



PERSONNEL AND  
READINESS

OFFICE OF THE UNDER SECRETARY OF DEFENSE  
4000 DEFENSE PENTAGON  
WASHINGTON, D.C. 20301-4000

AUG - 7 2019

The Honorable John Boozman  
Chairman  
Subcommittee on Military Construction,  
Veterans Affairs, and Related Agencies  
Committee on Appropriations  
United States Senate  
Washington, DC 20510

Dear Mr. Chairman:

The enclosed report is in response to House Report 115-673, page 13, accompanying H.R. 5786, the Military Construction, Veterans Affairs, and Related Agencies Appropriations Bill, 2019, requesting information on German energy law changes and the status of the Rhine Ordnance Barracks Medical Center (ROBMC) replacement project.

The ROBMC project is vital to the readiness of military and medical forces throughout Europe and the world. The ROBMC energy plan is designed to ensure a diverse and resilient energy supply for the ROBMC. This final report includes an updated DD Form 1391, the current Work in Progress Curve, and the total amount of funding for the utility plant within the military construction project.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families. A similar letter is being sent to the other congressional defense committees.

Sincerely,

A handwritten signature in black ink, appearing to read "James N. Stewart".

James N. Stewart  
Assistant Secretary of Defense for Manpower  
and Reserve Affairs, Performing the Duties  
of the Under Secretary of Defense for  
Personnel and Readiness

Enclosure:  
As stated

cc:  
The Honorable Brian Schatz  
Ranking Member



PERSONNEL AND  
READINESS

OFFICE OF THE UNDER SECRETARY OF DEFENSE  
4000 DEFENSE PENTAGON  
WASHINGTON, D.C. 20301-4000

AUG - 7 2019

The Honorable James M. Inhofe  
Chairman  
Committee on Armed Services  
United States Senate  
Washington, DC 20510

Dear Mr. Chairman:

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James N. Stewart

Assistant Secretary of Defense for Manpower  
and Reserve Affairs, Performing the Duties  
of the Under Secretary of Defense for  
Personnel and Readiness

Enclosure:  
As stated

cc:  
The Honorable Jack Reed  
Ranking Member



OFFICE OF THE UNDER SECRETARY OF DEFENSE  
4000 DEFENSE PENTAGON  
WASHINGTON, D.C. 20301-4000

PERSONNEL AND  
READINESS

AUG - 7 2019

The Honorable Debbie Wasserman Schultz  
Chairwoman  
Subcommittee on Military Construction,  
Veterans Affairs, and Related Agencies  
Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

Dear Madam Chairwoman:

The enclosed report is in response to House Report 115-673, page 13, accompanying H.R. 5786, the Military Construction, Veterans Affairs, and Related Agencies Appropriations Bill, 2019, requesting information on German energy law changes and the status of the Rhine Ordnance Barracks Medical Center (ROBMC) replacement project.

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James N. Stewart  
Assistant Secretary of Defense for Manpower  
and Reserve Affairs, Performing the Duties  
of the Under Secretary of Defense for  
Personnel and Readiness

Enclosure:  
As stated

cc:  
The Honorable John Carter  
Ranking Member



PERSONNEL AND  
READINESS

OFFICE OF THE UNDER SECRETARY OF DEFENSE  
4000 DEFENSE PENTAGON  
WASHINGTON, D.C. 20301-4000

AUG - 7 2019

The Honorable Adam Smith  
Chairman  
Committee on Armed Services  
U.S. House of Representatives  
Washington, DC 20515

Dear Mr. Chairman:

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Sincerely,

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James N. Stewart  
Assistant Secretary of Defense for Manpower  
and Reserve Affairs, Performing the Duties  
of the Under Secretary of Defense for  
Personnel and Readiness

Enclosure:  
As stated

cc:  
The Honorable William M. "Mac" Thornberry  
Ranking Member



# Report to Congressional Defense Committees



## The Rhine Ordnance Barracks Energy Plan

**In Response To:** House Report 115–673, page 13, accompanying H.R. 5786, the Military Construction, Veterans Affairs, and Related Agencies Appropriations Bill, 2019

The estimated cost of this report or study for the Department of Defense is approximately \$12,000 in Fiscal Years 2018 - 2019. This includes \$8,000 in expenses and \$4,000 in DoD labor.

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# **The Rhine Ordnance Barracks Medical Center Energy Plan**

## **EXECUTIVE SUMMARY**

This report is in response to House Report 115–673, page 13, accompanying H.R. 5786, the Military Construction, Veterans Affairs, and Related Agencies Appropriations Bill, 2019, which requests the Department provide a report on the energy requirements and plan supporting the Rhine Ordnance Barracks Medical Center (ROBMC). Specifically, by this report, the Director, Defense Health Agency (DHA) responds to requests for information on the specific changes in German energy law that affected the energy study; what U.S. sources of energy the new German energy laws incorporate; what U.S. sources are no longer able to be used in Germany; what effect the changes in law have on other Military Construction (MILCON) projects, construction costs, and current utilities contracts in the region; and what effect this delay may have on other aspects of the ROBMC; and responds to requests for an updated 1391 to include a Work In Progress (WIP) curve, the total amount of funding for the utility plant that is within the military construction program, and a list of other of appropriations, if any, that are being used for utility costs.

## **BACKGROUND**

DHA is responsible for the facility life-cycle management of military medical treatment facilities worldwide, to preserve ready and resilient facilities that sustain military medicine’s mission assurance of world-class health care for America’s warfighters and their families. These facilities include medical centers, hospitals, ambulatory care centers, medical training facilities, medical research facilities, and veterinary facilities in the Military Health System.

DHA is the proponent for a medical center replacement project in Germany, known as the ROBMC, which is an incrementally-funded project, authorized in fiscal year (FY) 2013 at \$990 million. As a result of foreign currency fluctuations, the project was authorized at \$1.013 billion in FY 2018. This MILCON project requires funding of the utility plant at \$31.995 million.

On January 1, 2016, a German energy law went into effect. The law includes an Energy Saving Ordinance, which tightens energy efficiency requirements for new construction. In addition, the German Renewable Energies Heat Act requires a percentage of the energy to be from renewable energy sources. These laws do not specify a requirement to use U.S. energy sources, nor do they preclude the use of U.S. energy sources.

Compliance with the changes in law are the responsibility of the acquisition or technical lines of authority for energy contracting and procurement for Europe. These responsibilities reside with the U.S. Army and U.S. Air Force. Each authority is pursuing the best course of action for the requirements within Europe for each military installation to ensure the security of energy generation, power production, and distribution while ensuring the sustainment of critical operations during an energy supply disruption.

Through the United States Army Corps of Engineers (USACE), the contracted architect-engineer firm performed energy calculations which revealed at 20 percent design that the ROBMC energy plant would not meet the more stringent new requirements. The ROBMC energy plant design

was updated in 2017 to meet requirements of the new energy law. No further delays of the ROBMC resulting from German energy law are expected.

The selected design includes district heat, a combined heat and power unit (CHP), and chillers. This approach allows for a diversity of fuel sources for heat supply. The CHP will utilize natural gas. However, the large majority of heat will be provided by district heat, which is hot water generated off site by a utility provider and pumped to the ROBMC's main central utility plant. The district heat fuel source depends on two local energy providers, which includes both anthracite coal and bituminous coal, fuel oil, and natural gas. Electricity for ROBMC will be generated by two on-site sub-stations, both of which will be connected to the local/regional electricity grid.

The ROBMC MILCON project, authorized in FY 2013, includes 985,422 square feet of spaces, accommodating 68 beds, 9 operating rooms, and 120 exam rooms. It can serve 31,000 enrollees and 209,000 eligible beneficiaries across the U.S. European Command. The project sets the foundation for the next 70 years of military medical care in Europe, and is an enduring example of the Department's commitment to the European theater. The hospital is designed to meet both German and U.S. laws, as well as leadership in energy and environmental design requirements.

**ENACTED 2018 NDAA, PL 115-91  
CONSOLIDATED APPROPRIATIONS ACT, PL 115-141**

1. Component DEF (DHA)	FY 2018 MILITARY CONSTRUCTION PROJECT DATA			2. Date MAY 2017
3. Installation and Location: Rhine Ordnance Barracks, Germany			4. Project Title: Medical Center Replacement, Increment 7	
5. Program Element 87717DHA	6. Category Code 51010	7. Project Number 14043	8. Project Cost (\$000) 106,700	
<b>9. COST ESTIMATES</b>				
Item	U/M	Quantity	Unit Cost	Cost (\$000)
<b>PRIMARY FACILITIES</b>				
Medical Center/Hospital – CATCODE 51010 (33,082 SM)	SF	356,091	449	654,662 (159,887)
Medical Clinic – CATCODE 55010 (36,659 SM)	SF	394,594	446	(176,030)
Administrative Facility – CATCODE 51016 (12,455 SM)	SF	134,061	365	(48,864)
Medical Warehouse – CATCODE 53060 (9,070 SM)	SF	97,631	315	(30,779)
Ambulance Garage – CATCODE 53071 (283 SM)	SF	3,045	296	(902)
Canopies (733 SM)	SF	7,890	297	(2,340)
Special Foundations (37,959 SM)	SF	408,587	17	(6,927)
Service Basement (20,638 SM)	SF	222,146	189	(41,946)
Parking Structures	SP	1,642	19,375	(31,814)
Central Utility Plant	LS	--	--	(50,095)
Helicopter Pad	LS	--	--	(645)
Communication Center Alterations (Bldgs 711 & 164)	LS	--	--	(1,642)
Bridge and Road Improvements	LS	--	--	(10,284)
Access Control Point Facility	LS	--	--	(23,992)
World Class Design	LS	--	--	(9,368)
SDD & EPAAct05, EISA2007, and Renewable Energy	LS	--	--	(19,551)
Building Information Systems	LS	--	--	(21,588)
Antiterrorism Measures	LS	--	--	(18,008)
<b>SUPPORTING FACILITIES</b>				
Electric Service	LS	--	--	204,503 (62,992)
Water, Sewer, Gas	LS	--	--	(18,716)
Steam and/or Chilled Water Distribution	LS	--	--	(3,329)
Paving, Walks, Curbs and Gutters	LS	--	--	(14,801)
Storm Drainage	LS	--	--	(26,228)
Site Improvement ( 26,847) Demo ( 5,774)	LS	--	--	(32,621)
Information Systems	LS	--	--	(5,167)
Antiterrorism Measures	LS	--	--	(9,914)
Environmental Compensation	LS	--	--	(16,019)
Other (O&M Manuals, CID, DDC and Enhanced Commissioning)	LS	--	--	(14,716)
ESTIMATED CONTRACT COST				859,165
CONTINGENCY PERCENT (5.00%)				<u>42,958</u>
SUBTOTAL				902,123
SUPERVISION, INSPECTION & OVERHEAD (6.50%)				58,638
CATEGORY E EQUIPMENT				<u>29,262</u>
TOTAL REQUEST				990,023
TOTAL REQUEST (ROUNDED)				990,000
PREVIOUS APPROPRIATIONS				586,711
CURRENT APPROPRIATION REQUEST (UNROUNDED)				<u>106,700</u>
FUTURE APPROPRIATION REQUEST				293,964
INSTALLED EQT-OTHER APPROPRIATIONS				(177,753)

DD FORM 1391, JUL 1999



**ENACTED 2018 NDAA, PL 115-91  
CONSOLIDATED APPROPRIATIONS ACT, PL 115-141**

1. Component DEF (DHA)		FY 2018 MILITARY CONSTRUCTION PROJECT DATA		2. Date MAY 2017	
3. Installation and Location:  Rhine Ordnance Barracks, Germany			4. Project Title:  Medical Center Replacement, Increment 7		
5. Program Element  87717DHA	6. Category Code  51010	7. Project Number  14043	8. Project Cost (\$000)  106,700		
10. Description of Proposed Construction: Fund the seventh increment of a multi-story Medical Center to replace the Landstuhl Regional Medical Description of Center and the 86th Medical Group (MDG) Clinic. The Hospital will provide inpatient services with contingency expansion, outpatient and specialty care clinics, Aero Medical Staging Facility (ASF), support functions, medical Proposed administration, and sub-basement zones. Ancillary facilities include ambulance garage, parking garage, central energy plant, helicopter pad, and road improvements. Supporting facilities include: contingency utilities and laydown area, site improvements, surface parking, access roads, Communications Building alteration, bridge and road improvements, access control point facilities, demolition and site clearance of former ordnance storage area and environmental protection and mitigation. The existing Landstuhl Regional Medical Center and the existing 86th MDG facilities will be returned to respective installations for other uses except for Blood Donor Center, contingency and bulk storage logistics will remain on Landstuhl. The project will be designed in accordance with the criteria prescribed in Unified Facilities Criteria UFC 4-510-01, DoD Minimum Antiterrorism Standards for Buildings UFC 4-010-01, barrier-free design in accordance with DoD, "ABA (Architectural Barriers Act) Accessibility Standard" and DEPSECDEF Memorandum "Access for People with Disabilities" dated 10/31/2008, Evidence Based Design principles, MHS World Class Checklist Requirements, Executive Order 13514, DoD Strategic Sustainability Performance Plan (SSPP), the Energy Policy Act of 2005 (EAPct05), and in accordance with the host nation Status of Forces Agreement (SOFA). The project will be LEED Healthcare Silver certifiable. Operation and Maintenance Manuals, Design During Construction, Enhanced Commissioning, and Comprehensive Interior Design will be provided.					
11. REQ: 1,119,799 SF		ADQT: 69,180 SF		SUBSTD: 819,908 SF	
<p><u>PROJECT:</u> Construct a replacement Medical Center incorporating an 86th MDG Clinic replacement at Rhine Ordnance Barracks, Germany. (CURRENT MISSION)</p> <p><u>REQUIREMENT:</u> A replacement Medical Center is required to provide direct medical services to 53,000 enrolled beneficiaries and tertiary referral support for more than 245,000 beneficiaries throughout EUCOM as well as contingency casualty evacuation support for up to an additional 250,000 soldiers, airmen &amp; sailors deployed throughout the regions comprising the Areas of Responsibility (AOR) of EUCOM, CENTCOM and AFRICOM.</p> <p>The mission requires the provision of medical, surgical, and intensive care services, as well as primary and specialty care, emergency/trauma care, dental services and medical proficiency training simulation capability. The current Medical Center provides the only DoD inpatient psychiatric, pediatric specialty care, and substance abuse rehabilitation unit in Europe.</p> <p>Of equal - and in contingencies - greater importance, the mission requires that it serve as the primary medical facility for the evacuation hub for U.S. service members stationed throughout the EUCOM, CENTCOM and AFRICOM AORs. The medical facility must be strategically located in the immediate vicinity of Ramstein Air Base, to minimize travel times from the flight line to the facility and, therefore, the risks to air evacuated wounded and ill warriors. In support of the contingency mission, the existing Medical Center treats an average of 8,000 aero medical evacuation patients per year including 15% battle-related casualties.</p> <p><u>CURRENT SITUATION:</u> The existing Medical Center is located approximately 13 km (8 miles) from Ramstein Air Base. Most of the route is on an unsecured civilian autobahn and public roads. The total time required to transport critically wounded troops from the airfield to treatment currently varies from 20 to 45 minutes depending on traffic and weather conditions. The existing</p>					

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CONSOLIDATED APPROPRIATIONS ACT, PL 115-141**

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5. Program Element  87717DHA	6. Category Code  51010	7. Project Number  14043	8. Project Cost (\$000)  106,700	
<p><b>CURRENT SITUATION (Continued):</b>            Medical Center care areas are located in 22 cantonment "finger" buildings built between 1951 and 1953 and a critical care tower built in 1983. Additional activities, such as preventive medicine, logistics, the blood donor center, education and training, and the dental clinic are located in buildings external to the medical center. The multiple "finger" buildings and central circulation corridor are more than 50 years old. The current layout is inefficient, covers almost 3.5 miles of corridors and hallways, and is not capable of supporting modern medical practices. The current conditions pose concerns for patient and staff safety related to lack of single patient rooms, undersized operating rooms, infection control, patient privacy, and excessive travel distances between clinical activities. The buildings have significant deficiencies related to building systems, building integrity and code compliance.</p> <p>Building infrastructure (electrical, mechanical, and communication) has exceeded ranges of useful life and is costly to sustain, restore, and modernize given the spans of distribution systems along the central spine. The floors in many of the cantonment buildings are failing.</p> <p>The 86th Medical Group is in multiple aging facilities, some of which are modular structures. Serious life safety criteria and code deficiencies exist in these 50+ year old structures. Combustible construction, to include bamboo plaster substrate is located throughout the main clinic structure and the clinic does not have sprinklers. The permanent facilities have numerous load bearing walls, making renovation of the space unfeasible. The limited floor to floor height prohibits normal heating, ventilating and conditioning systems (HVAC) required to meet DoD criteria. The MDG campus is located in a congested area of Ramstein AB and does not come close to meeting the force protection requirements for setbacks from parking and roadways. There is inadequate space to add to and renovate the existing structures to provide a consolidated location for medical care.</p> <p><b>IMPACT IF NOT PROVIDED:</b>            Healthcare for warriors and their family members will be provided in inefficient, dysfunctional cantonment facilities that have exceeded their useful life and are currently in very poor condition. Accordingly, health care for the enrolled beneficiaries, the other beneficiaries in Europe and the deployed warriors in the EUCOM, CENTCOM and AFRICOM Areas of Responsibility will continue in an inadequate environment. Life support systems will be compromised; fire and life safety standards will only be met on the margins; and patient flow will continue to be dysfunctional. Failure to invest in this project will perpetuate a host of problems that put at risk the safety of both patients and staff, including: the shored-up cantonment buildings, presenting a real and increasing possibility of a catastrophic facility-related failure.</p> <p><b>JOINT USE CERTIFICATION:</b>            The Director, Defense Health Agency, Facilities Division has reviewed this project for Joint Use potential. Joint Use construction is recommended.</p>				
12. Supplemental Data:				
A. Design Data (Estimated):				
(1) Status:				
(a) Design Start Date			NOV 2010	
(b) Percent of Design Completed as of JAN 2017			20%	
(c) Expected 35% (of Medical Center) Design Date			JUN 2017	
(d) 100% (of Medical Center) Design Completion Date			JUN 2019	
(e) Parametric Estimate (Yes or No) N				



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5. Program Element 87717DHA	6. Category Code 51010	7. Project Number 14043	8. Project Cost (\$000) 106,700
Supplemental Data (Continued):			
(f) Type of Design Contract:			
1. Design Build (YES/NO) N			
2. Design, Bid-Build (YES/NO) N			
3. Site Adapt (YES/NO) N			
4. Host Nation Partnering Method Y			
(g) Energy Studies & Life Cycle Analysis Performed (Yes or No) Y			
(2) Basis:			
(a) Standard or Definitive Design - (YES/NO) N			
(b) Where Design Was Most Recently Used N/A			
(3) Total Design Cost (c)=(a)+(b) OR (d)+(e):			<u>Cost (\$000)</u>
(a) Production of Plans and Specifications			50,500
(b) All Other Design Costs			63,500
(c) Total Design Cost			114,000
(d) Contract			97,000
(e) In-house			17,000
(4) Construction Contract Award Date			MAR 2012
(5) Construction Start Date			DEC 2013
(6) Construction Completion Date			MAY 2023
B. Equipment associated with this project which will be provided from other appropriations:			
<u>Equipment</u>	<u>Procuring</u>	<u>Fiscal Year</u>	<u>Cost</u>
<u>Nomenclature</u>	<u>Appropriation</u>	<u>Appropriated</u>	<u>Or Requested</u>
Expense	OM	2018	2,500
Expense	OM	2019	2,500
Expense	OM	2020	42,500
Expense	OM	2021	2,500
Expense	OM	2022	27,500
Investment	OP	2022	10,000
Expense	OM	2023	42,500
Investment	OP	2023	22,229
Expense	OM	2024	20,524
Investment	OP	2024	5,000

**ENACTED 2018 NDAA, PL 115-91  
CONSOLIDATED APPROPRIATIONS ACT, PL 115-141**

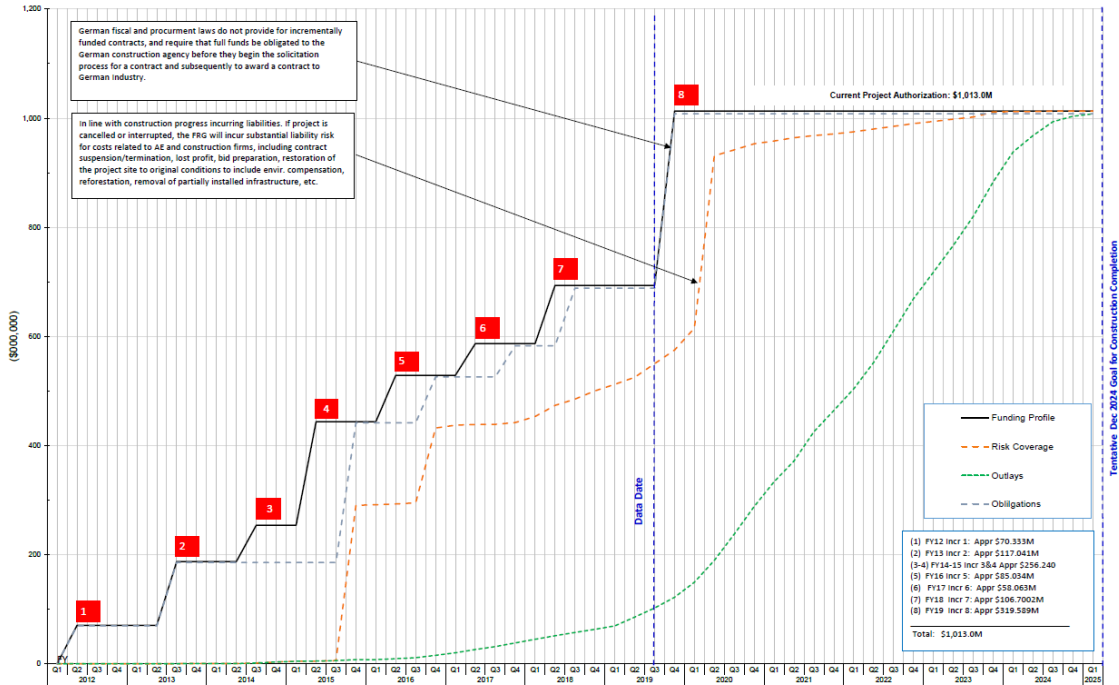
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5. Program Element 87717DHA	6. Category Code 51010	7. Project Number 14043	8. Project Cost (\$000) 106,700
Supplemental Data (Continued):			
D. FUNDING PROFILE:			
Authorization		\$990,000,000	
Appropriations			
2012		\$ 70,333,000	
2013		\$117,041,000	
2014		\$ 66,545,000	
2015		\$189,695,000	
2016		\$ 85,034,000	
2017		\$ 58,063,000	
2018		\$106,700,000	
2019		<u>\$293,964,000</u>	
		\$987,375,000	
Chief, Design, Construction & Activation Office: Phone Number: 703-275-6077			

The current WIP curve is below



US Army Corps  
of Engineers®

Rhine Ordnance Barracks Medical Center Replacement  
WIP Curve  
6 May 2019



A governance structure has been established to ensure accountability, timely decision-making, and issue resolution, including a Senior Executive Review Group, with senior representatives from DHA Facilities Enterprise, USACE, U.S. Army’s Health Facilities Planning Agency, and medical leadership.

During the facility life-cycle, ROBMC’s utility costs will be paid through the Defense Health Plan appropriations in Budget Activity Group 7, supporting the costs of the contract negotiated with the German Government. The estimated costs of future utilities are not available.

In April 2019, Members of Congress requested that the Department and USACE reconsider plans for the co-generation plant at ROBMC and requested a certification of ROBMC’s compliance with section 2811 of the John S. McCain National Defense Authorization Act for FY 2019, regarding the use of diverse energy sources. The Department provided that certification in a letter dated April 15, 2019, noting that energy sourcing for ROBMC is not solely natural gas. The energy plan includes two separate feeds, multi-sourced fuel for heating hot water, and the combined heat and power co-generation unit to increase energy resilience.



## **CONCLUSION**

The ROBMC project is vital to the readiness of military and medical forces throughout Europe and the world. The project designers and construction agents have selected a diverse energy plan for the medical center which does not solely rely on natural gas, or any other energy source, but does provide a stable, resilient energy supply to support health care in the European theater at all times.