

WAR NEVER SOLVED ANYTHING

EXCEPT

- SLAVERY
- FASCISM
- NAZISM
- HOLOCOST
- COMMUNISM
- GENOCIDE
- TERRORISM

**Beaten by the Bugs:
The Soviet-Afghan War Experience**

- 620,000 Soviets served in Afghanistan
- 76% of their personnel hospitalized during this campaign

BUT:

- Only 11% were wounds and injuries associated with battle
- The remaining 88.6% were treated for **PREVENTABLE** illness such as: infectious hepatitis, typhoid fever, plague, malaria, cholera, diphtheria, meningitis, heart disease, shigellosis (infectious dysentery), amoebic dysentery, rheumatism, heat stroke, pneumonia, typhus and paratyphus

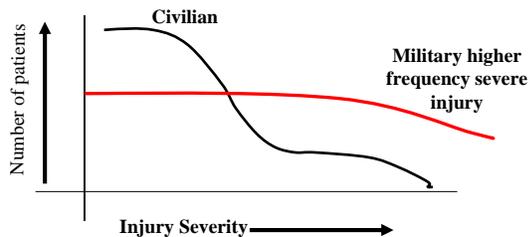


*****The Soviet army lost Afghanistan due to the failure of their military medicine to protect their troops from preventable illness**

Beaten by the Bugs: The Soviet-Afghan War Experience
By LTC (ret) Lester W. Grau and Maj William Jorgensen, USAF
Military Review, 77, No. 6, Nov-Dec 1997, pp. 30-37



HISTORICAL PERSPECTIVE: PROBLEM



Civilian: 85-90% of trauma victims are not severely injured; only 10-15% need trauma center level care

BREATHING THE FIRE: FIGHTING TO REPORT-AND SURVIVE-THE WAR IN IRAQ

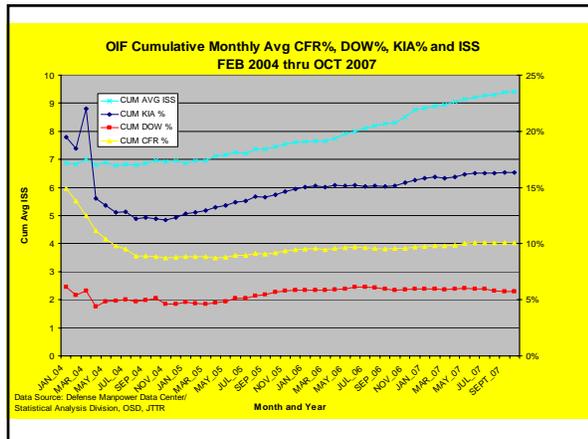
- KIMBERLY DOZIER: "The complexity and capabilities of the military health system, the nature of the battlefield injuries, and the sacrifices of the military health professionals are mostly unknown to the community at large..."

Current Definitions of Clinical Rates

- $\%CFR = \frac{KIA + DOW}{KIA + WIA} \times 100\%$
Case Fatality Rate
- $\%KIA = \frac{\text{Deaths before MTF}}{KIA + (WIA - RTD)} \times 100\%$
Killed in Action
- $\%DOW = \frac{\text{Died after reaching MTF}}{(WIA - RTD)} \times 100\%$
Died of Wounds

Comparison of Statistics for Battle Casualties, 1941-2005

	World War II	Vietnam War	Iraq & Afghanistan
%KIA	23.7%	21.3%	12.5%
%DOW	3.4%	3.5%	4.1%
%CFR	22.8%	16.5%	8.8%



Recent healthcare advances during the global war on terror

- Tourniquet usage
- Transfusion practice
- Factor VII usage in the field
- Infection control
- Aeromedical evacuation
- Amputee care

TRAUMA CARE IN SAN ANTONIO

- What if...?
- 1993 Influenza epidemic
- 1993 nursing shortage
- All three trauma centers on divert, ER's full
- Healthcare leaders were asked for plan by Bexar County Judge Cindy Krier
- Led to collaborative approach to creation of "Critical Care and Trauma Task Force"

SA TRAUMA

- Leaders from HC, business, elected officials, Bexar Co Med Soc, Universities
- “Critical Care Transfer Coordinating Board for Trauma, Chaired by Greater SA Hospital Council, announced Apr 94
- USN resident assigned to the Council wrote her thesis for the Army-Baylor Masters program on the problem

TRAUMA IN SAN ANTONIO

- ‘96 Thesis led to a Bill introduced by Sen Zaffirini to fund Tx Senate Bill 102, 1997
- Overwhelming support; provided initial funding for 1-800 calls to make trauma referrals from SC Tx to SA’s 3 centers
- Led to STRAC, RMOC, and REMSC
- Third largest Emergency Medicine residency in the US, research, grants followed
- DOD gave permission for care to all bencats

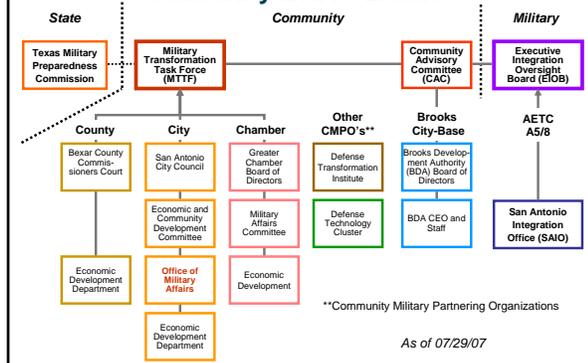
Trauma in San Antonio

- Center for the Intrepid
- National Trauma Institute
- Veterans Administration Polytrauma Hosp.
- Katrina response: “San Antonio is the model for the Nation” (Trans Secy Mineta)

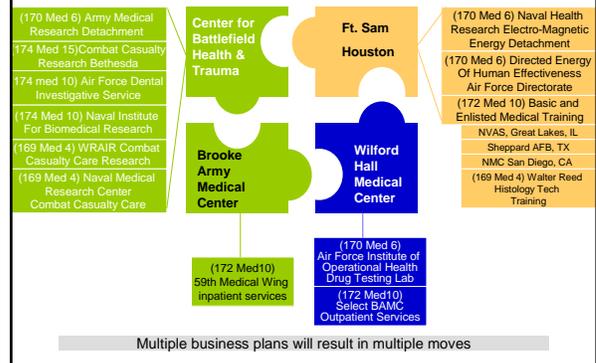
Base Realignment and Closure Commission 2005

- BRAC actions in San Antonio are the largest in history
- Initial cost \$800M; now moving past \$2.8B
- Basically is attempt to consolidate functions where possible and reduce size of infrastructure DOD must maintain
- San Antonio Mayor’s office created Military Transformation Task force to lead change

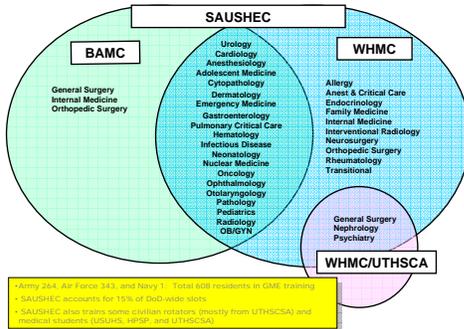
Relationship Chart of San Antonio’s Community BRAC Entities



BRAC Movement



Graduate Medical Education Programs



San Antonio BRAC Medical Education and Training Campus

Consolidate 5 Major Learning Institutions Creating the World's largest medical education and training institution.
Average daily student load over 9,000
Faculty and staff over 3,600

Air Force Today

73 total courses
Average daily student load = 1667
Maximum student load = 2375
Note: 13 courses are inter-service

Navy Today

29 total courses
Average daily student load = 2700
Maximum student load = 3032
Note: 11 courses are inter-service

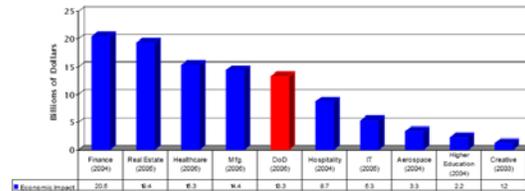
Army Today

255 courses taught each year
87 multi-service training programs
Students represent 75 allied countries

San Antonio, Texas

- 7th Largest city in the US- 1.3 M
- Bexar County 1.5 M
- SA Metro area 2.0 M
- In top 10 fastest growing cities in US
- 3rd fastest growing city in Texas
- 40 Hospitals in Bexar County
- 1 of 7 workers is in the HC industry
- 1 of 4 citizens is covered by military care

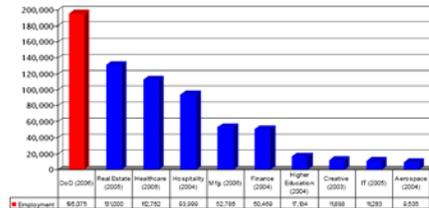
Economic Impact by Industry



In 2006, DoD activities in San Antonio registered an economic impact of \$13,297,753,427. The breakdown of the economic impact is:

- Civilian and military personnel—\$5,404,922,849
- Retirees and beneficiaries—\$2,183,049,308
- DoD contracts—\$5,709,781,270 (DoD Contracts outside San Antonio: \$4,124,914,398; Local Base Contracts: \$1,584,866,872)

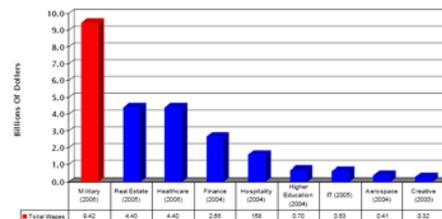
Employment by Industry



DoD activities within the San Antonio metropolitan area support employment of 195,075 people, including direct, indirect, and induced employment.

- Employment at the local bases is estimated at 68,659 (24,404 civilians and 44,255 military personnel).
- Employment due to DoD civilian and military personnel spending is 55,184.
- DoD contract and purchase card activity supports an additional employment of 44,423.
- The spending of the military retirees and their beneficiaries supports employment of 26,809.

Earnings by Industry



Earnings for 2006 was \$9,417,246,605. This includes:

- Earnings at military bases of approximately \$3,968,463,717.
- Spending by civilian and military personnel supported earnings of \$1,689,531,163 in other industries.
- Earnings due to DoD contractors and General Purchase Card expenditures in San Antonio of \$1,744,656,878.
- Direct payments to military retirees and other transfer payments of \$1,253,245,460, and retiree spending supported additional earnings of \$761,349,387.

Military Retirees in San Antonio

San Antonio is the home to one of the largest populations of military retirees in the country. Data on military retirees for the San Antonio metropolitan area indicates that:

- There are 47,924 military retirees* in San Antonio receiving retirement payments from DoD amounting to \$1,253,245,460 in 2006.
- Retiree spending supported over \$761 million in additional earnings.
- An additional \$74,175,680 in transfer payments from DoD flowing into San Antonio in 2006.
- Economic impact of military retirees is \$2,183,049,308.

Many of these retired military do hold employment in the San Antonio, so our economy benefits not only from these additional payments but also from their productivity. The impact of the payments to military retirees and other recipients of DoD-related transfer payments would make for a sizeable "industry" by itself in San Antonio.

*Military Retiree—Individuals who retired from the military after twenty or more years of service or who became totally and permanently disabled due to military service. Veterans—Individuals who served our country in the armed forces who were honorably discharged and/or who became ineligible for active service due to a disability received during active service.

Huge Injection of Purchasing Power into the Local Economy (\$ million)

	Direct Spend	Induced Spend***
Military Payroll*	\$77.6	
Military Student Payroll	\$64.4	
Civilian Employee and Contractor Payroll	\$207.7	
Total Annual Payroll	\$349.8	\$106.2
Annual O&M Spending**	\$114.1	\$38.8
On-Base Construction	\$3,950.0	
Associated MILCON Pgms	\$250.0	
Total MILCON	\$4,100.0	\$1,349.7

*Includes an estimate for housing allowances, but excludes all other allowances and premiums.
 ** The increase in operations expenditures are adjustments and updates of estimates provided in Miriam Rodwell and Steve Niles, Ph.D., City of San Antonio, Economic Development Department, Economic Analysis and Coordination Division, The Economic Impact of the U.S. Department of Defense in San Antonio, 2006.
 *** Multipliers derived from DoD, p. 18.

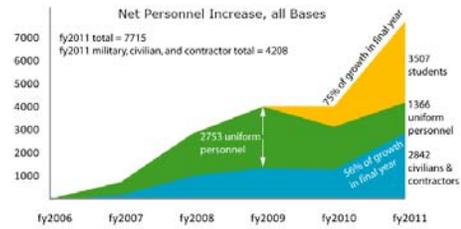
56

DoD Wages Higher than or Equal to San Antonio Market Wages

SOC	POSCO		Average DoD salary	Median Annual Wage or Salary in 2006
17-2081	0819	Environmental Engineer	\$ 66,065	\$ 83,940
19-4021	0404	Biological Science and Laboratory Tech	\$ 43,119	\$ 38,950
13-1079	0201	Human Resources Specialist	\$ 63,038	\$ 60,000
29-9011	0028	Environmental Protection Specialist	\$ 71,194	\$ 58,810
13-2051	0560	Budget Analyst	\$ 70,645	\$ 40,710
51-9199	1670	Equipment Specialist	\$ 52,330	\$ 20,400
13-1111	0343	Management and Program Analyst	\$ 74,360	\$ 58,170
13-1023	1102	Contract Specialist	\$ 69,748	\$ 58,070
19-3099	0101	Social Science	\$ 68,467	\$ 74,050
19-4099	1301	Physical Science Student Trainee	\$ 63,451	\$ 24,830
17-3022	0801	Engineering	\$ 42,361	\$ 34,030
11-3041	0260	Equal Employment Opportunity Speciali	\$ 73,947	\$ 81,760

49

BRAC/Transformation Timeline



Note: This chart plots the net personnel increase over the course of the project, but using the April 1 estimate of the final sequencing of and makes RD efforts to adjust the sequencing in light of significant operational changes in transformation strategies to individual units regarding both numbers and timing. These strategies are expected to be announced in the latter part of 2008 and early 2009. Installation Management Contract plans are particularly important to the timeline.

34

North Campus Orientation



South Campus Orientation



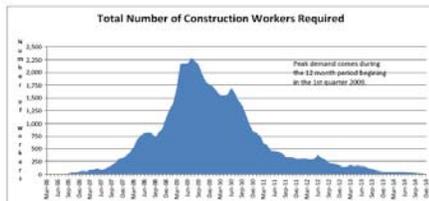
Status of Effort -
BRAC plus other Military Construction in San Antonio

In the Fiscal Year that ended in September 2008, the Joint Program Management Office awarded 28 construction projects totaling over \$1.2 billion. Of that number 18 were medical projects.

The \$1.2 billion represents just over 1/3 of the value of construction that the Department of Defense plans to award in the San Antonio area by the end of 2011.

The program is currently on schedule and within budget.

Construction Worker Demand
is Urgent Challenge Today



39

CONSTRUCTION PROGRAMS
FOR SAN ANTONIO METRO
AREA 2008 to 2013

- Bond programs, military and civil works programs, Univ. of Texas, VA, Texas state programs, Bexar County programs, TXDOT projects, private commercial and housing (a/o 4 Sept. 2008)
- \$27,253,000,000 US dollars !!!! (\$27.253 B !!!!)
- (brac \$2.8 B...+?)
- Joint Program Management Office, US Army Corps of Engineers, Mr. Randy Holman
- Did I mention \$27.253 Billion US dollars?!!!

Endstate

SAMMC North

- 425 Inpatient Beds (116 ICUs, 309 Wards)
- 31 ORs for Inpatient & Ambulatory Surgery
- Level 1 Trauma/ER
- Medical, Pediatric, and Surgical Subspecialty Clinics
- Labor / Delivery / Recovery, NICU, PICU
- Bone Marrow and Organ Transplant
- New Centers of Excellence: Cardio-Vascular, Maternal-Child, Battlefield Health and Trauma

SAMMC South

- Primary care
- 24/7 Urgent Care for Trainees
- Medical, Pediatric, and Surgical Subspecialty Clinics
- New Center of Excellence: Eye Care



SAMMC

All in a day... SAMMC

- 5,682 Outpatient visits
- 7,797 Professional RVUs
- 288 Avg Daily Inpt bed census
- 93 Inpatient RWPs
- 16,442 Medication orders
- 1,493 Radiology studies
- 6,005 Meals served

- 12,324 Lab procedures
- 93 Surgeries
- 6 Births
- 263 ED visits
- 4,861 Military personnel
- 2,252 Civilian personnel
- 1,850 Contract personnel

- 213,000 beneficiaries in San Antonio (42K age 65+)



Trauma

- Aspects of the GMP Study

- Displacement to Civilian Hospitals

- Some but not as a result of BRAC
- Military Hospitals Seeing Increasing Patient Load
- Also a very small Displacement of Patients from Military Hospitals to Civilian Component of the Military Health Care System

- Trauma

- No Change in City Military Partnership as a Result of BRAC
- No impact on travel time as a result of WHMC Closure
- Need to support EMS Expansion

Other Findings:
Population Growth is Driving Trauma Case Load Up
Need to support University Hospital Expansion

17

Health Care Clinical Training

- Large numbers of new trainees coming into San Antonio
- Many of those need to have access to a medical facility to complete the required training
- Local Colleges also use the local medical Facilities for similar training
- Two questions were:
 1. Is there capacity in the San Antonio Medical System to accommodate the Military Trainees?
The Answer is a qualified "Yes"
 2. How can trainees best be placed?
 - Many factors need to be addressed to place a trainee properly and there will be a continuing need to place each class. The MTTF Committee has brought the military, the community health care training providers and the health care facility representatives together to consider use of a computerized placement system to address this need.

19

SAMMC-North



SAMMC-South



NEW CLINIC FOR LACKLAND AFB

- A LARGE NEW STATE OF THE ART URGENT CARE CENTER AND AMBULATORY CARE CLINIC ARE IN THE 2012 PROGRAM...
- Also...\$900 M New Basic Training Center for Lackland AFB...by 2014



[Ft Sam BRAC Clinic](#)

SAMMC San Antonio Military Medical Center



Challenges for San Antonio

- Stress on all services to support growth
- How do we convince those with a choice to come to San Antonio?
- How do we continue to attract the supporting and collateral businesses?
- Can we harness the immense human capital represented by retirees/family members?
- Will there be enough skilled construction workers? Special skills needed for hi-tech

GROWTH FOR THE SAKE OF GROWTH IS THE PHILOSOPHY OF THE CANCER CELL

San Antonio Challenges

- Can the uninsured be brought in to a system of care, like we did for trauma?
- Can we lower health care costs and thus attract businesses by taking on the public health crisis of obesity?
- Can San Antonio become a medical destination for world-class care?
- Can we ever finish the highways already?!

DOD Centers of Excellence

- SAMMC will have 5 COE's:
 - Cardio-Vascular services
 - Maternal-Child Services
 - Battlefield Health and Trauma
 - Amputee Care
 - Ophthalmology/Optomety

Recommendations to the Military Transformation Task Force

- 24 Sept 2008 (DiLuzio group)
- Growth Management Plan should focus on 6 Targeted Development Industries:
 - Healthcare
 - Healthcare Education
 - Communications
 - Technology
 - Intelligence
 - Security

TARGETS

- Build on proven ability to collaborate
- Make 5 Centers of Excellence not just DOD's
- Metro-wide adoption of MTTF's Growth Management Plan's 6 Target Industries
- Technical training now to address projected shortfalls in needed trades
- Business competition or collaboration?

TARGETS

- Metro-wide Emergency Room electronic healthcare record using common data base to improve care, prevent waste and build data sets to understand best-value approaches to uninsured care
- Take on the problem of obesity
- Advocate for the creation of a National Medical Disaster Response Center built on 2005 Katrina response

Coming Events

"Good Health Equals Good Business"
12, 13, 14 November 2008
SA Hispanic Chamber of Commerce
www.vivasusalud.com
And "How To Do Business With the
Government"
18-19 November 2008
www.milcomsbconf.com

