

AD-765 594

THE PROCUREMENT OF PHYSICIANS FOR  
THE UNITED STATES ARMED FORCES

James A. Crowell

Army War College  
Carlisle Barracks, Pennsylvania

19 October 1971

DISTRIBUTED BY:

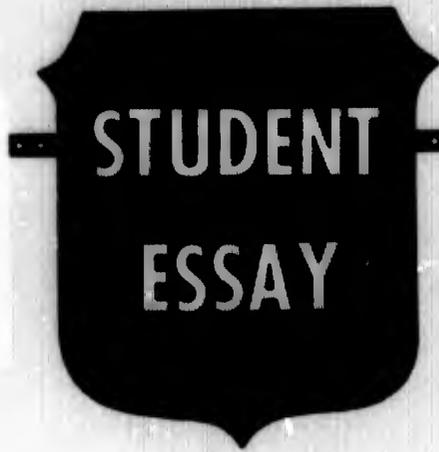
**NTIS**

National Technical Information Service  
U. S. DEPARTMENT OF COMMERCE  
5285 Port Royal Road, Springfield Va. 22151

CROWELL

①

The views expressed in this paper are those of the author and do not necessarily reflect the views of the Department of Defense or any of its agencies. This document may not be released for open publication until it has been cleared by the Department of Defense.



19 OCTOBER 1971

AD 765594

THE PROCUREMENT OF PHYSICIANS  
FOR THE  
UNITED STATES ARMED FORCES

BY

COLONEL JAMES A. CROWELL  
MEDICAL CORPS



Reproduced by  
NATIONAL TECHNICAL  
INFORMATION SERVICE  
U S Department of Commerce  
Springfield VA 22151

NONRESIDENT COURSE

US ARMY WAR COLLEGE, CARLISLE BARRACKS, PENNSYLVANIA



Approved for public  
release; distribution  
unlimited.

LIBRARY

NOV 17 1971

ARMY WAR COLLEGE

USAWC RESEARCH ELEMENT  
(Essay)

THE PROCUREMENT OF PHYSICIANS  
FOR THE  
UNITED STATES ARMED FORCES

by

Colonel James A. Crowell  
Medical Corps, USAR

US Army War College  
Carlisle Barracks, Pennsylvania  
19 October 1971

Approved for public  
release; distribution  
unlimited.

## ABSTRACT

The magnitude of the problems present in the procurement of physicians for the United States Armed Forces is presented. The Doctors Draft and the objections to the Doctors Draft are discussed.

The historical background of the Berry Plan is presented. Its favorable points and general acceptance is discussed. The All-Volunteer Armed Forces concept is presented and discussed. A special presidential task force to solve the problems of physician recruitment has been suggested and is presented. (M)

The Uniformed Services University of the Health Sciences, as proposed by Representative Hebert in his bill H. R. 2, is presented. The current shortage of doctors in the United States is discussed.

The One-Army concept with the combined capabilities of the Active and Reserve components is presented with a statement by General Westmoreland, Army Chief of Staff. The problems of the retention of physicians in the United States Armed Forces is discussed, and the reasons why doctors get out is presented.

The conclusions drawn would indicate that an All-Volunteer Army concept, though desirable, seems unlikely to succeed unless new methods of procurement are instituted. The inaction of Congressman Hebert's H. R. 2, to establish a Uniformed Services University of the Health Sciences, seems to be a logical and desirable solution.

SPECIAL CALL #46

TIME PHASE	DOCTORS OF MEDICINE			DOCTORS OF OSTEOPATHY			TOTAL PHYSICIANS					
	ARMY	NAVY	AIR FORCE	TOTAL	ARMY	NAVY	AIR FORCE	TOTAL	ARMY	NAVY	AIR FORCE	TOTAL
Jul 1971	331	253		548	17	13		30	348	266		614
Aug 1971	210	211	48	469	11	11	2	24	221	222	50	493
Sep 1971	105		48	153	6		2	8	111		50	161
Oct 1971	98		48	146	5		2	7	103		50	153
Nov 1971			48	48			2	2			50	50
Dec 1971		41	48	89		2	2	4		43	50	93
Jan 1972	42			42	2			2	44			44
TOTAL	786	505	240	1,531	41	26	10	77	827	531	250	1,608

PROJECTED

SUMMARY  
CAREER MC LOSSES FOR THE PERIOD  
1 January 1971 through 30 June 1971 (Table I)

(Numbers in parentheses indicate those of total number who are Board Certified)

SPECIALTY	YEARS OF ACTIVE SERVICE										Over 24	Total
	4-6	7-8	9-10	11-12	13-15	16-20	21-22	23-24	24			
Medical	10	12(6)	8(4)	1(1)	1(1)	4(2)		1(1)	4(3)		41(18)	
Surgical	4	19(5)	23(13)	13(5)	9(5)	2(2)	1(1)	2(2)	8(8)		81(41)	
Miscellaneous	66	13(4)	10(4)	5(2)	2(1)	4	6(3)	4(2)	18(6)		128(23)	
TOTAL	80(1)	44(15)	41(21)	19(9)	12(7)	10(4)	7(4)	7(5)	30(17)		250(82)	

Losses By Grade:

Gen/Adm	3
Col/Capt	51
LCol/Odr	54
Maj/Lcdr	118
Cpt/Lt	24
<u>Total</u>	<u>250</u>

Date:  
Source: SGO Reports  
Prepared by: Odr Clark

## PROJECTED

## CAREER MC LOSSES FOR THE PERIOD

(Table II)

1 January 1971 through 30 June 1971

(Numbers in parenthesis indicate those of total number who are Board Certified)

SPECIALTY	YEARS OF ACTIVE SERVICE										Over 24	Total	
	4-6	7-8	9-10	11-12	13-15	16-20	21-22	23-24	25				
Allergy													
Anesthesiology	4(1)	5(1)	1	1								1(1)	12(3)
Aviation Medicine	28	2	1(1)	1								4(3)	37(4)
Cardiology													1(1)
Dermatology		1(1)	1									1(1)	3(2)
Gastroenterology													
General Surgery		2(1)	3(2)	3(1)	4(1)							2(2)	16(9)
Internal Medicine	4	9(4)	5(2)	1(1)	1(1)	3(1)						3(2)	26(11)
Neurology		1			1(1)								2(1)
Neuro-Surgery		1			1(1)								2(1)
Obstetrics & Gynecology		5	8(4)	3		1(1)						2(2)	20(8)
Occupational Medicine													
Ophthalmology		5(1)	1	2	1(1)	1(1)						1(1)	10(3)
Orthopedic Surgery	1	3(2)	5(2)	3(2)	1(1)	1(1)						2(2)	15(9)
Otolaryngology	1		4(3)		2(1)							1(1)	8(5)
Pathology			4(3)	1(1)								2(2)	8(7)
Pediatrics	6	2(1)	1(1)			1(1)						1(1)	11(4)
Physical Medicine													1(1)
Psychiatry	2	2	1		1	1					1	1	8
Preventive Medicine													2(1)
Pulmonary Diseases													
Plastic Surgery													1(1)
Radiology	1	3(3)	2(1)	2(1)	1(1)								8(5)
Thoracic Surgery													
Urology	2	3(1)	2(2)	2(2)									9(5)
General Medical Officer	25		2									2	29
Adm/Gen						3						1	1
Staff & Command											2	5	11
Nuclear Medicine											1(1)		1(1)
Research	1											1	2
Submarine Medicine	5											1	6
<b>Total</b>	<b>30(1)</b>	<b>44(15)</b>	<b>41(21)</b>	<b>19(8)</b>	<b>12(7)</b>	<b>10(4)</b>	<b>7(4)</b>	<b>7(5)</b>	<b>30(17)</b>	<b>250(82)</b>			

Losses By Rank:

Gen/Adm	3
Col/Capt	51
1Col/Cdr	54
MaJ/Lcdr	118
Cpt/Lt	24
<b>Total</b>	<b>246</b>

Date: 22 FEB 1971

Source: SGO Reports

Prepared by: Cdr Clark

## INTRODUCTION

The procurement of physicians for the United States Armed Forces has been a major problem confronting this Nation for many years. The so-called Doctors Draft has been in use continuously from 1950 until the present draft laws terminated on June 30, 1971 and were reinstated in September, 1971.

The Berry Plan is one method by which a young doctor may defer his call to active duty, by the draft, until he has completed his specialty training and thus plan in advance his military service.

Important in the procurement of physicians is the improvement of desirability of the career program of the regular military services. If the trained physicians in the military services are offered satisfactory rewards through improved career management programs, there will be less incidence of retiring until after they have completed their 20 to 30 year career program.

The physician shortages in the United States have grown to major proportions. Because of this, more and more foreign trained physicians are coming to the United States. There is a need for even more physicians, and the medical schools are increasing their enrollment. At the same time, new medical schools are being formed. The time is right for the US Government to establish a Uniformed Services University of Health Sciences.

Until new methods are instituted to correct these deficiencies in the procurement of physicians and establish the All-Volunteer Army,

the Doctors Draft must be extended in order to meet our current requirements for physicians in the US Armed Forces."

#### THE DOCTOR DRAFT

The so-called Doctor Draft has been in use since 1950. Initially, it included all doctors up to age 51. In 1957, the law pertaining to drafting of doctors was permitted to expire and our needs were met under the authority of the general draft with one additional provision:

Provide further that nothing herein shall be construed to prohibit the President under such rules and regulations as he may prescribe . . . for providing for the selection or induction of persons qualified in needed medical, dental, or allied specialist categories pursuant to requisitions submitted by the Secretary of Defense.<sup>1</sup>

The Military Selective Service Act of 1967 states in general that every male citizen over the age of 18 years 6 months and under 26 years is liable for training and serving in the Armed Forces of the United States. Additionally, this act requires the same obligations of all male non-citizens of the same ages who have been in this country for a year or more. In the case of physicians, dentists, and certain allied specialists, the upper age limit is raised to 35 for all those who have received an educational deferment. The only service creditable toward the fulfillment

---

<sup>1</sup>Louis M. Rousselot, M.D., FACS, Assistant Secretary of Defense, "Observations on the Doctor Draft and the Uniformed Services University of the Health Sciences --- H. R. 2." Personal communications to the Executive Council of the Society of Medical Consultants to the Armed Forces, 16 April 1971.

of this obligation is service in one of the seven uniformed services consisting of the Army, Navy, Marine Corp, Air Force, Coast Guard, Public Health Service, and the Environmental Science Services Administration. It is also understood that a physician who has satisfied his selective service obligation, either in an officer or enlisted status prior to becoming a physician, is not again required to serve. The law provides special provisions which allow the physician to be commissioned in an appropriate grade and brought to active duty as an officer. Therefore, it is practically routine that all drafted physicians enter service as commissioned officers and, in reality, they are not draftees but are draft motivated volunteers.

The lottery system of determining the priority in which young men will be required to satisfy their selective service obligation does not, in effect, apply to the physicians, dentists, and certain allied specialists who have been deferred for educational purposes. The issue of double jeopardy has been considered by the National Security Council, and that body accepted it as a fact of life involving a scarce pool of manpower, and as necessary to provide for adequate medical care in the military services. At the 1971 meeting of the Students American Medical Association held in St. Louis, there was considerable discussion regarding this phase of the Doctors Draft. Under the present system, a student could have a high lottery number and then be eligible for the draft again after he obtains his M.D. One of the panelists, Mark Sweet, a senior medical student at the University

of Florida, called for a lottery system for everybody and the elimination of some of the Berry Plan provisions.<sup>2</sup>

Physicians and allied medical specialists subject to the upcoming Doctor Draft may be considered for deferment based on community essentiality. The major shift of the draft policy in response to community needs was authorized by draft director, Curtis W. Tarr. According to Tarr's specification of the criteria for deferment,

A physician, dentist, or allied specialist may be considered as essential in the community only if he is directly involved in patient care and his removal from the community would result in an extreme shortage of medical personnel to provide adequate patient care.<sup>3</sup>

A special Doctor Draft has been announced for the 7 months beginning in July, 1971 and running through January, 1972. In total, 1,608 physicians have been requested by the Department of Defense.<sup>4</sup> This includes 1,531 medical doctors and 77 osteopaths. President Nixon has emphasized his desire to move to an all-volunteer Armed Force. The conclusion must be that we move to an all-volunteer force of health professionals within two years if that is the period for which the draft is extended. Even if subsequently it becomes necessary to continue

---

<sup>2</sup>"Pentagon Hears Criticism of US Doctor Draft Policies", American Medical News, 17 March 1971.

<sup>3</sup>"Doctor Draft to Allow Local Deferments," American Medical News, 10 May 1971.

<sup>4</sup>Fact Sheet on Doctor's Draft, Special Pamphlet, Selective Service System (Washington, 1971).

the draft beyond that point, we will only have about five or six years supply of persons who will have any draft liability at the time they have completed their professional education, by virtue of having received a student deferment and 2S classification by selected service. An annual input in the neighborhood of 20 percent of the planned medical force strength would be an ideal goal to strive for, considering that one 20- or 30-year careerist in the medical corp equates to more than 10 minimal service transients, not to mention the training and leadership capability of the careerist as compared to that of the minimum service physician.<sup>5</sup> The Berry Plan of the Department of Defense and the CORD Program of the Public Health Service offer the only two programs in which a young draft liable physician can seek to determine when he will serve the active service obligation required to him under the existing law.

#### THE BERRY PLAN

The Berry Plan was initiated by Dr. Frank B. Berry, emeritus Professor of Clinical Surgery, Columbia University, College of Physicians and Surgeons, New York, when he served as Assistant Secretary of Defense (Health and Medical).<sup>6</sup> He was appointed as Assistant Secretary of

---

<sup>5</sup>Louis M. Rousselot, M.D., FACS, "Doctor Draft", Archives of Surgery, January, 1971, pp. 87-88.

<sup>6</sup>Frank B. Berry, M.D., "How the Berry Plan Got Started", Medical Times, June, 1970, pp. 104-106.

Defense on January 1, 1954. The formal name given to the program was the Armed Forces Physicians Appointment and Residency Consideration Program. The plan was developed by Dr. Berry. It was approved by Secretary of Defense Charles E. Wilson with the approval and support of General Lewis Hershey, the Director of Selective Service and his medical advisor, Colonel Richard H. Eanes, USA retired. The graduating medical class of 1954 initiated the program, and the program has had a very successful operation with the full cooperation of everyone concerned. The program was expanded in 1963-1964. General Hershey was delighted with its operation since its inception, and he agreed to its extension under Dr. Shirley Fisk and his successor, Dr. Louis M. Rousselot.

The Berry Plan offers the young physician, having an obligation for military service, an opportunity to indicate his desire and perhaps satisfy that desire. He may specify at what point in his career he will serve his country. The entire program is outlined in the information bulletin for the Berry Plan, 1971, as published by the Department of Defense.<sup>7</sup> The Berry Plan continues to provide an excellent way for young physicians to plan their early post-doctoral years and determine when they will fulfill their two-year obligation. The military of all services have recognized that this plan helps to solve their problems for the need of experienced, well-trained men in the specialties.

---

<sup>7</sup> Berry Plan, Information Bulletin, Department of Defense (Washington, 1971).

## THE ALL-VOLUNTEER ARMED FORCES

President Nixon has directed that the Secretary of Defense draw up a workable plan for creating an all-volunteer Armed Force. Detailed studies of the problem have been made by the National Advisory Commission on Selective Service headed by Burke Marshall, the Civilian Advisory Panel on Military Procurement for the House Armed Services Committee headed by General Mark Clark, as well as studies by the Department of Defense. An exclusively volunteer system would be very expensive. In the medical field, it has been concluded that it would be impracticable to induce 3,000 or more physicians annually (nearly 50 percent of those graduating each year) to voluntarily enter service under any pay level at all compatible with the rest of the military or Federal civil service pay structure.<sup>8</sup>

The Reference Data on The Profile of Medical Practice 1971 from the Center for Health Services Research and Development of the American Medical Association has recently published that the average physician earned \$35,510 in net income in 1968 after expenses were deducted but before taxes.<sup>9</sup>

---

<sup>8</sup>"An AUSA Statement on the Proposals For All-Volunteer Armed Forces", Purposes and Use of Military Power, The Association of the United States Army (Washington, 10 July 1969).

<sup>9</sup>"The Profile of Medical Practice 1971", American Medical News, 26 July 1971, pp. 12.

AVERAGE NET INCOME BY SPECIALTY AND LOCATION, 1966

Specialty	Total	LOCATION	
		Non-Metropolitan	Metropolitan
All specialties	\$35,510 <sup>a</sup>	\$34,588	\$35,692
General practice	32,308	33,430	31,740
Surgery	40,654	37,974	41,122
Internal medicine	34,460	36,250	34,286
Obstetrics and gynecology	38,538	39,274	38,427
Pediatrics	30,718	34,659	30,267
Psychiatry	33,179	26,058	33,602
Radiology	46,423	50,417	45,700
Anesthesiology	35,972	32,500	36,191
Other	31,066	25,159	32,085

<sup>a</sup>Based on 3,420 observations.

Under the present system, considering the average income of the physicians in the United States today, it would be extremely difficult to recruit an adequate supply of physicians to the US Armed Forces under an entirely volunteer basis. It would appear that additional methods of recruitment must be seriously considered at this time.

At a recent Chicago meeting of the National Health Resources Advisory Committee and the National Advisory Committee on the selection of physicians, dentists, and allied specialists, Curtis W. Tarr, PhD., Selective Service director, suggested that a special presidential task force, to solve the problems of physician recruitment, should be appointed. Dr. Tarr said, "We must think of new procedures for inducting physicians into the military."<sup>10</sup> With the Administration's plan for an All-Volunteer

<sup>10</sup>"MD Recruiting Force Is Urged", American Medical News, 4 October 1971, pp. 1

Medical Corps by 1973, the need for a committee named by the President to look into physician manpower needs is most essential.

#### A UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES

A US military medical school has been a subject for discussion for a good many years. It was discussed at the meeting of the Association of Military Surgeons of the United States in 1903. Representative F. Edward Hebert, Chairman of the House Armed Services Committee, has been the principle proponent of a military medical school.<sup>11</sup> His current bill, H. R. 2 of the 92nd Congress 1st Session, calls for a bill to establish a Uniformed Services University of the Health Sciences.

Late in September, 1971, the House Armed Services Committee unanimously approved H. R. 2 at a combined cost over five years of \$241.3 million. The bill provides a scholarship program and a Uniformed Services University of Health Sciences. Defense Secretary Laird has supported the bill, and the surgeon generals of the Army, Navy, and Air Force are supporting it. AMA representative Bland W. Cannon, M.D. emphasized that it was important that the armed forces have an adequate number of physicians, and he thought a sounder way to provide them would be Defense Department financing of education in civilian medical schools.<sup>12</sup>

---

<sup>11</sup>Louis M. Rousselot, M.D. and Hamilton B. Webb, MC, USAF, "A National University of the Health Sciences", JAMA, 3 November 1969, pp. 885-889.

<sup>12</sup>"House Unit Votes Military MD School", American Medical News, 4 October 1971, pp. 1.

He expressed the thought that the existing federal medical installations in the Washington, D. C. area could be utilized with the existing D. C. medical schools, thus enabling them to increase their capacity for clinical training.

H. R. 2 will authorize a Uniformed Services University of Health Sciences to be established within a 25 mile radius of the District of Columbia or at sites to be selected by the Secretary of Defense with the authority to grant appropriate advanced degrees. It would seem that the University of the Health Sciences is needed now. Ultimately, it may be deemed advisable to create 4 or 5 such Uniformed Services--Universities of the Health Sciences.

Currently, we are 50,000 doctors short in the United States.<sup>13</sup> The Labor Department says that this implies a need for about 20,000 new doctors a year between 1968 and 1980. If medical schools continue to graduate students at their present rate, and if the same 1,800 a year influx of foreign medical school graduates continue, only about 10,000 of the estimated 20,000 physicians needed annually will actually join the work force.<sup>14</sup> The Department of Labor experts feel that it is beyond the country's medical schools to cut substantially the projected shortage by 1980. Because of some expansion in medical school enrollments, stimulated by funds from Health Professions Educational Assistance Act

---

<sup>13</sup>Nick Thimmesch, "Medical Students Flock Overseas", The Charlotte News, 13 July 1971.

<sup>14</sup>"Health Careers", Occupational Outlook Quarterly (Special Issue), US Department of Labor, 1971.

of 1963, projected medical school enrollments should rise from 36,000 to 46,000 during these years. The Labor Department's manpower experts accepted the US Public Health Service estimate that the shortage of US physicians is probably as high as 15 percent of the 295,000 physicians now in practice. The Department forecasts a need for 450,000 physicians in the United States by 1980, an increase of 150,000 or 53.1 percent.

The Council on Medical Education and the Council of Health Manpower, with aid from the Council on Medical Service, outlined in a recent report to the House definite progress in the expansion of the existing medical schools, the development of new ones, and the acceleration of training. Some of the figures are impressive. For example, in 1960-61 school year, there were 86 medical schools with a first year enrollment of 8,298 and a graduating class of 6,994. In 1970-71 school year, there were 103 schools. Next June's graduating class is estimated at 9,363, which would represent a 33.9 percent increase over 1961.<sup>15</sup> The enrollment increases, the Council reports, "represent years of planning and development by American medical schools."<sup>16</sup> Federal funds for support on construction first became available in 1963 for support of general operations in 1965. Special incentives for expansion were the Physicians Augmentation Program in 1969. Each piece of legislation has had a positive effect in stimulating schools to expand facilities

---

<sup>15</sup> "Training More M.D.'s", American Medical News, 19 July 1971, pp. 4.

<sup>16</sup> Ibid.

and increase enrollment.

Nearly 12,000 first-year students began medical school this fall. That's the highest number in history. The entering class was compiled from a pool of some 25,000-26,000 applications, which also is a record. Statistics compiled by the American Medical Association Division of Medical Education and the Association of American Medical Colleges bear out estimates that about 40 percent of all applicants were accepted. At least eight new schools are expected to be opened in 1972; according to a survey by the American Medical Education's Division of Medical Education.<sup>17</sup>

More and more of the qualified but rejected candidates are seeking their medical education abroad -- an estimated four to eight thousand, the AMA reports, including 1,000 at the University of Guadalajara in Mexico and nearly 1,000 in Italian medical schools. Doctors with foreign degrees must, however, put in up to two years more training in the US, to meet AMA standards, before they can practice here. Nearly 1/3 of the 11,032 new physicians licensed in the US last year graduated from foreign medical schools.

Senator Barry Goldwater has introduced his bill S-853, which is a companion piece of the H. R. 2 bill with one exception. Senator Goldwater's bill provides for the establishment of premedical courses at each of the military academies. The Air Force Academy model of life

---

<sup>17</sup>"Record 12,000 Students Begin Medical School", American Medical News, 30 August 1971, pp. 1, 9.

sciences division already now adequately prepares Air Force cadets for entry direct to medical school without deficiencies. This bill would provide other avenues for entry into medical schools.

#### UNITED STATES ARMY RESERVE

General William C. Westmoreland, Army Chief of Staff, said in a recent address to the Association of the Adjutant General's Corps,

Our Reserve Components--the National Guard and the Reserve--have never been more important in the total scheme of national defense. The strength of the Army is a function of the combined capabilities of both Active and Reserve Components--our One Army concept. With the Active Army continuing to decrease in size, the importance of the Reserve Components obviously increases. Thus, National Guard and Reserve preparedness is a foremost concern as we plan for the most advantageous mix of forces--both Active and Reserve--to support our national strategy.<sup>18</sup>

Maintenance of the Medical Corps strength in the USAR is necessary to provide support and training for reserve components during inactive and active duty training, to augment active forces in time of emergency, to provide trained medical officers for command, staff, and administrative and management positions, to assist in medical research and development, and to provide additional support to active army units and installations.

Reserve officers must expand at a time when the Regular Army is reduced. Those individuals rejected by the Berry Plan or not committed

---

<sup>18</sup>"General Westmoreland Stresses Importance of Reserve Components in National Defense", The Officer, Reserve Officers Association, May, 1971.

to the Berry Plan should be made available to the Army Reserve program. A Berry Plan-type program should be developed for a steady availability of Medical Corps officers to the Reserves.

The early commissioning program is of great value in that most individuals, at the time they had completed this, have enough years in the Reserves to make it worthwhile staying on. This retains the non-obligated reservist in the higher rank that is needed for command.

Retention of medical officers in the USAR has been a subject of common concern to all of the services for many years. Many studies have been focused on this problem. However, a satisfactory solution has not been developed. At the present time, the shortage of medical officers in the USAR troop units is critical and an improvement is necessary in order to effectively accomplish the mission of the Reserves. The requirements of the active forces for medical officers have prevented sufficient input of medical officers into the USAR to maintain an effective strength. There is a large discrepancy in pay, privileges, benefits, rank and recognition between active duty and non-active duty medical officers, and this has created a negative retention factor for the reserve officers.

#### RETENTION OF PHYSICIANS IN THE US ARMED FORCES

It is obvious that the retention of physicians in the US Armed Forces is as important as the procurement of the physicians. In a study by Colonel William A. Boyson for the US Army War College, Carlisle Barracks,

Pennsylvania, dated 7 April 1967, entitled, "Why Doctors Get Out",<sup>19</sup> the tabulation of the major reasons for resignation and retirement are listed in the following table:

Reasons for Resignation and Retirement  
Expressed in Per Cent

Reason Listed	Resigned	Voluntary Retired	Mandatory Retired	TOTAL
Inadequate Pay	63%	37%	6%	45%
Prospect of Command or Administration	43	28		31
Education of Children	36	35		30
No Promotion Opportunity	15	57	6	28
Inadequate Housing	31	17	6	22
20 Years Service		50		18
Wife and Family Dissatisfaction	21	11		14
Freedom for Own Practice	25			12
Permanent Home and Stability	11	3		11
Personal Health Problems		11	39	10
Age 55 or 60 Years			67	10
Promotion System and Policies	3	23		9
Tired of Moving	11	5	11	9
Family Health Problems	7	15		9
The Vietnam "Situation"	10	5		6
Uncertainty and No Future	8	7		6
Problems with Commanders	5	9		6
30 Years Service		7	17	5
Good Practice Opportunity		11	6	4
Other Family Pressures	5	2		3

Inadequate pay was stated to be a major reason for 45% of the entire group. It was highest in the resigned group at 63%. About 80% of the officers responding to the questionnaire felt that there should be some

<sup>19</sup>William A. Boyson, Colonel, MC, Why Doctors Get Out, Student Essay, Carlisle Barracks, 7 April 1967).

increase in pay. There was evidence that career planning and guidance should be improved. This should be done not only at the level of the Office of The Surgeon General but at every level of command throughout the Armed Forces.

The projected career MC losses for the period 1 January 1971 through 30 June 1971 is a total of 250, 82 of which are Board Certified. This is broken down to Medical 41 (18 Board), Surgical 81 (41 Board), and Miscellaneous 128 (23 Board).<sup>20</sup>

Colonel Maurice S. Berbary, MC, has made a study of "The Physician, The Congress, and The Armed Forces -- A Study in Career Management and Federal Legislation Applying to the Procurement and Retention of Physicians in the Military Establishments",<sup>21</sup> and has presented this as his US Army War College thesis, dated 3 March 1969. Colonel Berbary has stated that the Armed Forces, in their efforts to improve retention of military physicians, will need to place principal reliance on those features of military medicine which enable it to compete favorably with civilian medicine; namely, outstanding clinical opportunity and professional training. He has concluded that the Armed Forces cannot expect to pay

---

<sup>20</sup>Louis M. Rousselot, M.D., FACS, Assistant Secretary of Defense, "Projected Career MC Losses For the Period 1 January 1971 through 30 June 1971", Personal communications, Prepared by Commander Clark, SGO Reports, 22 February 1971.

<sup>21</sup>Maurice S. Berbary, Colonel, MC, The Physician, The Congress, and the Armed Forces -- A Study in Career Management and Federal Legislation Applying to the Procurement and Retention of Physicians in the Military Establishments, Student Thesis (Carlisle Barracks, 3 March 1969).

military physicians salaries which are closely competitive with the earnings of private practice physicians. His final recommendations lie "within the parameters of the basic managerial functions; planning, organizing, staffing, directing, and controlling."<sup>22</sup>

The young medical officer frequently does not feel that he is being genuinely involved in his career planning and development, especially past the residency stage.

#### CONCLUSIONS

The various factors which effect the procurement of physicians for the US Armed Forces have been presented and discussed. The All-Volunteer Army concept, though desirable, seems unlikely to succeed in the procurement of an adequate number of physicians for the US Armed Forces if the so-called Doctor Draft is ended, and unless new methods are instituted.

Inactment of Congressman F. Edward Hebert's H. R. 2 to establish a Uniformed Services University of the Health Sciences seems to be a logical and desirable solution. If inacted, it should be very helpful in the supply of sufficient numbers of physicians for the US Armed Forces. It would seem that this is a timely bill. This bill would help the Armed Forces to not only correct some of their procurement problems but also make their proper contribution to the national health manpower problems, and become producers rather than merely consumers of medical manpower.

  
James A. Crowell  
Colonel, M. C., USAF  


---

<sup>22</sup>Ibid., pp. 96.

## BIBLIOGRAPHY

1. "An AUSA Statement on the Proposals for All-Volunteer Armed Forces." Purposes and Use of Military Power. The Association of the United States Army, Washington, 10 July 1969.
2. Berbary, Maurice S., Colonel, MC. The Physician, The Congress, and The Armed Forces -- A Study in Career Management and Federal Legislation Applying to the Procurement and Retention of Physicians in the Military Establishments. Student Thesis. Carlisle Barracks: US Army War College, 3 March 1969.
3. Berry, Frank B., M.D. "How The Berry Plan Got Started." Medical Times, Vol. 98, No. 6, (June 1970), pp. 104-106.
4. Berry Plan. Information Bulletin. Department of Defense, Washington, 1971.
5. Boyson, William A., Colonel, MC. Why Doctors Get Out. Student Essay. Carlisle Barracks: US Army War College, 7 April 1967.
6. Burka, Edward R., LTC, MC-USAR. The Retention of Medical Corps Officers in the USAR: An Analysis. Office of the Chief, Army Reserve, Personnel Division, October 1970.
7. "Doctor Draft to Allow Local Deferments". American Medical News, 10 May 1971.
8. Dorman, Gerald D., M.C. "The AMA and Military Medicine". Military Medicine, Vol. 135, No. 4, (April 1970), pp. 259-262.
9. Fact Sheet on Doctor's Draft. Special Pamphlet. Selective Service System, Washington, 1971.
10. "General Westmoreland Stresses Importance of Reserve Components in National Defense". The Officer. Reserve Officers Association, May 1971.
11. "Health Careers". Occupational Outlook Quarterly (Special Issue). US Department of Labor, 1971.
12. "House Unit Votes Military MD School". American Medical News, 4 October 1971, pp. 1.
13. Information on Doctors. Special Pamphlet. Selective Service System, Washington, 1971.

14. "MD Recruiting Force Is Urged". American Medical News, 4 October 1971, pp. 1.
15. "Need for 450,000 Physicians in US Foreseen for 1980". Medical Tribune Report (Washington Bureau), pp. 26.
16. "Pentagon Hears Criticism of US Doctor Draft Policies". American Medical News, 17 May 1971.
17. "Profile of Medical Practice 1971, The". American Medical News, 26 July 1971, pp. 12.
18. "Record 12,000 Students Begin Medical School". American Medical News, 30 August 1971, pp. 1, 9.
19. Rousselot, Louis M., M.D., FACS, Assistant Secretary of Defense. "Observations on the Doctor Draft and the Uniformed Services University of the Health Sciences -- H. R. 2". Personal communications to the Executive Council of the Society of Medical Consultants to the Armed Forces, 16 April 1971.
20. Rousselot, Louis M., M.D., FACS, Assistant Secretary of Defense. "Projected Career MC Losses for the Period 1 January 1971 through 30 June 1971". Personal communications. Prepared by Commander Clark, SGO Reports, 22 February 1971.
21. Rousselot, Louis M., M.D., FACS. "Doctor Draft". Archives of Surgery, Vol. 102, No. 1, (January 1971), pp. 87-88.
22. Rousselot, Louis M., M.D., FACS, and Webb, Hamilton B., MC, USAF. "A National University of the Health Sciences". JAMA, Vol. 210, No. 5, 3 November 1969, pp. 885-889.
23. "Study Abroad -- You May Have To". Parade, 15 August 1971, pp. 15.
24. Thirmesch, Nick. "Medical Students Flock Overseas". The Charlotte News, 13 July 1971.
25. "Training More M. D.'s". American Medical News, 19 July 1971, pp. 4.