Hawley insisted that veterans should receive health-care "second to none." The move in 1946 to affiliate veterans hospitals with medical schools changed not only the level of care, but also changed where VA medical centers were located. Previously, many had been built in scenic but isolated spots. Hawley said, "To hell with the scenery; I want the finest doctors!"

From 1942 to 1950, the number of VA hospitals grew from 97 to 151; then during the 1950s construction slowed and growth became more gradual. Improvements in the system then focused more on improved patient care and medical research. The VA was reorganized into three departments—Medicine and Surgery, Insurance, and Benefits.

The period of the Vietnam War coincided, not accidentally, with the series of Nixon Administration moves which took apart the Bretton Woods monetary system and plunged the nation into an orgy of deindustrialization and deliberate underfunding of vital national infrastructure. The enemies of President Roosevelt's policies were on the ascendancy, and they were determined to wipe his economic and social programs from the face of the earth. Supposedly, America was moving into a "service economy," but this was a grim misnomer, especially in the field of health care, where services were cut with a vengeance. The advent of cost-cutting HMOs and the campaign for living wills and "death with dignity" were merely ways of enforcing the old feudalist view of man as a disposable animal, who shouldn't take up too much money or space.

This new national policy affected the private health-care sector as well as the public one. Despite the fact that the

Close VA Hospitals As Flu Pandemic Threatens?

The Bush/Cheney Administration is still pushing ahead the VA CARES process (Capital Asset Realignment for Enhanced Services) which threatens to close and/or downsize VA hospitals throughout the country—even as the Administration acknowledged the looming threat of an avian flu pandemic which could sicken 50-100 million people if it strikes the United States.

As Hurricanes Katrina and Rita hit, revealing the nation's desperate shortage of hospital beds and other medical services, Pricewaterhousecooper—the accounting firm commissioned by the VA administration to carry out CARES—continued to present plans with the potential to eliminate hospitals serving tens of thousands of veterans. They did this at September-October meetings of 19 Local Advisory Panels set up under the CARES process. As the lessons of Katrina began to be absorbed by some Congressman, Lane Evans, ranking Democrat on the House Committee on Veterans Affairs, pointed to the exemplary functioning of the VA facilities in the hurricane zone, noting that not one life committed to VA medical care was lost during Hurricane Katrina. Other advocates pointed out that the VA was the only healthcare organization that managed to save *all* patient records during the hurricanes; its computerized system was backed up on a regional level and put back online in a matter of hours.

The ability of the VA system to function adequately under emergency conditions still existed, because of a virtual emergency mobiilization in July by Democratic and some Republican members of Congress, to appropriate billions of dollars of emergency funds over the obstruction and objections of the Administration, and of its Veterans Affairs Department flunkey, Secretary Jim Nicholson. Prior to those appropriations, a number of VA hospitals had been forced to refuse to accept eligible patients flocking to their doors, as other medical facilities shut down or are priced out of reach. VA hospitals were using monies from their maintenance budgets for emergency purposes to keep the most essential functions going.

But the Administration held CARES hearings around the country throughout September, to advance the option of shutting down major VA facilities. All told, 18 VA Hospitals are on the list for shut-down or cutbacks (see map, p. 46). The CARES process includes the proposal to close the Manhattan VA Hospital, one of the premier medical instiutions in the country, and shunt its services and patients to the VA facility in Brooklyn, N.Y. On Sept 19, following the Katrina and Rita disasters and with the Avian Flu threat front-page news, it was still necessary for a bipartisan coalition of New York's Congressional delegation, and every major city elected official, to testify to maintain the facility, at a local advisory panel hearing. In California, the threat to begin commercial utililization of property which is part of the West Los Angeles VA facility, was opposed by a similar coalition at Sept. 15 hearings.

In Texas, the 17 possible options proposed by Pricewaterhousecoopers at Oct. 4 hearings for the Veterans Hospital in Waco, continued to include the possibility of elimination of in-patient care and gutting of other medical services. Congressman Chet Edwards strongly challenged the VA data on which the recommendations were based, pointing out that the VA has underestimated patient levels nationwide by more than 200,000 veterans in 2005 alone.

VA was elevated to cabinet-level status as the Department of Veterans Affairs by President Reagan in 1989, the appropriations necessary to sustain its infrastructure continued to be cut again and again.

As another round of cuts in the VA's health capabilities are about to be endorsed, it is well to remember that the VA constitutes a very vital national resource. Through its programs to veterans and their families, it can affect fully one-quarter of this nation's population. Every year, about 83,000 health professionals are trained in VA medical centers, and at this point, more than one-half of the physicians practicing in the United States have had some of their professional training within the VA system. Those factors, as Roosevelt saw clearly, provide a great opportunity for those who would promote the general welfare in a time, such as our own, of deepening depression.

The VA medical system also serves as a back-up to the Defense Department during national emergencies, and as a federal support organization during major disasters. With this nation's very low surge capacity in its health-care centers and among its health-care professionals, the lessons of the current hurricane disasters and the looming avian flu pandemic should compel us to think very carefully before we eliminate even one more health facility.

Not only must we honor our pledge of care for the veterans of our wars; we must honor the cause for which they fought. As President Roosevelt said in 1933, "It is a fact that much of the future history of our beloved Country will be a history which you will help to make in the years to come."

Flu Pandemic Hospital Needs Ignored

At an Oct. 12 meeting held at the U.S. Senate Hart Building to assess the pandemic threat, lead speaker Dr. Tara O'Toole, of the University of Pittsburgh Center for Biosecurity, termed a pandemic outbreak of Avian Flu "a nation-busting event." She reported that hospitals are not ready, antivirals are in short supply, and a vaccine is a year away. The mortality rate for this infection (the H5N1 virus) has been 40-70%. O'Toole urged that vaccine production must be mobilized, hospitals must plan and prepare, and the Federal government take leadership.

The CARES process is not the only front on which the nation's critical medical capacity is under assault, rather than leadership. Republican Congressional leaders close to Bush and Cheney opened up a new flank in early October when the Senate Committee on Veterans Affairs approved S.1182, which includes a provision for spending money from VA's healthcare budget to study outsourcing the jobs of VA healthcare workers. The study could pay private consultants over $140 million in VA healthcare funds, and lead to the loss of up to 36,000 jobs.

Also assessing the nation's capability to respond to a medical emergency, the American College of Emergency Physicans held a press conference in September when thousands of their members lobbied on Capitol Hill. Representatives noted the urgent need to acknowledge that hospital emergency rooms are the nation's first line of defense in any medical emergency. But they documented that the current emergency room infrastructure is massively inadequate even under "normal" conditions. The physicians' report shows that more than 2,000 emergency departments have closed their doors since 1992, while from 1992-2003, Americans dramatically increased their dependence on the emergency care system. In 2003, they made 114 million visits to hospital emergency departments, up from 89.8 million in 1992. This influx, again the result of families' declining ability to afford other medical facilities; and its effects—long waiting times with patients warehoused in hallways—create conditions under which Avian Flu would spread like wildfire from hospitals themselves.

Other Public Hospitals Disappearing

Also indicative of the widespread collapse of the healthcare system was a new report released in August by the State University of New York Downstate Medical Center, which showed massive closing of public hospitals in the 100 largest cities and suburbs throughout the country. The report warned this action has disproportionately hit the lower 80% of family income brackets. "Public hospitals may become an endangered species," warned Dennis Andrulis, Ph.D., lead study author. "Not only are public hospitals disappearing from inner cities across the country; they are disappearing from the suburbs as well."

Among the study's key findings:

- From 1996-2002, 27% of all public hospitals were closed in major suburbs, and 16% in major cities.
- Urban public hospitals provided less inpatient and emergency care in 2002 than in 1996.
- High-poverty suburbs represented 44% of the total suburban population, but accounted for only 20% of total hospital admissions, inpatient days, and outpatient and emergency visits in 2002. These suburbs exist disproportionately in California, Texas, and other areas in the south.

In a sane world where leaders respond to real threats to the general welfare, not ideological commitments to free-market fantasies, the CARES process would be shut down, and the health experts and public officials involved could turn to the urgent matter of reopening, building, and staffing hospitals and other public health infrastructure we now urgently need.—*Patricia Salisbury*