



THE SURGEON GENERAL OF THE NAVY

WASHINGTON

29 July 1974

*Intg on 5 Aug  
to Dr Custer*

Admiral E. R. Zumwalt, Jr., USN, Ret.

Falls Church, Virginia 22044

Dear Admiral Zumwalt,

I am most appreciative of your continued interest in the problems confronting military medicine and am reassured to know that we will have your continued counsel and support.

In this letter I would like to give an overview of my pressing concerns, and provide you the time to consider them prior to our planned meeting on August 5th.

As you know an immediate problem is that of obtaining a favorable implementation of the legislation passed last April to provide increased incentive pay for recruiting and retention of medical officers. After more than two months of arduous negotiations with offices in DOD, we finally obtained a favorable compromise. When SecDef forwarded the planned implementation to OMB, however, it was promptly challenged anew. The three Surgeons General are forwarding today rebuttals to their specious issues which threaten to emasculate all the effectiveness of the authorized bonus program.

These negotiations have clearly revealed a collusive effort on the part of authorities in DOD, OMB and HEW and a patently combined DOD/OMB endeavor to alter significantly the size and missions of the military medical care system. Direct quotes from DOD top managers during multiple hearings point to a further size reduction of less than one half of current strengths, transfer of dependent and retired care to a HEW controlled CHAMPUS like or special civilian HMO system, and a limitation of military medical support to peacetime active duty care and initial contingency response.

An executive decision and proposed legislation process as to the exact parameters to be applied is anticipated between Fall of 1974 and Spring of 1975 - the time frame for the conclusion of the ongoing OMB study.

This thrust has changed our challenge from the preparation of quality support to one of survival.

Of the multitude of studies made of the military medical system in recent years, the current OMB/HEW/DOD Military Health Care System Study has evoked the most in-house apprehension and suspicion regarding the intended future for the Navy Medical Department, and the extent of methods that will be used to achieve what is desired by those unconcerned with need.

This study has been under the predominance of systems analysts driven by cost-effective motivations to develop mathematical alternatives not consistent with casualty mortality/morbidity rates established as acceptable by our culture, experience and expertise. The initial report of this study group proposed total DOD medical strengths below those capable of providing realistic support, located the resources for those strengths predominately in the reserve and standby areas, and suggested inappropriate uses of standard planning factors.

It was the expressed anticipation of this forced and marked reduction in medical officer strength which caused the ASD(M&RA) to threaten blockage of the new incentive pay legislation.

Although well versed in planning straight forward medical support, we are, as you know, novices in the intricacies of system analysis. The Air Force has responded to this shortfall by contracting with Rand Corporation for an indepth study of their contingency response procedures and requirements. I am convinced the Navy could profit from a similar study if it were conducted in-house by system analysts, well predicated in Navy doctrine and experience.

Quite frankly our recent experiences with such surveyors as the Boeing Study Group have left us with impressions of superficial endeavors, premature and incomplete conclusions and defeatist recommendations.

From your experience of matching system analytic options against the multiple uncertainties of warfare we are confident you could provide guidance as to how to counter effectively an incomplete and biased evaluation by OMB.

Time is running out. During the immediate watershed months ahead we are in paramount need of partisans in crucial positions who can nonetheless vouch for the quality of Navy medical care, attest to our honesty of intent, preciseness of planning and be our protagonists in the analysts arena.

After so many defensive battles we are developing early signs of paranoia.

Details of these subjects can be more freely discussed when we meet. There is so much I want to tell you.

With warmest regards.

Respectfully,

A handwritten signature in black ink, appearing to read 'D. L. Custis', written in a cursive style.

D. L. CUSTIS  
Vice Admiral, MC, USN