



ASSOCIATION OF THE UNITED STATES ARMY

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May 9, 2019

The Honorable Thom Tillis
Chairman
Armed Services Personnel Subcommittee
United States Senate
Washington, D.C. 20510

The Honorable Kirsten Gillibrand
Ranking Member
Armed Services Personnel Subcommittee
United States Senate
Washington, D.C. 20510

The Honorable Jackie Speier
Chairwoman
Armed Services Personnel Subcommittee
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Trent Kelly
Ranking Member
Armed Services Personnel Subcommittee
U.S House of Representatives
Washington, D.C. 20515

Dear Chairman, Chairwoman and Ranking Members:

On behalf of the Association of the United States Army (AUSA), I write to express my concern regarding Department of Defense (DoD) plans to decrease the military medical force by nearly 18,000 positions, a reduction of almost 18 percent. If not carefully and methodically implemented, this reduction could place combat readiness, medical readiness and beneficiary care at risk.

I am concerned that a diminished medical force would mean more frequent and unpredictable deployments for medical personnel resulting in reduced overseas dwell ratios, which would negatively impact retention in critical medical skills areas. The proposed cuts could prevent the military health system from achieving its top priorities of supporting combat forces in the field and sustaining a medically ready force. Another concern is surge capacity, the ability to surge medical care in the event of a major crisis or conflict. Additionally, the priority to resource combat care is understandable, but most of the medical cases, even in combat zones, are from disease and non-battle injuries. The Services must maintain sufficient capability and capacity to address these medical concerns to maximize the availability of forces for combat.

Providing beneficiary care is the other side of the Military Health System (MHS) dual mission. Reductions targeted to non-combat care specialties mean more families will have to rely on civilian providers. I fear civilian sector health care will be unable to absorb military family needs, particularly in rural areas where many military installations are located. It may also be difficult to attract medical providers to these areas to fill DoD or contract positions within military treatment facilities.

Thus, I urge legislators to slow this process and ensure DoD has explored and mitigated the potential negative impact to readiness and beneficiary care. Specifically, I recommend that the FY20 NDAA include provisions directing DoD to: (1) Develop a phased and deliberate implementation plan with milestones for success for each phase that must be met prior to moving to subsequent phases; and, (2) Develop metrics that accurately measure long-term impacts on military readiness, combat casualty care capabilities, and beneficiary care.

Thank you for considering these concerns and recommendations. If I, or AUSA can be of any assistance with this important matter, please do not hesitate to reach out. I stand ready to work with you and your committees in support of our Armed Forces.

Sincerely,

A handwritten signature in blue ink, appearing to read "Carter F. Ham".

Carter F. Ham
General, U.S. Army Retired
President & Chief Executive Officer