Defense Report
AUSA

Federal Subsidies Support Most Medical Training—Are the Tax Payers Getting Full Value?

Each year the federal budget includes hundreds of millions of dollars in subsidies to medical schools and hospitals. Despite this heavy Federal investment, however, the young doctors leaving the medical schools and completing residencies in federally-subsidized hospitals have no legal obligation to repay the taxpayers who have supported their education. Only the relative handful of new physicians supported by scholarships programs of the Departments of Defense and Health, Education and Welfare are obliged to repay by serving.

Until draft calls ended in 1972, physicians were subject to selection for military service and the armed forces relied heavily on this source of doctors to provide adequate medical care. In the volunteer environment Congress introduced some additional monetary incentives to lure doctors into military service and to keep them there if possible. Unfortunately, the administration of these incentives has been uneven, complicated by congressional vacillation and cost-saving actions.

The net result has been an alarming diminution of military medical care capacity as physicians either declined to serve or left the services as soon as they could. As of October 1, 1978 the Army alone was 30 percent short of its required physician strength in peacetime. The result of this shortage has been greater reliance on non-physicians to provide "sick call" screening, reduction of some hospitals to clinic status, shifting more and more of the family and military retiree patient load to the more expensive CHAMPUS (Civilian Health and Medical Program for the Uniformed Services) and forcing the remaining physicians to work longer, counterproductive, hours. If the physician shortage is translated from its serious peacetime condition to a mobilization situation it is even more alarming. The Army Reserve and National Guard, which contain almost three-fourths of the medical units that would be deployed in a mobilization are 70 percent short of their required physician strength. The mobilization situation is so bad that the Department of Defense is now saying that the only way to save the lives of early combat casualties overseas may be to evacuate them immediately, not to military hospitals in the United States but to civilian hospitals where few doctors have experience in treating combat wounds.

Doctors who benefit from federally-subsidized education should have a formalized obligation to serve, at least as reservists. At a minimum, their skills should be available on a part-time basis to back up active service doctors and to gain military experience needed in a mobilization situation. This idea seems equitable and sensible without demanding active service in peace-time. It deserves a close look by the DoD and the Congress.