—Staff photo by Dianne Arkin

Community Leaders Lend School Support

Flanked by community leaders, Meharry Medical College President Richard Lester, explains that Meharry will accept only 80 first-year medical students this fall because of a lack of hospital training beds that endangers the school's accreditation. Showing support are the Rev. Dugan Williams, and Councilmen Ludye Wallace, George Dudley and Mansfield Douglas.

Meharry Reduces Incoming Class

By DAVID GRAHAM

Meharry Medical College will reduce its first-year medical class from 111 students last fall to 80 this fall as it seeks to maintain accreditation, President Richard Lester said yesterday.

Meharry decided upon the "voluntary" reduction because of the lack of "clinical resources" — hospital teaching beds — for its students, a problem which could be remedied if Meharry students and physicians could gain access to the Veterans Administration and General hospitals here, Lester said.

THE LACK OF teaching beds is one of the issues the Liaison Committee on Medical Education will consider when it decides, perhaps late in June, whether to continue the school's accreditation or to place it on probation.

"I believe in my heart that the LCME will understand the great steps we've taken at Meharry and will vote to continue full accreditation," Lester said.

"I am certain this will happen if there is forward progess on the access to the tax-supported institutions."

LESTER, SPEAKING at a press conference flanked by four black Metro councilmen and two black ministers there to show support for the school, said he is "confident" Meharry will gain access to both. Most of Meharry's students now have access only to patients at Hubbard Hospital.

If an agreement for access to the VA hospital is given before the end of June, there is "no question" accreditation will be extended, he said.

Councilman Mansfield Douglas said he will introduce a resolution before the council June 1, urging the Metro Hospitals Board to find some way to give Meharry access to General Hospital.

"THE HOSPITALS Board needs to list alternatives for operating on parity between the city's existing medical schools and modify the existing contract to achieve parity," Douglas said.

The resolution would be a "mandate" that the board seems to be seeking from the council before it acts, he said.

Vanderbilt University has a contract with General and the VA giving it faculty and resident positions at the two hospitals.

LESTER SAID he is excited by the progress toward gaining access to the VA hospital, including a recent letter from VA General Counsel John P. Murphy, and endorsed by the White House, asking the LCME to delay its accreditation decision until the question of access to the VA hospital is resolved.

Lester read from an executive order from President Reagan which is calling for "a significant increase in the participation by

(Turn to Page 2, Column 1)

SOURCE
The Tennessean (page 1)
CITY AND STATE
Nashville, TN
DATE OF PUBL.
May 20, 1982

To Keep Accreditation

Meharry To Reduce Incoming Class to 80

(Continued From Page One)

historically black colleges and universities in federally sponsored programs," and he said, "I know we've seen the beginning of a White House initiative to put into action those words."

A discussion of access to the VA hospital by Meharry, VA and Vanderbilt University officials is due within the next two weeks, Lester said.

IN A WIDE-RANGING discussion of the problems which could lead to probation for Meharry, he said the school has shown progress in the areas a three-member LCME subcommittee discussed with Lester and other Meharry officials in Chicago Tuesday.

The issues include the level of student academic standards, the need for more faculty, the fiscal stability of the school and the small number of patients who use Meharry's Hubbard Hospital.

Access to General and VA is "the paramount issue" in the other problems, Lester said, but he acknowledged "access is not the only problem Meharry has had."

GENERAL SUPPORTS 12 full-time faculty, and the VA, 39 faculty, and Meharry could increase its faculty with some of those slots, he said.

The school this year increased the score it requires of its students on the National Board of Medical Examiners, and will next year require students to pass the board to graduate from Meharry.

Standards for students who have poorer academic backgrounds but who are allowed to matriculate at Meharry on an extended five-year program because of vows to become physicians will be more stringent, Lester said.

"WE HAVE ALSO revised our admissions standards," he said.

The mean score on national medical school entrance exams for first-year Meharry student [illegible] the national mean.

The entering class size will be reduced to 80 from 111 students this year. Two years ago, the entering class had 124 students.

"WE WILL reconsider the size of the classes as the clinical resources develop," Lester said.

He said the school has developed a five-year program for financial responsibility which inspectors from the Department of Health and Human Services ruled to be acceptible.

He cited an increase in Hubbard Hospital's patient population of 40% since last summer as evidence the hospital is viable.

THE HOSPITAL, which should be financially self-supporting within "a couple of years," is planning to open new geriatric service.

Meharry would continue its "mission" of educating "badly needed" black physicians even if it were on probation, Lester said. "Being on probation does not remove accreditation."

The subcommittee gave no indication of whether it would recommend probation.

ROBERT PEPIOT, director of the VA Medical Center in Murfreesboro, said he will request that VA officials in Washington finance residencies for five additional Meharry residents starting in September. The hospital now has two resident positions for Meharry doctors paid by the VA, and three resident positions for Meharry doctors paid by Meharry, Pepiot said.

The Rev. Dogan Williams, president of the Interdenominational Ministers Fellowship, said denying Meharry staff and students access to the hospitals is "a violation of the civil rights of black people in Davidson County."

The group may bring a civil rights lawsuit against the parties involved if access is not given, he said.

NASHVILLE TENNESSEAN

VA ASKING DELAY ON MEHARRY DECISION
Tuesday, May 18, 1982

by Carolyn Shoulders

Veterans Administration officials, in a measure encouraged by the White House, have asked medical accreditation officials to delay their decision scheduled for today on the future of Meharry Medical College.

The intervention by the VA into the issues to be decided by a non-governmental body , the Liaison Committee on Medical Education - which meets in Chicago this morning - indicates that both the agency and the White House are prepared to take a more active role in resolving the dispute over whether Meharry students will have the same access to internships and residencies at the federally funded hospital as do Vanderbilt University medical students.

In a letter dated May 14, VA general counsel John P. Murphy wrote to Dr. Edward Peterson, secretary of the medical accreditation committee.

"This letter is to confirm our telephone conversation in which we discussed our request that the Liaison Committee on Medical Education postpone making any recommendation or taking any actions concerning the accreditation of Meharry Medical College until such time as the interested parties, including appropriate state and federal agencies, have had the opportunity to collectively address the issues involved."

Murphy said the VA was making the request for the postponement in order for that agency to have time to "assemble the concerned parties... in the interest of addressing and hopefully resolving the issues...upon which accreditation by your committee is based."

"Our endeavor to do so is being encouraged and supported by the White House," Murphy wrote.

Dr. Richard Lester, interim president of Meharry, could not be reached for comment last night because he was in route to Chicago for this morning's meeting.

Lester has said he considers access to both the VA hospital and Metro General Hospital "vital" in order to retain national accreditation for the financially ailing school, one of two institutions in the country responsible for training most of the nation's black doctors.

A copy of Murphy's letter, which was written after the Congressional Black Caucus and the National Medical Association asked the White House to support Meharry, was forwarded to Melvin L. Bradley, President Reagan's special assistant.

2. NASHVILLE TENNESSEAN(continued)

While a local VA official has said in previous public statements that "a lot of medical schools in America right now are having difficulties and we don't feel it's our charge to start formulating our operations based on their problems," Murphy's letter indicated the VA is willing now to revise its policy on internships and residencies.

He wrote in his letter:

"During our conversation, you mentioned that a committee recommendation of "probation" for Meharry would not necessarily result in the closure or discontinuance of the school.

"I strongly believe that such a recommendation before there is sufficient opportunity to review significant changed circumstances and explore possible solutions to the concerns of the committee would be most inappropriate and would complicate resolution of the issues by possibly imparing such options as the availabilty of financing and potential affiliation.

"Accordingly, it is our belief that the premature making of any recommendation would not be consistent with, and may well be contrary to the best interests of all concerned."

According to the letter, Peterson had told Murphy that the committee would not take up the issue of Meharry's accreditation until its June 28 meeting. Murphy wrote that he believes even that date may be premature.

Vanderbilit University officials could not be reached for comment last night.

Dr. Roscoe Robinson, Vanderbilt's vice president for medical affairs, has said the university is ready to cooperate with Meharry, but that sharing staff positions in the two tax-supported hospitals may create difficulties because of the limited number of positions.

John Matlock, an assistant to Rep. Harold Ford, who has been active in encouraging access to the hospitals for Meharry students, said.

"We're happy to see that positive steps are being taken.

"The congressman has been very positive that this can be worked out. It's not as hostile, a situation as it may seem and once they get all the people together, it can be worked out."

# # #

Veterans
Administration

May 14, 1982

Dear Dr. Petersen:

This letter is to confirm our telephone conversation in which we discussed our request that the Liaison Committee on Medical Education ("Committee") postpone making any recommendation or taking any action concerning the accreditation of Meharry Medical College ("Meharry") until such time as the interested parties, including appropriate state and federal agencies, have had the opportunity to collectively address the issues involved. You have advised me that the Committee, in any event, intends to take no action with respect to Meharry prior to the Committee's June 28, 1982 meeting. I believe even that date may prove premature.

Our request is based on our desire to obtain the time necessary to assemble the concerned parties, including those located in the Nashville area as well as, when appropriate, the requisite Federal agencies, in the interest of addressing and hopefully resolving the issues presented and upon which accreditation by your Committee is based. I am sure the Committee agrees that it is in the best interest of all concerned to make every reasonable effort to reach a mutually agreeable solution to the issues at hand. Our endeavor to do so is being encouraged and supported by the White House.

During our conversation, you mentioned that a Committee recommendation of "probation" for Meharry would not necessarily result in the closure or discontinuance of the school. I strongly believe that such a recommendation before there is sufficient opportunity to review significant changed circumstances and explore possible solutions to the concerns of the Committee would be most inopportune and would complicate resolution of the issues by possibly imparing such options as the availability of financing and potential affiliation. Accordingly, it is our belief that the premature making of any recommendation would not be consistent with, and may well be contrary to the best interests of all concerned. Postponement of any recommendation and action until those concerned with the future of Meharry have had sufficient opportunity and time to develop possible solutions, on the other hand, will enable the interested parties to work towards a solution acceptable to all. We are hopeful that such solutions may be forthcoming in the near future.

I appreciate your continued assistance and look forward to your favorable response on behalf of the Committee.

Sincerely,

John P. Murphy
General Counsel

Dr. Edward S. Petersen
Secretary
Liaison Committee on Medical Education
535 North Dearborn
Chicago, Illinois 60610

cc: Melvin B. Bradley
Special Assistant to the President
The White House

The Tennessean, Nashville, Tenn. 5/4/82

This Patient Must Live; There's a Formula for That

ANYBODY who is alert to problems in the Nashville community should be clearly aware that Meharry Medical College, an institution with a distinguished history, a fine tradition and an important mission, is in serious financial difficulty.

It isn't obvious just how grave the condition is, but it has been a lingering illness and Dr. Richard Lester, the interim president now speaks of the situation as "critical."

In medical terms, that could mean Meharry's survival is threatened.

Dr. Lester has been warning the community publicly that a cure must be found by allowing Meharry to share meaningfully in the physician training positions at two public, tax-supported institutions — General and Veterans Administration hospitals.

All of the physician training positions in these two institutions have been given in the past to Vanderbilt Medical School. Unlike Meharry, Vanderbilt is not in any financial difficulty. Last year it cut back sharply its care of indigent patients. That was a prudent move, but it put a burden on other community hospitals, particularly those supported by taxpayers.

Vanderbilt, of course, gets millions of tax dollars annually from its arrangements with General and Veterans hospitals. It also has the tremendous advantage that comes from monopoly control over the placement of its young resident physicians in these two public hospitals. Meharry seeks now to share those benefits.

In a community with two medical schools, one financially sound and another financially deprived, it would seem obvious that tax dollars ought not to be withheld while the school in trouble strangles and dies.

A thoughtful, caring community can no longer ignore the questions: by what right does all of the tax money available for services provided General and Veterans go to Vanderbilt?

And by what logic is Meharry denied access to the tax-supported hospitals?

Whenever this issue has been raised in the past there have been vague suggestions that what is involved is not equity but "quality of care." That hints falsely that Meharry is not capable of sharing in these training positions and still have the hospitals receive quality care.

Meharry Medical College is an accredited institution. Its graduates must pass the same national boards examinations and the same licensing requirements as Vanderbilt graduates. Along with Howard University in Washington, D. C., Meharry has provided most of the black doctors in the nation with their medical training. It has done so with comparatively little support from the Nashville community.

It also has trained numerous doctors who serve in many foreign countries. To suggest that it has produced physicians whose skills are less than adequate to serve the needs of sick people is a common slander.

True enough, Meharry, without a needed transfusion of public dollars and access to public hospitals, may lose its accreditation.

Dr. Lester, who soon will leave Nashville, having served his pledged interim presidency with distinction, is doing this city a favor by raising the question of Meharry's critical financial condition. His prescription for a cure is a formula that would allow Meharry to share fully in access to the two public hospitals.

He is not criticizing those who have failed to give large personal gifts to Meharry. It is one thing for Vanderbilt to benefit over Meharry from private gifts from persons, estates or foundations. The right of personal, private choice is not in question here. But tax dollars belong to everybody. Vanderbilt should have no preferential right to public money or institutions.

Dr. Lester's formula for access may not be the only one that should be considered.

But his idea that Meharry must no longer be denied a share of available tax dollars and access to public hospitals is sound.

There are some who have contended that Meharry has suffered from weak administration. It has done the best it could, given the burdens that have attended the pursuit of its mission. But if Meharry dies it won't be because of internal bleeding. It will be because those who have a duty to act affirmatively to care for the sick and infirm stood idly by and allowed the patient to expire. That would shame Hippocrates.

New York Times April 26, 1982

Meharry Medical College of Nashville Fights Vanderbilt for Hospital Rights

By REGINALD STUART
Special to The New York Times

NASHVILLE, April 22 — Meharry Medical College, which has trained almost half the nation's black physicians and dentists, is waging a battle to survive that has led to a clash with Vanderbilt University, its much larger and predominantly white rival across town.

Meharry is reorganizing at its top levels and is fighting to keep the accreditation that professional schools need to attract students. As part of this struggle, the college is now insisting, after years of rebuffs, that it participate with Vanderbilt in the administration of two public hospitals here, the 485-bed federally owned Veterans Hospital and the 226-bed General Hospital, owned by Nashville.

President Reagan has been asked to intervene on Meharry's side and some of those involved in the struggle believe that his response may show the measure of his declarations of commitment to historically black institutions. The outcome of the struggle, in the view of those involved here, will determine the college's future.

The Veterans Administration frowned upon Meharry's proposal in a recent letter to Meharry's interim president, Dr. Richard G. Lester. At the locally owned hospital, city officials have also been less than enthusiastic.

Dr. Donald L. Custis, chief medical director for the Veterans Administration in Washington, said in his letter that the agency considered affiliation of its area hospitals "a local issue and would feel it inappropriate to force an affiliation on a medical center unless there is a demonstrated need to improve patient care through a change in affiliation." Dr. Custis said that unless a "dual affiliation" had been agreed upon by all parties, such an arrangement "could be disruptive."

Vanderbilt Says Idea Is 'Absurd'

Vanderbilt, which has operated the Federal hospital since it was built adjacent to the university campus in 1963, has characterized the Meharry proposal as absurd and does not wish to share affiliation. Its current service contracts with the two hospitals yield $9 million a year, but more importantly, the contracts enable the medical school, with an enrollment of 418, to place 123 resident physicians and 51 faculty physicians in hospital positions.

The only hospital with which Meharry is affiliated, on the other hand, is its 400-bed teaching facility, Hubbard Hospital. As part of an ambitious expansion program, Meharry's student enrollment swelled in the last decade to the current number of 481, with 215 in the dental school, but the number of patients entering Hubbard has fallen so steadily that today it has less than one patient for each six clinical-level students. That compares with a national average of six patients per student.

A recent Meharry survey of medical student access to patients in hospitals showed that Vanderbilt, even with a smaller medical enrollment than Meharry, had eight or nine times the number of patients available to its students than did Meharry.

"We stand ready and eager to assist Meharry in any reasonable way," said Dr. Roscoe R. Robinson, the vice president of medical affairs at Vanderbilt, whose medical school was started in 1875 and now boasts a budget of $200 million a year and a staff of 4,000. "But we would hope that a resolution would not result in material damage to long established programs.

"There are not enough bona fide clinical beds to support two schools the size of Meharry and Vanderbilt. So the stress is already in the system."

Meharry's renewed argument to share the hospitals' operation with Vanderbilt cites the source of the hospitals' funds: tax dollars.

Partnership Would Help Meharry

Dr. Lester and other Meharry officials also assert that access on a partnership basis to the two hospitals would be a major factor in efforts to turn around Meharry, a school that has operated on a shoestring for all of its 106-year history.

Meharry, whose present enrollment is better than 30 percent white, now enrolls about 10 percent of all blacks currently attending American medical schools. Minority enrollment at the Vanderbilt Medical School is less than 6 percent.

Meharry has accumulated a deficit in excess of $10 million and is surviving with a $5.5 million Federal distress grant from the Department of Health and Human Services. It would realize several million dollars a year if it won a share of the contract to serve the two hospitals.

Chief among a myriad of concerns the college is trying to address in its reorganization is a warning that it may have its accreditation suspended this year, unless it can sharply increase the number of patients its third- and fourth-year medical students are able to see. A hearing before a review panel of the accrediting groups is scheduled within a few weeks in Chicago. Meharry officials say a share in the two hospitals' operation might persuade the accrediting agencies not to place the medical school on probation this year.

"I don't think Vandy is going to leave Nashville and we have no intention of leaving Nashville," said Dr. Lester, a Houston physician who favors cowboy hats and red suspenders. A year ago, when Dr. Lester arrived to reorganize the school, there was resentment because he was the first white in the president's office in several decades. Much of that feeling has faded in the face of his obvious zeal for assuring a secure future for Meharry.

"What we are pursuing is right and just," Dr. Lester said. "A beginning has got to be made toward sharing."

Support From Alumni

Some Vanderbilt supporters feel that sharing would not work, race pride on both sides being among the reasons. But Meharry has been drumming up support among alumni for its Veterans Hospital efforts. The United Methodist Church, which at one time had financial ties to Vanderbilt and still contributes to Meharry, has issued a statement supporting Meharry.

The National Association for the Advancement of Colored People recently voted to ask President Reagan to give Meharry's situation prompt attention. And earlier this week, the 18-member Congressional Black Caucus sent the President a letter.

"We are concerned that the Veterans Administration's exclusive contract with Vanderbilt University has resulted in a serious inequity, and works to the detriment of Meharry Medical College," the letter from the Caucus said. "It is not unusual for two medical institutions in close proximity to share use of nearby Veterans Administration facilities, and we see no reason why two outstanding medical institutions in Nashville cannot both utilize the Veterans Administration facility there."

Securing the future of the medical school by breaking the Vanderbilt monopoly has been the focus at Meharry in recent months. But it represents only part of the work in the last year to save the college from collapse.

The school was started in 1876 by two Civil War veterans, one white and one black. It might well have failed without the intervention the following year of Samuel Meharry, a white businessman from Indiana, and his four brothers, who gave the school a substantial amount of money, enabling construction of its first buildings. Since then, it has relied heavily on private grants for its operating income.

Since the resignation of Lloyd Elam as president a year ago, there have been numerous replacements at the top levels of the medical school and hospital. Dr. David Satcher, an Atlanta physician, takes over July 1 as the medical college's new president. New members for the hospital's board are being recruited, as are new deans for the schools of medicine and dentistry.

Despite the appearance of a near disaster, Dr. Lester appears confident. "Our institution is not a failing institution," he declared. "We're rattling the cage and we're going to break out of it."

SOURCE

Tri-State Defender

CITY AND STATE

Memphis, Tn

DATE OF PUBL.

April 10-14, 1982

VAMC Mphs

A policy of Nashville's Veteran Administration Hospital which excludes students of predominately Black, Meharry Medical College from practicing at the hospital has precipitated the possible loss of accreditation for the residents training program of the century-old institution.

In an effort to assist the school upgrade its clinical training program, Congressman Harold Ford has asked President Reagan and VA director, Robert Nimmo, to terminate an exclusive contract with predominantly white Vanderbilt University and allow both medical schools equal access to the VA hospital. "Clearly, there are blatant inequities in the present arrangement and they must not be allowed to continue at the expense of Meharry," said Ford. "The VA belongs to the federal government and both of these schools should benefit from health resources supported by tax dollars."

Meharry was recently cited by the Liasion Committee for Medical Education for not providing adequate clincal exposure for its medical students — where most medical schools have six bed patients per student enrolled, at Meharry the ratio is less than one patient per student.

Further ramifications of the Meharry crisis involve the future of Blacks in the medical profession. 40 percent of all Black doctors practicing today are Meharry graduates, and 10 percent of all Black medical students are now enrolled at Meharry. Because Black physicians currently account for only 2.3 percent of all doctors, without Meharry the numbers would shrink significantly in the future. Says Ford, "the phase-out of any part of its program would be a tremendous loss."

Local graduates are rallying in support of their alma mater; there are some 75 Memphians listed on the school's alumni rolls. Dr. Clara Brawner, a 1954 graduate currently a family practitioner in North Memphis, commented, "The school has been treated unfairly, really ignored in the planning processes of local and federal government. The dollars which support this hospital come from all taxpayers and benefits should be distributed equitably." Dr. Brawner's late father, Dr. Jeff Brawner, was also a Meharry alumnus, class of 1926.

THE TENNESSEAN Nashville, Tenn. 4/29/92

Training Slots Called Critical For Meharry

By ROBERT SHERBORNE

Access to physician training slots at Metro General Hospital is critical to the survival of Meharry Hospital, Dr. Richard Lester, interim Meharry president, told the Metro Hospital Board last night.

"A share of General is critical to Meharry's health," Lester said, in proposing a plan to the board under which Meharry and the Vanderbilt Medical School would share equally faculty positions and medical student opportunities at General.

THE BOARD SENT Lester's proposal to its planning committee for further consideration after the Meharry president said:

"We're not asking for immediate parity. Those students from Vanderbilt should be protected until they have completed their course work, and all existing faculty would be retained. What we're proposing is a partnership. We believe this proposal is fair and equitable."

Meharry's accreditation is currently in jeopardy because its students do not have access to enough hospital patients and thus lack the opportunity to treat them — an intregal part medical education.

ASIDE FROM some 72 fourth-year Meharry students currently doing work at General, Meharry must rely on Hubbard Hospital for its student training, and Lester said there are simply not enough patients in Hubbard to give Meharry students the training they need.

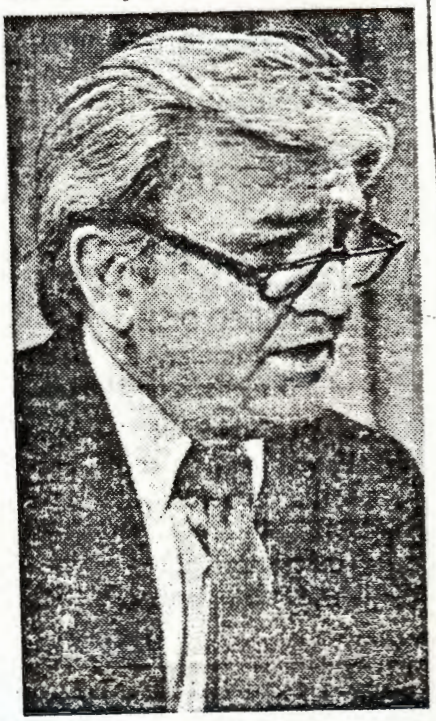
Vanderbilt, on the other hand, has contracts with both General Hospital and the Veteran's Hospital in Nashville to provide patient access to its students.

Lester believes Vanderbilt and Meharry should share the training opportunities at these two publicly funded hospitals, and told the board he would like to see the contract between General Hospital and Vanderbilt redrawn to include Meharry as an equal partner.

"I AM convinced that such an arrangement would bring praise to this community," Lester said, after outlining the contributions that Meharry has made in training black physicians — over half of whom now practicing in this country received their education at Meharry.

Moreover, Lester said that because of their backgrounds, many Meharry students have "special understandings and empathy" for the needs of poor and indigent patients who fill many of the rooms at General Hospital.

This "special understanding" could be an asset to the treatment of patients at General, he added, as well as enhance the understanding of Vanderbilt students working side by side with the Meharry students.



William R. Willis
"Never turned a deaf ear"

FOLLOWING Lester's presentation, board Chairman William R. (Bill) Willis said the primary concern of the hospital board must the treatment of patients at General Hospital.

"If in doing so we can be of benefit to the educational process, I think this board would be happy to accomodate," Willis added.

In the past, he said, the hospital board has done all in its power to help Meharry and Hubbard Hospital, but said he has read recently where some people have said the board is unconcerned about Meharry.

WILLIS THEN ticked off a long list of contributions made to the medical school, and added:

"This board has never turned a deaf ear to Meharry."

He noted, however, that the current contract between General Hospital and Vanderbilt contains an 18-month cancellation clause, and several board members wondered what sort of reposnse Lester had gotten from Vanderbilt officials.

Lester said he has been assured by Vanderbilt administrators that they would not object to a change, and Lester's proposal was sent to the planning committee for further study and discussion.

Following the meeting, Lester said he was encouraged by the reception he had received from the board, terming it sympathetic, and adding he believes the board will act as rapidly as possible on the proposal.

Dr. Richard Lester
"We propose a partnership"

SOURCE
THE TENNESSEAN
CITY AND STATE
Nashville, TN
DATE OF PUBL.
4/27/82

NAACP, Methodist Boards Back Meharry Access Bid

By DAVID GRAHAM

National boards of the NAACP and the United Methodist Church have passed resolutions supporting Meharry Medical College's efforts to gain its students access to Nashville's General and Veterans Administration hospitals.

"We passed the resolution because the situation in Nashville is totally unfair and intolerable and the NAACP [National Association for the Advancement of Colored People] being a civil rights organization to address the needs of blacks, primarily, believes the situation is racially motivated," said Dr. C.H. Butler, a member of the NAACP's national board.

IN A SEPARATE resolution, the General Board of Church and Society of the United Methodist Church encourages the administrators of General and the VA to "work with Meharry in the resolution of this concern and to insure access to medical students, residents and faculty of Meharry."

Vanderbilt controls 88 residencies and 12 faculty positions at the VA and controls 35 residencies and 12 faculty positions at General.

Meharry students and faculty have access to Meharry's Hubbard Hospital, but Meharry officials have submitted proposals for gradual sharing of the staff positions at both hospital.

"IT IS UNFAIR and unreasonable for both of the tax supported health facilities in Nashville to be controlled by predominantly white Vanderbilt Medical School," the NAACP resolution passed in Houston April 19 says.

Butler said yesterday that he will introduce the resolution for adoption by the NAACP's national convention starting in Boston June 28.

"I expect it to be adopted by the convention which would give a lot of P.R. [publicity] in this matter," Butler wrote in a letter to Meharry President Richard Lester.

The resolution also calls for the NAACP board to send letters to Nashville Mayor Richard Fulton, the Metro councilmen, President Ronald Reagan, members of the U. S. Congress and the VA's Washington headquarters.

"AN EQUITABLE solution would be to allow Meharry students access to General and the VA hospital the same way they allow Vanderbilt students," Butler said.

Lester will address the Metro Hospital Board on the matter tomorrow.

Earlier this month, the Black Community Forum here called for access by Meharry to the General and VA hospitals.

The Liaison Committee on Medical Education is to meet next month on Meharry's accreditation, and recommendations for probationary status or a cutback in the class sizes reportedly will be considered because of the college's lack of clinical teaching resources.

MEHARRY'S surgical residency program may be closed in June of 1983 unless there is an increase in the quantity and variety of operations performed by those in the program. The director of the Meharry residency program for eye doctors has recommended that program be discontinued at the end of June because of a similar lack of access to patients.

VA officials in Washington have said the issue is a local one.

The Methodist Church's general board passed its resolution in Dallas April 3.

Tennessean Nashville 4/8/82

Meharry Staff Access to City Hospitals Sought

By SAUNDRA KEYES

The Black Community Forum petitioned local and federal officials yesterday to grant Meharry Medical College staff positions at tax-supported hospitals, and said "racial factors" contribute to Meharry's exclusion from the facilities.

Spokesman for the Veterans Administration in Washington and the Metro Board of Hospitals, however, said race is not involved in the contracts granting Vanderbilt Medidcal School control of all faculty and resident physician posts at the VA and General hospitals.

"IT'S MORE than coincidence that the predominantly white institution has all the beds it needs at those hospitals and the doors are closed to the black institution," said the Rev. Kelly Miller Smith, convenor of the Black Community Forum.

Smith said the coalition of black community groups sent Mailgrams yesterday urging local and federal officials to "bring a swift end to the use of public funds to subsidize the medical education of some citizens to the exclusion of persons who are related to Meharry."

At a news conference yesterday, Smith cited the $6.1 million contract through which Vanderbilt controls 88 residencies and 12 faculty positions at the VA hospital and the $2.8 million contract giving Vanderbilt 35 residencies and 12 faculty positions at General.

MEHARRY has submitted proposals for gradual sharing of the staff positions at both hospitals.

Smith said the Mailgrams to Sens. Howard Baker and Jim Sasser, Rep. Bill Boner, Mayor Richard Fulton, the Board of Hospitals and the Veterans Administration were prompted by concern Meharry's accreditation is threatened by insufficient teaching beds for its medical students.

The Liaison Committee on Medical Education (LCME) is scheduled to meet next month on Meharry's accreditation, and recommendations for probationary status or a cutback in the class sizes reportedly will be considered as responses to the college's lack of clinical teaching resources.

"WE CANNOT escape ... the absolute urgency of immediate favorable action on your part," said identical Mailgrams, citing "the racial implica-

(Continued From Page One)

tions of the current situation," sent to Fulton and William R. Willis, chairman of the hospitals board.

Willis said Meharry's interim president, Dr. Richard Lester, has been invited to discuss his proposals for access to General Hospital at the board's next meeting, but that there are "no racial factors involved in the contract between General and Vanderbilt."

Mayoral assistant Rich Reibeling said Fulton has "always been very receptive to the needs of Meharry," but that it is too soon to say what position he will take on the proposal for access to General.

CANCELLATION of the city's contract with Vanderbilt would require 18 months' notice.

In its Mailgram to Dr. Donald Custis, chief medical officer at the Veterans Administration in Washington, the Black Community Forum urged acceptance of Lester's proposal for Meharry to share staff positions at the VA Medical Center here.

"We submit that racial factors are involved in the present situation and your favorable action can go far toward correcting a grievous wrong," the Mailgram said.

"YOUR favorable, decisive, immediate action on this matter will contribute significantly to the continued full functioning of a great institution. Your failure to respond in this manner will place the service which Meharry renders in jeopardy."

A VA spokesman said in a telephone interview yesterday that race is not a factor in the agency's contract with Vanderbilt, and added: "We do have affiliations with black medical schools and schools with large percentages of black students."

Bob Putnam, public information officer for the VA's Department of Medicine and Surgery, said Custis wrote Lester this week, detailing his willingness to further discuss Meharry's proposal for access to the VA hospital here, but adding that he considers the question "a matter to be developed locally — not something that should be regarded as requiring a decree from Washington."

"THIS IS not an unusual circumstance," Putnam said, indicating that a number of exclusive VA contracts exist in cities with more than one medical school. "A lot of medical schools in America right now are having difficulties, and we don't feel it's our charge to start formulating our operations based on their problems."

If Meharry can demonstrat that its inclusion in the VA oper ation would enhance patient car for veterans here, officials i Washington would be "anxious t

— Staff photo by Bill Welch

Urging Support for Medical College Proposal

The Rev. Kelly Miller Smith Sr., left, pastor of First Baptist Church Capitol Hill and convenor of the Black Community Forum, and the Rev. Paul Calloway, Forum secretary, explain the coalition's support of Meharry Medical College's proposal for sharing staff positions at the Veterans Administration and General Hospitals with Vanderbilt Medical School.

discuss it with them further," Putnam said. "But if it's simply the school saying to the VA, 'Hey, bail us out; we've got problems,' we can't solve that."

Putnam said Custis' response to Lester was "in no way a refusal to engage in discussions in enhancement of the affiliation," but that VA policy since 1976 has permitted joint contracts only when it can be demonstrated that patient care will improve as a result.

PUTNAM said his comments reflect no judgments on the quality of services Meharry could provide, but that "accreditation should be of interest, too. If you're interested in quality of care, you would naturally be interested in the institution with the highest accreditation."

Lester said yesterday it would be premature to comment on the VA's initial response to his proposal, since he had not received Custis' letter.

Larry Deters, director of the VA Medical Center here, was out of town and could not be reached for comment.

MAR 30 1982

Richard G. Lester, M.D.
President
Meharry Medical College
1005 18th Avenue, North
Nashville, TN 37208

Dear Dr. Lester:

Thank you for your letter of March 15, 1982, regarding your proposal to place in students, faculty and residents from Meharry at the Nashville Veterans Administration Medical Center.

It is the policy of the Department of Medicine and Surgery that medical school and other affiliations are to be determined by the needs of the individual medical center. I have received no communication from the Hospital Director at Nashville that patient care needs are not being met by the current affiliation or that Meharry has demonstrated areas of expertise where it could improve patient care through the affiliation arrangements you have proposed.

We consider affiliation more a local issue and would feel it inappropriate to force an affilation on a medical center unless there is a demonstrated need to improve patient care through a change in affiliation. There is no indication that a dual affiliation at Nashville would improve patient care. In contrast, unless agreed to by all parties, a dual affiliation could be disruptive with a negative effect on the veterans being served at the Nashville facility.

I appreciate your needs as an educational institution but must place the needs of the veterans ahead of the needs of a specific institution and its requirement to retain accreditation.

My staff would be willing to meet with you to discuss your proposal in greater detail to insure that all avenues of negotiation appropriate for discussion with Central Office have been explored.

If further discussion is required, please contact Dr. Stanley Kahane, 389-5381 or Dr. David Worthen, 389-5093.

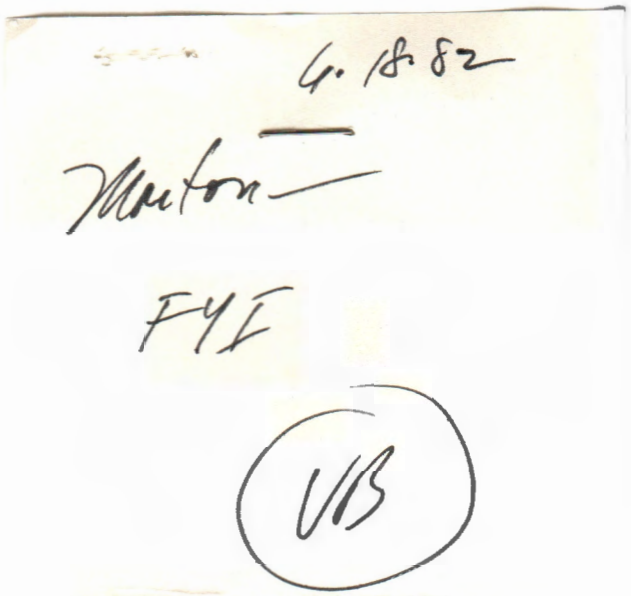
Thank you for your interest and suggestions.

Sincerely,

cc: Dr. Kahane (10BB)
Dr. Worthen (14)
Mr. Thompson (10BA3)
101B11

DONALD L. CUSTIS, M.D.
Chief Medical Director

DWORTHEN:vb 3/24/82 (10BB) (14)



From the desk of

VICTOR BRAREN, M.D.

6.12.82 V.A.

VA director opposes Meharry plan

By Bill Snyder
Banner Medical Writer

Despite a desire to help Meharry Medical College, the director of the Nashville Veterans Administration Medical Center said Friday he could not support dividing the hospital's medical staff between Meharry and Vanderbilt Medical School.

"It would be very disruptive," said Larry Deters, director of the Nashville VA, adding that he was concerned about the impact two schools would have on the high quality care now being provided in the hospital.

Deters voiced his concerns to members of a federal task force who were in Nashville Thursday and Friday to study Meharry's proposal to gain access to the VA hospital. Medical staff positions currently are dominated by Vanderbilt faculty and resident doctors under a longstanding agreement.

Dr. Robert Graham, head of the task force and an official with the U.S. Department of Health and Human Services, said no conclusions were reached during the two-day "fact-finding" tour, but said he was aware of the problems of dual medical school affiliations.

"They are significant," he said. "They deserve attention. But they are overcomable."

Meanwhile, officials of several private hospitals in Nashville expressed a willingness to form agreements to train residents with either Meharry or Vanderbilt.

Womack Rucker Jr., administrator of 50-bed Riverside Adventist Hospital, said he planned to ask Meharry later this summer to establish formal affiliations in surgery, medicine and family practice.

"We'd be interested in Vanderbilt's participation too," he said.

Robert Trimble, administrator of Madison Hospital, said a hospital committee was scheduled to discuss next week "the possibility of affiliations with medical schools."

"We think we are getting close to the point where we could have a meaningful program" to train residents in surgery and medicine at the 302-bed hospital, Trimble said.

Dr. Thomas Frist Jr., president of Hospital Corporation of America, said the corporation's five Nashville-area hospitals would be willing to consider affiliating with the two medical schools "if Vanderbilt and Meharry were to approach the community hospitals."

6.11.82

Rutherford VA may be key to plan for Meharry access

By Bill Snyder
Banner Medical Writer

A 722-bed veterans hospital in Murfreesboro may be the linchpin in a proposal that would share teaching beds in the Midstate's tax-supported hospitals between Meharry Medical College and Vanderbilt Medical School.

Members of a federal task force held separate "brainstorming" sessions with leaders from both medical schools on Thursday to discuss Meharry's proposal for gaining equal access to the medical staff at the Nashville Veterans Administration hospital.

While the sessions produced no recommendations, they resulted in one possible solution — expanding the veterans hospital in Murfreesboro and bringing in doctors from Vanderbilt and Meharry.

"It can be part of a system that can involve both medical schools," said interim Meharry President Dr. Richard Lester, after a three-hour meeting with four task force members from the VA and the U.S. Department of Health and Human Services.

"I'd look forward to that," Lester said. "But it's not a substitute for (sharing) the Nashville VA."

Dr. Robert Graham, task force director and a HHS official, declined to speculate on the role of the Murfreesboro hospital, but said, "I don't want to leave any stone unturned."

However, Homer Montgomery, associate director of the Murfreesboro VA, expressed reservations about having doctors from two medical schools on the medical staff, as has the VA administration in Washington.

"It's my feeling that single affiliations work best," he said.

Currently six residents and nine faculty members from Meharry practice at the Murfreesboro VA, which provides psychiatric, medical and long-term care to veterans.

Hospital Administrator Robert Pepiot has expressed a desire to establish a 100-bed acute-care unit at the hospital and increase the number of paid staff positions for residents.

Pepiot and Montgomery today discussed the proposed 100-bed unit today during a meeting with task force members, but came to no conclusions.

At Vanderbilt, Dr. Roscoe Robinson, vice president for medical affairs, and Dr. John Chapman, dean of the medical school, declined to comment about their meeting with the task force members late yesterday.

However, Vanderbilt officials previously have expressed concern that there are not enough teaching beds in Nashville to support both medical schools.

"Vanderbilt gave its feeling for what sort of arrangements were workable and what would provide difficulties," Graham said after the meeting.

"I had the sense they are committed to finding a solution," he said. "I did not sense they feel any change is a loss."

Earlier Thursday, Lester said Meharry is pursuing "additional alternatives," including developing affiliations with private hospitals in Nashville.

Vanderbilt residents currently train at St. Thomas and Baptist hospitals in addition to the university hospital, Metro General and the Nashville VA. But Meharry residents are limited to Hubbard Hospital, the Murfreesboro VA and hospitals as far away as Baltimore, Md.

Lester said he remained convinced "we will see the resolution of these issues in the best interest of both institutions."

Congress of the United States

House of Representatives

Washington, D.C. 20515

May 6, 1982

Dear Colleague:

If you have not already done so, we would like to urge you to join us in cosponsoring either of two identical pieces of legislation (H.R.748/H.R. 1331) which would grant our Nation's veterans the opportunity of seeking court review of claims rulings by the Veterans' Administration (VA). Ninety members of the House have already cosponsored one or the other of these bills (see reverse for list of cosponsors). This legislation is identical to S.330, which passed the Senate unanimously in the 96th Congress.

Only last week, the Senate Veterans' Affairs Committee again favorably reported judicial review legislation (S.349) and, again, there was no dissenting voice.

Judicial review of administrative decisions by the VA is one of the outstanding issues on the legislative agendas of most veterans' organizations today. Unlike virtually any other petitioner before a federal agency, the veteran who questions the merit and legality of an administrative ruling by the VA is denied recourse to the courts. The rationale behind this is that the claims procedures of the VA are non-adversary in nature, but the bottom line for the veteran is that he has nowhere to turn to protest an unfair or arbitrary decision.

Due process under law is a right which our Nation's war veterans fought to protect. It is ironic that they are today denied that very right.

To cosponsor this legislation, or for more information, please call either Roberta Haeberle at x53072, or Nancy Artz at x53231.

Sincerely,

HON. LEON E. PANETTA

HON. TOM DASCHLE

HON. DON EDWARDS

HON. JOHN J. LA FALCE

HON. BOB EDGAR

COSPONSORS OF H.R.748 AND/OR H.R.1331

Akaka
Albosta
Applegate
Atkinson
Bailey
Bevill
Bingham
Bonior
Bowen
Brodhead
Burton, John
Burton, Phillip
Chisolm
Clay
Conyers
Corrada
Coyne, James
Crockett
Danielson
D'Amours
Daschle
Daub
Davis
de la Garza
Dellums
de Lugo
Donnelly
Dornan
Downey
Dwyer
Dyson
Eckart
Edgar
Erdahl
Fazio
Ferraro
Ford, William
Frank
Gejdenson
Glickman
Guarini
Hansen, George
Horton
Hughes
Jeffords
Kastenmeier
Kildee
Kogovsek
Lagomarsino
Leach
Lehman
Levitas
Long, Clarence
Lowry
Lundine
McCloskey
McKinney
Marlenee
Mikulski
Miller, George
Mineta
Mitchell, Parren
Moffett
Mottl
Murphy
Neal
Oberstar
Ottinger
Panetta
Pepper
Ratchford
Rosenthal
Scheuer
Schroeder
Stark
Stokes
Studds
Sunia
Synar
Tauke
Vento
Weaver
Weber, Vin
Weiss
Whitehurst
Williams, Pat
Wirth
Wolpe
Won Pat
Yatron

Office of the
Administrator
of Veterans Affairs

Washington, D.C. 20420

Veterans Administration

March 17, 1982

MEMORANDUM FOR:

Mr. Morton C. Blackwell
Special Assistant to the President
for Public Liaison
Office of Public Liaison
The White House

SUBJECT: Editorial Opinion on VA Issues

The attached is a representative sample of opinion surrounding the VA's reexamination of its medical construction program and the issue of the aging veteran. Due to the political ramifications I wanted you to have this information.

Fielding Cochran

FIELDING COCHRAN
Associate Deputy Administrator
for Congressional and Public Affairs

Attachments

SOURCE
THE EVENING TIMES

CITY AND STATE
WEST PALM BEACH, FLORIDA

DATE OF PUBL.
JANUARY 11, 1982

VA file

Limit the veterans' free medical care

Veterans Administrator Robert Nimmo says that the government has no realistic choice but to stop automatically offering unlimited free medical care to any veteran over 65 who asks for it. His grasp of realism includes awareness that veterans organizations will howl at the mere suggestion of such a cut.

The key word here is *realistic*, long overdue for redefinition. For too long it has meant that Congress couldn't realistically be expected to stand up to the veterans' lobby and, hence, anything the vets wanted, they were likely to get.

But realism has some other, more important, aspects. What Nimmo refers to is the fact that, besides those eligible for sweeping benefits already, 12 million World War II veterans will soon be ~~eligible under current law. Realistically this open-end entitlement~~ program could bankrupt the government.

Realistically, there is little, if any, need for the care. Most veterans made a successful transition to civilian life, and most are financially sound and able to pay for their own health care or insurance. There is no longer any magic in the number 65 — if there ever was. Mandatory retirement has been elevated to 70, and persons who choose to work until that point usually have health insurance where they work. For those who elect to retire at 65, there is Medicare. Should the ill-conceived, politically inspired, short-sighted program be discontinued, realistically, few would be noticeably harmed.

Veterans have no call on taxpayers for medical help for the broad range of ailments which have nothing to do with their brief duty tours in the military service. The taxpayers and their government did not cause the ailments; they have no responsibility for the remedy.

The realistic answer to this real problem is stalwart action by Congress to abolish a program which should never have been instituted.

Omaha World-Herald
Editorial Page
Unsigned articles are the opinion of The World-Herald.

SOURCE Omaha WORLD-HERALD
CITY AND STATE Omaha, Nebraska
DATE OF PUBL. January 12, 1982

Free Health Care After 65

VA Load Gets Heavy

The clock keeps ticking in the Veterans Administration.

The time is drawing near when the cost of medical care for the country's former servicemen will take a tremendous jump.

This is because of a provision in the law which offers veterans free, no-strings medical care after they pass the age of 65.

There are now about 3.3 million veterans over that age. But the big wave of World War II servicemen — whose average age is now past 61 — is about to arrive.

There are now about 12.4 million who served in that war and following them will come some 6 million Korean War veterans.

This has led VA Administrator Robert Nimmo to warn that the government may have to put some restrictions on eligibility for free services.

★

No specific plan has been proposed. But no-cost care has been questioned for those who served only a few months, those who can afford to pay or those whose medical problems were not service-connected.

Simply because the costs are becoming so burdensome, some curtailment is inevitable, according to Nimmo. The VA budget is now nearly $25 billion and it supervises the nation's biggest health care delivery system.

It has been 40 years since the young men of the 1940s went off to fight the Germans and the Japanese. For all, it was a traumatic disruption of their lives, but in varying degrees.

Most of them returned to get jobs, raise families, pay taxes and grow older in the same pattern as other Americans.

The questions now arise: Simply because of that period in uniform nearly half a century ago, is it right that taxpayers should pay for the medical care of those ex-servicemen in their old age?

Or does the government still have a moral obligation of that caliber to those veterans who defended their country?

The issue of free medical care for past-65 veterans will have to be resolved by the Congress and the administration within the coming months.

★

Veterans organizations are almost certain to oppose any changes in the present rules. They recently succeeded in killing a proposal to limit outpatient treatment for non-service connected disabilities to veterans who are poor.

But there must be a common sense solution.

Fairness calls for continuing to help those veterans whose lives have been permanently distorted by the wars.

Fairness also calls for not burdening the taxpayer with unnecessary costs.

Certainly a formula can be worked out that would meet those criteria.

This is something that should have been done long ago. Some veterans have been making retirement plans based on free medical care. Changes in the rules of the game so late in their lives could also be unfair to them.

Still, it seems apparent that some changes must be made. And the VA clock keeps ticking.

The Sun's views

THE SUN
SOURCE
Biloxi-Gulfport, MS
CITY AND STATE
Wednesday, January 13, 1982
DATE OF PUBL.

VA budget, like others, must be cut

Robert Nimmo, head of the Veterans Administration, is in the strange position of being a government agency chief who would like to have his budget trimmed, but can't get the support he needs to get the job done.

For example, Nimmo is in favor of modifying or rescinding the VA policy of providing free medical care to all veterans over the age of 65, regardless of need or length of service. The free care policy covers any illness, whether service-connected or not.

But Nimmo said he knew any attempt to tamper with that policy would bring heavy pressure from national veterans organizations. And Congress, he said, would be unlikely to agree to any curtailment of health programs if the veterans organizations protest.

The survivors of World War II, the Korean conflict and the Vietnam War are citizens and taxpayers first, veterans second. And they should view with calculating eyes some of the expensive and rapidly growing veterans benefits that are being doled out today.

The VA budget is currently almost $25 billion annually. It has doubled over the past eight years. Nimmo acknowledges that his budget will grow "tremendously" if the 12.4 million veterans of World War II and the Korean War vets right behind them remain eligible for free treatment at age 65.

That free care will become increasingly attractive as charges for Medicare hospital insurance continue to increase, along with all other health care costs.

COPIES TO			
00	✓	10	✓
001	✓		
00 Staff	✓		
		20	✓
01			
02	✓	30	
03		40	
04	✓	50	
05	✓	60	
06		70	
07	✓	BB	
08		POD	
09		ISR	

Some modification of the free care policy is obviously needed. Either the age of eligibility must be raised to 70 or care should be offered only to veterans with limited financial means. Any well will run dry if it is pumped too heavily.

The United States is more generous to its veterans than any other country in the world. They have government job preference, generous disability pensions and educational benefits that add up to billions.

It is only right that those who risk their lives to defend their country should be rewarded.

But the hard truth is there are limits to the financial burden that can be sustained. There is general agreement that government costs must be brought under control. That will never be accomplished until all those who benefit from federal generosity are willing to accept a little less.

If they will, the result will be reduced federal spending, an eventual end to federal deficits, more tax reductions and all Americans will be better served.

SOURCE
ADVANCE REGISTER
CITY AND STATE
TULARE, CA
DATE OF PUBL.
Jan. 29, 1982

Veteran commitment needs reassessing

The way public money has been shoveled out in recent years, you'd think the public purse had no bottom. Now that we realize there is indeed a bottom, some of the corrective action proposed is bound to draw screams of protest.

Robert Nimmo, who used to be a member of the California Senate, is now President Reagan's chief of the Veterans Administration, and he's beginning to feel a bit of heat.

The Veterans Administration has long had a specific and justified mission — to administer a compensation program for former members of the armed forces who incurred disabilities as a result of their service, and to provide medical attention for veterans with service-connected ailments.

Along the line, a generous Congress expanded that mission somewhat, prodded by the leadership of veterans' organizations. With VA hospitals all over the country, and with some hospital beds empty, these institutions were opened on a "space available" basis to veterans who needed medical care for conditions not related to service and who lacked either funds or insurance to pay for it elsewhere. A simple declaration of need was all that was required to obtain admission. A logical extension, arguably, of appreciation for service — although there have always been reasons to doubt the eligibility of some patients.

Since World War II, the VA has automatically admitted — with the service-connected cases being taken first — all veterans once they reach retirement age, without even asking questions about need, much less requiring proof.

Mr. Nimmo's agency now has a budget of $25 billion a year, twice what it was eight years ago. He sees nothing but trouble ahead.

The average World War II veteran is now over 61. In a few years, there will be not 3.3 million veterans over 65, but 14 million. Every one of them will be eligible for VA medical care, even those who served only a few months, even those whose ailments are in no way service-connected, even those who could get outside treatment under Medicare, even those with ample means to finance their own treatment.

Mr. Nimmo's mere suggestion that maybe we can't afford government treatment for all those millions has raised a predictable outcry from leaders of veterans' organizations.

Some newspaper editorials have shouted that the nation must honor its "moral commitments." The nature of that policy, having only originated from a loosening of VA requirements, would suggest that it is something less than a moral commitment. Americans called to service will have a hard time recalling any promise from the recruiter or the draft board of total medical care at retirement age regardless of service connection or ability to pay.

If the veterans' organization spokesmen have their way, of course, there will be a new VA hospital in every congressman's district and the VA budget will be $100 billion in no time at all.

If Mr. Nimmo follows through on his suggestion, and if he's backed up by Mr. Reagan and Congress, the United States will honor the only moral commitment it ever made to service members: to help them if their active duty resulted in hardship or poor health.

Instead of extending its embracing umbrella of protection without discrimination, the government should be spending any extra veterans funds investigating and solving the problem of war veterans who claim service-connected injuries and illnesses but who cannot gain government recognition for their plight. An example that springs to mind is the controversy surrounding Vietnam veterans who say they have been disabled by Agent Orange, the defoliant used in great quantities in Southeast Asia.

Finding realistic answers to these problems won't be easy. It never is easy for a family, a unit of local government or the federal government itself to realize that a point is bound to be reached when the purse strings simply have to be tightened.

SOURCE
REGISTER PAJARONIAN
CITY AND STATE
WATSONVILLE, CA
DATE OF PUBL.
Jan. 20, 1982

Time to tighten up the strings

THE WAY public money has been shoveled out in recent years, you'd think the public purse had no bottom. Now that we realize there is indeed a bottom, some of the corrective action proposed is bound to draw screams of protest.

Robert Nimmo, who used to represent this district in the California Senate, is now President Reagan's chief of the Veterans Administration, and he's beginning to feel a bit of heat.

The Veterans Administration has long had a specific and justified mission — to administer a compensation program for former members of the armed forces who incurred disabilities as a result of their service, and to provide medical attention for veterans with service-connected ailments.

Along the line, a generous Congress expanded that mission somewhat, prodded by the leadership of veterans' organizations. With VA hospitals all over the country, and with some hospital beds empty, these institutions were opened on a "space available" basis to veterans who needed medical care for conditions not related to service and who lacked either funds or insurance to pay for it elsewhere. A simple declaration of need was all that was required to obtain admission. A logical extension, arguably, of appreciation for service — although there have always been reasons to doubt the eligibility of some patients.

Since World War II, the VA has automatically admitted — with the service-connected cases being taken first — all veterans once they reach retirement age, without even asking questions about need, much less requiring proof.

Mr. Nimmo's agency now has a budget of $25 billion a year, twice what it was eight years ago. He sees nothing but trouble ahead.

The average World War II veteran is now over 61. In a few years there will be not 3.3 million veterans over 65, but 14 million. Every one of them will be eligible for VA medical care, even those who served only a few months, even those whose ailments are in no way service-connected, even those who could get outside treatment under Medicare, even those with ample means to finance their own treatment.

Mr. Nimmo's mere suggestion that maybe we can't afford government treatment for all those millions has raised a predictable outcry from leaders of veterans' organizations. Some newspaper editorials have shouted that the nation must honor its "moral commitments." The nature of that policy, having only originated from a loosening of VA requirements, would suggest that it is something less than a moral commitment. Americans called to service will have a hard time recalling any promise from the recruiter or the draft board of total medical care at retirement age regardless of service connection or ability to pay.

If the veterans' organization spokesmen have their way, of course, there will be a new VA hospital in every congressman's district and the VA budget will be $100 billion in no time at all.

If Mr. Nimmo follows through on his suggestion, and if he's backed up by Mr. Reagan and Congress, the United States will honor the only moral commitment it ever made to service members: to help them if their active duty resulted in hardship or poor health. But it won't be easy. It never is easy for a family, a unit of local government or the federal government itself to realize that a point is bound to be reached when the purse strings simply have to be tightened.

SOURCE

Dayton Daily News

CITY AND STATE

Dayton, Ohio

DATE OF PUBL.

January 18, 1982

DAYTON DAILY NEWS 1/18/82

VA right on health-care policy

The government has no choice but to stem the flow of free health care to any veterans over age 65 who ask for it. The choices involved are hard ones, and the Reagan administration is right to ask that they be made.

There is no question that the nation owes a debt to those who served in time of need, but times have changed since the VA program began to operate, and veterans now have Medicare, Medicaid and private insurance options available.

There has been an attempt by the Veterans Administration to get a list of health-service priorities from the various veterans' groups. The groups don't want to offer suggestions because they don't want any cutbacks.

There is no other way. The veterans' groups should see that and work with the VA for a sensible solution.

There are some medical problems unique to veterans — the Agent Orange cases, for example — and the VA hospitals ought to continue to treat those. General health problems should go into the health-care mainstream, either Medicare, Medicaid or a pay-as-you-go system.

The veterans' organizations owe their members sincere cooperation in planning for change, to make sure any reduced system serves the most severe needs first.

More than 12 million veterans are expected to reach age 65 in the next 15 years. There are now 3.3 million veterans over 65. The $25 billion annual cost for a VA system is double that of eight years ago. Twelve million potential patients would, under current policy, swamp the VA hospital system and its budget.

Certainly some health-care requests are legitimate, and many of the requests are from veterans too poor to afford any other care. They earned the care and should get it. But unlimited free care for all is out of the question in the long run. It is either staunch the flow now or face a serious problem when it may be too late to make reasoned changes.

STANDARD-TIMES
NEW BEDFORD, MA
D. 50,100

JAN 21 1982

New England Newsclip

Veterans benefits: two lessons

VETS ADM

There are two lessons to be learned from the coming struggle over medical benefits for veterans.

Under current law, any beteran 65 or older is eligible for free medical care from the Veterans Administration. That commitment was made by a grateful nation to the men and women who served in time of war — risking their lives and making great personal sacrifices.

The promise was made, and the millions of soldiers, sailors and marines who returned from World War II knew for more than 30 years that they could count on it.

But that commitment — as does just about every government commitment — carries a price tag. And, sadly but not surprisingly, no one bothered to calculate that price when the commitment was made.

Now, as that generation of young men and

In our view

women who fought during World War II approaches the age of 65, it's time for the bill to be paid. And now, says Veterans Administration chief Robert Nimmo, comes the discovery that the government can't afford to pay the bill.

Mr. Nimmo estimates about 12 million former GIs will reach age 65 during the next 15 years, and the cost of providing free medical care to all these veterans would overwhelm his agency. The number of veterans who would be eligible for free medical care by 1997 would be almost five times the present 3.3 million. And the present Veterans Administration budget is $25 billion. That's right. Billion.

So what now?
ment has no realist
responsibilities fo
veterans. He hasn'
but among the opt
the age of eligibil
benefits only to lo

What this woul
loud protests from
believe, through a
that their medica
when they reach

Lesson numbe
shouldn't make
calculated the cos
know whether the
point has been m
learned very well

Lesson numb

The VA and the budget

The Veterans Administration, finding itself between the budgetary rock and a hard place, apparently is on the verge of changing its long-standing policy of providing free medical care to any veteran over 65 who asks for it.

It would be a tough — and unpopular — decision to make, but realistically, the VA may have no choice.

Traditionally, the VA has offered unlimited, free medical care to such veterans regardless of their financial circumstances. But two factors appear ready to change that:

■ During the next several years, the number of veterans over 65 is expected to increase dramatically.

■ The Reagan administration says it is ready to overhaul the nation's system of financing health care, and the overhaul could result in Medicare patients being forced to pay up to $2,500 a year for their medical needs.

Currently, there are 3.3 million veterans over 65 in the United States. However, there are 12.4 million World War II veterans still alive. Their average age is slightly more than 61. Not far behind them are 6 million veterans of the Korean War, and that means a tremendous increase in the number of people who will be eligible for free medical care before long. And that could put an unbearable strain on the VA's budget.

The administration's plan to put Medicare and Medicaid on a more self-sustaining basis merely adds to the VA's woes. Obviously, everyone eligible for free medical care through the VA does not avail himself of it, preferring private treatment. But if Medicare and/or Medicaid benefits are trimmed significantly — and the Reagan goal is to cut government health care costs by $6.6 billion — a great many of those veterans can be expected to turn to the VA for free care.

So the problem is obvious. Unfortunately, the solutions are not. Two suggestions have been made: either raise the eligibity age for free care to 70 or offer free treatment only to veterans of limited financial needs. Or, perhaps, do both.

No final decision has been made, but one thing is certain. If the policy is changed and if some older veterans are charged for care that has always been free, vigorous protests are certain to be lodged by veterans' organizations, and they can put a lot of pressure on Congress, particularly in an election year.

Nevertheless, some curtailment appears inevitable if medical care is going to continue to be provided for older veterans.

SOURCE
Detroit News (Editorial)
CITY AND STATE
Detroit, Michigan
DATE OF PUBL.
January 19, 1982

Trouble Ahead for the VA

Pundits frequently compare Ronald Reagan with Calvin Coolidge because both presidents have demonstrated a fondness for afternoon naps (as did Harry Truman). Yet President Reagan seems to have more in common with Grover Cleveland.

President Cleveland pledged to restore the nation's economy. He was so concerned about the drain on the U.S. Treasury that he personally examined — and subsequently vetoed — a number of questionable veterans-pension claims. By so doing, America's 22nd chief executive pared the federal budget, and earned the enmity of a powerful special-interest group.

President Reagan enraged U.S. veterans groups last summer when he proposed funding cutbacks for the Veterans Administration (VA). His present intention to reduce medical benefits for some ex-servicemen is bound to generate a similar controversy.

The VA offers free medical care to all veterans who have reached the age of 65. Accordingly, the agency has the third largest budget in the federal government and provides the nation's largest health care delivery system.

It currently treats an average of 66,000 patients a day and offers outpatient services to 1.4 million each month.

VA Administrator Robert Nimmo is concerned that his $25-billion budget, which has doubled in eight years, will go through the ceiling once the 12.4 million World War II veterans and the 6 million Korean War veterans behind them become eligible for unlimited treatment. There are now 3.3 million ex-servicemen over 65. In another 15 years that number will almost quadruple.

Consequently, the Reagan administration is considering ways to avoid the resulting financial emergency.

One suggestion is that benefits be restricted to those who are unable to afford adequate medical care. Also, the VA might limit its treatment to only service-related disabilities, prorate medical coverage according to length of military service, and/or the age of eligibility could also be raised to 70.

Such solutions are unpopular, especially now that the president wants to increase charges for Medicare hospital insurance. But it may be far more unpopular to permit a run on the federal Treasury by millions of veterans who don't need such extraordinary payouts.

Like Grover Cleveland, President Reagan risks the wrath of a powerful special-interest group by proposing changes in veterans' benefits. But strong leaders are remembered as strong precisely because they make the hard, necessary decisions.

001			
CO Staff	✓		
		20	
01			
02	✓	30	
03		40	
04	✓	50	
05		60	
06	✓	70	
07		BB	
08		POD	
09		ISR	

Fort Worth Star-Telegram 3/8/82

Spend the money wisely

Although he will undoubtedly encounter opposition from veterans' organizations, Robert Nimmo, administrator of the Veterans Administration, should stick by his guns in his decision to put on hold, at least temporarily, $2.7 billion worth of construction of new, modernized or replacement VA medical facilities.

Funds for the construction have already been authorized by Congress, but that does not relieve the VA from the responsibility of restudying the planned projects with an eye toward possibly eliminating some of them if they cannot be justified under new, more stringent guidelines in effect under the Reagan administration.

The VA is the nation's largest medical care system, annually providing free treatment to nearly 20 million veterans at 172 hospitals throughout the country. No one is questioning the importance of the role played by those hospitals or the need for expanding or modernizing certain existing facilities or for building some new ones.

But Nimmo would be remiss in his duties as administrator if he didn't study the proposed construction in an effort to eliminate any wasteful spending or duplicated effort.

For example, he said the congressionally approved plan includes construction of a large replacement hospital in Minneapolis, even though its other hospitals have vacant beds. "Does it make sense to spend $280 million for a replacment VA hospital in Minneapolis, where we've got 2,000 empty beds already and where you've got a declining veteran population?" he asked. The answer, of course, is no.

Of particular concern to the new administrator, he said, is the fear that some hospital construction is prompted more by political considerations than by concern for veterans and their families.

Nimmo is correct in his opposition to such practice, and the taxpayers should applaud his efforts to see that the money earmarked for veterans' medical care is spent wisely and frugally.

SOURCE
LEWISTON DAILY SUN
CITY AND STATE
Lewiston, Maine
DATE OF PUBL.
February 27, 1982

Veterans' Facilities

Robert Nimmo, the administrator of the federal Veterans Administration, won't win any popularity contests, especially among the organized veterans groups, but his rule of thumb for approval of new medical construction is sound: Unless the new facilities can be justified on a basis of need, not politics, they won't be built.

Nimmo "inherited" planned construction projects costing $2.7 billion in 1981 dollars. Reviewing the plans he found no rational basis for much of the work. Some of the construction was scheduled for communities which already have a surplus of medical facilities for veterans and where their population is expected to decline.

The new administrator has ordered a re-examination of all construction planned for the fiscal year 1984 or later and cancellation of all projects which cannot be justified. There will be no freeze on $1 billion in projects to correct fire and safety deficiencies in existing VA facilities, he said.

Enquirer and News
Battle Creek, Mich. 2/23/82

Waste at the VA

Administrator oversteps his duties

Robert Nimmo, adminstrator of the National Veterans Administration, has a good point about spending funds on new VA facilities.

But he may have gone too far in holding up funds for VA projects.

Nimmo says that too many projects for building and renovating hospitals aren't warranted by need.

Thus, he has ordered a reexamination of all construction planned for fiscal year 1984 and says he will cancel any projects that can't be justified under "new and defensible criteria."

Such an approach to VA construction projects may be long overdue.

The 7,000 non-federal hospitals have an excess of bed space, and most of the veterans who receive hospital treatment at VA facilities do so for non-service connected ailments. Thus, some VA critics argue that the whole system of 144 VA general hospitals, 28 VA psychiatric hospitals, 16 domiciliaries, 97 nursing homes and more than 225 outpatient clinics is a redundancy. Rather than adding to it, the whole system might better be dismantled, those critics claim.

Whatever the merit of their arguments, however, it is a matter for the Congress to decide. And the projects for which Nimmo is thinking of holding up funds have congressional approval.

Even granting all his arguments about how wasteful it is to spend taxpayers' money to satisfy a political rather than medical need, Nimmo engages in bureaucratic overreach when he threatens to withhold funding for projects approved by Congress.

There are, undoubtedly, construction projects for Defense that are built where they are because of politics. And many a water project might be washed away if it weren't for political boondoggling.

But the proper place to deal with such wasteful projects, including any in the VA, is not in the bureaucracy but through the regular budget process. The VA administrator can propose economies, but it is up to the Congress to dispose as it will of the taxpayers' money.

SOURCE
The Columbian

CITY AND STATE
Vancouver, WA

DATE OF PUBL.
2-23-82

VA savings due

Robert Nimmo, administrator of the Veterans Administration, asked a good question last week.

"Does it make sense to spend $280 million for a replacement VA hospital in Minneapolis when we've got 2,000 empty beds already there and when there is a declining veteran population?"

The answer: No more sense than it makes for the VA to spend $176 million for replacement hospital facilities in Vancouver and Portland when this area also has hundreds if not thousands of empty hospital beds.

Yet while Nimmo's re-examination of the VA's construction program may spell the end for the proposed Minneapolis hospital, it likely will not affect the new facilities soon to be built in Vancouver's Central Park and on Portland's Marquam Hill. Bids have been let for the Vancouver-Portland projects. Contracts have been signed. Construction will begin next month.

Nimmo's stance is welcome, even if it came too late to stop the waste in Vancouver and Portland. The administrator pledges to stop the practice of building new and expensive medical centers at the beck and call of a congressman or senator.

The VA medical program is a health-care program, not a monument-building project. That health care can be provided easier, at less cost and with fine results for the patients in community hospitals such as the two in Vancouver.

Local hospitals, already hurting because of changing health-care trends and a recession-reduced patient census, will feel another pinch as the federal government reduces the amounts it pays for health service to the elderly and the poor. New VA hospitals will provide stiff competition for patients and will add to the crunch.

While Nimmo's new policy won't help matters here, it should help local hospitals in Spokane, Walla Walla and Boise as well as in Minneapolis. It was long overdue.

Boston, Mass.

THE CHRISTIAN SCIENCE MONITOR Wednesday, February 24, 1982

The Monitor's view

Daring to reform veterans' aid

"It's foolhardy to sit here and not look at it before it hits you in the teeth." That's the way a US Veterans Administration spokesman refers to the need for realism about a potential new skyrocketing in already costly veterans programs mandated by Congress. American taxpayers ought to demand this realism from Congress and the administration if they don't want to get hit in the pocketbook.

The unusual news is that the chief of the VA, Robert Nimmo, is venturing ahead of them into the no man's land of reform. He is asking for ideas, suggestions, evaluation of priorities from the veterans' organizations, Congress, and the public. So far hardly any body has saluted, though Congress is said to be willing to listen to Mr. Nimmo and ask him to document his allegations of political pressures on locating VA facilities.

Mr. Nimmo has dared to call for a major reexamination of the VA's five-year medical construction plan. For example, he wants every project for fiscal year 1984 and beyond to be rejustified by "new and defensible" nonpolitical criteria before getting started. These projects amount to $2.7 billion. And he is warning that the VA may have to discontinue the no-strings hospital care now available to all veterans over 65. Soon 12.3 million World War II veterans, whose average age is 62, will become eligible. It is not hard to imagine what that could do to a VA budget that is already some $25 billion, one of the biggest sacred cows in Washington.

Americans defer to no one in their respect for the men and women and their families who have worn their country's uniform. But extra benefits for veterans who are not in need become harder to justify when budgets are being cut for citizens who are in need. Thus it becomes necessary to consider whether the eligibility for benefits should be revised to ensure that funds remain available for those who genuinely need them.

One way to save would be to raise the age for automatic hospital care from 65 to 70, to require a means test, or to prescribe some combination of the two.

Over the past two decades the number of VA hospital beds has fallen from 121,000 to 80,000. But Congress has in effect said thus far and no farther, though 12 of the 172 VA hospitals have vacancy rates of 30 percent or more.

President Reagan has left the VA budget virtually untouched. Yet one of his conservative supporters, the Heritage Foundation, has estimated more than $8 billion could be saved if benefits were confined to veterans they were intended to help. If Mr. Reagan declines to take a lead, it is up to Congress to rekindle its oversight concern and see whether such estimates are correct. Are benefits going to those Congress never intended? Are these benefits threatening the ability to serve the veterans who are supposed to be served?

Unlikely questions to bring up in an election year perhaps, especially when 30 million veterans and their families add up to perhaps 100 million citizens. Yet all taxpayers, veterans or not, have an interest in such questions, and someday it will be good politics as well as good sense to answer them.

SOURCE
The Wall Street Journal
CITY AND STATE
New York, New York
DATE OF PUBL.
February 23, 1982

06

Touching the Untouchable

Robert Nimmo, head of the Veterans Administration, is perhaps applying a little negative psychology in saying he fully expects a roar of protest over his plans to put some planned new VA medical facilities on hold. Perhaps Mr. Nimmo figures that by publicly anticipating the protests he can draw some of their political sting. It's always worth a try.

And the specific curtailments Mr. Nimmo has in mind are worth a try, too. There are very few better examples than VA hospitals of how the politics of compassion interferes with rational federal budget-making. Taking care of men and women who have damaged their health and lives in the service of their country is a principle that almost everyone can agree to. But one reason Congress is so ineffectual in budget management is that so often it allows compassion to be wielded like a club by interest groups with little direct claim to the public's compassion.

The simple truth is that most parts of the country are overstocked with hospital facilities. The VA's network of 172 hospitals, which accounts for an important chunk of its $25 billion budget, has long been regarded as one of the most inefficient components of the U.S. medical care system. Some run high vacancy rates. Veterans would often receive better care at less cost if they were put in non-VA hospitals or nursing homes.

But despite all this, Mr. Nimmo says he inherited a long list of construction projects, costing $2.7 billion in 1981 dollars, that had been approved by Congress. They called for building or modernizing hospitals, clinics, nursing homes and old-age homes. Mr. Nimmo ordered a re-examination of all construction planned for fiscal 1984 or beyond to see if projects can be justified on the basis of need rather than merely politics.

The VA chief told the Associated Press that he has made interesting discoveries about how some of these projects have come into being. Some are merely expensive job creation programs. "Does it make any sense to spend $280 million for a replacement VA hospital in Minneapolis where we've got 2,000 empty beds already there and where you've got a declining veteran population?"

Probably not. Such projects are a consequence of a kind of thinking that took hold of Congress in the early 1970s, a belief that government borrowing to finance all sorts of good things was the key to permanent prosperity. The broad public now knows better and probably always did, but the residue of that era remains. Congress can still vote for unneeded and uneconomic projects at a time when it is staring $100 billion deficits in the face. And it does almost all in the name of compassion.

Mr. Nimmo probably will get the flak he is expecting. But there is something badly awry in our system when an administrative officer has to assume the responsibility for minding the public purse simply because elected representatives have failed to do so.

SOURCE
The Daily Oklahoman
CITY AND STATE
Oklahoma City, OK
DATE OF PUBL.
Tuesday, February 23, 1982

VA Chief Opens Can of Worms

WHEN THE chief of the Veterans Administration, Robert Nimmo, says "there will be outrage expressed" over his ordering a holdup of $2.7 billion in VA construction projects, he became a prime candidate for making the understatement of the year.

Among the projects slated for review under new criteria is a proposed $8 million project for Oklahoma City's VA hospital, although the nature of the improvement was not disclosed and it wasn't scheduled until fiscal 1986.

In any event, before the American Legion and Veterans of Foreign Wars start sputtering and planning a march on Washington, they would do well to think through carefully what Nimmo is proposing.

This is no assault on adequate medical care for legitimate VA patients. No VA administrator in his right mind would suggest such a thing, nor would Congress sit still for it.

What Nimmo is suggesting, however, is that many of the scheduled projects for new construction, modernization and expansion of VA facilities may well not be needed. And his indictment of the process by which such projects are selected — a process in which political pressures often outweigh rational analysis of needs — is something that badly needed saying.

Building new VA hospitals or replacing existing ones in cities with thousands of surplus hospital beds, especially when the demographics indicate a declining veteran population in some areas, doesn't make any sense — especially when the government is projecting horrendous red-ink figures over the next three years.

The tragic legacies of four major wars in this century have made the VA the nation's biggest provider of medical care. All Americans agree that those who were wounded or injured in the line of duty have every right to expect quality medical treatment and care without charge.

But why should it be the taxpayer's responsibility to provide free medical care for all veterans over 62 for non-service-related ailments?

Nimmo undoubtedly has opened a can of political worms, but his candor and courage are to be commended.

SOURCE
AMARILLO GLOBE-TIMES
CITY AND STATE
Amarillo, Texas
DATE OF PUBL.
February 24, 1982

VA Hospital Addition Needs Justification

Including the $44 million addition to the Amarillo Veterans Administration Hospital in a $2.7 billion nationwide freeze makes good sense to us. The hold up should give the VA the necessary time to justify such an expenditure of taxpayers' money.

Amarillo's proposed 100,000-square-foot hospital addition would cost nearly four times what the soon-to-open Northwest Texas Hospital cost. The VA addition would provide 36 more beds. The 286,000 square-foot NWTH has 250 beds. That comes to $112,000 a bed at NWTH, but $1,222,222 a bed at the VA addition.

We realize the VA figure is somewhat misleading because the addition would also house programs for mental health, drug abuse and alcohol rehabilitation. In addition, it would have psychiatric and neurological wards. But are these extra facilities really necessary when they are already available in the community?

As expensive as hospital beds have become, it's a good idea for the VA to examine what is available in a community before adding more beds or expensive facilities. VA hospitals can contract with local hospitals to care for veterans with service-connected ailments. A contract to use 36 local hospital beds should be much less expensive than building a $44 million addition to the old VA hospital. One local example is the Amarillo Hospital District's Psychiatric Pavilion which could handle mental health cases.

If a veteran's medical problem is non-service related, then the VA handles the case within its own system. In Amarillo, this means a patient is sent to Albequerque, Waco or Dallas if the local VA hospital can not meet his needs. Nationwide, the VA could save millions of dollars of taxpayers' money by changing its policy to allow contracts with local hospitals for any cases it is not equipped to handle.

VA administrator Robert Nimmo says VA medical sites have always been selected on a political basis rather than on consideration of shifts in veterans' populations or whether the facilities were needed. That's why he wants to take time to study the projects scheduled for construction in fiscal year 1984 or after. Nimmo asks, "Are we building for the veteran, to meet his needs, or are we building for some other purpose?"

That's a question Congress should consider before it approves new VA construction, Amarillo's included.

SOURCE
RECORD-SEARCHLIGHT
CITY AND STATE
REDDING, CA
DATE OF PUBL.
Feb. 1, 1982

Editorial

Cutting back VA health aid

The way public money has been shoveled out in recent years, you'd think the public purse had no bottom.

Now that we realize there is indeed a bottom, some of the corrective action proposed is bound to draw screams of protest.

Robert Nimmo, President Reagan's chief of the Veterans Administration, is one of those who is beginning to feel a bit of heat.

The Veterans Administration has long had a specific and justified mission — to administer a compensation program for former members of the armed forces who incurred disabilities as a result of their service, and to provide medical attention for veterans with service-connected ailments.

Along the line, a generous Congress expanded that mission somewhat, prodded by the leadership of veterans' organizations. With VA hospitals all over the country, and with some hospital beds empty, these institutions were opened on a "space available" basis to veterans who needed medical care for conditions not related to service and who lacked either funds or insurance to pay for it elsewhere. A simple declaration of need was all that was required to obtain admission. A logical extension, arguably, of appreciation for service — although there have always been reasons to doubt the eligibility of some patients.

Since World War II, the VA has automatically admitted — with the service-connected cases being taken first — all veterans once they reach retirement age, without even asking questions about need, much less requiring proof.

Nimmo's agency now has a budget of $25 billion a year, twice what it was eight years ago. He sees nothing but trouble ahead.

The average World War

II veteran is now over 61. In a few years there will be not 3.3 million veterans over 65, but 14 million. Every one of them will be eligible for VA medical care — even those who served only a few months, even those whose ailments are in no way service-connected, even those who could get outside treatment under Medicare, even those with ample means to finance their own treatment.

Nimmo's mere suggestion that maybe we can't afford government treatment for all those millions has raised a predictable outcry from leaders of veterans' organizaions. Some newspaper editorials have shouted that the nation must honor its "moral commitments." The nature of that policy, having only originated from a loosening of VA requirements, would suggest that it is something less than a moral commitment. Americans called to service will have a hard time recalling any promise from the recruiter or the draft board of total medical care at retirement age regardless of service connection or ability to pay.

If the veterans organization spokesmen have their way, of course, there will be a new VA hospital in every congressman's district and the VA budget will be $100 billion in no time at all.

If Nimmo follows through on his suggestion, and if he's backed up by President Reagan and Congress, the United States will honor the only moral commitment it ever made to service members: To help them if their active duty resulted in hardship or poor health. But it won't be easy. It never is easy for a family, a unit of local government or the federal government itself to realize that a point is bound to be reached when the purse strings simply have to be tightened.

SOURCE
The Lexington Leader
CITY AND STATE
Lexington, KY.
DATE OF PUBL.
February 26, 1982

VA chief can find 'need' here

It's refreshing and ironical that the national head of the Veterans Administration has to hold up construction on VA hospital projects until he can determine whether they are essential.

VA chief Robert Nimmo, saying he expects a considerable amount of flak for his decision, has stopped plans for $2.7 billion in various veterans hospital projects.

Such an attitude is refreshing because it's nice to know someone in Washington cares about indiscriminate tossing about of taxpayer dollars. The situation is ironical in that it's a line officer riding herd on federal spending rather than the elected lawmakers who ought to shoulder the responsibility.

The VA operates 172 hospitals, which account for a hefty slice of the administration's $25 billion budget. Too often hospital projects are undertaken because of political considerations, and Nimmo is well aware of that. In that vein he is willing to risk congressional ire, because the $2.7 billion list of projects he inherited has been approved on Capitol Hill.

The trouble is they aren't all needed. For example, Nimmo made a convincing statement: "Does it make sense to spend $280 million for a replacement VA Hospital in Minneapolis where we've got 2,000 empty beds already there and where you've got a declining veteran population?"

Lexington is involved in Nimmo's holdback, but the VA chief will find that the $20 million addition to the VA Medical Center on Cooper Drive does not fall in the Minneapolis category.

The local addition does not involve bed space, although there usually is a waiting list for admission to local VA facilities, both on Cooper and Leestown Road. The clinical and administrative wings on Cooper Drive have been in need of expansion since the building was opened in 1973.

The fact that Kentucky and other southeastern states have a heavier veteran population than do midwestern and eastern areas, points up the need for VA hospital construction in this region.

We can certainly appreciate Nimmo's reasoning in holding up on projects to determine whether they are needed. We also believe that he will find Lexington is one of the locations where VA construction should get immediate approval.