

**PLANNING AND POLITICS: A WINNING STRATEGY
(NOT ONLY) FOR CLOSING MILITARY BASES
by Linda Stamato**

(The first feature article in this issue of CNCR News discusses the successful use of conflict resolution techniques to help solve one of our nation's thorny problems—the closing of military bases. CNCR Deputy Director Linda Stamato originally wrote on this subject in Negotiation Journal (Vol. 6, No. 2, 1990) and in this sequel, describes the process used to close dozens of military bases and housing complexes, and reduce operations at several others, affecting some 100 installations across the country. This is expected to save the US. Government \$700 million a year. In spite of such savings, previous efforts on the matter had failed, as politicians from districts in which affected bases were located made closings next to impossible. Ms. Stamato's description of the process used to end this logjam offers not only a success story for consensus building on this issue, but a model which could be adapted to addressing other contentious public policy matters.)

* * *

“There is something in the heart of every politician that loves a military installation...though they may hate its purpose, though they may vote against the defense, they want the money coming back into the area and they defend to the death the continuation of a base.”

Senator Phil Gramm (R-Texas)
New York Times, October 12, 1988.

For more than a decade, every effort that the Pentagon made to shut down obsolete bases was thwarted by lawmakers whose states, or districts, benefited economically from the installations. In fact, legislation adopted in the late 1970's required an environmental impact study any time a base closing was to be considered, the effect of which was to stall and, ultimately, prevent closings.

Then, in 1988, Congress decided to clear a path. Les Aspin, Representative from Wisconsin at the time, believed “the trick was to fix it so the right thing to do, the good government vote, would be aye.” (*New York Times*: May 3, 1988). Steering Congress away from a politically negative posture required a strategy that was itself political: The Defense Base Closure and Realignment Commission, “good government” in the form of a nonpartisan commission, took on the job of doing what Congress itself could not or would not do.

The commission's 1993 report, received and approved by President Clinton and Congress, has become law. This effort completes the second of three scheduled rounds of domestic base closings developed under the formula first approved and applied in 1989.

Why has the strategy proved so successful? Might other politically charged, seemingly

intractable issues be approached in a similar fashion? The history of the base closing commissions is instructive in this regard.

The strategy was provided in the form of a legislative initiative proposed by U.S. Representative Richard Arme y, a Texas Democrat, with more than 100 co-sponsors. Arme y recognized that Congress faced enormous political pressure to oppose Administration decisions to shut down any military base because of the heavy economic impact in home districts. His compromise plan restricted the power of both the Administration and the Congress in the form of a new kind of decision-making process. The process outlined a timetable for base closings, provided resources to ameliorate impact, and established a nonpartisan commission to develop criteria, hold hearings and make recommendations on base closings. The commission had twelve members, all of whom were appointed by the Secretary of Defense. It was co-chaired by two highly respected former members of Congress, Senator Abraham Ribicoff of Connecticut, a Democrat, and U. S. Representative Jack Edwards of Alabama, a Republican.

A key element of the Arme y base closing legislation was that no single base could affect the overall policy decision. The commission evaluated hundreds of bases, held hearings, and made its recommendations to the Secretary of Defense by the target date of December 31, 1988. Frank Carlucci, then Secretary of Defense, with 15 days to decide whether to accept or reject the entire plan, approved it. Congress then faced a mid-April deadline on whether to discard the list of recommended base closings or go with it; again, the Arme y legislation stipulated that this decision could not be made in a piece-meal fashion. No single closing could block or derail the process.

Every action, at every stage, was in favor of the plan: Incoming Secretary of Defense Dick Cheney approved it; the House Armed Services panel followed suit; the House of Representatives concurred; and the Senate defeated an amendment that would have help up the money earmarked for its implementation.

That plan closed dozens of military bases and housing complexes and reduced operations at several others, affecting some 100 installations across the country, and, ultimately, saving the United States Government an estimated \$700 million a year.

Again, in 1991, the recommendations of a reconstituted, seven-member commission, operating under the same formula, led to the closing of 31 bases and the realignment or reduction of 40 smaller facilities (following an unsuccessful attempt by Secretary Cheney to close bases without a commission in 1990). The current plan closes 35 major bases and expands or shrinks 27 others, resulting in a loss or shift of 120,000 civilian and military jobs and savings estimated in the billions of dollars. The final effort in this 3-pronged round will occur in 1995.

Given the significant economic and social impact these closings will have on communities, the accomplishment is impressive. While objections and concerns were heard and efforts to inform and influence the commission were extensive, few disagreed about the overriding national objective: closing or reducing operations at obsolete and/or

unnecessary military bases was sound policy. The process clearly yielded the intended results: plans and the wherewithal to implement them.

By shifting responsibility to non-partisan commissions, Congress diminished the potential political fallout, significantly reducing the odds both for political punishment and political intimidation. Even more noteworthy, however, is the fact that the commissions used consensus-building techniques to develop objectives and methods for the base closings. That process was both convincing and credible, producing final plans that were acceptable.

Briefly, key elements of this strategy include at least the following:

- establishing consensus on need;
- spreading responsibility evenly;
- relying on a bi- or nonpartisan, informed and responsible group of individuals to lead the effort;
- opening the process to gain information, advice and opinion from all parties with a legitimate stake in the issue;
- establishing a method and a time-table for implementing the plan; and
- providing a means to ameliorate potentially negative impacts, resources to cushion the impact of economic loss, and, where health and safety are involved, assurances to the community.

Other federal, i.e. non-military, facilities may be suitable subjects for this proven strategy; states, too, might find inspiration to deal with unneeded facilities. In fact, this approach has potential for controversial siting issues generally. Political will is part of the formula to be sure, but developing a workable strategy is essential.

Conventional politics can produce paralysis when a link to certain decisions is seen as something akin to political suicide. Commissions may not always, or even often, be appropriate, but where there is consensus on the objective and confidence in the process for meeting it, they are a legitimate means to make democracy work. As the base closing strategy has demonstrated, a commission can do more than provide political cover; it can raise public consciousness, develop political support and get the job done.

CONSENSUS UTILIZED TO DEVELOP HEALTH CARE REFORMS IN NEW JERSEY

by Patricia Moore

(A front-page article in Consensus (July, 1993) features New Jersey's effort to build consensus for health care reform. From June, 1992 to March, 1993, the New Jersey Coalition for Health Care Reform negotiated a wide range of issues. According to Patricia Moore, the article's author and facilitator of the effort, the Coalition then went on to successfully lobby many of their consensus agreements into a new law for funding uncompensated care. Excerpts from Ms. Moore's description of the process follow.)

* * *

For the last decade, the state of New Jersey basically paid for health care of its indigent citizens through a 19 percent surcharge on hospital charges for all other patients. Following several unsuccessful attempts to find a more equitable method, several union health and welfare funds challenged the constitutionality of the law, asserting that indigent care is a public responsibility and, therefore, should not be carried by major business and union purchasers of care. In May 1992, a federal district court agreed and declared the existing statute unconstitutional. The state was given until November 30, 1992 to come up with a more equitable financing system.

The prospects for political solution in the near future looked dim, given the virtual impasse between the Republican-controlled legislature and Democratic Governor James Florio after the Legislature rolled back the Governor's previous sales tax increase. Hospitals, beset by Medicare and Medicaid shortfalls and underpayment, and struggling with complicated reconciliation agreements, were predicting financial disaster.

Anticipating the turmoil even more before the court decision, leaders of the New Jersey Hospital Association, the New Jersey Business and Industry Association, and the New Jersey AFL-CIO had invited other major stakeholder organizations to discuss the problem. Their reasoning—the only way to create a significant impetus for reform legislation would be to bring major players together—hospitals, physician and nurse associations, large and small business, insurers and HMOs, Blue Cross/Blue Shield, the Chamber of Commerce and consumers.

* * *

Over the next four months, the Coalition met every two weeks for a full day in full sessions and, in between, in intensive small work groups which developed detailed recommendations on each agenda item. Their recommendations were then negotiated into a package of agreements which all the parties could support—or at least live with. On December 2, Governor Florio signed a comprehensive health care reform law containing many, although not all, of the Coalition recommendations and opening the way for many others.

Participants say the package simply wouldn't have come about without the consensus-building process. "If we didn't have a mediator, we wouldn't have had an agreement it's as simple as that," said George Laufenberg of the N.J. Carpenter's Fund.

There was "no one else to be an honest broker," said an insurance industry representative who participated. Reaching consensus for a less regulated system, a issue "paramount" to his industry, made the agreement livable to insurers "through we're not necessarily thrilled with all the funding levels."

* * *

Despite the strength and mutual commitment of Coalition members and its effective role in shaping reform legislation consensus-building is never an easy task. For others who might consider using the process in their own work, the New Jersey experience offers some helpful lessons:

- New coalitions are likely to disturb the fragile equilibrium of traditional political relationships. As valuable as they are for everyone's interests, including the public, the very newness can be threatening to those who have not participated.
- Political habits and lobbying "as usual" can be an enormous threat to even the most committed consensus. Attempts to fracture the consensus may come from political figures or within an organization's constituency from those who perceive they have more to gain from separate deals than from a package of agreements.
- Building trust is a slow and extremely difficult process—and it gets harder every day in American politics.

Pitfalls and all, the New Jersey process illustrates what a superbly useful tool consensus building can be in developing new health care policies and in resolving specific disputes among different professions, organizations and interest groups.

COALITION PROCESS GROUND RULES

The following are adapted from an article in *Consensus* (July, 1993) which accompanied the description of forging consensus on a comprehensive health care reform package in New Jersey:

- Multiple issues of importance to Coalition members were put on the table at the very beginning to allow the groups to dovetail and trade across different priorities.
- Consensus decision-making required the group to take no votes; points of agreement and disagreement were summarized by the facilitator after each session.
- No recommendation could stand unless all members were able to "live with the decision" and the members would commit to decisions thus reached as if they were their first choices. If, after extensive discussion, an organization could not support all parts of the package, they would agree at least to not oppose any part.

- Information among Coalition members was used extensively as a persuasive negotiation tool.
- For the most part, representatives of member groups either were or had access to their groups' decision makers. Most were committed to keeping their constituencies fully informed. Attendance at sessions was reportedly high.