

NATIONAL ASSOCIATION FOR UNIFORMED SERVICES



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"The Servicemember's Voice in Government"
Established 1968



August 15, 2005

The Honorable Anthony J. Principi, Chairman
Base Realignment and Closure Commission
2521 South Clark Street, Suite 600
Arlington, VA 22202

Dear Mr. ^{Sir} Principi:

The National Association for Uniformed Services (NAUS) concurs with the Position Paper of The Military Coalition (TMC) on the 2005 Base Realignment and Closure Recommendations being sent to The BRAC Commission under separate cover. In addition, we appreciate the opportunity to present our views independently on a matter of great interest to our members.

NAUS members are particularly concerned with the changes being proposed for the Military Health System (MHS). The mission is critical to the men and women who are deployed and serving in combat and the seriously wounded now being treated in our major medical centers. The quality of U S military health care is the best in the world and has improved in each war we have fought. Medical readiness and force health protection are certainly the priority of the MHS. In addition, the provision of quality health care to service members, their families, and retirees in MHS facilities throughout the world contribute to the readiness skills and capabilities of the dedicated health professionals in uniform. This skill training is best conducted in large medical facilities.

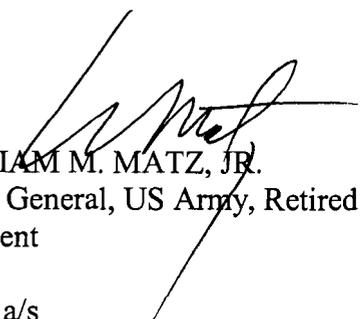
However, the BRAC process includes a massive restructuring of this critically important system that will reduce the number of patients that the direct care system will be capable of treating. The BRAC process has been superimposed on ongoing military medical personnel reductions and an infrastructure that has steadily decayed as personnel have been redirected from medical specialties and dollars have been redirected to hire or contract out medical services.

The Graduate Medical Education (GME) program is vital if the services are going to recruit and retain top quality physicians and other medical professionals. Loss of training in critical specialties (i.e., surgery, orthopedics, internal medicine, etc) will add to current shortages and deployment concerns.

The DoD Report to the BRAC itself discusses the need for "medical training platforms" and points out the need for large military treatment facilities located in "areas with substantial non-active duty beneficiary populations as well as large numbers of active duty and their dependents." Facilities with such populations serve as "medical training platforms" for operationally needed medical specialties.

However, these large facilities were devalued by the methodology used to determine military value (see enclosure). As a result, the findings may not support the stated objectives. These changes are too important to be the by-product of the BRAC process. They deserve a separate, independent review to ensure that the changes enhance our medical capability now and in the future.

Rather than incorporate the MHS into the BRAC decisions, we recommend that the BRAC Commission direct that an independent review be conducted to analyze and assess the DoD recommendations to the BRAC regarding the MHS. The review could be centered in the joint environment of the Uniformed Services University of the Health Sciences and be sponsored, resourced and monitored by the Office of the Assistant Secretary of Defense (Health Affairs). Establishment of milestones could insure that a thorough review be completed within the appropriate period of time.



WILLIAM M. MATZ, JR.
Major General, US Army, Retired
President

1 encl a/s

Sir - the medical realignments are so important, I wanted you to have our personal and unwavering thoughts on the subject.

Walter Reed Army Medical Center and the BRAC Recommendations

June 13, 2005

ISSUE: **Reviews of the BRAC recommendation for the realignment of the Walter Reed Army Medical Center (WRAMC) and the *Methodology* used to determine both the *Military Value* of WRAMC and the *Related Cost Estimates* validate that an independent review is required.**

BRAC METHODOLOGY FOR DETERMINING MILITARY VALUE.

Background. (*Source #1: Department of the Army Analysis and Recommendations BRAC 2005, Volume III, Executive Summary, May 2005, pages 4,6 - See first attachment.*) The Army determined the Military Value, the primary consideration for BRAC 2005 recommendations, for each installation. The Army assessed installations using a common set of 40 attributes which were linked to the BRAC selection criteria... The Military Value of each installation is the summed collective scores across weighted attributes... the Army ranked its installations from 1 to 97... The Army evaluated scenarios by using *the DoD-sanctioned models*.

Department of the Army BRAC Selection Criteria.

Military Value

1. The current and future mission capabilities and the impact on operational readiness of the total force of the DoD, including the impacts on joint warfighting, training, and readiness.
2. The availability and condition of land, facilities and associated airspace at both existing and potential receiving locations.
3. The ability to accommodate contingency, mobilization, *surge*, and future total force requirements at both existing and potential receiving locations to support operations and training.
4. The cost of operations and the manpower implications.

Medical Joint Cross Service Group Final Selection Criteria. (*Source #2: 2005 Base Closure and Realignment Report, Medical Joint Cross Service Group, Volume X, May 9, 2005 - Selection Criteria - See second attachment.*) The Medical Joint Cross-Service Group (MJCSG) determined that adding on *a surge requirement is unnecessary*. Military treatment facilities can surge workload by extending the workday from 8 to 12 hours. Additionally, the military treatment facilities (MTFs) or direct care system is only part of the MHS. Civilian providers in the TRICARE network can absorb some portion of the additional workload of the surge requirement. Furthermore, if necessary to care for active duty personnel in the direct care system, the Services can shift some of the care it currently provides to active duty family members, retirees and retiree dependents to network providers (*MJCSG and Surge Requirement - See third attachment*).

BRAC Assumptions Requiring Evaluation/Review.

- Were the *DoD-sanctioned models* independently reviewed for accuracy? How were the models tested?
- *Caps were set on the metrics* evaluating In-Patient and Out-Patient Care for determining military value. *In each case, the Relative Value Units (RVUs) and the Relative Weighted Products (RWPs) for WRAMC were minimized*, thus reducing the overall military value. For example, WRAMC has 16,563 for In-Patient Care (RWPs); the National Naval Medical Center at Bethesda has 10,513; and, DeWitt at Fort Belvoir has 1,854. By setting the cap at 10,000, WRAMC's military value for In-Patient Care is greatly minimized (*MJCSG BRAC 2005 Report RVUs/RWPs Tables - See fourth attachment*).
- Was *research* in the MTFs factored into military value? If not, what was the reasoning for excluding it?

Enclosure

- What was *the impact of the MJCSG's decision that surge capability was not a factor in determining the military value of WRAMC?*
- *Will the seriously injured personnel from Iraq be defined as retirees?* Will they receive care in the MTFs?
- *The decision by the MJCSG reference shifting care from the MTFs to civilian providers in the TRICARE network may be moot.* Section 714 of the House Authorization Bill for FY2006 directs the Comptroller General to conduct a study on the effect of the conversions of military medical positions to civilian positions on the defense health program and halts further conversions of medical positions until it is certified that costs will not be increased by doing so (*Section 714 of House Authorization Bill (H.R. 109-89) - See fifth attachment*). Similar language also appears in the Senate bill.

BRAC COST ESTIMATES FOR REALIGNING CARE TO BELVOIR.

Discussion. The taxpayer should be able to assume that the BRAC calculations are accurate and well thought out; however, the following examples reflect that independent reviews are required.

Non-Addressed BRAC Issues Requiring Further Evaluation/Review.

- *What impact will Section 714 of the FY2006 DoD Authorization Bill have on the estimated cost of patient care as determined by the MJCSG?*
- *The BRAC calls for sending 15,000 Relative Weighted Products (RWPs)/In-Patient Care to TRICARE. What will this decision cost the DoD?*
- The BRAC figures for employees at WRAMC reflect 2,866 positions transferred to Bethesda (797) and DeWitt (2,069) with 2,823 positions lost, including 622 contractors; on May 27, 2005, during a BRAC meeting at WRAMC, significant numbers of contractors employed through Congressional funding could not be identified in the totals. *How many employees at WRAMC were overlooked during the BRAC scenarios?*
- *The Guest Houses at WRAMC provide 313 rooms for Patients and Families (many of which are rooms with two double beds); was this capability factored into the military value of WRAMC? Will the proposed hospital at Belvoir duplicate this capability?*
- *The renovation of Abrams Hall at WRAMC is almost completed; 275 Army personnel are projected to live there; was this capability factored into the military value of WRAMC?*
- *Significant funding has not been identified for a METRO LINE and improved roads for access to Belvoir* (the public cannot assume that funding will be provided; i.e., a metro line to the Dulles Airport has been discussed for over 20 years). *What studies were made to determine the increase in the volume of traffic due to the realignment of WRAMC patients and hospital staff?*
- *What impact will the realignment have on Graduate Medical Education (GME) Programs?* Loss of training in critical specialties (i.e., surgery, orthopedics, internal medicine and transitional internships) will significantly add to current shortages and deployment concerns.

BOTTOM LINE.

Consecutive years of underestimated costs for the Military Health System (MHS) have resulted in a loss of credibility in the areas of accuracy and organization; Congressional Committees are now, for the first time, seriously considering co-payments and increased charges for the retired uniformed service members and their beneficiaries. Similar concerns are also being voiced by the general public. With an on-going war, other Federal programs in jeopardy (i.e. medicare, social security, education), and 43 million Americans without health insurance, we must be certain that the decisions and calculations made by those who ran the Health-Related BRAC Committee are reliable.

**DEPARTMENT OF DEFENSE REPORT TO THE DEFENSE BASE
CLOSURE AND REALIGNMENT COMMISSION**



**DEPARTMENT OF THE ARMY
ANALYSIS AND RECOMMENDATIONS
BRAC 2005**

Volume III

May 2005

into the law. Military Value was to comprise the primary consideration for BRAC 2005 actions.

The BRAC Selection Criteria are:

Military Value

1. The current and future mission capabilities and the impact on operational readiness of the total force of the Department of Defense, including the impacts on joint warfighting, training, and readiness.
2. The availability and condition of land, facilities and associated airspace (including training areas suitable for maneuver by ground, naval, or air forces throughout a diversity of climate and terrain areas and staging areas for the use of the Armed Forces in homeland defense missions) at both existing and potential receiving locations.
3. The ability to accommodate contingency, mobilization, surge, and future total force requirements at both existing and potential receiving locations to support operations and training.
4. The cost of operations and the manpower implications.

Other Considerations

5. The extent and timing of potential costs and savings, including the number of years, beginning with the date of completion of the closure or realignment, for the savings to exceed the costs.
6. The economic impact on existing communities in the vicinity of military installations.
7. The ability of the infrastructure of both the existing and potential receiving communities to support forces, missions and personnel.
8. The environmental impact, including the impact of costs related to potential environmental restoration, waste management, and environmental compliance activities.

To frame its process and begin to develop potential BRAC actions, the Army employed the selection criteria, along with the Force Structure Plan and Installation Inventory submitted to Congress. The law specifies that all BRAC recommendations must be based on the criteria, plan, and inventory; thus, these three requirements formed the analytical foundation for BRAC 2005 analysis.

The Military Value criteria provided the Army a comprehensive, proven technique to compare and select installations to accomplish Army transformation. With BRAC, the Army Modular Force Initiative, return of forces from overseas, and transformation of the Reserve Components will occur within the timeframe necessary to satisfy operational needs. The Military Value criteria specifically directed attention to staging areas in support of homeland defense, maintenance of a diversity of climate and terrain in support of training, and surge capacity.

The Executive Office, Headquarters (EOH) was the senior-most deliberative group in the Army BRAC 2005 process. The EOH consisted of the Secretary of the Army, the Chief of Staff of the Army, the Under Secretary of the Army, and the Vice Chief of Staff of the Army, and it received the recommendations of the BRAC Senior Review Group (SRG).

and the Army Reserve Regional Readiness Command commanders to provide the necessary information to enable the Army to conduct analyses of RC facilities against Military Value criteria and Reserve operational requirements. The Military Value criteria were used to identify existing or new installations in the same demographic area that provide enhanced homeland defense, training, and mobilization capabilities. The Army sought to create multi-component facilities (Guard and Reserve) and multi-service, Joint facilities to further enhance mission accomplishment.

The Army collected and maintained data from the study-list installations, which became key inputs in selection process analyses. The BRAC process required that all information used to develop and make recommendations be certified as accurate and complete to the best of the certifier's knowledge and belief. In this data collection effort, the TABS Group received continuous support from installation administrators, Major Command trusted agents, and Installation Management Agency trusted agents.

While data collection provided the Army with an inventory of assets at its installations, capacity analysis determined the excesses and shortages that existed within this inventory. Using the Force Structure Plan, the Army assessed the requirements and determined excesses and shortages across various metrics. In addition, by studying surge, the Army assessed possible future requirements and determined how its capacity inventory accommodated uncertainty.

The Army then determined the Military Value (MV), the primary consideration for BRAC 2005 recommendations, for each installation. The Army assessed installations using a common set of 40 attributes which were linked to the BRAC selection criteria. The Army defined Military Value through attributes designed to capture current and future capability and not simply current use. This capabilities-based approach permitted the Army to assess relative installation capabilities to contribute to Army mission accomplishment now and in the future. The Military Value of each installation is the summed collective scores across weighted attributes, and the Army ranked its installations from 1 to 97.

These intermediate results were the starting point for scenario development. The Army developed strategy-based scenarios that sought to facilitate transformation, rebasing of overseas units, Joint operations, and Joint business functions. Potential stationing actions sought to move units and activities from installations with lower MV to installations with higher MV to take advantage of excess capacity and divest of less-relevant or less-effective installations.

Once a scenario had been developed, the Army considered the remaining four selection criteria to determine the impacts of these scenarios. For criteria 5-8, the Army evaluated scenarios by using the DOD-sanctioned models that, respectively, provided cost and savings information, economic impact assessment, the local area infrastructure's ability to support Army requirements, and environmental analysis to provide the minimum set of considerations required.

The Army developed and analyzed numerous scenarios and selected candidate recommendations for submission to OSD. From this list the Secretary of Defense determined the final BRAC 2005 recommendations for submission to the BRAC



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Healthcare Education and Training Military Value calculations are included in the Medical JCSG Military Value Report at Appendix C.

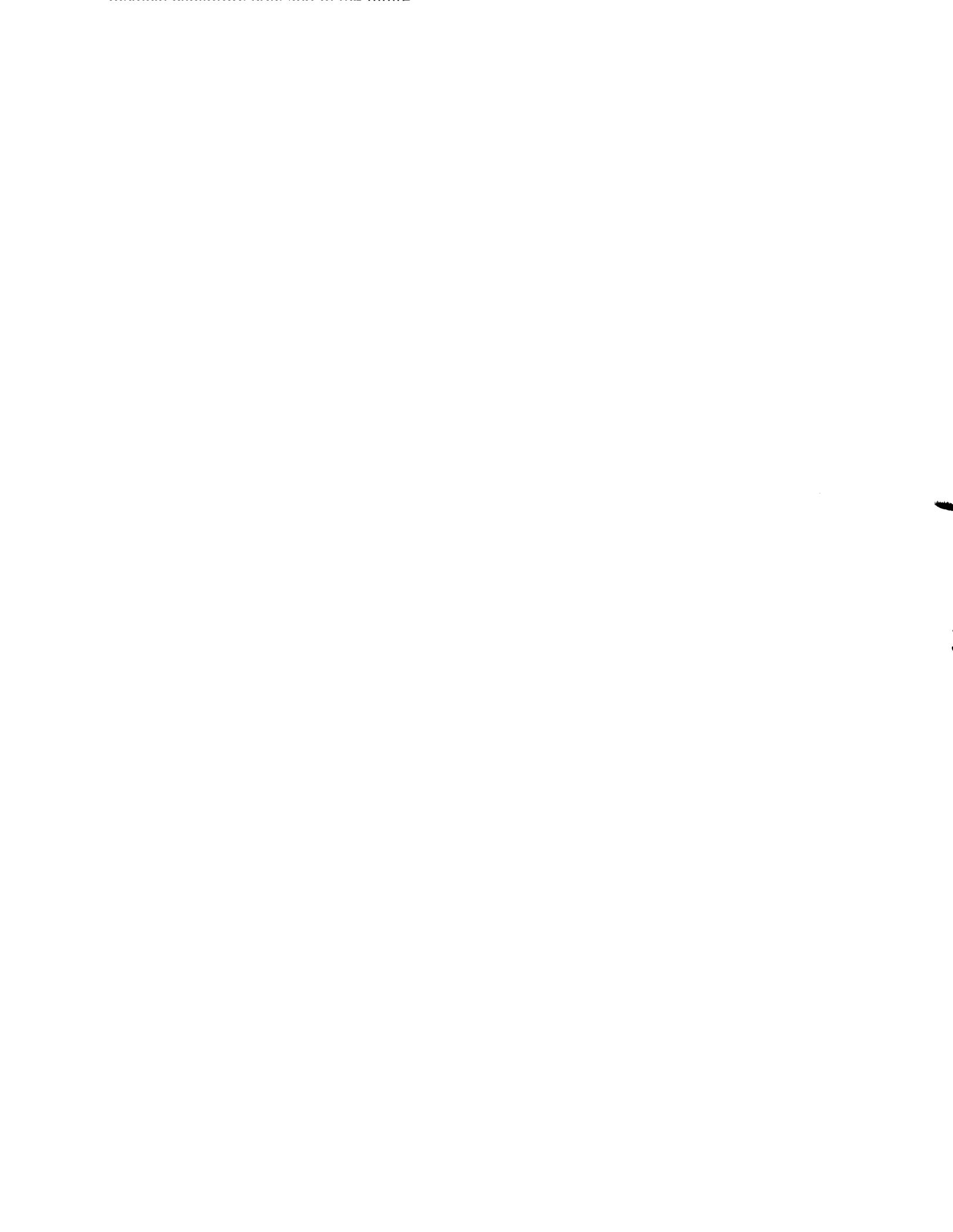
3. Medical /Dental Research, Development and Acquisition

The Medical JCSG approved seven attributes and 19 associated metrics that pertain to Final Selection Criteria 1-4. The seven attributes of Medical RD&A military value approved by the Medical JCSG were:

- **Mission Scope/Uniqueness** - The fraction of the overall DoD mission currently supported by an activity and the extent to which an activity is unique within the DoD in supporting specific mission elements.
- **Workforce** - The quality of the workforce, its uniqueness within the DoD, and its technical ability to perform work across the spectrum of DoD medical/dental RDA missions.
- **Physical Plant Mission** - The uniqueness within the DoD of the specialized equipment present at an activity.
- **Physical Plant: Condition** - The general condition of the buildings and equipment located at an activity.
- **Beneficial Relationships** - The extent to which mission-supporting relationships exist with other Services and other local organizations (DoD or non-DoD).
- **Operational Responsiveness** - The degree to which an activity can directly support operations.
- **Cost Effectiveness** - The relative effectiveness of an activity compared to other activities engaged in similar work.

Each metric was defined by a mathematical formula that included normalization functions as necessary to control for the impact of organizational size on metric values, and to allow metrics to be combined with one another into a single measure of military value. The relative contributions of these attributes and metrics to military value (i.e., their weights) were determined by subject matter experts from each of the three Military Services and the Office of the Secretary of Defense. Weights were determined using a software implementation of the Analytic Hierarchy Process (AHP).

The metrics included in the medical/dental RD&A military value formula measured the capability of each medical/dental RD&A activity, relative to all other medical/dental RD&A activities, to conduct the complete spectrum of DoD



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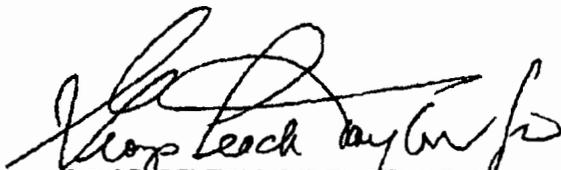
MAY 9, 2005

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MEDICAL JOINT CROSS SERVICE GROUP

CAPACITY OF THE DOD MILITARY
HEALTH SYSTEM IN SUPPORT OF
BRAC 2005 DELIBERATIONS

MAY 5, 2005



GEORGE PEACH TAYLOR, JR.
Lieutenant General, USAF, MC, CFS
Chairman

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RVUs = FY 2002 PC or SC RVUs

Current capacity is defined in RVUs for both primary care and specialty care as a function of the number of exam rooms (ERs) "in use" in the military treatment facility. The formula utilized is:

$$RVUs = \frac{(ERs \text{ In Use} \times RVUs \text{ per provider} \times \text{Avail. factor})}{ERs \text{ per provider}}$$

❖ Availability factor represents provider availability as defined below

The factors or parameters in the equation do not come from the BRAC data calls, but are assumptions the MJCSG has made based on industry standards and professional judgment. Specific assumptions used follow:

- RVUs per provider – The RVUs per provider for PC and SC are 3,729 and 4,257, respectively. These represent the average annual RVU output for civilian physicians according to data from the American Medical Group Association (AMGA).
- Availability factor – Because military physicians do more than provide the peacetime benefit mission, they cannot be expected to produce as many RVUs in a year as a civilian physician. The judgment of the MJCSG is that the clinical output of a military physician is 80 percent of a civilian physician, which gives an availability factor of 0.8. However, not all physicians in military treatment facilities are military. Civilian and contract physicians provide a significant portion of the care in the MHS. Because these physicians only provide for the peacetime benefit mission, their availability factor is 1.0. Given the relative mix of military and civilian providers in the military treatment facilities, the estimated availability factor is 0.9.
- Exam rooms per provider – In the Military Healthcare System, each primary care physician requires 2 exam rooms, and each specialty care physician requires 1.5 exam rooms, including treatment and procedure rooms.

Current capacity is the number of RVUs that can be produced in the exam rooms that are currently "in use" assuming a certain number of exam rooms per provider and providers being in the clinic for a certain percentage of their time.

The MJCSG determined that adding on a *surge requirement* is unnecessary. Military treatment facilities can surge workload by extending the workday from 8 to 12 hours. Additionally, the military treatment facilities or direct care system is only part of the MHS. Civilian providers in the Tricare network can absorb some portion of the additional workload of the surge requirement. Furthermore, if necessary to care for active duty personnel in the direct care system, the Services can shift some of the care it currently provides to active duty family members, retirees and retiree dependents to network providers.

Maximum capacity is defined in RVUs for both primary care and specialty care as a function of the total number of exam rooms (in use or not) in the military treatment facility. The formula utilized is:



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**2005 BASE CLOSURE
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MAY 9, 2005

A.2 Healthcare Services

A.3.2.1 Ambulatory Care - Primary

	Current Usage (RVUs)	Current Capacity (RVUs)	Surge Rqmt (RVUs)	Max Capacity (RVUs)	Excess Capacity (RVUs)	Capacity Avail to Surge (RVUs)
USA						
ABERDEEN PROVING GROUND	40,176	90,609	90,609	112,422	72,247	72,247
ANNISTON ARMY DEPOT	5,634	8,390	8,390	8,390	2,856	2,856
CARLISLE BARRACKS	40,827	57,050	57,050	57,050	16,223	16,223
DUGWAY PROVING GROUND	2,519	10,068	10,068	11,746	9,227	9,227
FORT BELVOIR	256,756	112,422	112,422	130,879	-125,877	-125,877
FORT BENNING	231,870	182,760	182,760	167,794	-84,076	-84,076
FORT BLISS	102,965	211,420	211,420	125,845	22,880	22,880
FORT BRAGG	379,238	609,091	609,091	609,091	229,853	229,853
FORT BUCHANAN	0	15,101	15,101	15,101	15,101	15,101
FORT CAMPBELL	188,662	239,945	239,945	273,504	84,842	84,842
FORT CARSON	130,437	276,860	276,860	276,860	146,423	146,423
FORT DETRICK	163,316	18,457	18,457	18,457	-144,859	-144,859
FORT DIX	3,004	16,779	16,779	20,135	17,131	17,131
FORT DRUM	88,308	241,623	241,623	241,623	173,315	173,315
FORT EUSTIS	86,947	72,151	72,151	77,185	-9,762	-9,762
FORT GORDON	202,720	350,669	350,669	387,604	184,884	184,884
FORT HOOD	285,387	458,077	458,077	458,077	172,690	172,690
FORT HUACHUCA	39,372	72,151	72,151	72,151	32,779	32,779
FORT JACKSON	138,929	134,235	134,235	159,404	20,475	20,475
FORT KNOX	98,470	172,828	172,828	172,828	74,358	74,358
FORT LEAVENWORTH	58,878	52,016	52,016	52,016	-6,860	-6,860
FORT LEE	81,298	112,422	112,422	112,422	21,124	21,124
FORT LEONARD WOOD	128,171	144,303	144,303	144,303	18,132	18,132
FORT LEWIS	219,239	607,413	607,413	607,413	388,174	388,174
FORT MCCOY	3,772	16,779	16,779	57,050	53,278	53,278
FORT MCPHERSON	61,799	55,372	55,372	57,050	-4,749	-4,749
FORT MEADE	75,816	97,320	97,320	97,320	21,705	21,705
FORT MONMOUTH	39,472	31,881	31,881	35,237	-4,236	-4,236
FORT MONROE	0	18,457	18,457	18,457	18,457	18,457
FORT MYER	36,480	38,593	38,593	53,894	18,234	18,234
FORT POLK	76,367	147,659	147,659	295,317	218,660	218,660
FORT RICHARDSON	13,648	35,237	35,237	45,304	31,656	31,656
FORT RILEY	79,980	82,219	82,219	117,456	37,475	37,475
FORT RUCKER	77,637	107,368	107,368	291,981	214,324	214,324
FORT SAM HOUSTON	162,339	238,267	238,267	238,267	75,928	75,928
FORT SILL	229,606	179,539	179,539	246,657	17,151	17,151
FORT STEWART	202,689	211,420	211,420	216,152	18,243	18,243
FORT WAINWRIGHT	35,498	134,235	134,235	328,876	293,380	293,380
NTC AND FORT IRWIN CA	43,329	48,860	48,860	60,408	17,077	17,077
PRESIDIO OF MONTEREY	22,618	70,473	70,473	87,253	64,735	64,735
RED RIVER ARMY DEPOT	8,105	1,878	1,878	1,878	-6,427	-6,427
REDSTONE ARSENAL	40,064	53,694	53,694	58,728	18,664	18,664
ROCK ISLAND ARSENAL	1,766	6,712	6,712	6,712	4,948	4,948
SCHOFIELD BARRACKS	61,903	93,965	93,965	95,542	33,740	33,740
TRIPLER ARMY MEDICAL	206,719	104,032	104,032	112,422	-94,297	-94,297
US ARMY GARRISON SELFRIDGE	5,968	8,390	8,390	8,390	2,422	2,422
WALTER REED ARMY MEDICAL	86,977	137,591	137,591	140,947	53,970	53,970
WEST POINT MIL RESERVATION	53,881	55,372	55,372	55,372	-509	-509
WHITE SANDS MISSILE RANGE	10,340	15,101	15,101	15,101	4,762	4,762
YUMA PROVING GROUND	8,579	3,356	3,356	3,356	-5,223	-5,223
USAF						
ALTUS AFB	30,853	30,203	30,203	30,203	-650	-650
ANDERSEN AFB	34,780	21,813	21,813	21,813	-12,967	-12,967
ANDREWS AFB	118,927	171,150	171,150	171,150	54,523	54,523
BARKSDALE AFB	58,353	82,084	82,084	82,084	3,831	3,831
BEALE AFB	6,185	31,881	31,881	31,881	23,696	23,696

A.3.2.1 Ambulatory Care - Specialty

	Current Usage (RVUs)	Current Capacity (RVUs)	Surge Rqmnt (RVUs)	Max Capacity (RVUs)	Excess Capacity (RVUs)	Capacity Avail to Surge (RVUs)
USA						
ABERDEEN PROVING GROUND	27,161	61,302	61,302	63,856	36,695	36,695
ANNISTON ARMY DEPOT	0	0	0	0	0	0
CARLISLE BARRACKS	20,736	51,085	51,085	56,193	35,457	35,457
DUGWAY PROVING GROUND	0	5,108	5,108	12,771	12,771	12,771
FORT BELVOIR	311,547	53,639	53,639	74,073	-237,474	-237,474
FORT BENNING	229,879	227,326	227,326	260,531	30,652	30,652
FORT BLISS	296,852	427,834	427,834	476,364	179,512	179,512
FORT BRAGG	525,980	1,167,283	1,167,283	1,167,283	541,304	541,304
FORT BUCHANAN	0	0	0	0	0	0
FORT CAMPBELL	325,453	178,796	178,796	204,338	-121,114	-121,114
FORT CARSON	355,448	260,531	260,531	260,531	-94,917	-94,917
FORT DETRICK	0	0	0	0	0	0
FORT DIX	0	5,108	5,108	7,663	7,663	7,663
FORT DRUM	99,943	74,073	74,073	74,073	-25,870	-25,870
FORT EUSTIS	121,882	107,278	107,278	135,374	13,493	13,493
FORT GORDON	298,747	426,556	426,556	546,805	246,858	246,858
FORT HOOD	399,885	444,436	444,436	444,436	-155,229	-155,229
FORT HUACHUCA	36,308	89,398	89,398	89,398	53,090	53,090
FORT JACKSON	162,687	163,905	163,905	194,121	31,534	31,534
FORT KNOX	180,192	176,242	176,242	176,242	-3,950	-3,950
FORT LEAVENWORTH	67,942	48,530	48,530	48,530	-19,412	-19,412
FORT LEE	55,872	48,530	48,530	48,530	-7,142	-7,142
FORT LEONARD WOOD	187,198	91,852	91,852	91,852	-105,246	-105,246
FORT LEWIS	891,711	740,727	740,727	740,727	49,016	49,016
FORT MCCOY	0	0	0	0	0	0
FORT MCPHERSON	0	0	0	0	0	0
FORT MEADE	91,312	66,410	66,410	66,410	-24,902	-24,902
FORT MONMOUTH	0	10,217	10,217	35,759	35,759	35,759
FORT MONROE	0	33,205	33,205	33,205	33,205	33,205
FORT MYER	35,885	53,639	53,639	61,302	25,416	25,416
FORT POLK	174,787	43,422	43,422	79,827	-98,140	-98,140
FORT RICHARDSON	0	71,518	71,518	97,061	97,061	97,061
FORT RILEY	100,985	265,640	265,640	457,207	356,222	356,222
FORT RUCKER	61,026	140,483	140,483	309,062	248,034	248,034
FORT SAM HOUSTON	739,442	957,836	957,836	957,836	218,394	218,394
FORT SILL	212,432	260,531	260,531	311,616	99,184	99,184
FORT STEWART	214,588	206,893	206,893	219,664	4,976	4,976
FORT WAINWRIGHT	100,565	109,832	109,832	109,832	9,247	9,247
NTC AND FORT IRWIN CA	31,076	35,759	35,759	48,530	17,455	17,455
PRESIDIO OF MONTEREY	19,263	0	0	0	-19,263	-19,263
RED RIVER ARMY DEPOT	0	7,663	7,663	7,663	7,663	7,663
REDSTONE ARSENAL	18,300	15,326	15,326	17,880	-420	-420
ROCK ISLAND ARSENAL	0	12,771	12,771	12,771	12,771	12,771
SCHOFIELD BARRACKS	60,361	102,169	102,169	107,278	48,896	48,896
TRIPLER ARMY MEDICAL	418,840	618,124	618,124	618,124	199,284	199,284
US ARMY GARRISON SELFRIDGE	0	0	0	0	0	0
WALTER REED ARMY MEDICAL	1,061,332	513,400	513,400	513,400	-547,932	-547,932
WEST POINT MIL RESERVATION	70,598	117,495	117,495	117,495	46,899	46,899
WHITE SANDS MISSILE RANGE	15,437	7,663	7,663	7,663	-7,774	-7,774
YUMA PROVING GROUND	0	2,554	2,554	2,554	2,554	2,554
USAF						
ALTUS AFB	6,858	10,217	10,217	12,771	5,915	5,915
ANDERSEN AFB	0	10,217	10,217	10,217	10,217	10,217
ANDREWS AFB	242,229	411,231	411,231	452,098	209,870	209,870
BARKSDALE AFB	38,015	38,313	38,313	38,313	299	299
BEALE AFB	11,265	17,880	17,880	17,880	6,594	6,594

Metric 14.1: Outpatient Care
Attribute: A2: Throughput
BRAC Selection Criterion:
(C4) Cost

Data Required: Number of RVUs

Question: For your permanently established medical facilities, what was the total number of simple work Relative Value Units (RVUs) produced in FY2003?

Scoring:

Total Number of RVUs	Score
Over 450,000	1.0
405,001-450,000	0.9
360,001-405,000	0.8
315,001-360,000	0.7
270,001-315,000	0.6
225,001-270,000	0.5
180,001-225,000	0.4
135,001-180,000	0.3
90,001-135,000	0.2
45,001-90,000	0.1
0-45,000	0.0

Score (for Hospitals)

Total Number of RVUs	Score
More than 100,000	1.0
90,001-100,000	0.9
80,001-90,000	0.8
70,001-80,000	0.7
60,001-70,000	0.6
50,001-60,000	0.5
40,001-50,000	0.4
30,001-40,000	0.3
20,001-30,000	0.2
10,001-20,000	0.1

Score (for Clinics)

A.3.2.2 Inpatient Care

	Current Usage (RWPs)	Current Capacity (RWPs)	Surge Rqmnt (RWPs)	Max Capacity (RWPs)	Excess Capacity (RWPs)	Capacity Avail to Surge (RWPs)
USA						
FORT BELVOIR	1,854	2,920	2,648	3,115	1,261	1,261
FORT BENNING	2,911	4,867	4,158	8,863	8,953	6,953
FORT BLISS	7,180	7,290	8,987	11,012	3,822	3,822
FORT BRAGG	8,517	12,175	10,772	12,330	3,713	3,713
FORT CAMPBELL	3,140	4,133	4,486	8,288	5,127	5,127
FORT CARSON	2,447	3,879	3,485	5,214	2,768	2,768
FORT EUSTIS	345	954	493	2,861	2,516	2,516
FORT GORDON	7,977	8,808	9,971	10,778	2,802	2,802
FORT HOOD	5,831	9,668	8,330	18,857	14,028	14,028
FORT JACKSON	1,016	3,561	1,451	3,815	2,799	2,799
FORT KNOX	1,534	1,908	2,191	2,228	692	692
FORT LEONARD WOOD	1,817	2,826	2,596	7,894	5,877	5,877
FORT LEWIS	12,191	14,182	15,239	18,441	4,249	4,249
FORT POLK	965	2,226	1,376	4,451	3,487	3,487
FORT RILEY	1,401	1,780	2,002	2,798	1,397	1,397
FORT SAM HOUSTON	14,059	16,286	17,674	17,061	3,002	3,002
FORT SILL	2,256	3,434	3,223	8,775	6,519	6,519
FORT STEWART	1	8,168	1	12,336	12,336	12,336
FORT WAINWRIGHT	936	1,272	1,336	4,008	3,071	3,071
NTC AND FORT IRWIN CA	493	1,208	705	1,208	715	715
TRIPLER ARMY MEDICAL	13,144	15,045	18,429	32,416	19,272	19,272
WALTER REED ARMY MEDICAL	18,563	20,241	20,891	20,241	3,688	3,688
WEST POINT MIL RESERVATION	1,023	2,206	1,482	2,206	1,183	1,183
USAF						
ANDREWS AFB	3,247	4,413	4,639	8,955	5,708	5,708
EGLIN AFB	2,888	3,893	4,125	8,178	5,289	5,289
ELMENDORF AFB	2,467	5,278	3,824	10,566	8,089	8,089
KEESLER AFB	6,190	10,469	7,737	11,943	5,753	5,753
LACKLAND AFB	18,931	17,992	23,884	18,302	-629	-629
LANGLEY AFB	1,235	1,844	1,764	2,807	1,372	1,372
LUKE AFB	211	1,061	301	1,208	997	997
MACDILL AFB	502	509	717	509	7	7
MOUNTAIN HOME AFB	438	890	825	1,272	834	834
NELLIS AFB	1,800	6,104	2,285	6,104	4,506	4,506
SCOTT AFB	1,847	1,882	2,210	1,882	335	335
TRAVIS AFB	5,567	4,963	6,984	13,184	7,597	7,597
UNITED STATES AIR FORCE	983	954	1,404	1,844	861	861
WRIGHT-PATTERSON AFB	3,299	6,273	4,124	5,894	2,595	2,595
USN						
MCAGCC TWENTYNINE PALMS	824	1,399	861	1,590	865	966
MCAS CHERRY POINT	897	1,463	1,282	1,780	883	883
MCB CAMP LEJEUNE	3,937	7,722	5,624	7,722	3,785	3,785
MCB CAMP PENDLETON	3,437	5,646	4,910	6,749	3,312	3,312
NAS JACKSONVILLE	3,185	3,893	4,549	3,893	709	709
NAS LEMOORE	427	1,017	810	1,017	590	590
NAS WHIDBEY ISLAND	786	1,336	1,123	1,590	804	804
NAVSTA GREAT LAKES	943	2,289	1,347	4,388	3,445	3,445
NH BEAUFORT	694	1,463	991	1,463	769	769
NH BREMERTON	2,018	2,271	2,882	3,569	1,551	1,551
NH GUAM	1,601	2,162	2,148	2,162	661	661
NMC PORTSMOUTH	18,660	18,673	20,825	37,844	21,184	21,184
NMC SAN DIEGO	19,268	20,783	24,085	22,257	2,989	2,989
NNMC BETHESDA	10,513	13,028	13,141	15,200	4,687	4,687
PENSACOLA	2,688	3,893	3,697	7,787	5,109	5,109

Metric 13.1: Inpatient Care	
Attribute: A2: Throughput	
BRAC Selection Criterion:	
(C4) Cost	
Data Required: Number of RWPs	
Question: For your permanently established inpatient medical facilities, what was the total number of Relative Weighted Products (RWPs) produced in FY2003?	
Scoring:	
Score (for Hospitals)	Total Number of RWPs
	More than 10,000
	9,001-10,000
	8,001-9,000
	7,001-8,000
	6,001-7,000
	5,001-6,000
	4,001-5,000
	3,001-4,000
	2,001-3,000
	1,001-2,000
	0 - 1,000
Score (for Clinics)	0.0

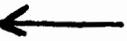


Table 5: Health Care Services Scoring Summary

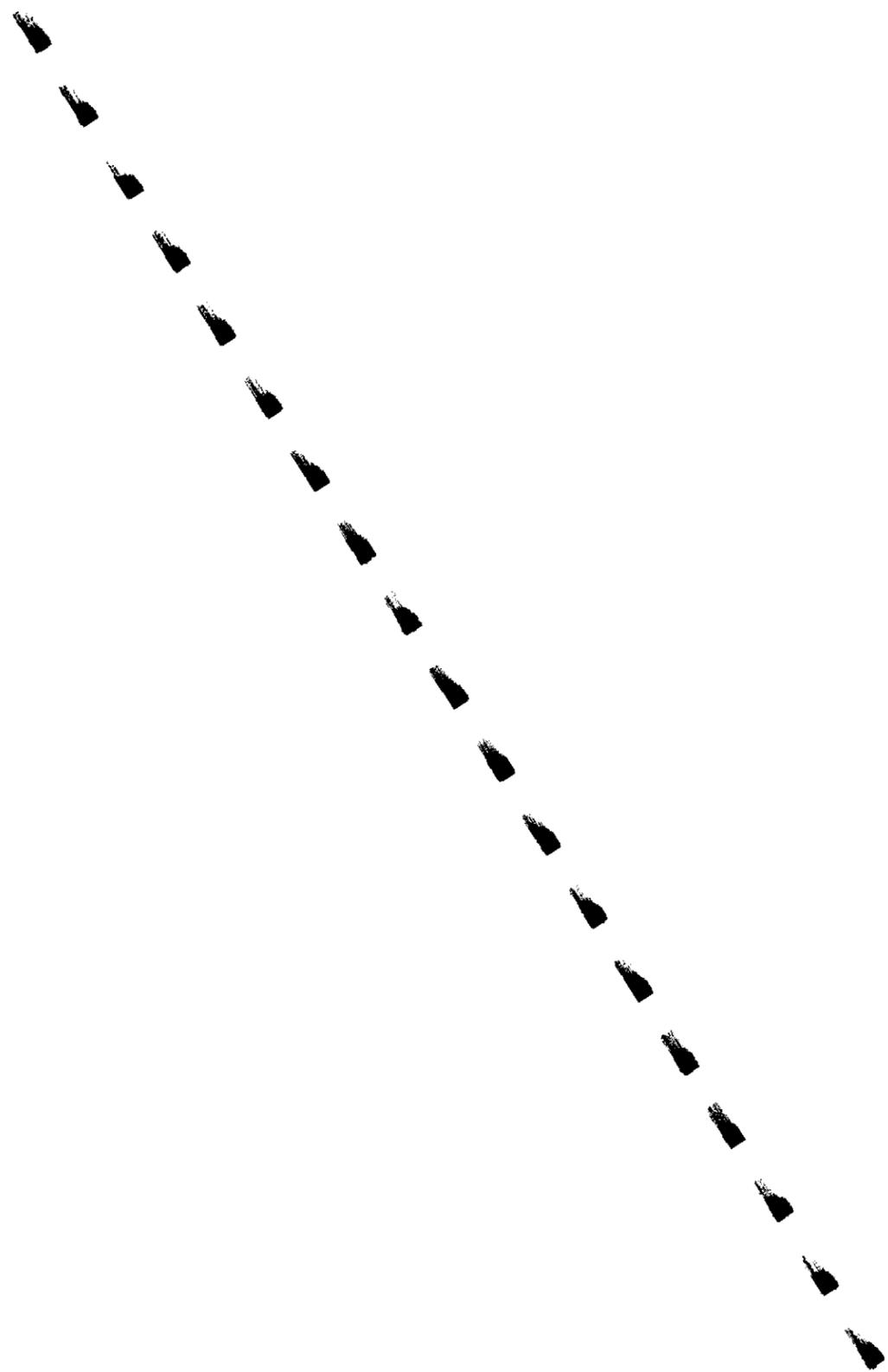
Criteria	Attributes		Metrics		Questions					
	Name	Weight	Name	Weight	Name	Points				
1. Mission	45	60%	M1 Eligible Population	70%	Active Duty Eligibles	18.90	85.7%			
			M2 Enrolled Population	30%	AD Family Members Enrolled	6.10	7.1%			
			A2. Civilian Capacity	40%	M3 Civilian VA Beds	50%	Other non-AD Enrolled	8.40	66.7%	
					M4: Civilian/VA Providers	50%	# of Civilian/VA Hospitals	9.00	33.3%	
					M5 Facilities	100%	# of Civilian/VA Beds per population	1.90	20%	
					M6 Class VHA	20%	# Primary Care providers per population	9.00	80%	
					M7 Blood	40%	# Specialty Care providers per population	9.00	60%	
2. Facilities	25	100%	M8 Contingency beds	40%	# Denials per population	2.25	25%			
			M9 Inpatient Costs	35%	FCI	25.00	15%			
			M10 Outpatient Costs	50%	Weighted Age	25.00	50%			
			M11 Dental Costs	15%	On-Site FDA testing	4.00	50%			
			M12 Inpatient Care	30%	Proximity	2.00	100%			
			M13 Outpatient Care	40%	Contingency beds	4.00	100%			
			M14 Dental Care	10%	Cost per RWP	2.80	100%			
			M15 Pharmacy	10%	Cost per RVU	4.80	100%			
			M16 Ancillary	10%	Cost per DMV	1.20	100%			
			M17 Lab Procedures	77%	Total RWP	3.60	100%			
3. Contingency	10	100%	M18 Total RWP	30%	Total RVU	4.80	100%			
			M19 Total RVU	40%	Total DMV	1.20	100%			
			M20 Total DMV	10%	Total Scripts	1.20	100%			
			M21 Total Scripts	10%	Total weighted Lab Procedures	1.20	77%			
			M22 Total weighted Lab Procedures	10%	Total weighted Lab Procedures	1.20	21%			
			4. Cost	20	60%	M23 Inpatient Care	30%	Cost per RWP	2.80	100%
						M24 Outpatient Care	40%	Cost per RVU	4.80	100%
						M25 Dental Care	10%	Cost per DMV	1.20	100%
						M26 Pharmacy	10%	Total RWP	3.60	100%
						M27 Ancillary	10%	Total RVU	4.80	100%
M28 Lab Procedures	77%	Total DMV				1.20	100%			
M29 Total RWP	30%	Total Scripts				1.20	100%			
M30 Total RVU	40%	Total weighted Lab Procedures				1.20	77%			
M31 Total DMV	10%	Total weighted Lab Procedures				1.20	21%			
M32 Total Scripts	10%	Total weighted Lab Procedures				1.20	21%			

VOLUME X

MEDICAL JOINT-CROSS SERVICE GROUP

2005 BASE CLOSURE
AND
REALIGNMENT
REPORT

MAY 9, 2005



MEDICAL JOINT CROSS-SERVICE GROUP

MILITARY VALUE REPORT

APRIL 26, 2005



GEORGE PEACH TAYLOR, JR.
Lieutenant General, USAF, MC, CFS
Chairman

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SECTION 1. INTRODUCTION

The Medical Joint Cross-Service Group (MJCSG) assembled this Military Value analysis to support the 2005 Department of Defense recommendations for base closures and realignments inside the United States.

The basic premise of the Medical Joint Cross-Service Group was to reduce excess capacity guided by military value, while preserving both the training platforms for military medics and ensuring adequate access to care for existing users of the military medical facilities. The TRICARE program of military treatment facilities and civilian contracts has matured greatly since its inception in 1993 and is serving the entire population effectively. In addition, training, as well as research, development and acquisition activities, are increasingly linked to both line and civilian capabilities. With a focus on the eight BRAC criteria, the overarching strategies of the Medical Joint Cross Service Group. The strategies should be the same} are:

- Maximizing military value while reducing infrastructure footprint
- Supporting warfighters and their families in peace and wartime
- Maintaining or improving access to care for all beneficiaries using combinations of the Direct Care and TRICARE systems
- Enhancing jointness by taking full advantage of commonalities in the Services' healthcare delivery methods; healthcare education and training; and medical/dental research, development and acquisition functions
- Identifying and Maximizing potential synergies gained from co-location or consolidation
- Examining DoD opportunities for out-sourcing, allowing the Department to better leverage the US health care system

1.1 STATEMENT OF APPROACH

The MJCSG Military Value (MV) analysis included three sub functions: Healthcare Education and Training, Healthcare Services, and Medical/Dental Research, Development and Acquisition. The MJCSG scored these three sub functions individually and included an assessment of the facility's condition and ability to support the function. The three sub functions were then combined into a single military value score for each medical facility in accordance with Table 1. The weightings described in Table 1 were determined by the MJCSG principals as an appropriate measure of the relative scores for the military value sub functions. This weighting provides an avenue for assigning a relative military value for all medical activities that may be present at a location and is weighted towards the military Healthcare mission, Healthcare Services, without denying the significance of the other sub functional areas inherent to the medical mission.

Table 1 Composite Medical Military Value Score

<u>Function</u>	<u>Weight</u>
Healthcare Education & Training	20%
Healthcare Services	60%
Medical/Dental Research, Development & Acquisition	20%

1.2 MODIFICATION OF APPROVED APPROACH AND RATIONALE

The Campaign Plan depicted in the Medical JCSG’s final Military Value Framework Report was followed with the following modifications:

1.21 EDUCATION AND TRAINING

Originally, the Education and Training function was parsed into four subordinate functions, Health Professions Education, Health Professions Entry-level Training, Health Professions Continuing Education, and Health Professions Management and Leadership Training. These subordinate functions, now three in number, are titled, Health Professions Entry-level Training, Health Professions Continuing Education, and Health Professions Graduate Training. The Medical JCSG determined these titles better represent the subordinate functions while maintaining the proper scope.

The Education and Training workgroup also identified a typographical error in the final Military Value Framework Report in the Final Selection Criteria. There are only seven metrics that describe the four attributes of Final Military Value Selection Criteria for Education and Training.

Upon review of the Education and Training scoring criteria, attributes, and metrics, the Medical JCSG eliminated the Information Technology metric associated with the Physical Capacity and Facility Condition attribute for Criterion 2. Although, an important aspect of a facility, the MJCSG determined that the existing cable plant would not be a decisive factor in the realignment and closure process. This decision was made before the release of the military value data call, and the corresponding question was not included. With the elimination of the Education and Training Information Technology metric, the weight of Facilities metric increased from 75% to 100%.

All other Education and Training Military Value data call questions were utilized in calculations.

The Education and Training workgroup, with concurrence of the Medical JCSG, modified values for Criterion 4. The attribute of Physical Capacity and Facility Condition weight was corrected to 70 with addition of a Military Unique Training attribute, weighted at 30. (This was mistakenly omitted from this table in the Military Value Framework document). Additionally the weight of *Sel Crit* decreased to 10 (Typo in Military Value Framework document).

The Education and Training workgroup identified improper terminology usage in the corresponding formula for use with DoD question # 2633. The correct terminology is Plant

Replacement Value rather than facility size. The corresponding table in the Military Value Framework has been modified to reflect this correction:

Question fielded replaced size with Plant Replacement Value (PRV)

Attribute 2: Metric 2: Facilities Condition Index (Facilities)	
Attribute: Physical Capacity and Facility Condition	
BRAC Selection Criterion: (1) Mission Requirements & Impacts (2) Availability & Condition of Land & Facilities (4) Cost/Manpower	
Data Required: Facility Condition Index (FCI) for each medical facility >2,000 SF will be provided by installation. This data will be weighted by facility-size <u>Plant Replacement Value (PRV)</u> to determine a cumulative score for the installation.	
Formula: Installation FCI = Sum (Facility FCI X Facility-Size PRV) / Sum of Total Installation-Size PRV	
Scoring:	
Installation FCI	Score
0 - 0.050	1.0
0.051 - 0.100	.6
0.101 - 0.350	.3
> 0.350	0.0
Rationale/Comments: Facilities requiring significant dollar investment divert financial resources from the mission.	

1.22 HEALTHCARE SERVICES

Healthcare Services modified the number of metrics, but not the type of attributes utilized in their Military Value Final Selection Criterion. The group eliminated a total of three Capacity data call questions, and one Military Value data call question from the Military Value scoring plan. The modifications were approved by the MJCSG. The questions eliminated were:

DoD Capacity question #536 regarding medical equipment and DoD Capacity questions #542 and #543, both addressing the potential military and military dependent population available for blood donation.

Military Value question #2618, addressing the potential DoD civilian population available for blood donation.

DoD question #536 was created to evaluate throughput and identify unique equipment resources. Reported results were so inconsistent as to be unusable. Issuance of a new question would have been required to resolve the extensive response discrepancies. The MJCSG evaluated the expected data range of the question and determined that it would not significantly alter results. With the elimination of the Equipment metric for criterion 2, Physical Capacity and Facility Condition attribute the weight of the Facility metric increased from 75% to 100%.

DoD questions #542 and #543 were to be used to determine the available military, and military dependent employee population as a potential blood donor pool. The questions resulted in a wide variety of responses. Upon reevaluation by the MJCSG, availability of a potential blood donor pool was found to not be a determining factor in the decision to realign or close a medical activity. The elimination of the question did not change the weight of the metric for Class VIII (Blood), Operation/Mission Responsiveness attribute for criterion 3.

DoD Military Value question # 2618 was to be used to determine the available DoD civilian employee population as a potential blood donor pool. The question resulted in a wide variety of responses. As the MJCSG found availability of a potential blood donor pool not to be a determining factor in the decision to realign or close a medical activity, the question was eliminated. The elimination of the question did not change the weight of the metric for Class VIII (Blood), Operation/Mission Responsiveness attribute for criterion 3.

The Healthcare Services working group corrected *Table 1: Healthcare Services Military Value Scoring Plan* and *Table 2, Healthcare Services Scoring Summary* in the Military Value Framework to reflect the above stated elimination the equipment metric and question from criterion 2 Facilities along with one population question from criterion 3, Contingency. In addition, *Appendix B, Table 2, Formulas for Calculation of Healthcare Services Military Value Metrics* was also updated.

The Healthcare Services working group corrected *Table 1: Healthcare Services Military Value Scoring Plan* in the Military Value Framework to accurately include the Dental Cost metric and related question.

The Healthcare Services workgroup requested change the title to the table named “*Relation of Attributes to Military Value Final Selection Criteria Medical Service Market Requirements*” to read, “*Relation of Attributes to Military Value Final Selection Criteria Healthcare Services*”. In the early stages of MJCSG processes, the Healthcare Services function was named the Medical Service Market Requirement.

1.23 MEDICAL/DENTAL RESEARCH, DEVELOPMENT AND ACQUISITION

The RDA working group determined that the approved military value formula provided a score reflecting the overall military value of an activity with respect to the full breadth of activities encompassed by the medical/dental RDA function. This score did not differentiate values by sub-functions. Determining military value at the sub-function level is required for assessment of transformational alternatives, and the MJCSG computed a sub-function score from the overall score. The sub-function score for an activity is the overall score for the activity times the fraction of total full-time equivalents (FTEs) who worked in that sub-function during FY03. The sum of all sub-function scores for an activity equals the overall score for that activity. The underlying formula and metrics for determination of the overall score were not changed. The sub-functional MV scores and their basis were briefed to the Medical JCSG, along with the overall MV scores. Because the overall MV score depended on capability domains, the overall score was first calculated using the capability domain data, and then converted to the new sub functions based on FTE data that had been translated from capability domains into the new sub functions. This approach was approved by the Medical JCSG.

All Medical/Dental Research Development and Acquisition Military Value data call questions were utilized in calculations.

SECTION 2. MILITARY VALUE SCORES

2.1 HEALTH CARE EDUCATION AND TRAINING

Installation/Location	Numerical Military Value
BROOKS_CITY-BASE	70.60
PENSACOLA	69.26
SHEPPARD_AFB	67.47
FORT_BRAGG	66.34
ANDREWS_AFB	63.56
NAVSTA_GREAT_LAKES	63.49
FORT_SAM_HOUSTON	62.95
NMC_PORTSMOUTH	61.62
NMC_SAN_DIEGO	60.35
KEESLER_AFB	57.42
LACKLAND_AFB	56.03
EGLIN_AFB	54.91
NWS_YORKTOWN	52.95
FORT_HOOD	48.10
OFFUTT_AFB	45.50
WALTER_REED_ARMY_MEDICAL_CENTER	44.25
TRAVIS_AFB	44.14
FORT_BELVOIR	43.80
FORT_CARSON	38.58
NNMC_BETHESDA	37.15
SCOTT_AFB	34.99
FORT_BENNING	33.18
FORT_LEWIS	31.34
FORT_JACKSON	31.31
WEST_POINT_MIL_RESERVATION	30.36
MACDILL_AFB	28.12
NELLIS_AFB	28.04
WRIGHT-PATTERSON_AFB	27.32
FORT_EUSTIS	27.20
LANGLEY_AFB	25.23
MCB_CAMP_LEJEUNE	24.73
TRIPLER_ARMY_MEDICAL_CENTER	24.71
FORT_GORDON	24.29
NAVSTA_NORFOLK	22.03
COLUMBUS_AFB	21.90
FORT_POLK	21.29
ELMENDORF_AFB	20.97
NAS JACKSONVILLE	19.96
HOLLOMAN_AFB	19.00
MCB_CAMP_PENDLETON	17.67
NH_BREMERTON	17.27
NAVSTA_SAN_DIEGO	17.13
FORT_CAMPBELL	17.09
LITTLE_ROCK_AFB	17.00
BARKSDALE_AFB	16.86
BOLLING_AFB	16.02
CHARLESTON_AFB	15.55
FORT_BLISS	15.48
LAUGHLIN_AFB	14.00
VANCE_AFB	14.00
UNITED_STATES_AIR_FORCE_ACADEMY	13.20
FORT_RILEY	13.09
SCHOFIELD_BARRACKS	12.93
RANDOLPH_AFB	12.00
FORT_DETTRICK	11.90
FORT_KNOX	11.90
MCB_QUANTICO	11.90
FORT_MEADE	11.20
NAVSTA_NEWPORT	11.04
SHAW_AFB	11.00
FORT_LEAVENWORTH	10.13

Installation/Location	Numerical Military Value
MCRD_PARRIS_ISLAND	10.13
NTC_AND_FORT_IRWIN_CA	9.92
FORT_SILL	9.53
LUKE_AFB	9.00
NH_GUAM	7.74
FORT_STEWART	7.48
ABERDEEN_PROVING_GROUND	6.00
FORT_LEONARD_WOOD	5.31
DUGWAY_PROVING_GROUND	5.06
KIRTLAND_AFB	4.00
HURLBURT_FIELD	2.38
MOODY_AFB	1.70
NH_BEAUFORT	1.70
MAXWELL_AFB	1.49
ELLSWORTH_AFB	0.92
NAVSTA_PEARL_HARBOR	0.79
ALTUS_AFB	0.00
ANDERSEN_AFB	0.00
ANNISTON_ARMY_DEPOT	0.00
BEALE_AFB	0.00
BUCKLEY_AFB	0.00
CANNON_AFB	0.00
CARLISLE_BARRACKS	0.00
CBC_GULFPORT	0.00
CBC_PORT_HUENEME	0.00
DAVIS-MONTHAN_AFB	0.00
DOVER_AFB	0.00
DYESS_AFB	0.00
EDWARDS_AFB	0.00
EIELSON_AFB	0.00
FAIRCHILD_AFB	0.00
FORT_BUCHANAN	0.00
FORT_DIX	0.00
FORT_DRUM	0.00
FORT_HUACHUCA	0.00
FORT_LEE	0.00
FORT_MCCOY	0.00
FORT_MCPHERSON	0.00
FORT_MONMOUTH	0.00
FORT_MONROE	0.00
FORT_MYER	0.00
FORT_RICHARDSON	0.00
FORT_RUCKER	0.00
FORT_WAINWRIGHT	0.00
FRANCIS_E_WARREN_AFB	0.00
GOODFELLOW_AFB	0.00
GRAND_FORKS_AFB	0.00
HANSCOM_AFB	0.00
HICKAM_AFB	0.00
HILL_AFB	0.00
JOINT_RESERVE_BASE_FORT_WORTH	0.00
JOINT_RESERVE_BASE_NEW_ORLEANS	0.00
JOINT_RESERVE_BASE_WILLOW_GROVE	0.00
LOS_ANGELES_AFB	0.00
MALMSTROM_AFB	0.00
MCAGCC_TWENTYNINE_PALMS	0.00
MCAS_CHERRY_POINT	0.00
MCAS_NEW_RIVER	0.00
MCAS_STATION_MIRAMAR	0.00
MCAS_YUMA	0.00
MCB_HAWAII_CAMP_SMITH	0.00

DELIBERATIVE DOCUMENT - FOR DISCUSSION ONLY - DO NOT RELEASE UNDER FOIA

Installation/Location	Numerical Military Value
MCB_HAWAII_KANEOHE	0.00
MCCHORD_AFB	0.00
MCCONNELL_AFB	0.00
MCGUIRE_AFB	0.00
MCLB_ALBANY	0.00
MCLB_BARSTOW	0.00
MCRD_SAN_DIEGO	0.00
MINOT_AFB	0.00
MOUNTAIN_HOME_AFB	0.00
NAB_CORONADO	0.00
NAB_LITTLE_CREEK	0.00
NAES_LAKEHURST	0.00
NAF_EL_CENTRO	0.00
NAS_ATLANTA	0.00
NAS_BRUNSWICK	0.00
NAS_CORPUS_CHRISTI	0.00
NAS_FALLON	0.00
NAS_KEY_WEST	0.00
NAS_KINGSVILLE	0.00
NAS_LEMOORE	0.00
NAS_MERIDIAN	0.00
NAS_NORTH_ISLAND	0.00
NAS_OCEANA	0.00
NAS_OCEANA_DAM_NECK_ANNEX	0.00
NAS_PATUXENT_RIVER	0.00
NAS_POINT_MUGU	0.00
NAS_WHIDBEY_ISLAND	0.00
NAS_WHITING_FIELD	0.00
NAVAL_SUB_BASE_BANGOR	0.00
NAVAL_SUB_BASE_KINGS_BAY	0.00
NAVAL_SUB_BASE_NEW_LONDON	0.00
NAVSTA_ANNAPOLIS	0.00
NAVSTA_BREMERTON	0.00
NAVSTA_EVERETT	0.00
NAVSTA_INGLESIDE	0.00
NAVSTA_MAYPORT	0.00
NAVSTA_PASCAGOULA	0.00
NH_CHARLESTON	0.00
NSA_MECHANICSBURG	0.00
NSA_MILLINGTON	0.00
NSA_NEW_ORLEANS	0.00
NSA_PANAMA_CITY	0.00
NSCS_ATHENS	0.00
NSU_SARATOGA_SPRINGS	0.00
NSWC_DAHLGREN	0.00
NSWC_INDIAN_HEAD	0.00
NSY_NORFOLK	0.00
NSY_PORTSMOUTH	0.00
NWS_CHARLESTON	0.00
NWS_EARLE	0.00
NWS_SEAL_BEACH	0.00
PATRICK_AFB	0.00
PETERSON_AFB	0.00
POPE_AFB	0.00
PRESIDIO_OF_MONTEREY	0.00
RED_RIVER_ARMY_DEPOT	0.00
REDSTONE_ARSENAL	0.00
ROBINS_AFB	0.00
ROCK_ISLAND_ARSENAL	0.00
SCHRIEVER_AFB	0.00
SEYMOUR_JOHNSON_AFB	0.00

Installation/Location	Numerical Military Value
TINKER_AFB	0.00
TYNDALL_AFB	0.00
US_ARMY_GARRISON_SELFRIDGE	0.00
VANDENBERG_AFB	0.00
WASHINGTON_NAVY_YARD	0.00
WHITE_SANDS_MISSILE_RANGE	0.00
WHITEMAN_AFB	0.00
YUMA_PROVING_GROUND	0.00

2.2 HEALTH CARE SERVICES

Installation/Location	Numerical Military Value
FORT_BRAGG	87.21
NMC_PORTSOUTH	79.89
NMC_SAN_DIEGO	77.76
FORT_HOOD	75.10
MCB_CAMP_LEJEUNE	75.01
FORT_CAMPBELL	73.85
MCB_CAMP_PENDLETON	73.75
FORT_LEWIS	73.30
SCHOFIELD_BARRACKS	73.18
LACKLAND_AFB	70.31
FORT_SAM_HOUSTON	67.85
FORT_DRUM	66.45
FORT_CARSON	66.28
FORT_STEWART	65.98
NAVSTA_PEARL_HARBOR	64.33
NAS_JACKSONVILLE	63.65
MCB_QUANTICO	63.55
NNMC_BETHESDA	63.19
NAVSTA_NORFOLK	62.98
FORT_BLISS	61.35
NELLIS_AFB	59.91
NAVSTA_SAN_DIEGO	58.63
FORT_RUCKER	58.14
FORT_BELVOIR	58.00
MAXWELL_AFB	57.93
EGLIN_AFB	57.88
NH_BREMERTON	57.77
FORT_LEE	57.62
FORT_SILL	57.32
LANGLEY_AFB	57.14
FORT_LEONARD_WOOD	57.13
TRAVIS_AFB	56.74
FORT_BENNING	56.68
HURLBURT_FIELD	56.42
ROBINS_AFB	55.67
TINKER_AFB	55.46
PENSACOLA	55.04
WALTER_REED_ARMY_MEDICAL_CENTER	54.46
HILL_AFB	54.20
FORT_JACKSON	54.03
TRIPLER_ARMY_MEDICAL_CENTER	53.48
UNITED_STATES_AIR_FORCE_ACADEMY	52.82
OFFUTT_AFB	52.79
FORT_GORDON	52.40
FORT_MONROE	52.33
NAVSTA_GREAT_LAKES	51.88
MCCHORD_AFB	51.45
FORT_MEADE	51.06
TYNDALL_AFB	50.83
FORT_HUACHUCA	50.78
PETERSON_AFB	50.66
WRIGHT-PATTERSON_AFB	49.81
MCGUIRE_AFB	49.50
NAS_LEMOORE	49.41
FORT_RILEY	49.09
MOODY_AFB	48.89
RANDOLPH_AFB	48.83
DAVIS-MONTHAN_AFB	48.63
NAS_WHIDBEY_ISLAND	48.43
LUKE_AFB	48.27
ANDREWS_AFB	48.14

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Installation/Location	Numerical Military Value
FORT_POLK	48.09
SHAW_AFB	47.92
MCAGCC_TWENTYNINE_PALMS	47.90
MCAS_CHERRY_POINT	47.70
ELMENDORF_AFB	47.24
NAS_CORPUS_CHRISTI	47.01
FORT_EUSTIS	46.90
MCRD_PARRIS_ISLAND	46.82
SHEPPARD_AFB	46.80
WHITEMAN_AFB	45.66
HOLLOMAN_AFB	44.81
FORT_KNOX	44.50
PATRICK_AFB	44.42
MCCONNELL_AFB	43.79
CARLISLE_BARRACKS	43.73
MOUNTAIN_HOME_AFB	43.44
MALMSTROM_AFB	43.26
POPE_AFB	43.14
NAVSTA_NEWPORT	43.10
DOVER_AFB	42.24
PRESIDIO_OF_MONTEREY	42.24
DYESS_AFB	42.10
FORT_DETRICK	42.06
ALTUS_AFB	42.05
BOLLING_AFB	42.01
CANNON_AFB	41.97
LAUGHLIN_AFB	41.92
SEYMOUR_JOHNSON_AFB	41.80
LITTLE_ROCK_AFB	41.60
KIRTLAND_AFB	41.55
NAS_PATUXENT_RIVER	41.32
MINOT_AFB	41.16
CHARLESTON_AFB	40.84
FAIRCHILD_AFB	40.77
KEESLER_AFB	39.40
NH_CHARLESTON	39.34
HICKAM_AFB	39.30
REDSTONE_ARSENAL	38.30
BARKSDALE_AFB	37.94
VANDENBERG_AFB	37.91
BEALE_AFB	37.57
NAVSTA_MAYPORT	37.53
MACDILL_AFB	37.08
LOS_ANGELES_AFB	36.74
FORT_LEAVENWORTH	36.07
ELLSWORTH_AFB	35.78
EDWARDS_AFB	35.61
COLUMBUS_AFB	35.59
NTC_AND_FORT_IRWIN_CA	35.39
FRANCIS_E_WARREN_AFB	35.15
HANSCOM_AFB	34.68
NAVAL_SUB_BASE_NEW_LONDON	34.18
GOODFELLOW_AFB	33.40
EIELSON_AFB	33.12
NAS_NORTH_ISLAND	32.82
ABERDEEN_PROVING_GROUND	32.75
NAS_OCEANA	31.49
FORT_MCPHERSON	31.41
BUCKLEY_AFB	31.34
JOINT_RESERVE_BASE_FORT_WORTH	31.17
ROCK_ISLAND_ARSENAL	31.05

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Installation/Location	Numerical Military Value
NAB_LITTLE_CREEK	31.04
CBC_GULFPORT	30.89
FORT_MONMOUTH	30.53
FORT_MYER	29.87
FORT_BUCHANAN	29.79
ANDERSEN_AFB	29.68
SCOTT_AFB	29.31
NAVSTA_ANNAPOLIS	28.68
NAS_WHITING_FIELD	28.27
GRAND_FORKS_AFB	28.24
MCAS_STATION_MIRAMAR	28.12
VANCE_AFB	28.04
WEST_POINT_MIL_RESERVATION	27.62
ANNISTON_ARMY_DEPOT	27.35
NSA_MILLINGTON	27.33
NAVAL_SUB_BASE_KINGS_BAY	27.30
FORT_MCCOY	27.18
NAVSTA_PASCAGOULA	26.68
BROOKS_CITY-BASE	26.14
RED_RIVER_ARMY_DEPOT	25.00
SCHRIEVER_AFB	25.00
FORT_DIX	24.36
WHITE_SANDS_MISSILE_RANGE	24.29
NSA_NEW_ORLEANS	24.25
FORT_WAINWRIGHT	24.21
NH_BEAUFORT	23.93
NAS_POINT_MUGU	23.90
NH_GUAM	23.83
NAVSTA_INGLESIDE	23.76
NWS_CHARLESTON	23.24
WASHINGTON_NAVY_YARD	22.95
NAVSTA_BREMERTON	22.81
NSY_NORFOLK	22.36
CBC_PORT_HUENEME	21.75
NAVAL_SUB_BASE_BANGOR	21.48
FORT_RICHARDSON	21.38
DUGWAY_PROVING_GROUND	20.95
MCAS_YUMA	20.87
NSA_PANAMA_CITY	20.34
MCRD_SAN_DIEGO	20.19
NAB_CORONADO	19.94
JOINT_RESERVE_BASE_NEW_ORLEANS	19.91
MCAS_NEW_RIVER	19.89
NAVSTA_EVERETT	19.65
US_ARMY_GARRISON_SELFRIDGE	19.11
YUMA_PROVING_GROUND	18.50
NAS_KEY_WEST	15.46
NAS_ATLANTA	15.02
NAS_BRUNSWICK	14.92
NWS_YORKTOWN	14.38
NAS_KINGSVILLE	13.83
NSWC_DAHLGREN	13.62
NAS_FALLON	13.24
MCB_HAWAII_KANEOHE	13.04
MCLB_ALBANY	12.68
NSCS_ATHENS	12.48
NSY_PORTSOUTH	12.29
NSU_SARATOGA_SPRINGS	12.23
NAES_LAKEHURST	11.80
JOINT_RESERVE_BASE_WILLOW_GROVE	11.78
NAS_OCEANA_DAM_NECK_ANNEX	11.75

DELIBERATIVE DOCUMENT - FOR DISCUSSION ONLY - DO NOT RELEASE UNDER FOIA

Installation/Location	Numerical Military Value
NSWC_INDIAN_HEAD	11.56
NAF_EL_CENTRO	11.00
MCLB_BARSTOW	10.19
NAS_MERIDIAN	7.60
MCB_HAWAII_CAMP_SMITH	6.15
NSA_MECHANICSBURG	6.14
NWS_EARLE	4.01
NWS_SEAL_BEACH	0.80

2.3 MEDICAL AND DENTAL RESEARCH DEVELOPMENT AND ACQUISITION

Activity	Numerical Military Value
Walter_Reed_Army_Institute_of_Research_-_WRAMC	53.66
Army_Medical_Research_Materiel_Command_-_HQ	38.05
Army_Medical_Research_Institute_of_Infectious_Diseases	33.78
Naval_Medical_Research_Center_-_Silver_Spring	30.22
Army_Medical_Research_Institute_of_Chemical_Defense	28.27
Air_Force_Institute_for_Operational_Health_-_Brooks_City_Base	27.81
Air_Force_School_of_Aerospace_Medicine	26.85
Naval_Experimental_Diving_Unit_-_Panama_City_FL	24.91
Naval_Submarine_Medical_Research_Laboratory	24.07
Armed_Forces_Radiobiological_Research_Institute	22.86
Naval_Health_Research_Center_-_San_Diego	22.15
Naval_Institute_for_Dental_Biomedical_Research	20.31
Naval_Health_Research_Center_Detachment_-_Wright-Patterson_AFB	19.94
Army_Aeromedical_Research_Laboratory	19.89
Program_Executive_Office_Joint_Medical_Information_Systems	17.98
Naval_Aerospace_Medical_Research_Laboratory	17.35
Army_Dental_Research_Detachment_-_Great_Lakes	17.17
Army_Medical_Materiel_Agency	17.08
Army_Institute_of_Surgical_Research	16.51
Army_Medical_Materiel_Development_Activity	16.47
Army_Research_Institute_of_Environmental_Medicine	14.07
Naval_Health_Research_Center_Detachment_-_Brooks_AFB	12.55
Army_Medical_Research_Detachment_-_Brooks_City_Base	12.32
311th_Human_Systems_Wing_-_Human_Systems_Program_Office	12.00
Army_Center_for_Environmental_Health_Research	11.53
Army_Medical_Information_Technology_Center	11.26
Navy_Bureau_of_Medicine_Surgery_Code_M2_-_Washington_DC	10.82
Air_Force_Dental_Investigative_Service_-_Great_Lakes	10.10
Armed_Forces_Institute_of_Pathology	9.28
Army_Medical_Research_Acquisition_Activity	7.57
Naval_Air_Warfare_Center_-_Pax_River	6.08
DTRA_CB_Directorate	2.08
Navy_Clothing_Textile_Laboratory_-_Natick_MA	1.23

2.4 COMBINED MILITARY VALUE SCORE

Installation/Location	Numerical Military Value
FORT_BRAGG	153.55
NMC_PORTSOUTH	141.51
NMC_SAN_DIEGO	138.11
FORT_SAM_HOUSTON	130.80
LACKLAND_AFB	126.34
PENSACOLA	124.30
FORT_HOOD	123.20
NAVSTA_GREAT_LAKES	115.37
SHEPPARD_AFB	114.27
EGLIN_AFB	112.79
ANDREWS_AFB	111.70
FORT_CARSON	104.86
FORT_LEWIS	104.63
FORT_BELVOIR	101.80
TRAVIS_AFB	100.87
NNMC_BETHESDA	100.34
MCB_CAMP_LEJEUNE	99.73
WALTER_REED_ARMY_MEDICAL_CENTER	98.71
OFFUTT_AFB	98.29
KEESLER_AFB	96.82
BROOKS_CITY-BASE	96.74
MCB_CAMP_PENDLETON	91.42
FORT_CAMPBELL	90.94
FORT_BENNING	89.85
NELLIS_AFB	87.95
SCHOFIELD_BARRACKS	86.11
FORT JACKSON	85.34
NAVSTA_NORFOLK	85.00
NAS JACKSONVILLE	83.61
LANGLEY_AFB	82.37
TRIPLER_ARMY_MEDICAL_CENTER	78.19
WRIGHT-PATTERSON_AFB	77.13
FORT_BLISS	76.83
FORT_GORDON	76.68
NAVSTA_SAN_DIEGO	75.76
MCB_QUANTICO	75.45
NH_BREMERTON	75.04
FORT_EUSTIS	74.10
FORT_STEWART	73.46
FORT_POLK	69.37
ELMENDORF_AFB	68.21
NWS_YORKTOWN	67.33
FORT_SILL	66.85
FORT_DRUM	66.45
UNITED_STATES_AIR_FORCE_ACADEMY	66.02
MACDILL_AFB	65.20
NAVSTA_PEARL_HARBOR	65.12
SCOTT_AFB	64.30
HOLLOMAN_AFB	63.81
FORT_LEONARD_WOOD	62.44
FORT_MEADE	62.25
FORT_RILEY	62.18
RANDOLPH_AFB	60.83
MAXWELL_AFB	59.41
SHAW_AFB	58.92
HURLBURT_FIELD	58.80
LITTLE ROCK_AFB	58.60
FORT_RUCKER	58.14
BOLLING_AFB	58.03
WEST_POINT_MIL_RESERVATION	57.97
FORT_LEE	57.62

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Installation/Location	Numerical Military Value
COLUMBUS_AFB	57.49
LUKE_AFB	57.27
MCRD_PARRIS_ISLAND	56.95
FORT_KNOX	56.40
CHARLESTON_AFB	56.39
LAUGHLIN_AFB	55.92
ROBINS_AFB	55.67
TINKER_AFB	55.46
BARKSDALE_AFB	54.80
HILL_AFB	54.20
NAVSTA_NEWPORT	54.14
FORT_DETTRICK	53.96
Walter_Reed_Army_Institute_of_Research_-_WRAMC	53.66
FORT_MONROE	52.33
MCCHORD_AFB	51.45
TYNDALL_AFB	50.83
FORT_HUACHUCA	50.78
PETERSON_AFB	50.66
MOODY_AFB	50.59
MCGUIRE_AFB	49.50
NAS_LEMOORE	49.41
DAVIS-MONTHAN_AFB	48.63
NAS_WHIDBEY_ISLAND	48.43
MCAGCC_TWENTYNINE_PALMS	47.90
MCAS_CHERRY_POINT	47.70
NAS_CORPUS_CHRISTI	47.01
FORT_LEAVENWORTH	46.19
WHITEMAN_AFB	45.66
KIRTLAND_AFB	45.55
NTC_AND_FORT_IRWIN_CA	45.30
PATRICK_AFB	44.42
MCCONNELL_AFB	43.79
CARLISLE_BARRACKS	43.73
MOUNTAIN_HOME_AFB	43.44
MALMSTROM_AFB	43.26
POPE_AFB	43.14
DOVER_AFB	42.24
PRESIDIO_OF_MONTEREY	42.24
DYESS_AFB	42.10
ALTUS_AFB	42.05
VANCE_AFB	42.04
CANNON_AFB	41.97
SEYMOUR_JOHNSON_AFB	41.80
NAS_PATUXENT_RIVER	41.32
MINOT_AFB	41.16
FAIRCHILD_AFB	40.77
NH_CHARLESTON	39.34
HICKAM_AFB	39.30
ABERDEEN_PROVING_GROUND	38.75
REDSTONE_ARSENAL	38.30
Army_Medical_Research___Materiel_Command_-_HQ	38.05
VANDENBERG_AFB	37.91
BEALE_AFB	37.57
NAVSTA_MAYPORT	37.53
LOS_ANGELES_AFB	36.74
ELLSWORTH_AFB	36.69
EDWARDS_AFB	35.61
FRANCIS_E_WARREN_AFB	35.15
HANSCOM_AFB	34.68
NAVAL_SUB_BASE_NEW_LONDON	34.18
Army_Medical_Research_Institute_of_Infectious_Diseases	33.78

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Installation/Location	Numerical Military Value
GOODFELLOW_AFB	33.40
EIELSON_AFB	33.12
NAS_NORTH_ISLAND	32.82
NH_GUAM	31.56
NAS_OCEANA	31.49
FORT_MCPHERSON	31.41
BUCKLEY_AFB	31.34
JOINT_RESERVE_BASE_FORT_WORTH	31.17
ROCK_ISLAND_ARSENAL	31.05
NAB_LITTLE_CREEK	31.04
CBC_GULFPORT	30.89
FORT_MONMOUTH	30.53
Naval_Medical_Research_Center_-_Silver_Spring	30.22
FORT_MYER	29.87
FORT_BUCHANAN	29.79
ANDERSEN_AFB	29.68
NAVSTA_ANNAPOLIS	28.68
Army_Medical_Research_Institute_of_Chemical_Defense	28.27
NAS_WHITING_FIELD	28.27
GRAND_FORKS_AFB	28.24
MCAS_STATION_MIRAMAR	28.12
Air_Force_Institute_for_Operational_Health_-_Brooks_City_Base	27.81
ANNISTON_ARMY_DEPOT	27.35
NSA_MILLINGTON	27.33
NAVAL_SUB_BASE_KINGS_BAY	27.30
FORT_MCCOY	27.18
Air_Force_School_of_Aerospace_Medicine	26.85
NAVSTA_PASCAGOULA	26.68
DUGWAY_PROVING_GROUND	26.01
NH_BEAUFORT	25.63
RED_RIVER_ARMY_DEPOT	25.00
SCHRIEVER_AFB	25.00
Naval_Experimental_Diving_Unit_-_Panama_City_FL	24.91
FORT_DIX	24.36
WHITE_SANDS_MISSILE_RANGE	24.29
NSA_NEW_ORLEANS	24.25
FORT_WAINWRIGHT	24.21
Naval_Submarine_Medical_Research_Laboratory	24.07
NAS_POINT_MUGU	23.90
NAVSTA_INGLESIDE	23.76
NWS_CHARLESTON	23.24
WASHINGTON_NAVY_YARD	22.95
Armed_Forces_Radiobiological_Research_Institute	22.86
NAVSTA_BREMERTON	22.81
NSY_NORFOLK	22.36
Naval_Health_Research_Center_-_San_Diego	22.15
CBC_PORT_HUENEME	21.75
NAVAL_SUB_BASE_BANGOR	21.48
FORT_RICHARDSON	21.38
MCAS_YUMA	20.87
NSA_PANAMA_CITY	20.34
Naval_Institute_for_Dental__Biomedical_Research	20.31
MCRD_SAN_DIEGO	20.19
NAB_CORONADO	19.94
Naval_Health_Research_Center_Detachment_-_Wright-Patterson_AFB	19.94
JOINT_RESERVE_BASE_NEW_ORLEANS	19.91
MCAS_NEW_RIVER	19.89
Army_Aeromedical_Research_Laboratory	19.89
NAVSTA_EVERETT	19.65
US_ARMY_GARRISON_SELFRIDGE	19.11
YUMA_PROVING_GROUND	18.50

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Installation/Location	Numerical Military Value
Program_Executive_Office__Joint_Medical_Information_Systems	17.98
Naval_Aerospace_Medical_Research_Laboratory	17.35
Army_Dental_Research_Detachment_-_Great_Lakes	17.17
Army_Medical_Materiel_Agency	17.08
Army_Institute_of_Surgical_Research	16.51
Army_Medical_Materiel_Development_Activity	16.47
NAS_KEY_WEST	15.46
NAS_ATLANTA	15.02
NAS_BRUNSWICK	14.92
Army_Research_Institute_of_Environmental_Medicine	14.07
NAS_KINGSVILLE	13.83
NSWC_DAHLGREN	13.62
NAS_FALLON	13.24
MCB_HAWAII_KANEOHE	13.04
MCLB_ALBANY	12.68
Naval_Health_Research_Center_Detachment_-_Brooks_AFB	12.55
NSCS_ATHENS	12.48
Army_Medical_Research_Detachment_-_Brooks_City_Base	12.32
NSY_PORTSMOUTH	12.29
NSU_SARATOGA_SPRINGS	12.23
311th_Human_Systems_Wing_-_Human_Systems_Program_Office	12.00
NAES_LAKEHURST	11.80
JOINT_RESERVE_BASE_WILLOW_GROVE	11.78
NAS_OCEANA_DAM_NECK_ANNEX	11.75
NSWC_INDIAN_HEAD	11.56
Army_Center_for_Environmental_Health_Research	11.53
Army_Medical_Information_Technology_Center	11.26
NAF_EL_CENTRO	11.00
Navy_Bureau_of_Medicine___Surgery__Code_M2__-_Washington_DC	10.82
MCLB_BARSTOW	10.19
Air_Force_Dental_Investigative_Service_-_Great_Lakes	10.10
Armed_Forces_Institute_of_Pathology	9.28
NAS_MERIDIAN	7.60
Army_Medical_Research_Acquisition_Activity	7.57
MCB_HAWAII_CAMP_SMITH	6.15
NSA_MECHANICSBURG	6.14
Naval_Air_Warfare_Center_-_Pax_River	6.08
NWS_EARLE	4.01
DTRA_CB_Directorate	2.08
Navy_Clothing___Textile_Laboratory_-_Natick_MA	1.23
NWS_SEAL_BEACH	0.80

2.5 COMPOSITE MILITARY VALUE SCORE

Installation/Location	Numerical Military Value
FORT_BRAGG	65.59
NMC_PORTSOUTH	60.26
NMC_SAN_DIEGO	58.72
FORT_HOOD	54.68
LACKLAND_AFB	53.39
FORT_SAM_HOUSTON	53.30
FORT_LEWIS	50.24
MCB_CAMP_LEJEUNE	49.95
MCB_CAMP_PENDLETON	47.78
FORT_CAMPBELL	47.73
FORT_CARSON	47.49
PENSACOLA	46.87
SCHOFIELD_BARRACKS	46.49
EGLIN_AFB	45.71
NNMC_BETHESDA	45.34
NAVSTA_GREAT_LAKES	43.82
FORT_BELVOIR	43.56
TRAVIS_AFB	42.87
NAVSTA_NORFOLK	42.19
NAS JACKSONVILLE	42.18
ANDREWS_AFB	41.59
SHEPPARD_AFB	41.57
NELLIS_AFB	41.56
WALTER_REED_ARMY_MEDICAL_CENTER	41.52
FORT_STEWART	41.08
OFFUTT_AFB	40.77
FORT_BENNING	40.64
MCB_QUANTICO	40.51
FORT_BLISS	39.91
FORT_DRUM	39.87
LANGLEY_AFB	39.33
NAVSTA_PEARL_HARBOR	38.76
FORT JACKSON	38.68
NAVSTA_SAN_DIEGO	38.60
NH_BREMERTON	38.12
TRIPLER_ARMY_MEDICAL_CENTER	37.03
FORT_SILL	36.30
FORT_GORDON	36.30
WRIGHT-PATTERSON_AFB	35.35
FORT_LEONARD_WOOD	35.34
KEESLER_AFB	35.12
MAXWELL_AFB	35.05
FORT_RUCKER	34.89
FORT_LEE	34.57
UNITED_STATES_AIR_FORCE_ACADEMY	34.33
HURLBURT_FIELD	34.33
FORT_EUSTIS	33.58
ROBINS_AFB	33.40
TINKER_AFB	33.27
FORT_POLK	33.11
FORT_MEADE	32.87
ELMENDORF_AFB	32.54
HILL_AFB	32.52
FORT_RILEY	32.07
RANDOLPH_AFB	31.70
FORT_MONROE	31.40
SHAW_AFB	30.95
MCCHORD_AFB	30.87
LUKE_AFB	30.76
HOLLOMAN_AFB	30.69
TYNDALL_AFB	30.50

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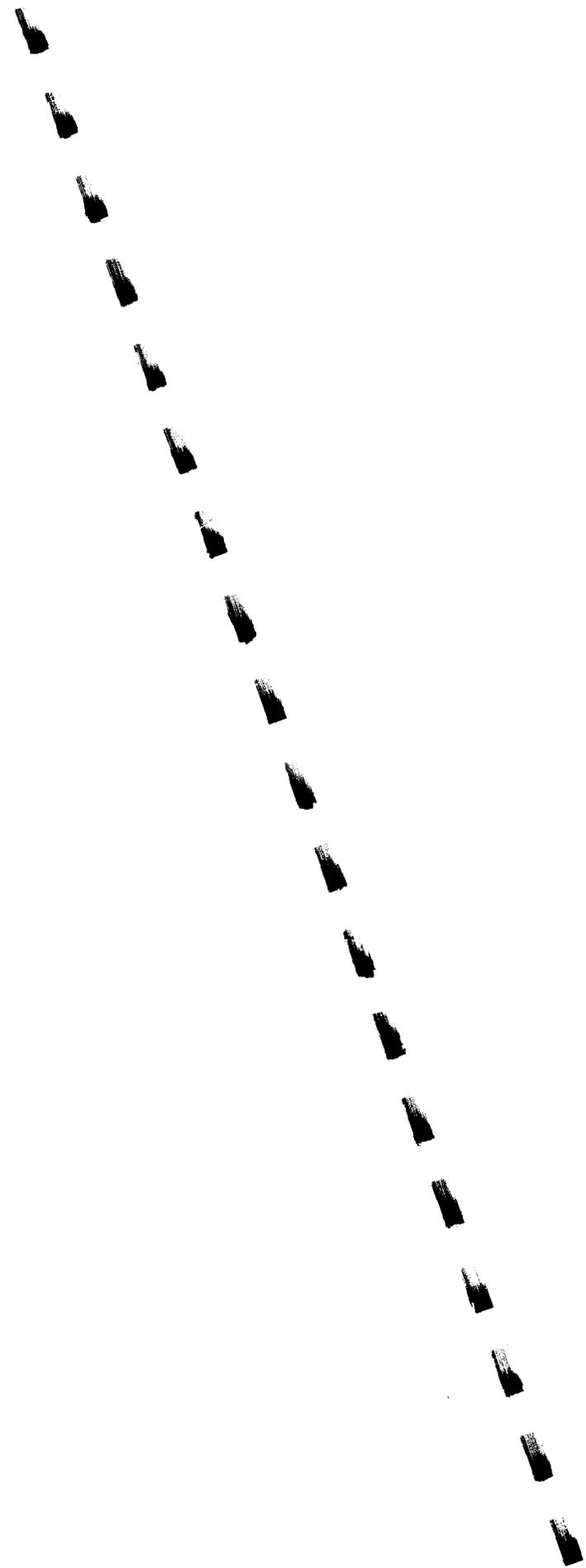
Installation/Location	Numerical Military Value
FORT_HUACHUCA	30.47
PETERSON_AFB	30.39
MCRD_PARRIS_ISLAND	30.12
BROOKS_CITY-BASE	29.80
MCGUIRE_AFB	29.70
MOODY_AFB	29.67
NAS_LEMOORE	29.64
DAVIS-MONTHAN_AFB	29.18
FORT_KNOX	29.08
NAS_WHIDBEY_ISLAND	29.06
MCAGCC_TWENTYNINE_PALMS	28.74
MCAS_CHERRY_POINT	28.62
BOLLING_AFB	28.41
LITTLE_ROCK_AFB	28.36
NAS_CORPUS_CHRISTI	28.21
NAVSTA_NEWPORT	28.07
LAUGHLIN_AFB	27.95
MACDILL_AFB	27.87
FORT_DETRICK	27.62
CHARLESTON_AFB	27.62
WHITEMAN_AFB	27.39
PATRICK_AFB	26.65
MCCONNELL_AFB	26.28
CARLISLE_BARRACKS	26.24
BARKSDALE_AFB	26.13
MOUNTAIN_HOME_AFB	26.06
MALMSTROM_AFB	25.95
POPE_AFB	25.88
COLUMBUS_AFB	25.73
KIRTLAND_AFB	25.73
DOVER_AFB	25.34
PRESIDIO_OF_MONTEREY	25.34
DYESS_AFB	25.26
ALTUS_AFB	25.23
CANNON_AFB	25.18
SEYMOUR_JOHNSON_AFB	25.08
NAS_PATUXENT_RIVER	24.79
MINOT_AFB	24.70
SCOTT_AFB	24.58
FAIRCHILD_AFB	24.46
FORT_LEAVENWORTH	23.67
NH_CHARLESTON	23.61
HICKAM_AFB	23.58
NTC_AND_FORT_IRWIN_CA	23.21
REDSTONE_ARSENAL	22.98
VANDENBERG_AFB	22.75
WEST_POINT_MIL_RESERVATION	22.64
BEALE_AFB	22.54
NAVSTA_MAYPORT	22.52
LOS_ANGELES_AFB	22.04
ELLSWORTH_AFB	21.65
EDWARDS_AFB	21.36
FRANCIS_E_WARREN_AFB	21.09
ABERDEEN_PROVING_GROUND	20.85
HANSCOM_AFB	20.81
NAVAL_SUB_BASE_NEW_LONDON	20.51
GOODFELLOW_AFB	20.04
EIELSON_AFB	19.87
NAS_NORTH_ISLAND	19.69
VANCE_AFB	19.62
NWS_YORKTOWN	19.22

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Installation/Location	Numerical Military Value
NAS_OCEANA	18.89
FORT_MCPHERSON	18.84
BUCKLEY_AFB	18.80
JOINT_RESERVE_BASE_FORT_WORTH	18.70
ROCK_ISLAND_ARSENAL	18.63
NAB_LITTLE_CREEK	18.62
CBC_GULFPÖRT	18.54
FORT_MONMOUTH	18.32
FORT_MYER	17.92
FORT_BUCHANAN	17.87
ANDERSEN_AFB	17.81
NAVSTA_ANNAPOLIS	17.21
NAS_WHITING_FIELD	16.96
GRAND_FORKS_AFB	16.94
MCAS_STATION_MIRAMAR	16.87
ANNISTON_ARMY_DEPOT	16.41
NSA_MILLINGTON	16.40
NAVAL_SUB_BASE_KINGS_BAY	16.38
FORT_MCCOY	16.31
NAVSTA_PASCAGOULA	16.01
NH_GUAM	15.84
RED_RIVER_ARMY_DEPOT	15.00
SCHRIEVER_AFB	15.00
NH_BEAUFORT	14.70
FORT_DIX	14.62
WHITE_SANDS_MISSILE_RANGE	14.57
NSA_NEW_ORLEANS	14.55
FORT_WAINWRIGHT	14.52
NAS_POINT_MUGU	14.34
NAVSTA_INGLESIDE	14.25
NWS_CHARLESTON	13.94
WASHINGTON_NAVY_YARD	13.77
NAVSTA_BREMERTON	13.68
DUGWAY_PROVING_GROUND	13.58
NSY_NORFOLK	13.42
CBC_PORT_HUENEME	13.05
NAVAL_SUB_BASE_BANGOR	12.89
FORT_RICHARDSON	12.83
MCAS_YUMA	12.52
NSA_PANAMA_CITY	12.20
MCRD_SAN_DIEGO	12.12
NAB_CORONADO	11.96
JOINT_RESERVE_BASE_NEW_ORLEANS	11.95
MCAS_NEW_RIVER	11.94
NAVSTA_EVERETT	11.79
US_ARMY_GARRISON_SELFRIDGE	11.46
YUMA_PROVING_GROUND	11.10
Walter_Reed_Army_Institute_of_Research_-_WRAMC	10.73
NAS_KEY_WEST	9.28
NAS_ATLANTA	9.01
NAS_BRUNSWICK	8.95
NAS_KINGSVILLE	8.30
NSWC_DAHLGREN	8.17
NAS_FALLON	7.94
MCB_HAWAII_KANEOHE	7.82
Army_Medical_Research___Materiel_Command_-_HQ	7.61
MCLB_ALBANY	7.61
NSCS_ATHENS	7.49
NSY_PORTSMOUTH	7.37
NSU_SARATOGA_SPRINGS	7.34
NAES_LAKEHURST	7.08

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Installation/Location	Numerical Military Value
JOINT_RESERVE_BASE_WILLOW_GROVE	7.07
NAS_OCEANA_DAM_NECK_ANNEX	7.05
NSWC_INDIAN_HEAD	6.94
Army_Medical_Research_Institute_of_Infectious_Diseases	6.76
NAF_EL_CENTRO	6.60
MCLB_BARSTOW	6.11
Naval_Medical_Research_Center_-_Silver_Spring	6.04
Army_Medical_Research_Institute_of_Chemical_Defense	5.65
Air_Force_Institute_for_Operational_Health_-_Brooks_City_Base	5.56
Air_Force_School_of_Aerospace_Medicine	5.37
Naval_Experimental_Diving_Unit_-_Panama_City_FL	4.98
Naval_Submarine_Medical_Research_Laboratory	4.81
Armed_Forces_Radiobiological_Research_Institute	4.57
NAS_MERIDIAN	4.56
Naval_Health_Research_Center_-_San_Diego	4.43
Naval_Institute_for_Dental__Biomedical_Research	4.06
Naval_Health_Research_Center_Detachment_-_Wright-Patterson_AFB	3.99
Army_Aeromedical_Research_Laboratory	3.98
MCB_HAWAII_CAMP_SMITH	3.69
NSA_MECHANICSBURG	3.68
Program_Executive_Office__Joint_Medical_Information_Systems	3.60
Naval_Aerospace_Medical_Research_Laboratory	3.47
Army_Dental_Research_Detachment_-_Great_Lakes	3.43
Army_Medical_Materiel_Agency	3.42
Army_Institute_of_Surgical_Research	3.30
Army_Medical_Materiel_Development_Activity	3.29
Army_Research_Institute_of_Environmental_Medicine	2.81
Naval_Health_Research_Center_Detachment_-_Brooks_AFB	2.51
Army_Medical_Research_Detachment_-_Brooks_City_Base	2.46
NWS_EARLE	2.40
311th_Human_Systems_Wing_-_Human_Systems_Program_Office	2.40
Army_Center_for_Environmental_Health_Research	2.31
Army_Medical_Information_Technology_Center	2.25
Navy_Bureau_of_Medicine__Surgery_Code_M2_-_Washington_DC	2.16
Air_Force_Dental_Investigative_Service_-_Great_Lakes	2.02
Armed_Forces_Institute_of_Pathology	1.86
Army_Medical_Research_Acquisition_Activity	1.51
Naval_Air_Warfare_Center_-_Pax_River	1.22
NWS_SEAL_BEACH	0.48
DTRA_CB_Directorate	0.42
Navy_Clothing__Textile_Laboratory_-_Natick_MA	0.25



Subject: Section 714 of the House Authorization Bill (H.R. 109-89)

Please note the attached language for Section 714 on the conversion of military medical positions to civilian positions.

SECTION 714--PROHIBITION ON CONVERSIONS OF MILITARY MEDICAL POSITIONS TO CIVILIAN MEDICAL POSITIONS UNTIL SUBMISSION OF CERTIFICATION

The committee is concerned that the military departments' plans to convert military medical positions to civilian positions have the potential to negatively affect access to care for beneficiaries of the military health system. For example, one of the underlying assumptions in the military-to-civilian conversion is that civilian medical practitioners, in the proper numbers with the right medical skills will be available to replace the military medical personnel in the locations where military reductions are taking place. Another assumption appears to be that civilian medical practitioners can be hired or contracted for approximately the same cost or less cost than the cost of maintaining military medical personnel.

Thus, for example, the committee is aware that one service is budgeting to hire civilian general dentists at a salary of \$113,000 which is what military dentists in that service are paid. However, the committee questions the feasibility of such an approach when average salaries for civilian general dentists are \$150,000. Given these concerns, the committee believes that more analysis is required before further conversions should take place.

Therefore, this section would require the Comptroller General to conduct a study on the effect of the conversions of military medical positions to civilian positions on the defense health program. In addition, the section would require the secretaries of the military departments to halt further conversions of medical positions until they certify that any further conversions will not increase cost, decrease quality of care or access to care. The certification by the secretaries of the military departments is due not earlier than April 1, 2006. The Comptroller General should submit a report by March 1, 2006.