

VA Hospital Cuts Could Backfire

by Patricia Salisbury

On June 7, the final hearing in the current round of the Bush Administration's campaign to cut back and close Veterans Administration hospitals around the country will take place in Poplar Bluff, Mo. At issue is the entire acute-care inpatient capacity of the John J. Pershing VA Medical Center. The unit is small, with 18 beds, but is critical for veterans and general health care in the area.

The Pershing VA hospital provides primary care to veterans throughout 29 counties of southeast Missouri and northeast Arkansas. Approximately 50,000 veterans live in the service area, and about 40% of them annually receive care at the Medical Center.

A talk with a local union official revealed that a similar shutdown is planned for the VA facility in Montgomery, Ala., where the entire inpatient treatment capability is on the chopping block. The official, who works at the hospital, said that it treats 2,000 to 3,000 veterans a year on an inpatient basis, all of whom would be shunted to Birmingham or even Atlanta hospitals if they wish to continue to receive VA treatment. Although a public hearing held in May witnessed a popular outcry against the shutdown, this official believes that the decision had already been made, and the supposed public input was just a charade.

Who CARES?

These situations in Missouri and Montgomery are 2 of 18 in the country, in which veteran and general health care is threatened by a swindle known as "Capital Asset Realignment for Enhanced Services" or CARES. The misnamed CARES program proposes to sell off all or part of VA medical campuses for real estate development purposes, and to otherwise cut back the cost of veterans' care. Eighteen Veterans Medical Centers are currently on the short target list, and there are corresponding political mobilizations to halt CARES and maintain or even expand veterans' health care.

One of the hottest fights is under way in New York City. In early June, more than 100 veterans and others heard from local elected officials concerning the extraordinary threat to completely close the Manhattan VA hospital on First Avenue. This is the only VA Medical Center within 100 miles that offers cardiac and vascular surgery, as well as neurosurgery, rehabilitation medicine, kidney dialysis, and AIDS treatment.



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An eloquent protest against what the mis-named VA CARES plan would do to up to 18 Veterans medical centers. Over recent months, the protests have grown and members of Congress have begun to take leadership.

New York Sen. Charles Schumer (D), and Rep. Jerrold Nadler (D), along with New York City Councilwoman Margarita Lopez, spoke against proposals to merge the Manhattan facility with the VA hospital in Brooklyn, and then sell the site for private development. The estimated real estate value of the site is \$500 million. Elected officials, veterans groups, and medical authorities have joined to form a "Committee to Save the Hospital," which includes Dr. Robert M. Glickman, Dean of the New York University School of Medicine, and Dr. Van Dunn, Vice President for Medical Affairs of the New York City Health and Hospitals Corporation.

Getting right to the heart of the swindle behind CARES, Councilwoman Lopez announced that she will introduce legislation to increase restrictions on commercial use of the property, and thus make it less attractive to developers of luxury housing.

Across the country, in Livermore, Calif., veterans and others protested the possible relocation of a 120-bed Veterans Affairs Nursing Home, south of Livermore. The facility would supposedly be relocated from its current pastoral setting to a Central Valley site near San Joaquin's County Hospital and Jail, where a new facility would be built. Desperate vets who require nursing home care at the Livermore site want to stay where they are, while others in the Stockton area are begging that the new facility be built near them.

EIR's study of VA- and state-run nursing home beds per 1,000 vets over age 65 shows that the state of California is at the low end of the range, with only 2.30 beds per 1,000. (See **Figures 1-2.**) Clearly, what is required is an increase

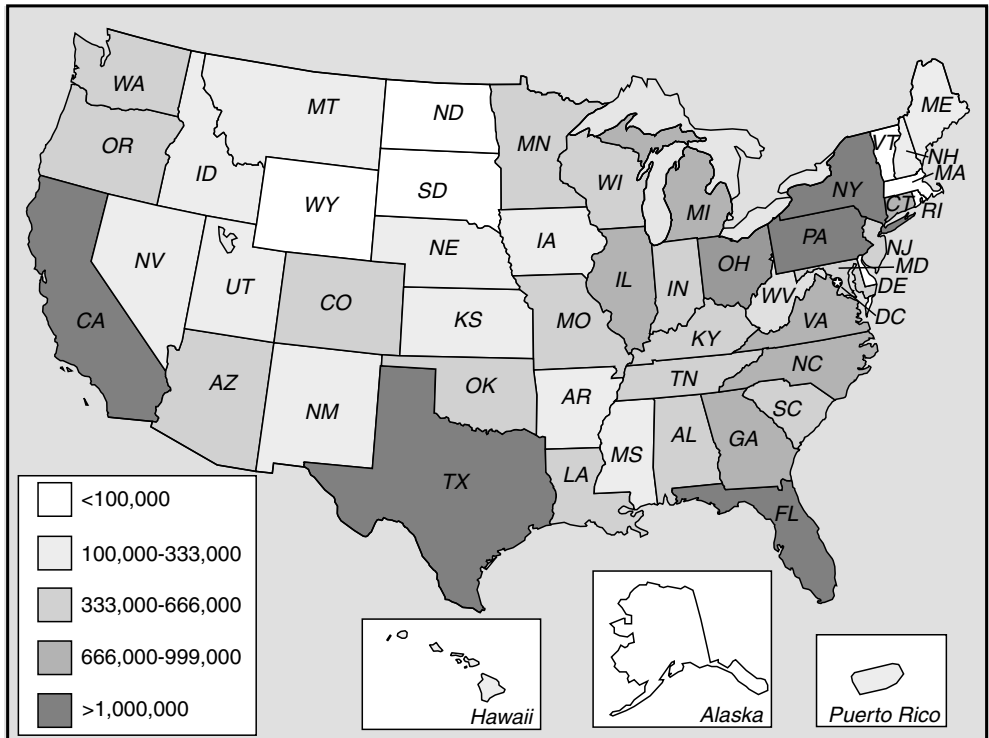


FIGURE 1
**Where 26 Million
 American Veterans
 Live, 2001**

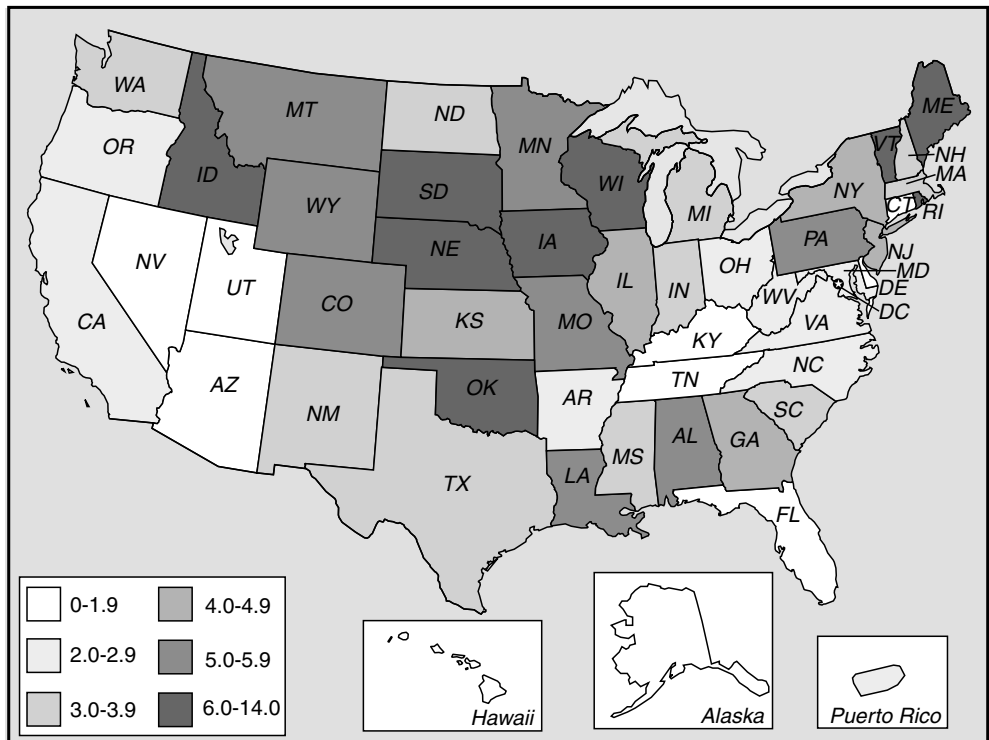


FIGURE 2
**VA or State-Run
 Nursing Home Beds
 per 1,000 Veterans 65
 Years or Older, 2004**

Sources: U.S. Department of Veterans Affairs; National Association of State Veterans Homes.

Over one-third of all Veterans reside in six states (darkest). The overall distribution of residence, and characteristics of sub-groups (age profiles, health conditions, means, etc.) is the basis for deciding what ratios of infrastructure (hospitals, clinics, etc.) need to be provided, where. But **Figure 2** shows the wide disparity in nursing home beds provided by either the VA, or state-run homes. More need be built, not shut down.

in number of nursing home beds for the entire state—a demand that seems difficult to raise within the prevailing assumptions of shrinking resources and the reality of a collapsing economy.

The Backfire Possibility

Nonetheless, there are challenges being made to the central assumption of the CARES program. In Walla Walla, Wash., where U.S. Sen. Patty Murray (D) is taking a determined stand against cutbacks to the Jonathan M. Wainwright VA Medical Center, a local community commission chaired by Walla Walla City Manager Duane Cole, has proposed upgrading the facility and dealing with the problem of the aged plant by building a new medical building, and converting some of the current space to administrative use. The community group has prepared detailed estimates of costs as well as information on the utilization to capacity of virtually every medical facility in the area serviced by the VA Center. Still, one local elected official told this news service that a complete closure of the facility cannot be ruled out.

Ironically, in some instances the process which CARES has set in motion to convert the VA campus areas to non-medical usage is fostering proposals from community activists and others for productive usages, instead of real estate speculation.

An early May meeting concerning the St. Alban, N.Y. VA Center heard testimony that the Center—which was once a U.S. Navy Hospital Facility and is built in the shape of an anchor—is vital for the area. John Rowan, President of the Vietnam Vets of America, New York State Council, said that three times the current 181 nursing-home beds are needed, and pointed out that Vietnam vets will soon be reaching age 65. At the same hearing, the local Deputy Mayor, Dennis Walcott, proposed that all medical services be maintained, and that 3 out of the 55 acres of the campus be used to create a high school with an early-admission college program to serve from 600 to 800 students, and which would be geared to the medical sciences.

Others proposed to create a senior center or a medical school in honor of the late Dr. Canute Bernard, a Jamaica, N.Y., resident and long-time community activist who died in March.

The potential for this situation to fly out of control is nowhere more evident than in the discussion around the West Los Angeles VA Hospital. According to one member of its administration, this hospital sits on the “most valuable property West of the Mississippi,” adjacent to the affluent area of Brentwood. Despite late public notice, more than 120 local people and staffers for two Congressional offices showed up at the CARES local advisory panel public hearing on May 6.



www.va.gov

“The most valuable property west of the Mississippi,” is what one member of its administration called the West Los Angeles VA Medical Center. The White House/VA closings and consolidations aim to throw such sites into the real estate speculation bubble.

Almost to a man, attendees declared their opposition to the use of even one inch of the VA property for commercial purposes. Many invoked the history of the land, which was deeded by a local family in 1888 for use of disabled veterans.

There were several proposals that part of the land be used to provide decent housing for the area’s large population of homeless veterans (estimated at 27,000 in Los Angeles County alone). Others pointed out that the current services at the VA Hospital are not enough to meet the needs of veterans, and that it was an illusion to think that the current health care is the best that can be provided.

One person noted that research on cell transplants was done at Building 118 of the facility, and proposed that there is the opportunity to integrate the country’s foremost science and medical technology to create a facility where veterans can obtain the very best, at the forefront of medical care. As one person testified, “Yesterday’s, today’s, and tomorrow’s veterans need the West L.A. Facility to be the diamond of the West Coast.”

Ironically, the Bush Administration maniacs and the VA bureaucrats may find that their VA real estate swindle will instead force people into thinking about the potential of the VA medical system to lead a renaissance in U.S. health care.

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