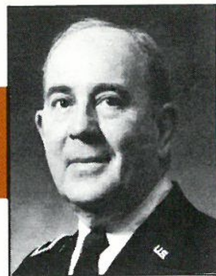

Major General William E. Ingram (Ret.), President, NGAUS

PRESIDENT'S MESSAGE

MILITARY MEDICAL CARE CRISIS

A few years ago, a colleague of ours attended a mobilization seminar, and the principal message he brought back was, "If mobilized, don't get sick because there will be no doctors."

That occurred six years ago, but the situation hasn't improved much. However, top Department of Defense (DoD) officials are beginning to take serious notice of this potentially disastrous shortfall, although proposed solutions remain in short supply.

One of the principal problems is in peacetime, there is no crisis. A problem, yes, but not a crisis. There are several reasons.

First, in peacetime, there is no appreciable patient load in military hospitals for traumatic injuries. In fact, except at post and base hospitals, which are garrison units, there is little patient load of any kind in medical units, particularly in the Guard and Reserve.

A second factor is that even when there is a patient overload at active component hospitals and clinics, the problem can be masked as an emergency by diverting dependents or retirees to CHAMPUS, the Civilian Health and Medical Program for the Uniformed Services, which will pay for civilian care.

This produces a situation where statistically it is obvious there is a severe shortage of physicians, but there is no emergency perceived because no one is being denied treatment and no one is dying for lack of medical attention. However, as a top DoD official pointed out recently, the reverse probably would be the case upon mobilization. Then, all military services would suddenly and disastrously find their medical facilities and personnel grossly overtaxed.

But what is worse, with the Total Force nearly 50 percent short of physicians (and to a lesser degree other health professionals), the United States could find itself embarked on a conventional war, with its attendant casualties, at a time when maneuver battalions and air combat units are without a staff surgeon and Army and Air Force hospitals are at half strength or less in doctors.

As General Richard L. Stillwell (USA-ret.), deputy undersecretary of Defense for policy, put it recently: Such a situation could be a "war stopper." By that he meant that if a high proportion of U.S. combat casualties died or were maimed because of lack of proper medical care on the battlefield, the American public could demand we sue for peace far short of any conclusion of that war on terms acceptable to the United States.

Recruiting of medical professionals has created perplexing problems—problems that are different than recruiting for almost any other military specialty. For one thing, money and retirement benefits rarely are a key factor in recruiting or retention. Prestige is a factor, but in a different way than for line officers. And patriotism also can be factor.

Perhaps an even greater problem is that physicians as a group are very busy people. That makes them difficult to recruit into the Guard and Reserve because they husband their free time and are less likely to want to add to their commitments.

However, there are some physicians who are genuinely intrigued by combat medicine. It seems likely this interest occurs for the same reason bankers and lawyers like the infantry or flying fighters. But what too often occurs in medical units is that, because of the workload, rather than training in the combat requirements for a MASH hospital or an infantry battalion's medical section, that element is tasked to perform enlistment or reenlistment physicals, something a doctor may either have done all week, or something that is a considerable "comedown" if he is a specialist.

Three areas seem worth exploring as we begin to consider how to remedy this doctor shortage.

Draft. The Department of Defense has given some consideration to a standby draft of medical personnel. This preliminary proposal raised dust a year ago when it was revealed that the proposal might include drafting women nurses and doctors. Leaving that one aside, the aspect of the draft that is attractive is the standby draft of physicians. Such individuals could be identified, classified and examined. All administrative and technical pre-induction details might be accomplished in peacetime, perhaps even to include issuing uniforms and hip-pocket orders. The value of such a program would be that doctors would become available for service within days of mobilization.

Loan Forgiveness. It frequently is argued that money is not much of a factor in recruiting doctors. This is so not only because physicians have relatively high incomes, but also because even a resident undergoing the final years of his training can make more money working in a hospital emergency room on the weekend than he can at Guard drill.

However, it also is noted that the principal financial crisis a doctor has in a professional lifetime is the debt he or she accumulates during medical training. DoD and Congress might consider a proposal for the federal government to repay that debt in return for a few years' service in the Guard and/or Reserve. Such a program would infuse the Total Force with a large number of young doctors fully qualified and highly valued as battalion and brigade surgeons, and in Air Force clinics.

Humanitarian Service. Guard and Reserve medical units could get valuable training as well as exercise deployment skills if federal law could be amended to permit them to move to areas of the Third World to provide medical care in rural areas. Recent Army and Air Guard deployments to Central America, the Caribbean and other Third World nations have shown to Guardsmen who participated that the needs of the peoples of these nations often go unmet. Regular scheduling of such deployments by Guard medical units would be great attraction to physicians to serve.

These are just three ideas that should be addressed by DoD and Congress as they consider how to eliminate the shortage of medical professionals in the military. What seems clear is that we no longer can ignore this problem merely because it is not the type of emergency that is biting us on the nose. We ourselves will be partly to blame if, through inaction, we suffer the situation predicted by one top DoD official: Eighty percent of the combat casualties will go unattended by medical personnel due to a shortage of military doctors and nurses.

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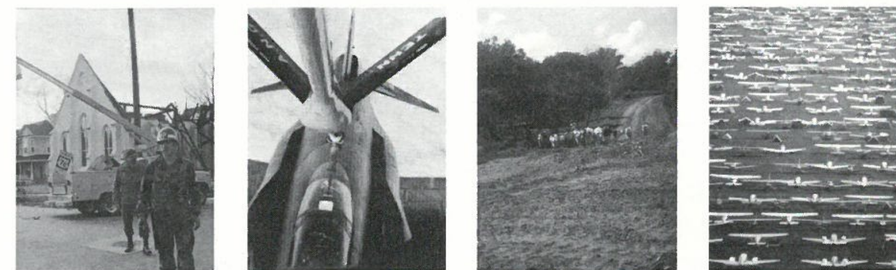

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COVER: Louisiana Army Guard engineers break the red earth with their D-8 bulldozers during the exercise FUERZAS UNIDAS '84 in the isolated and mountainous terrain of the Republic of Panama. Photo, Major Reid Beveridge. Design, Johnson Design Group.

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