DCN: 11385

MINUTES OF THE JANUARY 24, 2005 MEETING OF THE MJCSG PRINCIPALS

LOCATION: Pentagon, Room 4E1037, 1530 -1730

Attending: LtGen Taylor – Chair; MGen Webb USA/SG; Mr. Chan – ASD (HA)/CP&P; Admiral Arthur- USN/SG; MG Porr – J-4 Medical; CAPT Cullison – USMC/SG; Col Hamilton – Secretary; Col Harmon- J4-MRD; Mr. Yaglom – USA/SG; Dr. Opsut – OSD/HA; Ms. Harvey – OSD/BRAC; CAPT Hight – BUMED; CAPT Shimkus – BUMED; LtCol Jones – USAF/SG; CAPT McCarthy -- BUMED; Maj Fristoe – HA/TMA; Maj Guerrero – AF/SG; Maj Harper – AF/SGSF; Maj Chapman – USAF; Maj Cook – HA Analyst; CDR Bradley – Navy Analyst; Maj Coltman – Recorder; HM1 Amodeo –Assistant Recorder.

Decisions:

- **Approved** the following Recommendation **(MJCSG Approved; vote (5/0) to maintain the inpatient mission):**
  - HCS-1I (MED-048): Maintain the Inpatient Mission at Fort Benning
- **Approved** the following Recommendation; pending validation of capacity/buildable acreage and flood risk at Fort Sam Houston **[MJCSG Approved; vote (5/0)]:**
  - E&T-1A (MED-005): Consolidate Basic/Specialty Medical Enlisted Training at Fort Sam Houston [combines scenarios E&T – 1B (MED-031), E&T-1C (MED-032), E&T-2A (MED-038), E&T-2B (MED-039), and E&T-2C (MED-037) under E&T-1A (MED-005)]
- **Delete** the following Recommendation (**MJCSG Approved; vote (5/0) to delete this scenario for consideration):**
  - HCS-1H (MED-047) Disestablish the Inpatient Mission at Naval Hospital Pensacola
- **Hold** on decision for the following Recommendations pending additional information/analysis **(MJCSG voted 5/0 to hold):**
  - E&T-3A (MED-006), E&T-3B (MED-007), E&T-3D (MED- 012): Aerospace Medicine Training
  - RDA-3A (MED-025), RDA-3B (MED-026), RDA-3C (MED-027) Co-location of the Aerospace Medicine RDA
  - RDA-3D (MED-028): Co-Location of Tri-Service Medical RDA Management
  - RDA-2 (MED-023), RDA-3 (MED-024), RDA-3E (MED-055): Tri-Service Biomedical Research Centers of Excellence

Action Items:

- Legal Reviews:
  - Can Medical/Line services occupy/share the same building?
  - USUHS closure prohibited by Title 10, can BRAC supercede?
- 0-6 Lead Follow-up:
  - Continuous validation of scenario data, scrutinize personnel reduction numbers
  - Complete Summary of Scenario Environmental Impacts for Candidate Recommendations
  - Validate capacity/buildable acreage to support MILCON and research flood risk within the Fort Sam Houston installation
  - E&T/RDA group to follow up on actions items identified in discussion

Meeting Overview:

- Chair opened the meeting announcing that the USUHS scenario will be presented at the Friday's ISG meeting. If approved it and eight other approved MJCSG scenarios will be presented to the IEC meeting. The Chair also informed the group to be aware of the potential impact of the larger Service scenarios. All scenario data calls have been returned except for one outstanding from the Army which related to RDA 3-A (MED-025). Continue to provide data call status 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: Fort Benning and Naval Hospital Pensacola.
  - HCS-1I (MED-048): Disestablish the Inpatient Mission at Fort Benning
    - HCS rep presented and lead discussion on HCS-1 (MED-048) to disestablish the inpatient mission at Fort Benning (see attached slides). In FY02, the AD eligible population was 23,023 with 18,632 ADFMs/13,758 Other enrolled. There are eight Joint Accreditation of Hospital Organizations (JCAHO) or Medicare accredited/VA hospitals with inpatient services within 40 miles with a total of 1,453 beds/average daily census of 791 (reported by AHA). Considering the large population and possible troop movement to this facility there is a question if the civilian medical facilities would have the capability to absorb the additional workload (see attached map). The average Functional MILVAL ranks fairly high at 47.56 and is considered borderline. Payback cost/savings were discussed, identifying a one-time implementation cost of $5,508K and annual reoccurring costs of $5,679K (with converting military to civilian positions) and no payback years. The net present value (NPV) over 20 years is costs of $89,060K. Additionally highlighted was the fact that military value decreases only slightly (.02) with closure. Recommend MJCSG maintain the inpatient mission at Fort Benning based on the negligible overall increase in MILVAL, significant cost associated with closure with no savings or payback years, and questionable ability of the civilian medical facilities to absorb the additional workload especially with the potential troop movements.
      - **HCS-1I (MED-048): Maintain the inpatient mission at Fort Benning (MJCSG Approved with 5/0 vote)**
  - HCS-1H (MED-047): Disestablish the Inpatient Mission at Naval Hospital (NH) Pensacola
    - HCS rep presented and lead discussion on HCS-1H (MED-047) to disestablish the inpatient mission at NH Pensacola. It was noted that the model runs identified NH Pensacola for closing the inpatient mission but it was based on incomplete data which resulted in a low MILVAL. Originally the Pensacola data had been omitted and the data only reflected the Corey Station Clinic. Once the data adjustments were made NH Pensacola's MILVAL ranked above average. The Chair stated that "it no longer falls into the group required to be looked at in these deliberations." The Secretary stressed that this scenario would be deleted not because the model was run but because the facility's fence line was redefined. The Navy rep also informed the group of projected personnel moves into Pensacola associated with Navy/Marine primary flight training. The HCS rep added that paybacks/savings are not based on the large beneficiary population. Recommend that the NH Pensacola

inpatient mission be maintained after redefining the facility to more accurately reflect the MILVAL which does not meet the established model criteria for closure:

- **HCS-1H (MED-047): Maintain the inpatient mission at Naval Hospital Pensacola (MJCSG Approved with 5/0 vote)**

- E&T-1A (MED-005): Basic and Specialty Enlisted Medical Training
  - E&T rep presented and lead discussion on E&T-1A (MED-005) moving of all the Services' Basic and Specialty Enlisted Medical Training to FT Sam Houston (see attached slides). This scenario includes scenarios E&T – 1B (MED-031), E&T-1C (MED-032), E&T-2A (MED-038), E&T-2B (MED-039), and E&T-2C (MED-037) with E&T-1A (MED-005). The COBRA costs/savings were discussed. The one time costs and MILCON had the most significant cost largely related to moving specialty equipment and building barracks and other student facilities. The payback years showed little difference if only the Basic Medical Training moves to Fort Sam Houston or both Basic and Specialty Training move (31 years payback versus 34 years payback). By moving these functions to Fort Sam Houston, the Services would reduce a large amount of infrastructure by closing/vacating the medical schoolhouses and associated student facilities at Sheppard AFB, Great Lakes, Portsmouth, and San Diego. The J4 Rep voiced concern over available buildable acreage on Ft Sam Houston, asking where all the required student facilities would be built. He also noted that the City of San Antonio surrounds the base which could limit expanding beyond its present limits. An additional concern voiced was potential flooding from the Salado creek which runs through the installation. The E&T rep reported that all of the MILCON and space requirements fit according to the certified data provided to them from the Army. Another consideration could be to use extra buildings at Lackland AFB if required. Also noted was the local availability of a medical field training site at Camp Bullis. The E&T rep also stated that certain specialties would need to remain with their line counterparts because of specialty equipment/facility requirements that would be unable to be duplicated at FT Sam Houston (i.e. Undersea Medicine, Aerospace Specialties). This is a transformational move and would be a challenge to mesh the medical training curriculum for all three Services. The Chair further stated that it would be up to the Services to identify the differences in various levels of training and develop a workable solution to move towards building joint training platforms. They may have to separate out Phase-2 training and support elsewhere. The E&T rep stated there may be a risk to the accreditation of the Navy's program if moved because the clinical is interwoven into the didactic portion of the curriculum. The group agreed to move forward with the scenario and address Service specific requirements to the three Departments. Recommend MJCSG approve the following Candidate selection based on optimization model runs, reduction in infrastructure, and other supporting data analysis: **(Action Item: O-6 Leads to follow up on the issues of flood risk and validate capacity/buildable acreage)**
    - **E&T-1A (MED-005): Basic and Specialty Enlisted Medical Training** (This scenario combines scenarios E&T-1A (MED-005), E&T – 1B (MED-031), E&T-1C (MED-032), E&T-2A (MED-038), E&T-2B (MED-039), and E&T-2C (MED-037) into E&T-1A (MED-005). **(MJCSG Approved with 5/0 vote; Pending Action Item Follow up)**

- E&T-3A (MED-006), E&T-3B (MED-007), E&T-3D (MED- 012): Aerospace Medicine Training and RDA-3A (MED-025), RDA-3B (MED-026), RDA-3C (MED-027) Co-location of the Aerospace Medicine RDA:
  - E&T rep presented and lead discussion on consolidating Aerospace Medicine Training (this combines scenarios E&T-3A (MED-006), E&T-3B (MED-007), E&T-3D (MED- 012). Subsequently the RDA rep presented and led overlapping discussion on the co-location of the Aerospace Medicine RDA (including scenarios RDA-3A (MED-025), RDA-3B (MED-026), RDA-3C (MED-027). The three sites analyzed and discussed for consideration are Pensacola, Brooks City Base, and Wright-Patterson AFB. Pensacola has a higher Health Services Weighted Military Value, but Brooks AFB and Pensacola are close in Functional Military Values. The Secretary noted that Brooks City Base is, in reality, leased space. Pensacola has the advantage of being close to Fort Rucker where Army Flight Training is located to accommodate Army specific requirements. The COBRA cost/savings were discussed. One half of the MILCON costs were for RDA, this was reflected across the board at all three sites. Most of the one time costs and MILCON are related to moving highly specialized equipment and building facilities for the equipment. The differences on the way the Navy views the cost of Base Operating Support (BOS) and the way the other Services figure cost was also briefly discussed. The RDA rep will follow up with clarification. It also was noted that this scenario overlaps with the Technical JCSG scenarios that relocate AFRL/HE functions from Brooks to Wright Patterson AFB. However, there is a proposed scenario that closes AFIT which would free up enough infrastructure for RDA and possibly the Aerospace Medicine training program. The Chair stated that a case could be made for each site but most consider operational missions which in this case is predominantly AF with 413 students annually. The Chair requested running the model with Wright-Patterson data assuming AFIT square footage is available. The Secretary stated we may need to force decision on Wright-Patterson otherwise run the risk of losing the Pensacola space. The Chair requested Wright-Patterson be run in the model and COBRA costs done for further analysis. In addition the group agreed that they were not ready to terminate the RDA portion of the Aerospace scenarios because of high costs. The following was specific guidance and follow up issues for the RDA group:
    - Coordinate with the Technical JCSG Lead on overlapping scenarios involving AFRL/HE. Specifically address the potential duplication of facility or equipment-based capabilities in order to reduce costs. Re-consider the future need for sustaining such facility/equipment in making recommendations for movement or replacement.
    - Coordinate with MJCSG E&T WG on developing a complete set of COBRA runs for possible linked and unlinked RDA and E&T Aerospace Scenarios at all potential sites, including consideration of San Antonio locations other than Brooks CB. Assure that appropriate TDY/TAD costs for use of facilities and equipment left in place at the donor site is included in the E&T or RDA scenarios as appropriate.
    - Provide an estimate of the total savings of the approved health care scenarios in order to better understand the affordability of the RDA/E&T transformation scenarios.

- Clarify with Services if space and/or facilities are available at receiver sites
- Navy will provide guidance, as to whether the NAMRL moves are to be framed as consolidation (and with what percentage savings in manpower) and whether to add San Diego or other sites as separate scenarios.
- Continue to clarify with the Navy the BOS issues at Pensacola.

(Action Items/Follow up: O-6 Leads to follow up with model runs/COBRA cost analysis on Wright-Patterson site and RDA group to address above issues)

- **E&T-1 (MED-006, MED-007, MED-012) and RDA-1 (MED 027, MED-026, MED-025): Aerospace Medicine Training and Co-Location of Aerospace Medicine Research (MJCSG voted 5/0 to Hold; Action items; 0-6 Lead follow up)**

- RDA-3D (MED-028): Co-Location Tri-Service Medical RDA Management
  - RDA rep presented and led discussion on RDA-3D (MED-028). The MJCSG agreed with the current vector of the group and that further analysis is required. The specific issues requiring follow-up by RDA include the following:
    - The Navy rep noted that MCCDC Quantico was listed as having 10 FTEs; however it is believed that this command is not medical but combat doctrine and not managing RDA investment portfolios. Both the Navy and Marine Corps reps requested this number be clarified.
    - Clarify the number of FTEs from HQ USAF/SG and AFMSA that would realign to Fort Detrick (or require space). The Chair stated that the 3 FTEs currently certified by AF BRAC may not represent the total effort aligned to this scenario, and indicated he would work with AF BRAC, through the secretary to clarify the requirement for FTE space.
    - Further clarification was requested on the amount of savings from vacating the large amount of leased space in the NCR. Pending Service and OSD certification, the RDA group will re-run the COBRA model using estimates provided by the HAS JCSG through the Secretary.
    - There is a question if TECH-0032 has covered the costs of the overlapping actions with TJCSG and which scenario has the action.
    - Include the DARPA manpower in the scenario.

  Recommend the MJCSG hold the following decision pending further clarification and analysis: **RDA-3D (MED-028): Co-Location Tri-Service Medical RDA Management (MJCSG voted 5/0 to Hold; Action items, follow up)**

- RDA-1 (MED-023, MED-024 & MED-055): Tri-Service Biomedical Research
  - The RDA rep presented and led discussion on RDA-1 (MED-023, MED-024, Med-055). The Chair recommended holding decision pending further clarification and analysis. The specific issues requiring follow-up by RDA include:
    - The modified scenario COBRA runs should allow identification of the separate and combined costs for establishing each of the CoEs [i.e., Battlefield Health and Trauma at Ft. Sam Houston, Medical Chemical Defense at Aberdeen PG, Infectious Disease at Forest Glen Annex of WRAMC, and Hyperbaric and Diving Medicine at either Groton, Panama City or Forest Glenn Annex, WRAMC (9 variations)].
    - Clarify if space and/or facilities are available at receiver sites
    - Clarify the savings from vacating leased space in the NCR
    - Pending Service/OSD certification, re-run the COBRA model using estimates provided by the HSA JCSG through the secretary.

- Coordinate with the TJCSG to determine whether TECH-0032 has covered the costs of the overlapping actions and determine which scenario has the action.

RDA-1 (MED-023, MED-024, & MED-055): Hold on decision pending additional clarification and analysis (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) NCR, 2) San Antonio Area, 3) Aerospace Medical Training Follow-up, 4) Co-Location Aerospace Medicine Research Follow-up, 5) Co-Location Tri-Service RDA Management Follow-up and 6) Tri-Service Biomedical Research Follow-up.

□ Closing Comments: The Chair provided oversight of 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. The IEC meeting is scheduled after the ISG meetings. The plan is to brief 100+ candidates, "so the drill is putting it on the table and backing it up with data and analysis". Even once past the IEC, another cycle is the political realm which may not support the recommendations so be prepared for adjustments along with way. Continue to work the very large and complex MSM scenarios (San Antonio/ NCR) and push for results on the associated scenario data calls. Continue to work identified action items to complete recommendations.

□ NEXT PRINCIPAL MEETING: 3 Feb 05, Pentagon Room 2C554, 1500-1800.

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

Attachments:
1. Agenda with attachments (Combined Briefing: Candidate Recommendations)

DCN: 11385

MJCSG Principals Meeting

1/24/2005
3:30 PM to 5:30 PM
Pentagon 4E1037

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

Agenda

Chair Comments	Lt Gen Taylor	5
Recommendation review		60
Healthcare: Benning	Dr Opsut	
Healthcare: Pensacola	Dr Opsut	
Ed & Trng: Basic Enlisted Training	CAPT Hight	
Ed & Trng: Specialized Enlisted Training	CAPT Hight	
Ed & Trng: Aerospace Med Training	CAPT Hight	
RD&A: Aerospace Med RDA	Mr Yaglom	
RD&A: Biomed RD&A Mgmt Center	Mr Yaglom	
RD&A: Hyperbaric & Undersea Medicine	Mr Yaglom	
RD&A: Biomedical Research COE	Mr Yaglom	
Schedule Review	Col Hamilton	5
Closing Comments	Lt Gen Taylor	5

Additional Information

Medical Joint Cross Service Group

DCN:11985

MJCSG Principals Deliberative Meeting

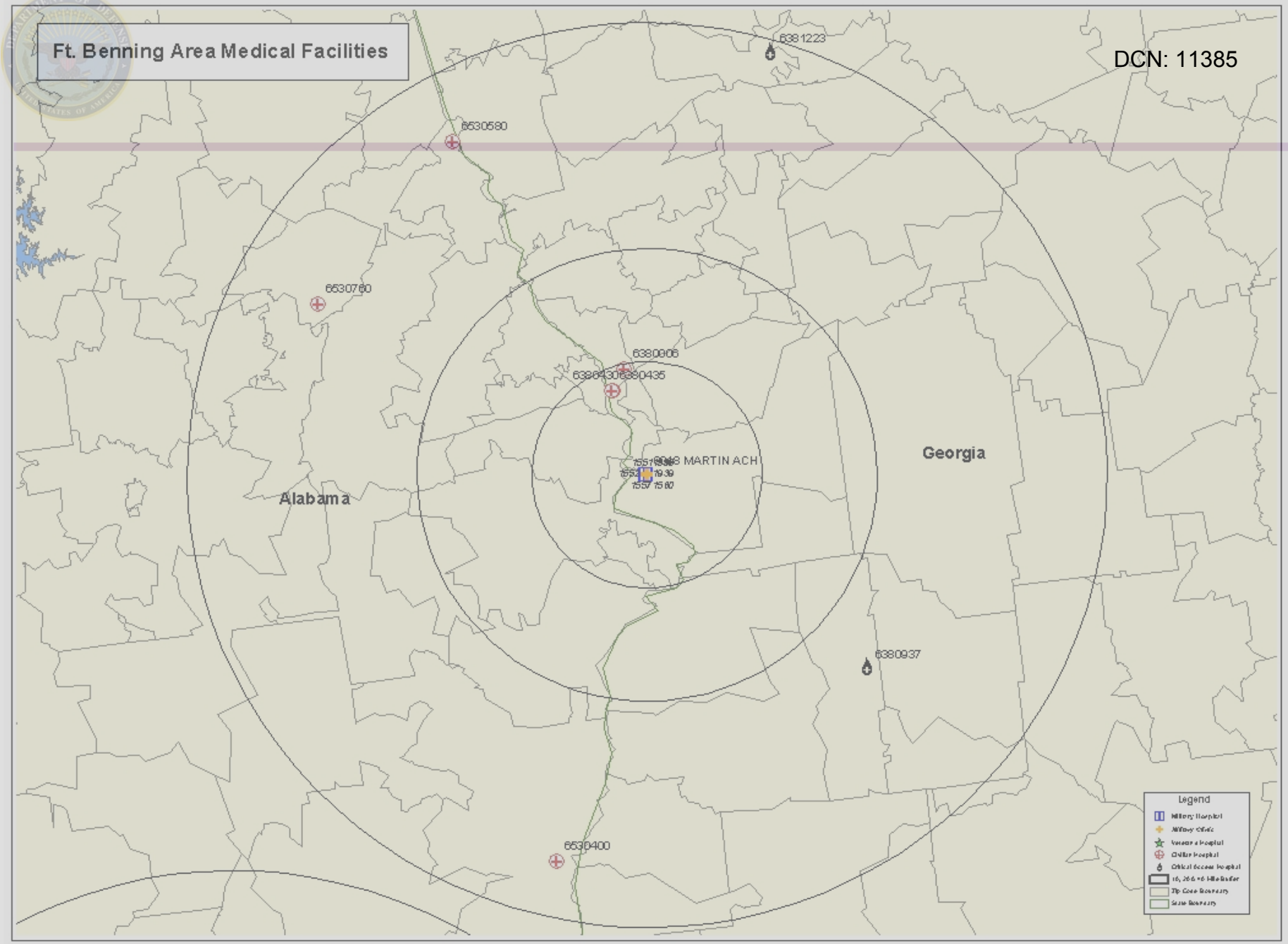
Combined Briefings
24 Jan 05

Medical Joint Cross Service Group

DCN:11985

MED 048 Fort Benning

Disestablish Inpatient



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Background – Fort Benning

- ADPL – 36.5
  - MHS Avg - 40.8
- Beds – 77
  - Certified - 152
- RWPs – 2,911
- Population
  - Eligible (AD/ADFM/Other) 23,023 / 22,443 / 21,148
  - Enrolled (ADFM/Other) 18,632 / 13,758
- Civilian/VA Hospitals within 40 Miles – 8
  - 1,453 Beds/ 791 Avg Daily Census
- Auth - 1,155 (O/E/C - 189/287/679)
- Military Value
  - Total - 35.17
  - Functional - 47.56

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Justification

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

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Payback

Military as Civilians	
One-Time Costs	$5,508K
MILCON	0
NPV	$89,060K
Recurring Costs	$5,679K
Payback Years	Never
Break Even Years	N/A
Mil/Civ Reductions	61/89

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Military Value

- 47.56 Functional Military Value
- Average Functional Military Value for all inpatient facilities
  - With Fort Benning – 46.56
  - Without Fort Benning – 46.54

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Impacts

- Criteria 6 (Economic) – Minimal
- Criteria 7 (Community) – None
- Criteria 8 (Environmental) – None
- Other Medical impacts
  - Civilian cost per admission - $5,482
    - 5th decile

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Recommendation

- **Maintain inpatient mission at Fort Benning**

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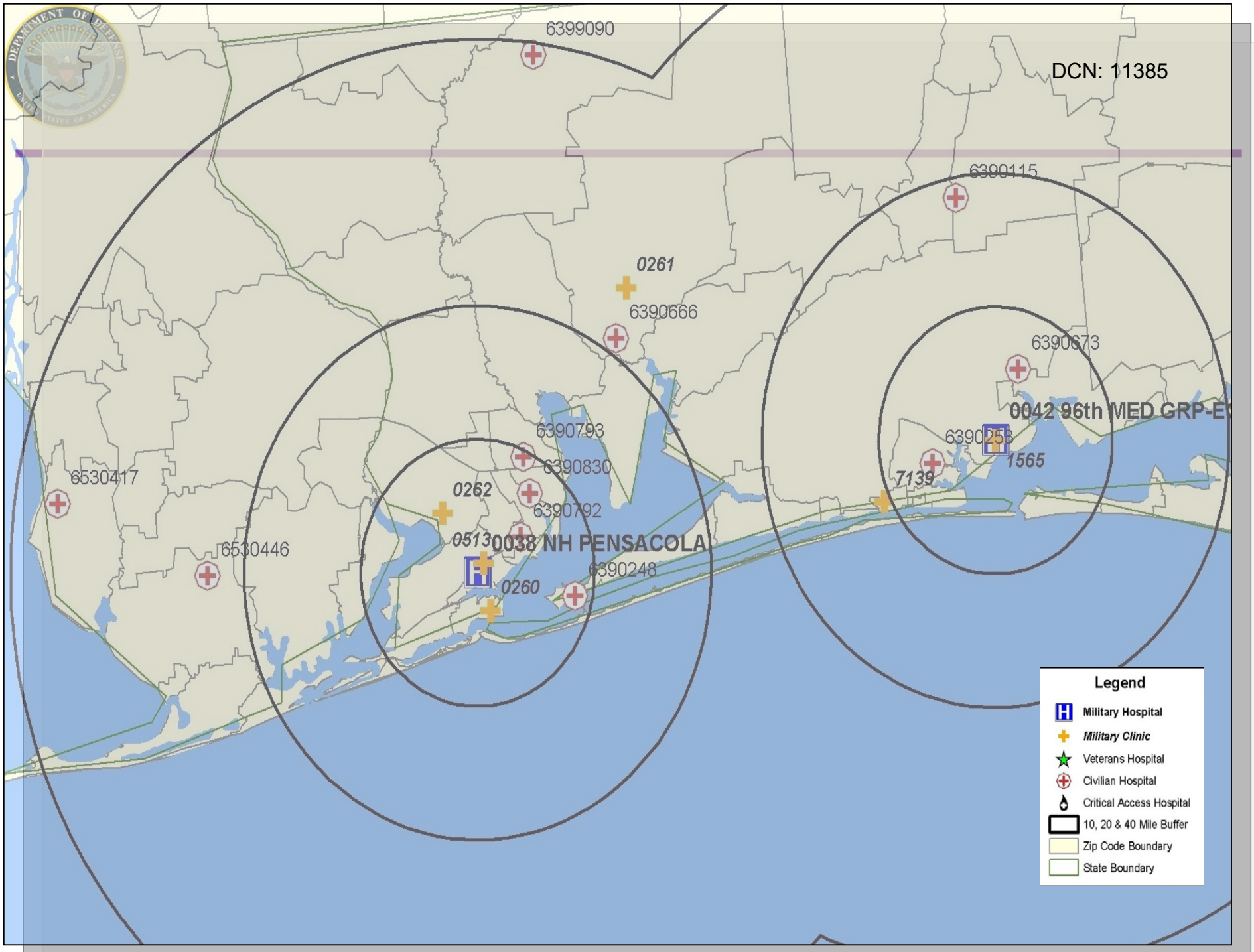
Medical Joint Cross Service Group

DCN:11985

MED 047 Pensacola

Disestablish Inpatient



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Background – NH Pensacola

- ADPL – 25.1
  - MHS Avg - 40.8
- Beds – 60
  - Certified - 120
- RWPs – 2,588
- Population
  - Eligible (AD/ADFM/Other) 14,227 / 15,455 / 27,479
  - Enrolled (ADFM/Other) 10,781 / 21,634
- Civilian/VA Hospitals within 40 Miles – 9
  - 1,821 Beds/ 1,041 Avg Daily Census
- Auth – 447 (O/E/C - 54/108/285)
- Military Value
  - Total - 43.23
  - Functional - 48.96

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Justification

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

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Payback

Military as Civilians	
One-Time Costs	**$8,132K**
MILCON	**0**
NPV	**-$110,001K**
Recurring Costs	**$8,979K**
Payback Years	**1 yr**
Break Even Years	**2008**
Mil/Civ Reductions	**180/39**
Mil/Civ Realignments	**25 Students**

Note: Pensacola did not include any shut-down costs or savings in their response to the scenario. HCS Subgroup estimate of $7.43M was used.

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Military Value

- 48.96 Functional Military Value
- Average Functional Military Value for all inpatient facilities
  - With Pensacola – 46.56
  - Without Pensacola– 46.51

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Impacts

- Criteria 6 (Economic) – Minimal
- Criteria 7 (Community) – None
- Criteria 8 (Environmental) – None
- Other Medical impacts
  - Civilian cost per admission - $4,704
    - 3rd decile

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Recommendation

- **Maintain inpatient mission at Pensacola**

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Medical Joint Cross Service Group

DCA:11985

MED 005
Basic & Specialty
Enlisted & Officer Medical Training

Scope

Installation	Basic Students	Specialty Students	Officer Students
Ft Sam	2100	1072	677
Great Lakes	1700	0	0
Portsmouth	0	469	0
San Diego	0	937	45
Sheppard	426	854	34

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Military Value

Activity	E&T MV	E&T MV
Sheppard AFB	67.47	0.00
NAVSTA Great Lakes	63.49	0.00
Fort Sam Houston	62.95	62.95
NMC Portsmouth	61.62	61.62
NMC San Diego	60.35	60.35
Average	63.18	61.64

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Option	Basic	Basic + Specialty
One Time Costs	$130,163 K	$301,334 K
MILCON	$100,711 K	$226,747 K
NPV (FY2025)	$40,399 K	$112,252 K
Recurring Costs	- $6,665 K	- $16,357 K
Payback Year	2039 (31 years)	2044 (34 years)
O/E/C Reduction – 10%	6/33/2 = 41	37/111/40 = 188
O/E/C Relocations	25/176/11 = 212	114/637/110 = 861
Student Relocations	2,126	4,386

Criteria 6-8

Installation	MED 005 Ft Sam Houston
Criteria 6 (Economic)	Minimal
Criteria 7 (Community)	None
Criteria 8 (Environmental)	TBD

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Justification

- Reduce infrastructure
  - Close medical schoolhouses at:
    - Sheppard AFB
    - Great Lakes
    - Portsmouth
    - San Diego
- Field Medical Training Site Availability

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Recommendation

- **Consolidate basic and specialty medical enlisted and officer training at Ft Sam Houston**

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Medical Joint Cross Service Group

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Back-Up Slides

Facility Sizing – Sq Ft

Option	Basic	Basic + Specialty
Classrooms	0	0
Admin	0	175,000
Library	10,000	20,000
Auditorium	7,000	15,000
Barracks	535,000	1,100,000
Dining	37,000	50,000

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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 Houston Option = 30.02

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Medical Joint Cross Service Group

DCN:11985

MED 006, 007 & 012
Aerospace Medicine Training
MED 027, 026, 025
Aerospace Medicine RDA

Scope

- Army – Ft Rucker
  - Aerospace med school only
- Navy – Pensacola
  - NAMI to include education & evaluations
  - NAMRL for RDA
- AF – Brooks
  - Includes all USAFSAM E&T and RDA activities

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Military Value

Installation	MED 006/027 Pensacola	MED 007/026 Brooks	MED 012/025 Wright - Pat
Weighted Military Value	47	39	33
Health Services	49	25	46
Education & Training	69	71	27
RDA	18	49	?

Functional E&T Military Value for MHS = 32.45

Pensacola Option = 30.63

Brooks Option = 30.66

Wright-Patt Option = 29.86

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Move To	MED 006/027 Pensacola	MED 007/026 Brooks	MED 012/025 Wright- Patt
One Time Costs	$115,695 K	$44,209 K	$168,341 K
MILCON	$75,400 K	$31,931 K	$118,808 K
NPV (FY2025)	- $6,018 K	+ $1,575 K	+ $95,925 K
Recurring Costs	- $9,195 K	- $3,371K	- $5,351 K
Payback Year	16 Years (2024)	18 Years (2026)	100 +
O/E/C Reduction (10%)	18/23/25 = 66	18/23/10 = 51	18/23/25 = 66
O/E/C Relocations	127/161/63 = 351	48/65/33 = 146	162/211/160 = 533
Student Relocations	77 (413)	116	93 (496)

Criteria 6-8

Installation	MED 006/027 Pensacola	MED 007/026 Brooks	MED 012/025 Wright - Patt
Criteria 6 (Economic)	Minimal	Minimal	Minimal
Criteria 7 (Community)	None	None	None
Criteria 8 (Environmental)	TBD	TBD	TBD

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Recommendation

- **Consolidate aerospace medicine training and RDA activities at Pensacola**

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Medical Joint Cross Service Group

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Back-Up Slides

DCN: 11385

Facility Sizing – Sq Ft

Move To	MED 006/027 Pensacola	MED 007/026 Brooks	MED 012/025 Wright- Pat
Medical RDA Lab	97,242	34,853	134,384
Classrooms	130,000	75,000	170,000
Library	26,000	5,000	30,000
Clinic (consults)	0	0	50,000
Barracks/ Billeting	95,000	30,000	124,000
Dining	7,000	0	7,000

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Aerospace Medicine Research, Ed & Training Military Value

DCN: 11385

	Med RDA			Tech Research (Human Systems)		Med E&T	
Rank	Installation	RDA MV	Sub-Function MV*	Installation	MV	Installation	MV
1	Brooks City Base	65.09	54.60	Wright Patterson AFB	0.5101	Brooks City Base	71
2	Wright Patterson AFB	19.25	-- +	Brooks City Base	0.4240	Pensacola NAS	69
3	Pensacola NAS	16.59	16.59	Pax River NAS	0.3894	Wright Patterson AFB	27
4	Fort Rucker	12.99	12.46	Fort Rucker	0.2476	Fort Rucker	-- +
5	Pax River NAS	4.37	4.37	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**

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Aerospace Medicine Research
COBRA Variations Without AARL and NAWCAD

DCN: 11385

Varient A – includes USAFSAM (RDA only), NAMRL, 311th HSW, HSG, AFIOH and AFRL/HE
Varient B – variant A less USAFSAM & NAMRL
Varient C – variant B less NAMRL (all Air Force move)

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	A	$235,917	$222,643	$5,497	100+	$153,905
	B	$161,726	$152,333	$3,875	100+	$104,001
	C	$235,599	$221,420	$5,872	100+	$149,319
Brooks City Base	A	$195,023	$200,569	($1,731)	Never	$200,345
	B	$182,248	$183,950	($ 440)	Never	$172,968
Pensacola NAS	A	$339,434	$242,527	$28,219	14	($39,307)
	B	$279,208	$193,196	$24,233	13	($47,870)

NOTE – COBRA RESULTS BASED IN PART ON UNCERTIFIED DATA

Recurring savings are suspect:

- ***Unknown differential in mission reimbursable costs between losing and receiving locations***
- ***Reductions in AF base staff without similar increase in Pensacola base staff despite significant increase in Pensacola base population***

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Conclusions/Recommendations

- These derivative scenarios did not result in significantly improved cost-benefit ratios & the transformational value gained by collocation may be offset by high movement costs & mission risks
- Pensacola is highest in initial costs but has most savings. The savings, however, are suspect:
  - COBRA attributed ~$15M in savings due to loss of BOS personnel at AF sites
  - COBRA did not increase Pensacola BOS staffing even with a 10% increase in population, yet COBRA increases the BOS staffing at AF sites for population increases
  - COBRA indicates that there are annual savings in BOS services of ~$10M per year at Pensacola, but Navy policy is unknown for tenant reimbursements
- NAMRL relocation needs to be re-examined independent of these scenarios (Brooks vs San Diego vs Pax River)

Aerospace Medicine Research Conflicting Scenarios

DCN: 11385

Scenario #	Description
TECH 5	Consolidate all rotary wing air platform RDAT&E at 2 sites (Patuxent River / 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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Aerospace Medicine Research, Ed & Trng Scenario Alternatives

DCN: 11385

- **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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MED-028
Co-Location Tri-Service Medical RDA Management

In-Progress Review

Purpose

- **Provide preliminary results of COBRA analysis of medical dental RDA scenarios related to co-location of Tri-Service Medical RDA Management**
- **Obtain MJCSG guidance for continuation of analysis**

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Tri-Service Medical RDA Management CoE - Activity List

DCN: 11385

Activity	Location	FTEs
DTRA CB-STO	Ft. Belvoir	11
DARPA-DSO	Ballston	N/A
JPEO-CBD	Skyline and Frederick MD	87
311th HSW	Brooks CB	N/A
AFMSA	Bolling AFB and Skyline	3
MCCDC	MCB Quantico	10
ONR	Ballston	45
BUMED CODE M2	Naval Observatory	12

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Tri-Service Medical RDA Management

DCN: 11385

Military Value

	Med RDA		Tech Research (Biomedical)		Tech D&A (Biomedical)	
Rank	Activity	Overall MV	Installation	MV	Installation	MV
1	USAMRMC	41.51	Fort Detrick	.422	Fort Detrick	.681
2	311th HSW	12.09	Brooks CB	.190	Brooks CB	.049
3	ONR	0.0	NCR Leased - Ballston	.286	NCR Leased - Ballston	.193
4	DARPA-DSO	0.0	NCR Leased - Ballston	.233	NCR Leased - Ballston	N/A
5	MCCDC	0.0	MCB Quantico	.145	MCB Quantico	.018
6	DTRA CB-STO	0.0	Fort Belvoir Annex	.052	Fort Belvoir Annex	N/A
7	JPEO-CBD	0.0	NCR Leased – Skyline & Frederick	N/A	NCR Leased – Skyline & Frederick	.015
8	AFMSA	0.0	Bolling AFB and Skyline	-- +	Bolling AFB and Skyline	-- +
9	BUMED CODE M2	0.0	Naval Observatory	-- +	Naval Observatory	-- +

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

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Tri-Service Medical RDA Management CoE- Preliminary COBRA Results

DCN: 11385

Receiving Installations	Total 1-Time Cost ($K)	Total Net Cost (2006-2011) ($K)	Annual Recurring Savings ($K)	Payback (Years)	Net Present Value (in 2025) ($K)
FORT DETRICK	7,628	9,128	(321)	Never	11,357

NOTE – ALL COBRA RESULTS BASED ON UNCERTIFIED DATA

The major cost driver is for Milcon for the personnel of JPEO ChemBio currently in leased space in Frederick MD just outside Fort Detrick. None of the activities moving out of leased space have reported either one-time costs of lease termination, nor any recurring lease savings.

Conclusions/Recommendations

- Fort Detrick is clearly an ideal site from a MilVal standpoint
- Potential for future consolidation under a Joint Medical Command
- The scenario never pays off with the current data input, but increased savings from lease terminations may provide a finite payback period
- Recommend approval to continue data clarification and preparation of ISG recommendation

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Tri-Service Medical RDA Management CoE Conflicting Scenarios

DCN: 11385

Scenario #	Description
TECH 10	Consolidate Extramural research Program Managers to ARL/Adelphi
TECH 38	Consolidate Extramural Research Program Managers to Naval Research lab, DC
TECH 39	Consolidate Extramural Research Program Managers to Naval Research Lab, Chesapeake Beach
TECH 40	Consolidate Extramural Research Program Managers to NAS Anacostia, DC
TECH 41	Consolidate Extramural Research Program Managers to Bolling AFB
TECH 46	Consolidate Extramural Research Program managers to Ft. Belvoir
TECH 32	Chemical -Biological RD&A Consolidation (being closely coordinated with Enabling Technologies WG of the TJCSG)

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MED-0023/24/55
Tri-Service Biomedical Research Centers of Excellence

In-Progress Review

Purpose

- **Provide preliminary results of COBRA analysis of medical dental RDA scenarios related to co-location of Tri-Service Biomedical Research Centers of Excellence**
- **Obtain MJCSG guidance for continuation of analysis**

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Tri-Service Biomedical Research CoE
Medical RDA Military Value (1 of 2)

DCN: 11385

	Combat Casualty Care			Hyperbaric and Diving Medicine		
Rank	Installation	RDA MV	Functional MV*	Installation	RDA MV	Functional MV*
1	USAISR	16.46	15.53	NSMRL - Groton	22.10	22.10
2	NIDBR - Great Lakes	17.63	14.99	NEDU - Panama City	19.59	19.59
3	USADRD - Great Lakes	13.96	13.96	NMRC - Silver Spring	26.86	1.12
4	**HQ USAMRMC**	**41.51**	**8.57**	-----	-----	-----
5	WRAIR	41.69	7.63	-----	-----	-----
6	NMRC - Silver Spring	26.86	6.59	-----	-----	-----
7	USAFDIS - Great Lakes	---+	---+	-----	-----	-----

Only activities in **bold type are involved in consolidation of the given sub-function.*
**Pro-rated military value score, based on percentage of workforce performing the given function*
+Missing or incomplete data reported; MV (if shown) is underestimated, or cannot be calculated

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Tri-Service Biomedical Research CoE Medical RDA Military Value (2 of 2)

DCN: 11385

	Chemical Defense			Infectious Diseases		
Rank	Installation	RDA MV	Functional MV*	Installation	RDA MV	Functional MV*
1	**NHRC - WPAFB**	**16.50**	**14.25**	WRAIR	41.69	16.40
2	USAMRICD	14.79	13.87	NMRC – Silver Spring	26.86	13.71
3	**USACEHR**	**10.17**	**10.17**	**NHRC - San Diego**	**19.79**	**11.89**
4	**HQ USAMRMC**	**41.51**	**8.93**	**HQ USAMRMC**	**41.51**	**7.84**
5	WRAIR	41.69	5.10	**NIDBR - Great Lakes**	**17.63**	**0.88**
6	**AFRL/HE - Brooks CB**	**26.20**	**2.49**	**USAMRIID**	**20.38**	**0.54**
7	-----	-----	-----	**USAMMDA**	**13.71**	**0.46**

Only activities in **bold type are involved in consolidation of the given function.*
**Pro-rated military value score, based on percentage of workforce performing the given function*
+Missing or incomplete data reported; MV (if shown) is underestimated, or cannot be calculated

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Tri-Service Biomedical RDA CoEs [Battlefield Health & Trauma, Undersea & Hyperbaric Medicine, Infectious Diseases, Medical Chemical Defense]

DCN: 11385

Preliminary COBRA Results (Based on Partially Uncertified Data)

Receiving Installations	Total 1-Time Cost ($K)	Total Net Cost (2006-2011) ($K)	Annual Recurring Savings ($K)	Payback (Years)	Net Present Value (in 2025) ($K)
MED-0023 Fort Sam Houston Naval Sub Base New London Walter Reed AMC* Aberdeen Proving Ground	37,765	39,987	(437)	Never	40,932
MED-0024 Fort Sam Houston Naval Suppt Act Panama City Walter Reed AMC* Aberdeen Proving Ground	87,912	33,700	(394)	Never	86,547
MED-0055 (Hyperbaric & Undersea Medicine alone) + Walter Reed AMC	34,639	33,198	647	100+ Years	24,092
MED-0024 modified (substitute WRAMC for Panama City) Fort Sam Houston Walter Reed AMC*+ Aberdeen Proving Ground	66,453	66,582	392	100+ Years	57,200

WRAMC is both a receiving / losing installation in these scenarios

Requires concurrent TJCSG scenario to make space available at WRAMC

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Summary

- **Analysis of Functional Military Value supports all alternatives except Undersea and Diving Medicine, but:**
  - **Groton is expected to close and**
  - **Panama City is too expensive and does not allow for savings due to consolidated BUMED activities.**
- **10% savings in FTEs taken in collocation of Battlefield Health and Trauma**
  - **ISR has current excess capacity to accept ~125 FTEs but not animals**
  - **ISR was designed to be expanded within its current footprint by as much as 91,900 additional SF**
  - **1999 engineering study costed a 41,900 SF expansion at $14M**
- **15% savings taken in consolidation of NSMRL with NMRC**
- **NSMRL consolidation with NMRC at Forest Glen (MED-0055) only possible if TECH-0032 is approved, or if part of a modified MED-0024**
- **Scenario costs appear to be overestimated by COBRA**
  - **A significant amount of leased space is being vacated, but there are no recurring savings entered in the COBRA input files.**
  - **NSMRL shutdown savings not yet provided by Navy**
  - **Cost of these scenarios may be overestimated due to overlapping actions between the MED scenarios and TECH-0032**
  - **TRICARE costs of ~$2.9M for MED23/24 are not offset by savings at donor sites and are overestimated since the COBRA does not know that BASE (X) moves from leased space to WRAMC are within the NCR**

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Conclusions/Recommendations

- **Single scenario creates multiple transformational CoEs**
  - **Would facilitate future consolidation under a Joint Medical Command**
- **Recommend approval to continue data clarification / preparation of ISG recommendation for MED-0024 or, if Groton closes, a combined MED-0024 and MED-0055, substituting WRAMC-Forest Glen for Groton or Panama City**

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Conflicting Scenarios

Scenario #	Description
TECH 32	**Chemical -Biological RD&A Consolidation (being closely coordinated with Enabling Technologies WG of the TJCSG)**

TECH-0032 has been approved by Dr. Sega for submission to ISG

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USAISR – Future

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Additional 91,900 square feet (cost unknown)