

FORT CARSON, COLORADO (ARMY RECOMMENDATION)

SECRETARY OF DEFENSE RECOMMENDATION

Realign Fort Hood, TX, by relocating a Brigade Combat Team (BCT) and Unit of Employment (UEX) Headquarters to Fort Carson, CO.

SECRETARY OF DEFENSE JUSTIFICATION

This recommendation ensures Army BCTs and support units are located at installations capable of training modular formations, both mounted and dismounted, at home station with sufficient land and facilities to test, simulate, or fire all organic weapon systems.

This recommendation enhances the military value of the installations and the home station training and readiness of the units at the installations by relocating units to installations that can best support the training and maneuver requirements associated with the Army's transformation. This recommendation relocates to Fort Carson, CO, a Heavy BCT that will be temporarily stationed at Fort Hood in FY06, and a Unit of Employment Headquarters. The Army is temporarily stationing this BCT to Fort Hood in FY06 due to operational necessity and to support current operational deployments in support of the Global War on Terrorism (GWOT). However, based on the BRAC analysis, Fort Hood does not have sufficient facilities and available maneuver training acreage and ranges to support six permanent heavy BCTs and numerous other operational units stationed there. Fort Carson has sufficient capacity to support these units. The Army previously obtained approval from the Secretary of Defense to temporarily station a third BCT at Fort Carson in FY05. Due to Fort Carson's capacity, the BRAC analysis indicates that the Army should permanently station this third BCT at Fort Carson.

This relocation never pays back because it involves the relocation of a newly activated unit. No permanent facilities exist to support the unit.

COMMUNITY CONCERNS

The community argued that realignment of Fort Hood would result in a loss of personnel due to the relocation of approximately 4,100 soldiers to Fort Carson and almost 5,000 personnel to Fort Bliss, based on 2005 data, rather than the 2003 certified data provided to the Commission. The local community has embraced the newly activated BCT and did not consider this unit as temporarily stationed at Fort Hood. They asserted soldiers have already purchased homes and integrated into the community. The community fears housing prices will drop and soldiers forced to sell homes will experience significant financial losses. Also, the community stated that it responded to the so-called temporary increase in soldiers with increased housing, police, fire and municipal services. They argued that realigning Fort Hood, leaving only five Brigade Combat Teams (BCTs) permanently stationed there, would forego important existing training facilities and create 15 percent excess capacity. The community proposed retention of 6 BCTs at Fort Hood, believing the base has the capacity to train and support up to 50,000 soldiers and their families.

COMMISSION FINDINGS

The Commission's review and analysis found that moving a Brigade Combat Team (BCT) and Unit of Employment (UEX) Headquarters to Fort Carson would enhance military value and improve future mission capabilities. Fort Hood is a model installation for the Army in terms of its infrastructure, ranges, and power projection capabilities, and its very high overall quantitative military value score reflects those

favorable installation characteristics. However, Fort Hood's constraining variable is maneuver acres and, more specifically, its contiguous maneuver acres. The Commission's independent and objective analysis showed that, with or without including Piñon Canyon Maneuver Site in the accounting of acreage, Fort Carson still has more contiguous maneuver acres per brigade combat team than Fort Hood. The Commission views the UEx headquarters relocation to Fort Carson, CO, as important to provide the four planned BCTs with an appropriate-level command and control headquarters. The Commission found in favor of the overall recommendation as providing the necessary balance to the force structure. The Commission took community concerns into account but found them to be offset by the increased military value of DoD's recommendation.

COMMISSION RECOMMENDATIONS

The Commission found the Secretary's recommendation consistent with the final selection criteria and force structure plan. Therefore, the Commission approved the recommendation of the Secretary.

FORT CARSON, COLORADO (JOINT CROSS SERVICE GROUP – MEDICAL; CONVERT INPATIENT SERVICES TO CLINICS)

SECRETARY OF DEFENSE RECOMMENDATION

Realign Marine Corps Air Station Cherry Point, NC by disestablishing the inpatient mission at Naval Hospital Cherry Point; convert the hospital to a clinic with an ambulatory surgery center.

Realign Fort Eustis, VA, by disestablishing the inpatient mission at the Fort Eustis Medical Facility; convert the hospital to a clinic with an ambulatory surgery center.

Realign the United States Air Force Academy, CO, by relocating the inpatient mission of the 10th Medical Group to Fort Carson Medical Facility, CO; convert the 10th Medical Group into a clinic with an ambulatory surgery center.

Realign Andrews Air Force Base, MD, by disestablishing the inpatient mission at the 89th Medical Group; convert the hospital to a clinic with an ambulatory surgery center.

Realign MacDill Air Force Base, FL, by disestablishing the inpatient mission at the 6th Medical Group; convert the hospital to a clinic with an ambulatory surgery center.

Realign Keesler Air Force Base, MS, by disestablishing the inpatient mission at the 81st Medical Group; convert the medical center to a clinic with an ambulatory surgery center.

Realign Scott Air Force Base, IL, by disestablishing the inpatient mission at the 375th Medical Group; convert the hospital to a clinic with an ambulatory surgery center.

Realign Naval Station Great Lakes, IL, by disestablishing the inpatient mission at Naval Hospital Great Lakes; convert the hospital to a clinic with an ambulatory surgery center.

Realign Fort Knox, KY, by disestablishing the inpatient mission at Fort Knox's Medical Facility; convert the hospital to a clinic with an ambulatory surgery center.

SECRETARY OF DEFENSE JUSTIFICATION

The Department will rely on the civilian medical network for inpatient services at these installations. This recommendation supports strategies of reducing excess capacity and locating military personnel in activities with higher military value with a more diverse workload, providing them with enhanced opportunities to

maintain their medical currency to meet COCOM requirements. Additionally, a robust network with available inpatient capacity of Joint Accreditation of Hospital Organizations (JCAHO) and/or Medicare accredited civilian/Veterans Affairs hospitals is located within 40 miles of the referenced facilities.

COMMUNITY CONCERNS

The Keesler Air Force Base, MS community questioned DoD's decision asserting a flawed military value analysis, an ineffective analysis of the effects of shutting down Keesler's Graduate Medical Education program on the community, and disputing the costing data used in estimating savings. If the recommendation is not reversed the community fears healthcare services for active duty personnel, dependents, veterans, and retirees will be drastically reduced in the 4-state area served by Keesler. Additionally, the readiness of medical training for deployment teams, and the medical support provided to the education and training mission of the base, would be adversely affected. Other community effects would be the loss of the current support provided for emergency services, medical support to retirees, and the loss of synergies and personnel support with VA and local hospitals.

Community leaders representing Kentucky questioned DoD's decision to convert Ireland Army Hospital at Fort Knox to an outpatient clinic and ambulatory surgery center when the Army planned to locate a brigade combat team (BCT) at Fort Knox. Standing up a BCT at Fort Knox will result in an increase in permanent party and families, thereby changing the overall demand for soldier and family medical support. Additionally, the community was concerned that if the Ireland Hospital were converted into an outpatient clinic, the local civilian hospitals could not absorb the projected increase in obstetrical care that will be required by the Ft. Knox population.

Community representatives from Cherry Point, NC and North Chicago, IL expressed concerns about converting their hospitals, Halyburton Naval Hospital, NC and Great Lakes Naval Station, IL to clinics with ambulatory surgery centers because active duty service members and their families would no longer have nearby access to inpatient medical services.

COMMISSION FINDINGS

The Commission found that DoD did not make a sufficiently detailed assessment of the available health care services within the referenced communities and failed to determine whether the civilian medical network would be able to provide needed medical services. Additionally, the Commission noted that GAO's analysis showed DoD did not coordinate with the Department of Veterans Affairs (VA) to determine whether military beneficiaries in the referenced communities could have adequate access to care at VA hospitals.

More specifically, the Commission found that the civilian medical network around Ireland Hospital at Fort Knox would have difficulty providing medical services, particularly obstetrical care, to the service members and their dependents who would use Ireland Hospital. Moreover, the demand for health care services would measurably grow when Fort Knox gained an overseas brigade. Finally, the Commission acknowledged community concerns about available health care in the area surrounding Keesler Air Force Base and found DoD's proposal created a risk of insufficient health care services available to Keesler beneficiaries if the medical center was downsized to a clinic with an ambulatory surgery center. It was noted that several hospitals in the area of Keesler AFB are not part of the TRICARE network.

Additionally, in that this recommendation realigns several facilities to clinics with ambulatory surgery centers, increasing demand on outpatient services, the Commission urges DoD to provide the appropriate mix of healthcare providers and the proper level of staff to meet the demand.

COMMISSION RECOMMENDATIONS

The Commission found that the Secretary of Defense deviated substantially from final selection criteria 1, 3 and 7, as well as from the Force Structure Plan. Therefore, the Commission recommends the following:

Realign Marine Corps Air Station Cherry Point, NC, by disestablishing the inpatient mission at Naval Hospital Cherry Point; convert the hospital to a clinic with an ambulatory surgery center.

Realign Fort Eustis, VA, by disestablishing the inpatient mission at the Fort Eustis Medical Facility; convert the hospital to a clinic with an ambulatory surgery center.

Realign the United States Air Force Academy, CO, by relocating the inpatient mission of the 10th Medical Group to Fort Carson Medical Facility, CO; convert the 10th Medical Group into a clinic with an ambulatory surgery center.

Realign Andrews Air Force Base, MD, by disestablishing the inpatient mission at the 89th Medical Group; convert the hospital to a clinic with an ambulatory surgery center.

Realign MacDill Air Force Base, FL, by disestablishing the inpatient mission at the 6th Medical Group; convert the hospital to a clinic with an ambulatory surgery center.

Realign Keesler Air Force Base, MS, by convert the medical center to a community hospital.

Realign Scott Air Force Base, IL, by disestablishing the inpatient mission at the 375th Medical Group; convert the hospital to a clinic with an ambulatory surgery center.

Realign Naval Station Great Lakes, IL, by disestablishing the inpatient mission at Naval Hospital Great Lakes; convert the hospital to a clinic with an ambulatory surgery center.

The Commission found that this change and the recommendation as amended are consistent with the final selection criteria and the Force Structure Plan. The full text of this and all Commission recommendations can be found in Appendix Q.