

DCN: 2186

07 April 2005

Medical JCSG 2nd Briefing Notes

Date: Tuesday, April 05, 2005

Time: 1500-1630

Place: 2C836*

JCSG Chairman: LTG George Taylor, Surgeon General, USAF

JCSG Executive Secretary: COL Mark Hamilton

JCSG Key Attendees:

- LTG George Taylor, USAF SG
- COL Mark Hamilton, MJCSG
- Dr. Eric Christensen, CNA
- MAJ Kimberly Coltman, USAF SG
- MAJ Tony Cook, HA Analyst
- Dr. Don Curry, USA OTSG
- MAJ Karrie Fristoe, HA/TMA
- MAJ Michaelle Guerrero, AF/SG
- COL Jay Harmon, J4-MRD
- MAJ Doug Harper, AF/SGSF
- CAPT Nancy Hight, USN
- COL Barbara Jacob, USAF/SG
- Dr. Bob Opsut, OSD/HA
- CAPT Al Shimkus, BUMED
- Mr. Maurice Yaglom, USA SG

Red Team Attendees:

- Honorable H.T. Johnson
- Honorable Robin Pirie
- General Leon Salomon
- Mr. John Turnquist

Subject: *Second* Candidate Recommendation Briefing by Medical JCSG to BRAC Red Team

Presenter: LTG George Taylor

Items of Import:

- Integration and the DoD story is next challenge.
- Medical and Technical recommendations should be combined where appropriate.

Questions that arose:

- Is your overarching strategy in your write-up? *Yes.* (Salomon)
- Did you talk to Education and training? *Yes, they said they had no surge requirement, but we will double check.* (Salomon)
- If the workload can be absorbed by TRICARE network, why aren't you closing more facilities (Slide 8, second bullet point)? *First, recall that these are outpatient services. Second, we kept facilities that allowed us to meet our mission, and based on the FY06 POM manpower requirements, we kept facilities that would allow us to keep our medical professionals occupied and trained.* (Salomon)

- Is there any basis for the 20% surge requirement for inpatient services? *It is standard in the medical field to run inpatient services at 80% of capacity. So really, daily operations offer 20% of capacity for surge.*
- What is the deal that was made with the city (MED-0012)? *The Air Force was supposed to payoff the property over a certain period – like a recapitalization account – but no money ever changed hands. Is there a termination clause? Yes, we will double check with the Air Force. (Johnson/Turnquist)*
- What do you mean by infeasible FTE increase? *There is not enough physical space – square footage - to move the people if TECH-0032 is not approved.*
- What does “Infectious Disease, quantitative not determinative” mean (MED-0024)?
- Nothing drives this? Jointness is the goal (MED-0025)?
- Do you do anything with Edgewood? They also do chemical and biological defense research. *The Medical JCSG doesn’t, but TECH-0032 addresses Edgewood. (Salomon)*

Informal observations provided at briefing:

- Add achieve and maintain the highest standard of care and completing mission to your strategy.
- Expand acronyms such as RVUs and RWPs for the Commission (Slide 7).
- Try to find an explanation or rationale that will help DoD explain the various surge requirements.
- Use BRAC language – “Close” as opposed to “Clear” (MED-0012).
- Use “Joint” carefully. Do not say joint if it is just co-located.
- Rationale or story surrounding the linkage between Medical and Technical candidate recommendations on Slide 14 needs to be clear. Make sure that Medical and Technical JCSGs are on the same page.
- Fix title on Slide 15 as “55” is an old candidate recommendation number.
- Add numbers of people to pie charts on “Endstate” Slide (Slide 17).
- Drivers for MED-0025 need to be positive. Rationale should state that the recommended action is the right thing to do because it brings researchers together, that Wright-Patterson AFB is the right place because it has the highest military value, and then stress that a by-product is that Brooks-City Base can be closed.
- Use BRAC language – “Realign Fort Detrick...” as opposed to “Collocate...at Fort Detrick” (MED-0028).

Additional observations to consider:

- Almost all candidate recommendations are not in the correct format for submission. Ensure that all candidate recommendations are in the following format:

BRAC Action	where	by what	to where	and retaining what
<ul style="list-style-type: none"> • Close • Realign • Inactivate 	<ul style="list-style-type: none"> • losing installation 	<ul style="list-style-type: none"> • moving • relocating • consolidating • privatizing 	<ul style="list-style-type: none"> • gaining installation 	<ul style="list-style-type: none"> • enclaves • functions • activities

- Justification phrases should be removed from candidate recommendation statements.
- Actions that are independent of each other should not be lumped together into the same candidate recommendation.

- During the integration process, need to add retained actions (if any) at each losing installation.
- Since transformation is not one of the final selection criteria, transformational justifications have no legal basis and should be removed. These candidate recommendations should be justified in terms of military value or the force structure plan.
- Candidate recommendations should be organized in presentation in the following order:
 - Tier I: Traditional BRAC – Military value applied, net savings, capacity reduction.
 - Tier II: Strategy Driven – Military judgment applied, net savings, capacity reduction.
 - Tier III: Operationally Driven – Military judgment overrides, net savings.
 - Tier IV: Transformationally Driven – No military value justification, military judgment sole rationale, not cost effective, long paybacks.