

DCN: 12347

From: Looney, Richard G LTC WRAMC-Wash DC
Sent: Thursday, August 04, 2005 1:51 PM
To: Williamson, Timothy D COLONEL NARMC-Wash DC; Speers, Don COL PAHC-Ft Monmouth; Miller, Reginald A COL WRAMC-Wash DC; McLain, James LTC PAHC-Ft Monmouth; Torok, Peter G COL KACH - West Point; McCain, Denise M Ms WRAMC-Wash DC; McCreary-Watson, Janice E COL WRAMC-Wash DC; Love, William MAJ PAHC-FT Monmouth
Subject: FW: Army BRAC Inquiry #E0517 (UNCLASSIFIED)
Importance: High

ALCON,

With regards to the FT Dix BRAC Language, please see email traffic forwarded to me by Don Curry (OTSG) on behalf of Mr. Rick Jacksha.

VR,

LTC Looney

From: Curry, Donald C Mr SAIC
Sent: Thursday, August 04, 2005 9:27 AM
To: Looney, Richard G LTC WRAMC-Wash DC
Cc: Steele, Sharon L LTC OTSG/HFPA; Sherman, Harold S Mr SAIC; Jaksha, Rick P Mr TMI MEDCOM HQ
Subject: FW: Army BRAC Inquiry #E0517 (UNCLASSIFIED)

LTC Looney.

Here is info obtained from an inquiry to the BRAC folks regarding Ft. Dix..

Don

From: Jaksha, Rick P Mr TMI MEDCOM HQ
Sent: Thursday, August 04, 2005 10:10 AM
To: Steele, Sharon L LTC OTSG/HFPA; Curry, Donald C Mr SAIC; Sherman, Harold S Mr SAIC; Vance, Randall J LTC MEDCOM HQ; Coley, Herbert A Mr MEDCOM HQ; Luther, Jeanne Ms MEDCOM HQ; Quick, Marlene R Ms MEDCOM HQ; Olson, Glen N STAR DIGITAL MEDCOM HQ; Seifert, Nora B Ms MEDCOM HQ; Robertson, Jo Ann Ms MEDCOM HQ; Scott, Arthur COL DENCOM HQ; Rubin, Irwin L Dr VETCOM HQ; Rahm, Ronnie L Mr MEDCOM HQ
Subject: FW: Army BRAC Inquiry #E0517 (UNCLASSIFIED)

FYI..... Use/forward as appropriate

From: BRACO Webmaster [mailto:brac2005@hqda.army.mil]
Sent: Thursday, August 04, 2005 9:01 AM
To: Jaksha, Rick P Mr TMI MEDCOM HQ
Subject: FW: Army BRAC Inquiry #E0517 (UNCLASSIFIED)

Mr. Jaksha, your inquiry was directed to the Army BRAC Operations Center.

The recommendation is to establish "Joint Base McGuire-Dix-Lakehurst" BRAC had no major impacts on the Active Component at Ft Dix. The installation management functions at Fort Dix, Lakehurst Naval Air Station and McGuire Air Force Base will be combined to gain efficiencies. The Reserve Component Command and Control, Training Support and Mobilization missions at Fort Dix will also expand.

Ft. Dix will not become an Active Component Base, and there are no planned stationing actions of Active Component units to Ft. Dix.

Army BRAC 2005 Operations Center
BRAC2005@hqda.army.mil
1-888-309-6359
<<http://www.hqda.army.mil/acsim/brac/default.htm>>

From: Jaksha, Rick P Mr TMI MEDCOM HQ [mailto:Rick.Jaksha@AMEDD.ARMY.MIL]

Subject: Fort Dix Clarification Request

Request interpretation of BRAC language affecting Fort Dix, NJ.

Was advised that the language reads to the effect....that Fort Dix, Lakehurst NAS, and McGuire AFB would be designated a Joint Active Component Base. As a result of this wording, Fort Dix would become an Active Army installation; therefore, Active Army assets from Fort Monmouth could relocate to Fort Dix.

This is not my interpretation and I do not find any Active Army units directed to relocate to Fort Dix.

1. Will Fort Dix reopen as an active Army installation under BRAC 2005?
2. Will this or any other action allow the stationing of active Army units on Fort Dix?

Rick Jaksha
HQ MEDCOM
BRAC Pgm. Ofc.
210-221-7206
Cell: 210-885-1807

Classification: **UNCLASSIFIED**

Caveats: NONE

MEMORANDUM FOR RECORD

SUBJECT: Status of Request to Establish Permanent Medical TDA at Fort Dix, NJ

1. On 5 August 2005, COL Don Speers, Commander, Patterson Army Health Clinic, emailed COL R. David McNeil, Commander, Fort Dix, and advised that there may be difficulties in establishing the requested permanent medical TDA for a planned Troop Medical Clinic at Fort Dix. He cited a BRAC Operations Center message, dated 4 August 2005, which stated that since Fort Dix will not become an active component base, there were no planned stationing actions of active component units at Fort Dix. The referenced message trail is attached as enclosure 1. COL Speers' telephone number is (732) 532-1341.
2. On 15 August 2005, I called COL Victor Horton, Staff Judge Advocate, MEDCOM, concerning the plan to station active component medical support personnel at Fort Dix. COL Horton cited a 1995 opinion by the Administrative Law Division, OTJAG, that ruled a Regional Criminal Investigation Command could not be stationed at Fort Dix because its mission statement indicated that the unit provided services to all Army elements, not primarily the Army Reserve. COL Horton believes that this opinion effectively precludes the stationing of active Army medical support personnel at Fort Dix. The referenced opinion is attached at enclosure 2. COL Horton's telephone number is (210) 221-8400.
3. I subsequently called COL Jan Charvant, Chief, Administrative Law Division, OTJAG, on 15 August 2005 and asked for a review of the 1995 opinion as it applied to Fort Dix's request for assignment of active Army medical personnel. I referred to several superseding events to include the stationing of numerous active units from all the other services and the relocation of MEPS from Philadelphia to Fort Dix that effectively modified existing policy to allow active duty units to be stationed at the installation. I also suggested that the basis for the 1995 opinion, that contemplated a CID Command with a regional mission, could be distinguished from that of a Troop Medical Clinic which would be established to provide medical assistance specifically for mobilized troops training at Fort Dix. COL Charvant agreed to assign the matter to MAJ Kerry Erisman, the Administrative Law Division's POC for BRAC issues. COL Charvant's phone number is (703) 588-6752.
4. On 16 August 2005, Mr. Robert Lichtneger and I called MAJ Erisman, who confirmed that he was working the issue. I again suggested that the 1995 Administrative Law opinion, addressing the stationing of a regional CID Command Headquarters, could be distinguished from the stationing of a Troop Medical Clinic. MAJ Erisman acknowledged the urgency of the matter and offered that he would have the action completed within two days of the phone call. MAJ Erisman's phone number is (703) 588-6752.

2 Encl
as

BARRY M. WOOFER
COL, JA
Staff Judge Advocate

Hague, David, CIV, WSO-BRAC

From: Yoder, Charles, WSO-BRAC
Sent: Monday, August 22, 2005 2:09 PM
To: Cirillo, Frank, CIV, WSO-BRAC; Hague, David, CIV, WSO-BRAC
Subject: En bloc language

There will be instances where installations or recommendations will be discussed and voted on as a group. It is important to remember that these sites have been visited, commissioners have read the site visit reports, reviewed the records of regional hearings, and reviewed the extensive record of issues raised by local communities' citizens. If the Commission agrees, I will propose en bloc groupings where I sense a developing consensus. However, such a grouping would not preclude Commissioners from requesting a separate discussion or vote

Hague, David, CIV, WSO-BRAC

From: Van Saun, David, CIV, WSO-BRAC
Sent: Monday, August 22, 2005 1:36 PM
To: Schmidt, Carol, CIV, WSO-BRAC; Hague, David, CIV, WSO-BRAC
Cc: Cirillo, Frank, CIV, WSO-BRAC; Sarkar, Rumu, CIV, WSO-BRAC
Subject: FW: Active Army Units at Fort Dix
Attachments: Document.pdf; Dix Installation manager memo.doc; BRACOTraffic.doc; Medical Personnel TDA.doc

Carol - Take a look and see if "it makes sense."

David - Any legal reason to "worry" about the language?

Thanks, Dave

From: Walsh, Deirdre, CIV, WSO-BRAC
Sent: Monday, August 22, 2005 1:19 PM
To: Van Saun, David, CIV, WSO-BRAC
Cc: Reborchick, Margaret, CIV, WSO-BRAC
Subject: FW: Active Army Units at Fort Dix

I think I sent this to you already, but wanted to be sure.

Marcy -- for the library.

From: Silvestro, Michael [mailto:Michael.Silvestro@mail.house.gov]
Sent: Friday, August 19, 2005 2:28 PM
To: Deirdre M. Walsh (E-mail)
Cc: Silvestro, Michael
Subject: Active Army Units at Fort Dix

Deirdre,

I am writing in regard to the issue I briefed you on yesterday morning. Knowing how busy all of the staff members are, I thought that a message addressing all aspects of the issue might be more useful than a phone call. Accordingly, I prepared the message below for Dave. Would you be so kind as to provide this to him?

I tried to keep the message as succinct and direct as possible. I will be in and out of the office all weekend and will be available on my personal cell (202-841-2799) to address any questions or to provide more information as needed.

Thank you once again for all of your help!!!!

Message follows:

Dave,

I am writing in regard to an issue at Fort Dix. The origin of the "problem" is an Army legal opinion that interprets the BRAC 1995 language pertaining to Fort Dix. Until recently we thought that the problem would be rectified by the new BRAC recommendations pertaining to Fort Dix. However, a recent Army legal review indicates otherwise. While this is a legal related matter, I wanted to bring it to your attention because the Army BRAC office has

reviewed the language of the DoD's 2005 BRAC recommendations and upheld the 1995 opinion. Therefore, if this issue is not specifically addressed in the Commission's BRAC 2005 report, then the implementation of both the Joint Pre-Deployment/Mobilization Site Dix/McGuire/Lakehurst (H&SA 35) and Joint Base McGuire-Dix-Lakehurst (H&SA 41) recommendations may be adversely affected in a manner that we believe is inconsistent with the Secretary's intent.

While I will try to be as succinct as possible this message may still be a little long. The detailed information follows:

Background:

During BRAC 1995, the DOD and the BRAC Commission both agreed on the recommendation to the President and Congress as to the disposition of Fort Dix. The BRAC language states:

"Realign Fort Dix by replacing the Active Component garrison with a U.S. Army Reserve garrison. Retain minimum essential ranges, facilities, and training areas required for Reserve Component (RC) training as an enclave."

Since then, there has been internal debate within the Army as to whether this language prohibits the relocation of any active duty Army units on Fort Dix. A 1995 legal opinion was issued at the DA level which interpreted that language. This opinion stated that such a relocation was prohibited by this language. However, over the next 10 years, in addition to its Army Reserve and New Jersey National Guard units, Fort Dix received active duty Air Force, Navy, Coast Guard and DOD-level MEPS units. Simply stated, the interpretation of the BRAC 1995 language has resulted in every other service being allowed to station active duty units on Fort Dix with the exception of the Army.

Attached is the 1995 DA Admin Law Opinion which stated that active Army units could not be stationed at Fort Dix, NJ unless they "primarily" served Reserve Component mission. This was provided as the basis for requiring CID to relocate its office from Fort Dix to Fort Monmouth. Under the author's analysis, no Army units could ever perform any services to Reservists on Fort Dix unless the Reserves are the "primary" recipient of services performed. Interestingly, there is nothing in the BRAC 1995 language that supports this interpretation.

<<Document.pdf>>

Current Situation:

Right now, this interpretation is preventing a January 2005 decision by the North Atlantic Regional Medical Command (NARMC) CO, MG Farmer, to permanently assign 130 medical personnel to Fort Dix. This decision was made in response to a personal directive by the Chief of Staff of the Army to provide adequate medical support at Fort Dix in support of its Mobilization and Demobilization missions. Attached is a memorandum from the Commander of the Fort Dix Medical Support Command that provides a more detailed account of the situation.

<<Dix Installation manager memo.doc>>

Post BRAC 2005 Preliminary Analysis:

Recognizing the correlation between the above medical situation and the future of Fort Dix as identified in the DoD BRAC 2005 recommendations, a request to analyze the permanent stationing of these medical personnel and any other Active Army components under the assumption that the BRAC 2005 recommendation is approved as written was requested. Communications to date appear to indicate that the BRAC 2005 language, as written, will not remedy this problem. Attached you will find email traffic from the Army BRAC Operations Center that demonstrates their view and placed MEDCOM into a hold pattern on the action. Lastly I have attached a 17 Aug MFR that ties all of these items together.

<<BRACOTraffic.doc>> <<Medical Personnel TDA.doc>>

Requested Action:

In order to promote true "jointness" and allow as much flexibility for each of the services to ensure success of the proposed DoD BRAC 2005 recommendations, it is important that the Army no longer forbid itself from combining its own active and reserve forces on Fort Dix. Noting that the BRAC 1995 language has some examples of where they amended, changed, or simply reversed the decisions of the BRAC 1991 and 1993 Commissions (e.g. MacDill AFB), we felt that this may be an issue that the 2005 BRAC commission may be interested in addressing.

At the risk of being presumptuous, I have provided some recommended language that we believe would greatly assist in the successful implementation of the DoD Joint recommendations at Fort Dix. The proposed language is as follows:

"COMMISSION RECOMMENDATION

The recommendation of the 1995 Commission to retain minimal essential ranges, facilities and training areas required for Reserve Component training is expanded to allow for both Reserve Component and Active Duty units to engage in training and other missions at Fort Dix as directed by the Secretary of Defense. This recommendation also allows for the temporary or permanent relocation of Active Duty and Reserve Component units to Fort Dix consistent with current and emerging missions."

Thank you for your consideration of this important matter. Please advise if I can be of further assistance.

V/R

Michael J. Silvestro

Military Legislative Assistant

Rep. Jim Saxton (R-NJ)

2217 Rayburn H.O.B.

Washington, DC 20515

ph: (202) 225-4765

fax: (202) 225-0778

777-66-34
NSN 7549-01-517-7200 5098-101 GENERAL SERVICES ADMINISTRATION

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Federal Property Management Regulations and base closure law. Recommend you review this portion of the plan and revise accordingly.

c. The plan indicates that various AAFES facilities will be retained on the Reserve enclave (see Figure B-1, page 9). The plan does not indicate whether the retention of exchange activities complies with OSD policy concerning exchanges on closed and realigned installations (see OSD memorandum (USD(P&R)), subject: exchange operations on closed and realigned installations, dated 18 October 1994, encl.). OSD policy requires that exchanges remaining on closed installations receive no appropriated funding and meet a specific set of criteria before being approved by OSD or the exchange commander. Recommend you review this portion of the plan and revise accordingly.

2. The Environmental Law Division, Office of The Judge Advocate General (MAJ Corbin), will provide separate comments concerning the environmental documentation.

3. The Office of the General Counsel concurs with this opinion.

4. Point of contact for this opinion is MAJ Beaver, 614-4319.

FOR THE JUDGE ADVOCATE GENERAL:



STEPHANIE C. SPAIN

LTC, JA

Chief, General Law Branch

Administrative Law Division



**DEPARTMENT OF THE ARMY
MEDICAL SUPPORT COMMAND, FORT DIX, NJ
Soldier Readiness Center, Building 5250, New Jersey Avenue,
Fort Dix, NJ 08640**

MCXS-SRC

16 August 2005

Memorandum for Mr. Lichtegeer, Installation Manager, Fort Dix, NJ

Subject Future Medical Support Staffing at Fort Dix

1. Last year the Chief of Staff of the Army directed the Army Medical Command (MEDCOM) and the North Atlantic Regional Medical Command (NARMC) to develop solutions to the challenge of adequately staffing medical support at Fort Dix for the ongoing and increasing missions of MEDHOLD, Troop Medical Clinic (TMC), and Soldier Readiness Check (SRC) at the busiest Power Projection Platform in the Army.
2. From Sept 2001 to Dec 2004, there have been varying numbers and components of medical staff from mobilized Reserve Medical Support Units, individually mobilized reservists, reservists on 2 weeks AT, Active Duty soldiers from NARMC on TDY or TCS, and civilians hired by the Veterans Administration under a DOD-VA sharing agreement. The USA MEDDAC at West Point, NY had command oversight for the first 2 years, and then it was transferred to PAHC at Fort Monmouth, NJ. The off-site command and control proved to be difficult for managing day-to-day medical operations, accountability and performance, optimal care of MEDHOLD soldiers, and personnel issues.
3. MG Farmer, the NARMC CO, therefore, made the decision to put a medical Command Group in place at Fort Dix in January, 2005 to be responsible for all things medical, but still supported by PAHC and NARMC. Then these commands got together to develop a more permanent medical staffing model, a Table of Distribution and Allowances (TDA) for Fort Dix.
4. MG Farmer supported the proposed TDA to have staff of about 130 as follows:
 - a. Medical Corps Colonel Commander with 3 Deputy Commanders – for Clinical Services, Nursing, and Administration.
 - b. About 20 other military staff in various OIC, NCOIC, and medical MOS positions that would have to come out of existing NARMC assets.
 - c. 14 civilian providers (Nurse Practitioners, Doctors, and Physician Assistants) provided by the VA or GS.
 - d. 90 support staff of nurses, medics, techs, clerks, etc hired by the VA and/or GS.
5. This TDA of 130 is less than the current 155 medical staff at Fort Dix because it was felt that there would be more consistency, experience, and efficiency of staff. And if there was co-location in an SRC-TMC facility, (as is currently in the old Walson Hospital) the missions could better accomplished even with this lower number of staff.
6. Regarding medical facilities, the USAR has approved funding this FY for renovation and new construction of the old SRC (gymnasium) at Fort Dix, likely to be completed by 2007. However, there is no decision yet on what the MEDCOM requirements are for a new TMC. Fort Dix is also proposing under BRAC a future combined Joint Mobilization Center for Dix-McGuire-Lakehurst.

7. For now, NARMC and MEDCOM are still studying the proposed Medical Support Command TDA for Fort Dix. MEDCOM is specifically looking at whether or not under regulations a medical TDA can be approved, funded, and located on a USAR post, which Fort Dix is. A related precedent for this is the current DOD Military Entrance Processing Station (MEPS) TDA that was placed at Fort Dix in 2000.
8. I will be glad to answer any further questions regarding medical support at Fort Dix.

CHARLES S. HORN
COL, MC
COMMANDING

Cc:
COL McNeil, Fort Dix CO
COL Speers, PACH CO
COL Williamson, NARMC COS