



December 1, 2021

The Honorable Jack Reed, Chairman
Armed Services Committee
United States Senate
Washington, DC 20510

The Honorable Adam Smith, Chairman
Armed Services Committee
United States House of Representatives
Washington, DC 20515

The Honorable James Inhofe, Ranking Member
Armed Services Committee
United States Senate
Washington, DC 20510

The Honorable Mike Rogers, Ranking Member
Armed Services Committee
United States House of Representatives
Washington, DC 20515

Dear Chairman Reed, Ranking Member Inhofe, Chairman Smith, and Ranking Member Rogers:

The Military Coalition (TMC), a consortium of organizations representing 5.5 million service members, veterans, their families and survivors, urges you to halt planned military medical downsizing and require additional analysis on mitigation planning for impacted beneficiary care. Specifically, we urge you to include a provision from H.R. 4350, Sec. 721- *Modifications and report related to reduction or realignment of military medical manning and medical billets*, in the FY22 National Defense Authorization Act (NDAA).

TMC supports military health system (MHS) reforms aimed at enhancing the focus on medical provider readiness. However, we remain concerned about plans to make significant cuts to uniformed medical provider billets and the potential impact on military operations and beneficiary access to quality care as well as DoD's ability to effectively transition large numbers of beneficiaries to TRICARE network care or civilian/contract hires within MTFs.

We appreciate previous legislation that delayed billet cuts and required additional reporting from the Department of Defense (DoD), including FY2020 NDAA Sec. 719. The recently released DoD Report to Congress in response to that requirement (the "Sec. 719 report")¹ provides the first glimpse at how billet cuts might impact individual MTFs but offers few details on specific positions to be cut and mitigation plans for impacted beneficiaries.

Specifically, the Sec. 719 report raises the following concerns:

- **Transparency is lacking on feasibility of DoD plans for addressing beneficiary care impacts.** Most eliminated billets will be either replaced with civilian hires or contract personnel (56%) or absorbed by remaining MTF staff (37%)². However, the report does not indicate what, if any, analysis has been done to assess the feasibility of hiring civilian replacement personnel or the ability of current staff to absorb additional workload. In fact, the Navy acknowledges risk associated with hiring including "a potential lengthy civilian hiring process, which is highly dependent on the specialty skill and market availability that is being sought, as well as the ability to compete with market salaries in

¹ DoD Report to Congress: [Limitation on the Realignment or Reduction of Military Medical Manning End Strength](#), August 2021

² 37% of positions planned to be absorbed include 684 Army billets slated to be "reshaped" per Table 1 Army Military Medical Reductions by Location and Strategy on page 6 of Sec. 719 report

private sector health systems. Any challenges that may arise for civilian hires may result in Access to Care (ATC) issues.”

- **Only the Army appears to have reconsidered medical billet reductions in light of COVID-19 lessons learned.** The report indicates overall medical billet cuts have been reduced from 17,005 in the original proposal to 12,801 – driven primarily by the Army which accounted for 95% of the adjustment³. The number of medical billet cuts proposed by the Navy and Air Force appear to remain almost unchanged. We appreciate “Army leaders had a low tolerance for mission impacts in health care delivery” and therefore decided to convert fewer medical billets than originally planned. However, we remain concerned that lessons learned regarding MHS surge capacity requirements and limits to civilian provider availability have not been considered in the Navy and Air Force plans.
- **Many of the billets proposed for elimination are clinicians or other medical providers and will have a direct impact on patient care.** Although many of the cuts are for administrative or other non-clinical positions, there are still a substantial number of medical provider billets proposed for elimination including 779 physicians and 1,081 nurses. Enlisted positions comprise the majority of billet cuts yet there are no details about the types of civilian hires that will be substituted for the many eliminated corpsmen and medics who are crucial to health care delivery in MTFs or the availability of civilians to fill these positions.
- **Data on occupational codes raise concerns about potential impacts on beneficiary care.** MTF pharmacy wait times are a common complaint and Red Cross volunteers already handle refill functions at some MTF pharmacies, yet 644 pharmacy billets are slated for elimination. Near-capacity children’s hospitals have asked for federal support as DoD plans to cut 73 general pediatricians and 29 pediatric subspecialists. Barriers to mental health care within the MHS are well-documented⁴ yet 92 behavioral health positions (mental health services and mental health nurses) are proposed for cuts.

We appreciate the House version of the FY22 NDAA includes Sec. 721 that would halt medical billet cuts and require a GAO evaluation of DoD’s analysis and mitigation planning related to the proposal. Moving forward, we urge you to ensure that Sec. 721 of H.R. 4350 is included in the final bill.

Sincerely,



Jack Du Teil
President,
The Military Coalition

See attached list of organizations

³ **Army accounts for 95% of DoD billet cut adjustment:** DoD Total Reduction in proposed medical billet cuts = 4,204 (17,005 original DoD proposal less 12,801 revised DoD proposal); Army reduction in proposed billet cuts = 3,987 (6,935 original Army proposal less 2,948 revised Army proposal); Army share of DoD proposed billet cut adjustment = 3,987/4,204 = 95%

⁴ Department of Defense Office of Inspector General: [Evaluation of Access to Mental Health Care in the Department of Defense](#), August 2020

Army Aviation Association of America (AAAA)
Association of Military Surgeons of the United States (AMSUS)
American Veterans (AMVETS)
Blinded Veterans Association (BVA)
Chief Warrant and Warrant Officers Association of the US Coast Guard (CWOA)
Fleet Reserve Association (FRA)
Gold Star Wives of America (GSW)
Iraq and Afghanistan Veterans of America (IAVA)
Jewish War Veterans of the United States of America (JWV)
Marine Corps League (MCL)
Marine Corps Reserve Association (MCRA)
Military Chaplains Association
Military Officers Association of America (MOAA)
Military Order of the Purple Heart (MOPH)
Naval Enlisted Reserve Association (NERA)
National Military Family Association (NMFA)
Reserve Organization of America (ROA)
Service Women's Action Network (SWAN)
The Independence Fund (TIF)
Tragedy Assistance Program for Survivors (TAPS)
U.S. Coast Guard Chief Petty Officers Association (CPOA)
United States Army Warrant Officers Association (USAWOA)