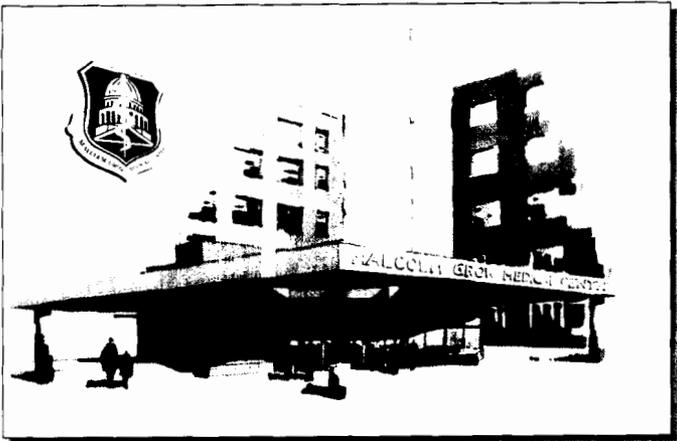


 **Mr. Kokulis and Mr. Middleton** 
Welcome!!

Brigadier General Bill "Doogie" Germann
89 MDG Commander

Integrity - Service - Excellence

 **Overview** 

- Who we are
- What we do
- Who we serve
- Our results
- Our challenges



Integrity - Service - Excellence



U.S. AIR FORCE

Malcolm Grow Medical Center



- Graduated medical school 1909
- Served as field doctor in both world wars
- Wrote aviation medicine book (Published prior to birth of AF)
- Selected as first Air Force Surgeon General in 1949
- Active force in military medicine until his death in 1960

Maj Gen (Dr.) Malcolm Grow

Integrity - Service - Excellence



U.S. AIR FORCE

Vision



**The *best* people
delivering the *best*:**

- Readiness support
- Health care
- Training

Integrity - Service - Excellence



U.S. AIR FORCE

Mission



- **Prepare for threats at home and abroad**
- **Protect and improve the health of the 89 AW & all our customers**
- **Provide quality education and training**
- **Promote personal and professional growth**

Integrity - Service - Excellence



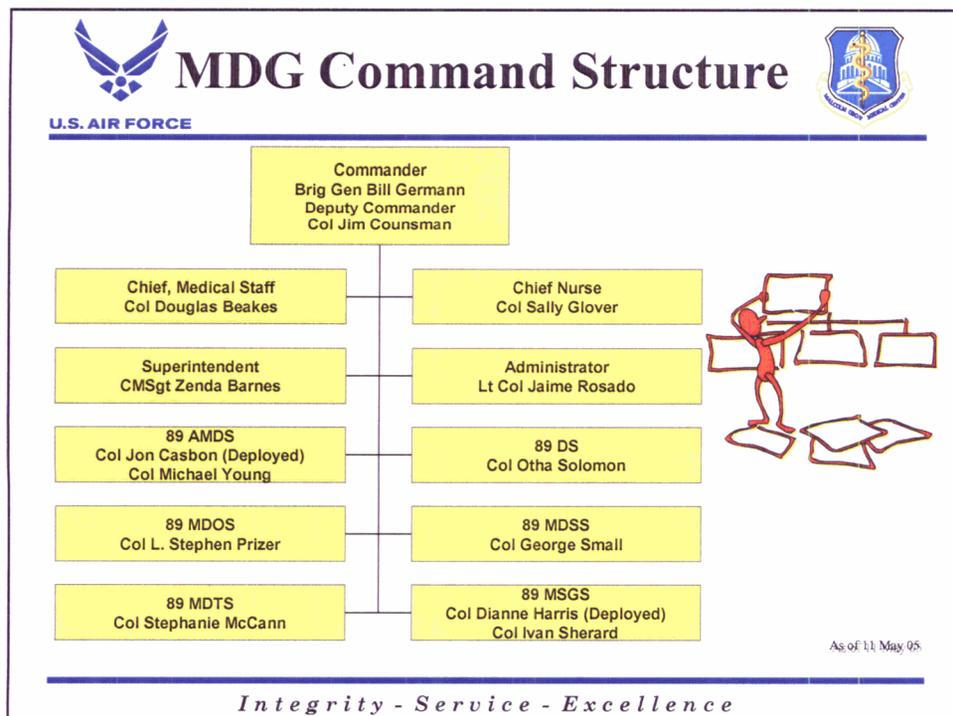
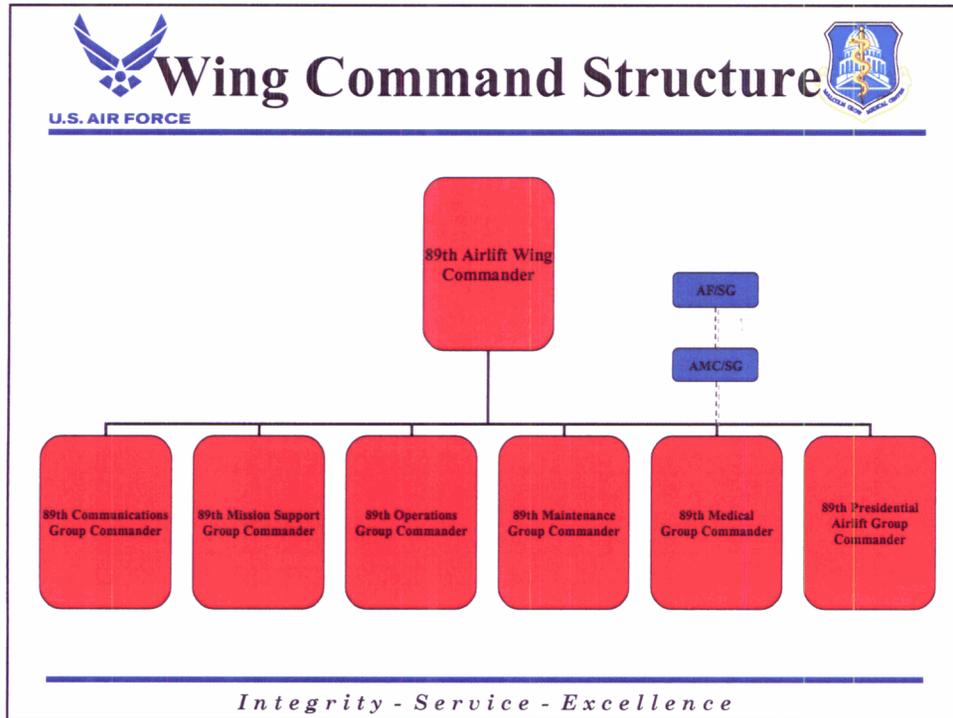
U.S. AIR FORCE

Goals



1. *Ensure medically ready troops and ready medics*
2. *Provide timely access to safe, quality, patient-centered health care*
3. *Educate, train and produce highly qualified graduates*
4. *Motivate, mentor and recognize our personnel*

Integrity - Service - Excellence





Resources



U.S. AIR FORCE

- 6 Squadrons
- 1,408 Authorized Staff
- 46.3M O&M Budget (projected)
 - \$56.5M FY04
 - \$58.4M FY03
 - \$61.9M FY02
- \$9.1 WRM
- \$3.9 Equipment
- \$ 8.9 PMI



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Primary Care Services



U.S. AIR FORCE

- Family Practice
- Primary Care (Gold Team)
- Internal Medicine (Silver Team)
- Flight Medicine
- Women's Health
- Pediatrics
- Dental



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Major Specialty Services



U.S. AIR FORCE

<u>Surgery</u>		<u>Medicine</u>
General	Thoracic	Neurology
Urology	GYN	Hematology
Plastic	Vascular	Dermatology
ENT	Ophthalmology	Pulmonary
Podiatry	Orthopedics	Endocrinology
Anesthesia	Oral and Maxillofacial	<u>Life Skills</u>
<u>Other</u>		Psychiatry
Laboratory	Pathology	Psychology
Radiology	Nuclear Medicine	Social Work
Audiology	Pharmacy	Substance Abuse
PT/OT	Optometry	Family Advocacy
Nutritional Medicine		<u>Complementary Med.</u>
Pastoral Care		Chiropractic
		Acupuncture

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A Typical Day



U.S. AIR FORCE



1,271
Outpatients

28
Inpatients

195
Dental Patients

81 Seen in
Emergency Dept.

2
Deliveries

12
Surgical
Procedures

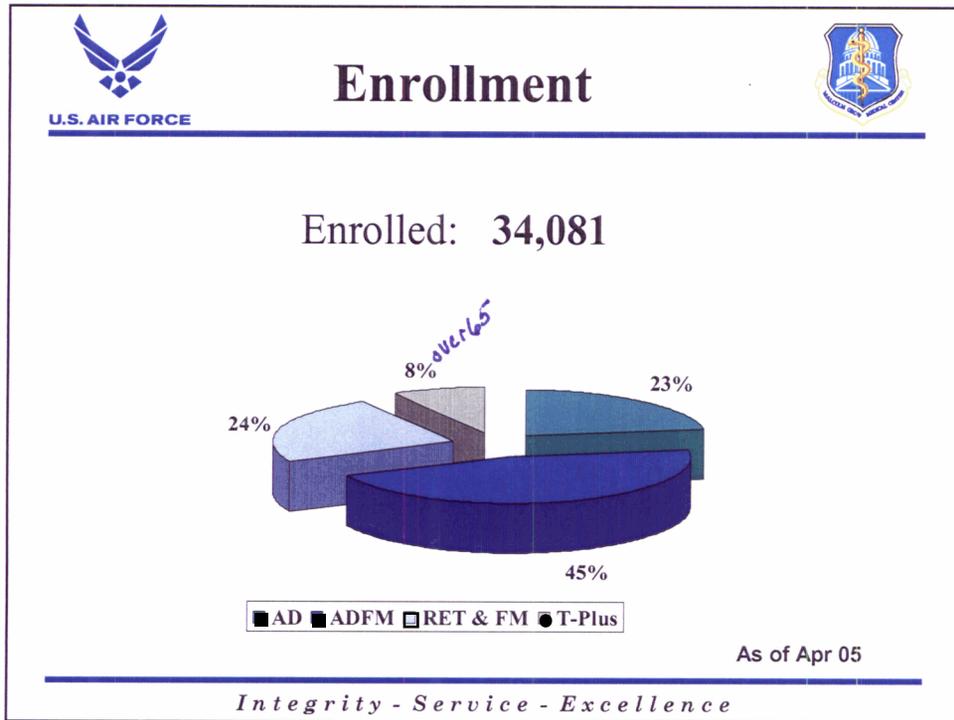
1,963
Pharmacy
Procedures

19
Transiting ASF



As of Apr 05

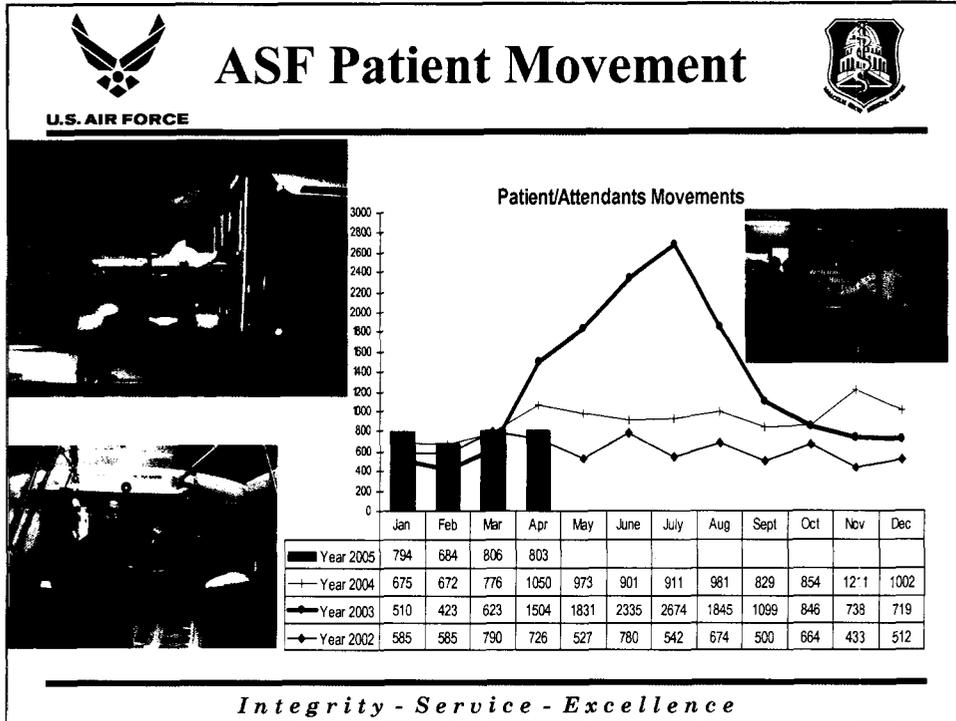
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TC Prime + Plus

-
- Unique Missions**
- Transit Facility for 55% of DOD Peacetime/Wartime Aerovac Patients
 - (NNMC, WRAMC, & MGMC Specialty Services)
 - Referral facility in NCA, OB (except pre-term delivery) and Outpatient Substance Abuse Rehabilitation (SARC)
 - Pathology Hub for Dover, McGuire, Lajes, MacDill
 - Patient Movement Items Center for Aerovac Equipment AFMS Distribution Site
 - Ruggedized Pathogen Identification Device System Probes
 - Homeland Defense Environmental Testing
- Integrity - Service - Excellence*

will go out under k





ASF Expansion





- Objective: To Expand The Capacity of ASF
- Plan to Build a 3000 Sq Ft Attached Addition
- Achieve an Additional 20-22 Bed Capacity
- Estimated Cost of \$739KM
 - Potential Utilities Relocation Would Increase Cost
- Current: BCE & Environmental Approved
- Design Funding Allocated by AMC





Integrity - Service - Excellence

Design was funded



Maryland Room



- Objective: To Upgrade the Lounge and Recreation Area Used by Our Servicemen and Women
- General's Gray and Germann Initiated the Project
- Prince George Roundtable Business Partners Have Taken Up the Challenge of Coordinating
 - Architectural Design, Labor and Material Donations
- Committed to Complete the Project
 - Demolition Start: 2 May 05, ECD: 12 Jun 05
 - Design 90% Complete, 25% of materials acquired



Integrity - Service - Excellence



National Capital Consortium Graduate Medical Education



- MOU with WRAMC, NNMC, MGMC and USUHS
- 5-year Accreditation
- NCC Residents at MGMC
 - Family Practice – 28
 - Transitional Year – 6
 - Family Practice/Psychiatry – 9
 - General Surgery – 1
 - OB/GYN – 1
- Support for USUHS
 - Affiliate Faculty – 77
 - Interview of school applicants – 90 yearly



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Training Missions



AF Training

- Clinical Psychology Internship - 6
- Social Work Internship - 6
- Orthopedic Physician Assistants - 2
- Medical Law Consultant - 7 to 10/yr
- Adv Education/General Dentistry - 6
- Aircrew Physiologic Training - 2,050
- Allergy Physician Extender - 6
- Medical Logistics Internship - 1
- Clerkships/USUHS - 24/mo
- Clerkships/HPSP - 11/mo

Training Affiliations: 42

Resuscitative Medicine Programs: 7

AETC/Phase I Training

- Nurse Transition Program - 8
- Medical Laboratory Apprentice - 6
- Diagnostic Imaging Apprentice - 6
- Medical Service Apprentice - 29
- Surgical Services Apprentice - 4
- Cardiopulmonary Lab Apprentice - 6
- Electroneurodiagnostic Technician - 1
- AllergyImmunology Technician - 10

Other

- Physician Assistants (Inter-service) - 6
- Self Aid/Buddy Care Instructor - 215
- Emergency Medical Technician - 90

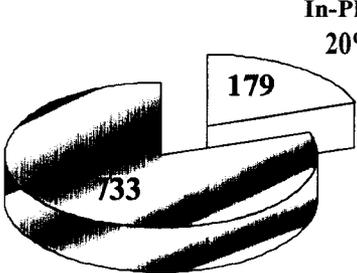
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Wartime Missions



80 Unit Type Code (UTC) Taskings for Cycle V

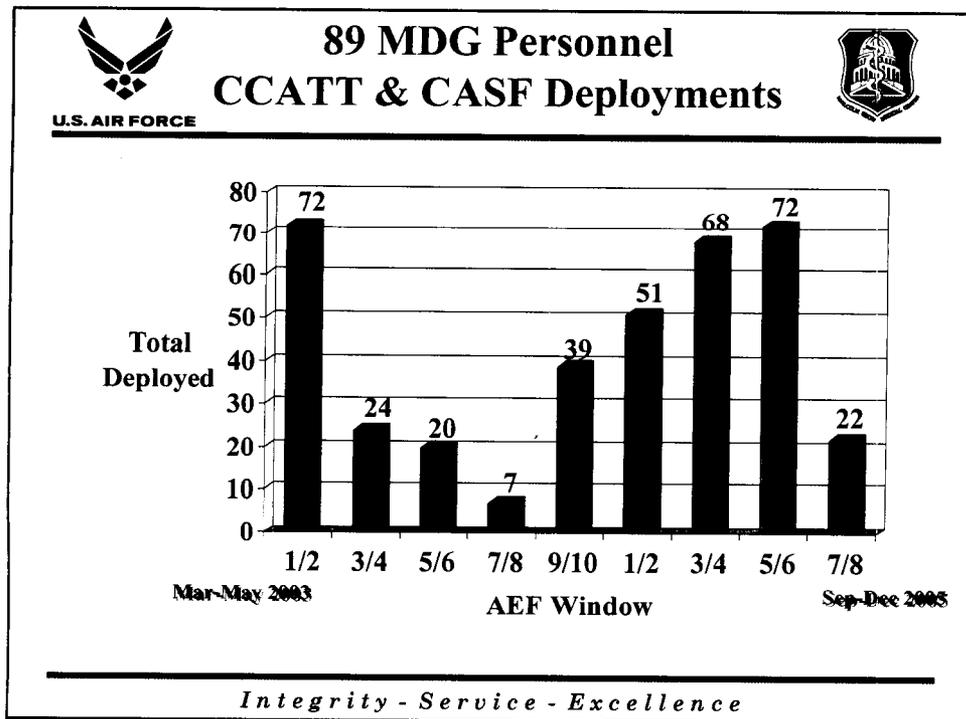
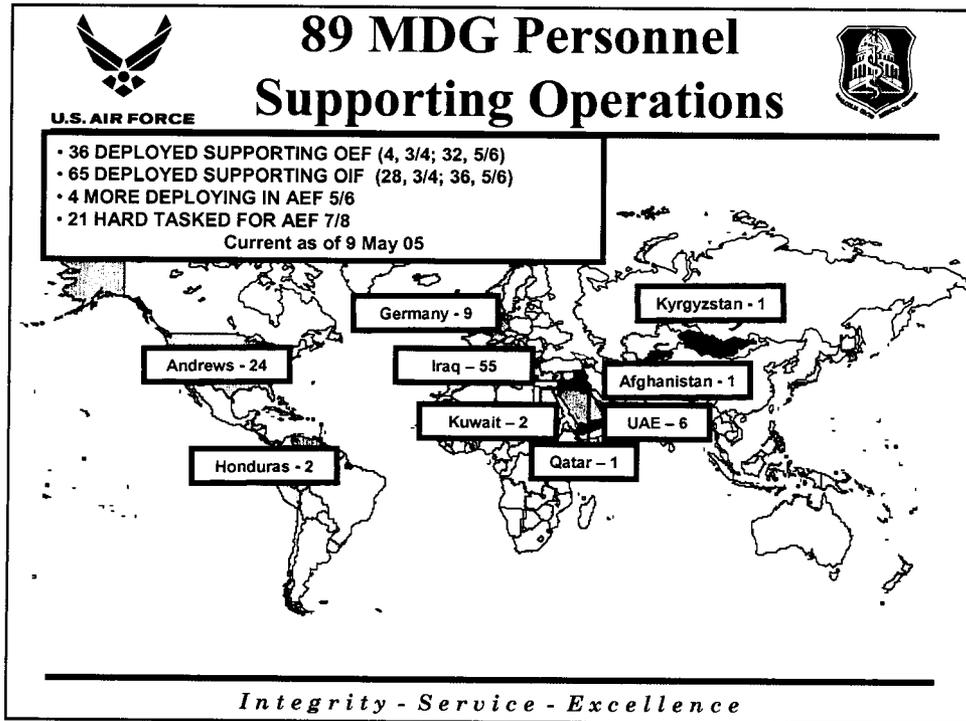


Category	Count	Percentage
On Mobility	733	80%
In-Place	179	20%

On Mobility
80%

Total Military Personnel Assigned: 912
As Of 27 Apr 05

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U.S. AIR FORCE

Our Results



- Feb 2003 JCAHO/HSI
 - “92%” and “Excellent”
- Routinely Outstanding CAP/FDA Blood Bank Inspections in Laboratory
- Outstanding Radiology/Nuclear Medicine Programs
- Recipient of 2004 DOD MTF Customer Satisfaction Award

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U.S. AIR FORCE

“Big Rocks”



- MAPPG06/Summer deployment/PCS...this summer
- JCAHO/HSI 5 June 2005
- Environment of Care
 - Bldg 1051
 - ASF
 - Birthing Center
- Business Plan performance...Flying Hour Program

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MAPPG 06 Service Impact



U.S. AIR FORCE

- **Changing inpatient capability**
 - 17-bed medical unit & 20-bed surgical unit
 - Combined into one 20-bed MSU
 - CY 04 census through Aug: 67 days with ≥ 20 ; high of 29
 - Projected annual rate: 116 days with ≥ 20 patients that would lead to closure
 - 6-bed IMCU closed
 - 11-bed ICU downsized to 4 beds in support of 24/7 ED
 - Average CY 04 Census (4-bed ICU), 2; high 4, low 0
 - 4 labor beds/12 post-partum beds/bassinets: No change
- **Service closures**
 - Rheumo; Plastic & Colon Rectal Surgery; Infectious Disease

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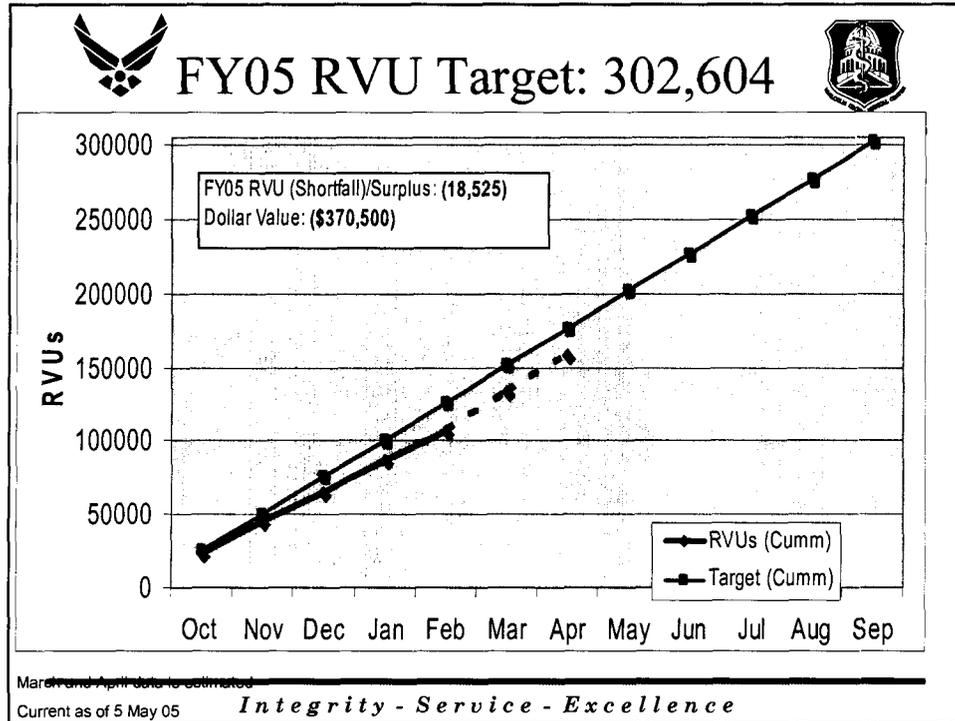
MAPPG 06 Continued...



U.S. AIR FORCE

- **Service reductions (1 deep)**
 - Cardiology; Hematology/Oncology; Pulmonary; Neurology; Allergy
- **Life Skills Impact**
 - Elimination of in-house intensive substance abuse treatment program
- **Significant losses in ancillary services**
 - Nutritional Med; Radiology; Clinical Lab; Histo/Cytology
 - Reduce Phase II program capability
 - Can no longer be referral facility
 - Limited meal service – unable to support the HAWC
 - Pharmacy: No change

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PCE Performance

U.S. AIR FORCE

OPEN ADM	CLINIC	APRIL 2005			FISCAL YEAR 2005 (CUMM)		
		TARGET	EST	\$ IMPACT	TARGET	EST	\$ IMPACT
377	Family Practice	3378	3431	\$1,068	23646	21498	(\$42,952.00)
7	Flight Medicine	520	504	(\$320)	3640	3416	(\$4,480.00)
37	Internal Medicine	1299	1594	\$5,892	9093	9542	\$8,972.00
125	Pediatrics	1558	1643	\$1,706	10906	11439	\$10,666.00
117	Gold Team	1904	2032	\$2,562	13328	13448	\$2,402.00
663	Total	8659	9204	\$10,908	60613	59343	

OPEN ADM = Uncoded ADM encounters occurring between 1 Oct 2004- 30 Apr 2005
March and April RVU data is estimated
Current as of 5 May 05

Integrity - Service - Excellence



Specialty Care Performance

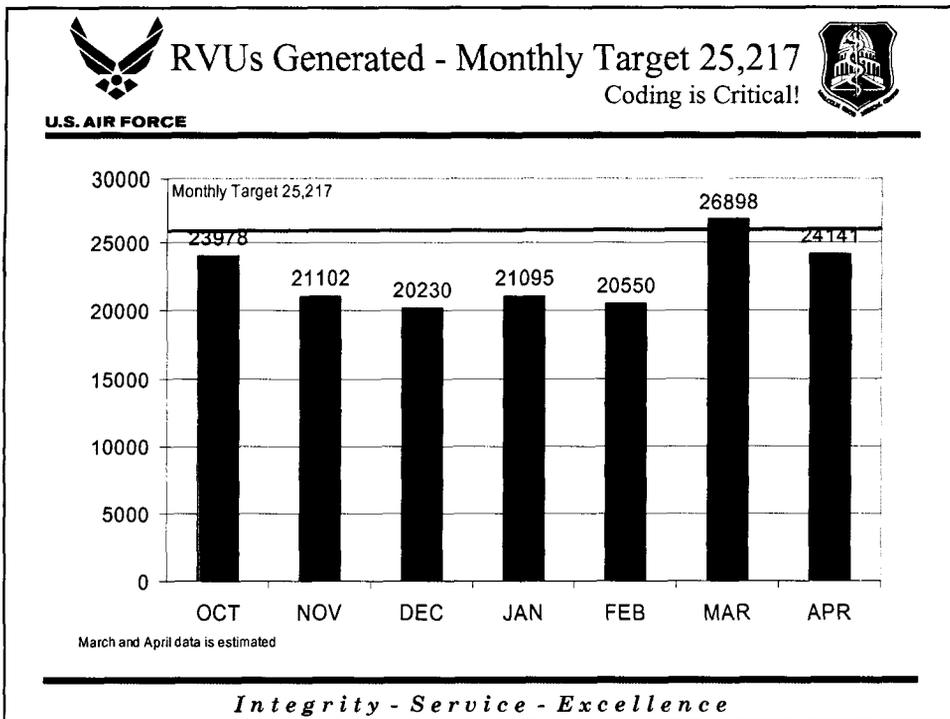


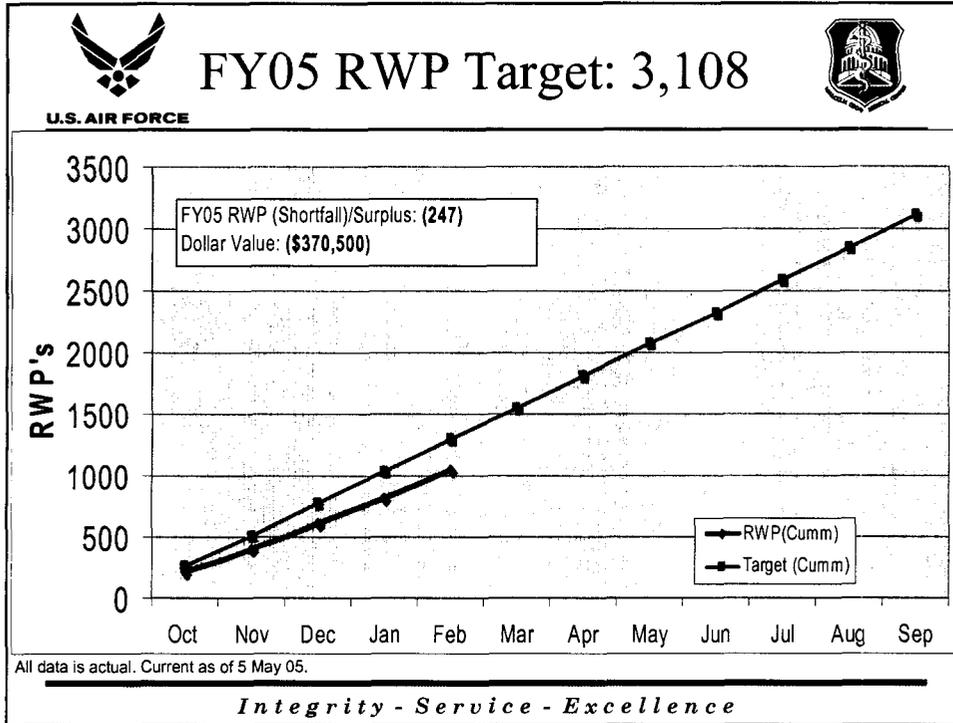
U.S. AIR FORCE

OPEN ADM	PRODUCT LINE	APRIL 2005			FISCAL YEAR 2005 (CUMM)		
		TARGET	EST	\$ IMPACT	TARGET	EST	\$ IMPACT
4	Dermatology	445	624	\$3,585	3115	3561	\$8,919
17	ENT/Oto	360	1011	\$13,025	2520	6862	\$86,843
314	ED	2034	1897	(\$2,737)	14238	12810	(\$28,567)
130	IM (sub)	1763	1894	\$2,620	12341	11817	(\$10,480)
64	OB	2339	1331	(\$20,162)	16373	9406	(\$139,334)
15	Opt	997	817	(\$3,605)	6979	6918	(\$1,219)
40	Ortho	3341	2332	(\$20,186)	23387	17183	(\$124,076)
19	Surg	585	586	\$12	4095	3963	(\$2,635)
104	Surg (sub)	900	720	(\$3,600)	6300	4860	(\$28,800)
78	MH	3161	1869	(\$25,846)	22127	11371	(\$215,124)
26	Other	633	1856	\$24,460	4431	10862	\$128,620
811	Total	16558	14936		115906	99613	

OPEN ADM = Uncoded ADM encounters occurring between 1 Oct 04- 30 Apr 2005
 March and April RVU data is estimated
 Current as of 5 May 05

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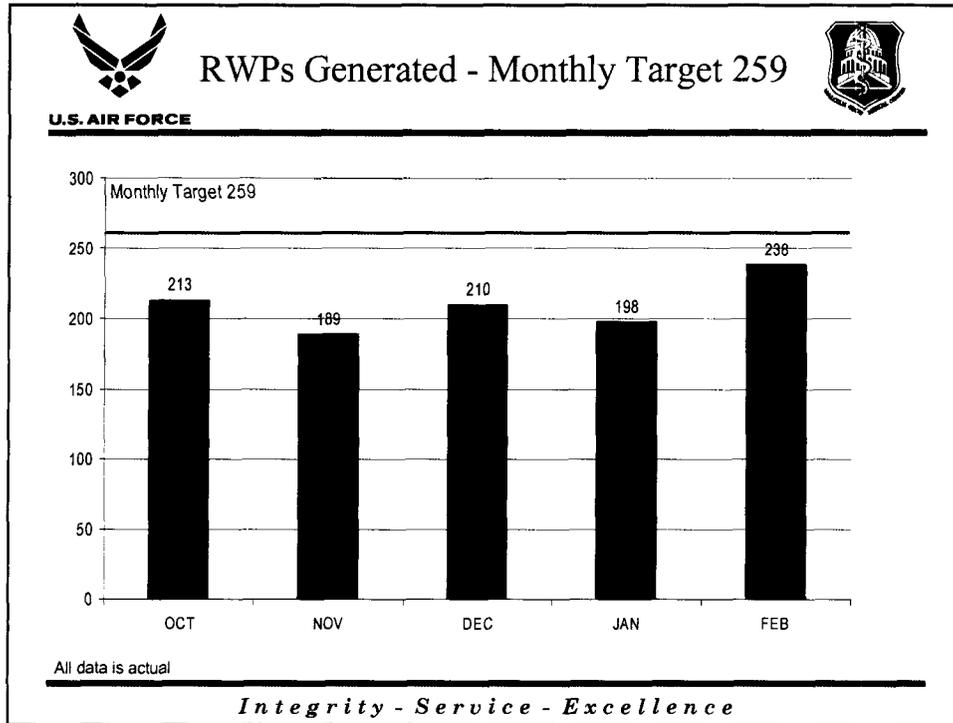
RWP Performance

U.S. AIR FORCE

UNCODED		February 2005			FISCAL YEAR 2005 (CUMM)		
RECORDS	PRODUCT LINE	TARGET	ACTUAL	\$ IMPACT	TARGET	ACTUAL	\$ IMPACT
0	CIRC	41	32	(\$13,500)	205	156	(\$73,500)
0	DIGEST	33	24	(\$13,500)	165	115	(\$75,000)
0	ENT	5	3	(\$3,092)	25	24	(\$1,500)
0	GYNECOLOGY	14	6	(\$11,609)	70	32	(\$57,000)
0	NERVOUS	10	56	\$69,000	50	81	\$46,500
0	NEWBORN	11	8	(\$4,500)	55	51	(\$6,000)
0	OB	35	28	(\$10,500)	175	148	(\$40,500)
0	ORTHO	21	17	(\$6,000)	105	90	(\$22,500)
0	OTHER	62	43	(\$28,500)	310	230	(\$120,000)
0	RESPIRATORY	27	21	(\$9,000)	135	121	(\$21,000)
0	TOTAL	259	238		1295	1048	

UNCODED RECORDS = Uncoded Inpatient Records
All data is actual
Current as of 5 May 05

Integrity - Service - Excellence



-
- Business Planning Challenges**
- U.S. AIR FORCE
- Deployments
 - Deployment length increased 30 days on average
 - FY 03 Deployment Days: 12,627
 - Officer: 4,351
 - Enlisted: 8,276
 - FY 05 (Oct 03-Jan 05 only) Deployment Days : 21,330
 - Officer: 8,332
 - Enlisted: 12,998
 - MAPPG-06
 - ORI Preparation
 - Formal Training Courses (e.g. EMEDS and CASF): 500% increase
 - National Capital Area Events
 - State Funeral
 - Presidential Inauguration
- Integrity - Service - Excellence*



Business Planning Challenges



U.S. AIR FORCE

- Wing Membership “Tax”
 - Details, Ceremonies, Security and Manpower
- Other Discretionary Impacts
 - Provider Meetings/Training
 - AMC/Wing Family/Training Days
- Coding: business infrastructure is lacking
 - Coders
 - Inadequate numbers of coders
 - High turnover
 - No specific funding to hire coders
 - Training for providers
 - DOD/AF approach is ineffective
 - Lack of real-time information

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Business Planning Initiatives



U.S. AIR FORCE

- Policies
 - Grand Rounds (changing time to earlier in day) - *denied*
 - Establish incentive days based on production - *approved*
 - “Goal Days”
 - 89 MDG Master Readiness Training Plan (MRTP) - *approved*
 - Optimized readiness training program enabling a reduction of unproductive time by 2.5 hrs per month = 130 more production hours per year
- Marketing
 - Business Plan “Road Show”
 - Presentation Team that attend CC’s Call and Flight Meetings to educate MDG staff on Business Plan
 - 89 MDG Intranet site with current Business Plan information
 - “Flying Hours” board in clinics and MDG/CC’s Conf Rm

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Business Planning Initiatives



U.S. AIR FORCE

- Productivity Incentives
 - “Goal Days” - incentive days based on production
 - Parking Spaces
- Track No-Shows and report to various Squadron/CCs
- Leverage GWOT funding for contract Providers/Nurses
- Business Planning Council
- Coding Initiatives
 - Coding on-demand

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Business Planning Initiatives



U.S. AIR FORCE

- Venture Capital Initiatives
 - GI
 - Minor Procedure Room
 - Funded initiatives will not benefit business plan until FY 06
- Opportunities to reduce purchase care through reprogramming and use of Revised Financing funds
- Recapture of previously missed workload
 - Basic EKG (93000): 87.72 RVUs

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Closing Words...



U.S. AIR FORCE



Leadership Priorities:

- Airmanship and Core Values are Critical
 - *We are Airmen First, Medics Second!*
 - ~~We Can~~ *Will Be the Best in the Wing!!*
- Common Vision/Direction
- Become the Health Care System of Choice
 - *Patient Centric*
- Focus on Wellness in Four Dimensions
 - *Physical*
 - *Emotional*
 - *Social*
 - *Spiritual*

4 Dimensions of Human Wellness



Integrity - Service - Excellence



Questions?





Integrity - Service - Excellence



Malcolm Grow Medical Center



MISSION

**89th Medical Group supporting the 89th Airlift Wing,
the National Capital Area and our global military communities through excellence in:**

- **Comprehensive health services emphasizing prevention**
 - **Readiness**
 - **Education and training**
- **Personal Growth and teamwork**

VISION

The 89th Medical Group will be:

- **1st Choice in the National Capital Area for healthcare**
- **1st Choice in the Air Force for readiness and education**

VALUES

**Integrity First
Service Before Self
Excellence in All We Do
Compassion, Loyalty, Respect...Always**

GOALS

1. **Integrate TRICARE into a total healthcare delivery system that exceeds beneficiary and staff expectations**
2. **Maximize the Utilization of every resource**
3. **Enhance staff performance and internal customer satisfaction**
4. **Re-engineer our readiness program to wartime and peacetime capabilities**
5. **Build healthy communities ... timely intervention while weaving prevention into everything we do**

[Home](#)

DCN: 11926

BON LEWIS
SECOND DISTRICT, KENTUCKY



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202-225-3501

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270-765-4360

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1100 WALNUT STREET
SUITE P15B
OWENSBORO, KENTUCKY 42301
270-688-8858

TOLL FREE 1-800-367-6676
Website: www.house.gov/rontlewis

COMMITTEE ON WAYS AND MEANS
SUBCOMMITTEE ON SOCIAL SECURITY
SUBCOMMITTEE ON TRADE

HOUSE REPUBLICAN POLICY COMMITTEE
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ARMY CAUCUS
CONGRESSIONAL FIRE SERVICES CAUCUS
CONGRESSIONAL RURAL CAUCUS
RURAL HEALTHCARE CAUCUS
CONSERVATIVE OPPORTUNITY SOCIETY

Congress of the United States House of Representatives

Washington, DC 20515

August 15, 2005

BRAC Committee

AUG 15 2005

Received

The Honorable Anthony J. Principi
Chairman
Defense Base Closure and Realignment Commission
2521 South Clark Street, Suite 600
Arlington, Virginia 22202

Re: Ireland Army Hospital at Fort Knox

Dear Chairman Principi:

I am writing to you to provide relevant and updated information about the need to retain full inpatient medical/surgical capabilities at Ireland Army Community Hospital at Fort Knox, Kentucky.

Information indicating significant growth in population at Fort Knox due to modularity and other unit gains was not known to the Commission at the time of the original recommendation. **These gains will result in a nearly 30 percent increase in demand for inpatient services** – a growth that the local network in the vicinity of the population base, which is south of Fort Knox, acknowledges it cannot absorb. Closure of inpatient services will pose undue risk and difficulty accessing care for incoming combat and major support units and their families. Further, there is no data to support that this recommendation for closure will result in savings for the Department.

While the Secretary of Defense did include Ireland Army Hospital as part of a larger recommendation downgrading nine hospitals to clinics with ambulatory services, I believe the inclusion of Fort Knox was an error and that the information used by the Medical Joint Cross Service Group was dated and did not include the then unknown gain of a Brigade Combat Team and other units at Fort Knox beginning in FY06.

After consultation with both Fort Knox and the Army Training and Doctrine Command, I am informed that they fully support the retention of Ireland as a full service Army hospital. This situation was also briefed to BG Sue Ellen Turner and Mr. Sam Skinner during their Site Visit to Fort Knox on May 26th. It is clear that future units and missions permanently designated for Fort Knox, especially the new Brigade from the 1st Infantry Division, demand a strong medical presence on Post. New births alone are expected to increase from the current 35/38 per month to 60/65 per month which the local health network has already stated that it cannot support, rendering obstetrics care in distant Louisville too far for adequate pre-natal care and deliveries.

The Honorable Anthony J. Principi
 August 15, 2005
 Page 2

While the need to remove Ireland Army Hospital from this recommendation was pointed-out at Kentucky's Regional Hearing in St. Louis on June 20th, since that time I have been able to obtain numbers that reflect the growth in the medical enrollment population for Fort Knox. As you can see from the figures below, the substantial projected growth in Active Duty Soldiers, Family Members, Retiree population and Trainees until FY09 undercuts the logic of reducing hospital capabilities.

FY05	FY06	FY07	FY08	FY09	FY10	FY11
27,832	29,435	34,180	37,114	37,392	37,392	37,392

I would also note that the above figures are much more recent and relevant than the FY02 data used by the Medical JCSG in crafting its original recommendation.

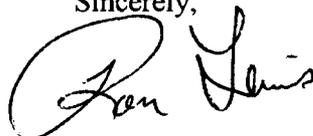
As you might expect, the significant growth in the medical enrolment population will be reflected in increased demand for medical services across the board, including obstetrics and other inpatient hospital services. In fact, an **anticipated 29.8 percent increase in inpatient services is expected between FY05 and FY08**. Clearly, the loss of inpatient capability at Ireland Army Hospital will result in a significant lack of capacity to meet military medical needs and undermine our efforts to truly take care of Soldiers and their families.

I am also informed that the local Tricare network, currently unable to absorb even current OB demand, clearly indicates its inability to absorb the significant growth on the near horizon with the arrival of new units at Fort Knox. There simply is not adequate medical capacity, and particularly for OB services, to accommodate closure of Ireland's capability for Soldiers and their families within a reasonable geographic range without Ireland Army Hospital, and it will only get worse with the ongoing arrival of new units.

Aside from the need for adequate inpatient hospital services, I am also advised that the current recommendation does not result in substantial savings. In fact, due to the relatively higher inflationary increase in prices for purchased medical services over the lower military inflationary factor, any initial savings from closure would be eroded and reversed to a financial loss by FY09. At that point, such a closure will actually begin to cost the Department more money more per year than by retaining full inpatient services.

I appreciate the service of the Commission and your dedicated staff and stand ready to assist in any possible way as you approach your final deliberations. If you have any continuing doubt about the need to delete Ireland Army Hospital from the Department's recommendation, I would encourage you to contact this office or the relevant Army Officials.

Sincerely,



RON LEWIS
 Member of Congress

RL:pjh
 cc: BRAC Commissioners and Staff

DCN1EM1926
SECOND DISTRICT, KENTUCKY

COMMITTEE ON WAYS AND MEANS
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I would also note that the above figures are much more recent and relevant than the FY02 data used by the Medical JCSG in crafting its original recommendation.

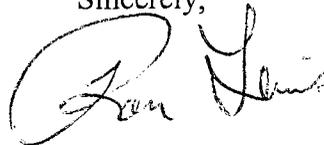
As you might expect, the significant growth in the medical enrolment population will be reflected in increased demand for medical services across the board, including obstetrics and other inpatient hospital services. In fact, an **anticipated 29.8 percent increase in inpatient services is expected between FY05 and FY08**. Clearly, the loss of inpatient capability at Ireland Army Hospital will result in a significant lack of capacity to meet military medical needs and undermine our efforts to truly take care of Soldiers and their families.

I am also informed that the local Tricare network, currently unable to absorb even current OB demand, clearly indicates its inability to absorb the significant growth on the near horizon with the arrival of new units at Fort Knox. There simply is not adequate medical capacity, and particularly for OB services, to accommodate closure of Ireland's capability for Soldiers and their families within a reasonable geographic range without Ireland Army Hospital, and it will only get worse with the ongoing arrival of new units.

Aside from the need for adequate inpatient hospital services, I am also advised that the current recommendation does not result in substantial savings. In fact, due to the relatively higher inflationary increase in prices for purchased medical services over the lower military inflationary factor, any initial savings from closure would be eroded and reversed to a financial loss by FY09. At that point, such a closure will actually begin to cost the Department more money more per year than by retaining full inpatient services.

I appreciate the service of the Commission and your dedicated staff and stand ready to assist in any possible way as you approach your final deliberations. If you have any continuing doubt about the need to delete Ireland Army Hospital from the Department's recommendation, I would encourage you to contact this office or the relevant Army Officials.

Sincerely,



RON LEWIS
Member of Congress

RL:pjh
cc: BRAC Commissioners and Staff

**Governor Ernie Fletcher
"Statement for the Record"
BRAC 2005 Regional Hearing
St. Louis, Missouri
20 June 2005**

Chairman Principi, and other distinguished members of the Base Realignment and Closure Commission. Unfortunately, I will not be able to attend the Regional Hearing in St. Louis scheduled for June 20, 2005. However, I am confident that Congressman Ron Lewis, General Jim Shane and other community leaders will do an outstanding job representing the interests of the commonwealth.

I join our Kentucky delegation and other leaders throughout the commonwealth in thanking you for your service on this Commission. We recognize that your many years of experience as a public servant to our great nation will add reasonableness, military judgment and fairness in determining the final BRAC recommendations. We support the BRAC process and the Secretary of Defense and the Army's Transformation Strategy. We have closely examined the Secretary's recommendations and their impact on the commonwealth, and are supportive of most of the recommendations. We have only two major concerns: the downsizing of Ireland Army Hospital at Ft. Knox and the realignment of the Naval Surface Warfare Center, Port Hueneme Division, Louisville Detachment to Picatinny Arsenal, New Jersey. We have provided for your review separate correspondence that outlines our concerns with these recommendations. I strongly believe these two recommendations merit close examination by the Commission.

Kentuckians are proud of our military heritage and the strong support our military citizens provide to the security of our great nation. Today, the Global War on Terror has resulted in fundamental changes in the world's geopolitical structure. Our military had to reassess its missions, realign its forces and infrastructure. BRAC 2005 has clearly brought change and restructuring to Kentucky. Fort Campbell has received another Modular Brigade, Blue Grass Army Depot has received a Munitions Maintenance Detachment, and Fort Knox has undergone a major realignment with the addition of a Lt. Infantry Brigade, Human Resources Command, Accessions Command, ROTC Cadet Command. The Adjutant General has been active and supportive in the development of the Secretary of Defense's Reserve Transformation Strategy. The Kentucky National Guard will expand its C-130H fleet, close facilities and relocate into new Armed Forces Reserve Centers (AFRC) as part of the Reserve Component Transformation effort. We know that the implementation of these recommendations will be challenging, but we believe the long-term benefit will enhance our war-fighting capability and our national security. We look to the Commission to ensure that the Secretary of Defense's recommendations represent the best set of solutions leading to improving our nation's capability to detect, respond and fight any emerging threat to our National Security.

As Governor, I want to assure the BRAC Commission that the state and local communities will work together to assist our military and civilian families in their transition to Kentucky. We will do our very best to reduce the stress associated with moving families and assist them in their transition to their new home.

Once again, my personal thanks to each member on the BRAC Commission for your service to our country.

Ernie Fletcher
Governor
Commonwealth of Kentucky

IRELAND ARMY HOSPITAL WHITE PAPER

BRAC Regional Hearing
St. Louis Regional Hearing
20 June 2005

Purpose: Provide information to the BRAC Commission outlining our concerns and nonconcurrency with the SecDef's recommendation to convert Fort Knox Medical Facility (Ireland Army Hospital) to a clinic with an ambulatory surgery center.

Discussion: Kentucky's Delegation nonconcurrency with the recommendation to downsize the hospital to a clinic. A review of the data clearly indicates that the Medical Joint Cross Service Group did not consider the end-state population resulting from the SecDef's recommendation to create a multi-functional installation at Fort Knox. The realignment of Fort Knox changes the overall requirement/demand for soldier and family medical support. Estimated TRICARE –enrolled actual beneficiary population show the increase from FY 05 (27,830) – FY 08 (39,250). This gain represents a significant increase in population, but more importantly changes the demographics from single soldiers (students) to a more stable population (permanent party and families) requiring medical support. Current OB workload averages 38 births/month and the anticipated OB workload will increase to 55-60 births/month. The local network of Joint Accreditation of Hospital Organizations (JCAHO) and/or Medicare accredited civilian hospitals cannot absorb the additional OB demand. Additionally, little or no consideration was given to the 20 year Force Structure Plan which expands the Modular Force to 48 Brigades. Given forecasted training land shortfalls resulting from the Army's Transformation, Redesign, and Restationing of the Force during this BRAC, few installations have excess training capacity to accommodate additional BCT/UA in the future. Given Fort Knox's excess training land and other training infrastructure Knox becomes a strong candidate to receive another BCT/UA in the future. We feel it is imperative that the Army and the Defense Department ensure that our military and their families have the proper health care to meet their needs. Healthcare for our soldiers and their families is a critical component of Quality of Life and is directly related to sustaining and retaining an all volunteer force.

Recommendation: BRAC Commission review the info provided and recommend: Fort Knox Medical Facility (Ireland Army Hospital) be retained as a hospital with full inpatient and outpatient capability.

White Paper

Department of Veterans Affairs
Veterans Health Administration

Louisville Veterans Affairs Medical Center
and
Department of Defense
Sharing Agreements
April 13, 2005

Purpose:

This paper offers a brief background and historic development of the Fort Knox VA/DoD Sharing Agreement Program currently being utilized between the Veterans Affairs Medical Center (VAMC), Louisville, Kentucky and the Ireland Army Community Hospital (IACH), Fort Knox, Kentucky.

Background:

The Louisville VAMC and Fort Knox IACH have long recognized the opportunities for greater sharing of the healthcare resources between the VA and DoD to achieve cost savings to the government as well as to increase access to both beneficiary groups. The Louisville VAMC has engaged in sharing agreements with Fort Knox IACH covering referrals to radiology and inpatient psychiatry since the late 1980's; however, it was not until 1996 when the scope of the sharing agreements expanded prior to the introduction of the DoD Tricare program at Fort Knox IACH.

In 1996, the Louisville VAMC and the Fort Knox IACH entered into an agreement in which VA would staff and manage a primary care clinic with an empanelment of 6500 beneficiaries for Fort Knox IACH. In turn, the VA was given clinical space, medical equipment and supplies, computers, diagnostic testing, and an initial 30-day fill on all prescriptions for a Community Based Outpatient Clinic (CBOC) with an empanelment of 3,500 beneficiaries. This was a resource neutral agreement as no money was exchanged for services. In 1998, when one of the Fort Knox IACH contract clinics failed to meet contractual standards and became too costly, the Louisville VAMC expanded this sharing agreement to include the management of 14,500 patients and began accepting reimbursement. Since this time Louisville VAMC and Fort Knox IACH have aggressively pursued and expanded their sharing agreement program.

The sharing agreement currently in place for active duty inpatient psychiatry referrals from Fort Knox to Louisville VAMC saw referral volumes increase approximately 47% in FY04 and are projected to increase in FY05. Additionally, the Louisville VAMC and IACH, Fort Knox sharing agreement has been utilized to manage an outpatient behavioral health program for more than five years and accounts 30% of IACH total behavioral health workload.

As a whole, under provisions of the existing sharing agreements, the Louisville VAMC manages 55% of family practice outpatient clinic visits, 27% OB & GYN visits, 47% orthopedic outpatient visits, 41% orthopedic same day surgeries, 31% of internal medicine outpatient visits and 44% of podiatry workload. The sharing agreement between Louisville VAMC and IACH Fort Knox is estimated to be \$5.8 million in FY05 with equitable cost savings to DoD.

Closing:

The Fort Knox VA/DoD Sharing Program continues to play a significant role in gaining outside revenues for the Louisville VAMC while reducing the cost and overhead of Fort Knox IACH on contractor performance of core functions. These sharing agreements provide a cost effective means to achieve these goals for both organizations while also increasing access to both beneficiary groups. With the anticipation of additional sharing agreement opportunities, both the Louisville VAMC and Fort Knox IACH continue to aggressively seek new and innovative ways to integrate the two healthcare systems.

Prepared by:
Jodie D. Babb
Chief Administrative Officer
Fort Knox VA/DoD Sharing Office

**Congressman Ron Lewis' (R-KY) Statement before the
Base Realignment and Closure Commission
St. Louis, MO
June 20, 2005**

Introduction

Congressman Hansen, Admiral Gehman, and General Turner, I appreciate this opportunity to appear before you on behalf of the Second District and the Commonwealth of Kentucky. Senators Mitch McConnell and Jim Bunning were unable to join us today but have submitted a joint statement for the record. Joining us here today is the Executive Director of the Kentucky Commission on Military Affairs; Retired Army Brigadier General Jim Shane who will present the Commonwealth's transformation that is proposed by the Secretary of Defense's Base Realignment and Closure recommendation. Included with General Shane's presentation will be a couple issues we would like the Commission to examine.

In addition to General Shane, from the Fort Knox community, we have Major General Bill Barron (US Army Retired), Executive Director of the Association of the United States Army's Fort Knox Chapter, Judge Harry Barry, Hardin County Judge-Executive, Radcliff, Kentucky Mayor Shelia Enyart, Elizabethtown Mayor David Willmoth, and Lincoln Trail Area Development Authority Executive Director Wendell Lawrence. Michael Vowels and Dan Holmes are here from the Louisville area, and Brigadier General (Retired) Julius Berthold from the Office of the Adjutant General. I would like to first of all thank these people for all their hard work on behalf of the Commonwealth. Additionally, they are here to answer any detailed questions that General Shane and I are unable to handle.

Our military is undergoing an important transformation in order to adapt to the new national security environment, and the Secretary of Defense's recommendations for Kentucky's military facilities reflect those changes. As a former member of the House Armed Services Committee, I understand the need for conducting this base closure round

and believe the recommendations from the Department of Defense (DoD) provide the commission with a good starting point as you begin your deliberations.

The Commonwealth of Kentucky is home to three major military installations: Fort Campbell, Fort Knox, and Bluegrass Army Depot. In addition, the Commonwealth has significant National Guard and Reserve forces and facilities, including the Western Kentucky Training Range.

On the whole, the Commonwealth is pleased that DoD appreciated the vital roles played by Kentucky installations and communities in enhancing our national security. Blue Grass Army Depot and Fort Campbell will remain important parts of the Army's future and our Guard and Reserve assets will remain strong. We are pleased that Fort Knox remains a valuable asset in the Department of Defense's inventory. However, General Shane will address two concerns we have with the Secretary's recommendations: the downgrading of Ireland Army hospital at Fort Knox to a clinic and the realignment of Naval Surface Warfare Center Louisville Detachment.

During my time before you I would like to talk to you about the unbridled spirit that makes the Commonwealth a great place to live and work, as well as introduce the concerns that General Shane will address in greater detail during his presentation.

Unbridled Spirit

Some of the most diverse areas within the eastern United States are found in Kentucky. The Eastern Coal Fields, a rugged, mountainous region covered with forests, are dissected by streams, with most level land located in the river valleys. The western edge of the Eastern Coal Fields encompasses most of the Daniel Boone National Forest.

The gently rolling central part of the state, the Bluegrass region, lies to the north and the Mississippian Plateau to the south, separated by a chain of low steep hills called the Knobs and houses Blue Grass Army Depot. The Western Coal Fields, bordered on the

north and northwest by the Ohio River, lies in the Illinois basin and is home of Fort Knox. The southwest corner of the state is a low, flat plain called the Jackson Purchase and provides excellent training areas at the Western Kentucky Training Range, as well as housing the finest fighting force ever assembled at Fort Campbell.

Our climate is military friendly as the lack of extremes in temperature, heavy snowfall, flooding and storms has allowed preservation of the installation's infrastructure, and contributes to a moderate utility consumption, minimal storm damage and overall deterioration. The central location of the Commonwealth and our welcoming climate has long been a good fit for the military. In addition to military friendly climate, the Commonwealth boasts a great quality of life.

Fort Knox

For decades Fort Knox has forged productive relationships with the local community to adapt to the changes at the installation. Fort Knox's surrounding community is a great place to live with excellent quality of life. The Fort Knox community schools provide quality education and cater to the needs of military families. The elementary level has a fully-integrated preschool for at-risk four year-olds and disabled three-year olds. The middle schools provide a strong core curriculum enhanced by a vast array of exploratory courses and extensive extracurricular activities. The three high schools offer a curriculum that includes more than 250 course offerings, as well as extensive technology opportunities.

96% of all classes are taught by teachers certified for subject and grade level, 96% of classes are taught by teachers with a major, minor, or equivalent in the subject being taught, 100% of classes are taught by teachers who participated in content-focused professional development, and the average years of teaching experience is 11.3 years. Additionally, of the certified staff, 71% have a Master's Degree or above.

Furthermore to accommodate summer rotations at Fort Knox, The district school calendar is considered an alternative calendar, with the school opening the first week of August,

and two week breaks at intervals during the fall, winter, and at spring time. Students will attend school for 175 days.

Fort Knox enjoys low cost of living, low airfares, adequate per diem, and a high quality of life for its residents and visitors. The Greater Louisville Metropolitan Area, which is rated in the top ten metro areas for military quality of life and fifth best family friendly metro, is within 30 miles of Fort Knox. This affords the community access to an international airport, fine dining, sports entertainment, and the arts. Furthermore, great recreation opportunities (such as golf, skeet, hunting, Patton Museum) are available to the surrounding community.

Fort Knox enjoys superb local and state partnerships with the Governors Office, Kentucky Commission on Military Affairs, Standing Joint Committee on Veterans Affairs, Military Affairs and Public Protection, Kentucky Bluegrass Challenge Academy which is a great program for troubled kids, Troops to Teachers Program, the Regional CORE Committee, local Mayor's Advisory Group and Chamber of Commerce partners, and Joint Land Use Study and Committee which has been proactive in precluding encroachment.

Fort Knox also maintains a close interface with the state's congressional delegation to be advocates for Fort Knox and the Department of Defense, and the State has invested in the surrounding infrastructure to enhance the installation's capabilities. These investments include, but are not limited to, \$50.7M to build Highway 313 which supports deployments and logistical support for Yano Range, \$7.5M to rebuild 31W and provide unimpeded access to the Patton Museum, and \$19.5M to build the Fort Knox to Elizabethtown Connector, improving access to South Hardin County.

Because of the great local and state support for Fort Knox's mission, the Post does not have the encroachment problems that restrict training and operation at many other Army posts. Physical encroachment is significantly limited due to the location of Otter Creek Park on the post's western boundary; Nature Conservancy Land; including Salt

River/Rolling Fork project areas Bullitt, Nelson, Hardin and Meade Counties; Jefferson Forest – within five miles of the boundary; and Bernheim Arboretum and Research Forest – 10 miles from the boundary. Fort Knox has a nearly 8,000 acre buffer zone to the south established by the local community which restricts residential development in the Highway 313 corridor. These are just a few of the attributes that caused Fort Knox to be ranked #12 among Army bases nationwide in overall military value. I firmly believe that Fort Knox is invaluable to our country's national security, and I am pleased to see that the Department of the Defense recognized these attributes as well as the valuable maneuver acres and training ranges at Fort Knox.

The Army intends to transform Fort Knox from an institutional training installation to a multi-functional installation that will be the home to operational army forces and various administrative headquarters. And while we are saddened to see the Armor School leave, we embrace these changes and whole-heartedly welcome the operational Army back to Fort Knox.

As an installation, Fort Knox consists of 109,000 acres, about 4,000 acres larger than Fort Campbell, and 16.4 million square feet of facilities. This includes 6,000 buildable acres. This also includes nearly 3,000 family quarters and we are excited to be part of the Army's plans for privatized housing. Additionally, Fort Knox houses 72 BEQ/SOQ spaces and 634 transient quarter spaces.

The installation houses the Army's most technologically advanced Mounted Urban Combat Training Site, offering a realistic training environment in many types of urban and restricted terrain and the new Wilcox Range, the most technologically advanced armor range in the world. Additionally, the availability of the assets of the National Guard's Western Kentucky Regional Training Center – currently under partnership with the Commonwealth of Kentucky – and Fort Campbell provide additional maneuver space and a proximate that effectively replicates actual distances between involved support and operational forces when fielded.

Additionally, Fort Knox has nine, lighted rail loading ramps that can load up to 174 rail cars simultaneously (depending on the size of the car). Historically, the installation outloaded and supported the 194th Infantry Brigade with many large rail movements. Godman Army Airfield has two runways, the primary of 150 feet X 5,485 feet and a secondary at 75 feet X 5,253 feet, that Air Force C-130s use for training and could be used for troop and/or equipment lift purposes. Godman Airfield is currently the home of the 8/229th Reserve Attack Helicopter Battalion. Louisville International Airport is only 36 miles from Fort Knox and can handle all size military and commercial aircraft for large troop and/or equipment moves. The airport routinely deployed the 194th Infantry Brigade in the past and is home to the Kentucky Air National Guard's 123rd Tactical Airlift Wing with organic C-130 aircraft and load out facilities. To further support the Power Projection Capabilities of Fort Knox, the 123rd is scheduled to receive four additional C-130s through this Base realignment round. Finally, Fort Knox borders the Ohio River and can outload troops/equipment via barge in Louisville with a seven-day transit time to New Orleans, LA. Fort Knox is also close to connections with the Interstate Highway System at both Interstate 65 (North/South bound), Interstate 64 (East/West bound) and Interstate 71 (North/South bound).

During the Global War on Terror activities, Ft. Knox mobilized over 3,100 soldiers from fifty-four units for overseas deployments and over 2,600 soldiers from forty different units for Homeland Defense missions. Demobilization has seen similar numbers. The multi-modal combination of the installation's transportation assets makes Fort Knox a vital military link in the southeastern United States, and one within into two hours flight time of major population centers in the Midwest, South, Southeast, and Northeast.

These are just some of the reasons why Fort Knox offers many advantages to the Army for the current assignment of a Unit of Action. In summary, Fort Knox can immediately host a Unit of Action and can accept a second unit in 90 days, and can easily transform from its current role as a power support platform into a robust power projection platform capable of deploying significant combat power all the while providing significant and dedicated live and simulated training at operational and cost advantages. The community

is excited to again host active forces as it did successfully for 20 years with the Army's largest brigade, the 194th which was deactivated in 1994.

Under the Secretary of Defense's recommendations, not only will Fort Knox remain a valuable DoD asset, it will welcome the return of combat troops for the first time in a decade, with the addition of a light infantry unit of action. We are pleased to welcome this unit of action. The Army intends to transform Fort Knox from an institutional training installation to a multi-functional installation that will be the home to operational army forces and various administrative headquarters. We look forward to working with our fellow Congressional delegation members in Washington and the community to facilitate the changes necessary to transform Fort Knox into a premier power projection platform.

We are also pleased that the Army has consolidated soldier management at Knox with the relocation of human resources command, accessions command and cadet command, army reserve personnel command and army enlisted records branch, 100th Division (IT) headquarters, and 84th army reserve readiness training center. These missions will benefit from synergies available from being co-located at Fort Knox. During this transformation, the Fort Knox community will continue to be a vibrant and well-rounded home for Soldiers and their families.

As the Fort Knox community changes and embraces this transformation, we would like to encourage the Commission to reexamine the downgrading of Ireland Army Hospital to a clinic. We believe its essential for Fort Knox to maintain a strong medical capability on post, especially now that a brigade combat team will permanently call Fort Knox home and its Soldiers will require the level of care delivered by a full Army hospital. We believe that the arrival of these new troops mandates a review of this recommendation.

The dedicated health care professionals of the United States Army Medical Activity at Fort Knox are working together to provide our patients top quality health care and preventive services throughout seven states. We are proud of our health care system and proud to serve our nation's soldiers and families.

The hub of activity is the Ireland Army Community Hospital (IACH) located at Fort Knox which serves the Fort Knox community with primary and specialty care providers. Members of the MEDDAC team staff a troop medical clinic and a Battalion Aid Station to provide acute care services to Knox's Soldiers and Trainees.

In addition to Kentucky, Ireland Army Community Hospital's area of responsibility also includes Ohio, Indiana, Michigan, Illinois, Wisconsin and Minnesota. Within this 7 state area, the MEDDAC serves the Active Duty population, many of whom are in isolated areas where they serve as recruiters and trainers. To serve our troops outside the Fort Knox area, we have clinics in Kentucky, Wisconsin, Michigan, and Illinois.

Ireland Army Community Hospital has an enrollment of 25,246 TRICARE Prime patrons. In addition, Ireland currently sees, on a space available basis, TRICARE Standard patients, as well as having an embedded Veterans Administration clinic within the facility.

Ireland Army Hospital hosts the Army's 2nd largest blood donor center for the Joint Armed Services Blood Program. The service a region with mobile blood donor program, collection, processing, and testing blood and blood products for shipment to Theater, CONUS, and OCONUS medical facilities. It is also a repository for the DoD frozen blood program. The hospital operates one of three Army Nucleic Acid Testing labs for HIV, HCV, and West Nile Virus for every blood sample drawn east of the Mississippi. Also resident, as part of the hospital, is the 3rd largest of the Army's seven optical fabrication labs, providing direct support to four Air Force Bases, and Forts Leavenworth, Riley Campbell, Monmouth, and Knox.

Ireland supports mobilization for multiple power projection and power support platforms, and is the headquarters for all Army medical programs, biomedical maintenance operations, resources and industrial hygiene activities for a 7-State region (aligned with the installation's AR 5-9 area) to include all MEP stations and all other Army medical enterprises within the region. Ireland also houses multiple occupational health clinics, primary care clinics, and direct management of medical programs for three major power projection platforms (McCoy, Atterbury, and now Knox). It is the focal point for all Medical Hold operations and referral (destination) Medical Hold for all deploying and redeploying soldiers, medical Soldiers Readiness Processing (SRP) and all medical Class VIII purchasing for deploying units from McCoy, Atterbury, and Knox.

The hospital also provides technical oversight for occupational health of two major nerve gas destruction sites plus major industrial plants at Rock Island Arsenal, IL and TACOM, Warren, MI. As mentioned previously, the hospital is host to a Department of Veterans Affairs Community Based Outpatient Clinic; a joint venture with VA Medical Center, Louisville maintaining an enrollment of 4000 veterans with 8500 annual clinic visits.

In order to fully support these current activities and the additional needs of a changing demographic that will accompany the incoming infantry brigade, I ask the Commission to maintain Ireland's current status as a full service Army hospital. I believe its essential for Fort Knox to maintain a strong medical capability on post, especially with the addition of a brigade combat team and its Soldiers and their families will require the level of care delivered by a full Army hospital. I believe that the arrival of these new troops mandates a review of this recommendation.

Naval Surface Warfare Center, Louisville Detachment

I would now like to turn my attention to the Louisville Detachment of the Naval Surface Warfare Center, Port Hueneme Division. Among the many the challenges faced by the BRAC Commission are the need to dig beneath the surface of recommendations and to determine the proper balance between achieving government consolidation and supporting public-private partnerships. The Department of Defense has recommended

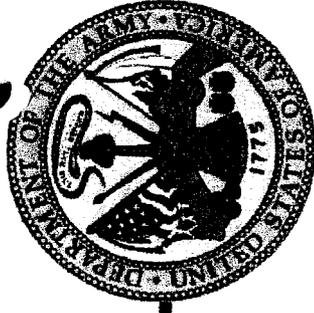
11926



Fort Knox



Forces/Units Lost or Gained	From/To	Personnel Impact		Remarks
		Loss	Gained	
Realign Armor Center and School	Fort Benning, GA	11,562		7,877 Students
Realign Correctional Facility	Fort Leavenworth, KS	101		
Realign Human Systems Research	Aberdeen Proving Grounds, MD	11		
Disestablish Inpatient Mission for Hospital and convert to a clinic w/ Ambulatory Surgery Cntr	Positions eliminated	85		
Light Infantry Brigade Combat Team (BCT)	Activation 1 st Brigade, 25 th Infantry Division (light)		3,272	New Unit
Engineers/ MP/ Combat Service Support Units	Europe/ Korea		1,729	
Army Accessions Command/ Cadet Command	Fort Monroe, VA		275	
84 th Army Reserve Regional Training Center	Fort McCoy, WI		461	
HQ, 100 th Div (IT)	Louisville, KY		43	KY to KY
Consolidate Army Human Resources Command	Alexandria, VA/ St Louis, MO/ Indianapolis, IN		2,794	



Fort Knox Ireland Army Hospital

Concern:

- The Medical JCSG recommendation was derived from incorrect data
 - Data used did not reflect the end-state population resulting from realignment actions
 - Tricare estimates show substantial population growth from 2005 (27,800) to 2008 (39,250)
 - Estimated OB workload will grow from 38 - 60 births/month
- Local hospitals can not absorb the current or projected OB workload
- Anticipated future growth at Ft Knox is highly probable given the 20 year Force Structure Plan
- Medical support to the Warfighter and family members key to quality of life and impacts sustaining and retaining our all volunteer force

Recommendation:

- BRAC Commission reexamine recommendation and retain a fully operational hospital with inpatient and outpatient capability



DCN: 11926

Fort Knox Continued



Forces/Units Lost or Gained	From/To	Personnel Impact		Remarks
		Loss	Gained	
Army Center for Substance Abuse	Falls Church, VA		51	
Army Human Resources XXI	Arlington, VA		10	
	Subtotal	11,759	8,635	Lost 7,566 Students

Concerns: Downsizing Ireland Army Hospital
(See White Paper – Briefing Book Tab B)

Missed Opportunity:

- Maximizing Ft Knox training capacity
- Consolidating Army Recruiting School with parent Headquarters

Community Support Assessment: The community support infrastructure can support these recommendations. Excess capacity exists within the community to support additional missions and future growth.



HARDIN MEMORIAL HOSPITAL
A Regional Healthcare Center

August 15, 2005

Mr. Bill Barron
Executive Director, AUSA CORE Committee
P.O. Box 1621
Elizabethtown, KY 42701

Dear Mr. Barron:

We have reviewed the number of deliveries projected at Ireland Army Community Hospital by 2008 and have determined that Hardin Memorial Hospital cannot reasonably accommodate an additional volume of up to sixty (60) deliveries per month within our existing facilities. We had 1,652 deliveries in FY 2005 (July 1, 2004 – June 30, 2005) and have a maximum capacity of approximately 1,800 per year. Thus, we do not have the excess capacity to absorb up to 720 deliveries per year (60 deliveries per month x 12) within our existing facilities by 2008.

Based on the projected number of incoming soldiers and dependents over the next four (4) years, we fully support Ireland Army Community Hospital retaining full inpatient medical/surgical capabilities, including obstetric services and other inpatient services to best serve our nation's soldiers, dependents and retirees.

If I can be of further assistance or answer any questions, please contact me at (270) 706-1602.

Sincerely,

A handwritten signature in cursive script that reads 'David L. Gray'.

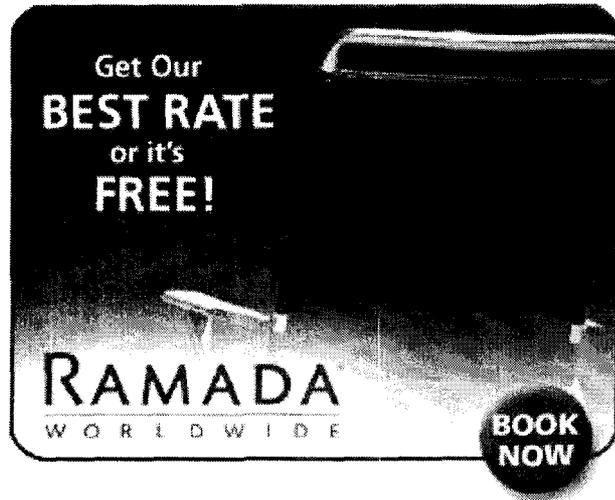
David L. Gray
President

to Ramada Hospital



Start: 851 Ireland Ave
Fort Knox, KY 40121-2722, US

End: 913 N Dixie Ave
Elizabethtown, KY 42701-2503,
US



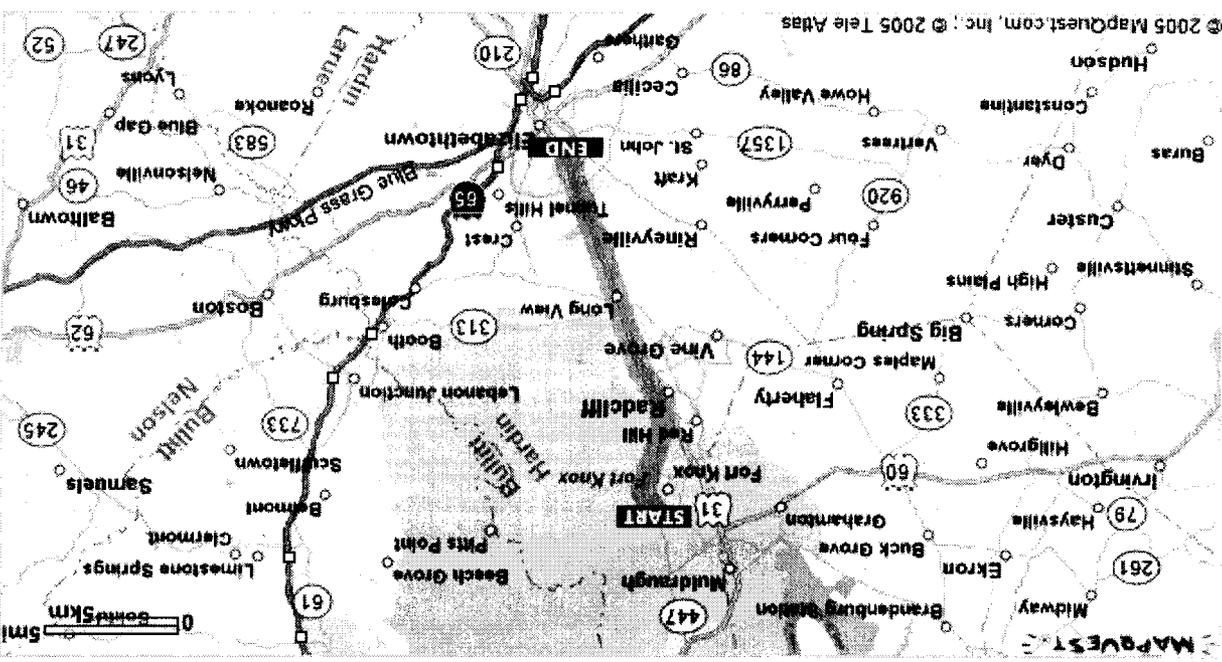
Directions

Distance

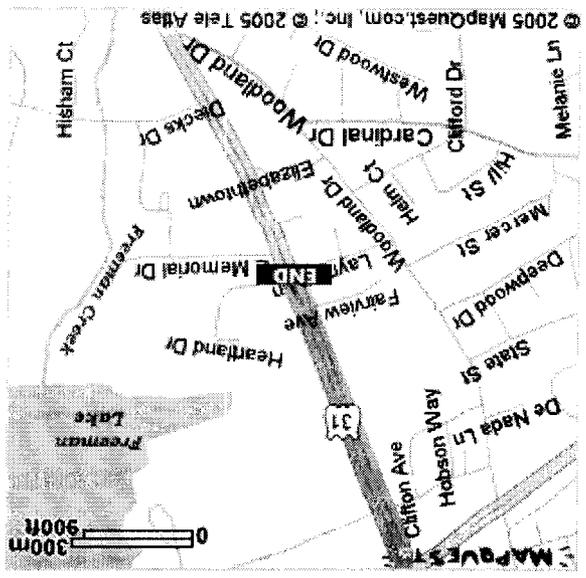
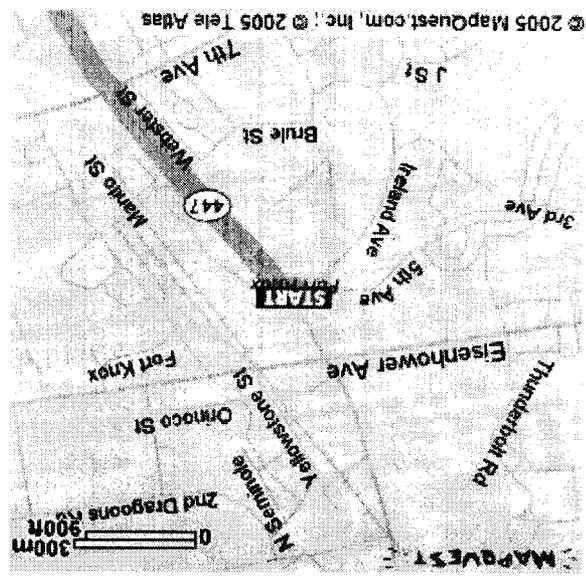
- START** 1: Start out going **NORTHEAST** on **IRELAND AVE** toward **WILSON RD.** <0.1 miles
-  2: Turn **RIGHT** onto **WILSON RD.** 4.4 miles
-  3: Turn **LEFT** onto **KY-1815 / ELM RD.** <0.1 miles
-  4: Turn **RIGHT** onto **US-31W S.** 9.9 miles
- END** 5: End at **913 N Dixie Ave**
Elizabethtown, KY 42701-2503, US

Total Est. Time: 31 minutes

Total Est. Distance: 14.38 miles



Start: 851 Ireland Ave, Fort Knox, KY 40121-2722, US
End: 913 N Dixie Ave, Elizabethtown, KY 42701-2503, US



Notes:
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 These directions are informational only. No representation is made or warranty given as to their content, road conditions or route usability. MapQuest and its suppliers assume no responsibility for any loss or delay resulting from such use.





Start: 851 Ireland Ave
Fort Knox, KY 40121-2722, US
End: Bardstown, KY 40004-9019, US

Travelodge
Receive a coupon booklet with over \$250 in value!
LEARN MORE >>

Directions

Distance

- START** 1: Start out going NORTHEAST on IRELAND AVE toward WILSON RD. <0.1 miles
- 2: Turn LEFT onto WILSON RD. 4.9 miles
- 3: WILSON RD becomes KY-835. 0.7 miles
- 4: Turn RIGHT onto US-31W / US-60. 3.7 miles
- 5: Turn SLIGHT RIGHT onto KY-44. 12.7 miles
- 6: Turn RIGHT onto KY-61 / S BUCKMAN ST. Continue to follow KY-61. 5.0 miles
- 7: Turn LEFT onto KY-245. 11.1 miles
- END** 8: End at Bardstown, KY 40004-9019, US

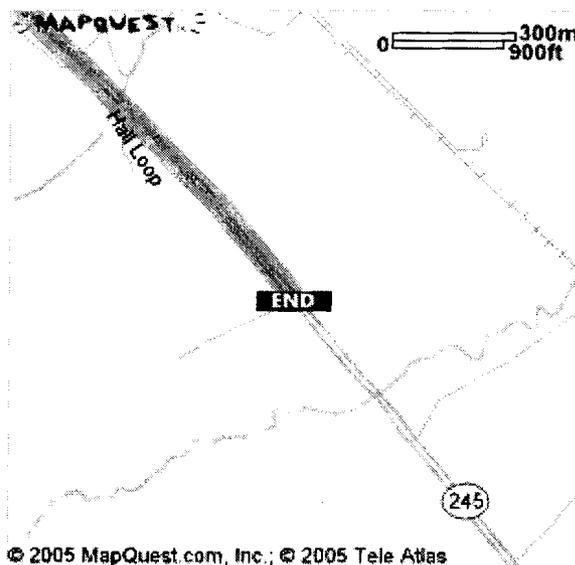
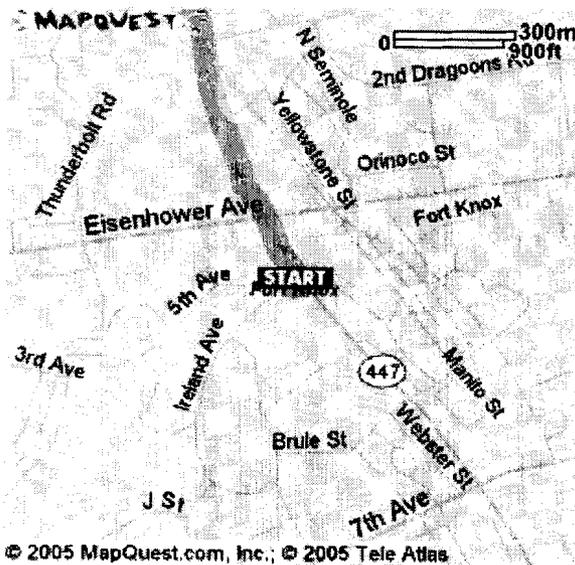
Total Est. Time: 1 hour, 10 minutes

Total Est. Distance: 38.47 miles



Start:
851 Ireland Ave
Fort Knox, KY 40121-2722, US

End:
Bardstovn, KY 40004-9019, US



Notes:



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BEST PRICES. BEST PLACES. GUARANTEED.*

Start: 851 Ireland Ave
Fort Knox, KY 40121-2722, US

End: 245 Atwood St
Corydon, IN 47112-1738, US

Find Deals in Your Favorite Cities! **GO!**



Directions	Distance
START 1: Start out going NORTHEAST on IRELAND AVE toward WILSON RD.	<0.1 miles
2: Turn LEFT onto WILSON RD.	0.1 miles
3: Turn LEFT onto EISENHOWER AVE.	0.9 miles
4: Turn RIGHT onto BRANDENBURG STATION RD.	2.0 miles
5: BRANDENBURG STATION RD becomes BRANDENBURG STA RD.	0.2 miles
RAMP 6: Take the US-60 E / US-31W N ramp.	0.1 miles
7: Turn RIGHT onto US-31W / US-60.	1.1 miles
8: Turn LEFT onto KY-1638 / WARREN ST. Continue to follow KY-1638.	9.0 miles
9: Turn RIGHT onto KY-448.	1.2 miles
10: Turn LEFT onto KY-1051.	3.5 miles
11: KY-1051 becomes KY-135.	13.6 miles
12: Turn SLIGHT RIGHT onto HEIDELBERG RD SW.	0.9 miles
13: Turn LEFT onto OLD IN-135.	<0.1 miles

 **14:** Turn RIGHT onto W LOWETH AVE. 0.2 miles

 **15:** Turn LEFT onto IN-337. <0.1 miles

 **16:** Turn RIGHT onto S HARRISON DR. <0.1 miles

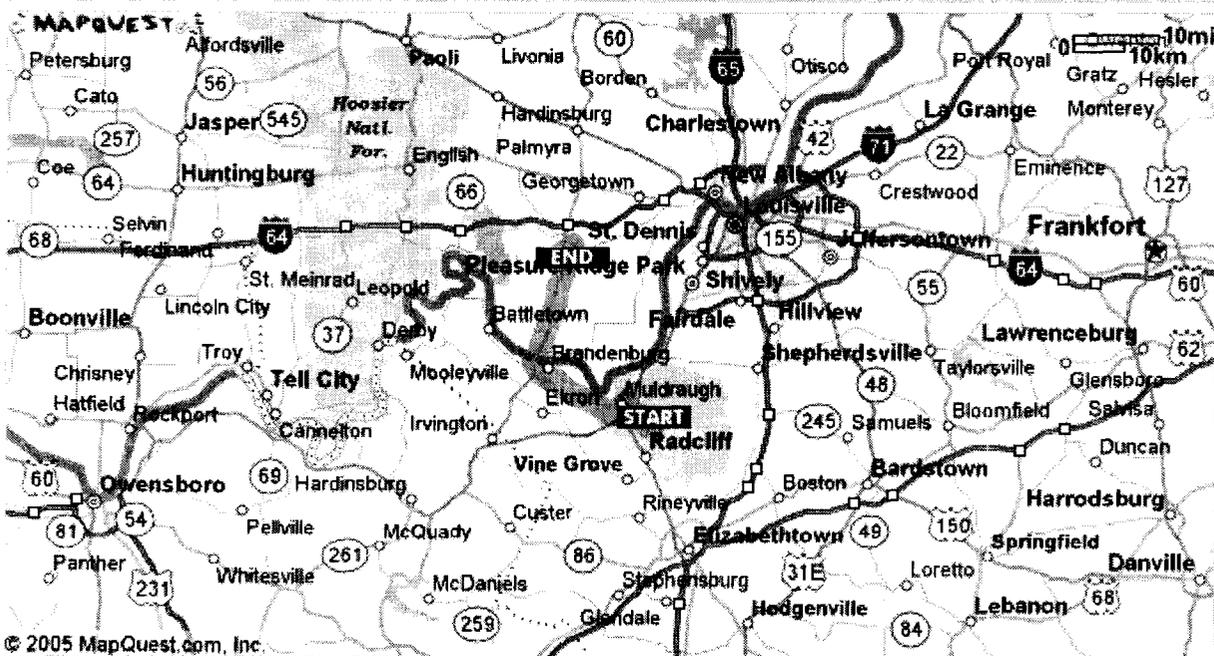
 **17:** Stay STRAIGHT to go onto N HARRISON DR. <0.1 miles

 **18:** Stay STRAIGHT to go onto ATWOOD ST. 0.2 miles

 **19:** End at **245 Atwood St**
Corydon, IN 47112-1738, US

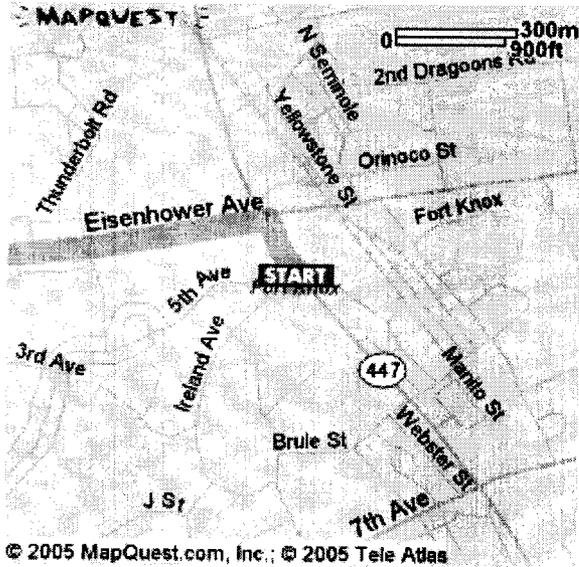
Total Est. Time: 1 hour, 3 minutes

Total Est. Distance: 33.94 miles



Start:
851 Ireland Ave
Fort Knox, KY 40121-2722, US

End:
245 Atwood St
Corydon, IN 47112-1738, US



Notes:



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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:
Chiropratics, 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)
Saturday 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 Services (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.



Meeting your Health Care needs
World Wide



Welcome to the TRICARE Military Treatment Facilities (MTF) Locator

Tuesday, June 21, 2005

Malcolm Grow Medical Center

MTF Name: Malcolm Grow Medical Center
Address: Building 1050, Perimeter Road
Andrews Air Force Base, MD 20762
Web Site: <http://www.mgmc.af.mil/>
Main Phone: 240-857-5911
Hours: 0730-1630 hours

Options

- [Get Directions](#)
- [Return to search results](#)
- [Return to search options](#)

Making an Appointment

Phone Number: 1-888-999-1212

Additional Information:

For questions or concerns regarding appointments contact the Appointment Officer at 240-857-9102. Prime enrollees may be able to make an MTF appointment online at www.tricareonline.com.

Pharmacy

Phone: Main Pharm: 240-857-4565
Hours: Main Pharmacy: 0730-1700 hours
Satellite Pharm: 0900-1900 Mon-Fri, 0900-1700 Sat. Phone: 240-857-8010

Additional Information:

Additional Information

Advice Line: The medical Advice Line will be in service until 31 August 2004. New automated procedures will be in place on 1 Sept, details pending.

After Hours Care: Contact the Nurse Advice Line at 1-800-308-3518 or use the emergency room. Nurse Advice Line procedures will change with implementation of the new contract on 1 Sep 04, details pending.

In case of an emergency:

In an emergency patients should call 911 and go directly to the nearest civilian or military emergency room.

Other Information:

Patients should contact their PCM team patient advocate to help resolve health care concerns. The Director of Customer Service is also available to provide assistance and can be reached at 240-857-5817.

Specialties

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

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.](#)

Customer Service

Beneficiary Counseling & Assistance Coordinator (BCAC)

Ersella Ramsay/ Marsue Linker Primary

Debt Collection & Assistance Officer (DCAO)

Ersella Ramsay/ Marsue Linker Primary

Phone: 240-857-9840/5615
DSN: 857-9840
Fax: 240-857-4598
E-mail: Ersella.Ramsay@mgmc.af.mil

Phone: 240-857-9840/5615
DSN: 857-9840
Fax: 240-857-4598
E-mail: Ersella.Ramsay@mgmc.af.mil

Additional Customer Service Information

Other Customer Service Phone Number: TRICARE Service Center: 240-857-2400

Other Customer Service Email Address:

Other customer service information:

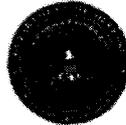
Enrollments will be frozen from 15 July 04 at 6pm until 18 July 04 at 6pm for the DEERS conversion to T-NEX. Health Net will begin processing enrollments on 19 July 04.

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Meeting your Health Care needs World Wide



Welcome to the TRICARE Military Treatment Facilities (MTF) Locator

Friday, May 13, 2005

USAF Academy Medical Facility (10th Medical Group)

MTF Name: USAF Academy Medical Facility (10th Medical Group)
Address: 4102 Pinion Drive, Suite 100
USAF Academy, CO 80840-4000
Web Site: <http://www.usafa.af.mil/sg>
Main Phone: 719-333-5111
Hours: 0730-1630 M-F

Options

- [Get Directions](#)
- [Return to search results](#)
- [Return to search options](#)

Making an Appointment

Phone Number: 333-2273
Additional Information:
333-2273 for family practice all other clinics 264-5000
Prime enrollees may be able to make an MTF appointment online at www.tricareonline.com.

Specialties

- Allergy
- Audiology / Speech Pathology
- Dermatology
- Dietetics
- Emergency Services
- Family Medicine
- Internal Medicine
- Neurology
- Occupational Therapy
- Ophthalmology
- Optometry
- Orthopedics
- Otolaryngology (ENT)
- Pediatrics
- Physical Therapy
- Psychiatry
- Surgery
- Urology
- Chiropractics
- Nuclear Medicine
- Podiatry
- Population Health (wellness)
- Social Work
- Substance Abuse

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.](#)

Pharmacy

Phone: 333-2273
Hours: Main Hospital Pharmacy
Mon-Thurs 0730-1800
Fri 0730-1700
Sat & Holidays 0800-1400

Community Center Pharmacy
Mon-Fri 0830-1730
Sat 0900-1300 (Refill pick up only)
All Pharmacies Closed on Sundays

Additional Information:

All refills called into the refill system are picked up at the Community Center Pharmacy. Handwritten civilian prescriptions from non-Military Treatment Facility Providers are filled at the Community Center Pharmacy.

Additional Information

Advice Line:
After Hours Care:
In case of an emergency:
Other Information:

Customer Service

Beneficiary Counseling & Assistance Coordinator (BCAC)	Debt Collection & Assistance Officer (DCAO)
Primary Phone: DSN: Fax: E-mail:	Primary Phone: DSN: Fax: E-mail:

Additional Customer Service Information

Other Customer Service Phone Number:

Other Customer Service Email Address:

Other customer service information:

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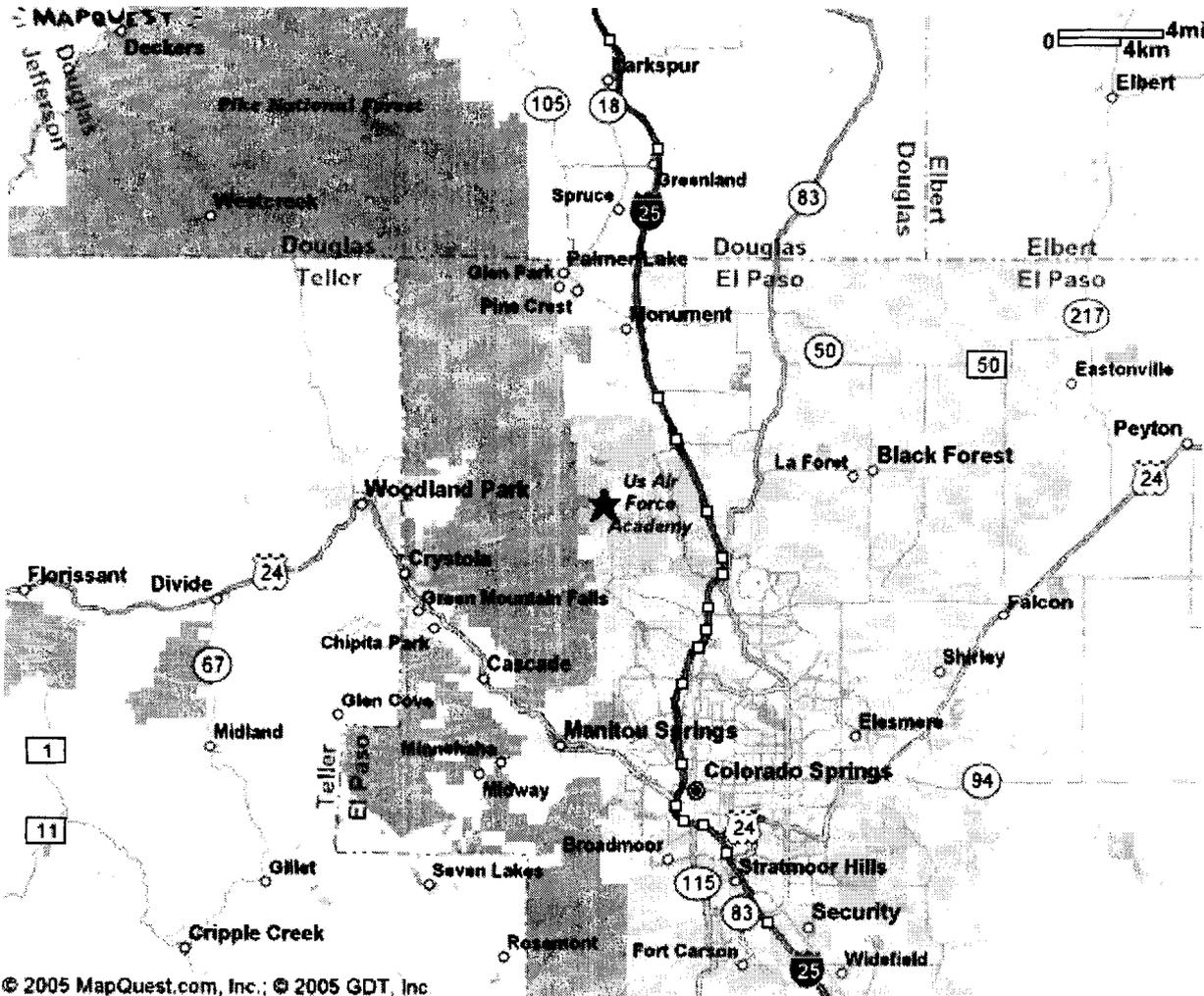
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4102 Pinion Dr
Usaf Academy CO
80840-2502 US

Notes:



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Meeting your Health Care needs World Wide



Welcome to the TRICARE Military Treatment Facilities (MTF) Locator

Friday, May 13, 2005

Evans Army Community Hospital

MTF Name: Evans Army Community Hospital
Address: 7500 Cochrane Circle
Fort Carson, CO 80913-4604
Web Site: <http://www.evans.amedd.army.mil/>
Main Phone: 719-526-7000
Hours:

Options

- [Get Directions](#)
- [Return to search results](#)
- [Return to search options](#)

Making an Appointment

Phone Number: 719-264-5000
Additional Information:
Cancellation Hotline 719-264-5059, leave a voice mail message.
PCM appointments may be made on-line through Tricare-On-Line at <http://www.tricareonline.com>
Prime enrollees may be able to make an MTF appointment online at www.tricareonline.com.

Specialties

- Allergy
- Audiology / Speech Pathology
- Clinical Psychology
- Dermatology
- Dietetics
- Emergency Services
- Family Medicine
- Internal Medicine
- OB/GYN
- Occupational Therapy
- Ophthalmology
- Optometry
- Orthopedics
- Otolaryngology (ENT)
- Pediatrics
- Physical Therapy
- Psychiatry
- Surgery
- Urology

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.](#)

Pharmacy

Phone: 719-526-7411
Hours: M-TH 0800 - 1600
Fri 0800 - 1700
Sat 0800 - 1600

Additional Information:

Additional Information

Advice Line:
After Hours Care: Call the ER front desk @ 719-526-7111

In case of an emergency:
In case of an emergency call 911

Other Information:

Customer Service

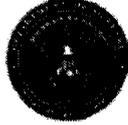
Beneficiary Counseling & Assistance Coordinator (BCAC)	Debt Collection & Assistance Officer (DCAO)
Heddy Servant Primary Phone: 719-526-7256 DSN: 691-7256 Fax: 719-526-7611 E-mail: heddy.servant@amedd.army.mil	Brenda Denton Primary Phone: 719-526-7225 DSN: 691-7225 Fax: 719-526-7611 E-mail: brenda.denton@amedd.army.mil

Additional Customer Service Information
Other Customer Service Phone Number:
Other Customer Service Email Address:

Other customer service information:

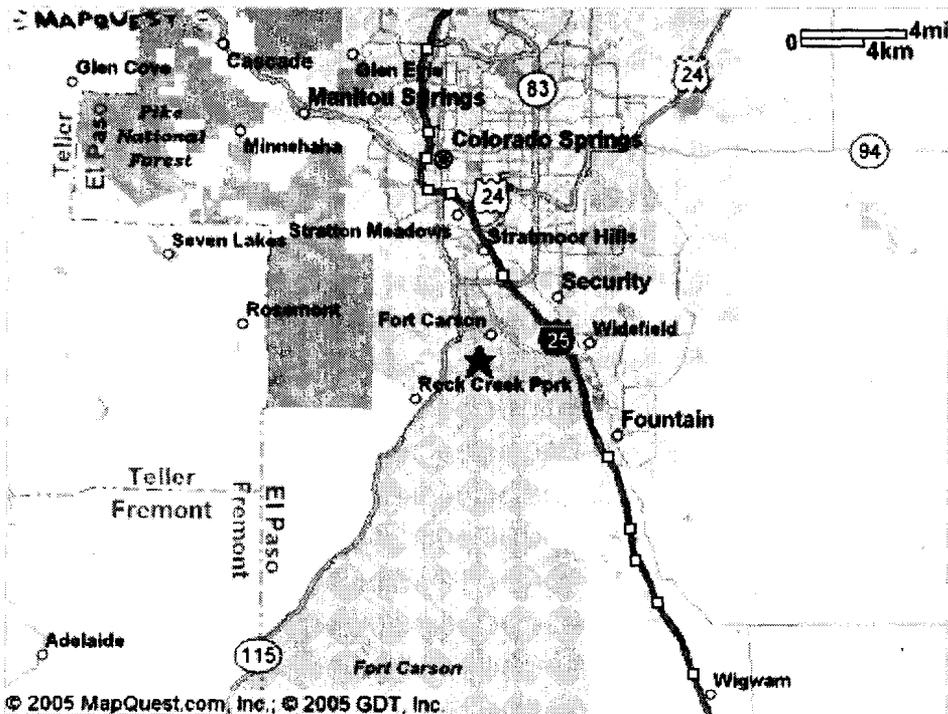
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★ [1666-1699] Cochrane Cir Colorado Springs, CO 80913, US



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Meeting your Health Care needs
World Wide



Welcome to the TRICARE Military Treatment Facilities (MTF) Locator

Sunday, May 15, 2005

Naval Hospital Great Lakes

MTF Name: Naval Hospital Great Lakes
Address: 3001A 6th Street
Great Lakes, IL 60088-5230
Web Site: <http://greatlakes.med.navy.mil/>
Main Phone: 847-688-4560
Hours: Primary Care Clinics:
Family Practice - M-F 0800 - 1600
Sat 0800 - 1600, limited staff

Internal Medicine - Mon, Tues, Wed, Fri 0800 - 1600

Pediatrics - Sick Call, M-F 0730 - 0800
Clinic Hours, Mon, Tues, Wed, Fri, Sat 0800 - 1600
Thurs 0800 - 1200

Emergency Room is open 24 hours
Specialty Clinics vary, however most are:
Mon, Tues, Wed, Fri 0800 - 1600
Thurs 0800 -

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: 1-800-941-4501

Additional Information:

As of July 1, 2004 all three appointment numbers will allow a beneficiary to make an appointment.

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

Pharmacy

Phone: 847-688-3374

Hours: Naval Hospital
M-F 0800 - 2100
Sat, Sun & Holidays 0800 - 1600

Burkey Mall
M-F 0930 - 1730
Weekends & Holidays Closed

Note: There is 24 hour coverage for Emergency and New prescriptions.

Additional Information:

Automated prescription telephone refill service is offered for next day pickup, call 847-688-2757 or 800-552-8569.

For TRICARE Mail Order Pharmacy information call 866-363-8667.

Additional Information

Advice Line: Naval Hospital Great Lakes has a health care advice line, that is operational 24

Specialties

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

hours a day, 7 days a week. Beneficiaries can call either the 847-688-4560 or 866-708-NHGL, and one of the options will be for health care advice.

After Hours Care: If care is needed after hours, the patient can either call 911 or go to the nearest emergency room. If unsure of whether or not care is needed, the nurse advice line is available 24/7.

In case of an emergency:
In case of an emergency either call 911 or go to the nearest emergency room.

Other Information:
Our Mission:
We are committed to:
Operational readiness through training and Force Health Protection
Excellence in recruit and student health
Comprehensive healthcare for all who are entrusted to our care

Customer Service

Beneficiary Counseling & Assistance Coordinator (BCAC)	Debt Collection & Assistance Officer (DCAO)
Estella Mckanna Primary Phone: 847-688-5308 X3110 DSN: 792-5308 X3110 Fax:847-688-2976 E-mail: estella.mckanna@nhgl.med.navy.mil	Estella Mckanna Alternate Phone: 847-688-5308 X3110 DSN: 792-5308 X3110 Fax:847-688-2976 E-mail: estella.mckanna@nhgl.med.navy.mil

Additional Customer Service Information

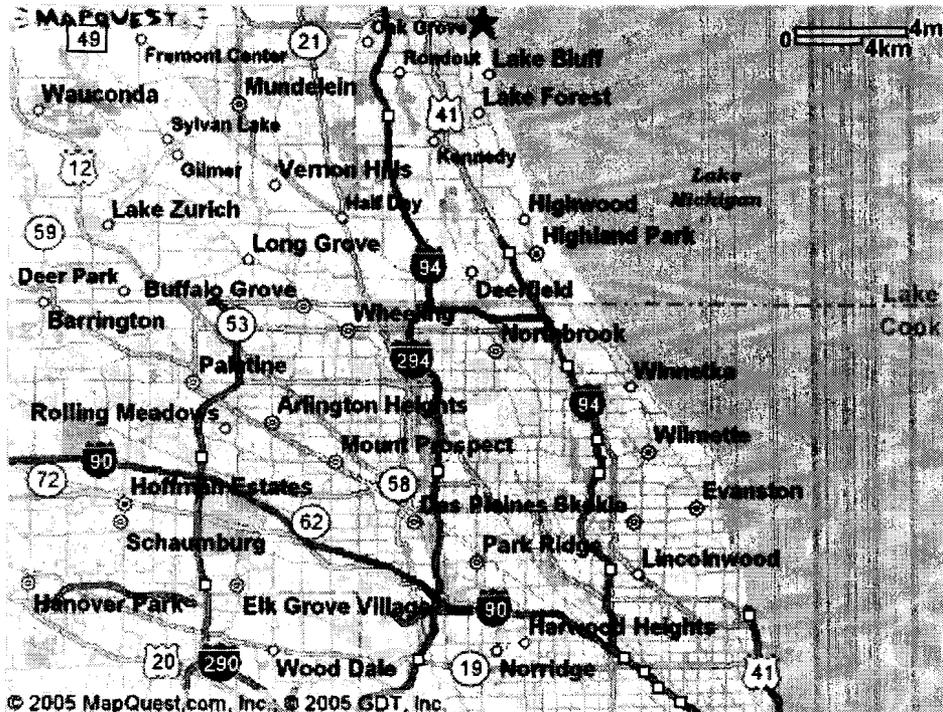
Other Customer Service Phone Number: 847-688-5929
Other Customer Service Email Address:
Customer_Relations@nhgl.med.navy.mil
Other customer service information:
We are open M-F 0730 - 1600.

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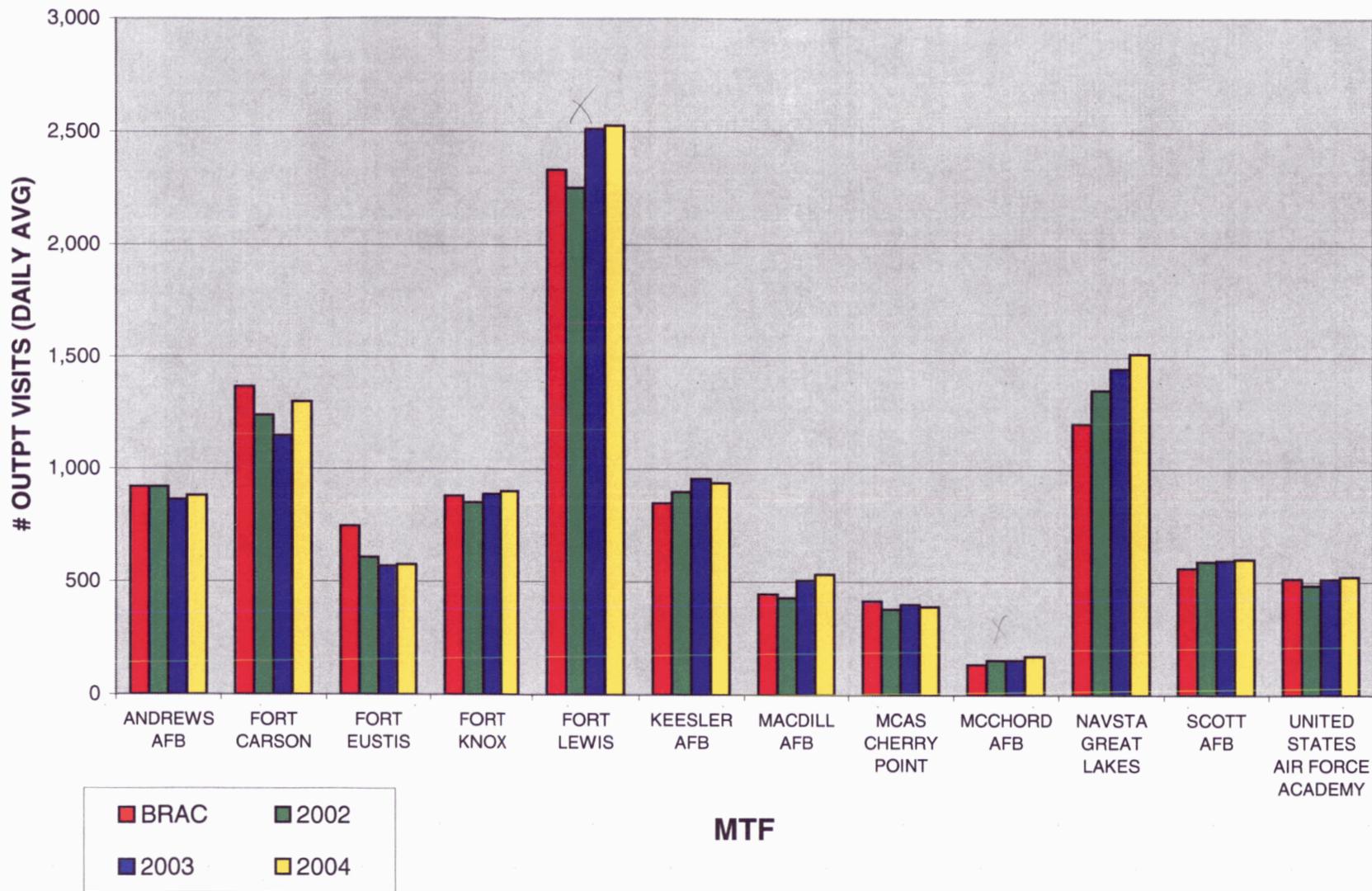
★ 3001a 6th St Great Lakes, IL 60088-2811, US



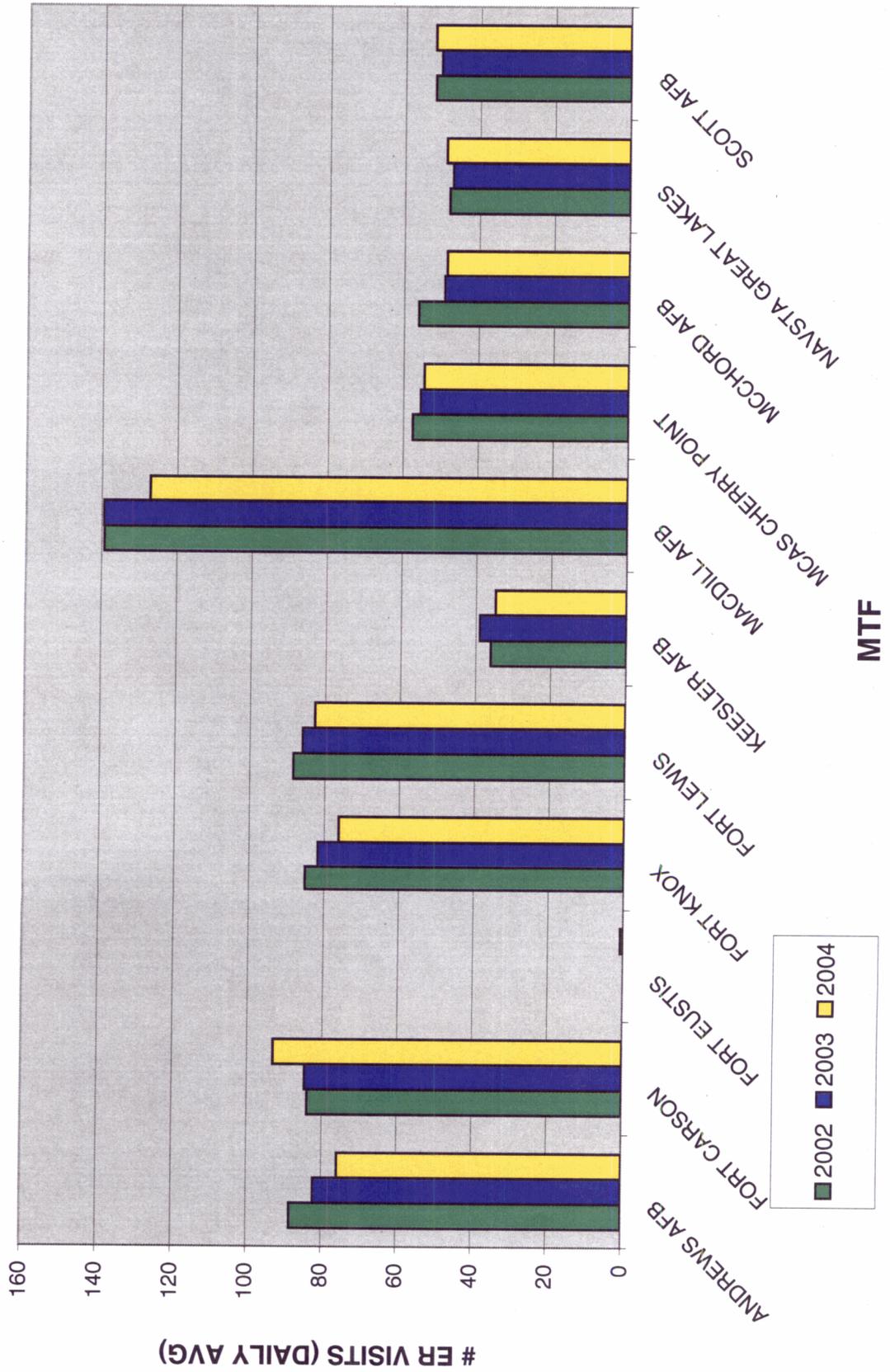
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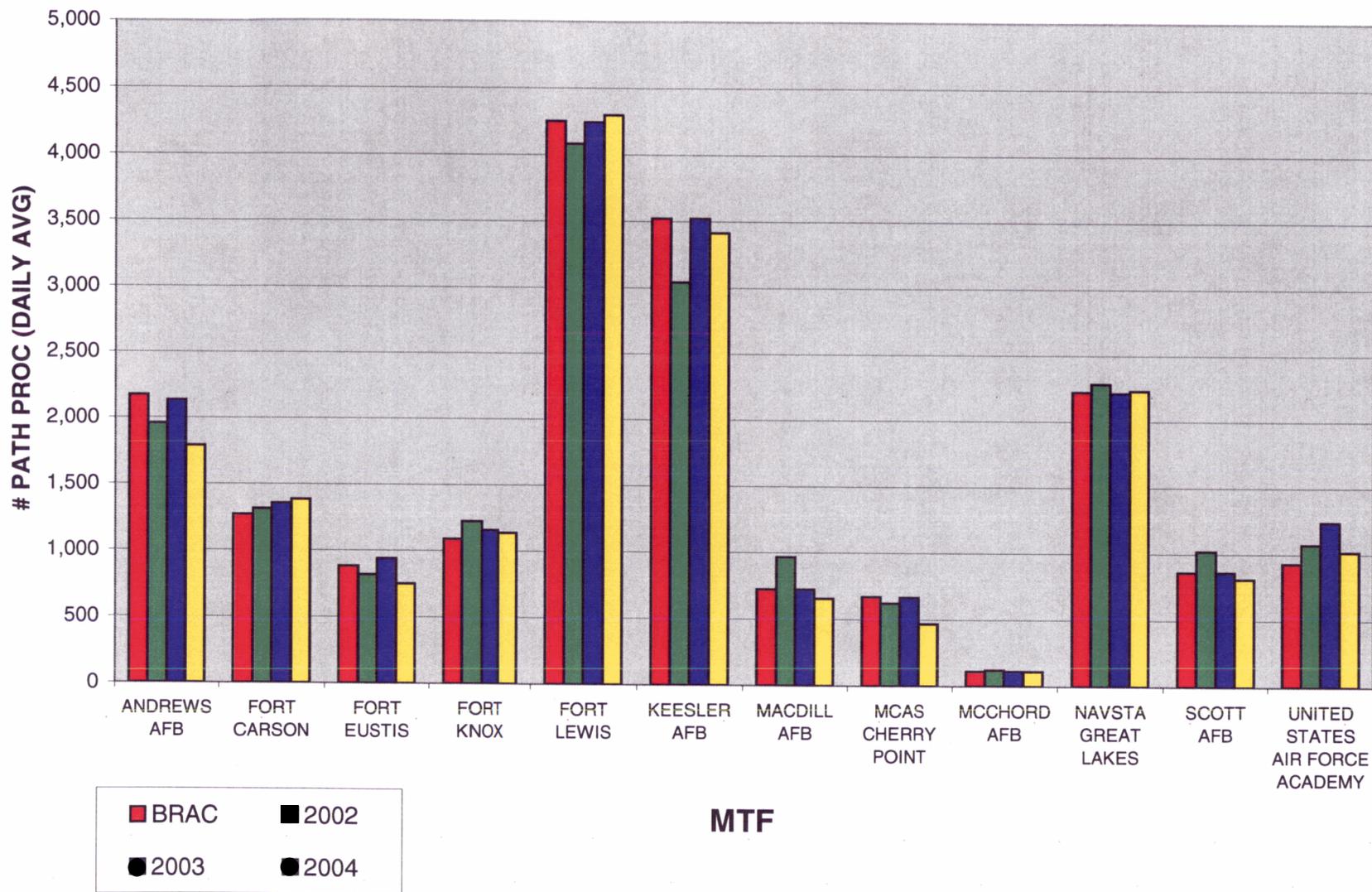
OUTPATIENT VISITS



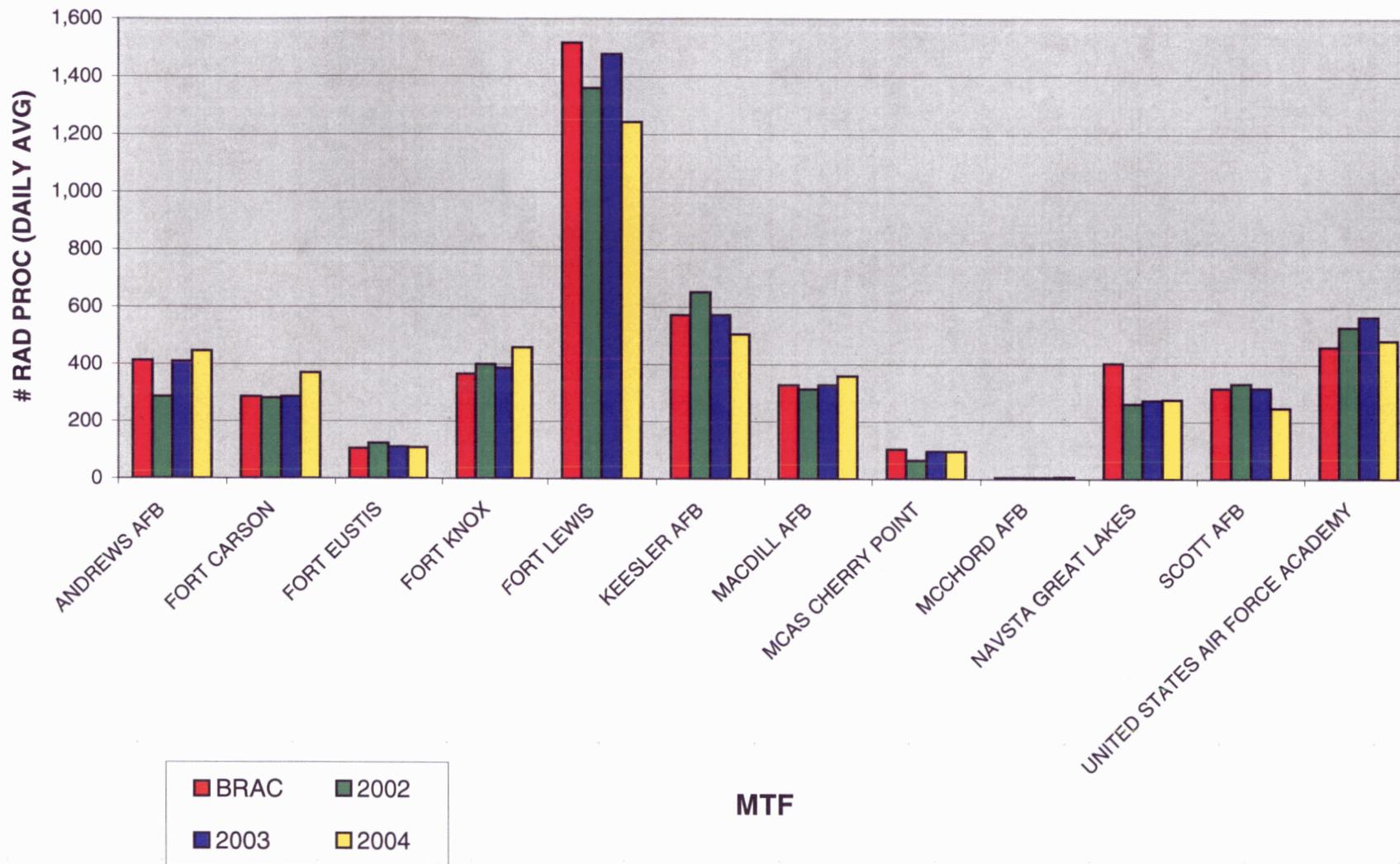
ER VISITS

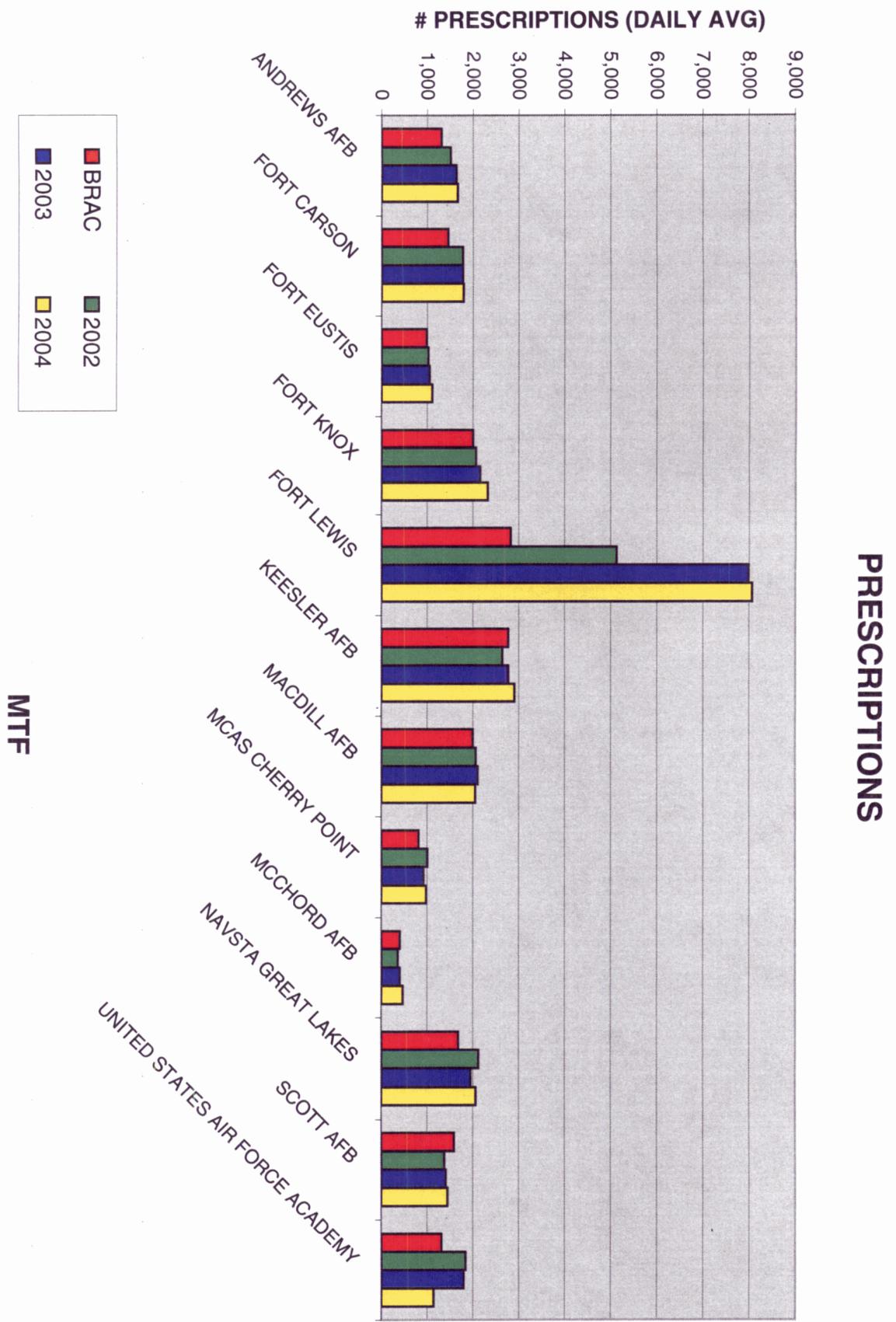


PATHOLOGY PROCEDURES



RADIOLOGY PROCEDURES

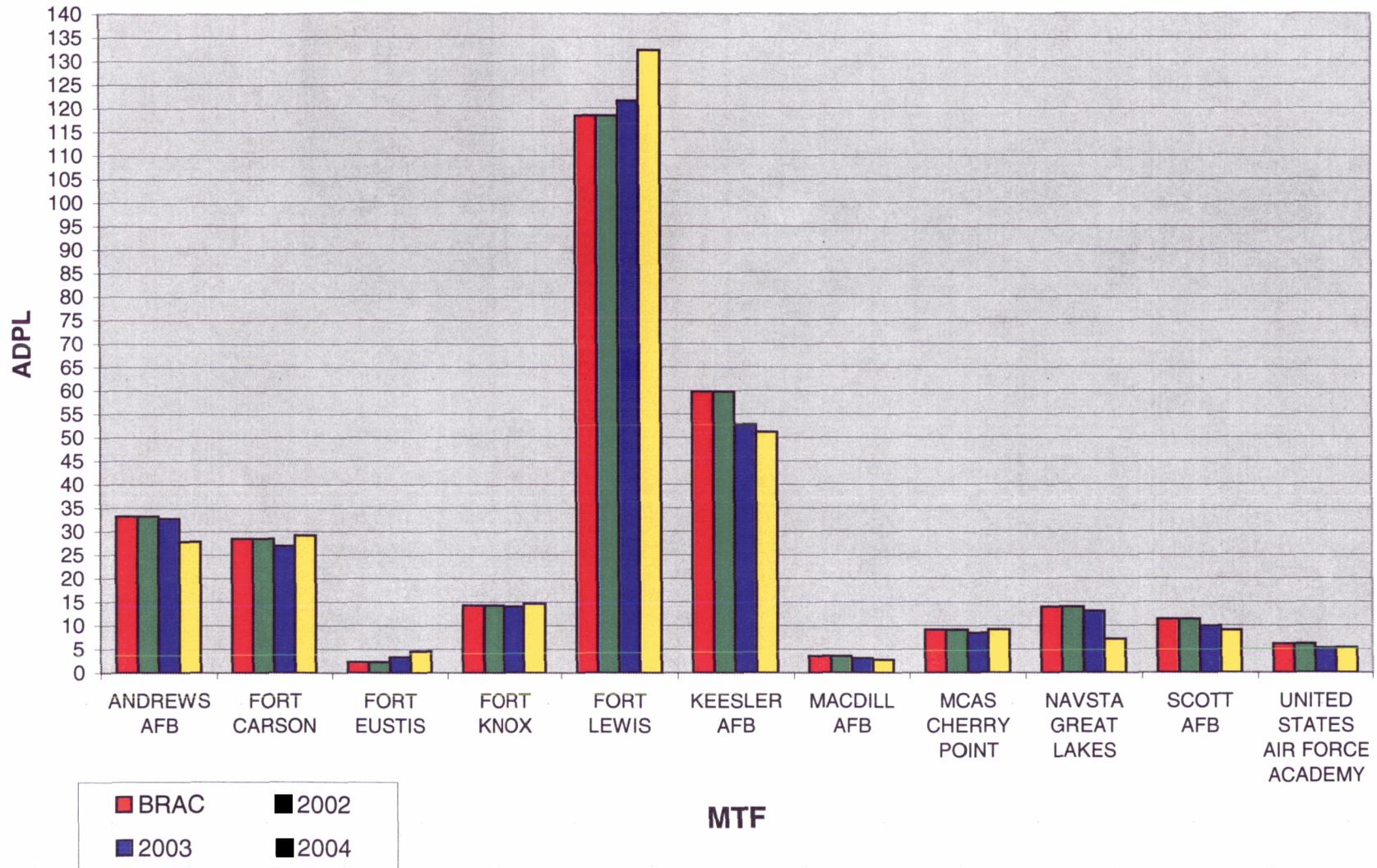




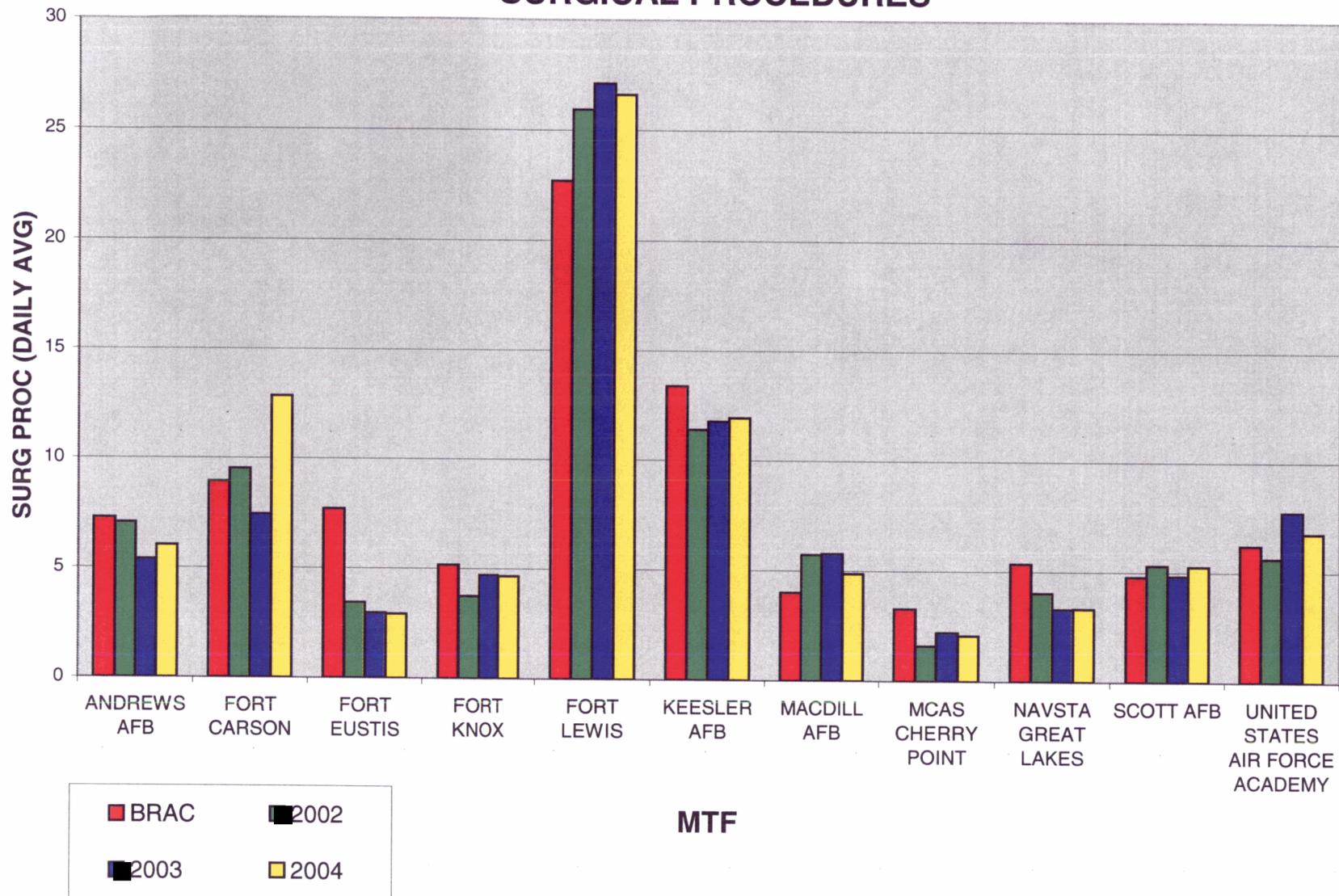
MTF

PRESCRIPTIONS

Average Daily Inpatient Load (ADPL)



SURGICAL PROCEDURES



DC/PC	Purchased Care								
DRG2	Deliveries								
DRG	373								
DMIS	(All)								
Ben Cat	(All)								
Visits		FY Prime							
Svc Cd	MTF	2003	2003 Total	2004		2004 Total	2005		2005 Total
		Other		Prime	Other		Prime	Other	
Army	(blank)	79	79	104	42	146	46	38	84
	Fox Army Community Hospital	54	54	72	2	74	55		55
	Lyster Army Community Hospital	213	213	207	4	211	157	4	161
	Bliss Army Health Center	253	253	229	7	236	168	2	170
	FITZSIMONS TMC-DENVER	30	30	32	2	34			
	Evans Army Community Hospital	122	122	69	1	70	128	2	130
	Eisenhower Army Medical Center	20	20	26		26	12		12
	Martin Army Community Hospital	37	37	37		37	25		25
	Winn Army Community Hospital	51	51	72	1	73	42	1	43
	Tripler Army Medical Center	9	9	14		14	7	1	8
	Munson Army Community Hospital	178	178	176	2	178	105	2	107
	Blanchfield Army Community Hospital	85	85	47	3	50	144	3	147
	Ireland Army Community Hospital	24	24	17		17	21		21
	Bayne-Jones Army Community Hospital	21	21	17		17	15		15
	Kimbrough Ambulatory Care Center	18	18	16		16	16		16
	L. Wood Army Community Hospital	21	21	20		20	13		13
	Patterson Army Health Clinic	44	44	41	1	42	32		32
	Keller Army Community Hospital	6	6	10	1	11	5		5
	Womack Army Medical Center	14	14	10		10	10		10
	Reynolds Army Community Hospital	41	41	21		21	14	1	15
	Dewitt Army Community Hospital	9	9	16		16	13		13
	Weed Army Community Hospital	19	19	19		19	7		7
	YUMA PROVING GROUND AHC	6	6	1		1	3		3
	AHC HANAU	3	3	22	61	83	1	78	79
	Fort McPherson Army Health Clinic	60	60	29		29	19		19
	Kirk Army Health Clinic	70	70	74	1	75	64	1	65
	Guthrie Ambulatory Health Care Clinic	435	435	354	2	356	318	2	320
	AHC BAMBERG	3	3	31	57	88	1	64	65
	AHC VILSECK			19	79	98		70	70
	AHC FRIEDBERG	3	3	6	13	19		22	22
	WINDER FPC-FT. BENNING	7	7	2		2	3		3
	TMC MED EXAM-FT. BLISS	79	79	56	1	57	50		50
	AHC PRIMUS (W) WOODBRIDGE	16	16	22		22	9		9
	AHC ROBINSON-FT. BRAGG	18	18	24	1	25	18		18

Army	SOUTHCOM CLINIC - FT STEWART	30	30	23	1	24	25	1	26
	AHC BUTZBACH	7	7	25	20	45		40	40
	Bassett Army Community Hospital	12	12	15	2	17	6	1	7
	Walter Reed Army Medical Center	5	5	43	5	48	7		7
	Irwin Army Community Hospital	40	40	17		17	19		19
	Moncreif Army Community Hospital	194	194	176		176	122	1	123
	William Beaumont Army Medical Center	25	25	20	1	21	11		11
	Brooke Army Medical Center	9	9	9		9	10		10
	Darnall Army Community Hospital	11	11	11		11	14	1	15
	McDonald Army Community Hospital	135	135	113		113	85	1	86
	Madigan Army Medical Center	34	34	48	1	49	26		26
	MONTEREY AHC	14	14	25	1	26	30		30
	Dunham Army Health Clinic	27	27	37	1	38	32		32
	TMC-1- SCHOF 25th-SCHOFIELD BK			2		2	2		2
	MONROE CONSOLIDATED-FT. HOOD	4	4	3		3	1		1
	TMC-5- FT. LEWIS	4	4	2	1	3	5		5
	BENNETT FAM CARE CLINIC - HOOD	23	23	16		16	15		15
	RICHARDS-GEBAUR CL-KANSAS CITY	16	16	19		19	11		11
	AHC FT. BUCHANAN	2	2	2	14	16		1	1
	Kenner Army Health Clinic	123	123	137	2	139	124	1	125
	TUTTLE AHC-HUNTER AB	67	67	76	1	77	70	1	71
	AHC FT. STORY	2	2				1		1
	USAH Wuerzburg			7	8	15		11	11
	AHC SHAPE	3	3	14	26	40		19	19
	AHC GRAFENWOEHR	3	3	8	22	30		42	42
	TMC-1- FT. STEWART	3	3	3		3	1		1
	TMC-10- FT. HOOD	3	3	1		1	1		1
	CONNOR CTMC	4	4	19		19	47		47
	JOEL AHC	7	7	7		7	12		12
	GUTHRIE AHC - FT. DRUM TSC-PCM	1	1						
	AHC PATCH BKS	5	5	31	67	98		56	56
	USAH Heidelberg			3	9	12		9	9
	Landstuhl Regional Medical Center			4	23	27		15	15
	121st General Hospital - Seoul	1	1	2	6	8		6	6
	AHC WIESBADEN	11	11	28	36	64		72	72
	AHC PRIMUS (F) FAIRFAX	8	8	10		10	11		11
	CTMC- FT. RILEY						2		2
	CLARK HEALTH CLINIC-FT BRAGG	29	29	22	1	23	13		13
	FT BRAGG - MCS-PCM	2	2						
	TMC-5- FT. CAMPBELL			2		2			
	TMC-2- FT. STEWART	2	2	1		1	1		1
	TMC-3- FT. STEWART	3	3	4		4	2		2
	AHC MANNHEIM	2	2	3	9	12		10	10

Army	AHC HOHENFELS	1	1	27	38	65		52	52
	AHC BAUMHOLDER			6	11	17		23	23
	AHC ILLESHEIM	1	1	5	28	33		31	31
	USAHC- CAMP RED CLOUD	1	1						
	AHC DARMSTADT	1	1	11	9	20		13	13
	AHC KATTERBACH			32	56	88		35	35
	AHC KAISERSLAUTERN			3	1	4		5	5
	AHC GIEBELSTADT			4	1	5		14	14
	TMC-14- FT. HOOD						1		1
	CONNELLY HLTH CLINIC-FT.GORDON						1		1
	AHC BAD AIBLING			4		4			
	USA MEDDAC-CAMP ZAMA				2	2		1	1
	AHC VICENZA			1	12	13		28	28
	USAHC CAMP STANLEY			1	1	2		2	2
	USAHC CAMP EDWARDS				3	3			
	TMC CONTRACT SPARTA-FT. MCCOY			2		2			
	USAHC- CAMP WALKER			2	7	9	1	5	6
	AHC KITZINGEN			2	9	11		2	2
	TMC-1- FT. LEWIS						2		2
	USAHC- CAMP HIALEAGH							2	2
	AHC BABENHAUSEN			2	10	12		42	42
	AHC BUEDINGEN			2	15	17	1	15	16
	USADC HANSA ALLEE			1	7	8		6	6
	TMC-4- STOCKADE-FT. GORDON			1		1	1		1
	USAHC- YONGSAN				1	1			
	AHC LIVORNO			2	2	4		4	4
	AHC BRUSSELS			5	2	7	1	4	5
TMC-1- FT. BENNING						3		3	
TMC 10 - FT. CARSON						3		3	
TMC-12- FT. HOOD						2		2	
Army Total		2,923	2,923	3,013	753	3,766	2,243	863	3,106
Coast Guard	MOBILE USCG CLINIC			2		2	1		1
	NEW ORLEANS USCG CLINIC	2	2	2		2	1		1
	USCG CLINIC BALTIMORE						4		4
	ASTORIA USCG CLINIC	3	3	3		3			
	SEATTLE USCG CLINIC	3	3	3		3	1		1
	BOSTON USCG CLINIC	1	1				1		1
	USCG CLINIC HONOLULU	1	1						
	KETCHIKAN USCG CLINIC	1	1				1		1
	USCG CLINIC ALAMEDA	7	7	7		7	5		5
	USCG CLINIC DISTRICT OF COLUMB			1		1	3		3
	USCG CLINIC CAPE COD	2	2	2		2	3		3
	PETALUMA USCG CLINIC	3	3	2		2	2		2

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Coast Guard	CAPE MAY USCG CLINIC						1		1
	USCG CLINIC AIR STATION MIAMI	3	3	2	1	3	2		2
	USCG CLINIC NEW LONDON			1		1	4		4
	CLEARWATER USCG CLINIC			5		5	1		1
	USCG CLINIC JUNEAU						1		1
	AIR STATION BORINQUEN			1	1	2		2	2
	USCG CLINIC NORTH BEND	2	2	1		1	2		2
	USCG CLINIC SAN PEDRO	1	1	2		2			
	ELIZABETH CITY USCG CLINIC			1		1	2		2
	USCG CLINIC KODIAK			1		1	5		5
	PORT ANGELES USCG CLINIC			2		2	1		1
	USCG CLINIC BASE MIAMI			1		1	1		1
	GROUP HUMBOLDT BAY CG CLINIC			1		1	1		1
	GROUP GALVESTON CG CLINIC						1		1
Coast Guard Total		29	29	40	2	42	44	2	46

Air Force	3rd MED CTR-ELMENDORF	16	16	35	2	37	32		32
	56th MED GRP-LUKE	350	350	302	4	306	223	1	224
	355th MED GRP-DAVIS MONTHAN	290	290	280	3	283	196	4	200
	42nd MED GRP-MAXWELL	157	157	153		153	100		100
	95th MED GRP-EDWARDS	202	202	136	1	137	108	2	110
	10th MED GRP-USAF ACADEMY	104	104	85		85	29		29
	436th MED GRP-DOVER	148	148	141	2	143	118		118
	6th MED GRP-MACDILL	177	177	201	2	203	119	1	120
	45th MED GRP-PATRICK	114	114	106	2	108	76	1	77
	347th MED GRP-MOODY	156	156	161	1	162	100	1	101
	78th MED GRP-ROBINS	228	228	201		201	166	3	169
	366th MED GRP-MOUNTAIN HOME	11	11	10		10	12		12
	375th MED GRP-SCOTT	214	214	206	3	209	181	1	182
	2nd MED GRP-BARKSDALE	231	231	230	1	231	175		175
	89th MED GRP-ANDREWS	339	339	144	3	147	6		6
	14th MED GRP-COLUMBUS	65	65	80		80	45		45
	509th MED GRP-WHITEMAN	194	194	202		202	121		121
	55th MED GRP-OFFUTT	45	45	43	1	44	64		64
	9th MED GRP-BEALE	134	134	130	1	131	105		105
	30th MED GRP-VANDENBERG	153	153	137	1	138	87		87
	314th MED GRP-LITTLE ROCK	235	235	222	1	223	143		143
	60th MED GRP-TRAVIS	41	41	32	1	33	25		25
	96th MED GRP-EGLIN	12	12	27		27	204	1	205
	325th MED GRP-TYNDALL	170	170	167	1	168	105		105
	22nd MED GRP-MCCONNELL	176	176	174	3	177	109	8	117
	81st MED GRP-KEESLER	12	12	20		20	15		15
	341st MED GRP-MALMSTROM	185	185	199	4	203	107		107
	99th MED GRP- NELLIS	51	51	42	1	43	31		31
	49th MED GRP-HOLLOMAN	183	183	165	3	168	112		112
	27th MED GRP-CANNON	178	178	176	2	178	105	1	106
	4th MED GRP-SEYMOUR JOHNSON	120	120	171		171	139		139
	319th MED GRP-GRAND FORKS	120	120	113		113	75		75
	72nd MED GRP-TINKER	353	353	315	3	318	201		201
	20th MED GRP-SHAW	120	120	229		229	167		167
	28th MED GRP-ELLSWORTH	172	172	173	1	174	125		125
	7th MED GRP-DYESS	249	249	225	1	226	132		132
	47th MED GRP-LAUGHLIN	69	69	64	1	65	35		35
	92nd MED GRP-FAIRCHILD	159	159	172		172	100	1	101
	88th MED GRP-WRIGHT-PATTERSON	12	12	20		20	18		18

Air Force Total	8,009	8,009	8,013	230	8,243	5,557	180	5,737
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Navy	(blank)	686	686	661	22	683	417	6	423
	Naval Hospital Camp Pendleton	31	31	29		29	28		28
	Naval Hospital Lemoore	17	17	19	1	20	17		17
	Naval Medical Center San Diego	22	22	13		13	7		7
	Naval Hospital Twentynine Palms	25	25	30		30	9	1	10
	Naval Hospital Pensacola	8	8	22		22	10		10
	Naval Hospital Jacksonville	23	23	33		33	19		19
	National Naval Medical Center	17	17	19	1	20	12		12
	Naval Hospital Camp Lejeune	289	289	114	4	118	57	2	59
	Naval Hospital Cherry Point	30	30	38	1	39	28		28
	Naval Medical Center Portsmouth	30	30	29	1	30	4		4
	Naval Hospital Bremerton	13	13	19		19	17		17
	Naval Hospital Oak Harbor	9	9	14		14	18		18
	USNH Naples							2	2
	NH ROTA			1	1	2			
	NH GUAM-AGANA				1	1			
	Naval Hospital Okinawa			1	1	2			
	NH YOKOSUKA			2	4	6		7	7
	USNH Keflavik			2		2		1	1
	Naval Hospital Beaufort	337	337	298	2	300	189	1	190
	USNH Sigonella	1	1					1	1
	Naval Hospital Great Lakes	160	160	199	2	201	126	2	128
	Naval Hospital Charleston	53	53	71		71	81	2	83
	NACC Groton	233	233	260	4	264	191		191
	Naval Hospital	61	61	96	1	97	109		109
	Naval Ambulatory Care Center - Newport	69	69	91		91	63		63
	NMCL LONG BEACH	8	8	4		4			
	Naval Medical Clinic Port Hueneme	214	214	215	3	218	132		132
	BMC NSA MID-SOUTH	48	48	57		57	41		41
	Naval Hospital Corpus Christi	164	164	162		162	88		88
	BRMCL EDSON RANGE ANNEX	3	3	3		3	2		2
	Naval Medical Clinic Pearl Harbor	7	7	8		8	7		7
	NACC NEW ORLEANS	69	69	40	1	41	17		17
	Naval Ambulatory Care Center - Kings Bay	161	161	148		148	93	2	95
	NBMC YORKTOWN	5	5	6		6	9		9
	BRMCL WPNSTA CHARLESTON	141	141	134		134	70		70
	NBMC KEY WEST	45	45	55		55	33		33
	NBMA PASCAGOULA	2	2	1		1			
	NHBC INGLESIDE	42	42	74		74	38	2	40
	BRMCL OCS BROWN FIELD	1	1	1		1	1		1
	BRMCL NAVSUPPACT EAST BANK	12	12	4		4	5		5
	TRICARE OUTPATIENT CHESAPEAKE	50	50	20		20	4		4
	OP FORCES- NMC SAN DIEGO	1	1	2	2	4		2	2

Navy	OP FORCES- NH OAK HARBOR	1	1					1	1
	NMCL EVERETT	122	122	171	1	172	115	1	116
	CAMP LEJEUNE - MCS-PCM	17	17	12		12			
	NBMC EL CENTRO	9	9	9		9	5		5
	BRMCL NAVCOASTSYSC PANAMA CITY	13	13	10		10	5		5
	NBMC ATHENS	4	4	8	1	9	4		4
	NBMC MARIETTA	5	5	7		7	8		8
	Naval Medical Clinic	141	141	143	1	144	114	2	116
	Naval Ambulatory Care Center	23	23	32	1	33	30		30
	NBMC LAKEHURST	10	10	5		5	3		3
	NBMA SUGAR GROVE			1		1	4		4
	BRMCL NAS BELLE CHASE	8	8	36		36	25		25
	BRMCL NAVTECHTRACEN PENSACOLA						1		1
	NBMC CHESAPEAKE	8	8	8		8	1		1
	BRMCL SUBASE BANGOR	5	5	3		3	1		1
	BRMCL THE BASIC SCHOOL			1		1	1		1
	TRICARE OUTPATIENT CL VA BEACH	62	62	27		27	6		6
	OP FORCES- NH JACKSONVILLE	1	1		4	4		2	2
	USNMC UK	1	1	14	21	35		18	18
	OP FORCES- NH CAMP LEJEUNE	1	1	1	2	3		3	3
	NBMC ALBANY	21	21	17		17	25		25
	NAVY NAVCARE CLINIC VISTA	8	8	8		8	8		8
	OP FORCES- NH CAMP PENDLETON	10	10	2	14	16	1	29	30
	OP FORCES- NH CORPUS CHRISTI	5	5	1	1	2		6	6
	MDCL ADMIN SUPU BAHRAIN	3	3	8	14	22		1	1
	BRMCL SAN ONOFRE MCB			6		6	1		1
	OP FORCES- NH CHERRY POINT	1	1		1	1		2	2
	OP FORCES- NH BEAUFORT	2	2		6	6		17	17
	OP FORCES- NH BREMERTON	2	2		3	3		7	7
	BMC IWAKUNI	1	1	8	14	22		13	13
	BRMCL NAF ATSUGI				1	1		2	2
	BRMCL NCTC INPR GREAT LAKES			2		2	10		10
	BMCL CAMP BUSH/COURTNEY				1	1			
	BMA HARIO SASEBO JP			1		1			
	BRMCL NTC GREAT LAKES			1		1	4		4
	BRMCL CAMP MARGUARITA			1		1			
	NAVAL AVIATION TECH -PENSACOLA			1		1	1		1
	OP FORCES- NMCL PEARL HARBOR				1	1		2	2
	CAMP KINSER - OKINAWA			2		2			
	BRMCL COMFLEACT SASEBO			3	2	5			
	OP FORCES- NMC PORTSMOUTH				2	2		3	3
	NBMC DAM NECK						1		1
	BRMCL EVANS/CAMP FOSTER			2	2	4			

Navy	OP FORCES- NH TWENTY-NINE PALM					1		1	
Navy Total		3,571	3,571	3,546	145	3,691	2,317	140	2,457
Non-Catchment	ILLINOIS	2	2						
	UNACCOMPANIED TOUR	23	23	14	2	16			
	NORTH CAROLINA	2	2		2	2			
	SOUTHERN IDAHO	1	1						
	SOUTHERN VIRGINIA	2	2						
	MASSACHUSETTS							1	1
	NEW YORK				1	1			
	SHIP FPOS	1	1						
	GEORGIA							1	1
	CENTRAL AMERICA			1	1	2		1	1
	SOUTH AMERICA			1	5	6		6	6
	OTHER PACIFIC	3	3	7	17	24		11	11
	DELAWARE				1	1			
	PENNSYLVANIA			3		3			
	PUERTO RICO			3	17	20	1	21	22
	U.S. VIRGIN ISLANDS	1	1		4	4		2	2
	SOUTH CAROLINA			1		1			
	OTHER CARIBBEAN							2	2
	TENNESSEE			1		1			
Non-Catchment Total		35	35	31	50	81	1	45	46
US Family Health Plan	MARTINS POINT USTF PORTLAND							4	4
	WYMAN PARK USTF BALTIMORE							4	4
	PACIFIC MEDICAL USTF SEATTLE							2	2
	ST MARYS USTF PORT ARTHUR				1	1		1	1
US Family Health Plan Facility (USTF) Total					1	1		11	11
X	(blank)	65	65	5	20	25			
X Total		65	65	5	20	25			
Grand Total		14,632	14,632	14,648	1,201	15,849	10,162	1,241	11,403

DC/PC	Direct Care						
DRG2	Deliveries						
DRG	373						
DMIS	(All)						
Ben Cat	(All)						
Visits		FY Prime					
		2003	2003 Total	2004	2004 Total	2005	2005 Total
Svc Cd	MTF	Prime		Prime		Prime	
Army	Evans Army Community Hospital	568	568	615	615	506	506
	Martin Army Community Hospital	511	511	485	485	339	339
	Winn Army Community Hospital	689	689	620	620	449	449
	Tripler Army Medical Center	1,761	1,761	1,713	1,713	995	995
	Blanchfield Army Community Hospital	961	961	656	656	874	874
	Ireland Army Community Hospital	276	276	255	255	179	179
	Bayne-Jones Army Community Hospital	340	340	290	290	259	259
	L. Wood Army Community Hospital	222	222	234	234	169	169
	Keller Army Community Hospital	70	70	100	100	46	46
	Womack Army Medical Center	1,730	1,730	1,698	1,698	1,392	1,392
	Reynolds Army Community Hospital	380	380	347	347	312	312
	Dewitt Army Community Hospital	467	467	490	490	346	346
	Weed Army Community Hospital	198	198	237	237	125	125
	Bassett Army Community Hospital	357	357	327	327	242	242
	Irwin Army Community Hospital	433	433	342	342	228	228
	Moncreif Army Community Hospital			2	2	1	1
	William Beaumont Army Medical Center	374	374	419	419	224	224
	Darnall Army Community Hospital	1,929	1,929	1,426	1,426	957	957
	Madigan Army Medical Center	937	937	949	949	608	608
	USAH Wuerzburg	280	280	145	145	5	5
	USAH Heidelberg	274	274	125	125		
	Landstuhl Regional Medical Center	651	651	270	270	1	1
	121st General Hospital - Seoul	214	214	109	109	3	3
Army Total		13,622	13,622	11,854	11,854	8,260	8,260

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Air Force	3rd MED CTR-ELMENDORF	341	341	330	330	216	216
	366th MED GRP-MOUNTAIN HOME	168	168	169	169	110	110
	375th MED GRP-SCOTT	1	1				
	89th MED GRP-ANDREWS	480	480	391	391	247	247
	55th MED GRP-OFFUTT	243	243	231	231	140	140
	60th MED GRP-TRAVIS	372	372	363	363	240	240
	96th MED GRP-EGLIN	529	529	433	433	53	53
	81st MED GRP-KEESLER	383	383	436	436	202	202
	99th MED GRP- NELLIS	290	290	337	337	252	252
	20th MED GRP-SHAW	104	104				
	88th MED GRP-WRIGHT-PATTERSON	268	268	266	266	191	191
	59th MED WG-LACKLAND	1,225	1,225	1,228	1,228	927	927
	1st MED GRP-LANGLEY	630	630	548	548	350	350
	48th MED GRP-LAKENHEATH	329	329	158	158	1	1
	35th MED GRP-MISAWA	180	180	80	80	2	2
	374th MED GRP-YOKOTA AB	190	190	88	88	1	1
	52nd MED GRP-SPANGDAHLEM	159	159	86	86	1	1
	31st MED GRP-AVIANO	173	173	113	113	2	2
Air Force Total		6,065	6,065	5,257	5,257	2,935	2,935

Navy	Naval Hospital Camp Pendleton	1,083	1,083	922	922	615	615
	Naval Hospital Lemoore	250	250	275	275	183	183
	Naval Medical Center San Diego	1,985	1,985	2,019	2,019	1,325	1,325
	Naval Hospital Twentynine Palms	228	228	223	223	143	143
	Naval Hospital Pensacola	385	385	350	350	194	194
	Naval Hospital Jacksonville	790	790	654	654	461	461
	National Naval Medical Center	946	946	954	954	700	700
	Naval Hospital Camp Lejeune	965	965	1,008	1,008	486	486
	Naval Hospital Cherry Point	297	297	293	293	174	174
	Naval Medical Center Portsmouth	1,644	1,644	2,070	2,070	1,405	1,405
	Naval Hospital Bremerton	490	490	460	460	268	268
	Naval Hospital Oak Harbor	239	239	273	273	162	162
	NH ROOSEVELT ROADS-CEIBA	70	70	11	11		
	USNH Naples	118	118	63	63	3	3
	NH ROTA	90	90	39	39	2	2
	NH GUAM-AGANA	200	200	109	109	2	2
	Naval Hospital Okinawa	665	665	321	321	7	7
	NH YOKOSUKA	244	244	105	105	3	3
	USNH Keflavik	55	55	31	31		
	NEWPORT HOSPITAL (CIVILIAN)	84	84	77	77	46	46
	TRIDENT REGIONAL MEDICAL CTR	187	187	232	232	154	154
	NH GUANTANAMO BAY	13	13	2	2	1	1
	USNH Sigonella	89	89	42	42	2	2
Navy Total		11,117	11,117	10,533	10,533	6,336	6,336
Grand Total		30,804	30,804	27,644	27,644	17,531	17,531

MED Summary

Fort Eustis	32	945	(1,230)	(1,230)	(1,230)	(1,230)	(3,941)	(1,230)	(16,215)	1.98%
Fort Knox	90	(9,708)	(1,359)	(1,359)	(1,359)	(1,359)	(15,055)	(1,359)	(27,465)	3.36%
Cherry Point	30	294	(2,156)	(2,156)	6,843	(2,156)	698	(2,156)	(20,677)	2.53%
Great Lakes	72	(799)	(7,076)	(11,849)	(11,849)	(11,849)	(43,350)	(11,849)	(155,271)	18.98%
Keesler AFB	156	(17,948)	(30,411)	(30,411)	(30,411)	(30,411)	(139,437)	(30,411)	(425,223)	51.98%
Andrews AFB	134	2,067	(7,441)	(7,441)	(7,441)	(7,441)	(27,564)	(7,441)	(92,372)	11.29%
US Air Force Academy	73	(919)	(1,348)	(1,348)	(1,348)	(1,348)	(6,237)	(1,348)	(18,902)	2.31%
Fort Carson	0	1,134	1,034	1,034	1,034	1,034	5,271	1,034	14,966	-1.83%
Scott AFB	57	1,150	(3,314)	(3,314)	(3,314)	(3,314)	(12,048)	(3,314)	(43,319)	5.30%
MacDIII AFB	15	(863)	(2,091)	(2,091)	(2,091)	(2,091)	(9,212)	(2,091)	(28,877)	3.53%
Total	659	(24,647)	(55,393)	(60,165)	(51,165)	(60,165)	(250,876)	(60,165)	(818,091)	100.00%

	0.028 Fort Eustis	Fort Knox	Cherry Point	Great Lakes	Keesler AFB	Andrews AFB	USAFA	Fort Carson	Scott AFB	MacDIII AFB	Total
1	32	89	30	71	154	132	72	0	56	15	650
2	907	(9,314)	282	(767)	(17,220)	1,983	(882)	1,088	1,103	(828)	(23,647)
3	(1,148)	(1,268)	(2,012)	(6,604)	(28,382)	(6,945)	(1,258)	965	(3,093)	(1,952)	(51,698)
4	(1,117)	(1,234)	(1,957)	(10,757)	(27,609)	(6,755)	(1,224)	939	(3,009)	(1,898)	(54,622)
5	(1,086)	(1,200)	6,043	(10,464)	(26,857)	(1,190)	(1,190)	913	(2,927)	(1,847)	(45,186)
6	(1,057)	(1,168)	(1,852)	(10,179)	(26,126)	(6,392)	(1,158)	888	(2,847)	(1,796)	(51,687)
7	(1,028)	(1,136)	(1,802)	(9,902)	(25,414)	(6,218)	(1,127)	864	(2,769)	(1,747)	(50,279)
8	(1,000)	(1,105)	(1,753)	(9,632)	(24,722)	(6,049)	(1,096)	841	(2,694)	(1,700)	(48,910)
9	(973)	(1,075)	(1,705)	(9,370)	(24,049)	(5,884)	(1,066)	818	(2,621)	(1,654)	(47,578)
10	(946)	(1,045)	(1,658)	(9,115)	(23,394)	(5,724)	(1,037)	795	(2,549)	(1,608)	(46,282)
11	(920)	(1,017)	(1,613)	(8,867)	(22,756)	(5,568)	(1,009)	774	(2,480)	(1,565)	(45,021)
12	(895)	(989)	(1,569)	(8,625)	(22,137)	(5,416)	(981)	753	(2,412)	(1,522)	(43,795)
13	(955)	(962)	(1,527)	(8,390)	(21,534)	(5,269)	(955)	732	(2,347)	(1,481)	(42,602)
14	(847)	(936)	(1,485)	(8,162)	(20,947)	(5,125)	(929)	712	(2,283)	(1,440)	(41,442)
15	(824)	(911)	(1,445)	(7,939)	(20,377)	(4,986)	(903)	693	(2,221)	(1,401)	(40,313)
16	(1,363)	(886)	(1,405)	(7,723)	(19,822)	(4,850)	(879)	674	(2,160)	(1,363)	(39,215)
17	(780)	(862)	(1,367)	(7,513)	(19,282)	(4,718)	(855)	656	(2,101)	(1,326)	(38,147)
18	(759)	(838)	(1,330)	(7,308)	(18,756)	(4,589)	(831)	638	(2,044)	(1,290)	(37,108)
19	(738)	(815)	(1,294)	(7,109)	(18,246)	(4,464)	(809)	620	(1,988)	(1,255)	(36,097)
20	(718)	(793)	(1,258)	(6,915)	(17,749)	(4,343)	(787)	603	(1,934)	(1,220)	(35,114)
	(16,215)	(27,465)	(20,677)	(155,271)	(425,223)	(92,372)	(18,902)	14,966	(43,319)	(28,877)	(818,091)

Base closing proposals reflect overall shift to outpatient care

Air Force Times

Deborah Funk

July 25, 2005

In developing proposals for revamping military hospitals and clinics as part of this year's base realignment and closure process, defense officials mirrored a broader shift in American health care by suggesting increased use of outpatient services and same-day surgeries, a top official said. At the same time, military health officials have sought to consolidate and increase the efficiency of inpatient services in a process that was "surprisingly collaborative," said Lt. Gen. (Dr.) George Peach Taylor Jr., the Air Force surgeon general, who chaired the Medical Joint Cross-Service Group.

That group recommended:

- Consolidating inpatient care in the Washington, D.C., and San Antonio areas.
- Combining medic training at Fort Sam Houston, Texas.
- Converting 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 and Scott Air Force Base, Ill.; Fort Knox, Ky.; Keesler Air Force Base, Miss.; Naval Hospital Cherry Point, N.C.; and Fort Eustis, Va.
- Moving health care to Fort Lewis, Wash., from McChord Air Force Base.

Advances in medicine, including surgical techniques and anesthesiology, have changed the focus from inpatient care, the norm when the military medical infrastructure was built, to outpatient care and same-day surgeries.

While building its BRAC plan, the Medical Joint Cross-Service Group tried to focus on patients' access to and quality of care, and to make sure the staff at any given facility had a "full, well-rounded practice," Taylor said.

Even in places that would close inpatient units, such as Keesler, military doctors will still admit patients to hospitals when needed; they'll just admit them to a civilian facility, as is already done at Offutt Air Force Base, Neb., Taylor said.

"They're just another group in town asking for privileges at that facility," Taylor said in a July 6 interview.

Groups want health plan unaffected by BRAC

Air Force Times

Deborah Funk

July 25, 2005

While the Pentagon has proposed closing relatively few military bases with health care services, advocacy groups want to ensure that defense officials continue to operate the low-cost managed care option called Tricare Prime for people living near clinics that may shut down.

"What we would hope they would say is, 'Yes, we're going to keep Prime service areas where we're closing bases,'" said Joyce Raezer, government relations director for the National Military Family Association.

So far, the Defense Department has not committed one way or the other. But the companies that manage Tricare and are responsible for building the system's provider networks are looking ahead at possible needs, and are making plans to continue offering Prime.

Air Force Surgeon General Lt. Gen. (Dr.) George Peach Taylor Jr. chaired the joint service committee that recommended how to realign medical services.

Speaking only for the Air Force, Taylor said commanders at Ellsworth Air Force Base, S.D., and Cannon Air Force Base, N.M. — both recommended to shut down under the base realignment and closure process — have been working with Tricare managers in their areas and believe that primary care will be continued through the civilian network in South Dakota and New Mexico.

David McIntyre Jr., president and chief executive officer of TriWest Healthcare Alliance, which manages Tricare near Cannon and Ellsworth and elsewhere in the Tricare West region, agreed. Some 1,935 retirees and their family members are enrolled in primary care at Cannon; at Ellsworth, the figure is 3,341.

"We'll probably have to add some providers ... we don't have a problem with that," McIntyre said. "We believe that we have a responsibility to continue Prime in areas where BRAC occurs," if Prime already is available there.

TriWest is collaborating with the military, and is using a sophisticated modeling tool the company developed several years ago to determine demand.

Similarly, Humana Military Healthcare Services is assessing how BRAC could affect its Tricare South region and plans to continue offering Prime.

"We certainly assume that's part of our commitment," said Richard Mancini, Humana's director of network management.

The greatest impact in the South region would be on retirees enrolled at Fort McPherson, Ga., and Naval Air Station Atlanta. But there is ample capacity in the area's civilian network to absorb the primary care business now provided at the military clinics, Mancini said.

As of July 11, some 3,978 retirees were enrolled in Prime at the McPherson clinic and assigned to a military health care provider.

“BRAC, as it relates to Fort McPherson, is merely a phenomenon of finding a new primary care manager,” Mancini said. There are 838 civilian primary care managers in the Tricare network within a 20-mile radius.

Officials of Health Net Federal Services, manager of the Tricare North region, are meeting with individual military hospital and clinic commanders to determine supply and demand, and to plan for any changes that might be needed in the civilian network if particular bases close.

DCN: 11926

Mandzia, Lesia, CIV, WSO-BRAC

From: Hamilton Mark Col AF/SGE
Sent: Tuesday, August 30, 2005 5:10 PM
To: Mandzia, Lesia, CIV, WSO-BRAC
Subject: RE: Tweak at McChord

Lesia-

According to our definitions...no stand alone GME at a Community Hospital.

The GME would have to be affiliated with another Hospital. This is likely to be the case in the NCR and san Antonio as they will probably have residents at the new Walter Reed work at the new Belvoir and BAMC residents at Wilford Hall.

At Keesler, unless the city develops a sponsoring hospital, we would have to move the GME. The only GME that might survive would be Family Practice.

Mark

-----Original Message-----

From: Mandzia, Lesia, CIV, WSO-BRAC
Sent: Tuesday, August 30, 2005 4:39 PM
To: Hamilton Mark Col AF/SGE
Subject: RE: Tweak at McChord

Finally, listened to my messages. Understand that you will be sending something tomorrow and that I should disregard the stuff you sent today.

Maybe I didn't ask the question clearly, so I'll try again. Would Keesler as a community hospital have any GME programs?

Lesia

From: Hamilton Mark Col AF/SGE
Sent: Tuesday, August 30, 2005 3:38 PM
To: Mandzia, Lesia, CIV, WSO-BRAC
Subject: Tweak at McChord

Lesia-

A little tweak to McChord.

Col Hamilton

<< File: Commission changes.doc >>