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Surgeons general decry budget cuts

Services' top docs question influx of civilian contractors

By Kelly Kennedy

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Replacing military doctors and nurses with civilians as a cost-savings move, as well as proposed cuts to the military health care budget, will reduce medical services for soldiers, sailors, airmen and Marines, the services' surgeons general told the House Armed Services personnel subcommittee March 27.

"We're going to take an entire [Medical Department Activity] unit out," said Maj. Gen. Gale Pollock, the Army's acting Surgeon General. "There's no way I can salami-slice that. It will be a cut in service."

The Navy has no more room for cuts, Surgeon General Vice Adm. Donald Arthur said.

"There is no more flesh to be gained without drawing blood," he told committee members.

Air Force Surgeon General Lt. Gen. James Roudebush said services would still be provided, but they would have to come from the private sector — "and it could be even more expensive."

The Bush administration's 2008 budget plan would force all the services to accommodate "efficiency wedges" — funding cuts — in their health care programs. The Army's budget would be cut by \$222 million, the Navy's by \$234 million and the Air Force's by \$323.7 million.

Arthur said that budget plan simply won't fly.

"Somebody thinks we can get a whole lot smaller and still do the job," he said.

"It's an uphill battle to meet the needs of the budget," said Rep. John McHugh, R-N.Y., senior Republican on the subcommittee. "We wonder what effect this will have on our ability to maintain a robust health care system."

As one example, McHugh cited maintenance cutbacks that apparently led to the decrepit state of a building at Walter Reed Army Medical Center, where outpatient soldiers stayed during their recovery.

Even as all three surgeons general praised the commitment of their military health care staffs in caring for the troops, they said they worried about the influx of civilian contractors taking the place of military doctors,



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Arthur

have converted, or have drawn up plans to convert, 5,507 military positions to civilian slots, about 6.1 percent of the overall uniformed health care workforce, according to a Government Accountability Office report issued last May.

But the GAO report said it is unclear whether the initiative will actually save any money.

And at the hearing, the services' top doctors said the effort may even create hidden costs. For example, civilians must be paid for overtime, weekend and odd-hours shifts. Service members do that for their normal base salary.

Worse, the morale of service members working side-by-side with civilians who demand time off, bonuses and no weekend shifts could suffer — and may lead an untold number to leave for the private sector. This also could deter potential recruits, the surgeons general said.

Arthur said the Navy made only 50 percent of its recruiting goal for new medical students in 2006, which will create a gap in the health care manpower ranks when those students graduate in a few years.

Pollock said the Army met 84 percent of its overall medical recruiting goal in 2006.

The surgeons general also expressed concern that civilians may not have the same level of commitment as service members.

"We get some people who are not invested in our military families," Arthur said.

"The concept that we're turning these into civilian jobs just alarms me," said Rep. Susan Davis, D-Calif. "This move to convert actually happened while we were at war?"

Pollock said she has asked the Army leadership to put a hold on any additional conversions of military health care jobs to civilian positions.

Davis said she wondered if the surgeons general had been asked for their opinions about the military-to-civilian transition initiative when it was in its planning stages.

"Yes, we were," Arthur said. "We made some input that was carefully considered — and rejected." □

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