

MINUTES OF THE JUNE 10, 2004 MEETING OF THE MJCSG PRINCIPALS MEETING

LOCATION: Pentagon, 2C554, Room #3, 1500 -1545

Attending: Lt Gen Taylor - Chairperson; MGen Farmer - Army Dep SG; VADM Cowan - Navy SG; Mr. Ford - ASD(HA)/CP&P; RADM Hufstader - USMC SG; Col Hamilton - Secretary; CAPT Shimkus - BUMED; Mr. Curry - USA OTSG; Mr. Opsut - OSD/HA; Mr. Yaglom - USA SG; Maj Fristoe - HA/TMA; Col Sager - AFMSA/SGS; Col Davis - J4-MRD; Mr. Christensen - CNA; Lt Col Jones - AF/SG; Lt Col Stultz-Lalk - AF/SG; Lt Col Fitch - AF Rep; Maj Guerrero - AF/SG; Cpt Malloy - AF/SGE; Mr. Porth - OSD/BRAC; Mr. O'Connell - DoD/IG; CDR Vineyard; CDR Bellas - DASN I&E; Maj Cook - DASD(HA); Ms. Glenn - BRAC OSD.

Decisions:

- No specific Medical Principles and Imperatives (P&I) need to be added to the DoD P and I.
- No surge requirement for military beds because 20% is built in. Education and Training has no surge requirement. RDA has a 10% surge requirement.

Action Items:

- Schedule Scenario Briefing with OSD BRAC.
- Next Principals meeting TBD
- Add Secretary of Defense Letter regarding Transformational Options to the agenda for next meeting.

Meeting Overview:

- Chair stated DOD imperatives would be locked down next week. Currently, there are no medical principles and imperatives in the DoD Principles and Imperatives. Members agreed there is no need to have specific Medical Principles and Imperatives (P&I) added to the DoD P and I.
- AF Representative presented the Capacity Status. All data is in and weekly updates are ongoing. The group completed a full review. The confidence level has improved in determining capacity.

% of Good Data	AF	Army	Navy
E & Training	0	0	0
Healthcare	15	15	15
RDA	25	33	20

Data issues were reviewed and AF Rep explained resolution efforts for data issues. AF Rep told group not to expect responses to be back in time for use to complete the capacity report that is due 23 June 04. The Secretary briefed the goal of capacity exercise was to identify excess. Excess must be identified in critical pacing items. Excess capacity is a key element in the final report. Group needs to define surge requirement. Must answer these questions: Does current state represent surge? TRICARE absorbs surge requirement? Is there a surge requirement for medical? Group needs MJCSG leadership to define surge requirement. Army Dep SG stated that yes we have a surge requirement. Determining what the

DELIBERATIVE DOCUMENT - FOR DISCUSSION PURPOSES ONLY

DO NOT RELEASE UNDER FOIA

requirement is, is very difficult. Chair asked why the surge requirement was ~~in the capacity~~ section? The secretary explained we are being asked to compute the excess capacity. The difference between maximum capacity and surge capacity is the excess capacity. Do we have a definable surge requirement? A lengthy discussion took place and the Chair stated there is no actual bed requirement because patients can go to a civilian facility. We need to know what is available in the civilian institutions. The group agreed no surge requirement for military beds because the average ADPL includes a surge requirement of 20%. Education and Training has no surge requirement. RDA has a 10% surge requirement.

- The status of Military Value was presented. 54 Questions were released 7 Jun 04 with a Services suspense to OSD NLT 23 Jul 04. Targeted questions were sent to 217 Activities: 180 Healthcare services and Ed and Training; 37 to RDA.
- The Secretary briefed the group on the BRAC process and Transformational Options. He stated we are conducting a parallel exercise with Capacity and Military Value. The Secretary informed the group that this summer the group would be asked to give Transformation Options to the ISG. Transformational Options meaning alternative end states. The Army Dep SG wanted to emphasize that that nothing becomes an option until it has been cross walked with all the services. He stated it is important to communicate with the services. What we decide to do will greatly affect the services. The Chair made the point that cross walking the issues with the services does not mean they have the power to stop our transformational options/ideas. The Chair discussed several ideas/options. The services will give their ideas in July 04. The Secretary stated the plan is to reduce excess capacity then lay down the options. Then define what options give the most efficiency with the least cost. During the scenario, exercise will have multiple options with the evaluation of each (Pros/Cons). The Secretary will send the group the letter that defines what is needed concerning transformational ideas. The Chair asked that this be placed on the next agenda. OSD/BRAC representative offered to schedule the Scenario training brief.
- Army Dep SG announced his departure to take command of Walter Reed. MGen Joseph Webb will be his replacement. The Navy mentioned that ADM Arthur would replace ADM Cowan from the Navy on Aug 4.
- The next Principals meeting TBD.

- NEXT MEETING: 0-6 Lead Meeting, 17 June 2004, 1500-1700, Pentagon 2C554.



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

Attachments:

1. Agenda
2. MJCSG Principals Mtg 10 Jun 04

DELIBERATIVE DOCUMENT - FOR DISCUSSION PURPOSES ONLY

DO NOT RELEASE UNDER FOIA

MJCSG Principals Meeting

06/10/2004
3:00 PM to 5:00 PM
2C554, Pentagon

Meeting called by: Chair Type of meeting: Routine
 Note taker: Lt Col Stultz-Lalk
 Please read:

Agenda

Chair Comments	LGen Taylor	5
Status of Capacity	Maj Guerrero	30
Status of Military Value	Maj Guerrero	15
Integration of Final Report	Col Hamilton	30
Closing Remarks	Chair	2

Additional Information

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



DCN: 11367

MJCSG Principals Meeting

10 Jun 04

As of 10 Jun 04



Overview

DCN: 11367

- Capacity Data Status
- Military Value Update
- Integration of Final Report

As of 10 Jun 04



Capacity Data

DCN: 11367

- All Data is in – ongoing weekly updates
- Completed full review of data
- Confidence Level to determine capacity

Subgroup	Air Force	Army	Navy
Education & Training	0%	0%	0%
Healthcare Services	15%	15%	15%
RDA	25%	33%	20%

As of 10 Jun 04



Data Issues

DCN: 11367

- Installation/Parent Command roll-ups
- Data Inconsistencies
 - Variance in question interpretation
 - Apparent non-responses from expected responders
 - Wrong responders
 - Mathematical errors

As of 10 Jun 04



Resolution Efforts

DCN: 11367

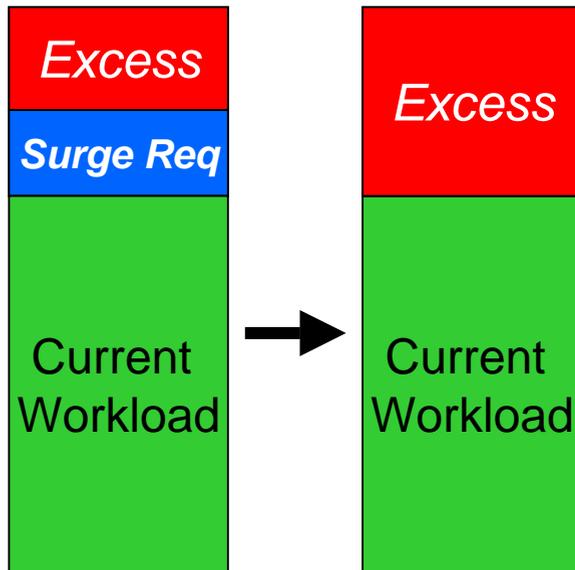
- Capacity Supplemental Questions – 9 Jun 04
 - Re-asked 9 Questions
 - 5 – Education & Training
 - 4 – RDA
- Targeted Capacity Questions – 10 Jun 04
 - Non-Permanent Party Population
 - RVUs
 - Beds
- **Final Capacity Report Due 23 Jun 04**

As of 10 Jun 04



Capacity Exercise

DCN: 11367



OR
Rooms

- Goal of Capacity Exercise – ID Excess
- Identify excess in critical (pacing) items
 - Exam Rooms, ORs, Beds, Rehab, etc
- Excess capacity a key element in the final report
- Surge Requirement?
 - ICMOP, mobilization
 - Does current state represent surge?
 - Tricare absorbs surge requirement?
 - Is there a surge req for medical?

Can we define a surge requirement?



Military Value

DCN: 11367

- 54 Questions Released to Services – 7 Jun 04
 - Services Suspense to OSD – 23 Jul 04

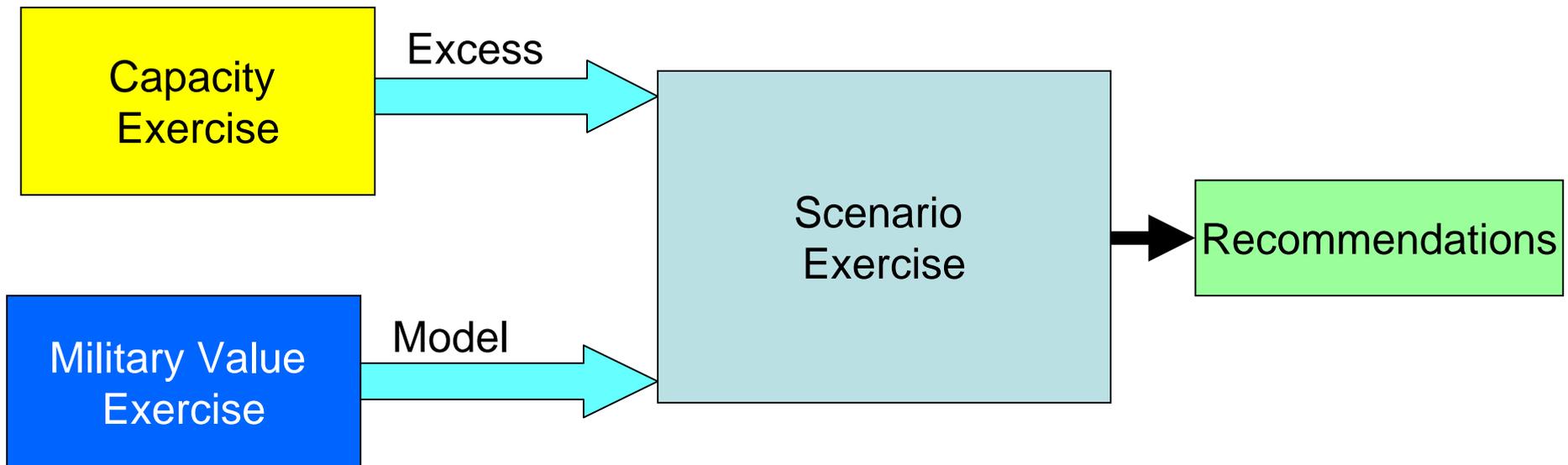
- Targeted to 217 Activities
 - 180 Healthcare Services and Ed & Training
 - 37 RDA

As of 10 Jun 04



BRAC Process Model

DCN: 11367



Final Report with Recommendations:

- Show how excess capacity was addressed and impact on mil value
- Address Transformational Options (Alternative Endstates)

As of 10 Jun 04



Transformational Options

DCN: 11367

- External – July 2004
- MJCSG Developed
- EG:
 - Civilian GME
 - Only bedded MTFs
 - Jnt Med Cmd
- Reduce costs?
- Enhance efficiency?

Forward Transformational Options to ISG this Summer

As of 10 Jun 04