DCN: 11372

MINUTES OF THE OCTOBER 14, 2004 MEETING OF THE MJCSG PRINCIPALS

LOCATION: Pentagon, Room 2C554, 1530 -1730

Attending: VADM Arthur – Navy SG/Acting Chair; Mr. Chan – ASD(HA)/CP&P; Mr. Yaglom – Representing Army/SG; CAPT Shimkus – Representing USMC SG; Col Hamilton – Secretary; Mr. Curry - USA OTSG; Mr. Andy Porth – OSD/BRAC; Mr. O'Connell – DoD/IG; Dr. Opsut - OSD/HA; Ms. Shifflett – SAF/IEBJ; CAPT Hight – BUMED; Col Jacob – USAF; Lt Col Jones – USAF/SG; CDR Bellas – USN Analyst; Maj Cook – HA Analyst; Maj Fristoe – HA/TMA; Maj Guerrero – AF/SG; Maj Harper – AF/SGSF; Maj McDonald – Army J-4; Mr. Christensen - CNA; Ms. Gail Mason – DoD OGC; COL Powers – USA SME; Lt Col Erickson – USAF SME; Col Mukri – USN SME; Mr. Stevens – USA SME; CAPT Taft – USN SME; CAPT Miller – USN SME; Maj Coltman - AF/SG Recorder.

Decisions:

- Defer approval for registering proposed scenario on Medical Contracting Services until MJCSG meeting on 28 Oct 04.
- Defer approval of MTF Definitions for final Capacity Report until 28 Oct 04 meeting.

Action Items:

- All members/alternatives must complete/update Public Financial Disclosure Report (SF 278) or Confidential Financial Disclosure Report (OGE Form 450); submit to JCSG Chair
- Schedule 0-6 Brief on COBRA Criteria
- E&T to develop straw-man identifying Service recommendations for military and specific specialty GME programs; brief MJCSG on GME proposal 28 Oct 04.
- Request 0-6 Leads look at USHUS to include overlapping groups (i.e. RDA) for scenario idea.

Meeting Overview:

- Chair opened meeting with DoD OGC rep. briefing Conflicts of Interest and BRAC, required for all JCSG members and alternatives. Provided specific instructions and requirements for updating a filed report (within the past year) or initial completion of a Public Financial Disclosure Report (SF 278) or Confidential Financial Disclosure Report (OGE Form 450). All members/alternatives must submit report to JCSG Chair for initial conflict review (see attachments 2, 3).
- Secretary reviewed the BRAC 2005 Process of assessment to scenario recommendations emphasizing the progression from scenario development to Cost Analysis (COBRA). Final BRAC Selection Criteria overview/breakdown:
  - Criteria 1-4 relates to analysis of Military Value which allows some flexibility, currently working on.
    - Criteria 3 Revised: Secretary reported that the National Defense Authorization Act for FY05 conference report, released by the House/Senate conferees last Friday, inserts "surge" into criterion 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."

- Criteria 5-8, Other Considerations, are specific to the next "big step" in process, COBRA cost analysis and potential end financial savings; need to show on a relative scale.

Services will go back and price out expected budgetary impact based on the criteria. Must also address environmental and community impacts, i.e. ability of the community infrastructure/environment to support (see attachment 4).

  - Using Registered Medical scenario HCS-2C, Reorganize Facilities in Hawaii, as an example, reviewed sample COBRA data call questions. Chair reviewed and stressed importance of scenario recommendations timeline/suspense, group needs to start thinking about COBRA (see attachment 2).

- Registered Scenario Review:
  - Secretary briefed that one scenario, involving Aerospace Medicine to an AF base, was placed in the tracking tool by the MJCSG Chairman. USN rep. voiced desire that scenarios be fully coordinated.
  - HCS reviewed five of their registered scenarios (see attachment 2), OSD BRAC rep. suggested rework on wording in quad charts to reflect BRAC terminology.
  - Group has authority to edit but not to change intent once scenarios officially registered.
  - USA registered Service operational scenarios, JCSG groups pressed system-wide in response to Army moves.
- New scenario proposal presented on consolidating medical professional contracting services. Potential conflict identified relating to selected location, also no expansion capability. Army rep voiced concern that MILDEP counterparts may desire a scenario proposal to join all military contracting services together. Principals agreed to defer registering scenario since more information required. Continue working and review next MJCSG meeting for approval.
- 0-6 Leads request MJCSG approval of MTF Definitions (Medical Center, Community, and Teaching Hospital) for final Capacity Report. Service SMEs developed proposed definitions using MILCOM Facility Handbook 1191 (see attachment 2). Each Service has given a list of which hospitals fall into each category based on definitions. USN SG states that definitions meet data needs but are radically different than normal nomenclature and voiced concern that there is no statement on inpatient services, requested the following changes to the slides:
  - Note: Side 3 - Title incorrect, change to Medical Center Hospital.
  - Medical Center Hospital - change Healthcare Services to Health Services
  - Teaching Hospital - change "at least to "more than" one graduate medical education program"

  Defer approval until next MCJSG meeting, 28 Oct 04.
- Secretary reviewed Information Package (see attachment 2)
  - Approved, available open source data resources for use in developing recommendations. Provides an advantage for comparison to civilian resources and helps as part of the deliberative process.
  - MJCSG Scenario Deliberation Tracking Tool up to proposal stage, will be noted but not forwarded.
  - Report Card - Has registered, approved ideas, scenarios, and recommendations.
  - Plus/Minus Report - Scenario Preview of adding to or taking away facilities, updated weekly. Workgroups to review based on scenario de-conflictions.

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- Plan for deliberate meetings every two weeks starting the next Principals meeting on 28 Oct 04. MJCSG Offsite scheduled for 4 Nov 04 deferred to later in the month, purpose is to approve final recommendations.
- Closing Comments: Chair requested 0-6 Leads to look at each Services' GME requirements and develop a straw-man chart indicating program specialty supported or not and areas where programs can be combined. Also requested look at USHUS utility, functionality, and mission expansion capabilities to include overlapping groups (i.e. RDA) for scenario idea.

- NEXT MEETING: 0-6 Lead Meeting, 21 Oct 2004, Pentagon Room, 2C554, 1530 -1700.

D. C. Arthur
Vice Admiral, Medical Corps
United States Navy
Acting Chair

Attachments:
1. Agenda
2. Combined Presentations: Conflicts of Interest; BRAC Process; COBRA Example; Registered/Proposed Scenarios; MJSCG Approval of MTF Definition
3. Conflicts of Interest Review/Training for Joint Cross Service Groups Memo & attachment/handout, dated 24 Sept 04
4. 2005 BRAC Selection Criteria Memo, dated 7 Apr 04

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MJCSG Principals Meeting

10/14/2004
3:30 PM to 5:30 PM
Pentagon 2C554

Meeting called by:	Chair	Type of meeting:	Deliberative
Note taker:	Maj Coltman		

Agenda

Opening Comments	VADM Arthur	5
Conflict of Interest	Ms Mason	15
Criteria 5-8 Review	Col Hamilton	15
Registered Scenario Review	Col Hamilton	10
New Scenario Review	Workgroups	40
Scheduling of Meetings	Col Hamilton	10
Closing Comments	VADM Arthur	5

Additional Information

DRAFT

MJCSG Meeting: Combined Briefing

14 Oct 2004

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Conflicts of Interest and BRAC

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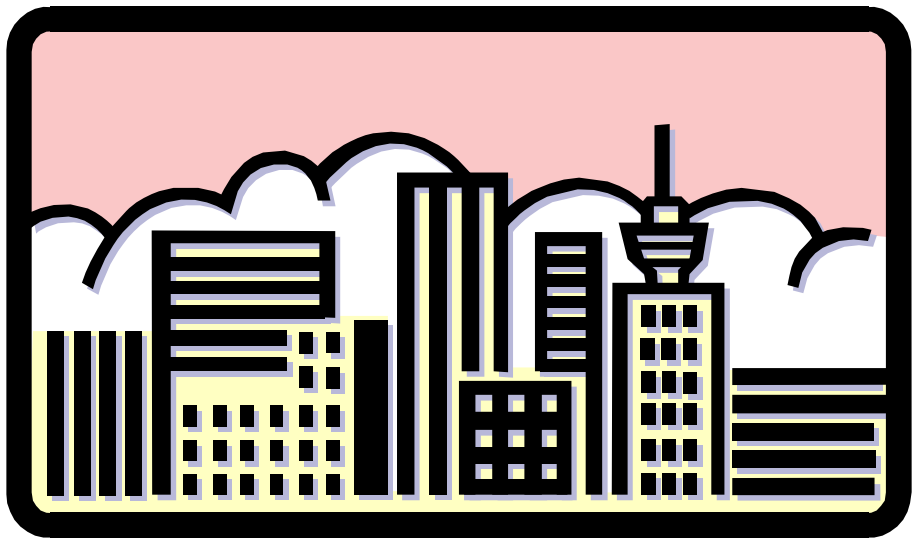

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Introduction

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- As a member of a DOD base closure executive group, you hold a position of special trust and confidence regarding the BRAC process
- As you know, your work will result in a list of recommended base realignments and closures that will potentially impact the lives of many citizens and their communities

Introduction

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- If the public does not have complete confidence in the fairness of our procedures, their support for the BRAC process cannot be assured
- For this reason, participants must be fair and impartial, both in reality and perception
- Also, as government employees, you must avoid conflicts of interest as you carry out your duties
- That is why you are being briefed today

Conflicts of Interest

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First Issue: What is a conflict of interest?

- **A conflict arises when your personal financial interests (or those of someone close to you) may be affected by the BRAC decision or recom-mendation**

Conflicts of Interest

- **A criminal statute (18 USC 208) provides as follows:**
  - **Employees are prohibited from participating** personally and substantially **in an official capacity in any** particular matter **in which they (or any person whose interests are imputed to them)** have a financial interest**, if the matter will have a** direct and predictable **effect on that interest**

Conflicts of Interest

- **Key terms:**
  - Personal and Substantial Participation
    - **Your involvement makes a difference, even if it is advice or recommendations, and not determinative**
  - In a Particular Matter
    - **Focused on an identifiable class of persons (like a certain community)**
  - Having a Direct and Predictable Effect
    - **Involves a close causal link and real possibility that any decision or action will affect the financial interest involved**
  - Financial Interest
    - **Personal financial asset, or that of someone with a certain type of relationship with you**

Apparent Conflicts

Second Issue: The Appearance of a Conflict of Interest?

- **This occurs when a reasonable person with knowledge of the relevant facts would question your impartiality, based on your involvement in an official action and the financial interest of a member of your household or someone with whom you have a "covered relationship"**

Apparent Conflicts

- **Appearance of a Conflict: This requires…**
  - Personal and Substantial Participation
    - **Your involvement makes a difference**
  - Affecting a relationship
    - **With household members, employers, private organizations in which you are "active"**
  - Having a Direct and Predictable Effect
    - **Involves a close causal link between the action and the expected effect on one's financial interest**

Identifying Conflicts

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- How are Conflict Situations Identified?
  - Financial Disclosure Forms
    - All of you should have a current SF 278 or OGE 450 financial disclosure report on file with your supporting ethics office
  - Self-Identification
    - You are responsible for reporting all potential conflicts of interest as you identify them
  - Supervisor's Identification
    - Your supervisor is also responsible for helping you identify and resolve any conflicts of interest in your work area

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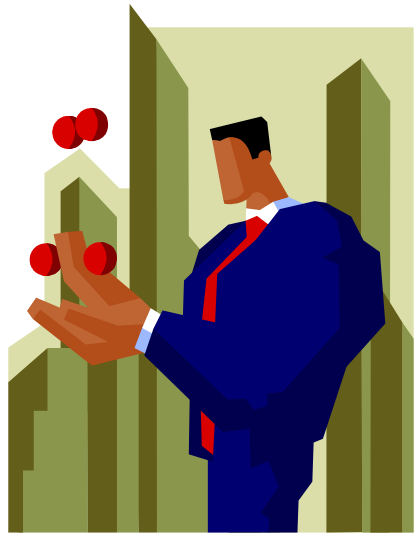
Identifying Conflicts

What Type of Financial Interests may Create a Conflict?

1. **Ownership of real estate near any military installation**
2. **Interest in a company, including utilities, that does business with a military installation**
3. **Bonds issued by local governments in the vicinity of a military installation**



Identifying Conflicts

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What May Create a Conflict?

4. **You or close relatives (spouse, children, parents, siblings) live near a military installation or work for installation contractors**
5. **You or close relatives are actively affiliated with a civic or private BRAC-proofing organization**
6. **Seeking employment with a person or business that could be affected by a base closing or realignment**

Resolving Conflicts

DCN: 11372

- How are Conflict Situations Resolved?
- Options include….
  - Disqualification
  - Change of Duties
  - Waiver
  - Authorization
  - Eliminating the interest/ position that creates the conflict

Resolving Conflicts

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- **Disqualification**
  - **This means that you are disqualified – or "recused" -- from taking official action on any particular matter that could affect the covered financial interest**
  - **The extent of your disqualification is determined by your direct supervisor, with advice from the ethics counselor**

- **Change of Duties**
  - **If your official duties cannot be separated from your financial interests, or the whole of the "particular matter" is too complicated to be subdivided based on the nature of your interest, you may need to be removed from the project altogether**

Resolving Conflicts

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- **Waiver**
  - **Your appointing official may determine that your financial interest is not so substantial as to require your disqualification or change of duties**
  - **Waivers are issued, in writing, by the appointing official, after consultation with an ethics counselor**
  - **Waivers must be issued prior to your taking any official action in the matter; thus, until you have a waiver, you may not act on the matter in your official capacity**

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Resolving Conflicts

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- **Authorization**
  - **If the situation does not present a true conflict (under 18 USC 208), but does create the *appearance* of a conflict (under 5 CFR 2635.502), your supervisor may authorize you to continue working in the area at issue**
  - **Authorization is granted if government needs outweigh perceptions/concerns by on-lookers**
  - **This requires written documentation and advance approval**

Resolving Conflicts

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- **Eliminate Personal Interest/Position**
  - **For example…**
    - **Resign from position as a board member or officer of a private organization**
    - **Sell real estate or stock ownership if financial interests trigger the conflict**
    - **Step down from off-duty employment**
    - **Postpone job search with interested parties until retirement**

Avoiding Conflicts

- **What We Ask You To Do…..**
  - Examine **your financial situation and identify any interests that may trigger a real/apparent conflict based on your support of BRAC**
  - Advise **your BRAC supervisor of any concerns**
  - Seek guidance **from your ethics counselor**
  - Follow the guidance **worked out by the ethics counselor and your supervisor to resolve any conflicts of interest**

Avoiding Conflicts – Seek Legal Guidance

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- **JCSGs & DOD**
  - **Nicole Bayert**
    - **693-4842**
    - **Nicole.bayert@osd.pentagon.mil**
  - **Gail Mason**
    - **697-5305**
    - **Gail.mason@osd.pentagon.mil**
- **Army**
  - **Robert Davenport, Jr.**
    - **693-3665**
    - **Davenrl@hqda.army.mil**
  - **Brent Green**
    - **614-8130**
    - **Brent.green@hqda.army.mil**
- **Navy**
  - **Dave LaCroix**
    - **602-6529**
    - **David.lacroix@navy.mil**
  - **Dave Grimord**
    - **604-8211**
    - **Dave.grimord@navy.mil**
- **Air Force**
  - **Martin Pankove**
    - **697-0966**
    - **Martin.Pankove@pentagon.af.mil**
  - **Jane Love**
    - **697-7693**
    - **Jane.love@pentagon.af.mil**

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Medical Joint Cross Service Group

BRAC Process

Col Hamilton

14 Oct 2004

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BRAC 2005 Process

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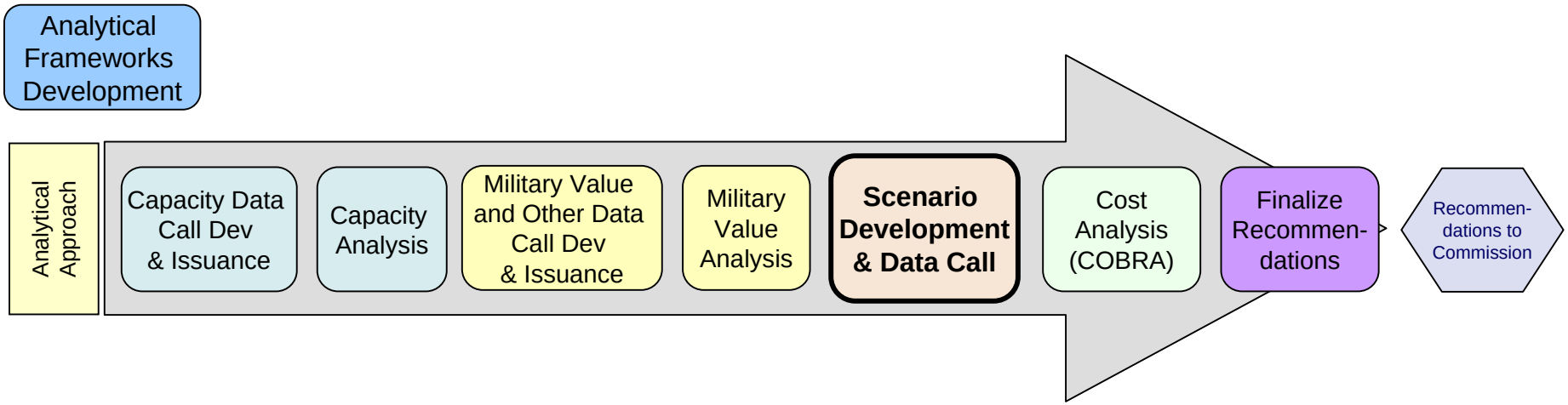
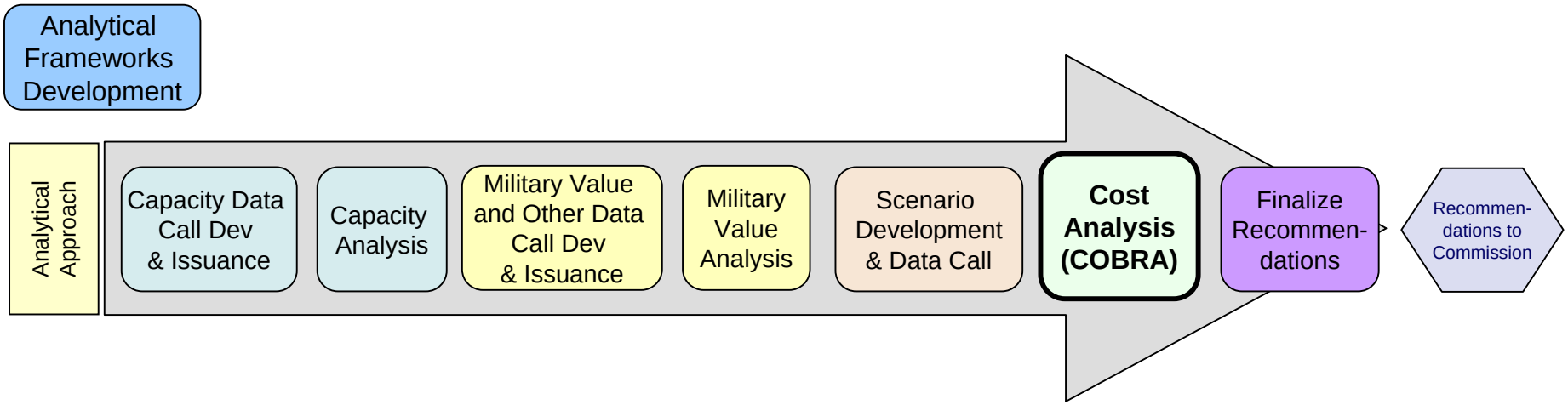


Key elements:

- Process creates multiple options to reduce excess capacity and/or optimize capabilities
- Provides solution sets that move functions between/among installations
- Maximizes capacity at higher MV installations
- Identifies which installations are candidates for closure/ realignment
- Apply remaining selection criteria

BRAC 2005 Process

DCN: 11372



Key elements:

- COBRA provides cost comparisons among BRAC options
- Develop standard data call
- MilDeps & Defense Agencies collect & certify data

- Determines which set of options is more cost effective
- Gives the JCSG an estimate of costs & savings for each scenario
- JCSG develops, reviews, and deliberates on list of recommendations

BRAC 2005 Criteria

DCN: 11372

- **Mil Value**
  - **Current/Future mission and operational readiness impact**
  - **Availability of resources for training and staging**
  - **Ability to accommodate contingency, mobilization and future total force requirements**
- **Other Considerations**
  - **Costs and savings**
  - **Economic impact on local community**
  - **Ability of local community to support**
  - **Environmental impact**

Cobra Example

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Med HCS-2C: Reorganize Facilities in Hawaii

DCN: 11372

Scenario	Drivers/Assumptions
Realign Hickam AFB Outpatient workload to Pearl Harbor Naval Clinic and Tripler AMC Offer Hickam AFB clinic for other uses	Principles: Organize, Quality of Life Transformational Options: Match medical infrastructure to population demand
Justification/Impact	**Potential Conflicts**
Reduces infrastructure and excess capacity. Military personnel transferred to realigned facilities. Civilian personnel reduced.	Service population expectations for access to health care Civilian capacity to absorb patient load

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Example COBRA Datacall Questions

DCN: 11372

- **One Time costs**
  - **Opening outpatient capacity at Pearl and Tripler**
- **Recurring costs**
  - **Increased TRICARE outpatient costs**
  - **Consumables**
- **Manpower**
  - **Professional Staff increases**
  - **Admin/command staff increases**

Medical Joint Cross Service Group

Registered Scenarios

Col Hamilton

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Proposed Scenarios

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- **Healthcare**
- **Infrastructure**

Med HCS-2F: Disestablish Langley AFB Medical Facility

DCN: 13372

Scenario	Drivers/Assumptions
Close Langley AFB Medical facility Realign Langley AFB workload to Ft Eustis	Principles: Organize, Quality of Life Transformational Options: Match medical infrastructure to population demand
Justification/Impact	**Potential Conflicts**
Reduces infrastructure and excess capacity. Military personnel transferred to realigned facilities. Civilian personnel reduced.	Service population expectations for access to health care Civilian capacity to absorb patient load

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Med HCS-2G: Disestablish Ft Eustis Medical Facility

DCN: 13372

Scenario	Drivers/Assumptions
Close Ft Eustis Medical facility Realign Ft Eustis workload to Langley AFB	Principles: Organize, Quality of Life Transformational Options: Match medical infrastructure to population demand
Justification/Impact	**Potential Conflicts**
Reduces infrastructure and excess capacity. Military personnel transferred to realigned facilities. Civilian personnel reduced.	Service population expectations for access to health care Civilian capacity to absorb patient load

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Med HCS-4A: Realign Langley AFB and Ft Eustis Inpatient activities to VA

DCN 1372

Scenario	Drivers/Assumptions
Close Langley AFB and Ft Eustis inpatient Medical facility Realign Langley AFB and Ft Eustis inpatient workload to VA facility	Principles: Organize, Quality of Life Transformational Options: Match medical infrastructure to population demand
Justification/Impact	**Potential Conflicts**
Reduces infrastructure and excess capacity. Military personnel transferred to realigned facilities. Civilian personnel reduced.	Service population expectations for access to health care Civilian capacity to absorb patient load

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Med HCS-2H: Disestablish Lackland AFB Inpatient Facility

DCN: 2372

Scenario	Drivers/Assumptions
Close Lackland AFB inpatient facility Realign Lackland AFB inpatient workload to Brook Army Medical Center	Principles: Organize, Quality of Life Transformational Options: Match medical infrastructure to population demand
Justification/Impact	**Potential Conflicts**
Reduces infrastructure and excess capacity. Military personnel transferred to realigned facilities. Civilian personnel reduced.	Service population expectations for access to health care Civilian capacity to absorb patient load

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Med HCS-2I: Realign Pope AFB Clinic

DCN: 11372

Scenario	Drivers/Assumptions
Close Pope AFB medical facility Realign PopeAFB workload to Ft Bragg	Principles: Organize, Quality of Life Transformational Options: Match medical infrastructure to population demand
Justification/Impact	**Potential Conflicts**
Reduces infrastructure and excess capacity. Military personnel transferred to realigned facilities. Civilian personnel reduced.	Service population expectations for access to health care Civilian capacity to absorb patient load

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Scenario Strategy

Infrastructure

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- **Consolidation of medical professional services contracting has potential to reduce redundant contracting activities, standardize procurement of these services, comply with DoD IG audit recommendations, and potentially reduce amount paid**

Ideas/Proposed Scenarios

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Infrastructure

- Consolidate medical professional services contracting to a single organization at Ft. Sam Houston TX
  - Close Veterans Affairs Special Svc office at Ft. Detrick MD
  - Close the portion of COMNAVLOG at Ft. Detrick that supports med/dent professional services contracting

MMed INF-1: Med Pro Svc Consolidation

DCN: 11372

Scenario	Drivers/Assumptions
■ Consolidate medical professional services contracting to a single organization at Ft Sam Houston TX ■ All MTFs obtain contract support from single entity specializing in medical professional services contracting	■ Principles: Organize ■ Transformational Option: Consolidate medical professional services contracting to single organization
Justification/Impact	**Potential Conflicts**
■ Reduces infrastructure growth ■ Improves efficiency ■ Reduces infrastructure cost growth ■ Simplifies how MTFs obtain med/dent pro svc contract support ■ Complies with DoD IG Audit recommendations	■ Military Culture ■ Differing training/oversight requirements ■ Current med/dent pro svc contracting activities are severely undersized; savings is measured against slower growth vs pure reduction

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Current Situation

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- Army
  - Sq Ft: 30,683
  - FTE: 134
  - Value of Awards: $531.5M
  - Number of Awards: 7,334
  - Expansion: No

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Current Situation

DCN: 11372

- Air Force
  - Sq Ft: 1,750
  - FTE: 9
  - Value of Awards: $95M
  - Number of Awards: 380
  - Expansion: No
  - **Note: Air Force “central” contracting done by Veterans Affairs Special Svc office; current building is owned by VA, but located at Ft. Detrick

Current Situation

DCN: 11372

- Navy
  - Sq Ft: 7,800
  - FTE: 41
  - Value of Awards: In Process
  - Number of Awards: In Process
  - Expansion: No
  - **Note: Navy unable to provide all information requested. Additional contract work done at Fleet Indus Supply Ctr (FISC) Phil who referred request to FISC director..info unavailable at this time

Input from SMEs

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- Telecon held 8 Oct with Army,Navy, AF SMEs
  - All felt staffing was inadequate for current requirements
  - Did not feel much space could be saved because of current overcrowding/understaffing of growing requirements
  - All felt there would be savings in terms of continuing to run 3 separate systems
  - All felt that administrative savings to users would be significant
    - Simplified universal contracting formats
    - Unified QAE procedures

Input from SMEs (cont)

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- **All felt that price may not be reduced as DoD competes for scarce resource with Civilian sector**
- **All felt that we must preserve flexibility for some contracting at lower levels for localized requirements**
- **Contract admin/structure of any new organization was left for further discussion**

Alternate Scenario

DCN: 11372

Scenario	Drivers/Assumptions
■Consolidate medical professional services contracting to a single organization at Ft Detrick MD ■All MTFs obtain contract support from single entity specializing in medical professional services contracting	■Principles: Organize ■Transformational Option: Consolidate medical professional services contracting to single organization ■ New Tri-Svc logistics bldg being planned for FY'07
Justification/Impact	**Potential Conflicts**
■Reduces infrastructure growth ■Improves efficiency ■Reduces infrastructure cost growth ■Simplifies how MTFs obtain med/dent pro svc contract support ■Complies with DoD IG Audit recommendations	■Military Culture ■Differing training/oversight requirements ■Current med/dent pro svc contracting activities are severely undersized; savings is measured against slower growth vs pure reduction

DRN 152

Request for MJSCG Approval of MTF Definitions

14 Oct 04

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Request for MJCSG Approval of MTF Definitions

DCN: 11872

- Basic MTF Definitions from TMA research
- Modifications/additions/clarifications made by the Healthcare Services Workgroup
- Navy and Air Force staffs approved September 04
- Army staff approved October 04
- Request MJCSG approval for final Capacity Report

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Community Hospital

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- A Medical Center is a large hospital that has been so designed and is appropriately staffed and equipped to provide a broad range of healthcare services. It also serves as a referral center with specialized and consultative support for facilities within a geographic area of responsibility: conducts, as a minimum, a surgical graduate medical program.

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Community Hospital

DCN: 11372

- A community hospital is a health treatment facility capable of providing definitive patient care. It is staffed and equipped to provide diagnostic and therapeutic services in the fields of general medicine and surgery and preventive medicine services, and has the supporting facilities to perform its assigned mission and functions. A community hospital may, in addition, discharge the functions of a clinic.

Teaching Hospital

DCN: 11372

- A teaching hospital is a community hospital with at least one graduate medical education program.

Open Source Data

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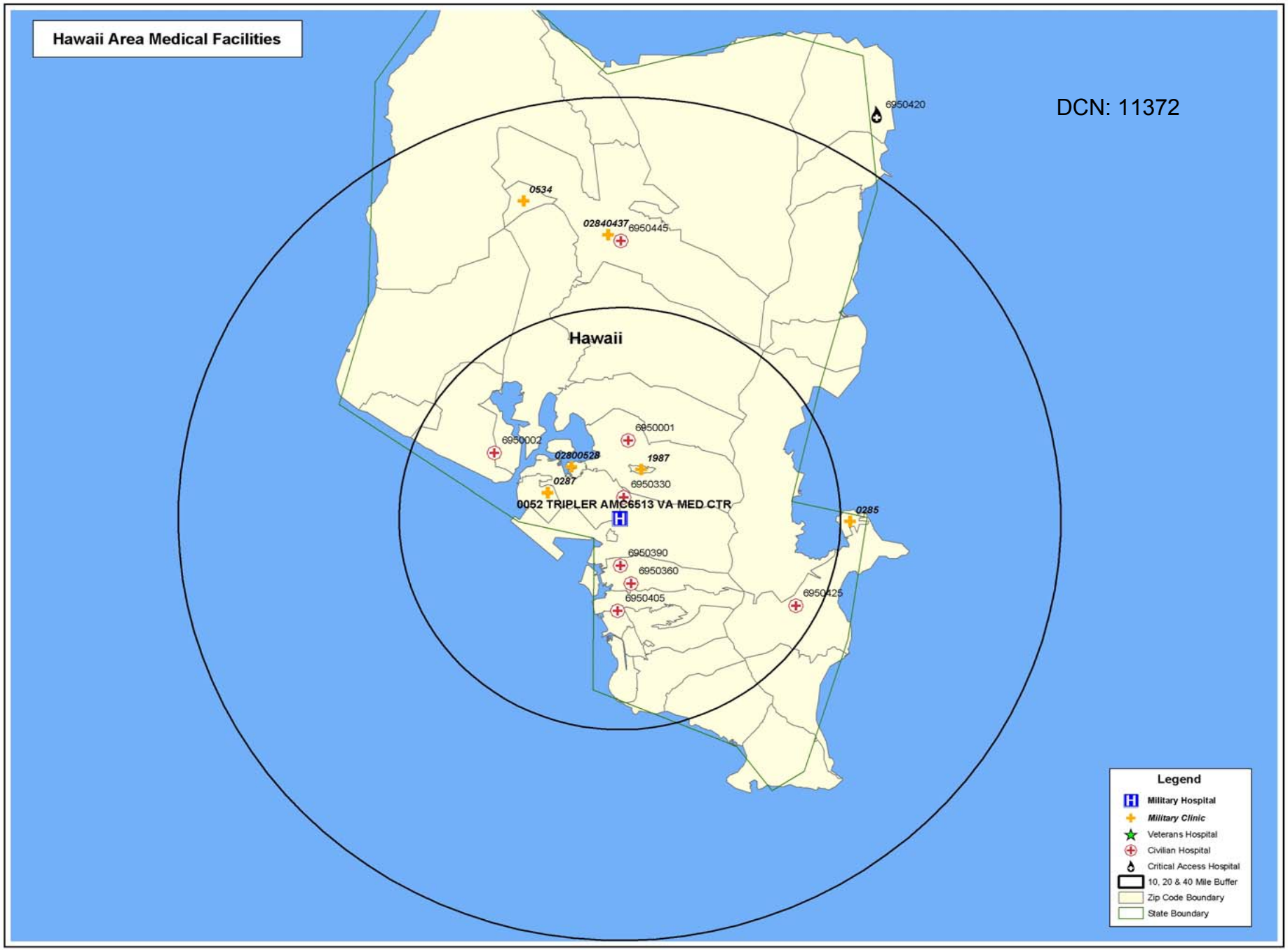
- Approval for use in developing Recommendations
- Includes AHA, AMA, ADA… information
- Have both data and graphical views

- Currently Available on the Eroom:
  - Folder: Data from Open Sources


Hawaii Area Medical Facilities
DCN: 11372
Hawaii
6950420
0534
02840437
6950445
6950001
6950002
02800528
1987
0287
6950330
0052 TRIPLER AMC6513 VA MED CTR
0285
6950390
6950360
6950405
6950425
Legend
Military Hospital
Military Clinic
Veterans Hospital
Civilian Hospital
Critical Access Hospital
10, 20 & 40 Mile Buffer
Zip Code Boundary
State Boundary

Data

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HAWAII AREA MEDICAL FACILITIES												
							SPECIALTY AREAS					
ID	FACILITY NAME	CITY	STATE	ZIP	BED TOTAL	ADC	General Med/Surg	Pediatrics	Obstetrics	Intensive Care	Psychiatric	Critical Access
6950001	Kapiolani Med Ctr at Pali Momi	AIEA	HI	96701	100	72	1	0	0	1	0	
6950002	St Francis Medical Center-West	EWA BEACH	HI	96706	102	78						
6950330	Kaiser Permanente Medical Ctr	HONOLULU	HI	96819	267	183	1	1	1	1	0	
6950360	Kuakini Medical Center	HONOLULU	HI	96817	155	113	1	0	0	1	0	
6950390	St Francis Medical Center	HONOLULU	HI	96817	255	216						
6950405	Straub Clinic and Hospital	HONOLULU	HI	96813	139	103	1	0	0	1	0	
6950420	Kahuku Hospital	KAHUKU	HI	96731	24	11						Y
6950425	Castle Medical Center	KAILUA	HI	96734	157	97	1	0	1	1	1	
6950445	Wahiawa General Hospital	WAHIAWA	HI	96786	162	134						

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MJCSG Tracking Tool

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Internal Number	POC	Title	Idea	Deleted Ideas	Brief JCSG	Proposal	Deleted Proposals	Brief JCSG	Scenario	Deleted Scenarios	Brief JCSG
E&T-1	Hight	Consolidate Initial Enlisted Medical Tech Training at Ft Sam Houston	X		24-Sep-04	X		24-Sep-04	X		5-Oct-04
E&T-2	Hight	Consolidate Medical Enlisted Specialty Training	X		23-Sep-04	X		23-Sep-04			
E&T-3A	Hight	Consolidate Aerospace Medical Training at Pensacola NAS							X		5-Oct-04
E&T-3B	Hight	Consolidate Aerospace Medical Training at Brooks City Base							X		5-Oct-04
E&T-3C	Hight	Consolidate Aerospace Medical Training at Ft Rucker							X		5-Oct-04
E&T-3D	Hight	Consolidate Aerospace Medical Training at Wright Patterson AFB							X		5-Oct-04
HCS-1	Opsut	Close Inefficient Inpatient Functions	X		23-Sep-04	X		23-Sep-04	X		5-Oct-04
HCS-2	Opsut	Reduce Excess Capacity in Multi_service Medical Markets	X		23-Sep-04	X		23-Sep-04			
HCS-2A	Opsut	Close Hickam AFB Clinic							X		5-Oct-04
HCS-2B	Opsut	Close Walter Reed Army Medical Center							X		5-Oct-04
HCS-2C	Opsut	Close Bethesda National Naval Medical Center							X		5-Oct-04
HCS-2D	Opsut	Consolidate Keesler MSM	X		23-Sep-04	X	X	23-Sep-04			
HCS-2E	Opsut	Consolidate San Diego MSM	X		23-Sep-04	X	X	23-Sep-04			
HCS-2F	Opsut	Disestablish Langley AFB Medical Facility				X					
HCS-2G	Opsut	Disestablish Ft Eustis Medical Facility				X					
HCS-2H	Opsut	Disestablish Lackland AFB Inpatient Facility				X					
HCS-2I	Opsut	Realign Pope AFB Clinic				X					
HCS-3	Opsut	Close inefficient Outpatient Functions	X		23-Sep-04	X		23-Sep-04			
HCS-4	Opsut	Establish Civilian/VA Partnerships	X		23-Sep-04	X		23-Sep-04			
HCS-4A	Opsut	Realign Langley AFB and Ft Eustis Inpatient activities to VA				X					
Med-1A	Hamilton	Consolidate Preventative Medical Functions at Portsmouth VA				X		23-Sep-04	X		5-Oct-04
Med-1B	Hamilton	Consolidate Preventative Medical Functions at Brooks City Base				X		23-Sep-04	X		5-Oct-04
Med-1C	Hamilton	Consolidate Preventative Medical Functions at Aberdeen PG				X		23-Sep-04	X		5-Oct-04
RDA-1	Yaglom	Minimize Capacity with Existing Facilities	X		23-Sep-04	X		23-Sep-04	X		
RDA-2	Yaglom	Establish Centers of Excellence at Current Activities	X		23-Sep-04	X		23-Sep-04	X		
RDA-3	Yaglom	Establish Centers of Excellence at Current Activities + New Site	X		23-Sep-04	X		23-Sep-04	X		

Deliberative Document –For Discussion Purposes Only –Do Not Release Under FOIA

ACQUISITION,
TECHNOLOGY
AND LOGISTICS

THE UNDER SECRETARY OF DEFENSE

3010 DEFENSE PENTAGON
WASHINGTON, DC 20301-3010

DCN: 11372

SEP 2 4 2004

MEMORANDUM FOR CHAIRMEN, JOINT CROSS SERVICE GROUPS

SUBJECT: Conflicts of Interest Reviews and Training for Joint Cross Service Groups

Statutes prohibit DoD employees from participating personally and substantially in particular matters that can affect their financial interests, or those with whom they have certain relationships. The DoD Office of General Counsel indicates that personnel who deliberate, that is, limit alternatives or options that are presented to personnel in higher authority in the Base Realignment and Closure process, have responsibilities falling within these prohibitions at the point in the analytical process when specific installations are identified as candidates for closure or realignment.

These employees are required to file financial disclosure reports. Before reaching the stage at which the restrictions may come into play, the financial disclosure reports must be submitted and reviewed by ethics attorneys, and all conflicts of interest reviews must have occurred and necessary remedial actions put into place. These reviews and remedial actions protect our employees from inadvertently violating the law and ensure that the BRAC process is not tainted by complaints based on conflicts of interest.

The Offices of General Counsel for DoD and the Military Departments have prepared a joint presentation and handout on conflicts in the BRAC environment to help personnel potentially impacted by these restrictions meet the statutory requirements. Representatives from the Office of General Counsel will provide this presentation and offer direct assistance to all potentially impacted personnel. To assure that the BRAC process is not delayed, please provide the information requested and accomplish the actions required in the Attachment by the established dates.

Michael W. Wynne
Acting USD (Acquisition, Technology & Logistics)
Chairman, Infrastructure Steering Group

Attachment: As stated

cc: ISG Members

DCN: 11372

Actions Required for Conflict of Interest Reviews and Training
For
Joint Cross Service Groups (JCSGs)

- Provide to the OSD BRAC Office by 9/30/04:
  - name, telephone number, and email address for JCSG members and alternates.
  - name, telephone number, and email address of subgroup personnel supporting the JCSGs who you determine participate in BRAC deliberations.*
  - These personnel may have already filed either a Public Financial Disclosure Report (SF 278) or a Confidential Financial Disclosure Report (OGE Form 450) within the past year. Please note whether the employee is updating a filed report or must complete a new one.
- Request those personnel who have filed either report to provide a copy of the signed report from their respective ethics offices, update the information on those copies as of the date they re-submit them for the BRAC review, and submit them to the JCSG Chair for the initial conflicts review.** At their option, they may instead submit a new report.
- Request those personnel who have not filed either report to use the DoD Standards of Conduct Office (SOCO) website, http://www.defenselink.mil/dodgc/defense_ethics/, and click on the Ethics Resource Library (second bullet in the left, purple column); then click on Forms (6th bullet down), and follow the directions to either print or download the applicable report. As soon as they have completed the report, they should submit it to the JCSG Chair for the initial conflicts review.**
- JCSG Chairs must review each report submitted and forward it to the DoD SOCO, Ms. Mason,* for the final conflicts review. Please do not hold reports to transmit as a group because time is of the essence. It is important that all reports be submitted to Ms. Mason no later than October 15th. Delay in completing the conflicts reviews may jeopardize our employees' ability to work on BRAC matters after specific installations are identified.
- As soon as possible, JCSG Chairs should schedule time on an agenda of their next meeting for an OGC representative to provide the conflicts presentation to members, alternates, and designated subgroup personnel. Other personnel may attend if they desire. Depending on questions, it may take approximately 30 minutes. Please contact Ms. Mason to arrange a mutually convenient time to schedule the presentation.

- At the presentation, identified personnel will receive a handout to help them identify additional potential conflicts, which are not required to be reported on the disclosure forms. They will be invited to discuss any other potential conflicts with their BRAC or ethics attorney. At the end of the conflicts review (completed when the reports are finally reviewed, the presentations completed, and the employees have had an opportunity to identify other potential conflicts), employees will be cleared to participate fully, or they and JCSG Chairs will know if they are disqualified from participating in any part of the BRAC process.

*For assistance in making this determination, please contact Nicole Bayert, 703/693-4842, bayertn@dodgc.osd.mil; or Gail Mason, 703/697-5305, masong@dodgc.osd.mil; both of the DoD Office of General Counsel.

**For guidance on reviewing reports, please go to the DoD SOCO website, http://www.defenselink.mil/dodgc/defense_ethics/, and click on the Ethics Resource Library (second bullet in the left, purple column); then click on DoD Guidance, the 2nd item, and scroll down to almost the bottom and click on Annual OGE Form 450 Filing Package for Employees; download the 5th item, Sample Instructions for Supervisors. You may also contact Gail Mason for assistance.

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APR 7 2004

MEMORANDUM FOR SECRETARIES OF THE MILITARY DEPARTMENTS
CHAIRMAN OF THE JOINT CHIEFS OF STAFF
CHAIRMEN OF THE JOINT CROSS-SERVICE GROUPS

SUBJECT: 2005 Base Closure and Realignment Selection Criteria

The Secretary, in accordance with section 2913 of the Defense Base Closure and Realignment Act of 1990, Public Law 101-510, published the proposed final selection criteria in the Federal Register on February 12, 2004. By operation of law, these criteria became final on March 15, 2004. As such, the Department shall use the attached 2005 Base Closure and Realignment Selection Criteria, along with the force-structure plan and infrastructure inventory to make recommendations for the closure or realignment of military installations inside the United States as defined in the statute. The criteria will also be used by the 2005 Defense Base Closure and Realignment Commission in their review of the Department of Defense final recommendations.

Michael W. Wynne
Acting USD (Acquisition, Technology & Logistics)
Chairman, Infrastructure Steering Group

Attachments:
As stated

cc: Infrastructure Steering Group Members
MilDep BRAC DASs

Department of Defense
Final Selection Criteria

In selecting military installations for closure or realignment, the Department of Defense, giving priority consideration to military value (the first four criteria below), will consider:

Military Value

1. The current and future mission capabilities and the impact on operational readiness of the Department of Defense's total force, including impact 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, 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 both the existing and potential receiving communities' infrastructure 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.