

Mississippi Officials Blast DoD Overreaching

by Judy DeMarco

At the July 22, 2005 Base Realignment and Closure (BRAC) Commission Regional Hearing in New Orleans, commissioners heard the testimony of Amy Tuck, Lieutenant Governor of Mississippi; Rep. Gene Taylor, senior member of the House Armed Services Committee representing the three Gulf Coast communities at risk for closure; and retired Air Force Lt. Gen. Clark Griffith, president of the Biloxi Bay Chamber of Commerce. Excerpted here are their major arguments opposing Keesler Air Force Base's proposed realignment by "disestablishing the inpatient mission at the 81st Medical Group, converting the medical center to a clinic with an ambulatory surgery center." Keesler's medical center, located on the Gulf Coast of Mississippi, is the second largest in the entire Air Force. The Department of Defense (DoD) justifies the realignment by citing reduction of excess capacities and relocation of personnel to activities with higher military value. DoD claims that local civilian medical networks for inpatient services, and Veterans Affairs (VA) hospitals within a 40-mile radius, can supply the services currently provided by the Keesler facility. Testimony soundly refuted this, and demonstrated the DoD's flagrant violations of the BRAC rules.

Lt. Gov. Amy Tuck: The recommendation to eliminate inpatient care at the Keesler Air Force Base and convert its medical center to a clinic is a bad idea. This is bad for the active duty war fighters and their families. I also want you to know that it will be terrible for Mississippi, much more so than the Pentagon's BRAC report reveals. Mississippi has difficulty attracting and retaining physicians, particularly in high-demand specialties. The graduate medical education program at Keesler brings physicians with those specialties to the Gulf Coast to provide needed care. The Pentagon misleadingly implied in its

recommendation that the graduate medical education program would remain, and, therefore, did not consider the significant impact its closure would have—substantial deviations from Base Closure Criteria.

When Hurricane Ivan threatened last year, over 100 Alzheimer patients had to be relocated. Keesler took over half. Washington is closing our VA Hospital in Gulfport, and says it can do so because Keesler Medical Center can pick up on that specialty care load. These depend upon in-patient care, coupled with the specialties provided at Keesler through the graduate medical education program. Unfortunately, the mission of medical care was underrated in the military valuation of Keesler Medical Center.

So Governor Barbour and I ask you to scrutinize this recommendation with great care and focus on the military care mission and its importance to our war fighters, their families and our community.

Rep. Gene Taylor: I'm hopeful you will take action to correct the gross mistakes made in these recommendations. The DoD recommendations were enormous and substantial deviations from the BRAC criteria, and, in some instances, went well beyond the scope of authority provided by the BRAC statute. The proposal to eliminate in-patient care at the Keesler Medical Center is the most outrageous of them all. The DoD made an inexcusable error in calculating Keesler's military value.

Essentially, the DoD has proposed to close Keesler hospital, cripple the graduate medical education program, force military personnel, their families, and retirees off



U.S. Navy/Stacy Byington

Naval Station Pascagoula, its personnel here preparing for Hurricane Ivan, is the only U.S. naval presence on the Gulf of Mexico; it is slated for closure by the Pentagon.

base, where there is a severe shortage of physicians—all because somebody in the Pentagon apparently punched the wrong key.

Keesler should be the model for military health care. The medical center fulfills every major requirement for military health care.” Yet, “there is no civilian medical capacity to absorb so many new patients. As a matter of fact, South Mississippi has a severe shortage of primary care and specialty care physicians. The VA medical facility has no excess capacity.

In fact, the VA CARES Commission proposed a reorganization that was heavily dependent on the promise of expanding the cooperative arrangements with Keesler and local hospitals. But, the Joint Medical Cross Service Group made no attempt to communicate with the VA, made no attempt to communicate with any local hospital or any local physicians about capacity or the availability of surgery and specialty care. It is clear the Air Force is using the BRAC process to close hospitals and eliminate graduate medical education well beyond the authority of the BRAC statute. . . .

The decision to close Naval Station Pascagoula is another example of significant deviation from BRAC criteria. If the DoD’s BRAC recommendation remains, there will be no Navy presence in the Gulf of Mexico.

Lastly, I would like to address the DoD’s recommendation to relocate the Navy Human Resource Service Center-Southeast from Stennis Space Center. The decision is rife with flaws that easily meet the standard of substantial deviation. Things that are there: The Navy Personnel Centers co-located with three major naval activities, the Navy Meteorology and Oceanographic Command, the Navy Oceanographic Office, the Navy Research Center.

Lt. Gen. Clark Griffith: Bottom line: The BRAC recommendation forces our military members, their families, veterans, and retirees into a civilian medical network that does not have the capability to take it, that does not have the specialty care they receive on base.

In summary, we believe what the [Medical Joint Cross Service] Group has done is wrong, how they arrived at it is wrong, and the result is clearly wrong. The recommendation is wrong since it doesn’t just eliminate in-patient services of the second largest medical center in the Air Force, it also eliminates the second-largest medical education program in the Air Force.

The other effects on the community, such as the loss of emergency services during disasters, loss of medical personnel recruitment for the coast, loss of retirees on the coast, and the loss of synergies with the Veteran’s Administration—none of these realities were considered by the Medical Group. In every case, they missed their own stated objectives and targets, because realigning the Keesler Medical Center is not the right thing to do.

Senators Tell Bush: Hands Off VA Hospitals

by Patricia Salisbury

On July 19, the Senate Appropriations subcommittee on Military Construction and Veterans Affairs put the Bush/Cheney Administration on notice, that the Administration policy of shutting down or scaling back vital Veterans Affairs (VA) hospitals and other facilities around the country, will not go forward unchallenged. Eighteen VA facilities nationwide are currently under threat, as part of the “Capital Asset Realignment for Enhanced Services” (CARES) process, which is evaluating such extreme measures as shutting down the premier VA hospitals in Manhattan, New York, and Waco, Texas.

These plans were slated to go forward at another round of CARES hearings to be scheduled in September. But they have drawn vehement protests from veterans and others in communities throughout the United States. Now, language included in an appropriations bill prohibits the VA from using any funds to change the current infrastructure, service, or mission of the 18 VA facilities currently on the CARES list.

The subcommittee report states that conditions have changed since the CARES 2004 study of VA infrastructure, as large numbers of veterans return from Iraq and Afghanistan; it says that public meetings conducted as part of the CARES process in April and May raised problems that were not identified in 2004. This is mild language to describe the absolutely chaotic situation in the veterans health-care field. The breakdown of the general health-care infrastructure has forced tens of thousands of non-Iraq War, non-Afghan War veterans to seek the VA systems services, in addition to the war-created influx. The latest figures provided by reluctant VA bureaucrats to Congressional hearings, indicate that at least 25,000 veterans seeking VA services are on waiting lists.

While falling short of actually shutting CARES down, the Senate language, if adopted in the final version of the bill, would protect the current facilities and mandate further study to evaluate the “more global situation now facing our nation’s veterans.” This approach could spill over, into facing the reality of the need for a total rebuilding of the health system, as called for by Democratic statesman Lyndon LaRouche.

The stubborn refusal of the Bush/Cheney Administration to face the reality of the disintegration of health care, along with the rest of the economy, and its continued pursuit of gimmicks such as CARES, and assorted budgetary sleight-of-hand tricks, is fueling the ongoing revolt of both Democratic and Republican members of Congress on a number of fronts.