

MINUTES OF THE JANUARY 4, 2004 MEETING OF THE MJCSG PRINCIPALS

LOCATION: Pentagon, Room 4E1084, 1500 -1700

Attending: LtGen Taylor – Chair; MGen Webb USA/SG; Mr. Chan – ASD (HA)/CP&P; CAPT Shimkus - Representing USN/SG; CAPT Cullison – USMC/SG; Col Hamilton – Secretary; Mr. Yaglom – USA/SG; Mr. Porth – OSD/BRAC; Mr. Curry – USA/OTSG; CAPT Hight – BUMED; Mr. Sherman – OTSE; Maj Fristoe – HA/TMA; Maj Guerrero – AF/SG; Maj Harper – AF/SGSF; Dr. Christensen - CNA; Maj Cook – HA Analyst; CDR Bradley – Navy Analyst; Maj Coltman – Recorder.

Decisions:

- **Approved** the following Candidate Recommendation [**MJCSG Approved; vote (5/0)**]:
 - HCS-1J (MED-049): Disestablish the Inpatient Mission at MacDill AFB
 - HCS-1M (MED-052): Disestablish the Inpatient Mission at Scott AFB
 - HCS-1K (MED-050): Disestablish the Inpatient Mission at Keesler AFB
- **Disapproved** the following Candidate Recommendations for disestablishing inpatient missions (**MJCSG Disapproved; vote (5/0) to maintain the inpatient missions**):
 - HCS-1D (MED-043): Maintain the Inpatient Mission at Fort Polk
 - HCS-1 (MED-): Maintain inpatient facilities at NH Beaufort
- **Hold** on decision for the following Candidate Recommendation pending additional information on the Sports Medicine Fellowship (E&T), TRICARE network/partnerships (HCS), and military judgment (Army rep) (**MJCSG voted 5/0 to hold**):
 - HCS-1 (MED-004): Disestablish Inpatient Mission at West Point

Action Items:

- Legal Reviews:
 - Can Medical/line services occupy/share the same building?
 - USHUS closure prohibited by Title 10, can BRAC supercede?
- 0-6 Lead Follow-up:
 - HCS-1K (MED-050): Disestablish the Inpatient Mission at Keesler AFB: Validate that the VA hospital located near Keesler will remain open and has available capacity
 - HCS-1 (MED-004): Disestablish the Inpatient Mission at West Point: Research/provide additional information on the Sports Medicine Fellowship (E&T), TRICARE network/partnerships (HCS), and military judgment issues (Army Rep)
 - Sub-groups continue working criteria 5-8 questions for candidate development
 - Continuous follow up/report on outstanding COBRA data calls
 - Complete Summary of Scenario Environmental Impacts for Candidate Recommendations
 - Scrutinize personnel reduction numbers for all scenarios

Meeting Overview:

Members: Present: 4, represented: 1, absent: 1

- Chair opened the meeting with review/discussion on the Scenario Data Calls/COBRA & Manpower Reductions slides (See attachments): There are 43 MJCSG scenarios in the tracker with total of 92 (100%) data calls currently fielded out to the Services. Total returned 66 (71%). Of the data received it was noted that the Army return rate is lower than the other Services.

01/04/2005

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Army rep emphasized that the data return percentages may not reflect completeness/quality and that data received is still requiring additional work/clarification. The Army rep also voiced concern over identified problems with the current data processing system. Secretary expressed that the COBRA analysis is being delayed waiting for certified data but will push forward with available data. Chair stressed the limited time when considering the upcoming Services candidate submission suspense of 20 Jan 05. Outstanding scenarios after 20 Jan 05 will have to deal with the impact of the Services' major force movements and the ensuing changes they present. Chair is scheduled to update ISG this Friday on the MJCSG's progress. OSD/BRAC rep informed the group that HSA will brief ISG this week but recommended submitting a projected schedule of MJCSG candidate submissions/briefs.

- Total Medical Manpower Realignments (Base X) for officer, enlisted, and civilian for each Service were reviewed/discussed (see slide). These numbers will be accumulative and reported with each candidate recommendation reflecting total manpower reductions and realignments. It was noted that the civilian numbers are true reductions while the military positions will be re-distributed by the Services to replace civilian/contract medical personnel elsewhere in the MHS activities with higher military value. This will allow identification of immediate cost savings when realigning the military slots into the empty civilian billets. Continue to provide data call status and manpower realignment updates to MCJSG. (**Action Item – 0-6 Leads Ongoing Follow Up**)
- HCS rep presented the following Candidate Recommendations for MJCSG decision/vote specifically to close the inpatient mission at non-isolated facilities that do not meet the established ADPL and/or MILVAL requirement(s). The workload would be realigned to the civilian networks and/or other military hospitals. Optimization Model runs were performed using the above criteria identifying the following sites: MacDill AFB, Scott AFB, Keesler AFB and Fort Polk.
 - HCS-1J (MED-049): Disestablish the Inpatient Mission at MacDill AFB
 - HCS rep presented and lead discussion on HCS-1J (MED-049) to disestablish the inpatient mission at MacDill AFB and convert the hospital to a clinic with an ambulatory care center (see attached slides). In FY02, the AD eligible population was 9,165 with 9,086 ADFMs/14,810 Other enrolled. There are 34 Joint Accreditation of Hospital Organizations (JCAHO) or Medicare accredited/VA hospitals with available inpatient services within 40 miles with a total of 10,585 beds/average daily census of 6,843 [as reported by American Hospital Association (AHA)] and the capability to absorb the additional workload (see attached map). The Chair voiced concern over the validity of the identified 19 positions lost with closing the inpatient function, stating that if the facility no longer has to maintain 24 hour operations (to include the inpatient units, laboratory, pharmacy, radiology, ER, etc); the number of reductions should be higher. The OSD/BRAC rep stated that the numbers could be challenged. The Chair encouraged the 0-6 Lead group to review the numbers and validate their accuracy for this and all scenario recommendations. Recommend MJCSG approve the following Candidate selection based on optimization model runs, excess capacity, low MILVAL, ADPL and other supporting data analysis:
 - **HCS-1J (MED-049): Disestablish the inpatient mission at MacDill AFB (MJCSG Approved with 5/0 vote)**

- HCS-1M (MED-052): Disestablish the Inpatient Mission at Scott AFB
 - HCS rep presented and lead discussion on HCS-1M (MED-052) to disestablish the inpatient mission at Scott AFB, converting the hospital to a clinic with an ambulatory care center (see attached slides). Again, the Chair voiced concern over the validity of reducing only 77 positions from a total of 1,110 billets when closing the inpatient function and challenged the 0-6 Leads to scrutinize the numbers for personnel reductions in this and future scenarios. The Chair also emphasized that the number one issue today is the following: “Is it rational to maintain the inpatient function at Scott, given the facts and numbers? The Army rep questioned whether there would be reverberations given the fact that two combatant commanders are positioned at Scott AFB. The Chair’s response was that they would have available expanded hospital services/specialties in the surrounding community rather than a small hospital with limited specialties/service lines such as currently exists at Scott. Also highlighted was that the family practice residency, according to the E&T rep, could be absorbed into the resulting Military Healthcare System (MHS). This scenario disestablishes the inpatient capabilities, converting the hospital into a clinic with an ambulatory care center. Recommend MJCSG approve the following Candidate selection based on optimization model runs, excess capacity, low MILVAL, ADPL and other supporting data analysis:
 - **HCS-1M (MED-052): Disestablish the inpatient mission at Scott AFB (MJCSG Approved with 5/0 vote)**
- HCS-1K (MED-050): Disestablish the Inpatient Mission at Keesler AFB
 - HCS rep presented and lead discussion on HCS-1K (MED-050) to disestablish the inpatient mission at Keesler AFB, converting the hospital to a clinic with an ambulatory care center (see attached slides). The NPV of the costs/savings over 20 years is a savings of \$307,081K. The Secretary noted that the Services/ISG may challenge the redistribution of 181 military billets identified because of potential impact to the gaining facilities. The Chair responded that from a military perspective there may only be a need to retain a portion based on mission requirements. The current residency programs, according to the E&T rep, could be absorbed into the remaining MHS. This scenario disestablishes the inpatient capabilities, converting the hospital into a clinic with an ambulatory care center. Recommend MJCSG approve the following Candidate selection based on optimization model runs, excess capacity, low MILVAL, ADPL and other supporting data analysis:
 - **HCS-1K (MED-050): Disestablish the Inpatient Mission at Keesler AFB (MJCSG Approved with 5/0 vote)**
- HCS-1D (MED-043): Disestablish the Inpatient Mission at Fort Polk
 - HCS rep presented and lead discussion on HCS-1D (MED-043) to disestablish the inpatient mission at Fort Polk, converting the hospital to a clinic with an ambulatory care center (see attached slides). This facility was identified because of a low ADPL (7.3), and its functional MILVAL is ranked at 44.7. In FY02, the AD eligible population was 8,876 with 10,254 ADFMs/4,127 Other enrolled. There are four JCAHO or Medicare accredited/VA hospitals with inpatient services within 40 miles with a total of 276 beds/average daily census of

1,148 (as reported by AHA) but the capacity is small and may not be able to absorb the additional workload (see attached map). Payback cost/savings were discussed. There is a one-time implementation cost of \$2,575K with an annual reoccurring cost after implementation of \$1,637K with no expected payback. The NPV over 20 years is a cost of \$27,343K. With the disestablishment of this function, the average functional military value for all inpatient facilities decreases from 42.58 to 42.54. The civilian cost per admission lies in the 4th deciles for inpatient services which is a relatively low. The Army rep informed the group that the facility is located in a fairly isolated area and that Fort Polk has visibility in the Army proposals and the Joint Readiness Training Center (JTRC) is firmly in place. The Chair emphasized that although the ADPL is low, there is a question on whether the local capacity can absorb the additional workload, there are no savings or benefit to the MILVAL and the with the Army's additional input this proposal may not be a good candidate. This scenario disestablishes the inpatient capabilities, converting the hospital into a clinic with an ambulatory care center. Recommend MJCSG approve the following Candidate selection based on optimization model runs, excess capacity, and low ADPL:

- **HCS-1D (MED-043): Disestablish the Inpatient Mission at Fort Polk (MJCSG Disapproved, voted 5/0 to Retain the Inpatient Mission)**

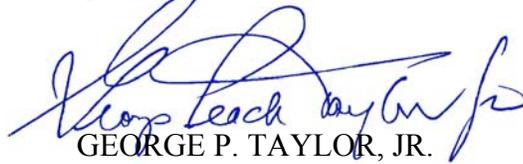
□ Scenario Clean-up:

- Reassessment of HCS-1 (MED-004): Disestablish the Inpatient Mission at NH Beaufort
 - Previous discussion noted that this facility was located in a fairly isolated region with four Joint Accreditation of Hospital Organizations (JCAHO) or Medicare accredited hospitals with inpatient services located within a 40 miles radius. However, the closest most accessible facility has limited capacity and has a somewhat difficult TRICARE relationship. The Navy rep previously noted that they were working on developing a more amenable relationship but have not reached that point yet. The NDA group did validate that the associated civilian hospitals were not on the list of those declining TRICARE enrollees. The Marine rep identified that the MCRA system and associated basic recruit training center are elements of the Beaufort and voiced concern over allowing the new training recruits to obtain inpatient treatment off base, stating it was imperative to maintain military control while in the training environment. HCS rep follow up reported 250 out of 824 non-enrolled AD annual admissions (approximately 30 percent) were coded for trainees which is based on M2 non-certified data. Based on Navy/Marine input related to MILVAL (MSRA operational mission and issue of basic training center location), limited civilian inpatient capacity and current TRICARE relationship with local civilian community hospital, Navy rep recommends the MJCSG approve the following:
 - **HCS-1 (MED-004): Maintain inpatient facilities at NH Beaufort. (MJCSG voted 5/0 to approve)**
- Reassessment of HCS-1 (MED-004): Disestablish the Inpatient Mission at West Point
 - Previous discussion noted that this facility was identified from optimization model runs because of low ADPL (8) and functional MILVAL (27.1). In FY02, the AD eligible population was 8,833(which include the 400 cadets) with 4,000

ADFM/8,877 Other enrolled. There are 41 Joint Accreditation of Hospital Organizations (JCAHO) or Medicare accredited hospitals with inpatient services located within a 40 miles radius. Total civilian capacity for inpatient services was identified as 12,868 beds with an average daily census of 9,600 (as reported by AHA). There are two civilian community hospitals located within a ten miles radius with 371 beds/average daily census of 269. The Army rep voiced concern of the civilian community's ability to absorb the additional inpatient workload. Another previous concern included weather-related hazardous road conditions to/from this facility which could impede traveling to the local area civilian hospitals. Payback cost/savings were discussed. There is a one-time implementation cost of \$2,875 with an annual reoccurring cost after implementation of \$1,915K with no expected payback. The NPV over 20 years is a cost of \$31,584. With the disestablishment of this function, the average functional military value for all inpatient facilities increases from 42.58 to 42.86. The Army rep voiced concern of allowing training cadets to obtain inpatient treatment off base, stating it was Army policy to maintain positive military control of cadets. The Army rep also raised the question of available external partnerships related to specialty services (specifically Internal Medicine) within the local civilian medical community. The Marine rep voiced concern over the impact to the Sports Medicine Fellowship program, stating, "If the program is at risk, I would vote to maintain the inpatient mission." E&T reported that the orthopedic/sports medicine fellowship could be supported elsewhere but may not be the same configuration. The group focused discussion on the fact that there was no savings and the payback years were never with significant implementation and reoccurring for disestablishing. The chair emphasized the focus should be to reduce capacity based on low ADPLs/MILVAL to provide the right platform to support clinical competence. The Chair recommended running COBRA and to hold decision pending follow up on the below issues.

- **HCS-1 (MED-004): Disestablish Inpatient Mission at West Point.** Hold on decision pending additional information on the Sports Medicine Fellowship (E&T), TRICARE network/partnerships (HCS), and Military Judgment (Army rep) **(MJCSG voted 5/0 to hold; Action item, follow up)**
- Candidate Recommendation Overview/Schedule: At the next MJCSG the following candidate proposals will be presented: 1) Langley/Tidewater Area (HSC), 2) Enlisted Training (E&T), 3) USHUS (E&T), and 4) West Point Follow-up.
- Closing Comments: The Chair review the ISG candidate submission and scheduling process emphasizing the need to submit the candidate proposal packages by Wednesday to be able to present to the ISG a week from the following Friday. Need to remember that there is another lag time with the legal review so be proactive having all the information ready to include the environmental surveys approved by the Services. Continue to work the large San Antonio and National Capital Region scenarios and push for/follow up on the scenario data calls. The Chair voiced that he believes we are underestimating personnel reductions and overall savings and encouraged the sub-groups to scrutinize/validate the personnel reduction numbers for all scenarios. Follow up with action items identified.

- NEXT PRINCIPAL MEETING: 7 Jan 05, Pentagon Room 4E1084, 1300-1500.



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

Attachments:

1. Agenda with attachments (Data Status Updates Slide; Candidate Recommendations Slides)

MJCSG Principals Meeting

01/04/2005
15:30 PM to 17:30 PM
Pentagon, Room 2C554, Rm 6

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

Agenda

Chair Comments	Lt Gen Taylor	5
Data Call Status	Maj Fristoe	10
Candidate Recommendations		
McDill AFB	Mr. Chan	10
Scott AFB	Mr. Chan	10
Keesler AFB	Mr. Chan	10
Fort Polk	Mr. Chan	10
Scenario Cleanup		
Beaufort NH	CAPT Shimkus	10
West Point	Maj Cook	10
Around the Table	All	10
Schedule	Col Hamilton	5
Closing	Chair	5

Medical Joint Cross Service Group

DCN 11381



MJCSG Principles Meeting Combined Briefings

4 Jan 05



■ **Scenarios in tracker: 43**

Briefed to MJCSG: 9 (21%)

Briefed to ISG: 0

■ **Total Scenario Data Calls: 92**

■ **Total Fielded to Services/4th Estate: 92 (100%)**

Army: 35

Air Force: 29

Navy: 26

4th Estate: 2

■ **Total Received from Services/4th Estate: 66 (71%)**

Army: 15 (43%)

Air Force: 26 (90%)

Navy: 23 (88%)

4th Estate: 2 (100%)



Medical Manpower Realignment

As of 4 Jan 05

DCN 11381

	Officer	Enlisted
Cherry Point	5	11
Great Lakes	25	45
Navy Total	30	56

	Officer	Enlisted
Knox	9	25
Eustis	2	8
West Point	6	19
Army Total	17	52

	Officer	Enlisted
USAFA to Carson	9	17
USAFA Other	1	3
AF Total	10	20

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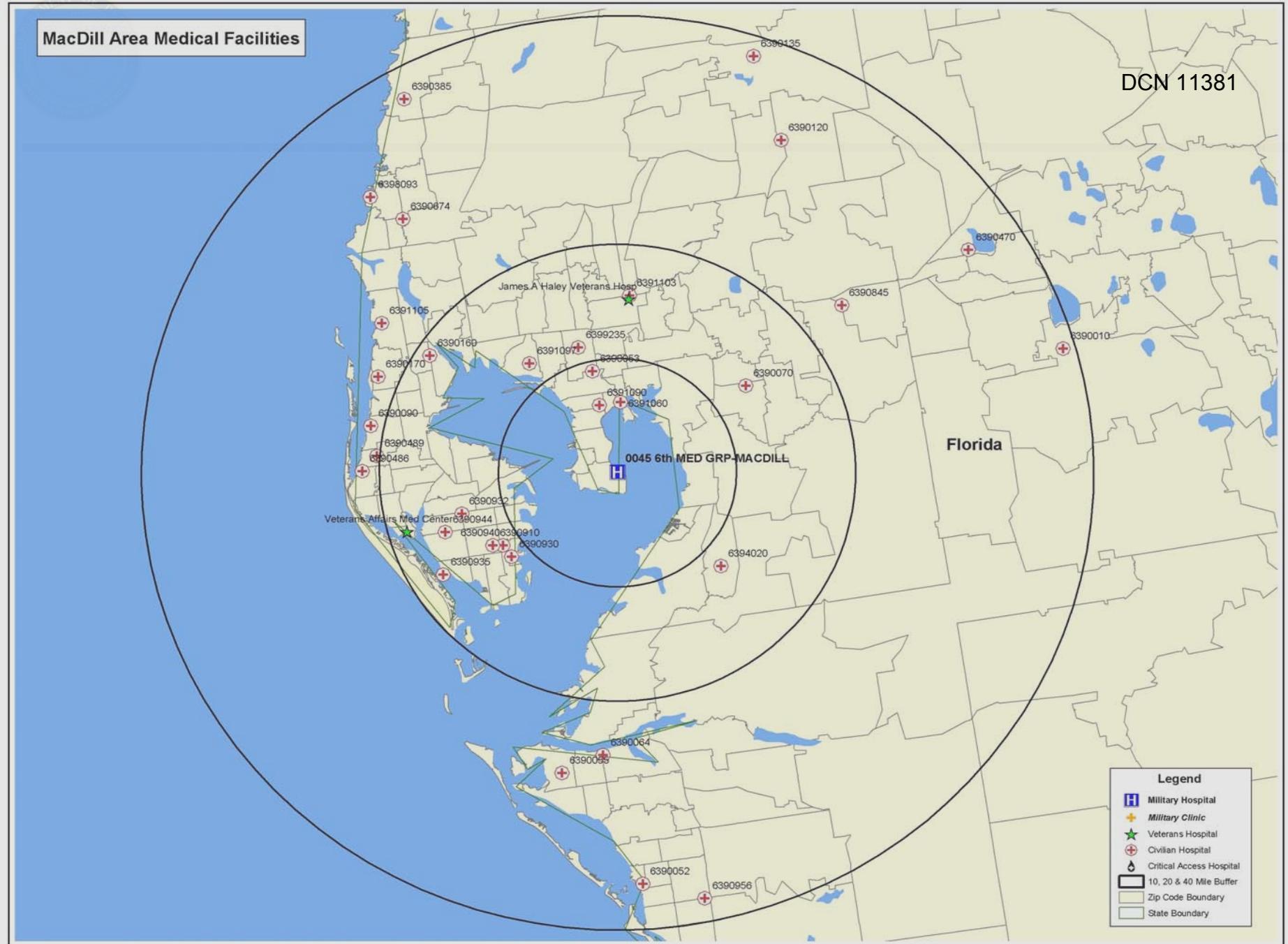


MED 049 MacDill AFB

Disestablish Inpatient

MacDill Area Medical Facilities

DCN 11381



Legend

- Military Hospital
- Military Clinic
- Veterans Hospital
- Civilian Hospital
- Critical Access Hospital
- 10, 20 & 40 Mile Buffer
- Zip Code Boundary
- State Boundary



- **ADPL – 3.8**
 - **MHS Avg - 40.8**
- **Beds – 16**
 - **Certified - 32**
- **RWPs – 502**
- **Population**
 - **Eligible (AD/ADFM/Other) 9,165 / 18,176 / 45,258**
 - **Enrolled (ADFM/Other) 9,086 / 14,810**
- **Civilian/VA Hospitals within 40 Miles – 34**
 - **10,585 Beds/ 6,843 Avg Daily Census**
 - **Existing Partnership: Tampa General (877 Beds / 502 ADC)**
- **Auth O/E/C (176/407/84)**
- **Military Value**
 - **Total - 26.1**
 - **Functional - 34.1**



-
- **Reduces excess capacity**
 - **Redistributes military providers to areas with more eligible population**
 - **Reduces inefficient inpatient operations**
 - **Civilian capacity exists in area**



Military as Civilians	
One-Time Costs	\$630K
MILCON	0
NPV	-\$14,185K
Recurring Savings	\$1,103K
Payback Years	1 Yr
Break Even Years	2008
Mil/Civ Reductions	18/1



-
- **34.1 Functional Military Value**
 - **Average Functional Military Value for all inpatient facilities**
 - **With MacDill AFB – 42.58**
 - **Without MacDill AFB – 42.74**



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- **Criteria 6 (Economic) – Minimal**
 - **Criteria 7 (Community) – None**
 - **Criteria 8 (Environmental) – None**
 - **Other Medical impacts**
 - **Civilian cost per admission - \$5,944**
 - **6th decile**



-
- **Recommend disestablishment of inpatient mission at MacDill AFB**

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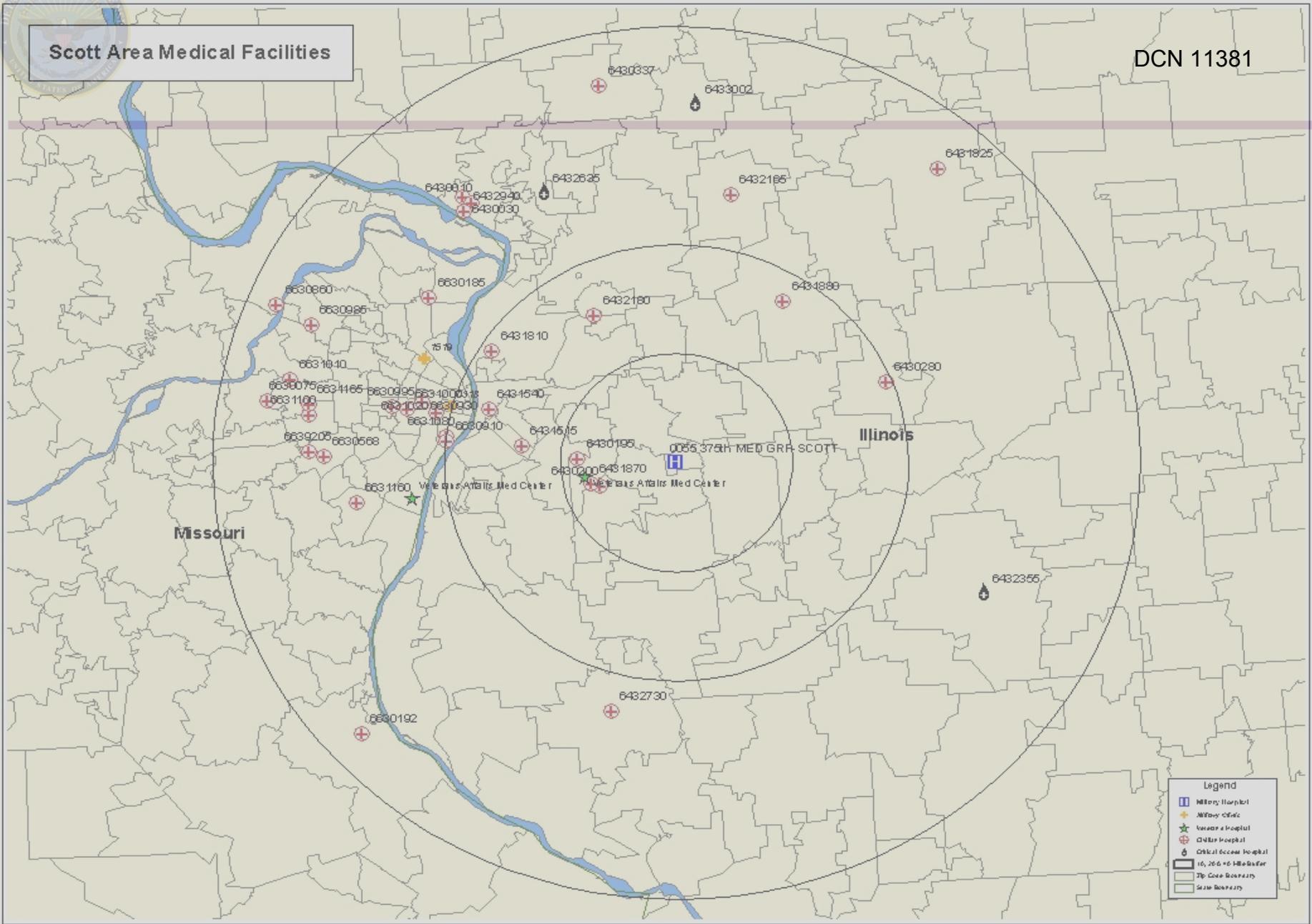
MED 052 Scott AFB

Disestablish Inpatient



Scott Area Medical Facilities

DCN 11381



Legend

- Military Hospital
- Military Clinic
- Veterans Hospital
- Other Hospital
- Critical Access Hospital
- 15, 20, 25 Mile Buffer
- Zip Code Boundary
- State Boundary



- **ADPL – 11.8**
 - **MHS Avg - 40.8**
- **Beds – 69**
 - **Certified - 138**
- **RWPs – 1,547**
- **Population**
 - **Eligible (AD/ADFM/Other) 9.660 / 17,347 / 25,848**
 - **Enrolled (ADFM/Other) 12,031 / 13,114**
- **Civilian Hospitals within 40 Miles – 38**
 - **9,465 Beds/ 6,124 Avg Daily Census**
 - **2 VA Hospitals within 30 miles**
- **Auth O/E/C (321/610/179)**
- **Military Value**
 - **Total - 24.1**
 - **Functional - 28.9**



-
- **Reduces excess capacity**
 - **Redistributes military providers to areas with more eligible population**
 - **Reduces inefficient inpatient operations**
 - **Civilian capacity exists in area**



Military as Civilians	
One-Time Costs	\$2,770K
MILCON	0
NPV	-\$8,555K
Recurring Savings	\$981K
Payback Years	5 Yrs
Break Even Years	2012
Mil/Civ Reductions	62/15



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- **28.9 Functional Military Value**
 - **Average Functional Military Value for all inpatient facilities**
 - **With Scott AFB – 42.58**
 - **Without Scott AFB – 42.83**



-
- **Criteria 6 (Economic) – Minimal**
 - **Criteria 7 (Community) – None**
 - **Criteria 8 (Environmental) – None**
 - **Other Medical impacts**
 - **Civilian cost per admission - \$7,663**
 - **8th decile**



-
- **Recommend disestablishment of inpatient mission at Scott AFB**

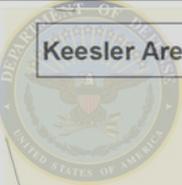
Medical Joint Cross Service Group

DCN 11381



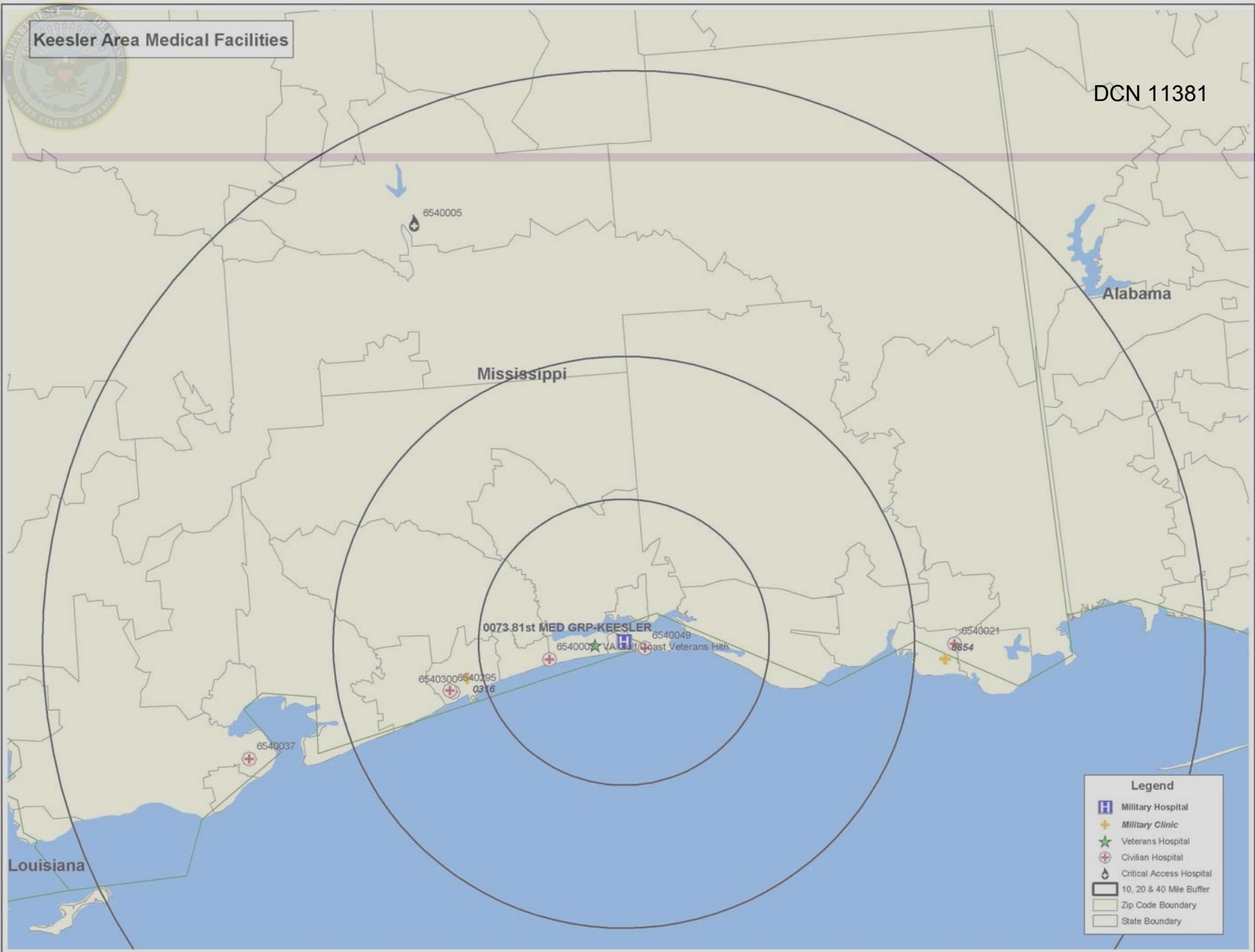
MED 050 Keesler AFB

Disestablish Inpatient



Keesler Area Medical Facilities

DCN 11381



Legend

- Military Hospital
- Military Clinic
- Veterans Hospital
- Civilian Hospital
- Critical Access Hospital
- 10, 20 & 40 Mile Buffer
- Zip Code Boundary
- State Boundary



- **ADPL – 60**
 - **MHS Avg - 40.8**
- **Beds – 154**
- **RWPs – 6,190**
- **Population**
 - **Eligible (AD/ADFM/Other) 15,781 / 16,616 / 23,286**
 - **Enrolled (ADFM/Other) 12,991 / 13,194**
- **Civilian Hospitals within 40 Miles – 8**
 - **1,957 Beds/ 1,148 Avg Daily Census**
 - **VA within 5 Miles (552 Beds / 394 ADC)**
- **Auth O/E/C (609/1,080/202)**
- **Military Value**
 - **Total – 32.7**
 - **Functional - 35.3**



-
- **Reduces excess capacity**
 - **Redistributes military providers to areas with more eligible population**
 - **Reduces inefficient inpatient operations**
 - **Civilian/VA capacity exists in area**



Military as Civilians	
One-Time Costs	\$7,825K
MILCON	0
NPV	-\$307,018K
Recurring Savings	\$23,080K
Payback Years	Immediate
Break Even Years	2007
Mil/Civ Reductions	181/31



-
- **35.3 Functional Military Value**
 - **Average Functional Military Value for all inpatient facilities**
 - **With Keesler AFB – 42.58**
 - **Without Keesler AFB – 42.71**



-
- **Criteria 6 (Economic) – Minimal**
 - **Criteria 7 (Community) – None**
 - **Criteria 8 (Environmental) – None**
 - **Other Medical impacts**
 - **Civilian cost per admission - \$4,314**
 - **4th decile**



-
- **Recommend disestablishment of inpatient mission at Keesler AFB**

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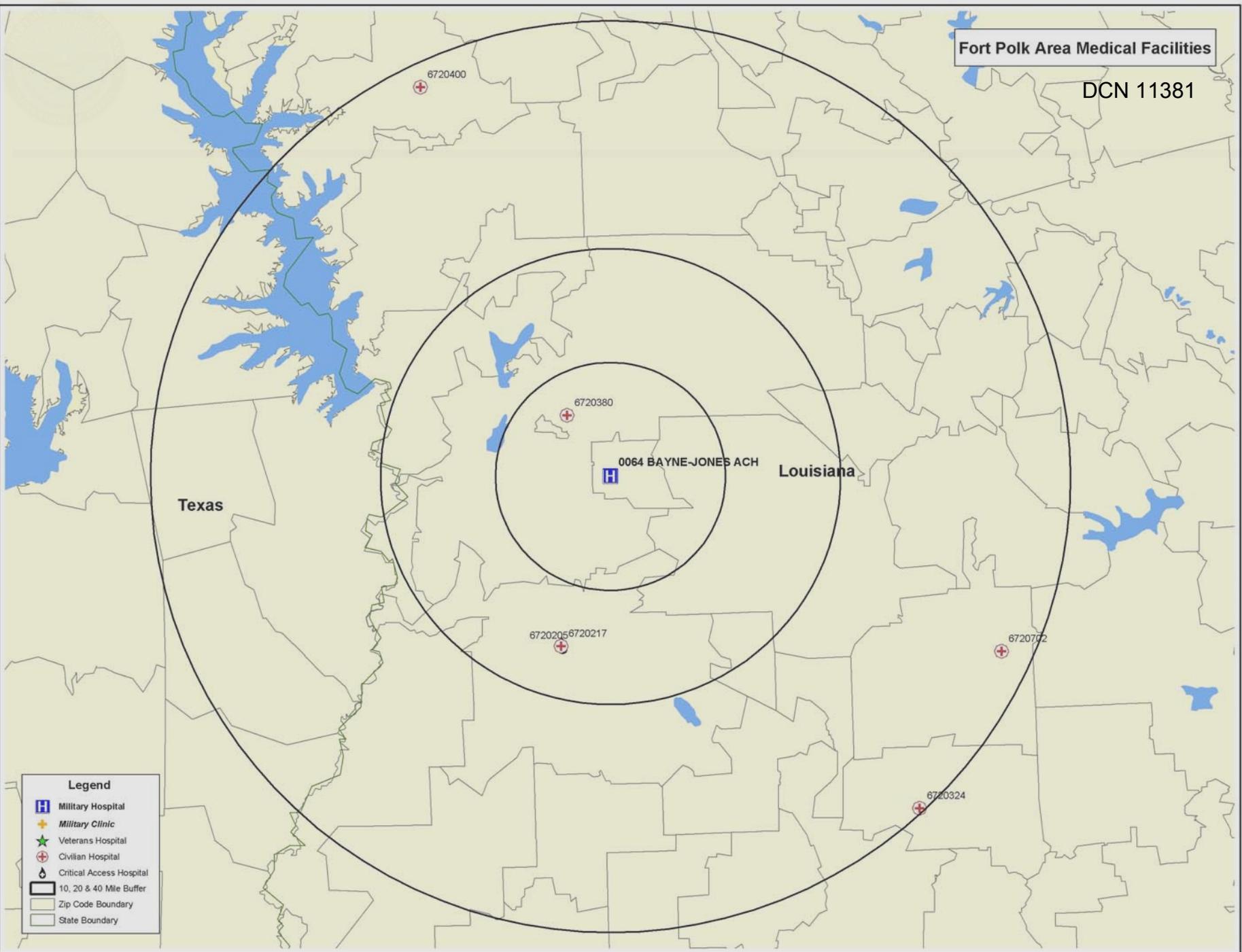


MED 043 Fort Polk

Disestablish Inpatient

Fort Polk Area Medical Facilities

DCN 11381



Legend

- Military Hospital
- Military Clinic
- Veterans Hospital
- Civilian Hospital
- Critical Access Hospital
- 10, 20 & 40 Mile Buffer
- Zip Code Boundary
- State Boundary



- **ADPL – 7.3**
 - **MHS Avg - 40.8**
- **Beds – 35**
 - **Certified - 70**
- **RWPs – 965**
- **Population**
 - **Eligible (AD/ADFM/Other) 8,876 / 11,060 / 8,193**
 - **Enrolled (ADFM/Other) 10,254 / 4,127**
- **Civilian Hospitals within 40 Miles – 4**
 - **276 Beds/117Avg Daily Census**
- **Auth O/E/C (117/149/433)**
- **Military Value**
 - **Total - 31.1**
 - **Functional - 44.7**



-
- **Reduces excess capacity**
 - **Redistributes military providers to areas with more eligible population**
 - **Reduces inefficient inpatient operations**
 - **Civilian capacity exists in area**



Military as Civilians	
One-Time Costs	\$2,575K
MILCON	0
NPV	\$27,343K
Recurring Costs	\$1,637K
Payback Years	Never
Break Even Years	N/A
Mil/Civ Reductions	28/38



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- **44.7 Functional Military Value**
 - **Average Functional Military Value for all inpatient facilities**
 - **With Ft Polk – 42.58**
 - **Without Ft Polk– 42.54**



-
- **Criteria 6 (Economic) – Minimal**
 - **Criteria 7 (Community) – None**
 - **Criteria 8 (Environmental) – None**
 - **Other Medical impacts**
 - **Civilian cost per admission - \$4,997**
 - **4th decile**



- **Recommend disestablishment of inpatient mission at Fort Polk**

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MED 004 MCAS NH Beaufort Re-visit

Disestablish Inpatient

Medical Joint Cross Service Group

DCN 11381



MED 004 West Point Re-vist

Disestablish Inpatient



Payback - West Point

DCN 11381

	Realign Military to Base X	Eliminate Military to Scenario	Military to Civilian
One-Time Costs	\$2,020K	\$2,024K	\$2,875K
MILCON	0	0	0
NPV	\$52,661K	\$19,347K	\$31,584K
Recurring Costs	\$3,553K	\$1,076K	\$1,915
Payback Years	Never	Never	Never
Break Even Years	N/A	N/A	N/A
Mil/Civ Reductions	0/39	25/39	25/39
Mil/Civ Relocations	25/0	0/0	0/0