

# Congress of the United States

Washington, DC 20515

June 30, 2026

The Honorable Keith Bass  
Assistant Secretary for Health Affairs  
Department of Defense  
400 Defense Pentagon  
Washington, DC 20301

Vice Admiral Darin Via, USN  
Director  
Defense Health Agency  
7700 Arlington Blvd  
Suite 5101  
Falls Church, VA 22042

Dear Mr. Bass and Admiral Via,

We write following up on the Defense Health Agency (DHA)'s decision to close all inpatient services at Dwight D. Eisenhower Army Medical Center (DDEAMC) and transition the facility to an ambulatory care center.<sup>1</sup> While we thank you for sitting down with Senator Ossoff's staff, after months of unanswered briefing requests, we have become increasingly concerned by the information shared thus far regarding DHA's decision to move forward with these closures absent any clear and adequate plan for servicemembers, their families, veterans, and staff.

For example, while announcing the closure of all inpatient services at DDEAMC, DHA has not yet finalized a list of which inpatient services would be closed upon implementation, causing both concern and confusion in the community. Additionally, while the Congressional notification provided by DHA stated, "two A-rated PSC network hospitals are 4 and 9 miles, respectively, from Eisenhower AMC and are capable of and have capacity to meet demand," you shared with Senator Ossoff's staff that conversations with community care providers did not begin until approximately two months after notification. We are further concerned by the increasing number of veterans referred to DDEAMC from the Augusta Veterans Affairs Medical Center, and the uncertainty from your analysis in how they will receive continued care. The number of referred veterans increased from 179 patients in 2024 to 360 patients in 2025 and, per your office, as of May 1<sup>st</sup>, 110 veterans have already been referred to Eisenhower Army Medical Center this year. Finally, most concerning was your acknowledgement that the cost per admission numbers, at DDEAMC versus in the PSC network, were outdated and that no new cost analysis had been done prior to the submission of the Congressional notification.

DHA's delayed communication with Congressional offices, and inability to provide clear, fulsome, and timely answers to our offices and constituents leads us to continue to seek clarification and additional details on how DHA arrived at this decision, and how it will be implemented after the elapse of the Congressionally mandated 180-day moratorium following notification. We are concerned that the lack of detailed analysis prior to the submission of the Congressional notification is causing a haphazard plan to be hastily thrown together during the time in which Congress is to evaluate proposed modifications to services at Eisenhower Army Medical Center. As presented, this plan will only create further chaos and could hinder access to care for servicemembers, their families, and veterans at Fort Gordon and the Augusta region. We therefore urge you to immediately halt all plans for reductions of service at DDEAMC and rescind Congressional notification, while DHA continues to clarify and provide additional information to Congress and

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<sup>1</sup> <https://www.wrdw.com/2026/05/04/12-your-side-investigates-dha-confirms-plans-gut-fort-gordons-hospital/>


the impacted community about this decision. We also ask you to respond to the following questions by July 17<sup>th</sup>, 2026.

1. Why did DHA submit a Congressional notification affirming that two hospitals in the area could meet demand without first consulting with hospitals in the Augusta area?
  - a. Please describe the analysis DHA undertook to come to the determination that the Augusta medical network would be able to meet the demand of beneficiaries from DDEAMC seeking inpatient care, in preparation for the Congressional notification submitted in March.
  - b. Following your meetings with local Augusta medical facilities in May, please provide a full report on DHA's assessment that Augusta's existing medical community could accommodate an influx of beneficiaries served by DDEAMC, if inpatient services ceased at the hospital. Please include the following:
    - i. An analysis of current wait times, for consultation and for completion of care, for inpatient services at every local medical facility in Augusta that DHA reviewed in accordance with any potential plans, and how these current wait times would be impacted by the influx of beneficiaries from DDEAMC.
    - ii. A cost assessment for average cost of care for beneficiaries at DDEAMC compared to seeking care in the Augusta community.
    - iii. A summary of any insights provided by leaders of other Augusta medical facilities during any discussions DHA had with Augusta medical community about their ability and capacity to serve an influx of patients.
    - iv. The number of times, since the beginning of 2025, hospitals in Augusta were on divert for inpatient services at the same time. Please include the number of times patients who needed transfers from DDEAMC were unable to be transferred to an Augusta hospital and at which hospital they ended up receiving care.
    - v. Any estimated costs beneficiaries who seek care in the local community would incur, including any co-pays, for inpatient services.
  
2. Based on recent information provided to Sen. Ossoff's office by DHA, please explain the decision to move the sponsoring institution from Eisenhower Army Medical Center to the Medical College of Georgia, beginning on July 1<sup>st</sup>, 2026.
  - a. Have any graduate students or medical residents permanently or temporarily left DDEAMC in the past year, and for what reasons?
  - b. Please provide an explanation for how any reorganization of graduate medical programs at DDEAMC, done before the 180-days, would be made in compliance with 10 U.S.C. § 1073d(f).
  
3. In a briefing paper to Congress in May 2025, Naval Hospital Jacksonville was amongst four military treatment facilities at which DHA proposed closing inpatient services and transitioning to an ambulatory care center. However, in the March Congressional notification, NH Jacksonville was absent from this list which only included the other three previously listed military treatment facilities, including DDEAMC. We welcome this decision but are seeking more information on how this decision was made. Please explain why Naval Hospital Jacksonville was dropped from consideration for descopeing?
  - a. Please provide a comparative analysis that illustrates the decision to remove NH Jacksonville, from this final list, but still include Eisenhower Army Medical Center?

While we appreciate that potential plans to realign medical manpower and potentially modify services at military treatment facilities predates both of your tenures, we are concerned by the pace with which DHA is proceeding after a prematurely submitted Congressional notification. Any plans to reduce services would come at a great disservice to those who have made the greatest sacrifice to our Nation. We urge DHA to keep these men and women, and their families, at the forefront of any decision that would reduce services at Eisenhower Army Medical Center.

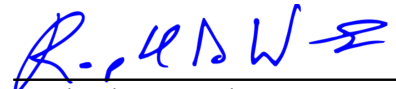
We look forward to your agency's engagement with our offices and your assistance in ensuring beneficiaries at DDEAMC are receiving quality care.

Sincerely,



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Jon Ossoff  
United States Senator



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Raphael Warnock  
United States Senator