

April 3, 2020

Chairman Thom Tillis Subcommittee on Personnel Armed Services Committee U.S. Senate Washington, DC 20510

Ranking Member Kirsten Gillibrand Subcommittee on Personnel Armed Services Committee U.S. Senate Washington, DC 20510 Chairwoman Jackie Speier Subcommittee on Military Personnel Armed Services Committee U.S. House of Representatives Washington, DC 20515

Ranking Member Trent Kelly Subcommittee on Military Personnel Armed Services Committee U.S. House of Representatives Washington, DC 20515

Dear Chairman Tillis, Ranking Member Gillibrand, Chairwoman Speier and Ranking Member Kelly,

On behalf of the more than 350,000 members of the Military Officers Association of America (MOAA), I'm writing to urge you to include legislation in the FY21 NDAA to halt planned downsizing of military hospitals and clinics. Proposed medical billet cuts and military treatment facility (MTF) restructuring must be stopped now and reevaluated in light of the COVID-19 pandemic and the unprecedented demands on the Military Health System (MHS) associated with the national response.

When the nation needs help, they turn to the military and that is what they are doing today. Navy hospital ships are providing additional capacity to coastal cities. Army medical personnel from Fort Campbell, Ky., Joint Base Lewis-McChord, Wash., and Fort Hood, Texas, are deployed to New York City and Seattle to assist with the coronavirus response. Pentagon leaders announced Navy medicine has dispatched expeditionary medical teams to New Orleans and Dallas.

The crisis response mission mandates a level of excess capacity within the MHS to meet these needs while also continuing to provide essential health care to service members, military families, retirees and survivors. The VA's 4th mission serves as a lesson – although VA has preparedness as a mission set, they are not postured to mobilize to the degree a pandemic requires. Much, if not all, of VA's capacity is in fixed infrastructure, unlike the military that has an expeditionary/deployable capability. This in itself mandates DoD retain expanded medical capacity in both people and equipment.

The Defense Health Agency (DHA) has assured beneficiaries that all changes to MTF capacity will be conditions-based, and DHA reports they have already requested some MHS transformation activities be delayed due to the COVID crisis, noting minimal MHS reform progress is expected during this emergency. Once the crisis has passed, DHA intends to resume transition activities. MOAA believes simply pausing the current MHS reform strategy is not enough.

This crisis will yield many lessons for the entire medical system and, potentially, a new vision for DoD's role in any future nationwide medical emergency. When this crisis has passed, DoD should not just move ahead with reform designed around pre-COVID evaluations of the MHS. We are still in the beginning stages of this national emergency and NORTHCOM Commander GEN Terrence O'Shaughnessy has told reporters NORTHCOM has already deployed all available field hospitals.

We don't yet have any insights on how these deployments will impact beneficiary access to essential medical care at military hospitals and clinics. This unprecedented situation demands an updated analysis of medical readiness requirements and optimal direct care system structure incorporating lessons learned from the COVID-19 response.

As the FY21 NDAA moves forward, we urge you to include a provision to halt the downsizing of military treatment facilities and the reduction of uniformed medical personnel until a full analysis of the COVID-19 response has been conducted and those lessons have been applied to medical readiness requirements.

Thank you for your service and leadership during this national crisis.

Sincerely,

cc: Chairman James Inhofe

Dana T. Atkins

Ranking Member Jack Reed

Chairman Adam Smith

Ranking Member Mac Thornberry