

**KEESLER AIR FORCE BASE, MS
COMMISSION BASE VISIT**

16 JUNE 2005

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DISTINGUISHED VISIT PLAN
81st TRAINING WING
KEESLER AIR FORCE BASE, MISSISSIPPI
ADM HAROLD W. GEHMAN, JR., USN, RETIRED
BRAC Commissioner
KEESLER VISIT
16 June 2005

As of: 14 Jun 05/1635

Project Officers:

Mr. James Vollmuth, 81 TRW/XP
DSN: 597-4341, Comm: (228) 377-4341, Cell: (228) 596-9787
Mr Jerry Taranto, 81 TRW/PA
DSN: 597-7329, Comm: (228) 377-7329, Cell: (228) 669-8450
Lt Charity Brandy, 81 TRW/PA
DSN: 597-1179, Comm: (228) 377-1179, Cell: (228) 669-0449
SMSgt Patricia Craft, 81 TRW/CCP
DSN: 597-3351, Comm: (228) 377-3351; Cell: (228) 348-0969
Mr Steve Pivnick, 81 MDG/PA
DSN: 597-6688, Comm: (228) 377-6688 Cell: (228) 697-8898

Points of Contact:

81 TRW/CC – DSN: 597-2010 (228) 377-2010
81 MDG/CC - DSN: 597-6510 (228)377-6510
Transportation Dispatch, TSgt Gregory McMillan, 81 TRANS
DSN: 597-2432, Comm: 377-2432
81 TRW Command Post
DSN: 597-4330, Comm: (228) 377-4330
24-hr Communications Support
DSN: 597-0066, Comm: (228) 377-0066

Purpose:

Commissioner fact finding site visit to Keesler Air Force Base

HOST: Major General (S) William "Bill" T. Lord, Commander, 81st Training Wing

Arrival plan:

- *ADM Gehman will arrive Keesler AFB via rental car on 16 Jun at 1200*
- *Pre-arrival of analyst, Mr Justin Breitschopf via commercial air at Biloxi/Gulfport Regional Airport on 15 Jun at 1014. He will arrive Keesler AFB at 1230 via rental car.*

Transportation plan:

- *Maj Gen (S) Lord will use staff car to transport ADM Gehman to the Keesler Medical Group for briefing and tour.*

Billeting plan:

- Mr Breitschopf will be staying at the Fairfield Inn, Gulfport, (228) 822-9000.

Departure plan:

- ADM Gehman will depart Keesler at approximately 1420 via rental car en route to Biloxi/Gulfport Regional Airport for a 1607 departure time to DC. Mr McDaniel and Mr Breitschopf will accompany ADM Gehman..

THURSDAY 16 June 2005**Dress: Military ~ Blues Combination
Civilian ~ Business Casual**

Note: ADM Gehman will be arriving Keesler AFB from Naval Station Pascagoula via rental car.

1200 Arrive Main Gate, Keesler Air Force Base

Driven by: Mr. Brian McDaniel, BRAC Analyst

Accompanied by: Mr Justin Breitschopf, BRAC Analyst

Met by: Capt Sandra Byrum, 81st Training Wing Protocol (81 TRW/CCP)

1205 Arrive 81 TRW Conference Room (Bldg 2816 – second floor) for Wing Mission Briefing and Working Lunch

Met and briefed by: Maj Gen (S) Bill Lord, Commander, 81st Training Wing (81 TRW/CC)

Attendees:

Brig Gen David G. Young III, Commander, 81st Medical Group (81 MDG/CC)

Col Doug Hayner, Vice Commander, 81st Training Wing (81 TRW/CV)

Mr Brian McDaniel, BRAC Analyst

Mr Justin Breitschopf, BRAC Analyst

Mr James Vollmuth, BRAC Trusted Agent

Lt Chairty Brandy, 81st Training Wing Public Affairs Office (81 TRW/PA)

Menu: Subway Sandwiches/Salads pre-ordered

Cost: TBD

Note: Parking in front of Wing Hqs

1300 Break**1305 Depart Wing Headquarters for Keesler Medical Center via Staff Car**

Accompanied by: Maj Gen (S) Lord, 81 TRW/CC

Note: Mr Vollmuth will accompany Mr McDaniel and Mr Breitschopf to the Keesler Medical Center.

1310 Arrive Keesler Medical Center (A-Tower) and Proceed to Rm 1A-104 for Medical Center Briefing

Met and Briefed By: Brig Gen David Young, 81 MDG/CC

Note: Parking on ramp in front of Keesler Medical Center

Attendees: Maj Gen (S) Bill Lord, 81 TRW/CC
Mr Mitch Waldman, National Security Adviser, Office of Senator Trent Lott
Ms Myrtis Franke, Executive Assistant, Office of Senator Trent Lott
Ms Suzanne Case, Office Director, Office of Senator Thad Cochran
Mr Steven Peranich, Chief of Staff for Congressman Gene Taylor
Mr Brian Martin, Policy Director for Congressman Gene Taylor
Mr William Crawford, Dep Dir MS Development Authority (Office of Gov Barbour)
Lt Col John Tenaglia, Legislative Liaison, SAF/LLP
Mr Brian McDaniel, BRAC Analyst
Mr Justin Breitschopf, BRAC Analyst
Mr JJ Vollmuth, BRAC Trusted Agent
Lt Charity Brandy, 81 TRW/PA

1330 Medical Center Tour

Escorted by: Brig Gen David Young, 81 MDG/CC

Accompanied by: Maj Gen (S) Bill Lord, 81 TRW/CC

Mr Mitch Waldman, National Security Adviser, Office of Senator Trent Lott
Ms Myrtis Franke, Executive Assistant, Office of Senator Trent Lott
Ms Suzanne Case, Office Director, Office of Senator Thad Cochran
Mr Steven Peranich, Chief of Staff for Congressman Gene Taylor
Mr Brian Martin, Policy Director for Congressman Gene Taylor
Mr William Crawford, Dep Dir MS Development Authority (Office of Gov Barbour)
Lt Col John Tenaglia, Legislative Liaison, SAF/LLP
Mr Brian McDaniel, BRAC Analyst
Mr Justin Breitschopf, BRAC Analyst
Mr JJ Vollmuth, BRAC Trusted Agent
Mr. Steve Pivnick, 81 MDG/PA

1400 Meeting with Commanding Officer and Commissioner (Rm 1A-105)

Attendees: Maj Gen (S) Lord, 81 TRW/CC

Brig Gen Young, 81 MDG/CC

Note: Ms Franke, Ms Case, Mr Peranich, Mr Martin and Mr Williams will depart Keesler AFB accompanied by their escorts, if needed.

1410 Depart Keesler Medical Center for Outside of Front Gate for Media Visit

Driven by: Mr McDaniel, BRAC Analyst

Accompanied by: Mr Breitschopf, BRAC Analyst

Met by: Lt Charity Brandy, 81 TRW /PA

MSgt Roger Drinnon, 81 TRW/PA

1420 Depart Keesler AFB Front Gate en route to Biloxi/Gulfport Regional Airport

Driven by: Mr McDaniel, BRAC Analyst

Accompanied by: Mr Breitschopf, BRAC Analyst

ITINERARY – 16 June 2005

DCN: 2832

Admiral Harold W. Gehman, BRAC

Commissioner Fact Finding Site Visit

Keesler Air Reserve Base (Medical Center Realignment)

TIME	EVENT	LOCATION	POC	ACTION
1200	ADM Gehman arrives at Keesler AFB	Wing HQ Bldg.	Brian McDaniel 202-641-6406 or 703-861-1159 cells Justin Breitschopf 703-699-2935	Mssrs. McDaniel & Breitschopf drive ADM from NS Pascagoula to AFB Keesler, Biloxi, MS
1200 to 1300	Working Lunch (sandwiches)		Wing Commander, Brig. Gen. Lord, Mr. "JJ" Vollmuth	Wing Commander Briefing
1300 to 1305	Break			
1305 to 1310	Drive to Medical Center			Wing Commander and Adm. Gehman transported to Medical Center
1310 to 1330	Medical Center Briefing Visit (Rep. Young's Staff representative in attendance)	Keesler Medical Center	Medical Center CO, Brig. Gen. Young	Medical Center Briefing
1330 to 1400	Medical Center Tour		Medical Center CO, Brig. Gen. Young	
1400 to 1410	Commanding Officer and Commissioner Mtg.	Commander Office	Medical Center CO, Brig. Gen. Young	
1415 to 1425	Media Availability (potential)	Outside Front Gate	Keesler PAO	
1425	ADM Gehman departs Keesler AFB		Justin Breitschopf 703-699-2935	Mr. Breitschopf drives ADM to airport

DEFENSE BASE CLOSURE AND REALIGNMENT COMMISSION

BASE SUMMARY SHEET

Keesler Air Force Base, Mississippi

MISSION

- Installation Mission: "Advance Critical Mission Capabilities of the Air and Space Expeditionary Force... Warriors... Training Warriors... For Warriors!"
- Medical Mission: Medical Readiness is the primary mission of the 81st Medical Group that operates Keesler Medical Center, the second largest medical center in the entire Air Force.

DOD RECOMMENDATION

- Realign Keesler Air Force Base, MS, by disestablishing the inpatient mission at the 81st Medical Group; converting the medical center to a clinic with an ambulatory surgery center.

Note: This is one of nine hospitals that DoD is recommending be disestablished and converted to a clinic with an ambulatory surgery center under the Convert Inpatient Services to Clinics Recommendation.

(The other facilities are: Naval Hospital Cherry Point, NC; Ft. Eustis Medical Facility; Ft. Carson Medical Facility; Andres AFB, MD 89th Medical Group; MacDill AFB, FL 6th Medical Group; Fort Knox, KY; Scott AFB, IL 375th Medical Group; and Naval Hospital Great Lakes, IL.)

DOD JUSTIFICATION

- The Department will rely on the civilian medical network for inpatient services. This recommendation supports strategies of reducing excess capacity and locating military personnel in activities with higher military value with a more diverse workload, providing them with enhance opportunities to maintain their medical currency to meet COCOM requirements. Additionally, a robust network with available inpatient capacity of Joint Accreditation of Hospital Organizations (JCAHO) and/or Medicare accredited civilian/Veterans Affairs hospitals is located within 40 miles of the referenced facility.

COST CONSIDERATIONS DEVELOPED BY DOD

Note: These cost considerations are for all 9 inpatient conversions.

- | | |
|---|---------------------------|
| • One-Time Costs: | \$ 12.9 million |
| • Net Savings (Cost) during Implementation: | \$ 250.9 million |
| • Annual Recurring Savings: | \$ 60.2 million |
| • Return on Investment Year: | Calendar Years (20 Years) |
| • Net Present Value over 20 Years: | \$ 818.1 million |

MANPOWER IMPLICATIONS OF ALL RECOMMENDATIONS AFFECTING THIS INSTALLATION (INCLUDES ON-BASE CONTRACTORS AND STUDENTS)

	Out		In		Net Gain (Loss)	
	<u>Military</u>	<u>Civilian</u>	<u>Military</u>	<u>Civilian</u>	<u>Military</u>	<u>Civilian</u>
This Recommendation	(181)	(31)	0	0	(181)	(31)
Other Recommendation(s)						
Total	(181)	(31)	0	0	(181)	(31)

ENVIRONMENTAL CONSIDERATIONS

- No specific environmental impacts were listed for Keesler AFB, MS. Additionally, DoD's report states there are no known environmental impediments to implementation of this recommendation.

REPRESENTATION

Governor: The Honorable Haley Barbour
 Senators: The Honorable Thad Cochran
 The Honorable Trent Lott

Representative: The Honorable Gene Taylor

ECONOMIC IMPACT

- Potential Employment Loss: 650 jobs (402 direct and 248 indirect)
- MSA Job Base: Gulfport-Biloxi, MS
- Percentage: 0.43 percent decrease
- Cumulative Economic Impact (Year-Year): ___ percent decrease

MILITARY ISSUES

- Job loss
- Diminished access to quality healthcare

COMMUNITY CONCERNS/ISSUES

- Job loss
- Diminished access to quality healthcare

ITEMS OF SPECIAL EMPHASIS

- N/A

Economic Impact Report

This report depicts the economic impact of the following Scenarios:

BRAC AF1: Keesler Reserve Base - Gulfport-Biloxi, MS

The data in this report is rolled up by Action

As of: Mon Jun 06 10:30:38 EDT 2005

ECONOMIC IMPACT DATA

Scenario: Keesler Reserve Base - Gulfport-Biloxi, MS
Economic Region of Influence(ROI): Gulfport-Biloxi, MS Metropolitan Statistical Area
Base: Keesler AFB
Action: Requested by JBreischopf

Overall Economic Impact of Proposed BRAC-05 Action:

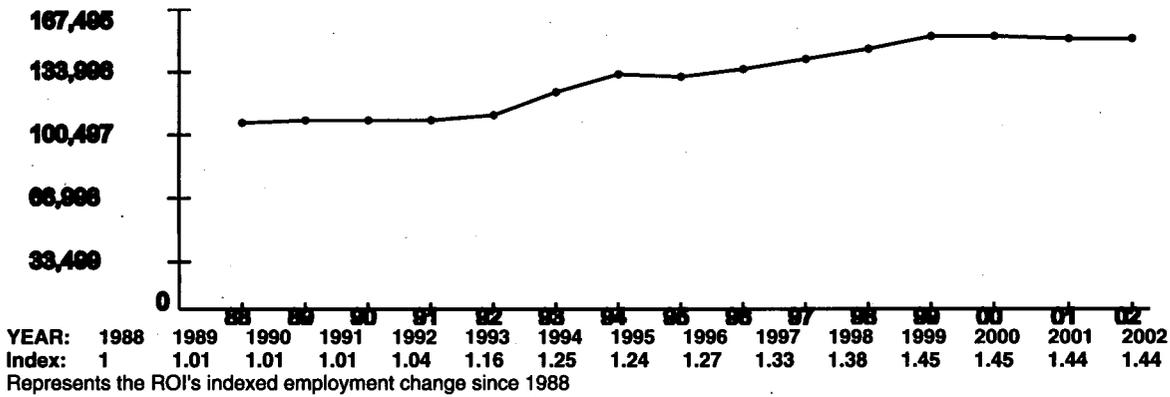
ROI Population (2002):	248,806
ROI Employment (2002):	151,445
Authorized Manpower (2005):	8,529
Authorized Manpower(2005) / ROI Employment(2002):	5.63%
Total Estimated Job Change:	-650
Total Estimated Job Change / ROI Employment(2002):	-0.43%

Cumulative Job Change (Gain/Loss) Over Time:

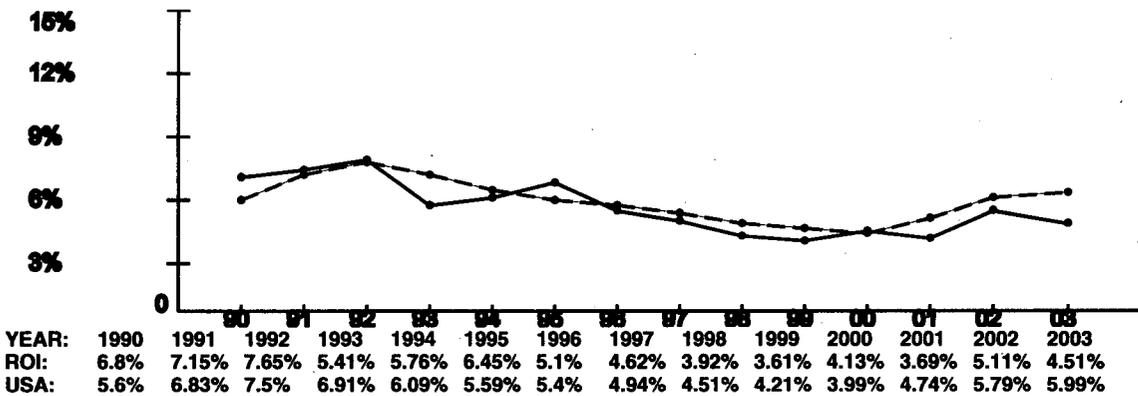
715						
572						
429						
286						
143						
0						
-143						
-286						
-429						
-572						
-715						
YEAR:	2006	2007	2008	2009	2010	2011
Direct Military:	-181	0	0	0	0	0
Direct Civilian:	-91	0	0	0	0	0
Direct Student:	0	0	0	0	0	0
Direct Contractor:	-180	0	0	0	0	0
Cumulative Direct:	-402	-402	-402	-402	-402	-402
Cum Indir/Induc:	-248	-248	-248	-248	-248	-248
Cumulative Total:	-650	-650	-650	-650	-650	-650

Gulfport-Biloxi, MS Metropolitan Statistical Area Trend Data

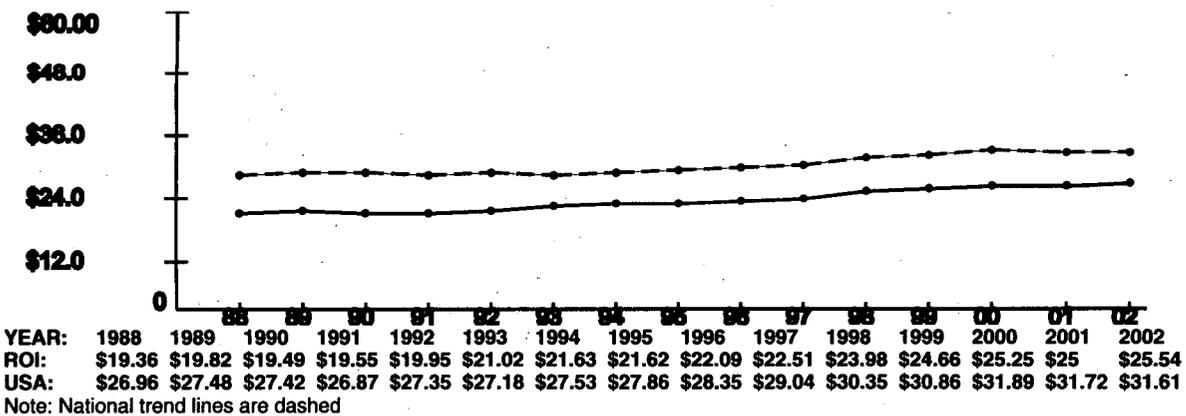
Employment Trend (1988-2002)



Unemployment Percentage Trend (1990-2003)



Per Capita Income x \$1,000 (1988-2002)



Convert Inpatient Services to Clinics

DCN: 2832

Recommendation: Realign Marine Corps Air Station Cherry Point, NC by disestablishing the inpatient mission at Naval Hospital Cherry Point; converting the hospital to a clinic with an ambulatory surgery center.

Realign Fort Eustis, VA, by disestablishing the inpatient mission at the Fort Eustis Medical Facility; converting the hospital to a clinic with an ambulatory surgery center.

Realign the United States Air Force Academy, CO, by relocating the inpatient mission of the 10th Medical Group to Fort Carson Medical Facility, CO; converting the 10th Medical Group into a clinic with ambulatory surgery center.

Realign Andrews Air Force Base, MD, by disestablishing the inpatient mission at the 89th Medical Group; converting the hospital to a clinic with an ambulatory surgery center.

Realign MacDill Air Force Base, FL, by disestablishing the inpatient mission at the 6th Medical Group; converting the hospital to a clinic with an ambulatory surgery center.

Realign Keesler Air Force Base, MS, by disestablishing the inpatient mission at the 81st Medical Group; converting the medical center to a clinic with an ambulatory surgery center.

Realign Scott Air Force Base, IL, by disestablishing the inpatient mission at the 375th Medical Group; converting the hospital to a clinic with an ambulatory surgery center.

Realign Naval Station Great Lakes, IL, by disestablishing the inpatient mission at Naval Hospital Great Lakes; converting the hospital to a clinic with an ambulatory surgery center.

Realign Fort Knox, KY, by disestablishing the inpatient mission at Fort Knox's Medical Facility; converting the hospital to a clinic with an ambulatory surgery center.

Justification: The Department will rely on the civilian medical network for inpatient services at these installations. This recommendation supports strategies of reducing excess capacity and locating military personnel in activities with higher military value with a more diverse workload, providing them with enhanced opportunities to maintain their medical currency to meet COCOM requirements. Additionally, a robust network with available inpatient capacity of Joint Accreditation of Hospital Organizations (JCAHO) and/or Medicare accredited civilian/VA hospitals is located within 40 miles of the referenced facilities.

Payback: The total estimated one-time cost to the Department of Defense to implement this recommendation is \$12.925M. The net of all costs and savings to the Department during the implementation period is a savings of \$250.876M. Annual recurring savings to the Department after implementation are \$60.165M with payback expected immediately. The net present value of the costs and savings to the Department over 20 years is a savings of \$818.094M.

Economic Impact on Communities: Assuming no economic recovery, this DCN: 2832 recommendation could result in a maximum potential reduction of 69 jobs (38 direct jobs and 31 indirect jobs) over the 2006-2011 period in the New Bern, NC Metropolitan Statistical Area, which is 0.1 percent of economic area employment.

Assuming no economic recovery, this recommendation could result in a maximum potential reduction of 78 jobs (34 direct jobs and 44 indirect jobs) over the 2006-2011 period in the Virginia Beach-Norfolk-Newport News, VA-NC Metropolitan Statistical Area, which is less than 0.1 percent of economic area employment.

Assuming no economic recovery, this recommendation could result in a maximum potential reduction of 11 jobs (6 direct jobs and 5 indirect jobs) over the 2006-2011 period in the Colorado Springs, CO Metropolitan Statistical Area, which is less than 0.1 percent of economic area employment.

Assuming no economic recovery, this recommendation could result in a maximum potential reduction of 265 jobs (160 direct jobs and 105 indirect jobs) over the 2006-2011 period in the Washington-Arlington-Alexandria, DC-VA-MD-WV Metropolitan Division, which is less than 0.1 percent of economic area employment.

Assuming no economic recovery, this recommendation could result in a maximum potential reduction of 35 jobs (19 direct jobs and 16 indirect jobs) over the 2006-2011 period in the Tampa-St. Petersburg-Clearwater, FL Metropolitan Statistical Area, which is less than 0.1 percent of economic area employment.

Assuming no economic recovery, this recommendation could result in a maximum potential reduction of 352 jobs (212 direct jobs and 140 indirect jobs) over the 2006-2011 period in the Gulfport-Biloxi, MS Metropolitan Statistical Area, which is 0.23 percent of economic area employment.

Assuming no economic recovery, this recommendation could result in a maximum potential reduction of 143 jobs (77 direct jobs and 66 indirect jobs) over the 2006-2011 period in the St. Louis, MO-IL Metropolitan Statistical Area, which is less than 0.1 percent of economic area employment.

Assuming no economic recovery, this recommendation could result in a maximum potential reduction of 122 jobs (45 direct jobs and 77 indirect jobs) over the 2006-2011 period in the Lake County-Kenosha County, IL-WI Metropolitan Division, which is less than 0.1 percent of economic area employment.

Assuming no economic recovery, this recommendation could result in a maximum potential reduction of 147 jobs (85 direct jobs and 62 indirect jobs) over the 2006-2011 period in the Elizabethtown, KY Metropolitan Statistical Area, which is 0.22 percent of economic area employment.

The aggregate economic impact of all recommended actions on these economic regions of influence was considered and is at Appendix B of Volume I. DGN: 2832

Community Infrastructure: A review of community attributes indicates no issues regarding the ability of the infrastructure of the community to support missions, forces and personnel. Civilian inpatient capacity exists in the area to provide services to the eligible population. There are no known community infrastructure impediments to implementation of all recommendations affecting the installations in this recommendation.

Environmental Impacts: This recommendation could have a minimal impact on water resources at Fort Carson where increased installation population may require upgrade of water infrastructure. This recommendation has no impact on air quality, cultural, archeological, or tribal resources; dredging; land use constraints or sensitive resource areas; marine mammals, resources, or sanctuaries; noise; waste management; or wetlands. This recommendation will require spending approximately \$100K for environmental compliance activities. This cost was included in the payback calculation. This recommendation does not otherwise impact the costs of environmental restoration, waste management, and environmental compliance activities. The aggregate environmental impact of all recommended BRAC actions affecting the bases in this recommendation has been reviewed. There are no known environmental impediments to implementation of this recommendation.

Med-12: Convert Inpatient Services to Clinics





DCN: 28



Information

Organizations

FAQ

Contact

- About Keesler
- Leadership
- Guide and Directory
- Medical Services
- Keesler Services
- Training Center
- FOIA Information
- Retiree Activities

Keesler Information

"Home of the premier electronics and communications training center in the Air Force."



We provide the world's best high-tech training to personnel resident and correspondence courses, including electronics, communications and computer networking, information management, personnel support, aerospace command and control, and air traffic control courses.

Keeslers population is a team of DoD Active Duty, Reserve, Civilians and Contractors working together to provide the United States with one of the most efficient and effective military installations.

We operate the Department of Defense's weather school, and train all branches of the military using state of the art technology. Keesler also trains approximately 200 international students in a variety of technical training courses.

Home to the second largest medical facility in the Air Force, Keesler's Medical Center with a staff of approximately 2,000 is also a training facility educating doctors, nurses and technicians in a variety of medical specialties.

Base Operator, 377-1110



Email POC: 81TRW/PA (DSN597) 228-377-2783

Please Read Privacy And Security Notice

<http://www.keesler.af.mil/>

6/13/2005

DCN: 2832



BIOGRAPHY

UNITED STATES AIR FORCE

BRIGADIER GENERAL WILLIAM T. LORD

Brig. Gen. William T. Lord is Commander, 81st Training Wing, Keesler Air Force Base, Miss. He commands 12,000 Airmen and civilians providing technical training for officers, enlisted and civilians of the U.S. Air Force, Air National Guard and Air Force Reserves as well as other Department of Defense agencies. The training covers numerous electronic, computer, weather, medical, personnel, comptroller and information management career fields and creates combat capability for Air Expeditionary and Space Forces.

General Lord is a 1977 graduate of the U.S. Air Force Academy. He holds a bachelor's degree in biological and life sciences, and master's degrees in business administration and national resource strategy. General Lord held various duties with tours in Europe, U.S. Central Command and the White House. He has commanded at the detachment, squadron, group and joint levels.

Before assuming his current position, General Lord was Director of Communications and Information for Headquarters Air Combat Command, Langley AFB, Va.



EDUCATION

- 1977 Bachelor of Science degree in biological and life sciences, U.S. Air Force Academy, Colorado Springs, Colo.
- 1983 Squadron Officer School, Maxwell AFB, Ala.
- 1984 Air Command and Staff College, Maxwell AFB, Ala.
- 1985 Master's degree in business administration, Chapman University, Orange, Calif.
- 1985 Marine Corps Command and Staff College, Quantico, Va.
- 1989 Armed Forces Staff College, Norfolk, Va.
- 1992 Air War College, Maxwell AFB, Ala.
- 1994 Industrial College of the Armed Forces, Fort Lesley J. McNair, Washington, D.C.
- 1994 Master of Science degree in national resource strategy, telecommunications, National Defense University, Fort Lesley J. McNair, Washington, D.C.
- 2004 National Fellow, Maxwell School of Citizenship and Public Affairs, Syracuse University, N.Y.

ASSIGNMENTS

1. July 1977 - March 1978, student, Communications-Electronics Officer Course, Keesler AFB, Miss.
2. March 1978 - January 1981, Chief, Commercial Communications Branch, 21st North American Air Defense Region, Hancock Field, N.Y.
3. January 1981 - September 1983, Commander, 2161st Communications Squadron, Royal Air Force Greenham Common, England
4. September 1983 - September 1985, Program Manager, Ground-Launched Cruise Missile, 485th Engineering Installation Group, Griffiss AFB, N.Y.
5. September 1985 - June 1987, Chief, Communications Architecture Division, System Integration Office, Air Force Space Command, Peterson AFB, Colo.
6. June 1987 - July 1988, executive officer to the Vice Commander, AFSPC, Peterson AFB, Colo.
7. July 1988 - February 1989, student, Armed Forces Staff College, Norfolk, Va.
8. February 1989 - August 1993, Commander, Audiovisual Unit, and operations officer, White House Communications Agency, Washington, D.C.
9. August 1993 - July 1994, student, Industrial College of the Armed Forces, Fort Lesley J. McNair, Washington, D.C.
10. July 1994 - July 1996, Chief, Communications, and Computer Operations and Maintenance Branch, and executive officer to

the Deputy Commander in Chief, U.S. Central Command, MacDill AFB, Fla.

DCN: 2832

11. July 1996 - May 1998, Commander, 38th Engineering and Installation Group, Tinker AFB, Okla.

12. May 1998 - April 2000, Deputy Director, Communications and Information, and Director of Staff, Headquarters Air Combat Command, Langley AFB, Va.

13. April 2000 - April 2002, Director of Communications and Information, Headquarters Air Mobility Command, Scott AFB, Ill.

14. April 2002 - April 2004, Director of Communications and Information, Headquarters ACC, Langley AFB, Va.

15. April 2004 - present, Commander, 81st Training Wing, Keesler AFB, Miss.

MAJOR AWARDS AND DECORATIONS

Defense Superior Service Medal

Legion of Merit with oak leaf cluster

Defense Meritorious Service Medal with oak leaf cluster

Meritorious Service Medal with two oak leaf clusters

Air Force Commendation Medal

Air Force Achievement Medal

Air Force Recognition Ribbon with oak leaf cluster

OTHER ACHIEVEMENTS

1983 U.S. Air Force Communications-Electronics Professional Achievement Award

1984 and 1986 Distinguished Young Armed Forces Communications-Electronics Association Officer

1985 General Edwin W. Rawlings Award

1987 Citation of Honor, Air Force Association

1991 Presidential Communications Officer of the Year

2000 Leadership Award, AFCEA

2001 Microsoft Department of Defense Innovator of the Year Award

2002 Federal Computer Weekly Top 100 Information Technology Professionals

EFFECTIVE DATES OF PROMOTION

Second Lieutenant June 1, 1977

First Lieutenant June 1, 1979

Captain June 1, 1981

Major March 1, 1987

Lieutenant Colonel July 1, 1991

Colonel Sept. 1, 1996

Brigadier General Oct. 1, 2002

(Current as of October 2004)

DCN: 2832



BIOGRAPHY

UNITED STATES AIR FORCE

BRIGADIER GENERAL (DR.) DAVID G. YOUNG III

Selected for reassignment as Commander, 59th Medical Wing, Wilford Hall Medical Center, Lackland Air Force Base, Texas.

Brig. Gen. (Dr.) David G. Young III is Commander, 81st Medical Group, Keesler Air Force Base, Miss. General Young is also the senior market manager for TRICARE's Gulf Coast Multi-Service Market, which includes seven military medical facilities stretching from Mobile, Ala., to New Orleans, La. As commander of the largest medical group in the Air Force, the general is responsible for the direct delivery of health care to more than 50,000 patients in the Keesler AFB area, and he coordinates care for 95,000 beneficiaries along the Gulf Coast. He ensures the availability of major war and peacetime medical readiness response forces. Additional responsibilities include directing nine graduate medical education programs and an extensive clinical research program. He leads more than 2,300 health care professionals and manages a local budget of \$82 million. In addition, General Young is currently serving as Assistant Surgeon General, Medical Corps, responsible for the force development of nearly 3,700 Air Force physicians. He is also the federal coordinator for the Gulf Coast National Disaster Medical System.



General Young was born at Camp Cooke, Calif. He graduated from the University of Pennsylvania in 1971 with a Bachelor of Arts degree in biology. He was awarded a Doctor of Medicine degree from the University of Southern California in 1977, and was commissioned captain in the Air Force later that year. In 1980, the general completed his internship and residency training in internal medicine at the Medical College of Wisconsin, Milwaukee, and he entered the Air Force as a staff internist. A chief flight surgeon with more than 800 hours in a wide variety of aircraft, General Young has also commanded two medical groups and was Command Surgeon, Pacific Air Forces.

While serving as PACAF Command Surgeon, he pioneered the adaptation and approval of the KC-135 as an aeromedical airframe asset. Further, General Young identified the need for and authorized the design requirements for patient care sets based on the 463L pallet – a prototype whose value was proven in the Pacific and subsequently brought to service with great success as patient support pallets during operations Enduring Freedom and Iraqi Freedom. Also in his role as Command Surgeon, he supported the execution of operations Noble Eagle and Enduring Freedom by providing highly trained and superbly equipped health care teams to many operations support roles.

EDUCATION

1971 Bachelor of Arts degree in biology, University of Pennsylvania, Philadelphia
 1977 Doctor of Medicine, University of Southern California, Los Angeles
 1984 Air Command and Staff College
 1988 Air War College
 2000 Medical Capstone

ASSIGNMENTS

July 1980 - June 1986, internist; Chief of Internal Medicine; Chief of Medicine; Chief of Aeromedical Services; and Chief of Hospital Services, U.S. Air Force Hospital, Chanute AFB, Ill.
 2. June 1986 - June 1990, Chief, Clinical Medicine Division, Air Training Command Surgeon, Randolph AFB, Texas
 3. June 1990 - January 1994, Chairman of Medicine; Director of Hospital Services; and Vice Commander, Keesler U.S. Air Force Medical Center, Keesler AFB, Miss.

4. January 1994 - September 1995, Commander, 4th Medical Group, Seymour Johnson AFB, N.C. DCN: 2832
5. September 1995 - June 1998, Commander, 99th Medical Group, Nellis AFB, Nev., and Chief Executive Officer, Mike O'Callaghan Federal Hospital
6. June 1998 - June 2002, Command Surgeon, Pacific Air Forces, Hickam AFB, Hawaii (October 1998 - October 1999, Lead Agent, TRICARE Pacific)
7. June 2002 - present, Commander, 81st Medical Group, Keesler AFB, Miss., and senior market manager for TRICARE's Gulf Coast Multi-Service Market (June 2002 - August 2004, Lead Agent, Department of Defense Health Services Region IV)

FLIGHT INFORMATION

Rating: Chief flight surgeon

Flight hours: More than 800

Aircraft flown: F-15E, E-3B, C-5, C-12, C-17, C-20, C-21, C-130, C-141, KC-10, KC-135, T-38, T-43, CH-47 and HH-60

MAJOR AWARDS AND DECORATIONS

Defense Superior Service Medal

Legion of Merit with oak leaf cluster

Meritorious Service Medal with four oak leaf clusters

Joint Meritorious Unit Award

Air Force Outstanding Unit Award with three oak leaf clusters

Air Force Organizational Excellence Award

National Defense Service Medal with bronze star

Air Force Longevity Service Award Ribbon with four oak leaf clusters

Small Arms Expert Marksmanship Ribbon with bronze star

Air Force Training Ribbon

OTHER ACHIEVEMENTS

Board certified, American Board of Internal Medicine

1968, 1969 and 1971 U.S. National Champion, University of Pennsylvania and Vesper Boat Clubs, Heavyweight Eights

1971 Member, U.S. Rowing Team, Heavyweight Four with Coxswain

1980 Best Internist, Medical College of Wisconsin

1987 - 1991 Society of Air Force Physicians Board of Governors

1988 Paul W. Myers Award for outstanding contributions to Air Force medicine, Air Force Association

1988 Air Training Command Physician of the Year

1988 - 1992 Military consultant to the Air Force Surgeon General for Internal Medicine

1993 Elected to Fellowship, American College of Physicians

1997 Bronze Medal, Heavyweight Eights National Masters Championship

Founding president and Paul Harris Fellow, Rotary Clubs International

PUBLICATIONS

"Eradication of Acquired Factor VIII Inhibitor in Hodgkins Disease Following Chemotherapy," American Federation for Clinical Research, 1980

"Why People Are Mad at Doctors," Wisconsin State Medical Journal, 1979

"Star Trek, Federal Medicine and Meritocracy: Leading the Way into the Next Millennium," The Interagency Institute Record, Spring 1992

"Fiscal Medicine - A Success at Keesler Medical Center," Medical Service Digest, March 1994

"Prevention of Carbon Monoxide Exposure in General and Recreational Aviation," Aviation Space and Environmental Medicine, 2002

EFFECTIVE DATES OF PROMOTION

Second Lieutenant Aug. 6, 1973

First Lieutenant June 4, 1977

Captain Dec. 9, 1977

Major June 10, 1982

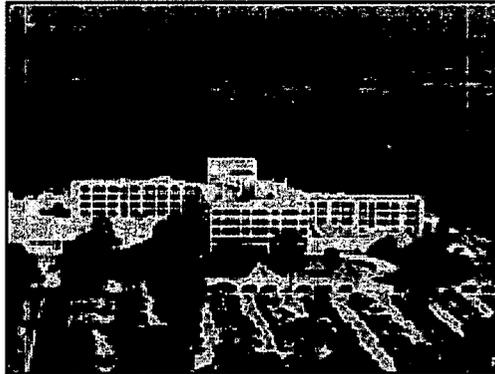
Lieutenant Colonel Sept. 30, 1986

Colonel Jan. 31, 1992

Brigadier General Aug. 1, 2003

(Current as of April 2005)

Keesler Medical Care



The Keesler Medical Center is the home of the 81st Medical Group.

The 81st Medical Group operates the second largest medical center in the entire Air Force.

The 81st Medical Group's first and primary mission is medical readiness. It is responsible for deploying an Expeditionary Medical Support hospital with support staff when directed and is responsible for managing the second largest mobility mission in the Air Force.

In conjunction with the Global Patient Movement Center at Scott AFB, Illinois., they transport critically ill patients by air using their famous Critical Care Air Transport Teams. Keesler Medical Center also serves as the Federal Coordinating Center for the National Disaster Medical System, the medical arm of the Federal Emergency Management Agency. They manage and maintain memorandums of agreement with 23 civilian medical facilities throughout the Mississippi Gulf Coast.

Keesler Medical Center serves more than 56,000 beneficiaries within a 40-mile catchment area. About 26,000 outpatients are seen in the clinics each month including 100 to 120 patients from other medical facilities throughout the southeastern United States through the Aeromedical Evacuation System.

Equipped with operating inpatient beds and a staff of more than 2,000 people, the center represents a major concentration of professional capability. The 81st Medical Group is also a major graduate medical education facility offering state-of-the-art training and research.

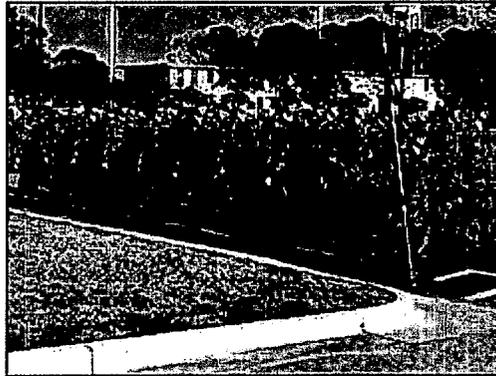
The center conducts eight graduate medical education programs for doctors, dentists and nurse anesthetists. More than 90 new physicians and dentists undergo internship and residency requirements at Keesler before serving at military medical facilities worldwide, and approximately 25 new nurses are enrolled annually in the USAF Phase II Nurse Transition Program for general nurses. About 350 enlisted graduates of the School of Healthcare Sciences are also trained under Phase II technical training at Keesler.

The 81st Medical Group is one of only three Air Force medical facilities with a formal clinical investigations program with a research facility and resources specifically designated to support such operations. The continually expanding research program features a clinical research laboratory and more than 260 separate investigations.

The staff at the Clinical Research Laboratory stands ready to provide support from the initial protocol proposal preparation, funding strategy and study design, to actual study assistance, data collection and evaluation, and preparation of the final report. Current research efforts are probing such pressing areas as cancer, hypertension, allergy, infectious disease, preventive medicine, arthritis, smoking cessation and combat casualty care.

Keesler Mission

"Advance Critical Mission Capabilities of the Air and Space Expeditionary Force... Warriors... Training Warriors... For Warriors!"



Troops march at Keesler AFB, Miss.

A Vital Air Force Mission

The largest mission at Keesler is the 81st Training Wing training mission and is responsible for nearly 500 training courses both locally and at other bases. On an average day Keesler trains nearly 4,700 students. Keesler's population includes 12,646 military and 3,613 civilian personnel. The military count includes Air Force Reserve and active-duty student populations. Civilian numbers include civil service, contract, exchange and other non-tax funded employees. More than 11,000 military dependents live on Keesler or in the local area.

The 81st Training Wing is in a constant state of transition as it seeks excellence in all we do. Our mission statement is: Advance Critical Mission Capabilities of the Air and Space Expeditionary Force... Warriors... Training Warriors... For Warriors!

Keesler is an important link in the chain established by Headquarters Air Education and Training Command, Randolph AFB, Texas. Our largest training mission is to take young men and women, many fresh from basic training, and teach them skills to benefit the nation and the Air Force as well as our sister services and foreign countries. Keesler also trains pilots in C-21 aircraft, as well as doctors, nurses and technicians in medical specialties.

Keesler AFB, Mississippi

Keesler Air Force Base, in Biloxi, Mississippi, is located approximately 83 miles east of New Orleans, Louisiana, and approximately 65 miles west of Mobile, Alabama.

Keesler is part of Air Education and Training Command, and its primary mission since 1941 has been training. The emphasis is on high-technology training in a number of fields, primarily in the electronics specialties. Avionics maintenance, radio and radar systems maintenance, communications-electronics, computer systems programming and maintenance, air traffic control, and weather training are but a few of the main specialties taught at Keesler.

Keesler AFB is home to the 81st Training Wing, one of Air Education and Training Command's largest technical training wings.

Keesler opened in 1941, when the city of Biloxi deeded 1,563 acres of land to the government for an Army Air Corps technical training base for airplane and engine mechanics.

The base was named in honor of 2nd Lt. Samuel Reeves Keesler Jr., an aerial observer from Greenwood, MS, who was killed in action in France during World War I. During World War II, 142,000 aviation mechanics and 336,000 new recruits were trained at Keesler. The majority of the B-24 "Liberator" bomber mechanics were Keesler graduates. Many other schools operated at Keesler during the war, including the B-24 copilot and emergency rescue schools.

Women began training here in 1943, as did foreign nationals. Students from more than 50 countries have received aviation, personnel and electronics training at Keesler.

After the war, Keesler continued to grow, acquiring courses for helicopter mechanics, supply officers and military police. Also added were schools for air chemical, pre-meteorology, cooks and meat-cutters.

The Air Force's radar school relocated from Boca Raton, FL, in 1947. Two years later, Keesler lost its airplane and engine mechanics when it was moved to Sheppard AFB, TX. That same year, radio operations school moved to Keesler from Scott AFB, IL. It was at this point Keesler's history became known as the "Electronics Center of the Air Force." During the 1950s, Keesler underwent a massive rebuilding effort, adding the "Triangle" student area, four academic buildings and a new hospital. The Air Force's urgent demand for radio and electronics technicians forced Keesler's schools to operate six days a week.

Communications and control courses moved from Scott AFB in 1958. Evolving from these courses were the ground and airborne communications electronics maintenance and operator training and air traffic control training courses. Meanwhile, the advent of the Semi Automatic Ground Environment air defense system brought digital computer training to Keesler.

In January 1967, flying training returned when foreign nationals began undergraduate pilot training in T-28 aircraft and, later, T-41s. This training continued through May 1973.

In 1968, the personnel and administration courses moved to Keesler from Amarillo AFB, TX. That same year, astronautics and space systems courses were added, and Keesler graduated its one millionth student.

During the 1970s, Keesler remained the largest training center in the Air Force and became the nation's main supplier of electronics technicians. Two additional areas of training received special attention in the 1980s-- airborne warning and control systems and ground launched cruise missile. The air traffic control program also received its share of attention, especially during the 1981 professional air traffic controllers' strike. By presidential order, military controllers, trained at Keesler, stepped in and kept the nation's airways flowing.

In 1992, Keesler began training all of the DOD's weather forecasters and observers when it gained courses from the closing of Chanute AFB, IL. Flying training returned once again in 1994 with the instruction of pilots in the C-12 and C21 aircraft.

**MOVING MADE EASIER**[Close Print](#)**INSTALLATION****Keesler AFB - Mississippi, United States**<http://www.keesler.af.mil/>**Location ♦ Installation ♦ Overview**

For personal assistance, contact your Relocation Assistance Program at your installation. For additional information on this category, visit [Contacts/Links](#), [Quick Links](#) and the "Getting Started" section ([Planning Your PCS Move](#)).

Location: Keesler AFB is located approximately 1 hour east of New Orleans, 1 hour west of Mobile, AL, and 4 hours south of Jackson, MS. We are on Mississippi's "Gulf Coast".

Major Command: Air Education and Training Command

Mission: The largest mission at Keesler is the 81st Training Wing training mission and is responsible for nearly 500 training courses both locally and at other bases.

Mission Statement: Advance Critical Mission Capabilities of the Air and Space Expeditionary Force... Warriors... Training Warriors... For Warriors!

Telephone Access: DSN 597-XXXX
Commercial: (228)377-XXXX or if on base 7-XXXX
Information: 113 Operator 0

Keesler is part of Air Education and Training Command, and our primary mission since 1941 has been training. The emphasis is on high-technology training in a number of fields, primarily in the electronics specialties. Avionics maintenance, radio and radar systems maintenance, communications-electronics, computer systems programming and maintenance, air traffic control, and weather training are but a few of the main specialties taught at Keesler.

For a thorough history of the installation visit the installation web site as listed in [Contacts](#).

SPONSORHIP:

A sponsor will send you a sponsor package and answer any questions you may have prior to your arrival at Keesler AFB. Your sponsor will help you and your family until you are settled in at Keesler.

Personnel coming to Keesler for TDY training or for permanent duty should contact their unit for a sponsor no later than 30 days prior to departing their current location for unit/training specific information. If you experience any communication difficulties with your sponsor, please contact the Family Support Center's Main Office at 228-377-2179 for assistance.

Technical Students are not provided with sponsors. However, the Keesler AFB Family Support Center Relocation Annex-Triangle would be glad to assist with any questions or concerns you may have. Please reference the [contacts/links](#) for contact information.

NOTES FOR SPOUSES WHO PLAN TO JOIN THEIR TECHNICAL TRAINING STUDENT SPOUSES AT KEESLER
Technical Training Students straight out of basic training will go through a Phase Program. During the first month the technical training student is at Keesler, the member is under restrictions such as curfews and riding in privately owned vehicles (POV). Time and opportunities to tend to personal business are very limited.

MAIL - Before you get to Keesler, you may use the following temporary address: Rank and name; General Delivery 500 "B" Street, Keesler AFB, MS 39534-2322; Member's Reporting Date. Your sponsor can also assist you in acquiring a PO Box up to 90 days prior to your arrival. Please be sure to provide your sponsor with a copy of your

orders.

Childcare: Up to 20 hours of child care is available through the Air Force Aid Society for personnel to use within 60 days of your arrival with the Family Child Care Home Providers. Bring a copy of your PCS orders to the FSC and get the certificate of eligibility. Remember to ask the Family Support Center at your current base about using the same childcare program in the 60 days before your departure! Please refer to Family Issues: Installation, Child Development and Youth services for additional information on child care.

HURRICANE SEASON - The Gulf Coast has a hurricane season, 1 June - 31 October each year. If you live in base housing, it is mandatory that you either evacuate to another location or go to an identified shelter when told to do so. The base provides a wealth of information and offers frequent training to properly prepare folks for the hurricane season.

For community information, utilize the numerous local Internet sites provided in SITES.

Family Support
Center Director

500 Fisher Street
Building 0701, Room 112
81MSS/DPF
Keesler AFB
Mississippi 39534-2554
United States
[Map It!](#)
Phone: 228-377-2179
Phone: 1-866-301-9436
Fax: 228-377-3532/3063
DSN: 597-2179
Email: 81MSS.FSC@keesler.af.mil
Email: Keesler.FSC@famnet.com

Key member of Integrated Service Delivery team, Community Action Information Board, and other base activities. Keesler's director is an active duty military position.

Family Support
Center Mailing
Address

500 Fisher Street
Building 0701, Room 112
Keesler AFB
Mississippi 39534-2554
United States
[Map It!](#)
Phone: 228-377-2179
Phone: 1-866-301-9436
Fax: 228-377-3063/3532
DSN: 597-2179
Email: 81mss.fsc@Keesler.af.mil
Email: Keesler.FSC@famnet.com

Family Support
Center Package
Delivery Address

500 Fisher Street,
Building 701, Rm 112,
81 MSS/DPF
Keesler AFB
Mississippi 39534-2554
United States
[Map It!](#)
Phone: 228-377-2179
Phone: 1-866-301-9436
Fax: 228-377-3532/3063
DSN: 597-2179
Email: 81mss.fsc@Keesler.af.mil
Email: Keesler.FSC@famnet.com

Family Support
Center Relocation
Annex

140 Phantom Street
Building 7310
Levitow Training Support Facility (Fishbowl)
Keesler AFB
Mississippi 39534
United States
[Map It!](#)
Phone: 228-377-0155
Phone: 228-377-0698
Fax: 228-377-1657
DSN: 597-0155
Email: 81mss.fsc@keesler.af.mil

Email: Keesler.FSC@famnet.com

The FSC Relocation Annex is located in the student training area. This office is open from 800am - 600pm, Monday through Thursday, and 800am - 500pm on working Fridays. Facility is staffed by two relocation assistants who specialize in services to the technical students and their families.

Installation Website URL: <http://www.keesler.af.mil/>
 URL: <https://wwwmil.keesler.af.mil>
 Keesler maintains both a public and a secure web page.

Physical Address 500 Fisher Street
 Bldg 701, Room 233
 81 MSS/DPF
 Keesler AFB
 Mississippi 39534-2554
 United States
[Map It!](#)
 Phone: 228-377-2179
 DSN: 597-2179
 Email: 81mss.fsc@Keesler.af.mil
 Email: Keesler.FSC@famnet.com

Relocation Assistance Manager 500 Fisher Street
 Building 0701, Rm 112
 Keesler AFB
 Mississippi 39534-2554
 United States
[Map It!](#)
 Phone: 228-377-2179
 Phone: 1-228-377-7093
 Phone: 1-866-301-9436
 Fax: 228-377-3063/3532
 DSN: 597-2179/7093
 Email: 81MSS.FSC@Keesler.af.mil
 Email: Keesler.FSC@famnet.com

Contacts and Links for Location - Overview

Base INTRO Manager 500 Fisher Street
 Building 0701, Room 125
 81MSS/DPMPS
 Keesler AFB
 Mississippi 39534
 United States
[Map It!](#)
 Phone: 228-377-7087/7088
 Fax: 228-377-4463
 DSN: 597-7087/7088

The base INTRO Manager oversees the base sponsor assignment program. It is the specific unit INTRO monitor who manages the unit Sponsor program and assigns sponsors. You should contact your squadron command support/orderly room to inquire about a sponsor and begin contact. The "Major Unit Listing" provides numbers and contact points for the units and the base web site offers a unit directory. If you encounter further problems, contact the base INTRO Manager.

Biloxi, MS (City of) 140 Lameuse Street
 Biloxi
 Mississippi 39530
 United States
[Map It!](#)
 Phone: 228-435-6300
 URL:
<http://biloxi.ms.us>

Keesler AFB is located within the community of Biloxi. The city is the chosen place of residence for many military families who decide to live outside the base. In each welcome package, the Family Support Center includes a copy of "The State of the City" a 12-page report of the continued progress of the city and its services. The City of Biloxi's web site, which is listed below in contacts is designed to offer an overview of the myriad services, projects, initiatives and special events of interest to Biloxi residents and potential visitors. You'll find such things as agendas for City Council and Planning Commission meetings; contact information for elected officials, key department personnel and municipal utilities; calendars of special events for the weekend, month and year; a Traffic Update section offering daily updated information on road construction projects; budget information; an online

DCN: 2832

code of ordinances; press releases; and many other items of interest. You can also have timely news about city issues and special events delivered directly to you via e-mail by signing up for Hot News and the Weekly Briefing. It's free and keeps you updated on things of interest in your community. It only takes a minute to sign up. All in all, you will find all the information necessary to assist families in making a smooth transition to Biloxi and Mississippi. All in all, you will find all the information necessary to assist families make a smooth transition to Biloxi and Mississippi.

Family Support Center - Main Office
 500 Fisher Street
 Rm 112
 Keesler AFB
 Mississippi 39534
 United States
[Map It!](#)
 Phone: 228-377-2179
 Fax: 228-377-3063
 DSN: 597-2179
 Email:
81MSS.FSC@Keesler.af.mil
 URL:
<https://wwwmil.keesler.af.mil/81mss/DPF/index.htm>

The Family Support Center (FSC) provides a variety of services to families such as relocation information, lending locker, Air Force Aid, financial counseling, volunteer, spouse employment and transition.

Family Support Center Relocation Annex - Triangle
 140 Phantom Street
 Building 7310, Room 134,
 Levitow Building
 Keesler AFB
 Mississippi 39534
 United States
[Map It!](#)
 Phone: 228-377-0155
 Phone: 228-377-0698
 Fax: 228-377-1657
 DSN: 597-0155

International Training/81st Training Support Squadron
 Building 2004, Room 1749
 Keesler AFB
 Mississippi 39534-2603
 United States
 Phone: 228-377-4228
 This office handles all foreign student training issues.

Keesler AFB Web Sites
 URL:
<http://www.keesler.af.mil/>
 URL:
<https://wwwmil.keesler.af.mil>
 Keesler maintains two web sites, one is secure and the other is public. The wealth of information within those sites that is helpful to relocating families.

Temporary Lodging Facilities - Inns of Keesler
 509 Larcher Blvd
 Muse Manor, Building 2101
 Keesler AFB
 Mississippi 39534
 United States
[Map It!](#)
 Phone: Toll Free Reservations: 1-888-235-6343
 Phone: Central Reservations: 228-377-9986
 Phone: Front Desk: 228-377-2420
 Fax: 228-377-4466
 DSN: 597-9986
 Email:
hry@mahgl.afsv.af.mil
 URL:
<https://wwwmil.keesler.af.mil/81svs/WheretoStay/index.htm?lastLoc=ser>
 URL:
<https://wwwmil.keesler.af.mil/innsfokeesler/billeting.asp>

Keesler maintains more than 1400 temporary lodging units with a high occupancy rate of 93%. Contact early and make your arrangements. Keesler web sites are accessible from computers on military installations.

Traffic Management Office (TMO)
 500 Fisher Street
 Sablich Center, Room 113 & 117
 Keesler AFB
 Mississippi 39534

United States

Map It!

Phone: 228-377-2446

DSN: 597-2446

Information about shipping household goods



Meeting your Health Care needs World Wide



Welcome to the TRICARE Military Treatment Facilities (MTF) Locator

Friday, May 20, 2005

Keesler Medical Center (81st Medical Group)

MTF Name: Keesler Medical Center (81st Medical Group)

Address: 301 Fisher Street Rm 1A132
Keesler AFB, MS 39534-2519

Web Site: <http://www.keesler.af.mil/81MDG/medical.asp?menu=info.mnu>

Main Phone: 228 377-6550

Hours: Keesler Medical Center works on A Compressed Work Schedule. The hours are 0700-1700 Monday through Thursday. We are open every other Friday from 0700-1600.

Options

[Get Directions](#)

[Return to search results](#)

[Return to search options](#)

Other

[What is an MTF?](#)

[All TRICARE Plan options work at MTF.](#)

[Prime is the usual choice for patients who use the MTF.](#)

[More MTF information helps you make choices.](#)

Making an Appointment

Phone Number: 1-800-700-8603

Additional Information:

Active Duty members can call between 0500-0600 for appointments and dependents can call between 0600-0800 for appointments.

Please note the following specialties are only available for active duty members: Chiropractics, Neurology, Psychiatry, Clinical Psychology, Social Work, and Substance Abuse.

Prime enrollees may be able to make an MTF appointment online at www.tricareonline.com.

Pharmacy

Phone: Phone-in refills: 228-377-6360

Hours: Main Pharmacy: Monday-Friday 0730-1730
Satellite Pharmacy: M-F 0800-1700
(Drive-up window open until 1800)
Satuday 0800-1400

Additional Information:

Refill Long distance number: 1-800-443-6564; Florida, Alabama, and Louisiana 1-800-422-9291. Refills phoned in before 1500 will be available the following day. If prescriptions are not picked up by the 3rd day they will be returned to stock.

Additional Information

Advice Line: Customers seeking high quality medical information and pertinent health topics can call 1-877-217-7946 (Audio Health Information Library).

After Hours Care: If you need non-urgent care after hours, you will need to call Appointment Sevices (1-800-700-8603) up until 2000 to send a message to your PCM. After 2000, you can call the Urgent After-Hours PCM Access (1-877-794-4629).

In case of an emergency:

In case of an Emergency call 911 or go to the

Specialties

Allergy
Audiology / Speech Pathology
Clinical Psychology
Dietetics
Emergency Services
Family Medicine
Internal Medicine
Neurology
OB/GYN
Occupational Therapy
Ophthalmology
Optometry
Orthopedics
Otolaryngology (ENT)
Pediatrics
Physical Therapy
Psychiatry
Surgery
Urology
Cardiology
Chiropractics
Gastroenterology
Infectious Disease
Neonatology
Nuclear Medicine
Developmental Pediatrics
Podiatry
Population Health (wellness)
Psychology
Pulmonology
Social Work
Substance Abuse

closest civilian or military emergency room. The patient is required to call their PCM (call 1-800-700-8603) within 24 hours of being seen to receive proper authorization. Keesler's Emergency Room is open 24 hours a day, 7 days a week.

Other Information:

Customer Service

Beneficiary Counseling & Assistance Coordinator (BCAC)	Debt Collection & Assistance Officer (DCAO)
Carolyn James/ Linda Davis Primary Phone: 228-377-6580/6001 DSN: 597-6580/6001 Fax:228-377-9614 E-mail: carolyn.james@keesler.af.mil / linda.davis@keesler.af.mil	Carolyn James/ Primary Phone: 228-377-6580 DSN: 597-6580 Fax:228-377-9614 E-mail: carolyn.james@keesler.af.mil
Barabara Hoffman Alternate Phone: 228-377-8677 DSN: 597-8677 Fax:228-377-9614 E-mail: barbara.hoffman@keesler.af.mil	Barabara Hoffman Alternate Phone: 228-377-8677 DSN: 597-8677 Fax:228-377-9614 E-mail: barbara.hoffman@keesler.af.mil

Additional Customer Service Information

Other Customer Service Phone Number: Patient Advocate: Karon Forney 228-377-9498/ DSN 597-9498 / Keesler Medical Center Information Desk 228-377-6550

Other Customer Service Email Address:

Other customer service information:

Hospital Registration is located in 4B-114, Eligibility is located in 4B-111 and Referral Management Center is located in Room BG-200 (Near the ER). The Marketing/ Enrollment Office is located upstairs on the 4th floor, Room 4B-107. Please note the enrollment is on the Compressed Work Schedule. (Closed every other Friday) On the Fridays that TRICARE is closed, members can enroll at the TRICARE Service Center located on Pass Road.

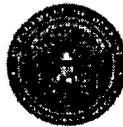
The TRICARE/Military Health System Web site www.tricare.osd.mil is the official Web presence of the Office of the Assistant Secretary of Defense (Health Affairs) and the TRICARE Management Activity Skyline 5, Suite 810, 5111 Leesburg Pike, Falls Church, VA 22041-3206

Need to file a [claim](#)?

Please e-mail the following for: TRICARE benefits and program questions: questions@tma.osd.mil;

Web site technical issues, or if you [see something wrong?](#) on the Web site

The content of this page was updated on Friday, January 14, 2005.



Recommended Mississippi B Realignments and Closures



Keesler AFB Statistics
 Total Acres: 1,611 Total Personnel: 7,070
 Acres Owned: 1,496 Mil: 5,454
 Civ: 1,616
 Other: 0

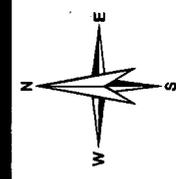


Image © Space Imaging LLC



Keesler AFB, MS

0.75 Miles

Installation Boundary

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 This document may contain information protected from disclosure by public law, regulations or orders.

Keesler AFB, MS

Demographics

The following tables provide a short description of the area near the installation/activity. Keesler AFB is 62 miles from Mobile, AL, the nearest city with a population of 100,000 or more. The nearest metropolitan statistical area (MSA) is

MSA	Population
Biloxi-Gulfport-Pascagoula, MS MSA	363,988

The following entities comprise the military housing area (MHA):

County/City	Population
Harrison	189601
Total	189,601

Child Care

This attribute captures the number of nationally accredited child-care centers within the local community: 2

Cost of Living

Cost of Living provides a relative measure of cost of living in the local community. General Schedule (GS) Locality Pay provides a relative scale to compare local salaries with government salaries and Basic Allowance for Housing (BAH) is an indicator of the local rental market. In-state tuition is an indicator of the support provided by the state for active duty family members to participate in higher-level education opportunities.

Median Household Income	(US Avg \$41,994)	\$36,662	Basis: MSA
Median House Value	(US Avg \$119,600)	\$85,200	
GS Locality Pay	("Rest of US" 10.9%)	10.9%	
O-3 with Dependents BAH Rate		\$ 907	
In-state Tuition for Family Member		Yes	
In-state Tuition Continues if Member PCSs Out of State		No	

Education

This attribute defines the population in local school districts and identifies capacity. The pupil/teacher ratio, graduation rate, percentage of certified teachers and composite SAT I/ACT scores provide a relative quality indicator of education. This attribute also attempts to give communities credit for the potential intellectual capital they provide.

NOTE: "MFR" means a Memorandum For Record is on file at the installation/activity/agency to document problems in obtaining the required information. Reasons for not being able to obtain information may be that the school district refused to provide the information or the school district does not use or track the information.

DRAFT DELIBERATIVE DOCUMENT - FOR DISCUSSION PURPOSES ONLY - NOT RELEASABLE UNDER FOIA
This document may contain information protected from disclosure by public law, regulations or orders.

If the installation/activity/agency has incomplete information from the local school system in order to accurately compute a score in this area, the number of school districts reporting information will be captured in addition to the computed answer.

		Basis
School District(s) Capacity	24,411	33 of 33 districts
Students Enrolled	20,400	33 of 33 districts
Average Pupil/Teacher Ratio	16.5:1	33 of 33 districts
High School Students Enrolled	3,706	3 of 3 districts
Average High School Graduation Rate (US Avg 67.3%)	78.4%	3 of 3 districts
Average Composite SAT I Score (US Avg 1026)		
Average ACT Score (US Avg 20.8)	20	3 of 3 districts
Available Graduate/PhD Programs	2	
Available Colleges and/or Universities	4	
Available Vocational and/or Technical Schools	6	

Employment

Unemployment and job growth rates provide a relative merit of job availability in the local community. National rates from the Bureau of Labor Statistics are also provided.

The unemployment rates for the last five-years:

	1999	2000	2001	2002	2003
Local Data	3.7%	4.6%	4.1%	5.5%	4.8%
National	4.2%	4.0%	4.7%	5.8%	6.0%
Basis:	MSA	MSA	MSA	MSA	MSA

The annual job growth rate for the last five-years:

	1999	2000	2001	2002	2003
Local Data	3.9%	3.2%	-2.9%	-3.7%	2.7%
National	1.5%	2.4%	.03%	-.31%	.86%
Basis:	MSA	MSA	MSA	MSA	MSA

Housing

This attribute provides an indication of availability of housing, both sales and rental, in the local community. Note: according to the 2000 Census, Vacant Sale and Vacant Rental Units do not equal Total Vacant Housing Units; Total Vacant Housing Units may also include units that are vacant but not on the market for sale or rent.

Total Vacant Housing Units	16,275	Basis: MSA
Vacant Sale Units	1,913	
Vacant Rental Units	5,092	

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Medical Providers

This attribute provides an indicator of availability of medical care for military and DoD civilians in the local community. The table reflects the raw number of physicians/beds and ratio of physicians/beds to population.

	# Physicians	# Beds	Population	
Local Community	765	1,380	363,988	Basis: MSA
Ratio	1:476	1:264		
National Ratio (2003)	1:421.2	1:373.7		

Safety/Crime

The local community's Uniform Crime Reports (UCR) Index for 2002 per 100,000 people and the national UCR based on information from the Federal Bureau of Investigation (FBI) for 2002:

Local UCR	5,682.5	Basis: MSA
National UCR	4,118.8	

Transportation

Distance to an airport shows convenience and availability of airline transportation. Public transportation shows potential for members and DoD civilians to use it to commute to/from work under normal circumstances and for leisure.

Distance from Keesler AFB to nearest commercial airport: 12.1 miles

Is Keesler AFB served by regularly scheduled public transportation? Yes

Utilities

This attribute identifies a local community's water and sewer systems' ability to receive 1,000 additional people.

Does the local community's water system have the ability to meet an expanded need of an additional 1,000 people moving in the local community? Yes

Does the local community's sewer system have the ability to meet an expanded need of an additional 1,000 people moving in the local community? Yes

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DP-1 Profile of General Demographic Characteristics: 2000
Data Set: Census 2000 Summary File 1 (SF 1) 100-Percent Data
Geographic Area: Mississippi

NOTE: For information on confidentiality protection, nonsampling error, and definitions, see
<http://factfinder.census.gov/home/en/datanotes/expsf1u.htm>.

Subject	Number	Percent
Total population	2,844,658	100.0
SEX AND AGE		
Male	1,373,554	48.3
Female	1,471,104	51.7
Under 5 years	204,364	7.2
5 to 9 years	216,920	7.6
10 to 14 years	218,742	7.7
15 to 19 years	233,188	8.2
20 to 24 years	212,947	7.5
25 to 34 years	381,798	13.4
35 to 44 years	425,372	15.0
45 to 54 years	361,981	12.7
55 to 59 years	132,202	4.6
60 to 64 years	113,621	4.0
65 to 74 years	185,710	6.5
75 to 84 years	114,922	4.0
85 years and over	42,891	1.5
Median age (years)	33.8	(X)
18 years and over	2,069,471	72.7
Male	977,930	34.4
Female	1,091,541	38.4
21 years and over	1,923,445	67.6
62 years and over	409,722	14.4
65 years and over	343,523	12.1
Male	135,890	4.8
Female	207,633	7.3
RACE		
One race	2,824,637	99.3
White	1,746,099	61.4
Black or African American	1,033,809	36.3
American Indian and Alaska Native	11,652	0.4
Asian ¹	18,626	0.7
Asian Indian	3,827	0.1
Chinese	3,099	0.1
Filipino	2,608	0.1
Japanese	766	0.0
Korean	1,334	0.0
Vietnamese	5,387	0.2
Other Asian ¹	1,605	0.1
Native Hawaiian and Other Pacific Islander	667	0.0
Native Hawaiian	197	0.0
Guamanian or Chamorro	213	0.0
Samoan	157	0.0
Other Pacific Islander ²	100	0.0
Some other race	13,784	0.5
Two or more races	20,021	0.7
<i>Race alone or in combination with one or more other races³</i>		

Mississippi - DP-1. Profile of General Demographic Characteristics: 2000

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Subject	Number	Percent
	1,761,658	61.9
White	1,041,708	36.6
Black or African American	19,555	0.7
American Indian and Alaska Native	23,281	0.8
Asian	1,901	0.1
Native Hawaiian and Other Pacific Islander	18,635	0.7
Some other race		
HISPANIC OR LATINO AND RACE	2,844,658	100.0
Total population	39,569	1.4
Hispanic or Latino (of any race)	21,616	0.8
Mexican	2,881	0.1
Puerto Rican	1,508	0.1
Cuban	13,564	0.5
Other Hispanic or Latino	2,805,089	98.6
Not Hispanic or Latino	1,727,908	60.7
White alone		
RELATIONSHIP	2,844,658	100.0
Total population	2,749,244	96.6
In households	1,046,434	36.8
Householder	520,844	18.3
Spouse	883,590	31.1
Child	657,312	23.1
Own child under 18 years	192,598	6.8
Other relatives	101,556	3.6
Under 18 years	105,778	3.7
Nonrelatives	46,738	1.6
Unmarried partner	95,414	3.4
In group quarters	50,826	1.8
Institutionalized population	44,588	1.6
Noninstitutionalized population		
HOUSEHOLDS BY TYPE	1,046,434	100.0
Total households	747,159	71.4
Family households (families)	363,416	34.7
With own children under 18 years	520,844	49.8
Married-couple family	234,484	22.4
With own children under 18 years	180,705	17.3
Female householder, no husband present	106,203	10.1
With own children under 18 years	299,275	28.6
Nonfamily households	257,708	24.6
Householder living alone	100,616	9.6
Householder 65 years and over		
Households with individuals under 18 years	414,602	39.6
Households with individuals 65 years and over	248,129	23.7
Average household size	2.63	(X)
Average family size	3.14	(X)
HOUSING OCCUPANCY	1,161,953	100.0
Total housing units	1,046,434	90.1
Occupied housing units	115,519	9.9
Vacant housing units	21,845	1.9
For seasonal, recreational, or occasional use		
Homeowner vacancy rate (percent)	1.6	(X)
Rental vacancy rate (percent)	9.2	(X)
HOUSING TENURE	1,046,434	100.0
Occupied housing units	756,967	72.3
Owner-occupied housing units	289,467	27.7
Renter-occupied housing units		
Average household size of owner-occupied unit	2.67	(X)
Average household size of renter-occupied unit	2.52	(X)

(X) Not applicable

¹ Other Asian alone, or two or more Asian categories.

² Other Pacific Islander alone, or two or more Native Hawaiian and Other Pacific Islander categories.

³ In combination with one or more other races listed. The six numbers may add to more than the total population and the six percentages may add to more than 100 percent because individuals may report more than one race.

Source: U.S. Census Bureau, Census 2000 Summary File 1, Matrices P1, P3, P4, P8, P9, P12, P13, P,17, P18, P19, P20, P23, P27, P28, P33, PCT5, PCT8, PCT11, PCT15, H1, H3, H4, H5, H11, and H12.

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DP-2. Profile of Selected Social Characteristics: 2000

Data Set: Census 2000 Summary File 3 (SF 3) - Sample Data

Geographic Area: Mississippi

NOTE: Data based on a sample except in P3, P4, H3, and H4. For information on confidentiality protection, sampling error, nonsampling error, and definitions see <http://factfinder.census.gov/home/en/datanotes/expsf3.htm>.

Subject	Number	Percent
SCHOOL ENROLLMENT		
Population 3 years and over enrolled in school	789,903	100.0
Nursery school, preschool	54,058	6.8
Kindergarten	47,384	6.0
Elementary school (grades 1-8)	363,300	46.0
High school (grades 9-12)	172,164	21.8
College or graduate school	152,997	19.4
EDUCATIONAL ATTAINMENT		
Population 25 years and over	1,757,517	100.0
Less than 9th grade	169,178	9.6
9th to 12th grade, no diploma	307,852	17.5
High school graduate (includes equivalency)	516,091	29.4
Some college, no degree	366,744	20.9
Associate degree	100,561	5.7
Bachelor's degree	194,325	11.1
Graduate or professional degree	102,766	5.8
Percent high school graduate or higher	72.9	(X)
Percent bachelor's degree or higher	16.9	(X)
MARITAL STATUS		
Population 15 years and over	2,203,615	100.0
Never married	610,133	27.7
Now married, except separated	1,133,554	51.4
Separated	62,987	2.9
Widowed	175,143	7.9
Female	144,954	6.6
Divorced	221,798	10.1
Female	122,912	5.6
GRANDPARENTS AS CAREGIVERS		
Grandparent living in household with one or more own grandchildren under 18 years	84,157	100.0
Grandparent responsible for grandchildren	48,061	57.1
VETERAN STATUS		
Civilian population 18 years and over	2,054,721	100.0
Civilian veterans	249,431	12.1
DISABILITY STATUS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION		
Population 5 to 20 years	706,937	100.0
With a disability	61,061	8.6
Population 21 to 64 years	1,542,401	100.0
With a disability	378,099	24.5
Percent employed	49.1	(X)
Without a disability	1,164,302	75.5
Percent employed	74.3	(X)
Population 65 years and over	325,801	100.0
With a disability	168,410	51.7

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Subject	Number	Percent
RESIDENCE IN 1995		
Population 5 years and over	2,641,453	100.0
Same house in 1995	1,544,846	58.5
Different house in the U.S. in 1995	1,071,338	40.6
Same county	595,347	22.5
Different county	475,991	18.0
Same state	249,203	9.4
Different state	226,788	8.6
Elsewhere in 1995	25,269	1.0
NATIVITY AND PLACE OF BIRTH		
Total population	2,844,658	100.0
Native	2,804,750	98.6
Born in United States	2,791,115	98.1
State of residence	2,113,883	74.3
Different state	677,232	23.8
Born outside United States	13,635	0.5
Foreign born	39,908	1.4
Entered 1990 to March 2000	19,781	0.7
Naturalized citizen	16,098	0.6
Not a citizen	23,810	0.8
REGION OF BIRTH OF FOREIGN BORN		
Total (excluding born at sea)	39,904	100.0
Europe	7,643	19.2
Asia	14,434	36.2
Africa	1,270	3.2
Oceania	249	0.6
Latin America	14,582	36.5
Northern America	1,726	4.3
LANGUAGE SPOKEN AT HOME		
Population 5 years and over	2,641,453	100.0
English only	2,545,931	96.4
Language other than English	95,522	3.6
Speak English less than "very well"	36,059	1.4
Spanish	50,515	1.9
Speak English less than "very well"	20,856	0.8
Other Indo-European languages	23,700	0.9
Speak English less than "very well"	5,805	0.2
Asian and Pacific Island languages	13,558	0.5
Speak English less than "very well"	6,303	0.2
ANCESTRY (single or multiple)		
Total population	2,844,658	100.0
<i>Total ancestries reported</i>	<i>2,289,356</i>	<i>80.5</i>
Arab	4,215	0.1
Czech ¹	2,220	0.1
Danish	2,617	0.1
Dutch	18,713	0.7
English	173,633	6.1
French (except Basque) ¹	66,130	2.3
French Canadian ¹	9,932	0.3
German	129,275	4.5
Greek	2,662	0.1
Hungarian	1,843	0.1
Irish ¹	195,741	6.9
Italian	40,401	1.4
Lithuanian	537	0.0
Norwegian	7,088	0.2
Polish	10,155	0.4
Portuguese	1,059	0.0
Russian	2,356	0.1
Scotch-Irish	55,077	1.9
Scottish	35,185	1.2
Slovak	507	0.0

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Subject	Number	Percent
Subsaharan African	20,469	0.7
Swedish	7,155	0.3
Swiss	1,601	0.1
Ukrainian	723	0.0
United States or American	403,518	14.2
Welsh	6,951	0.2
West Indian (excluding Hispanic groups)	1,734	0.1
Other ancestries	1,087,859	38.2

(X) Not applicable.

¹ The data represent a combination of two ancestries shown separately in Summary File 3. Czech includes Czechoslovakian. French includes Alsatian. French Canadian includes Acadian/Cajun. Irish includes Celtic.

[Ancestry Code List \(PDF 35KB\)](#)

[Place of Birth Code List \(PDF 74KB\)](#)

[Language Code List \(PDF 17KB\)](#)

Source: U.S. Census Bureau, Census 2000 Summary File 3, Matrices P18, P19, P21, P22, P24, P36, P37, P39, P42, PCT8, PCT16, PCT17, and PCT19

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DP-3. Profile of Selected Economic Characteristics: 2000
Data Set: Census 2000 Summary File 3 (SF 3) - Sample Data
Geographic Area: Mississippi

NOTE: Data based on a sample except in P3, P4, H3, and H4. For information on confidentiality protection, sampling error, nonsampling error, and definitions see <http://factfinder.census.gov/home/en/datanotes/expsf3.htm>.

Subject	Number	Percent
EMPLOYMENT STATUS		
Population 16 years and over	2,158,941	100.0
In labor force	1,282,757	59.4
Civilian labor force	1,267,092	58.7
Employed	1,173,314	54.3
Unemployed	93,778	4.3
Percent of civilian labor force	7.4	(X)
Armed Forces	15,665	0.7
Not in labor force	876,184	40.6
Females 16 years and over		
Population 16 years and over	1,135,691	100.0
In labor force	607,715	53.5
Civilian labor force	604,882	53.3
Employed	556,309	49.0
Own children under 6 years		
Population 16 years and over	226,744	100.0
All parents in family in labor force	139,955	61.7
COMMUTING TO WORK		
Workers 16 years and over	1,164,118	100.0
Car, truck, or van -- drove alone	924,506	79.4
Car, truck, or van -- carpooled	176,465	15.2
Public transportation (including taxicab)	6,587	0.6
Walked	21,868	1.9
Other means	12,093	1.0
Worked at home	22,599	1.9
Mean travel time to work (minutes)	24.6	(X)
Employed civilian population 16 years and over		
Population 16 years and over	1,173,314	100.0
OCCUPATION		
Management, professional, and related occupations	321,110	27.4
Service occupations	174,390	14.9
Sales and office occupations	292,544	24.9
Farming, fishing, and forestry occupations	14,462	1.2
Construction, extraction, and maintenance occupations	131,751	11.2
Production, transportation, and material moving occupations	239,057	20.4
INDUSTRY		
Agriculture, forestry, fishing and hunting, and mining	39,473	3.4
Construction	88,818	7.6
Manufacturing	215,203	18.3
Wholesale trade	39,717	3.4
Retail trade	138,646	11.8
Transportation and warehousing, and utilities	63,189	5.4
Information	21,449	1.8
Finance, insurance, real estate, and rental and leasing	55,744	4.8
Professional, scientific, management, administrative, and waste management services	60,557	5.2
Educational, health and social services	236,382	20.1
Arts, entertainment, recreation, accommodation and food services	97,698	8.3
Other services (except public administration)	56,215	4.8
Public administration	60,223	5.1

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Subject	Number	Percent
CLASS OF WORKER		
Private wage and salary workers	887,425	75.6
Government workers	206,523	17.6
Self-employed workers in own not incorporated business	75,022	6.4
Unpaid family workers	4,344	0.4
INCOME IN 1999		
Households	1,047,555	100.0
Less than \$10,000	169,227	16.2
\$10,000 to \$14,999	92,129	8.8
\$15,000 to \$24,999	164,830	15.7
\$25,000 to \$34,999	147,966	14.1
\$35,000 to \$49,999	171,410	16.4
\$50,000 to \$74,999	168,393	16.1
\$75,000 to \$99,999	70,718	6.8
\$100,000 to \$149,999	40,339	3.9
\$150,000 to \$199,999	9,904	0.9
\$200,000 or more	12,639	1.2
Median household income (dollars)	31,330	(X)
With earnings	808,502	77.2
Mean earnings (dollars)	43,399	(X)
With Social Security income	292,085	27.9
Mean Social Security income (dollars)	9,827	(X)
With Supplemental Security Income	79,843	7.6
Mean Supplemental Security Income (dollars)	5,671	(X)
With public assistance income	37,178	3.5
Mean public assistance income (dollars)	1,919	(X)
With retirement income	163,927	15.6
Mean retirement income (dollars)	16,036	(X)
Families	752,234	100.0
Less than \$10,000	78,333	10.4
\$10,000 to \$14,999	54,918	7.3
\$15,000 to \$24,999	110,172	14.6
\$25,000 to \$34,999	106,934	14.2
\$35,000 to \$49,999	136,457	18.1
\$50,000 to \$74,999	145,566	19.4
\$75,000 to \$99,999	63,610	8.5
\$100,000 to \$149,999	36,635	4.9
\$150,000 to \$199,999	8,936	1.2
\$200,000 or more	10,673	1.4
Median family income (dollars)	37,406	(X)
Per capita income (dollars)	15,853	(X)
Median earnings (dollars):		
Male full-time, year-round workers	30,549	(X)
Female full-time, year-round workers	21,554	(X)
POVERTY STATUS IN 1999 (below poverty level)		
Families	120,039	(X)
Percent below poverty level	(X)	16.0
With related children under 18 years	92,224	(X)
Percent below poverty level	(X)	22.2
With related children under 5 years	42,715	(X)
Percent below poverty level	(X)	26.3
Families with female householder, no husband present	71,541	(X)
Percent below poverty level	(X)	40.2
With related children under 18 years	62,113	(X)
Percent below poverty level	(X)	48.1
With related children under 5 years	28,798	(X)
Percent below poverty level	(X)	57.2
Individuals	548,079	(X)
Percent below poverty level	(X)	19.9
18 years and over	341,629	(X)

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Subject	Number	Percent
Percent below poverty level	(X)	17.2
65 years and over	61,239	(X)
Percent below poverty level	(X)	18.8
Related children under 18 years	203,101	(X)
Percent below poverty level	(X)	26.7
Related children 5 to 17 years	145,549	(X)
Percent below poverty level	(X)	26.0
Unrelated individuals 15 years and over	131,634	(X)
Percent below poverty level	(X)	33.4

(X) Not applicable.

[Detailed Occupation Code List \(PDF 42KB\)](#)[Detailed Industry Code List \(PDF 44KB\)](#)[User note on employment status data \(PDF 63KB\)](#)

Source: U.S. Census Bureau, Census 2000 Summary File 3, Matrices P30, P32, P33, P43, P46, P49, P50, P51, P52, P53, P58, P62, P63, P64, P65, P67, P71, P72, P73, P74, P76, P77, P82, P87, P90, PCT47, PCT52, and PCT53

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DP-4. Profile of Selected Housing Characteristics: 2000

Data Set: Census 2000 Summary File 3 (SF 3) - Sample Data

Geographic Area: Mississippi

NOTE: Data based on a sample except in P3, P4, H3, and H4. For information on confidentiality protection, sampling error, nonsampling error, and definitions see <http://factfinder.census.gov/home/en/datanotes/expsf3.htm>.

Subject	Number	Percent
Total housing units	1,161,953	100.0
UNITS IN STRUCTURE		
1-unit, detached	791,569	68.1
1-unit, attached	20,145	1.7
2 units	28,401	2.4
3 or 4 units	38,594	3.3
5 to 9 units	39,025	3.4
10 to 19 units	17,215	1.5
20 or more units	31,365	2.7
Mobile home	192,749	16.6
Boat, RV, van, etc.	2,890	0.2
YEAR STRUCTURE BUILT		
1999 to March 2000	36,105	3.1
1995 to 1998	118,945	10.2
1990 to 1994	101,265	8.7
1980 to 1989	214,865	18.5
1970 to 1979	262,509	22.6
1960 to 1969	179,489	15.4
1940 to 1959	176,394	15.2
1939 or earlier	72,381	6.2
ROOMS		
1 room	8,511	0.7
2 rooms	35,521	3.1
3 rooms	95,610	8.2
4 rooms	189,849	16.3
5 rooms	316,111	27.2
6 rooms	247,322	21.3
7 rooms	137,633	11.8
8 rooms	72,115	6.2
9 or more rooms	59,281	5.1
Median (rooms)	5.3	(X)
Occupied Housing Units	1,046,434	100.0
YEAR HOUSEHOLDER MOVED INTO UNIT		
1999 to March 2000	195,298	18.7
1995 to 1998	282,822	27.0
1990 to 1994	166,167	15.9
1980 to 1989	167,536	16.0
1970 to 1979	120,899	11.6
1969 or earlier	113,712	10.9
VEHICLES AVAILABLE		
None	96,718	9.2
1	357,797	34.2
2	395,129	37.8
3 or more	196,790	18.8
HOUSE HEATING FUEL		
Utility gas	389,021	37.2
Bottled, tank, or LP gas	216,498	20.7
Electricity	416,322	39.8

DCN: 2832

Subject	Number	Percent
Fuel oil, kerosene, etc.	2,027	0.2
Coal or coke	66	0.0
Wood	17,736	1.7
Solar energy	196	0.0
Other fuel	1,472	0.1
No fuel used	3,096	0.3
SELECTED CHARACTERISTICS		
Lacking complete plumbing facilities	9,015	0.9
Lacking complete kitchen facilities	7,470	0.7
No telephone service	68,532	6.5
OCCUPANTS PER ROOM		
Occupied housing units	1,046,434	100.0
1.00 or less	994,817	95.1
1.01 to 1.50	35,419	3.4
1.51 or more	16,198	1.5
Specified owner-occupied units	532,291	100.0
VALUE		
Less than \$50,000	151,982	28.6
\$50,000 to \$99,999	234,011	44.0
\$100,000 to \$149,999	82,508	15.5
\$150,000 to \$199,999	33,465	6.3
\$200,000 to \$299,999	20,681	3.9
\$300,000 to \$499,999	7,009	1.3
\$500,000 to \$999,999	1,733	0.3
\$1,000,000 or more	902	0.2
Median (dollars)	71,400	(X)
MORTGAGE STATUS AND SELECTED MONTHLY OWNER COSTS		
With a mortgage	330,697	62.1
Less than \$300	9,848	1.9
\$300 to \$499	51,018	9.6
\$500 to \$699	83,384	15.7
\$700 to \$999	100,425	18.9
\$1,000 to \$1,499	60,236	11.3
\$1,500 to \$1,999	16,843	3.2
\$2,000 or more	8,943	1.7
Median (dollars)	752	(X)
Not mortgaged	201,594	37.9
Median (dollars)	232	(X)
SELECTED MONTHLY OWNER COSTS AS A PERCENTAGE OF HOUSEHOLD INCOME IN 1999		
Less than 15 percent	225,719	42.4
15 to 19 percent	85,178	16.0
20 to 24 percent	61,336	11.5
25 to 29 percent	39,231	7.4
30 to 34 percent	26,433	5.0
35 percent or more	85,408	16.0
Not computed	8,986	1.7
Specified renter-occupied units	282,500	100.0
GROSS RENT		
Less than \$200	29,597	10.5
\$200 to \$299	30,029	10.6
\$300 to \$499	94,192	33.3
\$500 to \$749	73,158	25.9
\$750 to \$999	16,861	6.0
\$1,000 to \$1,499	4,000	1.4
\$1,500 or more	1,379	0.5
No cash rent	33,284	11.8
Median (dollars)	439	(X)
GROSS RENT AS A PERCENTAGE OF HOUSEHOLD INCOME IN 1999		
Less than 15 percent	53,441	18.9

DCN: 2832

Subject	Number	Percent
15 to 19 percent	35,695	12.6
20 to 24 percent	30,417	10.8
25 to 29 percent	24,100	8.5
30 to 34 percent	17,582	6.2
35 percent or more	77,959	27.6
Not computed	43,306	15.3

(X) Not applicable.

Source: U.S. Census Bureau, Census 2000 Summary File 3, Matrices H1, H7, H20, H23, H24, H30, H34, H38, H40, H43, H44, H48, H51, H62, H63, H69, H74, H76, H90, H91, and H94

BRAC HISTORY

MISSISSIPPI **Base Closures and Realignment** **(1988, 1991, 1993, 1995)**

- There were no BRAC actions taken in previous years.

KEESLER AIR FORCE BASE MISSISSIPPI

National News Articles

Lawmakers Worry about Health Care Impact from BRAC; Moves Will Shift Thousands of Medical Jobs

Local News Articles

Taylor Wants a Closer Look at BRAC Changes to Soldier's Healthcare
No Mississippi Bases Completely Safe from BRAC, Official Says
Armed Services Retirees Get 'Thank You' for Contributions

Editorial/Opinion Articles

National News Articles

Lawmakers worry about health care impact from BRAC; Moves will shift thousands of medical jobs

Army Times
Debaorah Funk

From training to research to patient care, military medicine would become a more joint structure under the Pentagon's base **realignment** and closure plans.

But some lawmakers already are voicing concerns that the potential impact of the proposals on health care beneficiaries has not been sufficiently thought out.

The House Armed Services Committee wants a quick report from government auditors on how the changes might affect out-of-pocket costs for service members, retirees and their families.

The biggest changes under the Pentagon plan, unveiled May 13, would occur around Washington and San Antonio.

Walter Reed Army Medical Center in the nation's capital would move seven miles and combine with the National Naval Medical Center in Bethesda, Md., to create Walter Reed National Military Medical Center.

Center could 'rival Mayo Clinic'

The new center would operate with a joint staff for complex and subspecialty care as the "centerpiece of military health care, clinical practice, education and research," said Lt. Gen. (Dr.) George Peach Taylor Jr., Air Force surgeon general, who chaired the Medical Joint Cross Service Group that developed the plan. "It will rival Mayo Clinic, Johns Hopkins and other great medical institutions of the world."

The BRAC plan also would affect Fort Belvoir, Va., just south of Washington, which would get a

new 165-bed community hospital to focus on primary and specialty care. An expansion of Belvoir's DeWitt Army Community Hospital had been in the works, but this proposal will exceed those earlier plans.

The Air Force's Malcolm Grow Hospital at Andrews Air Force Base, Md., would convert from an in-patient hospital to a same-day surgery center.

The moves would shift 2,069 military and civilian jobs to DeWitt and 797 to Bethesda. According to the Army Medical Command, about 60 percent of the jobs leaving Walter Reed will remain in the capital region.

The goal is to make the best use of facilities while improving access to patient care, officials said. Many of the beds in military hospitals around Washington are empty, yet DeWitt's patient load has increased because many military families and retirees have moved to Northern Virginia.

San Antonio to expand trauma unit

Meanwhile, San Antonio's Brooke Army Medical Center would become the San Antonio Regional Medical Center and would have a joint-service staff for an expanded trauma center.

The in-patient and trauma business of Wilford Hall Medical Center at nearby Lackland Air Force Base would shift to Brooke. Wilford Hall would convert to an outpatient clinic and surgery center. Brooke is a newer building and more centrally located than Wilford Hall.

In addition, the Pentagon plan would convert 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, Ill.; Scott Air Force Base, Ill.; Fort Knox, Ky.; **Keesler Air Force Base**, Miss.; Naval Hospital Cherry Point, N.C.; and Fort Eustis, Va.

The medical functions of the clinic at McChord Air Force Base, Wash., would move to nearby Fort Lewis.

The congressional request for a Government Accountability Office report on the impact of the proposed changes on beneficiaries came from Rep. Gene Taylor, D-Miss., who said military retirees living near military bases that closed in the past were hurt when hospitals and clinics shut down, forcing them to move or seek treatment in the private sector.

Review requested by July 1

He offered an amendment to the House Armed Services Committee's version of the 2006 defense authorization bill asking for a GAO review of the Pentagon's medical base-closing proposals by July 1, before the bipartisan Base **Realignment** and Closure Commission completes its review of the Pentagon plan.

The report would look at the potential costs to the Defense Department for off-base care and to other federal, state and local governments for each proposed military hospital or clinic closure.

It also would look at whether patients would pay more, less or the same for treatment. Taylor said it is important to know, for example, how much more an E-4 or E-5 would pay for the birth of a child at an off-base hospital if the local military hospital closes.

Joyce Raezer, government relations director for the National Military Family Association, said military officials need to ensure Tricare networks in areas where military hospitals or clinics might close are sufficient to meet needs. She also said Tricare Prime, the military's health maintenance organization benefit that centers largely on military installations, should remain in place in areas where bases are closing.

The Pentagon's proposals also would shuffle medical training and research.

Basic and specialty enlisted medical training now at Naval Training Center Great Lakes, Ill.; Sheppard Air Force Base, Texas; and the Naval Medical Centers in Portsmouth, Va., and San Diego would transfer to Fort Sam Houston in San Antonio, where the Army already trains.

Pascagoula Naval Station could be tough to save

Gannett News Service

Ana Radelat

May 21, 2005

WASHINGTON -- Pascagoula Naval Station could be one of the hardest bases to get off the Pentagon's closing list, but its supporters say they're going to try.

"No one ever said it would be a cakewalk," said Jerry St. Pe, former president of Ingalls Shipyard and one of the naval station's biggest backers.

The naval station is one of 33 major bases the Pentagon wants to shut down to save money and consolidate missions.

A nine-member commission will review those recommendations, make any changes it considers appropriate and forward the list to the president.

Commissioners have saved some bases targeted for closure on past lists, including the Pascagoula Naval Station, which originally was on the 1995 base closure list.

But this time the commissioners may side with the Pentagon.

Adm. Vern Clark, chief of Naval operations, told commissioners this week that Pascagoula Naval Station is "a relatively new base that's matured nicely." But he said the decision to eliminate it was based strictly on the facility's lack of "military value."

No one challenged the admiral's assertions. One commissioner even said it was more efficient to close Pascagoula Naval Station than a large submarine base in Groton, Conn., also on the hit list.

The Pentagon said closing the naval station would save nearly \$666 million over 20 years.

St. Pe said he wasn't surprised the base was on the list. The base, which used to have six commissioned ships, now has just three.

Sen. Trent Lott, R-Miss., the naval station's staunchest defender, said the base was "small

potatoes" compared with other bases on the shutdown list. Having only one mission -- mainly searching for drug smuggling in the gulf and the Caribbean -- also makes Pascagoula less competitive than naval bases with several missions, Lott said.

But Lott said the Pentagon's plans to reshuffle missions would provide an opportunity to persuade the commission that the naval station could be used for other purposes.

"I'm going to see what we can do," Lott said.

According to the Pentagon's plan, the naval station's personnel and ships would be transferred to Mayport Naval Station in Jacksonville, Fla. The Florida base's harbor can accommodate 34 ships.

The Pentagon estimated that the shutdown of Pascagoula Naval Station would cost 963 military and civilian jobs. Some of those jobs exist now and some would be created over the next six years if the naval station is kept open.

If it is on a final list of shutdowns and consolidations President Bush gets in September, the Pentagon must start closing the base within two years and complete the transfers to Mayport in six.

Dan McCarthy, a retired Navy captain who works as the director of military affairs in Jacksonville, said the city worked for two years to convince the Pentagon of Mayport's merits. Sobered by the shutdown of Cecil Field in a previous round, the city hired a retired admiral and two top Washington lobbying firms to fight for Mayport.

"We very much understand the blow of a closure to the community," McCarthy said. "I lived for two years worrying, 'Have we done enough?'"

The state also fought for Mayport by spending millions to improve a nearby highway. Florida also proved it was military-friendly by giving the families of troops deployed overseas a property tax break.

The immediate impact of the Pentagon's recommendations -- which also include shutting down a medical center at **Keesler Air Force Base** and eliminating an Air National Guard unit in Meridian -- would be the loss of 1,678 military and civilian jobs on Mississippi bases.

Florida would be among the top gainers in this round of base **realignments** and closures, or BRAC, getting 2,757 military jobs.

Some say the state has been helped by the influence of Gov. Jeb Bush, the president's brother, in the White House.

But McCarthy said Florida gained because of the merits of its military bases.

"This was not a 'help your brother' deal," he said.

St. Pe said the Pascagoula community is not giving up efforts to save the base. He said the Jackson County Economic Development Foundation and other base boosters will make their pitches to a commissioner scheduled to visit the base in early June and at a regional BRAC hearing in New Orleans later this summer.

If there's no way to save the base, the Jackson County Economic Development Foundation will promote a plan to bring in Coast Guard operations or civilian industries and homeland security agencies.

There's also another way Pascagoula Naval Station could survive, but it's a long shot.

A group of senators this week introduced a bill that would make the Pentagon delay base closures at least until U.S. forces withdraw from Iraq. All of the bill's sponsors, including Lott, represent states with bases on the shutdown list.

Local News Articles

Taylor wants closer look at BRAC changes to soldier's health care

Associated Press State and Local Wire

Holbrook Mohr

May 19, 2005

JACKSON, Miss.

A congressional committee has approved a proposal by U.S. Rep. Gene Taylor to require an evaluation of changes to military health care systems recommended in the latest round of base **realignment** and closures.

The proposal from Taylor, D-Miss., was added Wednesday as an amendment to the 2006 National Defense Authorization Act by the House Armed Services Committee. The full U.S. House is expected to consider the bill next week, said committee chairman Duncan Hunter, R-Calif.

The 81st Medical Group at **Keesler Air Force Base**, which is in Taylor's district, and eight other military medical facilities were targeted by the Pentagon for **realignment**.

Defense Secretary Donald H. Rumsfeld announced this past week the first round of base closings and **realignments** in a decade. The Pentagon recommends shutting about 180 military installations nationwide, including 33 major bases.

The Pentagon's recommendations go to the BRAC commission, which will hold public hearings before presenting its own recommendations to President Bush by Sept. 8. Congress will ultimately approve the final list.

Keesler officials have said the Pentagon justifies the changes to its medical unit by relying on civilian facilities with accredited inpatient capacity that are located within 40 miles of the base.

Base officials released a statement the day of the BRAC recommendations, saying they were "reviewing this recommendation in order to assess the possible impact on base personnel and resources."

Keesler officials had no immediate comment when contacted on Thursday.

Taylor said the recommendations to change military inpatient service missions to outpatient clinics and ambulatory surgery centers could have a devastating impact on soldiers.

"If these changes are implemented, we're looking at a situation where a young airman and his wife used Keesler Medical Center free of charge when they had their first baby," he said.

"Now, you're telling that same young airman that in addition to saving up for all the expenses that come with having kids, he'll need to put aside even more money from his paycheck to pay part of the cost for a civilian doctor.

"That's not what these kids signed up for, and they deserve better," Taylor said in a statement.

Taylor is also concerned with the potential impact on military retirees.

He said retirees between the ages of 38 and 65 are going to be forced to pay out-of-pocket for health care in the form of enrollment fees and co-payments.

Keesler officials estimate that some 10,100 military retirees live within an 50 mile radius of the base. There are about 25,000 military retirees in Mississippi, with an average of 1.5 dependents.

"I think it's fair to ask for the true costs before we saddle our servicemen and retirees with the catastrophic expense of private health care, especially when they've been promised otherwise," Taylor said.

No Mississippi bases completely safe from BRAC, official says
Associated Press State and Local Wire
May 16, 2005

MERIDIAN.

The announcement of the Pentagon's base closing list is no reason for spared Mississippi military communities to rejoice, an officials says.

Bill Crawford, deputy director for community assistance with the Mississippi Development Authority, who is advising military communities on base closings, said Mississippi has fared relatively well so far in the 2005 round of base **realignment** and closure recommendations, or BRAC.

But Crawford said other bases could be added to the list later this summer.

"Communities with closed or realigned bases have until the end of July to convince the BRAC Commission to add other bases to take their places," Crawford told the editorial board of The

Meridian Star newspaper. "Mississippi bases that have not been impacted will not be completely safe until the add deadline has passed."

On the recommended **realignment** of the Mississippi Air National Guard's 186th Air Refueling Wing in Meridian, Crawford said elected officials and community leaders are ready to fight to protect the mission.

"The legality and propriety of the Pentagon moving Air National Guard units through BRAC is being challenged and offers one avenue of recourse," Crawford said.

"The high performance history of the unit, its relatively lower operating costs, its capacity to expand, and its joint operations with the 172nd Airlift Wing in Jackson form the basis for a strong case."

Crawford said the retention of Naval Air Station Meridian was a major victory.

"**Keesler Air Force Base** took a hit in its medical center but remains one of the world's top electronics schools as home of the 2nd Air Force and Mississippi's major military facility.

"The plus-up of Columbus Air Force Base was a strong positive. Retention of the Seabee base at Gulfport and the Army Corps of Engineers and Waterways Experiment Station in Vicksburg was very positive. Camp Shelby and Camp McCain survived strong and intact," Crawford said.

Crawford said the proposed closure of Naval Station Pascagoula was not a surprise after the retirement of its Aegis missile cruisers. But he said the closure recommendation ignored the strategic value of the base.

"The consolidation of Navy personnel services (Hancock County) and Army Reserve headquarters (Vicksburg) may cost the state jobs, but are not devastating to the surrounding communities as many BRAC recommendations are.

"The closure of the mothballed Army Ammunitions Plant at Stennis Space Center was at the request of the community and the state so that it can be redeveloped," he said.

Crawford said losing the KC-135R air refueling mission at Key Field may be the most contentious recommendation.

Crawford said the state is gearing up to help fight the closings.

"The state will provide gubernatorial, technical and financial support to communities that choose to fight for their facilities," he said. "The state will provide similar support to those communities that focus on re-use opportunities for closed facilities."

Crawford said the Mississippi Military Communities Council will continue to provide community-to-community coordination and provide advice to the state.

He said each community with a closed or negatively realigned base will be given a chance to persuade the BRAC Commission to change the Pentagon's recommendation.

"To succeed in this effort ... takes a strong community effort in close coordination with our strong congressional delegation. A factual case must be built using both volunteers and expert

consultants. A competent presentation team must be formed to deliver the case to the BRAC Commission, its staff and to military leaders.

"Such fights cost money. The state will help, but communities must raise funds, too. Finally, communities need to show BRAC commissioners they care about their facilities by turning out at regional hearings and at base visits and by writing support letters to the commission," Crawford said.

Armed Forces retirees get 'thank-you' for contributions

Biloxi Sun Herald
Amanda Creel

BILOXI

Keesler Air Force Base honored military retirees Friday, a day in which change was in the air.

"Today is to say thank you for your contributions while in uniform and your help outside of uniform. This is for your contribution to our Department of Defense," said General William Lord in his address to the retirees. The annual Retiree Appreciation Day is sponsored by the 81st Training Wing.

It was also the day the Pentagon announced its recommended **realignments**, including some medical services at Keesler.

Chief Lonnie Arnold, director for the retiree activities program, said the day was "recognition for all retirees from all generations. It gives the men and women and their spouses a chance to mingle with one another."

James Caire, Air Force retiree, said: "I think this is the kind of day that people should send a card in and say thank you."

More than 500 retirees attended the festivities throughout the day.

"Always try to keep in touch with our military friends even though we are retired," said Billy Bean, retired from Special Forces.

Retirees weren't there just for recreation. The base also provided beneficial information about services for them.

"I think it is nice to look after retirees," said Daniel Acosta, Army retiree. "It is nice for them to let us know what's going on and what will affect us."

Keesler medical wing may be cut

Biloxi Sun-Herald
HUGH S. MOORE

WASHINGTON

The medical center at **Keesler Air Force Base** was recommended, to the surprise of some, for **realignment** in the Pentagon's BRAC report released Friday, putting 402 military and civilian jobs at stake.

According to the report, Keesler would lose a total of 181 military, 31 civilian, and 190 contractor personnel by closing the in-patient mission at Keesler and converting the medical center to a clinic with an "ambulatory surgery center."

Patients needing extended care would be sent to nearby civilian hospitals.

The report also said **realignment** at Keesler could cost the Gulfport-Biloxi metropolitan area another 352 jobs, "assuming no economic recovery."

The move to cut the medical wing at Keesler drew sharp criticism from Rep. Gene Taylor, D-Bay St. Louis.

"If these changes to the mission at Keesler are implemented, it will be a major blow to military personnel, dependents and retirees in South Mississippi," Taylor said. "Rather than receiving the free health care that our airmen and veterans were promised, they would have the additional expense of paying for a portion of their care at nearby civilian hospitals."

Taylor said he found the situation odd considering the Pentagon rationalized closing the VA hospital in Gulfport by pointing to its proximity to Keesler.

Brig. Gen. William Lord, commander of the 81st Training Wing, said the potential **realignment** is still being evaluated by staff at Keesler and the base would do its best to keep the community informed.

"Keesler was recognized today as a valuable installation," Lord said. "However, there were some **realignment** recommendations in patient care.

"We understand the impact BRAC has on military members, the local community, retirees, employees and their families."

"Rest assured I will make every effort to keep the lines of communication open to share information and answer questions as we continue through this process."

Editorial/Opinion Articles

Mississippi officials say they will fight for Keesler hospital

The Associated Press State & Local Wire (Biloxi, MS)

June 5, 2005

U.S. Rep. Gene Taylor says the Pentagon's base realignments could gut Keesler Medical Center, leaving 56,000 beneficiaries looking for treatment of serious illness in civilian hospitals.

The Base Realignment and Closure Commission will decide by the end of the year if the full-scale military hospital should be transformed into an outpatient-only medical center with clinics and ambulatory services.

Defense Secretary Donald H. Rumsfeld plans to close about 180 military installations nationwide, including 33 major bases. The BRAC Commission will consider Rumsfeld's recommendations and send its own recommendation to President Bush, who must send it to Congress by Nov. 7.

Changes to the Keesler hospital would be a major shift from its existing mission. Keesler would lose its residency program, which trains about 100 doctors and nurses each year. Active-duty personnel and military retirees would lose access to certain free medical care provided at the hospital, said Taylor, D-Miss.

Keesler made the short list of threatened installations about three weeks ago.

The move to close Keesler Medical Center could save the federal government about \$23 million per year, officials said.

The hospital has an operating budget of about \$102 million per year.

Government Accountability Office officials believe the Air Force can defray the cost by sending the people that now use Keesler to civilian hospitals. The reasoning is it would be cheaper to farm out treatment than operate a hospital and pay for health coverage for military personnel.

The biggest expenditure for the hospital is drugs, which carry a price tag of \$35 million per year.

Taylor said the hospital should be spared because the decision to put it on the list was a hasty one.

"I don't think the military has thought things through. There are a lot of consequences and all of them are bad," Taylor said. He said he will be lobbying members of the commission to reconsider and will modify the Defense Authorization Bill with language that would try to improve the situation.

He said the loss of Keesler for active-duty personnel and retirees will be a substantial one.

"A young enlisted man, he leaves Keesler with his wife, a baby and no bill," Taylor said. "When they walk out of a civilian hospital, they will walk out with a wife, a baby and a bill."

A major side effect of the potential closure could be the loss of the residency program.

Brig. Gen. David Young, said he is concerned about this.

"We've been training doctors for over 50 years here. They are nationally ranked," Young said.

Keesler's hospital lost points with BRAC because the building is nearly 50 years old and its equipment is expensive to maintain, Young said.

He said 60 percent of the doctors along the Gulf Coast are here because they were trained at Keesler. That statement is backed up by an anecdote from U.S. Sen. Trent Lott, R-Miss.

"The doctor that delivered both my children was in the Air Force and was stationed at the base. He married an Ocean Springs girl and moved to Pascagoula," Lott said. "He has delivered about a third of all the babies born in Pascagoula."

Lott has been staunch opponent of the BRAC process.

"I have voted against it since 1979," he said.

Lott said he will join Taylor and other state leaders to fight for Keesler, and to keep other installations intact and fully operational.

"We're going to do our best," Lott said. "We have been through three rounds, and not had a single base closed in Mississippi."

The Pentagon's plans also call for closing Naval Station Pascagoula.

**2005 Defense Base Closure and Realignment Commission
Suggested Q's & A's for Visit to Keesler Air Force Base**

Q1. The Pentagon has justified its recommendation to close the in-patient capability at Keesler AFB medical center because of its proximity to accredited civilian facilities with inpatient capability. Does the Commission understand that this change would have a direct fiscal impact on soldiers as they would be responsible out-of-pocket for certain medical expenses?

A1. The Commission takes all pertinent factors into account, as prescribed by statute, as it performs an evaluation of the suggestions made by the Department of Defense (DoD) and formulates its own suggestions. The Commission is keenly aware of the human impact had by the closure or realignment of a medical center, and although current military value is the most important consideration, the Commission will also consider the effects that the removal of a medical capability would have on the surrounding community.

Q2. Estimates are that Keesler AFB will lose 402 jobs (181 military, 31 civilian, and 190 contractor personnel) if the medical center closes. In addition, the Gulfport-Biloxi metropolitan area could lose another 352 jobs if there is no economic recovery. Will the Commission consider the possible economic effect on the area as the Commission reaches its final conclusion?

A2. The Commission will perform a thorough, accurate, and objective analysis which will take into account, chiefly, the military value of Keesler AFB medical center, but will also consider the impact that the closure of the installation would have on the surrounding community. Please be assured that the Commission will make a full evaluation, as prescribed by law, before coming to its conclusions and formulating its suggestions.

Q3. Estimates are that some 10,001 military retirees live within a 50-mile radius of Keesler AFB. Under the proposed recommendations these retirees would be required to pay for medical expenses out-of-pocket. Will the Commission consider how these changes will affect costs for retirees?

A3. The Commission will perform a thorough, accurate, and objective analysis which will take into account, chiefly, the military value of the base, but will also consider other factors. The economic repercussions resulting from the closure of in-patient care at the medical center is an important factor to the Commission. Please be assured that the Commission will make a full evaluation, as prescribed by law, before coming to its conclusions and formulating its suggestions.

Q4. The Pentagon has rationalized closing the VA hospital in Gulfport because of its proximity to the medical center at Keesler AFB. However, the Pentagon has also recommended the closure in-patient care at the Keesler AFB medical center. How will the Commission approach such an obvious oversight/discrepancy in the Pentagon's recommendations?

A4. The Commission will perform a thorough, accurate, and objective analysis of the DoD's proposed recommendations. In doing so, the Commission will be sensitive to any discrepancies that might exist within the Pentagon's recommendations.

Q5. The Keesler AFB medical center provides many residency programs. In order for residency programs to be successful, a hospital needs to maintain in-patient care capability. If the Pentagon's recommendations occur, the residency programs at Keesler will likely close and this will have a dramatic effect on the level of medical care in the area. Will the Commission consider this likely effect?

A5. The Commission will consider the full impact of the DoD's recommendations on the local community. The Commission understands that decisions regarding health care may have a dramatic impact on a community. Oftentimes, the decision to remove a medical capability at one location requires that it be performed at another. The Commission will analyze the DoD's recommendations regarding this medical center deliberately and carefully.

Q6. Keesler AFB medical center is one of 2 remaining Air Force institutions that provides full-service in-patient care for the Air Force dependents. Full-service refers to the level of subspecialty care that patients receive at Keesler AFB medical center. There is no other facility in the Biloxi/Gulfport region that provides this service to pediatric patients, civilian or military. Will the Commission consider the cost to the community of closing a medical center of Keesler's caliber?

A6. The Commission is keenly aware of the human impact had by the closure or realignment of a medical center, and although current military value is the most important consideration, the Commission will also consider the effects that the removal of a medical capability would have on the surrounding community.

Q7. How can the Community inform the Commission of information that the Community feels may have been overlooked by DoD?

A7. The BRAC Commission encourages public input into this transparent and objective process. Community groups who wish to submit information for the appropriate regional hearing are urged to contact their Congressional representative. Additionally, the public may submit comments through the Commission's official website, which is www.brac.gov.

Facts compiled from included press clippings.

**2005 Defense Base Closure and Realignment Commission
Suggested Talking Points for Visit to Keesler AFB**

DCN: 2832

- 1. Military value is the most important consideration to the Defense Base Closure and Realignment Commission (BRAC) as the Commission evaluates the suggestion made by the Department of Defense (DoD) to remove in-patient care capability at Keesler AFB medical center.**
 - The Commission will evaluate the economic, environmental, and other effects that the re-alignment of the installation's medical center could have on the surrounding community but the key factor in the Commission's conclusion as to whether or not to suggest the Keesler AFB medical center for realignment is military value.
 - The Commission understands the important role that the medical center plays in the greater Gulfport/Biloxi community, but the Commission will evaluate the current military value of the medical center as the DoD seeks to streamline and transform our military to meet changing global threats.
 - While the Keesler AFB medical center may be affected, the Commission would like to recognize the importance of Keesler AFB as the home to the 2nd Air Force and one of the world's top electronics schools.

- 2. The Commission is aware of the human impact that the suggestions to realign the Keesler AFB medical center could have and is taking this into consideration.**
 - The Congress established the Commission as an independent entity to ensure that all critical factors have been evaluated, and that the effects on the surrounding community have been taken into account in the decision to recommend a base for closure or realignment.
 - The Commission will evaluate the economic and social impact that the medical center's realignment would have on the surrounding community, while basing its decision almost entirely upon military value.
 - The local community has developed a close relationship with the medical center. The Commission understands that the medical center is one of the last remaining Air Force hospitals that provide "full-service" in-patient care to dependents. The Commission also recognizes the strong residency program that exists at the medical center which is reliant upon its in-patient capability.

- 3. The Congress established the Commission as a non-political, transparent, and independent entity to perform a thorough evaluation, through a process set out by law, of the bases suggested for closure or realignment by DoD.**
 - The Commission serves to ensure that all pertinent factors have been evaluated and that the impact that the suggestions to close or realign a base would have on the surrounding community, have been taken into full account.
 - The Commission encourages public input. Community groups wishing to submit information that they feel may have been overlooked by DoD, are encouraged to contact their Congressional representative. Additionally, the public may submit comments directly through the Commission's official website: www.brac.gov.

Facts compiled from included press clippings.

**Public Comments
Keesler Air Force Base
Mississippi**

DCN: 2832

<p>Hospital closure</p> <p>My name is Maj. Della Howell, MD. I have just completed a 3 year training in pediatric hematology/oncology for the military, at a cost of almost \$300,000 to the USAF so I can provide care for military dependents with cancer and blood disorders. My assignment that starts 15 Jul 2005 is Keesler AFB. I have been excited about this position and the potential that this job holds, until I learned of the BRAC listings. Keesler's in-patient unit is on the list to close. I CANNOT provide adequate oncology care to children without an in-patient unit. This will destroy the care for many dependent children, and will waste a tremendous amount of the military's money if this closure takes place. I am not the only subspecialist that is arriving at this hospital in July. 3 other physicians will be arriving, all having been trained at similiar costs to the military, all expecting to have a fully functional hospital in which to care for their patients.</p> <p>Keesler Air Force Base supports many residency programs, almost all of which will require in-patient care experience. The VA hospital in the area does not allow for an adequate training experience for those treating adults, and will not provide any training for the pediatric residents currently stationed at Keesler. This residency program will likely have to close if the in-patient unit is shut down. Residents cannot be trained in a superclinic only.</p> <p>Keesler is one of 2 remaining Air Force institutions that provides a full service in-patient care for the Air Force dependents (Wilford Hall, soon to be BAMC only, is the other). I state "full service" because they provide all the subspecialty care that patients might be able to receive in large civilian academic centers only. There is no other hospital in the Biloxi/Gulfport region that provides this service to pediatric patients, civilian or military.</p> <p>You will be providing a great disservice to the patients in the area and the staff who have spent many years training to do something they love, at quite an expense to the military, I might add.</p> <p>Thank you for reading my comments.</p> <p>Maj. Della L. Howell, MD Della.Howell@choa.org (770)315-5564</p>	<p>6/10/2005 12:39:00 PM</p>	<p>Keesler Air Force Base</p>	<p>MS</p>
<p>Access to DOD Analysis on Realignment of Keesler AFB Hospital</p> <p>I am a retired USAF Officer and my wife and I will be affected by the proposed realignment at the Keesler AFB Hospital.</p> <p>I wish to obtain a copy of the analysis performed by DOD on the KAFB Hospital. I would like to know how the KAFB realignment figures into the Payback assessment, especially since the KAFB realignment has the highest economic.</p> <p>My primary concern stems from a belief, as a taxpayer, that there is no true savings to be gained. While it may appear true that DOD will be blessed with a savings, I do not understand how any element of the Federal Government can assert such a claim when the associated costs are merely being transferred to other Federal Government elements or contracts (Tricare), as well as adding a financial burden upon active</p>	<p>6/3/2005 1:58:00 AM</p>	<p>Keesler Air Force Base</p>	<p>MS</p>

**Public Comments
Keesler Air Force Base
Mississippi**

DCN: 2832

<p>duty/retired members and their families. I believe it is highly likely that taxpayers will be faced with a sizable increase in taxpayer costs. If there is no real savings to be had, then there is no viable reason to create a more complicate, and fragmented process for military members and the families, as well as retirees to run the health care gauntlet.</p> <p>The loss of In-Patient services at Keesler AFB Hospital is not comparable to the reduction of weapon system where planes, tanks and ships are scraped and dismantled and need for associated operational, maintenance, and support/logistics cost eliminated. In-Patient Services remain as services that need to be performed. The realignment process merely transfers these services from Keesler AFB Hospital to another health care activity. The costs associated with these In-Patient Service remains a cost that must be paid.</p> <p>In closing, I would again state my request for obtaining a copy of the detail financial analysis completed by the DOD and USAF with respect to the proposed realignment of the Keesler AFB Hospital. Please advise how I can obtain this information or where I can go on Keesler AFB to review the analysis. I firmly believe that this analysis must be made available to public review, as especially to the population that is directly impacted. If the analysis is worthy and proper, then it clearly can stand on its own merit in the brightest of daylight for all to see and understand.</p> <p>Respectfully</p> <p>Stephen Grimes, Lt Col USAF (Ret) 2806 Robert Hiram Dr Gautier, MS 39553-7441 snkgrimes@cableone.net</p>			
<p>Site Visit</p> <p>When will the Keesler Hospital site visit occur?</p> <p>Mitch Waldman National Security Advisor Senator Trent Lott, Mississippi ph: 202 224 6253 fx: 202 224 2262 email: Mitch_Waldman@lott.senate.gov</p>	<p>5/26/2005 9:59:00 AM</p>	<p>Keesler Air Force Base</p>	<p>MS</p>