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HOW VA PRIVATIZATION IS A THREAT TO NATIONAL SECURITY

By Ryan Leone

MOST AMERICANS ASSUME THAT THE DEPARTMENT OF VETERANS AFFAIRS (VA) has a dual mission: to provide the nation's 19 million veterans with free healthcare services, through the Veterans Health Administration (VHA), and with benefits, like free education and pensions, through the Veterans Benefits Administration (VBA). The truth is that the VA has other important missions, a number of which support the vital albeit largely unknown role in ensuring America's national security.

This role was first mandated by Congress in 1982 through the VA/DoD Health Resources Sharing and Emergency Operation Act, which statutorily established the VA as a backup to the Department of Defense's health system. This law also empowered the Federal Emergency Management Agency to pull in VA resources for civilian emergencies once a Federal Disaster Declaration is made. The VA has additional responsibilities under the National Disaster Medical System, which covers both the provision of civilian triage and care through Federal Coordinating Centers and DoD backup during times of war. On top of all this, the VHA is empowered to provide humanitarian care to civilians during national emergencies, such as offering support to civilian communities during Hurricanes Irma and Maria or offering community behavioral health support after tragedies like the Pulse Night Club shooting.

There are additional VA services that assist the military. The department conducts research, for instance, that is essential to helping DoD understand and treat military related-health problems. In serving as the teaching hub for the nation's healthcare workforce, VHA also churns out clinicians who treat the nation's veterans, service members and civilian citizens. Further, the ability to obtain free VHA healthcare benefits is an important recruitment incentive.

Unfortunately, two pieces of legislation currently being considered by the House and Senate Committees on Veterans' Affairs are threatening the VA's ability to fulfill its national security functions.

One is the Veterans' HEALTH Act, introduced by Senators Jerry Moran (R-KS) and Kyrsten Sinema (I-AZ); the other is the misleadingly titled Veterans Health Care Freedom Act, a bill introduced by Marsha Blackburn (R-TN). If passed without significant amendments, these bills would further outsource VA care and defund important services, leading to facility and clinic closures across the country that would dangerously degrade the VA's important national security role.

This paper details this work and argues that hampering the VA significantly weakens America's ability to carry out its foreign policies and domestic preparedness in an increasingly unsteady world.

Disaster and Combat Response

Beyond serving the veteran community through direct care, research, and training, the VA also operates a lesser-known Fourth Mission: to support America's preparedness for war, national emergencies, disasters, and acts of terrorism. This fourth mission was added to the VA's list of responsibilities with the passage of the VA/DoD Health Resources Sharing and Emergency Operation Act and is supported through the VA's Office of Emergency Management. While advocates of VA privatization often point to the fact that the veteran population is declining, they generally neglect to consider the fact that today's smaller cohort of combat veterans, thanks to better battlefield triage and care, live with many more service-related conditions than any other in American history. They ignore the trend that the number of veterans who utilize VA health care services is *increasing*. They also fail to factor in the likelihood of a future conflict that will produce another generation of veterans with new and escalating medical and mental health needs.

Even a cursory look at American history reminds us that every few decades, at most, our military is called into action. A future conflict will come. If one considers the prospect of large-scale combat operations with near-peer adversaries like China or Russia, a situation quickly occurs in which there are far more patients than the Military Health System can handle.

Current casualty estimates in a war with China over Taiwan suggest that ~6,960 U.S. service members will be injured or killed over just three weeks of combat. In this case, VA facilities would become vital care points, serving to rehabilitate patients in both the short and long-terms. In caring for active-duty service members, clinicians would lean on the unique skills they've sharpened over decades of caring for veterans. Even in peacetime, the VA's extensive rehabilitation capabilities are put to use in caring for active duty service members through a Memorandum of Agreement that allows patients with traumatic brain injury, spinal cord injury or disorder, and blindness to receive care at authorized VHA sites. The fragmented and unfamiliar private sector, by contrast, could never step in under such circumstances.

During COVID-19, the VA deployed personnel to all 50 states and territories

1,215

State Veterans
Homes

980

Community Nursing
Homes

293

Indian Health Service
& Navajo Nation Clinics

122

non-VA
Hospitals

The VA demonstrated it could quickly surge support during the COVID-19 pandemic. Over that sustained emergency, the VA provided 1.1 million pieces of PPE to state and local facilities, admitted 697 non-veteran patients to VA hospitals, and sent clinical personnel to 122 private hospitals, plus 980 clinical personnel to community nursing homes. By defunding VA facilities and sending veterans to the private sector, this critically important piece of our nation's infrastructure for responding to wars, pandemics, and other disasters would be eliminated. That cannot happen.

Pharmacological and Staff Reserves

Another way the VA supports our national security is through its regulatory allowance to negotiate drug prices—something that many other parts of the government healthcare sector, such as Medicare and Medicaid, have been barred from doing freely until recently, and even then with restrictions.

By accumulating supplies at a fast clip and an affordable rate, the VA can augment the capabilities of the Strategic National Stockpile (SNS). The VA's Office of Emergency Management has a Pharmaceutical Cache Program that fills the gaps between VA on-site supplies and re-supplies from the SNS or traditional restocking approaches, ensuring that VA hospitals stand ready to manage surges in patient demand.

Unlike the private sector, the VA is also able to maintain strong staffing levels. A recent report from the Bureau of Labor Statistics shows that more than twice as many people are fired from or quit private sector work than from government jobs. While government job security has been criticized as inefficient, these rules serve an ulterior purpose—to ensure capacity for surge requirements. Private sector facilities might be inclined to fire workers when financial pressures dictate it, but VA employees will generally maintain their employment status through economic tumult. The system is therefore quickly available with a well-staffed workforce when disasters strike.

Training Providers for Complex Medical Needs

According to the VA's Office of Academic Affiliations, the system annually trains 113,000 health professionals. Seventy percent of all physicians spend some part of their training in a VA facility. On its own, this information shows how critical the VA is to the overall capability of our military, VA and private sector healthcare workforce, which is burdened by burnout and severe shortages. Without the VA's education and training infrastructure, the American healthcare workforce would lose an important tool in preparing successive generations of high-quality providers.

The VA also plays a unique role in training DoD medical personnel to provide complex medical care. Because of the military's medical screening process, which prohibits certain pre-existing conditions, and its intense fitness requirements, which generally maintains good population health on the job, the Military Health System generally treats a young, healthy, and relatively straightforward patient population.

However, in times of war or during humanitarian deployments, patient needs will become exponentially more complicated. These complex medical situations more closely mirror the older population that the VA sees: patients who face concurrent chronic conditions. DoD providers often gain proficiency in providing complex care through DoD and VA Resource-Sharing Agreements, managed by the VA/DoD Medical Sharing Office. That office oversees a variety of programs, ranging from simple arrangements

that send DoD providers to VA facilities, to ones that bring VA patients to DoD facilities, and even the James A. Lovell Federal Health Center, which is a jointly run facility by DoD and VA. In fact, the DoD's Defense Health Agency (DHA) is looking to grow these mutually beneficial partnerships across seven geographic areas in the next two or three months. Explaining the thrust of many of these partnerships, DHA's Director, U.S. Army Lieutenant General (Dr.) Telita Crosland, explained that, "the VA is going to come into our facilities that have space for their staff and their patients, and we get that clinical training, opportunities to keep our clinical skills sharp."

By sending the complex cases that have long been centralized in VA facilities to private facilities across a region, DoD providers will lose crucial opportunities to develop skills and keep them current.

Research and Data

The VA's research mission is yet another example of its important interplay with national security issues. By working to address the medical problems that stem from military service, the VA can reduce long-term disability in veterans and potentially improve return-to-duty in active service members.

The broad array of topics the VA studies—including post-traumatic stress disorder, traumatic brain injury, amputation rehabilitation, and pain management—are deeply relevant to current *and* former service members. Beyond these specific areas of research are issues like women's health, precision medicine, and chronic disease treatment that extend beyond military and veteran populations to civilians, advancing medical science for the population at large. From a health security perspective, a population that can deal with genetic, natural, and environmental causes is one that will be resilient in the face of all-hazards threats and bad actors.

For example, the VA's Million Veterans Program has, since 2011, recruited over 950,000 veterans to share their genetic data, lifestyle information, military experiences, and environmental exposures. With a database this large, countless studies are being conducted to understand the intersection of environmental and genetic factors in shaping health.

Additionally, the VA's central processing of data in a shared electronic health record from facilities across all 50 states means that it can be an optimal source of disease monitoring for outbreak identification. The VA's COVID-19 Research Dashboard shows that 952 projects are ongoing at 79 different VA medical centers, illustrating just how valuable its data-rich electronic health record can be in studying pandemic diseases. One such study proved that a Care Assessment Need score generated within the EHR could be generated to identify patients with a greater likelihood of hospital admission, prolonged hospital stays, ICU admission, prolonged ICU stay, mechanical ventilation, and mortality.

Reaffirming Support for Potential Recruits

Last but most certainly not least is the role that the promise of VA benefits plays in the DoD's ability to attract new recruits to America's all-volunteer force.

Military recruitment has stagnated in recent years. In June, The Wall Street Journal reported that, "the U.S. Army in 2022 had its toughest recruiting year since the advent of the all-volunteer military in 1973 and missed its goal by 25%. This year, it expects to end up about 15,000 short of its target of 65,000 recruits."

The Navy expects to fall short by as many as 10,000 of its goal of nearly 38,000 recruits this year, while the Air Force has said it is anticipating coming in at 3,000 people below its goal of nearly 27,000. The Marine Corps met its target last year—sending 33,000 to boot camp—and expects to meet its goals this year. But its leaders described major recruitment challenges. Only 9 percent of young people ages 16-21 recently said they would consider military service, down from 13 percent before the pandemic, according to Pentagon data.

While the recruiting crisis is a multi-faceted problem, it's clear that taking away VA options is *not* a way to strengthen the size of the fighting force. The VA exists to care for those who have served and now face health issues. Downsizing the VA and dropping its provision of quality, coordinated care—especially for medical conditions that are developed or exacerbated in the service—could be a deterrent to future service members who view long-term VA health support as an appealing prospect.

Beyond the quality-of-care concerns that could reduce the VA's appeal to military recruits, the VA also serves as a space for veterans to be surrounded by their peers, predecessors, and successors in uniform. The community aspect of care at the VA is something that mimics the culture that veterans experience during the military. Disseminating care across the private sector eliminates any sense of community that veterans might have beyond their years of service, which can further reduce the long-term appeal of serving.

Conclusion

If the privatization of the VA continues, its lofty and important mission—“To care for him who shall have borne the battle”—will be delegated to a segment of the healthcare sector with financial disincentives to provide high-quality, veteran-tailored care. Privatization will further hurt the veterans of future wars and greatly slow the advancement of medical research.

It will also fail to serve the broader American public, who, during a future disaster scenario, may very well come to rely on the VA's staff, facilities, and other resources for assistance. The VA is a vital institution for American national security, and anyone seeking to threaten its stability should recognize these overlooked and unacceptable risks.

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