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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 26<sup>th</sup>. It is clear that future units and missions permanently designated for Fort Knox, especially the new Brigade from the 1<sup>st</sup> 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 20<sup>th</sup>, 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.

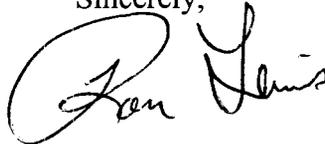
As you might expect, the significant growth in the medical enrolment population will be reflected in increased demand for medical services across the board, including obstetrics and other inpatient hospital services. In fact, an **anticipated 29.8 percent increase in inpatient services is expected between 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