
Defense Report

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Merging Military Medical Care—It Won't Save Money, Provide Better Care or Help Prepare for War

Congress has directed the Department of Defense to study the possibility of merging the fixed facilities of the three military services' medical departments into a single agency overseen by DoD.

The Senate subcommittee which wrote the legislation expressed concern over the ability of the services to provide wartime medical support, over the largely disappearing problems associated with peacetime care in military hospitals, and over the growing cost of the Civilian Health and Medical Program for the Uniformed Services—known as CHAMPUS.

Since there is no suggestion that the combined medical establishment be any larger than the one already existing, it is difficult to understand how the simple addition of another management level would enhance the delivery of medical care.

The committee chose to overlook the fact that, after several years of real problems with physician and facility shortages, the military medical departments are now providing care that is at least as good as that in civilian facilities. The committee also ignored, or was ignorant of, the fact that the CHAMPUS program has been deliberately underfunded by successive administrations since 1976, and the individual services have been forced to make up the difference by taking money "out of their hides."

Although not stated explicitly in the legislation, there is the implied expectation that this amalgamation would save money. Of course, the addition of another level of management would itself cost money, and the same patient population would exist in both peace and war. The only way to save money would be to close hospitals and that would add nothing to the quality or availability of care.

The Defense Department has moved quickly to perform the requested study, with a completion date far in advance of that expected by Congress. In fact, the study directive alludes to the possibility of the modified system being operational by October, 1983. It is quite apparent that DoD wants the new system, but it is also apparent that none of its goals can be attained without negative impact on the state of military health care.