

369

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

Naval Hospital  
1 Pinckney Blvd.  
Beaufort, SC 29902-6148

ACTIVITY UIC: 61337

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

26 May 1994

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

## TABLE OF CONTENTS

<b>Mission Requirements</b>	
1. Mission .....	3
2. Customer Base .....	4
3. Workload .....	5
4. Projected Workload .....	6
5. Medical Support .....	7
6. Graduate Medical Education .....	8,9
<b>Facilities</b>	
7. Facilities Description .....	10,11,12,13,14,15
<b>Location</b>	
8. Geographic Location .....	16
9. Manpower and Recruiting Issues .....	16
<b>Features and Capabilities</b>	
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 mission of Naval Hospital, Beaufort is to ensure the health of sailors, Marines and recruits entrusted to our care and to allow them to perform their mission in defense of our nation. We provide a comprehensive quality health care program with timely treatment or referral for sickness or injuries and a proactive health program. We continually strive to provide the same level of quality care to families of active duty members and other beneficiaries based on the resources available. Unique missions as follows:

- Provides mass optometric exams and eyeglass fabrication for same day issue
- Provides comprehensive podiatric surveillance for recruits throughout their training process
- Provides mass immunizations and psychiatric screenings to recruits
- Provides health care coverage for the only Marine Corps female recruit training facility
- Provides mass baseline audiometric screening of recruits
- Recruit DNA identification collection point
- Establish military health records for Marine recruits
- Provide practical experience prior to formal Marine medical support training

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)
MCRD	00263	MCRD PI, SC	6918*
MALS-31	01086	MCAS BEAUFORT	713
MWSS 273	00273	MCAS BEAUFORT	654
H&HS	02031	MCAS BEAUFORT	582
NAVAL HOSPITAL	61337	BEAUFORT, SC	428
MACS-5	00972	MCAS BEAUFORT	268
VMFA (AW) 224	01224	MCAS BEAUFORT	167
VMFA (AW) 332	01332	MCAS BEAUFORT	167
VMFA (AW) 533	01533	MCAS BEAUFORT	167
VMFA 451	01451	MCAS BEAUFORT	138
VMFA 115	01115	MCAS BEAUFORT	138
VMFA 122	01122	MCAS BEAUFORT	138
VMFA 251	01251	MCAS BEAUFORT	138
VMFA 312	01312	MCAS BEAUFORT	138
NAVAL DENTAL CENTER	68411	MCRD PI, SC	128
MAG 31 HQ	00031	MCAS BEAUFORT	92
CSSD 23	27140	MCAS BEAUFORT	90
MAG 31	09131	MCAS BEAUFORT	57
MHC 52 HERON	21864	SAVANNAH, GA	45
MCAS	60619	MCAS BEAUFORT	22
NAVY/USMC RESERVE CEN	62154	SAVANNAH, GA	10
PASD BEAUFORT	43353	BEAUFORT, SC	9
SUPSHIP RES DET	47204	SAVANNAH, GA	9

FLEET INDOC TEAM	49095	SAVANNAH, GA	8
CSSD	41629	MCAS BEAUFORT	8
NROTC	66809	SAVANNAH, GA	7
12TH DENTAL COMPANY	47336	MCRD PI, SC	7
NAVFAC ENGINEERING	62467	MCRD PI, SC	6
SOUTH DIV CONTRACTING	44227	BEAUFORT, SC	6
DEP MEDS	46877	BEAUFORT, SC	5
ECP SAVANNAH STATE	46555	SAVANNAH, GA	5
COOP MINE UNIT 2209	55225	SAVANNAH, GA	4
MC BR/ARD	45118	BEAUFORT, SC	2
NAESU	33203	MCAS BEAUFORT	2
DEPMED PI	46885	MCRD PI, SC	1
NEX DET	30347	BEAUFORT, SC	1
INSERVTRNG	31025	BEAUFORT, SC	1
EEAP USC	48437	BEAUFORT	1
NAVY/USMC RES CENTER 4TH FSSG	46049	SAVANNAH, GA	1
NAVY/USMC CENTER MECP ARMSTRONG STATE	47946	SAVANNAH, GA	1

\*NOTE: Total Unit Size (number of personnel) incorporates approximately five thousand Marine Corps Recruits under training at any given time throughout the year.

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	125,610	125,610	183,184	183,422	186,204	186,204	186,204
ADMISS.	3,165	3,166	4,166	4,179	4,193	4,193	4,193

ASSUMPTIONS AND CALCULATIONS

Projections based on FY-92 RAPS projected workload. Population was modified to reflect an increase of 6,939 A/D members reflected in the most recent FY-93 RAPS population data. Additional population modifications were performed to reflect an approximate increase of 688 retired members and 482 retired family members in 1997 due to the addition of an 8000 unit retirement complex in our catchment area. RAPS would only project to 1999, whereafter workload was straight-lined.

In 1997 this service area is projected to implement the TRICARE Managed Care Initiative with the expectations of capturing 80% of the non-direct care in our catchment area. The RAPS non-direct care projection module was utilized to obtain this data, which was applied beginning in FY-97 proportionally to the hospital and clinics based on actual FY-93 workload data for all categories other than A/D.

Additional calculations as follows:

- Admissions: RAPS FY-95 projections for all categories other than A/D reflected only 639 admissions, while the actual in these categories for FY-93 was 1,596. To resolve this, the percentage increase in the RAPS FY-95 admissions for A/D of 1.75 was applied to actual FY-93 category of all other admissions and reduced by 36%, which is the approximate percentage of recruits in the catchment area at any given time who would not have family members. This number was then projected out with the programs associated increases or decreases.

#### 4. Projected Workload (Cont.)

- Outpatient Visits: The same assumptions and calculations were made with OPVs, with the exception of the 36% decrease. This was not used in order to offset recruits high outpatient acuity level. Visits were proportionally distributed to the hospital and clinics based on actual FY-93 workload data.

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
INDUSTRIAL HYGIENE SURVEY	82 HRS	3
WORKPLACE MONITOR - IND HYGIENE	115 HRS	3
TRAINING - IND HYGIENE	19 HRS	2
LAB ANALYSIS/IDENTIFICATION	19 HRS	2
EQUIPMENT MAINTENANCE/CALIBRATION	14 HRS	2
ADMINISTRATION - IND HYGIENE	202 HRS	3
PHYSICAL READINESS TRAINING	29 HRS	2
HEALTH PROMOTIONS	480 HRS	2
BLOOD DRIVE	144 HRS	9
AMBULANCE SERVICE	480 HRS	9
INPATIENT/OUTPATIENT RECORDS	480 HRS	14
TRANSCRIPTION	480 HRS	2
PATIENT ADMINISTRATION	480 HRS	5
RTR PT AND FIELD TRAINING COVERAGES (HOTSOP)	144 HRS	10
MANAGED CARE	100 HRS	10
EDUCATION AND TRAINING	100 HRS	5
QUALITY ASSURANCE	100 HRS	6

NOTE: The indicated time spent per quarter is for one staff member only. For an accurate reflection of total manhours required, multiply time spent per quarter by the staff needed per event.



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 <sup>1</sup>	CERT. <sup>2</sup>	COMMENTS <sup>3</sup>

<sup>1</sup> Use F for fully accredited, P for probation, and N for not accredited.

<sup>2</sup> List the percentage of program graduates that achieve board certification.

<sup>3</sup> 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.

RESPONSE: Not Applicable

**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 <sup>1</sup>	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE <sup>2</sup>
61010	BLDG 7/PSD, BEQ	29,009	45	INADEQUATE
72113	BLDG 8/MANPOWER MGT	5,703	46	INADEQUATE ✓
7211	BLDG 9/TEMPORARY STORAGE	46,264	45	INADEQUATE ✓
74067	BLDG 12/EM CLUB	8,760	45	ADEQUATE
82109	BLDG 13/HEATING PLANT	6,215	46	ADEQUATE ✓
21977	BLDG 14/STORAGE, PUBLIC WORKS	6,000	46	ADEQUATE
14310	BLDG 15/FIRE STATION, GARAGE	6,399	46	ADEQUATE
83310	BLDG 17/INCINERATOR	345	46	ADEQUATE ✓
74037	BLDG 18/HOBBY SHOP	1,963	29	INADEQUATE
73020	BLDG 19/GATEHOUSE MAIN GATE	740	46	ADEQUATE
74030	BLDG 20/FILLING STATION WITH CANOPY	578	46	INADEQUATE
21910	BLDG 21/PEST CONTROL SHOP	1,404	46	ADEQUATE
71143	BLDG B/FUND HOUSING, PRE 1950, 0-6	2,416	46	ADEQUATE
71141	BLDG D/FUND HOUSING, PRE 1950, 0-1/0-3	1,780	45	ADEQUATE
74074	BLDG 25/NAVY RELIEF	1,854	48	INADEQUATE
74055	BLDG 24/BOY SCOUT REC FACILITY	1,472	48	ADEQUATE
21920	BLDG 38/GROUND EQUIP MAINT SHED	2,880	43	ADEQUATE
44130	BLDG 39/HAZARDOUS, FLAMMABLE STORAGE	527	43	ADEQUATE
51010	BLDG 1/HOSPITAL	276,428	45	ADEQUATE ✓
21910	BLDG 16/PUBLIC WORK SHOP	5,528	46	ADEQUATE

71131	BLDG 81/FUND HOUSING, 1950/69,WO,0-1/0-3	1,697	38	ADEQUATE
71131	BLDG 82/ " "	1,697	38	ADEQUATE
71131	BLDG 83/ " "	1,697	38	ADEQUATE
71131	BLDG 84/ " "	1,697	38	ADEQUATE
71131	BLDG 85/ " "	1,697	38	ADEQUATE
71130	BLDG 101/FUND HOUSING, 1950/69,ENLISTED	3,253	38	ADEQUATE
71130	BLDG 102/ " "	3,253	38	ADEQUATE
71130	BLDG 103/ " "	3,253	38	ADEQUATE
71130	BLDG 104/ " "	3,253	38	ADEQUATE
71130	BLDG 105/ " "	3,253	38	ADEQUATE
71130	BLDG 106/ " "	3,253	38	ADEQUATE
71130	BLDG 107/ " "	3,253	38	ADEQUATE
71130	BLDG 108/ " "	3,253	38	ADEQUATE
71130	BLDG 109/ " "	3,253	38	ADEQUATE
71130	BLDG 110/ " "	3,253	38	ADEQUATE
71130	BLDG 111/ " "	3,253	38	ADEQUATE
71130	BLDG 112/ " "	3,253	38	ADEQUATE
71130	BLDG 113/ " "	3,253	38	ADEQUATE
71130	BLDG 114/ " "	3,253	38	ADEQUATE
71131	BLDG 115/FUND HOUSING,1950/69,WO, 0- 1/0-3	1,627	38	ADEQUATE
71131	BLDG 116/ " "	3,253	38	ADEQUATE
71130	BLDG 117/FUND HOUSING, 1950/69,ENLISTED	3,253	38	ADEQUATE
71130	BLDG 118/ " "	3,253	38	ADEQUATE
71130	BLDG 119/ " "	1,627	38	ADEQUATE
71130	BLDG 120/ " "	3,253	38	ADEQUATE
71130	BLDG 121/ " "	1,627	38	ADEQUATE
71130	BLDG 122/ " "	3,253	38	ADEQUATE
71130	BLDG 123/ " "	3,253	38	ADEQUATE
71130	BLDG 124/ " "	3,253	38	ADEQUATE
71130	BLDG 125/ " "	1,627	38	ADEQUATE
21977	BLDG 40/MORALE, WELFARE & REC BLDG	800	38	SUB- STANDARD

74030	BLDG 49/EXCHANGE AUTO REPAIR STATION	724	37	INADEQUATE
44130	BLDG 53/BOTTLED OXYGEN/NO2 STORAGE	390	44	ADEQUATE ✓
71153	BLDG 140/FUND HOUSING, 1950/69, 0-6	2,556	38	ADEQUATE
74089	BLDG 134/BATHOUSE	530	28	ADEQUATE

<sup>1</sup> Use refers to patient care, administration, laboratory, warehouse, power plant, etc.

<sup>2</sup> 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?

- BLDG 7/61010: Design criteria, building and seismic, non-existent air conditioning/environmental control; BEQ and PSD; \$2,263,000; BEQ and PSD at no cost; \$157,000 in improvements programmed for FY-94; no.

- BLDG 8/72113: Design criteria, building interior configuration; Manpower Management (Admin); \$691,000; none; none; no.

- BLDG 9/72111: Building interior, structure and seismic design, non-existent environmental controls; temporary storage; unknown; demolition for \$242,000; none; no.

- BLDG 20/74030: Physical condition, total structure; filling station with canopy; \$28,900; none; none; no.

- BLDG 49/74030: Physical condition; storage; unknown; demolition \$3,500; none; no.

- BLDG 18/74037: Physical condition - waterproofing, total obsolescence; Hobby Shop; \$214,000; none; no.

- BLDG 25/74074: Location - entire building; Navy Relief \$180,000; none; none; no.

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 \$000
88-C-0318	REPAIR ELEVATORS 1 & 2	1987	253
86-R-0455	IMPROVEMENTS TO SIDEWALKS/PARKING SPACES	1987	228
86-C-0618	CORRECT FIRE DEFICIENCIES	1987	254
86-C-0427	BACHELOR ENLISTED QUARTERS	1989	2,323
87-C-0332	REPAIR ELEVATORS 3, 4, 5 & 6	1988	366
87-C-0395	FAMILY HOUSING AREA IMPROVEMENTS	1987	93
87-C-0540	REPAIR ROOFS IN FAMILY HOUSING	1989	739
87-C-0778	FAMILY HOUSING IMPROVEMENTS	1987	1,324
88-C-0098	WALKING & WORKING SURFACE	1991	86
88-C-0303	IMPROVEMENT TO EXTERIOR SIDING FAMILY HOUSING	1990	250
88-C-0450	FIRE SPRINKLER SYSTEM IN BLDG 2	1991	211
88-C-4422	REPAIR ROOFS BLDGS 7 & 20	1988	76
89-C-6914	REPAIR NURSES CALL SYSTEM	1991	77
89-C-0478	REPLACE PERIMETER FENCE	1991	126
91-C-0568	PARKING LOT ADDITIONS	1991	83
91-C-0703	REPAIR FIRE ALARM SYSTEM BLDGS 1 & 25	1993	157
91-C-4422	REPAIR NAVAL HOSPITAL SWITCHGEAR	1991	40
93-C-5122	REPAIR CHILLED WATER GENERATOR	1993	38
93-C-9322	REPLACE CHILLERS	1993	239

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 \$000
CE1-89	ALTERATIONS TO LAB	1995	443
C2-86	EMERGENCY ROOM RENOVATION	1995	221
RAI6-92	REPLACE AHU 13 & 24	1994	160
RH8-93	REPLACE LIQUID CHILLERS	1995	427
R15-92	REPAIR A/C & LIFE SAFETY, B.12	1995	160
R14-92	LIFE SAFETY CODE REPAIRS	1994	245
RA7-93	REPLACE COOLING TOWERS	1995	110
RC4-92	IMPROVE ELECTRICAL DISTRIBUTION SYSTEM	1994	183
R10-92	REPLACE LIGHTING	1995	96
R12-92	REPLACE LIGHTING IN AUDITORIUM	1995	34
C4-93	REPLACE UNDERGROUND STORAGE TANK	1995	133
R5-93	REPLACE UST-EMERGENCY GENERATOR	1995	211
RC8-92	REPAIR SWIMMING POOL, BATHHOUSE	1997	54
92-C-0760	HOUSING RENOVATION	1994	865
C6-92	UPGRADE SOFTBALL FIELD	1997	62
R7-92	REPAIR TENNIS COURTS	1997	27
R1-92	REPAIR BRICKWORK	1997	225

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

RESPONSE: Not Applicable

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 0104	
1. FACILITY NAME NAVAL HOSPITAL, BEAUFORT					
2. UIC N61337		3. CATEGORY CODE 51010		4. NO. OF BUILDINGS 55	
5. SIZE 126.92 ACRES		A. GSF 494,571		B. NORMAL BEDS 114	
6. LOCATION R8		A. CITY BEAUFORT		B. STATE SC	
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	70 ✓	20 ✓	10 ✓	B17, E17	
(2) ADMINISTRATION	60 ✓	25 ✓	15 ✓	C12, E12, B01	
(3) CENTRAL STERILE SVCS.	90 ✓	10 ✓	0 ✓	A12	
(4) DENTAL	70 ✓	15 ✓	15 ✓	B01, B04, B12	
(5) EMERGENCY SVCS.	45 ✓	45 ✓	10 ✓	B01, B06, B12, B17	
(6) FOOD SERVICES	95 ✓	5 ✓	0 ✓	B01, B07	
(7) LABORATORIES	45 ✓	45 ✓	10 ✓	B01, B06, B12, D06	
(8) LOGISTICS	60 ✓	30 ✓	10 ✓	B01, B17	
(9) INPATIENT NURSING UNITS	70 ✓	30 ✓	0 ✓	B01, B03, B06, B08	
(10) LABOR-DEL-NURSERY	60 ✓	30 ✓	10 ✓	B01, B08	
(11) OUTPATIENT CLINICS	80 ✓	10 ✓	10 ✓	B01, B12, B17	
(12) PHARMACY	60 ✓	40 ✓	0 ✓	A12, B01, B12, B17	
(13) RADIOLOGY	85 ✓	10 ✓	5 ✓	A12, B01	
(14) SURGICAL SUITE	70 ✓	30 ✓	0 ✓	A12, B01	
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	70 ✓	10 ✓	20 ✓	C10	
(B) HVAC	70 ✓	20 ✓	10 ✓	B01, B17	

(C) PLUMBING	25 ✓	65 ✓	10 ✓	A02, B02	
(D) ELECTRICAL SVCS.	90 ✓	0 ✓	10 ✓	B05	
(E) ELECTRICAL DISTRIBUTION	75 ✓	15 ✓	10 ✓	B06, C06	
(F) EMERGENCY POWER	50 ✓	40 ✓	10 ✓	C07, E07	

#### 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 or 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: 16 March 1992

FULL ACCREDITATION: Yes

LIFE SAFETY MANAGEMENT SCORE: 2 (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?

- The facility is geographically located in between Marine Corps Air Station, Beaufort and Marine Corps Recruit Depot, Parris Island with all three commands in an approximate 15 mile radius. Our location provides equitable access to both bases and the beneficiaries that live on and in the proximity of their respective duty stations.

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

- Air: Two Beaufort County airports, the Lady's Island Airport and Hilton Head Island Airport, are used by private planes. Daily commuter flights to and from Hilton Head Island Airport make connections in Charlotte, North Carolina. Major airline and air freight services are offered at Savannah Municipal Airport 45 miles away and at Charleston Airport 65 miles away via two-lane roads. Travel times are one hour and an hour and a half respectively. Additionally, Marine Corps Air Station, Beaufort, located seven miles from the Naval Hospital has runway capabilities to support both airline and air freight requirements.

- Rail: Port Royal Railroad Company in Port Royal, South Carolina, approximately two miles from Naval Hospital, Beaufort. Also, AMTRAK has passenger service from Yemassee, South Carolina, approximately 20 miles away.

- Sea: Port Royal Port Authority in Port Royal, South Carolina, a small, deep harbor port.

- Ground: Interstate 95 is the primary roadway and can be accessed via Highways 21 or 170. Some 13 authorized motor carriers serve all parts of Beaufort County. Travel time from Interstate 95 to Naval Hospital, Beaufort is approximately 40 minutes. The distance to Interstate 95 from Naval Hospital, Beaufort is 28 miles.

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): Seven miles.

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

- We have ready access to commercial carriers in both Charleston, SC and Savannah, GA. Additionally, Marine Corps Air Station, Beaufort offers local airfield access.

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

- Approximately 15 minutes.

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?

- Naval Hospital, Beaufort is approximately one hour to and hour and a half commuting distance between two large metropolitan areas. This results in potential hires being drawn to higher paying, more upwardly mobile positions in these cities; therefore, reducing the number of qualified personnel.

## 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.

### LOSE BRANCH MEDICAL CLINICS ONLY

- \* Loss of responsiveness to operational areas

### LOSE HOSPITAL AND HOSPITAL CLINICS ONLY

- \* No specialty outpatient care
- \* No inpatient care
- \* No specialty consults
- \* Minimal lab services
- \* No administrative support for clinics
- \* Recruits placed into civilian health care to detriment of good order and discipline

### LOSE HOSPITAL AND BRANCH MEDICAL CLINICS

- \* No outpatient or inpatient medical, ancillary, or administrative services available

- Active duty personnel would be forced to utilize MTF's at either Naval Hospital, Charleston, at a distance of 65 miles, Winn Army Medical Facility (AMC) on FT Stewart, at 57 miles, or Eisenhower AMC on FT Gordon, at 128 miles for basic medical treatment and outpatient appointments. Other than basic treatment would be referred to local civilian treatment facilities. Eligible beneficiaries would have the option of using the most convenient MTF's or obtaining medical care through CHAMPUS locally.

- The mission of the Naval Hospital, Beaufort is to provide medical support for the operation of military missions and to eligible beneficiaries. There is no other medical facility locally available to assume this role because of capabilities of staff and facilities. Staff personnel are uniquely trained to perform search and rescue missions, field medical treatment, medically screen recruit personnel, air evacuation of casualties, medical boards, and many other military specific medical support requirements. Much of the varied military specific medical support cannot be performed by the civilian community. The main hospital is designed to be rapidly reconfigured and expanded for wartime medical augmentation.

- There are no other civilian facilities available to assume this function.

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.

- There is only one local hospital, Beaufort Memorial Hospital, which has 99 licensed beds and a current occupancy rate of 53%. In the fall of 1994 they are expecting to expand bed capacity by 64 (44 subacute and 20 psychiatric).

- Although with expansion, Beaufort Memorial could probably accommodate our inpatient workload, on several occasions they have been unable to take our ICU overflow, or perform after hours ultrasounds. It is felt that the local community would have a great difficulty in servicing the healthcare needs of the 300,000 OPV's that the current military healthcare system accommodates annually, especially in the ancillary service arena.

- Also of great concern should this facility close is the civilian community's ability to handle the operational and unique healthcare needs experience by military members. Examples as follows: Medical holding company, field medical treatment, search and rescue missions, medical boards, large capacity isolation capabilities for communicable diseases, etc.

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.

- Should the active duty and their families leave the area, the approximate residual population would be as follows:

Retired Military	3,055
Family members of retirees	3,974
Survivors	672
Guard and dependents	588
Others	<u>25</u>
Total	8,324

- The civilian medical system would realize an annual increase in inpatient and outpatient workload as a direct result of the retiree population based on FY-93 actual workload of:

- Outpatient Visits (Navy Hospital Beaufort and CHAMPUS)	57,504
Inpatient Admissions	" " " " 1,281

- With expansion, as previously referred to in 10A, Beaufort Memorial and the local medical community could probably accommodate these beneficiary categories and their health care needs.

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 Beaufort Memorial Hospital expands its inpatient services as projected, it should be able to accommodate our inpatient workload. Please refer to 10A for details.

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

- The mobilization requirements of Naval Hospital, Beaufort are to provide a comprehensive range of emergency, outpatient medical/dental health care services to active duty Navy and Marine Corps personnel and active duty members of the Federal Uniformed Services. Ensure that all assigned military personnel are both aware of and properly trained for the performance of their assigned contingency and warfare duties. Ensure that the Command is maintained in a proper state of material and personnel readiness to fulfill wartime and contingency mission plans. Provide, as directed, health care services in support of the operation of the Navy and Marine Corps shore activities and units of the Operating Forces. Subject to the availability of space and resources, provide the maximum range and amount of comprehensive health care services possible for other authorized persons as prescribed by Title 10, U.S. Code, and other assigned military personnel to ensure that both military and health care standards of conduct and performance are achieved and maintained. 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 disaster and other emergencies. Maintain requisite quality health care standards so as 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.

- The execution of full mobilization can be accomplished with minimal impact. The significant impacts of implementing this mobilization plan are manpower, facilities and material. If adequate and timely support can be provided in these impact areas, the mobilization plan can meet expanded capacity at M+3 (M+90 days) with minimal interruption in providing quality health and dental care to support area commands in this service area.

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
NAVHOSP ROTA	66101	23
NAVHOSP ROOSEVELT RD	65428	9
FLTHOSP-4	68684	42
FLTHOSP-5	68685	23
FLTHOSP-8	45382	56
FLTHOSP-15	45339	48
MAG-31 MCASBFT	09131	6
MAG-27 MCAS JAX, FL	09167	1
USS GUADALCANAL	07352	1
1ST MARINE AIR WING	57079	3
1ST MARINE BRIGADE	67339	25
3RD FSSG	67436	4

**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.

- If our mobilization and training requirements were taken away, the Command would still be required to support the increased recruit population for Marine Corps Recruit Depot, Parris Island (MCRD). Actual wartime numbers for MCRD is classified, but we can expect their population to more than triple. Even with current anticipated reserve support, the Command would not be able to assume any additional workload without additional resources.

- In the event full mobilization were to occur, the Command would only have a cadre staff of 15 laboratory personnel and residual, med-hold and limited duty staff of approximately 164 personnel.

c. Please provide the total number of your expanded beds<sup>1</sup> 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<sup>1</sup>: 179

<sup>1</sup> 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	573	465	212
OUTPATIENT	352	266	95

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

CATEGORY OF PATIENT	SUPPLEMENTAL CARE <sup>2</sup>					
	FY 1992		FY 1993		FY 1994*	
	NO. <sup>1</sup>	COST <sup>2</sup> \$000	NO.	COST \$000	NO.	COST \$000
AD	2,200	623	2,436	697	1,206	162
AD FAMILY	534	182	527	108	337	44
OTHER	564	157	848	128	452	63
TOTAL	3,298	962	3,811	933	1,995	269

<sup>1</sup> The total number of consults, procedures and admissions covered with supplemental care dollars.

<sup>2</sup> The total cost in thousands of dollars.

\*NOTE: FY-94 data through 31 March 1994.

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	11,502,946	12,971,693	9,160,918
TOTAL OUTPATIENT VISITS	106,790	108,222	109,128
AVERAGE COST PER VISIT	107.72	119.86	83.95

\*NOTE: FY-94 data projected.

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)	7,916,064	10,401,865	2,035,927

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)	464,484	565,955	109,869
D. TOTAL EXPENSES IN EBE AND EBF (B+C)	464,484	565,955	109,869
E. TOTAL E EXPENSES (ALL ACCOUNTS)	10,665,514	14,531,064	3,496,783
F. % SELECTED E EXPENSES (D+E) <sup>1</sup>	0.043550	0.038948	0.031420

<sup>1</sup> Record as a decimal to 6 digits.

SEE PAGE 33R

BUMED  
MED-825  
CSA  
6/2/94

Table C:

CATEGORY	FY 1992	FY 1993	FY 1994
G. TOTAL E EXPENSES INCLUDED IN MEPRS A	2,470,266	3,079,859	569,330
H. E EXPENSES TO REMOVE FROM MEPRS A (F×G)	107,580	119,954	17,888
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)	130,345	148,191	35,011
M. DECEDENT AFFAIRS (FDD)	0	0	0
N. INITIAL OUTFITTING (FDE)	0	0	0
O. URGENT MINOR CONSTRUCTION (FDF)	0	0	0
P. TOTAL (L+M+N+O)	130,345	148,191	35,011
Q. E EXPENSES INCLUDED IN ROW P	5,045	1,211	0
R. E EXPENSES TO REMOVE FROM ROW P (F×Q)	220	47	0
S. OTHER F'S LESS E (P-R)	130,125	148,144	35,011

SEE PAGE 33R

34

BUMED  
MED 825  
CSA  
6/2/94

Table D:

CATEGORY	FY 1992	FY 1993	FY 1994
T. INPATIENT WORK UNIT (IWU)	2,326	2,079	573
U. TOTAL WORK UNITS (MWU) <sup>2</sup>	9,337	9,331	2,379
V. PERCENT INPATIENT (IWU+AWU)	0.25	0.22	0.24
W. FINAL OTHER F EXPENSES (S×V)	32,531	32,592	8,403
X. FINAL F EXPENSES (K+W)	32,531	32,592	8,403
Y. TOTAL CATEGORY III EXPENSES (A-H+X)	7,840,745	10,314,503	2,026,442
Z. NUMBER OF BIOMETRICS DISPOSITIONS			
AA. TOTAL MEPRS DISPOSITIONS			
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 <sup>3</sup>			
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)			

<sup>2</sup> Total work units (MWU) is the total of Inpatient Work Units plus Ambulatory Work Units (IWU+AWU).

<sup>3</sup> Category II RWP's are RWP's due to Diagnoses Not Normally Hospitalized (DXNNH), Potential Ambulatory

SEE PAGE 332 35

BUMED  
MED-825  
65A  
6/2/94

Surgery (PAS), and Active Duty Excessive Length of Stay (ADELS).  
 TABLE E: BURDENING FOR ADD-ONS AND INFLATION

CATEGORY	FY 1992	FY 1993	FY 1994
KK. TOTAL OBDs (OCCUPIED BED DAYS)			
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 (NN×77)			
PP. TOTAL COST PER RWP (JJ+OO)			
QQ. CIVILIAN PAY COST (PP×.15)			
RR. MILITARY PAY COST (PP×.56)			
SS. OTHER COSTS (PP×.29)			
TT. CIVILIAN PAY RAISES (QQ×1.037×1.0297)			
UU. MILITARY PAY RAISES (RR×1.037×1.0165)			
VV. UNFUNDED CIVILIAN RETIREMENT (TT×1.147)			
WW. CIVILIAN ASSET USE CHARGE (VV×1.04)			
XX. MILITARY ASSET USE CHARGE (UU×1.04)			
YY. OTHER ASSET USE CHARGES (SS×1.04)			
ZZ. OTHER COSTS DEFLATOR FACTOR (YY×1.083)			

SEE PAGE 33R

BUMED  
 MED-825  
 CSA  
 6/2/94

ADJUSTED CATEGORY III COSTS/RWP  
(WW+XX+ZZ)

SEE PAGE 33R

BUMED  
MED -825  
GSA  
6/2/94

TABLE A: BEAUFORT

CATEGORY	FY 92	FY 93	FY 94
A. TOTAL MEPRS-A	7916064	10,401,865	

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)	464484	565955	
D. TOTAL EXP EBE AND EBF	464484	565955	0
E. TOTAL E EXPENSES	11984280	18106693	
F. % SELECTED E EXPENSES (D/E)	0.038758	0.031257	ERR

TABLE C:

CATEGORY	FY 92	FY 93	FY 94
G. TOTAL E IN MEPRS-A	5940014	1795523	
H. E EXPENSES TO REMOVE FROM A (FxG)	230221.7	56122.077	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)	130345	148191	
M. DECEDENT AFFAIRS (FDD)	0	0	
N. INITIAL OUTFITTING (FDE)	0	0	
O. URGENT MINOR CONST (FDF)	0	0	
P. TOTAL (L+M+N+O)	130345	148191	0
E EXPENSE (FAL)	5045	1211	
E EXPENSE (FDD)	0	0	
E EXPENSE (FDE)	0	0	
E EXPENSE (FDF)	0	0	
Q. E EXPENSES INCLUDED IN ROW P	5045	1211	0
R. E EXPENSES TO REMOVE FROM P. (FxQ)	195.533	37.8518322	ERR
S. OTHER F'S LESSE (P-R)	130149.5	148153.148	ERR

TABLE D:

CATEGORY	FY 92	FY 93	FY 94
T. IWU	2326.37	2078.46	
U MWU	5049.9	4889.29	
V PERCENT INPATIENT	0.460676	0.42510467	ERR
W. FINAL OTHER F EXP (SxV)	59956.79	62980.5948	ERR
X FINAL F EXP (K+W)	59956.79	62980.5948	ERR
Y TOTAL CATEGORY III EXP (A-H+X)	7745799	10408723.5	ERR
Z NUMBER BIOMETRICS DISPOS	2537	2260	
AA. TOTAL MEPRS DISP	2565	2379	
BB. ADJ DISPOS (Z/AA)	0.989084	0.94997898	ERR
CC ADJ MERPS EXP (YxBB)	7661245	9888068.58	ERR
DD. TOTAL RWP	1684.515	1482.345	
EE COST PER RWP (CC/DD)	4548.042	6670.55819	ERR
CATEGORY II RWPS			
(DXNNH)	0	0	
(PAS)	539.961	387.153	
(ADELS)	22.8952	8.197	
FF. TOTAL CAT II RWPS	562.8562	395.35	0
GG. TOTAL CAT II COST (EExFF)	2559893	2637205.18	ERR
HH. TOTAL EXT CAT III EXP (CC-GG)	5101351	7250863.4	ERR
II. TOTAL CAT III RWPS (DD-FF)	1121.659	1086.995	0
JJ. COST PER CAT III RWP (HH/II)	4548.042	6670.55819	ERR

TABLE E

CATEGORY	FY 92	FY 93	FY 94
KK. TOTAL OBDS	9535	7443	
CAT II OBDS			
(DXNNH)	0	0	
(PAS)	1233	901	
(ADELS)	473	104	
LL TOTAL CAT II OBD	1706	1005	0
MM CAT III OBDS (KK-LL)	7829	6438	0
NN. AVG DAYS/RWP (MM/II)	6.979841	5.82275033	ERR
OO. ADD ON PER RWP (NNx77)	537.4478	456.651776	ERR
PP. TOTAL COST PER RWP (JJ+OO)	5085.49	7126.60987	ERR
QQ. CIVILIAN PAY COST (PPx.15)	762.8234	1068.93148	ERR
RR. MILITARY PAY COST (PPx.56)	2847.874	3990.90188	ERR
SS. OTHER COSTS (PPx.29)	1474.792	2066.71691	ERR
TT. CIVILIAN PAY RAISES (QQx1.037x1.0297)	814.542	1114.46794	ERR
UU. MILITARY PAY RAISES (RRx1.037x1.0165)	3001.974	4206.85128	ERR
VV. UNFUNDED CIV RET (TTx1.47)	1197.377	1677.95785	ERR
WW. CIVILIAN ASSET USE CHARGE (VVx1.04)	1245.272	1745.07618	ERR
XX. MILITARY ASSET USE CHARGE (UU*1.04)	3122.053	4375.12531	ERR
YY. OTHER ASSET USE CHARGES (SS*1.04)	1533.784	2149.38567	ERR
ZZ. OTHER COSTS DEFLATOR FACT (YY*1.083)	1661.088	2327.78457	ERR
ADJ CAT III COST/RWP	6028.412	8447.96607	ERR

BUMED  
MED-825  
CSA  
6/2/94

15. Quality of Life.

a. Military Housing

(1) Family Housing:

(a) Do you have mandatory assignment to on-base housing? No.

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

\*NOTE: Data submitted only for housing on Naval Hospital, Beaufort compound.

Type of Quarters	Number of Bedrooms	Total number of units	Number Adequate	Number Substandard	Number Inadequate
Officer	4+	N/A	N/A	N/A	N/A
Officer	3	8	8	N/A	N/A
Officer	1 or 2	N/A	N/A	N/A	N/A
Enlisted	4+	N/A	N/A	N/A	N/A
Enlisted	3	45	45	N/A	N/A
Enlisted	1 or 2	N/A	N/A	N/A	N/A
Mobile Homes	N/A	N/A	N/A	N/A	N/A
Mobile Home lots	N/A	N/A	N/A	N/A	N/A

(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. \*NOTE: Data submitted only for housing on Naval Hospital, Beaufort compound.

Pay Grade	Number of Bedrooms	Number on List <sup>1</sup>	Average Wait
O-6/7/8/9	1	N/A	N/A
	2	N/A	N/A
	3	1	12 MONTHS
	4+	N/A	N/A
O-4/5	1	N/A	N/A
	2	N/A	N/A
	3	4	12-18 MONTHS
	4+	N/A	N/A
O-1/2/3/CWO	1	N/A	N/A
	2	N/A	N/A
	3	11	12 MONTHS
	4+	N/A	N/A
E7-E9	1	N/A	N/A
	2	N/A	N/A
	3	4	9-12 MONTHS
	4+	N/A	N/A
E1-E6	1	N/A	N/A
	2	N/A	N/A
	3	39	9-12 MONTHS
	4+	N/A	N/A

<sup>1</sup>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	COST
2	CONVENIENCE TO PERSONNEL IN HOSPITAL
3	SCHOOLS
4	SAFETY/SECURITY
5	QUALITY OF BASE HOUSING

(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)? 100%

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

Type of Quarters	Utilization Rate
Adequate	98.8%
Substandard	N/A
Inadequate	N/A

(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? No change.

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	60%
Substandard	75%
Inadequate	0%

(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?

RESPONSE: No. The reason occupancy is under 95% is most of the active duty members are married with dependents or active duty members are married to other active duty members. These members live in housing or reside in the local area.

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

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

RESPONSE: AOB geographic bachelors is six.

(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.)	6	100%	
Spouse Employment (non-military)	N/A	N/A	
Other	N/A	N/A	
<b>TOTAL</b>	6	100	

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

(3) BOQ: Not applicable.

(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:

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

(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			
<b>TOTAL</b>			

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

b. For on-base MWR facilities<sup>2</sup> 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 Naval Hospital, Beaufort DISTANCE N/A

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Auto Hobby	Indoor Bays	1	N/A
	Outdoor Bays	4	N/A
Arts/Crafts	SF	0	N/A
Wood Hobby	SF	0	N/A
Bowling	Lanes	0	N/A
Enlisted Club	SF	1,764	N
Officer's Club	SF	0	N/A
Library	SF	0	N/A
Library	Books	0	N/A
Theater	Seats	0	N/A
ITT	SF	25	N/A
Museum/Memorial	SF	0	N/A
Pool (indoor)	Lanes	0	N/A
Pool (outdoor)	Lanes	4	N/A
Beach	LF	0	N/A
Swimming Ponds	Each	0	N/A
Tennis CT	Each	2	N/A

<sup>2</sup>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	3	N/A
Basketball CT (outdoor)	Each	1	N/A
Racquetball CT	Each	0	N/A
Golf Course	Holes	0	N/A
Driving Range	Tee Boxes	0	N/A
Gymnasium	SF	0	N/A
Fitness Center	SF	660	N/A
Marina	Berths	0	N/A
Stables	Stalls	0	N/A
Softball Fld	Each	2	N/A
Football Fld	Each	0	N/A
Soccer Fld	Each	0	N/A
Youth Center	SF	0	N/A

c. Is your library part of a regional interlibrary loan program?  
RESPONSE: Not applicable.

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. Not Applicable.

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?

Not Applicable.

(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.

Not Applicable.

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

Not Applicable.

(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).

- Marine Corps Recruit Depot, Child Care Center, capacity 85 children, 6 months to 6 yrs.
- Marine Corps Air Station, Child Care Center, three buildings:
  - (1) Bldg 842, Capacity 78 children, 3 - 4 yrs;
  - (2) Bldg 1142, Capacity 96 children, 6 months to 3 yrs;
  - (3) Bldg 894, Capacity 58 children, 5 yrs and older.

(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	1419
Gas Station	SF	N/A
Auto Repair	SF	724
Auto Parts Store	SF	N/A
Commissary	SF	N/A
Mini-Mart/Gas Station	SF	578
Package Store	SF	N/A
Fast Food Restaurants	Each	N/A
Bank/Credit Union	Each	1
Family Service Center	SF	N/A
Laundromat	SF	N/A
Dry Cleaners	Each	N/A
ARC	PN	16
Chapel	PN	74
FSC Classrm/Auditorium	PN	312

NOTE: N/A = Not Applicable

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

City	Distance (Miles)
CHARLESTON, SC	65
SAVANNAH, GA	45
AUGUSTA, GA	126

f. Standard Rate VHA Data for Cost of Living:

Paygrade	With Dependents	Without Dependents
E1	86.48	48.39
E2	86.48	54.39
E3	82.62	60.87
E4	81.99	57.22
E5	85.43	59.65
E6	81.99	55.43
E7	79.90	55.40
E8	69.05	52.20
E9	71.97	54.63
W1	N/A	N/A
W2	50.15	39.34
W3	80.78	65.67
W4	56.88	50.43
O1E	84.52	62.70
O2E	62.80	50.70
O3E	60.64	51.30
O1	78.83	58.09
O2	67.85	53.03
O3	47.30	39.82
O4	37.75	32.83
O5	35.19	29.10
O6	5.93	4.91
O7	N/A	N/A

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	295.00	175.00	50.00
Apartment (1-2 Bedroom)	530.00	250.00	100.00
Apartment (3+ Bedroom)	585.00	475.00	120.00
Single Family Home (3 Bedroom)	1000.00	400.00	180.00
Single Family Home (4+ Bedroom)	1200.00	450.00	225.00
Town House (2 Bedroom)	550.00	475.00	140.00
Town House (3+ Bedroom)	635.00	475.00	150.00
Condominium (2 Bedroom)	800.00	450.00	160.00
Condominium (3+ Bedroom)	850.00	540.00	165.00

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

Type Rental	Percent Occupancy Rate
Efficiency	98
Apartment (1-2 Bedroom)	97
Apartment (3+ Bedroom)	97
Single Family Home (3 Bedroom)	94
Single Family Home (4+ Bedroom)	99
Town House (2 Bedroom)	99
Town House (3+ Bedroom)	99
Condominium (2 Bedroom)	98
Condominium (3+ Bedroom)	98

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

Type of Home	Median Cost
Single Family Home (3 Bedroom)	75,000
Single Family Home (4+ Bedroom)	100,000
Town House (2 Bedroom)	56,000
Town House (3+ Bedroom)	60,000
Condominium (2 Bedroom)	85,000
Condominium (3+ Bedroom)	89,900

(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	32	63	3
February	34	51	3
March	30	44	4
April	36	57	3
May	38	59	3
June	30	60	5
July	17	61	5
August	31	76	3
September	34	73	5
October	26	60	5
November	26	55	4
December	24	51	7

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

- Waterway.
- (a) Retirement/local resort area located on the Atlantic Coastal
  - (b) Remote area from large metropolitan cities.

h. For the top five sea intensive ratings in the principle warfare community your base supports, provide the following: Not Applicable.

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

RESPONSE: Not Applicable.

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)
BEAUFORT COUNTY	95.9	6	10
CHARLESTON COUNTY	1.0	75	90
JASPER COUNTY	1.2	20	30
HAMPTON COUNTY	1.1	25	35
COLLETON COUNTY	0.8	40	55

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
LAUREL BAY SCHOOL	DODD S	PRE & K - 6	BASED ON IEP *	5,122	N/A	N/A	BUDGET OFFICE
BEAUFORT ACADEMY	PRIV	K - 12	LIMITED	3,044	973	100%	BUS. OFFICE
AGAPE CHRISTIAN SCHOOL	PRIV	K - 12	NO	50	N/A	85%	BUS. OFFICE
LITTLE PEOPLE COLLEGE	PRIV	K - 5	NO	1800	N/A	N/A	BUS. OFFICE
PRAISE CHRISTIAN SCHOOL	PRIV	K - 8	NO	1300	N/A	N/A	BUS. OFFICE
YORUBA ACADEMY	PRIV	K - 12	YES	0	N/A	100%	BUS. OFFICE
ST. PETER'S CATHOLIC	PRIV	K - 6	NO	3200	N/A	N/A	BUS. OFFICE
BEAUFORT ELEMENTARY	PUB	PRE & K - 5	NO	0	N/A	N/A	ATTEND. COORD.
BROAD RIVER ELEMENTARY	PUB	3 - 5	NO	0	N/A	N/A	ATTEND. COORD.
DAVIS ELEMENTARY	PUB	PRE & K - 5	NO	0	N/A	N/A	ATTEND. COORD.
FIELDS ELEMENTARY	PUB	PRE & K - 5	NO	0	N/A	N/A	ATTEND. COORD.
HILTON HEAD ELEMENTARY	PUB	K - 2	NO	0	N/A	N/A	ATTEND. COORD.
HILTON HEAD PRIMARY	PUB	3 - 5	NO	0	N/A	N/A	ATTEND. COORD.
LADY'S ISLAND ELEMENTARY	PUB	PRE & K - 5	NO	0	N/A	N/A	ATTEND. COORD.

MOSSY OAKS ELEMENTARY	PUB	K - 5	NO	0	N/A	N/A	ATTEND. COORD.
PORT ROYAL ELEMENTARY	PUB	1 - 5	NO	0	N/A	N/A	ATTEND. COORD.
RILEY ELEMENTARY	PUB	PRE & K - 5	NO	0	N/A	N/A	ATTEND. COORD.
SHELL POINT ELEMENTARY	PUB	PRE & K - 3	NO	0	N/A	N/A	ATTEND. COORD.
ST. HELENA ELEMENTARY	PUB	PRE & K - 5	NO	0	N/A	N/A	ATTEND COORD.
MCCRACKEN MIDDLE	PUB	6 - 8	NO	0	N/A	N/A	ATTEND. COORD.
LADY'S ISLAND MIDDLE SCHOOL	PUB	6 - 8	NO	0	N/A	N/A	ATTEND. COORD.
ROBERT SMALLS MIDDLE SCHOOL	PUB	6 - 8	NO	0	N/A	N/A	ATTEND. COORD.
BATTERY CREEK HIGH SCHOOL	PUB	9 - 12	NO	0	832	46%	ATTEND. COORD.
BEAUFORT HIGH SCHOOL	PUB	9 - 12	NO	0	832	57%	ATTEND. COORD.
HILTON HEAD HIGH SCHOOL	PUB	9 - 12	NO	0	832	70%	ATTEND. COORD.
BEAUFORT SPECIAL ED PROGRAM	PUB	K - 12	YES	3700	N/A	N/A	ATTEND. COORD.
ATLANTIC SHORE	PRIV	K - 12	NO	1200	N/A	N/A	BUS. OFFICE

\*NOTE: IEP = Individual Education Plan - A plan developed for a child who has been classified in the Special Education Category. Full Service, which could include physical disabilities, as well as Limited Service, which could include speech services or learning disabilities, are offered.

(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	
WEBSTER UNIVERSITY	Day	NO	NO	NO	NO	NO
	Night	NO	NO	NO	NO	YES
LIMESTONE COLLEGE	Day	NO	NO	NO	NO	NO
	Night	NO	NO	YES	YES	NO
USC-BEAUFORT	Day	NO	NO	YES	YES	YES
	Night	NO	NO	YES	YES	YES
BEAUFORT-JASPER CAREER ED CENTER	Day	NO	YES	NO	NO	NO
	Night	YES	YES	NO	NO	NO
TECHNICAL COLL OF THE LOWCOUNTRY	Day	YES	YES	YES	YES	NO
	Night	YES	YES	YES	YES	NO

(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	
WEBSTER UNIVERSITY	Day	NO	NO	NO	NO	YES
	Night	NO	NO	NO	NO	YES
	Correspondence	NO	NO	NO	NO	NO
LIMESTONE COLLEGE	Day	NO	NO	NO	NO	NO
	Night	NO	NO	YES	YES	NO
	Correspondence	NO	NO	NO	NO	NO
PARK COLLEGE	Day	NO	NO	NO	NO	NO
	Night	NO	NO	YES	YES	NO
	Correspondence	NO	NO	NO	NO	NO
UNIV OF SC - BEAUFORT	Day	NO	NO	YES	YES	YES
	Night	NO	NO	YES	YES	YES
	Correspondence	NO	NO	YES	YES	YES
TECHNICAL COLL OF THE LOWCOUNTRY	Day	YES	YES	YES	YES	NO
	Night	YES	YES	YES	YES	NO
	Correspondence	NO	NO	YES	YES	NO
CITY COLLEGE OF CHICAGO	Day	NO	NO	NO	NO	NO
	Night	NO	NO	YES	NO	NO
	Correspondence	NO	NO	NO	NO	NO

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	10	6	5	N/A*
Manufacturing	3	2	1	N/A*
Clerical	12	9	13	N/A*
Service	27	21	15	N/A*
Other	0	0	0	N/A*

\*NOTE: Local unemployment rates for the respective skill levels were not available. However, general local unemployment rates for the specified periods were:

- 1991 - 4.5%
- 1992 - 4.6%
- 1993 - 5.5%

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.

- Medical: Due to its small size (49 beds), Naval Hospital, Beaufort is limited in some specialties which may require referral to other regional Military Treatment Facilities (MTFs) or civilian sources. With this exception, there are no other difficulties with access to medical care.

- Dental: Complete dental service is available to active duty members in the clinics at Marine Corps Recruit Depots (MCRD) and Marine Corps Air Station (MCAS).

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.

- Medical: As stated before, Naval Hospital, Beaufort is limited in some specialties which may require referral to other regional MTFs or disengagement to civilian sources. In the Beaufort area, most specialties are available from civilian sources, but, due to the small physician population, the majority of the physicians don't accept CHAMPUS on an outpatient basis. Because of the larger physician population in the Savannah and Charleston area, access to various specialties are more readily available and competition among physicians is greater, resulting in increased CHAMPUS acceptance.

- Dental: Limited services is available to family members from the military sources, dependent on space availability and active duty priorities. There is a sufficient source of dental care from the civilian community under the Delta Dental Plan.

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	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
2. Blackmarket (6C)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
3. Counterfeiting (6G)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
4. Postal (6L)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0

Crime Definitions	FY 1991	FY 1992	FY 1993
5. Customs (6M)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
6. Burglary (6N)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
7. Larceny - Ordnance (6R)			
Base Personnel - military	1	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
8. Larceny - Government (6S)			
Base Personnel - military	1	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0

Crime Definitions	FY 1991	FY 1992	FY 1993
9. Larceny - Personal (6T)			
Base Personnel - military	3	0	0
Base Personnel - civilian	0	2	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	1	0
10. Wrongful Destruction (6U)			
Base Personnel - military	0	0	1
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
11. Larceny - Vehicle (6V)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
12. Bomb Threat (7B)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0

Crime Definitions	FY 1991	FY 1992	FY 1993
13. Extortion (7E)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
14. Assault (7G)			
Base Personnel - military	0	1	1
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	2
Off Base Personnel - civilian	0	0	0
15. Death (7H)			
Base Personnel - military	0	0	1
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
16. Kidnapping (7K)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0

Crime Definitions	FY 1991	FY 1992	FY 1993
22. Sex Abuse - Child (8B)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
23. Indecent Assault (8D)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
24. Rape (8F)			
Base Personnel - military	1	0	0
Base Personnel - civilian	1	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
25. Sodomy (8G)			
Base Personnel - military	0	1	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	1
Off Base Personnel - civilian	0	0	0

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.

DATA BEING CERTIFIED: Data Call No. 27

ACTIVITY COMMANDER

R. L. FINKE, CAPT/MSC/USN  
NAME (Please type or print)



\_\_\_\_\_  
Signature

COMMANDING OFFICER  
Title

26 MAY 1994  
Date

NAVAL HOSPITAL, BEAUFORT, SC 29902-6148  
Activity (UIC: 61337)

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.

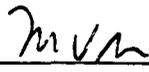
Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes 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.

DATA BEING CERTIFIED: Data Call No. 27 Amendment 2

ACTIVITY COMMANDER

M. V. BROWN, CAPT/MC/USN  
NAME (Please type or print)

  
Signature

COMMANDING OFFICER  
Title

9 September 1994  
Date

NAVAL HOSPITAL, BEAUFORT, SC 29902-6148  
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)

*D. F. Hagen*  
\_\_\_\_\_  
Signature

CHIEF BUMED/SURGEON GENERAL

\_\_\_\_\_  
Title

*June 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)

*J. B. Grooms Jr*  
\_\_\_\_\_  
NAME (Please type or print)

*J. B. Grooms Jr*  
\_\_\_\_\_  
Signature

*Acting*  
\_\_\_\_\_  
Title

*6/9/94*  
\_\_\_\_\_  
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.

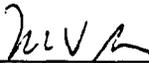
Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes 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.

DATA BEING CERTIFIED: Data Call No. 27 (pg 30)

ACTIVITY COMMANDER

M. V. BROWN, CAPT/MC/USN  
NAME (Please type or print)

  
Signature

COMMANDING OFFICER  
Title

7 September 1994  
Date

NAVAL HOSPITAL, BEAUFORT, SC 29902-6148  
Activity (UIC: 61337)

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

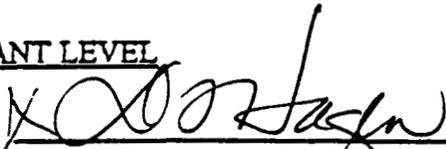
\_\_\_\_\_  
Activity

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

MAJOR CLAIMANT LEVEL

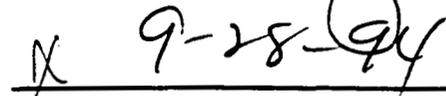
D. F. HAGEN, VADM, MC, USN

\_\_\_\_\_  
NAME (Please type or print)

  
\_\_\_\_\_  
Signature

CHIEF BUMED/SURGEON GENERAL

\_\_\_\_\_  
Title

  
\_\_\_\_\_  
Date

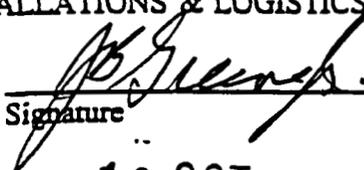
BUREAU OF MEDICINE & SURGERY

\_\_\_\_\_  
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

13 OCT 1994  
\_\_\_\_\_  
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

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

*H. M. Koenig*  
\_\_\_\_\_  
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)

*W. A. Earner*  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

*9/21/94*  
\_\_\_\_\_  
Date

369

**CAPACITY ANALYSIS:  
DATA CALL WORK SHEET FOR  
MEDICAL FACILITY:**

**Naval Hospital**  
1 Pinckney Blvd.  
Beaufort, SC 29902 6148

ACTIVITY UIC: 61337

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. 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 <sup>1</sup>	ASSIGNED <sup>2</sup>	REGION <sup>3</sup>	CATCHMENT <sup>1</sup>	ASSIGNED <sup>2</sup>	REGION <sup>3</sup>
AD	13,910	6,755	N/A	9,486	6,825	N/A
FAMILY OF AD	10,182	10,358	N/A	14,600	10,253	N/A
SUBTOTAL	24,092	17,113	N/A	24,087	17,078	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	5,272	5,250	N/A	9,503	5,121	N/A
RETIRED AND FAMILY MEMBERS OVER 65 <sup>4</sup>	1,757	1,822	N/A	3,908	2,310	N/A
OTHER	697	716	N/A	1,718	872	N/A
TOTAL	31,818	24,901	N/A	39,216	25,381	N/A

**NOTE: THE FOLLOWING APPLIES TO ALL FACILITIES.**

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> IF YOU ARE A DESIGNATED NAVAL MEDICAL CENTER, PLEASE REPORT YOUR LEAD AGENT POPULATION (SEE TRICARE POLICY GUIDELINES).

<sup>4</sup> THIS SECTION MUST BE COMPLETED.

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 <sup>1</sup> :	49
Set Up Beds <sup>1</sup> :	31
Expanded Bed Capacity <sup>2</sup> :	54 R 9/1/94

<sup>1</sup> Use the definitions in BUMEDINST 6320.69 and 6321.3.

<sup>2</sup> 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.

4 R (9/1/94) VRBUMED 524 9/26/94

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

Operating Beds <sup>1</sup> :	49
Set Up Beds <sup>1</sup> :	31
Expanded Bed Capacity <sup>2</sup> :	126

<sup>1</sup> Use the definitions in BUMEDINST 6320.69 and 6321.3.

<sup>2</sup> 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	TOTAL OF EACH ROW
OUTPATIENT VISITS	23,979	54,177	29,000	107,156
ADMISSIONS	780	1,115	461	2,356
LABORATORY TESTS (WEIGHTED) <sup>1</sup>	410,283	932,462	503,529	1,846,274
RADIOLOGY PROCEDURES (WEIGHTED) <sup>1</sup>	11,812	26,845	14,496	53,153
PHARMACY UNITS (WEIGHTED) <sup>1</sup>	59,151	134,434	72,594	266,179
OTHER (SPECIFY)				

<sup>1</sup> 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	23,979	54,177	29,000	107,156
ADMISSIONS	1,355	1,933	809	4,097
LABORATORY TESTS (WEIGHTED) <sup>1</sup>	434,956	989,659	533,810	1,958,425
RADIOLOGY PROCEDURES (WEIGHTED) <sup>1</sup>	12,542	28,537	15,392	56,474
PHARMACY UNITS (WEIGHTED) <sup>1</sup>	68,824	156,858	84,466	310,148
OTHER (SPECIFY)				

<sup>1</sup> 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.

ASSUMPTIONS: Currently Ancillary Services (Pharmacy, Radiology, Laboratory) are at maximum capacity, primarily due to staffing constraints in these departments. Because of this, OPV workload will remain relatively stable. It was determined that an increase in inpatient workload would have a negligible effect on ancillary services, so admissions were increased based on current nurse staffing. That staffing for each ward (ICU, M-4, M-5, Nursery) was used along with the Patient Classification System charts (utilizing average patient acuity) to determine the maximum number of patients per ward per day. With an ADPL of 44 and an ALOS of 3.92 (FY 93), this would be an increase of 1,741 admissions for a total of 4,097.

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	37,704	88,149	60,799	183,652
ADMISSIONS	926	1,932	892	3,750
LABORATORY TESTS (WEIGHTED) <sup>1</sup>	597,008	1,508,270	1,036,936	3,142,214
RADIOLOGY PROCEDURES (WEIGHTED) <sup>1</sup>	17,183	43,411	29,845	90,439
PHARMACY UNITS (WEIGHTED) <sup>1</sup>	84,419	214,839	147,702	446,960
OTHER (SPECIFY)				

<sup>1</sup> 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.

NOTE: Workload determined as follows: Data from the FY 94 workload projection in Datacall 27 was compiled with FY 94 RAPS projected Non-Direct Care in the catchment area for Admissions and OPV's. Ancillary Services were increased proportionally as a total by services and Beneficiary Category. The RAPS Non-Direct data was modified to reflect an increase of 6,939 active duty members reflected in the most recent FY 93 RAPS population data.

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 <sup>1</sup>	23 20	27 21	27 31	42 31	43 31	44 31	44 31	44 31
SPECIALTY CARE <sup>2</sup>	12 9	14 9	14 26	22 26	22 26	22 26	22 26	22 26
PHYSICIAN EXTENDERS <sup>3</sup>	12 2	14 2	14 5	22 5	22 5	22 5	22 5	22 5
INDEPENDENT DUTY CORPSMEN	13 10	15 10	15 10	23 10	23 10	23 10	23 10	23 10
TOTAL	60 41	70 42	70 72	109 72	110 72	111 72	111 72	111 72

BUMED  
MED 825  
65A  
6/2/94

<sup>1</sup> This includes General Medical Officers, Flight Surgeons, Diving Medical Officers, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.

<sup>2</sup> This is all other physician providers not included in the primary care category.

<sup>3</sup> This includes Physician Assistants and Nurse Practitioners.

ASSUMPTIONS: Provider staffing increased proportionally based on increase in OPV'S as indicated by Projected Workload component of Data Call 27.

**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 <sup>1</sup>	151
SPECIALTY CARE <sup>2</sup>	238
PHYSICIAN EXTENDER <sup>3</sup>	59
TOTAL	448

<sup>1</sup> This includes General Practitioners, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.

<sup>2</sup> This is all other physician providers not included in the primary care category.

<sup>3</sup> 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: 166,789

SOURCE: South Carolina Budget and Control Board, Office of Research and Statistical Services, 1000 Assembly Street, Suite 425, Columbia, SC 29201

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 <sup>1</sup>	DRIVING TIME	RELATIONSHIP <sup>2</sup>
CANDLER	PRIVATE	50 MILES	75 MINS	N/A
CHARTER	CORPORATION	50 MILES	75 MINS	N/A
MEMORIAL MED.	PRIVATE	50 MILES	75 MINS	N/A
GEORGIA REG.	STATE	50 MILES	75 MINS	N/A
ST JOSEPH'S	CHURCH	50 MILES	75 MINS	N/A
COLLETON REG	CORPORATION	34 MILES	50 MINS	N/A
HILTON HEAD	PRIVATE	45 MILES	60 MINS	N/A
BEAUFORT MEM.	COUNTY	2 MILES	5 MINS	N/A
HAMPTON GEN.	COUNTY	40 MILES	60 MINS	N/A
LOW COUNTRY	COUNTY	20 MILES	36 MINS	N/A

- 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 <sup>1</sup>	JCAHO APPROVED	OCCUPANCY <sup>1</sup>	UNIQUE FEATURES <sup>2</sup>
CANDLER	335	YES	72.5%	GENERAL ACUTE
CHARTER	112	YES	N/A	MENTAL HEALTH
MEMORIAL MEDICAL	519	YES	76.4%	TERTIARY
GEORGIA REGIONAL	232	YES	95.0%	PSYCHIATRIC
ST JOSEPH'S	268	YES	59.8%	GENERAL ACUTE
COLLETON REGIONAL	131	YES	42.0%	GENERAL ACUTE
HILTON HEAD	68	YES	67.2%	COMMUNITY
BEAUFORT MEMORIAL	99	YES	62.6%	ACUTE CARE
HAMPTON GENERAL	36	NO	22.2%	GENERAL ACUTE
LOW COUNTRY GENERAL	31	NO	41.9%	ACUTE CARE

<sup>1</sup> Use definitions as noted in the American Hospital Association publication Hospital Statistics.

<sup>2</sup> 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

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

RESPONSE: Not Applicable.



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.

DATA BEING CERTIFIED: Data Call No. 26

ACTIVITY COMMANDER

R. L. FINKE, CAPT/MSC/USN  
NAME (Please type or print)



\_\_\_\_\_  
Signature

COMMANDING OFFICER  
Title

26 MAY 1994  
Date

NAVAL HOSPITAL, BEAUFORT, SC 29902-6148  
Activity (UIC: 61337)

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)

*D. F. Hagen*  
\_\_\_\_\_  
Signature

CHIEF BUMED/SURGEON GENERAL

\_\_\_\_\_  
Title

*June 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)

*J. B. GREENE JR.*  
\_\_\_\_\_  
NAME (Please type or print)

*J. B. Greene Jr.*  
\_\_\_\_\_  
Signature

*Acting*  
\_\_\_\_\_  
Title

*8 JUNE 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.

DATA BEING CERTIFIED: Data Call No. 26 (pg 4)

ACTIVITY COMMANDER

M. V. BROWN, CAPT/MC/USN  
NAME (Please type or print)

  
Signature

COMMANDING OFFICER  
Title

7 September 1994  
Date

NAVAL HOSPITAL, BEAUFORT, SC 29902-6148  
Activity (UIC: 61337)

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

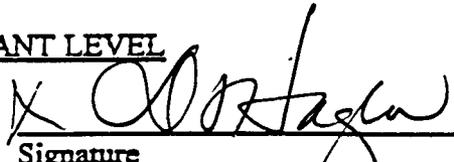
\_\_\_\_\_  
Date

\_\_\_\_\_  
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

X   
Signature

\_\_\_\_\_  
NAME (Please type or print)

\_\_\_\_\_  
Signature

CHIEF BUMED/SURGEON GENERAL

X 9-28-94  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

BUREAU OF MEDICINE & SURGERY

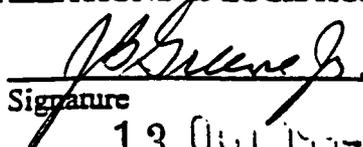
\_\_\_\_\_  
Activity

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.

\_\_\_\_\_  
NAME (Please type or print)

  
Signature

ACTING

13 OCT 1994  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

# Document Separator

**CAPACITY ANALYSIS:  
DATA CALL WORK SHEET FOR  
MEDICAL FACILITY: Naval Hospital  
Boone Rd  
Bremerton, WA 98312**

370

UIC: 68095

**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 2001-1999		
	CATCHMENT <sup>1</sup>	ASSIGNED <sup>2</sup>	REGION <sup>3</sup>	CATCHMENT <sup>1</sup>	ASSIGNED <sup>2</sup>	REGION <sup>3</sup>
AD	<del>9516</del> 15794	<del>15869</del> 0	50348	<del>13240</del> 14192	<del>18690</del> 0	64600
FAMILY OF AD	<del>23019</del> 23903	<del>974</del> 22685	94072	<del>26681</del> 21486	<del>1250</del> 26378	106637
SUBTOTAL	<del>32535</del> 31697	<del>974</del> 38554	144420	<del>39921</del> 35678	<del>1250</del> 45068	171237
RETIRED AND FAMILY MEMBERS UNDER 65	<del>15746</del> 17873	<del>1123</del> 13686	148613	<del>15335</del> 17,455	<del>1172</del> 13355	147352
RETIRED AND FAMILY MEMBERS OVER 65 <sup>4</sup>	<del>3107</del> 4151	<del>323</del> 3153	44280	<del>3878</del> 5273	<del>320</del> 4005	43904
OTHER	<del>1228</del> 3100	<del>862</del> 409	13377	<del>1553</del> 3343	<del>107</del> 2605	16513
TOTAL	<del>52616</del> 64821	<del>2006</del> 57,802	350690	<del>60687</del> 61749	<del>2849</del> 65033	379006

NOTE: THE FOLLOWING APPLIES TO ALL FACILITIES.

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> IF YOU ARE A DESIGNATED NAVAL MEDICAL CENTER, PLEASE REPORT YOUR LEAD AGENT POPULATION (SEE TRICARE POLICY GUIDELINES).

<sup>4</sup> THIS SECTION MUST BE COMPLETED.

BUMED 822  
MMA, 7 Jun 99

1

RAPS POPULATION PROJECTION REPORT

MAY 15, 1994

FY99 BASED UPON FY93 BASELINE

16:28:27

V 6.01 03/30/94 MIXED REDEFINED & RETAINED CATCHMENTS BRAC III.03 03/15/94

0

NH BREMERTON

( SEATTLE/TACOMA SERVICE AREA )

0

POPULATION BY AGE/SEX

AGE/SEX	1 ACTIVE DUTY	2 DEPS OF ACT DTY	3 MED ELG NG/RES	4 DEPS OF NG/RES	5 RETIREED	6 DEPS OF RETIREED	7 SURVIVR	8 TOTAL		
00-04/M	--	3182	--	26	--	83	30	3321	765	15,235
05-14/M	--	4180	--	69	--	899	50	5198	465	3,842
15-17/M	--	604	--	16	--	563	17	1200		
18-24/M	4741	375	30	8	9	740	41	5944		
25-34/M	5433	91	49	3	48	10	36	5670		
35-44/M	2229	59	49	2	947	14	17	3317		
45-64/M	260	31	6	0	4038	15	1	4351		
65+ /M	--	10	--	1	2325	15	0	2351		
00-04/F	--	3027	--	24	--	85	19	3155		
05-14/F	--	3996	--	53	--	829	48	4926		
15-17/F	--	614	--	13	--	533	16	1176		
18-24/F	189	3094	11	18	1	726	48	4087		
25-34/F	223	4655	11	48	3	184	37	5161		
35-44/F	114	2222	9	37	40	1264	50	3736		
45-64/F	9	416	0	7	56	3659	244	4391		
65+ /F	--	41	--	0	42	1459	818	2360		
0 TOTAL	13198	26597	165	325	7509	11078	1472	60344		
				324	5142	9,604				
				1	2,367	1,474				

94

Inc/Dec	0.002	.13 0.002	+ 0.05	+ 0.07	.003 0.01	.005 0.003	0.17 0.03	0.003
2000	13,219	26,639	165	325	7,552	11,113	1,512	60,525
2001	13,240	26,681	165	325	7,595	11,148	1,553	60,707
			165	324	7,665	11,192		

R

68095

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

Operating Beds <sup>1</sup> :	<u>109</u>	
Set Up Beds <sup>1</sup> :	<u>28</u>	
Expanded Bed Capacity <sup>2</sup> :	<u>139</u>	R 9/7/94 VR BUMED 824 9/28/94

<sup>1</sup> Use the definitions in BUMEDINST 6320.69 and 6321.3.

<sup>2</sup> 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.

4 R(9/7/94) VR BUMED 824 9/28/94

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

Operating Beds <sup>1</sup> :	<del>96</del>	109	BUMED 822 mss) 7 Jun 94
Set Up Beds <sup>1</sup> :	<del>137</del>	28	
Expanded Bed Capacity <sup>2</sup> :	<del>209</del>	169	

<sup>1</sup> Use the definitions in BUMEDINST 6320.69 and 6321.3.

<sup>2</sup> 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.

68095

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	55068	129971	60542	245581
ADMISSIONS	1594	2739	1458	5791
LABORATORY TESTS (WEIGHTED) <sup>1</sup>	891100	2104429	982597	3978126
RADIOLOGY PROCEDURES (WEIGHTED) <sup>1</sup>	60080	141886	66249	268215
PHARMACY UNITS (WEIGHTED) <sup>1</sup>	109522	258647	120766	488935
OTHER (SPECIFY)	N/A	N/A	N/A	N/A

<sup>1</sup> 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.

68095

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	55068	129971	60542	245581
ADMISSIONS	1594	2739	1458	5791
LABORATORY TESTS (WEIGHTED) <sup>1</sup>	891100	2104429	982597	3978126
RADIOLOGY PROCEDURES (WEIGHTED) <sup>1</sup>	60080	141886	66249	268215
PHARMACY UNITS (WEIGHTED) <sup>1</sup>	109522	258647	120766	488935
OTHER (SPECIFY)	N/A	N/A	N/A	N/A

Previous table reflects our maximum capacity. Our major constraint to increasing visits to this facility is space as reflected in previous BRAC submissions.

<sup>1</sup> 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.

68095

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	55068	192115	89786	336969
ADMISSIONS	1594	3908	2088	7590
LABORATORY TESTS (WEIGHTED) <sup>1</sup>	891100	2777846	1306854	4975800
RADIOLOGY PROCEDURES (WEIGHTED) <sup>1</sup>	60080	187289	88111	335480
PHARMACY UNITS (WEIGHTED) <sup>1</sup>	109522	341414	160619	611555
OTHER (SPECIFY)	N/A			

- \* 1993 CHAMPUS admissions and visits added to family of active duty and retired visits on a percentage basis of total visits and admissions shown on table 3 for this category.
- \* Active duty category not changed by CHAMPUS information.
- \* Tests, procedures, and pharmacy units increased by percentage of population increase between table 3 and 3b.
- \* 1993 CHAMPUS data attached.

BUMED-822  
M/D, 7 Jun

<sup>1</sup> 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.

003  
NAVHOSP BREMWA

FY 03 USN HOSP BREMERTON						FY 03 USN HOSP OAK HARBOR					
	Total Benefit Cost	Admin Cost	FY 02 TOTAL	INPATIENT ADMISSION	OUTPATIENT VISITS		Total Benefit Cost	Admin Cost	FY 02 TOTAL	INPATIENT ADMISSION	OUTPATIENT VISITS
OCT 02	\$207,784	\$32,244	\$840,038	104	5,131	OCT 02	\$528,626	\$21,109	\$548,735	65	3,880
NOV 02	\$903,861	\$37,357	\$941,218	190	8,393	NOV 02	\$508,043	\$23,395	\$509,438	84	4,801
DEC 02	\$909,674	\$30,885	\$840,669	181	5,618	DEC 02	\$716,270	\$28,804	\$744,134	95	5,152
JAN 03	\$720,647	\$28,900	\$747,547	158	5,560	JAN 03	\$510,244	\$16,872	\$527,218	72	3,180
FEB 03	\$902,363	\$33,070	\$935,433	299	7,472	FEB 03	\$569,421	\$20,888	\$590,280	99	3,888
MAR 03	\$790,422	\$31,706	\$822,220	141	6,782	MAR 03	\$590,503	\$23,758	\$614,321	78	4,520
APR 03	\$1,070,870	\$42,848	\$1,122,718	154	8,687	APR 03	\$754,933	\$29,955	\$704,008	89	4,605
MAY 03	\$704,346	\$20,400	\$724,746	123	7,307	MAY 03	\$520,157	\$19,325	\$539,482	63	4,137
JUN 03	\$672,203	\$32,310	\$804,513	118	7,088	JUN 03	\$502,995	\$20,855	\$583,850	53	4,473
JUL 03	\$840,677	\$32,863	\$863,540	120	8,828	JUL 03	\$508,732	\$14,155	\$526,887	50	3,887
AUG 03	\$820,506	\$30,101	\$858,608	131	8,043	AUG 03	\$630,212	\$22,897	\$653,108	60	4,119
SEP 03	\$583,486	\$19,864	\$583,450	99	6,402	SEP 03	\$443,238	\$15,704	\$458,940	54	3,387
<b>TOTAL</b>	<b>\$9,883,861</b>	<b>\$388,850</b>	<b>\$10,852,701</b>	<b>1,799</b>	<b>81,388</b>	<b>TOTAL</b>	<b>\$8,900,432</b>	<b>\$261,857</b>	<b>\$7,162,289</b>	<b>674</b>	<b>48,458</b>

FY 03 USAF HOSPITAL, FAIRCHILD						FY 03 MAMC, FT LEWIS					
	Total Benefit Cost	Admin Cost	FY 02 TOTAL	INPATIENT ADMISSION	OUTPATIENT VISITS		Total Benefit Cost	Admin Cost	FY 03 TOTAL	INPATIENT ADMISSION	OUTPATIENT VISITS
OCT 02	\$543,742	\$21,739	\$505,481	68	5,808	OCT 02	\$1,130,640	\$44,048	\$1,175,287	76	14,830
NOV 02	\$588,117	\$27,587	\$505,704	93	6,091	NOV 02	\$1,341,781	\$52,657	\$1,394,418	121	17,213
DEC 02	\$490,783	\$20,128	\$510,911	67	3,464	DEC 02	\$603,887	\$25,582	\$628,499	104	11,037
JAN 03	\$907,633	\$33,401	\$941,234	70	4,021	JAN 03	\$844,018	\$38,300	\$902,318	89	12,596
FEB 03	\$496,897	\$18,181	\$515,078	117	4,096	FEB 03	\$844,587	\$38,314	\$980,881	127	13,540
MAR 03	\$535,323	\$21,538	\$556,862	75	4,552	MAR 03	\$1,012,813	\$40,033	\$1,052,846	128	14,881
APR 03	\$581,069	\$22,147	\$583,218	85	5,523	APR 03	\$1,174,123	\$48,033	\$1,223,158	130	14,553
MAY 03	\$515,248	\$19,028	\$534,277	85	4,372	MAY 03	\$1,130,758	\$44,188	\$1,174,948	148	12,311
JUN 03	\$559,807	\$21,928	\$581,735	68	4,857	JUN 03	\$1,087,385	\$42,845	\$1,130,210	103	11,867
JUL 03	\$570,205	\$20,767	\$590,972	85	4,042	JUL 03	\$882,598	\$33,759	\$908,355	100	11,013
AUG 03	\$548,283	\$19,885	\$568,168	143	4,374	AUG 03	\$880,150	\$32,885	\$912,235	83	12,045
SEP 03	\$418,957	\$14,998	\$434,955	398	4,499	SEP 03	\$1,140,053	\$43,889	\$1,189,822	88	11,037
<b>TOTAL</b>	<b>\$8,618,264</b>	<b>\$281,328</b>	<b>\$8,879,593</b>	<b>1,365</b>	<b>54,497</b>	<b>TOTAL</b>	<b>\$12,258,753</b>	<b>\$483,294</b>	<b>\$12,742,047</b>	<b>1,324</b>	<b>158,889</b>

14:22

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 <sup>1</sup>	<del>29.3</del> <sup>25</sup>	<del>29.3</del> <sup>25</sup>	*25	*25	*25	*25	*25	*25
SPECIALTY CARE <sup>2</sup>	<del>22</del> <sup>25</sup>	<del>22</del> <sup>25</sup>	*25	*25	*25	*25	*25	*25
PHYSICIAN EXTENDERS <sup>3</sup>	<del>20.73</del>	<del>17.73</del>	*3	*3	*3	*3	*3	*3
INDEPENDENT DUTY CORPSMEN	<del>12</del> 6	<del>12</del> 6	*6	*6	*6	*6	*6	*6
TOTAL	<del>81.3</del> <sup>59</sup>	<del>79.73</del> <sup>59</sup>	*59	*59	*59	*59	*59	*59

<sup>1</sup> This includes General Medical Officers, Flight Surgeons, Diving Medical Officers, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.

<sup>2</sup> This is all other physician providers not included in the primary care category.

<sup>3</sup> This includes Physician Assistants and Nurse Practitioners.

**Note: Does not include Family Practice Residency billets.**

\* Unable to provide or project based on information currently available. Current manning documents do not reflect any increases.

Additional Requirements validated by the Efficiency review: Primary Care - 7  
Specialty - 8  
Phys Ext - 0  
IDC - 0

**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 <sup>1</sup>	184
SPECIALTY CARE <sup>2</sup>	284
PHYSICIAN EXTENDER <sup>3</sup>	82
TOTAL	550

<sup>1</sup> This includes General Practitioners, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.

<sup>2</sup> This is all other physician providers not included in the primary care category.

<sup>3</sup> 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: 231,755\*

\* Our catchment area is divided by geographical barriers and include - The Puget Sound to the east, Tacoma Narrows to the south, and the Hood Canal to the west. Population figures listed above do not include those zip codes seperated from Naval Hospital Bremerton by those barriers.

68095

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 <sup>1</sup>	DRIVING TIME	RELATIONSHIP <sup>2</sup>
Harrison Memorial Hospital	Kitsap County Hospital Foundation	6 miles	15 mins	None
Mason General Hospital	Public Hospital Dist #1, Mason County, WA	45 miles	90 mins	None

<sup>1</sup> Distance in driving miles from your facility

<sup>2</sup> List any partnerships, MOUs, contracts, etc with this facility

68095

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

FACILITY	BEDS <sup>1</sup>	JCAHO APPROVED	OCCUPANCY <sup>1</sup>	UNIQUE FEATURES <sup>2</sup>
Harrison Memorial Hospital	298	Yes	58.9%	None*
Mason General Hospital	68	Yes	30.8%	None

<sup>1</sup> Use definitions as noted in the American Hospital Association publication Hospital Statistics.

<sup>2</sup> Such as regional trauma center, burn center, Graduate Medical Education Center, etc.

\* Harrison is utilized for specialty care such as OB, Cardiac, and ICU services, however, routinely these services are at maximum occupancy.

**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
NOT APPLICABLE								

**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) <sup>1</sup>	Capacity (Student HRS/YR)
NOT APPLICABLE			

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

---

<sup>1</sup> 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.

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. MAYO  
NAME (Please type or print)

*R. Mayo*  
Signature

Commanding Officer  
Title

26 May 94  
Date

Naval Hospital Bremerton  
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

6-8-94

\_\_\_\_\_  
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.

\_\_\_\_\_  
NAME (Please type or print)

*J. B. Greene Jr.*  
Signature

Acting  
Title

10 JUN 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

B. A. MENCIK  
NAME (Please type or print)

B. A. Mencik  
Signature

Commanding Officer  
Title

9/7/94  
Date

Naval Hospital Bremerton Wa  
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

*D. F. Hagen*  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

*9-29-94*  
\_\_\_\_\_  
Date

\_\_\_\_\_  
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. GREENE, JR.

\_\_\_\_\_  
NAME (Please type or print)

*J. B. Greene Jr.*  
\_\_\_\_\_  
Signature

ACTING

13 OCT 1994

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

370

**MILITARY VALUE ANALYSIS:  
DATA CALL WORKSHEET FOR:  
MEDICAL FACILITY: Naval Hospital, Bremerton, WA  
98312-1898  
ACTIVITY UIC: 68095**

**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 .....	7
4. Projected Workload .....	8
5. Medical Support .....	9
6. Graduate Medical Education .....	10,11

## Facilities

7. Facilities Description .....	12,13,14,15
---------------------------------	-------------

## Location

8. Geographic Location .....	36
9. Manpower and Recruiting Issues .....	37

## Features and Capabilities

10. Capabilities .....	38
11. Mobilization .....	42
12. Non Availability Statements .....	44
13. Supplemental Care .....	44
14. Costs .....	45
15. Quality of Life .....	51

**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.

Naval Hospital Bremerton is the principle Naval Medical treatment facility in the Pacific Northwest. Geographically isolated on the Kitsap Peninsula, our mission, is to meet the Healthcare Service needs of the fleet and all beneficiary in our areas of responsibility and to provide graduate medical education for Family Practice Interns and Residents.

In addition, we provide Medical, Fiscal, Material Management, Biomedical Repair Services, Manpower Management support to Branch Clinics located throughout the Puget Sound, Alaska, and Idaho, as well as Naval Hospital Oak Harbor, and the Coast Guard, and Industrial Hygiene and Preventive Medicine Services to the previously mentioned and to include Montana, Orgeon, and North Dekota.

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).

**Puget Sound Naval Shipyard, Bremerton, WA**

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL) *
USS NIMITZ	03368	BREMERTON, WA	3054
USS SACRAMENTO	05832	BREMERTON, WA	600
USS CAMDEN	05833	BREMERTON, WA	600
USS CALIFORNIA	20541	BREMERTON, WA	600
USS ROANOKE	20248	BREMERTON, WA	600
USS TRUXTUN	52712	BREMERTON, WA	570
PSNS, NAV STA	00251	BREMERTON, WA	716
NAVAL DENTAL CENTER	68443	BREMERTON, WA	39
PSA/PSD	43173	BREMERTON, WA	62
FLEET INDUSTRIAL SUPPLY CENTER	00406	BREMERTON, WA	25
SIMA	68856	BREMERTON, WA	80
NAV RESALE	66292	BREMERTON, WA	18
NAVRESMAINT	68707	BREMERTON, WA	87
PMO PAC	00441	BREMERTON, WA	15
NTCC	68443	BREMERTON, WA	16
FLT IMAGING	45002	BREMERTON, WA	3
NLSO	35969	BREMERTON, WA	63

\* Approximate

## Submarine Base Bangor, Silverdale, WA

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL) *
SUBGROUP 9	53885	SILVERDALE, WA	114
SUBRON 17	53886	SILVERDALE, WA	42
TRIDENT TRNG FAC	68437	SILVERDALE, WA	502
TRIDENT REFIT FAC	68438	SILVERDALE, WA	748
SWPAC	63402	SILVERDALE, WA	119
SUBASE	68436	SILVERDALE, WA	164
DEN CEN	45021	SILVERDALE, WA	21
PSD	43150	SILVERDALE, WA	65
NAVCOMSTA	68660	SILVERDALE, WA	132
CBU 418	68571	SILVERDALE, WA	60
EOD	42969	SILVERDALE, WA	7
USS H.M. JACKSON	21040	SILVERDALE, WA	350**
USS ALABAMA	21042	SILVERDALE, WA	350**
USS NEVADA	21043	SILVERDALE, WA	350**
USS GEORGIA	21039	SILVERDALE, WA	350**
USS FLORIDA	21038	SILVERDALE, WA	350**
USS MICHIGAN	21037	SILVERDALE, WA	350**
USS OHIO	21036	SILVERDALE, WA	350**
USS ARCHERFISH	21041	SILVERDALE, WA	350**
MC SEC FORCE	67403	SILVERDALE, WA	410+

\* Approximate

\*\* 175 x 2 (Blue/Gold)

+ Reflects T/O increase of 33 in FY94

## Other Supported Activities

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL) *
NUWC KEYPORT	00253	KEYPORT, WA	400
NAVAL ORDNANCE CENTER, PAC DIV DET	46144	PORT HADLOCK, WA	45
USS WICHITA	05849	SEATTLE, WA	
USS PLEDGE	08150	SEATTLE, WA	62
USS CONQUEST	08146	SEATTLE, WA	62

\* Approximate

68095

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	1492	47368	4.1	16.8
ACTIVE DUTY NON N/MC	50	1272	10.3	1.4
TOTAL ACTIVE DUTY	1542	48640		18.2
FAMILY OF AD	2793	130900	2.2	16.8
RETIRED AND FAMILY MEMBERS UNDER 65	741	34992	3.7	8.5 (R 9/29/94)
RETIRED AND FAMILY MEMBERS OVER 65	672	29808	3.0	5.4 (R 9/24/94)
OTHER	26	1362	2.8	.2
TOTAL	5774	245702		49.1

What is your occupancy rate for FY 1994 to date? 45.0

68095

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	1492	47368	4.1	16.8
ACTIVE DUTY NON N/MC	50	1272	10.3	1.4
TOTAL ACTIVE DUTY	1542	48640		18.2
FAMILY OF AD	2793	130900	2.2	16.8
RETIRED AND FAMILY MEMBERS UNDER 65	1413	64800	3.6	13.9
RETIRED AND FAMILY MEMBERS OVER 65	0	0	N/A	N/A
OTHER	26	1362	2.8	.2
TOTAL	5774	245702		49.1

What is your occupancy rate for FY 1994 to date? 45.0

BUMED-822  
MMS, 14 Jun 94

68095

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	253073	260665	268485	276539	284835	293380	302181
ADMISS.	5947	6125	6309	6498	6693	6894	7101

Please show all assumptions and calculations in the space below:

We utilized a stright 3% increase for each fiscal year, however, due to our space constraints, we will be unable to increase our visits above FY93 levels unless modifications are made to our existing facility.

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+
Operational TAD Support*	459 Man Days	1
USMC Field Training	10 days	1
Rifle Range Support	10 days	1
PRT Ambulance	1 day	2
Physical Fitness	90 Hrs++	1

+ On the average

++ As reported through MEPERS

\* Presently have 16 members of this command participating in Operation Provide Promise.

68095

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
Puget Sound Family Medicine Residency	15	17	18	20	22	24	24	24

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 <sup>1</sup>	CERT. <sup>2</sup>	COMMENTS <sup>3</sup>
Puget Sound Family Medicine Residency	N	100	Provisional accreditation; expect answer in Jun 94

<sup>1</sup> Use F for fully accredited, P for probation, and N for not accredited.

<sup>2</sup> List the percentage of program graduates that achieve board certification.

<sup>3</sup> 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 <sup>1</sup>	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE <sup>2</sup>
510-10	Hospital	252,700	14	A
219-10	Public Works Shop	1,800	3	A
721-12	BEQ	9,000	2	A
721-11	BEQ	22,356	14	A
740-78	Recreation Pavilion	1,548	11	A
740-43	Recreation Building	2,552	5	A
740-84	Handball Court	934	5	A
510-77	Medical Repair/Child Care	5,524	55	I
441-10	Med Warehouse/Admin	5,524	57	A

<sup>1</sup> Use refers to patient care, administration, laboratory, warehouse, power plant, etc.

<sup>2</sup> 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 for BRAC realignments or closures.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
C2-85	Recreation Bldg & Handball Court	89	182,379
C2-82	Public Works Shop	91	183,832
P-016	BEQ	92	1162000

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-018	Family Practice Residency Relocatable Buildings	94	525000
C4-94	Recreation Building Expansion	95	65000
C1-94	Construct Warehouse	95	130000
P-008	Hospital Addition	96	22000000
C3-90	Indoor Playing Court Addition	97	107000
P-011	Recreation Building	99	2148000
P-012	Indoor Swimming Pool	99	1666000

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-019T	BRAC - Hospital Addition	96	9300000

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 0126
1. FACILITY NAME Naval Hospital Bremerton					
2. UIC N68095	3. CATEGORY CODE 510-10	4. NO. OF BUILDINGS 01			
5. SIZE	A. GSF 252,700	B. NORMAL BEDS 137		C. DTRS	
6. LOCATION	A. CITY 0180		B. STATE 53		
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 ✓	✓	✓		

68095

(D) ELECTRICAL SVCS.	100 ✓	✓	✓		
(E) ELECTRICAL DISTRIBUTION	100 ✓	✓	✓		
(F) EMERGENCY POWER	100 ✓	✓	✓		

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)				DD- H(A) 1707	DMIS ID NO 0126
1. FACILITY NAME Public Works Shop, Naval Hospital Bremerton					
2. UIC N68095	3. CATEGORY CODE 219-10		4. NO. OF BUILDINGS 01		
5. SIZE	A. GSF 1800	B. NORMAL BEDS N/A		C. DTRS	
6. LOCATION	A. CITY 0180		B. STATE 53		
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	100				
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	N/A				
(8) LOGISTICS	N/A				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	100				
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				

(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	100				

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A) 1707	DMIS ID NO 0126	
1. FACILITY NAME: Bachelor Enlisted Quarters, Naval Hospital Bremerton					
2. UIC N68095	3. CATEGORY CODE 721-12	4. NO. OF BUILDINGS 01			
5. SIZE	A. GSF 9000	B. NORMAL BEDS N/A	C. DTRS		
6. LOCATION	A. CITY 0180	B. STATE 53			
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	100				
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	N/A				
(8) LOGISTICS	N/A				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	100				
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				

(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	100				

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD- H(A) 1707	DMIS ID NO 0126	
1. FACILITY NAME: Bachelor Enlisted Quarters, Naval Hospital Bremerton					
2. UIC N68095	3. CATEGORY CODE 721-11	4. NO. OF BUILDINGS 01			
5. SIZE	A. GSF 22,356	B. NORMAL BEDS N/A	C. DTRS		
6. LOCATION	A. CITY 0180	B. STATE 53			
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	100				
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	N/A				
(8) LOGISTICS	N/A				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	100				
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				

(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	100				

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)				DD- H(A) 1707	DMIS ID NO 0126
1. FACILITY NAME: Recreation Pavilion, Naval Hospital Bremerton					
2. UIC N68095		3. CATEGORY CODE 740-78		4. NO. OF BUILDINGS 01	
5. SIZE		A. GSF 1548		B. NORMAL BEDS N/A	
6. LOCATION		A. CITY 0180		B. STATE 53	
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	100				
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	N/A				
(8) LOGISTICS	N/A				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	100				
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				

(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	100				

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD- H(A) 1707	DMIS ID NO 0126	
1. FACILITY NAME: Recreation Building, Naval Hospital Bremerton					
2. UIC N68095	3. CATEGORY CODE 74043	4. NO. OF BUILDINGS 01			
5. SIZE	A. GSF 2552	B. NORMAL BEDS N/A	C. DTRS		
6. LOCATION	A. CITY 0180	B. STATE 53			
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	100				
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	N/A				
(8) LOGISTICS	N/A				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	100				
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				

(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	100				

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A) 1707	DMIS ID NO 0126	
1. FACILITY NAME: Handball Court, Naval Hospital Bremerton					
2. UIC N68095	3. CATEGORY CODE 740-84	4. NO. OF BUILDINGS 01			
5. SIZE	A. GSF 934	B. NORMAL BEDS N/A		C.DTRS	
6. LOCATION	A. CITY 0180		B. STATE 53		
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	100				
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	N/A				
(8) LOGISTICS	N/A				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	100				
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				

(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	100				

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A) 1707	DMIS ID NO 0126	
1. FACILITY NAME: Medical Repair/Child Waiting Room, Naval Hospital Bremerton					
2. UIC N68095	3. CATEGORY CODE 510-77	4. NO. OF BUILDINGS 01			
5. SIZE	A. GSF 5524	B. NORMAL BEDS N/A	C. DTRS		
6. LOCATION	A. CITY 0180	B. STATE 53			
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	100				
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	N/A				
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	100				
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				

68095

(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	100				

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A) 1707	DMIS ID NO 0126	
1. FACILITY NAME: Medical Warehouse/Administration, Naval Hospital Bremerton					
2. UIC N68095	3. CATEGORY CODE 441-10	4. NO. OF BUILDINGS 01			
5. SIZE	A. GSF 5524	B. NORMAL BEDS N/A	C. DTRS		
6. LOCATION	A. CITY 0180	B. STATE 53			
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	100				
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A*				
(7) LABORATORIES	N/A				
(8) LOGISTICS	100*				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	100				
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				

(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	100				

This building also contains refrigerated/freezer space for food services; while considered adequate, it proves to be inconvenient because of its separation from the main building.

## 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

## 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 or 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 or 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: Oct 28, 1991

FULL ACCREDITATION: Yes

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

Overall score for the hospital: 84

Safety Management: 3

Life Safety Management: 2

Equipment Management: 1

Utility Management: 1

Next survey scheduled for Fall 94.

**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?

Naval Hospital Bremerton is geographically isolated on the Kitsap Peninsula and is centrally located between our two major customers, the Puget Sound Naval Shipyard and Submarine Base Bangor. We are the only U.S. Military Treatment Facility within the Kitsap Peninsula Region excluding Branch Clinics supported by us. Under ideal conditions, the closest major MTF to Naval Hospital Bremerton is Madigan Army Hospital, FT Lewis, WA, which is approximately 50 minutes, 42 miles, by car. The closest civilian facility, Harrison Memorial Hospital, is usually at or near capacity in the areas we would routinely transfer (i.e. cardiology, ICU, difficult deliveries), is approximately 15 minutes, 8 miles, by car. The Seattle/Bremerton Ferry is approximately 5 miles from this facility.

While the overall distances to Seattle or Tacoma are short; travel constraints, weather, traffic, or natural barriers either make actual travel times overly excessive or expensive to this facility and/or our patients.

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

\* Seattle Tacoma International Airport - approximately 50 miles from the hospital - major airline service.

\* Bremerton National Airport - limited commercial activity.

\* McCord Air Force Base - south of Tacoma - provides MAC passenger and MEDEVAC services.

\* AMTRAC rail services available in Seattle and Tacoma.

\* Ferry service to Seattle is approximately 7 miles from this facility in Bremerton and is operated by Washington State.

\* Public buses run between virtually all areas of Bremerton with connecting routes to the hospital.

\* PSNS operates a shuttle service between the shipyard and the hospital during normal working hours.

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): 15  
Bremerton National Airport

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

Not applicable because we do not mobilize to any local activities such as amphibious task force shipping, however, movement of personnel to staging areas is easily supported by both commercial and military airfields.

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

From 15 minutes to 4 hours, however, better than 50% of our population base can reach our activity within 30 minutes. However, the average commute to the hospital from the "bedroom" communities and majority of housing is less than 30 minutes, and the average hunt for parking is approximately 15 minutes.

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?

No, the greater Puget Sound has been experiencing a extended period of growth. In 1990, Bremerton was named the number one place to live by MONEY Magazine (August 1990). With the lower cost of living, as compared to other regions of the United States, affordable housing, rural atmosphere, and availability of cross sound ferries between Seattle and Bremerton make Kitsap County an attractive living area, however, there are difficulties in obtaining high grade waivers for civilian medical positions.

**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.

- Loss of Occupational Health and Industrial Hygiene services provided to ships and submarines homeported in the Puget Sound Region, Alaska, Montana, Oregon, and Idaho.

- Loss of Family Practice Residency Graduate Medical Education Program.

- Loss of inpatient (level III) Alcohol Rehabilitation services to the Army, Air Force, and Navy.

- Loss of Optical Support (Lens Lab) throughout the Northwest to the Army, Air Force, and Navy.

As the principle Naval inpatient facility in the Pacific Northwest, Navy and Marine Corps personnel and their dependents stationed/homeported at PSNS, NSB, and NUWC would be required to travel 40+ miles to Madigan Army Medical Center. A significant geographical boundary exists in that access to Seattle and Tacoma, via State Highway 16, requires crossing the Tacoma narrows bridge. The bridge is subject to closure/impaired trafficability due to high winds, ice, or motor vehicle accidents.

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.

No Harrison Memorial Hospital is a community hospital that operates continuously at or near capacity in the specialty care areas such as cardiology. Plans are being developed by Harrison to expand their outpatient operations, but they are not expected to begin construction until 1997. The influx of our beneficiaries into the local medical community would have a severe impact on how primary care service is provided.

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.

Yes, as stated previously, they have the capacity to handle the local population, and have proposed expanding their primary care service centers to support local population growth. Plans for growth and expansion are predominately based upon information supplied to them by the Kitsap Planning Agency.

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:

They would be able to absorb our inpatient workload to some degree based upon the reported occupancy rate of 58.9%, but would have difficulties within the specialty care areas as experienced in the past.

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 TRIPOLI (LPH-10)	07198	02
USS ESSEX (LHD-2)	21533	01
3D MARINE AIR WING	31053	04
3D MARINE AIR WING DETACHMENT, YUMA	31055	01
USNS MERCY (TAH-19)	46245	123
7TH MARINE EXPEDITIONARY BRIGADE	55356	02
1ST MARINE AIR WING	57079	01
3D MARINE AIR WING	57081	14
U.S. NAVDENCEN GUAM	62328	06
3D MARINE DIVISION	67360	01
3D FORCE SERVICE SUPPORT GROUP	67436	09
1ST FORCE SERVICE SUPPORT GROUP	67446	18
1ST MARINE DIVISION	67448	43
1ST MARINE DIVISION ADVANCE ELEMENT	MPS1D	02
1ST FORCE SERVICE SUPPORT GROUP ADVANCE ELEMENT	MPS1F	38
1ST MARINE AIR WING ADVANCE ELEMENT	MPS3W	01

R

68095

3D MARINE AIR WING ADVANCE ELEMENT	MPS3W	01
3D MARINE DIVISION ADVANCE ELEMENT	MPS3D	07
3RD MARINE AIR WING ADVANCE ELEMENT	MPS1W	01
U.S. NAVAL HOSPITAL GUAM	68096	16
NAVAL MEDICAL CLINIC PEARL HARBOR	68098	15
U.S. NAVAL HOSPITAL YOKOSUKA	68292	20
U.S. NAVAL HOSPITAL OKINAWA	68470	54
FLEET HOSPITAL #1	68681	20
FLEET HOSPITAL #2	68682	25
FLEET HOSPITAL #6	68686	38

**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.

Training and assignments does not significantly decrease our ability to preform current duties anymore than leave, TAD, or professional GME.

c. Please provide the total number of your expanded beds<sup>1</sup> 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<sup>1</sup>: 139 R

<sup>1</sup> Use the bed definitions as they appear in BUMEDINST 6320.69 and 6321.3.

3D MARINE AIR WING ADVANCE ELEMENT	MPS3W	01
3D MARINE DIVISION ADVANCE ELEMENT	MPS3D	07
3RD MARINE AIR WING ADVANCE ELEMENT	MPS1W	01
U.S. NAVAL HOSPITAL GUAM	68096	16
NAVAL MEDICAL CLINIC PEARL HARBOR	68098	15
U.S. NAVAL HOSPITAL YOKOSUKA	68292	20
U.S. NAVAL HOSPITAL OKINAWA	68470	54
FLEET HOSPITAL #1	68681	20
FLEET HOSPITAL #2	68682	25
FLEET HOSPITAL #6	68686	38

**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.

Training and assignments does not significantly decrease our ability to perform current duties anymore than leave, TAD, or professional GME.

c. Please provide the total number of your expanded beds<sup>1</sup> 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<sup>1</sup>: 209

<sup>1</sup> 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	726	760	353
OUTPATIENT	818	898	384

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

CATEGORY OF PATIENT	SUPPLEMENTAL CARE <sup>2</sup>					
	FY 1992		FY 1993		FY 1994	
	NO. <sup>1</sup>	COST <sup>2</sup>	NO.	COST	NO.	COST
AD	339	227.4	304	323	117	129.49
AD FAMILY	153	102.7	78	82.8	22	24.34
OTHER	143	95.9	68	72.4	11	12.17
TOTAL	635	426.0	450	478.2	150	166.0

<sup>1</sup> The total number of consults, procedures and admissions covered with supplemental care dollars.

<sup>2</sup> 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	22813673	23410325	22000000
TOTAL OUTPATIENT VISITS	226363	243114	225000
AVERAGE COST PER VISIT	100.78	96.29	97.78

+ Projection based on historical information.

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 (All Accounts)	16,173,842	18,275,330	4,197,261

**Table B:**

CATEGORY	FY 1992	FY 1993	FY 1994*
B. GRADUATE MEDICAL EDUCATION SUPPORT (EBE)	0	91,877	360
C. EDUCATION AND TRAINING PROGRAM SUPPORT (EBF)	1,050,516	3,797,549	185,940
D. TOTAL EXPENSES IN EBE AND EBF (B+C)	1,050,516	3,889,426	186,300
E. TOTAL E EXPENSE (ALL ACCOUNTS)	17,514,998	26,209,435	3,595,982
F. % SELECTED E EXPENSES (D/E) <sup>1</sup>	.059978	.148398	.051808

\* 1st Quarter

<sup>1</sup> Record as a decimal

Table C:

CATEGORY	FY 1992	FY 1993	FY 1994*
G. TOTAL E EXPENSES INCLUDED IN MEPERS A	3,925,125	3,735,027	940,345
H. E EXPENSES TO REMOVE FROM MEPERS A (F×G)	235,421	554,270	48,717
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)	348,099	416,177	97,078
M. DECEDENT AFFAIRS (FDD)	14,868	2,164	234
N. INITIAL OUTFITTING (FDE)	0	0	0
O. URGENT MINOR CONSTRUCTION (FDF)	0	0	0
P. TOTAL (L+M+N+O)	362,967	418,341	97,312
Q. E EXPENSES INCLUDED IN ROW P	16,977	13,590	3,311
R. E EXPENSES TO REMOVE FROM ROW P (F×Q)	1,018	2,016	172
S. OTHER F'S LESS E (P-R)	361,949	416,325	97,140

Table D:

CATEGORY	FY 1992	FY 1993	FY 1994*
T. INPATIENT WORK UNIT (IWU)	5163	5470	1263
U. TOTAL WORK UNITS (MWU) <sup>2</sup>	15154	14320	3443
V. PERCENT INPATIENT (IWU/AWU)	.34	.38	.37
W. FINAL OTHER F EXPENSES (SxV)	123063	158204	35942
X. FINAL F EXPENSES (K+W)	123063	158204	35942
Y. TOTAL CATEGORY III EXPENSES (A-H+X)	15,815,358	17,562,856	4,112,602
Z. NUMBER OF BIOMETRICS DISPOSITIONS	5861	5806	1433
AA. TOTAL MEPERS DISPOSITIONS	5861	5806	1433
BB. ADJUSTED DISPOSITIONS (Z/AA)	1	1	1
CC. ADJUSTED MEPERS EXPENSES (YxBB)	15,815,358	17,562,856	4,112,602
DD. TOTAL RELATIVE WEIGHTED PRODUCT (RWP)	4460.18	4098.19	2344.12
EE. COST PER RWP (CC/DD)	3545.90	4285.51	1754.43

68095

FF. TOTAL CATEGORY II RWPs <sup>3</sup>	8.5299	6.6475	1.3067
GG. TOTAL CATEGORY II COST (EExFF)	30246.17	28487.93	2292.51
HH. TOTAL ESTIMATED CATEGORY III EXPENSES (CC-GG)	15,785,112	17,534,368	4,110,339
II. TOTAL CATEGORY III RWPs (DD-FF)	4451.65	4091.54	2342.81
JJ. COST PER CATEGORY III RWP (HH/II)	3545.90	4285.52	1754.45

<sup>2</sup> Total work units (MWU) is the total of Inpatient Work Units plus Ambulatory Work Units (IWU+AWU)

<sup>3</sup> Category II RWP's are RWP's due to Diagnosis Not Normally Hospitalized (DXNNH), Potential Ambulatory Surgery (PAS), and Active Duty Excessive Length of Stay (ADELS)

68095

Table E: BURDENING FOR ADD-ONS AND INFLATION

CATEGORY	FY 1992	FY 1993	FY 1994*
KK. TOTAL OBDs (OCCUPIED BED DAYS)	23240	20239	4282
LL. CATEGORY II (AS DEFINED IN FF) OBDs	35	35	6
MM. CATEGORY III OBDs (KK/LL)	23205	20205	4276
NN. AVERAGE DAYS/RWP (MM/II)	5.2	4.9	1.8
OO. ADD ON PER RWP (NNx77)	400.4	377.3	138.6
PP. TOTAL COST PER RWP (JJ+OO)	3946.30	4662.82	1893.05
QQ. CIVILIAN PAY COST (PPx15)	591.95	699.42	283.96
RR. MILITARY PAY COST (PPx.56)	2209.93	2611.18	1060.11
SS. OTHER COSTS (PPx.29)	1142.43	1352.22	548.98
TT. CIVILIAN PAY RAISES (RRx1.037x1.0297)	632.08	746.84	303.21
UU. MILITARY PAY RAISES (RRx1.037x1.0165)	2329.51	2752.47	1117.47
VV. UNFUNDED CIVILIAN RETIREMENT (TTx1.147)	725.00	856.63	347.78
WW. CIVILIAN ASSET USE CHARGE (UUx1.04)	754.00	890.90	361.69
XX. MILITARY ASSET USE CHARGE (UUx1.04)	2422.69	2862.57	1162.17
YY. OTHER ASSET USE CHARGE (SSx1.04)	1188.13	1406.30	570.94
ZZ. OTHER COST DEFLATOR FACTOR (YYx1.083)	1286.74	1523.02	618.33
ADJUSTED CATEGORY III COSTS/RWP (WW+XX+ZZ)	4463.43	5276.49	2142.19

## 15. Quality of Life.

## a. Military Housing controlled by Puget Sound Naval Shipyard, Bremerton, WA

NOTE: INFORMATION NOT PROVIDED AT THIS TIME; WILL PROVIDE UNDER SEPERATE COVER AS IT BECOMES AVAILABLE.

## (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?

**NOTE: INFORMATION NOT PROVIDED AT THIS TIME; WILL PROVIDE UNDER SEPERATE COVER AS IT BECOMES AVAILABLE.**

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

Pay Grade	Number of Bedrooms	Number on List <sup>1</sup>	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+		

---

<sup>1</sup>As of 4 May 1994.

**NOTE: INFORMATION NOT PROVIDED AT THIS TIME; WILL PROVIDE UNDER SEPERATE COVER AS IT BECOMES AVAILABLE.**

(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?

## a. Military Housing controlled by Submarine Base Bangor, Silverdale, WA

## (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+	36	36	0	0
Officer	3	44	44	0	0
Officer	1 or 2	36	36	0	0
Enlisted	4+	73	73	0	0
Enlisted	3	260	260	0	0
Enlisted	1 or 2	416	416	0	0
Mobile Homes		0	0	0	0
Mobile Home lots		0	0	0	0

(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?

\* Includes all housing managed by Subbase Bangor, on the Subbase, Kingston, Bainbridge Island, Keyport, and Port Hadlock; does not include units managed by PSNS Bremerton. Information provided by Housing Office, Subbase Bangor.

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

Pay Grade	Number of Bedrooms	Number on List <sup>2</sup>	Average Wait
O-6/7/8/9	1	0	
	2	0	
	3	0	
	4+	1	1-12 mos
O-4/5	1	0	
	2	0	
	3	8	3 mos
	4+	4	3 mos
O-1/2/3/CWO	1	0	
	2	35	3-6 mos
	3	9	6 mos
	4+	1	6 mos
E7-E9*	1	*	*
	2	*	*
	3	*	*
	4+	*	*
E1-E6*	1	0	
	2	917	24 mos
	3	245	16 mos
	4+	74	18-24 mos

\* Enlisted personnel are on a combined list.

+ Numbers reflect Subase Bangor waiting lists. Information provided by Housing Office, Subase Bangor

<sup>2</sup>As of 4 May 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	Shortage of community housing which is affordable to junior enlisted personnel.
2	Desire to be close to work site.
3	High quality of housing and neighborhoods.
4	Support of other Navy Families.
5	Security for the family.

(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)?

100% of units

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

Type of Quarters	Utilization Rate
Adequate	99.58%
Substandard	N/A
Inadequate	N/A

(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?

No.

\* Information provided by Housing Office, Subase Bangor.

(2) **BEQ:**

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

Type of Quarters	Utilization Rate
Adequate	88.92%
Substandard	N/A
Inadequate	N/A

(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?

The construction/opening of 36 new BEQ spaces has kept utilization rate at 88/89% thru this fiscal year.

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

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

$$\text{AOB} = \frac{(2 \times 180)}{365} = .99$$

(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.)	2	100%	On board FY94
Spouse Employment (non-military)	0	0	
Other	0	0	
<b>TOTAL</b>	<b>2</b>	<b>100</b>	

Note: Total GB's for FY93 was 6.

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

Information not available.

(3) BOQ LOCATED AT PUGET SOUND NAVAL SHIPYARD, BREMERTON, WA\*:

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

Type of Quarters	Utilization Rate
Adequate	82%
Substandard	N/A
Inadequate	N/A

(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?

Utilization varies due to ship's deployments.

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

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

$$= \frac{1 \times 365}{365} = 1$$

(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.)	0	0	
Spouse Employment (non-military)	0	0	
Other	1	100	
<b>TOTAL</b>	<b>1</b>	<b>100</b>	

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

Information unavailable

\* Information provided by PSNS BOQ

(3) BOQ located at SUBMARINE BASE BANGOR, SILVERDALE, WA\*:

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

Type of Quarters	Utilization Rate
Adequate	95
Substandard	N/A
Inadequate	N/A

(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?

No.

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

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

$$= \frac{7 \times 180}{365} = 3.45$$

(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.)	3	43%	
Spouse Employment (non-military)	2	28.5%	
Other	2	28.5%	Divorced
<b>TOTAL</b>	<b>7</b>	<b>100</b>	

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

Data unavailable.

\* Information provided by Subase Bangor

b. For on-base MWR facilities<sup>3</sup> 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.

Naval Hospital, Bremerton,  
Submarine Base, Bangor,  
Puget Sound Naval Shipyard, Bremerton  
LOCATION NUWC Division, Keyport, WA

10 Miles  
5 Miles  
DISTANCE 14 Miles

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Auto Hobby	Indoor Bays	3 NUWC 8 NSB 13 PSNS	Y N Y
	Outdoor Bays	3 NSB	N
Arts/Crafts	SF	1,200 NSB	N
Wood Hobby	SF	820 NUWC	Y
Bowling	Lanes	16 NSB 18 PSNS	Y Y
Enlisted Club	SF	4,916 NSB	Y
Officer's Club	SF	2,216 NSB	Y
Library+	SF	7,296 NUWC 10,045 NSB	N/A N/A
Library	Books	9,600 NUWC 20,000+ NSB	N/A N/A
Theater	Seats	495 NSB	Y
ITT	SF	900 NSB	Y
Museum/Memorial	SF	52,524 NUWC	N/A
Pool (indoor)	Lanes	10 NSB	N
Pool (outdoor)	Lanes	N/A	N/A
Beach	LF	1,000 NSB	N/A
Swimming Ponds	Each	0	N/A
Tennis CT	Each	3 NUWC 8 NSB 7 PSNS 2 NHB*	N/A N/A N/A N/A

<sup>3</sup>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	2 NUWC 1 PSNS 1 NHB*	N/A N/A N/A
Basketball CT (outdoor)	Each	1 NUWC 1 NSB <sup>1</sup> 1 PSNS 1 NHB*	N/A N/A N/A N/A
Racquetball CT	Each	1 NUWC 7 NSB 2 PSNS 1 NHB	Y N Y N/A
Golf Course	Holes	0	N/A
Driving Range	Tee Boxes	0	N/A
Gymnasium	SF	8,174 NUWC 10,400 NSB <sup>2</sup>	Y N
Fitness Center	SF	800 NUWC 4,400 NSB 800 PSNS 1377 NHB	Y N Y N/A
Marina	Berths	N/A	N/A
Stables	Stalls	N/A	N/A
Softball Fld	Each	1 NUWC 5 NSB 3 PSNS 1 NHB	Y N Y N/A
Football Fld	Each	1 NUWC 1 NSB 1 PSNS	N N N
Soccer Fld	Each	1 NUWC 1 NSB 1 PSNS	N N N
Youth Center	SF	4,220 NUWC 3,500 NSB	N/A N <sup>3</sup>

+ Naval Hospital Bremerton has a medical library only

<sup>1</sup> Outdoor court is covered with vinyl dome structure

<sup>2</sup> Includes (2) different facilities

<sup>3</sup> Does not include before and after school care facility

\* Volleyball CT, Basketball CT, and Tennis CT are combined

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

Not applicable to Naval Hospital Bremerton.

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.\*

## Facility located at Puget Sound Naval Shipyard

Age Category	Capacity (Children)	SF			Number on Wait List	Average Wait (Days)
		Adequate	Substandard	Inadequate		
0-6 Mos	4	8008+			77	365
6-12 Mos	4				0-12 Months	365
12-24 Mos	10				73	365
24-36 Mos	28				42	365
3-5 Yrs	88				97	365

\* Navy Marine Corps Relief Society operates a drop-off facility for up to ten children, supporting parents who have appointments, at Naval Hospital Bremerton.  
 + Consists of 2 facilities managed by Family Services Center, PSNS, Bremerton.  
 Information provided reflects total space allocated for child care.

(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.

- Family child care
- Civilian child care centers
- State certified home care

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

28  
19 providers in process

(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).

See information provided on facility located at Submarine Base Bangor.

## Facility located at Naval Submarine Base Bangor

Age Category	Capacity (Children)	SF			Number on Wait List	Average Wait (Days)
		Adequate	Substandard	Inadequate		
0-6 Mos	15	900	0	0	47	6mos - 1yr
6-12 Mos	15	525	0	0	47	6mos - 1yr
12-24 Mos	20	700	0	0	21	6mos - 1yr
24-36 Mos	28	980	0	0	23	6mos - 1yr
3-5 Yrs	22	770	0	0	47	3 - 4 mos

\* Navy Marine Corps Relief Society operates a drop-off facility for up to ten children, supporting parents who have appointments, at Naval Hospital Bremerton.

**Note:** Subbase Bangor restricts its child care to personnel actually assigned to Subbase Bangor; all others are required to request a waiver.

(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.

Family Child Care

Civilian Child Care Centers

State and or Navy Certified Home Care

Navy & Civilian pre-school

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

25

(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).

Yes, See above previous information for Puget Sound Naval Shipyard

(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	962
Gas Station	SF	0
Auto Repair	SF	0
Auto Parts Store	SF	0
Commissary	SF	0
Mini-Mart	SF	0
Package Store	SF	0
Fast Food Restaurants	Each	0
Bank/Credit Union	Each	0
Family Service Center	SF	0
Laundromat	SF	0
Dry Cleaners	Each	0
ARC	PN	0
Chapel	PN	41
FSC Classrm/Auditorium	PN	0

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

City	Distance (Miles)
Seattle	16 Nautical/66 road
Tacoma	40
Silverdale	5

## f. Standard Rate VHA Data for Cost of Living:

Paygrade	With Dependents	Without Dependents
E1	130.59	73.07
E2	130.59	82.12
E3	127.83	94.19
E4	149.24	104.16
E5	174.96	122.16
E6	211.71	144.11
E7	244.20	169.94
E8	235.65	178.15
E9	231.91	176.04
W1	228.91	173.85
W2	260.84	204.59
W3	234.91	173.62
W4	233.17	153.75
O1E	234.07	173.85
O2E	192.84	153.75
O3E	216.81	183.42
O1	194.76	143.52
O2	190.49	140.89
O3	211.61	178.16
O4	206.88	179.90
O5	183.46	151.72
O6	246.08	203.69
O7	176.48	143.39

g. Off-base housing rental and purchase as provided by Housing Referral Office, Subase, Bangor.

(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	400	275	65+
Apartment (1-2 Bedroom)	650	350	75+
Apartment (3+ Bedroom)	875	575	100+
Single Family Home (3 Bedroom)	1600	575	100+
Single Family Home (4+ Bedroom)	1600	725	100+
Town House (2 Bedroom)	NA	NA	NA
Town House (3+ Bedroom)	NA	NA	NA
Condominium (2 Bedroom)	NA	NA	NA
Condominium (3+ Bedroom)	NA	NA	NA

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

Type Rental	Percent Occupancy Rate
Efficiency	92.5
Apartment (1-2 Bedroom)	94.5 - 95
Apartment (3+ Bedroom)	92.7
Single Family Home (3 Bedroom)	92.1
Single Family Home (4+ Bedroom)	91.2 - 70.5
Town House (2 Bedroom)	NA
Town House (3+ Bedroom)	NA
Condominium (2 Bedroom)	NA
Condominium (3+ Bedroom)	NA

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

Type of Home	Median Cost
Single Family Home (3 Bedroom)	127,900
Single Family Home (4+ Bedroom)	137,500
Town House (2 Bedroom)	
Town House (3+ Bedroom)	55,000*
Condominium (2 Bedroom)	
Condominium (3+ Bedroom)	

\* Town Houses and condominiums are not considered seperately in Kitsap County.

(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		24	
February		18	
March		24	
April		18	
May		20	
June		29	
July		27	
August		36	
September		26	
October		NA	
November		NA	
December		NA	

\* BREAKDOWN BY BEDROOM NOT AVAILABLE. FIGURES ARE FOR ALL SIZES, INCLUDING MASON COUNTY

(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*
HM	0	402
DT	0	04
ICC	0	01
MS	0	01
TM	0	01

\* Assigned to Naval Hospital and Branch Facilities.

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)
Bremerton	25	11.7	15
North & West Bremerton	24	8	13
Silverdale	19	10	15
Port Orachard	14	13	20
Poulsbo	4	13	20

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
North Kitsap School District	Pub	K - 12	Full svcs program	\$4,203*	V-444 M-484	60	WA State Supt of Public Inst WA State School Apportionment & School Dist
Central Kitsap School District	Pub	K - 12	Full Svcs Program	\$4,214*	V-439 M-471	60	WA State Supt of Public Inst WA State School Apportionment & School Dist
South Kitsap School District	Pub	K - 12	Full Svcs Program	\$4,165*	V-419 M-461	60	WA State Supt of Public Inst WA State School Apportionment & School Dist
Bremerton School District	Pub	K - 12	Full Svcs Program	\$4,137*	V-430 M-472	60	WA State Supt of Public Inst WA State School Apportionment & School Dist
North Mason School District	Pub	K - 12	Full Svcs Program	\$4,132*	V-440 M-470	60	WA State Supt of Public Inst WA State School Apportionment & School Dist
Peninsula School District	Pub	K - 12	Full Svcs Program	\$4,225*	V-452 M-495	60	WA State Supt of Public Inst WA State School Apportionment & School Dist
Bambridge Island School District	Pub	K - 12	Full Svcs Program	\$4,185*	V-491 M-542	85	WA State Supt of Public Inst WA State School Apportionment & School Dist

\* Per pupil expenditures; no tuition is charged  
V = Verbal  
M = Math

Additionally, there are approximately 30 pre-schools, 20 church affiliated schools, and under 10 private schools in the Kitsap County area.

(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	
Tacoma Community College	Day	YES	YES	NO	YES	NO
	Night	YES	YES	NO	YES	NO
University of Washington, Tacoma	Day	NO	NO	NO	YES	YES
	Night	NO	NO	NO	YES	NO
Bates Technical Institute, Tacoma	Day	NO	NO	YES	YES	NO
	Night	NO	NO	NO	NO	NO
Northwest College of Art, Poulsbo	Day	NO	NO	NO	YES	NO
	Night	NO	NO	NO	YES	NO
City University, Silverdale	Day	NO	NO	NO	NO	NO
	Night	NO	NO	NO	YES	YES
Eton Technical Institute, Port Orchard	Day	NO	YES	NO	YES	NO
	Night	NO	YES	NO	YES	NO
Pacific Lutheran University, Tacoma	Day	NO	NO	YES	YES	YES
	Night	NO	NO	YES	YES	YES
University of Puget Sound, Tacoma	Day	NO	NO	YES	YES	YES
	Night	NO	NO	YES	YES	YES
South Seattle Community College	Day	YES	YES	YES	YES	NO
	Night	YES	YES	YES	YES	NO
Seattle Central Community College	Day	YES	YES	YES	YES	NO
	Night	YES	YES	YES	YES	NO
University of Washington	Day	NO	NO	NO	YES	YES
	Night	NO	NO	NO	YES	NO
Seattle University	Day	NO	NO	NO	YES	YES
	Night	NO	NO	NO	YES	NO
Seattle Pacific University	Day	NO	NO	NO	YES	YES

	Night	NO	NO	NO	YES	NO
Institution	Type Classes	Program Type(s)				
		Adult High School	Vocational/ Technical	Undergraduate		Graduate
				Courses only	Degree Program	
Olympic College	Day	YES	YES	YES	YES	NO
	Night	YES	YES	YES	YES	NO
Antioch University	Day	NO	NO	NO	YES	YES
	Night	NO	NO	YES	YES	YES

(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	
Olympic College	Day	NO	NO	YES	NO	NO
	Night	NO	YES	YES (Individual Study)	YES	NO
	Correspondence	NO	NO	NO	NO	NO
Southern Illinois University	Day	NO	NO	NO	YES	NO
	Night	NO	NO	NO	NO	NO
	Correspondence	NO	NO	NO	NO	NO
Chapman University	Day	NO	NO	NO	NO	NO
	Night	NO	NO	YES	YES	YES
	Correspondence	NO	NO	NO	NO	NO
Pennsylvania State University	Day	YES	YES	NO	YES	YES
	Night	NO	NO	NO	NO	NO
	Correspondence	NO	NO	NO	NO	NO

\* Classes offered on Submarine Base Bangor, Puget Sound Naval Shipyard, NUWC Keyport

Institution*	Type Classes	Program Type(s)				
		Adult High School	Vocational/ Technical	Undergraduate		Graduate
				Courses only	Degree Program	
City College	Day	NO	NO	YES	YES	YES
	Night	NO	NO	YES	YES	YES
	Correspondence	NO	NO	NO	NO	NO
University of Massachusetts	Video Based	NO	NO	NO	NO	YES
University of Idaho	Video Based	NO	NO	NO	NO	YES
University of Washington	Video Based	NO	NO	NO	NO	YES

\* Classes offered on Submarine Base Bangor, Puget Sound Naval Shipyard, NUWC Keyport

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	146	132	221	No Data
Manufacturing	1	1	2	"
Clerical	313	281	472	"
Service	173	155	261	"
Other	33	30	50	"

**Note:** Information provided by Family Services Center, PSNS Bremerton.

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.

No, however, some Branch Medical Clinics may be limited in the level of care they are able to provide. Care above the acute/injury treatment level of the clinic is referred to Naval Hospital Bremerton.

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.

No, dependents receive care through Naval Hospital Bremerton or CHAMPUS. Naval Hospital Bremerton is experiencing difficulty in expanding enrollment to Family Practice and other primary care clinics due to our physical space constraints. Some delays to access are experienced due to the previously mentioned.

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	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
2. Blackmarket (6C)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
3. Counterfeiting (6G)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
4. Postal (6L)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0

Crime Definitions	FY 1991	FY 1992	FY 1993
5. Customs (6M)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
6. Burglary (6N)			
Base Personnel - military	1	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
7. Larceny - Ordnance (6R)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
8. Larceny - Government (6S)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0

Crime Definitions	FY 1991	FY 1992	FY 1993
9. Larceny - Personal (6T)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
10. Wrongful Destruction (6U)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
11. Larceny - Vehicle (6V)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
12. Bomb Threat (7B)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0

Crime Definitions	FY 1991	FY 1992	FY 1993
13. Extortion (7E)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
14. Assault (7G)			
Base Personnel - military	0	1	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
15. Death (7H)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
16. Kidnapping (7K)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0

Crime Definitions	FY 1991	FY 1992	FY 1993
18. Narcotics (7N)			
Base Personnel - military	0	0	2
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
19. Perjury (7P)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
20. Robbery (7R)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
21. Traffic Accident (7T)			
Base Personnel - military	0	2	1
Base Personnel - civilian	0	1	1
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0

Crime Definitions	FY 1991	FY 1992	FY 1993
22. Sex Abuse - Child (8B)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
23. Indecent Assault (8D)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
24. Rape (8F)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0
25. Sodomy (8G)			
Base Personnel - military	0	0	0
Base Personnel - civilian	0	0	0
Off Base Personnel - military	0	0	0
Off Base Personnel - civilian	0	0	0

## 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-02, 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, BLDG HPO5, E1-E3*	126	42	126	264/Room	N/A		N/A	
BEQ, BLDG HP03, E4-E6*	32	24	36	217/Room	N/A		N/A	

\* Occupancy: E1-E3 - 3 persons/room, E4 - 2 persons/room, E5-E6 - 1 person/room

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?

Enclosure (1)

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. A. MENCIK  
NAME (Please type or print)

B. A. Mencik  
Signature

Commanding Officer  
Title

9/10/94  
Date

Naval Hospital Bremerton Wa  
Activity

Enclosure (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)

\_\_\_\_\_  
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

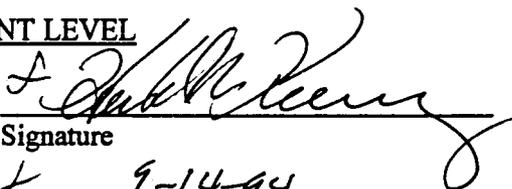
\_\_\_\_\_  
Date

\_\_\_\_\_  
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 \_\_\_\_\_

\_\_\_\_\_  
Date

Title

BUREAU OF MEDICINE AND SURGERY

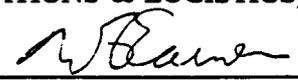
Activity

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

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. MAYO  
NAME (Please type or print)

Signature



Commanding Officer  
Title

Date



Naval Hospital Bremerton  
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

15 JUN 1994

ACTING CHIEF BUMED  
Title

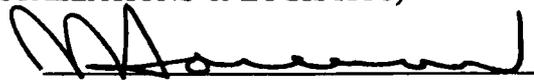
\_\_\_\_\_  
Date

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)

**R. R. SAREERAM**  
\_\_\_\_\_  
NAME (Please type or print)

  
\_\_\_\_\_  
Signature

ACTING  
\_\_\_\_\_  
Title

29 JUN 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

B. A. MENCIK  
NAME (Please type or print)

B. A. Mencik  
Signature

Commanding Officer  
Title

9/29/94  
Date

Naval Hospital Bremerton  
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

*D. F. Hagen*  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

X 10/4/94  
\_\_\_\_\_  
Date

\_\_\_\_\_  
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. GREENE, JR.

\_\_\_\_\_  
NAME (Please type or print)  
ACTING

*J. B. Greene, Jr.*  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

11 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."

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. A. MENCIK  
NAME (Please type or print)

B. A. Mencik  
Signature

Commanding Officer  
Title

9/29/94  
Date

Naval Hospital Bremerton  
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

*D. F. Hagen*

NAME (Please type or print)

Signature

CHIEF BUMED/SURGEON GENERAL

*X 10/4/94*

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

*11 OCT 1994*

Title

Date

# Document Separator

**CAPACITY ANALYSIS:  
DATA CALL WORK SHEET FOR  
MEDICAL FACILITY: NH CAMP LEJEUNE 68093 NAVHOSP CAMP  
LEJEUNE NC**

**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 <sup>1</sup>	ASSIGNED <sup>2</sup>	REGION <sup>3</sup>	CATCHMENT <sup>1</sup>	ASSIGNED <sup>2</sup>	REGION <sup>3</sup>
AD	39904	39904	N/A	39904	39904	N/A
FAMILY OF AD	39818	39818	N/A	39818	39818	N/A
SUBTOTAL	79722	79722	N/A	79722	79722	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	11916	11916	N/A	17579	17579	N/A
RETIRED AND FAMILY MEMBERS OVER 65 <sup>4</sup>	1617	1617	N/A	2297	2297	N/A
OTHER	1336	1336	N/A	1336	1336	N/A
TOTAL	94591	94591	N/A	100934	100934	N/A

**NOTE: THE FOLLOWING APPLIES TO ALL FACILITIES.**

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> IF YOU ARE A DESIGNATED NAVAL MEDICAL CENTER, PLEASE REPORT YOUR LEAD AGENT POPULATION (SEE TRICARE POLICY GUIDELINES).

<sup>4</sup> THIS SECTION MUST BE COMPLETED.

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

Operating Beds <sup>1</sup> :	<u>166</u>	176
Set Up Beds <sup>1</sup> :	<u>0</u>	48
Expanded Bed Capacity <sup>2</sup> :	<u>238</u>	

BUMED-822  
MHA, 30 Jun 94

<sup>1</sup> Use the definitions in BUMEDINST 6320.69 and 6321.3.

<sup>2</sup> 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.

NOTE: IN PROCESS OF REVISING BED COUNT USING "AERO" BASE REVIEW REQUIREMENT. RESPONSE DUE TO BUMED BY MID-JULY.

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	125881	162576	35338	323795
ADMISSIONS	4205	3153	937	8295
LABORATORY TESTS (WEIGHTED) <sup>1</sup>	N/A			3657052
RADIOLOGY PROCEDURES (WEIGHTED) <sup>1</sup>				203465
PHARMACY UNITS (WEIGHTED) <sup>1</sup>				769963
OTHER (SPECIFY)				6902

<sup>1</sup> 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.

NOTE: OTHER INCLUDES 5,462 OCCUPATIONAL HEALTH VISITS AND 1,404 VISITS UNIDENTIFIED FOR OUTPATIENT VISITS AND 36 ADMISSIONS FOR CHNI, COAST GUARD AND CIVILIAN.

BUMED-822  
MSS, 3 Jun 94

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	125881	162576	35338	323795
ADMISSIONS	4205	3153	937	8295
LABORATORY TESTS (WEIGHTED) <sup>1</sup>	N/A	—————→		3657052
RADIOLOGY PROCEDURES (WEIGHTED) <sup>1</sup>	↓			203465
PHARMACY UNITS (WEIGHTED) <sup>1</sup>	↓			769963
OTHER (SPECIFY)				6902

<sup>1</sup> 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.

NOTE: OTHER (see item 3)

BUMED-822  
 MASS, 3 Jun 90

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	127186	253370	56762	437718
ADMISSIONS	4220	6908	1534	12662
LABORATORY TESTS (WEIGHTED) <sup>1</sup>	N/A			4922324
RADIOLOGY PROCEDURES (WEIGHTED) <sup>1</sup>				227213
PHARMACY UNITS (WEIGHTED) <sup>1</sup>				813200
OTHER (SPECIFY)				9318

<sup>1</sup> 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.  
 OUTPATIENT VISITS: 1 NavCare contract visits (less mammography) = 100,629, AD=1%; 2 Suppcare # through Apr 94 = 455/7\*12=780, Champus report O/P AD family 8572, Ret & family 3552. #1 and #2 prorated based on FY93 visits, added to FY93 visits on #3.  
 ADMISSIONS: 1. Suppcare # through Apr 94 = 9/7\*12=15 AD; 2. Champus report AD family 3,755, Ret and family 597 added to FY93 admissions on #3.  
 ANCILLARY: Mar 94 SEARS report \* 2; plus contract for MRI mobile unit.  
 OTHER: Prorated utilizing Item 3 O/P visits i.e. 437718-323795=113923/323925=35% increase, 6902\*1.35=9318

BUMED-822  
 WMA, 3 Jun 94

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 <sup>1</sup>	40	40	40	40	40	40	40	40
SPECIALTY CARE <sup>2</sup>	37	36	36	36	36	36	36	36
PHYSICIAN EXTENDERS <sup>3</sup>	26	26	26	26	26	26	26	26
INDEPENDENT DUTY CORPSMEN	N/A							
TOTAL	103	102	102	102	102	102	102	102

BUMED-822  
 (MMA), 3 Jun 91

<sup>1</sup>This includes General Medical Officers, Flight Surgeons, Diving Medical Officers, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.

<sup>2</sup> This is all other physician providers not included in the primary care category.

<sup>3</sup> 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 <sup>1</sup>	522
SPECIALTY CARE <sup>2</sup>	537
PHYSICIAN EXTENDER <sup>3</sup>	697
TOTAL	1756

<sup>1</sup> This includes General Practitioners, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.

<sup>2</sup> This is all other physician providers not included in the primary care category.

<sup>3</sup> 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: 640,000

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 <sup>1</sup>	DRIVING TIME	RELATIONSHIP <sup>2</sup>
Cherry Point	DHP	48 miles	1 hour	MOU MCAS MED SUPPORT
Onslow Memor	Hospital Auth	7 miles	15 minutes	OB(MOU), INTERHOSP TRAN
Craven	Hospital Auth	44 miles	1 hour	
Carteret Gen	County	38 miles	45 minutes	
New Hanover	Other	56 miles	75 minutes	

<sup>1</sup> Distance in driving miles from your facility

<sup>2</sup> List any partnerships, MOUs, contracts, etc with this facility

Cape Fear            Other            56 miles 75 minutes

Pender             County          45 miles 1 hour

Pitt Memorial      75 miles 90 minutes

MOU Family Practice,  
Interhospital Transfers, Social  
Work Residency, Graduate Nursing  
Baccalaureat Nursing Pgm, Physical  
Therapy Students

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

FACILITY	BEDS <sup>1</sup>	JCAHO APPROVED	OCCUPANCY <sup>1</sup>	UNIQUE FEATURES <sup>2</sup>
Cherry Point	43	Yes	30.2	Unknown
Onslow Memorial	133	Yes	61.7	Unknown
Craven Regional	276	Yes	72.5	Unknown
Carteret General	117	Yes	71.8	Unknown
New Hanover	473	Yes	77.8	Unknown

Cape Fear

81

Yes

64.2

Unknown

Pender

66

No

N/A

Unknown

Pitt Memorial

609

Yes

84.2

Trauma Center, Graduate Medical School, Cardiology, Neonatal, Geneti

<sup>1</sup> Use definitions as noted in the American Hospital Association publication Hospital Counseling Statistics.

<sup>2</sup> 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 (i.e.: 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

NEGATIVE RESPONSE

(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) <sup>1</sup>	Capacity (Student HRS/YR)

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

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

**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."

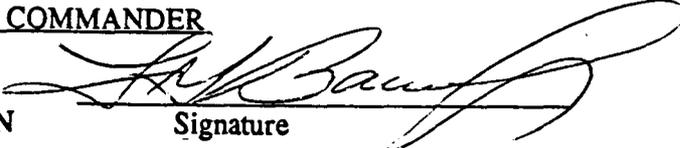
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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

\_\_\_\_\_  
NAME F. G. BARINA, JR., CAPT, MSC, USN

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title Commanding Officer (Acting)

Date

\_\_\_\_\_  
27 MAY 1994

\_\_\_\_\_  
Activity Naval Hospital, Camp Lejeune, NC 28547-0100

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

*D. F. Hagen*  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

6-3-94

\_\_\_\_\_  
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. GROENE JR

\_\_\_\_\_  
NAME (Please type or print)

*J. B. Groene Jr*  
\_\_\_\_\_  
Signature

Acting

\_\_\_\_\_  
Title

8 JUNE 1994

\_\_\_\_\_  
Date

371

**MILITARY VALUE ANALYSIS:  
DATA CALL WORKSHEET FOR:  
MEDICAL FACILITY: NAVHOSP CAMP  
LEJEUNE NC  
ACTIVITY UIC: 68093**

**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	
9. Manpower and Recruiting Issues	

16

## Features and Capabilities

10. Capabilities	
11. Mobilization	
12. Non Availability Statements	
13. Supplemental Care	
14. Costs	
15. Quality of Life	23,24,25

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 mission of the Naval Hospital, Camp Lejeune, NC, is as follows:

- Provide a comprehensive range of emergency, outpatient, and inpatient healthcare services to active duty Navy and Marine Corps personnel and active duty members of other Federal Uniformed Services.
- Ensure that all assigned military personnel are both aware of and properly trained for performance of their assigned contingency and wartime duties.
- Ensure that the command is maintained in a proper state of material and personnel readiness to fulfill wartime and contingency mission plans.
- Provide as directed, healthcare services in support of the operating forces. Subject to the availability of space and resources, provide the maximum range and amount of comprehensive healthcare services possible for other authorized persons as prescribed by Title 10, U. S. Code, and other applicable directives.
- Conduct appropriate education programs for assigned military personnel to ensure that both military and healthcare standards of conduct and performance are achieved and maintained.
- Participate as an integral element of the Navy and Tri-Service Regional Healthcare System.
- Cooperative with military and civilian authorities in matters pertaining to public health, local disasters, and other emergencies.
- The Total Quality "Lejeune" Mission Statement states: Beneficiaries are our focus; Our staff is our most important asset; and Healthcare is our business. We will use our clinical, educational, and management skills to provide appropriate and cost effective healthcare services.

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)
2d MARDIV		Camp Lejeune	17,591
2d FSSG		Camp Lejeune	7,541
Students		Camp Johnson	5,680
MCAS NR		MCAS	4,525
MCB		Camp Lejeune	3,629
II MEF		Camp Lejeune	3,303
Base Unit (Reservists)		Camp Lejeune	640
Veterinary USA		Camp Lejeune	18
PERSSUPACTDET		Camp Lejeune	14
2 MEB		Camp Lejeune	10

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

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	3,792	119,484	4.4 Days	50
ACTIVE DUTY NON N/MC	77	3,552	2.8 Days	1
TOTAL ACTIVE DUTY	3,869	123,036		51
FAMILY OF AD	3,117	235,812	2.3 Days	29
RETIRED AND FAMILY MEMBERS UNDER 65	639	36,318	3.4 Days	7
RETIRED AND FAMILY MEMBERS OVER 65	304	13,914	3.4 Days	3
OTHER	60	10,056	2.6 Days	
TOTAL	7,989	419,136		90

What is your occupancy rate for FY 1994 to date? 47.2%

*Revised PG*

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	3,792	119,484	3.3 Days	
ACTIVE DUTY NON N/MC	77	3,552		
TOTAL ACTIVE DUTY	3,869	123,036		
FAMILY OF AD	3,117	235,812		
RETIRED AND FAMILY MEMBERS UNDER 65	943	50,232		
RETIRED AND FAMILY MEMBERS OVER 65	<i>Not Available</i>			
OTHER	60	10,056		
TOTAL	7,989	419,136		83

NOTE: (1) Admission statistics not available for retirees over/under age 65.

(2) ALS statistics are not available by beneficiary category, (3.3) represents ALS for entire patient census.

What is your occupancy rate for FY 1994 to date? 50%

*CGO BUMED-823  
6 June 94*

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	435,000	435,000	435,000	435,000	435,000	435,000	435,000
ADMISS.	8,500	8,500	8,500	8,500	8,500	8,500	8,500

Please show all assumptions and calculations in the space below:  
 Projected outpatient visits are based upon gaining an additional Marine Corps unit due to Base Realignment during FY95.

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 Services (EIA) (EIB) (EIC)	24,735	49
Patient Admin (EJA)	21,439	43
Patient Admin (EKA)	31,746	63
MID (EBC)	4,536	9
Directors (EBD)	18,750	37
Training & Education (EBF)	6,305	13
Material Management (EEA)	19,928	40
Custodial (EFB)		
Medical Repair (EGA)	5,306	11
Special (EBB)	16,055	32
Laundry (In house) (EGA)	2,173	4
Housekeeping (Contract) (EFB)	18,285	36
CHCS (EBC)	5,040	10

NOTE: (1) Time Spent/Qtr reflected in hours.  
 (2) Staff needed reflects on board.

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								

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 <sup>1</sup>	CERT. <sup>2</sup>	COMMENTS <sup>3</sup>
Not Applicable			

<sup>1</sup> Use F for fully accredited, P for probation, and N for not accredited.

<sup>2</sup> List the percentage of program graduates that achieve board certification.

<sup>3</sup> 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.

R

**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 <sup>1</sup>	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE <sup>2</sup>
510-10	Hospital	441,902	12	Adequate
750-61	Recreational Pier	1,440	7	Adequate
740-84	Indoor Playing Court	2,235	5	Adequate
21910	Public Works/Transportation	11,785	9	Adequate
44130	Hazardous/Flammable Storage	120	9	Adequate
72111	Bachelor Enlisted Quarters	27,768	5	Adequate
21910	Insect Vector Control	682	8	Adequate
51077	Warehouse	5,000	11	Adequate
21977	Warehouse	5,000	11	Inadequate
44130	Compressed Gas Storage	216	8	Adequate
83230	Sewage Training Plant	432	12	Adequate

R

R

<sup>1</sup> Use refers to patient care, administration, laboratory, warehouse, power plant, etc.

<sup>2</sup> 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:

10R 18 Oct 94  
CFA BUM9D-823

**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 <sup>1</sup>	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE <sup>2</sup>
510-10	Hospital	441,902	12	Adequate
750-61	Recreational Pier	1,440	7	Adequate
740-84	Indoor Playing Court	2,235	5	Adequate
21910	Public Works/Transportation	11,785	9	Adequate
44130	Hazardous/Flammable Storage	120	9	Adequate
72111	Bachelor Enlisted Quarters	27,768	5	Adequate
21910	Insect Vector Control	682	8	Adequate
51077	Warehouse	5,000	11	Adequate
21977	Warehouse	5,000	11	Adequate
44130	Compressed Gas Storage	216	8	Adequate
83230	Sewage Training Plant	432	12	Adequate

<sup>1</sup> Use refers to patient care, administration, laboratory, warehouse, power plant, etc.

<sup>2</sup> 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:

10R (110-194)  
 SPCW BAWRD-823

## 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 <sup>1</sup>	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE <sup>2</sup>
510-10	Hospital	441,902	12	Adequate
710-61	Recreational Pier	1,440	7	Adequate
740-84	Indoor Playing Court	2,235	5	Adequate
21910	Public Works/Transportation	11,785	9	Adequate
44130	Hazardous/Flammable Storage	120	9	Adequate
72111	Bachelor Enlisted Quarters	27,768	5	Adequate
21910	Insect Vector Control	682	8	Adequate
51077	Warehouse	5,000	11	Adequate
21977	Warehouse	5,000	11	Adequate
44130	Compressed Gas Storage	216	8	Adequate
83230	Sewage Treatment Plant	432	12	Adequate

<sup>1</sup> Use refers to patient care, administration, laboratory, warehouse, power plant, etc.

<sup>2</sup> 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

1. Facility Type/Code: PW Maintenance Storage/Cat Code 21977
2. What makes it inadequate? No Fire Suppression and leaking metal roof.
3. What use is being made of the facility? Material and Equipment Storage.
4. What is the cost to upgrade the facility to substandard? \$20,000.
5. What other use could be made of the facility and at what cost? NONE
6. Current improvement plans and programmed funding: NONE
7. Has this facility condition resulted in "C3" or "C4" designation on your BASEREP? NO

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
P-721	Bachelor Enlisted Quarters	FY 87	2.1 MIL
C3-84	Indoor Playing Court	FY 88	190 K

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-704	Bachelor Enlisted Quarters	FY 94	2.4 MIL

7d. Planned Capital Improvements. List the project number, description, funding year, and value of the BRAC related

11R 25 Oct 94  
CAGW BAWSP-823

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-721	Bachelor Enlisted Quarters	FY 87	2.1 MIL
C3-84	Indoor Playing Court	FY 88	190 K

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-704	Bachelor Enlisted Quarters	FY 94	2.4 MIL

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

R

PROJECT	DESCRIPTION	FUND YEAR	VALUE

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, CAMP LEJEUNE, NC					
2. UIC N60893	3. CATEGORY CODE 51010	4. NO. OF BUILDINGS: 11			
5. SIZE 238 Bed	A. GSF 494,828	B. NORMAL BEDS 166 Beds	C.DTRS 5		
6. LOCATION U. S.	A. CITY 0735	B. STATE 37			
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	83	17		E18	
(2) ADMINISTRATION	87	13		B12	
(3) CENTRAL STERILE SVCS.	100				
(4) DENTAL	100				
(5) EMERGENCY SVCS.	80	20		B09	
(6) FOOD SERVICES	100				
(7) LABORATORIES	100				
(8) LOGISTICS	80	20		C01 B01 B09	
(9) INPATIENT NURSING UNITS	100				
(10) LABOR-DEL-NURSERY	100				
(11) OUTPATIENT CLINICS	100				
(12) PHARMACY	80	20		B17	
(13) RADIOLOGY	100				

R

capital improvements planned for 1995 through 1999.

PROJECT	DESCRIPTION	FUND YEAR	VALUE

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, CAMP LEJEUNE, NC					
2. UIC N60893	3. CATEGORY CODE 51010	4. NO. OF BUILDINGS: 11			
5. SIZE 238 Bed	A. GSF 494,828	B. NORMAL BEDS 166 Beds	C. DTRS 5		
6. LOCATION U. S.	A. CITY 0735	B. STATE 37			
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	83 ✓	17 ✓	✓	E18	
(2) ADMINISTRATION	82 ✓	13 ✓	✓	B12	
(3) CENTRAL STERILE SVCS.	100 ✓	✓	✓		
(4) DENTAL	100 ✓	✓	✓		
(5) EMERGENCY SVCS.	80 ✓	20 ✓	✓	B09	
(6) FOOD SERVICES	100 ✓	✓	✓		
(7) LABORATORIES	100 ✓	✓	✓		
(8) LOGISTICS	80 ✓	20 ✓	✓	C01 B01 B09	
(9) INPATIENT NURSING UNITS	100 ✓	✓	✓		
(10) LABOR-DEL-NURSERY	100 ✓	✓	✓		
(11) OUTPATIENT CLINICS	100 ✓	✓	✓		

12 CGW 6 Jun 94  
BQMED-823

(13) RADIOLOGY	100	✓	✓	✓	
(14) SURGICAL SUITE	100	✓	✓	✓	
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	90	✓	10 ✓	✓	B12
(B) HVAC	80	✓	20 ✓	✓	C01
(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 or 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 or 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: June 1991

FULL ACCREDITATION: Yes

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

5)

SCORE OF 93 AS OF JUNE 1991

NOTE: Most recent survey was 13, 16 & 17 May 1994;

score not yet received.

**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?

Excellent location for Active Duty and civilian beneficiaries because we are within close proximity to our clients served.

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

Included in the Marine Corps Base Data Call Package.

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.

Nearest facility which accomodates a C9 Aircraft is Marine Corps Air Station, New River, Jacksonville, North Carolina

Distance (in miles): 12

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

CRITICAL. We are the major supplier of manpower to the Marine Expeditionary Force.

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

Average time is within 25 minutes.

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?

Our facility's location hinders the hiring of qualified professional personnel. We are isolated, we have low-salaries and substandard career progression.

**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?

Excellent location for Active Duty and civilian beneficiaries because we are within close proximity to our clients served.

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

Included in the Marine Corps Base Data Call Package.

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.

Included in the Marine Corps Base Data Call Package.

Distance (in miles): \_\_\_\_\_

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

CRITICAL. We are the major supplier of manpower to the Marine Expeditionary Force.

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

Average time is within 25 minutes.

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?

Our facility's location hinders the hiring of qualified professional personnel. We are isolated, we have low-salaries and substandard career progression.

## 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 impact would be as follows:

- a) The Branch Clinics support the Active Duty population;  
this includes operational support of unique military functions and elements of the Operational Forces.
- b) The inpatient care requirements would exceed local capabilities.

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.

No. Due to the rural location of our facility the primary and tertiary care available is extremely limited.

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 would not be in a position to absorb the residual population; however, the regional community could handle the residual population.

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:

Yes, assuming that the local community consists of distribution to local hospital including: Cherry Point, Onslow Memorial, Craven Regional Medical Center, Carteret General, New Hanover Memorial and Cape Fear hospitals.



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
Fleet Hospital 20		33
USS Guam		1
USS Guadalcanal		3
2d MAR DIV		25
USS Inchon		5
USS Belleauwood		1
USS Wasp		1
Fleet Hospital 15		2
USNS Comfort		43
MAG 29		3
2d MAW		1
NAVHOSP GTMO		4
ASWBPL (MacGuire)		2
NAVHOSP NAPLES		22
HQ FMLANT		1
2d FSSG		17
Fleet Hospital #1		1
Fleet Hospital #2		3
Fleet Hospital #3		46
Fleet Hospital #4		14
Fleet Hospital #5		38
ASWBPL (Lackland)		1
7th MEB (CMD)		1
1st MARDIV (ADV)		1
1st FSSG (ADV)		11

Total for NH Camp Keene  
 CPTO BQMED-823<sup>21</sup>  
 6 Jun 94

**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<sup>1</sup> 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<sup>1</sup>: 238.

<sup>1</sup> 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	2,806	2,405	1,472
OUTPATIENT	1,334	1,235	563

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

CATEGORY OF PATIENT	SUPPLEMENTAL CARE <sup>2</sup>					
	FY 1992		FY 1993		FY 1994	
	NO. <sup>1</sup>	COST <sup>2</sup>	NO.	COST	NO.	COST
AD	794	794,868	557	266,698	236	163,324
AD FAMILY	189	144,715	226	134,651	162	293,892
OTHER	299	391,579	218	298,432	145	293,772
TOTAL	1,282	1,331,162	1,001	699,781	543	750,988

<sup>1</sup> The total number of consults, procedures and admissions covered with supplemental care dollars.

<sup>2</sup> 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	\$21,658,388	\$23,361,200	\$31,384,904
TOTAL OUTPATIENT VISITS	324,574	330,661	419,136
AVERAGE COST PER VISIT	\$66.32	\$70.65	\$74.88

FY93 outpatient visits include, 323,795 clinical, 5,460 Occupational Health visits, and 1,404 other visits. (Obtained from Worldwide Outpatient Reporting System(WORS)). FY94 outpatient visits are based on current capability.

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)	21,800,559	23,652,704	

Table B:

CATEGORY	FY 1992	FY 1993	FY 1994
B. GRADUATE MEDICAL EDUCATION SUPPORT (EBE)			
C. EDUCATION AND TRAINING PROGRAM SUPPORT (EBF)	880,115	683,911	
D. TOTAL EXPENSES IN EBE AND EBF (B+C)	880,115	683,911	
E. TOTAL E EXPENSES (ALL ACCOUNTS)	21,844,483	22,981,391	
F. % SELECTED E EXPENSES (D/E) <sup>1</sup>			

<sup>1</sup> Record as a decimal to 6 digits.

NOTE: FY 94 1ST Quarter Data is not available.

Disregard 1994 - 1  
 CACU BUREAU - 8235  
 10 Jan 94  
 see pg 20

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)			

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)			

Disregard pg 26 See pg 26R  
 SFCU TRM ED-823  
 6 Jun 94

TABLE A: CAMP LEJEUNE

CATEGORY	FY 92	FY 93	FY 94
A. TOTAL MEPRS-A	21800904		

COMPLETE INFORMATION FOR FY 93 &amp; FY 94 IS NOT AVAILABLE

TABLE B:

CATEGORY	FY 92	FY 93	FY 94
B. GRADUATE MED ED (EBE)	0		
C. EDUCATION AND TRAINING (EBF)	851540		
D. TOTAL EXP EBE AND EBF	851540	0	0
E. TOTAL E EXPENSES	19520387		
F. % SELECTED E EXPENSES (D/E)	0.043623	ERR	ERR

TABLE C:

CATEGORY	FY 92	FY 93	FY 94
G. TOTAL E IN MEPRS-A	3884113		
H. E EXPENSES TO REMOVE FROM A (FxG)	169437.1	ERR	ERR
I. AREA REF LABS (FAA)	0		
J. CLINICAL INVEST (FAH)	0		
K. TOTAL SELECTED F (I+J)	0	0	0
L. CONTINUING HEALTH ED (FAL)	273122		
M. DECEDENT AFFAIRS (FDD)	14337		
N. INITIAL OUTFITTING (FDE)	0		
O. URGENT MINOR CONST (FDF)	0		
P. TOTAL (L+M+N+O)	287459	0	0
E EXPENSE (FAL)	14692		
E EXPENSE (FDD)	3042		
E EXPENSE (FDE)	0		
E EXPENSE (FDF)	0		
Q. E XEPENSES INCLUDED IN ROW P	17734	0	0
R. E EXPENSES TO REMOVE FROM P. (FxQ)	773.6122	ERR	ERR
S. OTHER F'S LESS E (P-R)	286685.4	ERR	ERR

TABLE D:

CATEGORY	FY 92	FY 93	FY 94
T. IWU	7216.59		
U MWU	15949.21		
V PERCENT INPATIENT	0.452473	ERR	ERR
W. FINAL OTHER F EXP (SxV)	129717.5	ERR	ERR
X FINAL F EXP (K+W)	129717.5	ERR	ERR
Y TOTAL CATEGORY III EXP (A-H+X)	21761184	ERR	ERR
Z NUMBER BIOMETRICS DISPOS	8768		
AA. TOTAL MEPRS DISP	8857		
BB. ADJ DISPOS (Z/AA)	0.989951	ERR	ERR
CC ADJ MERPS EXP (YxBB)	21542516	ERR	ERR
DD. TOTAL RWP	6507.806		
EE COST PER RWP (CC/DD)	3310.258	ERR	ERR
CATEGORY II RWPS			
(DXNNH)	11.1976		
(PAS)	1576.014		
(ADELS)	96.4855		
FF. TOTAL CAT II RWPS	1683.697	0	0
GG. TOTAL CAT II COST (EExFF)	5573472	ERR	ERR
HH. TOTAL EXT CAT III EXP (CC-GG)	15969044	ERR	ERR
II. TOTAL CAT III RWPS (DD-FF)	4824.109	0	0
JJ. COST PER CAT III RWP (HH/II)	3310.258	ERR	ERR

TABLE E

CATEGORY	FY 92	FY 93	FY 94
KK. TOTAL OBDS	32229		
CAT II OBDS			
(DXNNH)	86		
(PAS)	4271		
(ADELS)	1432		
LL TOTAL CAT II OBD	5789	0	0
MM CAT III OBDS (KK-LL)	26440	0	0
NN. AVG DAYS/RWP (MM/II)	5.480805	ERR	ERR
OO. ADD ON PER RWP (NNx77)	422.022	ERR	ERR
PP. TOTAL COST PER RWP (JJ+OO)	3732.28	ERR	ERR
QQ. CIVILIAN PAY COST (PPx.15)	559.842	ERR	ERR
RR. MILITARY PAY COST (PPx.56)	2090.077	ERR	ERR
SS. OTHER COSTS (PPx.29)	1082.361	ERR	ERR
TT. CIVILIAN PAY RAISES (QQx1.037x1.0297)	597.7987	ERR	ERR
UU. MILITARY PAY RAISES (RRx1.037x1.0165)	2203.172	ERR	ERR
VV. UNFUNDED CIV RET (TTx1.47)	878.764	ERR	ERR
WW. CIVILAIN ASSET USE CHARGE (VVx1.04)	913.9146	ERR	ERR
XX. MILITARY ASSET USE CHARGE (UU*1.04)	2291.299	ERR	ERR
YY. OTHER ASSET USE CHARGES (SS*1.04)	1125.656	ERR	ERR
ZZ. OTHER COSTS DEFLATOR FACT (YY*1.083)	1219.085	ERR	ERR
ADJ CAT III COST/RWP	4424.298	ERR	ERR

15. Quality of Life. NOT APPLICABLE

(MCB Camp Lejeune  
will respond)

BUMED-822  
MAJ, 3 Jun 94

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. NOT APPLICABLE

Pay Grade	Number of Bedrooms	Number on List <sup>1</sup>	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+		

---

<sup>1</sup>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. **NOT APPLICABLE**

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)?

**NOT APPLICABLE**

(g) Provide the utilization rate for family housing for FY 1993. **NOT APPLICABLE**

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? **NOT APPLICABLE**

(2) **BEQ:**

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

Type of Quarters	Utilization Rate
Adequate	100%
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:

$$\text{AOB} = \frac{(\# \text{ Geographic Bachelors} \times \text{average \# of days in Barracks})}{365}$$

$$.54 = 2(\text{GB}) \times 100 = \frac{200}{365}$$

(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.)	2		Separated from spouse.
Spouse Employment (non-military)			
Other			
<b>TOTAL</b>	<b>2</b>	<b>100</b>	

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

(3) BOQ: NOT APPLICABLE

(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:

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

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			
<b>TOTAL</b>		100	

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

b. For on-base MWR facilities<sup>2</sup> 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 NAVAL HOSPITAL, CL Bldg NH 100      DISTANCE Five miles from  
main base (HADNOT POINT AREA)

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Auto Hobby	Indoor Bays		N/A
	Outdoor Bays		N/A
Arts/Crafts	SF		N/A
Wood Hobby	SF		N/A
Bowling	Lanes		N/A
Enlisted Club	SF		N/A
Officer's Club	SF		N/A
Library	SF	2,296	N/A
Library	Books	7,300	N/A
Theater	Seats		N/A
ITT	SF		N/A
Museum/Memorial	SF		N/A
Pool (indoor)	Lanes		N/A
Pool (outdoor)	Lanes		N/A
Beach	LF		N/A
Swimming Ponds	Each		N/A
Tennis CT	Each		N/A

<sup>2</sup>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	N/A	N/A
Basketball CT (outdoor)	Each	2	N
Racquetball CT	Each	2	N
Golf Course	Holes	N/A	N/A
Driving Range	Tee Boxes	N/A	N/A
Gymnasium	SF	N/A	N/A
Fitness Center	SF		N
Marina	Berths	N/A	N/A
Stables	Stalls	N/A	N/A
Softball Fld	Each	N/A	N/A
Football Fld	Each	N/A	N/A
Soccer Fld	Each	N/A	N/A
Youth Center	SF	N/A	N/A

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

d. Base Family Support Facilities and Programs NOT APPLICABLE

(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	N/A
Gas Station	SF	N/A
Auto Repair	SF	N/A
Auto Parts Store	SF	N/A
Commissary	SF	N/A
Mini-Mart	SF	N/A
Package Store	SF	N/A
Fast Food Restaurants	Each	N/A
Bank/Credit Union	Each	N/A
Family Service Center	SF	N/A
Laundromat	SF	N/A
Dry Cleaners	Each	N/A
ARC	PN	N/A
Chapel	PN	N/A
FSC Clssrm/Auditorium	PN	N/A

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

City	Distance (Miles)
Raliegh, NC	100 miles
Charlotte, NC	200 miles

f. Standard Rate VHA Data for Cost of Living:

INFORMATION PROVIDED IN MARINE CORPS BASE DATA CALL

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

**INFORMATION PROVIDED IN MARINE CORPS BASE DATA CALL**

(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? INFORMATION PROVIDED IN MARINE CORPS BASE DATA CALL.

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? NOT APPLICABLE.

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.

**INFORMATION PROVIDED BY MARINE CORPS BASE DATA CALL**

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.

NOT APPLICABLE.

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			

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."

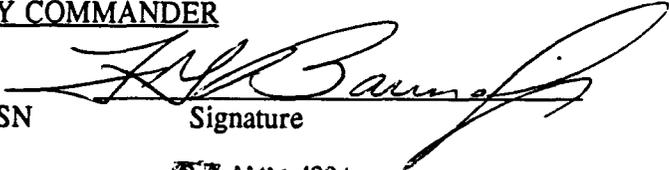
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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

\_\_\_\_\_  
NAME F. G. BARINA, JR., CAPT, MSC, USN

  
Signature

\_\_\_\_\_  
Title Commanding Officer (Acting)

Date

27 MAY 1994

\_\_\_\_\_  
Activity Naval Hospital, Camp Lejeune, NC 28547-0100

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

6-6-94  
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

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

M. L. COWAN, CAPT MC USN  
NAME (Please type or print)

  
Signature

COMMANDING OFFICER  
Title

22 August 1994  
Date

NAVAL HOSPITAL, CAMP LEJEUNE, 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

*D. F. Hagen*

NAME (Please type or print)

Signature

CHIEF BUMED/SURGEON GENERAL

8-29-94

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)

W. A. EARNER

*W. A. Earner*

NAME (Please type or print):

Signature

Title

Date

9/6/94

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

M. L. COWAN, CAPT MC USN  
NAME (Please type or print)



\_\_\_\_\_  
Signature

COMMANDING OFFICER  
Title

7 September 1996  
Date

NAVAL HOSPITAL, CAMP LEJEUNE, 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

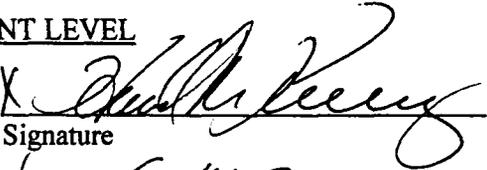
\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

MAJOR CLAIMANT LEVEL

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

X   
Signature

ACTING CHIEF BUMED \_\_\_\_\_  
Title

X 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

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

M. L. COWAN, CAPT MC USN  
NAME (Please type or print)

  
Signature

COMMANDING OFFICER  
Title

25 October 1994  
Date

NAVAL HOSPITAL, CAMP LEJEUNE, 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

*D. F. Hagen*  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

*X Oct 26, 1994*  
\_\_\_\_\_  
Date

\_\_\_\_\_  
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)

W. A. EARNER

*W. A. Earner*  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
NAME (Please type or print)

*11/2/94*  
\_\_\_\_\_  
Date

\_\_\_\_\_  
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

M. L. COWAN, CAPT MC USN  
NAME (Please type or print)

  
Signature

COMMANDING OFFICER  
Title

11 October 1994  
Date

NAVAL HOSPITAL, CAMP LEJEUNE, 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

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

*[Signature]*  
Signature

ACTING CHIEF BUMED

\_\_\_\_\_  
Title

*10/14/94*  
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]*  
Signature

\_\_\_\_\_  
Title

*10/21/94*  
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

M. L. COWAN, CAPT MC USN  
NAME (Please type or print)

  
\_\_\_\_\_  
Signature

COMMANDING OFFICER  
Title

23 January 1995  
Date

NAVAL HOSPITAL, CAMP LEJEUNE, 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

HAROLD M. KOENIG, RADM, MC, USN

X

\_\_\_\_\_  
NAME (Please type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
ACTING CHIEF BUMED

X

\_\_\_\_\_  
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)

W. A. EARNER

\_\_\_\_\_  
NAME (Please type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

MILITARY VALUE ANALYSIS:  
DATA CALL WORKSHEET FOR:  
MEDICAL  
FACILITY:NAVHOSPCHASN\_\_\_\_\_

313

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

[BLANK PAGE]

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



**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.

"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

# 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	69,182		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		735.48

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

R  
↓  
R

BUMED  
MED 825  
GA  
9/28/94

X  
14 R (9/16/94)

BUMED  
MED 825  
GA  
9/28/94

**ENCLOSURE(1)**

**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

**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	5	2	0	0	0	0	0	0
O.R. NURSE PROGRAM	40	0	0	0	0	0	0	0
BUMED-822, msa								
1 Jun 94								

\* HOSPITAL WILL ASK FOR WITHDRAWAL OF FPR ACCREDITATION 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 <sup>1</sup>	CERT. <sup>2</sup>	COMMENTS <sup>3</sup>
FP RESIDENCY	F	99.5%	

<sup>1</sup> Use F for fully accredited, P for probation, and N for not accredited.

<sup>2</sup> List the percentage of program graduates that achieve board certification.

<sup>3</sup> 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 <sup>1</sup>	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE <sup>2</sup>
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

<sup>1</sup> Use refers to patient care, administration, laboratory, warehouse, power plant, etc.

<sup>2</sup> 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 ✓	✓	C06, 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 or 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 or 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.

# BRAC DATA CALL #27 QUESTION 11

R

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<sup>1</sup> 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<sup>1</sup>:     \*\*     R

<sup>1</sup> 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)

BUAEO  
M.0825  
USA  
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<sup>1</sup> 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<sup>1</sup>: \_\_\_\_\_\*

<sup>1</sup> 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 <sup>2</sup>					
	FY 1992		FY 1993		FY 1994	
	NO. <sup>1</sup>	COST <sup>2</sup>	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

<sup>1</sup> The total number of consults, procedures and admissions covered with supplemental care dollars.

<sup>2</sup> 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	<del>35,383,068</del> <del>32,793,503</del>	\$5,495,597
TOTAL OUTPATIENT VISITS	<del>272,494</del> 275,970	<del>281,078</del> 284,551	64,715
AVERAGE COST PER VISIT	<del>\$101</del> \$ 99.90	<del>\$116</del> \$124.35	\$85

BUMED-822, mvd  
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, mms  
1 Jun 94*

Table B:

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

<sup>1</sup> 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, mzk  
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	43	
(PAS)	5410	4281	
(ADELS)	602	429	
LL TOTAL CAT II OBD	6299	4753	0
MM CAT III OBDS (KK-LL)	24684	18991	0
NN. AVG DAYS/RWP (MM/II)	4.52548666	4.066734	ERR
OO. ADD ON PER RWP (NNx77)	348.462473	313.1385	ERR
PP. TOTAL COST PER RWP (JJ+OO)	3411.07196	4646.9	ERR
QQ. CIVILIAN PAY COST (PPx.15)	511.660794	697.635	ERR
RR. MILITARY PAY COST (PPx.56)	1910.2003	2662.264	ERR
SS. OTHER COSTS (PPx.29)	989.210869	1347.001	ERR
TT. CIVILIAN PAY RAISES (QQx1.037x1.0297)	546.350833	744.2963	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. CIVILIAN 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	1401.605	ERR
ZZ. OTHER COSTS DEFLATOR FACT (YY*1.083)	1114.16799	1512.83	ERR
ADJ CAT III COST/RWP	4043.53382	5508.663	ERR

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 <sup>1</sup>	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+		

---

<sup>1</sup>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**

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

(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			
<b>TOTAL</b>		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:

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

(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			
<b>TOTAL</b>		100	

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

b. For on-base MWR facilities<sup>2</sup> 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		

---

<sup>2</sup>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					
	Correspondence					
	Day					
	Night					
	Correspondence					
	Day					
	Night					
	Correspondence					
	Day					
	Night					
	Correspondence					

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.

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

Date 24 May 94

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)

*D. F. Hagen*  
\_\_\_\_\_  
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*  
\_\_\_\_\_  
NAME (Please type or print)

*J. B. Greene Jr*  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

ACTING

6/9/94  
\_\_\_\_\_  
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

22 AUG 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)

Signature

CHIEF BUMED/SURGEON GENERAL

8-29-94

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)

W. A. EARNER



NAME (Please type or print)

Signature

Title

Date

7/6/94

## 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

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

  
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

*D. F. Hagen*  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

*9/26/94*  
\_\_\_\_\_  
Date

\_\_\_\_\_  
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. GREENE, JR.

\_\_\_\_\_  
NAME (Please type or print)

ACTING

*J. B. Greene, Jr.*  
\_\_\_\_\_  
Signature

*13 OCT 1994*  
\_\_\_\_\_  
Date

\_\_\_\_\_  
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."

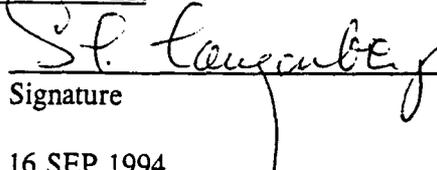
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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

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

  
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)

*D. F. Hagen*  
\_\_\_\_\_  
Signature

CHIEF BUMED/SURGEON GENERAL

\_\_\_\_\_  
Title

*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)  
ACTING

*J. B. Greene, Jr.*  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
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."

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

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

*D. F. Hagen*  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

X Nov 2, 1994  
\_\_\_\_\_  
Date

\_\_\_\_\_  
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)

W. A. EARNER

*W. A. Earner*  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
NAME (Please type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

11/3/94  
\_\_\_\_\_  
Date

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 <sup>1</sup>	ASSIGNED <sup>2</sup>	REGION <sup>3</sup>	CATCHMENT <sup>1</sup>	ASSIGNED <sup>2</sup>	REGION <sup>3</sup>
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 <sup>4</sup>	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-522, MAS  
1 Jun 94

PATIENT CATEGORY, AND PATIENT AGE.

NOTE: THE FOLLOWING APPLIES TO ALL FACILITIES.

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> IF YOU ARE A DESIGNATED NAVAL MEDICAL CENTER, PLEASE REPORT YOUR LEAD AGENT POPULATION (SEE TRICARE POLICY GUIDELINES).

<sup>4</sup> THIS SECTION MUST BE COMPLETED.

BRAC DATA CALL #26 QUESTION 2

R

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 <sup>1</sup> :	90
Set Up Beds <sup>1</sup> :	00
Expanded Bed Capacity <sup>2</sup> :	90

R VR  
BUMED  
824  
10-3-94

<sup>1</sup> Use the definitions in BUMEDINST 6320.69 and 6321.3.

<sup>2</sup> 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.

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

Operating Beds<sup>1</sup>:

Set Up Beds<sup>1</sup>:

Expanded Bed Capacity<sup>2</sup>:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\* 90 OPERATING BEDS

~~0~~ - 56 SET UP BEDS

~~9~~ - 146 EXPANDED CAPACITY

BUMED-822, mms  
1 Jun 99

<sup>1</sup> Use the definitions in BUMEDINST 6320.69 and 6321.3.

<sup>2</sup> 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.



<sup>1</sup> 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) <sup>1</sup>				3,692,097
RADIOLOGY PROCEDURES (WEIGHTED) <sup>1</sup>				290,881
PHARMACY UNITS (WEIGHTED) <sup>1</sup>				744,050
OTHER (SPECIFY)				4,801,917

<sup>1</sup> 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) <sup>1</sup>		46,228 RAW CHAMPUS	51,762 RAW CHAMPUS	97,990 RAW CHAMPUS 3,692,097 NAVHOSP WTD 210,189 NAVCARE WTD **
RADIOLOGY PROCEDURES (WEIGHTED) <sup>1</sup>		19,073 RAW CHAMPUS	23,497 RAW CHAMPUS	42,570 RAW CHAMPUS 290,881 NAVHOSP WTD 28,451 NAVCARE WTD **
PHARMACY UNITS (WEIGHTED) <sup>1</sup>				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

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 <sup>1</sup>	99 <sup>11</sup> 27	68 <sup>11</sup> 26	52 <sup>14</sup> 26	52 <sup>17</sup> 26	52 <sup>5</sup> 60	53 <sup>5</sup> 60	52 <sup>5</sup> 60	53 <sup>5</sup> 60
SPECIALTY CARE <sup>2</sup>	48 <sup>56</sup> 48	46 21	22 21	22 21	22 60	22 60	22 60	22 60
PHYSICIAN EXTENDERS <sup>3</sup>	25 <sup>13</sup> 12	25 <sup>12</sup> 5	16 <sup>12</sup> 5	16 <sup>12</sup> 5	16 <sup>5</sup> 4	16 <sup>5</sup> 4	16 <sup>5</sup> 4	16 <sup>5</sup> 4
INDEPENDENT DUTY CORPSMEN	13 <sup>22</sup> 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

<sup>1</sup> This includes General Medical Officers, Flight Surgeons, Diving Medical Officers, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.

<sup>2</sup> This is all other physician providers not included in the primary care category.

<sup>3</sup> This includes Physician Assistants and Nurse Practitioners.

BUMED (MED 312A) MWC  
1 Aug 94

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 <sup>1</sup>	<del>99</del> 27	<del>68</del> 26	<del>58</del> 26	<del>58</del> 26	<del>58</del> 6	<del>53</del> 6	<del>53</del> 6	<del>53</del> 6
SPECIALTY CARE <sup>2</sup>	<del>48</del> 48	<del>46</del> 21	<del>22</del> 21	<del>22</del> 21	<del>22</del> 6	<del>22</del> 6	<del>22</del> 6	<del>22</del> 6
PHYSICIAN EXTENDERS <sup>3</sup>	<del>25</del> 12	<del>25</del> 5	<del>16</del> 5	<del>16</del> 5	<del>16</del> 4	<del>16</del> 4	<del>16</del> 4	<del>16</del> 4
INDEPENDENT DUTY CORPSMEN	<del>12</del> 21	<del>13</del> 6	<del>13</del> 6	<del>13</del> 6	<del>13</del> 4	<del>13</del> 4	<del>13</del> 4	<del>13</del> 4
TOTAL	<del>183</del> 108	<del>149</del> 58	<del>104</del> 58	<del>104</del> 58	<del>104</del> 20	<del>104</del> 20	<del>104</del> 20	<del>104</del> 20

\*NUMBERS DERIVED FROM THE NAVHOSPCHASN FY-95 STAFFING PLAN

<sup>1</sup> This includes General Medical Officers, Flight Surgeons, Diving Medical Officers, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.

<sup>2</sup> This is all other physician providers not included in the primary care category.

<sup>3</sup> This includes Physician Assistants and Nurse Practitioners.

BUMED-822 MMS  
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 <sup>1</sup>	APPROX. 650
SPECIALTY CARE <sup>2</sup>	APPROX. 1150
PHYSICIAN EXTENDER <sup>3</sup>	APPROX. 100
TOTAL	APPROX. 1900*

<sup>1</sup> This includes General Practitioners, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.

<sup>2</sup> This is all other physician providers not included in the primary care category.

<sup>3</sup> 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 <sup>1</sup>	DRIVING TIME	RELATIONSHIP <sup>2</sup>
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.

<sup>1</sup> Distance in driving miles from your facility

<sup>2</sup> 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 <sup>1</sup>	JCAHO APPROVED	OCCUPANCY <sup>1</sup>	UNIQUE FEATURES <sup>2</sup>
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

<sup>1</sup> Use definitions as noted in the American Hospital Association publication Hospital Statistics.

<sup>2</sup> 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

~~13~~ 16

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) <sup>1</sup>	Capacity (Student HRS/YR)
N/A			

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

---

<sup>1</sup> 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.

# 17  
 BUMED-822, MVR  
 1 Jun 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

H. B. ETIENNE  
NAME (Please type or print)  
COMMANDING OFFICER  
Title  
NAVAL HOSPITAL CHARLESTON  
Activity

  
Signature

Date 24 May 94

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

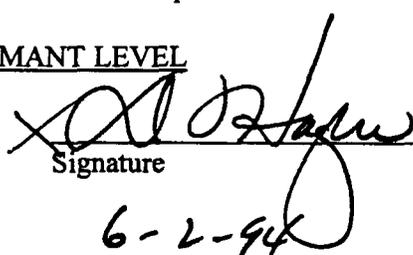
\_\_\_\_\_  
Activity

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

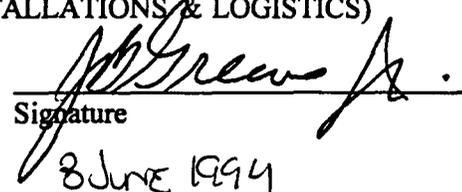
BUREAU OF MEDICINE & SURGERY

\_\_\_\_\_  
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. Grooms Jr  
\_\_\_\_\_  
NAME (Please type or print)

  
Signature

Asst. Dir.  
\_\_\_\_\_  
Title

8 June 1994  
\_\_\_\_\_  
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

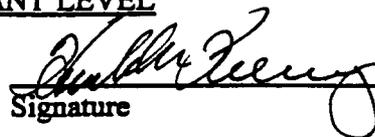
\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

MAJOR CLAIMANT LEVEL

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

  
\_\_\_\_\_  
Signature

AUG 4 1994

ACTING CHIEF BUMED  
\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

BUREAU OF MEDICINE & SURGERY

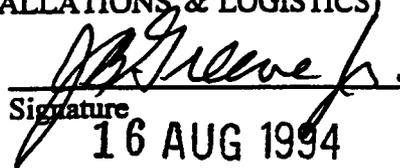
\_\_\_\_\_  
Activity

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.

\_\_\_\_\_  
NAME (Please type or print)  
ACTING

  
\_\_\_\_\_  
Signature

16 AUG 1994

\_\_\_\_\_  
Title

\_\_\_\_\_  
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

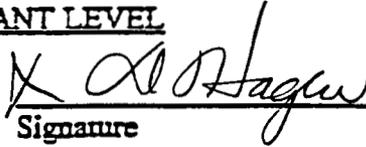
\_\_\_\_\_  
Date

\_\_\_\_\_  
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

X   
\_\_\_\_\_  
Signature

\_\_\_\_\_  
NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

X 10/4/94  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

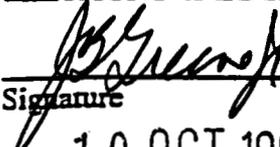
BUREAU OF MEDICINE & SURGERY

\_\_\_\_\_  
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. GREENE, JR.

\_\_\_\_\_  
NAME (Please type or print)  
ACTING

  
\_\_\_\_\_  
Signature

10 OCT 1994  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

# 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 <sup>1</sup>	ASSIGNED <sup>2</sup>	REGION <sup>3</sup>	CATCHMENT <sup>1</sup>	ASSIGNED <sup>2</sup>	REGION <sup>3</sup>
AD	<del>47,312</del> <del>9,706</del>	9,706	N/A	<del>41,503</del> <del>11,961</del>	11,961	N/A
FAMILY OF AD	<del>54,154</del> <del>13,308</del>	13,308		<del>47,544</del> <del>15,831</del>	15,831	
SUBTOTAL	<del>101,466</del> <del>23,014</del>	23,014		<del>89,047</del> <del>27,792</del>	27,792	
RETIRED AND FAMILY MEMBERS UNDER 65	<del>19,500</del> <del>6,649</del> <del>50,500</del>	6,649		<del>19,500</del> <del>8,909</del>	8,909	
RETIRED AND FAMILY MEMBERS OVER 65 <sup>4</sup>	<del>1,371</del> <del>3,316</del>	1,371		<del>3,592</del> <del>3,316</del>	3,592	1392
OTHER	<del>1,718</del> <del>1,060</del>	1,060		<del>2,197</del> <del>1,420</del>	1,420	
TOTAL	<del>126,000</del> <del>32,894</del>	32,094	✓	<del>114,060</del> <del>41,713</del>	41,713	✓

Gen SUMED-823  
1 Jun 94

R

2. *Operating Beds*  
 Bed Capacity: ~~23~~ 40  
 Set up Beds: 0  
 Expanded Bed Capacity: 27

VRBUMED 824  
 10/4/94

R

R

~~2R~~ 5R (9-30-94) VRBUMED 824 10/3/94

2. Bed Capacity. (Replacement hospital)

Operating Beds <sup>1</sup> :	26
Set Up Beds <sup>1</sup> :	0
Expanded Bed Capacity <sup>2</sup> :	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) <sup>1</sup>				167,570,700
RADIOLOGY PROCEDURES (WEIGHTED) <sup>1</sup>				7,707,100
PHARMACY UNITS (WEIGHTED) <sup>1</sup>				31,884,700
OTHER (SPECIFY)				

<sup>1</sup> The ancillary workload data is not maintained by patient category at this facility.

3a. Workload. Maximum Capacity

	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) <sup>1</sup>				167,570,700
RADIOLOGY PROCEDURES (WEIGHTED) <sup>1</sup>				7,707,100
PHARMACY UNITS (WEIGHTED) <sup>1</sup>				31,884,700
OTHER (SPECIFY)				

<sup>1</sup> 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) <sup>1</sup>		(11,615)	(25,190)	(36,805) 167,607,500
RADIOLOGY PROCEDURES (WEIGHTED) <sup>1</sup>		(3,247)	(6,117)	(9,364) 7,716,464
PHARMACY UNITS (WEIGHTED) <sup>1</sup>		(2)	(51)	(53) 31,884,753
OTHER (SPECIFY)				

<sup>1</sup> Workload data for ancillary services at this command are <sup>not</sup> 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 <sup>1</sup>	16	26	26	40	40	40	40	40
SPECIALTY CARE <sup>2</sup>	11	13	13	13	13	13	13	13
PHYSICIAN EXTENDERS <sup>3</sup>	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

<sup>1</sup>This includes General Medical Officers, Flight Surgeons, Diving Medical Officers, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.

<sup>2</sup>This is all other physician providers not included in the primary care category.

<sup>3</sup>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 <sup>1</sup>	341
SPECIALTY CARE <sup>2</sup>	291
PHYSICIAN EXTENDER <sup>3</sup>	1
TOTAL	633

<sup>1</sup> This includes General Practitioners, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.

<sup>2</sup> This is all other physician providers not included in the primary care category.

<sup>3</sup> 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 <sup>1</sup>	DRIVING TIME	RELATIONSHIP <sup>2</sup>
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

<sup>1</sup> Distance in driving miles from your facility

<sup>2</sup> 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 <sup>1</sup>	JCAHO APPROVED	OCCUPANCY <sup>1</sup>	UNIQUE FEATURES <sup>2</sup>
Naval Hospital Camp Lejeune	205	176	64.7%	
Carteret General Hospital	117	117	71.8% 33	DRG Exempt Facility Local ICU
Craven Regional Medical Center	302	302	72.5% 23/116	Local ICU

<sup>1</sup> Use definitions as noted in the American Hospital Association publication Hospital Statistics.

<sup>2</sup> 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

EW DUMED-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) <sup>1</sup>	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

<sup>1</sup> 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

CGW BUNED-823  
1 Jun 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."

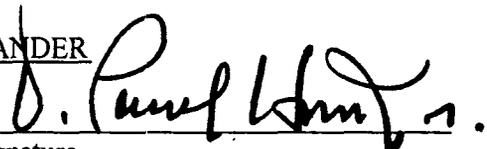
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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

CAPT V. PAUL HAWS, JR., MSC, USN  
NAME (Please type or print)

  
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)

*D. F. Hagen*  
\_\_\_\_\_  
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.*  
\_\_\_\_\_  
NAME (Please type or print)

*J. B. Greene Jr.*  
\_\_\_\_\_  
Signature

*ACTING*  
\_\_\_\_\_  
Title

*3 JUNE 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.

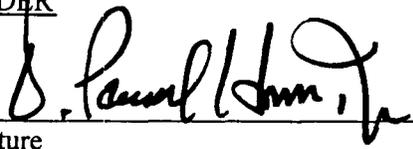
Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes 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

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)

Signature

CHIEF BUMED/SURGEON GENERAL

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.

NAME (Please type or print)

Signature

ACTING

Title

Date

10 OCT 1994

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) The Family Medicine Division is a level I inpatient 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)
HQ, MWCS-28	8651	CHERRY POINT, NC.	47
ROICC		CHERRY POINT, NC.	44
HQ MACG-28	8610	CHERRY POINT, NC.	43
CREDIT UNION		CHERRY POINT, NC.	27
CAL LAB	8603	CHERRY POINT, NC.	27
FASOTRAGRUP	8224	CHERRY POINT, NC.	26
H&S DET (-), 2D LAAD	8699	CHERRY POINT, NC.	25
DRMO		CHERRY POINT, NC.	24
BANK FACILITY		CHERRY POINT, NC.	22
NAVY PORT AUTHORITY		MOREHEAD CITY, NC.	20
6TH SSC TM	8671	CHERRY POINT, NC.	12
RESERVE SUPPORT UNIT		CHERRY POINT, NC.	12
DENT CLN		CHERRY POINT, NC.	11
NIS		CHERRY POINT, NC.	10
NAV AUD SER SITE		CHERRY POINT, NC.	5
VETERINARY SERVICE		CHERRY POINT, NC.	5

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) <sup>1</sup>	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.

---

<sup>1</sup> 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 R 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 <sup>1</sup>	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE <sup>2</sup>
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

<sup>1</sup> Use refers to patient care, administration, laboratory, warehouse, power plant, etc.

<sup>2</sup> 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.

<sup>3</sup> New hospital facility (including academic classroom) dedication 3 October 94. Old hospital and academic instruction buildings removed.

16 R (9-30-94) VR NUMBER 10-3-94

## 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 <sup>1</sup>	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE <sup>2</sup>
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

<sup>1</sup> Use refers to patient care, administration, laboratory, warehouse, power plant, etc.

<sup>2</sup> 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 Bumer 824 10/3/94

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

R

18 R (9-30-94) VR bump 824 10-3-94

7. Has this facility condition resulted in "C3" or "C4" designation on your BASEREP? YES

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.

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.

R

R

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	
5. SIZE 293 X 789				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	100				
(A) STRUCTURAL/SEISMIC	100 ✓	✓	✓		
(B) HVAC	100 ✓	✓	✓		
(C) PLUMBING	100 ✓	✓	✓		
(D) ELECTRICAL SVCS.	100 ✓	✓	✓		
(E) ELECTRICAL DISTRIBUTION	100 ✓	✓	✓		
(F) EMERGENCY POWER	100 ✓		✓		

P

C

**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 inpatient 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.

R

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<sup>1</sup> 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<sup>1</sup>: 27 VRBUMED P24 10/3/94 R  
<sup>1</sup> Use the bed definitions as they appear in BUMEDINST 6320.69 and 6321.3.

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:

$$(1) \quad 4.72 + 4 = 8.72$$

$$(2) \quad 8.72 / 282 \times 100 = 3.09\%$$

$$(3) \quad 160,758 \times 3.09\% = 4,967$$

c. Please provide the total number of your expanded beds<sup>1</sup> 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<sup>1</sup>: 0

<sup>1</sup> 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	873	667	345
OUTPATIENT	552	552	266

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

CATEGORY OF PATIENT	SUPPLEMENTAL CARE <sup>2</sup>					
	FY 1992		FY 1993		FY 1994	
	NO. <sup>1</sup>	COST <sup>2</sup>	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

<sup>1</sup> The total number of consults, procedures and admissions covered with supplemental care dollars.

<sup>2</sup> 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 <sup>1</sup>	0	0	0
C. SAME DAY SURGERY EXPENSES IN MEPRS-A (DGA) <sup>1</sup>	13117	37721	1659
D. OCCUPATIONAL/PHYSICAL THERAPY EXPENSES IN MEPRS-A (DHB/DHD) <sup>1</sup>	72674	243788	20891
E. HYPERBARIC MEDICINE EXPENSES IN MEPRS-A (DGC) <sup>1</sup>	0	0	0
F. TOTAL (B+C+D+E)	87791	281509	22550

<sup>1</sup> These costs are actual or estimated. If other than actual please provide assumptions and calculations.

*Refer to pg 33R  
STO Bureau-823  
1-5-94*

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  
SPED BUNED-023  
15 Jun 94

TABLE A: CHERRY POINT

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 LESSE 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	3618	
CAT II OBDS			
(DXNNH)	0	0	
(PAS)	306	345	
(ADELS)	10	06	
LL TOTAL CAT II OBD	316	381	0
MM CAT III OBDS (KK-LL)	3360	3236	0
NN. AVG DAYS/RWP (MM/II)	3.832823	3.620272	ERR
OO. ADD ON PER RWP (NNx77)	295.1274	273.7605	ERR
PP. TOTAL COST PER RWP (JJ+OO)	5428.26	8668.530	ERR
QQ. CIVILIAN PAY COST (PPx.15)	814.239	1305.028	ERR
RR. MILITARY PAY COST (PPx.56)	3039.825	4864.83	ERR
SS. OTHER COSTS (PPx.29)	1574.195	2618.183	ERR
TT. CIVILIAN PAY RAISES (QQx1.037x1.0297)	869.4435	1391.37	ERR
UU. MILITARY PAY RAISES (RRx1.037x1.0165)	3204.312	5127.857	ERR
VV. UNFUNDED CIV RET (TTx1.47)	1278.082	2044.313	ERR
WW. CIVILAIN ASSET USE CHARGE (VVx1.04)	1329.205	2127.126	ERR
XX. MILITARY ASSET USE CHARGE (UU*1.04)	3332.484	5332.973	ERR
YY. OTHER ASSET USE CHARGES (SS*1.04)	1637.163	2619.951	ERR
ZZ. OTHER COSTS DEFLATOR FACT (YY*1.083)	1773.048	2837.406	ERR
ADJ CAT III COST/RWP	6434.737	10287.5	ERR

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-02, 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."

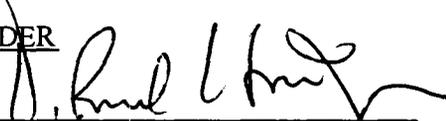
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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

14 SEP 94

Title

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

X *D. F. Hagen*  
Signature

\_\_\_\_\_  
NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

X 9-19-94  
Date

\_\_\_\_\_  
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)

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

CHIEF BUMED/SURGEON GENERAL

\_\_\_\_\_  
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. GROENE JR.  
\_\_\_\_\_  
NAME (Please type or print)

\_\_\_\_\_  
Signature

ACTING  
\_\_\_\_\_  
Title

\_\_\_\_\_  
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

CAPT V. PAUL HAWS, JR., MSC, USN  
NAME (Please type or print)

  
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."

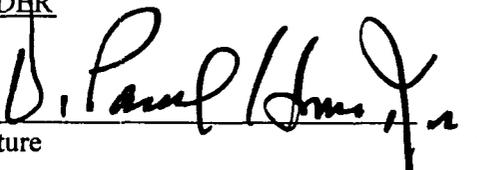
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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)

*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

375

**CAPACITY ANALYSIS:  
DATA CALL WORK SHEET FOR  
MEDICAL  
FACILITY: NAVAL HOSPITAL  
CORPUS CHRISTI**

LIC: 00285

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

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

## 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 <sup>1</sup>	ASSIGNED <sup>2</sup>	REGION <sup>3</sup>	CATCHMENT <sup>1</sup>	ASSIGNED <sup>2</sup>	REGION <sup>3</sup>
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 <sup>4</sup>	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.

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> IF YOU ARE A DESIGNATED NAVAL MEDICAL CENTER, PLEASE REPORT YOUR LEAD AGENT POPULATION (SEE TRICARE POLICY GUIDELINES).

<sup>4</sup> THIS SECTION MUST BE COMPLETED.

R

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

Operating Beds<sup>1</sup>:  
Set Up Beds<sup>2</sup>:  
Expanded Bed Capacity<sup>3</sup>:

5542  
823  
10565 R <sup>see</sup> 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 for patient beds. Beds are spaced on 6 foot centers and include bedded 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.

4 R <sup>see</sup> 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 <sup>1</sup> :	<u>5842</u>
Set Up Beds <sup>1</sup> :	<u>823</u>
Expanded Bed Capacity <sup>2</sup> :	<u>19565</u>

<sup>1</sup> Use the definitions in BUMEDINST 6320.69 and 6321.3.  
<sup>2</sup> 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) <sup>1</sup>	SEE * BELOW				850,456.8
RADIOLOGY PROCEDURES (WEIGHTED) <sup>1</sup>	SEE * BELOW				67,847
PHARMACY UNITS (WEIGHTED) <sup>1</sup>	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.

<sup>1</sup> 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) <sup>1</sup>				892,979.6
RADIOLOGY PROCEDURES (WEIGHTED) <sup>1</sup>				71,240
PHARMACY UNITS (WEIGHTED) <sup>1</sup>				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 through 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.

<sup>1</sup> 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) <sup>1</sup>				867,465.9
RADIOLOGY PROCEDURES (WEIGHTED) <sup>1</sup>				69,204
PHARMACY UNITS (WEIGHTED) <sup>1</sup>				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.

<sup>1</sup> 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.

Jan 97

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 <sup>1</sup>	12 <sup>0</sup>	14 <sup>12</sup>	12 <sup>18</sup>	17 <sup>7</sup>				
SPECIALTY CARE <sup>2</sup>	6 <sup>15</sup>	22 <sup>6</sup>	28 <sup>6</sup>	24 <sup>4</sup>				
PHYSICIAN EXTENDERS <sup>3</sup>	0 <sup>A2</sup>	2 <sup>A0</sup>	0 <sup>A</sup>	0 <sup>A2</sup>	0 <sup>A2</sup>	0 <sup>A2</sup>	0 <sup>A</sup>	0 <sup>A2</sup>
INDEPENDENT DUTY CORPSMEN	0 <sup>2*</sup>	4 <sup>7</sup>	0 <sup>8</sup>	0 <sup>8</sup>	0 <sup>3</sup>	0 <sup>3</sup>	0 <sup>3</sup>	0 <sup>3</sup>
TOTAL	18 <sup>28</sup>	24 <sup>24</sup>	18 <sup>45</sup>	48 <sup>16</sup>				

\* = 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.

<sup>1</sup> This includes General Medical Officers, Flight Surgeons, Diving Medical Officers, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.

<sup>2</sup> This is all other physician providers not included in the primary care category.

<sup>3</sup> This includes Physician Assistants and Nurse Practitioners.

1361415 (1981 31/21)  
 2000  
 1 Aug 94

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 <sup>1</sup>	128	1412	1218	1712	1712	1712	1712	1712
SPECIALTY CARE <sup>2</sup>	615	226	286	246	246	246	246	246
PHYSICIAN EXTENDERS <sup>3</sup>	0A	10	0A	0A	0A	0A	0A	0A
INDEPENDENT DUTY CORPSMEN	0A*	70	0A	0A	0A	0A	0A	0A
TOTAL	1878	4218	1845	4818	4818	4818	4818	4818

\* = 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.

<sup>1</sup> This includes General Medical Officers, Flight Surgeons, Diving Medical Officers, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.

<sup>2</sup> This is all other physician providers not included in the primary care category.

<sup>3</sup> 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 <sup>1</sup>	322
SPECIALTY CARE <sup>2</sup>	342
PHYSICIAN EXTENDER <sup>3</sup>	21 (Note 1)
TOTAL	685

NOTE 1: There is no data available on Nurse Practitioner quantities.

<sup>1</sup> This includes General Practitioners, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.

<sup>2</sup> This is all other physician providers not included in the primary care category.

<sup>3</sup> 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) counties within our catchment area as updated by the Nueces County 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 <sup>1</sup>	DRIVING TIME	RELATIONSHIP <sup>2</sup>
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.

<sup>1</sup> Distance in driving miles from your facility

<sup>2</sup> 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 <sup>1</sup>	JCAHO APPROVED	OCCUPANCY <sup>1</sup>	UNIQUE FEATURES <sup>2</sup>
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
-----------------------------	----	-----	-----	-----

<sup>1</sup> Use definitions as noted in the American Hospital Association publication Hospital Statistics.

<sup>2</sup> 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 Number	Design Capacity (PN) <sup>1</sup>	Capacity (Student HRS/YR)
N/A THIS LOCATION			

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

<sup>1</sup> 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)  
Commanding Officer  
Title  
Naval Hospital Corpus Christi, TX  
Activity

  
Signature  
27 May 1994  
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)

*D. F. Hagen*  
\_\_\_\_\_  
Signature

CHIEF BUMED/SURGEON GENERAL

6-3-94

\_\_\_\_\_  
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.*

\_\_\_\_\_  
NAME (Please type or print)

*J. B. Greene, Jr.*  
\_\_\_\_\_  
Signature

*Acting*

\_\_\_\_\_  
Title

*10 Jun 1994*

\_\_\_\_\_  
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

*D. F. Hagen*

NAME (Please type or print)

Signature

CHIEF BUMED/SURGEON GENERAL

8-2-94

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

16 AUG 1994

Title

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

*D. F. Hagen*

NAME (Please type or print)

Signature

CHIEF BUMED/SURGEON GENERAL

X 10/14/94

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

10 OCT 1994

Title

Date

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 active duty military personnel in the South Texas area.

\* 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
COMINWARCOM	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
NAVCRUITPRRO 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.

BRAC DATA CALL #27

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 M/MC	564	30,794	5.9	9.2
ACTIVE DUTY NON M/MC	117	3,852	14.9	4.8
TOTAL ACTIVE DUTY	681	34,646		14.0
FAMILY OF AD	655	42,786	1.8	3.0
RETIRED AND FAMILY MEMBERS UNDER 65	650	28,672	2.9	3.2
RETIRED AND FAMILY MEMBERS OVER 65	292	14,770	3.5	4.3
OTHER	10	4,468	18.6	0.5
TOTAL	2,288	125,342		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		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		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	2,833	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 contract is scheduled to begin in May 1995. Some relief in workload is foreseen 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 <sup>1</sup>	CERT. <sup>2</sup>	COMMENTS <sup>3</sup>
NOT APPLICABLE THIS LOCATION			

<sup>1</sup> Use F for fully accredited, P for probation, and N for not accredited.

<sup>2</sup> List the percentage of program graduates that achieve board certification.

<sup>3</sup> 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 <sup>1</sup>	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE <sup>2</sup>
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

<sup>1</sup> Use refers to patient care, administration, laboratory, warehouse, power plant, etc.

<sup>2</sup> 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 Improvements, 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 ✓	✓	✓		

*BY System*

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 or 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 or 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 our 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.

R

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 Beaufort	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 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: 19565 R

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

27R 9/23/64  
CMAI RUMED-823

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 Beaufort	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<sup>1</sup> 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<sup>1</sup>: 195 65  
 Use the bed definitions as they appear in BUMEDINST 6320.69 and 6321.3.

BUMED-822  
 MSS J 21 Jun 94

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 Beaufort	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<sup>1</sup> 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<sup>1</sup>: 195

<sup>1</sup> 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 <sup>1</sup>					
	FY 1992*		FY 1993 (SEE NOTE 3 BELOW)		FY 1994 (SEE NOTE 4 BELOW) (PROJECTIONS)	
	NO. <sup>1</sup>	COST <sup>2</sup>	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

<sup>1</sup> The total number of consults, procedures and admissions covered with supplemental care dollars.

<sup>2</sup> The total cost in thousands of dollars.

\* = FY 1992 DATA (QUANTITY AND DOLLAR AMOUNTS) ARE INCLUSIVE OF CORPUS CHRISTI, BEEVILLE, 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.

<u>LOCATION</u>	<u>AD</u>	<u>FY 93 COSTS</u>
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

<u>LOCATION</u>	<u>AD</u>	<u>FY 94 PROJECTED COSTS</u>
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) <sup>1</sup>	.840032	.755424	UNAVAILABLE

<sup>1</sup> Record as a decimal to 6 digits.

*Refer to 31R  
Spec Bumped-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	3	
(PAS)	739	881	
(ADELS)	1182	295	
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	7.842826	ERR
OO. ADD ON PER RWP (NNx77)	785.2973	803.8745	ERR
PP. TOTAL COST PER RWP (JJ+OO)	5526.962	5484.835	ERR
QQ. CIVILIAN PAY COST (PPx.15)	829.0443	822.8552	ERR
RR. MILITARY PAY COST (PPx.56)	3095.099	3071.959	ERR
SS. OTHER COSTS (PPx.29)	1602.819	1590.021	ERR
TT. CIVILIAN PAY RAISES (QQx1.037x1.0297)	885.2526	878.2759	ERR
UU. MILITARY PAY RAISES (RRx1.037x1.0165)	3262.576	3237.286	ERR
VV. UNFUNDED CIV RET (TTx1.47)	1301.321	1291.214	ERR
WW. CIVILIAN ASSET USE CHARGE (VVx1.04)	1353.374	1342.853	ERR
XX. MILITARY ASSET USE CHARGE (UU*1.04)	3393.079	3366.728	ERR
YY. OTHER ASSET USE CHARGES (SS*1.04)	1666.932	1663.993	ERR
ZZ. OTHER COSTS DEFLATOR FACT (YY*1.083)	1805.287	1791.268	ERR
ADJ CAT III COST/RWP	6551.74	6506.854	ERR

31R

Table C

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

<sup>2</sup> Total work units (MWU) is the total of Inpatient Work Units plus Ambulatory Work Units (IWU+AWU).

<sup>3</sup> 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 (NN×77)			
PP. TOTAL COST PER RWP (JJ+OO)			
QQ. CIVILIAN PAY COST (PP×.15)			
RR. MILITARY PAY COST (PP×.56)			
SS. OTHER COSTS (PP×.29)			
TT. CIVILIAN PAY RAISES (QQ×1.037×1.0297)			
UU. MILITARY PAY RAISES (RR×1.037×1.0165)			
VV. UNFUNDED CIVILIAN RETIREMENT (TT×1.147)			

Refer to 31R  
 SFC BURIED-823  
 3 June 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) <sup>2</sup>	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 BICMETRICS 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	*	*	*
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 3112  
 → W Bureau-823  
 3 Jan 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 BICMETRICS DATA. THIS INFORMATION IS AVAILABLE IN THE "RETROSPECTIVE CASE MIX ANALYSIS SYSTEM (ROMAS). MTFs WITHOUT ROMAS WILL HAVE TO LEAVE THESE SECTIONS BLANK, AND BUMED WILL COMPLETE AT THE MAJOR CLAIMANT LEVEL.

Refer to 31R  
SFCU BUMED-822  
2 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-02, 03 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.

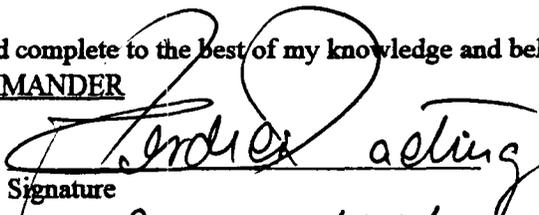
I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

B. G. UPTON  
NAME (Please type or print)

COMMANDING OFFICER  
Title

NAVAL HOSPITAL CORPUS CHRISTI TX  
Activity

  
Signature  
9-12-1994  
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

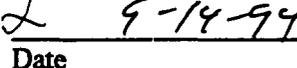
I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

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

  
Signature

ACTING CHIEF BUMED  
Title

  
Date

BUREAU OF MEDICINE AND SURGERY

Activity

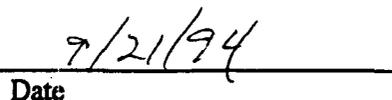
I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

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

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

  
Signature

\_\_\_\_\_  
Title

  
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."

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)  
Commanding Officer  
Title

  
Signature  
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)

*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. Greeney, Jr.*  
\_\_\_\_\_  
NAME (Please type or print)

*J.B. Greeney, Jr.*  
\_\_\_\_\_  
Signature

*Acting*  
\_\_\_\_\_  
Title

10 Jun 1994  
\_\_\_\_\_  
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)

*Donald F Hagen*  
\_\_\_\_\_  
Signature

CHIEF BUMED/SURGEON GENERAL

\_\_\_\_\_  
Title

*June 22, 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)

R. R. SAREERAM

\_\_\_\_\_  
NAME (Please type or print)

*R. R. Sareeram*  
\_\_\_\_\_  
Signature

*ACTING*  
\_\_\_\_\_  
Title

28 JUN 1994  
\_\_\_\_\_  
Date

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, 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 these 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, USN, MSC  
NAME (Please type or print)

*B. G. Upton*  
Signature

COMMANDING OFFICER  
Title

17 AUGUST 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

*D F Hagen*  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

*9-6-94*  
\_\_\_\_\_  
Date

\_\_\_\_\_  
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)

W. A. EARNER

*W Earner*  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
NAME (Please type or print)

*9/12/94*  
\_\_\_\_\_  
Date

\_\_\_\_\_  
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

B. G. UPTON  
NAME (Please type or print)

[Signature]  
Signature

COMMANDING OFFICER  
Title

23 Sept 94  
DATE

NAVAL HOSPITAL CORPUS CHRISTI, TX  
Activity

C. A. NAVARRO, LTJG, MSC, USNR  
NAME

[Signature]  
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)

*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