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.

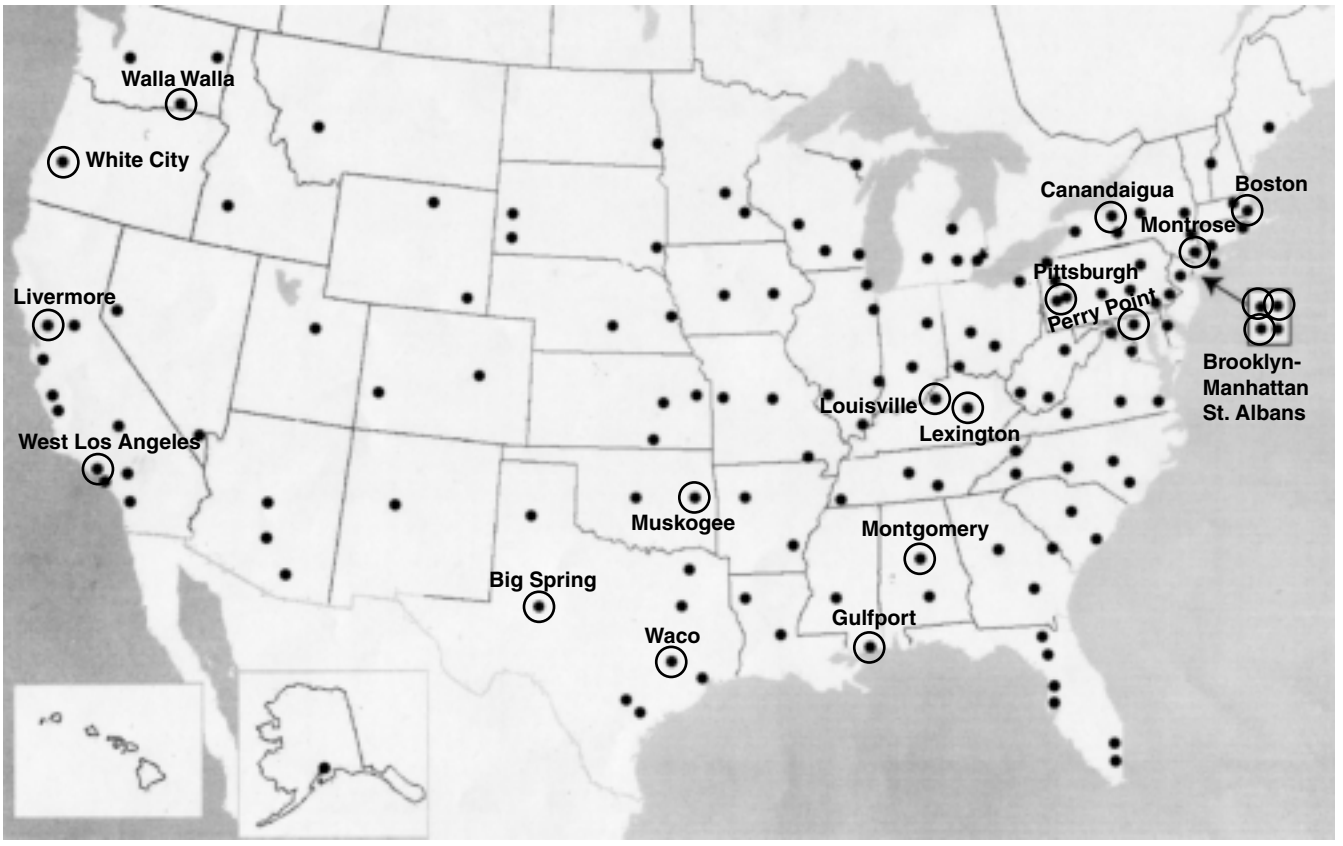
The subcommittee report states that conditions have changed since the CARES 2004 study of VA infrastructure, as large numbers of veterans return from Iraq and Afghanistan; it says that public meetings conducted as part of the CARES process in April and May raised problems that were not identified in 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.

FIGURE 1

Veterans Affairs Medical Centers, 2004: Eighteen Are Targetted for Shut-Down and Sell-Off



Source: Department of Veterans Affairs, CARES Decision, May 2004, Office of the Secretary; www.va.gov.

Administration's 'Bad Faith'

In addition to the action taken at the July 19 appropriations subcommittee hearing, administration representatives were grilled and charged with "bad faith" at the House Committee on Veterans Affairs on July 21. Republican committee chairman Steve Buyer of Indiana announced that he was instructing the VA to see if any staff involved in the current budget debacle should be dismissed, and that he would seek a Government Accountability Office investigation of the VA budget process. Buyer also announced that he would personally, and at his own expense, travel during August to investigate allegations—and the VA's testimony to the contrary—that soldiers returning home from Iraq and Afghanistan are denied access to care.

Buyer was reacting to the latest evasions by VA representatives hauled before the committee, which has been in several emergency sessions to get a handle on the catastrophic shortfalls in the VA budgets for both Fiscal 2005 and 2006. Early in the July 21 hearing, the VA representative, Dr. Jonathan B. Perlin, Under Secretary for Health, Department of Veterans Affairs, was forced to admit that the emergency appropriations request of almost $3 billion to cover both shortfalls, was based on the Administration's assumption that its proposed policy changes for VA services would be adopted. This brought enraged charges of lost credibility and "bad faith" from both Republican and Democratic committee members, who pointed out that the Congress has rejected these changes repeatedly. The changes would increase enrollment fees and co-pays, and cut back long-term nursing home services.

The committee members of both parties were also enraged by the stonewalling of Perlin when he was asked, no fewer than five times, what exact figure the VA had submitted to the Office of Management and Budget. Perlin finally admitted that this information was "embargoed," implying that he had been forbidden to release it.

Congressmen also objected to the constant evocation by Perlin and other VA representatives, of the now thoroughly discredited Milliman actuarial model, which was the basis for the failure to discover the shortfall in the first place. Congressman Bob Filner (D-Calif.) told the VA representatives, "You act as if you were locked in a computer room. . . . We are not run by a model; talk to the Vets. . . . You act as if the human intellect had no role here."