

**MINUTES OF THE MAY 29, 2003 MEETING OF THE MEDICAL JOINT CROSS
SERVICE GROUP (MJCSG)**

ROOM: 1E801#7, 1500-1700 hrs

Attending: LG Taylor - Chair, RADM Vanlandingham- BUMED, MG Farmer, Army Deputy Surgeon General, RADM Martin - Navy Deputy Surgeon General, Col Davis- J4-MRD, RADL Hufstader, USMC - Surgeon General, Mr Ford - ASD(HA), Mr McAndrew - USD(AT&L), LTC Phillippe, SAIE-IA, Maj Fristoe - OSD/TMA, Col Hamilton - Secretary/Recorder. Additional attendees in Atch 1.

Decisions:

- Minutes of May 15, 2003 meeting approved as amended.
- Generally if a base is closed the military medical facility servicing that facility will also be closed. However, this rule is not to be applied without consideration of the military value of the population available in the surrounding area.

Action Items:

- Each Group member provide ideas and nominations in response to the USD(AT&L) May 23, 2003 memo, "Transformational options for BRAC 2005."
- Each Group Member review nomination memo and provide feedback by June 6, 2003. The signed memo will be forwarded to each of the MJCSG Members for their use within their workgroups.

Meeting Overview:

- Chairman's comments welcomed the additional attendees at the meeting of the MJCSG. The additional attendees included workgroup members.
- The Chairman provided a short presentation of the global analytical approach that generated discussion among the group members reflecting the complexities of the task. However, the MJCSG generally supported the analytical concept. There was a discussion on the Scenario building aspect of the MJCSG task. Scenario building is the last major task in which the MJCSG will investigate various combinations of facilities to assess their ability to meet the DOD Military Health System mission. This part of the MJCSG workplan will be the most affected by the BRAC base closure decision and will require close coordination between the Joint Cross Service Groups and the Services. It was noted that this phase of the process would require the most negotiation between the various parties in the process. This means that the model developed by the MJCSG, which is built on the workgroup models, must be very robust to ensure that it can address perturbations of unknown variety and severity.
- The Workgroup Reports were presented and the discussion demonstrated the need for regular reports and the value of holding expanded meetings as the discussion highlighted areas where there was overlap in the Workgroup approaches to their tasks.

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- The issue of overseas labs was raised by the Research, Development and Acquisition Workgroup as an important aspect of the overall ability of the DOD Medical Health System technology development effort.
- The Infrastructure Workgroup identified a shortfall in USMC reps due to the fact that most of the Marine Corps is deployed.
- The MJCSG noted in several instances that the Teams were developing extensive data calls that could ask for substantial amount of information. The Chair cautioned all to make sure that all data requested would be put to use as it wasn't appropriate to collect data from the medical facilities and not use it in their analyses. This led to a discussion of the data call procedures. The OSD representative indicated that data calls are generally a list of questions to obtain information for analysis. The data calls developed by Joint Cross-Service Groups will be submitted to the ISG for approval. The BRAC Directors (OSD and Military Departments) will ensure these questions are integrated within the Military Department data calls. Once the ISG approves the data calls they will be provided to the Military Departments for issuance. The Military Departments will ensure the data collected is certified through their processes and JCSG data will be provided responses to their respective data calls for analysis.
- Discussion on the issue of certified data was rejoined over the issue of the large databases of information, potentially useful to the Medical BRAC deliberations available through the ASD(HA). The concept was raised that certification of the data source could be a way to gain access to these significant stems and reduce substantially the need for external data calls.
- The discussion of the May 23, 2003 USD(AT&L) memo highlighted the need to think about potential BRAC options outside of the medical area as MJCSG, by charter, is supposed to develop good ideas for the DOD medical system. Any good ideas that are approved by the ISG must be analyzed within the BRAC 2005 process.

DCN: 11352

NEXT MEETING: June 12, 2003, Room 1E801#1 Pentagon, 1500-1700 hrs.



GEORGE P. TAYLOR, JR.
Lieutenant General, USAF, MC, CFS
Chair

Attachments:

1. Additional Attendees
2. Agenda
3. USD(AT&L) May 23, 2003 Memo
4. Draft Appointment Memo
5. Chairman's Presentation
6. Workgroup Presentations

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Attachment 1 - Other Attendees:

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Name	Organization
Mr Potochney	USAD(AT&L)
Ms Bayert	USD(AT&L)
LTC Phillippe	SAIE-IA
MAJ Fristoe	OSD/TMA
CAPT Jane Mead	USUHS
Bob Opsut	OSD/HA
CDR Vineyard	J4/HSSD
COL Doug Rabren	Army OTSG
CDR Ron Deike	HSO Norfolk
CDR Tom Sawyer	BUMED
Mike Joseph	DODIG
Betsy Brilliant	DODIG
Sanford Tomlin	DODIG
Tom McGue	NMETC
Tom Miller	NMETC
Robert Taft	NMETC
CDR Gene Summerlin	DASN IA
Raj Gupta	USAMRC
COL John F. Glenn	USAMRMC
Sal Cirone	OASD(HA)
Col Darnell M. Waun	HQ AMC/SGO
Col Mark Sager	HQ AFMSA/SGM
CPT Monica Douglas	Army OTSG/PER
LT Ron David	NMLC
1 st Lt Scott Miller	HQ USAF/SGML (AFMLO)
CDR Rich Franco	BUMED
Michael McAndrew	DDUSD(I&E)
Joey Sowell	NMCL Quantico
Fanancy L. Anzalone	BUMED EA SG
Steve Henske	BUMED Deputy, COS
Dick Fletcher	BUPERS (PERS-4415a1)
Betsy Nolan	BUMED
Christy Music	OASD(HA)
Maunce Yaglom	Army OTSG
Col Thom Kurlmel	OASD(HA) CFO

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Medical Joint Cross Service Group

05/29/2003
3:00 PM to 5:35 PM
Room 1E801 #7
Pentagon, Washington DC

Meeting called by: LG Taylor, Chair Type of meeting: Routine
Note taker: Col Mark Hamilton

Please read: USD(AT&L) Memo
Please bring: Team Chairs are invited to attend, team members are allowed as available.

Agenda

Chair Comments	Chair	10
Review of 15 May minutes	Col Hamilton	5
Chair Overview of MJCSG	Chair	15
Workgroup Reports	Workgroup Chairs	100
New Business	MJCSG	
USD(ATL) Memo	Chair	5
Review of Taskings/Notes	Col Hamilton	10
Closing Comments	Chair	5

Additional Information



ACQUISITION,
TECHNOLOGY
AND LOGISTICS

THE UNDER SECRETARY OF DEFENSE

DCN: 11352

3010 DEFENSE PENTAGON
WASHINGTON, DC 20301-3010

MAY 23 2003

MEMORANDUM FOR CHAIRMEN, BRAC 2005 JOINT CROSS-SERVICE GROUPS

SUBJECT: Transformational Options for BRAC 2005

The Secretary of Defense, in his November 15, 2002, memorandum initiating the BRAC process, asked for a broad series of options for stationing and supporting forces and functions to increase efficiency and effectiveness. As the Secretary indicated in that memorandum, the enduring value of our BRAC effort rests largely on our ability to conduct an analysis that reaches beyond a mere capacity reduction in the status-quo configuration to one that "reconfigure[s] our current infrastructure into one in which operational capacity maximizes *both* warfighting capability and efficiency."

To assist in this effort, we must pull together the very best suggestions to stimulate critical analysis by the Military Departments and the Joint Cross-Service Groups in support of the most comprehensive and transformational analysis possible. To that end, I request each Joint Cross-Service Group identify some key transformational options for stationing and supporting forces and functions that you judge will rationalize our infrastructure consistent with defense strategy and contribute to increased efficiency and effectiveness. Options will be reviewed by the Infrastructure Steering Group and Infrastructure Executive Council to determine their potential impact on military value before being forwarded to the Secretary for approval. These options will constitute minimum analytical frameworks upon which the Military Departments and Joint Cross-Service Groups will conduct their respective BRAC analyses.

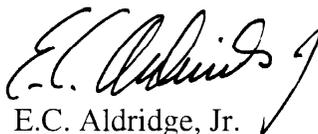
Because of the sensitivity of BRAC and the deliberative nature of the analytical process, the BRAC analytical process is a closely held internal Department responsibility. Therefore, I ask you to shape your suggestions within the following constraints.

- Please provide a brief written description for each suggested option. Cross-referencing to earlier studies would be helpful.
- Please make your options overarching and notional. Do not identify any specific installations.
- Please provide your input within 30 days.
- Please treat your response to this request as an internal deliberative document.



In addition to obtaining your Joint Cross Service Group's input, the ISG believes that, in your functional role, you exchange ideas and views with a variety of private and public sector organizations. Therefore, the ISG would like each of you to nominate organizations from which DoD would consider soliciting additional ideas. By June 20, 2003, please provide the names and a brief description of any organizations that you believe could contribute to the development of the analytical frameworks for BRAC 2005. The ISG will consider your suggestion to solicit input from these organizations and send appropriate letters requesting their input. Please do not contact these organizations directly.

Thank you in advance for your thoughtful consideration of this request. I look forward to your contribution to shaping our BRAC 2005 effort. Should you have any question regarding this request, please contact Mr. Peter Potochney, the OSD Director for BRAC, at (703) 614-5356.



E.C. Aldridge, Jr.
USD (Acquisition, Technology & Logistics)
Chairman, Infrastructure Steering Group



DEPARTMENT OF THE AIR FORCE
HEADQUARTERS UNITED STATES AIR FORCE
WASHINGTON, DC

DCN: 11352

July 9, 2003

MEMORANDUM FOR MEDICAL JOINT CROSS SERVICE GROUP WORKGROUP
MEMBERS

FROM: MEDICAL JOINT CROSS SERVICE GROUP

SUBJECT: BRAC 2005 Deliberations - Workgroup Membership

Congratulations on becoming a part of the Medical Joint Cross Service Group's deliberations for the BRAC 2005 program. Your participation is critical. The SECDEF's intent is that this BRAC round be transformational and fundamentally reshape our military. As the level of Service analysis is much reduced for BRAC 2005, your presence is the principal method for ensuring that the Service specific issues are aired. Your presence and participation will be a key to success for BRAC 2005.

Support for the BRAC 2005 deliberations must come from your Services and part of your Service's responsibilities is to provide you with necessary time to accomplish your tasks. Each Service has a central BRAC office and I encourage you to contact them if you have any questions relating to resources.

Welcome to the team!

A handwritten signature in black ink, which appears to read "George P. Taylor Jr.", is positioned above the typed name.

GEORGE P. TAYLOR JR.
Lieutenant General, USAF, MC, CFS
Chair



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Base Realignment and Closure

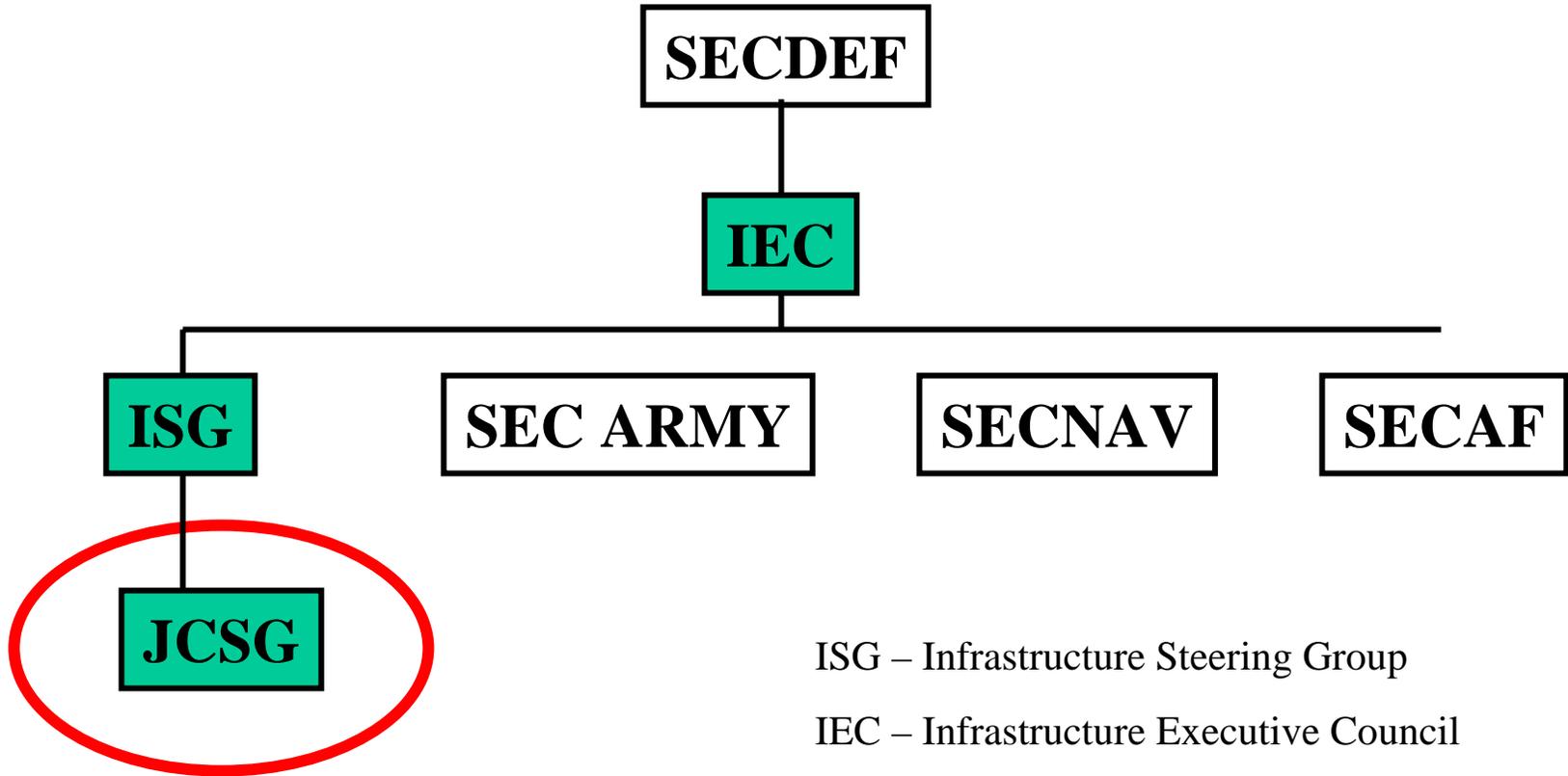
Medical Joint Cross-Service Group

29 May 2003



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BRAC



ISG – Infrastructure Steering Group

IEC – Infrastructure Executive Council



History

- **Medical Group in BRAC 1995**
 - **Reports – Library available**
 - **Areas Covered:**
 - **GME**
 - **Facility Sizing**
- **Current Effort Much Broader in Scope**
 - **All aspects of the Medical System**
 - **Business Rules as well as infrastructure**



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Organization of the MJCSG

- Workgroup Requirements
 - Specific joint cross-service functions pulled from services
 - General Description of your approach
 - Notional Metrics/data sources
- Workgroups
 - Medical Education and Training – VADM Cowen
 - Medical/Dental Market Management – Mr Ford
 - Medical R,D, & Acquisition – MG Farmer
 - Deployment Force Sizing – RDML Matcezum
 - Medical/Dental Infrastructure – RDML Hufstader



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Key MJCSG Deadlines

- July 2003 – Chair report to the ISG on Capacity Analysis
- Sept 2003 – Capacity Data Call Sent to Services
- Dec 2003 - Draft Selection Criteria
- Feb 2004 – Military Value Data Call Sent to Services
- Summer 2004 – Scenario Building
- Fall 2004-Winter 2005 – Final Recommendations

MJCSG Conceptual Approach

Notional Sizing Only

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MJCSG
Recommendation
(Working Title:
MHS 2010)
- Dec 04



Scenarios –
Fall Aug-Dec
04

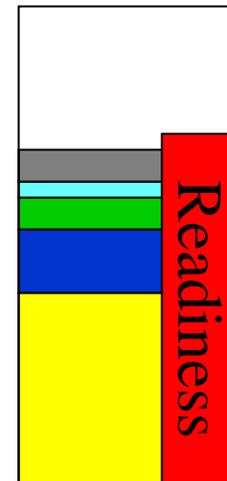
Excess?

Military
Value –
Jan-May 04

Capacity
Analysis -
Now



MJCSG
Analysis
Summer
04



Service Specific
Infrastructure
S,D & A
Ed & Trng
Market



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Workgroups

- Medical/Dental Market Requirements 
- Deployment Force Sizing 
- Research, Development and Acquisition 
- Medical Education and Training 
- Medical/Dental Infrastructure 



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QUESTIONS

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Workgroup Presentations

Medical Joint Cross-Service Group

29 May 2003

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Initial Framework for Capacity Analysis

**Medical Research Development Acquisition
29 May 2003**

Objective

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An affordable medical RDA infrastructure that provides essential capabilities across the entire spectrum of military medical concerns, assuring sustainment of critical mass and unique facilities in areas of core competency.

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Medical RDA Analytical Components

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- Mission
 - Medical Chemical Defense
 - Medical Biological Defense
 - Medical Radiological Defense
 - Combat Casualty Care
 - Infectious Disease
 - Military Operational Medicine
 - Human Performance Research in Operational Environments
 - Military Dentistry
 - Medical Acquisition
- Capabilities
 - “General” Labs: Virology; Molecular Biology, etc.
 - Special Functional Labs: Bio-Level 3 / 4; Radiological; Chemical
 - Research Platforms and Populations
 - Program Management
- Capacity
 - People
 - » Military
 - » Civilian
 - » Contract (on and off-site)
 - Funding Available
 - » S&T
 - » Adv. Development
 - » Infrastructure
 - Infrastructure
 - » Location
 - » Space
 - » Unique equipment

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Biomedical Mission Content 11352

- **Infectious Diseases of Military Importance**
 - Diseases typically not endemic to US and/or particular threat to U.S. Mil Forces
- **Combat Casualty Care**
 - Far-forward care under austere conditions; echelonment of care
- **Medical Chemical Defense**
 - The “poor man’s” weapon of mass destruction
- **Medical Biological Defense**
 - Important differences in route of infection
- **Military Operational Medicine**
 - Sustain health & performance in face of hazards posed by demands of military operations
- **Military Dentistry**
 - Includes maxillofacial injury treatment
- **Ionizing Radiation Bioeffects**
 - Nuclear & high altitude threats

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Department of Defense
BRAC 2005 Process
Medical and Dental Information Systems
Capacity and Utilization

Medical & Dental Information Systems

Current Capacity
Current Utilization
Logical Service Areas

jsowell@quantico.med.navy.mil

(703) 784-1833



Department of Defense
BRAC 2005 Process
Medical and Dental Information Systems
Capacity and Utilization

Current Capacity

26 May 2003

IT Evaluation Team

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Department of Defense
BRAC 2005 Process
Medical and Dental Information Systems
Capacity and Utilization

- Data Call
 - Develop Data Models
- Determine current capacity
 - Ability to handle current and projected needs into the know future.
- Surge Capacity

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Department of Defense
BRAC 2005 Process
Medical and Dental Information Systems
Capacity and Utilization

Current Utilization

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Department of Defense
BRAC 2005 Process
Medical and Dental Information Systems
Capacity and Utilization

- Data Call
 - Develop Data Models
- Determine current utilization
 - Projected utilization into the known future.
- Data Sources

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Department of Defense
BRAC 2005 Process
Medical and Dental Information Systems
Capacity and Utilization

Logical Service Areas

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Department of Defense
BRAC 2005 Process
Medical and Dental Information Systems
Capacity and Utilization

- Data Call
 - Develop Data Models
- Determine Logical Service Areas
 - Areas of availability of existing services.
 - Labor and time saving initiatives.

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(703) 784-1833

Group 2 – Medical and Dental Information Systems

1. Data elements required to determine current capacity.
 - a. Types of connectivity. e.g. T1, T3, etc.
 - b. Data drop density. Total number of available drops by type (CAT 3, CAT5, CAT5E, CAT6, Fiber)?
 - c. Number of end user devices (PC's, printers, hand held devices)?
 - d. Number of servers? Type of server and application it supports?
 - e. Type of network operating systems, NOS, (NT, 2000, Unix, etc)? Number of client licenses by NOS?
 - f. Desktop applications? Number of end user licenses?
 - g. Number of support staff positions by specialty (e.g. Database Administrators, DBA's, System Administrators, SA's, Application Developers, Network Staff, Technicians, etc.)?
 - h. Number of support staff positions by type (e.g. Military, Civilian, Contractor)?
 - i. Projected capacities
 1. Projected types of connectivity changes. e.g. T1 to T3, etc.?
 2. Data drop density changes. Projected increases or decreases in total number of available drops by type (CAT 3, CAT5, CAT5E, CAT6, Fiber)?
 3. Projected number of increase/decrease in end user devices (PC's, printers, hand held devices)?
 4. Projected number of increase/decrease in servers by type of server and application supported application?
 5. Projected change in type of network operating systems, NOS, (NT, 2000, Unix, etc)? Number of client licenses by NOS?
 6. Projected increases/decreases in number of desktop applications and number of end user licenses?
 7. Projected number of increases or decreases in support staff positions by specialty (e.g. Database Administrators, DBA's, System Administrators, SA's, Application Developers, Network Staff, Technicians, etc.)?
 8. Projected number of support staff positions by type (e.g. Military, Civilian, Contractor)?
 9. Projected moves, construction, or mission changes planned?
2. Data elements required to determine current utilization.
 - a. Total bandwidth utilization: Peak, Off-Peak?
 - b. Total drops currently utilized?
 - c. Total number of available open ports on switches or hubs?
 - d. Total number of users vs. end user devices?(include PCs, Printers, PDAs, etc.)
 - e. Current server processor and memory utilization: Peak, Off-Peak?
 - f. Current active users of NOS?
 - g. Current number of support staff positions filled by specialty?
 - h. Current number of support staff positions filled by type?

Group 2 – Medical and Dental Information Systems

i. Projected Utilization

1. Projected bandwidth utilization: Peak, Off-Peak?
2. Projected drops utilized?
3. Projected number of available open ports on switches or hubs?
4. Project number of users vs. end user devices?(include PCs, Printers, PDAs, etc.)
5. Projected server processor and memory utilization: Peak, Off-Peak?
6. Projected active users of NOS?
7. Projected number of support staff positions filled by specialty?

3. Who to ask for data?

- a. Individual service medical CIO's.
 - i. Major Subordinate Commands and MTF's.
- b. IMT&R CIO (HA).
 - i. PEO.
 1. IT Program Offices.
- c. Commercial Vendors.
- d. Veterans Administration Medical CIO.

4. Medical Logical Service Areas.

- a. Define Logical Service Areas (LSA)
 1. MTFs
 2. Regional Application Host
- b. Identify what medical functions exist within LSAs
 1. Medical Imaging
 2. Medical Dictation Services
 3. IT Vendors of products and services
 4. Communication Service providers
 5. Mass Data Storage and retrieval
 6. Data Security and Privacy providers
- c. Data sources
 1. Local periodicals
 2. Phone book
 3. Electronic media
 4. Internet
- d. Contact local vendors and service providers to determine current capabilities and ability to provide expansion services.
- e. Same as d above.

5. Outside LSA

- a. Medical Imaging
- b. Medical Dictation Services
- c. IT Vendors of products and services

Health Care Market Analysis^{DCN: 11352}

- Given a DoD beneficiary population in a market, what are the health care needs for that population?
- What are the required resources to deliver those health care needs?
- What is the available resources in the market to meet those needs?
- How do the health care needs and resources change with movement of the active duty population?

Health Care Market Analysis Database

For each market area:

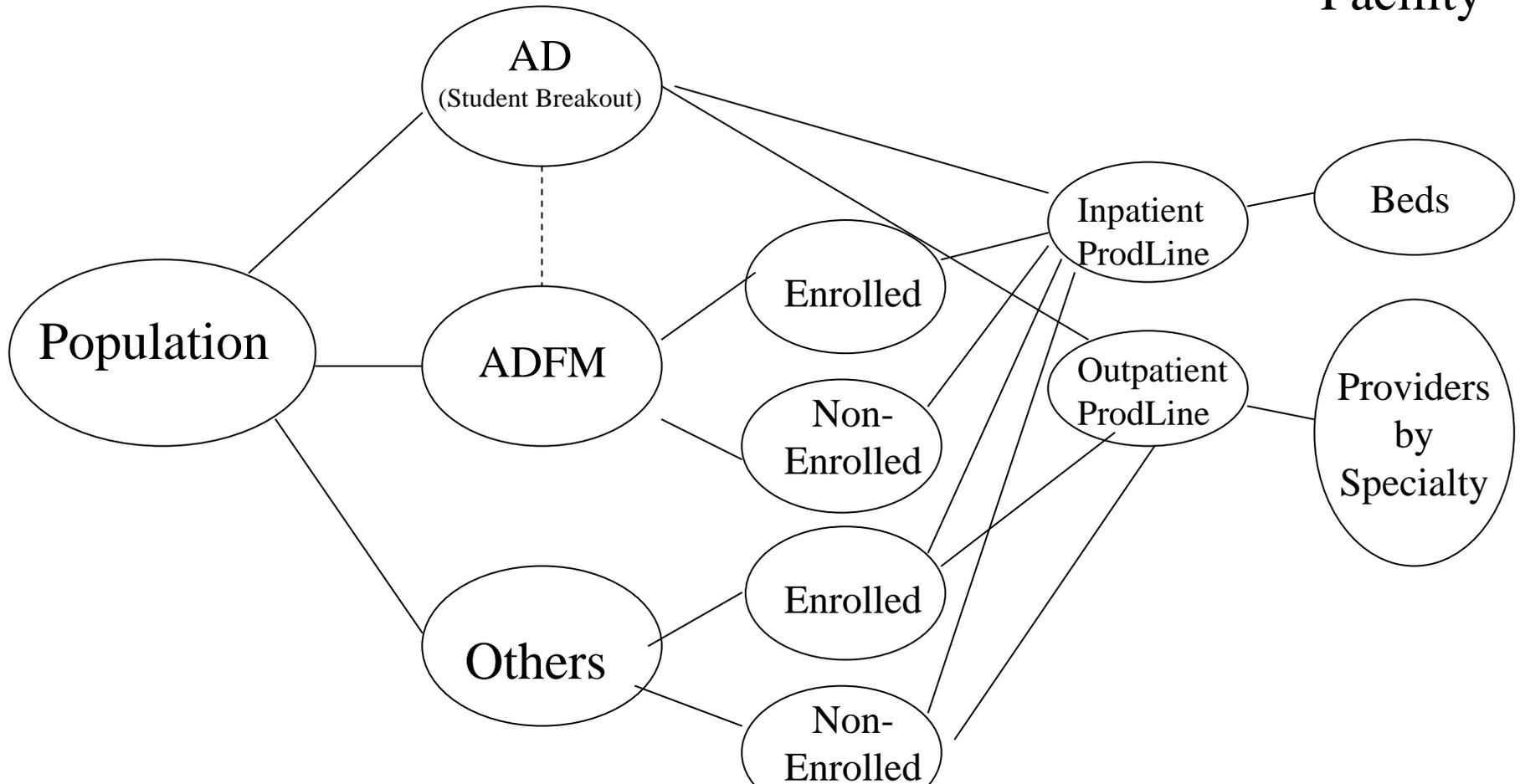
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Population

Enrollment

Demand

Manpower/
Facility



Health Care Market Analysis Database

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DoD-Wide:

- Dependency Rates for AD by Age, Gender, Officer/Enlisted, Student/PermParty
- Utilization Rates by Age, Gender, Bencat, Product Line
- Minimum demand levels for Providers
- Productivity by Product Line for Providers, Support Staff
- Open The Door Requirements for Inpatient Product Line/Facility

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Initial Framework for Capacity Analysis

Deployment Force Sizing

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BRAC 2005 MEDICAL JOINT CROSS-SERVICING GROUP***Working Group on Deployment Force Sizing*****MISSION**

To perform a cross-service analysis of Health Service Support Deployment Force Sizing, with a comprehensive review of DoD requirements – specifically looking at maximizing warfighting capability and efficiencies to include those required for Homeland Defense. The Group will perform detailed and standardized analyses of all areas under their purview, using certified data to develop recommendations to the JCSG.

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BRAC 2005 MEDICAL JOINT CROSS-SERVICING GROUP***Working Group on Deployment Force Sizing*****MISSION : Team I: Medical and Dental Warfighting Requirements**

Convene a joint working group in support of Medical Base Realignment and Closure analytical efforts that gathers, analyzes, and provides conclusions to the Deployment Force Sizing Sub-Group concerning Medical and Dental Warfighting Requirements. Analytical efforts will include but not limited to capabilities, force structure, and attendant infrastructure requirements associated with medical and dental support requirements to warfighting forces. The scope of the effort necessarily includes those medical requirements associated with the deployable medical/dental forces, those requirements associated with both the deployable and fixed medical/dental facilities, and those forces singularly associated with fixed medical/dental facilities. Products will be coordinated across Teams within the Deployment Force Sizing Sub-Group and delivered as prescribed on a timeline prescribed the Deployment Force Sizing Sub-Group. All data used in the analytical will be from certified sources as prescribed by the Deployment Force Sizing leadership. This team will remain organized until directed to disband by the Deployment Force Sizing Sub-Group.

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BRAC 2005 MEDICAL JOINT CROSS-SERVICING GROUP***Working Group on Deployment Force Sizing*****FRAMEWORK**

The new defense strategy requires forces with strategic agility capable of bringing power to bear over long distances in a timely fashion while conducting an active defense of US territory. The strategy requires that we transform the force, which will entail some risk in the near term. In some cases, we will forego currently planned systems to invest in capabilities that will reduce future risk. It will be particularly appropriate to do so where systems do not complement joint concepts of operations, especially networked operations, where they extend already superior US capability or where they make ill-defined contributions to the new strategy's goals.

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BRAC 2005 MEDICAL JOINT CROSS-SERVICING GROUP***Working Group on Deployment Force Sizing*****FRAMEWORK**

The QDR 2001 force planning approach, which is given in greater definition in the Contingency Planning Guidance, directs planners and programmers to achieve capabilities for:

- Defending the US homeland and territory against external attacks
- Deterring aggression and coercion in critical regions: Northeast Asia, East Asian Littoral, Middle East/Southwest Asia and Europe
- Swiftly defeat the efforts of an adversary in two overlapping wars while preserving the President's option to call for a decisive victory in one of those conflicts – including the possibility of regime change or occupation
- Conducting a limited number of lesser contingency operations

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BRAC 2005 MEDICAL JOINT CROSS-SERVICING GROUP***Working Group on Deployment Force Sizing*****FRAMEWORK**

The Department's most important mission is defense of the US homeland, particularly as it pertains to defense against CBRNE threats. The Department will, within the next two years, establish the optimal organizational architecture to manage homeland defense, civil support and emergency preparedness missions and ensure DoD's interoperability with and support to other federal, state and local agencies.

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BRAC 2005 MEDICAL JOINT CROSS-SERVICING GROUP***Working Group on Deployment Force Sizing*****FRAMEWORK**

Service Medical Departments will transition from the current large, deployable medical units to modular, clinically capable, rapidly deployable, and technologically advanced units capable of supporting the full spectrum of military operations.

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BRAC 2005 MEDICAL JOINT CROSS-SERVICING GROUP

Working Group on Deployment Force Sizing

- Determination of DFS Team Mission Statements
- Determination of DFS Team Mission Needs
 - Background
 - Purpose and Scope
 - Priorities and Goals
 - Major Objectives
 - Key Constraints
 - Duration
 - Validation/Signature by RDML M

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BRAC 2005 MEDICAL JOINT CROSS-SERVICING GROUP***Working Group on Deployment Force Sizing***

- Determination of Sources of Information
 - OPLAN/DPG/JSCP
 - OTSG/BUMED/SGX – MTF Capacity
 - NDMS/HHS/FRP
 - TAA
 - TMA Cost of Readiness Matrix
 - Service Transformation Plans

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BRAC 2005 MEDICAL JOINT CROSS-SERVICING GROUP

Working Group on Deployment Force Sizing

- Key elements - Capacity Data Call Development
 - Write questions to collect physical and operational capacity
 - Compare force structure with capability
 - Develop attributes to be measured & assign weights
 - MilDeps collect & certify responses

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BRAC 2005 MEDICAL JOINT CROSS-SERVICING GROUP

Working Group on Deployment Force Sizing

Write questions to collect physical & operational capacity

- **Determination of Current Capabilities Required to support the NMS/DPG**
 - What additional missions do you have that have support agreements contained within them? Specifically IRT disaster preparedness or HD/HS? What are the capabilities available?
 - As the FRP ESF #8 states – DOD has the secondary mission for support when HHS is not available. What are the capabilities that are provided for backup of HHS events?
 - What are your capabilities that are available to support NDMS during an HHS and a DOD activated event?
 - What are your capabilities to support the reception and distribution of casualties?
 - What are the USTC capabilities for DOD AE transport for NDMS/HD/HS?
 - What capabilities are available for peacetime movement of DOD eligible beneficiaries?
 - What capabilities are available for contingency movement of DOD eligible beneficiaries?
 - What capabilities are required to support the GWOT?

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BRAC 2005 MEDICAL JOINT CROSS-SERVICING GROUP



Working Group on Deployment Force Sizing

- Road Ahead
 - Team Leaders
 - Develop Missions statement for Sub-Groups
 - Develop MNS for RDML M approval/signature
 - Review Sources of Information – Edit/Delete/Add
 - Review Questions to Collect Physical & Operational Capacity – Edit/Delete/Add
 - Think about how we can compare force structure with capability
 - Think about how we can develop attributes to be measured and assign weights

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INVESTMENT EQUIPMENT RATES

1. Value Rate:
 - a. By facility - value of Investment Equipment/total value of inventory
2. Useful Age Rate:
 - a. By facility – age of investment equipment by piece/life expectancy
3. MHS Density Rate (per market):
 - a. # of pieces of equipment (by type)/enrolled population
4. Community Density Rate:
 - a. # of pieces of equipment (by type)/population served
5. Utilization Rate
 - a. MHS - #of hours of actual operation/# of hours capable of operation
 - b. Community - #of hours of actual operation/# of hours capable of operation
 - c. In equipment where “hours” is not applicable, use “procedures”.
6. Capacity Rate:
 - a. MHS – total number of hours or procedures (x) capable operating hours
 - b. Community – total number of hours or procedures (x) capable operating hours
7. Surge Rate:
 - a. MHS – total number of hours or procedures (x) extended operating hours
 - b. Community - total number of hours or procedures (x) extended operating hours
8. Efficiency Rate:
 - a. MHS – total operating cost (FTE, consumables, OH)/# of procedures
 - b. Community - total operating cost (FTE, consumables, OH)/# of procedures
9. Net value rate:
 - a. Sustainment costs (repair, service, maintenance)/Acquisition cost
10. Reliability rate:
 - a. MHS – total down time/total up time (by piece of equipment)
 - b. Community – total down time/total up time (by piece of equipment)
11. Failure rate:
 - a. Number of failures/total operating hours
12. Cost rate:
 - a. Maintenance cost/operating hour
 - b. Maintenance cost/action (study or procedure)

13. Availability rates:

- a. **Inherent availability** – the probability that a system or equipment, when used under stated conditions in an ideal support environment, will operate satisfactorily. This excludes preventive or scheduled maintenance.
 - i. Expressed as - $\text{Mean Time between Failure} / \text{Mean Time between Failure} + \text{Mean Corrective Maintenance Time}$ (MTBF/MTBF + MCT).
- b. **Achieved availability** – the probability that a system or equipment, when used under stated conditions in an ideal support environment, will operate satisfactorily. This includes preventive maintenance.
 - i. Expressed as – $\text{Mean Time Between Maintenance} / \text{Mean Time Between Maintenance} + \text{Mean Active Maintenance Time}$ (MTBM/MTBM + M).
- c. **Operational availability** – the probability that a system or equipment, when used under stated conditions in an actual operational environment, will operate satisfactorily.
 - i. Expressed as – $\text{Mean Time Between Maintenance} / \text{Mean Time Between Maintenance} + \text{Mean Maintenance Downtime}$ (MTBM/MTBM + MDT).