



Base Realignment and Closure

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Defense planners eye unified medical command concept

By Donna Miles
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WASHINGTON — Defense Department officials are weighing the potential benefits of creating a single, unified medical command that would oversee all military health care as well as the training and education of military medical professionals and military medical research and development activities.

The concept, if adopted, would bring together the Army, Air Force and Navy medical departments and services, enabling DoD to provide better care while keeping costs in check, said Dr. David Tornberg, deputy assistant secretary of defense for clinical and program policy.

The DoD medical community is generally supportive of such a realignment, which Tornberg said would make more efficient use of health care assets and programs and eliminate redundancies. It would also boost DoD's buying power so it gets more goods and services for its acquisition dollars, he said.

While bringing the military health care system new efficiencies, the plan "would also recognize that each of the services has service-unique requirements and cultures," Tornberg said.

The concept of a unified DoD medical command isn't new; in fact, it was first raised in 1942 and has resurfaced off and on over the years.

With Defense Secretary Donald Rumsfeld pushing "jointness" to new levels, along with his transformation efforts, Tornberg said there's a strong indication the idea of a unified medical command may move beyond the talking stage.

Defense planners are putting together options for implementing the concept, which they plan to present to the senior leadership within the next several months, said Tornberg, who co-chairs the working group that's developing the options. Once approved, the implementation plan for a unified medical command would be included in the fiscal year 2008 budget request, he said.

Throughout the process, the biggest litmus test will be how much it improves the military health care system, Tornberg said. "No change would ever come at the price of quality," he said. "We are always striving to provide a higher-quality product, and this has the potential to help us."

Already, several examples of a unified approach to medical care are operating or in the works. DoD's health care system in support of operations in Iraq and Afghanistan rely on the integrated capabilities of each of the military services. Also, Landstuhl Regional Medical Center in Germany operates as a joint medical facility.

The 2005 base realignment and closure plan, with big changes to military medicine in Washington, D.C., and San Antonio, offers a snapshot of what's likely to be ahead, Tornberg said.

It establishes the Walter Reed National Military Medical Center on the grounds of the National Navy Medical Center in Bethesda, Md., while closing the existing Walter Reed campus in Washington, D.C. In addition, Malcolm Grow Hospital at Andrews Air Force Base, Md., will become an ambulatory clinic. Military medical research and development will combine efforts at Fort Detrick, Md., and Edgewood Arsenal, Md.

BRAC 05 also creates the joint San Antonio Regional Medical Center at Brooke Army Medical Center and makes San Antonio the training hub for all enlisted medical technicians.