

MINUTES OF THE JANUARY 13, 2005 MEETING OF THE MJCSG PRINCIPALS

LOCATION: Pentagon, Room 4E1084, 1530-1730

Attending: LtGen Taylor – Chair; RADM Martin – USN SG; MGen Webb - USA SG; Mr. Chan – ASD(HA)/CP&P; RADM Cullison – USMC/SG; Col Hamilton – Secretary; CAPT Shimkus – BUMED; Mr. Yaglom – USA/SG; Dr. Opsut – OSD/HA; Col Jacob – USAF/SG; Dr. Christensen – CNA; Mr. Curry – USA OTSG; CAPT Hight – BUMED; Lt Col Jones – USAF/SG; Mr. Porth – OSD/BRAC; Col Harmon – J4-MRD; Maj Fristoe – HA/TMA; Maj Cook – HA Analyst; Maj Guerrero – AF/SG; Maj Harper – AF/SGSF; CDR Bradley – Navy Analyst; Mr. Stevens – USA; Lt Col Cohen – AF/RDA; Mr. Glenn – RDA; Maj Coltman – Recorder

Decisions:

- **Approved** the following Candidate Recommendations [**MJCSG Approved; vote (5/0)**]:
 - HCS-2I (MED-017): Realign Pope's Outpatient Services by relocating all medical functions to Fort Bragg
 - HCS-2K (MED-022): Realign McChord by relocating all medical functions to Fort Lewis
 - HCS-1B (MED-041): Retain Inpatient Mission at Fort Jackson (**MJCSG Approved; vote (5/0) to maintain the inpatient mission**)
 - HCS-1F (MED-045): Retain Inpatient Mission at Fort Wainright (**MJCSG Approved with 5/0 vote to maintain inpatient mission**)
- **Disapproved** the following Candidate Recommendations:
 - E&T-2B (MED-020), E&T-2A (MED-021): Co-locate/consolidate Professional (Contracting) Medical Services (**MJCSG Disapproved; vote 5/0**)
 - HCS-1E (MED-044): Disestablish Inpatient Mission at Fort Riley (**MJCSG Disapproved; vote (5/0) to maintain the inpatient mission**)
- **Hold** on decision for the following Candidate Recommendations pending further analysis (**MJCSG voted 5/0 to hold**):
 - E&T-1A (MED-005), E&T-1B (MED-031), E&T-1C (MED-032) Co-locate initial medical enlisted training
 - Consolidate The Following Enlisted Medical Specialty Training Programs:
 - E&T-2C (MED-037): Diet Therapy/Hospital Food Service Technician Training
 - E&T-2A (MED-038): Re-locate Pharmacy Technician Program
 - E&T-2B (MED-039): Radiographer Technician/Nuclear Medicine Programs
 - E&T-1 (MED-006, MED-007, MED-012): Consolidate Aerospace Medicine Training

Action Items:

- Legal Reviews:
 - Can Medical/line services occupy/share the same building?
- 0-6 Lead Follow-up:
 - Continuous validation and follow up of scenario/RFC data calls
 - Prepare Joint Basing Concept Brief
 - Rerun Initial Enlisted Medical Training Scenarios (MED-005, MED-031, MED-032) with Enlisted Specialty Programs (MED-037, 038, 039) as a consolidated/joint training program at Fort Sam Houston

- RDA to continue working actions items identified and brief results on co-locating Aerospace Medicine Research RDA-3A (MED-025), RDA-3B (MED-026), RDA-3C (MED-027)
- HCS group to continue working NCR/SAT candidate recommendations; plan for deliberative brief to the MJCSG on 3 Feb 05

Meeting Overview:

- Voting Membership: 5 present, 1 absent.
- The Chair provided an overview of what to expect after the next four recommendations are briefed to the ISG. He described the substantial review process prior to/after being approved for submission to the BRAC commission. The Chair then stressed the importance of detailed documentation at every step of the process to support and validate the findings and recommendations. Another big issue discussed at the ISG is the joint basing construct. The Chair provided a brief overview of the joint basing concept and described the issues of infrastructure, personnel, and command ownership. He requested the membership to bring suggestions or ideas for application to the Military Healthcare System (MHS). **(Info)**
- The Data rep reported on the Scenario/COBRA Data Calls and Manpower Reductions (See slides): The Army has nine outstanding data calls, Navy has one, and AF has none, with a total return of 83 (89%). Individual scenario and total military medical manpower realignments for officer and enlisted were reviewed/discussed (see slide). These military positions replace civilians (who are eliminated) and redistributed to areas with available workload to maintain clinical competency. Additional manpower adjustments were noted by the Secretary: 1) West Point numbers were removed because the recommendation was disapproved; 2) The USUHS manpower numbers will be adjusted to reflect moving the continuing education/Medical Training Network authorized personnel (10 military/10 civilian) to NNMC Bethesda. Continue to provide data call status and manpower realignment updates to MCJSG. **(Action Item: 0-6 Leads Ongoing Follow Up)**
- The E&T rep briefed and lead discussion on Co-locating and/or Consolidating Initial and Specialty Enlisted Medical Training Programs (see slides). These proposals co-locate the various enlisted medical training programs at one location with the potential of transitioning into a joint training effort. Initially this will reduce infrastructure and excess system capacity with the later potential to transform into a joint training center resulting in standardized training, enhanced interoperability and joint deployability.
 - The first briefing addressed co-locating Initial Enlisted Medical Training at E&T-1A (MED-005) Fort Sam Houston; E&T-1B (MED-031) Great Lakes NTC; or E&T-1C (MED-032) Sheppard AFB.
 - The E&T rep reviewed the COBRA data by comparing the costs/savings at all three sites, and Fort Sam Houston appears to be the most economical generating a recurring annual savings of \$3,147K with payback in one hundred years. There is a \$107,010K one-time cost related to personnel/equipment moves and \$82,253 in MILCON for additional housing and other associated facilities to support the increase in student population. This is significantly lower than the other two sites (Great Lakes, Sheppard) which doubles or triples the implementation costs (depending on the site), MILCON, and recurring costs with no payback. The number of student relocations for Fort Sam Houston is also appreciably less than the other two options. The Secretary challenged the facility savings stating that the cleared space at Sheppard and Great Lakes should be savings. MJCSG discussed the inconsistent data received on the associated BOS cost and savings. The BRAC rep agreed there should be a

- greater manpower savings and suggested that the MJCSG challenge the numbers and request the Services' re-validate this specific data. The E&T rep explained that the Fort San Houston scenario was also run assuming an Air Force/Navy joint/consolidated program. The Army was not included because their program is already located and established at Fort Sam Houston and would require no moves and other associated costs. Using this joint construct recurring savings would triple and payback in less than 20 years. The Chair stated that Joint programs are difficult to get agreement and approval because of the Service-specific curriculum/requirements but co-locating the program would encourage future joint opportunities. By consolidating, the Services could envision a potential larger reduction of overhead.
- The MILVAL for Fort Sam Houston (62.95) is slightly lower than Sheppard AFB. The cost analysis of developing this joint training center by far favored Fort Sam Houston. In addition, Fort Sam Houston is in close proximity to a large medical facility and field medical training site at Camp Bullis; neither which are available at Sheppard AFB nor Great Lakes NTC.
 - The Chair additionally suggested the transformational option of moving all enlisted medical training (initial and specialty) to Fort Sam Houston. By consolidating the programs at Fort Sam Houston, there will be efficiencies and savings by moving out of Sheppard and turning vacated space over to the AF. The MJCSG agreed that this may be more appealing and requests the E&T group to run it and come back with additional analysis and recommendations. Therefore, it was decided to hold on a final decision until further analysis of consolidating initial enlisted medical and specialty training at Fort Sam Houston. **(Action Items: E&T Sub-group Follow Up)**
 - The E&T recommendation is as follows:
 - **E&T-1A (MED-005), E&T-1B (MED-031), E&T-1C (MED-032) Co-locate Initial Medical Enlisted Training. Hold on decision pending further analysis on consolidation of all enlisted medical training programs. (MJCSG voted 5/0 to Hold)**
 - The E&T rep then presented and led discussion on relocating the Diet/Hospital Food Service Technician Specialty Training from Sheppard AFB to Fort Sam Houston [E&T-2C (MED-037)].
 - Based on the COBRA data moving the program to Fort Sam Houston, there would be a considerable savings with immediate payback and no MILCON costs. The Secretary noted that the two positions identified for relocating would be doubling the teaching staff and suggested moving them to reductions. In addition, the E&T rep recommended consolidation of the Diet Therapy and Hospital Food Service programs. In light of the previous discussion to look at consolidating all enlisted medical training programs at Fort Sam Houston it was suggested and agreed to hold on a decision until further analysis was accomplished. **(Action Items: E&T Sub-group Follow Up)**
 - The E&T recommended the following:
 - **E&T-2C (MED-037): Re-locate and Consolidate Diet Therapy and Hospital Food Service Technician Training at Fort Sam Houston. Hold on decision pending further analysis on consolidating all enlisted medical training programs. (MJCSG voted 5/0 to Hold)**

- The E&T rep then proceeded with an overview and discussion on E&T-2A (MED-038): Consolidating and Re-locating Pharmacy Technician Program to NSHS Portsmouth.
 - The NSHS Portsmouth MILVAL does not change if the program moves there or not. Review of the payback slides indicate that there is cost and no savings or payback associated with this move, although it would reduce infrastructure. The Chair stated that the San Antonio Area and Fort Sam Houston already have the clinical and capacity of Portsmouth with a sound clinical/training platform. It was also noted that there was available floor space at Lackland that could be used for student facilities. The MJCSG moved to hold on a decision until further analysis on co-locating/consolidating Initial Enlisted and Specialty Medical Training programs. **(Action Items: E&T Sub-group Follow Up)**
 - **E&T-2A (MED-038): Relocate and Consolidate Pharmacy Technician Training. Hold** on decision pending further analysis on consolidating enlisted medical training programs. **(MJCSG voted 5/0 to Hold)**
- The E&T rep then briefed on E&T-2B (MED-039): Re-locating and Consolidating Radiographer Technician/Nuclear Medicine Programs to Sheppard AFB.
 - The COBRA slides were reviewed and it was noted that there would be no payback and that this move would incur only cost and no savings. In addition, the MILVAL remained unchanged. Since there was no cost benefit the E&T rep recommended that the program remain at its current location. The MJCSG decided to hold on recommendation based on the previous discussion and pending analysis of consolidating all enlisted medical training programs. **(Action Items: E&T Sub-group Follow Up)**
 - **E&T-2B (MED-39): Relocate and Consolidate Radiographer Technician and Nuclear Medicine Training. Hold** on decision pending further analysis on consolidating enlisted medical training programs. **(MJCSG voted 5/0 to Hold)**
- The E&T rep refocused the discussion on re-locating and/or consolidating the Aerospace Medicine Training Programs to NAS Pensacola [E&T-3A (MED-006)], Brooks AFB [E&T 3B (MED-007)], or Wright Patterson AFB [E&T 3D (MED-012)].
 - After running COBRA, the E&T rep reported that NAS Pensacola appeared to be the most economical with payback in one year, no MILCON, significant savings, and the smallest number of student relocations. It was also noted that the data call revalidated that Pensacola did not require MILCOM with this scenario and reported that they had sufficient classroom space and currently trains both Army and Navy Flight Medical Officers. All Pensacola data was re-validated after the recent bout of hurricanes this past summer. The E&T rep reported that Wright Patterson also yielded some savings but did not payback for twenty years and had a considerable MILCON requirement. Brooks AFB, while having no MILCON, had significant costs with no payback. By moving this program out of Brooks, it would be vacating leased space.
 - The Chair also pointed out that the AF curriculum for aerospace medicine is extensively linked to the RDA component and suggested that it be moved as well. According to the Tech group, the leased space at Brooks for the RDA equipment and lab space is relatively cheap and moving would be very expensive. The Chair presented an alternate scenario of moving only the AF program with RDA to Wright Patterson and moving the Army and Navy programs to Pensacola. Additional issues highlighted were what to do with the enlisted flight medicine and preventive medicine training programs? The Chair requested further analysis of the scenario including the

- HCS-2K (MED-022): Close McChord AFB Outpatient Care & Realign to Fort Lewis
 - The HCS rep reported that McChord medical facility produced 44K RVUs in FY02. McChord’s Functional MILVAL of 43.85 is average but much lower than that of Ft Lewis (87.21). Approximately 169 military/civilian authorizations would be realigned to Fort Lewis to maintain the current level of medical services to the McChord beneficiaries. The COBRA data was reviewed which showed significant savings with immediate expected payback. Analysis of Fort Lewis workload data shows that there is more than enough excess capacity to absorb McChord AFB workload. This is similar to the proposed recommendation for Pope AFB and Fort Bragg, with the potential of joint basing concepts with Pope as a branch/satellite clinic of Fort Bragg. This transformational scenario would require clarification of Service responsibilities. There would also need to be clarification on Service personnel mix and requirements. The Chair encouraged moving forward. The HCS rep recommended the following:
 - **HCS-2K (MED-022): Realign McChord by disestablishing the Medical Group and relocating all medical functions to Fort Lewis (MJCSG Approved with 5/0 vote)**
- The RDA rep provided an in-progress brief on the following RDA Scenarios:
 - Co-Location of Aerospace Medicine Research at Wright-Patterson RDA-3A (MED-025), Brooks City Base RDA-3B (MED-026), and NAS Pensacola RDA 3C (MED-027):
 - The RDA rep briefed and led discussion on preliminary analysis and results on the proposal to co-locate Aerospace Medicine Research, noting that the information presented did not look at the E&T section of this move. During the MILVAL discussion the RDA rep briefly explained the pro-rated military value scoring and reason for change (see slide 80). When discussing COBRA results, it was pointed out that the major costs were related to moving large, highly specialized equipment and building laboratory space. The MJCSG agreed with the suggestion to remove USAARL and Pax River from the Aerospace list because of increased mission costs and because both units are also involved in other Tech JCSG scenarios. RDA will continue to monitor these units and coordinate with the Tech group especially since USAARL may also be the subject of a MED scenario in the event Natick closes. The MJCSG asked RDA to partner with the E&T group to scope a scenario limited to USAFSAM, NAMRL and NOMI at the Brooks and Pensacola sites, the RDA rep reported that evidence to date appears to favor Pensacola but they will need to run the numbers. Based on earlier discussions on the AF Aerospace Medical Training and its reliance on RDA integration and the fact that the TJCSG is looking at consolidating AFRL at Wright-Patterson, the Chair requested running the scenario consolidating the Aerospace Medicine with the RDA components at Wright-Patterson as well. The 311th HSW, SPO and AFRL/HE elements at Brooks will be looked at separately, primarily in case the TJCSG decides to proceed with consolidation of AFRL at Wright Patterson. The MJCSG concurred with RDA’s progress and also requested the group continue analysis, pushing for certified date, and exploring other more affordable variations. Additionally, the Chair requested the following information to be briefed in the next MJCSG meeting:
 - Personnel laydown (by unit) involved in the RDA scenarios with composition detail on the composition (officers, advanced degrees, etc.) to understand the risks of “brain drain”.

- Additional information on one-time costs, space requirements, and moving specialized equipment that already may be available at the gaining site that negate the requirement to move and the associated high costs
- Pull data from the MILVAL data calls and provide copies of our scenario enclosures that show personnel, equipment, one-time costs and space requirements.
- Work with COBRA expert and double check preliminary COBRA input, to explain and/or identify elements driving the recurring costs
- Validate buildable space and personnel numbers relocating at Forest Glen under TECH-32 and MED-024, for estimating the amount of MILCON needed to consolidate NSMRL with NMRC.
- Follow-up with TJCSG on consolidating AFRL scenario Wright Patterson

(Info In-Progress Review; Action Items: RDA Sub-group to Follow Up)

- Closing: The Chair reinforced the idea of using available uncertified data as best available and annotating the rationale for use and then reconciling any scenario decision with the certified data is received. This will allow the analytical process to continue in the face of continued difficulties with the data calls. When discussing some of the RDA pieces and the ownership issues related to the Tech group, the Chair interjected that the ISG will be the forum for arbitrating any differences. The Chair stressed that it is now crunch time, the ISG will only accept complete candidate recommendation packages which include the written narratives, environmental, economic and legal reviews. This could equate to about a 10 day turnaround so start working remaining candidate packages taking into account the various levels of review and potential revisions which may lengthen the process further. The Secretary informed the group that the NCR and SAT scenarios are being worked for coordination with plans to brief the MJCSG the 3 Feb 05 and the ISG at the 25 Feb 05 meeting. The Chair instructed all groups to continue working actions items identified and follow up as required.

- NEXT MEETING: MJCSG Principals, 24 Jan 05, 1500-1700, Pentagon 2C554.



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

Attachments:

1. Agenda with Combined briefings

MJCSG Principals Meeting	01/13/05 3:30 PM to 5:30 PM Pentagon, Room 2C554
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Meeting called by:	Chair	Type of meeting:	Deliberative
Note taker:	Maj Coltman		

Agenda

Opening	Lt Gen Taylor	5
Data Call Status	Maj Fristoe	5
Candidate Recommendations		
Initial Basic Enlisted Medical Training Riley	CAPT Hight	10
Specialty Enlisted Medical Training (Nutritional Med, Pharmacy, Radiology)	CAPT Hight	10
Aerospace Medical Training	CAPT Hight	10
Medical Contracting	CAPT Hight	10
Riley	Dr. Opsut	10
Jackson	Dr. Opsut	10
McChord	Dr. Opsut	10
Pope	Dr. Opsut	10
Wainwright	Dr. Opsut	10
RDA	Mr Yaglom	20
Schedule	Col Hamilton	10
Around the Table	All	5
Closing	Chair	5

Additional Information

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

Medical Joint Cross Service Group



MJCSG Principals Deliberative Meeting

**Combined Briefings
13 Jan 05**

DCN: 11390



MJCSG Scenario Data Call/COBRA

As of 13 Jan 05

- **Scenarios in tracker: 43**
Briefed to MJCSG: 17 (40%)
Briefed to ISG: 0
- **Total Scenario Data Calls: 93**
- **Total Fielded to Services/4th Estate: 93 (100%)**
Army: 36
Air Force: 29
Navy: 26
4th Estate: 2
- **Total Received from Services/4th Estate: 83 (89%)**
Army: 27 (75%)
Air Force: 29 (100%)
Navy: 25 (96%)
4th Estate: 2 (100%)

DCN: 11390



Medical Manpower Realignments (As of 13 Jan 05)

	Officer	Enlisted
Cherry Point	5	11
Great Lakes	25	45
Navy Total	30	56
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Knox	9	25
Eustis	2	8
Army Total	11	33
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USAFA to Carson	9	17
USAFA Other	1	3
Keesler	71	110
Scott	20	42
MacDill	11	7
AF Total	112	179

DCN: 11390

Medical Joint Cross Service Group



MED 005,031 & 032

Initial Enlisted Medical Training

DCN: 11390



COBRA

	MED 005 Ft Sam	MED 031 Great Lakes	MED 032 Sheppard
Move To			
One Time Costs	\$107,010K	\$407,283K	\$179,403K
MILCON	\$82,253K	\$321,097K	\$122,702K
NPV	\$61,803K	\$567,844K	\$289,048K
Recurring Costs	-\$3,147K	\$12,817K	\$9,010K
Payback Year	100+	Never	Never
Break-Even Year	N/A	N/A	N/A
O/E/C Reduction	0/0/0	0/0/0	0/0/0
O/E/C Relocations	28/195/12	26/292/27	50/381/39
Student Relocations	2,126	2,526	3,800

DCN: 11390



COBRA with Joint/Consolidated Program

Move To	MED-005 Ft Sam Houston	MED-005 CONSOLIDATE
One Time Costs	\$107,010K	\$114,168K
MILCON	\$82,253K	\$89,471K
NPV	\$61,803K	-\$18,667K
Recurring Costs	-\$3,147K	-\$10,126
Payback Year	100+	2022 (14 years)
Break-Even Year	N/A	2022
O/E/C Reduction	0/0/0	9/59/4
O/E/C Relocations	28/195/12	19/136/8
Student Relocations	2,126	2,126

DCN. 11390



Military Value

Installation	MED 005 Ft Sam	MED 031 Great Lakes	MED 032 Sheppard
Weighted Military Value	51	39	36
Health Services	63	43	37
Education & Training	63	63	67
RDA	0	0	0

Functional E&T Military Value for MHS = 32.45

-Ft Sam Option = 30.02

-Great Lakes Option = 30.03

-Sheppard Option = 30.10

DCN: 11390



Criteria 6-8

Installation	MED 005 Ft Sam	MED 031 Great Lakes	MED 032 Sheppard
Criteria 6 (Economic)	Minimal	Minimal	Minimal
Criteria 7 (Community)	None	None	None
Criteria 8 (Environmental)	TBD	TBD	TBD

DCN: 11390



Other Considerations

- **Potential impact on Non-DOD federal agencies (VA) at Great Lakes – reduction in student manpower**

DCN: 11390



Justification

- **Reduce infrastructure**
- **Field Medical Training Site Availability**

DCN: 11390



Recommendation

- **Co-locate initial medical enlisted training at Ft Sam Houston**
- **Services consider joint initial medical enlisted training outside of BRAC process**

DCN: 11390

Medical Joint Cross Service Group



MED 037

Diet/ Hospital Food Service Tech Training

DCN: 11390



COBRA

DCN: 11390

Move To	MED 037 FOOD SVC
One Time Costs	\$26K
MILCON	\$0
NPV	\$-601K
Recurring Costs	\$-42K
Payback Year	Immediate
Break-Even Year	2006
O/E/C Reductions	0/0/0
O/E/C Relocations	1/1/0
Student Relocations	12



Military Value

Installation	MED 037 FT SAM- FOOD SVC
Fort Sam Houston Education & Training before Relocation	62.95
Fort Sam Houston Education & Training after Relocation	62.95

DCN: 11390



Criteria 6-8

Installation	MED 037 Ft Sam
Criteria 6 (Economic)	Minimal
Criteria 7 (Community)	None
Criteria 8 (Environmental)	TBD

DCN: 11390



Justification

- **Transition to a joint training command**
- **Reduce infrastructure**

DCN: 11390



Recommendation

- **Recommend Relocation of Diet Tech Program from Sheppard AFB to Fort Sam Houston**
- **Consolidate Diet Tech and Hospital Food Service Programs.**

DCN: 11390

Medical Joint Cross Service Group



MED 038

Pharmacy Tech Training

DCN: 11390



COBRA

DCN: 11390

Move To	MED 038 PHARMACY NSHS PORTSMOUTH
One Time Costs	\$3,725K
MILCON	\$3,194K
NPV	\$3,747K
Recurring Costs	\$4K
Payback Year	Never
Break-Even Year	NA
O/E/C Reduction	0/0/0
O/E/C Relocations	4/18/3
Student Relocations	109



Military Value

Installation	MED 038 PHARMACY NSHS PORTSMOUTH
Portsmouth Education & Training before Relocation	61.62
Portsmouth Education & Training after Relocation	61.62

DCN: 11390



Criteria 6-8

Installation	MED 038 NSHS Portsmouth
Criteria 6 (Economic)	Minimal
Criteria 7 (Community)	None
Criteria 8 (Environmental)	TBD

DCN: 11390



Justification

■ Consolidate Pharmacy Tech Training

DCN: 11390



Recommendation

- **Recommend relocating Pharmacy Tech Training Program to NSHS Portsmouth**

DCN: 11390

Medical Joint Cross Service Group



MED 039

Radiology Tech Training

DCN: 11390



COBRA

DCN: 11390

Move To	MED 039 RADIOLOGY Sheppard AFB
One Time Costs	\$8,823K
MILCON	\$5,322K
NPV	\$35,577K
Recurring Costs	\$2,082K
Payback Year	Never
Break-Even Year	NA
O/E/C Reduction	0/0/0
O/E/C Relocations	0/52/4
Student Relocations	295



Military Value

Installation	MED 039 RADIOLOGY Sheppard AFB
Sheppard Education & Training Before Relocation	67.47
Sheppard Education & Training After Relocation	67.47

DCN: 11390



Criteria 6-8

Installation	MED 039 Radiology Sheppard AFB
Criteria 6 (Economic)	Minimal
Criteria 7 (Community)	None
Criteria 8 (Environmental)	TBD

DCN: 11390



Justification

■ Consolidate Radiology Tech Program

DCN: 11390



Recommendation

- **Do not relocate Radiology Tech Program**

DCN: 11390

Medical Joint Cross Service Group



MED 006, 007 & 012 Aerospace Medicine Training

DCN: 11390



COBRA

	MED 006	MED 007	MED 012
Move To	Pensacola	Brooks	Wright- Patt
One Time Costs	\$8,411K	\$3,774K	\$12,733K
MILCON	\$0	\$0	\$3,227K
NPV	\$-52,294K	\$27,539K	\$1,663K
Recurring Costs	\$-4,581K	\$1,526K	\$-868K
Payback Year	1 Year (2009)	Never	20 Years (2029)
Break-Even Year	2009	N/A	2029
O/E/C	0/0/0	0/0/0	0/0/0
Reduction			
O/E/C Relocations	141/179/70	19/24/8	146/186/75
Student Relocations	77	116	160

DCN: 11390



Military Value

Installation	MED 006 Pensacola	MED 007 Brooks	MED 012 Wright - Patt
Weighted Military Value	43	29	33
Health Services	49	25	46
Education & Training	69	71	27
RDA	0	0	0

Functional E&T Military Value for MHS = 32.45

-Pensacola Option = 30.63

-Brooks Option = 30.66

-Wright-Patt Option = 29.86

DCN: 11390



Criteria 6-8

Installation	MED 006 Pensacola	MED 007 Brooks	MED 012 Wright - Pat
Criteria 6 (Economic)	Minimal	Minimal	Minimal
Criteria 7 (Community)	None	None	None
Criteria 8 (Environmental)	TBD	TBD	TBD

DCN: 11390



Other Considerations

- **Aerospace RDA and Line Flight Training**
- **Movement from Pensacola could result in additional Navy staffing requirements not captured in this analysis**
- **Included Navy flight requirement**
 - **Per diem cost to Pensacola captured**

DCN: 11390



Justification

- **Reduce infrastructure**

DCN: 11390



Recommendation

■ **Co-locate Aerospace Medicine Training to Pensacola**

DCN: 11390

Medical Joint Cross Service Group



MED 041 Fort Jackson

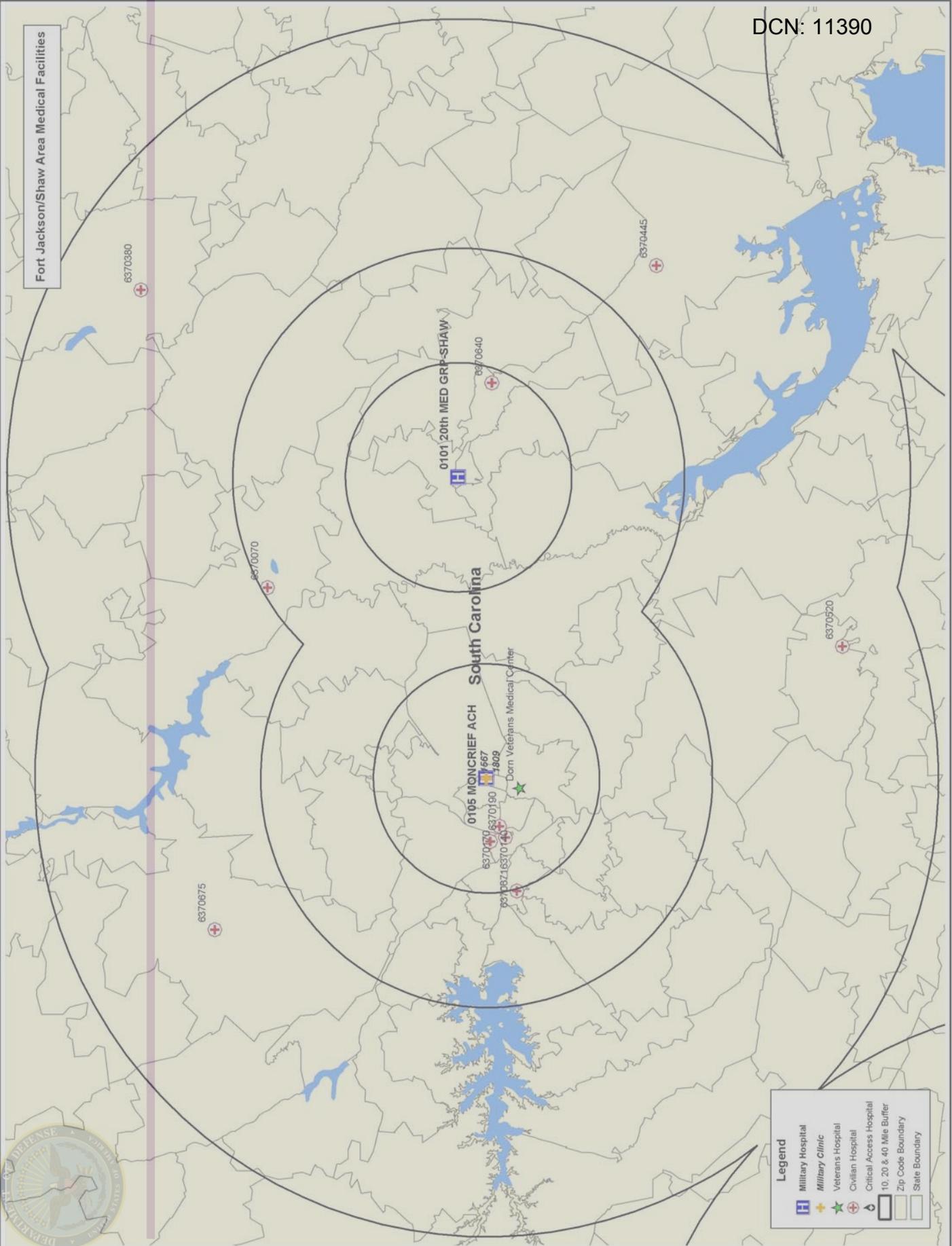
Disestablish Inpatient

OCN: 11390



Fort Jackson/Shaw Area Medical Facilities

DCN: 11390



Legend

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

0101 20th MED GRP-SHAW

0105 MONCRIEF ACH

South Carolina

Dorn Veterans Medical Center

6370380

6370445

6370070

6370640

6370675

6370190

6370190

6370190

6370520



Background – Fort Jackson

- ADPL – 17.3
 - MHS Avg - 40.8
- Beds – 60
- RWPs – 1,016
- Population
 - Eligible (AD/ADFM/Other) 16,076 / 13,042 / 20,145
 - Enrolled (ADFM/Other) 9,220 / 9,444
- Civilian/VA Hospitals within 40 Miles – 11
 - 2,597 Beds/ 2,007 Avg Daily Census
 - VA within 5 miles (191 beds/ 169 ADC)
- Auth - 822 (O/E/C - 113/292/417)
- Military Value
 - Total - 35.03
 - Functional - 47.95

DCN: 11390



Justification

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

DCN: 11390



Payback

DCN: 11390

Military as Civilians	
One-Time Costs	\$4,442K
MILCON	0
NPV	-\$83,662K
Recurring Savings	\$6,592K
Payback Years	1 Yr
Break Even Years	2008
Mil/Civ Reductions	69/52