Health care personnel delivery system: Another doctor draft?

COL Roger A. Lalich, MC, WIARNG

Introduction

The recent mobilization of large numbers of reserve soldiers may have caused public concern about the adequacy of the number of personnel in the military. There is a perception that a military draft may have to be instituted.[1] Although the United States military may be deployed around the world, the Secretary of Defense has indicated "a conventional draft of untrained manpower is not necessary for the war on terrorism or any likely contingency." However, the Department of Defense has stated that what most likely will be needed is a "special skills draft, especially health care, within a 90-day time frame."[2] In other words, there may be another "Doctor Draft." The Health Care Personnel Delivery System (HCPDS) is the mechanism that the Selective Service System (SSS) will employ to obtain trained health care personnel for the military.

History

The most recent conscription of health care personnel was initiated in 1950 as the Doctor's Draft Law, which remained in effect until 1973. There were 30,000 health care professionals brought into the military though this draft. Most of the physicians were mobilized through the Reserve Officer Commissioning program.[3] Less than 100 physicians were drafted as enlisted soldiers (those who refused to enter the military through the commissioning program). This draft included physicians, dentists, optometrists, podiatrists, and nurses. All were male. Of those drafted, 78% were physicians. Of all eligible physicians under age 35, only 4% did not serve.

The President's Commission on an All-Volunteer Armed Forces stated that the medical profession had borne the heaviest burden of military service of any group in our society.[3] With the advent of the all-volunteer force in 1973, the Doctor's Draft Law expired.

HCPDS

In 1987, Congress authorized the SSS to develop a conscription program "for registration and classification of persons qualified for practice or employment in a heath care occupation essential to the Armed Forces."[4] Congress did not authorize the SSS to actually register health care personnel. The resulting program from this legislation is the HCPDS.

The goal of the HCPDS is to respond rapidly to health care manpower requirements in a fair and equitable manner. The system is designed to be simple and flexible. Finally, the HCPDS takes into account the needs of civilian health care in the community.

Registration

Registration for possible induction would occur only when approved by the President and Congress. Emergency registration is comprised of two phases: a 7-day mass registration within 2 weeks of a Presidential Proclamation, and then a continuous registration beginning 2 weeks after the mass registration. Initially, only qualified individuals between 20 and 44 years of age would be required to register. The maximum age liability for registration and service is 55. Active duty military personnel and nonimmigrant aliens will be exempted from registration. Legislation would determine if registration is for males only or if females would be required to register. A pool of 3.4 million health care professionals could be registered.[5]

Physicians would be required to register in a specialty. If qualified in several specialties, the physician would register in the specialty with the highest education, training, or experience requirements. However, if the Department of Defense more acutely needs the more basic specialty, the physician would then register in that basic specialty. Physicians in graduate medical education programs would not be required to register unless they are al-

Doctor Lalich is the Wisconsin Army National Guard State Surgeon. He is also a board certified obstetrician/gynecologist with Women's Health Care, S.C. in Waukesha, Wis.

Table 1. Anticipated Department of Defense Required Specialties[7]

Allergy and Immunology
Anesthesiology
Aviation/Aerospace Medicine
Colon and Rectal Surgery
Dermatology
Emergency Medicine
General Internal Medicine
Neurological Surgery
Neurology
Ophthalmology and Sub-specialties
Orthopedic Surgery and Sub-specialties
Otolaryngology
Pathology and Sub-specialties
Preventive Medicine
Psychiatry and Sub-specialties
Radiology
General Surgery
Thoracic Surgery
Urology

ready qualified in another specialty, in which case they would be required to register in that specialty. Those specialties likely to be needed by the Department of Defense are listed in Table 1.

Registration would be done at post offices. Failure to register could result in a $250,000 fine and/or 5 years in prison. In the event of a general (non-medical) registration and a health care registration occurring at the same time, a group of 20 to 25 year olds could be responsible for registering in both systems. Once selected for induction under one system, the registrant is not liable for induction under the other system. This is not likely to affect many physicians, as most specialty-qualified physicians are older than 25 years.

Mobilization

Once selected for induction, the registrant would report to a Military Entrance Processing Station (MEPS) for a physical examination. After being examined and found qualified, the registrant would return home and return to MEPS at a later date for induction or, if time is critical, would be immediately inducted while at MEPS after completing the physical examination. Wisconsin residents would probably use the MEPS in Milwaukee or Minneapolis. Credentialing would be done by MEPS "credentialing officers."[4] Physician registrants who are physically able to practice in the civilian medical system are generally presumed to be physically qualified in the military health care system. It is expected that the disqualification rate of physician registrants for medical reasons would be less than general (non-physician) registrants.

Selection for Induction

Year of registration, age and random number sequences would be employed to determine the priority of induction. A priority selection group (PSG) would be determined by the date of registration. Most vulnerable to induction would be those registrants in the first year of eligibility (PSG1), followed by those in the second (PSG2) and third (PSG3) years of eligibility. Selection would begin with registrants in PSG1 who are the youngest (by year) and, within that cohort, the selection would be by random number sequence. If requirements for health care personnel exceed inductees from all age groups in PSG1 then registrants in PSG2 and PSG3 would be inducted.

Classification

Classification will determine a registrant's inclusion or exemption for induction (Table 2). Classifications are planned to be administrative (those supported by specific documents) and judgmental (those requiring a local board to determine if the supporting evidence submitted meets criteria for the requested classification). Initially, all health care personnel will be assigned a 1-AM classification: available for unrestricted military service. Local SSS boards will have the authority and responsibility to reclassify registrants if appropriate. There is an appeal process to other boards.

Claims

Claims are defined as requests for a delay in reporting for induction or a permanent exemption from military service. Postponements are expected to be for illness, family emergencies or time to take critical professional examinations. Postponements are not expected to exceed 90 days. A student, however, may be permitted to postpone induction to complete the current academic school year.

Physician registrants would be permitted to postpone induction to complete a higher level of accreditation or proficiency in a specialty but must be in the final year of the residency or fellowship. A physician will be permitted to obtain a 90-day postponement to find a replacement to meet critical community health care needs. If the national emergency time frame allows, a 90-day postponement will be available to close a private medical practice.

Exemptions from induction may include hardship, conscientious objection, or ministerial. Local SSS boards will decide these judgmental claims.

Essentiality of Occupation Deferment

Health care professionals also may be eligible for the Essentiality of Occupation deferment (2-AM, Table 2). This exemption recognizes that it may be in the best interest of the nation to defer selected health care providers so that the health care of the community is

maintained. Generally, the registrant will be required to show that his or her civilian occupation is essential to the nation's and community's health, safety, interest, and welfare. To qualify for the Essentiality of Occupation deferment registrants will need to demonstrate one of the following:

- they provide direct patient care to the public
- they provide services that support direct patient care
- they teach health care professionals
- they are engaged in other health care services critical to the community

In addition to one of the above, registrants will have to provide evidence that:

- they are currently practicing in the concerned community
- other qualified persons available to the community cannot perform the service
- another qualified person cannot replace them within the time allotted by a postponement of induction or they cannot be replaced because of a shortage of persons with similar qualifications and skills

Local SSS boards will determine if the above criteria have been met. Medical advisory committees will be available to assist these lay boards.

Table 2. Selective Service System Health Care Registrants Classifications

Administrative Classifications	
Classification	**Description**
1-AM*	Registrant available for unrestricted military service
1-CM	Member of a United States uniformed service
1-D-DM	Deferment for members of a reserve component or student taking military training
1-D-EM	Exemption of members of a reserve component or student taking military training
1-HM	Registrant not currently subject to processing for induction or alternate service
1-O-SM	Conscientious objector to all military service
1-WM	Conscientious objector ordered to perform alternative service
3-A-SM	Registrant deferred because of hardship to dependents
4-AM	Registrant who has completed military service
4-A-AM	Registrant who has performed military service for a foreign nation
4-BM	Official deferred by law
4-CM	Alien or dual national
4-FM	Registrant not acceptable for military service
4-GM	Exempted because of a family member's death while serving in the military
4-TM	Treaty alien
4-WM	Registrant completed alternative service
Judgmental Classifications	
Classification	**Description**
1-A-OM	Conscientious objector available for noncombatant military service only
1-OM	Conscientious objector to all military service
2-AM	Registrant deferred because of Essentiality of Occupation
2-DM	Registrant deferred because of study preparing for the ministry
3-AM	Registrant deferred because of hardship to dependents
4-DM	Minister of religion

* The suffix "M" indicates a health care registrant.

Advisory Committees

The SSS National Health Care Personal Advisory Committee (National HCPAC) will be established to advise the director of the SSS with respect to registration, classification, and selection/induction of health care personnel.[6,7] Positions and advice given to the director are expected to be independent of national health care associations such as the American Medical Association. The National HCPAC will be composed of medical professionals and one lay member from the general public. State Health Care Personnel Advisory Committees (state HCPAC) will be formed to advise local SSS boards concerning communities' health care needs in relation to registrant's claims for Essentiality of Occupation deferments.[6,7] These medical committees will not be permitted to reclassify registrants but only to advise local boards. These committees will be made up of health care providers, with one member from the general public. The state SSS director will appoint members to the state HCPAC. The state SSS directors will be permitted to seek input from state medical societies for recommendations of potential physician members to the state HCPAC.

Summary

It appears that a general draft is not likely to occur. A physician draft is the most likely conscription into the military in the near future. Physicians inducted out of private practice with large practice expense overheads may suffer significant financial hardship. The only specific long-term deferment available to physicians is that of Essentiality of Occupation.

Reserve component forces have been used extensively over the last few years to augment the active duty military. Medical units and personnel are no exceptions to this

augmentation. After the most recent mobilization of reserve forces, many physicians may be leaving the National Guard and reserves because of the financial losses they suffered while mobilized. With the depletion of these supplemental physicians, who will the military use for future contingencies? A physician draft may be the only way to assure the health of our men and women in the military. Although this is not addressed in the HCPDS legislation, it is conceivable that physicians could be drafted into reserve medical units.

There may be changes to the HCPDS over the next few years, such as a quicker response time for induction of health care personnel. The alternative service requirement for physician conscientious objectors has yet to be determined. Also, a reengineering effort was announced by the SSS in March 2003 to focus on the "special skills" mission.[2] Currently this mission is only for health care personnel, but in the future it is foreseeable it may include linguists, environmental engineers, computer specialists, and other professionals.

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