JON OSSOFF
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United States Senate
WASHINGTON, DC 20510–1011

November 12th, 2025

Dr. David J. Smith
Acting Principal Deputy Assistant Secretary of Defense for Health Affairs
Acting Director of the Defense Health Agency
Defense Health Agency
7700 Arlington Boulevard
Suite 5101
Falls Church, Virginia
22042

Dear Dr. Smith,

I write with deep concern over reports that the Defense Health Agency (DHA) is imminently planning to "descope," or reduce services, at Dwight D. Eisenhower Army Medical Center (DDEAMC) at Fort Gordon. Reported reductions could include closing inpatient, emergency room, and operating room services, all of which would reduce access to life-saving care for Georgia servicemembers, veterans, and their families.

This medical center is crucial for active-duty servicemembers, retired servicemembers, their families, and Department of Defense (DoD) civilians and contractors to access care, including intensive care, surgery, mental health, and mammography services.

DDEAMC has about 60 inpatient beds, six operating rooms, and serves approximately 30,000-40,000 beneficiaries, according to hospital staff. There are approximately 80 residents at the hospital, enrolled in five DHA graduate medical education programs (Family Medicine, Internal Medicine, Orthopedic Surgery, Surgery, and Transitional Year). These residents constitute about half of the hospital's physician workforce, with approximately 1,500 people working at the hospital in total.

Hospitals in Georgia are already facing cuts and closures of vital services.[1] Any potential reductions in care at DDEAMC risks putting further strain on the Augusta Veterans Affairs Medical Center and surrounding hospitals in the region.

I strongly urge DHA protect Eisenhower Army Medical Center from any proposed cuts to care. Additionally, I request answers to the following questions by November 28th, 2025:

1. Are there currently any plans to reduce the scope of care and services offered at Eisenhower Army Medical Center?

[1] https://georgiarecorder.com/2025/09/17/rural-georgia-hospital-plans-to-close-its-labor-and-delivery-unit-in-part-due-to-medicaid-cuts/

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a. Please describe all factors that contributed to the conversation around descoping DDEAMC.
b. Has DHA already pursued any action to descope? If so, please describe these actions.
c. Which services does DHA anticipate would be affected by these changes? Would any, and which, services no longer be offered to the military and veterans' community as a result of these changes?
d. Did any DHA officials discuss these potential changes with hospital staff or any U.S. Army officials at Fort Gordon?

2. Please provide all data DHA reviewed to ascertain if the local medical facilities in Augusta could absorb the beneficiaries served by DDEAMC that would be required to seek care in the community if DDEAMC is descoped.
    a. Did any DHA officials talk to leaders at any of the major Augusta hospitals about the ability or capacity of these facilities to intake additional beneficiaries? If so, please provide any insights these leaders put forward on their facilities' ability and capacity.
    b. What estimated costs did DHA calculate TRICARE would incur if covered beneficiaries were forced to seek care in the community? Did DHA assess that these costs would still yield significant overall savings for the agency?
    c. Did DHA discuss these potential reductions in services for veterans in Augusta and the region with the Department of Veterans' Affairs?

3. Were medical residents at DDEAMC formally or informally notified that the Graduate Medical Education platform at the hospital would be closing? Please provide the rationale used to justify closing this prominent training program for future Army medical staff.
    a. Is DoD currently searching for new programs for these 80 residents to transfer? Have any new contracts been drawn up in connection with these transfers?
    b. By when would the transfer of all DDEAMC medical residents be complete?
    c. Please provide DHA's analysis of the removal of these residents on the scope and capacity of care DDEAMC can continue to provide.

4. Are Naval Hospital Jacksonville (Jacksonville, FL) and Naval Hospital Beaufort (Beaufort, SC) among those facilities DHA is looking to descope?
    a. Please describe any effects the descoping of these two hospitals could have on the Georgians serviced at these two hospitals. Is that impact considered by DHA? Is DHA considering the overall impact of descoping three hospitals in the same region at the same time?

I look forward to your prompt response and assistance in this urgent matter.

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Sincerely,

Jon Ossoff
United States Senator

CC: Brig. Gen. James Burk, Director, Defense Health Network East