

276

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: U.S. COAST GUARD SUPPORT CENTER
BOSTON HEALTH SERVICES CLINIC

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

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

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MISSION REQUIREMENTS

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

TYPE	ACTUAL FY 1993			PROJECTED FY 2001		
	CATCHMENT ¹	ASSIGNED ²	REGION ³	CATCHMENT ¹	ASSIGNED ²	REGION ³
AD	8,900			10,462		
FAMILY OF AD	1,064			2,300		
SUBTOTAL	9,964	N/A		12,762	N/A	
RETIRED AND FAMILY MEMBERS UNDER 65	94			230		
RETIRED AND FAMILY MEMBERS OVER 65 ⁴	38	Bum ED-822, mdt 1 Jun '94		79	Bum ED-822, mdt 1 Jun '94	
OTHER						
TOTAL	10,096			13,071		

NOTE: THE FOLLOWING APPLIES TO ALL FACILITIES.

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

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

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

⁴ THIS SECTION MUST BE COMPLETED.

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

Not applicable.

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

¹ Use the definitions in BUMEDINST 6320.69 and 6321.3.

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

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

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	9,964	1,100	30	11,094
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED) ¹	2,612	92	14	2,718
RADIOLOGY PROCEDURES (WEIGHTED) ¹	996	12	8	1,016
PHARMACY UNITS (WEIGHTED) ¹	5,786	400	27	6,213
OTHER (SPECIFY)	N/A			→ B4MED

822, mk
(Jun 93)

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.

*Statistics are not kept at this facility. They are maintained at headquarters in Washington, DC. Unable to provide within time constraints.

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				
ADMISSIONS				
LABORATORY TESTS (WEIGHTED) ¹				
RADIOLOGY PROCEDURES (WEIGHTED) ¹				
PHARMACY UNITS (WEIGHTED) ¹				
OTHER (SPECIFY)				

Unknown.

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.

*Statistics are not kept at this facility. They are maintained at headquarters in Washington, DC. Unable to provide within time constraints.

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				
ADMISSIONS				
LABORATORY TESTS (WEIGHTED) ¹				
RADIOLOGY PROCEDURES (WEIGHTED) ¹				
PHARMACY UNITS (WEIGHTED) ¹				
OTHER (SPECIFY)				

Unknown.

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.

*Statistics are not kept at this facility. They are maintained at headquarters in Washington, DC. Unable to provide within time constraints.

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

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
PRIMARY CARE ¹	1	1	1	1	1	1	1	1
SPECIALTY CARE ²	0	0	0	0	0	0	0	0
PHYSICIAN EXTENDERS ³	0	0	0	0	0	0	0	0
INDEPENDENT DUTY CORPSMEN	2	2	2	3	3	3	3	3
TOTAL	3	3	3	4	4	4	4	4

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

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

³ This includes Physician Assistants and Nurse Practitioners.

LOCATION

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

PROVIDER TYPE	CURRENT
PRIMARY CARE ¹	3,655
SPECIALTY CARE ²	*
PHYSICIAN EXTENDER ³	*
TOTAL	

*Too numerous to tally within allotted time frame for completion.

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

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

³ This includes Physician Assistants and Nurse Practitioners.

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

Region Population: 393,000

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 ¹	DRIVING TIME	RELATIONSHIP ²
*see note below				

*There are approximately 100 hospitals within a 40 mile radius, with 20,579 beds and an occupancy rate of 75%. The average daily census is 14,944. Within this health care market, there are several trauma centers, burn centers, Graduate Medical Schools, and rehabilitation centers. All but a few facilities are JCAHO approved.

¹ Distance in driving miles from your facility

² List any partnerships, MOUs, contracts, etc with this facility

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

FACILITY	BEDS ¹	JCAHO APPROVED	OCCUPANCY ¹	UNIQUE FEATURES ²
*see note above #7				

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

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

c. **Training Facilities:** UIC: 44898, U.S. Coast Guard Support Center, Boston Health Services Clinic

(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

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

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

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

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

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

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.
NEXT ECHELON LEVEL (if applicable)

R. R. COTE, CAPT, MSC, USN
NAME (Please type or print)
Commanding Officer
Title
Naval Hospital, Newport
Activity

R. R. Cote
Signature
5/29/94
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)

Title

Activity

Signature

Date

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)
Chief, BUMED/Surgeon General
Title
BUMED
Activity

D. F. Hagen
Signature
6/2/94
Date

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
Title

J. B. Greene Jr.
Signature
3 June 1994
Date

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

● Name

Official name	<i>Naval Hospital Newport RI Branch Clinic United States Coast Guard Support Center Boston, MA</i>
Acronym(s) used in correspondence	<i>NAVHOSP BRCLIN CGSUPCEN BOSTON MA</i>
Commonly accepted short title(s)	<i>NAVHOSP BRCLIN CGSUPCEN BOSTON MA</i>

● Complete Mailing Address

U.S. Coast Guard Support Center
Naval Hospital Newport RI Branch Clinic
427 Commercial St.
Boston, MA 02109-1027

● PLAD

NAVHOSP BRCLIN CGSUPCEN BOSTON MA

● PRIMARY UIC: 44898 (Plant Account UIC for Plant Account Holders)

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

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

2. PLANT ACCOUNT HOLDER:

• Yes _____ No x (check one)

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

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

• Yes _____ No x (check one)

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

• Yes x No _____ (check one)

- Primary Host (current) UIC: 68086
- Primary Host (as of 01 Oct 1995) UIC: _____
- Primary Host (as of 01 Oct 2001) UIC: _____

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

• Yes _____ No x (check one)

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

Name	Location	UIC

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

Name	UIC	Location	Host name	Host UIC

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

Not affected by previous BRACs.

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

Current Missions

- Provide medical and dental care to active duty and all authorized beneficiaries.
- Provide urgent care 24 hours a day, 7 days a week.
-
-
-
-

Projected Missions for FY 2001

- No change from current mission.
-
-
-
-

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

Current Unique Missions

●None

●

●

Projected Unique Missions for FY 2001

●None

●

●

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

● Operational name	UIC
<u>Naval Hospital Newport</u>	<u>68086</u>
● Funding Source	UIC
_____	_____

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

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian (Appropriated)
● Reporting Command	<u>1</u>	<u>2</u>	<u>0</u>
● Tenants (total)	_____	_____	_____

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
● Reporting Command	<u>1</u>	<u>1</u>	<u>0</u>
● Tenants (total)	_____	_____	_____

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

<u>Title/Name</u>	<u>Office</u>	<u>Fax</u>	<u>Home</u>
● CO/OIC			
<u>R. R. COTE, CAPT, MSC, USN</u>	<u>948-3236</u>	<u>948-1321</u>	<u>401/849-0821</u>
● Duty Officer			[N/A]
● _____			
● _____			

12. **TENANT ACTIVITY LIST:** This list must be all-inclusive. Tenant activities are to ensure that their host is aware of their existence and any "subleasing" of space. This list should include the name and UIC(s) of all organizations, shore commands and homeported units, active or reserve, DOD or non-DOD (include commercial entities). The tenant listing should be reported in the format provide below, listed in numerical order by UIC, separated into the categories listed below. Host activities are responsible for including authorized personnel numbers, end strength as of **30 September 1994**, for all tenants, even if those tenants have also been asked to provide this information on a separate Data Call. (Civilian count shall include Appropriated Fund personnel only.)

- Tenants residing on main complex (shore commands) N/A

Tenant Command Name	UIC	Officer	Enlisted	Civilian

- Tenants residing on main complex (homeported units.) N/A

Tenant Command Name	UIC	Officer	Enlisted	Civilian

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

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian

- Tenants (Other than those identified previously) N/A

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian

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

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
<i>e.g. DLA (DoD Agency Name)</i>	<i>Somewhere, CA</i>	<i>Purchasing/contract administration and public works support - ISSA.</i>
<i>USAF (Other Military Dept)</i>	<i>Anywhere AFB</i>	<i>warehouse space - MOU.</i>

This is a 3 man operation occupying space in a Coast Guard facility.

14. FACILITY MAPS: This is a primary responsibility of the plant account holders/host commands. Tenant activities are not required to comply with submission if it is known that your host activity has complied with the request. Maps and photos should not be dated earlier than 01 January 1991, unless annotated that no changes have taken place. Any recent changes should be annotated on the appropriate map or photo. Date and label all copies.

- Local Area Map. This map should encompass, at a minimum, a 50 mile radius of your activity. Indicate the name and location of all DoD activities within this area, whether or not you support that activity. Map should also provide the geographical relationship to the major civilian communities within this radius. (Provide 12 copies.)
- Installation Map / Activity Map / Base Map / General Development Map / Site Map. Provide the most current map of your activity, clearly showing all the land under ownership/control of your activity, whether owned or leased. Include all outlying areas, special areas, and housing. Indicate date of last update. Map should show all structures (numbered with a legend, if available) and all significant restrictive use areas/zones that encumber further development such as HERO, HERP, HERF, ESQD arcs, agricultural/forestry programs, environmental restrictions (e.g., endangered species). (Provide in two sizes: 36"x42" (2 copies, if available); and 11"x17" (12 copies).)
- Aerial photo(s). Aerial shots should show all base use areas (both land and water) as well as any local encroachment sites/issues. You should ensure that these photos provide a good look at the areas identified on your Base Map as areas of concern/interest - remember, a picture tells a thousand words. Again, date and label all copies. (Provide 12 copies of each, 8½"x11".)

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. R. COTE, CAPT, MSC, USN

NAME (Please type or print)

R. R. Cote
Signature

COMMANDING OFFICER

Title

4 Feb 90
Date

NAVAL HOSPITAL, NEWPORT, RI

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

VADM Donald Hagen, MC _____
NAME (Please type or print)

Donald Hagen

Signature

SURGEON GENERAL/CHIEF BUMED _____
Title

2-8-94

Date

BUREAU OF MEDICINE & SURGERY _____
Activity

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

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

J. B. GREENE, JR

NAME (Please type or print)

J. B. Greene Jr

Signature

ACTING

Title

16 FEB 94

Date

276

**MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: U.S. COAST GUARD SUPPORT CENTER, BOSTON HEALTH
SERVICES CLINIC
ACTIVITY UIC: 44898**

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

April 4, 1994

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

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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.

*This facility supports Coast Guard and Navy medical treatment facility. It offers major support to local ships and stations, and foreign flag vessels.

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)
ANT Boston	01-41949	Boston, MA	18
CGC Escanaba	20-11507	Boston, MA	100
CGC Pendant	01-17208	Boston, MA	6
CGC Seneca	20-11506	Boston, MA	100
CGC Spencer	20-11505	Boston, MA	100
CGC W. Heath	01-15503	Boston, MA	24
CG Dist One	01-71101	Boston, MA	216
CG1 OPERTRA TEAM	01-71102	Boston, MA	7
EMD Boston	32-51221	Boston, MA	5
GRU Boston	01-36202	Boston, MA	39
MSO Boston	01-33200	Boston, MA	46
NESU Boston	32-51255	Boston, MA	67
STA Boston	01-30105	Boston, MA	25
S/C Boston	01-30105	Boston, MA	60
USS Constitution	01024	Boston, MA	60

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	N/A	1,110	N/A	6
ACTIVE DUTY NON N/MC	N/A	11,190	N/A	46
TOTAL ACTIVE DUTY	N/A	12,300		52
FAMILY OF AD				
RETIRED AND FAMILY MEMBERS UNDER 65		N/A	BUMED-822, msl	
RETIRED AND FAMILY MEMBERS OVER 65			1 Jun 94	
OTHER				
TOTAL				

What is your occupancy rate for FY 1994 to date? N/A

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	12,500	15,000	17,500	20,000	22,500	25,000	27,500
ADMISS.	N/A						

Please show all assumptions and calculations in the space below:

BUMED-822
msj
1 Jun 94

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 sanitation	10%	1
Barber shops	5%	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.

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 ¹	CERT. ²	COMMENTS ³
Not applicable			

¹ Use F for fully accredited, P for probation, and N for not accredited.

² List the percentage of program graduates that achieve board certification.

³ Complete this section for all programs that you entered a P or N in the Status column. Indicate why the program is not fully accredited and when it is likely to become fully accredited.

FACILITIES

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

FACILITY TYPE (CCN)	BUILDING NAME/USE ¹	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE ²
	Bldg. 8, 3rd floor	15,000	10	Not available

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

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

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

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

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
	Unknown*		

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
	Unknown*		

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
	Unknown*		

*Coast Guard leases building from City of Boston. Data unavailable.

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 US COAST GUARD SUPPORT CENTER, BOSTON MA					
2. UIC 32-47000		3. CATEGORY CODE		4. NO. OF BUILDINGS	
5. SIZE 15,000 SF		A. GSF		B. NORMAL BEDS	
6. LOCATION Bldg. 8		A. CITY Boston		B. STATE MA	
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	75				
(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	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	100				
(12) PHARMACY	100				
(13) RADIOLOGY	100				
(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				

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: 10/92

FULL ACCREDITATION: Yes

LIFE SAFETY MANAGEMENT SCORE: _____ (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?

*Numerous commands are supported by this medical treatment facility and are within minutes of its location.

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

*Boston transit.

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): 3

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

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

*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.

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.

See MISSION stmt., p. 3.
(items in MISSION stmt.
would be lost.)

BUMED-822, MMS
2 Jun 94

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.

*Yes. There are over 100 hospitals in the Boston metropolitan area.

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. There are over 100 hospitals in the Boston metropolitan area.

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:

*Not applicable.

11. Mobilization. What are your facility's mobilization requirements? **None.**

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 beds¹ 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 beds¹:

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

12. Non-availability Statements. Please complete the following table for Non-availability statements (NAS): No longer required.

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT			
OUTPATIENT			

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

CATEGORY OF PATIENT	SUPPLEMENTAL CARE ²					
	FY 1992		FY 1993		FY 1994	
	NO. ¹	COST ²	NO.	COST	NO.	COST
AD						
AD FAMILY						
OTHER	200	*	502	*	380	114,000
TOTAL	200	*	502	*	380	114,000

*Agreement with Brighton Marine for FY93/94. Statistics not kept at this facility at that time.

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

² The total cost in thousands of dollars.

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

CATEGORY	FY 1992	FY 1993	FY 1994
TOTAL COSTS	Unknown	Unknown	Unknown
TOTAL OUTPATIENT VISITS	Unknown	500	368
AVERAGE COST PER VISIT	300	300	300

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: N/A

CATEGORY	FY 1992	FY 1993	FY 1994
A. TOTAL MEPRS-A EXPENSE (ALL ACCOUNTS)			

Table B: N/A

CATEGORY	FY 1992	FY 1993	FY 1994
B. GRADUATE MEDICAL EDUCATION SUPPORT (EBE)			
C. EDUCATION AND TRAINING PROGRAM SUPPORT (EBF)			
D. TOTAL EXPENSES IN EBE AND EBF (B+C)			
E. TOTAL E EXPENSES (ALL ACCOUNTS)			
F. % SELECTED E EXPENSES (D÷E) ¹	.	.	.

¹ Record as a decimal to 6 digits.

Table C: N/A

CATEGORY	FY 1992	FY 1993	FY 1994
G. TOTAL E EXPENSES INCLUDED IN MEPRS A			
H. E EXPENSES TO REMOVE FROM MEPRS A (F×G)			
I. AREA REFERENCE LABORATORIES (FAA)			
J. CLINICAL INVESTIGATION PROGRAM (FAH)			
K. TOTAL SELECTED F (I+J)			
L. CONTINUING HEALTH EDUCATION (FAL)			
M. DECEDENT AFFAIRS (FDD)			
N. INITIAL OUTFITTING (FDE)			
O. URGENT MINOR CONSTRUCTION (FDF)			
P. TOTAL (L+M+N+O)			
Q. E EXPENSES INCLUDED IN ROW P			
R. E EXPENSES TO REMOVE FROM ROW P (F×Q)			
S. OTHER F'S LESS E (P-R)			

Table D: N/A

CATEGORY	FY 1992	FY 1993	FY 1994
T. INPATIENT WORK UNIT (IWU)			
U. TOTAL WORK UNITS (MWU) ²			
V. PERCENT INPATIENT (IWU÷AWU)			
W. FINAL OTHER F EXPENSES (S×V)			
X. FINAL F EXPENSES (K+W)			
Y. TOTAL CATEGORY III EXPENSES (A-H+X)			
Z. NUMBER OF BIOMETRICS DISPOSITIONS			
AA. TOTAL MEPRS DISPOSITIONS			
BB. ADJUSTED DISPOSITIONS (Z÷AA)			
CC. ADJUSTED MEPRS EXPENSES (Y×BB)			
DD. TOTAL RELATIVE WEIGHTED PRODUCT (RWP)			
EE. COST PER RWP (CC÷DD)			
FF. TOTAL CATEGORY II RWPs ³			
GG. TOTAL CATEGORY II COST (EE×FF)			
HH. TOTAL ESTIMATED CATEGORY III EXPENSES (CC-GG)			
II. TOTAL CATEGORY III RWPs (DD-FF)			
JJ. COST PER CATEGORY III RWP (HH÷II)			

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

³ 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 **N/A**

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

15. Quality of Life.

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: **NOT APPLICABLE.**

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 ¹	Average Wait
O-6/7/8/9	1		
	2		
	3		
	4+		
O-4/5	1		
	2		
	3		
	4+		
O-1/2/3/CWO	1		
	2		
	3		
	4+		
E7-E9	1		
	2		
	3		
	4+		
E1-E6	1		
	2		
	3		
	4+		

¹As 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)?

(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: NOT APPLICABLE.**

(a) Provide the utilization rate for BEQs 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			
TOTAL		100	

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

(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			
TOTAL		100	

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

b. For on-base MWR facilities² 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 NAHANT, MA

DISTANCE 10 MILES

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	1	N
Swimming Ponds	Each		
Tennis CT	Each		

²Spaces 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	1	N
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? No.

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).

*Information requested is not applicable to this facility.

(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	1
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	1
ARC	PN	
Chapel	PN	
FSC Classrm/Auditorium	PN	

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

City	Distance (Miles)
Worcester, MA	60
Portsmouth, NH	70
Hartford, CT	75

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		

*Information is provided on BSAT Data Call #27 for Branch Medical Clinic, NAS South Weymouth, MA. UIC: 35311. Host: Coast Guard Support Center, Boston, MA

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	600	550	80
Apartment (1-2 Bedroom)	825	700	120
Apartment (3+ Bedroom)	1,050	925	160
Single Family Home (3 Bedroom)	1,400	1,200	225
Single Family Home (4+ Bedroom)	1,600	1,500	250
Town House (2 Bedroom)	1,000	900	65
Town House (3+ Bedroom)	1,150	975	80
Condominium (2 Bedroom)	1,150	975	80
Condominium (3+ Bedroom)	1,150	975	80

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

Type Rental	Percent Occupancy Rate
Efficiency	92
Apartment (1-2 Bedroom)	94
Apartment (3+ Bedroom)	98
Single Family Home (3 Bedroom)	98
Single Family Home (4+ Bedroom)	99
Town House (2 Bedroom)	97
Town House (3+ Bedroom)	98
Condominium (2 Bedroom)	97
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)	163,000
Single Family Home (4+ Bedroom)	185,000
Town House (2 Bedroom)	118,000
Town House (3+ Bedroom)	134,000
Condominium (2 Bedroom)	80,000
Condominium (3+ Bedroom)	122,000

(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			

None in Boston Area.

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

*Housing demands by college students impacts the availability of affordable housing.

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
N/A		

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)
S. Weymouth, MA	100	15	35
.			

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
*							

*There are too many institutions to list within the given time constraints.

(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					

*There are too many institutions to list within the given time constraints.

(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	
N/A	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.

No. There are over 100 hospitals in the Boston metropolitan area.

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. There are over 100 hospitals in the Boston metropolitan area.

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.

These statistics are not kept at the Coast Guard Support Center, Boston, MA.

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			

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.
NEXT ECHELON LEVEL (if applicable)

R. R. COTE, CAPT, MSC, USN

NAME (Please type or print)

Commanding Officer

Title

Naval Hospital, Newport

Activity

RR Cote
Signature

5/23/94
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.
MAJOR CLAIMANT LEVEL

D. F. Hagen, VADM, MC, USN

NAME (Please type or print)

Chief, BUMED/ Surgeon General

Title

BUMED

Activity

D. F. Hagen
Signature

6-2-94
Date

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

Title

J. B. Greene Jr
Signature

6/9/94
Date

277

**MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: BRMEDCLINIC
BRUNSWICK _____
ACTIVITY UIC: 32615 _____**

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

April 4, 1994

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

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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 Branch Medical Clinic, Brunswick, provides primary outpatient clinical services and coordinates care primarily for active duty members of the Navy/Marine Corps and other federal uniformed services assigned to NAS Brunswick, its tenant commands, and other commands geographically located in the midcoast region of Maine. Additionally, subject to space, facility, and manpower capabilities, provides primary clinical services for other authorized persons as prescribed by Title 10 U. S. Code.

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)
NAS Brunswick	60087	Brunswick ME	599
VP-11	09367	Brunswick ME	324
VP-26	09610	Brunswick ME	320
VP-8	09661	Brunswick ME	320
VP-23	09043	Brunswick ME	320
VP-10	09639	Brunswick ME	311
VPU-1	153869	Brunswick ME	154
PCU MCCAIN	21686	Bath ME	119
FASOTRAGRULANT	0348A	Brunswick ME	92
CPW 5 ASWOC	35381	Brunswick ME	72
NAVCOMTELDET	33242	Brunswick ME	55
COMPATWING 5	53823	Brunswick ME	47
BRMEDCLINIC	32615	Bath ME	42
PCU LABOON	21820	Brunswick ME	42

SUPSHIP DET	47378	Bath ME	32
NOCF	66458	Brunswick ME	25
CNAAB	63981	Topsham ME	23
SUPSHIP	62786	Bath ME	21
STU FASO DET	44408	Brunswick ME	20
NAVSECGRUDET	35293	Brunswick ME	16
NRRC Portland	61804	Portland ME	15
PERSUPPDET	43343	Brunswick ME	13
NOCF	66458	Brunswick ME	12
FLT MARITIME PTRL	55619	Brunswick ME	12
BRDENCLINIC	41775	Brunswick ME	11
NRC Augusta	62364	Augusta ME	7
COMRESPATWINGLANT	39047	Brunswick ME	6
DECA COMMISSARY	48876	Topsham ME	6
MEPS	66920	Portland ME	6

UNIT NAME	UIC	LOCATION	# PERSONNEL
NAVLEGSVSOFFDET	45458	Brunswick ME	5
N-DIV CONTRACT	44214	Brunswick ME	4
FLTIMAGCENLANT	39358	Brunswick ME	3
AEGIS CSSG	45537	Bath ME	3
STU EEAP USM	44885	Portland ME	2
NAESU	30860	Brunswick ME	2
NAVINTACT SP	66848	Brunswick ME	2
NAVSECCGRUACTTT	45485	Brunswick ME	1
STU CDP #2 USM	47400	Portland ME	1
STU MEDENLCOMPGM	47586	Portland ME	1
STU EEAP UMA	49596	Augusta ME	1
NAVEXCH	39222	Brunswick ME	1
I&I STAFF	45316	Brunswick ME	1

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	N/A	11540	N/A	77
ACTIVE DUTY NON N/MC	↓	298	↓	2
TOTAL ACTIVE DUTY		11838		79
FAMILY OF AD		475	N/A	3
RETIRED AND FAMILY MEMBERS UNDER 65		550	↓	4
RETIRED AND FAMILY MEMBERS OVER 65		*	↓	*
OTHER		369	↓	3
TOTAL		↓	1394	

BUMED 822
MLA, 3 Jun 94

What is your patient visit rate for FY 1994 to date? 13,232

*Information on retired members and family members by age (over and under 65) is not available.

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	23000	23000	23000	26000	26000	26000	26000
ADMISS.	N/A						

Please show all assumptions and calculations in the space below:

1992 workload = 26312 Active duty population 1992: 3425
 1993 workload = 25830 Active duty population 1993: 3011
 1994 projected = 23000 Active duty population 1993: 2657

Active duty population is decreasing consistent with Navy-wide downsizing. This includes loss of two primary medical care providers since FY 92, i.e., one physician's assistant and one squadron physician. The above calculations include the assumption that NAS Brunswick survives future base closure considerations and that because NAS will remain open, one additional VP squadron will be assigned here in FY 1998. Downsizing of Branch Medical Clinic, Brunswick, is not anticipated through FY 96. So, even though the active duty population of the local military community served by this clinic will continue to lose their share of active duty assets, patient appointment availability should remain consistent. More of these appointments will be available to dependents and retirees.

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
Flight Ops	4.25 hr	35*
Weapons/Field Training	40	5
Food Service Inspections	96	1
Water Safety Inspections	2	1
DERATS Inspections of Precom Unit	8	1
Habitability Inspections	8	1
Daycare and Home Care Inspections/Training	6	1
Occupational Health/Industrial Hygiene	2270	5
APTU/Water Survival Training	33	7

Coordination/Scheduling of Specialty Care Referrals for all Specialty Care

1738 5

BLS/EMT Training for non-Clinic personnel

40 3

*Flight op support is provided intermittently for emergency response by duty crews.

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
NONE. NOT APPLICABLE AT THIS FACILITY								

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

PROGRAM	STATUS ¹	CERT. ²	COMMENTS ³
N/A			

¹ Use F for fully accredited, P for probation, and N for not accredited.

² List the percentage of program graduates that achieve board certification.

³ Complete this section for all programs that you entered a P or N in the Status column. Indicate why the program is not fully accredited and when it is likely to become fully accredited.

FACILITIES

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

FACILITY TYPE (CCN)	BUILDING NAME/USE ¹	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE ²
55010	BRMEDCLINIC/645	25,623	15	Adequate/N A
17120	APTU 150	13,196	1	Adequate/N A
14310	Ambulance garage 649	1,390	15	Adequate/N A

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

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

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

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

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A			

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
N/A			

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 BRANCH MEDICAL CLINIC BRUNSWICK					
2. UIC 32615	3. CATEGORY CODE 55010 17120 14510	4. NO. OF BUILDINGS 3			
5. SIZE 40,209 sq ft	A. GSF	B. NORMAL BEDS 0	C. DTRS		
6. LOCATION	A. CITY Brunswick	B. STATE ME			
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	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	100				
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	N/A				
(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	75	25		A01	
(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: 9 JUL 92

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? Ninety percent of our clients, i.e., primarily active duty military members, reside within eight miles of NAS Brunswick. Also ninety percent of our clients actually are assigned onboard NAS Brunswick or its tenant commands.

b. What are the nearest air, rail, sea and ground transportation nodes? Military air services are available on NAS Brunswick. Military ship berthing is available in Bath, ME, approximately 8 miles north of NAS Brunswick. Full commercial air and limited commercial sea transportation are available in Portland, ME, 35 miles south of NAS Brunswick. Commercial ground transportation to include bus, airport shuttle and taxi are available locally. Nearest commercial rail transportation is available from Boston, MA. There are, however, plans and action in progress to establish commercial rail service from Portland.

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): on NAS Brunswick.

d. What is the importance of your location given your mobilization requirements? Because this clinic directly supports the NAS and six squadrons assigned, our mobilization requirements are very limited. Upon mobilization, the squadrons will deploy to their mobilization sites, thus decreasing our active duty beneficiary population significantly. Because of our location onboard NAS Brunswick, the clinic will support additional MEDEVAC operation for patient transfer to the VA Hospital, Togus, ME.

e. On the average, how long does it take your current clients/customers to reach your facility? Ten 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? Brunswick, ME, is considered a remote location having a relatively small adjacent civilian community. This area is also widely known for its harsh winters. Such facts may hinder our ability to hire qualified civilian personnel for specialized 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. The Branch Medical Clinic provides direct clinical support to the flying personnel assigned to NAS Brunswick and its tenant commands. Though this clinic is small, providing outpatient, primary care only, it provides a unique managed care program for specialty appointments for the active duty members. Approximately 200 specialty appointments are coordinated monthly through this clinic with other military, federal and civilian facilities, utilizing the MEDEVAC system extensively. Active duty members requiring evaluation for formal limited duty boards and medical boards must be coordinated to other military medical facilities having medical board convening authority. Other services provided by this clinic that are usually unique to a military staff and that are not currently available in the local civilian community are:

- flight physicals/occupational health physicals;
- occupational health and preventive medicine surveillance and inspection program management;
- 24-hour ambulance support to the flight line;
- aviation physiology and water safety training.

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 the Branch Medical Clinic closed and NAS Brunswick and all other tenant commands remained open, the local, civilian health care infrastructure should be able to absorb the additional workload created by our active duty population. However, coordination of their care, to include the following military specific idiosyncracies would require contracting with a health maintenance organization or other medical care coordination service prior to clinic closure:

- active duty sick call
- evaluation and documentation of up chits and grounding chits for flying personnel
- accessing MEDEVAC services
- annual flight physical examination completion and all other physical exams as reequred by BUMED
- processing of OMA and supplemental care bills
- ambulance support for flight line operations
- completion of occupational medicine surveillance data and preventive medicine inspections at NAS Brunswick, NAVCOMTELSTA Cutler and NAVSECGROUP Winter Harbor
- active duty medical record annual verification
- referral to MTFs having medical board convening authority.

The number of primary care and specialty providers as documented on page 9 of data call 27 and number of available civilian hospital beds as documented on page 12 of data call 27 can easily handle the extra 3,500 patients represented by our active duty population.

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. Currently, the Branch Medical Clinic provides very limited services to the nonactive duty, military medical beneficiary population. The majority (greater than 75%) of the nonactive duty population, including active duty dependents, are enrolled in the USTF Family Health Plan in an HMO type participation agreement program between Martin's Point Health Care System and DOD. Should this facility close, either Martin's Point Health Care System or the numerous primary and specialty service providers affiliated with the three community hospitals located within seven miles of the Base could easily care for the residual eligible 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:

Not applicable as we have no inpatient care capability currently.

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 GUADALCANAL (LPH 7)	07352	01
FLTHOSP #15 (500- CBTZ)	45399	01
FLTHOSP #20 (500 bed CBTZ)	46977	05
2D MARINE AIR WING	57080	01
US NAVHOSP GUANTANAMO BAY	61564	03
US NAVHOSP NAPLES IT	66096	02
2D FSSG	68408	03

FLTHOSP #3 (500 CBTZ)	68683	08
2D FSSG (ADV ELEMENT)	NPS2F	02
2D MARDIV, CP LEJ	08321	07

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. *see NMCL Portsmouth Call #27 (UIC 00105) --*

very little add. workload for similar reasons.

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.

N/A

Number of "stubbed" expanded beds':

' 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	N/A	N/A	N/A
OUTPATIENT	N/A	N/A	N/A

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

CATEGORY OF PATIENT	SUPPLEMENTAL CARE ²					
	FY 1992		FY 1993		FY 1994	
	NO. ¹	COST ²	NO.	COST	NO.	COST
AD	735	462558	695	642255	554	48397.5
AD FAMILY	0	0	0	0	0	0
OTHER	0	0	0	0	0	0
TOTAL	735	462558	695	642255	554	48397.5

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

² The total cost in thousands of dollars.

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

CATEGORY	FY 1992	FY 1993	FY 1994
TOTAL COSTS			
TOTAL OUTPATIENT VISITS			
AVERAGE COST PER VISIT			

NOTE: Cost data gathered by all Branch Clinics are collated by MEPRS to create cost totals for the Naval Medical Clinic, Portsmouth. MEPRS does not produce a separate average cost/visit for Branch Medical Clinics. Therefore, please refer to Naval Medical Clinic, Portsmouth, NH, data call input, UIC: 00105.

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	N/A	N/A	N/A

Table B:

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

'These costs are actual or estimated. If other than actual please provide assumptions and calculations.

Table C: N/A

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)			

15. Quality of Life.

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?

NAS Brunswick, UIC 60087, has completed this information in Data Call #38

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

DAVID L. WHEELER

NAME (Please type or print)


Signature

COMMANDING OFFICER

Title

Date

940524

NAVAL MEDICAL CLINIC, PORTSMOUTH

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

Title

Date

349

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: NAVAL BRANCH MEDICAL
CLINIC, CONCORD, CA
ACTIVITY UIC: 32599

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

April 4, 1994

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

Document Separator

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

• Name

Official name	<i>Branch Medical Clinic, Brunswick, Maine</i>
Acronym(s) used in correspondence	<i>BRMEDCLINIC, BRUNSWICK NAVAL AIR STATION</i>
Commonly accepted short title(s)	<i>BRUNSWICK</i>

• Complete Mailing Address

Officer in Charge
Branch Medical Clinic
Brunswick, ME 04011

• PLAD

BRMEDCLINIC BRUNSWICK ME

• PRIMARY UIC: 32615 (Plant Account UIC for Plant Account Holders)

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

• ALL OTHER UIC(s): N/A

BRANCH CLINIC

PLANT ACCOUNT HOLDER:

• Yes _____ No X (check one)

32615

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

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

• Yes _____ No X (check one)

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

• Yes X No _____ (check one)

• Primary Host (current) UIC: 60087

• Primary Host (as of 01 Oct 1995) UIC: 60087

• Primary Host (as of 01 Oct 2001) UIC: 60087

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

• Yes _____ No X (check one)

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

Name	Location	UIC
N/A		

32615

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

Name	UIC	Location	Host name	Host UIC
N/A				

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

BRAC-89 PEASE AIR FORCE BASE, NH closure. The hospital was a source of inpatient/outpatient treatment until its closure in 1990.

BRAC-91 LORING AIR FORCE BASE, ME closure. The hospital was utilized by this facility until its closure in 1990 for outpatient/inpatient services.

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

Current Missions

- Medical care for active duty, dependents, and retirees for the most isolated areas located in downeast Maine. The summer brings an explosion of military/retirees into the area for summer vacation.
- Medical care for the at the Naval Air Station located in Brunswick, Maine.
- Directly supports the staff of the Naval Air Station in the areas of Medical Training, sanitation, and other medical functions.

Projected Missions for FY 2001

- No projected changes.

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

Current Unique Missions

Provides a myriad of medical support functions for the Patrol Wing Squadrons that operate and deploy out of the Naval Air Station.

32615

Projected Unique Missions for FY 2001

- No projected changes.

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

• Operational name UIC
NAVAL MEDICAL CLINIC PORTSMOUTH, NH 00105

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

On Board Count as of 01 January 1994

	Officers	Enlisted	C i v i l i a n
(Appropriated)			
• Reporting Command	<u>10</u>	<u>30</u>	<u>22</u>
• Tenants (total)	<u>03</u>	<u>08</u>	<u>02</u>

Authorized Positions as of 30 September 1994

	Officers	Enlisted	C i v i l i a n
(Appropriated)			
• Reporting Command	<u>10</u>	<u>35</u>	<u>22</u> ¹¹ _{03x}
• Tenants (total)	<u>03</u>	<u>08</u>	<u>02</u>

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

<u>Title/Name</u>	<u>Office</u>	<u>Fax</u>	<u>Home</u>
HMCS J. PARKHURST	(207)921-2646	(207)921-2992	(207)729-7833

32615

12. TENANT ACTIVITY LIST: This list must be all-inclusive. Tenant activities are to ensure that their host is aware of their existence and any "subleasing" of space. This list should include the name and UIC(s) of all organizations, shore commands and homeported units, active or reserve, DOD or non-DOD (include commercial entities). The tenant listing should be reported in the format provide below, listed in numerical order by UIC, separated into the categories listed below. Host activities are responsible for including authorized personnel numbers, on board as of **30 September 1994**, for all tenants, even if those tenants have also been asked to provide this information on a separate Data Call. (Civilian count shall include Appropriated Fund personnel only.)

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
BRANCH DENTAL CLINIC BRUNSWICK NAVAL AIR STATION	41775	03	08	02

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

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

Tenant Command Name	UIC	Location	Officer	Enliste	Civilia
N/A					n

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enliste	Civilia
N/A				d	n

32615

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

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
N/A		

14. FACILITY MAPS: Naval Air Station Brunswick (UIC 60087) will provide all maps of this facility with their BRAC-95 package. They are our primary host command.

32615

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

ACTIVITY COMMANDER

DAVID L. WHEELER
NAME (Please type or print)


Signature

COMMANDING OFFICER
Title

940204
Date

NAVAL MEDICAL CLINIC, PORTSMOUTH
Activity

32615

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

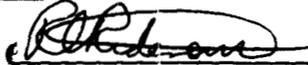
Activity

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

MAJOR CLAIMANT LEVEL

RADM R. I. Ridenour

NAME (Please type or print)



Signature

ACTING CHIEF BUMED

Title

Date

BUREAU OF MEDICINE & SURGERY

Activity

11 FEB 1994

32615

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)

NAME (Please type or print)

Signature

Title

Date

BRAC-95 CERTIFICATION

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

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


Signature

ACTING DCNO (LOGISTICS)
Title

16 FEB 99
Date

Division

Department

Activity

Document Separator

277

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

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

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

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MISSION REQUIREMENTS

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

TYPE	ACTUAL FY 1993			PROJECTED FY 2001		
	CATCHMENT ¹	ASSIGNED ²	REGION ³	CATCHMENT ¹	ASSIGNED ²	REGION ³
AD	4009	2657	N/A 0	3007	2000	N/A
FAMILY OF AD	6072	4733	N/A 0	4554	3563	N/A
SUBTOTAL	10081	7390	N/A 0	7561	5563	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	9605 ⁴	N/A	N/A 0	10085	N/A	N/A
RETIRED AND FAMILY MEMBERS OVER 65 ⁴	1695 ⁴	N/A	N/A 0	1780	N/A	N/A
OTHER	1000 ⁴	N/A	N/A 0	1000	N/A	N/A
TOTAL	22381	3100	N/A 0	20426	5563	N/A

NOTE: THE FOLLOWING APPLIES TO ALL FACILITIES.

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

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

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

⁴ THIS SECTION MUST BE COMPLETED.

⁴ Based on data obtained from demographic breakdown of beneficiaries by zip code. It should be noted, however, that this population is subject to a 10-20% change throughout

the year. Large transient retiree population who list their home of residence in a southern state actually reside in Maine for up to six months a year. No data available to breakdown by age (under/over 65).

'Based on 15% of total reitree population.

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

Operating Beds':	0
Set Up Beds':	0
Expanded Bed Capacity':	0

' 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 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	OTH CIV
OUTPATIENT VISITS	21805	1942	1363	25110	719
ADMISSIONS	N/A	N/A	N/A	N/A	
LABORATORY TESTS (WEIGHTED)'	204997.1	*	*	204997.1	
RADIOLOGY PROCEDURES (WEIGHTED)'	6940.7			6940.7	
PHARMACY UNITS (WEIGHTED)'	92573.0			92573.0	
OTHER (SPECIFY)	N/A				

'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.

BUMED-82
ML
3 Jun 94

Laboratory weighted units for ancillary service are not broken down between active and nonactive duty patients. Figures for active duty represent all units for all status of patients.

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	20300/annual	1764/annual	2520/annual	24584/annual
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED) ¹	205000 ¹	.	.	268200 ¹
RADIOLOGY PROCEDURES (WEIGHTED) ¹	6950 ¹	.	.	8200 ¹
PHARMACY UNITS (WEIGHTED) ¹	99800 ¹	.	.	107800 ¹
OTHER (SPECIFY)	N/A			→

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.
 Explanation: Calculations are based on available provider hours not already utilized by active and nonactive duty patients, i.e., missed appointments, open/available and unused appointments. All active duty patients requesting appointments are currently seen, therefore demand would not require additional capacity for that patient category. However, there is a daily demand for chronic care appointments by dependents and retirees that could increase our capacity by the above noted figures. Currently, three dependents of active duty and eight retirees are seen daily at this clinic. On average, 8 additional appointments per day could be used to maximize our capacity.
¹ Because data is not available that breaks down weighted ancillary service units by patient status, the figures noted under the column for AD reflect all patients.
¹ Maximum capacity was determined by multiplying most productive month by 12.

BU MED 822
 mss
 3 Jun 94

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	20300 annual	18200 annual	50900 annual	894000 annual
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED)'	205000	see below notes		
RADIOLOGY PROCEDURES (WEIGHTED)'	6950	see below note		
PHARMACY UNITS (WEIGHTED)'	99800	see below note		
OTHER (SPECIFY)	N/A			

'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. Annually, approximately 20300 visits are attributable to active duty members assigned within this 40-mile radius catchment area, i.e., 4009 members. This calculates to approximately 5 visits per member annually. Active duty dependents normally average 3 visits to a primary care provider annually whereas retirees require more, approximately 4.5 visits annually. Therefore, the above figures were obtained as follows:

BUMED 822,
mss,
3 Jun 89

Family of active duty Retired and family
 Outpatient 6075 x 3 = 18,225 11305 x 4.5 = 50872

Current weighted units for laboratory, radiology and pharmacy are not broken down between active duty patients and nonactive duty patients. Also, ancillary services are routinely accessed by dependents and retirees who do not use our primary care services. Therefore, to estimate based on visits by retirees and dependents would not reflect a true picture of our ancillary workload.

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

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
PRIMARY CARE ¹	3	3	3	3	3	3	3	3
SPECIALTY CARE ²	0	0	0	0	0	0	0	0
PHYSICIAN EXTENDERS ³	1	1	1	1	1	1	1	1
INDEPENDENT DUTY CORPSMEN	0	0	0	0	0	0	0	0
TOTAL	4	4	4	4	4	4	4	4

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

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

³ This includes Physician Assistants and Nurse Practitioners.

NOTE: This clinic is billeted for two physician assistants. However, no more than one has been assigned. This billet has been approved to convert to a civilian position, but have been unable to recruit anyone.

LOCATION

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

PROVIDER TYPE	CURRENT
PRIMARY CARE ¹	575
SPECIALTY CARE ²	729
PHYSICIAN EXTENDER ³	38
TOTAL	1342

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

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

³This 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: 585,043

Data obtained from April 1990 Census of Population, July 1992 estimates from U. S. Bureau of the Census.

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

FACILITY NAME	OWNER	DISTANCE ¹	DRIVING TIME	RELATIONSHIP ²
VAMC Togus	VA	35	45 min	MOU f/ancillary & specialty
Parkview Hosp	7th Day Adventist	3	5 min	Preferred Provider MOU
Mid-Coast Hosp Brunswick	Mid-Coast Health Services	3.5	6 min.	Preferred Provider MOU
Mid-Coast Hosp Bath	Mid-Coast Health Services	7	10 min	Preferred Provider MOU
Miles Mem Hosp	nonprofit	25	35 min	0

Maine Med Ctr	Maine Med	35	40 min	0
Kennebec Valley	Kennebec Hlth	32	40 min	0
Central Maine Med	Central ME Hlth	20	35 min	0
Brighton Mem Hosp	Diversified Hlth	35	40 min	0
St Andrews Hosp	nonprofit	22	35 min	0
Westbrook Commun	nonprofit	37	40 min	0
Mercy Hospital	Sisters of Mercy	35	40 min	0
NE Rehab	Stockholders	35	40 min	0
St Mary's RegMed	Covenant Hlth Sys	20	35 min	0
Jackson Brook	Community Care Sys	37	40 min	0
Stephen's Mem	nonprofit	40	60 min	0
AMHI	State Maine	32	40 min	0

¹ Distance in driving miles from your facility

² List any partnerships, MOUs, contracts, etc with this facility

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

FACILITY	BEDS ¹	JCAHO APPROVED	OCCUPANCY ¹	UNIQUE FEATURES ²
Mercy Hospital	200	yes	74.0	
St Mary's Reg Med Cen	203	yes	69.5	psychiatric
Jackson Brook Institute	106	yes	90.6	psychiatric
Stephens Memorial Hospital	50	yes	86.0	
New England Rehab Hospital	80	yes	87.5	

Miles Memorial Hospital	68	yes	86.8	
Maine Medical Center	598	yes	84.6	largest facility, highest quality of care available
Kennebec Valley Med Ctr	165	yes	72.7	
St Andrews Hospital	52	yes	67.3	
Westbrook Community	30	yes	40.0	
Brighton Medical Cntr	131	no	63.4	
Central Maine Med JCntr	250	yes	62.8	
VAMC Togus	354	yes	80.8	
Parkview Memorial Hospital	55	yes	47.3	
Mid-Coast Hospital	169	yes	47.1	
Augusta Mental Health Inst	367	yes		state mental health

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

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

c. Training Facilities:

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

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

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

UIC: 32615

~~13~~ 14

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

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

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

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

UIC: 32615

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

15

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

DAVID L. WHEELER
NAME (Please type or print)


Signature

COMMANDING OFFICER
Title

940524
Date

NAVAL MEDICAL CLINIC, PORTSMOUTH
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)

JR GROOME JR.

NAME (Please type or print)

Signature

Title

Date

277

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	BRANCH MEDICAL CLINIC, BRUNSWICK, ME
UIC:	N32615
Host Activity Name (if response is for a tenant activity):	NAVAL AIR STATION BRUNSWICK, ME
Host Activity UIC:	N60087

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

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

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

DATA CALL 66
INSTALLATION RESOURCES

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: BRANCH MEDICAL CLINIC, BRUNSWICK, ME		UIC: N32615	
Category	FY 1996 BOS Costs (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	49.0	0	49.0
1b. Minor Construction	0	0	0
1c. Sub-total 1a. and 1b.	49.0	0	49.0
2. Other Base Operating Support Costs:			
2a. Utilities	57.0	0	57.0
2b. Transportation	11.0	0	11.0
2c. Environmental	0	0	0
2d. Facility Leases	0	0	0
2e. Morale, Welfare & Recreation	0	0	0
2f. Bachelor Quarters	0	0	0
2g. Child Care Centers	0	0	0
2h. Family Service Centers	0	0	0
2i. Administration	20.0	514.0	534.0
2j. Supply	5.0	22.0	27.0
2k. Communications	33.0	0	33.0
2l. Equipment Contract	3.0	0	3.0
2m. Engineering Support/Refuse	33.0	0	33.0
2n. Servmart/Host Support	5.0	0	5.0
2o. Sub-total 2a. through 2n:	167.0	536.0	703.0
3. Grand Total (sum of 1c. and 2o.):	216.0	536.0	752.0

DATA CALL 66
INSTALLATION RESOURCES

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

<u>Appropriation</u>	<u>Amount (\$000)</u>
O&M	266.0
MPN	486.0

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

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

DATA CALL 66
INSTALLATION RESOURCES

Table 1B - Base Operating Support Costs (DBOF Overhead)			
Activity Name: BRANCH MEDICAL CLINIC, BRUNSWICK, ME		UIC: N32615	
FILE NOT APPLICABLE Category	FY 1996 Net Cost From UC/FUND-4 (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (>\$15K)			
1b. Real Property Maintenance (<\$15K)			
1c. Minor Construction (Expensed)			
1d. Minor Construction (Capital Budget)			
1e. Sub-total 1a. through 1d.			
2. Other Base Operating Support Costs:			
2a. Command Office			
2b. ADP Support			
2c. Equipment Maintenance			
2d. Civilian Personnel Services			
2e. Accounting/Finance			
2f. Utilities			
2g. Environmental Compliance			
2h. Police and Fire			
2i. Safety			
2j. Supply and Storage Operations			
2k. Major Range Test Facility Base Costs			
2l. Other (Specify)			
2m. Sub-total 2a. through 2l:			
3. Depreciation			
4. Grand Total (sum of 1c., 2m., and 3.) :			

DATA CALL 66
INSTALLATION RESOURCES

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

Table 2 - Services/Supplies Cost Data	
Activity Name: BRANCH MEDICAL CLINIC, BRUNSWICK, ME	UIC: N32615
Cost Category	FY 1996 Projected Costs (\$000)
Travel:	27.0
Material and Supplies (including equipment):	498.0
Industrial Fund Purchases (other DBOF purchases):	102.0
Contracts:	119.0
Communications:	33.0
Utilities:	57.0
Gasoline:	1.0
Printing Service	3.0
Supplemental Care:	433.0
Total:	1,273.0

DATA CALL 66
INSTALLATION RESOURCES

3. Contractor Workyears.

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

Table 3 - Contract Workyears	
Activity Name: BRANCH MEDICAL CLINIC, BRUNSWICK, ME	UIC: N32615
Contract Type	FY 1996 Estimated Number of Workyears On-Base
FILE NOT APPLICABLE	
Construction:	
Facilities Support:	
Mission Support:	
Procurement:	
Other:*	
Total Workyears:	

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

DATA CALL 66
INSTALLATION RESOURCES

b. Potential Disposition of On-Base Contract Workyears. If the mission/functions of your activity were relocated to another site, what would be the anticipated disposition of the on-base contract workyears identified in Table 3.?

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

N/A

2) Estimated number of workyears which would be eliminated:

N/A

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

N/A

DATA CALL 66
INSTALLATION RESOURCES

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

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

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

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

7-28-94

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)

W. A. Earner

Signature

Title

8/26/94

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.

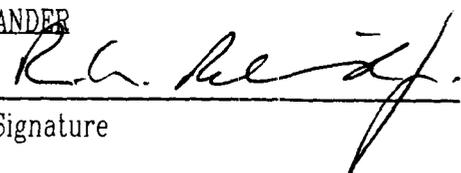
Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes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

R. G. RELINSKI, JR.

NAME (Please type or print)

ACTIVITY COMMANDER



Signature

COMMANDING OFFICER

Title

13 JULY 94

Date

NAVAL MEDICAL CLINIC PORTSMOUTH, NH

Activity

Document Separator

278

**CAPACITY ANALYSIS:
DATA CALL 26 WORK SHEET FOR
MEDICAL FACILITY: _____**

NAVAL HOSPITAL CAMP PENDLETON
AREA BRANCH MEDICAL CLINIC 22 CMP PENDL CA

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

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

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MISSION REQUIREMENTS

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

TYPE	ACTUAL FY 1993			PROJECTED FY 2001		
	CATCHMENT ¹	ASSIGNED ²	REGION ³	CATCHMENT ¹	ASSIGNED ²	REGION ³
AD	127881	36421	NA	114386	37297	NA
FAMILY OF AD	N/A	—————	—————	—————	—————	—————
SUBTOTAL	127881	36421	NA	114386	37297	NA
RETIRED AND FAMILY MEMBERS UNDER 65	N/A	—————	—————	—————	—————	—————
RETIRED AND FAMILY MEMBERS OVER 65 ⁴	N/A	—————	—————	—————	—————	—————
OTHER	N/A	—————	—————	—————	—————	—————
TOTAL	127881	36421	NA	114386	37297	NA

NOTE: THE FOLLOWING APPLIES TO ALL FACILITIES.

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

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

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

⁴ THIS SECTION MUST BE COMPLETED.

***** Only active duty are seen at this clinic.

BUMED-822, mtl
3 Jun 94

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

Operating Beds ¹ :	NA
Set Up Beds ¹ :	NA
Expanded Bed Capacity ² :	NA

¹ Use the definitions in BUMEDINST 6320.69 and 6321.3.

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

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

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	7743	NA	NA	7743
ADMISSIONS	NA	NA	NA	NA
LABORATORY TESTS (WEIGHTED) ¹	140898	NA	NA	140898
RADIOLOGY PROCEDURES (WEIGHTED) ¹	3922	NA	NA	3922
PHARMACY UNITS (WEIGHTED) ¹	16534	NA	NA	16534
OTHER (SPECIFY)	***			

***706 IMMUNIZATIONS

ONLY ACTIVE DUTY PERSONNEL ARE TREATED AT THIS FACILITY.

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	7743	N/A	N/A	7743
ADMISSIONS	NA			NA
LABORATORY TESTS (WEIGHTED) ¹	140898			140898
DIOLGY PROCEDURES (WEIGHTED) ¹	3922			3922
PHARMACY UNITS (WEIGHTED) ¹	16534			16534
OTHER (SPECIFY)	***			N/A

***706 IMMUNIZATIONS.

ONLY ACTIVE DUTY PERSONNEL ARE TREATED AT THIS FACILITY.

BUMED-822, mka
3 Jun 94

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				
ADMISSIONS				
LABORATORY TESTS (WEIGHTED) ¹				
ADIOLOGY PROCEDURES (WEIGHTED) ¹				
PHARMACY UNITS (WEIGHTED) ¹				
OTHER (SPECIFY)				

Being one of eleven area branch clinics on MCB Camp Pendleton, it would be impossible to accomplish or determine the workload demand we would face if Naval Hospital, Camp Pendleton and the other ten branch clinics were to close and we provided all the care for our catchment area.

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.

UIC 46366 BRMEDCL A22 CMP PENDL CA

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
PRIMARY CARE ¹	0	0	0	0	0	0	0	0
SPECIALTY CARE ²	0	0	0	0	0	0	0	0
PHYSICIAN EXTENDERS ³	0	0	0	0	0	0	0	0
INDEPENDENT DUTY CORPSMEN	1	1	1	1	1	1	1	1
TOTAL	1	1	1	1	1	1	1	1

The figures include military authorizations. The clinic also has eight (8) other military enlisted authorizations on the Activity Manpower Document (AMD) which are not shown on the above chart.

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

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

³ This includes Physician Assistants and Nurse Practitioners.

LOCATION

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

PROVIDER TYPE	CURRENT
PRIMARY CARE ¹	2843
SPECIALTY CARE ²	3572
PHYSICIAN EXTENDER ³	368
TOTAL	6783

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

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

³ This includes Physician Assistants and Nurse Practitioners.

THIS IS A BRANCH CLINIC AND IS DEPENDENT UPON NAVAL HOSPITAL, CAMP PENDLETON. THE ABOVE PROVIDERS APPLY TO THE CATCHMENT AREA FOR THE HOSPITAL AND THE LOCAL AREA BRANCH MEDICAL CLINICS.

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: 1,873,564

THIS BRANCH CLINIC IS LOCATED ON MCB CAMP PENDLETON AND HAS THE SAME REGIONAL POPULATION AS THE NAVAL HOSPITAL.

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

FACILITY NAME	OWNER	DISTANCE ¹	DRIVING TIME	RELATIONSHIP ²
Alvarado	National Medical Enterprises	32 miles	60 minutes	
CPC San Luis Rey	Community Psychiatric Center	12 miles	25 minutes	
Childrens		31 miles	45 minutes	
Capistrano By The Sea		28 miles	45 minutes	
Fallbrook		10 miles	15 minutes	

FACILITY NAME	OWNER	DISTANCE ¹	DRIVING TIME	RELATIONSHIP ²
Green Hosp of Scripps	Scripps Memorial	25 miles	45 minutes	
Grossmont	Sharp Healthcare	40 miles	60 minutes	
Harbor View	Sharp Healthcare	40 miles	60 minutes	
Hillside		39 miles	60 minutes	
Inland Valley Regional		30 miles	45 minutes	

FACILITY NAME	OWNER	DISTANCE	DRIVING TIME	RELATIONSHIP
Kaiser Foundation	Kaiser Foundation Hospitals	37 miles	60 minutes	
Mercy	Catholic Healthcare West	40 miles	60 minutes	
Mesa Vista	Vista Hill Foundation	31 miles	60 minutes	
Mission Bay Memorial	Epic Healthcare Group	30 miles	45 minutes	
Laguna Hills Hosp		32 miles	45 minutes	

FACILITY NAME	OWNER	DISTANCE	DRIVING TIME	RELATIONSHIP
Palomar	Palomar Pomerado Health System	20 miles	35 minutes	
Pomerado	Palomar Pomerado Health System	25 miles	45 minutes	
Rancho Park		40 miles	60 minutes	
Irvine Medical Center		40 miles	60 minutes	
SD County Psych		40 miles	60 minutes	

FACILITY NAME	OWNER	DISTANCE ¹	DRIVING TIME	RELATIONSHIP ²
Sharp Healthcare Murrieta	Sharp Healthcare	28 miles	40 minutes	
Samaritan Medical Center	Samaritan Health System	20 miles	35 minutes	
Scripps Mem. La Jolla	Scripps Memorial	28 miles	45 minutes	
Scripps Mem. East	Scripps Memorial	28 miles	45 minutes	
Sharp Cabrillo	Sharp Healthcare	40 miles	60 minutes	

FACILITY NAME	OWNER	DISTANCE ¹	DRIVING TIME	RELATIONSHIP ²
Sharp Memorial	Sharp Healthcare	30 miles	45 minutes	
Tri-City		15 miles	30 minutes	
UCSD	University of California	28 miles	45 minutes	
VA La Jolla	Dept of Veterans Affairs	28 miles	45 minutes	
Villaview Community		40 miles	60 minutes	

FACILITY NAME	OWNER	DISTANCE ¹	DRIVING TIME	RELATIONSHIP ²
Hemet Valley Medical Center	Hemet Valley System	40 miles	60 minutes	
Menifee Valley Medical Center	Community Valley Health System	35 miles	50 minutes	
Scripps Memorial/Encinitas	Scripps Memorial	12 miles	20 minutes	

¹ Distance in driving miles from your facility

² List any partnerships, MOUs, contracts, etc with this facility

THE NAVAL HOSPITAL AND/OR ITS BRANCH CLINICS MAY HAVE PERSONAL SERVICES CONTRACTS FOR RADIOLOGY OR LABORATORY SERVICES WITH PHYSICIANS AND/OR SPECIFIC MEDICAL GROUPS, BUT THERE ARE NO MOUs, CONTRACTS OR PARTNERSHIPS FOR HEALTHCARE WITH ANY OF THE COMMUNITY HOSPITALS.

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

FACILITY	BEDS ¹	JCAHO APPROVED	OCCUPANCY ¹	UNIQUE FEATURES ²
Alvarado	231	Y	51.5%	None
CPC San Luis Rey	123	Y	N/A	Psych
Childrens	154	Y	83.1%	Child
Capistrano By the Sea	82	Y	N/A	None
Fallbrook	50	Y	48.0%	Community

FACILITY	BEDS ¹	JCAHO APPROVED	OCCUPANCY ¹	UNIQUE FEATURES ²
Green Hosp of Scripps	173	Y	67.1%	Community
Grossmont	438	Y	61.2%	Community
Harbor View	130	Y	60.8%	Community
Hillside	133	Y	N/A	Community
Inland Valley Regional	80	Y	52.5%	None

FACILITY	BEDS ¹	JCAHO APPROVED	OCCUPANCY ¹	UNIQUE FEATURES ²
Kaiser Foundation	343	Y	75.8%	Aids/Ard
Mercy	417	Y	62.4%	Trauma
Mesa Vista	150	Y	N/A	Psych/Heart
Mission Bay Memorial	113	Y	46.0%	None
Laguna Hills Hosp	78	Y	N/A	None
FACILITY	BEDS ¹	JCAHO APPROVED	OCCUPANCY ¹	UNIQUE FEATURES ²
Palomar	396	Y	70.1%	Community
Pomeroado	247	Y	72.0%	Community
Rancho Park	90	Y	N/A	None
Irvine Medical Center	141	Y	31.2%	None
SD County Psych (w/Nursing Home)	419	Y	74.2%	Psych

FACILITY	BEDS ¹	JCAHO APPROVED	OCCUPANCY ¹	UNIQUE FEATURES ²
Sharp Healthcare Murrieta	139	N	97.6%	Community
Samaritan Medical Center	86	Y	34.9%	Community
Scripps Memorial La Jolla	433	Y	49.4%	Trauma
Scripps Memorial East	162	Y	25.9%	Community
Scripps Memorial Encinitas	158	Y	45.6%	Community

FACILITY	BEDS ¹	JCAHO APPROVED	OCCUPANCY ¹	UNIQUE FEATURES ²
Sharp Cabrillo	219	Y	53.0%	None
Sharp Memorial	385	Y	81.8%	Trauma
Tri-City	382	Y	68.1%	Community
UCSD	412	Y	79.6%	Trauma
VA La Jolla	355	Y	77.5%	Veterans

FACILITY	BEDS ¹	JCAHO APPROVED	OCCUPANCY ¹	UNIQUE FEATURES ²
Villaview Community	99	Y	N/A	None
Hemet Valley Medical Center	286	Y	72.7%	Community
Menifee Valley Medical Center	84	Y	71.8%	Community

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

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

c. Training Facilities:

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

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

COMMENT:

We are a tenant of Marine Corps Base, Camp Pendleton. They will answer questions regarding training of troupes, etc in their BRAC data calls.

We do not support any formal schools on this installation.

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

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

Type Training Facility/CCN	Total Number	Design Capacity (PN) ¹	Capacity (Student HRS/YR)
NOT-APPLICABLE			

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

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

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

Pamela Gray, CAPT, NC, USN
NAME (Please type or print)

Pamela Gray
Signature

Director, Branch Medical Clinics
Title

23 May 1994
Date

Naval Hospital Camp Pendleton, CA
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)

JAMES L. STAIGER

NAME (Please type or print)

Commanding Officer

Title

Naval Hospital, Camp Pendleton

Activity

James L. Staiger
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.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

Title

BUREAU OF MEDICINE AND SURGERY
Activity

D. F. Hagen
Signature

6-3-94
Date

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)

Active

Title

J. B. Greene Jr.
Signature

JUNE 1994
Date

Document Separator

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

● Name

Official name	<i>Branch Medical Clinic Camp Chappo Camp Pendleton, CA</i>
Acronym(s) used in correspondence	<i>Branch Medical Clinic Area 22 Camp Pendleton, CA</i>
Commonly accepted short title(s)	<i>22 Area Branch Medical Clinic (ABMC) Chappo Branch Medical Clinic</i>

● Complete Mailing Address

Commanding Officer
 Attn: 22 Area BRMEDCL
 Naval Hospital
 Box 555191
 Camp Pendleton, CA 92055-5191

● PLAD N/A

● PRIMARY UIC: 46366* (Plant Account UIC for Plant Account Holders)

* This UIC is used only for MEPRS/WORS reporting.

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

● ALL OTHER UIC(s): N/A PURPOSE: _____

2. **PLANT ACCOUNT HOLDER:**

● Yes _____ No X (check one)

UIC: 46366

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

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

• Yes No (check one)

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

• Yes No (check one)

• Primary Host (current) UIC: M00681

• Primary Host (as of 01 Oct 1995) UIC: M00681

• Primary Host (as of 01 Oct 2001) UIC: M00681

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

• Yes No (check one)

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

Name	Location	UIC
N/A		

UIC: 46366

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

Name	UIC	Location	Host name	Host UIC
N/A				

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

N/A

UIC: 46366

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

Current Missions

- Provide quality primary care services to all eligible beneficiaries and support units located within 22 Area, Camp Pendleton.
- Provide in garrison medical support to Marine Corps Battalion Aid Stations within the 22 Area, Camp Pendleton.
- Provide medical support for Marine Corps training exercises conducted with in 22 Area, Camp Pendleton.
-

Projected Missions for FY 2001

- To date there is no anticipated change in the current mission.
-
-
-
-

UIC: 46366

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

Current Unique Missions

- N/A
-
-

Projected Unique Missions for FY 2001

- N/A
-
-

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

- | | |
|--------------------------------------|--------------|
| ● Operational name | UIC |
| <u>Naval Hospital Camp Pendleton</u> | <u>68094</u> |
| ● Funding Source | UIC |
| <u>Naval Hospital Camp Pendleton</u> | <u>68094</u> |

UIC: 46366

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

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian (Appropriated)
● Reporting Command	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
● Tenants (total)	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

* Manning provided by Marine Air Group 39 and First Service Support Group, Camp Pendleton, CA.

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
● Reporting Command	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
● Tenants (total)	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

* Manning provided by Marine Air Group 39 and First Service Support Group, Camp Pendleton, CA.

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

<u>Title/Name</u>	<u>Office</u>	<u>Fax</u>	<u>Home</u>
● Commanding Officer CAPT James L. Staiger, MC, USN	(619)725-1304	(619)725-1221	(619)385-4307
● Director for Administration CDR Jack Chapman, MSC, USN	(619)725-1307	(619)725-1221	(619)669-0490
● Administrative Officer, Branch Medical Clinics LT Pat Diggs, MSC, USN	(619)725-6346	(619)725-6346	(619)630-0188

UIC: 46366

12. **TENANT ACTIVITY LIST:** This list must be all-inclusive. Tenant activities are to ensure that their host is aware of their existence and any "subleasing" of space. This list should include the name and UIC(s) of all organizations, shore commands and homeported units, active or reserve, DOD or non-DOD (include commercial entities). The tenant listing should be reported in the format provide below, listed in numerical order by UIC, separated into the categories listed below. Host activities are responsible for including authorized personnel numbers, on board as of **30 September 1994**, for all tenants, even if those tenants have also been asked to provide this information on a separate Data Call. (Civilian count shall include Appropriated Fund personnel only.)

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

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

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

UIC: 46366

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

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
N/A		

14. **FACILITY MAPS:** Facility maps will be submitted by the host, Marine Corps Base, Camp Pendleton (UIC: M00681).

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

ACTIVITY COMMANDER

JAMES L. STAIGER
NAME (Please type or print)

James L. Staiger
Signature

Commanding Officer
Title

31 Jan '94
Date

Naval Hospital, Camp Pendleton
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

VADM Donald Hagen, MC

NAME (Please type or print)

Signature

SURGEON GENERAL/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)

Signature

ACTING
Title

16 FEB 94
Date

Document Separator

278

**MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: BRANCH MEDICAL CLINIC, 22
AREA, CAMP PENDLETON, CA. 92055
ACTIVITY UIC: 46366_**

**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

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

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 QUALITY AMBULATORY HEALTH CARE SERVICES TO ACTIVE DUTY MEMBERS ASSIGNED TO UNITS WITHIN THE 22 AREA, MCB CAMP PENDLETON. IN GARRISON MEDICAL SUPPORT INCLUDES SUCH SERVICES AS SICKCALL EVALUATIONS, PHYSICAL EXAMINATIONS, IMMUNIZATIONS, AND OVERSEAS SCREENING. BASIC ANCILLARY SERVICES ARE PROVIDED BY THE CLINIC'S LABORATORY, RADIOLOGY, AND PHARMACY SERVICE.

IN ADDITION TO THESE PRIMARY CARE FUNCTIONS, CLINIC PERSONNEL PROVIDE MEDICAL SUPPORT FOR MARINE CORPS TRAINING AND LIVE FIRE EXERCISES AS WELL AS PHYSICAL FITNESS AND MWR ACTIVITIES.

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)
SUPPLY BN	67446	22 AREA	1000
MED BN	28310	22 AREA	385
HQ & SUPPORT	33606	22 AREA	225
MAINT BN	28321	22 AREA	200
ELMACO	28321	22 AREA	160
DENTAL BN	44564	22 AREA	25

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

22 AREA

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	NA	7743	NA	NA
ACTIVE DUTY NON N/MC	NA	0	NA	↓
TOTAL ACTIVE DUTY	NA	7743		NA
FAMILY OF AD	NA	NA	NA	↓
RETIRED AND FAMILY MEMBERS UNDER 65	NA	NA	NA	↓
RETIRED AND FAMILY MEMBERS OVER 65	NA	NA	NA	↓
OTHER	NA	NA	NA	↓
TOTAL	NA	7743		NA

What is your occupancy rate for FY 1994 to date? **NA**
NO ADMISSIONS AT THIS CLINIC.

BUMED-822
 mss, 14 Jun 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	9283	9179	9625	9679	9729	NA	NA
ADMISS.	NA						

Please show all assumptions and calculations in the space below:

FY92, FY93 and Projected FY94 workload was compared to RAPS data for our catchment area during those respective time-frames. The average percentage was then applied to each subsequent FY's RAP population to project workload for 1995-1999. (RAPS data is not available beyond 1999.)

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
SEE BELOW*		

***PERSONNEL ASSIGNED TO 22 AREA BRANCH MEDICAL CLINIC ARE ATTACHED TO FSSG & MAW. TIME SPENT IN MEDICAL SUPPORT OTHER THAN DIRECT PATIENT CARE IS REPORTED TO FSSG & MAW HEADQUARTERS.**

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
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):

PROGRAM	STATUS ¹	CERT. ²	COMMENTS ³
N/A			

¹ Use F for fully accredited, P for probation, and N for not accredited.

² List the percentage of program graduates that achieve board certification.

³ Complete this section for all programs that you entered a P or N in the Status column. Indicate why the program is not fully accredited and when it is likely to become fully accredited.

FACILITIES

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

FACILITY TYPE (CCN)	BUILDING NAME/USE ¹	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE ²
	<u>THIS INFORMATION IS PROVIDED IN THE PARENT COMMAND (NAVAL HOSPITAL, CAMP PENDLETON UIC 68094) BRAC.</u>			

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

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

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

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

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
	<u>INFORMATION CONTAINED IN BRAC ACCOMPLISHED BY OUR PARENT COMMAND (NAVAL HOSPITAL, CAMP PENDLETON 68094).</u>		

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
	<u>INFORMATION CONTAINED IN BRAC ACCOMPLISHED BY OUR PARENT COMMAND (NAVAL HOSPITAL, CAMP PENDLETON 68094).</u>		

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
	<u>INFORMATION CONTAINED IN BRAC ACCOMPLISHED BY OUR PARENT COMMAND (NAVAL HOSPITAL, CAMP PENDLETON 68094).</u>		

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 ** SEE BRAC FOR PARENT COMMAND					
2. UIC	3. CATEGORY CODE	4. NO. OF BUILDINGS			
5. SIZE	A. GSF	B. NORMAL BEDS		C. DTRS	
6. LOCATION	A. CITY		B. STATE		
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING					
(2) ADMINISTRATION					
(3) CENTRAL STERILE SVCS.					
(4) DENTAL					
(5) EMERGENCY SVCS.					
(6) FOOD SERVICES					
(7) LABORATORIES					
(8) LOGISTICS					
(9) INPATIENT NURSING UNITS					
(10) LABOR-DEL-NURSERY					
(11) OUTPATIENT CLINICS					
(12) PHARMACY					
(13) RADIOLOGY					
(14) SURGICAL SUITE					
(15) BUILDING					
(A) STRUCTURAL/SEISMIC					
(B) HVAC					
(C) PLUMBING					

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

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 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: _____
FULL ACCREDITATION: Yes/No
LIFE SAFETY MANAGEMENT SCORE: _____ (Record as 1,2,3,4,or 5)

DOES NOT APPLY TO BRANCH CLINICS.

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?

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

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): _____

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

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

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?

RESPONSES ARE THE SAME AS NAVAL HOSPITAL, CAMP PENDLETON (68094).

(Quest. 8 & 9)

DUMED-822

msd, 14 Jun 94

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.

BENEFICIARIES WOULD BE REQUIRED TO SEEK PRIMARY MEDICAL CARE SERVICES FROM NAVAL HOSPITAL CAMP PENDLETON OR CIVILIAN MEDICAL FACILITY. CLOSURE OF THIS AREA BRANCH CLINIC WOULD INCREASE THE TIME PERSONNEL SPENT TRAVELING TO ANOTHER FACILITY AS WELL AS INCREASE THE COMPETITION OF LIMITED RESOURCES AT NAVAL HOSPITAL CAMP PENDLETON.

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.

THIS LOCAL AREA BRANCH MEDICAL CLINIC IS A COMPONENT OF NAVAL HOSPITAL, CAMP PENDLETON.

SEE PREVIOUS PAGE IN THIS BRAC AND THE REMARKS UNDER THIS CATEGORY IN OUR PARENT COMMAND (NHCP 68094) BRAC PACKAGE.

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.

THIS LOCAL AREA BRANCH MEDICAL CLINIC IS A COMPONENT OF NAVAL HOSPITAL, CAMP PENDLETON.

SEE ITEM 10. IN THIS BRAC AND THE REMARKS UNDER THIS CATEGORY IN OUR PARENT COMMAND (NHCP 68094) BRAC PACKAGE.

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:

THIS LOCAL AREA BRANCH MEDICAL CLINIC IS A COMPONENT OF NAVAL HOSPITAL, CAMP PENDLETON.

SEE ITEM 10 IN THIS BRAC AND THE REMARKS UNDER THIS CATEGORY IN OUR PARENT COMMAND (NHCP 68094) BRAC PACKAGE.

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
SEE NAVHOSP CAMP PENDLETON (68094) BRAC		

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.

(see 68094)

c. Please provide the total number of your expanded beds¹ 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.

BUMED&C
mss
14 Jun 94

(see 68094)

Number of "stubbed" expanded beds¹: 0

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

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

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT	N/A	N/A	N/A
OUTPATIENT	✓	✓	✓

*BUMED&C
MMS, 14 Jun 94*

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

**SEE PARENT COMMAND BRAC.
(NAVAL HOSPITAL, CAMP PENDLETON, UIC 68094)**

CATEGORY OF PATIENT	SUPPLEMENTAL CARE ²					
	FY 1992		FY 1993		FY 1994	
	NO. ¹	COST ²	NO.	COST	NO.	COST
AD						
AD FAMILY						
OTHER						
TOTAL						

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

² The total cost in thousands of dollars.

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

CATEGORY	FY 1992	FY 1993	FY 1994
TOTAL COSTS	1112991	960758	1317968
TOTAL OUTPATIENT VISITS	13267	7743	6024
AVERAGE COST PER VISIT	83.89	124.08	218.79

OCCUPATIONAL HEALTH MOVED TO CORE HOSPITAL IN FY-93.

(14a. N/A FOR BRCLINIC)
BUMED-822
MMS, 14 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). 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)	NA	NA	NA

Table B:

CATEGORY	FY 1992	FY 1993	FY 1994
B. GRADUATE MEDICAL EDUCATION SUPPORT (EBE)	NA	NA	NA
C. EDUCATION AND TRAINING PROGRAM SUPPORT (EBF)	NA	NA	NA
D. TOTAL EXPENSES IN EBE AND EBF (B+C)	NA	NA	NA
E. TOTAL E EXPENSES (ALL ACCOUNTS)	NA	NA	NA
F. % SELECTED E EXPENSES (D÷E) ¹	NA .	NA .	NA .

¹ Record as a decimal to 6 digits.

COSTS WERE NOT AVAILABLE FOR THESE CATEGORIES AT THIS BRANCH CLINIC.

Table C:

CATEGORY	FY 1992	FY 1993	FY 1994
G. TOTAL E EXPENSES INCLUDED IN MEPRS A	NA	NA	NA
H. E EXPENSES TO REMOVE FROM MEPRS A (F×G)	NA	NA	NA
I. AREA REFERENCE LABORATORIES (FAA)	NA	NA	NA
J. CLINICAL INVESTIGATION PROGRAM (FAH)	NA	NA	NA
K. TOTAL SELECTED F (I+J)	NA	NA	NA
L. CONTINUING HEALTH EDUCATION (FAL)	NA	NA	NA
M. DECEDENT AFFAIRS (FDD)	NA	NA	NA
N. INITIAL OUTFITTING (FDE)	NA	NA	NA
O. URGENT MINOR CONSTRUCTION (FDF)	NA	NA	NA
P. TOTAL (L+M+N+O)	NA	NA	NA
Q E EXPENSES INCLUDED IN ROW P	NA	NA	NA
R. E EXPENSES TO REMOVE FROM ROW P (F×Q)	NA	NA	NA
S. OTHER F'S LESS E (P-R)	NA	NA	NA

COSTS WERE NOT AVAILABLE FOR THESE CATEGORIES AT THIS BRANCH CLINIC.

Table D:

CATEGORY	FY 1992	FY 1993	FY 1994
T. INPATIENT WORK UNIT (IWU)	NA	NA	NA
U. TOTAL WORK UNITS (MWU) ²	NA	NA	NA
V. PERCENT INPATIENT (IWU+AWU)	NA	NA	NA
W. FINAL OTHER F EXPENSES (S×V)	NA	NA	NA
X. FINAL F EXPENSES (K+W)	NA	NA	NA
Y. TOTAL CATEGORY III EXPENSES (A-H+X)	NA	NA	NA
Z. NUMBER OF BIOMETRICS DISPOSITIONS	NA	NA	NA
AA. TOTAL MEPRS DISPOSITIONS	NA	NA	NA
BB. ADJUSTED DISPOSITIONS (Z+AA)	NA	NA	NA
CC. ADJUSTED MEPRS EXPENSES (Y×BB)	NA	NA	NA
DD. TOTAL RELATIVE WEIGHTED PRODUCT (RWP)	NA	NA	NA
EE. COST PER RWP (CC+DD)	NA	NA	NA
FF. TOTAL CATEGORY II RWPs ³	NA	NA	NA
GG. TOTAL CATEGORY II COST (EE×FF)	NA	NA	NA
HH. TOTAL ESTIMATED CATEGORY III EXPENSES (CC-GG)	NA	NA	NA
II. TOTAL CATEGORY III RWPs (DD-FF)	NA	NA	NA
JJ. COST PER CATEGORY III RWP (HH+II)	NA	NA	NA

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

³ 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).

COSTS WERE NOT AVAILABLE FOR THESE CATEGORIES AT THIS BRANCH CLINIC.

TABLE E: BURDENING FOR ADD-ONS AND INFLATION

CATEGORY	FY 1992	FY 1993	FY 1994
KK. TOTAL OBDs (OCCUPIED BED DAYS)	NA	NA	NA
LL. CATEGORY II (AS DEFINED IN FF) OBDs	NA	NA	NA
MM. CATEGORY III OBDs (KK-LL)	NA	NA	NA
NN. AVERAGE DAYS/RWP (MM+II)	NA	NA	NA
OO. ADD ON PER RWP (NNx77)	NA	NA	NA
PP. TOTAL COST PER RWP (JJ+OO)	NA	NA	NA
QQ. CIVILIAN PAY COST (PPx.15)	NA	NA	NA
RR. MILITARY PAY COST (PPx.56)	NA	NA	NA
SS. OTHER COSTS (PPx.29)	NA	NA	NA
TT. CIVILIAN PAY RAISES (QQx1.037x1.0297)	NA	NA	NA
UU. MILITARY PAY RAISES (RRx1.037x1.0165)	NA	NA	NA
VV. UNFUNDED CIVILIAN RETIREMENT (TTx1.147)	NA	NA	NA
WW. CIVILIAN ASSET USE CHARGE (VVx1.04)	NA	NA	NA
XX. MILITARY ASSET USE CHARGE (UUx1.04)	NA	NA	NA
YY. OTHER ASSET USE CHARGES (SSx1.04)	NA	NA	NA
ZZ. OTHER COSTS DEFLATOR FACTOR (YYx1.083)	NA	NA	NA
ADJUSTED CATEGORY III COSTS/RWP (WW+XX+ZZ)	NA	NA	NA

COSTS WERE NOT AVAILABLE FOR THESE CATEGORIES AT THIS BRANCH CLINIC.

NAVAL HOSPITAL, CAMP PENDLETON AND ITS BRANCH MEDICAL CLINICS ARE TENANTS OF MARINE CORPS BASE, CAMP PENDLETON (UIC M00681). MCB, OUR HOST COMMAND, IS RESPONSIBLE FOR ANSWERING THESE QUESTIONS RELATING TO THE QUALITY OF LIFE IN THEIR BRAC DATA CALL #38.

15. Quality of Life.

a. Military Housing

(1) Family Housing:

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

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

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

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

Facility type/code:

What makes it inadequate?

What use is being made of the facility?

What is the cost to upgrade the facility to substandard?

What other use could be made of the facility and at what cost?

Current improvement plans and programmed funding:

Has this facility condition resulted in C3 or C4 designation on your BASEREP?

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

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

¹As 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	
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			
TOTAL		100	

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

(3) **BOQ:**

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

(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			
TOTAL		100	

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

b. For on-base MWR facilities² 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		

²Spaces 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			

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

Pamela Gray, CAPT, NC, USN
NAME (Please type or print)

P. Gray CAPT
Signature

Director, Branch Medical Clinics
Title

02 June 1994
Date

Naval Hospital Camp Pendleton, CA
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)

JAMES L. STAIGER

NAME (Please type or print)

Commanding Officer

Title

Naval Hospital, Camp Pendleton

Activity

J. L. Staiger
Signature
6/3/94
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.

MAJOR CLAIMANT LEVEL

R. I. RIDENOUR, RADM, MC, USN

NAME (Please type or print)

ACTING CHIEF BUMED

Title

BUREAU OF MEDICINE AND SURGERY

Activity

R. I. Ridenour
Signature
15 JUN 1994
Date

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)

ACTING

Title

R. R. Sareeram
Signature
29 JUN 1994
Date

Document Separator

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

- Name

Official name	<i>Branch Medical Clinic, Camp Geiger</i>
Acronym(s) used in correspondence	<i>BRMEDCL CAMP GEIGER</i>
Commonly accepted short title(s)	<i>GEIGER</i>

- Complete Mailing Address

Naval Hospital
 Branch Medical Clinic
 Camp Geiger
 P. O. Box 10100
 Marine Corps Base
 Camp Lejeune, NC 28547-0100

- PLAD - NAVHOSP CAMP LEJEUNE NC

● **PRIMARY UIC:** 46097 (Plant Account UIC for Plant Account Holders) Enter this number as the Activity identifier at the top of each Data Call response page.

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

2. **PLANT ACCOUNT HOLDER:**

- Yes _____ No X (check one)

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

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

ACTIVITY ID 46097

• Yes No (check one)

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

• Yes No (check one)

- Primary Host (current) UIC: M67001
- Primary Host (as of 01 Oct 1995) UIC: M67001
- Primary Host (as of 01 Oct 2001) UIC: M67001

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

• Yes No (check one)

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

Name	Location	UIC
NA		

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

Name	UIC	Location	Host name	Host UIC
NA				

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

ACTIVITY ID 46097

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

Current Missions

- Same as UIC 68093

Projected Missions for FY 2001

- Same as UIC 68093

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

Current Unique Missions

- Same as UIC 68093

Projected Unique Missions for FY 2001

- Same as UIC 68093

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

● Operational name	UIC
<u>NAVAL HOSPITAL, CAMP LEJEUNE, NC</u>	<u>68093</u>
● Funding Source	UIC
_____	_____

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

ACTIVITY ID 46097

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian (Appropriated)
● Reporting Command	<u>5</u>	<u>44</u>	<u>3</u>
● Tenants (total)	<u>0</u>	<u>0</u>	<u>0</u>

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
● Reporting Command	<u>0</u>	<u>0</u>	<u>0</u>
● Tenants (total)	—	—	—

* AUTHORIZATIONS ARE THROUGH UIC 68093

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

<u>Title/Name</u>	<u>Office</u>	<u>Fax</u>	<u>Home</u>
● CO/OIC			

● Duty Officer	Same as UIC 68093		

12. TENANT ACTIVITY LIST: This list must be all-inclusive. Tenant activities are to ensure that their host is aware of their existence and any "subleasing" of space. This list should include the name and UIC(s) of all organizations, shore commands and homeported units, active or reserve, DOD or non-DOD (include commercial entities). The tenant listing should be reported in the format provide below, listed in numerical order by UIC, separated into the categories listed below. Host activities are responsible for including authorized personnel numbers, on board as of **30 September 1994**, for all tenants, even if those tenants have also been asked to provide this information on a separate Data Call. (Civilian count shall include Appropriated Fund personnel only.)

ACTIVITY ID 46097

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
NA				

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
NA				

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

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
NA					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
NA					

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

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
NA		

ACTIVITY ID 46097

14. **FACILITY MAPS:** This is a primary responsibility of the plant account holders/host commands. Tenant activities are not required to comply with submission if it is known that your host activity has complied with the request. Maps and photos should not be dated earlier than 01 January 1991, unless annotated that no changes have taken place. Any recent changes should be annotated on the appropriate map or photo. Date and label all copies.

- **Local Area Map.** This map should encompass, at a minimum, a 50 mile radius of your activity. Indicate the name and location of all DoD activities within this area, whether or not you support that activity. Map should also provide the geographical relationship to the major civilian communities within this radius. (Provide 12 copies.)

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

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

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

NA - Host command is responding to this item via their line of command (Headquarters Marine Corps, Washington, DC)

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

ACTIVITY COMMANDER



Michael L. Cowan, CAPT, MC, USN
NAME (Please type or print)

Signature

Commanding Officer
Title

Date



Naval Hospital Camp Lejeune, NC
Activity

ACTIVITY ID 46097

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

VADM Donald Hagen, MC

NAME (Please type or print)

x *Donald Hagen*

Signature

SURGEON GENERAL/CHIEF BUMED

Title

2/8/94

Date

Title

BUREAU OF MEDICINE & SURGERY

Activity

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

16 FEB 1994

Date

Title

Date

Title

Date

Document Separator

379

**CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: NH CAMP LEJEUNE 46097 BRMEDCL, CMPGEIG
CMPLEJ NC**

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

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

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MISSION REQUIREMENTS

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

TYPE	ACTUAL FY 1993			PROJECTED FY 2001		
	CATCHMENT ¹	ASSIGNED ²	REGION ³	CATCHMENT ¹	ASSIGNED ²	REGION ³
AD	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 ⁴	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.

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

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

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

⁴ THIS SECTION MUST BE COMPLETED.

NOTE: FY93 RAPS UNAVAILABLE - INFO BASED ON FY92 RAPS AND METHODOLOGY

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

Operating Beds ¹ :	<u>0</u>
Set Up Beds ¹ :	<u>0</u>
Expanded Bed Capacity ² :	<u>0</u>

¹ Use the definitions in BUMEDINST 6320.69 and 6321.3.

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

NOTE: IN PROCESS OF REVISING BED COUNT USING "ZERO" 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	19972	N/A	N/A	19972
ADMISSIONS	N/A			N/A
LABORATORY TESTS (WEIGHTED) ¹	↓	↓	↓	118050
RADIOLOGY PROCEDURES (WEIGHTED) ¹	↓	↓	↓	7547
PHARMACY UNITS (WEIGHTED) ¹	↓	↓	↓	13621
OTHER (SPECIFY)	↓	↓	↓	N/A

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.

NOTE: INCLUDES WORKLOAD FOR UIC 46105

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	19972	N/A	N/A	19972
ADMISSIONS	N/A			N/A
LABORATORY TESTS (WEIGHTED) ¹				118050
RADIOLOGY PROCEDURES (WEIGHTED) ¹				7547
PHARMACY UNITS (WEIGHTED) ¹				13621
OTHER (SPECIFY)				N/A

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.

NOTE: INCLUDES WORKLOAD FOR UIC 46105

BUMED-822
 msh, 3 Jun 94

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	19972	N/A	N/A	19972
ADMISSIONS	N/A			N/A
LABORATORY TESTS (WEIGHTED) ¹				118050
RADIOLOGY PROCEDURES (WEIGHTED) ¹				7547
PHARMACY UNITS (WEIGHTED) ¹				13621
OTHER (SPECIFY)				N/A

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.

NOTE: REFER TO ITEM 3 INCLUDES WORKLOAD FOR UIC 46105

BUMED-822, mms
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 ¹	2	2	2	2	2	2	2	2
SPECIALTY CARE ²	0	0	0	0	0	0	0	0
PHYSICIAN EXTENDERS ³	3	3	3	3	3	3	3	3
INDEPENDENT DUTY CORPSMEN	1	1	1	1	1	1	1	1
TOTAL	6	6	6	6	6	6	6	6

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

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

³ This includes Physician Assistants and Nurse Practitioners.

LOCATION

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

PROVIDER TYPE	CURRENT
PRIMARY CARE ¹	522
SPECIALTY CARE ²	537
PHYSICIAN EXTENDER ³	697
TOTAL	1756

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

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

³ This includes Physician Assistants and Nurse Practitioners.

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

Region Population: 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 ¹	DRIVING TIME	RELATIONSHIP ²
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	

¹ Distance in driving miles from your facility

² 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 ¹	JCAHO APPROVED	OCCUPANCY ¹	UNIQUE FEATURES ²
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, Genetic

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

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

c. Training Facilities:

(1) By facility Category Code Number (CCN), provide the usage requirements for each course of instruction required for all formal schools on your installation. A formal school is a programmed course of instruction for military and/or civilian personnel that has been formally approved by an authorized authority (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) ¹	Capacity (Student HRS/YR)

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

¹ 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."

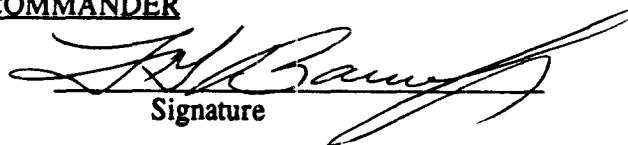
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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

27 MAY 1994

Title Commanding Officer (Acting)

Date

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

X 
Signature

NAME (Please type or print)

6-3-94

Date

CHIEF BUMED/SURGEON GENERAL

Title

Date

BUREAU OF MEDICINE & SURGERY

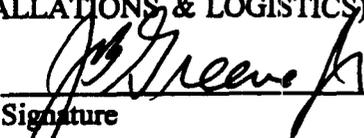
Activity

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

JUNE 1994

Date

279

**MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: BRMEDCL CMPGEIG
CAMP LEJEUNE NC
ACTIVITY UIC: 46097**

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

April 4, 1994

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

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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	N/A	16,596	N/A	N/A
ACTIVE DUTY NON N/MC	N/A	0	N/A	N/A
TOTAL ACTIVE DUTY	N/A	16,596		N/A
FAMILY OF AD	N/A	0	N/A	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	N/A	0	N/A	N/A
RETIRED AND FAMILY MEMBERS OVER 65	N/A	0	N/A	N/A
OTHER	N/A	0	N/A	N/A
TOTAL	N/A	16,596		N/A

NOTE: Camp Geiger visits include MCT UIC # _____

What is your occupancy rate for FY 1994 to date? **NOT APPLICABLE.**

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.

*(Disregard P. 6 ---
 see P. 6R) BUMED 022
 mst, 3 Jun 97*

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	23,000	23,000	23,000	23,000	23,000	23,000	23,000
ADMISS.	N/A						

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.

Replace Data Call 27 UTC 46097

6 R

BUMED-822
 MAS, 3 Jun 94

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.

*Total for NA Camp Lejeune
 SPA BUMED-823
 6 Jan 94*

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 ¹	CERT. ²	COMMENTS ³
Not Applicable			

¹ Use F for fully accredited, P for probation, and N for not accredited.

² List the percentage of program graduates that achieve board certification.

³ Complete this section for all programs that you entered a P or N in the Status column. Indicate why the program is not fully accredited and when it is likely to become fully accredited.

FACILITIES

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

FACILITY TYPE (CCN)	BUILDING NAME/USE ¹	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE ²
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

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

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

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

(Disregard P. 10 - see P. 10 R)
BUMED 822
3 Jun 94
MSS

DATA CALL 27

Page 10 for the following UIC's should be blank since Marine Corps Base, Camp Lejeune, NC maintains inventory records:

- 32580
- 32581
- 46097
- 46098
- 46099
- 46100
- 46101
- 46102
- 46104
- 46105

10R

BUMED-822
msh, 3 Jun 94

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.

capital improvements planned for 1995 through 1999.

PROJECT	DESCRIPTION	FUND YEAR	VALUE

*Spec Bumped-823
6 Jun 94*

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	% NADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	83	17		E18	
(2) ADMINISTRATION	27	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				

(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.

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 Lejeune²¹
 SPA BUMED-823
 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 beds¹ 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 beds¹: 238.

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

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

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT	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 ²					
	FY 1992		FY 1993		FY 1994	
	NO. ¹	COST ²	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

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

² The total cost in thousands of dollars.

*Total #'s for NH Camp hygiene
SJCW BEMED-823
6 June 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).

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.

*Disregard p. 24
See p. 24R (BUMED 822
ms, 3 Jun 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).

CATEGORY	FY 1992	FY 1993	FY 1994
TOTAL COSTS	\$ 1,521,116	\$ 1,411,022	\$ 1,497,600
TOTAL OUTPATIENT VISITS	22,936	19,972	20,000
AVERAGE COST PER VISIT	\$66.32	\$70.65	\$74.88

Replace Data Call 27 UIC 46097

24 R

BUMED-822
MSS, 3 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). 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) ¹			

¹ Record as a decimal to 6 digits.

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

N/A
SJCU BUMED-823
6 Jun 94

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)			

N/A

SFO BUMED-823

6 Jun 94

15. Quality of Life. NOT APPLICABLE

*MCB Camp Lejeune will respond
CFLU BUREAU-823
6 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 ¹	Average Wait
O-6/7/8/9	1		
	2		
	3		
	4+		
O-4/5	1		
	2		
	3		
	4+		
O-1/2/3/CWO	1		
	2		
	3		
	4+		
E7-E9	1		
	2		
	3		
	4+		
E1-E6	1		
	2		
	3		
	4+		

¹As 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:

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

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

(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			
TOTAL	2	100	

(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:

AOB = (# Geographic Bachelors x average number of days in barracks)

365

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

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

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

b. For on-base MWR facilities² 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

²Spaces 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					
	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 Served 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			
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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

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

6-6-94

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

279

**DATA CALL 66
INSTALLATION RESOURCES**

Activity Information:

Activity Name:	BRMEDCL, Camp Geiger, CamLej, NC
UIC:	46097
Host Activity Name (if response is for a tenant activity):	MARINE CORPS BASE CAMP LE JEUNE, NC
Host Activity UIC:	M67001

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

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

a. Table 1A - Base Operating Support Costs (Other Than DBOF Overhead).

This Table should be completed to identify "Other Than DBOF Overhead" Costs. Display, in the format shown on the table, the O&M, R&D and MPN resources currently budgeted for BOS services. O&M cost data must be consistent with data provided on the BS-1 exhibit. Report only direct funding for the activity. Host activities should not include reimbursable support provided to tenants, since tenants will be separately reporting these costs. Military personnel costs should be included on the appropriate lines of the table. Please ensure that individual lines of the table do not include duplicate costs. Add additional

**DATA CALL 66
INSTALLATION RESOURCES**

lines to the table (following line 2j., as necessary, to identify any additional cost elements not currently shown). Leave shaded areas of table blank.

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: BRMEDCL, Camp Geiger			UIC: 46097
Category	FY 1996 BOS Costs (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair			
1b. Minor Construction			
1c. Sub-total 1a. and 1b.			
2. Other Base Operating Support Costs:			
2a. Utilities	2		2
2b. Transportation			
2c. Environmental			
2d. Facility Leases			
2e. Morale, Welfare & Recreation			
2f. Bachelor Quarters			
2g. Child Care Centers			
2h. Family Service Centers			
2i. Administration			
2j. Other (Specify)			
2k. Sub-total 2a. through 2j:	2		2
3. Grand Total (sum of 1c. and 2k.):	2		2

**DATA CALL 66
INSTALLATION RESOURCES**

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

<u>Appropriation</u>	<u>Amount (\$000)</u>
----------------------	-----------------------

NA

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

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

**DATA CALL 66
INSTALLATION RESOURCES**

Table 1B - Base Operating Support Costs (DBOF Overhead)			
Activity Name: BRMEDCL, Camp Geiger			UIC: 46097
Category NA	FY 1996 Net Cost From UC/FUND-4 (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (>\$15K)			
1b. Real Property Maintenance (<\$15K)			
1c. Minor Construction (Expensed)			
1d. Minor Construction (Capital Budget)			
1c. Sub-total 1a. through 1d.			
2. Other Base Operating Support Costs:			
2a. Command Office			
2b. ADP Support			
2c. Equipment Maintenance			
2d. Civilian Personnel Services			
2e. Accounting/Finance			
2f. Utilities			
2g. Environmental Compliance			
2h. Police and Fire			
2i. Safety			
2j. Supply and Storage Operations			
2k. Major Range Test Facility Base Costs			
2l. Other (Specify)			
2m. Sub-total 2a. through 2l:			
3. Depreciation			
4. Grand Total (sum of 1c., 2m., and 3.) :			

**DATA CALL 66
INSTALLATION RESOURCES**

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

Table 2 - Services/Supplies Cost Data	
Activity Name: BRMEDCL, Camp Geiger	UIC: 46097
Cost Category Included with UIC 46097	FY 1996 Projected Costs (\$000)
Travel:	
Material and Supplies (including equipment):	89
Industrial Fund Purchases (other DBOF purchases):	
Transportation:	
Other Purchases (Contract support, etc.):	2
Total:	91

**DATA CALL 66
INSTALLATION RESOURCES**

3. Contractor Workyears.

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

Table 3 - Contract Workyears	
Activity Name: BRMEDCL, Camp Geiger	UIC: 46097
Contract Type NA	FY 1996 Estimated Number of Workyears On-Base
Construction:	
Facilities Support:	
Mission Support:	
Procurement:	
Other:*	
Total Workyears:	

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

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INSTALLATION RESOURCES**

b. Potential Disposition of On-Base Contract Workyears. If the mission/functions of your activity were relocated to another site, what would be the anticipated disposition of the on-base contract workyears identified in Table 3.? NA

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

2) Estimated number of workyears which would be eliminated:

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

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INSTALLATION RESOURCES**

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

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

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

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."

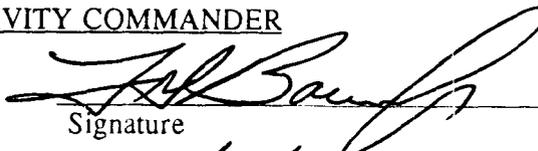
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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

G. BARINA, JR., CAPT MSC USN
NAME


Signature

COMMANDING OFFICER, ACTING
Title

7/13/94
Date

NAVAL HOSPITAL, CAMP LEJEUNE, NC 28547-0100
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

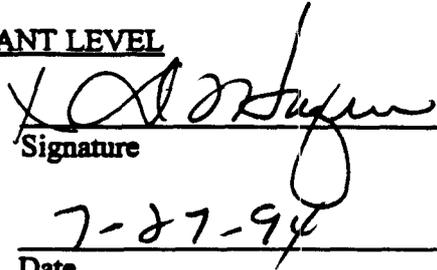
Date

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



Signature

NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

7-27-94

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



Signature

NAME (Please type or print)

06 AUG 1994

Date

Title