DCN 8870

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS UNITED STATES AIR FORCE
WASHINGTON, DC

August 19, 2005

MEMORANDUM FOR OSD BRAC CLEARINGHOUSE

FROM: AF/SGE
1780 Air Force Pentagon
Washington, DC 20330-1780

SUBJECT: OSD BRAC Clearinghouse Tasker #893

Attached is the Medical Joint Cross Service Group response to the referenced query.

If you have any questions, please contact me at (703) 692-6990 or mark.hamilton@pentagon.af.mil.

Mark A. Hamilton

MARK A. HAMILTON, COL, USAF, BSC
Secretary
Medical Joint Cross Service Group

Attachments:
1. Response to Query

Q. Is the intent of Med – 4 to create a joint medical facility at the Bethesda campus with a joint command? If yes, is that consolidation represented in the Cobra run, or, is the intent that the National Naval Medical Center at Bethesda absorb the tertiary care functions from Walter Reed and that the Navy operate the Walter Reed National Military Medical Center?

A. The intent of MEDCR-0002 is to optimize and leverage the infrastructure platforms within the NCR. The Medical JCSG notes that the DoD currently runs facilities with joint staffing such as at Landsthul Army Medical center within the current command and control paradigms. The Bethesda facility is intented to be jointly staffed to ensure that the very best military providers practice there.

Q. Is the intent of Med – 10 to create a joint medical facility at Fort Sam Houston with a joint command? If yes, is that consolidation represented in the Cobra run?

A. The assumptions used by the Education and Training Joint Cross Service Group for consolidation of organizations (10% manpower savings) was applied in the COBRA run. The Medical JCSG notes that the DoD currently offers joint medical training (USUHS) and operates jointly staffed and consolidated facilities (Landsthul, AFIP, Balad) within our current command and control paradigms. The Medical JCSG determined that the Consolidated Enlisted training at Ft Sam Houston could be implemented without requiring command and control changes implied by a Joint Command.

Q. Unlike the Walter Reed realignment, Wilford Hall will be converted into an ambulatory care center and Brook Army Medical Center and will have the inpatient function—will Wilford Hall have a joint command or will it be managed by the Air Force?

A. In the current plan, Wilford Hall will continue under Air Force management. The Medical JCSG notes that the DoD operates jointly staffed medical failcilites (Landsthul, Balad) within our current command and control paradigms and that no changes on the command and control regime is needed to implement this recommendation.

Q. For the enlisted medical training portion of Med – 10, why weren't the enlisted medical training commands for each of the locations also a part of the recommendation to co-locate at Fort Sam Houston?

A. The intent of the recommendation is to collocate all medical enlisted training to gain the efficiencies of scale and opportunities for enhancing Phase 1 training by closely aligning it with a major medical center in an urbanized area. Ft Sam is the home of the Army's training command and the Air Force's training command is located at Randolph AFB. The Navy, in response to the data call on this scenario did not identify training command assets that needed to be moved as a result of this consolidation of training.

Q. Is it the intent of Med -10 to also move the officer training from each of the affected locations to Fort Sam Houston and the field readiness training at Sheppard AFB to Camp Bullis along with the enlisted medical training? If yes, were those moves included in the Cobra run?

A. The officer training was included in the realignment from Sheppard AFB. The Navy does not conduct medical officer training at Great Lakes NTS. Since the recommendation realigned the majority of the 882nd, the MJCSG determined is was not feasible to retain a portion of this organization at Sheppard to continue the officer course.

The MJCSG asked the Army to identify the requirements for supporting Medical Readiness field training for approximately 3,224 students. The Army did not provide a line item response. The MJCSG assumed the field training site, Camp Bullis, could accommodate this additional throughput within its current 28,000 acre site. We have estimated the cost of recreating the field-training site at Camp Bullis to be $9.9M, which does not change the payback for the recommendation.

Q. Please provide a Cobra run of **consolidating** the basic medical enlisted training at Fort Sam Houston. Do not include the Wilford Hall and Brook Army Medical Center changes.

A. See attached COBRA.

Q. Keesler provides a range of residency programs: where else within the Military Health Care System are those residency programs offered?

A. The residency programs offered at Keesler are also offered at:

General Surgery
NMC Bethesda

Brooke Army Medical Center – Ft Sam Houston

Eisenhower Army Medical Center – Ft Gordon

Madigan Army Medical Center – Ft Lewis

Tripler Army Medical Center

William Beaumont Army Medical Center

Travis AFB

Wright-Patterson AFB

NH San Diego

Internal Medicine
NMC Bethesda

Brooke Army Medical Center – Ft Sam Houston

Eisenhower Army Medical Center – Ft Gordon

Madigan Army Medical Center – Ft Lewis

Tripler Army Medical Center

William Beaumont Army Medical Center

Womack Army Medical Center – Ft Bragg

Travis AFB

Wright-Patterson AFB

NH San Diego

Ob/Gyn
NMC Bethesda

Brooke Army Medical Center – Ft Sam Houston

Madigan Army Medical Center – Ft Lewis

Tripler Army Medical Center

Travis AFB

Wright-Patterson AFB

NH San Diego

Pediatrics
NMC Bethesda

Brooke Army Medical Center – Ft Sam Houston

Eisenhower Army Medical Center – Ft Gordon

Madigan Army Medical Center – Ft Lewis

Tripler Army Medical Center

William Beaumont Army Medical Center

Womack Army Medical Center – Ft Bragg

Travis AFB

Wright-Patterson AFB

NH San Diego

General Thoracic
NMC Bethesda