
Defense Report

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The Military Doctor Shortage— The Department of Defense is Intent on Making it Worse

A crisis has been developing in military health care for several years. It has its roots in the inability of the Army, Navy and Air Force to recruit and retain enough doctors. As the number of military physicians has steadily shrunk the armed services have been forced to close some hospitals, to reduce other hospitals to clinic status, to use nurses and technicians as "physician extenders" and to force more military families into the civilian health care sector.

Congress has recently made improvements in a scholarship program for budding doctors who would repay the scholarship through service in the military and in the incentive pay system for doctors already serving. It is much too soon to be sure how these improvements will effect physician recruitment and retention but they will certainly be helpful.

Yet, while Congress has been dealing with the scholarships and the bonuses, the Department of Defense has found a way to make the situation worse instead of better. They propose to force the services to reduce the number of physicians engaged in graduate medical education at any time to a much smaller percentage than are currently participating in residencies and fellowships. For the Army, the cut would be almost half of the percentage currently undergoing graduate education.

The Defense Department thinks this limitation will free more doctors for patient care in areas of heavy troop concentration. This is a desirable goal but the department's plan overlooks at least two major points. First of all, the doctors participating in residencies or fellowships bear a heavy share of the patient care load in the teaching hospitals to which they are assigned. Cutting their numbers might make some physicians available for transfer to smaller hospitals but it would also reduce the capacity of the large medical centers to handle difficult cases. The cut could, in fact, force the closing of at least two of the Army's medical centers. Second, the graduate medical education program has long been a prime incentive for young doctors to enter military service. If the number of opportunities for graduate education are reduced a major selling point will be lost.

The decision by the Defense Department was made over strong protests by the service surgeons general and without the advice or consent of Congress. This ill-advised, peremptory action can only make a bad situation worse. The net result over the long run will be fewer doctors in uniform, more hospitals closed and more military families forced to seek medical care in expensive and crowded civilian facilities. This is not the result Congress hoped to achieve by its own actions to recruit and retain more military physicians.