

Editorial

Reactivate the VA hospital system

On Sept. 11, the Department of Veterans Affairs cancelled the construction of a 243-bed hospital facility on Travis Air Force Base, east of San Francisco. The new hospital was to replace a Veterans Administration 359-bed facility in Martinez, near San Francisco, which closed in 1991 as the result of earthquake damage. An estimated 440,000 veterans in northern California were expected to get treatment at the new facility. Certain contingency arrangements have been announced for their care, but nothing substitutes for a new hospital.

The cancellation of the Travis Base hospital marks the most recent and dramatic event in the ongoing assault on the VA hospital system, which is a precious national asset, given the rate of resurgence of new and once-conquered diseases, and also, given the erosion of the U.S. community hospital system under recent years of looting by the “managed care” and HMO insurance and hospital plans.

From 1980 to 1993, the United States lost 675 hospitals out of a total of 5,000. Today there are significant shortages in the national medical care delivery system, when you measure by the ratios of medics, equipment, and beds per thousand people that should exist to provide modern care. From 1985 to 1995, California lost 52 hospitals (5,269 beds); Texas lost 58 hospitals (6,666 beds); Illinois lost 31 hospitals (11,767 beds), and so on.

The VA hospital system should be *reactivated*, not *deactivated*.

The VA medical system operates 172 hospitals, 128 nursing homes, and more than 350 outpatient clinics in the United States. As a result of the Conservative Revolution movement, moves have been made to: 1) drastically cut back on care facilities, staff, and delivery; and 2) open up the Vets’ government medical payment flows to go *outside* the VA system, as a new “income stream” for HMOs and other private facilities to grab.

The Veterans Administration expected to treat 2.9 million patients in fiscal 1997 (the same as in 1996). But the Conservative Revolution ideologues argue that Vets are aging, and need only nursing homes, not hospitals. Therefore, they say, Vets hospitals should be shut

down. Two reports commissioned by Congress put forward this view—one in 1996 by the General Accounting Office, and one this year, by the private accounting firm Price Waterhouse.

Under cover of this kind of accountant’s “logic,” measures have been taken to “save money” by cutting care and causing harm. In the past decade (1986-96), the number of hospital beds in the VA system dropped 35%, to under 60,000. More beds were added to nursing homes, to care for World War II veterans; but construction for new or refurbished facilities was cut. Last year’s VA health care bill (PL 104-262), signed into law on Oct. 9, 1996, unlike previous VA construction measures, did not authorize money for any new VA hospitals.

In the fiscal 1997 Federal budget, the Veterans Administration was ordered to “improve efficiency” by cutting the number of full-time health care workers from 196,154 to 191,000—a drop of 5,154 medical staff members. How was the system to function? Supposedly, by making up the difference with contract workers, and technology. Congress has also mandated that the VA should “save money” by restricting eligibility for care.

As bad as all this, there are new moves under way to turn over veterans’ medical care to HMOs. There are discussions that Merit Behavioral Corp.—the agency that lists what will and won’t be treated under “managed” health care—will be taking over Champus Military Health Care, which now handles medical insurance for military personnel.

Fights are rightly breaking out at the local level around the country, at briefings on bases, over all aspects of cuts in the military health care system. For example, on Sept. 13, at Ft. Bliss, Texas, a gathering met in opposition to the idea of “rationing” health care to the 8.2 million military service people and beneficiaries—a favorite idea of the Department of Defense cost-cutters.

The clear national security interest is to remobilize the health care base of the nation, not demobilize the VA hospital system.