are to provide all the care in your facility for your catchment area. **Show all calculations and assumptions in the space below.**

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY/OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS	34,868	38,297	50,711	123,876
ADMISSIONS	620	521	785	1,926
LABORATORY TESTS (WEIGHTED)[1]				867,465.9
RADIOLOGY PROCEDURES (WEIGHTED)[1]				69,204
PHARMACY UNITS (WEIGHTED)[1]				304,545.44
OTHER (SPECIFY)				N/A

ASSUMPTIONS USED: It is estimated the current workload plus approximately two percent (2%) represents the maximum demand of our supported population which is not met. This is based on backlogs in various functions such as radiology and optomology which represent a current demand which we are unable to meet at the requested time of need. Individuals which are seen by a clinic and then released to CHAMPUS for care, have received their initial "demand" for care from our facility.

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.

CORPUS CHRISTI, #26 Revised pg

4. Staffing. Please complete the following table related to your provider staffing (only include those providers whose primary responsibility is patient care). Please include military, civilian, and contract providers. Do not include partnerships.

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY** 1998	FY** 1999	FY** 2000	FY** 2001
PRIMARY CARE[1]	12 ~~0~~	~~14~~ 12	12 ~~18~~	~~17~~ ~~12~~ 7	~~17~~ ~~12~~ 7	~~17~~ ~~12~~ 7	~~17~~ ~~12~~ 7	~~17~~ ~~12~~ 7
SPECIALTY CARE[2]	6 ~~15~~	~~22~~ 6	~~28~~ 6	~~24~~ ~~16~~ 4	~~24~~ ~~16~~ 4	~~24~~ ~~16~~ 4	~~24~~ ~~16~~ 4	~~24~~ ~~16~~ 4
PHYSICIAN EXTENDERS[3]	~~0~~ ~~4~~ 2	2 ~~4~~ ~~0~~	~~0~~ 2 ~~4~~	~~0~~ ~~4~~ 2	~~0~~ ~~4~~ 2	~~0~~ ~~4~~ 2	~~0~~ 2 ~~4~~	~~0~~ ~~4~~ 2
INDEPENDENT DUTY CORPSMEN	~~0~~ ~~2~~* 4	4 ~~2~~ ~~0~~	~~0~~ ~~3~~ 4	~~0~~ ~~3~~ 3	~~0~~ ~~3~~ 3	~~0~~ ~~3~~ 3	~~0~~ ~~3~~ 3	~~0~~ ~~3~~ 3
TOTAL	~~18~~ ~~28~~ 24	~~24~~ ~~42~~ ~~18~~	~~18~~ ~~45~~ 24	~~48~~ ~~18~~ 16	~~48~~ ~~18~~ 16	~~48~~ ~~18~~ 16	~~48~~ ~~18~~ 16	~~48~~ ~~18~~ 16

* = FIVE AUTHORIZED, THREE ASSIGNED BUT ONLY TWO INVOLVED WITH PATIENT CARE.

** = PROJECTIONS PAST 1998 REMAIN CONSTANT DUE TO NO DATA AVAILABLE ON INCREASE IN ACTIVITY DUTY POPULATION FOR ENTIRE CATCHMENT AREA.

[1] This includes General Medical Officers, Flight Surgeons, Diving Medical Officers, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.
[2] This is all other physician providers not included in the primary care category.
[3] This includes Physician Assistants and Nurse Practitioners.

4. Staffing. Please complete the following table related to your provider staffing (only include those providers whose primary responsibility is patient care). Please include military, civilian, and contract providers. Do not include partnerships.

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY** 1998	FY** 1999	FY** 2000	FY** 2001
PRIMARY CARE[1]	12 ~~8~~	~~14~~ 12	12 ~~18~~	~~17~~ 12	~~17~~ 12	~~17~~ 12	~~17~~ 12	~~17~~ 12
SPECIALTY CARE[2]	6 ~~15~~	~~22~~ 6	~~23~~ 6	~~24~~ 6	~~24~~ 6	~~24~~ 6	~~24~~ 6	~~24~~ 6
PHYSICIAN EXTENDERS[3]	0 ~~4~~	~~4~~ 0	0 ~~4~~	0 ~~4~~	0 ~~4~~	0 ~~4~~	0 ~~4~~	0 ~~4~~
INDEPENDENT DUTY CORPSMEN	0 ~~2*~~	~~2~~ 0	0 ~~3~~	0 ~~3~~	0 ~~3~~	0 ~~3~~	0 ~~3~~	0 ~~3~~
TOTAL	18 ~~28~~	~~42~~ 18	18 ~~45~~	~~48~~ 18	~~48~~ 18	~~48~~ 18	~~48~~ 18	~~48~~ 18

*** = FIVE AUTHORIZED, THREE ASSIGNED BUT ONLY TWO INVOLVED WITH PATIENT CARE.**

**** = PROJECTIONS PAST 1998 REMAIN CONSTANT DUE TO NO DATA AVAILABLE ON INCREASE IN ACTIVITY DUTY POPULATION FOR ENTIRE CATCHMENT AREA.**

[1] This includes General Medical Officers, Flight Surgeons, Diving Medical Officers, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.
[2] This is all other physician providers not included in the primary care category.
[3] This includes Physician Assistants and Nurse Practitioners.

LOCATION

5. Community Providers. Complete the following table for the civilian providers within your 40 mile catchment area. The catchment area is defined as sets of zip codes emanating from the center of the ZIP code in which the MTF is located with a radius of 40 miles. If you are required to use another boundary please define the geographical region and the reason for its use.

PROVIDER TYPE	CURRENT
PRIMARY CARE[1]	322
SPECIALTY CARE[2]	342
PHYSICIAN EXTENDER[3]	21(Note 1)
TOTAL	685

NOTE 1: There is no data available on Nurse Practitioner quantities.

[1] This includes General Practioners, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.

[2] This is all other physician providers not included in the primary care category.

[3] This includes Physician Assistants and Nurse Practitioners.

6. Regional Population. Please provide the U. S. Census population for your 40 mile catchment area. If you are required to use another boundary please define the geographical region and the reason for its use. Also list the source of this information. This value should include your beneficiary population.

Region Population: 445,827

Source of information is the US Census Bureau 1990 census for the five (5) countities within our catchment area as updated by the Nueces Country Engineering and City of Corpus Christi Planning Departments. Factoring data was the percentage changes in the 1980 to 1990 census data (US census is only accomplished every 10 years) and the measured population growth or decline over the past three years (1990 to 1993) for the five county areas.

7. Regional Community Hospitals. Please list in the table below all the community hospitals (as defined in the American Hospital Association publication Hospital Statistics)in your region (include military, civilian, and any federal facilities including Veterans Affairs):

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]
Spohn Hosp	Catholic	12	20 Min	OB Contract
Spohn Hosp South	Catholic	9	15 Min	Same As Above
Spohn Hosp Kleberg (Kingsville, TX)	Catholic	40	55 Min	NONE
Memorial Hosp	County	14	20 Min	NONE
Southside Community Hosp	County	10	15 Min	NONE
Driscoll Childrens Hosp	Private	10	15 Min	NONE
Bay Area Medical Center	Columbia	6	10 Min	NONE
Doctor's Regional Hosp	Columbia	11	15 Min	NONE
Riverside Hosp	Epic	30	35 Min	NONE
South Texas Rehabilitation	NME	8	15 Min	NONE
Charter Hosp	Charter	7	15 Min	NONE
Coastal Bend Hosp (Aransas Pass, TX)	Health Trust	30	35 Min	NONE
Bayview Psychiatric Hosp	BAHS	7	15 Min	NONE

NOTE: A VA CLINIC IS IN THE CITY BUT HAS NO INPATIENT CAPABILITY.

[1] Distance in driving miles from your facility

[2] List any partnerships, MOUs, contracts, etc with this facility

7a. Regional Community Hospitals. For each facility listed in the preceding table complete the following table:

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Spohn Hosp	301	Yes	79%	N/A
Spohn Hosp South	69	Yes	44%	N/A (OPENED FEB 94)
Spohn Hosp Kleberg	32	Yes	72%	N/A
Memorial Hosp	265	Yes	64%	Trauma Center
Southside Health Center	154	Yes	70%	N/A
Driscoll Childrens Hosp	102	Yes	77%	Unique Childrens Care Capability and has Pediatric Residency Program
Bay Area Medical Clinic	103	Yes	56%	N/A (OPENED SEPT 93)
Doctor's Regional Hosp	193	Yes	48%	N/A
Riverside Hosp	89	Yes	51%	N/A
South Texas Rehabilitation Hosp	80	Yes	60%	N/A
Charter Hosp	80	Yes	76%	N/A
Costal Bend Hosp	71	Yes	51%	N/A

Bayview Psychiatric Hosp	68	Yes	60%	N/A

[1] Use definitions as noted in the American Hospital Association publication Hospital Statistics.

[2] Such as regional trauma center, burn center, Graduate Medical Education Center, etc.

8. Training Facilities:

(1) By facility Category Code Number (CCN), provide the usage requirements for each course of instruction required for all formal schools on your installation. A formal school is a programmed course of instruction for military and/or civilian personnel that has been formally approved by an authorized authority (ie: Service Schools Command, Weapons Training Battalion, Human Resources Office). Do not include requirements for maintaining unit readiness, GMT, sexual harassment, etc. Include all applicable 171-*xx*, 179-*xx* CCN's.

Type of Training Facility/CCN	School	Type of Training	FY 1993 Requirements			FY 2001 Requirements		
			A	B	C	A	B	C
N/A THIS LOCATION								

A = STUDENTS PER YEAR
B = NUMBER OF HOURS EACH STUDENT SPENDS IN THIS TRAINING FACILITY FOR THE TYPE OF TRAINING RECEIVED
C = A x B

(2) By Category Code Number (CCN), complete the following table for all training facilities aboard the installation. Include all 171-*xx* and 179-*xx* CCN's.

For example: in the category 171-10, a type of training facility is academic instruction classroom. If you have 10 classrooms with a capacity of 25 students per room, the design capacity would be 250. If these classrooms are available 8 hours a day for 300 days a year, the capacity in student hours per year would be 600,000.

Type Training Facility/CCN	Total Numbe r	Design Capacity (PN)[1]	Capacity (Student HRS/YR)
N/A THIS LOCATION			

(3) Describe how the Student HRS/YR value in the preceding table was derived.

[1] Design Capacity (PN) is the total number of seats available for students in spaces used for academic instruction; applied instruction; and seats or positions for operational trainer spaces and training facilities other than buildings, i.e., ranges. Design Capacity (PN) must reflect current use of the facilities.

DATA CALL 26

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

B. G. UPTON
NAME (Please type or print)

Signature

Commanding Officer
Title

Date 27 May 1994

Naval Hospital Corpus Christi, TX
Activity

ENCL 1

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) _____ Signature _____

CHIEF BUMED/SURGEON GENERAL

Title _____ Date 6-3-94

BUREAU OF MEDICINE & SURGERY

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. Greene, Jr.
NAME (Please type or print)

Signature

Acting
Title

10 Jun 1994
Date

Cert for Revised pg 8

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) — Signature

CHIEF BUMED/SURGEON GENERAL

Title — Date 8-2-94

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR.

NAME (Please type or print) — Signature

ACTING

Title — Date 16 AUG 1994

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title X 10/4/94 Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR.

NAME (Please type or print) J B Greene Jr. Signature

ACTING

Title 10 OCT 1994 Date

Document Separator

DATA CALL 63
FAMILY HOUSING DATA

375

Information on Family Housing is required for use in BRAC-95 return on investment calculaitons.

Installation Name:	NH Corpus
Unit Identification Code (UIC):	N00285
Major Claimant:	BUMED

Percentage Of Military Families Living on-Base:	19.5
Number of Vacant Officer Housing Units:	0
Number of Vacant Enlisted Housing Units:	0
Fy 1996 Family Housing Budget ($000):	$329
Total Number of Officer Housing Units:	15
Total Number of Enlisted Housing Units:	48

NOTE: Closure of this UIC may not result in closure of all housing units.

Note: All data should reflect figures as of the beginning of FY 1996. If major DON installations share a family housing complex, figures should reflect an estimate of the installation's prorated share of the family housing complex.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

J. E. BUFFINGTON, RADM, CEC, USN
NAME (Please type or print)

Signature

COMMANDER
Title

7/20/94
Date

NAVAL FACILITIES ENGINEERING COMMAND
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER
NAME (Please type or print)

Signature

Title

7/25/94
Date

BRAC-95 CERTIFICATION

Reference: SECNAV NOTE 11000 dtd 8 Dec 93

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

J. R. REVER
NAME (Please type of print)

Signature

CAPT. CEC, USN
COMMANDING OFFICER
Title

27 June 1994
Date

SOUTHNAVFACENGCOM
Activity

Enclosure (1)

BRAC-95 CERTIFICATION

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

YVONNE O. SPRING
NAME (Please type or print)

Signature

Housing Management Specialist
Title

27 June 1994
Date

Housing Division
Division

Facilities Management Dept.
Department

SOUTHNAVFACENGCON
Activity

Enclosure (1)