



Base Realignment and Closure 2005: Implications for the Army's Medical Capabilities

Introduction

Current Department of Defense (DoD) recommendations for the 2005 Base Realignment and Closure (BRAC) include closing 33 major bases and realigning 29 others for a total savings of \$48.8 billion over the next 20 years. The primary goal is to close installations that are not needed, realign others, modernize facilities, take advantage of joint cooperation wherever possible and help streamline U.S. armed forces to complement the new expeditionary nature of the United States military. The Army, using the guiding principle of "military value" in assessing 97 facilities, recommended closing, realigning or augmenting functions at 76 installations. Consolidation of Army medical facilities and joint creation and operation of new "Centers of Excellence" will restructure the Military Healthcare System to meet the future needs of the armed forces.

Military Value Assessment Criteria

Overarching criteria govern BRAC for all services and define how to "reconfigure infrastructure into one in which operational capacity maximizes *both* warfighting capability and efficiency."¹ Military value—the primary criterion—includes:

- current and future mission capabilities and the impact on operational readiness of the Department of Defense's total force, including the impact on joint warfighting, training, and readiness;
- the availability and condition of land, facilities and associated airspace (including training areas suitable for maneuver by ground, naval or air forces throughout a diversity of climate and terrain areas and staging areas for the use of the armed forces in homeland defense missions) at both existing and potential receiving locations;
- the ability to accommodate contingency, mobilization and future total force requirements at both existing and potential receiving locations to support operations and training; and
- the cost of operations and manpower implications.²

Secondary considerations in this process include such effects as the number of years before the savings exceed the costs, economic impact on existing communities and environmental impact.

The Army's senior leadership synthesized the recommendations of various review groups to form their

¹ Secretary of Defense, *Transformation Through Base Realignment and Closure*, memorandum, 15 November 2002. Available online at <http://www.govexec.com/dailyfed/1102/112002rumsfeld.html>.

² Final Selection Criteria, Department of Defense Base Realignment and Closure. Available online at http://www.dod.mil/brac/docs/criteria_final_jan4_05.pdf.



recommendations for the 2005 round of BRAC. The Army, in assessing its resources and making decisions, also had to consider three other major processes that will be occurring while BRAC is unfolding: the Army Modular Force Initiative, the Integrated Global Presence and Basing Strategy (IGPBS) and transformation in the Reserve and Guard components. The Army is transitioning to an expeditionary force that will be overwhelmingly based in the continental United States (CONUS) and will be operating in a joint capacity for many missions. These concurrent transformational processes had to be considered when deciding which bases to close or realign, as a number of bases will see increasing force strength in the next decade as a result of shifts in doctrine and posture.

The Medical Joint Cross Service Group (MJCSG, composed of senior medical members from the military departments, the Joint Staff and the Office of the Secretary of Defense) was given the task of reviewing the Military Healthcare System (MHS) and making recommendations to DoD. This group considered general BRAC principles and the specific needs of the entire medical community to enhance jointness, consolidate, encourage colocation, improve care for beneficiaries and retirees, and explore outsourcing.

The MJCSG approved 22 specific recommendations to close several facilities and activities, close inpatient care at others, and realign other capabilities with associated construction and renovation projects. **The creation of joint regional medical centers, consolidation of training for various services and establishment of six new Joint Centers of Excellence to enhance medical research, development and acquisition are the highlights of the group's efforts.**

The Army evaluated medical facilities with deficits of manpower, hospital beds and other medical infrastructure and those with excesses; calculations were computed for specific installations and for the needs of the service as a whole. The Army considered future threats, the return of Soldiers from Europe and Asia in the coming years, and the effects of the Modular Force Initiative when deciding where to realign or close medical infrastructure.

Specific Effects on Army Medical Facilities

The two greatest changes for Army Healthcare Services resulting from the 2005 round of BRAC will

be the creation of the Walter Reed National Military Medical Center (WRNMMC) and the Brooke Regional Medical Center (BRMC). These will be state-of-the-art, joint facilities similar to those at Landstuhl Regional Medical Center in Germany and Balad Hospital in Iraq.

Walter Reed National Military Medical Center will be created from the fusion of Walter Reed Army Medical Center in the District of Columbia and the National Naval Medical Center in Bethesda, Maryland. The National Capital Region will also see the creation of a new 165-bed hospital at Fort Belvoir, Virginia, which coincides with the closure of the Malcolm Grow Medical Center inpatient facility at Andrews Air Force Base, Maryland. WRNMMC, to be located on the Bethesda campus, will benefit from its proximity to the National Institutes of Health, also located in Bethesda.

Brooke Regional Medical Center, in San Antonio, Texas, will stem from the incorporation of Brooke Army Medical Center and the 59th Medical Wing's Wilford Hall Medical Center at Lackland Air Force Base. The joint facility, to be located at Fort Sam Houston, Texas, will include a 450-bed hospital and an expanded trauma center to account for the closure of the center at Wilford Hall. Each of these regional centers and associated shifts will cost about \$1 billion, resulting in savings of \$100–130 million per year after implementation; the savings are projected to exceed the costs of closure/realignment after 10 years.

The latest round of BRAC will impact more than just the Healthcare Services portion of the Military Healthcare System:

- Healthcare Education and Training and the Medical/Dental Research, Development and Acquisition (RD&A) components of the system will also experience enhanced jointness, consolidation and colocation.
- Regarding training, the largest change will be the creation of one joint center for enlisted medical training at Fort Sam Houston.
- The face of Medical/Dental RD&A in the armed services will be totally transformed. Centers of Excellence will be created in the form of joint research institutions designed to enhance the quality, efficiency, level of coordination and reduction of duplication of RD&A.

- This realignment will create Joint Centers of Excellence in
 - Battlefield Health and Trauma at the Brooke Regional Medical Center;
 - Infectious Disease Research at the Forest Glen Complex in Maryland;
 - Aerospace Medicine Research at Wright-Patterson Air Force Base in Dayton, Ohio;
 - Regulated Medical Product Development and Acquisition at Fort Detrick, Maryland;
 - Biomedical Defense Research at Fort Detrick; and
 - Chemical, Biological Defense Research, Development and Acquisition at Aberdeen Proving Ground, Maryland.
- Colocation, jointness and division by discipline will allow medical experts from all the services studying the same subject matter to reside in one location to share data, facilities and other resources to help further biomedical science in the military. This arrangement will be both cost-effective and beneficial to research

output. Medical professionals from the Army, Navy and Air Force will work together in subject-specific environments where duplication and redundancy is reduced and application can be quickly enacted and analyzed by all the military's experts in their respective fields.

Conclusion

The 2005 round of BRAC will bring changes to all branches of the military in an effort to enhance jointness, reduce cost of ownership, prepare the nation's military installations for implementation of IGPBS and allow the military to become the CONUS-based expeditionary force of the 21st century. The Military Healthcare System will see major changes that revolve around colocation, jointness and consolidation to cut costs, improve care and advance research in military medicine. As always, the Army's goal is to strike the balance between wartime and peacetime demands on the medical community. This BRAC will not only provide better healthcare services for active duty Soldiers on the battlefield and elsewhere, but also lead to continuity and improvement of services for dependents and retirees.

Key Points

- The 2005 Base Realignment and Closure process is intended to prepare the armed forces for global rebasing, force structure changes and the new expeditionary identity of the military. This process will be completed by assessing the military value of each installation, using three primary methods to streamline the domestic footprint of the armed services: reduction in cost of ownership, colocation and jointness.
- Applying these methods to the Military Healthcare System, the Medical Joint Cross Service Group decided upon three major recommendations: the creation of two regional joint medical centers, one joint center for enlisted medical training and six Joint Centers of Excellence.
- These changes enhance the Army's ability to balance wartime and peacetime demands on the medical community while maintaining access to and quality of healthcare.
- The entire short-term colocation and realignment requirement must be fully funded to allow for realization of the long-term benefits and savings.