Beware the Pentagon’s Pandemic Profiteers

Hasn’t the Military-Industrial Complex Taken Enough of Our Money?

BY MANDY SMITHBERGER

At this moment of unprecedented crisis, you might think that those not overcome by the economic and mortal consequences of the coronavirus would be asking, “What can we do to help?” A few companies have indeed pivoted to making masks and ventilators for an overwhelmed medical establishment. Unfortunately, when it comes to the top officials of the Pentagon and the CEOs running a large part of the arms industry, examples abound of them asking what they can do to help themselves.

It’s important to grasp just how staggeringly well the defense industry has done in these last nearly 19 years since 9/11. Its companies (filled with ex-military and defense officials) have received trillions of dollars in government contracts, which they’ve largely used to feather their own nests. Data compiled by the New York Times showed that the chief executive officers of the top five military-industrial contractors received nearly $90 million in compensation in 2017. An investigation that same year by the Providence Journal discovered that, from 2005 to the first half of 2017, the top five defense contractors spent more than $114 billion repurchasing their own company stocks and so boosting their value at the expense of new investment.

To put this in perspective in the midst of a pandemic, the co-directors

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of the Costs of War Project at Brown University recently pointed out that allocations for the Food and Drug Administration, the Centers for Disease Control and Prevention, and the National Institutes of Health for 2020 amounted to less than 1% of what the U.S. government has spent on the wars in Iraq and Afghanistan alone since 9/11. While just about every imaginable government agency and industry has been impacted by the still-spreading coronavirus, the role of the defense industry and the military in responding to it has, in truth, been limited indeed. The highly publicized use of military hospital ships in New York City and Los Angeles, for example, not only had relatively little impact on the crises in those cities but came to serve as a symbol of just how dysfunctional the military response has truly been.

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BAILING OUT THE MILITARY-INDUSTRIAL COMPLEX IN THE COVID-19 MOMENT

Demands to use the Defense Production Act to direct firms to produce equipment needed to combat COVID-19 have sputtered, provoking strong resistance from industries worried first and foremost about their own profits. Even conservative Washington Post columnist Max Boot, a longtime supporter of increased Pentagon spending, has recently recanted, noting how just such budget priorities have weakened the ability of the United States to keep Americans safe from the virus. “It never made any sense, as Trump’s 2021 budget had initially proposed, to increase spending on nuclear weapons by $7 billion while cutting Centers for Disease Control and Prevention funding by $1.2 billion,” he wrote. “Or to create an unnecessary Space Force out of the U.S. Air Force while eliminating the vitally important directorate of global health by folding it into another office within the National Security Council.”

In fact, continuing to prioritize the U.S. military will only further weaken the country’s public health system. As a start, simply to call up doctors and nurses in the military reserves, as even Secretary of Defense Mark Esper has pointed out, would hurt the broader civilian response to the pandemic. After all, in their civilian lives many of them now work at domestic hospitals and medical centers deluged by COVID-19 patients.

The present situation, however, hasn’t stopped military-industrial complex requests for bailouts. The National Defense Industrial Association, a trade group for the arms industry, typically asked the Pentagon to speed up contracts and awards for $160 billion in unobligated Department of Defense funds to its companies, which will involve pushing money out the door without even the most modest level of due diligence.

Already under fire in the pre-pandemic moment for grotesque safety problems with its commercial jets, Boeing, the Pentagon’s second biggest contractor, received $26.3 billion last year. Now, that company has asked for $60 billion in government support. And you undoubtedly won’t be surprised to learn that Congress has already provided Boeing with some of that desired money in its recent bailout legislation. According to the Washington Post, $17 billion was carved out in that deal for companies “critical to maintaining national security” (with Boeing in particular in mind). When, however, it became clear that those funds wouldn’t arrive as a complete blank check, the company started to have second thoughts. Now, some members of Congress are practically begging it to take the money.

And Boeing was far from alone. Even as the spreading coronavirus was spurring congressional conversations about what would become a $2 trillion relief package, 130 members of the House were already pleading for funds to purchase an additional 98 Lockheed Martin F-35 jet fighters, the most expensive weapons system in history, at the cost of another half-billion dollars, or the price of more than 90,000 ventilators.

Similarly, it should have been absurdly obvious that this wasn’t the moment to boost already astronomical spending on nuclear weapons. Yet this year’s defense budget request for such weaponry was 20% higher than last year’s and 50% above funding levels when President Trump took office. The agency that builds nuclear weapons already had $8 billion left unspent from past years and the head of the National Nuclear Security Agency, responsible for the development of
nuclear warheads, admitted to Representative Susan Davis (D-CA) that the agency was unlikely even to be able to spend all of the new increase.

Boosters of such weapons, however, remain undeterred by the COVID-19 pandemic. If anything, the crisis only seems to have provided a further excuse to accelerate the awarding of an estimated $85 billion to Northrop Grumman to build a new generation of intercontinental ballistic missiles (ICBMs), considered the “broken leg” of America’s nuclear triad. As William Hartung, the director of the Arms and Security Project at the Center for International Policy, has pointed out, such ICBMs “are redundant because invulnerable submarine-launched ballistic missiles are sufficient for deterring other countries from attacking the United States. They are dangerous because they operate on hair-trigger alert, with launch decisions needing to be made in some cases within minutes. This increases the risk of an accidental nuclear war.”

And as children’s book author Dr. Seuss might have added, “But that is not all! Oh, no, that is not all.” In fact, defense giant Raytheon is also getting its piece of the pie in the COVID-19 moment for a $20-$30 billion Long Range Standoff Weapon, a similarly redundant nuclear-armed missile. It tells you everything you need to know about funding priorities now that the company is, in fact, getting that money two years ahead of schedule.

In the midst of the spreading pandemic, the U.S. military’s Indo-Pacific Command similarly saw an opportunity to use fear-mongering about China, a country officially in its area of responsibility, to gain additional funding. And so it is seeking $20 billion that previously hadn’t gained approval even from the secretary of defense in the administration’s fiscal year 2021 budget proposal. That money would go to dubious missile defense systems and a similarly dubious “Pacific Deterrence Initiative.”

HOW NOT TO DEAL WITH COVID-19
Along with those military-industrial bailouts came the fleecing of American taxpayers. While many Americans were anxiously awaiting their $1,200 payments from that congressional aid and relief package, the Department of Defense was expediting contract payments to the arms industry. Shay Assad, a former senior Pentagon official, accurately called it a “taxpayer rip-off” that industries with so many resources, not to speak of the ability to borrow money at incredibly low interest rates, were being so richly and quickly rewarded in tough times. Giving defense giants such funding at this moment was like giving a housing contractor 90% of upfront costs for renovations when it was unclear whether you could even afford your next mortgage payment.

Right now, the defense industry is having similar success in persuading the Pentagon that basic accountability should be tossed out the window. Even in normal times, it’s a reasonably rare event for the federal government to withhold money from a giant weapons maker unless its performance is truly egregious. Boeing, however, continues to fit that bill perfectly with its endless program to build the KC-46 Pegasus tanker, basically a “flying gas station” meant to refuel other planes in mid-air.

As national security analyst Mark Thompson, my colleague at the Project on Government Oversight (POGO), has pointed out, even after years of development, that tanker has little hope of performing its mission in the near future. The seven cameras that its pilot relies on to guide the KC-46’s fuel to other planes have so much glare and so many shadows that the possibility of disastrously scraping the stealth coating off F-22s and F-35s (both manufactured by Lockheed Martin) while refueling remains a constant danger. The Air Force has also become increasingly concerned that the tanker itself leaks fuel. In the pre-pandemic moment, such problems and associated ones led that service to decide to withhold $882 million from Boeing. Now, however, in response to the COVID-19 crisis, those funds are, believe it or not, being released.

Keep all of this behavior (and more) in mind when you hear people suggest

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that, in this public health emergency, the military should be put in charge. After all, you’re talking about the very institution that has regularly mismanaged massive weapons programs like the $1.4 trillion F-35 jet fighter program, already the most expensive weapons system ever (with ongoing problems galore). Even when it comes to health care, the military has
proved remarkably inept. For instance, attempts of the Department of Veterans Affairs and the Department of Defense to integrate their health records were, infamously enough, abandoned after four years and $1 billion spent.

Having someone in uniform at the podium is, unfortunately, no guarantee of success. Indeed, a number of veterans have been quick to rebuke the idea of forefronting the military at this time. “Don’t put the military in charge of anything that doesn’t involve blowing stuff up, preventing stuff from being blown up, or showing up at a place as a message to others that we’ll be there to blow stuff up with you if need be,” one wrote.

“He’s a video from Camp Pendleton of unmasked Marines queued up for haircuts during the pandemic,” tweeted another. “So how about ‘no’?” That video of troops without masks or practicing social distancing even shocked Secretary of Defense Esper, who called for a military haircut halt, only to be contradicted by the chairman of the Joint Chiefs of Staff, desperate to maintain regulation cuts in the pandemic moment. That inspired a mocking rebuke of “haircut heroes” on Twitter.

Unfortunately, as COVID-19 spread on the aircraft carrier the USS Theodore Roosevelt, that ship became emblematic of how ill-prepared the current Pentagon leadership proved to be in combatting the virus. Despite at least 100 cases being reported on board—955 crewmembers would, in the end, test positive for the disease and Chief Petty Officer Charles Robert Thacker Jr. would die of it—senior Navy leaders were slow to respond. Instead, they kept those sailors at close quarters and in an untenable situation of increasing risk. When an emailed letter expressing the concerns of the ship’s commander, Captain Brett Crozier, was leaked to the press he was quickly removed from command. But while his bosses may not have appreciated his efforts for his crew, his sailors did. He left the ship to a hero’s farewell.

All of this is not to say that some parts of the U.S. military haven’t tried to step up as COVID-19 spreads. The Pentagon has, for instance, awarded contracts to build “alternate care” facilities to help relieve pressure on hospitals. The Uniformed Services University of the Health Sciences is allowing its doctors and nurses to join the military early. Several months into this crisis, the Pentagon has finally used the Defense Production Act to launch a process to produce $133 million worth of crucial N95 respirator masks and $415 million worth of N95 critical-care decontamination units. But these are modest acts in the midst of a pandemic and at a moment when bailouts, fraud, and delays suggest that the military-industrial complex hasn’t proved capable of delivering effectively, even for its own troops.

Meanwhile, the Beltway bandits that make up that complex have spotted a remarkable opportunity to secure many of their hopes and dreams. Their success in putting their desires and their profits ahead of the true national security of Americans was already clear enough in the staggering pre-pandemic $1.2 trillion national security budget. (Meanwhile, of course, key federal medical structures were underfunded or disbanded in the Trump administration years, undermining the actual security of the country.) That kind of disproportionate spending helps explain why the richest nation on the planet has proven so incapable of providing even the necessary personal protective equipment for frontline healthcare workers, no less the testing needed to make this country safer.

The defense industry has asked for, and received, a lot in this time of soaring cases of disease and death. While there is undoubtedly a role for the giant weapons makers and for the Pentagon to play in this crisis, they have shown themselves to be anything but effective lead institutions in the response to this moment. It’s time for the military-industrial complex to truly pay back an American public that has been beyond generous to it. Isn’t it finally time as well to reduce the “defense” budget and put more of our resources into the real national security crisis at hand?

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THE BUNKER

U.S. national security spending has never been a more target-rich environment. POGO’s Center for Defense Information has launched The Bunker, a precision-guided e-newsletter targeting your inbox most every week.

Written by POGO national security analyst Mark Thompson, The Bunker is both pro-troop and pro-taxpayer; skeptical but never cynical.

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NEW REPORT

Preventing Train and Defeat in Future Conflicts

A new report from the Center for Defense Information at POGO explores how the United States squandered the opportunity to help Afghanistan build effective security forces because the Pentagon lacked the necessary expertise from the outset.

Had lessons learned from similar earlier efforts been acted upon, the Afghanistan mission would have reduced our footprint and could have shortened the war and saved untold American blood and treasure.

Read the full report at: pogo.org/train-and-defeat
Rethinking Post-Coronavirus Threats

For the past couple of weeks, every morning has been September 12, 2001. That was the day we all woke up to the smoldering pile that had been the World Trade Center. We were all reeling in shock. How did this happen? we kept asking. How will it end? I’ll leave that second question to the hard-working public health experts. But that first query is an ideal one for the Military Industrial Circus as you, we, the nation, and the world battle the coronavirus.

In an increasingly globalized 21st century world, the U.S. government has focused nearly all of its might on the 20th century threat posed by enemy states. It has left those defending against Mother Nature’s wrath, whether it be climate change or disease, as after-the-fact backwaters. The concern is we could end up repeating what we did following 9/11: After ignoring the growing threat until it exploded in our face, we spent too much money and launched too many wars, public and private, in its wake. It’s already happening. As the coronavirus outbreak has grown, the key step taken has been simply to throw money at the problem rather than considering a wholesale review of U.S. national security priorities.

We fought, and are still fighting, those post-9/11 wars with supersonic jets and aircraft carriers ill-suited for the assignment, as well as bulking up for future wars. After all, if all you have is a hammer, Abraham Maslow famously said, everything looks like a nail. But it’s even worse at the Pentagon, where screws are now coming loose around the globe, and a hammer is ill-suited for the task.

We traded the War Department for the Department of Defense following World War II. It’s time to retool today’s reality to fit the rhetorical change we made 70 years ago. The coronavirus challenge is to recalibrate the nation’s defense. And that’s in the literal sense of the word, not synonymous with military.

I first asked in the March 25 issue of The Bunker if we were allocating resources properly for today’s threats. Several days earlier, the Pentagon had announced it would be spending nearly $400 million for “tactical missiles (Lot 20 AIM-9X, Block II and Block II plus), captive air training missiles, plus all up round tactical missiles, captive test missiles, special air training missiles, advanced optical target detectors, Block II and II plus guidance units (live battery), captive air training missile guidance units (inert battery), Block I and II propulsion steering sections, electronic units, multiple purpose training missiles, tail caps, maintenance, section-alization kits, containers and spares.”

Meanwhile, Americans are surely dying for lack of $1 face masks that are now going for $6. I don’t mean to pick on the Pentagon’s missiles, but the contrast between its robust missile buy and the naked cupboard that is the nation’s public health stockpile is, well, sickening. And, in a flipside to the normal military mindset, the U.S. flat-footedness highlights a vulnerability that future foes might exploit, even short of a shooting war.

“Sure, we’ll always have war,”
I acknowledged. “But as we have learned to our chagrin, you can’t spend your way to victory. If we’re going to play to a draw, can’t we do it more cheaply, and divert some of those savings into different kinds of threats?”

It turns out there’s a growing chorus wondering the same thing. And they ain’t so-called liberal wusses.

Many Americans “will look at the biggest single discretionary spending line in the government’s budget and conclude that the country has gotten the very idea of security fundamentally wrong,” retired three-star Army General David Barno and military scholar Nora Bensahel opined over at War on the Rocks on March 31. “We in the national security community must ready ourselves for this new era, where economic recovery and preparing for domestic threats like pandemics will be far greater concerns for most Americans than threats from foreign adversaries.”

Conservative columnist Max Boot got down to specifics in a March 31 column in the Washington Post. “It never made any sense, as Trump’s 2021 budget had initially proposed, to increase spending on nuclear weapons by $7 billion while cutting Centers for Disease Control and Prevention funding by $1.2 billion,” he wrote. “Or to create an unnecessary Space Force out of the U.S. Air Force while eliminating the vitally important directorate of global health by folding it into another office within the National Security Council.”

This refrain had been growing even before the pandemic hit. “National strategy involves assessing all of the major challenges facing the United States, providing the resources needed to address them, and setting priorities among competing demands,” the Sustainable Defense Task Force, issued by the nonprofit Center for International Policy, reported last June. “Many of these challenges—from climate change to economic inequality to epidemics of disease—are not military in nature.”

This isn’t to suggest that there’s an incipient revolution brewing against the military-industrial-congressional complex. But it is a call to begin thinking hard about how it, and the nation, are allocating their defense dollars.

The U.S. military has long had a Pavlovian reaction of waging major league wars against other states but blithely minimizing other threats. Top officials will deny it, but follow the money. Right now, the Pentagon is apparently trying to kill the Minerva Research Institute, a $20 million outfit created by then-Defense Secretary Robert Gates in 2008 to harness the social sciences to enhance U.S. national security with tools “beyond guns and steel.” Last year, the Defense Department eliminated its $7 million in annual spending for the JASONs, an outside group of physicists and other scientists seeking solutions for vexing national security challenges (the tab is now being picked up by the nuclear-bomb-builders over at the Department of Energy). And the Pentagon has repeatedly tried to shutter, or at least shrink, the Army’s peacekeeping outfit, which costs taxpayers about $3 million annually. All told, their annual budgets equal the cost of a set of F-35 floor mats, a jet that represents a $1.4 trillion investment for a marginal improvement in waging unlikely wars (and fewer than one of every three F-35s we’re now flying is even ready for war).

In hindsight, the Cold War’s end did not lead the U.S. government to recalibrate its military needs; in fact, we are spending more now on defense than we did then. If our elected presidents and lawmakers won’t acknowledge and act on the need for a fundamental shift in the real defense needs of the 21st century, perhaps this unfolding act of God will.

This change will have to come from the bottom up. Our leaders are often too timid to lead, especially in the minefield of national defense, where too often criticism of shiny new military hardware is portrayed as un-American wimpiness.

We are overdue for a clear-eyed threat assessment, as they like to say at the Defense Department. Any such honest “net assessment” (another favorite Pentagon buzz phrase) will tilt away from those AIM-9X Sidewinder missiles in favor of cheap face masks and whatever else it takes to defend Americans against the threats most likely to do them harm.

We need to learn from our mistakes. Think of 9/11 as strike one and the current pandemic as strike two. Both came out of the blue to most Americans, and not from threats posed by China, Iran, North Korea, and Russia that we’ve heard about ad infinitum.

We survived 9/11, and most of us will survive the coronavirus. But we may not be as lucky with that third pitch.
The removal of Navy Captain Brett Crozier, who wrote a letter to senior officials raising concerns about the safety of his sailors on the USS Theodore Roosevelt amid the coronavirus outbreak, appears to only be the latest example of how precarious it can be for members of the military to speak truth to power.

Captain Crozier was the commanding officer of the Roosevelt, a nuclear aircraft carrier. The ship has a crew of nearly 5,000, and as of this writing more than 1,000 on the ship, including Crozier, have tested positive for COVID-19, the disease caused by the novel coronavirus. Crozier, concerned that the Navy was not taking sufficient action to protect his sailors, wrote to senior leaders on March 30 pleading for more assistance. “We are not at war, and therefore cannot allow a single Sailor to perish as a result of this pandemic unnecessarily,” he wrote. A copy of the letter made its way to the San Francisco Chronicle. The story both apparently embarrassed the Navy and raised questions about whether recent decisions not to release more information about military cases were covering up the Pentagon’s mishandling of the crisis more so than protecting operational security.

On April 1, acting Navy Secretary Thomas Modly said there wouldn’t be any disciplinary action taken against Crozier since he had sent his letter through his chain of command. But that now looks like a cruel April Fools’ Day joke. Crozier was removed from his post the next day, and subsequent audio obtained by the Daily Caller showed Modly told Crozier’s sailors he had been “stupid” and “naive” for expecting any other outcome. Modly has since apologized, though not before publishing a rebuke of Crozier in the New York Times. But even if Navy leadership didn’t appreciate Crozier’s actions, the Roosevelt’s crew gave the captain a hero’s farewell.

This isn’t the first time we’ve seen this kind of retaliation. F-22 pilots who blew the whistle on oxygen issues creating safety problems had their careers destroyed after they came forward. In that case, one of the pilots said he was so disoriented by lack of oxygen that he wasn’t able to activate his backup oxygen system. A Marine Corps commander raised concerns about the readiness of their CH-53E helicopter fleet and was fired because his superiors “lost confidence in his ability to lead his Marines.” His replacement was more eager to get aircraft in the air. Three days later 12 people died in one of the deadliest Marine Corps accidents in recent history. Reporting by ProPublica found a pattern of Navy leadership ignoring the safety concerns of commanders, and then later blaming them for not doing enough to prevent disasters.

While Navy leadership has said they don’t want to discourage others from coming forward to raise concerns, the
decision to remove Crozier obviously sends a powerful message that those who do will be crushed.

The Navy’s actions were been widely criticized by current and former officials. “I think the firing was a really bad decision, because it undermines the authority of the military commanders who are trying to take care of their troops, and significantly negatively impacts the willingness of commanders to speak truth to power,” retired Admiral Mike Mullen, the former chairman of the Joint Chiefs of Staff, told the Washington Post.

Support for Crozier came from lawmakers on both sides of the aisle. House Speaker Nancy Pelosi and Representative Adam Smith (D-WA), the chair of the House Armed Services committee, called for Modly to resign. Republican Representatives Jim Banks (R-IN) and Austin Scott (R-GA) each tweeted their support, along with a number of other Democratic House and Senate members, according to data from Tweet Congress. After the release of Modly’s audio, several members called for the acting secretary’s resignation, and President Donald Trump also recently said he did not think Crozier should lose his job over the letter. Modly resigned shortly after these criticisms.

Members of Congress concerned about Crozier’s removal have called for an inspector general investigation. While Modly’s resignation has the appearance of accountability, it’s rarely how the system works when a senior official retaliates on a subordinate. The Defense Department’s inspector general rarely substantiates reprisal allegations, and due to the high burden of proof placed on military whistleblowers it is even more difficult to prove illegal retaliation. (For information on what protections military whistleblowers do have, our guide for federal whistleblowers, Caught Between Conscience and Career, explains those laws.) John Donnelly at Roll Call has also reported that even when those cases are substantiated, there’s no real accountability, creating a “culture of revenge.” To make matters worse, then-Principal Deputy Inspector General Glenn Fine testified to Congress earlier this year that his office was seeing a rise in instances where the Defense Department declines to take the inspector general’s recommended action regarding a whistleblower, with little to no explanation as to why.

But there is a lot more Congress could be doing to strengthen military and national security whistleblower protections, such as:

• creating real due process for those whistleblowers including jury trials, which offer an independent means to enforce the law;
• giving the military the same burdens of proof federal civilians have so that the burden is on the retaliator to prove they did the right thing, rather than requiring the whistleblower to show the retaliation was illegal;
• creating a public interest balancing test for evaluating the value of disclosures versus questions about the process by which someone disclosed information (this test should recognize exceptions allowing members of the military to go outside of the chain of command to disclose threats to public health and safety); and
• broadening the scope of protected channels that military whistleblowers can use to make disclosures so that service members who make good faith disclosures aren’t left in the lurch on a technicality.

• The coronavirus crisis is helping to clarify a number of priorities. As Task and Purpose has pointed out, the definition of readiness has to change in the face of a global pandemic, and that includes reducing unnecessary training that puts members of the military unduly and needlessly at risk. Anecdotally, we are hearing that service members across the military think their commanders aren’t doing enough to protect them.

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The following piece was first published in April 2020. The original can be found at pogo.org/commanding-integrity.

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New Yorkers crowded into Manhattan’s West Side in defiance of social distancing bans to welcome the USNS Comfort’s glide into the city’s harbor on March 30. In addition to providing some relief to the city’s besieged hospitals, the large white ship with its red crosses gave the appearance of a powerful symbol of the military’s ability to respond to a crisis. What most of the apparently grateful people lining the waterfront did not know is that the military’s health system has been gutted in recent years despite repeated warnings from medical professionals.

The public show of military doctors aiding in the coronavirus response belies the fact that the military health system lacks the ability to handle even the routine health needs of the services during normal conditions. A Defense Department Inspector General investigation found, for example, that because of a shortage of doctors, the Langley Air Force hospital in Virginia had only one provider for every 1,600 patients even though regulations require there be only 1,250 patients per provider—a regulation that still leaves a burdensome caseload. These shortages, the inspector general found, meant patients “may have been at risk of increased health complications due to longer wait times.”

As will be discussed below, those shortages are due in large part to placing a much higher priority on spending for pet weapons programs. Evidence of this can be seen in the service’s most recent so-called unfunded priorities list, through which services try to get money for programs that were not included in the department’s regular annual budget request. The Navy did request $11.6 million to upgrade the USNS Mercy hospital ship, but that was the only health care related request on any of the service’s wish lists. They devoted the rest of their $5.42 billion request to things like a submarine, F-35s, and missiles. The Army is requesting over $7 billion, more than half of which is meant to pay for current overseas operations. Of what remains, the Army has earmarked a third to purchase helicopters, armored vehicles, and simulators. The rest is to build barracks and childcare centers, and to pay for building renovations. None goes to
health care. The Air Force similarly did not request additional funds for health care. Unless quick action is taken, the services may not have enough doctors and nurses to respond to either a domestic crisis or battlefield needs when the nation goes to war.

The nation has already seen a preview of the coming crisis in military medicine when the Army had to reach out to retired military doctors and medics to return to service as part of a voluntary recall to help fight the coronavirus. Fortunately, many were listening because within days of notifications being sent to more than 800,000 former soldiers, approximately 25,000 volunteers stepped forward to backfill positions in military treatment facilities as troops deployed to the field hospitals now popping up in American cities to deal with patients stricken by the virus.

Undoubtedly, military leaders resorted to such measures due to the scale of the coronavirus response. But a review of government reports and medical journal articles, as well as conversations with military doctors, shows that years of reduced spending on the Defense Department’s health services, reductions to the medical corps staff, and efforts to outsource military health care to civilian hospitals strained the system long before the virus emerged and set the stage to have to resort to volunteers.

**IGNORED WARNINGS**

The Government Accountability Office warned in February 2018 that the military health system lacked the capacity to handle routine medical needs, to say nothing of a surge like the one we are experiencing with the coronavirus or that would result the next time we go to war. Service leaders interviewed for the study reported shortages of doctors with key specialties including general surgery, orthopedic surgery, and family medicine. “Until DOD is able to alleviate gaps in critical specialties, it may be hindered in its ability to provide medical support for its servicemembers during wartime,” the report said.

Yet from its peak in 2011 to the present, the budget for military health care largely remained flat. Spending levels have not even been keeping up with inflation, which amounts to a spending cut. In an effort to make the accounts balance, the Defense Department proposed eliminating 15,000 military doctors and nurses in the fiscal year 2018 budget request. Pentagon leaders want to outsource a large part of military medical care to civilian hospitals to allow its physicians to focus on battlefield medicine and free up manpower slots for other combat-related jobs. The leaders of the congressional armed services committees received a letter on July 19, 2019, urging them to reject the plan. The letter, signed by 17 medical associations including the American Academy of Family Physicians, the American Medical Association, and the Society of Critical Care Medicine, warned that the military health system was already overburdened and struggling to “handle the basic health needs of our country’s Armed Forces and their families.” Congress listened this time and told the Pentagon to carefully review the medical needs of the services further before making any new cuts, but earlier changes had already left the military health service in a precarious position.

In the last few years before the coronavirus began spreading around the globe, military doctors flooded medical journals and the nation’s op-ed pages with warnings of an impending crisis within the military’s medical corps. A smaller medical corps increases the burdens placed on the remaining personnel, a burden that is having a cascading effect throughout the entire system. A group of six Army and Air Force doctors published an article in April 2019 detailing faculty burnout at the military’s graduate medical education programs because of an increasing number of deployments and a lack of administrative support. The authors warned of the impact on the medical corps in the future. “Physician burnout presents a direct and immediate threat to the vitality of a [graduate medical education] program and may adversely affect the quality of education delivered.”

In June 2019 retired Vice Admiral Michael Cowan, the Navy’s 34th surgeon general, warned that the military’s medical services had already been stripped of their excess capacity and any further cuts could permanently damage the entire system. “My college physics professor was fond of stating that a 20 percent change in a physical system was a threat to the system itself,” he wrote. “The current proposal to implement a 20 percent reduction in forces without compensating resources represent an existential threat to military medicine.”

Three former Army, Navy, and Air Force surgeons general published a column in July 2019 prophetically warning that the medical corps operated near maximum capacity under normal circumstances and had little ability to respond to a crisis such as a surge in medical needs when a war breaks out. “If even one of these ‘high-risk, high-regret’ consequences unfolds, the percent of those dying
from wounds will increase, the all-volunteer force will suffer, and we may be forced to again draft medical personnel—including physicians,” they wrote.

**MILITARY HEALTH SPENDING FLATTENED AS PROCUREMENT COSTS INCREASED**

Looking at historical budget data provides some insight into defense priorities. Pentagon funding ebbs and flows over time based on the state of the world and domestic politics. This has been especially true over the last 20 years. While the topline defense budget has trended up during that time, spending levels for the military health system stagnated and, because of inflation, have been effectively cut. The White House proposed a 5% increase for the overall Pentagon budget for 2020, but spending on the military health system went down by 2.3% from 2019 to 2020.

Data shows the divergence between overall Pentagon spending and the Unified Medical Budget (UMB) in 2020 US dollars. At the height of the total Pentagon budget, spending was highest between 2008 and 2010, averaging $815.1 billion in 2020 dollars. Total Pentagon and UMB spending was calculated using official DoD and selected economy-wide deflator indices from the Office of the Under Secretary of Defense (Comptroller).

The Budget Control Act of 2011 that, in part, imposed caps on discretionary spending included caps on spending on defense. Pentagon leaders and their allies found some ways around the caps, most often by sneaking regular military spending into the Overseas Contingency Operations fund. Still, the Budget Control Act did force service leaders to make some choices.

As is often the case, though, they placed top priority on acquisitions projects at the expense of essential missions like maintenance and medical capabilities. In 2016, the Pentagon spent $177.5 billion on major weapon systems. That spending increased to $243.4 billion in the 2021 budget request, a 37% increase to pay for things like five littoral combat ships, a class of ships that have never worked properly and the Navy wants to scrap; and $2.85 billion for the Air Force’s KC-46 aerial refueler program, an aircraft so full of problems that airmen aren’t allowed to use them in train-

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**UNIFIED MEDICAL BUDGET VS. TOTAL PENTAGON SPENDING**

Data shows the divergence between overall Pentagon spending and the Unified Medical Budget (UMB) in 2020 US dollars. At the height of the total Pentagon budget, spending was highest between 2008 and 2010, averaging $815.1 billion in 2020 dollars. Total Pentagon and UMB spending was calculated using official DoD and selected economy-wide deflator indices from the Office of the Under Secretary of Defense (Comptroller). Data sourced from Office of the Under Secretary of Defense (Comptroller).
ing. While lawmakers lavished money on the procurement portion of the budget, spending levels on the military health system remained stagnant. Only after a worldwide health crisis made clear how desperate the shortages were in the military medical community did anyone seek to do something about it. The coronavirus stimulus package included $3.8 billion for the military to purchase personal protective equipment, increase the capacity of its hospitals, and fund research into a vaccine.

**OUTSOURCING MILITARY HEALTH CARE REDUCES CAPACITY**

During the 2020 budget cycle, Pentagon leaders wanted to cut more than 17,000 uniformed doctors, dentists, nurses, and medical support staff from the three service medical corps. Citing cost concerns and a medical staff filled with specialties not needed on the battlefield, the proposal would have seen the Army's medical staff shed 7,300 positions while the Navy and Air Force would have each cut approximately 5,300. The proposal found some support on Capitol Hill, but was ultimately rejected in the final version of the national defense authorization act pending further study on the potential impacts.

The proposed cuts did come from earlier studies about the military health system. A 2017 study by the Institute for Defense Analyses found that the costs associated with operating military hospitals did not correspond with military medicine's primary mission of treating the troops wounded in combat. The researchers found that the stateside military hospital staff dealt mainly with family health issues like newborn care, pregnancies, substance abuse, and metabolic disorders. Their deployed counterparts faced very different medical challenges. They treated open wounds to the head, neck, and trunk, fractured limbs, crushing injuries, and tissue infections. The concern was that the routine treatment of patients in military hospitals in the United States was not providing military medical professionals the kind of experience necessary to prepare them to treat combat-wounded troops. According to the report's author, “the lack of appropriate case mix in MTFs [military treatment facilities] affects the ability of medical personnel to respond most effectively to in-theater trauma events.” But military health professionals trained in the current system perform heroic service on the battlefield, and as will be discussed in more detail below, have produced remarkable results.

Outsourcing family and veteran care to civilian hospitals and cutting uniformed medical staff would, according to the proposals, allow the remaining uniformed medical staff to focus their efforts on battlefield trauma care. To that end, military trauma specialists would continue to spend time in civilian hospital emergency rooms in cities around the country where they gain experience treating victims of accidents and violence. By eliminating these uniformed medical positions, so the thinking goes, the services would be able to increase the number of personnel in combat roles while staying within the existing end strength caps. However, this course of action would actually make the problem worse. Increasing the number of troops by cutting medical staff means that the remaining medical professionals would be even more overburdened.

The Pentagon has already taken steps to shift the burden of military medical care to the civilian sector. The Defense Department downgraded military hospitals in Fort Knox, Kentucky, Fort Jackson, South Carolina, and Fort Sill, Oklahoma, to outpatient clinics in the last five years. In 2016, Fort Knox's Ireland Community Hospital closed its emergency room, stopped performing major surgeries, and stopped delivering babies. People requiring that kind of care were instead sent to community hospitals in the surrounding communities. In the case of Fort Knox, the civilian medical system did not have the necessary capacity to handle the sudden influx of patients. A local bank ended up donating $1.5 million to fund the expansion of a clinic to treat military families and retirees. Military families nation-wide report difficulty in finding health care providers in the Defense Department's TRICARE civilian health care plan.

On the business side of things, outsourcing makes a great deal of sense to the civilian hospital administrators. The Pentagon provides them with a lot of business and pays its bills on time. As with all things related to the military, contracts for the military's TRICARE civilian health care plan are lucrative. The Pentagon awarded California-based Health Net Federal Services a $17.7 billion contract in 2016 to manage the military's western TRICARE region for five years. At the same time, Kentucky-based Humana received a $40.5 billion contract to manage the eastern region for five years. The Pentagon can and does use contractor medical personnel for deployments, but contractors are expensive. One job posting on the Defense Health Agency's website for an emergency room physician posi-
tion in South Korea pays as much as $365,000 per year. When a contracting firm’s billing rates are added on top of the salary, the cost to the taxpayer could more than double. A previous POGO investigation found the annual billing rate for contract nurses was, on average, 65% more than the federal employee’s average salary.

One military doctor acknowledged that military doctors spend most of their time treating non-combat related issues. “This is our biggest mission,” said Army Lieutenant Colonel Robert Mabry, an emergency medical doctor, during a February 2016 hearing before the House Armed Services Committee. He continued, though, that “it is our wartime mission that makes us unique and justifies our cost to the Nation.” Because as competent as the civilian medical health care professionals may be, they do come with a significant drawback: They do not deploy with the troops when the troops go to war. This is a point that has been acknowledged on Capitol Hill. “It takes guys and girls in uniform to get our soldiers to the right level of care in that magic hour. And if they’re not there, we have soldiers, sailors, airmen and Marines that die,” said Representative Trent Kelly (R-MS) in a December 2019 hearing. In addition, because the military can’t force people to take contractor positions, many of the doctors who will volunteer for the most dangerous contractor postings will be those who can’t find a job anywhere else. “I’ve seen less qualified physicians volunteer for these challenging roles, or the uniformed providers will be sent,” Dr. Bob Adams, a retired Army doctor writing in a July 2019 column for USA Today, said. “This can hurt quality of care and military retention, as well as potentially greatly increasing the cost.”

THE MILITARY HEALTH SYSTEM’S CONTRIBUTIONS TO SAVING LIVES

The Military Health System comprises all of the uniformed, civilian, and contract personnel for the Army, Navy, and Air Force. The system operates 51 military hospitals and 424 smaller clinics on bases all around the world where service members, military dependents, and veterans receive care.

But the Military Health System’s mission goes far beyond just providing care; it also educates future military medical professionals. The Uniformed Services University has served as the West Point of the medical branches for all of the services since its creation in 1972. That said, the university has faced criticism over the years for the high cost of educating doctors when compared to civilian medical schools. Each student at the university costs taxpayers more than $133,000 per year when even the most expensive private medical school costs $68,000 a year. The services also recruit doctors through the Health Professions Scholarship Program where medical students attending civilian schools agree to serve a minimum period on active duty in return for tuition and a monthly stipend. The Defense Department uses retention bonuses of up to $59,000 a year to preserve this capacity. It’s unclear whether this investment pays off or not. The Government Accountability Office reported in 2019 that “DOD does not consistently collect information on retention of physicians and dentists” who receive those bonuses.

While it is expensive to educate doctors through the military, those doctors not only fill an important role while they serve in uniform but also make up a significant portion of the total population of doctors in the United States. Without the military, the United States would experience even more of a shortage in the number of doctors than we already do. In 2019, more than 1,200 students begin medical school at either the Uniformed Services University or at a civilian medical school with a military scholarship. Future military doctors made up approximately 5% of the country’s 21,869 new medical students in the 2019-2020 academic year.

The pipeline of military doctors will become increasingly important as demand for doctors grows during the next decade: According to a study by the Association of American Medical Colleges, the shortfall of American doctors could be as high as 121,900 by the year 2032.

The military health system also makes significant contributions to the overall body of medical knowledge. Advances in trauma medicine by military doctors, nurses, and medics have been nothing short of phenomenal. As a result of those military medical advances, 70% of service members wounded in action during WWII survived, 76% of those wounded during Vietnam survived, and, incredibly, more than 90% of service members wounded in action in Afghanistan and Iraq survived. According to a book by the National Academies of Sciences, Engineering, and Medicine, some of the notable medical advances during the wars include “aggressive use of tourniquets, revised transfusion principles for hemorrhagic shock, and the overall doctrine of tactical combat casualty care, defining the optimal delivery of trauma care under demanding conditions of austerity and danger.”
Medical professionals consider the higher survival rate of wounded service members in Iraq and Afghanistan all the more remarkable due to the severe and complex nature of the wounds produced by firearms, improvised explosive devices, and rocket-propelled grenades. Military medical professionals accomplished this feat in large part because of the unique specializations battlefield medicine demands. Civilian hospitals will likely not be able to produce enough medical professionals qualified to serve as flight surgeons, undersea medical specialists, or special operations medical personnel. Reductions to the military health system and outsourcing military health care to civilian hospitals threaten to disrupt adequate battlefield treatment and further advances by military medical professionals.

CONCLUSION
While surging funds now in order to assist with the coronavirus crisis is better than nothing, it’s backfilling a gap that should never have been created. The military’s medical capability should have always been maintained. Paring down military health facilities and laying off doctors over the past few years has reduced the military’s capacity to assist with the present health crisis and to meet the military’s future needs. It takes years to educate and train doctors, so a great deal of damage has already been done. But this can serve as a powerful lesson.

National security policy leaders should place a higher priority on the military health system and reflect that priority in the budget. There is plenty of room in the Pentagon’s budget to reallocate resources away from risky immature weapon systems to meet this need. The current proposals to shift military health care to civilian providers, which have been temporarily halted in the wake of the coronavirus pandemic, should be reevaluated once the crisis passes. Plans that make sense for normal peacetime operations are not the standard for which the military prepares itself. Any future policies must take into consideration the worst-case scenarios so we are not caught unprepared again.

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The following piece was first published in May 2020. The original can be found at pogo.org/ignored-warnings.

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Right now, defense contractors are used to getting their way because there are not enough voices outside of Washington, D.C. telling their elected representatives that enough is enough.

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