



DEPARTMENT OF THE ARMY
OFFICE OF THE ASSISTANT SECRETARY
INSTALLATIONS AND ENVIRONMENT
110 ARMY PENTAGON
WASHINGTON DC 20310-0110

DCN 9320

24 March 2005

SAIE-IA

MEMORANDUM FOR Record

SUBJECT: Medical Joint Cross Service Group (MED JCSG) COBRA Review Meeting

1. On 24 March 2005, The Army Basing Study Group (TABS) Modeling Team met with representatives of the MED JCSG. The purpose of the meeting was to clarify Candidate Recommendation (CR) COBRA data, prepare for installation level integration, and identify any issues that may require the DASA (IA)'s attention to resolve.
2. During the meeting, six MED JCSG CRs were discussed. In general, each CR required updates to their footnotes or additional footnotes. There was discussion on the certification of the process used to determine manpower reductions; these reductions need to be footnoted IAW a defined methodology.^{1,2} We neither agreed nor disagreed with their methodology, just asked that it be documented. The following CRs were discussed (MED-0002 was discussed separately in a follow on meeting):
 - a. MED-0004b. This CR has Base X in the COBRA run, but does not move any personnel or equipment to Base X; they should delete Base X from the COBRA file. The remainder of the discussion centered on footnoting of the CR (see attached memorandums).
 - b. MED-0004c. All the comments reference this CR were concerning footnotes (see attached memorandums).
 - c. MED-0005. MED JCSG representatives stated that they had already made the corrections as outlined in the memorandum (see attached memorandums). They stated that this CR was undergoing some extensive revision due to concern with building locations and available space. The MED JCSG has some concerns with the cost of the CR and its financial viability. We informed them that they may not get all of the available excess square footage and that during integration they would receive their share of the available space as compared to the other CRs impacting Fort Sam Houston. COL Tarantino stated that the TABS effort was not assigning specific buildings and square footage, but only the allocation of costs/savings associated with the available square footage.

¹ Under Secretary of Defense Memorandum, dtd 16 April 2003, Subject: Transformation through BRAC Policy Memo One, pp. 3, 7, and App B (OSD ICP)

² BRAC Law, Section 2903(c)(5)

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d. MED-0016. MED JCSG representatives stated that they had already made the corrections as outlined in the memorandum (see attached memorandums).

e. MED-0054. All the comments reference this CR were concerning footnotes (see attached memorandums).

3. TABS had numerous questions about Walter Reed and the Walter Reed Army Medical Center (WRAMC). Walter Reed is impacted by MED-0002, 0024, and 0029 as well as HSA-0106 and TECH-0032. The following was discussed:

a. Fisher Houses. WRAMC has three Fisher Houses associated with the medical center. These houses are owned and constructed by the Fisher Foundation on land provided by the Army. The three Service Surgeon Generals would need to work with the foundation to determine if the foundation is willing to relocate/fund new houses at Fort Belvoir and Bethesda Naval Medical Center (BNMC). MED-0002 does not address the Fisher Houses in their Candidate Recommendation. The Fisher Houses would probably need to be enclaved, but MED believes this decision to move or not is up to the Fisher Foundation.

b. Walter Reed Army Institute of Research. This organization is at Forest Glen and if it moves due to the closure of WRAC, the MED JCSG believes it would be better located at the BNMC. The concern with the WRNMMC is that there are only 2 buildable acres and these will be used by MED-0002 movements. The other recommended location is Adelphi since it is co-located with the FDA BIOMED research lab. They believe they need to keep the facility north of the Washington DC beltway to take advantage of the medical research corridor in Maryland.

c. USUHS. If the university closes it will make approximately 1.2 million square feet available at WRNMMC. MED JCSG's preference is that this space house the Services Offices of the Surgeon General (HSA's current proposal). There was some concern about the added commute distance between WRNMMC and/or Walter Reed and the Pentagon to conduct business and the impacts on productivity.

d. Amputee Center. The new Amputee Center at WRAMC has not begun construction, though the ground breaking ceremony took place in November 2004. It is an approximately 29,000 square foot facility that will provide 300 appointments per week. The movement of this center is part of MED-0002 (~\$10 million cost) and is integrated as part of the new hospital.

e. Enhanced Use Lease. Building 40 at Walter Reed is in the process of becoming an enhanced use lease facility. It is a rehabilitation of an old medical research lab that

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will provide an estimated additional 200 – 250,000 square feet of administrative space on Walter Reed. This space is not included in any current proposal and if Walter Reed is closed the lease termination cost would need to be included in the proposal.

f. PEN REN Space. Part of HSA-0106 includes moving PEN REN space to Walter Reed. Currently, the Candidate Recommendation (CR) would need to build additional facilities to meet the requirements of the CR. The HSA representative stated that his JCSG believes that the organizations moved from PEN REN space will not re-occupy space in the Pentagon. If this is the case, the COBRA needs to be footnoted and they will need certified data to support the CR.

g. Forest Glen. Forest Glen is a relatively new facility that is a sub installation of Walter Reed. MED believes that there is no benefit to closing the facility and it is located at the foot of the Maryland Biomedical Corridor. Additionally, there is an ongoing RCI project at Forest Glen that would require termination if the facility is closed/moved.

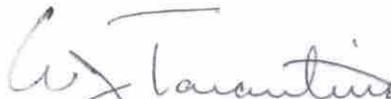
h. MILCON. MILCON is not scheduled to begin until 2008 in MED-0002 with an estimated completion of 2010/11. WRAMC is used while the BNMC and the new Fort Belvoir medical center are being built and renovated. This may require some renovation of facilities at Walter Reed to support the additional workload. Additionally, MED JCSG stated that approximately 30 percent of the Soldiers currently working or are patients at WRAMC would move to the BNMC and 70 percent would work at the new center at Fort Belvoir. This proposal does not provide for any barracks space for Soldiers at either location. While it is possible for the some of the Soldiers to billet where they are currently located, this would not work for the Soldiers working or receiving medical care at Fort Belvoir. Neither the protential renovation nor new barracks construction were included in the costs for MED-0002. Also, HSA-0106 requires the facilities at Water Reed to be renovated prior to vacating lease space. As they are currently planned, both CRs cannot be completed during the BRAC required timeframe.

4. Mr. Yaglom and the other MED Representatives agreed with the comments and recognized that detailed footnotes are required. We asked the JCSG to provide updated .CBR files by Monday, 28 March 2005. The MED JCSG agreed to provide the updated .CBR files as soon as possible.

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5. The TABS point of contact is LTC Bob Stanley at (703) 696-2957 or william.stanley@us.army.mil .



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Chief, Modeling Support Team

Encl as

CF:

Medical Joint Cross Service Group (w/encls)

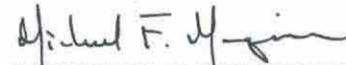
Office of the Secretary of Defense Base Realignment and Closure Office (w/encls)

MEMORANDUM FOR RECORD

SUBJECT: COBRA Review of MED-0004a Close In-Patient Facilities at Naval Hospital
Cherry Point Medical Facility

1. GENERAL COMMENTS:
 - a. COBRA Analysis has no footnotes.
 - b. Base X is included as an installation in the COBRA analysis, but it is not used.
2. SCREEN 1: The screen has no footnotes. The candidate recommendation description should be included here.
3. SCREEN 2: No comments.
4. SCREEN 3: There are no equipment or personnel movements on Screen 3. Footnotes should explain why.
5. SCREEN 4: No comments.
6. SCREEN 5: There are no footnotes explaining any of the costs or savings. There are both, recurring savings and recurring costs. Footnotes need to explain why there are both.
7. SCREEN 6: Personnel reductions are not addressed in footnotes.
8. SCREEN 7: No comments.
9. SCREEN 8: No comments.


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MICHAEL F. MAGUIRE
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Cc: COL Tarantino

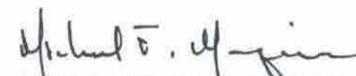
MEMORANDUM FOR RECORD

SUBJECT: COBRA Review of MED-0004b Close In-Patient Facilities at Ft. Eustis

1. GENERAL COMMENTS:

- a. COBRA Analysis has no footnotes.
 - b. Base X is included as an installation in the COBRA analysis, but it is not used.
2. SCREEN 1: The screen has no footnotes. The candidate recommendation description should be included here.
3. SCREEN 2: No comments.
4. SCREEN 3: There are no equipment or personnel movements on Screen 3. Footnotes should explain why.
5. SCREEN 4: No comments.
6. SCREEN 5:
- a. There are no footnotes explaining any of the costs or savings. There are both recurring savings and recurring costs, footnotes need to explain why there are both.
 - b. The proposal deactivates in-patient services at Ft. Eustis, but does not shut-down any facilities. This should be explained.
7. SCREEN 6: Personnel reductions are not addressed in footnotes.
8. SCREEN 7: No comments.
9. SCREEN 8: No comments.


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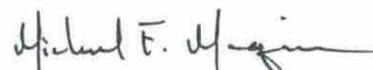
Cc: COL Tarantino

MEMORANDUM FOR RECORD

SUBJECT: COBRA Review of MED-0004c Relocate the USAF Academy In-Patient Services to the Ft. Carson Medical Facility

1. GENERAL COMMENTS:
 - a. COBRA Analysis has no footnotes.
 - b. Base X is included as an installation in the COBRA analysis, but it is not used.
2. SCREEN 1: The screen has no footnotes. The candidate recommendation description should be included here.
3. SCREEN 2: No comments.
4. SCREEN 3: There are no equipment or personnel movements on Screen 3. Footnotes should explain why.
5. SCREEN 4: No comments.
6. SCREEN 5:
 - a. There are no footnotes explaining any of the costs or savings. There are both, recurring savings and recurring costs, at Ft. Carson. Footnotes need to explain why there are both.
 - b. Need to explain the recurring savings at the Air Force Academy.
 - c. The In-Patient Facilities close at the Air Force Academy, but there are no facilities shut-down.
7. SCREEN 6: Personnel reductions are not addressed in footnotes.
8. SCREEN 7: No comments.
9. SCREEN 8: No comments.


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MEMORANDUM FOR RECORD

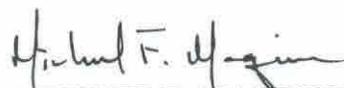
SUBJECT: COBRA Review of MED-0005 Move all Enlisted Medical training to Ft. Sam Houston.

1. GENERAL COMMENTS: COBRA Analysis has footnotes but it is impossible to tell what numbers or input they refer to. Most footnotes are on screen 2, even though none seem to pertain to distances.
2. SCREEN 1: The screen has no footnotes. The candidate recommendation description should be included here.
3. SCREEN 2: The footnotes on this screen appear to refer to data on other input screens.
4. SCREEN 3: Personnel movements need to be explained in the footnotes. Need to note what the units moving are, where the personnel strengths came from, etc.
5. SCREEN 4: No comments.
6. SCREEN 5: There are no footnotes explaining any of the costs or savings.
 - a. What is the one-time moving cost of \$9,000 at Great Lakes?
 - b. What is the \$51,474,000 one-time unique cost at Ft. Sam Houston?
 - c. The facilities shut-down at the losing installations needs to be notated.
 - d. The Criterion 8 data supplied by the Army shows \$1,050,000 in environmental costs at Ft. Sam Houston that does seem to be included in the COBRA input data.
7. SCREEN 6: Personnel reductions are not addressed in footnotes.
 - a. Reductions at losing installations need to be footnoted as to whether the reductions are results of consolidation savings or reductions in BOS personnel.
 - b. The personnel reduction at Ft. Sam Houston is unexpected because there should be an increase for BOS functions. The savings needs to be addressed in the footnotes.
8. SCREEN 7:
 - a. Army SDC response information was not used for MILCON requirements at Ft. Sam Houston. If some other standard was used it should be footnoted.
 - b. 1,360,000 ft² of MILCON is constructed at Ft. Sam Houston, however, no parking is included.

9. SCREEN 8: No comments.



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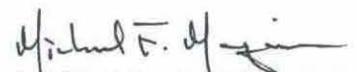
MEMORANDUM FOR RECORD

SUBJECT: COBRA Review of MED-0016 San Antonio Region

1. GENERAL COMMENTS: Base X is included in the COBRA file, however, it is not used.
2. SCREEN 1: Footnotes will confuse readers without a background in how the Medical JCSG is organized. What is transferring from Lackland AFB to Ft. Sam Houston?
3. SCREEN 2:
 - a. The footnotes on this screen appear to refer to data on other input screens.
 - b. Cryptic footnote, "Screen 4, F14 Enlisted Housing Units Vacant".
4. SCREEN 3: Footnotes refer to an 80%-20% split in movement of personnel between Ft. Sam Houston and Base X, but no personnel move to Base X in the proposal. Further, no reason is given for the 80-20 split. The footnote goes on to state that the 131 Officers and 97 Enlisted described as the 20% are then added to the civilian eliminations on screen 6. This needs to be explained.
5. SCREEN 4: No comments.
6. SCREEN 5:
 - a. Footnotes describing the use of recurring savings to offset Tri-care costs generated by the COBRA model need to be clear. The current footnote is quite dense.
 - b. Recurring mission savings at Lackland AFB are poorly explained. The footnotes seem to indicate cost savings that COBRA produces as part of its algorithms for the losing installation.
 - c. One-time costs at Lackland AFB and Ft. Sam Houston are not explained.
 - d. One-time moving costs at Ft. Sam Houston are not explained.
 - e. MILCON schedule change is referred to as a "workload split". Footnote should be clearer on the reason for this.
7. SCREEN 6: The footnote describing the personnel reductions does not explain what they are for. Further, the reason for turning a military reduction into a civilian reduction is not explained.
8. SCREEN 7:
 - a. The MILCON footnotes are quite complex and the numbers they detail for cost override of the COBRA algorithms do not appear to be used.
 - b. Lackland AFB is the losing installation in this recommendation, yet 553,452 ft² of hospital space is constructed at Lackland. This needs to be explained.

9. SCREEN 8: Screen 8 contains a footnote about civilians needed for Base Ops.
Screen 8 is for building enclaves and has no personnel inputs.


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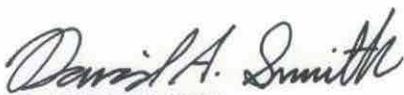

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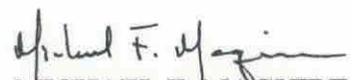
Cc: COL Tarantino

MEMORANDUM FOR RECORD

SUBJECT: COBRA Review of MED-0054 Disestablish In-Patient Services at Ft. Knox

1. GENERAL COMMENTS:
 - a. COBRA Analysis has no footnotes.
 - b. Base X is included as an installation in the COBRA analysis, but it is not used.
2. SCREEN 1: The screen has no footnotes. The candidate recommendation description should be included here.
3. SCREEN 2: No comments.
4. SCREEN 3: There are no equipment or personnel movements on Screen 3. Footnotes should explain why.
5. SCREEN 4: No comments.
6. SCREEN 5:
 - a. There are no footnotes explaining any of the costs or savings. There are both, recurring savings and recurring costs, at Ft. Knox. Footnotes need to explain why there are both.
 - b. No footnote explaining the one-time unique cost at Ft. Knox.
 - c. The In-Patient Facilities close at Ft. Knox, but there are no facilities shut-down.
7. SCREEN 6: Personnel reductions are not addressed in footnotes.
8. SCREEN 7: No comments.
9. SCREEN 8: No comments.


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