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# Serving Those Who Served

# The Yellow Ribbon Program and US Medical Education

Christopher P. Bellaire, BA<sup>1</sup>; Joo Yeon Shin, BA<sup>2</sup>; Katrina S. Nietsch, MS<sup>3</sup>; Ricky M. Ditzel Jr, BSHS, CCP-C, SO-ATP<sup>4</sup>\*; Jacob M. Appel, MD, JD, MPH<sup>5</sup>

## The GI Bill and Post-9/11 GI Bill

The GI Bill opened higher education to military veterans returning from World War II, with over 7 million Servicemembers participating in educational and training programs in the decade that followed the introduction of this landmark legislation in 1944. Since that time, however, the financial landscape of medical education has changed dramatically: from 1960 to 2018, tuition associated with a medical degree increased by 750% to approximately \$300,000 on average. In 2008, in response to rising tuition costs and a new generation of military veterans, the GI Bill underwent its most significant reform with the passing of the Post-9/11 GI Bill and Yellow Ribbon Program. These policies further encouraged military veterans to pursue higher education by attempting to address rising tuition costs.

For many in the Special Operations community and the US military, the educational benefits from the Post-9/11 GI Bill are valued far more highly than their total income earned over the course of a 4-year active-duty enlistment. In 2020, an entry-level private (E1 rank) made \$19,228 in pre-tax basic annual pay; the noncommissioned officer—backbone of the military (E4-E5 ranks)—earned less than \$30,000; and entry-level commissioned officers with a college degree received less than \$40,000 in basic pay.<sup>3</sup> As a result, the promise of the GI Bill is a life support for veterans seeking higher education.

### Financial Need

However, of the 21,869 total matriculants to US medical schools in 2019, only 131 students (0.60%) reported having served in the military.<sup>4</sup> Far fewer entered civilian medical schools, as 77 students with prior service matriculated to the Uniformed Services University of the Health Sciences (USU) to pursue careers in military medicine (J. Stearman, email message to corresponding author, "Re: Prior Service Matriculants," 2020). These numbers pale in comparison with the 2.7 million veterans between the ages of 25 and 39 in the United States in the same year.<sup>5</sup>

While the Post-9/11 GI Bill guarantees full tuition at public universities, there is often a significant shortfall in tuition reimbursement at private institutions. For the 2020–2021 academic year, the Department of Veterans Affairs (VA) maximum tuition reimbursement rate for private academic institutions is set at \$25,162.14.6 This contribution, while significant, is less than half the average annual tuition (\$54,589) for the 61 private US medical schools belonging to the Association of American Medical Colleges (AAMC) in 2020.

Financial barriers likely contribute to military veterans "missing in action" in US medical education. In 2018, the median parental income for new medical students was \$130,000.7 In contrast, military veterans predominantly come from middle-class families, with the majority (64%) of new recruits coming from neighborhoods with family incomes between \$41,692 and \$87,850.8 The predilection of military veterans to attend USU—a tuition-free medical school with active-duty military pay—suggests, at least in part, that financial need plays a role in the paucity of military veterans at civilian medical schools.

### Disparities in Financial Support

Disproportionately, this is a problem at US medical schools, as similar professional graduate programs have taken significant measures to address outstanding financial need for student veterans. According to a 2018 *Journal of American Medical Association* study, student veterans in MD programs paid significantly more out-of-pocket tuition expenses than did fellow Servicemembers in JD and MBA programs at the same academic institutions: GI Bill funding covered less than half (45%) of out-of-pocket tuition expenses for MD programs, whereas JD and MBA programs at the same institutions provided 85% and 100% of median tuition expenses, respectively. In the 2019–2020 academic year, approximately one-third of private AAMC institutions did not participate in the Yellow Ribbon Program, while JD and MBA programs at these same institutions nearly universally contributed.

<sup>1</sup>Christopher P. Bellaire is a Marine Corps veteran and second-year medical student at the Icahn School of Medicine at Mount Sinai, New York, NY. <sup>2</sup>Joo Yeon Shin is an Army veteran and first-year medical student at the Icahn School of Medicine at Mount Sinai, New York. <sup>3</sup>Katrina S. Nietsch is an active-duty Navy pilot and accepted student to the Icahn School of Medicine at Mount Sinai, New York. <sup>4</sup>Ricky M. Ditzel Jr is an Army Special Operations veteran and a student at Columbia University, New York. <sup>5</sup>Dr Appel is associate professor of psychiatry and medical education in the Department of Psychiatry and the Department of Medical Education at the Icahn School of Medicine at Mount Sinai, New York.

<sup>\*</sup>Correspondence to Director, Research and Education SOM+C, Columbia University School of General Studies, 408 Lewisohn Hall, 2970 Broadway, New York, NY 10027; or ricky.ditzel@som-c.org

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Several US medical schools have introduced veteran-friendly pipeline programs to attract veteran applicants. In addition to USU, programs at the Icahn School of Medicine at Mount Sinai, West Virginia University School of Medicine, Texas A&M College of Medicine, and the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell have sought to attract student veterans through streamlined premedical requirements and early assurance of admission. The programs at West Virginia University School of Medicine and Donald and Barbara Zucker School of Medicine at Hofstra/Northwell are particularly noteworthy for their focus on the Special Operations community. These programs are leaders in advocacy for veterans in medicine; however, underlying financial disincentives likely still drive military veteran decision-making despite their best efforts.

Without addressing the systemic disparities in financial support in comparison with peer graduate degree programs, US medical education runs the risk of attracting only a narrow swath of military veterans who have the financial means to attend medical school. This will disproportionately marginalize enlisted Servicemembers, first-generation students, and those from backgrounds already underrepresented in medicine. This approach fails to take advantage of the rich diversity that the Special Operations community and US military have to offer civilian medical education.

A number of scholarships have sought to fill the gap in GI Bill funding to encourage veterans to pursue higher education. The "Forever GI Bill" of 2017, in fact, included the Edith Nourse Rogers Science, Technology, Engineering Math (STEM) Scholarship aimed at incentivizing student veterans to pursue these career fields. Yet, this new GI Bill provision applies only to undergraduate degrees and thus cannot be used during graduate medical education.<sup>10</sup> Nonprofits, including the Tillman Scholars Program and Wells Fargo Veterans Scholarship Program, are strong advocates for military veterans in higher education and do provide financial support to veterans in medical school; at the same time, these scholarships are not specific to medical education, and medical students may be less likely to have the time to apply for such scholarships compared with their peers in other degree programs. In many ways, the Special Operations Medical Association's Scholarship Fund is unique in its support to military medical professionals and targeted support for veterans in medicine. Nonetheless, despite their best efforts, these scholarships do not address the financial disparities at a systemic level, which can be best, and perhaps only, addressed through the VA and its GI Bill.

# The Yellow Ribbon Program

Thankfully, there is a solution for US medical schools to redress the financial shortfall. The Yellow Ribbon Program is a voluntary matching program between private academic institutions and the VA to cover outstanding tuition expenses for student veterans using the Post-9/11 GI Bill. Each spring, schools enter agreements with the VA to provide financial support to a quota of students using the Post-9/11 GI Bill, which the VA then matches. Some schools even offer unlimited

Yellow Ribbon funds so that all student veterans attending the institution have their tuition entirely covered in the same way that a student veteran attending a public institution would.

The number of Yellow Ribbon scholarships and the institutional contribution are determined solely by the academic institution, and these can be updated on an annual basis each spring, with open enrollment between March 15 and May 15. The authors call on US medical schools to review their Yellow Ribbon policies to ensure there is an equitable distribution of funding to current student veterans and to encourage Servicemembers to pursue future careers in medicine after the military. Military veterans represent a cadre of service-oriented leaders bringing diverse backgrounds to the classroom and clinic. Should US medical schools seek to recruit them to their ranks, these schools should consider updating their Yellow Ribbon programs next spring.

### **Declaration of Interest Statement**

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