MOAA
Military Officers Association of America

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# Congress: Evaluate Military Health System Reform against COVID-19 Lessons Learned

### Understanding the Issue

MOAA urges Congress to include legislation in the FY 2021 National Defense Authorization Act (NDAA) to stop all medical billet reductions and military treatment facility (MTF) restructuring. This is necessary to ensure lessons learned from this current pandemic inform the strategy for not only the Department of Defense (DoD) but for the whole of our government when it comes to a national response to a pandemic, natural or man-made disaster, or any other crisis.

Military health system (MHS) reform mandated by the FY 2017 NDAA is based on an analysis of medical readiness requirements and direct care system capabilities and capacities conducted years before the COVID-19 pandemic. Once the coronavirus emergency has passed, MHS reform strategy must be re-evaluated along with national medical capabilities such as the VA, USPHS, HHS, CDC, and others.

### DoD's Crisis Response Mission

When the nation needs help, it turns to the uniformed services; that's happening today, and likely for the foreseeable future. Navy hospital ships are providing additional capacity to coastal cities. The Commissioned Corps of the U.S. Public Health Service has dispatched clinical strike teams of medical personnel to assist with the coronavirus response. Army medical personnel from Fort Campbell, Ky., Joint Base Lewis-McChord, Wash., and Fort Hood, Texas, have deployed to heavily impacted communities.

In an emergency, DoD supplements civilian health and medical systems when state and local resources become overwhelmed. The crisis response mission mandates a level of critical reserve capacity within the MHS and the whole of government to meet these needs during these critical moments.

DoD plays a unique role in a national medical emergency. Civilian health care systems have little incentive to maintain excess capacity, limiting their ability to absorb an influx of patients. While the Veterans Health Administration's "Fourth Mission" is to support national, state, and local emergency preparedness, much of its capacity is in fixed infrastructure; it is not postured to mobilize to combat a pandemic. Only the uniformed services have a deployable capability to bolster capacity where it is needed most. This in itself mandates DoD retain expanded medical capacity in both people and equipment.

### Why Pausing MHS Reform Is Not Enough

The Defense Health Agency (DHA) has assured beneficiaries all changes to MTF capacity will be conditions-based. The agency reports it has requested some MHS transformation activities be delayed due to the COVID-19 crisis, noting minimal reform progress is expected during this emergency. Once this crisis has passed, DHA intends to resume transition activities. MOAA believes simply pausing the current strategy is not enough.

This crisis will yield many lessons learned for the nation's entire medical system and, potentially, a new vision for DoD's role in future nationwide medical emergencies. When this crisis has passed, DoD should not simply move ahead with reform designed around pre-COVID evaluations of the MHS.

STORMING THE HILL VIRTUAL MOAA

**ACTION NEEDED**

## Congress, we need your help:

- Include a provision in the FY 2021 National Defense Authorization Act (NDAA) to stop DoD medical billet reductions and Military Treatment Facility (MTF) downsizing amid COVID-19 uncertainty.
- Ensure Military Health System (MHS) reform is not simply paused, but re-evaluated along with our national medical capabilities, and adapted to incorporate lessons learned from the coronavirus pandemic.

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## What's at Stake

The proposed FY 2021 DoD budget would cut approximately 18,000 medical personnel, or nearly 20% of uniformed medical billets. MHS reform also includes restructuring the direct care system of military hospitals and clinics, including the potential closure or downsizing of 48 MTFs.

These cuts have yet to take place, but even with existing medical personnel levels, there are indications that current MHS capacity is insufficient to address the COVID-19 pandemic. Only a handful of communities are receiving DoD medical assistance, and the Army has issued a voluntary recall of medical personnel to fill the roles of current uniformed providers normally assigned to installation MTFs who have been deployed elsewhere. So far, we have minimal insights on how COVID-19 medical personnel deployments will impact servicemember and 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 capacity, incorporating lessons learned from the COVID-19 response. We must ensure our military medical system can work in support of a national capacity to fulfill the crisis response mission without compromising access to essential medical care for the force and other military beneficiaries.

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## The List

**These 48 Military Treatment Facilities will close or downsize** under current DoD plans, or have already closed/downsized and will not be restored under current plans:

### Alabama
- Maxwell Air Force Base outpatient facility
- Redstone Arsenal outpatient facility

### California
- Fort Irwin outpatient clinic
- Marine Corps Air Station Miramar, Rancho Bernardo clinic
- Presidio of Monterey outpatient facility
- San Onofre Marine Corps Base health clinic

### Colorado
- Fort Carson, Robinson-Carson outpatient clinic

### Connecticut
- Naval Submarine Base New London, Naval Branch Health Clinic Groton

### Delaware
- Dover Air Force Base outpatient facility

### Florida
- MacDill Air Force Base outpatient facility
- MacDill Air Force Base, Sabal Park Community Clinic
- Patrick Air Force Base outpatient facility
- U.S. Southern Command (Miami), Gordon outpatient facility

### Georgia
- Fort Benning, North Columbus-Benning clinic
- Marine Corps Logistics Base Albany, Naval Branch Health Clinic Albany
- Robins Air Force Base outpatient facility

### Illinois
- Rock Island Arsenal outpatient facility

### Kansas
- Fort Leavenworth ambulatory surgery center
- Fort Riley, Farrelly Health Clinic

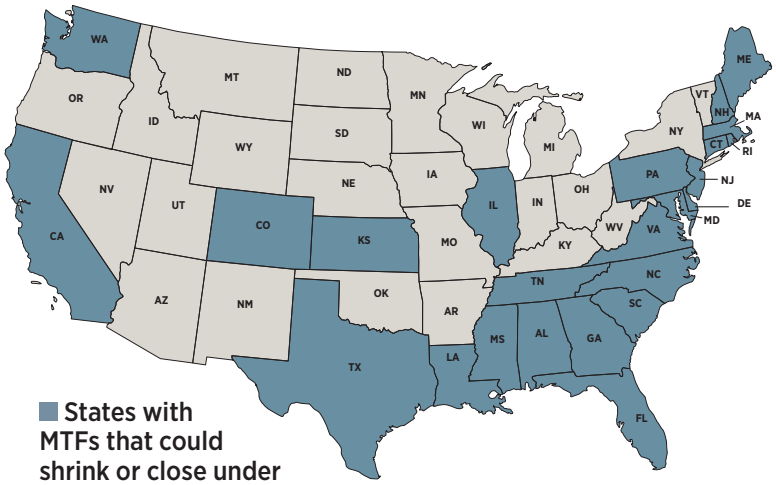
### Louisiana
- Barksdale Air Force Base outpatient facility
- Naval Air Station Belle Chasse outpatient facility

### Massachusetts
- Hanscom Air Force Base outpatient facility

### Maryland
- Aberdeen Proving Ground, Kirk outpatient facility
- Fort Detrick, Barquist outpatient facility
- Fort Meade, Kimbrough Ambulatory Care Clinic
- Naval Air Station Patuxent River outpatient facility
- Naval Support Facility Indian Head outpatient facility

### Mississippi
- Naval Technical Training Center Meridian outpatient facility

### North Carolina
- Fort Bragg, Joel outpatient facility
- Fort Bragg, Robinson outpatient facility




**States with MTFs that could shrink or close under current DoD plans.** *

* As of April 14, 2020

### New Hampshire
- Portsmouth Naval Shipyard outpatient facility (clinic in Kittery, Maine)

### New Jersey
- Joint Base McGuire-Dix-Lakehurst outpatient facility
- Naval Support Activity Lakehurst outpatient clinic
- Naval Weapons Station Earle, Colts Neck Earle outpatient facility

### Pennsylvania
- New Cumberland Defense Distribution Center outpatient facility

### Rhode Island
- Naval Station Newport, Naval Health Clinic New England

### South Carolina
- Marine Corps Air Station Beaufort, Naval Hospital Beaufort

### Tennessee
- Naval Support Activity Mid-South outpatient facility

### Texas
- Dyess Air Force Base outpatient facility
- Fort Hood Medical Home
- Fort Hood, Charles Moore Health Clinic
- Goodfellow Air Force Base outpatient facility
- Naval Air Station Corpus Christi outpatient facility

### Virginia
- Naval Support Facility Dahlgren outpatient facility
- Fort Lee, Kenner Outpatient Clinic
- Joint Base Langley-Eustis, 633rd Medical Group
- Joint Base Langley-Eustis, McDonald Army Health Clinic

### Washington
- Joint Base Lewis-McChord, Okubo Medical Home