

*“The arc of the moral universe is long, but it bends toward justice.”*  
-Theodore Parker

Like two-thirds of my fellow physicians, I had the privilege of training at Veterans Administration (VA) hospitals and clinics. As both a medical student and a resident, I cared for men and women who had served our country, while working alongside VA health professionals who provided daily examples of the ethical commitments we make as physicians: to do no harm, provide benefit, respect patient autonomy, and work toward justice in care.

It is that fourth pillar of medical ethics—justice in care—that most acutely requires health professionals’ constant attention and dedication. Understanding the social factors that contribute to disease is key to the VA’s mission to care for our nation’s veterans. By providing data about sociodemographic characteristics, care utilization patterns, and medical conditions of veteran patients related to race-ethnicity, sex, age, geography, and mental health status, this first-of-its-kind National Health Equity Report e-book, published by the Office of Health Equity in the Veterans Health Administration (VHA), contributes to the scholarship on social inequity and disease and raises awareness of health care disparities among veterans.

The report’s findings highlight the increasing diversity of the VHA patient population, which reflects growing participation by women and minorities in the military. The number of women in the VHA patient population has grown 140% since 2000, and the veteran patient population is expected to reflect national demographic trends by becoming increasingly racially and ethnically diverse in the coming years. As the report notes, these trends make it increasingly important that VHA care providers ensure that care is culturally and gender sensitive and reflects the needs and preferences of diverse populations.

As in our national population, the need for care will increase and access issues will become more pronounced as the VHA patient population ages. With more than one-third of all veterans served by the VHA living in rural areas—including 40.7% of veterans aged 65 and older—geography amplifies the seriousness of physician shortage issues. Ensuring veterans’ access to preventive and specialty health services may require tailoring care and employing innovative solutions to reach veterans unable to travel regularly to a VHA medical center.

With these and other findings, this report provides a useful baseline to help health care providers, scholars, and educators improve the state of care for veterans. A better understanding of the causes of health care disparities is the first step toward achieving health equity for our nation’s veterans, and ultimately for all citizens. This report also contributes to our understanding that while veterans as a group are at greater risk for certain negative health outcomes than are non-veterans, within the veteran population there are subgroups at even greater risk of morbidity and mortality. In addition, because the VA sponsors approximately 10 percent of graduate medical education trainee positions, this report will inform the way the next generation of physicians thinks about equity and care for vulnerable patients.

As the *Commission on Care* noted in its 2016 findings, despite the challenges in veterans’ care in recent years, “VHA has many excellent clinical programs, as well as research and educational programs that provide a firm foundation on which to build.” This foundation includes thousands of dedicated health

professionals and staff who are committed to the vision of a high-quality, equitable VHA Care System that delivers health care when our veterans need it.

Of note to the findings presented in this e-Book are two recommendations from the *Commission on Care*:

Recommendation #5: Eliminate health care disparities among veterans treated in the VHA Care System by committing adequate personnel and monetary resources to address the causes of the problem and ensuring the VHA Health Equity Action Plan is fully implemented.

Recommendation #14: Foster cultural and military competence among all VHA Care System leadership, providers, and staff to embrace diversity, promote cultural sensitivity, and improve veteran health outcomes.

As health professionals, we have a clear ethical obligation to eliminate health and health care disparities and embrace diversity and cultural humility—particularly in care and outcomes for the men and women who have served our country without reservation.

There is a common saying in health care, “You can only change what you measure.” My hope is that this report will help guide those who serve and heal our nation’s veterans to a more equitable future. While the journey to equity will no doubt be long, like Theodore Parker, I am certain it will bend toward justice.

A handwritten signature in black ink that reads "Darrell G. Kirch". The signature is written in a cursive style with a large, prominent 'K'.

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