

August 3, 2020

The Honorable Dr. Mark T. Esper
Secretary
United States Department of Defense
1000 Defense Pentagon
Washington, DC 20301-1000
Via email: [osd.pentagon.oasd-la.mbx.coordinations@mail.mil](mailto:osd.pentagon.oasd-la.mbx coordinations@mail.mil)

Dear Secretary Esper:

On behalf of the almost 600,000 physicians and medical students represented by the combined memberships of – the **American Academy of Pediatrics, American Academy of Family Physicians, American College of Emergency Physicians, American College of Obstetricians and Gynecologists, American College of Physicians, American Osteopathic Association and the American Psychiatric Association** – we write to emphasize our full support for the continuation of the Military Health System, the Uniformed Services University of the Health Sciences (USU), and Department of Defense’s (DoD) graduate medical education training infrastructure as vital resources in meeting the healthcare needs of military service members. We would also like to address statements made by DoD officials pertaining to potential cuts in funding for key research centers and training programs within USU.^{1,2,3,4} Significant cuts would reduce medical-clinical research and threaten training in the much-needed subspecialties crucial to providing essential medical and behavioral healthcare for our service members and their families.

The Military Health System is responsible for the care of more than 1.4 million active-duty and 331,000 reserve personnel, their families, and retired members through its network of 54 hospitals and 377 military clinics around the world.⁵ This means that military physicians and other clinicians care for approximately 9.4 million TRICARE beneficiaries, many stationed overseas or in areas of the country with significant challenges in accessing care. Maintaining an active duty military medical workforce supported by relevant research and training, particularly during the COVID-19 pandemic, is essential to both an efficient Military Health System and meeting critical wartime needs.

Developing Our Military Medical Workforce with the Uniformed Services University

The Uniformed Services University (USU) medical school and the respective DoD graduate medical education programs play a critical role in developing the future of military medical professionals and providing culturally congruent care to our service members. With approximately 116,154 personnel making up the active duty medical force, the University is the single largest accession source of military medicine and, also provides development training, resources, and research support to faculty at military training facilities worldwide.⁶ USU specialized programs provide unique education and training

¹ Retrieved from <https://khn.org/news/military-doctors-in-crosshairs-of-a-budget-battle/>

² Retrieved from <https://www.usnews.com/news/health-news/articles/2019-08-27/job-cuts-could-put-the-militarys-top-medical-school-in-peril>

³ Retrieved from <https://about.bgov.com/news/pentagon-seeks-to-save-2-billion-by-culling-medical-postings/>

⁴ Retrieved from <https://www.military.com/daily-news/2019/03/12/pentagon-budget-includes-plan-reduce-military-medical-force.html>

⁵ About the Military Health System. (n.d.). Retrieved from <https://www.health.mil/About-MHS/>

⁶ Department of Defense (2019). Defense Health Program FY2020 President’s Budget, Operation and Maintenance Personnel Summary. Retrieved from

opportunities to develop medical force readiness through military field exposure and military-specific treatment competencies that are not available through training in the civilian sector. A November 2019 analysis by the non-profit Institute for Defense Analysis (IDA) found that USU is a far better value for DoD than other means of training military healthcare professionals and calls for expanding USU to better meet national military and civilian priorities. Consequently, the USU serves as a force multiplier for military and non-military physicians and other healthcare clinicians throughout the military and non-military health systems.

Achieving Operational Medical Force Readiness

Our organizations understand that military readiness is of utmost importance to the Department of Defense. Medical readiness requires a set of specialized medical skills that directly relate to military medicine, many of which fall outside the program curricula in the civilian sector. DoD invests in military physicians to ensure that they can deliver healthcare under the unique constraints inherent in military environments while also maintaining clinical proficiency. USU is a health science leadership academy for the military, similar to the military academies for warfighters, and is the academic home for the national network of faculty at military GME sites. Being able to perform both simple and complex medical procedures in combat environments and post deployment settings is vital for military readiness and overall troop health. Accounting for more than 25% of physicians on active duty, medical practitioners trained at the University are more than 70 percent likely to commit to military career service after training. University graduates participate in more operationally relevant training courses and are deployed more than 250% longer than other accession sources – an average of 731 days compared to 266 for other military physicians.⁷

Impact of the Military Health System Transformation

Military trained medical professionals offer unique knowledge, skill sets and capabilities within a variety of disciplines, as well as provide culturally congruent care when treating complex conditions. This expertise and cultural competency are vital to maintain within DoD, as is the important research that informs the care these professionals provide. We are concerned that reductions contemplated within DoD and advocated for by DoD's Cost Assessment and Program Evaluation Office (CAPE) as part of the Defense Wide Review (DWR) process jeopardize these assets. Further, we understand that DoD plans to make further cuts, at the recommendation of CAPE under the auspices of realignment and increasing efficiencies. This, together with stepped reductions in funding already built into prior fiscal plans and accumulating cost overruns in purchasing community care threaten the immediate future of USU and the research programs it hosts. The cumulative impact of these factors will further degrade military health system capability, access to care, medical education programs and health research activities systemwide. This ultimately undermines military readiness. The military health system needs to maintain its own research and treatment programs as these programs are vital to maintaining culturally competent best practices in treatment of military servicemembers and their families.⁸ Because the military health system is on a continuum with the Veterans health system, the true cost of these

https://comptroller.defense.gov/Portals/45/Documents/defbudget/fy2020/budget_justification/pdfs/09_Defense_Health_Program/Vol_I_Sec_9_PB-11A_Personnel_Summary_DHP_PB20.pdf

⁷Retrieved from

https://comptroller.defense.gov/Portals/45/Documents/defbudget/fy2020/budget_justification/pdfs/09_Defense_Health_Program/Vol_I_Sec_9_PB-11A_Personnel_Summary_DHP_PB20.pdf

⁸ Tanielian, Terri, Coreen Farris, Caroline Batka, Carrie M. Farmer, Eric Robinson, Charles C. Engel, Michael W. Robbins, and Lisa H. Jaycox, Ready to Serve: Community-Based Provider Capacity to Deliver Culturally Competent, Quality Mental Health Care to Veterans and Their Families. Santa Monica, CA: RAND Corporation, 2014.

https://www.rand.org/pubs/research_reports/RR806.html.

changes, financially and in terms of human suffering, will continue to escalate across the federal budget and in virtually every community in the nation.

Specifically, we are concerned that this transformation will have the following impacts:

Clinical Research Centers and Training Programs

Prior to launching Military Health System (MHS) reform, clinical research activities were limited without acknowledgement for the need to establish access to evidenced-based practices and clinical training platforms. We fear that budget cuts to USU's Research, Development, Test and Evaluation (RDT&E) that the Department appears poised to force would significantly weaken military health research programs and jeopardize the care that active duty members of the military, their families and veterans receive. These programs are specifically designed to identify effective treatments for existing health challenges to U.S. forces and work to counter future threats. These cuts would impede the ability of MHS to advance evidence-based trauma responses to pandemics, respond to the invisible wounds of war, and identify effective interventions for suicide and suicide-related behavior. For example, we are concerned that cuts to the Center for the Study of Traumatic Stress (CSTS) and the Center for Deployment Psychology (CDP), which are essential to deployment-related mental health problems among servicemembers, veterans, and military families, place important mental healthcare and suicide prevention efforts in jeopardy. Unfortunate casualties would include the Army Study to Assess Risk and Resilience of Servicemembers (Army STARRS), the largest research program ever conducted to understand and prevent military and veteran suicide. We respectfully urge the Department to refrain from cutting these and other important research programs, which are vital to the military healthcare and medical training fostered by USUHS.

Promoting Military Cultural Competency

Consideration of military culture, mission focus, organizational structure and values allows active duty physicians and other midlevel healthcare workers to better meet the needs of the nation by serving servicemembers and their families and helping to contextualize patient symptoms, aid treatment planning and ultimately improve health outcomes. The persistent fluctuation of deployment of military personnel and the challenges associated with transitioning post-deployment, compounded by combat-related physical and mental health challenges, produce unique demands for healthcare services. With the need for healthcare systems to accommodate increasingly diverse patient populations, cultural competency has become a matter of national health security and a cornerstone of patient-centered care. Cultural competence has been deemed so important that the Diagnostic and Statistical Manual of Mental Disorders (DSM) includes cultural considerations with each diagnosis. Although many civilian physicians-in-training receive short-term training in DoD or VHA health facilities, didactic classes on military cultural competence and veterans' unique combat and reintegration health needs are limited. RAND's landmark 2014 study, Ready to Serve concluded that few civilian physicians are prepared to serve military populations. This lack of understanding may impact how physicians apply clinical knowledge to practice, which negatively impacts delivery of military and veteran-centric care. Unlike civilian training programs, the USU and military GME programs provide culturally competent training that is vital to understanding operational medicine and the culture of military servicemember health needs.

Maintaining Military Graduate Medical Education

Graduate medical education training positions within the military health system play a vital role in producing culturally competent, combat ready, military physicians. Reducing such positions would undermine a well-functioning military health system. In other words, if GME funding were dramatically reduced, these training opportunities would not automatically be picked up in the civilian sector. Even if one were to propose a partnership with civilian GME programs to ensure the military specific training that is required, the capacity may not exist. Civilian residency training is limited, with nearly 3,000 medical school graduates unable to match into a residency program annually in the United States. Simply put, the excess need created by the elimination of military GME may not be able to be replaced in the private sector. This problem is compounded by the fact that fewer medical residents are choosing careers in certain subspecialties, and the existing subspecialist workforce continues to age. The training programs provided through military GME billets allow USU to deliver medical care to military families. The civilian population also benefits from this training given that it helps to increase our physician workforce writ large. It would be unwise to leverage short-term cost savings by cutting GME programs, which puts at risk access to highly qualified and military trained medical personnel.

Ensuring Access to Medical Services

Any cuts to research and training at USU, as well as reductions in other military GME billets, will have second and third tier affects through the rest of the MHS. If cuts are made to USU and there are fewer training billets, that will mean fewer physicians and ancillary staff could serve at MTFs and other MHS facilities. With fewer providers available to treat patients at MTFs, these facilities will most likely have to attempt to hire contract physicians or go through the civil service process to acquire needed providers. A recent study by the United States Government Accountability Office (GAO) concluded that the DoD has not assessed the suitability of federal civilians and contractors to meet operational medical personnel requirements. The report found that military department officials expressed a preference for using military personnel and cited possible difficulties in securing federal civilian and contractor interest in such positions. The report cited several challenges, including lengthy hiring and contracting processes and federal civilian hiring freezes that affect DoD's ability to use federal civilians and contractors. In fact, senior officials at each of the six MTFs that GAO spoke with for the report cited challenges with the federal civilian hiring process, and five of the six MTF officials noted challenges with the contracting process.

Psychosocial Challenges of Service Members and Veterans

For years, the rates of suicides and attempted suicides have increased dramatically for servicemembers. In the recent Department of Defense Suicide Event Report, data revealed that approximately 45 percent of troops who died by suicide in 2018 had a documented behavioral health diagnosis. Common stressors of military life, traumatic brain injury and other mental health consequences of war place members of the Armed Forces and veterans at greater risk for suicidal ideations and behavioral health disorders both during military deployment and upon returning home. The Department of Defense must continue its work to address suicide amongst service members and their families. USU research centers and training programs are unique in how they use scholarly and research-oriented problem-solving to address the mental and physical health problems of individuals exposed to war, disaster, and other traumatic events.

Our members are the foundation of the U.S. military health system and include the front-line physicians who care for military servicemembers, veterans, and their families. Our organizations are unified in urging the Department of Defense to work with Congress to safeguard the physician pipeline in military medicine, ensure robust military research programs focused on problems which other institutions have

neither the military knowledge nor the necessary incentive to pursue, and ensure military servicemembers sustain access to culturally competent medical services. Thank you for your time and attention to this matter.

Sincerely,

American Academy of Family Physicians
American Academy of Pediatrics
American College of Emergency Physicians
American College of Obstetricians and Gynecologists
American College of Physicians
American Osteopathic Association
American Psychiatric Association

CC:

The Honorable James Inhofe (R-OK), Chairman, Senate Armed Services Committee
The Honorable Jack Reed (D-RI), Ranking Member, Senate Armed Services Committee

The Honorable Adam Smith (D-WA), Chairman, House Armed Services Committee
The Honorable Mac Thornberry (R-TX), Ranking Member, House Armed Services Committee

The Honorable Ben Cardin (D-MD)
The Honorable Chris Van Hollen (D-MD)
The Honorable Dr. Andrew P. Harris (R-MD)
The Honorable C.A. Dutch Ruppersberger III (D-MD)
The Honorable John P. Sarbanes (D-MD)
The Honorable Anthony G. Brown (D-MD)
The Honorable Steny H. Hoyer (D-MD)
The Honorable David Trone (D-MD)
The Honorable Kweisi Mfume (D-MD)
The Honorable Jamin B. Raskin (D-MD)