
Defense Report

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Military Health Care Is Improving— But There Are Threats to the Sources of Improvement

It goes without saying that the key to effective health care is the availability of qualified physicians in adequate numbers. While the military health care system has always had some problems in terms of adequate facilities and equipment, the number of physicians was not a significant problem as long as Selective Service was permitted to keep the medical ranks filled. When the draft ended in 1972, there was still a substantial number of doctors with service obligations, but once that group had completed their active duty the military physicians' ranks began to thin significantly. Some hospitals were reduced to clinic status, some clinics were closed and in some areas military retirees were told to look elsewhere for medical care. The families of active-duty military people made heavy use of the more expensive Civilian Health and Medical Program for the Uniformed Services (CHAMPUS).

In an effort to solve the problem, Congress established a military medical school and made improvements to a scholarship program that provided medical school tuition and support in return for an agreement that scholarship-holders serve in uniform after graduation. Along the way, the services had to fight to retain their full program of graduate medical education that has been a major incentive for recruiting and retaining skilled doctors. Very slowly but surely, the number of physicians has been increasing.

Now we learn that the White House Office of Management and Budget is seriously considering closing the medical school, just as it is beginning to produce physicians and other health scientists in significant numbers, and wants to do away with the scholarship program. While this action holds the promise of some short-term cost savings it would reverse the positive trend in the delivery of in-house military health care, push the cost of CHAMPUS upward once again and severely reduce the capability to handle large numbers of combat casualties if the need arose.

At best, this is a misguided notion. We can only hope that before it is translated into action its true impact can be made clear and it can be lost in whatever file the budgeteers reserve for bad ideas.