

There is no nearby housing available and, according to the community, the loss of productivity in making long commutes, often during inclement weather, would be staggering. The 592 housing units that comprise English Village cost the Army \$15 million annually. The community believes that English Village should be kept open to support Dugway's vital missions and quality of life.

Commission Findings

The Commission found closure of English Village would significantly impact Dugway's testing mission and the residents' quality of life. The Commission found permitting problems at Yuma and Aberdeen Proving Grounds, the planned receiver sites for part of Dugway's mission, made the move virtually impossible. On June 14, 1995, the Secretary of Defense asked that the recommendation on Dugway Proving Ground be set aside. The Secretary said testing must remain at Dugway, and because of facility restrictions and permitting requirements, the base operating support, including English Village, should remain open.

Commission Recommendation

The Commission finds the Secretary of Defense deviated substantially from final criteria 1 and 8. Therefore, the Commission recommends the following: Dugway Proving Ground, including English Village, will remain open. The Commission finds this recommendation is consistent with the force-structure plan and final criteria.

Fort Lee, Virginia

Category: Training Schools

Mission: Provide facilities and services to the U.S. Army Combined Arms Support Command, the Quartermaster Center and School, the Army Logistics Management College, and other tenants

One-time Cost: \$2.1 million

Savings: 1996-2001: \$15.5 million

Annual: \$3.7 million

Return on Investment: 1997 (1 year)

FINAL ACTION: Realign

Secretary of Defense Recommendation

Realign Fort Lee, by reducing Kenner Army Community Hospital to a clinic. Eliminate inpatient services.

Secretary of Defense Justification

This recommendation, suggested by the Joint Cross-Service Group on Medical Treatment, eliminates excess medical treatment capacity at Fort Lee, VA by eliminating inpatient services at Kenner Army Community Hospital. Inpatient care would be provided by other nearby military medical activities and private facilities through Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)

Community Concerns

The community contends the Army recommendation would decrease staff at the facility below the level needed to support adequately an outpatient clinic. They argue these staff reductions and elimination of inpatient care services would mean the loss of critical medical support to Fort Lee's mission, as well as diminished access and increased costs for beneficiaries in and beyond the hospital catchment area. In addition, they say these reductions would result in half of the hospital's current demand for outpatient workload falling to outside providers, thus greatly increasing the Army's predicted cost of the recommendation. The community also argues DoD would lose the ability to manage CHAMPUS costs in the Fort Lee area, further increasing the cost of the program beyond the Army's estimate. Finally, the community points out the Joint Cross-Service Group's functional value score for Kenner Army Community Hospital was higher than many other hospitals not recommended for realignment.

Commission Findings

The Commission found the realignment of Kenner Army Community Hospital, to an adequately staffed and resourced outpatient clinic, will eliminate excess acute care inpatient beds and reduce costs, without compromising the mission effectiveness of Fort Lee. The Commission recognized the validity of the community's concern that a poorly staffed clinic could potentially impair Fort Lee's important training and other missions. While the Commission found the adequacy of clinic resources is an Army responsibility and will be resolved during the implementation of this recommendation, it urges the Army to pay close attention to ensure continued, adequate, outpatient care to beneficiaries.

Commission Recommendation

The Commission finds the Secretary of Defense did not deviate substantially from the force-structure plan and final criteria. Therefore, the Commission recommends the following: realign Fort Lee, by reducing Kenner Army Community Hospital to a clinic. Eliminate inpatient services.

Fort Pickett, Virginia

Category: Major Training Areas

Mission: Regional training center that supports active Army and Reserve

Components and other DoD activities

One-time Cost: \$25.3 million

Savings: 1996-2001: \$46.7 million

Annual: \$21.8 million

Return on Investment: 1999 (Immediate)

FINAL ACTION: Close

Secretary of Defense Recommendation

Close Fort Pickett, except minimum essential training areas and facilities as an enclave for the Reserve Components. Relocate the Petroleum Training Facility to Fort Dix, NJ.

Secretary of Defense Justification

In the past ten years, the Army has reduced its active and reserve forces considerably. The Army must reduce excess infrastructure to meet the needs of the future.

Fort Pickett is very low in military value compared to other major training area installations. It has virtually no Active Component tenants. Annual training for reserve units that now use Fort Pickett can be conducted easily at other installations in the region, including Fort Bragg, Fort A.P. Hill and Camp Dawson. The Army intends to license required facilities and training areas to the Army National Guard.

Community Concerns

Members of the rural community strongly support keeping Fort Pickett open, stressing what they believe is its high military value and the employment opportunities it provides. Residents of the town of Blackstone and employees on the installation have both stressed the long-term, outstanding military-community relations that exist, and cited the lack of environmental impediments to training that exist at other military bases. Community groups believe the Army's analysis was flawed, and failed to take into account the training con-

ducted at Fort Pickett by the other services' active and reserve components, as well as increased active duty Marine and Army training occurring there due to training congestion at installations such as Camp Lejeune and Fort Bragg, North Carolina.

Commission Findings

The Commission found the Army evaluated all its major training area installations equally. The Commission also found the Army's process of integrating a quantitative installation assessment with a qualitative operational blueprint, based upon operational and stationing requirements of the Army Stationing Strategy, is a sound approach to develop a military value assessment (MVA) for each installation in this category.

The Commission examined all of the issues presented by the local community and elected officials, especially with regard to the military value of Fort Pickett as a major training area. The Commission found members of all components from all the armed forces train at Fort Pickett. In evaluating the future access to the training facilities and training area of the installation, especially by members of the Reserve Component (RC), the Commission was satisfied that such access can continue. The Commission found adequate training locations existed in the region to handle additional RC annual training requirements, without Fort Pickett, but scheduling of such training would be more difficult, especially during peak training load periods. The Commission also found the National Guard and other RC units required continued access to Fort Pickett for both individual and annual training.

Finally, the Commission found closing Fort Pickett, and preserving an enclave for training for the Reserve Components, would reduce excess infrastructure and generate substantial savings.

Commission Recommendation

The Commission finds the Secretary of Defense deviated substantially from the force-structure plan and final criteria 1 and 2. Therefore, the Commission recommends the following: close Fort Pickett, except minimum essential ranges, facilities, and training areas as a Reserve Component training enclave to permit the conduct of individual and annual training. The Commission finds this recommendation is consistent with the force-structure plan and final criteria.