



Veterans Healthcare Policy Institute

Strengthening Care for Veterans and the Nation

Earlier this month, the Veterans Healthcare Policy Institute (VHPI) hosted a Zoom forum focused on how privatization at the Department of Veterans Affairs (VA) threatens America's national security and the Department of Defense (DoD).

The conversation touched on many of the themes explored in a [new VHPI report](#) by **Ryan Leone**, a medical student at Columbia University who is also a U.S. Army officer and former Presidential Management Fellow at the DoD's Defense Health Agency.

"There are many cases against privatization, including from patient safety, quality, and access perspectives," Leone explained during the forum. "I think this national security lens adds an additional point toward that argument. It shows that the VA is a national treasure that should be protected. Losing its many facilities and programs can cause real harm."

Leone's paper details, among other things, how the VA trains the vast majority of American clinicians, assists DoD in healthcare training and delivery, and holds strategic pharmaceutical stockpiles and hearty staff reserves that are indispensable for conflict and disaster response.

In his panel remarks, Leone showed how this capacity was expertly leveraged during the COVID-19 pandemic. Over that sustained emergency, the VA provided 1.1 million pieces of personal protective equipment (PPE) to state and local facilities, admitted 697 non-veteran patients to VA hospitals, and sent more than 1,000 clinical personnel to private hospitals and community nursing homes.

Another panelist was **Dr. Harold Kudler**, a long-time senior VA leader who served as the department's national mental health policy lead. Kudler provided additional details on the extent of the VA's emergency preparedness efforts. He noted that the VA has established 141 sites across the nation with enough of 38 vital medications and 44 forms of medical supplies to keep the nation's entire medical system moving for three days in the face of an overwhelming disaster or act of war.

"During the pandemic, VA provided supplies, it provided personnel, it provided expertise all across the nation," Kudler explained. "You didn't see Harvard or Yale or Duke do that because they don't have the capacity. They don't train for it. And it's just not their mission. If you lose the VA's capacity to do this work, then it'll be nobody's mission."

Kudler recalled attending a meeting in 1990 at Fort Benjamin Harrison, Indiana, to discuss VA/DoD preparedness ahead of the first Gulf War. "The Surgeons General for all branches showed up there and explained to us how much the Department of Defense's Health System had shrunk since World War II and Vietnam," Kudler recalled. "They explained to us that with thousands of Americans within striking distance of Iraq, it was estimated that the entire military defense system, both overseas and at home, could be 'fully saturated' in two weeks, at which point the VA would become the Department of Defense Health System."

Thankfully, that's not what happened. But the hypothetical situation first alerted Kudler to the VA's important national security role. This capacity was strengthened across the 1990s, including through the VA's development of mobile capacity that has since been frequently deployed, from Hurricane Andrew in 1992, and the Northridge earthquake in 1994, to more recent tragedies. VA medical directors in NYC and the Washington D.C. made clinical supplies and direct medical care available to literally anyone who requested them in the wake of the September 11th attacks.

The department also responded in the aftermath of the Pulse Nightclub shooting and January 6th. "Coordinators in VA emergency management are scanning the entire nation to see what's going on, who needs supplies, what trained staff do we have available to help with this?" Kudler said. "We remain vigilant every single day."

Kudler concluded: "If we die the death of a thousand cuts through privatization, take away a little here, a little there – the VA's national capacity is going to be lost, and we just can't afford it."

The event's final panelist was **Regina Julian**, the Deputy Assistant Director for Health Care Operations at the Defense Health Agency. She agreed with Kudler that the VA is a vital partner in military medicine. "We won't have enough beds if there's a large-scale disaster or if we go to war," she explained. "We need this synergistic partnership with VA."

Julian touched on the new and emerging partnerships between the two agencies, including clinical relationships of various forms at VA facilities from Alaska to Kentucky. There's also the James Lovell Healthcare Center in Chicago, the first VA facility that is fully integrated with DoD, and frequently sees active-duty service members.

These alliances have, among other things, allowed DoD clinicians to immerse themselves at the VA and gain experience with complex conditions, which are less common among the DoD's relatively young and healthy patients. "There's plenty of volume and a complex case mix within the VA," Julian explained. "It's not just sinus infections and low back pain." Military doctors need that experience when called into foreign conflicts.

Julian noted that VA and DoD are ideal military health systems for several reasons, including their common culture and overlapping public missions. "Our goals are similar, as are some of our challenges with access to care in the private sector," she said. "I'm told every day by Humana and Health Net, our regional contractors, that there's a supply and demand mismatch in the United States of America. And I'm told every day, 'Get ready to pay more, have your patients drive farther and have them get ready to wait longer.'"

Julian noted that, like with VA, care outsourcing at DoD means that money is taken out of the direct care system, ultimately serving as "a drain on our system."

"For that reason, we're hitting the brakes," she explained.