

**The Veterans Health Administration (VHA) as the Basis for a  
Universal Health Care System in the United States  
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## **Abstract**

**This article gives a brief description of the VHA, discusses its contribution to Medical Education and Research, one of the threats to the survival of the present VHA and why the VHA could be the ground work for a Universal health care system in the USA.**

**I. Preface:** In 1994 when the White House advocated a universal health care system the uninsured in the US numbered about 37 million. Since 1994, systems of managed care have developed which, presumably, have exacted some cost savings in health care. Unfortunately, during that time, the number of uninsured Americans has risen to 44 million. I believe that the time is now to have a health care system available to all Americans. America cannot continue to be the leader of the free industrialized and technological world while not providing health care for all its citizens, the only country so described.

This proposal is a way to use a system that is already in place as a basis for the beginning of a single payer system. This idea is not a new idea-it was proposed by a VA administrator, Edward Derwinski – who promptly was fired by then President George H.W. Bush. At that time in the 80's we didn't have 44 million uninsured, we had more veteran patients, there were more veterans in Congress, the veterans service organizations had more members and were stronger, managed care hadn't evolved, and the American people were not as concerned about health care. Health care was not a national issue. This proposal could take care of two Medicare patients for the price we now pay for one. Making the VHA more efficient could use the 1 million the VA allegedly was wasting per day in 1999 (according to the Associated Press) and take care of many more Americans.

The VHA is not an ideal system; such a system does not exist. The VHA is a bureaucracy, which covers a large part of the US and its territories, but does not have a presence in all areas in need of healthcare. As a bureaucracy it has a stated policy in place to accommodate the circumstances which have arisen in the past. Some of the procedures may need to be made efficient and less time consuming.

Perhaps, the VHA could use some of the efficiency and cost savings of a Japanese automobile production line while retaining the ability to care for patients with compassion and the best medical result possible.

## II. Description of the VHA

The VHA as a part of the Department of Veterans' Affairs is a system of 172 hospitals, 438 outpatient clinics and 131 nursing home care units located throughout the country. The mission of the VHA "ensures that the health care needs of America's veterans are served by providing primary care, specialized care, and related medical and social support services." This care also serves the woman veteran, exclusive of obstetrical services.

The VHA's participation in health care education and training was begun in 1946 as a way to upgrade the health care of veterans by establishing the affiliation of the VHA hospitals with the local medical schools; thereby, the medical school shared its faculty and hospital staff with the VHA hospital and vice versa, thus forming a very productive relationship. Throughout the US that relationship and the contribution of the VHA to medical education is not well known and not appreciated as an integral and absolutely necessary part of medical education in this country. The VHA helps to train not only the medical students, physicians, and dentists, but pharmacists, nurses, social workers, rehabilitation therapists, psychologists, and counselors as well. A majority of US physicians have received some of their education and training at a VHA hospital.

Another very important aspect of the health care mission is VHA medical care research which contributes greatly not only to the health and well being of veterans, but to that of other Americans and to the world as a whole. It was created as a recruitment and retention tool for physicians. For example, the development of the CAT scan is a VHA accomplishment. The creation of the radioimmunoassay, an analytic technique, which is the basis for thousand and thousands of laboratory tests worldwide is the accomplishment of a VHA physicist, Dr. Rosalyn Yalow, who received the Nobel Prize in 1977. Dr. Schally, a VHA physician, received the Nobel Prize in the same year for having discovered, isolated, and developed a radioimmunoassay for Thyroid Stimulating Hormone (TSH) which is the basis for the tight control of patients taking thyroid hormone replacement. Research on the long-term treatment of

hypertension is research, which was done many years ago principally by Dr. Edward Fries, utilizing the VA Cooperative Studies Plan. This research has allowed many people worldwide to have normal blood pressures and avoid long term complications and early death associated with the disease. Recently, an implantable insulin pump was developed which offers patients with diabetes another way to control their disease. The VHA has made many contributions to rehabilitation research and development.

### **III. Threats to the Survival of the Present VHA**

A number of factors have been considered in the past and will become more important in the future as reasons for disbanding the VHA and adsorbing its function into already existing facilities. Among these reasons are the decreasing number of veterans in our country. In 1997 the VHA treated less than 3 million veterans. The number of veterans in the system will continue to decrease as the Armed Services continue to down size. Presently, and in the future, the defense of our country will depend on technology and not on the number of military personnel available. The VHA has responded appropriately to the conversion of health care to the primary care ambulatory setting; however the number of VHA hospitals has not decreased in spite of a decrease in the number of active hospital beds by 40% since 1994. Veterans service groups as the Disabled American Veteran (DAV) and the Veterans of Foreign Wars (VFW) have been very strong supporters of the VHA and have in turn received much support from a Congress which consisted largely of veterans. However, both the memberships in the veterans' service organizations and the number of veterans in Congress has decreased.

### **IV. The VHA as Basis for Universal Health Care**

The VHA is a well organized, well staffed, comprehensive system which already offers all the components needed for a universal health care system with the exception of obstetric care, family planning and pediatrics.

In addition to health care, the VHA should be able to continue two missions very important to health care in our country – its education and training mission and its research

mission, which could be expanded on larger scale with non-veteran participation, a very important public health consideration. Also the VHA is the back up system for the military in case a catastrophic disaster occurs.

The VHA has a network in place, which covers almost the entire country, but may need some expansion into few areas where there is not VHA presence. This expansion could be accomplished with sharing or affiliation agreements with existing non-federal health facilities, (many already in danger of closing). VHA full-service specialty centers already exist into which the primary care hospitals and ambulatory facilities could feed. Presently, the VHA offers comprehensive care at a much lower cost than most health care systems. The influx of women into the Armed Services has increased and subsequently the number of women veterans. Women now feel welcome at the VHA medical facilities. With the influx of non-veteran women, the service to veteran women would improve substantially and could be further expanded (i.e. mammography and gynecological diagnostic procedures).

Veterans would continue to receive the same benefits in such an expanded VHA. Medicare and Medicaid patients would receive comprehensive care, with their appropriation going to the VHA. The VHA would be open to all persons with existing Federal or private insurance coverage, with these payments including the co-payments going to the VHA. A health care tax on those currently employed (about 13 million) but without health insurance would pay for that group.

Those persons not covered by any of the above areas of insurance would be eligible for comprehensive care at the VHA under a separate appropriation, financed by some congressional budgeting process. It has been determined that the present health care system has enough funding to take care of the 43 million uninsured; the money just has to be redistributed. Congressman Jim McDermott (D-WA) in 1999 produced a comprehensive bill, HR 1200, which would have allow the VHA to continue to exist though veterans would be eligible for care under HR 1200, a costly duplication.

Some combination of a HR 1200 and the use of the present VHA system to cover all the costs of health care should be developed. Furthermore, such a single-payer system should preserve the aspects of the VHA which presently benefit all Americans, and without which all Americans would suffer. The VHA system could expand its primary care clinics with the services of its family physicians truly integrated into the communities. Preventive care could become the hallmark of this universal system eventually saving millions of the health care budget. This proposal does not seek to destroy private health insurance, but truly will create a system, which can compete vigorously with a private health care system and win the business and loyalty of most Americans. I strongly urge using our current VHA system as a nucleus for expansion of a economically sound system which would continue to provide health care for our veterans as well as many of our non-veteran men, women, and children, especially the uninsured. We urge its use. America needs universal health care now.

#### References

1. Annual Report of the Secretary of Veterans' Affairs, Fiscal Year 1994.
2. Washington Post, Thursday July 22, 1999, Page A5.
3. HR 1200, American Health Security Act of 1999.

