



DCN: 3751



# BRAC SRG #15

## 12 October 2004

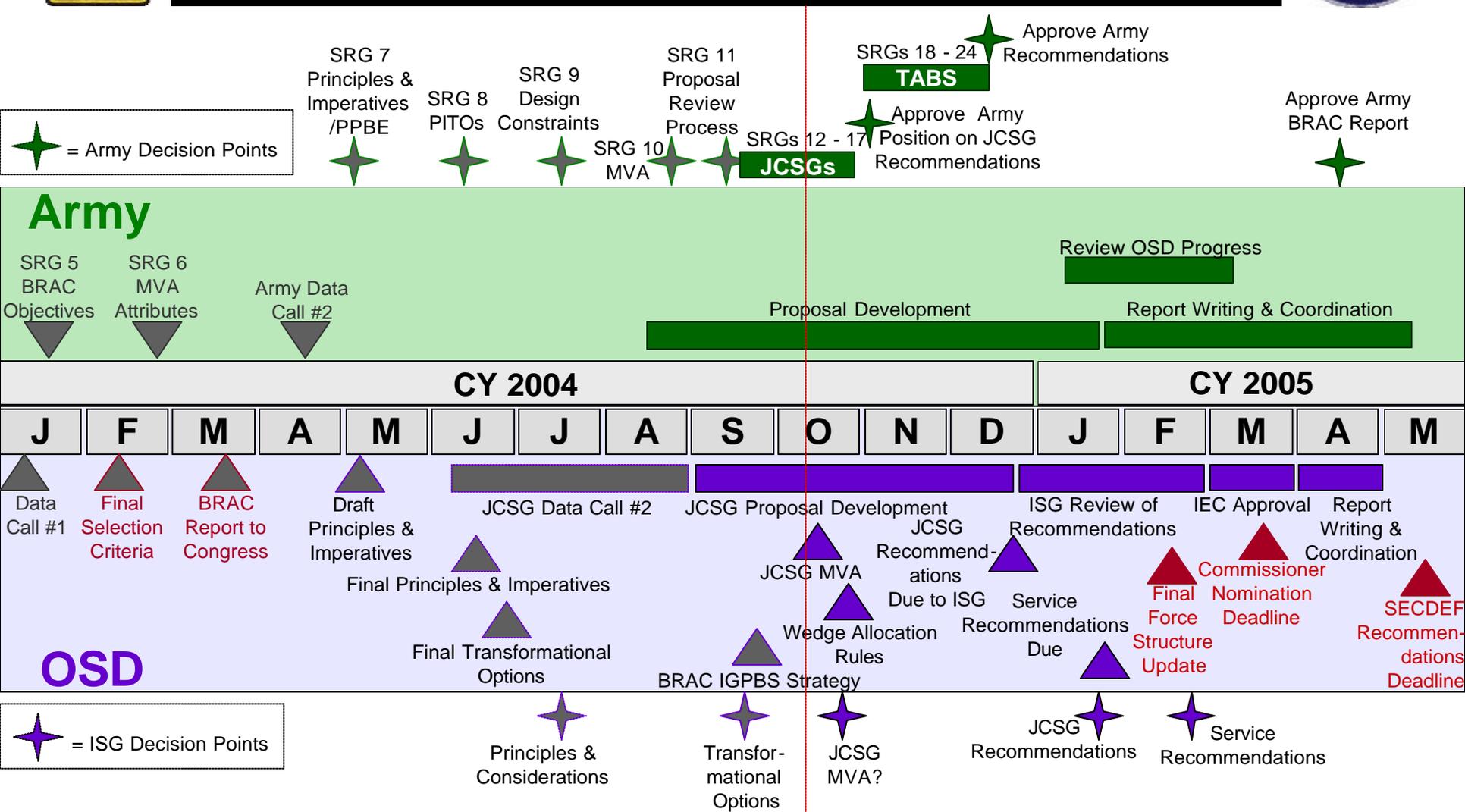


# Purpose & Agenda

- Present for information:
  - Timeline Update
- Present for review:
  - Intelligence JCSG Proposals
  - Medical JCSG Proposals
- Recommendations
- Way Ahead



# BRAC Timeline



*Transforming Through Base Realignment and Closure*



# BRAC SRG Schedule



19 Oct	Integration of JCSG Proposals
26 Oct	Final Integration and Guidance for JCSGs
2 Nov	TABS Reserve Component Proposals
9 Nov	TABS Materiel and Logistics Proposals
16 Nov	TABS Institutional Training Proposals
23 Nov	TABS Operational Army Proposals
30 Nov	Integration of TABS Proposals
7 Dec	Integration of TABS Proposals
14 Dec	Final Approval of Scenarios



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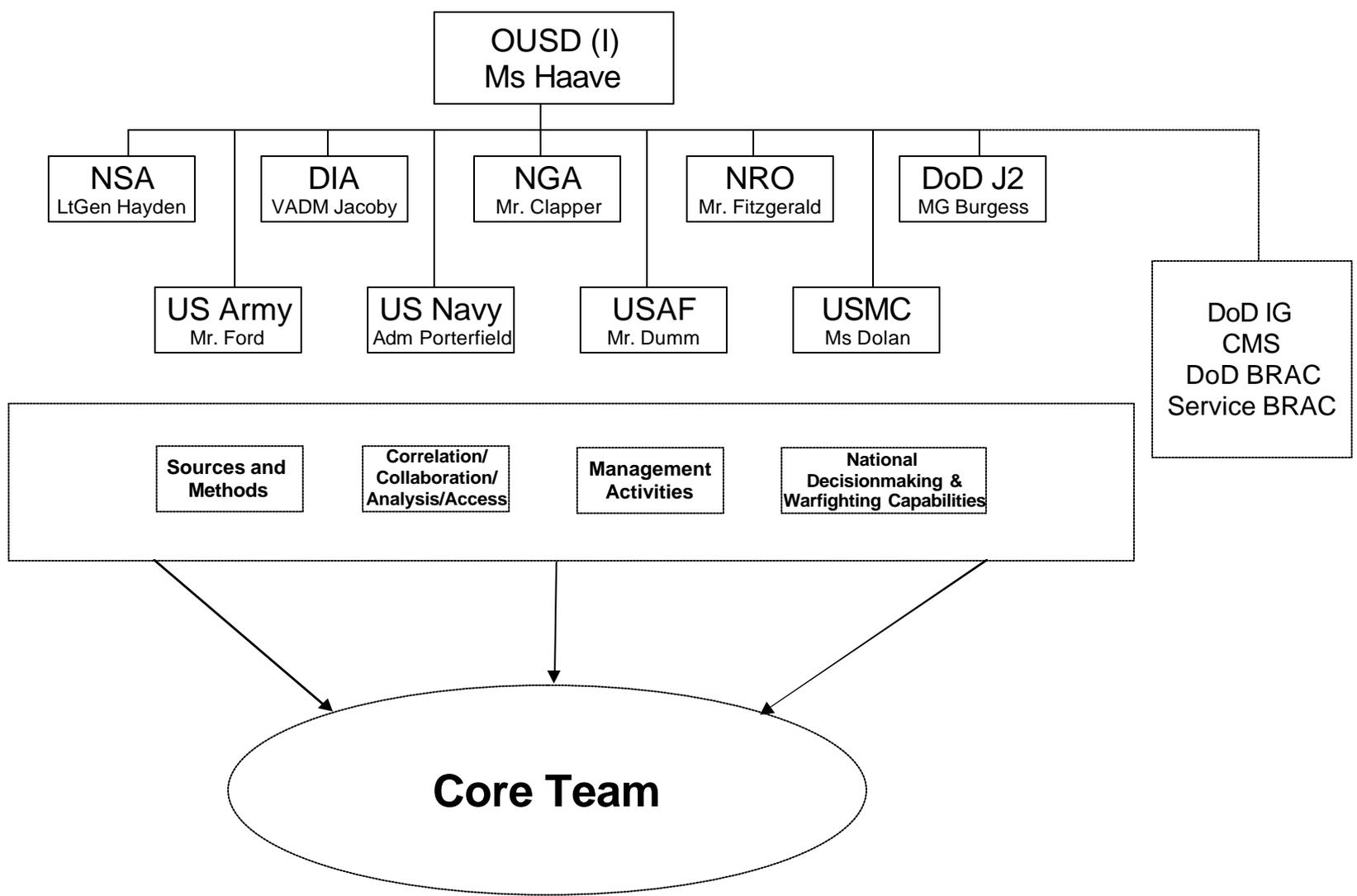
# **Intelligence Joint Cross Service Group (Intelligence JCSG)**

## **External Board**

### **8 October 2004**



# Intelligence JCSG Organizational Structure



Subgroups



# Intelligence JCSG Process

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Intelligence JCSG established based on May 03 request by Dr. Cambone, USD(I)

- JCSGs Established: Dec 02      **Jul 03**
- Capacity Data Call: Jan 04      **Mar 04**
- MV Data Call: May 04      **Aug 04**
- JCSG Scenario  
Recommendations: Dec 04      **Dec 04**

**Intelligence JCSG dates in BLUE**



# Intelligence JCSG Principle

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The Department needs intelligence capabilities to support the National Military Strategy by delivering predictive analysis, warning of impending crises, providing persistent surveillance of our most critical targets, and achieving horizontal integration of networks and databases

**Approved by DepSecDef, 3 Sep 04 (IEC)**



# Intelligence JCSG Process

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## Security Concerns

- Operating outside the standard BRAC framework
- Following all the BRAC rules
- Analyzing all organizations, including SAPs

## Army Process

- Focus on the national/strategic level of intelligence activities
- Capacity and Military Value questions to INSCOM, AMC, SMDC, USASOC



# Intelligence JCSG Summary

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## Analytical Framework

- **COOP and Mission Assurance**
- **Information Flow and Mission Synergy**
- **Facility Condition/Vulnerability/Security**
- **Education & Training**
- **Joint Regional Intelligence Centers (JRIC)**
- **Central Adjudication Facility (CAF)**

## Three Declared Scenarios

## Several Ideas/Scenarios in Development



# Facility Condition/Vulnerability/Security Intelligence JCSG Scenario AF1-001

## Scenario

**Consolidate NGA NCR functions, personnel, equipment into a new facility at Ft Belvoir, VA Engineer Proving Grounds (EPG)**

- Close NGA facilities at Reston, Newington, Dulles VA; Bethesda, MD (Sumner and Delaclaria sites); Ft Belvoir, VA (NGA College); and Washington Navy Yard, DC (Bldg 213)
- Realign NGA activities, NRO facility, Westfields, VA
- Relocate and consolidate all NGA functions, personnel and equipment associated with the two above functions to a new facility at Ft Belvoir, EPG

## Drivers/Assumptions

- **Principle:** Reference approved DoD Intelligence Principle
- **Transformational Option:** Minimize leased space across the US and movement of organizations residing in leased space to DoD-owned spaces
- **Analytical Framework:** Facility Condition/Vulnerability/Security
- **Other:** Outdated/un-maintainable facilities; reference CMS study of US intelligence facilities

## Justification/Impact

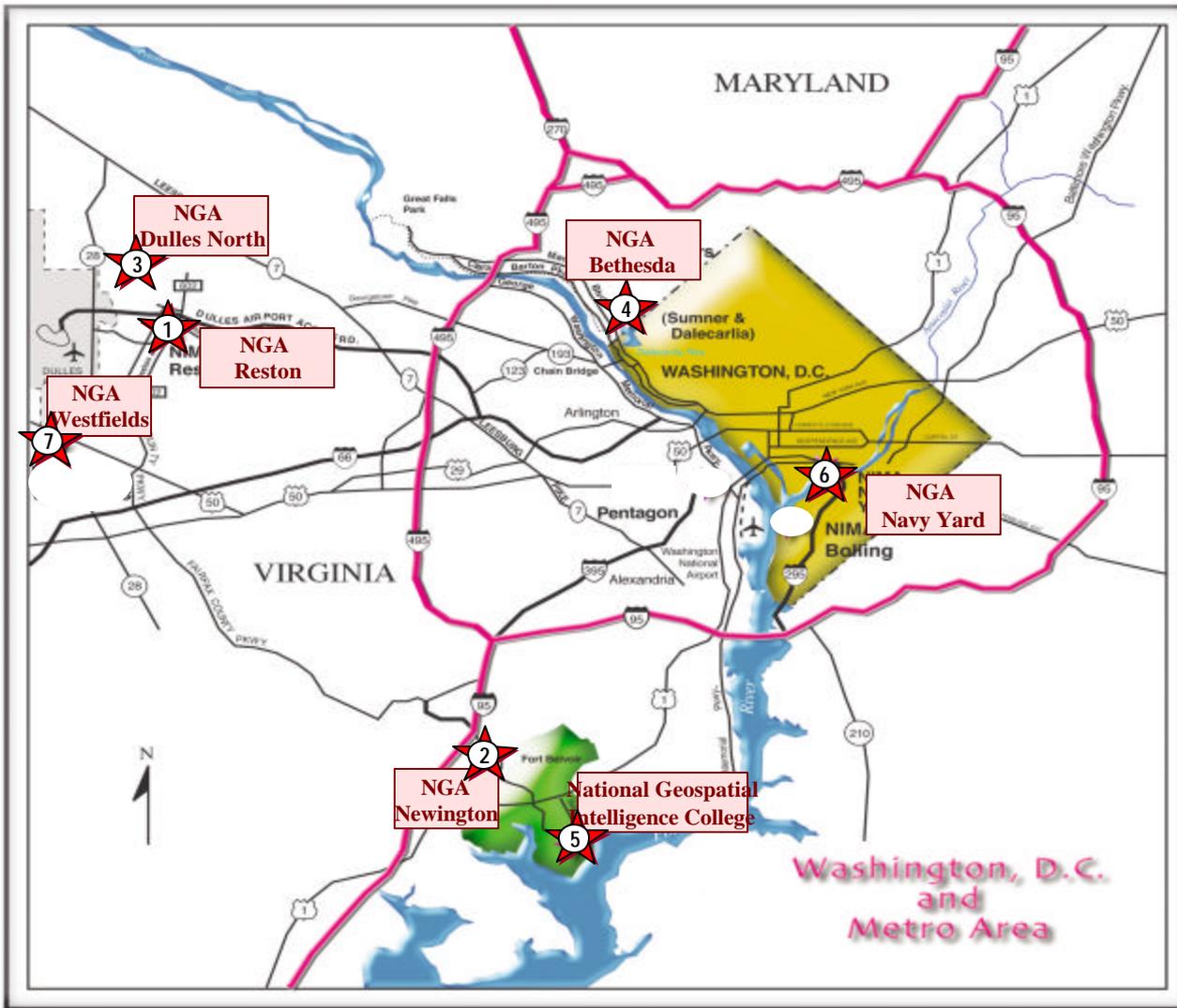
- Relocate activities within existing facilities in close proximity of each other or build new facilities to better enable mission performance
- Reduce O&M costs associated with decrepit or inefficient infrastructure; potential to improve ROI
- Enable enhanced productivity of the workforce; increase recruitment/retention
- Enhance force protection by consolidating on a military installation

## Potential Conflicts

- Army and other JCSG actions



# Intelligence JCSG Scenario AF1-001





# Facility Condition/Vulnerability/Security Intelligence JCSG Scenario AF1-002

## Scenario

**Consolidate NGA NCR functions, personnel, equipment into a new facility at Ft Belvoir, VA North Post**

- Close NGA facilities at Reston, Newington, Dulles VA; Bethesda, MD (Sumner and Delaclaría sites); Ft Belvoir, VA (NGA College); and Washington Navy Yard, DC (Bldg 213)
- Realign NGA activities, NRO facility, Westfields, VA
- Relocate and consolidate all NGA functions, personnel and equipment associated with the two above functions to a new facility at Ft Belvoir, North Post

## Drivers/Assumptions

- **Principle:** Reference approved DoD Intelligence Principle
- **Transformational Option:** Minimize leased space across the US and movement of organizations residing in leased space to DoD-owned spaces
- **Analytical Framework:** Facility Condition/Vulnerability/Security
- **Other:** Outdated/un-maintainable facilities; reference CMS study of US intelligence facilities

## Justification/Impact

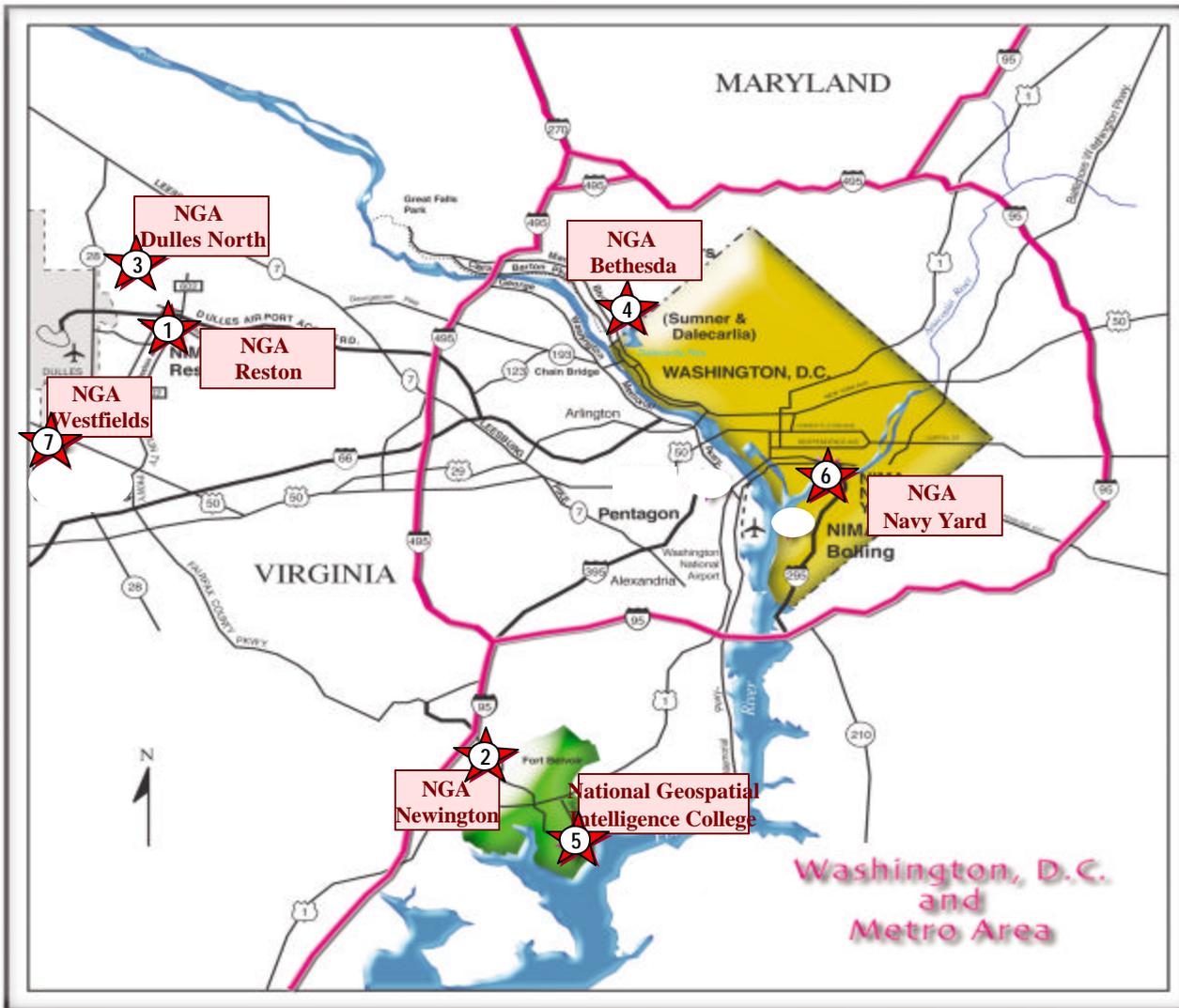
- Relocate activities within existing facilities in close proximity of each other or build new facilities to better enable mission performance
- Reduce O&M costs associated with decrepit or inefficient infrastructure; potential to improve ROI
- Enable enhanced productivity of the workforce; increase recruitment/retention
- Enhance force protection by consolidating on a military installation

## Potential Conflicts

- Army and other JCSG actions



# Intelligence JCSG Scenario AF1-002



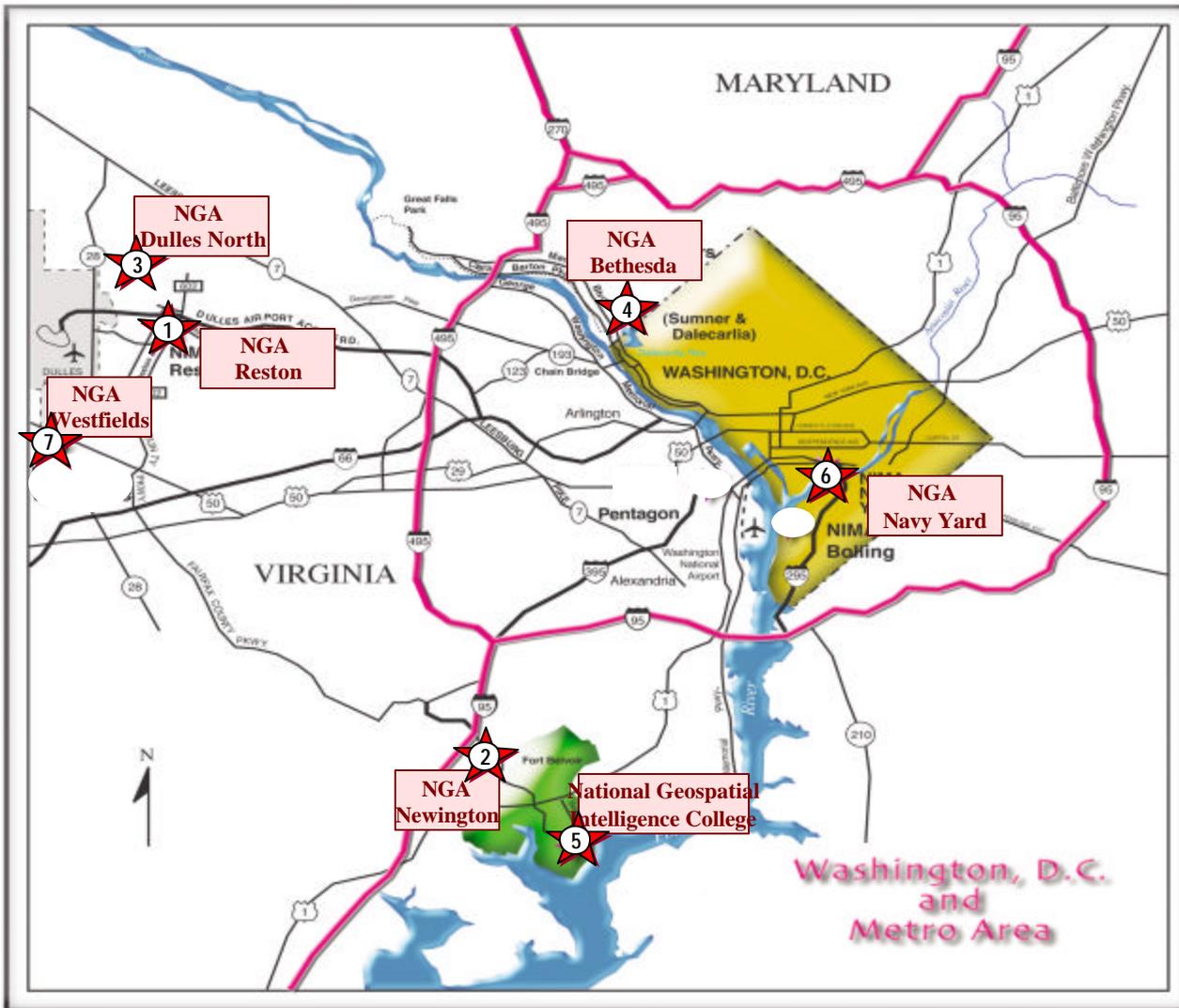


# Facility Condition/Vulnerability/Security Intelligence JCSG Scenario AF1-003

Scenario	Drivers/Assumptions
<p><b>Consolidate NGA NCR functions, personnel, equipment in land/facility to be purchased at Chantilly/Westfields, VA</b></p> <ul style="list-style-type: none"><li>■ Close NGA facilities at Reston, Newington, Dulles VA; Bethesda, MD (Sumner and Delaclaria sites); Ft Belvoir, VA (NGA College) and Washington Navy Yard, DC (Bldg 213)</li><li>■ Realign NGA activities, NRO facility, Westfields, VA</li><li>■ Relocate &amp; consolidate all NGA functions, personnel &amp; equipment associated with above functions in land/facility to be purchases at Chantilly/Westfields, VA</li></ul>	<ul style="list-style-type: none"><li>■ <b>Principle:</b> Reference approved DoD Intelligence Principle</li><li>■ <b>Transformational Option:</b> Minimize leased space across the US and movement of organizations residing in leased space to DoD-owned spaces</li><li>■ <b>Analytical Framework:</b> Facility Condition/Vulnerability/Security</li><li>■ <b>Other:</b> Outdated/un-maintainable facilities; reference CMS study of US intelligence facilities</li></ul>
<p><b>Justification/Impact</b></p> <ul style="list-style-type: none"><li>■ Relocate activities within existing facilities in close proximity of each other or build new facilities to better enable mission performance</li><li>■ Reduce O&amp;M costs associated with decrepit or inefficient infrastructure; potential to improve ROI</li><li>■ Enable enhanced productivity of the workforce; increase recruitment/retention</li><li>■ Reduce vulnerability</li></ul>	<p><b>Potential Conflicts</b></p> <ul style="list-style-type: none"><li>■ None</li></ul>

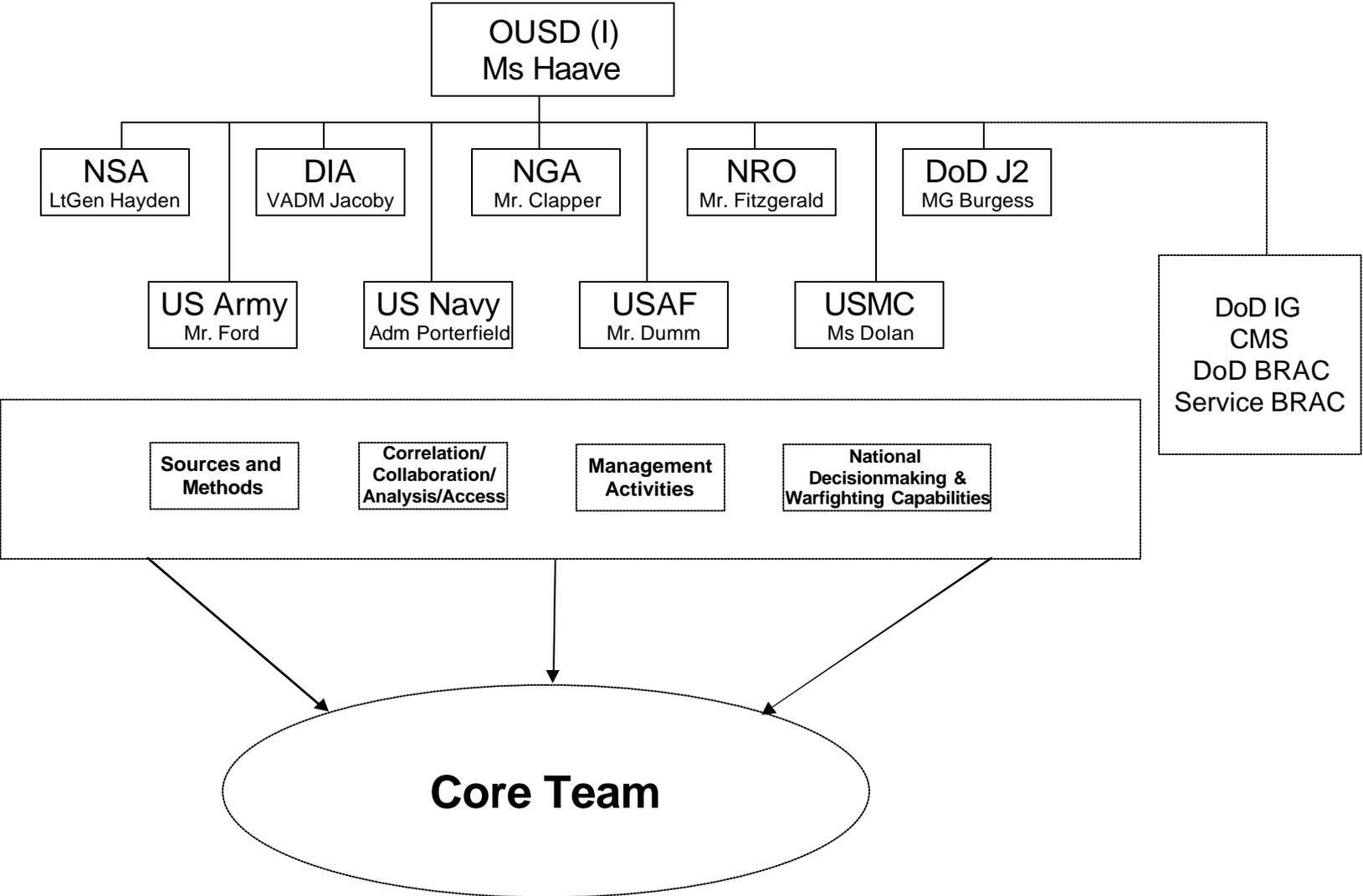


# Intelligence JCSG Scenario AF1-003



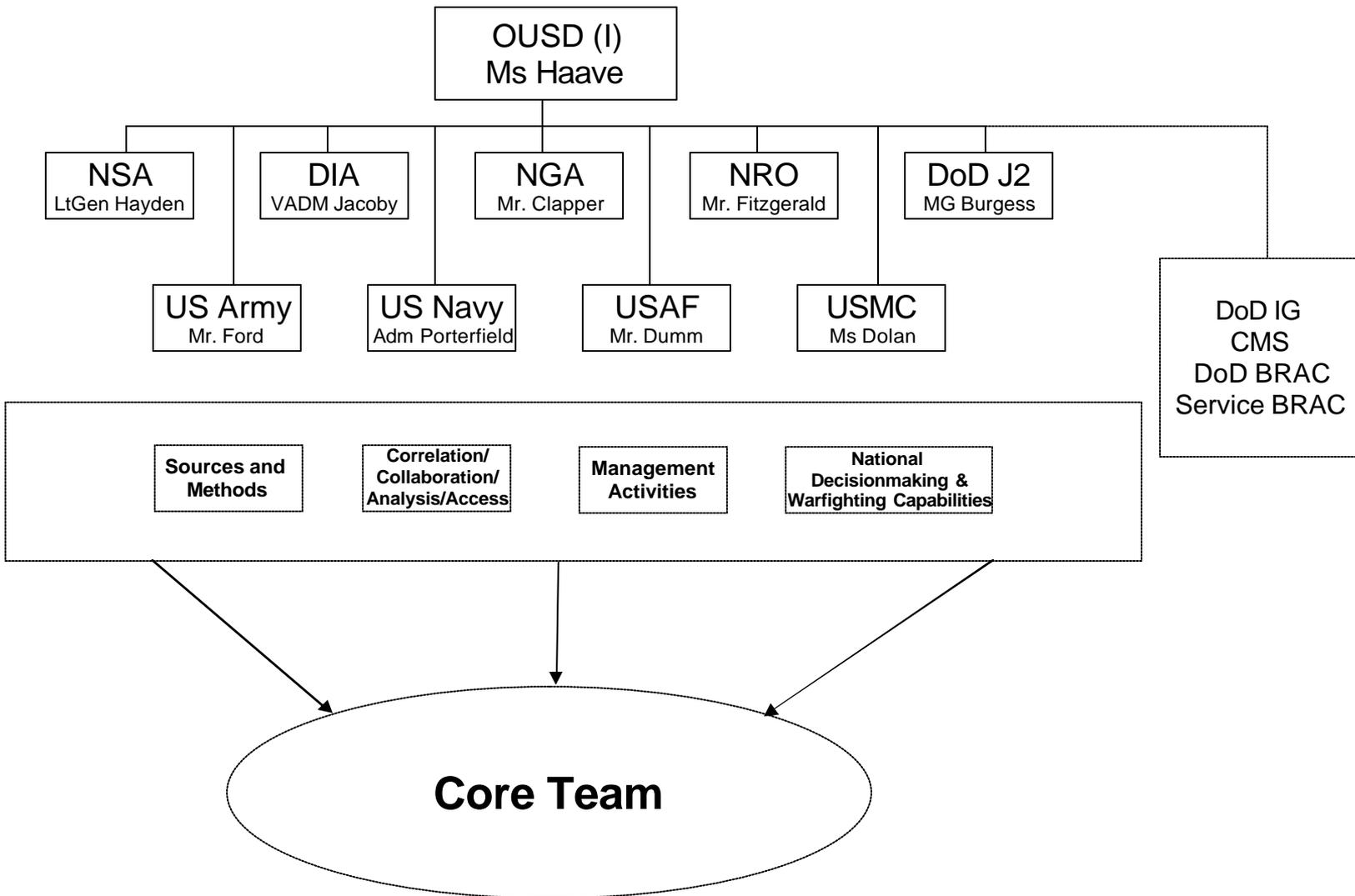


# Intelligence JCSG Organizational Structure



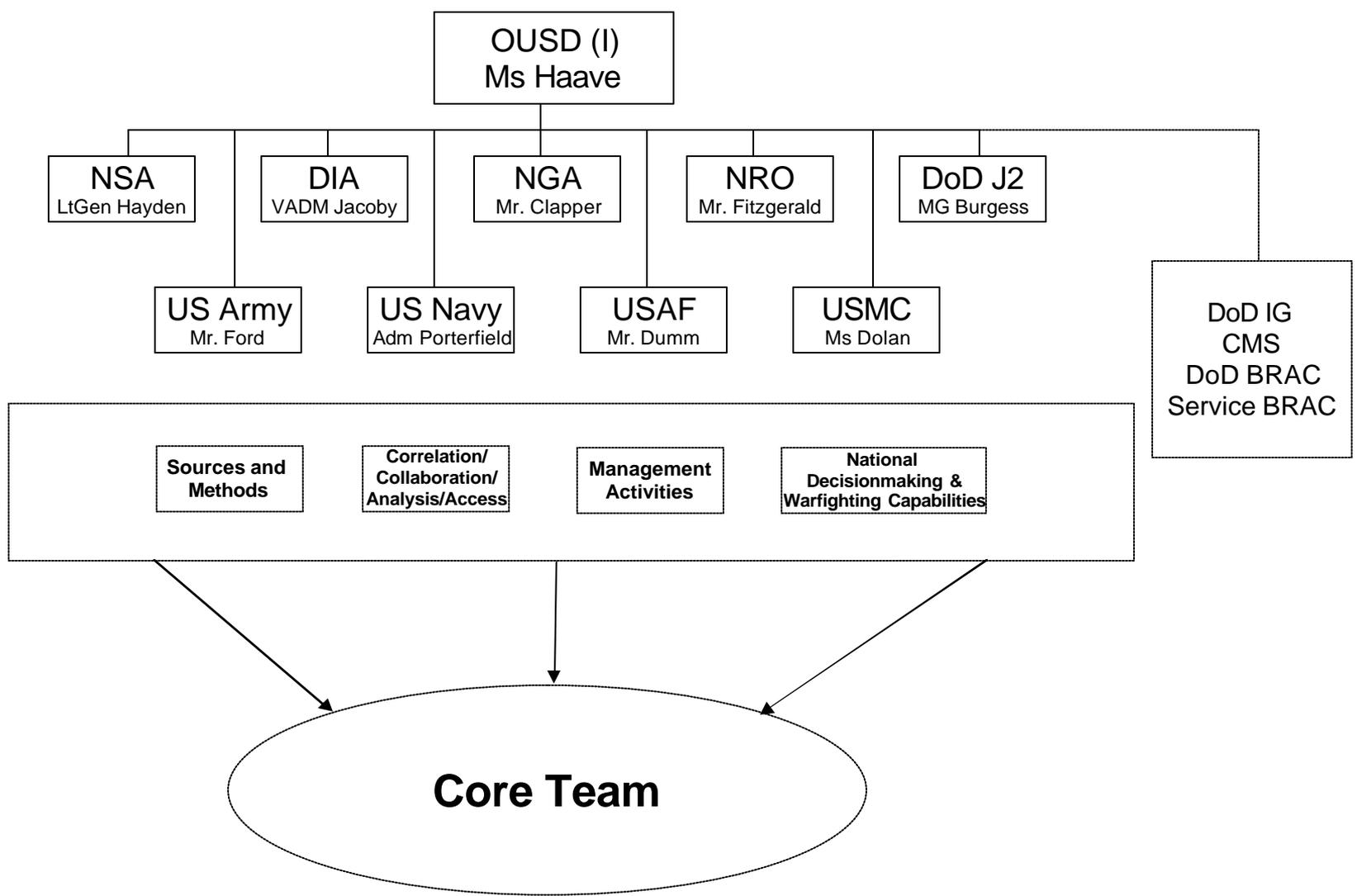


# Intelligence JCSG Organizational Structure





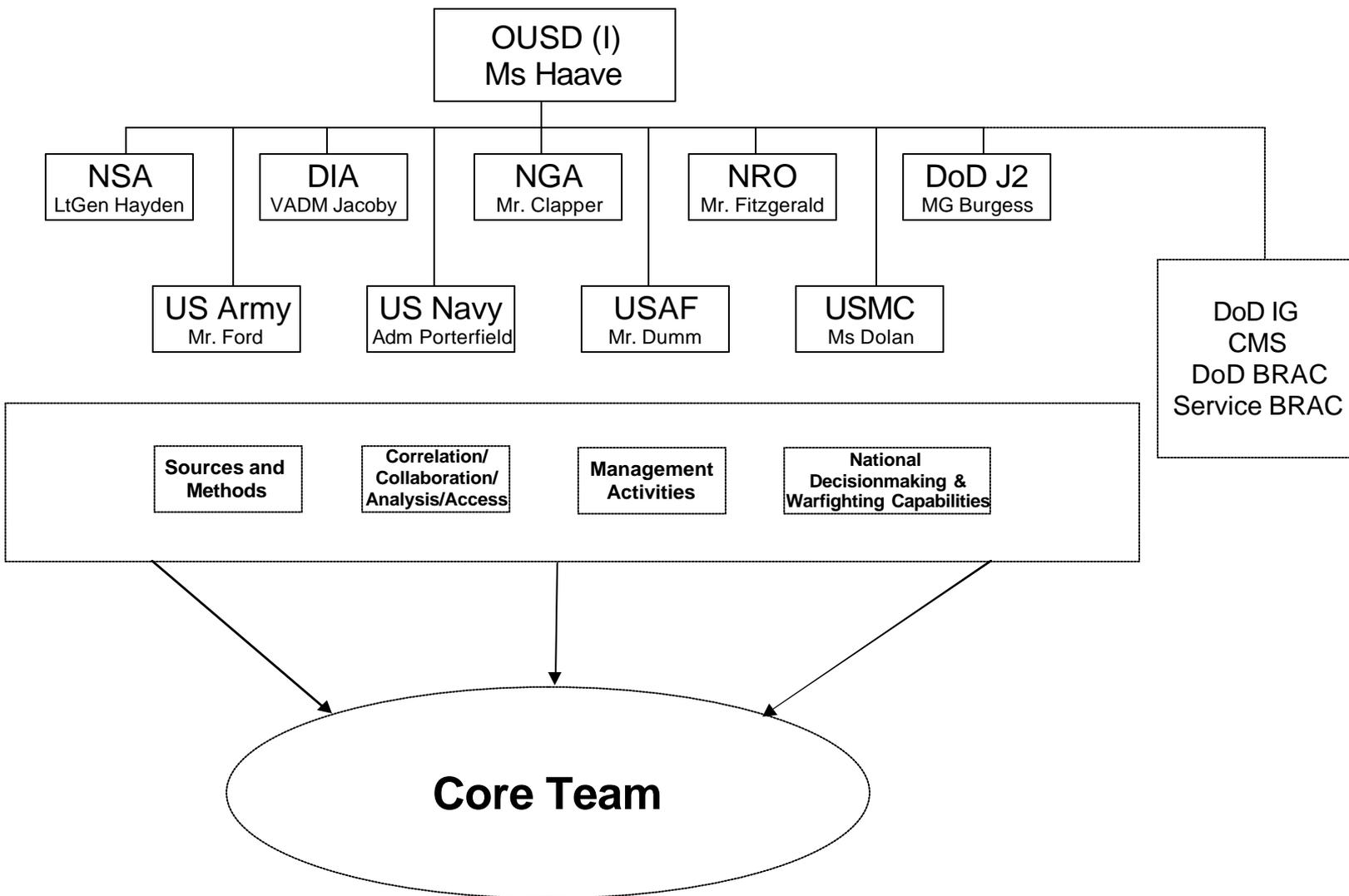
# Intelligence JCSG Organizational Structure



Subgroups



# Intelligence JCSG Organizational Structure





# COOP and Mission Assurance

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- Establish a Data Storage & Processing Load Sharing Facility – NSA
  - Enables a distributed, resilient US Cryptologic enterprise
  - Eliminates a single point of failure
  - Final locations have not been determined
- Realign GWOT resources to NMIC – Navy (GDIP)
  - Intelligence Coordination Center (ICC) – Coast Guard & Navy
- Realign resources to JICPAC Facility (Analyst plus up and intrastate upgrades – TBD funding lines) – Navy (GDIP)
- Mid-west SIGINT Locale – NRO/NSA



# Information Flow and Mission Synergy

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- Consolidate RSOC & SIGINT Ground ISR Assets  
NSA
  - Current initiative is not fully funded
  - Consolidates linguistic and analytic talent
  - Serves as a first step towards a truly Joint and integrated intelligence force
- Realign/Collocate/Establish all source SIGINT, IMINT, and MASINT analysts at selected JICs to support regional and functional AORs



# Education & Training

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- Consolidate management and oversight of training function to establish standards
  - Single “Chancellor” for Defense intelligence training
- Consolidate Service Cryptologic Training
  - Education and Training JCSG is reviewing basic intelligence training



# Facility Condition/Vulnerability/Security

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- Category 3 Facilities

## List of 72 facilities scrubbed

- 37 facilities have validated dispositions
- 35 facilities are non-critical storage supply and maintenance facilities
- No additional proposals at this time – pending Military Value data



# Intelligence JCSG - Army Interest Items

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- Realign/Relocate missions in substandard/leased facilities within INSCOM
  - Fort Gordon
  - Aberdeen Proving Grounds
  - Fort Meade/HQ INSCOM
- Upgrade/Enhance JRIC facilities creating COOP sites
  - Fort Leavenworth
  - Fort Sheridan
- Training
  - Consolidate Service Cryptologic training at Fort Huachuca



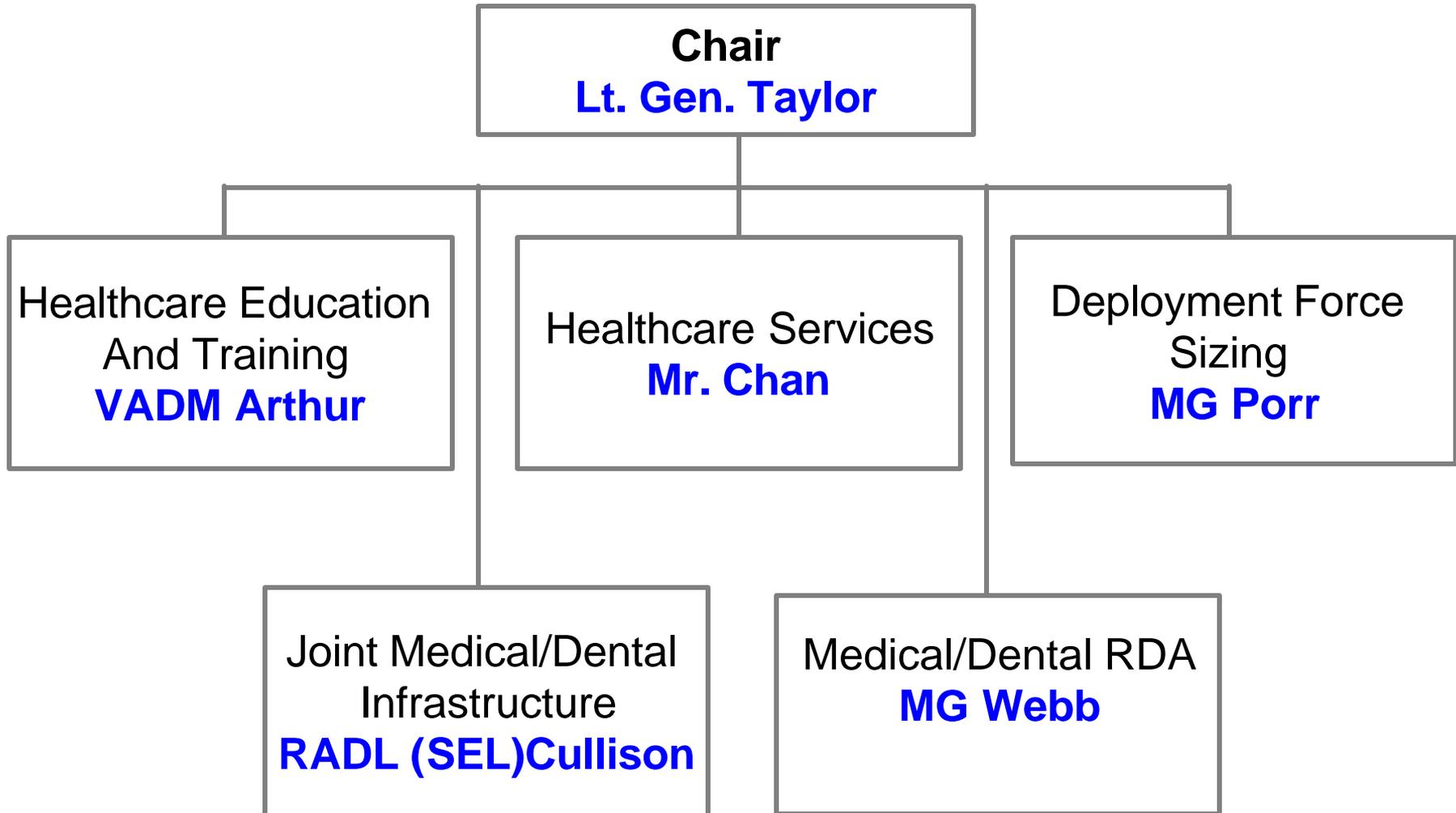
# Medical JCSG Scenario Proposals

External Board

8 October 2004



# Organization of the MJCSG





# Overview



- Scenario Strategy
- Ideas/Proposed Scenarios
- Quad Chart
  - Scenario
  - Drivers/Assumptions
  - Justification/Impact
  - Potential Conflicts



# Scenario Strategy

## Health Care Services



- Match requirement to keep providers “current” for the readiness mission with population surrounding facility



# Ideas

## Health Care Services



- Minimum “Open Door” Policy: Average Daily Patient Load of 10
- Examine Organization of Facilities within designated Multi-Service Markets (MSMs)
  - NCR, Tidewater, San Antonio, Puget Sound, Ft Bragg, Hawaii, Charleston, Ft Jackson, Colorado Springs, Alaska
    - Taken off: Keesler, San Diego
- Maintain Primary Care for AD and ADFMs for populations above a minimum level
- Reassess and/or Establish Civilian/VA Partnerships in select locations
  - NCR, Eglin, Charleston, Beaufort, Ft Sill, Sheppard, Ft Jackson, Nellis, MacDill, Great Lakes, Luke, Ft Polk, West Point, Ft Rucker, Tripler, Kirtland



# TRICARE Regions With MTFs



## Transforming Through Base Realignment and Closure



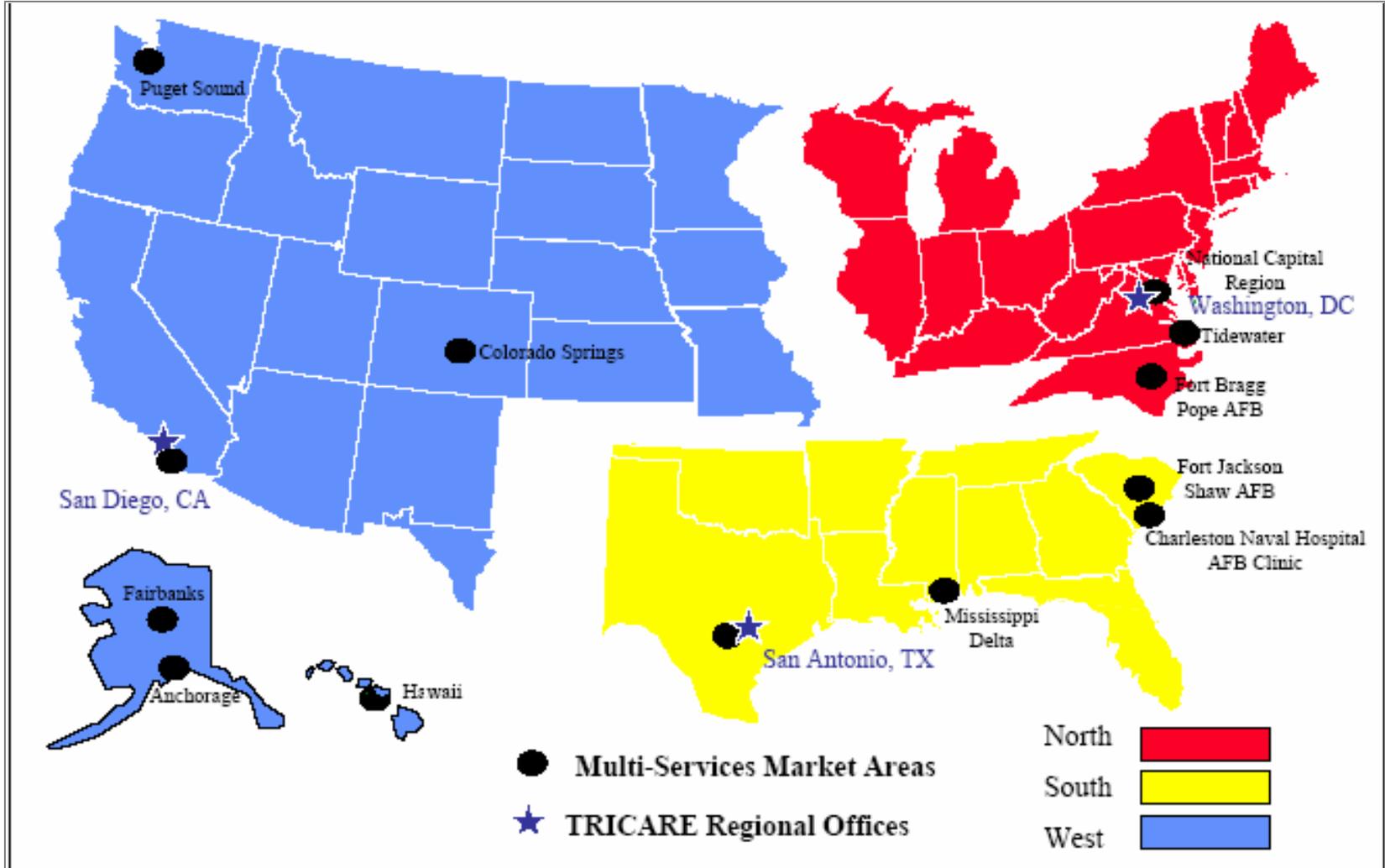
# Med HCS-1: Minimum Daily Patient Load



<h2>Scenario</h2>	<h2>Drivers/Assumptions</h2>
<ul style="list-style-type: none"><li>• Close inpatient capabilities in non-isolated facilities with population below that needed to sustain an average bed occupancy of 10 patients/day</li></ul> <p>Army MTFs : Ft Eustis and West Point</p>	<ul style="list-style-type: none"><li>• Principles: Organize</li><li>• Other: Match providers with population</li><li>• Other: Demonstrated inefficiency of running small hospitals in civilian world</li></ul>
<h2>Justification/Impact</h2>	<h2>Potential Conflicts</h2>
<ul style="list-style-type: none"><li>• Reduces infrastructure</li><li>• Improves efficiency</li><li>• Focuses provider currency opportunities</li></ul>	<ul style="list-style-type: none"><li>• Service population expectations for access to health care</li><li>• Civilian ability to absorb patient load</li><li>• Recommendations from other JCSGs</li></ul>



# Multi-Service Market Areas



*Transforming Through Base Realignment and Closure*



# Med HCS-2: Reorganize Facilities within Multi-Service Markets



<h2>Scenario</h2> <ul style="list-style-type: none"><li>• Close/Consolidate/Move facilities within Multi-Service Market Areas</li><li>• NCR, Tidewater, San Antonio, Puget Sound, Ft Bragg/Pope, Hawaii, Charleston, Ft Jackson/Shaw, Colorado Springs (Academy, Peterson AFB, Ft Carson)</li></ul>	<h2>Drivers/Assumptions</h2> <ul style="list-style-type: none"><li>• Principles: Organize, Quality of Life</li></ul>
<h2>Justification/Impact</h2> <ul style="list-style-type: none"><li>• Reduces infrastructure</li><li>• Improves efficiency</li><li>• Focuses provider opportunities to practice</li><li>• Achieves economies of scale</li><li>• Moves healthcare with population</li></ul>	<h2>Potential Conflicts</h2> <ul style="list-style-type: none"><li>• Service population expectations for access to health care</li><li>• Civilian capacity to absorb patient load</li><li>• Need to reassign Service ownership of medical facilities</li></ul>



# Med HCS-3: Maintain Primary Care for AD and ADFM



<p style="text-align: center;"><b>Scenario</b></p> <ul style="list-style-type: none"><li>• Maintain Primary Care clinic at any location whose AD and ADFM population generates at least 7,950 RVUs ( Primary Care standard work units)</li><li>• Run excursions at 2 and 3 times this floor</li></ul>	<p style="text-align: center;"><b>Drivers/Assumptions</b></p> <ul style="list-style-type: none"><li>• Principles: Organize, Quality of Life</li></ul>
<p style="text-align: center;"><b>Justification/Impact</b></p> <ul style="list-style-type: none"><li>• Reduces infrastructure</li><li>• Ensures adequate clinical workload to maintain professional skills</li></ul>	<p style="text-align: center;"><b>Potential Conflicts</b></p> <ul style="list-style-type: none"><li>• Service population expectations for access to health care</li><li>• Civilian capacity to absorb patient load</li></ul>



# Med HCS-4: Establish Civilian Partnerships



<p style="text-align: center;"><b>Scenario</b></p> <ul style="list-style-type: none"><li>• Close military inpatient and specialty care services where opportunities exist for military providers to treat beneficiaries in federal/civilian hospitals</li><li>• Army activities/locations: NCR, Ft Sill, Ft Jackson, Ft Polk, West Point, Ft Rucker, and Tripler</li></ul>	<p style="text-align: center;"><b>Drivers/Assumptions</b></p> <ul style="list-style-type: none"><li>• Principles: Organize</li></ul>
<p style="text-align: center;"><b>Justification/Impact</b></p> <ul style="list-style-type: none"><li>• Reduces infrastructure</li><li>• Improves efficiency</li><li>• Improved opportunities for providers to maintain skills</li></ul>	<p style="text-align: center;"><b>Potential Conflicts</b></p> <ul style="list-style-type: none"><li>• Service population expectations for access to health care</li><li>• Military leadership expectations for safety and control over health care</li><li>• Dependency on civilian/VA facilities for military medical “training ranges”</li></ul>



# Scenario Strategy Education & Training



- Collocate and/or Consolidate Medical Education and Training to achieve efficiencies IAW Military Value and reported capacity



# Ideas

## Education & Training



- Consolidate Initial Enlisted Med Tech Training
- Consolidate Enlisted Specialty Training
  - e.g. Pharmacy Tech, Lab Tech, Surgery Tech
- Consolidate Aerospace Medical Training
  - Flight Medicine, Occupational Med, Preventative Med
- Consolidate Graduate Education
  - e.g. Interns and Residents



# Med E&T-1: Initial Medical Enlisted Med Tech Training Consolidation



<h2>Scenario</h2>	<h2>Drivers/Assumptions</h2>
<ul style="list-style-type: none"><li>• Consolidate Initial Medical Enlisted Training conducted at Sheppard AFB, Fort Sam Houston, and Hospital Corps School at Great Lakes; realign to one training location<ul style="list-style-type: none"><li>▪ Move all to Ft Sam Houston</li><li>▪ Move all to other location</li></ul></li></ul>	<ul style="list-style-type: none"><li>• Principles: Organize</li><li>• Transformational Options: Develop joint enlisted initial medical training.</li><li>• Other: Reduce average infrastructure age and locations.</li></ul>
<h2>Justification/Impact</h2>	<h2>Potential Conflicts</h2>
<ul style="list-style-type: none"><li>• Reduces infrastructure</li><li>• Develops joint training site, making joint utilization of personnel more feasible</li><li>• Reduces average age and location of training infrastructure</li></ul>	<ul style="list-style-type: none"><li>• Accommodate Service specific training requirements</li><li>• Scope of practice and utilization differs between services</li><li>• Enlisted programs are not equivalent in training content</li><li>• Deconflict with E&amp;T JCSG on location</li></ul>



# Med E&T- 2: Medical Enlisted Specialty Training Consolidation



<h2>Scenario</h2>	<h2>Drivers/Assumptions</h2>
<ul style="list-style-type: none"><li>• Redistribute medical enlisted specialty training programs to reduce number of locations. Multiple locations.<ul style="list-style-type: none"><li>▪ Move to Ft Sam Houston</li><li>▪ Move to other location(s)</li></ul></li></ul>	<ul style="list-style-type: none"><li>• Principles: Organize</li><li>• Transformational Options: Develop joint enlisted specialty medical training.</li><li>• Other: Reduce number of infrastructure locations.</li></ul>
<h2>Justification/Impact</h2> <ul style="list-style-type: none"><li>• Reduces infrastructure</li><li>• Develops joint specialty training, making joint utilization of personnel more feasible</li><li>• Reduces number of training locations and infrastructure</li></ul>	<h2>Potential Conflicts</h2> <ul style="list-style-type: none"><li>• Accommodate Service specific training requirements</li><li>• Scope of practice and utilization differs between services</li><li>• Enlisted programs are not equivalent</li><li>• Deconflict with E&amp;T JCSG on location(s)</li></ul>



# Med E&T- 3: Initial Aerospace Medical Training Consolidation



<h2>Scenario</h2>	<h2>Drivers/Assumptions</h2>
<ul style="list-style-type: none"><li>• Consolidate Initial Aerospace Medical Training<ul style="list-style-type: none"><li>▪ Move to Ft Rucker</li><li>▪ Move to Brooks City Base</li><li>▪ Move to Pensacola NAS</li><li>▪ Move to S&amp;T Center (e.g., Wright Patterson AFB)</li></ul></li></ul>	<ul style="list-style-type: none"><li>• Principles: Organize</li><li>• Transformational Options: Develop joint flight initial medical training.</li><li>• Other: Reduce infrastructure locations.</li></ul>
<h2>Justification/Impact</h2>	<h2>Potential Conflicts</h2>
<ul style="list-style-type: none"><li>• Reduces infrastructure</li><li>• Develops joint training making joint utilization of personnel more feasible and reducing redundancy</li></ul>	<ul style="list-style-type: none"><li>• Accommodate Service specific training requirements</li><li>• Scope of practice and utilization differs between services</li><li>• Service aerospace medical programs (flight medicine, occ med, public health, and aerospace phys) are not equivalent</li></ul>



# Med E&T-4: Medical Graduate Training Consolidation



<h2>Scenario</h2>	<h2>Drivers/Assumptions</h2>
<ul style="list-style-type: none"><li>• Realign and consolidate medical graduate training into minimum number of facilities</li><li>• Army/Navy absorb AF Graduate Medical Education</li><li>• Align capability to facilities best able to support patient load requirements</li></ul>	<ul style="list-style-type: none"><li>• Principles: Organize</li><li>• Transformational Options: Develop joint graduate training.</li><li>• Other: Reduce locations where graduate education is conducted. Eliminate or utilize civilian programs as indicated.</li></ul>
<h2>Justification/Impact</h2>	<h2>Potential Conflicts</h2>
<ul style="list-style-type: none"><li>• Reduces infrastructure</li><li>• Develops joint training</li><li>• Reduces location and redundancy of training infrastructure</li></ul>	<ul style="list-style-type: none"><li>• Military culture: how much civilian training acceptable?</li><li>• Creating new graduate programs is not within DoD control: certification requirements</li><li>• Sustaining academic pathways for all Services among joint programs</li></ul>



# Strategy

## Medical-Dental RDA



- Relocate and consolidate DoD Medical-Dental Research, Development and Acquisition resources to a minimum number of geographic sites while retaining essential RDA capabilities.



# Ideas

## Medical-Dental RDA



- Minimize Capacity within existing facilities
- Reduce number of sites by establishing centers of excellence
  - Constrained to current sites
- Reduce numbers of sites by establishing centers of excellence
  - Proposed new sites



# Med RDA – 1: Minimize Capacity Within Existing Facilities



## Scenario

- Realign/Consolidate each capability domain/or selected groups of domains to reduce excess capacity.
- Potential Realignment Donors and Receivers (by Capability Domain): all sites
- Most Likely Site Closures: Great Lakes, Groton, Pensacola
- Most Likely Retained Sites: Aberdeen PG, Ft. Detrick, Silver Spring (WRAIR/NMRC), Bethesda

## Drivers/Assumptions

- Redistribution of workload within a capability domain will not break unity of core competencies.

## Justification/Impact

- Great Lakes, Pensacola and Groton are sites that appear to be inefficient within their respective capability domains
- Aberdeen PG, Ft. Detrick, Silver Spring (WRAIR/NMRC), Bethesda are sites with unique special features that are not feasible to relocate (e.g.; reactors, chemical and biological agent containment)
- Dependent on the outcomes of the Optimization Model and further data analysis

## Potential Conflicts

- Workload within a capability domain/group of domains may only be moved to sites that already perform work within the same domain/group of domains.



# Med RDA – 2: Establish Centers of Excellence – At Current Sites



## Scenario

- Collocate/consolidate all capability domains/group of domains into Centers of Excellence at existing sites.
- Potential Realignment Donors and Realignment Receivers (by Capability Domain): all sites
- Most Likely Site Closures: Great Lakes, Groton, Pensacola
- Most Likely Retained/Expanded Sites: Detrick, APG, Silver Spring (WRAIR/NMRC), Bethesda, Ft. Sam; plus Brooks CB, San Diego, Natick, and/or Wright-Pat

## Drivers/Assumptions

- Collocation is the method to achieve efficiencies.
- Current sites can expand to meet required capacity for the capability domain(s) that will be located there.

## Justification/Impact

- Maximum of 7 Centers will be developed
- Allow expansion existing sites up to maximum required for a capability domain
- Allow for a reduction in capacity requirement due to efficiencies realized with collocation.
- Dependent on the outcomes of the Optimization Model and further data analysis.

## Potential Conflicts

- Workload within a capability domain/group of domains may only be moved to sites that already perform work within the same domain/group of domains.
- Military operational medicine research requires unique geographic and climatic features
- Combat casualty care research requires collocation with a military trauma center.



# Med RDA – 3: Establish Centers of Excellence – Possible New Site



## Scenario

- Collocate/consolidate all capability domains/group of domains into Centers of Excellence considering both existing and one new site.
- Most likely new sites to be explored for a new research facility are the Tidewater VA and Seattle, Washington areas.
- Most likely Retained/Expanded Sites:  
Detrick, APG, Silver Spring(WRAIR/NMRC),  
Bethesda,Ft. Sam plus Brooks CB,San Diego, Natick,  
Wright-Pat and/or a new site

## Drivers/Assumptions

- Collocation is the method to achieve efficiencies
- Military value of new site is a composite of existing sites.

## Justification/Impact

- Maximum of 7 Centers will be developed
- Allow expansion at existing sites up to maximum required for a capability domain
- In order to meet geographic and climatic constraints for Military Operational Medicine Research, the efficiencies of a new collocation site will be explored
- Allow for a reduction in capacity requirement due to efficiencies realized with collocation.
- Dependent on the outcomes of the Optimization Model and further data analysis.

## Potential Conflicts

- Military operational medicine research requires unique geographic and climatic features
- Combat casualty care research requires collocation with a military trauma center.
- Reducing Silver Spring Site to a single capability domain may result in under-utilization of an efficient, modern facility



# Scenario Strategy Infrastructure



- Consolidation of medical professional services contracting has potential to reduce redundant contracting activities, standardize procurement of these services, comply with DoD IG audit recommendations, and potentially reduce amount paid



# Ideas - Infrastructure



- Consolidate medical professional services contracting to a single organization



# Med INF-1: Med Pro Svc Consolidation



<p style="text-align: center;"><b>Scenario</b></p> <ul style="list-style-type: none"><li>• Consolidate medical professional services contracting to a single organization located at Fort Detrick or Fort Sam Houston</li><li>• All MTFs obtain contract support from single entity specializing in medical professional services contracting</li></ul>	<p style="text-align: center;"><b>Drivers/Assumptions</b></p> <ul style="list-style-type: none"><li>• Principles: Organize</li><li>• Transformational Option: Consolidate medical professional services contracting to single organization</li></ul>
<p style="text-align: center;"><b>Justification/Impact</b></p> <ul style="list-style-type: none"><li>• Reduces infrastructure</li><li>• Improves efficiency</li><li>• Reduces infrastructure costs</li><li>• Increases negotiating leverage with industry</li><li>• Complies with DoD IG Audit recommendations</li></ul>	<p style="text-align: center;"><b>Potential Conflicts</b></p> <ul style="list-style-type: none"><li>• Differing Service training/oversight requirements</li><li>• Differing Service contracting rules and traditions</li></ul>



# Medical Joint Cross Service Group

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Questions ?



# Way Ahead

Date	Topic
19 Oct	JCSG Proposal Integration
26 Oct	JCSG Final Proposal Integration
2 Nov	TABS Reserve Component Proposals
9 Nov	TABS Materiel and Logistics Proposals
16 Nov	TABS Institutional Training Proposals
23 Nov	TABS Operational Army Proposals
30 Nov	Integration of TABS Proposals
Dec	TABS Proposal Integration, Final Approval for EOH, submit to OSD

12 October 2004  
BRAC 2005 SRG#15  
SECRETARY OF THE ARMY CONF ROOM, 3D572

PURPOSE:

- To provide updates
- To present Intelligence and Medical Joint Cross Service Groups' proposals and give the SRG an opportunity to provide guidance and comments to the Army representative.
- To present the BRAC 05 SRG meetings schedule

**ACTIONS:**

Dr. College opened the meeting by welcoming the group and immediately began the briefing. He reviewed the timeline, noting that the next two SRGs will involve briefing how Army scenarios will integrate with the Joint Cross Service Groups.

Dr. College then turned the briefing over to Mr. Terry Ford of the Intelligence JCSG, to brief their proposals.

Mr. Ford briefed the internal organization and timeline for the Intelligence JCSG, noting that it was established at the request of Mr. Cambone and six months after the other JCSGs. As a result, the Intelligence Military Value Data Calls were still in process. He also noted that, due to security concerns, the Intelligence JCSG is working outside the BRAC framework, but following BRAC rules. Mr. Ford then presented three declared scenarios.

SECARMY noted that the scenario integration process is far more complex than it looks. He asked what the Service crossover is within Intelligence?

Mr. Ford replied it is extensive. USMC focus is on tactical intelligence, while the Navy's focus is more strategic.

SECARMY noted that the complicating variable is the budget legislation affecting the Intelligence budget and the impact on the Army's part of Intelligence.

In response to one of the Intelligence JCSG's scenarios the VCSA remarked that Fort Belvoir is also the focus of Headquarters and Support Activities scenarios, in addition to the scenarios proposed by TABS. The SECARMY will have to prioritize what activities should be based there among those vying for the same space.

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SECARMY asked if Belvoir was preferred to Fort Meade. Group consensus was yes, as the majority of the people affected reside in Virginia. SECARMY asked that the Intelligence JCSG consider moving NGA to Fort Meade in addition to Fort Belvoir in order to have more than one set of options.

SECARMY raised the issue of the status of the sale of the Engineer Proving Ground at Fort Belvoir. He expressed concern that delay may cause the Army to lose the benefit of the sale if one or more activities moved to Belvoir via BRAC. Mr. Prosch said that he would update Secretary on EPG.

ACSIM noted that additional environmental work was pending on the EPG option before it can be implemented.

Dr. College noted that in the BRAC process, we should identify the installation recommended to receive a unit or activity, but not the specific location on the installation.

In reviewing the Intelligence scenarios, SECARMY also cautioned that activities being moved out of the NCR should achieve a balance between Virginia and Maryland, so as not to generate political stress.

Dr. College then turned the briefing over to MG Joseph Webb to present Medical Joint Cross Service Group's proposals.

MG Webb began with the mission and organization of the Medical JCSG, and criteria used to evaluate and develop scenarios.

VCSA noted that the Medical JCSG needed to ensure it was using FY 2003 data vice FY 2001 data, to incorporate changes in force structure.

MG Webb explained that the Medical JCSG looked at consolidation opportunities in Education and Training, Research and Development and Infrastructure.

VCSA asked how the Medical JCSG envisioned handling surge requirements; backfill by contract medical professionals or leveraging the Reserve Component? SECARMY replied that we could not get the complete requirement from the Reserves. Army got 50 percent replacements from the Reserves and had to go contract for the rest. The VCSA injected that we should not rely on contracting too early.

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TSG LTG Kiley noted that the danger is that it looks too easy to push it downtown (into civilian medical facilities). SECARMY noted that this is a retention issue; deployed soldiers want to know that their families continue to have access to medical care.

**General Comments:**

VCSA tasked Dr. College and ASA (I&E) to consider the second and third order effects of the scenarios with G3/5 assistance. He noted when making decisions on which scenarios to recommend as candidate recommendations, and when deconflicting scenarios at the ISG or IEC level, the leadership needs to have the same frame of reference.

SECARMY concurred and noted that there will be scenarios involving MILCON issues where MILCON projects have recently been completed or started on installations that we recommend for closure.

Dr. College then reviewed the Way Ahead, discussing the timeline for ISG and SRGs and noting that we are working to stay ahead of the JCSGs and identify where we want to put maneuver units. We will demonstrate how our movements link with the JCSGs, and will also discuss funding at the next SRG.

SECRETARY, DR Craig College  
RECORDER, MS Stephanie Hoehne



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