
Defense Report

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Secretary Califano Says We Will Soon Have Too Many Doctors—Why Are So Few in the Military?

Secretary of Health, Education and Welfare Joseph Califano says that by 1990, just ten years from now, the United States will have between 20,000 to 50,000 more physicians than are needed to keep our nation healthy. His department is already considering reductions in support of medical training that was instituted during the 1960's to help produce more doctors.

Unfortunately, the Califano announcement flies in the face of some hard realities that indicate either a lack of good data on the number of doctors or a doctor-distribution problem of the first magnitude. If we are approaching a surplus of this size, why are there so few doctors serving in the inner cities and rural communities? If we begin to phase out federal support for medical education why are the military services short of thousands of doctors needed to operate their medical programs? The Active Army alone is almost 2000 physicians below its needs. The Army Reserve and National Guard, which contain most of the Army's expansion capability to support a wartime situation, are about 3000 doctors below their needed strength.

We must not be naive about this situation. Practicing medicine in the inner city ghetto or in isolated rural communities is not likely to generate a financially successful career. Similarly, service in the military medical departments places a very definite ceiling on earning capacity and, at the same time, exposes physicians and other health care personnel to a degree of regimentation that many find intolerable. In spite of superlative advanced professional education programs in the military medical centers the services are finding it increasingly difficult to lure promising young physicians into uniform and then keep them on board. The result has been forced use of expensive civilian facilities, reduction of some hospitals to clinic status and the use of nurses and various technicians as "physician extenders" to make the best possible use of the remaining doctors. The problem feeds on itself. Doctors simply get fed up with working ever-longer hours and seeing more and more patients. They are not likely to stay in the military health care system when good opportunities are available elsewhere.

Secretary Califano hopes to save some money by reducing the medical training subsidies. He would be well-advised to make some of those funds available to cure the mal-distribution of physicians. Subsidies should be turned to providing the facilities and income that would make working in the ghetto or the small town an acceptable challenge. The armed services should be permitted to continue their support for the education of military doctors and to offer professional emoluments that will fill the military medical ranks.