The Military Coalition
201 North Washington Street
Alexandria, Virginia 22314

April 29, 2019

Chairman Thom Tillis
Ranking Member Kirsten Gillibrand
Armed Services Committee
Personnel Subcommittee
United States Senate
Washington, DC 20510

Chairwoman Jackie Speier
Ranking Member Trent Kelly
Armed Services Committee
Personnel Subcommittee
United States House of Representatives
Washington, DC 20515

Dear Chairs and Ranking Members:

The Military Coalition (TMC), a consortium of organizations representing 5.5 million service members, veterans, their families and survivors, writes to express our grave concerns regarding proposed military medical billet reductions. Medical end strength reductions of nearly 18,000 billets represent a 20% cut to uniformed medical personnel, a profound change that puts combat readiness, medical readiness and beneficiary care at risk. **We urge the committees to include a provision in the FY20 NDAA to delay military medical billet reductions and require DoD to address potential negative impacts on readiness and beneficiary care. We also request a hearing on this important issue.**

During the Iraq and Afghanistan wars, U.S. military medicine produced the best combat casualty care outcomes in recorded history. We are concerned deep personnel cuts will degrade hard-earned capabilities and result in a medical force too small to support both the operational plans and their requisite medical requirements. These cuts not only risk combat operations, but they also compromise our ability to effectively provide health care and humanitarian support for crises like the Haiti earthquake and Ebola outbreak. We fear a diminished medical force will mean more frequent and unpredictable deployments for medical personnel resulting in reduced overseas dwell ratios and negatively impacting retention in critical medical skills areas. These cuts will restrict the military health system (MHS) from executing its mission to support combat forces in the field while sustaining a medically ready force.

Providing beneficiary care is the other side of the MHS dual mission. Uniformed medical personnel reductions targeted to non-combat care specialties mean more families will have to rely on civilian providers for their care. We fear civilian sector health care will be unable to accommodate military family needs, particularly in rural areas and in overseas locations. It also may not be feasible to attract medical providers to these areas to fill DoD or contract positions within military treatment facilities for example, Fort Hood Texas, Fort Bragg North Carolina or Minot AFB in North Dakota. Health care is one of the most important elements of the military compensation and benefits package and a key to retention. Diminishing this benefit by creating access to care problems will not only result in a failure to fulfill obligations to service members and their families, but it could also harm recruiting and retention.

If our concerns are realized and readiness and/or beneficiary care are harmed, there will be no quick fix. Military medical end strength reductions cannot be easily reversed. Turning off or significantly reducing the Graduate Medical Education (GME) pipeline will take 6-8 years to rebuild when the

next conflict arises. The civilian sector cannot absorb any additional medical school graduates for training. This past year, over 1,100 civilian U.S. medical student graduates could not find openings in civilian residencies because they are at capacity. While GME capacity issues are not DoD's problem to solve, it is important to realize DoD cannot depend on civilian programs to train the medical professionals its beneficiaries will need as more military family and retiree care is pushed out of MTFs and into the civilian sector.

Given the risks associated with military medical billet reductions, we urge legislators to slow this process and ensure DoD has assessed and mitigated all potential negative impacts to readiness and beneficiary care. Specifically, **we ask that the FY20 NDAA include provisions directing DoD to delay implementation of medical billet cuts until they have**:

- Developed a phased and deliberate medical billet reprogramming plan with success criteria for each phase that must be met prior to moving to subsequent phases;
- Presented the medical billet reprogramming plan to Congress, to include a report and a hearing; and
- Developed metrics to assess long-term impacts on military readiness, beneficiary care, graduate medical education, and combat casualty care capabilities.

We appreciate your commitment to service members, retirees, their families and survivors. We stand ready to continue working with you to ensure the preservation and improvement of military medical readiness and beneficiary health care.

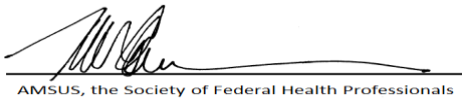
Sincerely,
The Military Coalition
(Signatures enclosed)

cc: House Armed Services Committee Members
Senate Armed Services Committee Members

Air Force Association

Air Force Sergeants Association

AMVETS

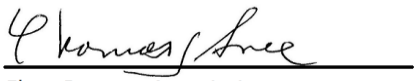


AMSUS, the Society of Federal Health Professionals

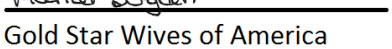
Commissioned Officers Assn. of the US Public Health Service, Inc

CWOA, US Coast Guard

Enlisted Association of the National Guard of the US

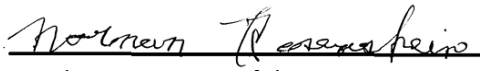


Fleet Reserve Association



Gold Star Wives of America

Iraq and Afghanistan Veterans of America



Jewish War Veterans of the USA

Marine Corps League

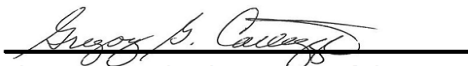
Military Officers Association of America

National Military Family Association

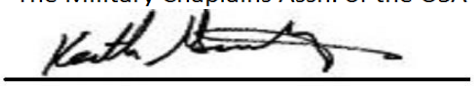
Naval Enlisted Reserve Assn.

Non Commissioned Officers Assn.
of the United States of America

Service Women's Action Network



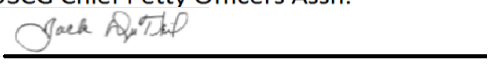
The Military Chaplains Assn. of the USA



The Retired Enlisted Association

Tragedy Assistance Program for Survivors

USCG Chief Petty Officers Assn.



US Army Warrant Officers Assn.

Veterans of Foreign Wars of the US