Defense Report
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The Military Doctor Shortage— Is It Real or Just A Management Problem?

For the past several years active duty military people, military retirees and their families have watched a succession of hospitals being downgraded to clinics or have been turned away from military treatment facilities to seek care from civilian sources. They have experienced long waits before receiving treatment and increasingly have found the first level of care being provided by technicians, nurses, physician's assistants and other "physician extenders." The cause of all this, the military services say, is their inability to attract and retain physicians.

For some time this casual relationship was accepted by just about everyone concerned with military health care —the patients, the administrators and the Congress. But now some questions are being asked about the true depth of the physician shortage and whether the most efficient use is being made of those available. A recent Department of Defense study of military health care concluded that the department did not have a physician shortage but instead had a management problem. In more recent Congressional hearings Rep. Joseph P. Addabbo, Chairman of the House Defense Appropriations Subcommittee, agreed that there was a doctor shortage as it affects retirees and their dependents but said, "There probably is not a military doctor shortage when only the active duty peacetime force and dependents are considered."

Both comments are symptomatic of what is the real bone of contention about military health care — nobody agrees on just what it is supposed to do in peacetime. If all the system must do during periods of peace is care for the relatively young, mostly healthy members of the active forces, it probably does have enough doctors but, by limiting their practice to that narrow range of patients, those doctors (particularly surgeons) would not be getting the kind of experience that would prepare them to handle combat casualties. The doctor-recruiters have learned by hard experience that no physician wants to have that kind of restriction of his practice.

It seems quite clear that the real mission of the system is to be ready for war, just as that is the mission for the fighting elements. This means that active duty physicians must have experience in treating the full range of patients, that some of them must get experience in administering major programs and others need to be involved in research and development.

Before any further judgments are made about the adequacy of the number of military physicians, the Congress, the Department of Defense and the military services must agree on the role of the health care system. Only after that agreement is reached will military health care providers and beneficiaries know where they stand.