

October 6, 2021

The Honorable Jack Reed, Chairman
Senate Armed Services Committee
228 Russell Senate Office Building
Washington, DC 20510

The Honorable James Inhofe, Ranking Member
Senate Armed Services Committee
228 Russell Senate Office Building
Washington, DC 20510

The Honorable Adam Smith, Chairman
House Armed Services Committee
2216 Rayburn House Office Building
Washington, DC 20515

The Honorable Mike Rogers, Ranking Member
House Armed Services Committee
2216 Rayburn House Office Building
Washington, DC 20515

The Honorable Kristen Gillibrand, Chairwoman
Senate Armed Services Committee
Subcommittee on Personnel
228 Russell Senate Office Building
Washington, DC 20510

The Honorable Thom Tillis, Ranking Member
Senate Armed Services Committee
Subcommittee on Personnel
228 Russell Senate Office Building
Washington, DC 20510

The Honorable Jackie Speier, Chairwoman
House Armed Services Committee
Subcommittee on Military Personnel
2216 Rayburn House Office Building
Washington, DC 20515

The Honorable Mike Gallagher, Ranking Member
House Armed Services Committee
Subcommittee on Military Personnel
2216 Rayburn House Office Building
Washington, DC 20515

Dear Chairman Reed, Ranking Member Inhofe, Chairman Smith, Ranking Member Rogers, Chairwoman Gillibrand, Ranking Member Tillis, Chairwoman Speier, and Ranking Member Gallagher:

As you finalize the Fiscal Year (FY) 2022 National Defense Authorization Act (NDAA), the undersigned organizations representing healthcare clinicians and educational institutions that comprise the backbone of the Military Health System (MHS) would like to express our concern with the continued push to significantly reduce military medical end strength. A report sent to the House and Senate Armed Services Committees in late August by the Department of Defense (DoD) and the Defense Health Agency (DHA) proposes to reduce military medical end strength by 12,801 positions. While lower than other recent proposals to reduce military medical billets, reductions of this size are alarming and fail to recognize the value of the uniformed medical clinician. **As such, we strongly urge you to include language in the final NDAA conference report from House Section 721 that would halt any reductions in medical billets until further analyses can be conducted.**

Section 721 in the House bill addresses continued concerns among military families, medical clinicians and educators alike regarding DoD/DHA moving forward with proposed reductions and realignment of military medical billets, despite not yet fulfilling Congressionally mandated requirements. According to the recent report submitted to the Congressional Armed Services Committees, DoD and DHA are proposing to reduce military medical billets by 12,801.¹ Among many medical clinicians, this includes 150 family physicians, 73 general pediatricians and 29 pediatric subspecialists, 70 behavioral health/mental health providers, 54 obstetrician-gynecologists, and 33 internal medicine physicians as well as 97 related internal medicine subspecialists. In addition, the services also propose to eliminate 136 licensed practical nurses and 81 advanced practice nurses. While less than the Department's initial FY 2020 request of 17,005, our organizations remain greatly concerned about the potential wide-ranging impacts of these reductions on access and quality of

health care services for members of the military and their dependents. We are also concerned that DoD and DHA have not provided sufficient analyses that local areas surrounding military medical treatment facilities (MTFs) will be able to appropriately serve affected beneficiaries if care is transferred to the civilian sector.

In recognition of these concerns, Section 721 of the House bill modifies previous limitations imposed in the FY 2020 and FY 2021 NDAA's on the realignment or reduction of military medical manning end strength. Specifically, it extends the halt on reduction or realignment to a year after the date of the enactment of the FY 2022 NDAA. It adds billet validation requirements determined pursuant to estimates provided in the joint medical estimate under section 732 of the FY 2019 NDAA and also requires a Comptroller General report within one year of enactment on the analyses used to support any reduction or realignment of military medical manning, including any reduction or realignment of medical billets of the military departments.

The inclusion of Section 721 in the final FY 2022 NDAA conference report is essential to preserving access to care for our servicemembers and their families, particularly as America is still grappling with the COVID-19 pandemic. The COVID-19 public health crisis has impacted nearly all aspects of life for individuals across the country, including service members and their families. Members of the Armed Forces and their families are already experiencing disruptions to health care services, childcare, education, permanent change of station orders, finances, and employment, among others. While there was a sense earlier this spring that we might have been getting control of the pandemic with the introduction of COVID-19 vaccines, the latest surge of the virus being spurred by the Delta variant shows that we are still in the grips of the virus and that it continues to stress health care systems and health care clinicians across the country, including facilities and physicians staffing the MHS. Many uniformed clinicians have been utilized to provide surge capacity to help run civilian hospitals and COVID-19 vaccination clinics around the country, proving once again the value of the uniformed clinicians to respond to public health emergencies. In addition, even once spread of COVID-19 is more thoroughly contained in communities, there will likely be long-term effects that remain, including physical and mental health symptoms.

Many of the undersigned organizations have raised concerns about DoD and DHA's proposed cuts in previous years, noting that they would be detrimental to the more than 9.6 million TRICARE beneficiaries, including 2 million children, who receive care through the MHS. Moving forward with proposed reductions, while health care services are already being disrupted for beneficiaries and uniformed and civilian physicians are already overburdened, would simply exacerbate the devastating impacts on service members and their families. Further, we are also concerned about what these proposals mean for Graduate Medical Education (GME) and training programs, in which some 30 GME positions would be eliminated, especially at the Uniformed Services University of the Health Services (USUHS), that help train and supply the MHS with expertly trained uniformed medical clinicians that provide needed care for our military servicemembers and their families.

In light of these concerns, we believe it is wholly appropriate to delay any reductions or realignments in military medical billets until the Comptroller General's office has conducted a thorough study of the analyses conducted by DoD and DHA for their proposed reductions. We owe it to the members of the Armed Forces and their families to ensure that we have conducted proper oversight and analysis on the optimal alignment of the Military Health System.

We appreciate your attention to this letter and urge you to consider the medical needs of members of the Armed Forces and their families and work to pass a bill that preserves and ensures the continued progress of the military medical workforce. This can be done by including language from House Section 721 in the final conference report.

Sincerely,

Academic Pediatric Association
American Academy of Allergy, Asthma and Immunology
American Academy of Family Physicians
American Academy of Neurology
American Academy of Ophthalmology
American Academy of Pediatrics
American Association of Clinical Endocrinology
American College of Allergy, Asthma and Immunology
American College of Obstetricians and Gynecologists
American College of Osteopathic Pediatricians
American College of Physicians
American Geriatrics Society
American Group Psychotherapy Association
American Medical Association
American Pediatric Society
American Psychiatric Association
American Society for Gastrointestinal Endoscopy
Association of American Medical Colleges
Association of Medical School Pediatric Department Chairs
The Gerontological Society of America
National Association of Pediatric Nurse Practitioners
National League for Nursing
Society of General Internal Medicine
Society of Hospital Medicine

¹ Department of Defense, Report to the Congressional Armed Services Committees: Section 719 of the National Defense Authorization Act for Fiscal Year 2020 (Public Law 116-92), August 2021.