



Military Value

- **47.95 Functional Military Value**
- **Average Functional Military Value for all inpatient facilities**
 - **With Fort Jackson – 46.56**
 - **Without Fort Jackson – 46.53**

DCN: 11395



Impacts

- **Criteria 6 (Economic) – Minimal**
- **Criteria 7 (Community) – None**
- **Criteria 8 (Environmental) – None**
- **Other Medical impacts**
 - **Civilian cost per admission - \$4,802**
 - **3rd decile**

DCN: 11395



Recommendation

- **Maintain inpatient mission at Fort Jackson**

DCN: 11395

Medical Joint Cross Service Group



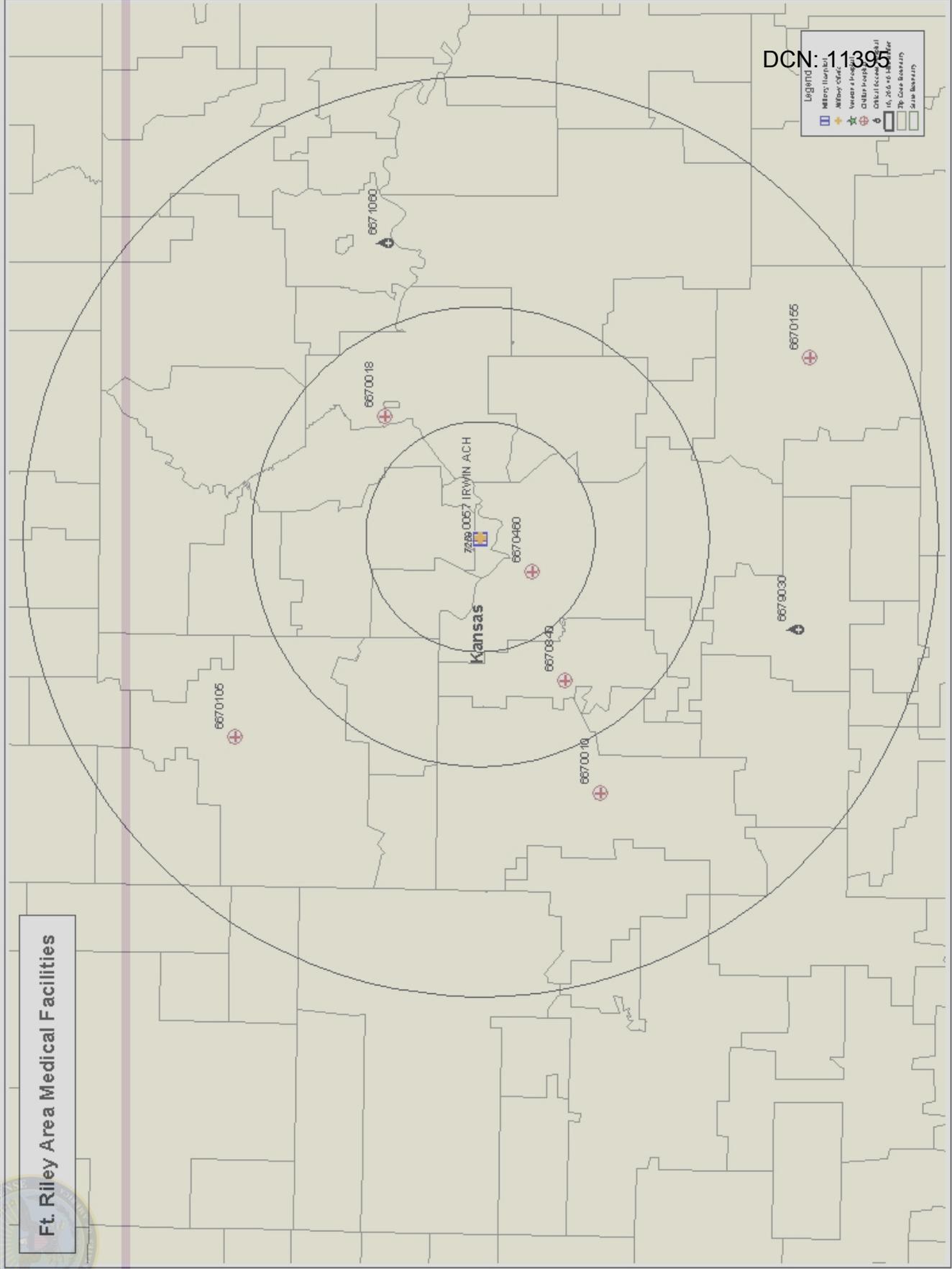
MED 044 Fort Riley

Disestablish Inpatient

PCN: 11395



Ft. Riley Area Medical Facilities



DCN: 11395

Legend:

- Military Hospital
- Military Clinic
- Women's Hospital
- Child Hospital
- Critical Access Hospital
- 16, 20, 25, 30, 35, 40, 45, 50, 55, 60, 65, 70, 75, 80, 85, 90, 95, 100
- Top Code Boundary
- State Boundary



Background – Fort Riley

- ADPL – 6.8
 - MHS Avg - 40.8
- Beds – 44
- RWPs – 1,401
- Population
 - Eligible (AD/ADFM/Other) 10,655 / 13,776 / 10,464
 - Enrolled (ADFM/Other) 12,945 / 4,201
- Civilian/VA Hospitals within 40 Miles – 8
 - 434 Beds/ 204 Avg Daily Census
- Auth - 638 (O/E/C - 118/192/328)
- Military Value
 - Total - 30.25
 - Functional - 46.05

DCN: 11395



Justification

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

DCN: 11395



Payback

Military as Civilians	
One-Time Costs	\$3,481K
MILCON	0
NPV	\$59,423K
Recurring Costs	\$3,812K
Payback Years	Never
Break Even Years	N/A
Mil/Civ Reductions	40/56

DoD N: 11395



Military Value

- **46.05 Functional Military Value**
- **Average Functional Military Value for all inpatient facilities**
 - **With Fort Riley – 46.56**
 - **Without Fort Riley – 46.56**

DCN: 11395



Impacts

- **Criteria 6 (Economic) – Minimal**
- **Criteria 7 (Community) – None**
- **Criteria 8 (Environmental) – None**
- **Other Medical impacts**
 - **Civilian cost per admission - \$5,951**
 - **6th decile**

DCN: 11395



Recommendation

- **Disestablish inpatient mission at Fort Riley**

DCN: 11395

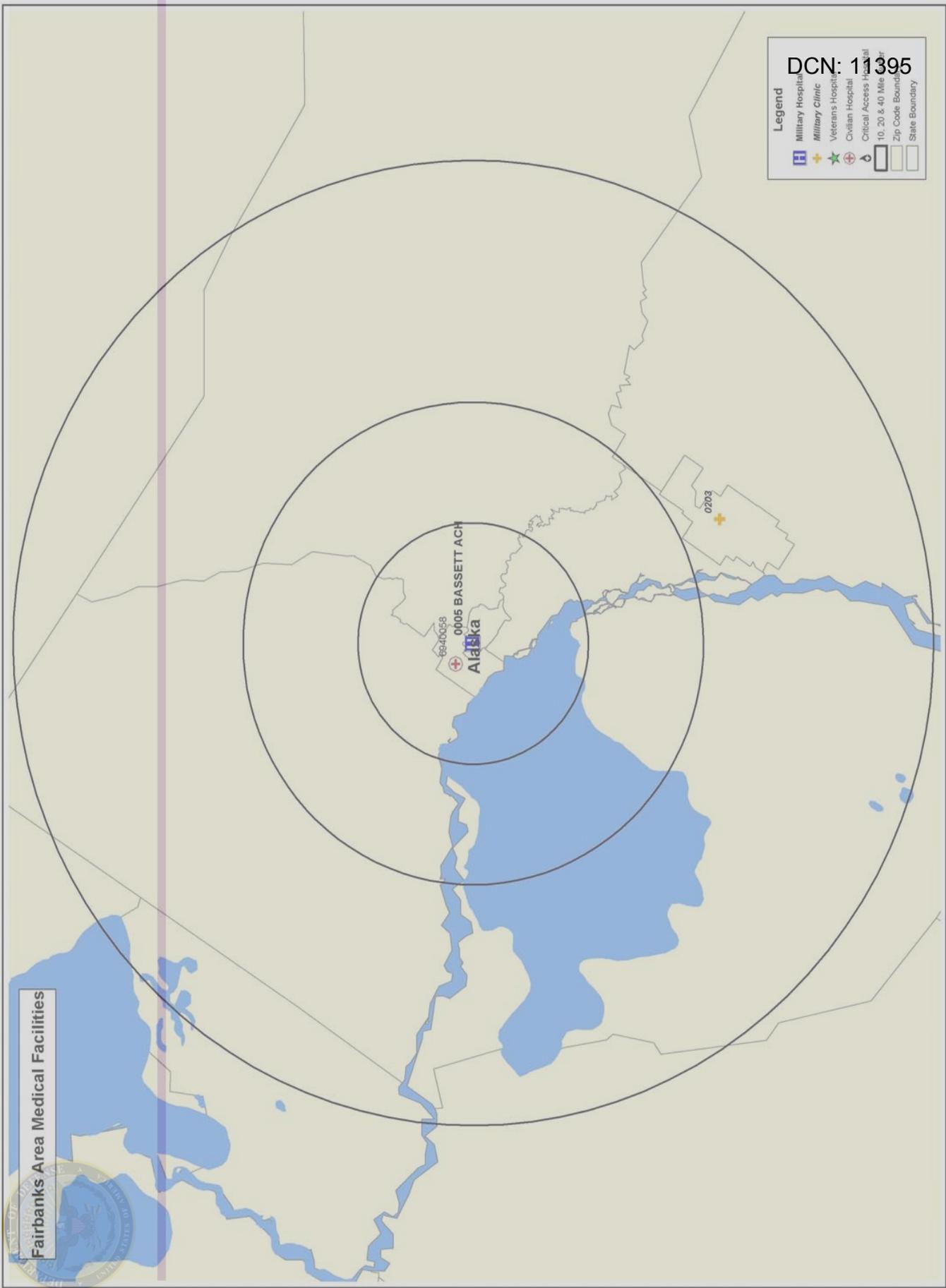
Medical Joint Cross Service Group



MED 045 Fort Wainwright

Disestablish Inpatient

PCN: 11395



Fairbanks Area Medical Facilities

DCN: 113395

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





Background – Fort Wainwright

- ADPL – 10.1
 - MHS Avg - 40.8
- Beds – 43
 - Certified - 63
- RWPs – 935
- Population
 - Eligible (AD/ADFM/Other) 7,426 / 11,083 / 3,898
 - Enrolled (ADFM/Other) 10,962 / 2,961
- Civilian Hospitals within 40 Miles – 1
 - 162 Beds/ 153 Avg Daily Census
- Auth - 458 (O/E/C – 92/201/165)
- Military Value
 - Total - 12.70
 - Functional - 21.17

DCN: 11395



Justification

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

DCN: 11395



Payback

Military as Civilians	
One-Time Costs	\$3,263K
MILCON	0
NPV	\$23,827K
Recurring Costs	\$1,293K
Payback Years	Never
Break Even Years	N/A
Mil/Civ Reductions	49/27

DOI/N: 11395



Military Value

- **21.17 Functional Military Value**
- **Average Functional Military Value for all inpatient facilities**
 - **With Fort Wainwright – 46.56**
 - **Without Fort Wainwright – 47.02**

DCN: 11395



Impacts

- **Criteria 6 (Economic) – Minimal**
- **Criteria 7 (Community) – None**
- **Criteria 8 (Environmental) – None**
- **Other Medical impacts**
 - **Civilian cost per admission - \$5,231**
 - **4th decile**

DCN: 11395



Recommendation

- **Maintain inpatient mission at Fort Wainwright**

DCN: 11395

Medical Joint Cross Service Group



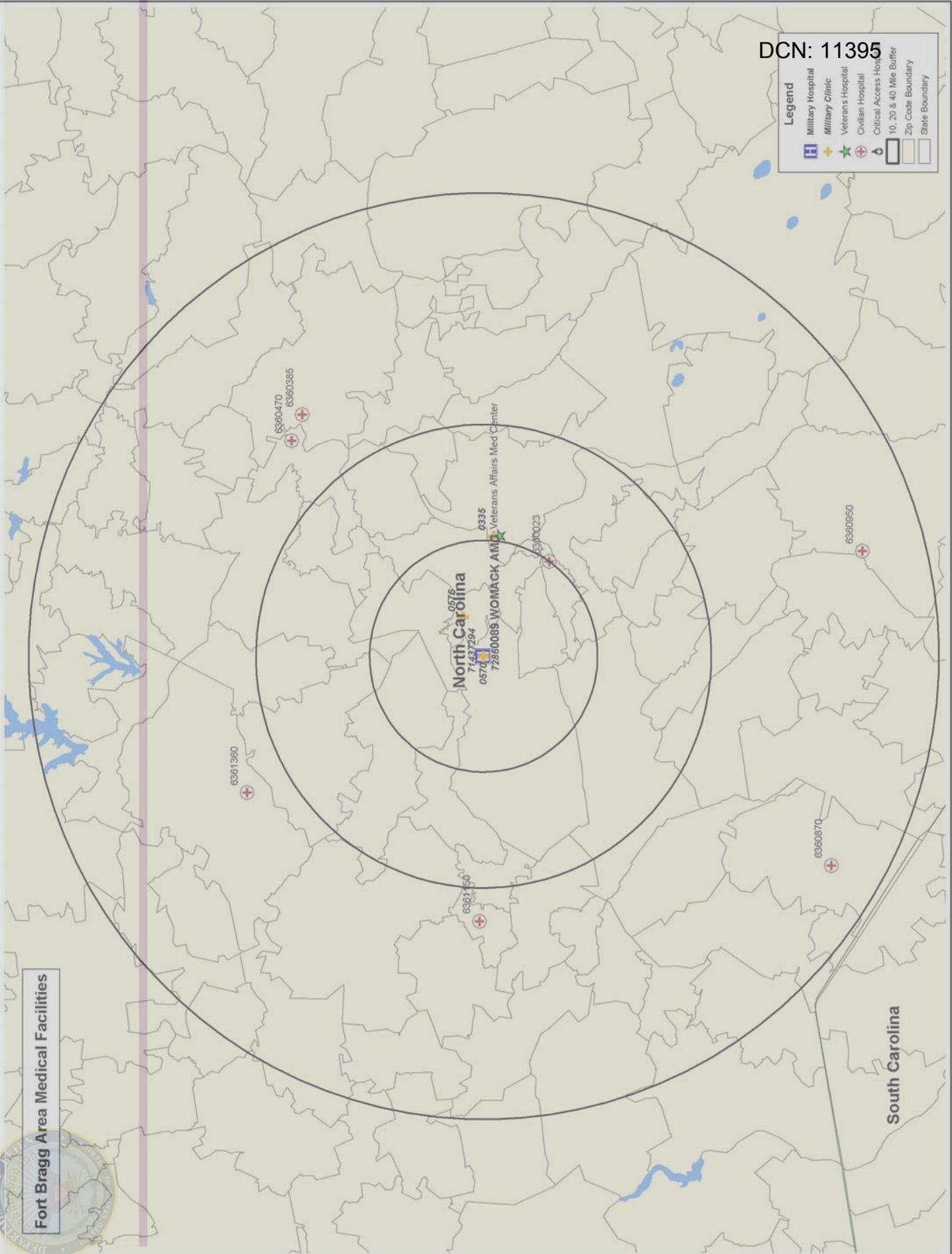
MED 017
Pope AFB/Fort Bragg

**Close Pope AFB Patient
Care & Realign to Fort
Bragg**

OCN: 0095



Fort Bragg Area Medical Facilities



DCN: 11395

Legend

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



Background: Capacity & MilVal

	Pope AFB	Fort Bragg
■ RVUs		
■ Current Usage	38K	1,005K
■ Current Capacity	44K	1,776K
■ Max Capacity	44K	1,776K
■ Rooms		
■ In Use	25	157
■ Total	25	159
■ MilVal		
■ Total	22.23	56.47
■ Functional	37.06	72.01

DCN: 11395



Background: Population & Staffing

	Pope AFB	Fort Bragg
■ Population		
■ Eligible		
■ AD	5,305	47,618
■ ADFM	5,809	62,857
■ Other	5,306	43,096
■ Enrolled		
■ ADFM	5,236	57,386
■ Other	1,393	20,420
■ Auth		
■ Officer	57	320
■ Enlisted	152	441
■ Civilian	19	1,245
		DCN: 1395



Justification

- **Reduces excess capacity**
- **Redistributes military providers to areas with more eligible population**
- **Reduces inefficient operations**

DCN: 11395



Payback

Military as Civilians	
One-Time Costs	\$5,616K
MILCON	0
NPV	-\$151,356K
Recurring Savings	\$11,598K
Payback Years	Immediate
Break Even Years	2007
Mil/Civ Reductions	136/12
Mil/Civ Realignments	73/7

507:1 895



Military Value

- **37.06 Functional Military Value**
- **Average Functional Military Value for all facilities**
 - **With Pope AFB – 31.87**
 - **Without Pope AFB – 31.85**

DCN: 11395



Impacts

- **Criteria 6 (Economic) – Minimal**
- **Criteria 7 (Community) – None**
- **Criteria 8 (Environmental) – None**
- **Other Medical impacts**
 - **Cost per visit**
 - **Pope AFB \$99**
 - **Fort Bragg \$97**

DCN: 11395



Recommendation

- **Establish Pope AFB clinic as a satellite of Fort Bragg to reduce overhead costs**

DCN: 11395

Medical Joint Cross Service Group



MED 022
McChord AFB/Fort Lewis

**Close McChord AFB Patient
Care & Realign to Fort Lewis**

DC# 11395



Background: Capacity & MilVal

	McChord AFB	Fort Lewis
■ RVUs		
■ Current Usage	44K	911K
■ Current Capacity	49K	1,348K
■ Max Capacity	54K	1,348K
■ Rooms		
■ In Use	29	652
■ Total	32	652
■ MilVal		
■ Total	26.31	42.95
■ Functional	43.85	61.14

DCN: 11395



Background: Population & Staffing

	McChord AFB	Fort Lewis
■ Population		
■ Eligible		
■ AD	6,488	28,994
■ ADFM	8,585	41,201
■ Other	17,039	48,042
■ Enrolled		
■ ADFM	4,156	29,537
■ Other	3,734	48,832
■ Auth		
■ Officer	44	570
■ Enlisted	112	637
■ Civilian	29	1,324
		DCN-11395



Justification

- **Reduces excess capacity**
- **Redistributes military providers to areas with more eligible population**
- **Reduces inefficient operations**

DCN: 11395



Payback

Military as Civilians	
One-Time Costs	\$1,959K
MILCON	0
NPV	-\$52,334K
Recurring Savings	\$3,525K
Payback Years	Immediate
Break Even Years	2007
Mil/Civ Reductions	32/16
Mil/Civ Realignments	124/13

507:1 B95



Military Value

- **43.85 Functional Military Value**
- **Average Functional Military Value for all facilities**
 - **With Pope AFB – 31.87**
 - **Without Pope AFB – 31.82**

DCN: 11395



Impacts

- **Criteria 6 (Economic) – Minimal**
- **Criteria 7 (Community) – None**
- **Criteria 8 (Environmental) – None**
- **Other Medical impacts**
 - **Cost per visit**
 - **McChord AFB \$99**
 - **Fort Lewis \$104**

DCN: 11395



Recommendation

- **Establish McCord AFB clinic as a satellite of Fort Lewis to reduce overhead costs**

DCN: 11395

Medical Joint Cross Service Group



Co-Location of Aerospace Medicine Research MED0025, MED0026, MED0027

**In-Progress Review
13 January 2005**

Doc ID: 11395



Purpose

- **Provide preliminary results of COBRA analysis of medical dental RDA scenarios related to co-location of aerospace medicine research and development**
- **Obtain MJCSG guidance on continuation of analysis**

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Aerospace Medicine Research, Education & Training Military Value

Rank	Med RDA			Tech Research (Human Systems)		Med E&T	
	Installation	Overall MV	Functional MV*	Installation	MV	Installation	MV
1	Brooks City Base	58.71	49.25	Wright-Patterson AFB	0.5101	Brooks City Base	71
2	Pensacola NAS	17.55	17.55	Brooks City Base	0.4240	Pensacola NAS	69
3	Wright-Patterson AFB	16.70+	-- +	Pax River NAS	0.3894	Wright-Patterson AFB	27
4	Fort Rucker	14.89	14.28	Fort Rucker	0.2476	Fort Rucker	-- +
5	Pax River NAS	-- +	-- +	Pensacola NAS	-- +	Pax River NAS	No E&T

*Pro-rated military value score, based on percentage of workforce performing aerospace & operational medicine function

+Missing or incomplete data reported; MV (if shown) is underestimated, or cannot be calculated



Aerospace Medicine Research Preliminary COBRA Results

Receiving Location	Total 1-Time Cost (\$K)	Total Net Cost (2006-2011) (\$K)	Annual Recurring Savings (\$K)	Payback (Years)	Net Present Value (in 2025) (\$K)
Wright-Patterson AFB	\$227,479	\$233,616	\$434	100+	\$211,412
Brooks City Base	\$226,722	\$238,064	(\$4,157)	Never	\$258,153
Pensacola NAS	\$340,057	\$318,937	\$8,546	100+	\$213,517

NOTE – ALL COBRA RESULTS BASED ON UNCERTIFIED DATA

Recurring savings are suspect because reimbursable costs at receiving locations are unknown

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The major cost drivers are due to expense of moving equipment and building lab space. The most expensive units to move are at Brooks and Wright-Patterson. Therefore, any scenario which retains a significant Air Force linkage between aerospace R&D and training will be expensive.



Aerospace Medicine Research Recurring RDA Mission Costs

- **Army**
 - **COST: ~\$1 M/year increased costs at any location due to increased TDY costs for aviator test subjects and increased costs for research helicopter maintenance**
- **Navy**
 - **COST: \$290 K/year increased TDY costs at any location for studies requiring unique facilities remaining at NAS Pax River**

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Conclusions/Recommendations

- **Given the margin of error of data, Brooks and WPAFB options are indistinguishable based on cost**
- **The transformational value gained by collocation is offset by high movement costs and mission risks**
- **Derivative scenarios may result in an improved cost-benefit ratio**

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Other Medical Dental RDA Scenarios Current Status

Scenario#	Description	Status
MED 23 MED 24 MED 55	Tri-Service Biomedical Research Centers of Excellence	<p>Army: YELLOW Awaiting resolution of discrepancies for combat casualty care FTEs; needs data for space requirements and equipment moving/replacement costs</p> <p>Navy: YELLOW Awaiting data on movement of biodefense from leased space to WRAMC</p> <p>Air Force: YELLOW Has developed necessary data; awaiting formal posting of corrected data</p>
MED 28	Tri-Service Biomedical RDA Management Center of Excellence	<p>Army: RED No data formally posted; awaiting data on movement of JPEO from leased space</p> <p>Navy: YELLOW-GREEN Has developed necessary data, pending review of latest formal posting</p> <p>Air Force: RED Awaiting data on movement of AFSG S&T management from leased space to Ft Detrick</p>

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Input of Receiving Sites based on Losing Site data generally absent from all scenarios



Aerospace Medicine Research Conflicting Scenarios

Scenario #	Description
TECH 5	Consolidate all rotary wing air platform RDAT&E at two sites (Patuxent River and Redstone Arsenal) while retaining several specialty sites
TECH 36	Consolidate all rotary wing air platform RDAT&E at a single site at Redstone Arsenal while retaining several specialty sites
TECH 37	Consolidate all rotary wing air platform RDAT&E at a single site at Patuxent River while retaining several specialty sites
TECH 9 TECH 34	Consolidate AFRL/Human Effectiveness Directorate at Wright-Patterson AFB
MED 56	Consolidate Army Aeromedical Research Laboratory and Army Research Institute of Environmental Medicine at Aberdeen Proving Ground [Companion to Tech 13/45/48, which relocates ARIEM]
TECH 8 TECH 30 TECH 42	Consolidate C4ISR RDAT&E, potentially including medical elements from Brooks City Base

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BACKUP SLIDES

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Aerospace Medicine Research, Education & Training Scenario Alternatives

- **RDA Scenarios: Co-locate all organizations that perform aerospace and aeromedical R&D**
- **E&T Scenarios: Co-locate all organizations that perform aeromedical education and training**

Scenario #		
Location	RDA	E&T
Wright-Patterson AFB OH	MED 25	MED 12
Brooks City Base TX	MED 26	MED 07
Pensacola NAS FL	MED 27	MED 06

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Derivative Scenarios

- **Aerospace Centric**
 - **Drop USAARL and Pax River from the scenarios due to increased mission costs.**
 - **Collocate NAMRL to Brooks City Base, WPAFB or Fort Rucker**
- **Navy Centric**
 - **Consolidate NAMRL & Navy Tox Detachment (WPAFB) with Naval Health Research Center, San Diego**
- **Air Force Centric**
 - **Collocate AFRL/HE elements at Brooks CB (alternative to TECH0009 and TECH0034)**
- **Army Centric**
 - **Pursue MED-0056 – Consolidation of USAARL with USARIEM^{Bat} APG, MD upon closure of Natick**

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