Base Visit Book
DCN 2548

Commissioner's Base Briefing Book

Naval Medical Center Portsmouth, VA

The Honorable Anthony J. Principi (Chairman)

May 24, 2005

Base Visit Book
DCN 2548

NAVAL MEDICAL CENTER PORTSMOUTH, VA
COMMISSION BASE VISIT
May 24, 2005

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ITINERARY

White = Chairman
Gray = General Newton

TIME	EVENT	LOCATION	POC	ACTION
24-May 0815	Chairman arrives	Norfolk Airport	Hal Tickle	Meet
0845-0930	En route	Medical Center Portsmouth	Hal Tickle/Leshia Mandzia	Review Briefing Book
0915-1030	Commissioner Brief	Medical Center Portsmouth		Brief Chairman
1030-1100	En route	Naval Station	Jim Durso	
1100-1230	Commissioner's Brief	Navy Region Headquarters, Bldg N-21	Captain Zobel, Commander, Mid-Atlantic Region and Captain Becker, Commanding Officer, NS Norfolk	Presentations on affected activities
1230-1315	Lunch	Norfolk Officers Club	Hal Tickle	
1315-1430	Tour of Submarine and Shipyard Facilities	Naval Station	Capt Zobel	Windshield/facility tour
1430-1515	En route son's home	126 Nate Turner Blvd, Newport News	Hal Tickle	Travel/debrief
0945	General Newton arrives	Norfolk Airport	Hal Tickle	Meet
1030-1100	En route	Naval Station	Hal Tickle	Review Briefing Book
1100-1430	Join Chairman	Naval Station	Hal Tickle	Join Chairman for briefings/lunch/tour
1430-1515	En route hotel	Comfort Inn 12330 Jefferson Ave, Hampton	Jim Durso	Join Gary Dinsick
25-May TBD	Meet Chairman (with Gen. Newton)	126 Nate Turner Blvd, Newport News	Gary Dinsick	Begin Ft Monroe itinerary

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DEFENSE BASE CLOSURE AND REALIGNMENT COMMISSION

BASE SUMMARY SHEET

Naval Medical Center Portsmouth, VA

INSTALLATION MISSION

- Support force health protection through quality healthcare for our beneficiaries and through education and training of our staff.

Mission of the Naval School of Health Sciences:
Note: the school is responsible for the basic and enlisted medical training being relocated to Fort Sam Houston, TX

- We advance the sea warrior's readiness through exceptional medical education and training.

DOD RECOMMENDATION

- Realign Naval Air Station Great Lakes, IL, Sheppard Air Force Base, TX, **Naval Medical Center Portsmouth, VA**, Naval Medical Center San Diego, CA **by relocating basic and specialty enlisted medical training to Fort Sam Houston, TX.**

DOD JUSTIFICATION

- To transform legacy medical infrastructure into a modernized joint operational medicine platform. This recommendation reduces excess capacity within the San Antonio Multi-Service Market (MSM: two or more facilities co-located geographically with "shared" beneficiary population) while maintaining the level of care for the beneficiaries, enhancing opportunities for provider currency, and maintaining surge capacity.
- Co-locating all (except Aerospace Medicine) medical basic and specialty enlisted training at Fort Sam Houston, TX, with the potential of transitioning to a joint training effort, will result in reduced infrastructure and excess system capacity, while capitalizing on the synergy of the co-location of similar training conducted by each of the three Services.
- The development of a joint training center will result in standardized training for medical enlisted specialties enhancing interoperability and joint deployability.
- Co-location of medical enlisted training with related military clinical activities of the San Antonio Regional Medical Center at Brooke Army Medical Center, Fort Sam Houston, TX, provides synergistic opportunities to bring clinical insight into the training environment, realtime. As a result, both the healthcare delivery and training experiences are exponentially enhanced.

COST CONSIDERATIONS DEVELOPED BY DOD

***Note:* These cost considerations are for all 4 basic and specialty enlisted training programs being moved to Ft. Sam Houston, TX.**

- One-Time Costs: $ 1,040.9 million
- Net Savings (Cost) during Implementation: $ 826.7 million
- Annual Recurring Savings: $ 129.0 million
- Return on Investment Year: Calendar Year (10 Years)
- Net Present Value over 20 Years: $ 476.2 million

MANPOWER IMPLICATIONS OF ALL RECOMMENDATIONS AFFECTING THIS INSTALLATION (INCLUDES ON-BASE CONTRACTORS AND STUDENTS)

	Out		In		Net Gain (Loss)	
	Military	Civilian	Military	Civilian	Military	Civilian
This Recommendation	(463)	(25)	28	0	(435)	(25)
Other Recommendation(s)						
Total	(463)	(25)	28	0	(435)	(25)

ENVIRONMENTAL CONSIDERATIONS

Note: Environmental considerations focus primarily on affect at Ft. Sam Houston—the location gaining the basic and specialty enlisted medical training.

- This recommendation is expected to impact air quality at Fort Sam Houston and has the potential to impact cultural or historic resources at Fort Sam Houston and Lackland AFB.
- Additional operations at Fort Sam Houston may further impact federally listed species leading to additional restrictions on training and operations.
- Significant mitigation measures to limit releases may be required at Fort Sam Houston to reduce impacts to water quality and achieve US EPA water quality standards.
- This recommendation will require spending approximately $1.2M for environmental compliance activities. This cost was included in the payback calculation. This recommendation does not otherwise impact the costs of environmental restoration, waste management, and environmental compliance activities. The aggregate environmental impact of all recommended BRAC actions affecting the bases in this recommendation has been reviewed. There are no known environmental impediments to implementation of this recommendation.

REPRESENTATION

Governor: The Honorable Mark R. Warner
Senators: The Honorable John Warner
The Honorable [redacted] George Allen

Representative: Robert C. "Bobby" Scott (3rd Congressional District)

ECONOMIC IMPACT

- Potential Employment Loss: 1,013 jobs (489 direct and 524 indirect)
- MSA Job Base: Virginia Beach-Norfolk-Newport News, VA
- Percentage: -0.1 percent

MILITARY ISSUES

- The Naval School of Health Sciences is a tenant on the Naval Medical Center Portsmouth campus.

COMMUNITY CONCERNS/ISSUES

- None at this time

Lesia Mandzia
Joint Cross-Service Team
May 21, 2005

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Tot. est. One-Time Cost-$1,040.9M
Net Cost &Savings-$826.7M
Annual Savings-$129.0M
Payback-10yrs
NPV-$476.2M

Relocate
Basic & Enlisted Medical Training
to
Fort Sam Houston San Antonio, TX

Realign
Sheppard Air Force Base, TX
Naval Air Station Great Lakes, Il
Naval Medical Center San Diego, CA
Naval Medical Center Portsmouth, VA

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State Installation	Action	Out Mil	Out Civ	In Mil	In Civ	Net Gain/(Loss) Mil	Net Gain/(Loss) Civ	Net Mission Contractor	Total Direct
Virginia									
Fort Monroe	Close	(1,393)	(1,948)	0	0	(1,393)	(1,948)	(223)	(3,564)
Leased Space - VA	Close/Realign	(6,199)	(15,754)	0	0	(6,199)	(15,754)	(972)	(22,925)
Defense Supply Center Richmond	Gain	0	(77)	0	83	0	6	0	6
Fort Belvoir	Gain	(466)	(2,281)	4,537	8,010	4,071	5,729	2,058	11,858
Fort Lee	Gain	(392)	(2)	6,531	1,151	6,139	1,149	56	7,344
Headquarters Battalion, Headquarters Marine Corps, Henderson Hall	Gain	(52)	(22)	453	206	401	184	81	666
Langley Air Force Base	Gain	(53)	(46)	780	68	727	22	0	749
Marine Corps Base Quantico	Gain	(50)	0	496	1,357	446	1,357	1,210	3,013
Naval Amphibious Base Little Creek	Gain	0	0	10	27	10	27	0	37
Naval Shipyard Norfolk	Gain	0	0	177	1,774	177	1,774	85	2,036
Naval Station Norfolk	Gain	(373)	(1,085)	3,820	356	3,447	(729)	89	2,807
Naval Support Activity Norfolk	Gain	(6)	0	573	205	567	205	16	788
Arlington Service Center	Realign	(224)	(516)	435	406	211	(110)	(383)	(282)
Center for Naval Research	Realign	(25)	(313)	0	0	(25)	(313)	0	(338)
Defense Finance and Accounting Service, Arlington	Realign	(7)	(401)	0	0	(7)	(401)	0	(408)
Fort Eustis	Realign	(3,863)	(852)	962	1,432	(2,901)	580	169	(2,152)
Naval Air Station Oceana	Realign	(110)	(3)	0	53	(110)	50	0	(60)
Naval Medical Center Portsmouth	Realign	(463)	(25)	28	0	(435)	(25)	(1)	(461)
Naval Surface Warfare Center Dahlgren	Realign	0	(503)	0	169	0	(334)	(17)	(351)
Naval Weapons Station Yorktown	Realign	0	(179)	0	0	0	(179)	0	(179)
Richmond International Airport Air Guard Station	Realign	(25)	(101)	0	0	(25)	(101)	0	(126)
U.S. Marine Corps Direct Reporting Program Manager Advanced Amphibious Assault	Realign	0	(32)	0	0	0	(32)	0	(32)

This list does not include locations where there were no changes in military or civilian jobs.
Military figures include student load changes.

Economic Area / Installation	Action	Out Mil	Out Civ	In Mil	In Civ	Net Gain/(Loss) Mil	Net Gain/(Loss) Civ	Net Mission Contractor	Total Direct	Indirect Changes	Total Job Changes	Economic Area Employment	Changes as Percent of Employment
Utica-Rome, NY Metropolitan Statistical Area													
Defense Finance and Accounting Service, Rome	Close	0	(290)	0	0	0	(290)	0	(290)	(274)	(564)	158,421	-0.4%
Rome Laboratory	Realign	(13)	(124)	0	0	(13)	(124)	0	(137)	(122)	(259)	158,421	-0.2%
	Total	(13)	(414)	0	0	(13)	(414)	0	(427)	(396)	(823)	158,421	-0.5%
Valdosta, GA Metropolitan Statistical Area													
Moody Air Force Base	Gain	(604)	(145)	1,274	50	670	(95)	0	575	416	991	65,992	1.5%
	Total	(604)	(145)	1,274	50	670	(95)	0	575	416	991	65,992	1.5%
Vicksburg, MS Micropolitan Statistical Area													
U.S. Army Reserve Center Vicksburg	Close	(26)	(2)	0	0	(26)	(2)	0	(28)	(15)	(43)	29,916	-0.1%
	Total	(26)	(2)	0	0	(26)	(2)	0	(28)	(15)	(43)	29,916	-0.1%
Virginia Beach-Norfolk-Newport News, VA-NC Metropolitan Statistical Area													
Fort Monroe	Close	(1,393)	(1,948)	0	0	(1,393)	(1,948)	(223)	(3,564)	(4,418)	(7,982)	978,888	-0.8%
Langley Air Force Base	Gain	(53)	(46)	780	68	727	22	0	749	796	1,545	978,888	0.2%
Naval Amphibious Base Little Creek	Gain	0	0	10	27	10	27	0	37	48	85	978,888	0.0%
Naval Shipyard Norfolk	Gain	0	0	177	1,774	177	1,774	85	2,036	2,744	4,780	978,888	0.5%
Naval Station Norfolk	Gain	(373)	(1,085)	3,820	356	3,447	(729)	89	2,807	2,716	5,523	978,888	0.6%
Naval Support Activity Norfolk	Gain	(6)	0	573	205	567	205	16	788	899	1,687	978,888	0.2%
Fort Eustis	Realign	(3,863)	(852)	962	1,432	(2,901)	580	169	(2,152)	(2,066)	(4,218)	978,888	-0.4%
Naval Air Station Oceana	Realign	(110)	(3)	0	53	(110)	50	0	(60)	(46)	(106)	978,888	0.0%
Naval Medical Center Portsmouth	Realign	(463)	(25)	28	0	(435)	(25)	(1)	(461)	(494)	(955)	978,888	-0.1%
Naval Weapons Station Yorktown	Realign	0	(179)	0	0	0	(179)	0	(179)	(248)	(427)	978,888	0.0%
	Total	(6,261)	(4,138)	6,350	3,915	89	(223)	135	1	(69)	(68)	978,888	0.0%

This list does not include locations where no changes in military or civilian jobs are affected.
Military figures include student load changes.

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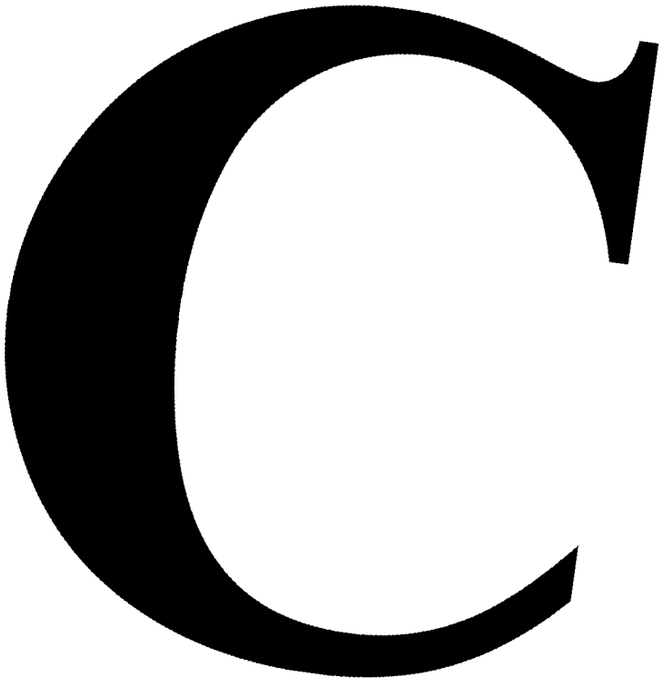


Installation Review – Naval Medical Center Portsmouth, VA

- The Naval School of Health Sciences in Portsmouth, VA is a tenant of the Naval Medical Center Portsmouth, VA campus.
- The Naval Medical Center Portsmouth occupies a 112-acre site along the Elizabeth River in downtown Portsmouth.
- The Naval Medical Center has an extensive Graduate Medical Education Program and conducts internships and residency training in medicine, dentistry, psychology, and pastoral care.
- The Naval Medical Center Portsmouth is one of three major teaching hospitals in the Navy with residency programs in 13 specialty areas. Each year, approximately 75 officers complete internships at the Naval Medical Center.

Naval Medical Center Portsmouth

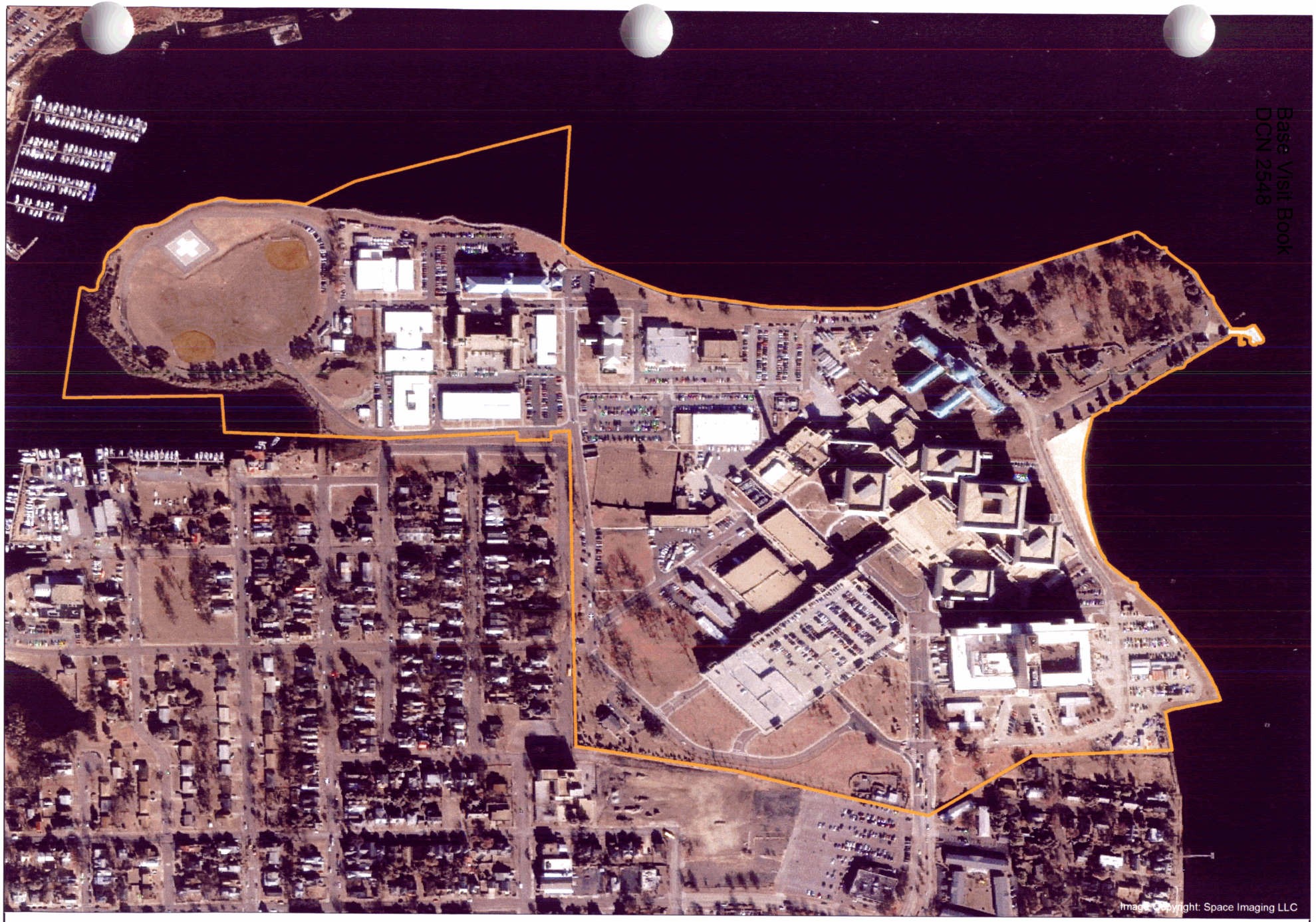
Commander Thomas K. Burkhard, Rear Admiral, Medical Corps, USN

Deputy Commander C. Forrest Faison, M.D., Captain, Medical Corps, USN

Naval School of Health Sciences Portsmouth

Commanding Officer Brad L. Bennett, Captain, Medical Service Corps, USN

Executive Officer Susan E. Herron, Captain, Nurse Corps, USN



Naval Medical Center Portsmouth, VA - DON

Installation Boundary

Naval Medical Center Portsmouth, VA
620 John Paul Jones Circle, Portsmouth, VA 23708-2197
Phone: (757) 953-5000 / DSN: 377-5000

Commander

Naval Medical Center, Portsmouth

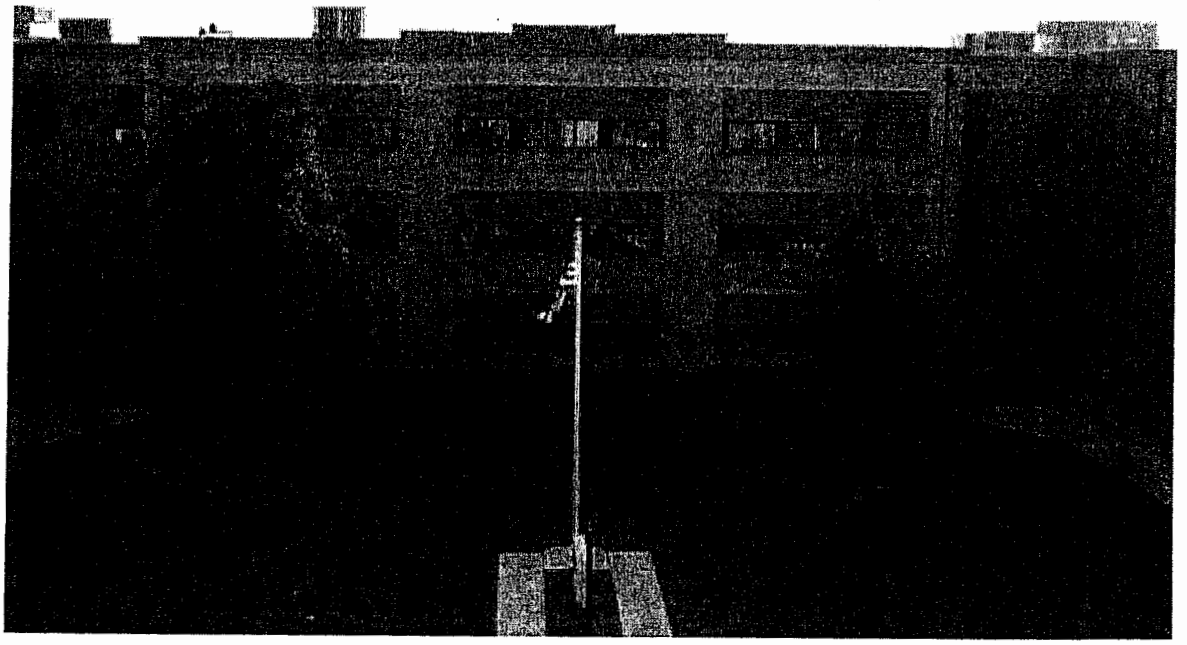
Thomas K. Burkhard

Rear Admiral , Medical Corps, United States Navy

Rear Admiral Thomas K. Burkhard, Medical Corps, United States Navy . He graduated cum laude from Harvard College in 1969 and was commissioned a Line Ensign through the NROTC Program. His first duty station was aboard the minesweeper USS Whippoorwill (MSC 207) home ported in Sasebo, Japan on which he performed coastal patrols in South Vietnam. In 1971, he attended the Staff Mine Warfare Course at Naval Schools Mine Warfare in Charleston, S. C., and subsequently was assigned to the school as an instructor. At the conclusion of the Vietnam War, he was attached to the staff of Commander, Mobile Mine Countermeasures aboard USS New Orleans (LPH 11) where he participated in Operation ENDSWEEP clearing mines from North Vietnam waters.

Resigning his Line Lieutenant commission in September 1973, he entered Duty Under Instruction at the University of Connecticut School of Medicine and was commissioned an Ensign, United States Naval Reserve. Graduating in 1977, he reported to Naval Regional Medical Center, San Diego where he completed his internship in 1978 and a Diagnostic Radiology residency in 1981. He was awarded the Outstanding Senior Resident Award in Diagnostic Radiology. Following residency training, he was stationed at U.S. Naval Hospital, Guam where he served as Radiology Department Head and Director for Ancillary Services. In 1984, he returned to Naval Hospital, San Diego as a staff radiologist and was awarded the "Golden Ray Award" by the radiology residents as the outstanding teacher. Upon completing an Imaging Fellowship in 1986, he became Assistant Chairman of Radiology and Division Head for Computerized Tomography/Ultrasound/Body MRI. Subsequently, he held the positions of Director for Ancillary Services, Medical Director, and Deputy Commander at Naval Medical Center, San Diego. From 1994 to 1996, he was the Deputy Commander at National Naval Medical Center, Bethesda and then commanded Naval Hospital, Camp Pendleton from January 1997 to July 2000. He served as Fleet Medical Officer for Commander in Chief, U.S. Naval Forces Europe until November 2002 at which time he assumed his current position as Commander, Naval Medical Center, Portsmouth and TRICARE Senior Multi-Service Market Manager. RDML Burkhard served as the Surgeon General's Advisor for Radiology

Naval School of Health Sciences
Portsmouth, VA



Commanding Officer

B.L. Bennett
CAPT, MSC, USN

Executive Officer

S.E. Herron
CAPT, NC, USN

Command Master Chief

M.A. Lowry
HMCM(AW/FMF),
USN

OUR MAILING ADDRESS

Naval School of Health Sciences
1001 Holcomb Road
Portsmouth, VA 23708-5200
Quarterdeck: (757) 953-5040

from 1992 to 1995. He was appointed Clinical Associate Professor of Radiology/Nuclear Medicine, Uniformed Services University of the Health Sciences in 1994 and has co-authored 15 radiology peer reviewed articles. He received a Certificate in Medical Management in 1997 from Tulane University and the American College of Physician Executives and was named a Certified Physician Healthcare Executive in 1998 by the American College of Physician Executives.

His awards include the Defense Superior Service Medal, Legion of Merit with one star, Meritorious Service Medal, Navy Commendation Medal, Navy Achievement Medal, Combat Action Ribbon, Navy Unit Commendation, Meritorious Unit Commendation, National Defense Service Medal with two stars, Vietnam Service Medal with two stars, Global War On Terrorism Service Medal, Humanitarian Service Medal, Navy and Marine Corps Overseas Service Ribbon with five stars, Philippine Unit Citation, and Republic of Vietnam Gallantry Cross Unit Citation.

Last Updated: 20-Apr-2005

Command Information

The Naval School of Health Sciences (NSHS), Portsmouth, VA is located on the compound of the Naval Medical Center, Portsmouth, VA. The Command has one component activity, Joint Special Operations Medical Training Command (JSOMTC), located in Fort Bragg, NC. Additionally, two officer personnel are assigned at the Naval Leader Training Unit, Naval Amphibious Base, Little Creek, VA.

The history of NSHS is rich in tradition. Established in 1902 as the Navy's first Hospital Corps School, the school was part of the former Norfolk Naval Hospital. The organizational structure and types of training provided have changed significantly through the years. Established in October 1995 as an echelon III command, the Commanding Officer, NSHS Portsmouth now reports directly to the Assistant Chief of Education, Training and Personnel at the Bureau of Medicine and Surgery.

The current command building was constructed in 1942, named after Pharmacist Edward May, the school's first graduate. May, later appointed as a Warrant Officer, served on staff at NSHS Portsmouth as an instructor until his hospitalization and death in 1905 of Typhoid Fever.

The command provides 17 officer and enlisted training programs, 3 special operations training programs, and 23 Medical Correspondences Courses. All programs are listed below:

Enlisted Training Programs
Medical Laboratory Technician
Advanced Radiography Technician
Surgical Technician
Pharmacy Technician
Urology Technician
Hemodialysis Apheresis Technician
Surface Force Medical Indoctrination Course
Surface Force Independent Duty Corpsman, Refresher
Psychiatric Technician, Phase I (October 2002), and Phase II
Occupational Therapy Assistant, Phase II
Nuclear Medicine Technician, Phase I and II
Electroneurodiagnostic Technician
Physical Therapy Technician Phase II

Officer Program
Nurse Corps Anesthesia, Phase II

Special Operations Training at JSOMTC
Special Operations Combat Medic
Advanced Special Operations Independent Duty Corpsman
Special Operations Forces Medical Skills Sustainment Program

The Command holds institutional accreditation from the Commission of the Council in Occupational Education and individual programmatic accreditation from a variety of national associations specific to particular training programs.

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Medical Joint Cross-Service Group

Summary of Selection Process

Introduction

The Medical Joint Cross-Service Group (JCSG) was chartered to review Department of Defense healthcare functions and to provide base closure and realignment (BRAC) recommendations based on that review. Assigned functions included Department of Defense (DoD) Healthcare Education and Training; Healthcare Services; and Medical and Dental Research, Development and Acquisition (RD&A). The Air Force Surgeon General chaired the Medical JCSG, and other principal members included senior medical members from the Military Departments, the Joint Staff, and the Office of the Secretary of Defense (OSD). The summary that follows details the group's strategies, processes, and recommendations for consideration for of 2005 BRAC Commission.

Responsibilities and Strategy

The Medical JCSG was responsible for a comprehensive review of its assigned functional areas, an evaluation of alternatives, and the subsequent development and documentation of realignment and closure recommendations for the Secretary of Defense. In developing its analytical process, the Medical JCSG established internal policies and procedures consistent with DoD policy memoranda, the force structure plan prepared by the Chairman of the Joint Chiefs of Staff, an installation inventory, BRAC final selection criteria, and the requirements of the Defense Base Closure and Realignment Act of 1990, as amended.

The Military Healthcare System (MHS) must ensure that DoD has trained, proficient, and deployable medics to support the warfighter. In addition, DoD must foster and deliver research, development and acquisition of unique military medical and dental technology and techniques. In its current form, the DoD healthcare delivery system accomplishes this mission through two complementary organizations: the Direct Care System which includes military treatment facilities, and the TRICARE health benefit program which provides access for beneficiaries to the civilian healthcare system.

The Medical JCSG developed key strategies to guide deliberations based on the key objectives above. These strategies came from an analysis of the BRAC final selection criteria ~~criteria~~. The Medical JCSG focused its efforts on:

- Supporting the warfighter and their families in-garrison and deployed;
- Maximizing military value while reducing infrastructure footprint, while maintaining an adequate surge capability;

- Maintaining or improving access to care for all beneficiaries, including retirees, using combinations of the Direct Care and TRICARE systems;
- Enhancing jointness, taking full advantage of the commonality in the Services' healthcare delivery, healthcare education and training, and medical/dental research, development and acquisition functions;
- Identifying and maximizing synergies gained from collocation or consolidation opportunities; and
- Examining out-sourcing opportunities that allow DoD to better leverage the large U.S. health care system investments.

The group's final recommendations were based on a review of the entire Military Healthcare System, including the TRICARE program, with a view towards advancing these strategies. To facilitate efforts, the group developed categories of functions for evaluation and organized into subgroups corresponding to these functions. Each subgroup, in turn, developed strategies for evaluating its functions. These strategies were based on the Medical JCSG key focus areas and guided by BRAC selection criteria 1-8.

Analytical Process

The Medical JCSG approach to the BRAC process involved iterative and concurrent actions in close collaboration with the Military Departments and the other Joint Cross Service Groups. The Medical JCSG Principals formed the deliberative body; subgroups generated ideas, proposed overall scope for analyses and brought forth recommendations for consideration. All data collection was conducted and certified in accordance with BRAC process guidance.

The Medical JCSG developed attributes and metrics proposed by subgroups to determine the capacity of all installations for its assigned functions. The metrics were used to develop questions designed to solicit necessary data, which were subsequently issued to all DoD installations in the form of a controlled data call.

The Medical JCSG used the responses from the installations (submitted in the form of certified data) to perform a capacity analysis and review surge requirements. At each step in the process, adequacy and quality of the data was independently validated by the DoD Inspector General.

Once the group acquired capacity information, it conducted a military value assessment of each function at each installation. The group developed military value data call questions from BRAC selection criteria 1-4 to generate data for the quantitative portion of military value which includes both quantitative data, as well as military judgment. Using each installation's responses, the Medical JCSG subgroups identified realignment or closure scenarios that corroborated their strategies and were supported by data. The Medical JCSG believed these scenarios would advance jointness, achieve synergy, capitalize on technology, exploit best practices, and minimize redundancy, while maintaining the fundamental healthcare mission of the DoD. Once scenarios were developed, the remaining selection criteria (criteria 5-8) were assessed, using standard DoD's procedures and/or models.

The Medical JCSG approved 22 candidate recommendations for presentation to the Infrastructure Steering Group (ISG) and Infrastructure Executive Council (IEC). All Medical JCSG decisions were made by vote, and dissenting opinions were entered into the meeting minutes and presented to the ISG/IEC. Review and adjudication by the ISG and IEC resulted in the recommendations.

The recommendations approved by the Secretary of Defense follow:

San Antonio Regional Medical Center, TX

Recommendation: Realign Lackland Air Force Base, TX, by relocating the inpatient medical function of the 59th Medical Wing (Wilford Hall Medical Center) to the Brooke Army Medical Center, Ft Sam Houston, TX, establishing it as the San Antonio Regional Military Medical Center, and converting Wilford Hall Medical Center into an ambulatory care center.

Realign Naval Air Station Great Lakes, IL, Sheppard Air Force Base, TX, Naval Medical Center Portsmouth, Naval Medical Center San Diego, CA, by relocating basic and specialty enlisted medical training to Fort Sam Houston, TX.

Justification: The primary rationale for this recommendation is to transform legacy medical infrastructure into a modernized joint operational medicine platform. This recommendation reduces excess capacity within the San Antonio Multi-Service Market (MSM: two or more facilities co-located geographically with "shared" beneficiary population) while maintaining the level of care for the beneficiaries, enhancing opportunities for provider currency, and maintaining surge capacity. By making use of the design capacity inherent in Brooke Army Medical Center (BAMC), the entire inpatient care produced at WHMC can be relocated into this facility. In terms of military value, while BAMC had a slightly lower quantitative military value score than WHMC, the difference was so small as to not be a meaningful discriminator. Additionally, the small difference is primarily attributable to the efficiency of the Dental Clinic at WHMC, a facility that is excluded from this recommendation. It was the military judgment of the MJCSG that in the context of this recommendation, the condition of the facilities and their average weighted age were the most important elements of the military value of the two locations. In this area, BAMC received a significantly higher score than WHMC. Additionally, it is more cost effective and timely to return BAMC to it's inherent design capacity and convert WHMC to an ambulatory care center, than to do the reverse. BAMC is located in a more centralized location, enabling it to better support the broader population area. WHMC and BAMC support Level 1 Trauma Centers, this capability is

maintained in this recommendation by expanding the BAMC Level 1 Trauma Center to the capacity of both trauma centers. It was therefore the military judgment of the MJCSG that regionalization at BAMC provided the highest overall military value to the Department. Development of a premier Regional Military Medical Center will provide enhanced visibility, as well as, recruiting and retention advantages to the Military Health System. The remaining civilian authorizations and contractors at Wilford Hall Medical Center that represent unnecessary overhead will be eliminated. Military personnel filling similar "overhead positions" are available to be redistributed by the Service to replace civilian and contract medical personnel elsewhere in Military Healthcare System activities of higher military value. While the jobs are lost in the military system the same type of job is available in the community.

This recommendation also co-locates all (except Aerospace Medicine) medical basic and specialty enlisted training at Fort Sam Houston, TX, with the potential of transitioning to a joint training effort. This will result in reduced infrastructure and excess system capacity, while capitalizing on the synergy of the co-location similar training conducted by each of the three Services. In addition, the development of a joint training center will result in standardized training for medical enlisted specialties enhancing interoperability and joint deployability. Co-location of medical enlisted training with related military clinical activities of the San Antonio Regional Medical Center at Brooke Army Medical Center, Fort Sam Houston, TX, provides synergistic opportunities to bring clinical insight into the training environment, real-time. As a result, both the healthcare delivery and training experiences are exponentially enhanced.

Payback: The total estimated one-time cost to the Department of Defense to implement this recommendation is $1,040.9M. The net of all costs and savings to the Department during the implementation period is a cost of $826.7M. Annual recurring savings to the Department after implementation are $129.0M with a payback expected in 10 years. The net present value of the costs and savings to the Department over 20 years is a savings of $476.2M.

Economic Impact on Communities: Assuming no economic recovery, this recommendation could result in a maximum potential reduction of 4,373 jobs (1,926 direct jobs and 2,447 indirect jobs) over the 2006-2011 period in the Lake County-Kenosha County, IL-WI Metropolitan Division, which is 0.88 percent of economic area employment.

Assuming no economic recovery, this recommendation could result in a maximum potential reduction of 3,101 jobs (1,630 direct jobs and 1,471 indirect jobs) over the 2006-2011 period in the San Diego-Carlsbad-San Marcos, CA Metropolitan Statistical Area, which is 0.17 percent of economic area employment.

Assuming no economic recovery, this recommendation could result in a maximum potential reduction of 3,963 jobs (2,378 direct jobs and 1,585 indirect jobs) over the 2006-2011 period in the Wichita Falls, TX Metropolitan Statistical Area, which is 4.26 percent of economic area employment.

Assuming no economic recovery, this recommendation could result in a maximum potential reduction of 1,013 jobs (489 direct jobs and 524 indirect jobs) over the 2006-2011 period in the

Virginia Beach-Norfolk-Newport News, VA Metropolitan Statistical Area, which is 0.1 percent of economic area employment.

The aggregate economic impact of all recommended actions on these economic regions of influence was considered and is at Appendix B of Volume I.

Community Infrastructure Assessment: A review of community attributes indicates no issues regarding the ability of the infrastructure of the communities to support missions, forces, and personnel. Civilian inpatient capacity exists in the area to provide services to the eligible population. There are no known community infrastructure impediments to implementation of all recommendations affecting the installations in this recommendation.

Environmental Impact: This recommendation is expected to impact air quality at Fort Sam Houston. Title V permit, permit modification, and a New Source Review may be required. This recommendation has the potential to impact cultural or historic resources at Fort Sam Houston and Lackland AFB. Additional operations at Fort Sam Houston may further impact federally listed species leading to additional restrictions on training or operations. A hazardous waste program modification may be required at Lackland AFB. Significant mitigation measures to limit releases may be required at Fort Sam Houston to reduce impacts to water quality and achieve US EPA water quality standards. This recommendation has no impact on dredging; land use constraints or sensitive resource areas; marine mammals, resources, or sanctuaries; noise; or wetlands. This recommendation will require spending approximately $1.2M for environmental compliance activities. This cost was included in the payback calculation. This recommendation does not otherwise impact the costs of environmental restoration, waste management, and environmental compliance activities. The aggregate environmental impact of all recommended BRAC actions affecting the bases in this recommendation has been reviewed. There are no known environmental impediments to implementation of this recommendation.