
Defense Report

AUSA



Congressman Aspin and Military Benefits—His Figures Don't Square With the Real World

Recently the Congressional Research Office published a report that attempts to answer, once and for all, the question of whether or not military benefits have been eroded over the past few years. Armed with the study Representative Les Aspin (D-Wis.) has announced that “. . . the military has been enjoying an accretion of benefits rather than suffering an erosion of benefits.”

To be sure, the study's conclusion that military pay rose 30 percent between 1968 and 1976 and the “*value of fringe benefits*” (italics added) rose 90 percent, would support the Congressman's statement. But what Mr. Aspin has failed to do in his rush to judgment is to take a close look at the basis for the study's conclusion.

Its authors say, for example, that military pay has increased by 30 percent over that period due to the accumulation of pay raises, *promotions* and *longevity steps*. What the study does, in effect, is to follow an individual service member through that eight year period. During that time the individual enlisted member could make the transition from a first-term recruit, through a second enlistment and into a third. The fact that he was permitted to re-enlist indicates good performance and good performance brings promotions. Fortunately, we have passed the point in development of our armed forces at which a soldier might not become a private first class until his third enlistment. So, yes, on the basis of promotions and solid performance, the soldier's pay probably did go up 30 percent in that time.

And let us take a look at one of the fringe benefits whose value contributed to the 90 percent rise—medical care. The Congressional Research Office study shows the *value* of medical care increased over the period from \$115 per year to \$487 per year, a whopping 323 percent. Based on the acknowledged astronomical increases in the cost of health care that figure is probably correct. What the study fails to take into account is the difficulty many service members are encountering in trying to take advantage of that inflated benefit. If every soldier could rely on the availability of undiminished medical care for himself and his family there would be no complaint about a possible erosion. The fact is that full care is not always available and that the soldier often must pay at least part of the cost of his family's medical care. This is the basis for a perception of erosion.

The CRO study attempted to make judgments in a most complex area. Both the authors and Congressman Aspin would have done more justice to the subject if they had taken a closer look at the subtleties involved.