

Veterans Administration and the Nation: The Policy Fight Over VA Benefits

by Pamela Lowry

The current right of American veterans to quality health care is being whipsawed between the Base Realignment and Closure (BRAC) Commission recommendations for closing military health facilities, and the Capital Asset Realignment for Enhanced Services (CARES) recommendations for shutting down veterans' hospitals and clinics. And this comes at a time when the collapse of health care in general, and its escalating costs, are forcing many veterans to leave private sector health providers, and enter the military or veterans systems.

This also happened during the Great Depression. In November and December of 1930, records show that there were far more veterans in veterans' hospitals and soldiers' homes than at any time since the end of World War I. This was only 12 years after the Armistice, so the increase was not due to a majority of veterans entering old age. Instead, many had lost their jobs and homes, and the veterans' facilities were the only places they could go for help.

The health infrastructure of a nation requires a commitment to long-term planning and building. This is especially true for health benefits to veterans. Even if America's two current wars in Afghanistan and Iraq were to end tomorrow, the commitment to the veterans of those wars and their families could easily extend into the 22nd Century. Consider this: The last dependent of a Revolutionary War veteran died in 1911. The last two veterans of the American Civil War died in 1956 on the Union side, and 1958 on the Confederate side. Five children of Civil War veterans still draw VA benefits, and approximately 440 children and widows of Spanish-American War veterans are receiving VA compensation or pensions.

This kind of long-term commitment is viewed with horror by those who, like the major speculative international investment banks, see only a burden and a threat to their usurious profits. To those who believe in the principle of the general welfare, however, such a commitment is an opportunity to advance the well-being of the nation. There is no better illustration of this contrast in policies than the struggle between the factions represented by Herbert Hoover and Franklin Roosevelt during the decades encompassing the Great Depression and World War II. This was not a

simple Republican-Democrat disagreement. On the one side were ranged those, fronted by their ideological dupes such as Hoover, who believed that man was a beast, or at least should see himself as such so that he could be more easily fleeced and controlled. On the other side stood those who recognized the precious nature of man's creativity and wanted to foster it. The man-is-a-disposable-beast faction's tactics and strategy changed little over the two decades, but the Roosevelt program underwent a course of development which provided the means for the veterans of World War II to increase the well-being of the nation as a whole.

The Founding of the Veterans Administration

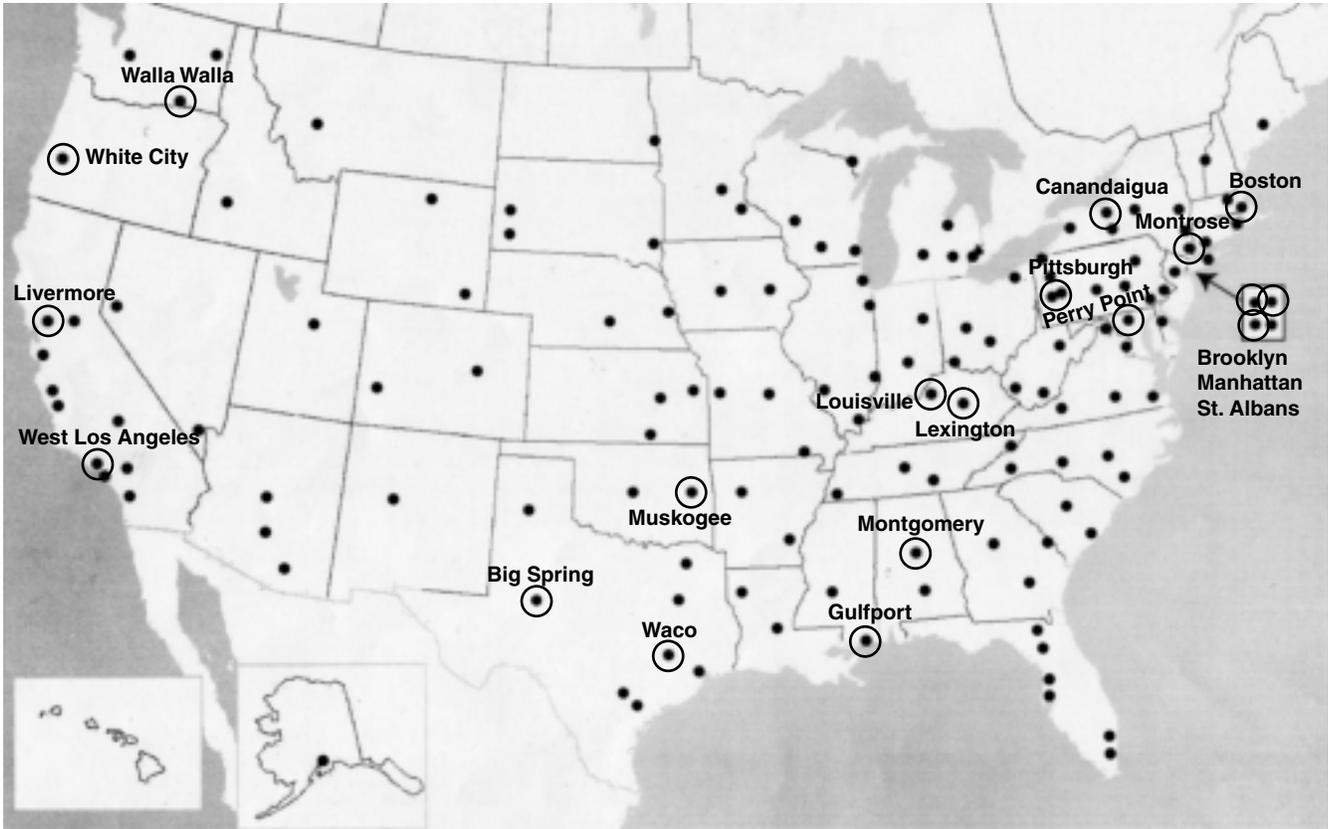
The Veterans Administration was created in 1930 when Congress authorized President Hoover to "consolidate and coordinate Government activities affecting war veterans." The three consolidated agencies were the Veterans Bureau, the Bureau of Pensions of the Interior Department, and the National Home for Disabled Volunteer Soldiers, which had been authorized by President Abraham Lincoln in 1865.

The new Veterans Administration had a large task ahead of it. Veteran care and benefits after World War I had been highly criticized by the veterans themselves. Postwar readjustment had been difficult, because many valid benefit claims had been disallowed. A Federal Bureau for Vocational Rehabilitation, founded shortly after the end of the war, set up such stringent conditions for entering training programs, and caused such long delays for prospective trainees, that the Bureau had to admit in the 1920s that it had retrained only 217 men in the entire nation.

In 1921, following the recommendations of two committees appointed by the Harding Administration, the Veterans Bureau had been established. Its director, Charles Forbes, had to resign amidst scandals of inaction and misappropriating funds. Its new director, Gen. Frank Hines, was more successful, and new hospitals for veterans began to come on line. In 1924, over President Coolidge's veto, Congress passed a bonus bill for the veterans of World War I, which provided that they would receive a lump sum payment in 1945. Since the Social Security System did not exist, the sponsors of the bill felt that a large proportion of the veterans

FIGURE 1

Veterans Affairs Medical Centers, 2004: Eighteen Are Targetted for Shut-Down or Downsizing



Source: Department of Veterans Affairs, CARES Decision, May 2004, Office of the Secretary; www.va.gov.

would be past their prime in 1945 and would need some kind of assistance.

The Veterans' Bonus Army

As the Great Depression deepened, President Hoover's refusal to provide an adequate program of Federal relief finally drove a group of veterans to desperation, and in the Spring of 1932 they rode freight cars to Washington, D.C. to demand the early payment of their bonus. Both President Hoover and New York Gov. Franklin Roosevelt opposed the early payment of the bonus, but on different grounds and with very different results.

Congress had passed a compromise bill, which allowed veterans to take out loans based on 50% of the face value of the bonus certificates. But President Hoover vetoed the measure, saying that local communities, not the Federal government, had the responsibility for taking care of needy citizens. His veto message, delivered in the middle of the Depression, stated, "Inquiry indicates . . . that the number of veterans

in need of such relief is a minor percentage of the whole." Congress overrode his veto in 43 minutes.

The opposition to the bonus among the forces backing Hoover reached the point of hysteria. Treasury Secretary Andrew Mellon, the real economic policy force behind Hoover, unrelentingly opposed the bonus or any other benefit that would cost money. Pierre S. du Pont claimed that the veterans needed no bonus because they were already "the most favored class in the United States," conveniently forgetting about his own. *The Wall Street Journal* editorialized that bonus advocates were "panhandlers" who were trying to get an "unearned and undefensible dole."

The Board of Governors of the Investment Bankers of America warned their clients that the bonus might cause the "disorganization" of the money market, a depression in the value of stocks, and the retardation of business prosperity. The chairman of the board of National City Bank of New York predicted that the bonus would mean "hundreds and hundreds of bank failures, small bank failures, throughout

the United States.” As events in early 1933 proved, the banks did not need the payment of the bonus bill in order to fail.

By June of 1932, some 20,000 veterans, some with their wives and children, were camped in a “Hooverville” on Anacostia Flats, within sight of the Capitol. President Hoover retreated into paranoia, refusing to meet with a delegation of veterans. When they dared to picket the White House, Hoover had chains put across the White House gates, brought in extra security guards, and closed the nearby streets to traffic.

The House of Representatives passed a bill authorizing immediate payment of the bonuses, but Hoover lobbied hard against it, and it failed in the Senate. Some veterans returned home, but a substantial group stayed on in Washington, hoping to obtain some kind of help. The Veterans Administration set up a temporary hospital at the War Department Reservation in Fort Hunt, Virginia near Washington, in order to provide health services to the Bonus Marchers.

But Hoover was losing patience with the veterans, and ordered Gen. Douglas MacArthur to clear them out of several empty government buildings where they had been allowed to camp by the sympathetic head of the District of Columbia police, Brig. Gen. Pelham Glassford. MacArthur deployed cavalry with drawn sabers and infantry with fixed bayonets up Pennsylvania Avenue. Their equipment included tanks, water cannon, and tear gas canisters. Not only were the veterans and their families driven back to Anacostia Flats, but that encampment itself was broken up and swept with flames. Veterans were injured, and a baby, a victim of tear gas, died that night in a hospital. When newsreels of the action were shown in American theaters, the crowds hissed and booed. The fleeing veterans took shelter on the roads of Maryland, and later accepted an invitation from the Mayor of Johnstown, Pennsylvania, to camp on the outskirts of his city.

President Hoover declared that “a challenge to the authority of the United States government has been met.” Hoover’s advisors stated that there were large numbers of Communists and criminal elements within the veterans who were making “revolutionary plans.” In fact, the advisors questioned how many of the bonus marchers had actually been veterans. Finally, the Justice Department issued a report which dutifully said that Communists and criminals had been the masterminds behind the veterans’ demonstrations. With that matter supposedly settled, Hoover was defeated in the November election, and Franklin Delano Roosevelt became President of the United States.

Roosevelt’s Response

While President Roosevelt and the Congress were still in the middle of the “Hundred Days” of emergency legislation to save the nation, a contingent of bonus marchers returned to Washington. FDR had the marchers put up in an underused Army fort, where they were given food and medical

care. He offered them all jobs in the newly formed Civilian Conservation Corps, and 90% of the men accepted. The veterans voted to disperse, and those who wanted to return home were given free railroad passage.

Roosevelt had offered the veterans what he felt was needed the most by Americans—jobs. In 1937, officials of the VA echoed Roosevelt’s perspective by stating that “employment opportunities” was the most important veterans relief problem. The President planned to raise the standard of living of the veterans in the same way as he was raising the living standard for everyone; by providing jobs and simultaneously improving the nation’s infrastructure by means of those jobs. But, as he stated at the dedication of a Veterans Hospital in Roanoke, Virginia on Oct. 19, 1934, he was also obligated to assuage the suffering of a large group of American citizens who were in danger of starvation and had been deprived of even the basics of modern life.

He first told his audience: “You see before you today a monument which is a very definite representation of the national policy of your Government, that its disabled and sick veterans shall be accorded the best treatment which medical and surgical science can possibly supply.

“In a larger sense these buildings are a symbol of the broader policy, the policy that the Government is seeking to give aid not only to the veterans of its wars, but also to hundreds of thousands of other citizens—men, women, and children who are handicapped by environment or by circumstance, and are lacking today in what reasonable people call the essentials of modern civilization.

“For a great many years we have seen a constantly growing realization of the fact that any large or small group in any community which lacks the elementary necessities of proper food, of decent housing, of adequate medical attention, of essential education, drags down the level of the whole country, and of necessity retards the progress of the whole country. It is the same thought, to put it into naval terms, as to say that the speed of a fleet is the speed of the slowest vessel in the fleet. Or, to put it in military terms, the speed of an army is the speed of the slowest unit comprising that army. . . .

“Let it be well remembered that the hundreds of thousands of men and women and children to whom I have referred, scattered throughout our Nation, have no splendid hospitals for their care, have no medical attention, such as will be provided in this veterans’ home, have no opportunities for adequate education, and can but suffer the ills of their lives according to their own individual circumstances.”

President Roosevelt stated that he knew America’s veterans recognized the nation’s obligation to the poor and destitute, and that the amelioration of their lot was important not only because of the current suffering in the nation, but “because future generations of American citizens will be the descendants of those who are now in need.” True prosperity



EIRNS/Stuart Lewis

Building on the framework set up by Franklin Roosevelt, the VA's health care administration was set up, charged with providing the necessary facilities, since the VA's existing hospitals were swamped with returning veterans. The Army Corps of Engineers was brought in to construct 44 new hospitals. Veterans' hospitals were affiliated with medical schools, improving the level of care.

would only come when these people were raised to a higher standard of living. It was on this basis that Roosevelt objected to the bonus bill, because disabled veterans were already being taken care of medically, or they were receiving pensions. Able veterans could take advantage of the New Deal's various job programs, and thus the bonus funds should be used to help the most destitute American citizens, and in the process prevent the recurrence of a depression.

Roosevelt's economic policies were not completely formed at this stage, and he was experimenting with many things at once. One misinformed policy was "Economy in Government," in which Roosevelt stated that the budget for many government functions should be cut in order to afford the massive programs to defeat the depression. Veterans benefits were included in this economy drive, and all the previous bills containing veteran benefits from previous wars were rescinded, and then a new bill was passed which cut benefits. However, the President directed the Administrator

of Veterans Affairs to "conduct a careful study of the effects of these new regulations so that if any injustices or inequalities were found, or if the reductions appeared in some particulars to be too severe, prompt remedial recommendations were to be made to me." The study did indeed show that the cuts were too severe, and twice during 1933 and again in 1934, Roosevelt issued Executive Orders that restored money to the veterans.

As economic conditions improved, the Veterans Administration was able to greatly expand its services. By 1941, the number of VA hospitals increased from 64 to 91, and bed capacity rose from 33,669 to 61,849. Special training programs for physicians and nurses were expanded, and medical research was supported by Dr. Charles Griffith, the medical director. As the nation geared up for fighting World War II, the VA was designated as a "defense agency."

The GI Bill of Rights

The massive mobilization during World War II led many to fear that post-war demobilization would lead to conditions that would cause another depression. Roosevelt knew that depressions could lead to wars, and he stated in a Nov. 2, 1944 speech, "The record that we have established in this war is one of which every American has a right to be proud—today and for all time. We do not want the later record to say that the great job was done in vain. We do not want our boys to come back to an America which is headed for another war in another generation. Our postwar job will be to work, to build—for a better America than we have ever known. If in the next few years we can start that job right, then you and I can know that we have kept faith with our boys—we have helped them to win a total victory."

Roosevelt began to plan early in the war to make sure that the new veterans would not suffer the difficulties faced by the World War I veterans. In fact, the returning veterans would constitute such a large proportion of the American population, that government sponsorship of their well-being would have a salutary effect on the entire population. The President began to lay the basis for postwar policies in November 1942, when he appointed a committee of educators to study the problem of education and training of veterans of the armed forces.

In November 1943, Roosevelt prepared the way for Congress to pass broad legislation to aid the returning veterans. He stated: "All of us are concentrating now on the one primary objective of winning this war. But even as we devote our energy and resources to that purpose, we cannot neglect to plan for things to come after victory is won. . . . Members of the armed forces have been compelled to make greater economic sacrifice and every other kind of sacrifice than the rest of us, and are entitled to definite action to help take care of their special problems. . . . What our service men and women want, more than anything else, is the assurance of satisfactory employment upon their return to civil life. The first task after

the war is to provide employment for them and for our demobilized war workers.”

Planning for other phases of veterans benefits continued until June of 1944, when Roosevelt signed the precedent-setting and comprehensive GI Bill of Rights, providing most of the veterans benefits that we are familiar with today. In his speech on June 22, Roosevelt specified that the bill “gives servicemen and women the opportunity of resuming their education or technical training after discharge, or of taking a refresher or retrainer course, not only without tuition charge up to \$500 per school year, but with the right to receive a monthly living allowance while pursuing their studies. It makes provision for the guarantee by the Federal Government not to exceed 50% of certain loans made to veterans for the purchase or construction of homes, farms, and business properties.

“It provides for reasonable unemployment allowances payable each week up to a maximum period of one year, to those veterans who are unable to find a job. It establishes improved machinery for effective job counseling for veterans and for finding jobs for returning soldiers and sailors. It authorizes the construction of all necessary additional hospital facilities. It strengthens the authority of the Veterans Administration to enable it to discharge its existing and added responsibilities with promptness and efficiency.”

Roosevelt added that “with the signing of this bill a well-rounded program of special veterans’ benefits is nearly completed. It gives emphatic notice to the men and women in our armed forces that the American people do not intend to let them down.” But the opposing forces within America that had been forced to bite their tongues while victory in the war was uncertain, were now poised to once again jump into the fray.

The Nay-Sayers Return

Robert Hutchins, president of the University of Chicago, stated that he feared that “colleges and universities will find themselves converted into educational hobo jungles. And veterans unable to get work and equally unable to resist putting pressure on the colleges and universities, will find themselves educational hoboes.” Prof. Willard Waller of Barnard College warned that “the veteran who comes home is a social problem, and certainly the major social problem of the next few years. . . . Unless and until he can be renaturalized into his native land, the veteran is a threat to society.”

Not to be outdone by the academics, *The New York Times* ran a headline which said, “Post-War Jobless Seen Invading City.” And some business leaders were not far behind. Paul Hoffman, chairman of the Committee of Economic Development, was quoted by the National Association of Manufacturers as saying, “I don’t believe it is even socially desirable to have jobs for every man or woman who may want a job.” A *Wall Street Journal* story characterized

full employment efforts as a “halfway house to socialism.”

Former President Hoover did not let his disastrous record in letting the depression take its course, let alone his vicious treatment of the bonus marchers, deter him in any way from offering his opinions on post-war policy on unemployed veterans. He opined that “organized labor and employers alike have a mutual interest in keeping the government out of business and preventing it from dictating to business.” If America were revisited by a depression, the government should have little or no role in taking care of the unemployed. “Our business associations through their national committees are making a great contribution in organization to take care of this marginal group.” Government, he said, could not find jobs for many people after the war “unless it is going to transform industry into a full socialized state.”

But the gloomy prospects did not materialize, thanks to many of the safeguards which Roosevelt had put into place before his death. The income of the average worker had doubled since 1939, and the Gross National Product had increased from \$90 billion in 1939 to \$213 billion. The wealthiest 5% of Americans had controlled 23.7% of the wealth in 1939, but at the war’s end that percentage had been reduced to 16.8%. Despite rapid demobilization of not only the soldiers, but the civilians engaged in the war production industries, the economy held firm, and although there were downturns, there was no serious depression. A large part of this success was also due to the Bretton Woods international system of finance and credits which had been put into place by President Roosevelt.

And what happened to the “educational hoboes” who were such a threat to society? By February 1948, some 2,655,000 veterans were receiving subsistence allowances under education and training programs. A total of 1,828,000 were in school, including 1,128,000 in colleges, and 596,000 in on-the-job training as apprentices in business and industrial firms under contract to the Veterans Administration.

By early 1949, veterans had made 1,570,000 home, business, and farm loans. These were insured by the Veterans Administration for around \$4 billion.

At the same time, the VA reported that approximately 8,500,000 veterans had received payments of unemployment insurance or readjustment allowances, and that these totaled \$3,515,000,000.

The VA’s existing hospitals were swamped with returning veteran patients at the end of the war, and so in 1946 a law was passed creating the VA’s health-care administration, which was charged with providing the needed facilities. Gen. Omar Bradley was put in charge of the VA, with an Acting Surgeon General for veterans healthcare, Gen. Paul Ramsey Hawley, reporting directly to him. Despite new VA construction projects, the veterans’ needs were so great that the Army Corps of Engineers was brought in, which ultimately constructed 44 new hospitals.

Hawley insisted that veterans should receive health-care “second to none.” The move in 1946 to affiliate veterans hospitals with medical schools changed not only the level of care, but also changed where VA medical centers were located. Previously, many had been built in scenic but isolated spots. Hawley said, “To hell with the scenery; I want the finest doctors!”

From 1942 to 1950, the number of VA hospitals grew from 97 to 151; then during the 1950s construction slowed and growth became more gradual. Improvements in the system then focused more on improved patient care and medical research. The VA was reorganized into three departments—Medicine and Surgery, Insurance, and Benefits.

The period of the Vietnam War coincided, not accidentally, with the series of Nixon Administration moves which

took apart the Bretton Woods monetary system and plunged the nation into an orgy of deindustrialization and deliberate underfunding of vital national infrastructure. The enemies of President Roosevelt’s policies were on the ascendancy, and they were determined to wipe his economic and social programs from the face of the earth. Supposedly, America was moving into a “service economy,” but this was a grim misnomer, especially in the field of health care, where services were cut with a vengeance. The advent of cost-cutting HMOs and the campaign for living wills and “death with dignity” were merely ways of enforcing the old feudalist view of man as a disposable animal, who shouldn’t take up too much money or space.

This new national policy affected the private health-care sector as well as the public one. Despite the fact that the

Close VA Hospitals As Flu Pandemic Threatens?

The Bush/Cheney Administration is still pushing ahead the VA CARES process (Capital Asset Realignment for Enhanced Services) which threatens to close and/or downsize VA hospitals throughout the country—even as the Administration acknowledged the looming threat of an avian flu pandemic which could sicken 50-100 million people if it strikes the United States.

As Hurricanes Katrina and Rita hit, revealing the nation’s desperate shortage of hospital beds and other medical services, Pricewaterhousecooper—the accounting firm commissioned by the VA administration to carry out CARES—continued to present plans with the potential to eliminate hospitals serving tens of thousands of veterans. They did this at September-October meetings of 19 Local Advisory Panels set up under the CARES process. As the lessons of Katrina began to be absorbed by some Congressman, Lane Evans, ranking Democrat on the House Committee on Veterans Affairs, pointed to the exemplary functioning of the VA facilities in the hurricane zone, noting that not one life committed to VA medical care was lost during Hurricane Katrina. Other advocates pointed out that the VA was the only healthcare organization that managed to save *all* patient records during the hurricanes; its computerized system was backed up on a regional level and put back online in a matter of hours.

The ability of the VA system to function adequately under emergency conditions still existed, because of a virtual emergency mobilization in July by Democratic and

some Republican members of Congress, to appropriate billions of dollars of emergency funds over the obstruction and objections of the Administration, and of its Veterans Affairs Department flunkey, Secretary Jim Nicholson. Prior to those appropriations, a number of VA hospitals had been forced to refuse to accept eligible patients flocking to their doors, as other medical facilities shut down or are priced out of reach. VA hospitals were using monies from their maintenance budgets for emergency purposes to keep the most essential functions going.

But the Administration held CARES hearings around the country throughout September, to advance the option of shutting down major VA facilities. All told, 18 VA Hospitals are on the list for shut-down or cutbacks (see map, p. 46). The CARES process includes the proposal to close the Manhattan VA Hospital, one of the premier medical institutions in the country, and shunt its services and patients to the VA facility in Brooklyn, N.Y. On Sept 19, following the Katrina and Rita disasters and with the Avian Flu threat front-page news, it was still necessary for a bipartisan coalition of New York’s Congressional delegation, and every major city elected official, to testify to maintain the facility, at a local advisory panel hearing. In California, the threat to begin commercial utilization of property which is part of the West Los Angeles VA facility, was opposed by a similar coalition at Sept. 15 hearings.

In Texas, the 17 possible options proposed by Pricewaterhousecoopers at Oct. 4 hearings for the Veterans Hospital in Waco, continued to include the possibility of elimination of in-patient care and gutting of other medical services. Congressman Chet Edwards strongly challenged the VA data on which the recommendations were based, pointing out that the VA has underestimated patient levels nationwide by more than 200,000 veterans in 2005 alone.

VA was elevated to cabinet-level status as the Department of Veterans Affairs by President Reagan in 1989, the appropriations necessary to sustain its infrastructure continued to be cut again and again.

As another round of cuts in the VA's health capabilities are about to be endorsed, it is well to remember that the VA constitutes a very vital national resource. Through its programs to veterans and their families, it can affect fully one-quarter of this nation's population. Every year, about 83,000 health professionals are trained in VA medical centers, and at this point, more than one-half of the physicians practicing in the United States have had some of their professional training within the VA system. Those factors, as Roosevelt saw clearly, provide a great opportunity for those who would promote the general welfare in a time, such as our

own, of deepening depression.

The VA medical system also serves as a back-up to the Defense Department during national emergencies, and as a federal support organization during major disasters. With this nation's very low surge capacity in its health-care centers and among its health-care professionals, the lessons of the current hurricane disasters and the looming avian flu pandemic should compel us to think very carefully before we eliminate even one more health facility.

Not only must we honor our pledge of care for the veterans of our wars; we must honor the cause for which they fought. As President Roosevelt said in 1933, "It is a fact that much of the future history of our beloved Country will be a history which you will help to make in the years to come."

Flu Pandemic Hospital Needs Ignored

At an Oct. 12 meeting held at the U.S. Senate Hart Building to assess the pandemic threat, lead speaker Dr. Tara O'Toole, of the University of Pittsburgh Center for Biosecurity, termed a pandemic outbreak of Avian Flu "a nation-busting event." She reported that hospitals are not ready, antivirals are in short supply, and a vaccine is a year away. The mortality rate for this infection (the H5N1 virus) has been 40-70%. O'Toole urged that vaccine production must be mobilized, hospitals must plan and prepare, and the Federal government take leadership.

The CARES process is not the only front on which the nation's critical medical capacity is under assault, rather than leadership. Republican Congressional leaders close to Bush and Cheney opened up a new flank in early October when the Senate Committee on Veterans Affairs approved S.1182, which includes a provision for spending money from VA's healthcare budget to study outsourcing the jobs of VA healthcare workers. The study could pay private consultants over \$140 million in VA healthcare funds, and lead to the loss of up to 36,000 jobs.

Also assessing the nation's capability to respond to a medical emergency, the American College of Emergency Physicians held a press conference in September when thousands of their members lobbied on Capitol Hill. Representatives noted the urgent need to acknowledge that hospital emergency rooms are the nation's first line of defense in any medical emergency. But they documented that the current emergency room infrastructure is massively inadequate even under "normal" conditions. The physicians' report shows that more than 2,000 emergency departments have closed their doors since 1992, while from 1992-2003, Americans dramatically increased their dependence on the emergency care system. In 2003, they made 114 million visits to hospital emergency departments, up from

89.8 million in 1992. This influx, again the result of families' declining ability to afford other medical facilities; and its effects—long waiting times with patients warehoused in hallways—create conditions under which Avian Flu would spread like wildfire from hospitals themselves.

Other Public Hospitals Disappearing

Also indicative of the widespread collapse of the healthcare system was a new report released in August by the State University of New York Downstate Medical Center, which showed massive closing of public hospitals in the 100 largest cities and suburbs throughout the country. The report warned this action has disproportionately hit the lower 80% of family income brackets. "Public hospitals may become an endangered species," warned Dennis Andrulis, Ph.D., lead study author. "Not only are public hospitals disappearing from inner cities across the country; they are disappearing from the suburbs as well."

Among the study's key findings:

- From 1996-2002, 27% of all public hospitals were closed in major suburbs, and 16% in major cities.
- Urban public hospitals provided less inpatient and emergency care in 2002 than in 1996.
- High-poverty suburbs represented 44% of the total suburban population, but accounted for only 20% of total hospital admissions, inpatient days, and outpatient and emergency visits in 2002. These suburbs exist disproportionately in California, Texas, and other areas in the south.

In a sane world where leaders respond to real threats to the general welfare, not ideological commitments to free-market fantasies, the CARES process would be shut down, and the health experts and public officials involved could turn to the urgent matter of reopening, building, and staffing hospitals and other public health infrastructure we now urgently need.—*Patricia Salisbury*