

MINUTES OF THE MARCH 4, 2005 MEETING OF THE MJCSG PRINCIPALS

LOCATION: Pentagon, Rm 2C554, 1500-1700

Attending: LtGen Taylor – Chair; VAdm Arthur- USN/SG; MGen Webb USA/SG; RAdm Cullison – USMC/SG; Dr. Opsut – Representing ASD(HA)/CP&P; Col Hamilton – Secretary; Mr. Yaglom – USA/SG; COL Harmon – J4-MRD; Ms. Shifflett – SAF/IEBJ; Dr. Christenson – CNA; Maj Harper – AF/SGSF; Maj Fristoe – HA/TMA; Maj Guerrero – AF/SG; Mr. Porth – OSD/BRAC; Maj Cook – HA Analyst; Mr. Barton – AF Analyst; Mr. Nagowski – AF Analyst; Maj Coltman – AF/Recorder

Decisions:

- **Approved** the following Candidate Recommendation:
 - E&T-3D (MED-012): Consolidate Aerospace Medicine Training at WPAFB to include USAFSAM and AFIOH; relocate AFMSA to Lackland AFB (**MJCSG voted 5-0 to approve**)
- **Approved** the joint/consolidated basing medical analytical framework/methodology to run on all MSM scenarios for additional recommendations (**MJCSG voted 5-0 to approve**)

Action Items:

- Red Team Briefing, 9 Mar 05, Time/Place TBD
- 0-6 Lead Follow-up:
 - Continuous validation of scenario data
 - E&T to run excursions moving remaining enlisted medical training at Brooks to be absorbed at Lackland AFB or the AFIT vacated space at Wright Patterson AFB (WPAFB)
 - HCS to track and provided updates to the MJCSG on following scenarios as information becomes available and requests for MJCSG input
 - De-conflict and integrate medical functions across all proposed recommendations
 - HCS to run joint/consolidated basing proposals for all MSMs scenarios
 - J-4 rep to schedule meeting with the Secretary to talk about medical joint concepts

Meeting Overview:

- Voting Members: 5 present/1 absent
- The Chair informed the group that the ISG approved the NCR and SA recommendations and both will be briefed next Thursday to the IEC. The Army rep did voice reservations specific to the NCR proposal, his comments were annotated for the record and presentation to the ISG. The MJCSG will brief the Red Team for 2 hours on 9 Mar, time and place to be determined. The Secretary stated that the TECH scenarios associated with MED-12 and MED-25 (Consolidate Aerospace Medical Training/Research Activities at WPAFB) are approved. Additionally, the plan is to link AF Institute for Operational Health (AFIOH) to MED-12 which will be vetted to the principals today for deliberation. With the TECH scenarios and inclusion of AFIOH with MED-12 this should clear out most of the remaining medical activities at Brooks City Base. The E&T rep pointed out that there is still a small

portion of enlisted training not included in MED-05 to be realigned. Chair requested E&T to run excursions to absorb this enlisted training at Lackland AFB or the AFIT vacated space at Wright Patterson AFB. **(Action Item; E&T Follow-up)**

- An AF rep briefed updates on MED-012 (Consolidate Aerospace Medicine Training) focusing on including two new activities, AFIOH and AFMSA (AF Medical Support Agency), to clear the medical activities out of Brooks City Base. First briefed was AFIOH and whether to relocate this function to WPAFB or Lackland AFB. COBRA and payback data was compared and discussed (see slides). The AF rep explained by realigning Brooks City Base by relocating AFIOH to WPAFB and AFMSA to Lackland AFB. By relocating AFIOH to WPAFB it co-locates aerospace medicine research efforts and aerospace education/training of the AF and Navy. This move is also linked with TECH-0009, TECH-0058, and MED-0025. Finally, by relocating AFMSA to Lackland AFB it facilitates clearing medical activities out of Brooks City Base and disestablishment of the 311th Medical Squadron.
 - The AF rep recommended the MJCSG approve the following:
 - **E&T-3D (MED-012): Consolidate Aerospace Medicine Training at WPAFB to include USAFSAM and AFIOH; relocate AFMSA to Lackland AFB (MJCSG voted 5-0 to approve)**
- The HCS rep briefed the Follower Scenarios status (see slides). The Navy has three follower scenarios and the HCS has provided the format for data calls as requested and is awaiting their response. The Army has one follower scenario, and has requested data from their TABS office but has not made an official request to the MJCSG. Also discussed was the issue of providing recommendations to the Army based on troop movements from the Integrated Global Presence and Basing Strategy (IGPBS). The group agreed to hold on any responses until further information is available and the Army submits a formal request for MJCSG input. The AF current is working coordination efforts on their follower scenarios and the HCS rep indicated there was no current information available on possible projections. **(Action Item; HCS Follow up)**
- The HCS rep briefed the Joint/Consolidated Basing Concept to further develop and solidify the basic analytical framework and obtain MJCSG approval for implementation using selected MJCSG MSMs scenarios (see slides). The Chair described these joint proposals as transformational since medical was specifically excluded from the H&SA joint-basing initiative. The Chair noted that one of the largest challenges is to define the specific responsibilities of the Lead Service and/or MSM Manager associated with various joint medical platforms. The HCS rep described that with the use of MEPRS codes various support functions were identified that could be either joint, consolidated or both. The HCS then led discussion on four variations of joint/consolidation basing options, using the Hawaii MSM as an example (see slides). Each option was presented comparing COBRA results, manpower and cost savings, and other related issues:
 - Option 1: Joint basing where Pearl Harbor is Lead Service (i.e. Parent) to Hickam creating an opportunity for staff to work together and share resources while maintaining the same level of services to the beneficiaries. The one-time costs possibly brought on by personnel moves may be artifact since there are no moves and technically, they are staying in the same place.
 - Option 2: Joint basing with Tripler as the parent to Pearl Harbor and Hickam. This option almost triples the manpower and cost savings as compared to Option 1.

- Option 3: Consolidated basing with all three as parents. Minimal savings noted which was comparable to option 1 with less clarity on lines of authority.
- Option 4: Mixture of Consolidated and Joint basing where Pearl Harbour and Hickam are Joint with Tripler added as consolidated parent. This option has the most savings of all the options.

The Navy rep expressed that thus far this has been an overall look and suggested the need to analyze each site and then compare the various options to decide which option fits their individual sites. The MJCSG concurred and requested HCS to move forward and run all MSMs using the joint/consolidate-basing construct. The Army rep voiced concern over the limited timeframe for scenario data calls. The Secretary responded that the groundwork has done and the data obtained and validated, just a matter of analyzing the data already received. In addition, the Chair stressed that it is worth trying to include in the BRAC process but at the very least to make recommendations outside BRAC. The Chair further suggested presenting the findings to HS&A, the Joint Base lead JCSG. The J4 rep requested to meet with the Secretary to talk about joint medical command, joint metrics and to clarify specific terms to use in the recommendations. **(Action Items; HCS Follow up)**

- The HCS rep recommended the MJCSG approve the refined joint/consolidated basing analytical framework and methodology for concept implementation for the medical scenarios. **(MJCSG voted 5-0 to approve)**
- Closing: The Secretary reviewed the MJCSG recommendations status and RDA still has six left to brief to the ISG, two next week and four the following week. Continue to work action items and follow up as required.
- NEXT MEETING: Red Team Brief, 9 Mar 05, Time/Place TBD
MJCSG Principals, 25 Mar 05, 1500-1700, Pentagon, Rm 2C554



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

Attachments:

1. Agenda
2. Combined Briefing

MJCSG Principals Meeting

03/04/2005
3:00 PM to 4:00 PM
Pentagon, 2C554, Room 6

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

Agenda

Opening Comments - ISG/IEC Recap	Chair
MEDCR 00012	Maj Guerrero
Follower Scenarios	Dr Opsut
Joint Basing	Maj Harper
Red Team Update/Brief	Col Hamilton
Around The Table	All
Closing	Chair

Additional Information

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

Medical Joint Cross Service Group



MJCSG Principals Meeting Combined Brief

4 Mar 05

DCN: 11389

Medical Joint Cross Service Group



MED-0012 ***Aerospace Medicine*** ***Training***

DCN: 11389



MED-0012 Aerospace Medicine

Trng

- **Original focus:**
 - USAFSAM
 - NAMI (*dropped*)
 - Ft Rucker (*dropped*)
- **Current focus**
 - USAFSAM
 - AFIOH (*new*)
 - AFMSA (*new*)
- **Location Options**
 - Brooks City Base
 - NAS Pensacola
 - Wright-Patterson AFB
- **Location Options**
 - USAFSAM (WPAFB)
 - AFIOH (WPAFB or Lackland AFB)
 - AFMSA (Lackland AFB)

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COBRA

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Move To	Lackland	Wright- Patt
One Time Costs	\$1M	\$50M
Net Implementation Cost	\$37M	\$43M
MILCON	\$18M	\$18M
NPV	\$1M	\$9M
Recurring Savings	\$4M	\$3M
Payback Year	16 Years	22 Years
Break-Even Year	2025	2031
O/E/C Reduction	0/0/97	0/0/97
O/E/C Relocations	242/262/222	242/262/222
Student Relocations	44	44



Candidate #MED-0012: Realign Brooks City Base

Candidate Recommendation: Realign Brooks City-Base by relocating the United States Air Force School of Aerospace Medicine and Air Force Institute of Occupational Health to Wright-Patterson AFB, OH and relocating the Air Force Medical Support Agency to Lackland, AFB. Disestablish the 311th Medical Squadron.

<u>Justification</u>	<u>Military Value</u>
<ul style="list-style-type: none"> ✓ Co-locates aerospace medicine research efforts of the Air Force and the Navy. ✓ Co-located with Aerospace Medicine Education and Training ✓ Linked with TECH-0009, TECH-0058, MED-0025 	<ul style="list-style-type: none"> ✓ Wright-Patterson AFB 35.35 ✓ NAS Pensacola 46.87
<p><u>Payback</u></p> <ul style="list-style-type: none"> ✓ One-time cost: \$ 50M ✓ Net implementation cost: \$ 43M ✓ Annual recurring costs: \$ 3M ✓ Payback time: 22 Yrs ✓ NPV (savings): \$ 9M 	<p><u>Impacts</u></p> <ul style="list-style-type: none"> ✓ Criteria 6: -1,728 jobs (907 direct, 821 indirect); 0.17% ✓ Criteria 7: A review of community attributes indicates [no issues/or state issues] regarding the ability of the infrastructure of the communities to support missions, forces and personnel ✓ Criteria 8: No known impediments <p style="text-align: right;">Z: 11389</p>



Recommendation

- **USAFSAM and AFIOH relocate to Wright-Patterson AFB**
- **AFMSA relocate to Lackland AFB**

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Backup Slides

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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

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COBRA- USAFSAM & NAMI

Move To	MED 006 Pensacola	MED 007 Brooks	MED 012 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 Reduction	0/0/0	0/0/0	0/0/0
O/E/C Relocations	141/179/70	19/24/8	146/186/75
Student Relocations	77	116	160

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Following Scenarios

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Following Scenarios

- **Navy**
 - **DON 0032 (Ingleside) & 0033 (Groton):**
Awaiting data call format
 - **DON 0036 & 0037 (Everett): On Hold**
- **Army**
 - **USA 0221(IGPBS): No official request, but**
have received data from TABS
 - **TABS uses algorithm for all BOS costs**
(for COBRA) to include Medical
 - **Conducting analysis to determine**
capacity & possible MILCON
- **AF – No input**

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Medical Joint Cross Service Group



Joint/Consolidated Basing Example Hawaii

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Definitions

- **Major installation is the Lead Service**
- **Minor installation is being absorbed**
- **Using MEPRs codes we will discuss what areas would be joint or consolidated**

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MEPRs

Code	Description
EBF	Education & Training Program Support
EBH	Third Party Collection Administration
EBJ	Service Medical IM/IT
EDA	Plant Management - Funded/Reimbursable
EDB	Operation of Utilities - Funded/Reimbursable
EDC	Maintenance of Real Property - Funded/Reimbursable
EDD	Minor Construction - Funded/Reimbursable
EDE	Other Engineering Support - Funded/Reimbursable
EE	Material Services
EEA	Material Management Services
EEX	Material Svcs Cost Pool
EEZ	Material Svcs NEC
EF	Housekeeping
EFA	Housekeeping
EFX	Housekeeping Cost Pool
EFZ	Housekeeping NEC

Code	Description
EG	Biomedical Equip Repair
EGA	Biomedical Equip Repair
EGX	Biomedical Equip Cost Pool
EGZ	Biomedical Equip Repair NEC
EH	Laundry Service
EHA	Laundry Service
EHX	Laundry Service Cost Pool
EHZ	Laundry Service NEC
EI	Nutrition Management
EIA	Patient Food Operations
EIB	Combined Food Operations
EIC	Inpatient Clinical Nutrition Management
EIX	Nutrition Management Costpools
EIZ	Nutrition Management NEC
EL	Tricare and Managed Care
ELA	Tricare/Managed Care Administration

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Joint Basing all the above MEPRs codes used
Consolidated Bases highlighted in yellow



Planning Factors

- **Joint Basing (Common Fence Line) Using MEPRS data only focused on MEPRS D (Ancillary) and MEPRS E (Support)**

Joint	Manpower	Savings
Clinical		
D's	20%	0%
Admin		
E's	50%	25%

- **Consolidated Basing (Same Geographical Area)**

Consolidated	Manpower	Savings
Clinical		
D's	0%	0%
Admin	25%	15%
E's	Selected	Selected

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Options

- **Joint Basing: Pearl Harbor / Hickam (Pearl Harbor Parent)**
- **Joint Basing: Tripler / Pearl Harbor / Hickam (Tripler Parent)**
- **Consolidated: Tripler / Pearl Harbor / Hickam (Maintain three parents)**
- **Consolidated: Pearl Harbor / Hickam (Jt Basing with Pearl Harbor as the Parent) then add Tripler for Consolidated Basing (Tripler remains a Parent)**

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Manpower

	Officers	Enlisted	Civilian	Total
Tripler	597	593	1,224	2,414
Pearl Harbor	67	181	102	350
Hickam	58	142	24	224
Total	722	916	1,350	2,988

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Option 1 Joint Basing: Pearl Harbor / Hickam (Pearl Harbor Parent)

Manpower and MEPRS Savings

Joint	Manpower	Savings
Clinical		
D's	3	0
Admin		
E's	26	600,603
Total	29	600,603

COBRA:

NPV Savings: \$24,109K

One-time Costs: \$1,196K

Savings over Implementation Period: \$7,162

Annual Savings: \$1,889

Payback Year: 1 year (2008)

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Option 2 Joint Basing: Tripler / Pearl Harbor / Hickam (Tripler Parent)

Manpower and MEPRS Savings:

Joint	Manpower	Savings
Clinical		
D's	10	0
Admin		
E's	84	1,353,316
Total	94	1,353,316

COBRA:

NPV Savings: \$86,549K
One-time Costs: \$3,751K
Savings over Implementation Period: \$26,316
Annual Savings: \$ 6,718K
Payback Year: 1 Year (2008)

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Option 3 Consolidated: Tripler / Pearl Harbor / Hickam (3 Parents)

Manpower and MEPRS Savings:

Consolidated	Manpower	Savings
Clinical		
D's	0	0
Admin		
E's	16	539,592
Total	16	539,592

COBRA:

NPV Savings: \$10,321K

One-time Costs: \$743K

Savings over Implementation Period: \$2,826K

Annual Savings: \$834K

Payback Year: 1 Year (2008)

DCN: 11389



Option 4 Consolidated: Pearl Harbor / Hickam (Jt Basing) add Tripler for Consolidated Basing (2 Parents)

Manpower and Savings:

Jt/Consolidated	Manpower	Savings
Clinical		
D's	3	0
Admin		
E's	59	869,569
Total	62	869,569

COBRA:

NPV Savings: \$57,346K
One-time Costs: \$2,528K
Savings over Implementation Period: \$17,415K
Annual Savings: \$4,453K
Payback Year: 1 Year (2008)

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Issues

- **Service Specific**
 - Military Personnel
 - IM/IT
 - Acquisition
 - Supplies
 - Contracting

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Recommendation

- **Either all or nothing**
 - **Joint Basing entire MSM**
 - **Reject scenario**

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