October 12, 2022

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) 2023 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 continued concern with proposals to significantly reduce military medical end strength. While there has been a "pause" in reductions in medical billets pending additional analysis, the undersigned organizations are concerned that the service branches, particularly the Navy and Air Force, are still planning to move forward with a substantial reduction in military medical end strength over the next several years which we feel does not align with the current state of our country's health care system and does not fully consider the second- and third-order consequences for the military health system and service members and their families who rely on it for care. In fact, military medicine is already feeling the effects of reduced training numbers and years of slow billet cuts. In addition, previous proposals to eliminate 12,000 to 18,000 uniformed medical billets also do not consider the ways in which the MHS and the country's overall health care system are intertwined and benefit from each other.

In order to maintain sufficient military medical end strength, we strongly urge you to include language in the final FY23 NDAA conference report from the following sections that would continue to halt any reductions in medical billets until further analyses can be conducted.

H.R. 7900, Sec. 744. Report on composition of medical personnel of each military department.

This section would require a report on the composition of the medical personnel of each military department, including: an identification of the total number and broken down by officer and enlisted; an assessment of potential issues relating to the composition of medical personnel; and any plans of the to reduce the total number of such medical personnel; or eliminate any covered position.

H.R. 7900, Sec. 745. Briefing and report on reduction or realignment of military medical manning and medical billets.

This section builds upon a previously required briefing and report from the Comptroller General of the United States on reduction or realignment of military medical billets to require a briefing on preliminary observations by December 27, 2022, then subsequent report by May 31, 2023.

H.R. 7900, Sec. 780. Limitation on realignment or reduction of military medical manning end strength.

This section addresses continued concerns among 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. This section would limit the realignment or reduction of military medical manning end strength for three years from the enactment of the bill and require a report on the composition of military medical workforce requirements. The section would also require the Secretary of Defense to submit to the Committees on Armed Services in the House and Senate a certification of: (1) the completion of a comprehensive review of military medical manning, including with respect to the medical corps; (2) justification for any proposed increase, realignment, reduction, or other change to the specialty and occupational composition of military medical end strength authorizations; and (3) a certification that, in the case that any change to such specialty or occupational composition is required, a vacancy resulting from such change may not be filled with a position other than a health- or medical-related position until such time as there are no military medical billets remaining to fill the vacancy.

The inclusion of Sections 744, 745 and 780 in the final FY 2023 NDAA conference report is essential to preserving access to care for our servicemembers and their families. Despite the previous pauses to military medical billet reductions, there have already been reductions to overall medical end strength through open billets not being filled and smaller billet divestitures over the years. Many Military Treatment Facilities (MTFs) are currently understaffed and more remote locations are having staffing challenges. In addition, the news of previous proposed reductions is already having a dampening effect in recruiting medical students for military residencies, especially in pediatrics. The number of medical students interested in these residencies has been declining across the services because the proposed cuts to military training billets gives the perception that there is no longer a viable long term career path in military medicine. This same phenomenon is even beginning to negatively affect retention of current uniformed clinicians. In short, constant proposals to reduce medical billets and training programs is hampering the future supply of uniformed clinicians. While we welcome a pause in future medical divestitures, we are already dealing with the deleterious effects of reducing medical billets. Continuing to propose large-scale reductions in medical billets will only worsen the situation.

S. 4543 Item of Special Interest – Walter Reed National Military Medical Center personnel shortfalls

Our organizations agree that the Walter Reed National Military Medical Center (WRNMMC) must be a world-class medical center fully staffed and prepared to provide first-class combat casualty medical care to wounded, injured, and ill servicemembers and their families as envisioned by the 2005 Defense Base Closure and Realignment Commission. Language in this section states that the Senate Armed Services Committee is disappointed in the declining numbers of military healthcare professionals that the military departments have assigned to the WRNMMC and the resulting negative impact on its

operations. To address this, the item directs the Director of the Defense Health Agency to submit a report to the Committees on Armed Services of the Senate and the House of Representatives, not later than March 1, 2023: 1) documenting the military, civilian, and contract staffing by occupational specialty at the WRNMMC as of December 31, 2022; 2) providing a current, valid joint manning document for WRNMMC that ensures its enduring status as a world-class medical center; and 3) identifying any personnel shortfalls and submitting a plan to address these shortfalls.

This Senate Item of Special Interest is extremely important as it deals directly with the quality of care at MTFs in the Military Health System, particularly at the Walter Reed National Military Medical Center. As our organizations have emphasized previously to both Congress and the Department of Defense, major structural changes such as billet cuts can have far-reaching, unintended, second- and third-order consequences. While the MHS transformation has resulted in closing and consolidations of MTFs at certain bases, we strongly encourage DoD to examine the scope of services provided at MTFs and what continued large scale reductions in medical billets that are crucial for staffing MTFs and hospitals may have on the readiness level of uniformed surgeons and clinicians. One recent study has already demonstrated a loss of surgical skills for military surgeons due to moving care out of MTFs and shifting care to civilian facilities.[1] The result from this study is the exact opposite outcome of what the MHS transformation was intended to achieve. Another recent study showed that limiting access to MTFs could worsen quality and safety of care for military families.[2] Both studies are important to consider in any proposals to reduce military medical billets and close MTFs moving forward, especially as it relates to Walter Reed National Military Medical Center.

As domestic and world events have demonstrated over the past several years, the role of the uniformed health professional is more important than ever and a key component of the Armed Forces. Uniformed medical personnel have played critical roles throughout the whole of our nation's response to COVID-19, with many deploying in support of Defense Support of Civil Authorities (DSCA) missions, staffing FEMA vaccination sites and integrating with civilian hospitals across the country. Uniformed medical manpower was also critical to the success of Operation Allies Welcome (OAW), proving once again the value of the uniformed clinician in theater. Reducing medical billets, especially considering the pandemic and the recent withdrawal from Afghanistan, undermines this military surge capacity.

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 overstressed and overburdened, would simply exacerbate the devastating impacts on service members and their families. Further, any proposals to eliminate Graduate Medical Education (GME) and training programs, including at the Uniformed Services University of the Health Services, which help train and supply the MHS with expertly trained uniformed medical clinicians that provide needed care for our military servicemembers and their families, should be reconsidered. 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.

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[1] Dalton MK, Remick KN, Mathias M, et al. Analysis of Surgical Volume in Military Medical Treatment Facilities and Clinical Combat Readiness of US Military Surgeons. *JAMA Surg*. 2022;157(1):43–50. doi:10.1001/jamasurg.2021.5331

[2] Zogg, CK, Lichtman, JH, Dalton, MK, et al. In defense of Direct Care: Limiting access to military hospitals could worsen quality and safety. *Health Serv Res*. 2021; 1- 11. doi:10.1111/1475-6773.13885

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 Sections 744, 745 and 780 and language in the Senate Items of Special Interest on the Walter Reed National Military Medical Center in the final conference report.

Sincerely,

American Academy of Allergy, Asthma & 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 & Immunology
American College of Obstetricians and Gynecologists
American College of Osteopathic Pediatricians
American College of Physicians
American Medical Association
American Pediatric Association
American Pediatric Society
American Psychiatric Association
American Society for Gastrointestinal Endoscopy
Association of American Medical Colleges
Association of Medical School Pediatric Department Chairs
Council of Pediatric Subspecialties
The Gerontological Society of America
National Association for Children's Behavioral Health
National Association of Pediatric Nurse Practitioners
Society of General Internal Medicine