

DATA CALL 1: GENERAL INSTALLATION INFORMATION

1. ACTIVITY:

● **Name**

Official name	<i>Branch Hospital, Adak, AK</i>
Acronym(s) used in correspondence	<i>BRHOSP Adak</i>
Commonly accepted short title(s)	<i>Not Applicable</i>

● **Complete Mailing Address**

Branch Hospital
PSC 486 Box 1211
FPO AP 96596-1211

● **PLAD**

BR HOSP ADAK AK

● **PRIMARY UIC:** N41338 (Plant Account UIC for Plant Account Holders)

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

2. PLANT ACCOUNT HOLDER:

● Yes No (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 (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: 60462
- Primary Host (as of 01 Oct 1995) UIC: 60462
- Primary Host (as of 01 Oct 2001) UIC: 60462

• **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
Not Applicable		

5. DETACHMENTS:

Name	UIC	Location	Host name	Host UIC
Branch Medical Clinic, NSGA, Adak	46145	Naval Security Group Annex, Adak, AK	Naval Security Group Annex, Adak, AK	63886

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 Applicable

Branch Hospital Adak will downsize in the spring/summer 1994 to a Branch Medical Clinic caused by an AIRPAC realignment of Naval Air Station Adak and is unrelated to BRAC.

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 primary medical and surgical care to an island population of 3,000 active duty, active duty dependents, and DOD civilian personnel.
- Provide primary medical/surgical care to fleet operating in Aleutian Island Chain (Coast Guard, Maritime, and Air Force).
- Provide emergency medical coverage to injured personnel off fishing vessels, contractors, and Native Alaskan Eskimos inhabiting nearby islands.
- Provide one Hospital Corpsman to Naval Security Group Annex (46145), Adak for primary medical and emergency care.

Projected Missions for FY 2001

- Anticipate full closure by Fiscal Year 1997.

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

- Not Applicable

Projected Unique Missions for FY 2001

- Not Applicable

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**
Commanding Officer, Naval Hospital Bremerton 68095

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>24</u>	<u>24</u>	<u>46*</u>	<u>10</u>
● Contracted	<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>

* Includes 1 Hospital Corpsman assigned to Branch Clinic, Naval Security Group Annex (46145), Adak

Authorized Positions as of 30 September 1994**

	Officers	Enlisted	Civilian (Appropriated)
● Reporting Command*+ <u>8 24</u>	<u>8 24</u> ^{CRB} 2/9/94	<u>12* 44</u> ^{CRB} 2/9/94	<u>12</u> ^{CRB} 2/9/94
● Tenants (total)	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

* Includes 1 Hospital Corpsman assigned to Branch Clinic, Naval Security Group Annex (46145), Adak

** Based on current Manpower Authorization (AMD) for 1994

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>
● OIC	(907) 592-4178		
● <u>G. W. ZUCKERMAN, MSC, USN</u>	(907) 592-8383	(907) 592-4287	(907) 592-2146
● Duty Officer			
● <u>LT D. JONES, MSC, USNR</u>	(907) 592-8383	(907) 592-4287	(907) 592-3214
● <u>HMCM PHILLIPS, USN</u>	(907) 592-4178	(907) 592-4287	(907) 592-2418

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
Not Applicable				

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
Not Applicable				

- 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
Not Applicable					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
Not Applicable					

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.)
<i>NAS, Adak</i>	<i>Adak, AK</i>	<i>Primary medical/surgical care</i>
<i>NSGA, Adak</i>	<i>Adak, AK</i>	<i>Primary medical/surgical care</i>
<i>Shemya AFB</i>	<i>Shemya, AK</i>	<i>Emergency surgical care</i>

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:** Map enclosed in host command's (60462) submission.
- **Installation Map / Activity Map / Base Map / General Development Map / Site Map.** Map enclosed in host command's (60462) submission.
- **Aerial photo(s).** Map enclosed in host command's (60462) submission.
- **Air Installations Compatible Use Zones (AICUZ) Map.** Map enclosed in host command's (60462) submission.

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

R. A. MAYO, CAPT, MC, USN
NAME (Please type or print)


Signature

Commanding Officer
Title

7 Feb 94
Date

Naval Hospital, Bremerton, WA
Activity

Enclosure (8)

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

RADM R. I. Ridenour
NAME (Please type or print)

Signature

ACTING CHIEF BUMED
Title

Date

10 FEB 1994

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

Title

Date

ACTING

16 FEB 1994

Document Separator

260

**MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: Branch Hospital, NAS, Adak, AK
ACTIVITY UIC: 41338**

**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.

TO PROVIDE FOR THE MEDICAL NEEDS OF THE FLEET, AND TO
IMPROVE AND PROMOTE THE HEALTH OF ALL ENTRUSTED TO OUR CARE

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 ADAK		NAS ADAK AK	500
NSGA ADAK		"	500
CAAC		"	1
NOPF ADAK		"	1
DECA		"	2
NBS		"	4
NMCB (DET)	ROTATING	"	40
NOCD		"	6
ROICC		"	2
PSD		"	8
BRANCH DENTAL		"	4
VET SERVICES		"	2

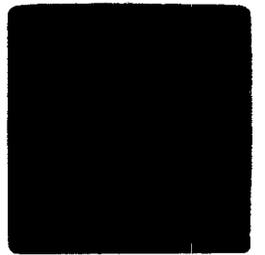
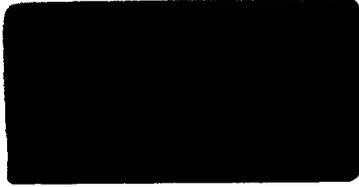
NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS SUPPORTED. ONLY USE THIS FORMAT.

41338

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	94	11,987	1.77	.9222
ACTIVE DUTY NON N/MC	1	13	2.00	.0111
TOTAL ACTIVE DUTY	95	12,000		.9333
FAMILY OF AD	113	3,688	1.19	.7444
RETIRED AND FAMILY MEMBERS UNDER 65	2	43	4.50	.0500
RETIRED AND FAMILY MEMBERS OVER 65	0	0	0.00	.0000
OTHER	17	543	1.00	.0944
TOTAL	227	16,274		1.8221

What is your occupancy rate for FY 1994 to date? 11.8



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

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
FOOD SERVICE INSPECTIONS	85	1
MWR SUPPORT	10hrs	2

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
NONE			

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. N/A

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	BRHOSP/PT. CARE	28,549	24	C3

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
	NONE		

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
	NONE		

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
	NONE		

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

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)		DD-H(A)1707	DMIS ID NO		
1. FACILITY NAME BRHOSP ADAK					
2. UIC N41338	3. CATEGORY CODE510	4. NO. OF BUILDINGS 1			
5. SIZE	A. GSF 28549	B. NORMAL BEDS 11	C. DTRS		
6. LOCATION ADAK	A. CITY ADAK	B. STATE AK			
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	100				
(3) CENTRAL STERILE SVCS.	100				
(4) DENTAL	100				
(5) EMERGENCY SVCS.	100				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	100				
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	100				
(10) LABOR-DEL-NURSERY	100				
(11) OUTPATIENT CLINICS	100				
(12) PHARMACY	100				
(13) RADIOLOGY	100				
(14) SURGICAL SUITE	100				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	10	90		C10	
(B) HVAC	100				
(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: N/A

FULL ACCREDITATION: Yes/No

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? N/A

b. What are the nearest air, rail, sea and ground transportation nodes? AIR - 1 MILE, RAIL - N/A, SEA - 1 MILE, GROUND - N/A

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): 1

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

e. On the average, how long does it take your current clients/customers to reach your facility? LESS THAN 5 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.

THERE WOULD BE NO MEDICAL CAPABILITIES ON THIS ISLAND

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. N/A

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. N/A

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: N/A

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: NONE

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. N/A

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. N/A

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):

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT	0	0	0
OUTPATIENT	0	0	0

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	0	0	0	0	0	0
AD FAMILY	0	0	0	0	0	0
OTHER	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0

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	\$1,541,531	\$1,634,004	\$1,732,044
TOTAL OUTPATIENT VISITS	30,061	30,752	16,274
AVERAGE COST PER VISIT	\$51.28	\$53.13	\$106.43

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.

Table A:

CATEGORY	FY 1992+	FY 1993	FY 1994
A. TOTAL MEPRS-A EXPENSE (All Accounts)		1,154,465	330,092

Table B:

CATEGORY	FY 1992+	FY 1993	FY 1994
B. GRADUATE MEDICAL EDUCATION SUPPORT (EBE)		0	0
C. EDUCATION AND TRAINING PROGRAM SUPPORT (EBF)		76,866	868
D. TOTAL EXPENSES IN EBE AND EBF (B+C)		76,866	868
E. TOTAL E EXPENSE (ALL ACCOUNTS)		1,243,876	287,225
F. % SELECTED E EXPENSES (D/E) ¹		.057775	.003022

* 1st Quarter

¹ Record as a decimal

Table C:

CATEGORY	FY 1992+	FY 1993	FY 1994*
G. TOTAL E EXPENSES INCLUDED IN MEPERS A		234,690	93,853
H. E EXPENSES TO REMOVE FROM MEPERS A (FXG)		13,559	284
I. AREA REFERENCE LABORATORIES (FAA)		0	0
J. CLINICAL INVESTIGATION PROGRAM (FAH)		0	0
K. TOTAL SELECTED F (I+J)		3214	869
L. CONTINUING HEALTH EDUCATION (FAL)		769	0
M. DECEDENT AFFAIRS (FDD)		0	0
N. INITIAL OUTFITTING (FDE)		0	0
O. URGENT MINOR CONSTRUCTION (FDF)		3983	868
P. TOTAL (L+M+N+O)		769	205
Q. E EXPENSES INCLUDED IN ROW P		44	1
R. E EXPENSES TO REMOVE FROM ROW P (FxQ)		3983	867
S. OTHER F'S LESS E (P-R)			

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Table D:

CATEGORY	FY 1992+	FY 1993	FY 1994*
T. INPATIENT WORK UNIT (IWU)		389.78	62.6
U. TOTAL WORK UNITS (MWU) ²		1177.61	197.3
V. PERCENT INPATIENT (IWU/AWU)		.33	.32
W. FINAL OTHER F EXPENSES (SxV)		1300	277
X. FINAL F EXPENSES (K+W)		1300	277
Y. TOTAL CATEGORY III EXPENSES (A-H+X)		1,142,206	329,531
Z. NUMBER OF BIOMETRICS DISPOSITIONS		600	92
AA. TOTAL MEPERS DISPOSITIONS		600	92
BB. ADJUSTED DISPOSITIONS (Z/AA)		1	1
CC. ADJUSTED MEPERS EXPENSES (YxBB)		1,142,206	329,531
DD. TOTAL RELATIVE WEIGHTED PRODUCT (RWP)		*	*
EE. COST PER RWP (CC/DD)		*	*

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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 Diagnosis Not Normally Hospitalized (DXNNH), Potential Ambulatory Surgery (PAS), and Active Duty Excessive Length of Stay (ADELS)

Table E: BURDENING FOR ADD-ONS AND INFLATION

CATEGORY	FY 1992+	FY 1993	FY 1994*
KK. TOTAL OBDS (OCCUPIED BED DAYS)		1108	181
LL. CATEGORY II (AS DEFINED IN FF) OBDS		*	*
MM. CATEGORY III OBDS (KK/LL)		*	*
NN. AVERAGE DAYS/RWP (MM/II)		*	*
OO. ADD ON PER RWP (NNx77)		*	*
PP. TOTAL COST PER RWP (JJ+OO)		*	*
QQ. CIVILIAN PAY COST (PPx15)		*	*
RR. MILITARY PAY COST (PPx.56)		*	*
SS. OTHER COSTS (PPx.29)		*	*
TT. CIVILIAN PAY RAISES (RRx1.037x1.0297)		*	*
UU. MILITARY PAY RAISES (RRx1.037x1.0165)		*	*
VV. UNFUNDED CIVILIAN RETIREMENT (TTx1.147)		*	*
WW. CIVILIAN ASSET USE CHARGE (UUX1.04)		*	*
XX. MILITARY ASSET USE CHARGE (UUX1.04)		*	*
YY. OTHER ASSET USE CHARGE (SSx1.04)		*	*
ZZ. OTHER COST DEFLATOR FACTOR (YYx1.083)		*	*
ADJUSTED CATEGORY III COSTS/RWP (WW+XX+ZZ)		*	*

* FY 1992 data is not available to Naval Hospital Bremerton

* Unable to complete computations involving RWP

Information not provided is
unavailable via the RCMA5-05E
System for Adak (DMIS ID # 0007)

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BUMED-822, mva
14 Jun 99



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15. Quality of Life.

a. Military Housing

(1) Family Housing:

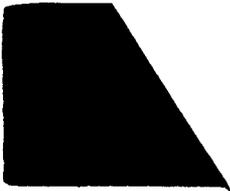
(a) Do you have mandatory assignment to on-base housing? (circle)
yes no

(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+	44	44		
Officer	3	48	48		
Officer	1 or 2	73	73		
Enlisted	4+	64	64		
Enlisted	3	154	154		
Enlisted	1 or 2	571	571		
Mobile Homes					
Mobile Home lots					

(c) In accordance with NAVFACINST 11010.44E, a facility cannot be made adequate for its present use through "justifiable means". For all the categories above where deficiencies 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?
What other use could be made of the facility?
Current improvement plans and program?
Has this facility condition resulted in 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	NONE	NONE
	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	N/A
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	63%
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?

DEPENDENTS OFF ISLAND AS OF 30 JUNE 1994.
UNACCOMPANIED TOURS STARTED 01 AUGUST 1993.
NO FAMILY HOUSING REQUIREMENTS AFTER 01 JULY 1994.

(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:

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

(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?

REFERENCE UIC N60462 DATA CALL 38

(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?

REFERENCE UIC N60462 DATA CALL 38

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.

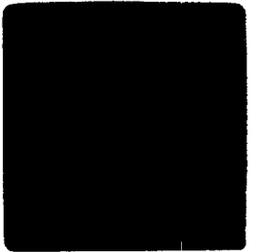
LOCATION _____ DISTANCE _____

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Auto Hobby	Indoor Bays	8	Y
	Outdoor Bays	7	Y
Arts/Crafts	SF	2,304	N
Wood Hobby	SF	1,600	N
Bowling	Lanes	10	Y
Enlisted Club	SF	7,100	Y
Officer's Club	SF	N/A	N/A
Library	SF	2,400	N
Library	Books	12,000	N
Theater	Seats	482	Y
ITT	SF	N/A	N/A
Museum/Memorial	SF	N/A	N/A
Pool (indoor)	Lanes	4	N/A
Pool (outdoor)	Lanes	N/A	N/A
Beach	LF	N/A	N/A
Swimming Ponds	Each	N/A	N/A
Tennis CT	Each	1	N

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	N/A	N/A
Racquetball CT	Each	4	N
Golf Course	Holes	N/A	N/A
Driving Range	Tee Boxes	N/A	N/A
Gymnasium	SF	6,432	N
Fitness Center	SF	1,848 4,500	N N
Marina	Berths	N/A	N/A
Stables	Stalls	N/A	N/A
Softball Fld	Each	1	N
Football Fld	Each	1	N
Soccer Fld	Each	1	N
Youth Center	SF	5,400	N

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



(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)
ANCHORAGE, AK	1,200
SEATTLE, WA	2,000
FAIRBANKS, AK	1,500

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		

N/A - NO VARIABLE HOUSING ALLOWANCE

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)			

N/A - NO CIVILIAN HOUSING

(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)	

N/A - NO CIVILIAN HOUSING AVAILABLE

(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.

N/A - NO CIVILIAN HOUSING AVAILABLE

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)

N/A - NO OFF-BASE HOUSING AVAILABLE

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
NONE							

(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	
NONE	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	
UNIV OF ALASKA, ANCHOR AGE SERVICEMEMBER OPPORTUNITY-(SOC)	Day	NO	NO	NO	NO	NO
	Night	NO	NO	YES	YES	YES
	Correspondence	NO	NO	YES	NO	NO
	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				

N/A - NO DEPENDENTS ON ISLAND AS OF 30 JUNE 1994.

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.

N/A - NO DEPENDENTS ON ISLAND AS OF 30 JUNE 1994.

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/A - NO DEPENDENTS ON ISLAND AS OF 30 JUNE 1994.

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.

N/A - REFERENCE UIC N60462 DATA CALL 38.

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

R. J. ADAMS
NAME (Please type or print)
OFFICER IN CHARGE
Title
BRANCH HOSPITAL ADAK
Activity

R. J. Adams
Signature
15 June 84
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)

R. A. MAYO
NAME (Please type or print)
Commanding Officer
Title
Naval Hospital Bremerton
Activity

[Signature]
Signature
26 May 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

R. I. RIDENOUR, RADM, MC, USN
NAME (Please type or print)
ACTING CHIEF BUMED
Title
BUREAU OF MEDICINE AND SURGERY
Activity

[Signature]
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)

[Signature]
Signature

ACTING

28 JUN 1994

Title

Date

260

**CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: Branch Hospital
Naval Air Station
Adak, AK**

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

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

TABLE OF CONTENTS**MISSION REQUIREMENTS**

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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	1,706	1,706	1,706	0	0	0
FAMILY OF AD	1,464	1,464	1,464	0	0	0
SUBTOTAL	3,170	3,170	3,170	0	0	0
RETIRED AND FAMILY MEMBERS UNDER 65	0	0	0	0	0	0
RETIRED AND FAMILY MEMBERS OVER 65 ⁴	0	0	0	0	0	0
OTHER	222	222	222	0	0	0
TOTAL	3,392	3,392	3,392	0	0	0

NOTE: THE FOLLOWING APPLIES TO ALL FACILITIES. *N/A* *BUMEDS 22* *mdj / 7 Jun 94*
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).

THIS SECTION MUST BE COMPLETED.

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

Operating Beds ¹ :	15 17	BUMED-822
Set Up Beds ¹ :	15 0	
Expanded Bed Capacity ² :	15 17	MD, 17 Jun 94

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

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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	18,479	10,940	104	29,523
ADMISSIONS	265	276	5	546
LABORATORY TESTS (WEIGHTED) ¹	124,591	73,523	596	198,710
RADIOLOGY PROCEDURES (WEIGHTED) ¹	16,352	9,651	78	26,081
PHARMACY UNITS (WEIGHTED) ¹	19,792	11,679	95	31,566
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. BUMED-822 MMS, 7 Jun 9

41338

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	18,479	10,940	104	29,523
ADMISSIONS	265	276	5	546
LABORATORY TESTS (WEIGHTED) ¹	124,591	73,523	596	198,710
RADIOLOGY PROCEDURES (WEIGHTED) ¹	16,352	9,651	78	26,081
PHARMACY UNITS (WEIGHTED) ¹	19,792	11,679	95	31,566
OTHER (SPECIFY)	N/A			

BAMED 82
MAY 7 1998

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.

Previous table reflects maximum capacity, however, Branch Hospital Adak is in the process of a drawdown to its population. It is anticipated all dependents will be off the island by the end of June 94.

41338

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	18,479	10,940	104	29,523
ADMISSIONS	265	276	5	546
LABORATORY TESTS (WEIGHTED) ¹	124,591	73,523	596	198,710
RADIOLOGY PROCEDURES (WEIGHTED) ¹	16,352	9,651	78	26,081
PHARMACY UNITS (WEIGHTED) ¹	19,792	11,679	95	31,566
OTHER (SPECIFY)	N/A			

BUMED 82
MAY, 7 JUN 94

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.

Previous table reflects maximum capacity, however, Branch Hospital Adak is in the process of a drawdown to its population. It is anticipated all dependents will be off the island by the end of June 94.

41338

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	5	2	2	0	0	0	0	0
SPECIALTY CARE ²	2	0	0	0	0	0	0	0
PHYSICIAN EXTENDERS ³	0	0	0	0	0	0	0	0
INDEPENDENT DUTY CORPSMEN	3	3	3	0	0	0	0	0
TOTAL	10	5	5	0	0	0	0	0

BUMED-822
MNA, 79094

¹This includes General Medical Officers, Flight Surgeons, Diving Medical Officers, 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.

41338

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	
SPECIALTY CARE ²	
PHYSICIAN EXTENDER ³	
TOTAL	

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.

N/A - THERE ARE NO CIVILIAN PROVIDERS WITHIN 40 MILES.

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: 3392

41338

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

¹ Distance in driving miles from your facility

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

THE NEAREST HOSPITAL IS IN ANCHORAGE, AK.
WE HAVE NO PARTNERSHIPS/MOU'S/CONTRACTS WITH ANY COMMUNITY HOSPITALS.
THE ONLY WAY TO REACH THOSE HOSPITALS IS BY AIR - NOT CAR.

41338

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

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.
N/A

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

(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.

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. W. Zuckerman
NAME (Please type or print)

[Signature]
Signature

OIC
Title

24 MAY 94
Date

BRHOSPADAK
Activity

OPTIONAL FORM 90 (7-90) *I need Two Signatures From CAR B for The Data calls. V separate*

FAX TRANSMITTAL # of pages = 01

To <u>LT Jones</u>	From <u>LT Westale</u>
Dept./Agency <u>Br Hosp Adak</u>	Phone # <u>439-8301</u>
Fax # <u>692-4227</u>	Fax # <u>439-9355</u>

NSN 7540-01-317-7300 GPO: 1998-101 GENERAL SERVICES ADMINISTRATION

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. A. MAYO
NAME (Please type or print)
Commanding Officer
Title
Naval Hospital Bremerton
Activity

R. Mayo
Signature
26 May 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

D.F. Hagen
Signature
6 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)

R. R. SAREERAM
NAME (Please type or print)

R. R. Sareeram
Signature

ACTING

29 JUN 1994

Title

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 Annex, Barstow, CA</i>
Acronym(s) used in correspondence	<i>Branch Medical Annex, Yermo</i>
Commonly accepted short title(s)	

- Complete Mailing Address

Commanding Officer (B193)
 Marine Corps Logistics Base
 Branch Clinic Naval Hospital
 Box 110193
 Barstow, CA 92311-5008

- PLAD N/A

- PRIMARY UIC: 46369 (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 PURPOSE: _____

2. **PLANT ACCOUNT HOLDER:**

- Yes _____ No X (check one)

UIC: 46369

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: M67004

• Primary Host (as of 01 Oct 1995) UIC: M67004

• Primary Host (as of 01 Oct 2001) UIC: M67004

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

• Yes _____ No X (check one)

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

Name	Location	UIC
N/A		

UIC: 46369

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: 46369

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 ambulance support to Repair Division at MCLB Yermo Annex, Albany, GA
-
-
-
-
-

Projected Missions for FY 2001

- Same as above
-
-
-
-

UIC: 46369

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>Branch Medical Clinic, Barstow</u> | <u>35950</u> |
| ● Funding Source | UIC |
| <u>Same</u> | <u> </u> |

UIC: 46369

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>0</u>	<u>0</u>	<u>0</u>
Contracted			<u>0</u>
● Tenants (total)	<u>0</u>	<u>0</u>	<u>0</u>

* This annex only has an ambulance crew on board forty (40) hours per week. The personnel numbers are included with Branch Medical Clinic, Barstow (UIC: 35950).

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
● Reporting Command	<u>0</u>	<u>0</u>	<u>0</u>
● Tenants (total)	<u>0</u>	<u>0</u>	<u>0</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>
● LCDR Ted Lucas MSC, USN	(619)577-6575	(619)577-6186	(619)252-7351
● Duty Officer	(619)577-6577	(619)577-6186	

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: 46369

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 base.

46369
GA

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

Georgene B. Waecker, CDR, NC, USN
NAME (Please type or print)

Georgene B. Waecker
Signature

Director, Branch Medical Clinics (Acting)
Title

2/1/94
Date

Branch Medical Annex, MCLB Barstow, CA
Activity

UIC: 46369

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)

James L. Staiger
Signature

Commanding Officer
Title

21 Feb 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.

MAJOR CLAIMANT LEVEL

NAME (Please type or print)

x Al Hagen
Signature

Title

2-9-94
Date

Activity

UIC: 46369

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

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 Annex, ITS</i>
Acronym(s) used in correspondence	<i>BRMEDANNEX, ITS</i>
Commonly accepted short title(s)	AID STATION

- Complete Mailing Address

Naval Hospital
Branch Medical Annex
Building 15
P. O. Box 10100
Marine Corps Base
Camp Lejeune, NC 28547-0100

- PLAD - NAVHOSP CAMP LEJEUNE NC

● PRIMARY UIC: 46105 (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)

ACTIVITY UIC 46105

● **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		

ACTIVITY UIC 46105

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.

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

ACTIVITY UIC 46105

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 HOSPITAL, CAMP LEJEUNE, NC 68093
- 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>0</u>	<u>4</u>	<u>0</u>
● Tenants (total)	—	—	—

Authorized Positions as of 30 September 1994

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

* All authorizations are under UIC 68093

ACTIVITY UIC 46105

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.)

- 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					

ACTIVITY UIC 46105

- 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 UIC 46105

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)

ACTIVITY UIC 46105

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

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



Signature

Commanding Officer
Title

2 Feb 91

Date

Naval Hospital Camp Lejeune, NC
Activity

ACTIVITY UIC 46105

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 and Surgery
Activity

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

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

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

J. B. Greene Jr.
Signature

ACTING
Title

16 FEB 1994
Date

Document Separator

162

**CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: NH CAMP LEJEUNE 46105 BRMEDANX ITS CMP
LEJNE 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.

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 CFAA	
			FAMILY	W C
OUTPATIENT VISITS				
ADMISSIONS				
LABORATORY TESTS (WEIGHTED) ¹				
RADIOLOGY PROCEDURES (WEIGHTED) ¹				
PHARMACY UNITS (WEIGHTED) ¹				
OTHER (SPECIFY)				

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

NOTE: WORKLOAD INCLUDED WITH UIC 46097

9/8

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)				

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: WORKLOAD INCLUDED WITH UIC 46097

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)				

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: WORKLOAD INCLUDED WITH UIC 46097

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	N/A							
SPECIALTY CARE ²								
PHYSICIAN EXTENDERS ³								
INDEPENDENT DUTY CORPSMEN								
TOTAL								

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

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

³ This includes Physician Assistants and Nurse Practitioners.

BUMED-822
MMA, 3 Jun 94

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
Pender County
Pitt Memorial

56 miles 75 minutes
45 miles 1 hour
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 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

73
 74
 75

(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."

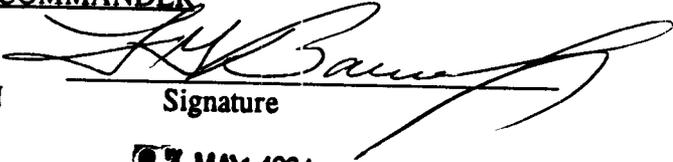
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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

Title Commanding Officer (Acting)

Date

87 MAY 1994

Activity Naval Hospital, Camp Lejeune, NC 28547-0100

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

D. F. Hagen

Signature

CHIEF BUMED/SURGEON GENERAL

Title

6-3-94

Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J. B. Greene

NAME (Please type or print)

J. B. Greene

Signature

Acting

Title

8 JUNE 1994

Date

Document Separator

262

**MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: BRMEDANX ITS CAMP
LEJEUNE NC
ACTIVITY UIC: 46105**

**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 Uniformed Services. €€«p291XFederal
- 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				
ACTIVE DUTY NON N/MC				
TOTAL ACTIVE DUTY				
FAMILY OF AD				
RETIRED AND FAMILY MEMBERS UNDER 65				
RETIRED AND FAMILY MEMBERS OVER 65				
OTHER				
TOTAL				

NOTE: Figures included with Camp Geiger UIC 46097
 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 pg 6 - see pg 6R
 SPEC TRAFD-823
 3 June 94*

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

	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
OUTPUT. VISITS							
ADMISS.							

Please show all assumptions and calculations in the space below:
46105 WORKLOAD INCLUDED WITH UIC 46097

Replace Data Call 27 UIC 46105

6R 9700 RUMSEP-823
3 June 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
 c/w BUM 9D-823
 6 Jun 94

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.

Disregard pg 10 - see pg 10R
 etc. TRUMED - 823
 3 June 94

FACILITIES

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

FACILITY TYPE (CCN)	BUILDING NAME/USE 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:

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

10 R. Exec Bureau - 823
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

*ETA 130490-823
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	% INADEQUATE	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 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: 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 NA Camp Lejeune 21
 C-TCU BUMED-623
 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 Lejeune
 -> BAWED-823
 6 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	\$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 pg 24 - see pg 24R
 SAC BUREAU-623
 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			
TOTAL OUTPATIENT VISITS			
AVERAGE COST PER VISIT			

UIC 46105 COSTS ARE INCLUDED WITH UIC 46097

Replace Data Call 27 UIC 46105

CGW TSUMED-823
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
SPW Bumped-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)			

STW BUMED-823 N/A
 26 6 Jun 94

15. Quality of Life. NOT APPLICABLE

*MCB Camp Lejeune will respond
SFC BAKER-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 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			
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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

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 *D F Hagen*
Signature

NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

Title

6-6-94
Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

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

J B Greene Jr
Signature

Acting
Title

10 Jun 1994
Date

262

**DATA CALL 66
INSTALLATION RESOURCES**

Activity Information:

Activity Name:	BRMEDANX ITS CMP, CamLej, NC
UIC:	46105
Host Activity Name (if response is for a tenant activity):	MARINE CORPS BASE H50 CAMP LEJEUNE, NC 7/18/94 B.W.
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: BRMEDANX ITS CMP			UIC: 46105
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: Included in UIC 46097			
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:			
3. Grand Total (sum of 1c. and 2k.):			N/A -

VR Bumed 824
7/29/94

**DATA CALL 66
INSTALLATION RESOURCES**

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

<u>Appropriation</u>	<u>Amount (\$000)</u>
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NA	
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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: BRMEDANX ITS CMP		UIC: 46105	
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: BRMEDANX ITS CMP	UIC: 46105
Cost Category Included with UIC 46097	FY 1996 Projected Costs (\$000)
Travel:	
Material and Supplies (including equipment):	
Industrial Fund Purchases (other DBOF purchases):	
Transportation:	
Other Purchases (Contract support, etc.):	
Total:	

*See pg 5R
5*

*NR BRMED 824
7/28/94*

**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: BRMEDANX ITS CMP	UIC: 46105
Cost Category Included with UIC 46097	FY 1996 Projected Costs (\$000)
Travel:	
Material and Supplies (including equipment):	
Industrial Fund Purchases (other DBOF purchases):	
Transportation:	
Other Purchases (Contract support, etc.):	
Total:	NA

**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: BRMEDANX ITS CMP	UIC: 46105
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.

**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.? 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):

**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): 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.)

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

8-1-94

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

8/25/94

Date

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

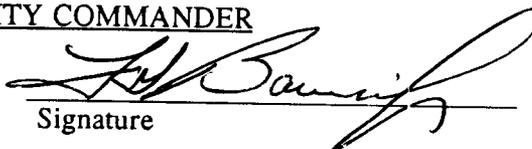
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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

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

ACTIVITY COMMANDER

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


Signature

COMMANDING OFFICER, ACTING
Title

7/13/94
Date

NAVAL HOSPITAL, CAMP LEJEUNE, NC 28547-0100
Activity

Document Separator

**DATA CALL 66
INSTALLATION RESOURCES**

803

Activity Information:

Activity Name:	NAVAL BRANCH MEDICAL CLINIC, NAVOCEANPROFAC, FORD ISLAND
UIC:	32604
Host Activity Name (if response is for a tenant activity):	NAVAL STATION PEARL HARBOR
Host Activity UIC:	62813

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

**DATA CALL 66
INSTALLATION RESOURCES**

lines of the table. Please ensure that individual lines of the table do not include duplicate costs. Add additional lines to the table (following line 2j., as necessary, to identify any additional cost elements not currently shown). **Leave shaded areas of table blank.**

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: NAVAL BRANCH MEDICAL CLINIC, NAVOCEANPROFAC, FORD ISLAND		UIC: 32604	
Category	FY 1996 BOS Costs (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	N/A	N/A	N/A
1b. Minor Construction	N/A	N/A	N/A
1c. Sub-total 1a. and 1b.	N/A	N/A	N/A
2. Other Base Operating Support Costs:			
2a. Utilities	2	N/A	2
2b. Transportation	N/A	N/A	N/A
2c. Environmental	N/A	N/A	N/A
2d. Facility Leases	N/A	N/A	N/A
2e. Morale, Welfare & Recreation	N/A	N/A	N/A
2f. Bachelor Quarters	N/A	N/A	N/A
2g. Child Care Centers	N/A	N/A	N/A
2h. Family Service Centers	N/A	N/A	N/A
2i. Administration	N/A	N/A	N/A
2j. Other (Specify)	2	N/A	2
2k. Sub-total 2a. through 2i:	4	N/A	4

**DATA CALL 66
INSTALLATION RESOURCES**

3. Grand Total (sum of 1c. and 2k.):	4	N/A	4
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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>
N/A	N/A

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 2l., 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: NAVAL BRANCH MEDICAL CLINIC, NAVOCEANPROFAC, FORD ISLAND		UIC: 32604	
Category	FY 1996 Net Cost From UC/FUND-4 (\$000)		
	Non- Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (>\$15K)	N/A	N/A	N/A
1b. Real Property Maintenance (<\$15K)	N/A	N/A	N/A
1c. Minor Construction (Expensed)	N/A	N/A	N/A
1d. Minor Construction (Capital Budget)	N/A	N/A	N/A
1c. Sub-total 1a. through 1d.	N/A	N/A	N/A
2. Other Base Operating Support Costs:			
2a. Command Office	N/A	N/A	N/A
2b. ADP Support	N/A	N/A	N/A
2c. Equipment Maintenance	N/A	N/A	N/A
2d. Civilian Personnel Services	N/A	N/A	N/A
2e. Accounting/Finance	N/A	N/A	N/A
2f. Utilities	N/A	N/A	N/A
2g. Environmental Compliance	N/A	N/A	N/A
2h. Police and Fire	N/A	N/A	N/A
2i. Safety	N/A	N/A	N/A
2j. Supply and Storage Operations	N/A	N/A	N/A
2k. Major Range Test Facility Base Costs	N/A	N/A	N/A
2l. Other (Specify)	N/A	N/A	N/A

**DATA CALL 66
INSTALLATION RESOURCES**

2m. Sub-total 2a. through 2l:	N/A	N/A	N/A
3. Depreciation	N/A	N/A	N/A
4. Grand Total (sum of 1c., 2m., and 3.) :	N/A	N/A	N/A

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

Table 2 - Services/Supplies Cost Data	
Activity Name: NAVAL BRANCH MEDICAL CLINIC, NAVOCEANPROFAC, FORD ISLAND	UIC: 32604
Cost Category	FY 1996 Projected Costs (\$000)
Travel:	N/A
Material and Supplies (including equipment):	3
Industrial Fund Purchases (other DBOF purchases):	N/A
Transportation:	N/A
Other Purchases (Contract support, etc.):	2

**DATA CALL 66
INSTALLATION RESOURCES**

Total:	5
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**DATA CALL 66
INSTALLATION RESOURCES**

3. Contractor Workyears.

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

Table 3 - Contract Workyears	
Activity Name: NAVAL BRANCH MEDICAL CLINIC, NAVOCEANPROFAC, FORD ISLAND	UIC: 32604
Contract Type	FY 1996 Estimated Number of Workyears On-Base
Construction:	N/A
Facilities Support:	N/A
Mission Support:	N/A
Procurement:	N/A
Other:*	N/A
Total Workyears:	N/A

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

CONTRACT SUPPORT FOR TABLE 3 PERFORMED BY PUBLIC WORKS CENTER PEARL (62755), FLEET INDUSTRIAL SUPPLY CENTER PEARL (00604).

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

**DATA CALL 66
INSTALLATION RESOURCES**

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

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**CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: Branch Medical Clinic, Naval Station,
Ford Island, HI**

**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	55,178	1,445	N/A	55,178	1,445	N/A
FAMILY OF AD	65,780	90	N/A	65,780	90	N/A
SUBTOTAL	120,958	1,535	N/A	120,958	1,535	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	21,632	0	N/A	21,632	0	N/A
RETIRED AND FAMILY MEMBERS OVER 65 ⁴	5,628	0	N/A	5,628	0	N/A
OTHER	6,685	0	N/A	6,685	0	N/A
TOTAL	154,903	1,535	N/A	154,903	1,535	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.

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> N/A </u>
Set Up Beds ¹ :	<u> N/A </u>
Expanded Bed Capacity ² :	<u> N/A </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.

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	2,468	9	3	2,480
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED) ¹	0	0	0	0
RADIOLOGY PROCEDURES (WEIGHTED) ¹	0	0	0	0
PHARMACY UNITS (WEIGHTED) ¹	---	---	---	1509 *
OTHER (SPECIFY)	0	0	0	0

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.

* Pharmacy workload is maintained manually and only reported in the aggregate.

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	2,929	0	0	2,929
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED) ¹	0	0	0	0 *
RADIOLOGY PROCEDURES (WEIGHTED) ¹	0	0	0	0 *
PHARMACY UNITS (WEIGHTED) ¹	1,210	0	0	1,210
OTHER (SPECIFY)	0	0	0	0

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.

Based on previous year's workload data and efficiency review analysis, the one Independent Duty Corpsman is working at maximum capacity.

* All Lab and Radiology tests are completed at NAVMEDCLINIC, Pearl Harbor

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	2,929	0	0	2,929
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED) ¹	0	0	0	0 *
RADIOLOGY PROCEDURES (WEIGHTED) ¹	0	0	0	0 *
PHARMACY UNITS (WEIGHTED) ¹	1,210	0	0	1,210
OTHER (SPECIFY)	0	0	0	0

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

The current workload demand was taken from workload data from the previous 12 months.

* All lab and radiology exams are completed at NAVMEDCLINIC, Pearl Harbor.

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	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

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	1,177
SPECIALTY CARE ²	937
PHYSICIAN EXTENDER ³	66
TOTAL	2,180

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: 836,231

The 1990 U.S. Census for the island of Oahu.

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
Kuakini	Kuakini Health System	7 miles	10-15 min	N/A
Pali Momi	Kapiolani Health System	5 miles	10 min	N/A
Queens	* Unable to Obtain info	10 miles	25 min	N/A
Straub	Straub Inc.	10 miles	15-20 min	N/A
St Francis	Catholic Church	12 miles	20 min	N/A
St Francis West	Catholic Church Health System	12 miles	20 min	N/A
Wahiawa General	Community Hosp Association	8 miles	15-20 min	N/A
Castle	Castle, Inc.	11 miles	35 min	N/A
Kaiser-Perm	Kaiser-Perm	8 miles	15 min	N/A
Kapiolani	Kapiolani Health System	10 miles	25 min	N/A
Rehab Hosp of the Pacific	RHP Inc.	12 miles	30 min	N/A
HI State Hosp	State of Hawaii	20 miles	30 min	N/A
Shriners	Shriners	15 miles	20 min	N/A

Tripler Army Medical Cent	U.S. Army	7 miles	10 min	Multiple MOUs for exchange of services
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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
Kuakini	250	Yes	68%	Long-term Care, Home Care, Day Care, Helo Pad
Pali Momi	116	Yes	60%	Cardiac Center
Queens	506	Yes	*	Trauma Center
Straub	159	Yes	70%	Burn Center
St Francis	308	Yes	*	*
St Francis West	89	Yes	80%	OB, MRI, Dialysis Center
Wahiawa General	69	Yes	75%	ICU, Cancer Unit, OB, Blood Bank
Castle	160	Yes	70%	Chemo-therapy, Psych Residential
Kaiser-Permanente	201	Yes	65%	HMO, 8 OP Clinics
Kapiolani	232	Yes	68%	Women & Children Only

Rehab Hosp of Pacific	100	Yes	80%	Psych, Spinal, Brain, Stroke, Ortho, Amputee Care
Hawaii State Hosp	*	*	*	*
Shriners	40	Yes	*	Ortho/Burn
Tripler Army Medical Center	537	Yes	60%	GME Program, Service Pacific theatre

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.

* Unable to obtain information requested. Facility/s would not provide info.

c. Training Facilities:

DATA CALL #26 - BRANCH MEDICAL CLINIC
NS FORD ISLAND HI

UIC: 32604

(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.

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

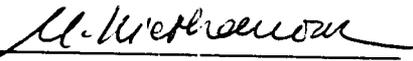
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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

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

ACTIVITY COMMANDER

M. KIETHANOM, CDR, MC, USN
NAME (Please type or print)


Signature

CLINIC DIRECTOR
Title

23 May 94
Date

BRANCH MEDICAL CLINIC, FORD ISLAND, HI
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)

P. J. BARNETT, CAPT, MSC, USN
NAME (Please type or print)

[Signature]
Signature

COMMANDING OFFICER
Title

23 May 94
Date

NAVAL MEDICAL CLINIC, PEARL HARBOR, HI
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]
Signature

CHIEF BUMED/SURGEON GENERAL
Title

6/2/94
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

[Signature]
Signature

Acting
Title

8 JUNE 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>Naval Medical Clinic, Pearl Harbor Branch Medical Annex Ford Island</i>
Acronym(s) used in correspondence	<i>None</i>
Commonly accepted short title(s)	<i>Ford Island Medical</i>

- Complete Mailing Address:

NAVAL MEDICAL CLINIC, PEARL HARBOR
BRANCH MEDICAL ANNEX, FORD ISLAND
BOX 121
PEARL HARBOR, HI 96860-5080

- PLAD: BRMEDCL NS FORD IS HI

- PRIMARY UIC: 32604 (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)

32604

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: 62813

• Primary Host (as of 01 Oct 1995) UIC: 62813

• Primary Host (as of 01 Oct 2001) UIC: 62813

● **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		

32604

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.

NOT AFFECTED

32604

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

Current Missions

- PRIMARY OUTPATIENT MEDICAL SUPPORT TO ACTIVE DUTY PERSONNEL STATIONED AT FORD ISLAND

PRIMARY OUTPATIENT MEDICAL SUPPORT TO ACTIVE DUTY DEPENDENTS LIVING ON FORD ISLAND

- PRIMARY OUTPATIENT MEDICAL SUPPORT TO RETIREES AND THEIR DEPENDENTS

- ACUTE CARE SERVICES FOR CIVIL SERVICE EMPLOYEES

-

Projected Missions for FY 2001

- NO CHANGES

-

-

-

-

32604

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

- Provide 24 hour Basic Life Support Ambulance Service to residents of Ford Island
-
-

Projected Unique Missions for FY 2001

- No 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 |
| <u>COMNAVBASE, PEARL HARBOR</u> | <u>61449</u> |
| ● Funding Source | UIC |
| <u>BUMED</u> | <u>00018</u> |

32604

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>0</u>	<u>2</u>	<u>0</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>20 GSA</u>	<u>0</u>
● Tenants (total)	<u>0</u>	<u>0</u>	<u>0</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>
● COMMANDING OFFICER CAPT P. J. BARNETT	(808) 471-3025	(808) 471-1855	(808) 499-1564
● CLINIC DIRECTOR CDR M. KIETHANOM	(808) 474-1510	(808) 471-1882	(808) 672-9764
● OFFICER OF THE DAY	(808) 471-9725	(808) 471-1882	[N/A]
● DIRECTOR FOR RESOURCES LCDR G. FOSS	(808) 474-7576	(808) 471-5704	(808) 499-3451

32604

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					

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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.)
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32604

<i>NAVAL SUBMARINE TRAINING CENTER PACIFIC</i>	<i>FORD ISLAND</i>	<i>OUTPATIENT MEDICAL SUPPORT</i>		
<i>NAVAL DENTAL CLINIC NAVAL OCEAN PROCESSING FACILITY</i>	"	"	"	"
<i>COMAFLOATRAGRU MIDPAC</i>	"	"	"	"
<i>COMMAND UNDERSEA SURVEILLANCE PACFLT</i>	"	"	"	"
<i>FACSFAC PEARL HARBOR</i>	"	"	"	"
<i>FEDERAL FIRE DEPARTMENT</i>	"	"	"	"
<i>NAVAL STATION PEARL HARBOR BASE POLICE BILLETING</i>	"	"	"	"
<i>MORALE, WELFARE & RECREATION</i>	"	"	"	"
<i>NAVAL BRIG NAVAL TRAINING SYSTEMS CENTER</i>	"	"	"	"
<i>NCTAMS EASTPAC NTCC</i>	"	"	"	"
<i>PERSUPPDET PEARL HARBOR</i>	"	"	"	"
<i>SEAL DELIVERY VEHICLE TEAM ONE DET HI</i>	"	"	"	"
<i>SIMA PEARL HARBOR</i>	"	"	"	"
<i>45TH SUPPORT GROUP, US ARMY 5TH TRANSPORTATION CO. (HB)</i>	"	"	"	"

32604

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.)

32604

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

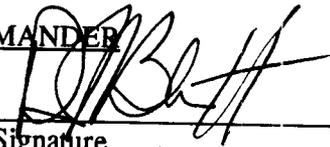
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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

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

ACTIVITY COMMANDER

CAPT P. J. BARNETT, MSC, USN
NAME (Please type or print)



Signature

COMMANDING OFFICER
Title

2-1-94

Date

NAVAL MEDICAL CLINIC, PEARL HARBOR
Activity

32604

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

Title

ACTING

Date

16 FEB 1994

Document Separator

263

**MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: BRANCH MEDICAL CLINIC,
NAVAL STATION, FORD ISLAND, HI**

ACTIVITY UIC: 32604

**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 Branch Medical Annex Ford Island is to provide medical support and emergency services to active duty personnel, family members and civilians on this isolated location in the middle of Pearl Harbor, with unique transportation requirements. Branch Medical Annex Ford Island provides medical care to 18 customer units, more than 1,200 active duty personnel on Ford Island. The services provided includes military sickcall, Naval Station Brig sickcall and medication administration, and ambulance services to all beneficiaries who work or live on Ford Island.

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)
NAVOCEANPROFAC	68645	FORD ISLAND	358
COMUNDSEASURV PACIFIC	57101	FORD ISLAND	153
WATER TRANS	62813	FOD ISLAND	107
SDVT-1 (SEALS)	46406	FORD ISLAND	98
FTG/ATG (AFLOA	42238	FORD ISLAND	87
NSTCP	63154	FORD ISLAND	73
NAVSTA BRIG	30849	FORD ISLAND	69
FTG/ATG (SHORE	55626	FORD ISLAND	62
FACSPAC	43583	FORD ISLAND	58
FTG/ATG (NEUTR	57063	FORD ISLAND	54
163 TRANS (ARM	CQ9AA	FORD ISLAND	32
605 TRANS (ARM	FKHAA	FORD ISLAND	31
5 TRANS (ARMY)	DEWAA	FORD ISLAND	27
NAVSTA GALLEY	62813	FORD ISLAND	24
DIVE SCH STAFF	42142	FORD ISLAND	17
CRSP BN (USMC)	20090	FORD ISLAND	15
DIVE SCH (STU	66830	FORD ISLAND	10
KAHOOLAWE PROJ COMNAVBASE	44669	FORD ISLAND	9

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	2,887	N/A	N/A
ACTIVE DUTY NON N/MC	N/A	42	N/A	N/A
TOTAL ACTIVE DUTY	N/A	2,929		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	2,929		N/A

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	2,929	2,929	2,929	2,929 *	2,929 *	2,929 *	2,929 *
ADMISS.	N/A						

Please show all assumptions and calculations in the space below:

* Workload is expected to remain static at 1994 levels. A joint Federal/State project for construction of a bridge from Ford Island to the main island is expected in 1997/1998. If completed, access to and from Ford Island will no longer be restricted and Ford Island residents will have ready access to medical care from the Naval Medical Clinic, Pearl Harbor.

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

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
FOOD SERVICE INSPECTIONS	6 HRS	1
MEDICAL SUPPORT FOR CHANGE OF COMMAND CEREMONIES	4 HRS	1
MEDICAL SUPPORT FOR PFTs	4 HRS	1

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
550-10	FORD ISLAND MEDICAL CLINIC/PATIENT CARE	2120	54	SUBSTANDARD

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
CR1-89	RENOVATE CLINIC	91	381K

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
	NONE		

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
	NONE		

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

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A) 1707		DMIS ID NO
1. FACILITY NAME BRANCH MEDICAL CLINIC, NAVAL STATION, FORD ISLAND					
2. UIC 32604		3. CATEGORY CODE 550-10		4. NO. OF BUILDINGS 1	
5. SIZE 2120		A. GSF 11,40		B. NORMAL BEDS N/A	
6. LOCATION HI		A. CITY PEARL HARBOR		B. STATE HI	
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	N/A				
(2) ADMINISTRATION	N/A				
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	N/A				
(8) LOGISTICS	N/A				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	0	68	32	B09	
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100	0	0		
(B) HVAC	100	0	0		
(C) PLUMBING	100	0	0		
(D) ELECTRICAL SVCS.	100	0	0		
(E) ELECTRICAL DISTRIBUTION	100	0	0		

(F) EMERGENCY POWER	N/A					
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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: 11/91

FULL ACCREDITATION: YES

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

NO SCORE WAS PROVIDED. ONLY OVERALL ACCREDITATION WITH
COMMENDATION WAS GIVEN.

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?

Ford Island is an island in the middle of Pearl Harbor and this clinic is the only immediate emergency medical support for the whole of Ford Island.

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

AIR: We are located on an island 10 miles from Honolulu International Airport and Hickam Air Force Base.

RAIL: None.

SEA: Honolulu Harbor.

GROUND: Clients have to either use POVs or the shuttle bus. No public transportation present.

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): 10 miles

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

We have no mobilization requirements.

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

It takes from 2 to 5 minutes depending on the patient's location (on the island).

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?

None.

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.

No medical support to Ford Island and tenant commands. No ambulance support to Base Housing units (25). Projected to build more in the future. No brig patients coverage per DOD instructions.

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. From Naval Medical Clinic, Pearl Harbor. However, patients would experience long delays and inconvenience waiting for the small boats and/or car ferry to transit them to Pearl Harbor. Also, health care providers from Naval Medical Clinic, Pearl Harbor would have to make personal visits to brig patients as required by DoD instructions.

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.

N/A. All beneficiaries would depart.

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:

N/A.

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:

N/A.

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. N/A

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: N/A
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	0	0	0

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	1	2	1	2	2	2
AD FAMILY	0	0	0	0	0	0
OTHER	0	0	0	0	0	0
TOTAL	1	2	1	2	2	2

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	189,581	187,576	179516
TOTAL OUTPATIENT VISITS	2061	2480	2836
AVERAGE COST PER VISIT	91.98	75.64	63.30

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: N/A

CATEGORY	FY 1992	FY 1993	FY 1994
A. TOTAL MEPRS-A EXPENSE			

Table B: N/A

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

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

Table C: 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: N/A

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. PLEASE REFER TO CO, NAVAL STATION, PEARL HARBOR (UIC: 62813) DATA CALL #37 FOR ALL QUALITY OF LIFE ANSWERS.

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 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

M. KIETHANOM, CDR, MC, USN
NAME (Please type or print)

M. Kiethanom
Signature

CLINIC DIRECTOR
Title

23 May 94
Date

BRANCH MEDICAL CLINIC, NAVAL STATION, FORD ISLAND, HI
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)

P. J. BARNETT, CAPT, MSC, USN
NAME (Please type or print)

[Signature]
Signature

COMMANDING OFFICER
Title

5.23.94
Date

NAVAL MEDICAL CLINIC, PEARL HARBOR, HI
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]
Signature

CHIEF BUMED/SURGEON GENERAL
Title

6/2/94
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

[Signature]
Signature

Acting
Title

6/9/94
Date

Document Separator

264

**MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: Branch Medical Annex, NCTEP,
Wahiawa, HI
ACTIVITY UIC: 32611**

**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 Branch Medical Annex Wahiawa is to deliver primary health care services to active duty Navy and Marine Corps personnel and other beneficiaries associated with NCTAMS EASTPAC.

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)
NCTAMS	00950	WAHIAWA	964
NSGA KUNIA	43456	KUNIA	450
DISAPAC	63237	WHEELER	165
CG COMSTA	21-32480	WAHIAWA	57
CANADIAN CONTINGENCY	63892	WAHIAWA	12

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	3,362	N/A	N/A
ACTIVE DUTY NON N/MC	N/A	N/A	N/A	N/A
TOTAL ACTIVE DUTY	N/A	3,362		N/A
FAMILY OF AD	N/A	87	N/A	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	N/A	12 *	N/A	N/A
RETIRED AND FAMILY MEMBERS OVER 65	N/A		N/A	N/A
OTHER	N/A	-0-	N/A	N/A
TOTAL	N/A	3,461		N/A

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

* Retired and Family Members cannot be separated by age.

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	3,461	3,461	3,461	3,461	3,461	3,461	3,461
ADMISS.	N/A						

Please show all assumptions and calculations in the space below:

With number of personnel on supported commands remaining constant, the workload should be approximately the same.

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
N/A		

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
550-10	WAHIAWA MEDICAL ANNEX /PATIENT CARE	3,729	52	ADEQUATE

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

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

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

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

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
	NONE		

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
	NONE		

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
	NONE		

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

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO	
1. FACILITY NAME NAVAL MEDICAL ANNEX, NCTEP, WAHIAWA					
2. UIC 32611	3. CATEGORY CODE 550-10	4. NO. OF BUILDINGS 1			
5. SIZE 3729	A. GSF 5477	B. NORMAL BEDS N/A	C. DTRS N/A		
6. LOCATION HI	A. CITY WAHIAWA	B. STATE HI			
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	N/A				
(2) ADMINISTRATION	N/A				
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	N/A				
(8) LOGISTICS	N/A				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	100	-0-	-0-		
(12) PHARMACY	100	-0-	-0-		
(13) RADIOLOGY	100	-0-	-0-		
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	50	-0-	50	A09	
(B) HVAC	100	-0-	-0-		
(C) PLUMBING	100	-0-	-0-		
(D) ELECTRICAL SVCS.	100	-0-	-0-		
(E) ELECTRICAL DISTRIBUTION	100	-0-	-0-		

(F) EMERGENCY POWER	N/A					
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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: 11/91

FULL ACCREDITATION: YES

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

No score was provided. Only overall accreditation with commendation was given.

LOCATION:

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

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

The clinic is centrally located to the clients supported.

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

Air: NAS Barbers Pt.; Honolulu Int'l Airport; Hickum AFB

Sea: Honolulu Harbor

Rail: N/A

Ground: Bus, taxi

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): 20

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?

10 min.

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?

The finite number of employees in Hawaii, the low unemployment rate, and our inability to competitively hire results in a long time for replacing lost workers.

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.

If the Branch Medical Clinic Wahiawa capabilities were lost, the many man-hours would be lost seeking routine health care from either the clinics at the Schofield Army base (5 miles), Branch Medical Clinic Barbers Point (18 miles), Branch Medical Clinic Makalapa (20 miles), or the Tripler Army Medical Center (25 miles).

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

The non-active duty beneficiaries could be absorbed by the other local civilian and military medical facilities. Active Duty Navy personnel, however, would have to compete for services with Army personnel at the Schofield Army Base clinic (5 miles), or else travel to other Navy medical facilities at Barbers Point Branch Medical Clinic (18 miles) or Pearl Harbor Branch Medical Clinic (20 miles).

b. 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. Practically all of the the current "residual" population beneficiaries receive their health care from the other military and civilian medical facilities in the 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:

N/A

11. Mobilization. What are your facility's mobilization requirements? **N/A**

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
N/A		

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. **N/A**

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: **N/A**

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	-0-	-0-	-0-

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	2	4	2	3	2	4
AD FAMILY	-0-	-0-	-0-	-0-	-0-	-0-
OTHER	-0-	-0-	-0-	-0-	-0-	-0-
TOTAL	2	4	2	3	2	4

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	\$240,043	\$220,642	\$204,805
TOTAL OUTPATIENT VISITS	3,934	4,480	3,466
AVERAGE COST PER VISIT	\$61.02	\$49.25	\$59.09

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: N/A

CATEGORY	FY 1992	FY 1993	FY 1994
A. TOTAL MEPRS-A EXPENSE			

Table B: N/A

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

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

Table C: 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: N/A

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. ACCORDING TO BRAC COORDINATOR FOR NCTEP, WAHIAWA, THE INFORMATION CANNOT BE OBTAINED IN TIME FOR THIS DATA CALL. FURTHERMORE, A DATA CALL FOR THE BASE HAS NOT BEEN RECEIVED.

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 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."

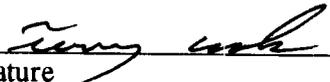
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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

T. M. COOK, LCDR, NC, USN
NAME (Please type or print)


Signature

ACTING CLINIC DIRECTOR
Title

33 May 94
Date

BRANCH MEDICAL ANNEX, NCTEP, WAHIAWA, HI
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)

P. J. BARNETT, CAPT, MSC, USN
NAME (Please type or print)

COMMANDING OFFICER
Title

NAVAL MEDICAL CLINIC, PEARL HARBOR, HI
Activity

[Signature]
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)

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

BUREAU OF MEDICINE AND SURGERY
Activity

[Signature]
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

[Signature]
Signature
6/9/94
Date

Document Separator

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

- Name

Official name	<i>Naval Medical Clinic, Pearl Harbor, Branch Medical Annex, NCTAMS Wahiawa, HI</i>
Acronym(s) used in correspondence	<i>N/A</i>
Commonly accepted short title(s)	<i>N/A</i>

- Complete Mailing Address

**Naval Medical Clinic, Pearl Harbor
Branch Medical Annex, Wahiawa
Box 121
Pearl Harbor, HI 96860-5080**

- PLAD

N/A

- PRIMARY UIC: 32611 (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 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 (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: 00959
- Primary Host (as of 01 Oct 1995) UIC: 00950
- Primary Host (as of 01 Oct 2001) UIC: 00950

• **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		

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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

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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

Active Duty - primary care, military sickcall, physical evaluations, immunizations and audiology studies.

Dependent - primary care, pediatric services and immunizations.

Projected Missions for FY 2001

Ambulatory care primary medical services (see current missions).

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

Current Unique Missions

- 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>COMNAVBASE, PEARL HARBOR</u>	<u>61449</u>
• Funding Source	UIC
<u>BUMED</u>	<u>00018</u>

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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>4</u>	<u>0</u>
● Tenants (total) N/A	<u> </u>	<u> </u>	<u> </u>

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
● Reporting Command	<u>✓ 0 GSA</u>	<u>✓ 0 GSA</u>	<u>✓ 1 GSA</u>
● Tenants (total) N/A	<u> </u>	<u> </u>	<u> </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>
● Commanding Officer CAPT P. J. Barnett	(808) 471-3025	(808) 471-1855	(808) 499-1564
● Clinic Director LT Mark A. Ulrich	(808) 684-1210	(808) 684-2420	(808) 682-1559
● Officer of the Day	(808) 471-9725	(808) 471-1882	[N/A]
● Department Head ENS Kenneth Vining	(808) 653-5340	(808) 684-2420	(808) 422-1351
● Director for Resources LCDR Geoff Foss	(808) 474-7576	(808) 471-5704	(808) 499-3451

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					

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:
NSGA Kunia	NCTAMS Wahiawa	Ambulatory Care Primary Medical Services
U. S. Coast Guard Honolulu Comm Station	NCTAMS Wahiawa	Ambulatory Care Primary Medical Services
U. S. Air Force Comm Station	NCTAMS Wahiawa	Ambulatory Care Primary Medical Services
Personnel Support Det (Pugent Sound)	NCTAMS Wahiawa	Ambulatory Care Primary Medical Services
NRTF Reserve Training Center	NCTAMS Wahiawa	Ambulatory Care Primary Medical Services
DISAPA Data	Wheeler AFB	Ambulatory Care Primary Medical Services

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

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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.)

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

CAPT P. J. BARNETT, MSC, USN
Name (Please type or print)


Signature

Commanding Officer
Title

2-1-94
Date

Naval Medical Clinic, Pearl Harbor
Activity

32611

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

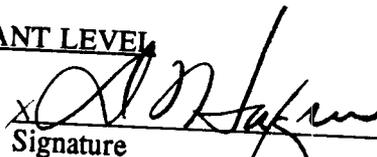
Activity

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 

Signature

SURGEON GENERAL/CHIEF BUMED

Title

28-94

Date

BUREAU OF MEDICINE & SURGERY

Activity

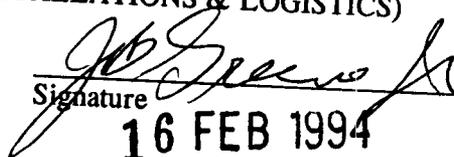
Activity

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)



Signature

ACTING

Title

16 FEB 1994

Date

Document Separator

264

**CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: Branch Medical Annex, NCTEP, Wahiawa, HI**

**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	55,178	1,208	N/A	55,178	1,280	N/A
FAMILY OF AD	65,780	10,674	N/A	65,780	10,674	N/A
SUBTOTAL	120,958	11,882	N/A	120,958	11,882	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	21,632	977	N/A	21,632	977	N/A
RETIRED AND FAMILY MEMBERS OVER 65 ⁴	5,628	266	N/A	5,628	266	N/A
OTHER	6,685	628	N/A	6,685	628	N/A
TOTAL	154,903	13,825	N/A	154,903	13,825	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.

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> N/A </u>
Set Up Beds ¹ :	<u> N/A </u>
Expanded Bed Capacity ² :	<u> N/A </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.

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	4,210	270	-0-	4,480
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED) ¹	---	---	---	553 *
RADIOLOGY PROCEDURES (WEIGHTED) ¹	---	---	---	05 *
PHARMACY UNITS (WEIGHTED) ¹	---	---	---	2,795 *
OTHER (SPECIFY)	N/A	N/A	N/A	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.

*The CHCS does not provide ADHOC ancillary workload information reports by the categories requested above.

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	4,210	270	-0-	4,480
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED) ¹	-0-	-0-	-0-	-0-
RADIOLOGY PROCEDURES (WEIGHTED) ¹	-0-	-0-	-0-	-0-
PHARMACY UNITS (WEIGHTED) ¹	4,200	-0-	-0-	3,602 *
OTHER (SPECIFY)	-0-	-0-	-0-	-0-

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.

Maximum capacity is based on FY-93 workload capability and efficiency review guidelines.

*The CHCS does not provide ADHOC ancillary workload information reports by the categories requested above.

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	3,362	87	12	3,461
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED) ¹	0	0	0	0
RADIOLOGY PROCEDURES (WEIGHTED) ¹	0	0	0	0
PHARMACY UNITS (WEIGHTED) ¹	---	---	---	3,602 *
OTHER (SPECIFY)	0	0	0	0

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.

Current workload demand utilized the actual workload for FY-94 thru April 94, then added the average monthly workload for the same period to calculate the workload for the remaining 5 months of the Fiscal Year.

*The CHCS does not provide ADHOC ancillary workload information reports by the categories requested above.

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	-0-	-0-	-0-	-0-	-0-	-0-	-0-	-0-
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	-1-	-1-	-1-	-1-	-1-	-1-	-1-	-1-

¹This includes General Medical Officers, Flight Surgeons, Diving Medical Officers, 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.

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	1,177
SPECIALTY CARE ²	937
PHYSICIAN EXTENDER ³	66
TOTAL	2,180

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: 836,231

The 1990 U.S. Census was used for the island of Oahu.

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
Kuakini	Kuakini Health System	30 miles	45 min	N/A
Pali Momi	Kapiolani Health System	15 miles	30 min	N/A
Queens	* Unable to Obtain info	30 miles	45 min	N/A
Straub	Straub Inc.	30 miles	45 min	N/A
St Francis	Catholic Church	30 miles	45 min	N/A
St Francis West	Catholic Church Health System	14 miles	30 min	N/A
Wahiawa General	Community Hosp Association	3 miles	10 min	N/A
Castle	Castle, Inc.	40 miles	60 min	N/A
Kaiser-Perm	Kaiser-Perm	20 miles	30 min	N/A
Kapiolani	Kapiolani Health System	30 miles	45 min	N/A
Rehab Hosp of the Pacific	RHP Inc.	30 miles	45 min	N/A
HI State Hosp	State of Hawaii	20 miles	30 min	N/A
Shriners	Shriners	30 miles	45 min	N/A
Tripler Army Medical Cent	U.S. Army	20 miles	30 min	Multiple MOUs for exchange of services

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
Kuakini	250	Yes	68%	Long-term Care, Home Care, Day Care, Helo Pad
Pali Momi	116	Yes	60%	Cardiac Center
Queens	506	Yes	*	Trauma Center
Straub	159	Yes	70%	Burn Center
St Francis	308	Yes	*	Gen Med/Surg
St Francis West	89	Yes	80%	OB, MRI
Wahiawa General	69	Yes	75%	ICU, Cancer Unit, OB, Blood Bank
Castle	160	Yes	70%	Chemo-therapy, Psych Residential
Kaiser-Permanente	201	Yes	65%	HMO, 8 OP Clinics
Kapiolani	232	Yes	68%	Women & Children Only
Rehab Hosp of Pacific	100	Yes	80%	Psych, Spinal, Brain, Stroke, Ortho, Amputee Care
Hawaii State Hosp	*	*	*	*

Shriners	40	Yes	*	Ortho/Burn
Tripler Army Medical Center	537	Yes	60%	GME Program, Service Pacific theatre

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.

* Unable to obtain information requested. Facility/s would not provide info.

c. Training Facilities:

DATA CALL #26 - BRANCH MEDICAL ANNEX
 NCTEP WAHIAWA HI
 UIC: 32611

(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.

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

T. M. COOK, LCDR, NC, USN
NAME (Please type or print)

Terry Cook
Signature

ACTING CLINIC DIRECTOR
Title

23 May 94
Date

BRANCH MEDICAL ANNEX, NCTEP, WAHIAWA, HI
Activity

**DATA CALL 66
INSTALLATION RESOURCES**

264

Activity Information:

Activity Name:	NAVAL BRANCH MEDICAL ANNEX, NAVCAMS EASTPAC
UIC:	32611
Host Activity Name (if response is for a tenant activity):	NAVAL COMPUTER & TELECOMMUNICATION AREA MASTER STATION, EASTERN PACIFIC, WAHIAWA, HI
Host Activity UIC:	00950

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

**DATA CALL 66
INSTALLATION RESOURCES**

lines of the table. Please ensure that individual lines of the table do not include duplicate costs. Add additional lines to the table (following line 2j., as necessary, to identify any additional cost elements not currently shown). **Leave shaded areas of table blank.**

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: NAVAL BRANCH MEDICAL ANNEX, NAVCAMS EASTPAC		UIC: 32611	
Category	FY 1996 BOS Costs (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	N/A	N/A	N/A
1b. Minor Construction	N/A	N/A	N/A
1c. Sub-total 1a. and 1b.	N/A	N/A	N/A
2. Other Base Operating Support Costs:			
2a. Utilities	N/A	N/A	N/A
2b. Transportation	2	N/A	2
2c. Environmental	N/A	N/A	N/A
2d. Facility Leases	N/A	N/A	N/A
2e. Morale, Welfare & Recreation	N/A	N/A	N/A
2f. Bachelor Quarters	N/A	N/A	N/A
2g. Child Care Centers	N/A	N/A	N/A
2h. Family Service Centers	N/A	N/A	N/A
2i. Administration	N/A	N/A	N/A
2j. Other (Specify)	2	N/A	2
2k. Sub-total 2a. through 2i:	4	N/A	4

**DATA CALL 66
INSTALLATION RESOURCES**

3. Grand Total (sum of 1c. and 2k.):	4	N/A	4
---	---	-----	---

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>
N/A	N/A

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 2l., 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: NAVAL BRANCH MEDICAL ANNEX, NAVCAMS EASTPAC		UIC: 32611	
Category	FY 1996 Net Cost From UC/FUND-4 (\$000)		
	Non- Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (>\$15K)	N/A	N/A	N/A
1b. Real Property Maintenance (<\$15K)	N/A	N/A	N/A
1c. Minor Construction (Expensed)	N/A	N/A	N/A
1d. Minor Construction (Capital Budget)	N/A	N/A	N/A
1c. Sub-total 1a. through 1d.	N/A	N/A	N/A
2. Other Base Operating Support Costs:			
2a. Command Office	N/A	N/A	N/A
2b. ADP Support	N/A	N/A	N/A
2c. Equipment Maintenance	N/A	N/A	N/A
2d. Civilian Personnel Services	N/A	N/A	N/A
2e. Accounting/Finance	N/A	N/A	N/A
2f. Utilities	N/A	N/A	N/A
2g. Environmental Compliance	N/A	N/A	N/A
2h. Police and Fire	N/A	N/A	N/A
2i. Safety	N/A	N/A	N/A
2j. Supply and Storage Operations	N/A	N/A	N/A
2k. Major Range Test Facility Base Costs	N/A	N/A	N/A
2l. Other (Specify)	N/A	N/A	N/A

**DATA CALL 66
INSTALLATION RESOURCES**

2m. Sub-total 2a. through 2l:	N/A	N/A	N/A
3. Depreciation	N/A	N/A	N/A
4. Grand Total (sum of 1c., 2m., and 3.):	N/A	N/A	N/A

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

Table 2 - Services/Supplies Cost Data	
Activity Name: NAVAL BRANCH MEDICAL ANNEX, NAVCAMS EASTPAC	UIC: 32611
Cost Category	FY 1996 Projected Costs (\$000)
Travel:	1
Material and Supplies (including equipment):	3
Industrial Fund Purchases (other DBOF purchases):	N/A
Transportation:	N/A
Other Purchases (Contract support, etc.):	3

**DATA CALL 66
INSTALLATION RESOURCES**

Total:	7
---------------	---

**DATA CALL 66
INSTALLATION RESOURCES**

3. Contractor Workyears.

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

Table 3 - Contract Workyears	
Activity Name: NAVAL BRANCH MEDICAL ANNEX, NAVCAMS EASTPAC	UIC: 32611
Contract Type	FY 1996 Estimated Number of Workyears On-Base
Construction:	N/A
Facilities Support:	N/A
Mission Support:	N/A
Procurement:	N/A
Other:*	N/A
Total Workyears:	N/A

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

CONTRACT SUPPORT FOR TABLE 3 PERFORMED BY FLEET INDUSTRIAL SUPPLY CENTER PEARL (00604).

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

**DATA CALL 66
INSTALLATION RESOURCES**

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	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	N/A

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

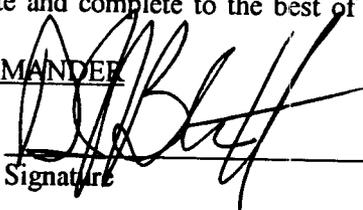
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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

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

ACTIVITY COMMANDER

P. J. BARNETT, CAPT, MSC, USN
NAME (Please type or print)



Signature

COMMANDING OFFICER
Title

12 JULY 1994

Date

NAVAL MEDICAL CLINIC, PEARL HARBOR
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)

R. R. SKOG

NAME (Please type or print)

Officer in Charge, Acting

Title

Naval Healthcare Support
Office, San Diego

Activity

R. R. Skog
Signature

14 July 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)

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

BUREAU OF MEDICINE & SURGERY

Activity

D. F. Hagen
Signature

7-19-94
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)

W. A. EARNER

NAME (Please type or print)

Title

W. A. Earner
Signature

04 AUG 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>NAVAL MEDICAL CLINIC, PEARL HARBOR BRANCH MEDICAL ANNEX, PACIFIC MISSILE RANGE FACILITY, BARKING SANDS, HI</i>
Acronym(s) used in correspondence	<i>N/A</i>
Commonly accepted short title(s)	<i>N/A</i>

- Complete Mailing Address

Naval Medical Clinic, Pearl Harbor
Branch Medical Annex, Barking Sands
Box 121
Pearl Harbor, HI 96806-5080

- PLAD

N/A

- PRIMARY UIC: 41742 (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 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 (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: 0534A
- Primary Host (as of 01 Oct 1995) UIC: 0534A
- Primary Host (as of 01 Oct 2001) UIC: 0534A

● **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		

41742

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

41742

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

Active Duty - primary care, military sickcall, physical evaluations (prelims), immunizations, audiology studies, preventive medicine (water and food-service sanitation).

Projected Missions for FY 2001

Active duty, ambulatory care primary medical services (see current missions).

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
COMNAVBASE, PEARL HARBOR 61449
- Funding Source UIC
BUMED 00018

41742

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>0</u>	<u>1</u>	<u>0</u>
● Tenants (total) N/A	<u> </u>	<u> </u>	<u> </u>

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
● Reporting Command	<u>0</u>	<u>1</u>	<u>0</u>
● Tenants (total) N/A	<u> </u>	<u> </u>	<u> </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>
● Commanding Officer: CAPT P. J. Barnett	(808) 471-3025	(808) 471-1855	(808) 499-1564
● Clinic Director: LT Mark A. Ulrich	(808) 684-1210	(808) 684-2420	(808) 682-1559
● Clinic Supervisor HM1 Daniel Forburger (IDC)	(808) 471-6203	N/A	(808) 471-6520
● Director for Resources LCDR Geoff Foss	(808) 474-7576	(808) 471-5704	(808) 499-3451

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					

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:
Personnel Support Detachment	Kekaha, HI	Ambulatory Care Primary Medical Services
N/A		

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.)

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

CAPT P. J. BARNETT, MSC, USN
Name (Please type or print)



Signature

Commanding Officer
Title

2-1-94

Date

Naval Medical Clinic, Pearl Harbor
Activity

41742

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

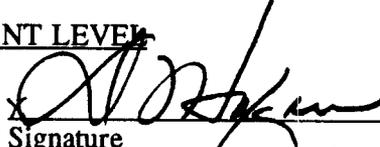
Activity

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

2-8-94

Date

BUREAU OF MEDICINE & SURGERY

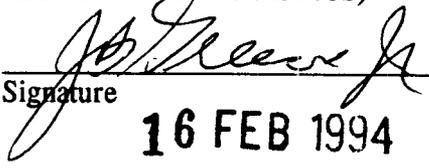
Activity

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

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

J. B. GREENE, JR.

NAME (Please type or print)



Signature

ACTING

Title

16 FEB 1994

Date

Document Separator

**CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: Branch Medical Clinic, PMR, Barking Sands, HI**

**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	145	145	N/A	145	145	N/A
FAMILY OF AD	133	133	N/A	133	133	N/A
SUBTOTAL	278	278	N/A	278	278	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	*	*	N/A	*	*	N/A
RETIRED AND FAMILY MEMBERS OVER 65 ⁴	*	*	N/A	*	*	N/A
OTHER			N/A			N/A
TOTAL	278	278	N/A	278	278	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.

* Retired and other personnel are included in the AD Family Row. Was unable to separate the categories requested.

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

 N/A

 N/A

 N/A

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 1994:

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	1140	0	0	1140
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED) ¹	2285	0	0	2285
RADIOLOGY PROCEDURES (WEIGHTED) ¹	N/A	N/A	N/A	N/A
PHARMACY UNITS (WEIGHTED) ¹	2481	0	0	2481
OTHER (SPECIFY) IMMUNIZATION	0	0	0	0

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

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

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	1140	0	0	1140
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED) ¹	2285	0	0	2285
RADIOLOGY PROCEDURES (WEIGHTED) ¹	N/A	N/A	N/A	N/A
PHARMACY UNITS (WEIGHTED) ¹	2481	0	0	2481
OTHER (SPECIFY)	0	0	0	0

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

The FY-93 workload was used to determine maximum capacity. With only one (1) independent hospital corpsman assigned to the facility, this was the highest level of workload in recent years.

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	993	0	0	993
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED) ¹	871	0	0	871
RADIOLOGY PROCEDURES (WEIGHTED) ¹	N/A	N/A	N/A	N/A
PHARMACY UNITS (WEIGHTED) ¹	485	0	0	485
OTHER (SPECIFY)	0	0	0	0

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

The current average monthly workload for the first 7 months of this year was used to calculate this year's current demand.

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	-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-

¹This includes General Medical Officers, Flight Surgeons, Diving Medical Officers, 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.

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	38
SPECIALTY CARE ²	2
PHYSICIAN EXTENDER ³	1
TOTAL	41

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: 50,947

The 1990 U.S. Census for the island of Kauai.

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
Kauai Veterans Memorial Hosp.	State of HI	10 miles	12 min.	None
Wilcox Mem. Hosp	Private	40 miles	1-1 1/2 hr.	None

¹ Distance in driving miles from your facility

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

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

FACILITY	BEDS ¹	JCAHO APPROVED	OCCUPANCY ¹	UNIQUE FEATURES ²
Kauai Vet. Mem. Hosp.	44	yes	35%	NONE
Wilcox Mem. Hosp.	144	yes	67%	NONE

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:

DATA CALL #26 - BRANCH MEDICAL CLINIC
 PMR BARKING SANDS HI
 UIC: 41742

(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

DATA CALL #26 - BRANCH MEDICAL CLINIC PMR BARKING SANDS HI UIC:41742

(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.

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

T. M. COOK, LCDR, NC, USN
NAME (Please type or print)



Signature

ACTING CLINIC DIRECTOR
Title

23 May 94

Date

BRANCH MEDICAL CLINIC, PMR, BARKING SANDS, HI
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)

P. J. BARNETT, CAPT, MSC, USN

NAME (Please type or print)

COMMANDING OFFICER

Title

NAVAL MEDICAL CLINIC, PEARL HARBOR, HI

Activity

Signature

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. HAGE, VADM, MC, USN

NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

Title

BUREAU OF MEDICINE AND SURGERY

Activity

Signature

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)

Title

Signature

Date

265

**DATA CALL 66
INSTALLATION RESOURCES**

Activity Information:

Activity Name:	NAVAL BRANCH MEDICAL CLINIC, PACMISRANFAC, BARKING SANDS
UIC:	41742
Host Activity Name (if response is for a tenant activity):	PACIFIC MISSILE RANGE FACILITY BARKING SANDS, HI
Host Activity UIC:	0534A

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

**DATA CALL 66
INSTALLATION RESOURCES**

lines of the table. Please ensure that individual lines of the table do not include duplicate costs. Add additional lines to the table (following line 2j., as necessary, to identify any additional cost elements not currently shown). **Leave shaded areas of table blank.**

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: NAVAL BRANCH MEDICAL CLINIC, PACMISRANFAC, BARKING SANDS			UIC: 41742
Category	FY 1996 BOS Costs (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	N/A	N/A	N/A
1b. Minor Construction	N/A	N/A	N/A
1c. Sub-total 1a. and 1b.	N/A	N/A	N/A
2. Other Base Operating Support Costs:			
2a. Utilities	N/A	N/A	N/A
2b. Transportation	N/A	N/A	N/A
2c. Environmental	N/A	N/A	N/A
2d. Facility Leases	N/A	N/A	N/A
2e. Morale, Welfare & Recreation	N/A	N/A	N/A
2f. Bachelor Quarters	N/A	N/A	N/A
2g. Child Care Centers	N/A	N/A	N/A
2h. Family Service Centers	N/A	N/A	N/A
2i. Administration	N/A	N/A	N/A
2j. Other (Specify)	N/A	N/A	N/A
2k. Sub-total 2a. through 2i:	N/A	N/A	N/A

**DATA CALL 66
INSTALLATION RESOURCES**

2k. Sub-total 2a. through 2j:	N/A	N/A	N/A
3. Grand Total (sum of 1c. and 2k.):	N/A	N/A	N/A

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>
N/A	N/A

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 2l., 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: NAVAL BRANCH MEDICAL CLINIC, PACMISRANFAC, BARKING SANDS			UIC: 41742
Category	FY 1996 Net Cost From UC/FUND-4 (\$000)		
	Non- Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (>\$15K)	N/A	N/A	N/A
1b. Real Property Maintenance (<\$15K)	N/A	N/A	N/A
1c. Minor Construction (Expensed)	N/A	N/A	N/A
1d. Minor Construction (Capital Budget)	N/A	N/A	N/A
1c. Sub-total 1a. through 1d.	N/A	N/A	N/A
2. Other Base Operating Support Costs:			
2a. Command Office	N/A	N/A	N/A
2b. ADP Support	N/A	N/A	N/A
2c. Equipment Maintenance	N/A	N/A	N/A
2d. Civilian Personnel Services	N/A	N/A	N/A
2e. Accounting/Finance	N/A	N/A	N/A
2f. Utilities	N/A	N/A	N/A
2g. Environmental Compliance	N/A	N/A	N/A
2h. Police and Fire	N/A	N/A	N/A
2i. Safety	N/A	N/A	N/A
2j. Supply and Storage Operations	N/A	N/A	N/A
2k. Major Range Test Facility Base Costs	N/A	N/A	N/A
2l. Other (Specify)	N/A	N/A	N/A

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INSTALLATION RESOURCES**

2m. Sub-total 2a. through 2l:	N/A	N/A	N/A
3. Depreciation	N/A	N/A	N/A
4. Grand Total (sum of 1c., 2m., and 3.) :	N/A	N/A	N/A

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

Table 2 - Services/Supplies Cost Data	
Activity Name: NAVAL BRANCH MEDICAL CLINIC, PACMISRANFAC, BARKING SANDS	UIC: 41742
Cost Category	FY 1996 Projected Costs (\$000)
Travel:	1
Material and Supplies (including equipment):	3
Industrial Fund Purchases (other DBOF purchases):	N/A
Transportation:	N/A
Other Purchases (Contract support, etc.):	1

**DATA CALL 66
INSTALLATION RESOURCES**

Total:	5
---------------	---

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INSTALLATION RESOURCES**

3. Contractor Workyears.

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

Table 3 - Contract Workyears	
Activity Name: NAVAL BRANCH MEDICAL CLINIC, PACMISRANFAC, BARKING SANDS	UIC: 41742
Contract Type	FY 1996 Estimated Number of Workyears On-Base
Construction:	N/A
Facilities Support:	N/A
Mission Support:	N/A
Procurement:	N/A
Other:*	N/A
Total Workyears:	N/A

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

CONTRACT SUPPORT FOR TABLE 3 PERFORMED BY FLEET INDUSTRIAL SUPPLY CENTER PEARL (00604).

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

**DATA CALL 66
INSTALLATION RESOURCES**

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	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	N/A

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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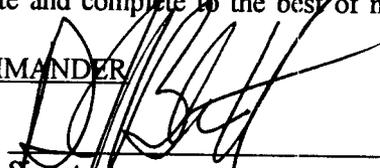
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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

ACTIVITY COMMANDER

P. J. BARNETT, CAPT, MSC, USN
NAME (Please type or print)


Signature

COMMANDING OFFICER
Title

12 JULY 1994
Date

NAVAL MEDICAL CLINIC, PEARL HARBOR
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)

R. R. SKOG

NAME (Please type or print)

Officer in Charge, Acting

Title

Naval Healthcare Support
Office, San Diego

Activity

R. R. Skog
Signature

14 July 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)

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

BUREAU OF MEDICINE & SURGERY

Activity

D. F. Hagen
Signature

7-14-94
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)

W. A. EARNER

NAME (Please type or print)

Title

W. A. Earner
Signature

04 AUG 1994
Date

265

**MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: Branch Medical Clinic, PMR
Barking Sands, Kauai, HI
ACTIVITY UIC: 41742**

**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 Branch Medical Annex PMRF Barking Sands is to deliver healthcare services to only active duty Navy and Marine Corps personnel and all other beneficiaries associated with the Pacific Missile Range Facility, Barking Sands as resources and mission requirements direct.

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)
PMRF Barking Sands	0534A	PMRF, Kauai, HI	114
PERSUPDET	43676	PMRF, Kauai, HI	2
PMRF SUPPLY	30428	PMRF, Kauai, HI	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	993	N/A	N/A
ACTIVE DUTY NON N/MC	N/A	0	N/A	N/A
TOTAL ACTIVE DUTY	N/A	993		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	993		N/A

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	993	993	993	993	993	993	993
ADMISS.	N/A						

Please show all assumptions and calculations in the space below:

Based on the current active duty strength and number of monthly visits for FY 94. If the number of personnel remains constant it is estimated that there will be no change in the number of outpatient visits.

Because there is only an Independent Duty Corpsman aboard PMRF, no dependents or retirees are treated at this facility. All dependents and retirees utilize CHAMPUS for medical treatment.

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
Physical Fitness Test/Remedial PRT	30 hrs	1
Food Service Inspections	12 hrs	1
Safety Surveys/mtgs	4 hrs	1
Command Training	10 hrs	1
Water/Ice sanitation samples	6 hrs	1

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
550-10	BARKING SANDS BRANCH CLINIC / PATIENT CARE	875	26	ADEQUATE

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

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

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

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

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
	NONE		

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
	NONE		

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
	NONE		

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

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO	
1. FACILITY NAME Branch Medical Clinic, PMR, Barking Sands					
2. UIC 41742	3. CATEGORY CODE 550-10		4. NO. OF BUILDINGS 1		
5. SIZE 875	A. GSF 1715	B. NORMAL BEDS N/A		C. DTRS N/A	
6. LOCATION HI	A. CITY BARKING SANDS, KAUAI		B. STATE HI		
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	N/A				
(2) ADMINISTRATION	N/A				
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	100	0	0		
(8) LOGISTICS	N/A				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	87	0	13	B09	
(12) PHARMACY	100	0	0		
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100	0	0		
(B) HVAC	20	0	80	E01	
(C) PLUMBING	100	0	0		
(D) ELECTRICAL SVCS.	100	0	0		

(E) ELECTRICAL DISTRIBUTION	100	0	0		
(F) EMERGENCY POWER	100	0	0		

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 of portion

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

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

- (1) Deficient Status of Condition Types - first character
 - A - Physical Condition
 - B - Functional or Space Criteria
 - C - Design Criteria
 - D - Location or Siting Criteria
 - E - Nonexistence
 - F - Total Obsolescence or Deterioration
- (2) Facility Components or Related Items - last two characters
 - 01 - Heating, Ventilating and Air Conditioning (HVAC)
 - 02 - Plumbing Fixtures
 - 03 - Fire Protection/Life Safety Code
 - 04 - Medical Gases
 - 05 - Lighting Fixtures
 - 06 - Power Capacity
 - 07 - Emergency Generators
 - 08 - Communications
 - 09 - Building or Structure (total)
 - 10 - Seismic Design
 - 11 - Roof/Ceiling
 - 12 - Building Interior/Configuration
 - 13 - Sound Proofing/Excessive Noise
 - 14 - Compliance of Installation with Master Plan
 - 15 - OSHA Deficiency
 - 16 - JCAH Deficiency
 - 17 - Functionality
 - 18 - Site Location
 - 19 - Mission of the Base
 - 20 - None

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

DATE OF SURVEY: 11/91

FULL ACCREDITATION: YES

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

No specific score was provided for this facility. Only an overall accreditation with commendation was given to the Naval Medical Clinic Command.

LOCATION:

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

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

This is the only military medical treatment facility on the island of Kauai for active duty personnel.

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

Air: Military - On-base (Barking Sands)
Commercial - Lihue, HI 40 mi.

Rail: N/A

Sea: Lihue Harbor

Ground: State Highways/Bus, Taxis

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): 1 mi.

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?

On-base: 10 minutes

Off-base: 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?

Yes; high cost of living and low unemployment. However, the medical facility does not employ civilians.

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.

If the Branch Medical Annex capabilities were lost, it would force PMRF Barking Sands to contract out all active duty medical care, as well as all environmental/preventive medicine requirements. As the sole provider of military medical treatment on the Island of Kauai, Branch Medical Clinic PMRF Barking Sands is a vital facility.

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 - For only routine primary medical care. However, the Independent Duty Corpsman performs a myriad of military specific tasks that would be difficult to effectively hire a civilian organization to perform.

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. All non-active duty personnel are currently using the local community health care system.

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

N/A

11. Mobilization. What are your facility's mobilization requirements? **N/A**

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
N/A		

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. **N/A**

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: **N/A**

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	0	0	0

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	1	2	1	2	2	2
AD FAMILY	0	0	0	0	0	0
OTHER	0	0	0	0	0	0
TOTAL	1	2	1	2	2	2

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	50,377	61,479	56,512
TOTAL OUTPATIENT VISITS	643	1140	993
AVERAGE COST PER VISIT	78.35	53.93	56.91

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: N/A

CATEGORY	FY 1992	FY 1993	FY 1994
A. TOTAL MEPRS-A EXPENSE			

Table B: N/A

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

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

Table C: 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: N/A

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. PLEASE REFER TO CO, PMRF BARKING SANDS, KAUAI, HI (UIC: 0534A) DATA CALL #5 FOR ALL QUALITY OF LIFE ANSWERS.

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) EEQ:

(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			
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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."

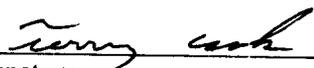
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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

T. M. COOK, LCDR, NC, USN
NAME (Please type or print)


Signature

ACTING CLINIC DIRECTOR
Title

23 May 94
Date

BRANCH MEDICAL CLINIC, PMR, BARKING SANDS, HI
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)

P. J. BARNETT, CAPT, MSC, USN

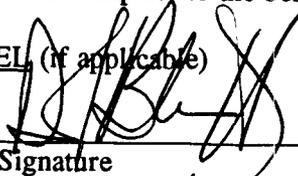
NAME (Please type or print)

COMMANDING OFFICER

Title

NAVAL MEDICAL CLINIC, PEARL HARBOR, HI

Activity


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)

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

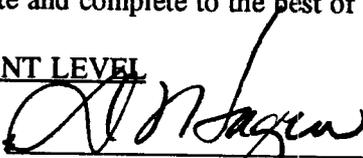
NAME (Please type or print)

CHIEF BUEMD/SURGEON GENERAL

Title

BUREAU OF MEDICINE AND SURGERY

Activity


Signature

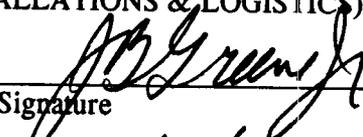
6/2/94
Date

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)

ACCOM
Title


Signature

6/9/94
Date

Document Separator

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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.

Provide limited medical annex (outpatient) services primarily for active duty Navy and Marine Corps personnel and active duty members of other Federal Uniformed Services. Subject to the availability of space and facilities and capabilities of the medical staff, provide general medical annex services for other authorized persons as prescribed by Title 10, U.S. Code, and other current directives. Ensure that all assigned military personnel are both aware of and properly trained for the performance of their assigned contingency and wartime duties. Ensure that the clinic 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 operation of the Navy and Marine Corps shore activities and units of the operating forces to ensure the highest possible degree of operational readiness of these forces and activities. Participate in appropriate education programs for assigned military personnel to ensure that both military and healthcare standards of conduct and performance are achieved and maintained. Cooperate with military and civilian authorities in matters pertaining to public health, local disasters, and other emergencies.

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	393	N/A	N/A
ACTIVE DUTY NON N/MC		00		
TOTAL ACTIVE DUTY		393		
FAMILY OF AD		00	N/A	
RETIRED AND FAMILY MEMBERS UNDER 65		00		
RETIRED AND FAMILY MEMBERS OVER 65		00		
OTHER		174		
TOTAL		567		

What is your occupancy rate for FY 1994 to date? 214

BUMED-822
MAY 3 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	567	567	567	567	567	567	567
ADMISS.	N/A						

Please show all assumptions and calculations in the space below: **See note below.**

NOTE: ISOLATED DUTY STATION, ADDITIONAL WORKLOAD IS NOT PROJECTED.

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

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
FOOD SERVICE INSPECTIONS	150 HRS	01
MWR FUNCTIONS	10 HRS	03

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): **NOT APPLICABLE.**

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
510.15	PATIENT CARE/ADMIN	2,944	11	ADEQUATE

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

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

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

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

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
	NOT APPLICABLE		

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
	NOT APPLICABLE		

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
	NOT APPLICABLE		

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

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)		DD-H(A) 1707	DMIS ID NO 0268		
1. FACILITY NAME Branch Medical Clinic San Nicolas Island					
2. UIC 42531	3. CATEGORY CODE	4. NO. OF BUILDINGS 01			
5. SIZE 2,944 SQ FT	A. GSF N/A	B. NORMAL BEDS N/A	C. DTRS N/A		
6. LOCATION Island	A. CITY San Nicolas	B. STATE CA			
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.	100%				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	100%				
(8) LOGISTICS	N/A				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	100%				
(12) PHARMACY	100%				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100%				
(B) HVAC	100%				
(C) PLUMBING	100%				
(D) ELECTRICAL SVCS.	100%				
(E) ELECTRICAL DISTRIBUTION	100%				
(F) EMERGENCY POWER			100%	E, 07	

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: **NOT APPLICABLE**

FULL ACCREDITATION: Yes/No

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?

Only medical clinic available on the island.

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

Air and sea/on site, rail and ground/70 miles.

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

Distance (in miles): On site.

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

None.

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

Treat only personnel assigned to San Nicolas Island.

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 civilian personnel are assigned or authorized to this UIC.

FEATURES AND CAPABILITIES

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

Loss of the only medical facility on the island.

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

There is no other medical treatment facility on the island. Closure of the clinic would require air transportation of personnel requiring medical care. Limited air transportation is available due to weather conditions.

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.

NOT APPLICABLE

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? **NOT APPLICABLE.**

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
NOT APPLICABLE		

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. **NOT APPLICABLE**

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. **NOT APPLICABLE**

Number of "stubbed" expanded beds¹: **NOT APPLICABLE**

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): **NOT APPLICABLE.**

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT			
OUTPATIENT			

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

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.

NOTE: ALL SUPPLEMENTAL CARE PROCEDURES ARE COMPLETED AND APPROVED AT THE HEADQUARTERS CLINIC (UIC 66099).

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). **See note below.**

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

NOTE: THIS DATA IS INCLUDED WITH THE HEADQUARTERS CLINIC (UIC 66099), IT CAN NOT BE BROKEN OUT SEPARATELY. MEPRS DATA DOES NOT ACCURATELY REFLECT OUTPATIENT COSTS.

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: **NOT APPLICABLE**

CATEGORY	FY 1992	FY 1993	FY 1994
A. TOTAL MEPRS-A EXPENSE			

Table B: **NOT APPLICABLE**

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

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

Table C: **NOT APPLICABLE**

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: **NOT APPLICABLE**

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.

Host is responding: UIC 63126, Naval Air Warfare Center,
Point Mugu, BSAT Data Call #5.

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

K. L. MARTIN, CAPT, NC, USN
NAME (Please type or print)

K. L. Martin
Signature

COMMANDING OFFICER
Title

MAY 27 1994
Date

Naval Medical Clinic
Port Hueneme, CA 93043-4316
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

D. F. Hagen

Signature

NAME (Please type or print)

Signature

CHIEF BUMED/SURGEON GENERAL

6-3-94

Date

Title

Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J. B. GREENE JR.

J. B. Greene Jr.

Signature

NAME (Please type or print)

Signature

ACTING

Title

6/9/94

Date

Title

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>Branch Medical Annex, San Nicolas Island, CA</i>
Acronym(s) used in correspondence	<i>N/A</i>
Commonly accepted short title(s)	<i>BRMEDANNEX SAN NICOLAS ISLAND CA</i>

- Complete Mailing Address Head
 Branch Medical Annex
 San Nicolas Island, CA 43042-5002

- PLAD NOT APPLICABLE

- PRIMARY UIC: 42531 (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 PURPOSE: _____

2. **PLANT ACCOUNT HOLDER:**

- Yes No (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 (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: 30614
- Primary Host (as of 01 Oct 1995) UIC: 30614
- Primary Host (as of 01 Oct 2001) UIC: 30614

● **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
NOT APPLICABLE		

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

Name	UIC	Location	Host name	Host UIC
NOT APPLICABLE				

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.

The closure of Naval Hospital, Long Beach, California due to BRAC-91, has had a severe impact on this command's ability to provide quality medical care for the active duty personnel stationed at Naval Construction Battalion Center, Port Hueneme, Naval Air Weapons Station, Point Mugu and tenant commands in this area. With the loss of Naval Hospital Long Beach the closest military medical facility is the 30th Medical Group at Vandenberg Air Force Base which is 90 miles to the north. This facility is a small hospital with a bed capacity of 20 and has very limited specialty support. It is approximately 160 miles to the Naval Hospital, Camp Pendleton and 200 miles to the Naval Medical Center, San Diego. This travel, for routine appointments, is a hardship for the active duty patient and has an adverse impact on their command's travel budget. We are currently exploring increased utilization of the local civilian medical community for active duty personnel, however, funding constraints prohibit significant employment of those assets.

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 primary medical support to 250 military and civilian personnel assigned to Outlying Landing Field, San Nicolas Island.
-
-
-
-

Projected Missions for FY 2001

- Provide primary medical support to 250 military and civilian personnel assigned to Outlying Landing Field, San Nicolas Island.
-
-
-
-

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>0</u>	<u>3</u>	<u>0</u>
● Tenants (total)	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
● Reporting Command	_____	_____	_____
*Contract	_____	_____	_____
● 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				
	K. L. MARTIN, CAPT, NC, USN <u>Commanding Officer</u>	(805) 982-6370 DSN 551-6370	(805) 982-1133 DSN 551-1133	(805) 483-6773
● Duty Officer		(805) 989-2357 DSN		[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, 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
NOT APPLICABLE				

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
NOT APPLICABLE				

- 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
NOT APPLICABLE					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
NOT APPLICABLE					

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.)
<i>NON APPLICABLE</i>		

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.)

Note: Maps and aerial photos of being submitted to Headquarters, Naval Air Warfare Center, Washington, DC by the Commanding Officer, Naval Air Warfare Center, Weapons Division, Point Mugu, CA.

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

A. L. NELSON, LCDR, MSC, USN
NAME (Please type or print)

Signature

Acting

Title

Date

Naval Medical Clinic
Port Hueneme, CA 93043-4316
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

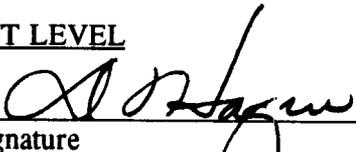
Activity

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

2-9-94

Date

BUREAU OF MEDICINE & SURGERY

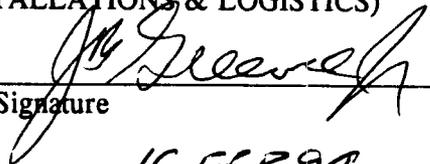
Activity

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

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

J. B. GREENE, JTC

NAME (Please type or print)



Signature

ACTING

Title

16 FEB 94

Date

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

Branch Medical Annex San Nicolas Island

ACTIVITY UIC: 42531

**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. **See note below.**

TYPE	ACTUAL FY 1993			PROJECTED FY 2001		
	CATCHMENT ¹	ASSIGNED ²	REGION ³	CATCHMENT ¹	ASSIGNED ²	REGION ³
AD	68	N/A	N/A	N/A	N/A	N/A
FAMILY OF AD	N/A	N/A	N/A	N/A	N/A	N/A
SUBTOTAL	68	N/A	N/A	N/A	N/A	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	N/A	N/A	N/A	N/A	N/A	N/A
RETIRED AND FAMILY MEMBERS OVER 65 ⁴	N/A	N/A	N/A	N/A	N/A	N/A
OTHER	N/A	N/A	N/A	N/A	N/A	N/A
TOTAL	68	N/A	N/A	N/A	N/A	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: THIS ISOLATED DUTY STATION ISLAND ANNEX IS 70 MILES OUT AT SEA FROM POINT MUGU.

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 :	NOT APPLICABLE
Set Up Beds ¹ :	NOT APPLICABLE
Expanded Bed Capacity ² :	NOT APPLICABLE

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: UIC 42531

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	240	N/A	N/A	240
ADMISSIONS	N/A			N/A
LABORATORY TESTS (WEIGHTED) ¹	N/A			N/A
RADIOLOGY PROCEDURES (WEIGHTED) ¹	N/A			N/A
PHARMACY UNITS (WEIGHTED) ¹	N/A			N/A
OTHER (SPECIFY)	N/A			157

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. See note below.

NOTE: ONLY MILITARY AND CIVIL SERVICE PERSONNEL ARE ASSIGNED TO THIS ISOLATED ISLAND. NEITHER EAS III OR WORS COLLECTS ANCILLARY PROCEDURES BY BENEFICIARY CATEGORY.

OTHER: OCCUPATIONAL HEALTH SERVICES.

SPW Bumped - 823
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	240	N/A	N/A	240
ADMISSIONS	N/A			N/A
LABORATORY TESTS (WEIGHTED) ¹	N/A			N/A
RADIOLOGY PROCEDURES (WEIGHTED) ¹	N/A			N/A
PHARMACY UNITS (WEIGHTED) ¹	N/A			N/A
OTHER (SPECIFY)	N/A			157

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. **See note below.**

NOTE: THIS IS AN ISOLATED DUTY STATION 70 MILES OUT AT SEA FROM POINT MUGU. ADDITIONAL WORKLOAD IS NOT PROJECTED.

OTHER: OCCUPATIONAL HEALTH SERVICES.

CPTC Bureau - 823
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	240	N/A	N/A	240
ADMISSIONS	N/A			N/A
LABORATORY TESTS (WEIGHTED) ¹	N/A			N/A
RADIOLOGY PROCEDURES (WEIGHTED) ¹	N/A			N/A
PHARMACY UNITS (WEIGHTED) ¹	N/A			N/A
OTHER (SPECIFY)	N/A			157

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. **See note below.**

NOTE: THIS FACILITY IS 70 MILES OUT AT SEA FROM POINT MUGU. NO OTHER HEALTH CARE PROGRAMS AVAILABLE ON THE ISLAND.

OTHER: OCCUPATIONAL HEALTH SERVICES.

SPW *ISUMED-023*
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. **See note below.**

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
PRIMARY CARE ¹	00	00	00	00	00	00	00	00
SPECIALTY CARE ²	00	00	00	00	00	00	00	00
PHYSICIAN EXTENDERS ³	00	00	00	00	00	00	00	00
INDEPENDENT DUTY CORPSMEN	03	03	03	03	03	03	03	03
TOTAL	03	03	03	03	03	03	03	03

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.

NOTE: THIS ISOLATED DUTY STATION HAS ONLY 03 INDEPENDENT DUTY CORPSMEN AND NO OTHER PERSONNEL.

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. **NOT APPLICABLE.**

PROVIDER TYPE	CURRENT
PRIMARY CARE ¹	N/A
SPECIALTY CARE ²	N/A
PHYSICIAN EXTENDER ³	N/A
TOTAL	N/A

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.

NOTE: THIS OUTLYING LANDING AIR FIELD IS 70 MILES OUT AT SEA FROM POINT MUGU.

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. **See note below.**

Region Population: A total of 250 military and civil service personnel are assigned to this Naval Outlying Landing Air Field.

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): **NOT APPLICABLE, see note below.**

FACILITY NAME	OWNER	DISTANCE ¹	DRIVING TIME	RELATIONSHIP ²

¹ Distance in driving miles from your facility

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

NOTE: THIS OUTLYING LANDING AIR FIELD IS 70 MILES OUT AT SEA FROM POINT MUGU.

7a. Regional Community Hospitals. For each facility listed in the preceding table complete the following table: **NOT APPLICABLE**.

FACILITY	BEDS ¹	JCAHO APPROVED	OCCUPANCY ¹	UNIQUE FEATURES ²

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. NOT APPLICABLE

Type of Training Facility/CCN	School	Type of Training	FY 1993 Requirements			FY 2001 Requirements		
			A	B	C	A	B	C
NOT APPLICABLE								

A = STUDENTS PER YEAR

B = NUMBER OF HOURS EACH STUDENT SPENDS IN THIS TRAINING FACILITY FOR THE TYPE OF TRAINING RECEIVED

C = A x B

(2) By Category Code Number (CCN), complete the following table for all training facilities aboard the installation. Include all 171-xx and 179-xx CCN's. NOT APPLICABLE

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. NOT APPLICABLE

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

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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

K. L. MARTIN, CAPT, NC, USN
NAME (Please type or print)

COMMANDING OFFICER
Title

Naval Medical Clinic
Port Hueneme, CA 93043-4316
Activity

K. L. Martin
Signature
27 MAR 1994
Date

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

[Handwritten Signature]

Signature

NAME (Please type or print)

Signature

CHIEF BUMED/SURGEON GENERAL

6-3-94

Date

Title

Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J.B. GREENE JR.

NAME (Please type or print)

[Handwritten Signature]

Signature

ACTING

Title

JUN 1994

Date