BRAC proposals reflect shift to outpatient care

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Advances in medicine affect closures, official says

By Deborah Funk
TIMES STAFF WRITER

In developing proposals for revamping military hospitals and clinics as part of this year's base realignment and closure process, defense officials mirrored a broader shift in American health care by increasing the use of outpatient services and same-day surgeries, a top official said.

At the same time, military health officials have sought to consolidate and increase the efficiency of inpatient services in a process that was "surprisingly collaborative," said Lt. Gen. (Dr.) George Peach Taylor Jr., the Air Force surgeon general, who chaired the Medical Joint Cross-Service Group.

That group recommended:

- Consolidating military inpatient care in the Washington, D.C., and San Antonio areas.
- Combining medic training at Fort Sam Houston, Texas.
- Converting hospitals to outpatient clinics with outpatient surgery services at the Air Force Academy in Colorado Springs, Colo.; MacDill Air Force Base, Fla.; Naval Station Great Lakes and Scott Air Force Base, Ill.; Fort Knox, Ky.; Keesler Air Force Base, Miss.; Naval Hospital Cherry Point, N.C.; and Fort Eustis, Va.
- Moving health care to Fort Lewis, Wash., from nearby McChord Air Force Base.

Advances in medicine, including surgical techniques and anesthesiology, have changed the focus from inpatient care, the norm when the military medical infrastructure was built, to outpatient care and same-day surgeries.

While building its BRAC plan, the Medical Joint Cross-Service Group tried to focus on patients' access to and quality of care, and to make sure the staff at any given facility had a "full, well-rounded practice," Taylor said. Even in places that would close inpatient units, such as Keesler, military doctors will still admit patients to hospitals when needed; they'll just admit them to a civilian facility, as is already done at Offutt Air Force Base, Neb., Taylor said.

"They're just another group in town asking for privileges at that facility," Taylor said in a July 6 interview.

While collaboration among the medical planners on the medical BRAC plan was relatively easy, the plan still faces hurdles.

"The hardest part is to overcome the perception of 'You're closing Walter Reed,'" Taylor said. "What we're creating is a new Walter Reed, a new National Military Medical Center to be able to invest in the right way in our infrastructure to move us to a far superior platform" than exists today.

Under the plan, in the national capital area, Malcolm Grow Hospital at Andrews Air Force Base, Md., would become a same-day surgery center. DeWitt Army Hospital at Fort Belvoir, Va., would expand to care for a growing military and retiree population in the metropolitan area.

Walter Reed would close its Washington location and its capabilities would move about six miles to Bethesda, Md., to the National Naval Medical Center campus, Taylor said. The combined facility will be named the Walter Reed National Military Medical Center.

"The hardest thing we all face is looking back," he said. "BRAC is about looking forward. ... The same amount of health care, new location."

But some critics question how defense officials made their decisions, in part because they say the value of Walter Reed was minimized.

The National Association for Uniformed Services wants "an independent review" of the methodology used to recommend reshaping the medical system, including how it determined military value and related cost estimates, said retired Army Col. Charles Partridge, the association's legislative counsel.

"Changes to the military health system are literally of life-and-death importance to the nation and to the men and women of the uniformed services," Partridge said. "These changes are too important to be the byproduct of the BRAC process. They deserve a separate, independent review to ensure the massive restructuring envisioned by the BRAC process serves the best interests of those it is designed to serve."

The new Walter Reed National Military Medical Center would be jointly staffed by the three military medical departments.

In San Antonio, Wilford Hall inpatient and trauma services would move to Brooke Army Medical Center and become the San Antonio Regional Medical Center, with a staff of Air Force and Army medical workers.

Until now, stateside facilities rarely have had joint staffs, but that is not uncommon at overseas locations. Balad, Iraq, has a combined staff of Air Force, Army and some Australian medical personnel. Landstuhl Regional Medical Center in Germany also has a joint U.S. military medical staff. At the Navy hospital on Okinawa, Japan, the Air Force runs the neonatal intensive care unit.

Operating joint facilities "appears to be easier to do in the field than it is back home," Taylor said. "It's going to be an interesting test for us ... [but] I see no real reason why we shouldn't be able to leverage that in the States, as well." □

As BRAC hearings loom, 'difficult decisions' ahead

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Air Guard issue could be pivotal in federal, state fight

By Gordon Trowbridge
TIMES STAFF WRITER

After two months of listening, the independent base-closing commission now must speak — and on a variety of thorny legal issues.

The nine-member panel's first deliberations — on whether to add a handful of bases to the closings already recommended by the Pentagon — are scheduled for July 18 and 19 in Washington, D.C. And after nearly two dozen hearings across the nation, outside experts say, the panel has a surprising number of difficult issues to deal with.

"If the presentations [from communities opposed to closings] are uniformly as good as the ones I saw, they're going to have some difficult decisions," said Christopher Hellman, an analyst for the Center for Arms Control and Nonproliferation who argues in favor of base closings.

The July 18 hearing will include testimony from defense officials in response to the commission's July 1 proposals to add more bases to the Pentagon's list for review and possible closure. The next day, commissioners will hold their first votes on whether to formally make those additions.

But an issue concerning the Air National Guard is likely to take center stage. The Air Force plans to remove aircraft from nearly two dozen Guard bases across the country. At issue is whether the changes require state approval.

Pennsylvania, which would lose the Willow Grove Joint Reserve Base, is the first of what could be a rush of states to file suit, arguing that the Pentagon can only make sweeping changes in Guard units with approval from governors.

An internal memo drafted by the commission's legal staff suggests the states have the law on their side — an opinion that, if followed, would unravel much of the Air Force's base-shuffling plan.

Though Army officials had extensive discussions with the states about National Guard changes, the Air Force apparently gave the issue little consideration: Minutes from this year's meetings of the Air Force's top base-closings committee do not contain a single mention of the word "governor."

"I'm proud to wear a blue uniform. But I think many of us are disappointed with the way the Air Force conducted this process," said Air Guard Maj. Gen. Bruce Tuxill, Maryland's adjutant general. "The Air Force, Air Guard and Air Force Reserve have had a great relationship over the years. ... I hate to see our wonderful relationship come to this point."

Opponents received support from Army Lt. Gen. Steven Blum, chief of the National Guard Bureau, who told defense reporters the Air Force should have consulted with the states.

"I don't know why the Air Force chose to do it the way they did," he said. "This was not an unpredictable situation."

Among the commission's other tasks, beginning the week of July 18, are to:

■ Consider adding bases to the Pentagon's proposed list of 33 major closings. The additions include a shipyard at Pearl Harbor, Hawaii; Naval Air Station Oceana, Va.; Marine Corps Recruit Depot San Diego; and three military graduate education institutions.

■ Sort out questions about the Pentagon's cost-savings estimates, which a Government Accountability Office report says could be overstated by billions of dollars.

■ Resolve a controversy over the decision to move thousands of workers, mostly civilians, out of leased office space, which one architect of base-closure legislation has declared illegal.

Although most experts believe commission chairman Anthony Principi and his fellow commissioners have dropped few hints on how they would answer those questions, they also say not to expect easy acceptance of the Pentagon's recommendations.

"They're determined to take an independent look not just at the results, but the governing strategy behind them," said Kevin Beeks, vice president for policy for Business Executives for National Security, an organization that favors closing more bases. "If they don't see good reasons, they're prepared to go further" to close bases. □

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POSSIBLE CLOSURE LIST ADDITIONS

Hearings in Washington on July 18 and 19 will consider possible additions to the Pentagon's list of recommended base closings. Among them:

- Marine Corps Recruit Depot San Diego.
- Naval Shipyard Pearl Harbor, Hawaii.
- Naval Air Station Brunswick, Maine.
- Navy Broadway Complex, San Diego.
- Naval Air Station Oceana, Va..
- Grand Forks Air Force Base, N.D.
- Navy and Air Force graduate schools at Monterey, Calif., and Wright-Patterson Air Force Base, Ohio.
- Army, Navy, Air Force and Defense Department medical headquarters in Washington, D.C., and Northern Virginia.

Officials fight to keep San Diego recruit depot

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By Gidget Fuentes
TIMES STAFF WRITER

LOS ANGELES — The Marine Corps' recruit training base in San Diego, 120 miles to the south, is a favorite of Hollywood producers who often depict the historic depot on the silver screen.

But Marine Corps Recruit Depot San Diego, a 500-acre base where all prospective Marines from west of the Mississippi River are trained, could soon find itself on the chopping block if the Base Closure and Realignment Commission agrees to add it to the list of bases to close.

The San Diego recruit depot was spared the ax under the Pentagon's list of recommended closures and realignments.

But this spring, Commission Chairman Anthony Principi, on a visit to San Diego bases, publicly questioned why the recruit depot wasn't on the BRAC list. Principi's comments, which came after reports that Marine Corps leaders had weighed recommending closure of the recruit depot, fueled a firestorm from San Diego officials who had thought they had survived the original closure list.

Those officials pushed their point at a regional hearing here July 14, one of the last before the commission meets in Washington, D.C., to hear arguments on whether more bases should be closed.

Retired Marine Gen. Joseph Hoar, a former commander of U.S. Central Command, said expanding the Corps' other recruit depot, at Parris Island, S.C., is out of the question.

"The land is encumbered significantly by historically significant buildings and wetlands," Hoar, a member of the California Council on Base Support and Retention, told the five commissioners attending the hearing. The flat, low country of South Carolina, Hoar said, already limits live-fire rifle and weapons ranges and expanding that facility to accommodate extra battalions of recruits "cannot be done."

"This fact, alone, could create a fatal flaw" in the argument for consolidation, he added.

Hoar said that combining both recruit training centers into one depot would spawn a host of problems.

Bad weather and hurricanes could disrupt training and potentially delay the influx of new Marines into the operational forces. So, too, would a bout of infectious diseases, such as meningitis, which occasionally surface and can threaten large groups of young people in close quarters.

A single training facility, Hoar added, wouldn't be able to handle a surge in recruits.

Consolidating recruit training at Parris Island would cost $640 million or more, he said, noting that could take 100 years for the consolidation to pay for itself.

However, Principi didn't seem to be convinced.

The former Department of Veterans Affairs secretary wondered why the Marine Corps resists consolidating its recruit training, as the other military services have done. He also challenged the Corps' figures, noting that more than half of all recruits train at Parris Island. Principi questioned a statistic stating that the service puts 2,500 recruits through the San Diego depot each month, noting that service data shows some months see only about 600 come through the depot.

His questions drew Hoar's ire. The other services' basic-training consolidations aren't relevant, Hoar said, and he went into a short but pointed lecture about the uniqueness of the Marine Corps.

"The Marines are not like anybody else. We are different," Hoar replied, his comments spurring some loud applause and cheers from the crowd of about 180 gathered in a high school auditorium. Marines do "entry-level training that lasts twice as long as the other services."

If it were possible to combine the recruit depots, Hoar said, "I think we'd be happy to do it."

But "we are constrained by geography and safety," he added. "The issue is: You just can't do it all at Parris Island."

Beyond concerns about San Diego, the Pentagon's data collection and assessments of other installations drew fire at the hearing.

State Sen. Roy Ashburn, a Republican, noted that Marine Corps Logistics Base Barstow rebuilt .50-caliber machine guns for the Army's 3rd Armored Cavalry Regiment within 30 days before the unit's deployment from nearby Fort Irwin. That was far less than the three years offered by the Army's Anniston Army Depot, Ashburn said.

That quick work, said Patricia Morris, assistant to the Barstow city manager, came because the Marines' logistics bases provide the highest level of ground depot maintenance, handling big-ticket items such as armored vehicles, stripping them down and upgrading every piece, if needed, on site. Army depots, Morris noted, are "component" facilities that provide limited maintenance on site and ship out most items, which in turn causes delays and extra work and results in lower combat readiness.

Sending most of the maintenance work to eastern depots makes little sense, Morris said, noting that two-thirds of the Marine Corps' ground equipment is located at western bases and in the Pacific region.

Moving that function would be "disastrous," she told the panel. □

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Closures may affect Tricare coverage

By Deborah Funk
TIMES STAFF WRITER

While the Pentagon has proposed closing relatively few military bases with health care services, advocacy groups want to ensure that defense officials continue to operate the low-cost managed care option called Tricare Prime for people living near clinics that may shut down.

"What we would hope they would say is, 'Yes, we're going to keep Prime service areas where we're closing bases,'" said Joyce Raezer, government relations director for the National Military Family Association.

So far, the Defense Department has not committed one way or the other. But the companies that manage Tricare and are responsible for building the system's provider networks are looking ahead at possible needs and making plans to continue offering Prime.

Air Force Surgeon General Lt. Gen. (Dr.) George Peach Taylor Jr. chaired the joint service committee that recommended how to realign medical services.

TriWest Healthcare Alliance is collaborating with the military, using a sophisticated modeling tool the company developed several years ago to determine demand.

Similarly, Humana Military Healthcare Services is assessing how Base Closure and Realignment could affect its Tricare South region and plans to continue offering Prime.

"We certainly assume that's part of our commitment," said Richard Mancini, Humana's director of network management.

The greatest impact in the South region would be on retirees enrolled at Fort McPherson, Ga., and Naval Air Station Atlanta.

But there is ample capacity in the area's civilian network to absorb the primary-care business now provided at the military clinics, Mancini said.

As of July 11, 3,978 retirees were enrolled in Prime at the McPherson clinic and assigned to a military health care provider. There are 838 civilian primary-care managers in the Tricare network within a 20-mile radius.

No retirees are assigned to military providers at NAS Atlanta, which is actually in suburban Marietta, Ga., he said.

Officials of Health Net Federal Services, manager of the Tricare North region, are meeting with individual military hospital and clinic commanders to determine supply and demand and to plan for any changes that might be needed in the civilian network if particular bases close.

Submarine Base New London, Conn., and Fort Monmouth, N.J., are among the installations recommended for closure in the North region.

Some 2,624 retirees and their dependents receive primary care at the military clinic in New London.

At Fort Monmouth, 1,484 retirees and family members rely on the military clinic for primary care.

In addition, 612 retirees and their family members get primary care at Fort Monroe, Va., also in the North region, said Scott Kelly, Health Net's program manager. □