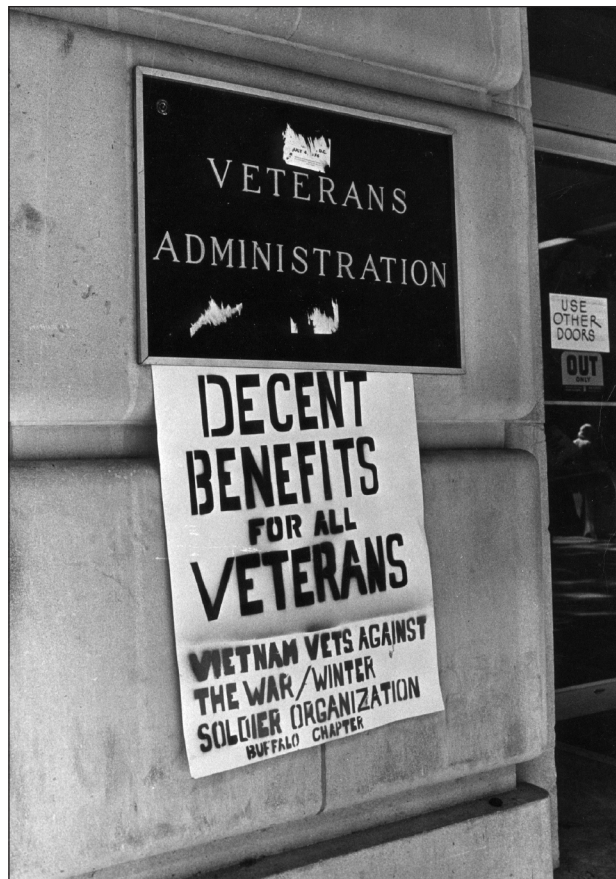

From Vietnam to Iraq

Ignoring the Veteran Health Care Crisis



Produced by
Vietnam Veterans
Against the War

Co-sponsored by
Iraq Veterans
Against the War

May 2005

From Vietnam to Iraq: Ignoring the Veteran Healthcare Crisis



*Produced by
Vietnam Veterans Against the War
www.vvaw.org
773-276-4189*

*Written by Dave Curry
Additional research by
Della Moran and Hannah Frisch
Consulting by Tracy Van Slyke*



*Co-sponsored by
Iraq Veterans Against the War
www.ivaw.net
215-241-7123*

Published May 2005

Table of Contents

From Vietnam to Iraq: Ignoring the Veteran Healthcare Crisis

- 4** Summary
- 6** A Description of the Report's Co-sponsors:
 - Vietnam Veterans Against the War
 - Iraq Veterans Against the War
- 7** Introduction
- 8** A Potentially Dismal Future for New Veterans
 - Casualties from Iraq and Afghanistan
 - The Dangers of Depleted Uranium
 - Dennis Kyne's Story*
 - Coming Home: Mental Health Needs
 - Charles Anderson's Story*
 - Letter from Jason Thelen*
- 15** Cutting Funding for Veterans' Healthcare, Increasing the Cost Burden on Veterans
 - Waiting Lists: The Line Gets Longer
 - Ralph Baldwin's Story*
 - Making Veterans Pay: Means Tests and Priority Groups
 - The End of Outreach
- 19** Conclusion and Recommendations

Summary

“From Vietnam to Iraq: Ignoring the Veteran Healthcare Crisis,” details how the Veterans Administration (VA) healthcare system is underfunded and overwhelmed by a growing number of veterans seeking quality medical care. This crisis will continue to grow as the system is flooded by new veterans who have been injured during their tours of duty in Afghanistan and Iraq.

And it is not only the immediate injuries that will prove disastrous for the underfunded VA healthcare system. Long-term health risks—ranging from post-traumatic stress disorder (PTSD) to exposure to depleted uranium (DU)—will greatly increase the costs to America’s healthcare system for years, and in the case of DU, generations to come. As an August 2003 article in the *Seattle Post-Intelligencer* states, “Some Iraqi physicians and others blame depleted uranium weapons used in the 1991 Gulf War for a major increase of cancers and birth defects that occurred a few years later. It is also a prime suspect for the Gulf War Syndrome that has sickened and killed thousands of U.S. veterans.... The Pentagon and United Nations estimate that U.S. and British forces used 1,100 to 2,200 tons of armor-piercing shells made of depleted uranium during attacks in Iraq in March and April [2003] — far more than the estimated 375 tons used in the 1991 Gulf War.”

While the U.S. government sends its soldiers overseas to a war with insufficient body armor and outdated equipment and exposes them to dangerous chemicals, at home the government cuts funding and increases the amount of money veterans must pay into an already-insufficient healthcare system.

In early January, President George W. Bush released his disappointing FY 2006 budget detailing that:

- Funding for veteran’s medical programs would receive only less than half of one percent budget increase, far below the necessary 13 to 14 percent increase that Veteran’s Administration noted that it would need just to keep up with the current level of services and accommodate growing enrollment numbers;
- Monthly co-pay for veterans’ prescription drugs would increase from \$7 to \$15;
- Many veterans would be forced to pay a \$250 enrollment fee, ensuring that some would be unable to access the VA healthcare system at all.

On March 17, House Republicans voted that the House Veterans’ Affairs (VA) Committee must cut benefits or increase the fees veterans must pay. For fiscal year 2006, the VA Committee must identify \$155 million in benefits cuts or increased fees; and \$798 million over the next five years.

As Rep. Lane Evans (D-Ill), the ranking Democratic member of the House Veterans' Affairs Committee, noted in his testimony on the House Floor on April 28:

The President's budget has proposals that are anathema to many veterans. In addition to the increased co-payments, new enrollment fees, and draconian reductions in long-term care programs, it would force VA to shoulder even greater 'management efficiencies'—a myth which many in this Congress continue to believe. At this point, 'management efficiencies' must be viewed as what they truly are—cuts in services to veterans, longer queues for care, and fewer points of access for care than veterans have been promised or deserve.

From Vietnam to Iraq: Ignoring the Veteran Healthcare Crisis compiles information, statistics and stories for three main areas:

- The dismal future of healthcare for new veterans
- Funding inequities for VA benefits and healthcare
- The impact of cuts on VA healthcare services

Without massive changes, millions of veterans who have been promised access to healthcare will slip through the cracks of the VA system. Based on research, and conversations with veterans and veteran healthcare experts, Vietnam Veterans Against the War and Iraq Veterans Against the War recommend the following:

- 1) Iraqi veterans have been exposed to dangerous levels of depleted uranium by the U.S. military. The United States must immediately cease production of depleted-uranium weapons and stop their use in overseas military efforts. Like Agent Orange—a herbicide used by the military during the Vietnam War which caused serious physical damage to U.S. soldiers—the short-term military gains made with depleted uranium can cause long-term and possibly life-threatening mental and physical repercussions.
- 2) Budget allocation for VA healthcare must change from annual discretionary funding to mandatory funding. The budget should account for rising costs in healthcare and the increasing number of veterans dependent on the VA healthcare system for quality medical care.
- 3) The VA must expand current services and improve access to quality medical care in order to meet the actual needs of the millions of veterans across the country in a timely manner.

Report Co-sponsors

Vietnam Veterans Against the War

(VVAW), a national veterans' organization, currently has more than 1,500 members throughout the country, including veterans from World War II. VVAW organizes for better benefits for American veterans, runs a counseling program for current military servicemen and veterans (<http://www.vvaw.org/mc/>), and has become one of the most outspoken and respected peace organizations in the country.

VVAW was founded in New York City in 1967 after six Vietnam veterans marched together in a peace demonstration. It was organized to voice the growing opposition among returning servicemen and women to the ongoing war in Indochina, and grew rapidly to a membership of over 30,000 throughout the United States, including active-duty GIs stationed in Vietnam.

VVAW took up the struggle for the rights and needs of veterans. In 1970, VVAW started the first "rap groups" to deal with the traumatic aftereffects of war, setting the example for readjustment counseling at veterans' centers today. VVAW also exposed the mistreatment of many disabled veterans in VA hospitals and helped draft legislation to improve educational benefits and create job programs for veterans. VVAW helped make known the negative health effects of exposure to chemical defoliants, and exposed the VA's attempts to cover up these conditions, as well as the VA's continued refusal to provide treatment and compensation for many Agent Orange victims.

Iraq Veterans Against the War

(IVAW) is a group of veterans who have served since September 11th, 2001 including Operation Enduring Freedom and Operation Iraqi Freedom (www.ivaw.net). IVAW is committed to saving lives and ending the violence in Iraq by an immediate withdrawal of all occupying forces.

IVAW went public on July 28th, 2004. The organization's main objectives are threefold: (1) bring the troops home now, (2) support Iraqi reconstruction in whatever way possible, (3) support our veterans and our troops now and upon their return home.

IVAW also believes that the governments that sponsored these wars are indebted to the men and women who were forced to fight them and must give their Soldiers, Marines, Sailors, and Airmen the benefits that are owed to them upon their return home.

Introduction

Veterans and returning servicemen from the Iraq and Afghanistan conflicts are facing a healthcare system that is severely underfunded and overwhelmed by the increasing demand for quality medical service. Without serious support from Congress and President Bush, millions of veterans must live without health insurance or access to treatment for their medical needs.

During the Bush administration's first term, veterans' benefits were the target of across-the-board reductions in government entitlements, forcing a decline in both the quality and quantity of medical services available for veterans. Ramifications of such cuts include the demise of long-promised rewards for retired World War II veterans and a lack of medical resources for the veterans returning home from the Afghanistan and Iraq invasions.

While the mantra "Support Our Troops" has reverberated from Capitol Hill and the White House, acts such as President Bush's FY 2006 budget proposal to increase the burden of healthcare costs on veterans have made it clear that the soldiers of past and current wars will continue to be dishonored.

The proposed budget hikes the co-payments of prescription drugs for veterans who are categorized as "low-priority" (those with higher income and non-service-related disabilities)—from \$7 to \$15—and imposes a \$250 annual fee on higher-income veterans for receiving government healthcare. Veterans groups had been calling for a \$3.5 billion increase for the 2006 healthcare budget to provide access to quality healthcare for current and future veterans.

At the same time, according to a January 2005 *Newsweek* article¹, the demand for healthcare for veterans has climbed 34 percent in the last four years. The VA budget has not kept pace with inflation and rising healthcare costs.

This report is intended to be an overview of the current state of the VA healthcare system and the changes that are necessary to ensure quality healthcare for all present and future U.S. veterans. While many of the facts and statistics in this report will change as time goes on, the main point will stay the same: the Bush administration (and any future administration) must fulfill the promise to support and honor U.S. veterans by providing high-quality and timely healthcare. Healthcare should not be about politics or negotiation, but a service that is provided without question to the men and women who have served to protect our country.

¹ January 21, 2005 *Newsweek*

A Dismal Future for New Veterans

This generation of veterans is predominantly made up of individuals drawn to military service by economic need. With National Guard and reserve recruits losing job seniority (and in many cases their jobs), the cutbacks in services may push veterans and their families into economic distress and poverty.

A study released from Harvard University in October 2004 found that almost 1.7 million veterans of all wars lack health insurance. This represents an increase of 13 percent since 2000. More than one in three veterans under the age of 25, and one in ten aged 55 to 65, lack health insurance.

"It's particularly offensive to send people off to war and not take care of them when they come home," said Dr. Steffie Woolhandler,² a professor at Harvard Medical School, founder of Physicians for a National Health Program, and coauthor of the study. "The number of uninsured veterans has increased by 235,159 since 2000, when 9.9 percent of non-elderly veterans were uninsured, a figure which rose to 11.9 percent in 2003," the report said. "An additional 3.9 million members of veterans' households were also uninsured and ineligible for VHA (Veterans Health Administration) care," PNHP said in a statement.³

In December 2004, a United Press International report asserted that Iraq veterans are beginning to show up at homeless shelters around the country. Advocates for the homeless express fear that these veterans are the leading edge of a new generation of homeless veterans. "When we already have people from Iraq on the streets, my God," said Linda Boone, executive director of the National Coalition for Homeless Veterans. "I have talked to enough (shelters) to know we are getting them. It is happening and this nation is not prepared for that."

Casualties from Iraq and Afghanistan

A 2005 *New England Journal of Medicine* study reported that there is a shortage of surgeons to treat the wounded in Afghanistan and Iraq.⁴ The report specified that the Army has fewer than 50 general surgeons and 15 orthopedic surgeons in Iraq at any one time to serve more than 138,000 troops. Despite the numbers, advances in battlefield surgical techniques and care means a greater percentage of soldiers wounded in Iraq are surviving than in any previous American conflict. Army medical teams in this country are scrambling to handle the largest number of military casualties since the Vietnam War. According to Dr. Peake of the *New England Journal of Medicine*,

² Vets return, but not always with healthcare, *Christian Science Monitor*, November 10, 2004

³ http://www.pnhp.org/news/2004/november/care_4_veterans.php

⁴ Beyond the purple heart – Continuity of care for the wounded in Iraq, Peake J. B., *New England Journal of Medicine* 2005; 352:219-222, Jan 20, 2005.)

the healthcare system has been overwhelmed by the scope and severity of injuries occurring among troops in Iraq and Afghanistan.

With the wars in Iraq and Afghanistan, conditions will become worse. Veterans of the Iraq war will face unique physical and mental problems compared to veterans of prior U.S. wars. Proportionately, the Iraq war may be producing more amputees and psychiatric cases, and casualty statistics for Iraq continue to increase. Each Tuesday, the U.S. Department of Defense provides an online update of American military casualties (the number of wounded or dead) from Operation Iraqi Freedom. As of May 20, 2005, 1,631 U.S. soldiers have been killed. As of May 17, 12,348 have been wounded.⁵

It is estimated that in comparison to the first Gulf War, 20 times as many troops have been wounded. Some 2.4 percent of those wounded in combat in the Iraq war are amputees. Chuck Scoville, amputee program manager at Walter Reed, told a congressional committee that the number is twice the rate of both world wars.⁶ In December 2004, the *New York Times* reported, “The nation’s hard-pressed healthcare system for veterans is facing a potential deluge of tens of thousands of soldiers returning from Iraq with serious mental health problems brought on by the stress and carnage of war.”⁷

The Dangers of Depleted Uranium

One of the toxins that has contributed to what has been called Gulf War syndrome from Gulf War I has been identified as depleted uranium (DU). Depleted uranium, used in armor-piercing munitions, is now again being used in the war in Iraq. Because the metal has a low level of radioactivity, it is not harmful if it remains outside the body. But depleted uranium can easily enter the body through metal fragments, or it can be inhaled and ingested in dust-like particles.

Once a depleted-uranium round strikes its target, the projectile begins to burn on impact, creating tiny particles of radioactive U-238. Winds can transport this radioactive dust many miles, potentially contaminating the air that humans breathe. The present occupation force has been breathing depleted-uranium-enriched air since the war began. Such inhalation may cause lung cancer, kidney damage, and cancers of bones and skin, as well as birth defects and chemical poisoning.

Although U.S. government sources currently minimize depleted uranium’s potential harm, the Army issued a report six months before the first Gulf War predicting that soldiers and civilians would inhale depleted-uranium-laden dust which would cause cancers and kidney problems. The report also stated that public knowledge of the health effects of depleted-uranium weapons could result in efforts to ban the use of DU.⁸

Due to the heavy use of DU ordnance, even the military’s own experts expect that Gulf War II syndrome will overshadow the damage of Gulf War I syndrome.

In 2003, Professor Doug Rokke, former director of the Pentagon’s depleted-uranium project, said use of DU was a “war crime.” Rokke added, “There is a moral point to be made here. This war

⁵ Not breaking his stride, *Washington Times*, November 5, 2004.

⁶ <http://www.icausualties.org/oif>

⁷ A deluge of troubled soldiers is in the offing, experts predict, *New York Times*, December 16, 2004

⁸ Iraq cancers, birth defects blamed on U.S. depleted uranium, *Post Intelligencer*, November 12, 2002

was about Iraq possessing illegal weapons of mass destruction—yet we are using weapons of mass destruction ourselves.’ He added: ‘Such double-standards are repellent.’⁹

Depleted uranium and other toxins have led to catastrophic health problems among Gulf War I veterans. Rokke cites internal Department of Veterans Affairs’ figures indicating that of the 696,841 individuals who served in the conflict, an estimated 100,000 are dead. Among the living veterans, approximately 180,000 have had health-related claims granted by the VA. Other reported figures differ: 159,238 had been awarded disability for Gulf War syndrome as of May 2002 and 325,000 were on permanent medical disability.¹⁰ In any case, the number of disabled Gulf War I veterans is incredible. Rokke reports that of his team of 100 who worked on clean-up in Iraq after Gulf War I, 30 are dead, and most of the rest are suffering from various illnesses.¹¹

In 2000, the United Nations reported:

*The United States made extensive use of depleted-uranium munitions against Iraq in 1991 and again against Yugoslavia in 1999...The use of depleted-uranium munitions against Iraq has led to a sharp increase in cases of cancer, miscarriages and births of deformed children in the same southern governorates of Iraq that served as the theatre in which these weapons were used. Their use caused the deaths of 50,000 Iraqi children in the following year. They also affected United States and British soldiers. The United States Veterans Administration surveyed 251 families of victims of Gulf war syndrome in Mississippi and found that 67 percent of them had had severely deformed children after the war. The Baltimore Medical Center detected high levels of radiation in the urine of American soldiers five years after the Gulf war. The catastrophic consequences that the use of depleted uranium has had for man and the environment in Iraq and the neighbouring countries will persist for generations to come, given that it has transformed a large part of Iraq’s territory into a contaminated and radioactive zone.*¹²

According to a August 2002 report by the UN Subcommission on Prevention of Discrimination and Protection of Minorities, laws which are breached by the use of DU shells include: the Universal Declaration of Human Rights; the Charter of the United Nations; the Genocide Convention; the Convention Against Torture; the four Geneva Conventions of 1949; the Conventional Weapons Convention of 1980; and the Hague Conventions of 1899 and 1907, which expressly forbid employing “poison or poisoned weapons” and “arms, projectiles or materials calculated to cause unnecessary suffering.” All of these laws are designed to spare civilians from unwarranted suffering in armed conflicts. According to Karen Parker, a lawyer with the Humanitarian Law Project/International Educational Development, the United States has kept the report from coming out of the committee.¹³

Recently, urged by VVAW members and other veterans, state legislatures have begun to take action on the depleted uranium issue. In May 2005, the Louisiana House of Representatives passed, by a margin of 101-0, a measure that would guarantee veterans access to testing for DU exposure.¹⁴ A similar bill was also introduced in 2004 into the Connecticut legislature.

⁹ <http://www.sundayherald.com/32522>

¹⁰ http://seattlepi.nwsource.com/national/95178_du12.shtml

¹¹ <http://www.informationclearinghouse.info/article8172.htm>

¹² <http://www.un.org/documents/ga/docs/55/a55131a1.pdf>

¹³ http://seattlepi.nwsource.com/national/95178_du12.shtml

¹⁴ <http://www.louisianaweekly.com/cgi-bin/weekly/news/articlegate.pl?20050509j>

Dennis Kyne's Story: Depleted Uranium

Dennis Kyne served in the first Gulf War from August 1990 to April 1991 as a Specialist Four, Medic with the 24th Infantry Division.

In 1991, I served with the 24th Infantry Division, the most criminally negligent division in Operation Desert Shield/Storm. As a medic, I watched as soldiers walked into the carnage that 45 days of bombing had left in the southern part of Iraq and in Kuwait. The signs and symptoms of the exposure to depleted uranium appeared quickly with countless troops vomiting and getting pale. Upon return I experienced joint pains, extreme itching that would have me shredding skin, and a feeling that resembled rubbing alcohol burning a cut in the bottom of my stomach.

In 1995, four years after I filed my complaint about my recurring health problems with the Veterans Affairs, I was finally tested for ionizing radiation twice. Having never been able to get my hands on the results, I am not sure what my true uranium exposure was. However, since 1995 the VA has compensated me for "undiagnosed illnesses." Funny, the VA will admit I am sick, but they will only diagnose me as undiagnosed. I am a VA statistic, which means I am on record as a casualty.

My brother-in-law, who served farther forward than I did, is often called an AIDS patient or cancer victim; he is a casualty who is compensated at 100%. Sadly it took over a decade for the VA to recognize his disability. Even sadder, they say he is not a depleted uranium victim and will not test for ionizing radiation. Three of my family members are sick, from the same war, the same battlefield, and the same nuclear waste that is being hurled at Iraq and Afghanistan currently.

Coming Home: Mental Health Needs

A December 2003 Army study published in the New England Journal of Medicine found that approximately 16 percent of soldiers returning from Iraq are suffering from post-traumatic stress disorder (PTSD), a psychologically debilitating condition causing intense nightmares, paranoia, and anxiety. In response to this unanticipated need for mental-healthcare, former VA secretary Anthony Principi established a task force to look into the contemporary condition of VA mental-health services. The task force found four major deficiencies in the VA mental-healthcare system:

- Services were scattered
- Substance abuse programs had been reduced
- The VA's mental health leadership hadn't been diligent in overseeing the situation
- There was no coherent mental health strategy

Principi ordered VA brass to begin plugging the holes immediately. The VA's Special Committee on PTSD delivered a report to Congress warning that with more soldiers with PTSD arriving home, services needed beefing up. The committee estimated it would take an additional \$1.65 billion by 2008 to implement the necessary services.

Charles Anderson's Story: Coming Home: Mental Health Needs

Charles Anderson was a hospital corpsman 3rd class, promoted to 2nd class and made platoon sergeant before he left. He was with a tank battalion and went in to Iraq on March 20th with the first wave of U.S. troops. He served in the Middle East from February 1, 2003 to May 28, 2003

I was medically retired from the Navy this year because of Post-Traumatic Stress Disorder. I was having nightmares and was diving for cover whenever I heard a loud noise. When I spent New Years Eve hiding behind the couch because of the firecrackers, I realized I needed help. I did receive counseling while still on active duty, but I have not received treatment since my discharge because I have run into such a hassle trying to get it.

I tried to get into a pilot program in which the Navy permits you to pre-register for services with the Veterans Administration instead of going through the typical months-long waiting period while your application is processed. I went in to the office and was told I could not see anyone that day. I went back the next day and, after a two-and-a-half hour wait, I was told that I was ineligible for the pre-registration program because they only accept people who are not medically discharged, which means that the people who need services the most have to wait the longest.

I had been improving with counseling, but I've backslid since I was discharged and unable to continue with the active duty counseling program. Once you are out, no one comes around to offer help, which is a big problem because lots of people don't know what to do and where to get help.

Letter from Jason Thelen – Coming Home: Mental Health Needs

To: Senator Cornyn (R-Texas)

From: Jason Thelen, Dallas, Texas

Dear Senator Cornyn,

I have been a member of the U.S. military since I was 17 years old, both as an enlisted soldier and now as an officer. I deployed to Iraq with Army Civil Affairs from April 2003 to March 2004, where I served in the Sadr City. Since my return to Dallas, I have concluded that the health care systems for the military and veterans are utterly broken. Additionally, our leadership is ignoring the psychological and physical problems faced by returning veterans.

...The VA system is struggling with the influx of mentally and physically injured soldiers returning from Iraq. The VA has promised two years of health care coverage for combat veterans, but the soldiers are unable to obtain treatment due to long wait times, abhorrent hospital conditions, and incompetent doctors. The VA system and military doctors refuse to recognize the damage that the war in Iraq is causing.

The problem is not abstract. Real people are involved. For example:

Arthur V. was an Army officer that I served with in Sadr City. A police officer in civilian life, he was decorated with the Bronze Star for his acts in Iraq. Upon his return, he faced serious problems dealing with the readjustment to civilian life. Alcohol, PTSD, and family problems worsened, and nothing helped. In the summer of 2004, he donned his formal Army uniform, placed a noose around his neck, and stepped from a bridge, killing himself. He left behind a wife and a legacy of faithful service to his country.

Allen V. is another soldier that I served with in Iraq. On December 17, 2003, we were riding

beside each other in the open back of an unarmored humvee. As we passed, the enemy detonated 20 pounds of plastic explosive that had been buried in a puddle of sewage beside the road, followed by automatic weapons fire from both sides. Allen's back was broken by the blast and shrapnel. Army doctors refused to believe him when he complained of back pain, and they completely missed the diagnosis for six weeks. He is now confronted with the Texas VA health care system, which refused to send him to a specialist for his injury. A recipient of the Purple Heart, and he got to see a pediatrician. For psychological problems and PTSD, he was told by a military psychologist that he should "try a few spoonfuls of apple cider vinegar before bedtime."

Brandon M. is an enlisted soldier that was transferred from Fallujah to my team in Sadr City. In addition to the normal attacks, he endured two roadside bombs in unarmored vehicles and an AK-47 round directly to the back of his body armor. Understandably upset, he asked for psychological help. None was available. One morning, he confronted our unit commander while naked and wielding a cinderblock. He stated that he was not going on any more missions then dropped the block on his foot. She reduced him in rank, got him a prescription for medication (but no counseling) and sent him to Sadr City as punishment. (At the time, Sadr City was more dangerous than Fallujah.) Brandon is now unemployed in Abilene, but the Army is looking for him to volunteer for another deployment to Iraq.

Cutting Funding for Veterans' Healthcare

Increasing the Cost Burden on Veterans

The contributions and sacrifices of American veterans can't be exaggerated. Through their service, many veterans sustained mental and physical injuries that require full and immediate access to quality medical service. But Congress's funding allocated for the VA health system remains at a discretionary level and not mandatory level, creating an unstable standard for funding VA healthcare. The discretionary funding allocated for VA healthcare services also does not reflect the rising cost of healthcare in America, the constantly increasing number of injured veterans, the rising number of aging veterans, and the increasing needs for medical services.

Many veterans' organizations have fought to increase funding for veterans' healthcare and services and have advocated for Congress to make funding mandatory rather than discretionary. Mandatory funding would require that the government spend enough to meet the health needs of US veterans, rather than specifying a limited amount of money to be rationed out to a limited number of veterans.

"We have often stated that through their extraordinary sacrifices and contributions, veterans have earned the right to healthcare as a continuing cost of national defense," said Alan W. Bowers, national commander of Disabled American Veterans in June 2004.¹⁵ "However, veterans' healthcare remains a discretionary program, and each year, funding levels must be determined through an annual appropriations bill...Unfortunately, despite our continued efforts, the cumulative effects of insufficient healthcare funding have now resulted in the severe rationing of medical care. We adamantly believe that America's citizens, as beneficiaries of veterans' military service and sacrifice, want the government to fully honor its moral obligation to provide quality and timely healthcare services to wartime service-connected disabled veterans."

A 2004 nationwide survey conducted by Princeton Survey Research Associates International showed that three out of four Americans (75 percent) believe veterans' healthcare should be a "top to high priority" in the federal budget. Nearly all survey respondents (95 percent) said veterans should not have to wait to receive their benefits. Most Americans (87 percent) also support making veterans' healthcare funding mandatory.

From the onset of the Bush administration's first term, the White House and some Congressional Republicans have displayed surprising resistance to increasing funding for veterans' healthcare and benefits, contradicting previous pledges to support U.S. troops.

¹⁵ <http://veterans.house.gov/democratic/healthcarefund/dav.htm>

For example, in July 2002, Congress allocated \$275 million to address the costs of caring for the specialized services as part of an \$87 billion emergency funding request from the White House. But the White House decided not to designate funds for veterans' healthcare as "emergency," and eliminated the funding from the request.

In March 2003, the White House also openly requested a cut of \$844 million from the 2004 VA budget. The House of Representatives voted 215–212 to cut the \$844 million (as well as \$9.7 billion over ten years) from veterans' medical care. They also dropped \$15 billion from veterans' disability and other programs, including \$204 million from Impact Aid, which supports education for service members' children.¹⁶

The 2005 White House budget again requested a cut of \$910 million from the 2005 VA budget. In reaction to the White House's continue slashing of more funding for VA medical care, Veterans of Foreign Wars (VFW) Commander-in-Chief Edward S. Banas, Sr., said, "The president ignored veterans in the State of the Union Address and with [the] release of his 2005 budget, it is further evident that veterans are no longer a priority with this administration...The American people will not tolerate this shoddy treatment of America's veterans, especially at a time of war."

As discretionary funding has not matched the rising healthcare needs of U.S. veterans, the VA has been forced to cut many much-needed services across the country.

The number of nurses at VA facilities has steadily declined, and those remaining are routinely subjected to mandatory overtime. The shrinking of the VA's capacity is coming at a time when there is a growing need for services because of the aging of the World War II veterans and the veterans returning from Afghanistan and Iraq.

Waiting Lists: The Line Gets Longer

Fewer services mean that access to quality healthcare becomes more difficult. Growing waiting lists have undermined Bush's promise to reduce the backlog in the system. Addressing a Veterans of Foreign Wars convention on August 16, 2004, President Bush said, "We're getting the job done. We've reduced the large backlog of disability claims by about a third."

When President Bush assumed office in 2000, the VA reported only 278,334 cases pending. In the VA's 2004 report on the claims backlog, there were 325,497 total disability claims pending.¹⁷ Moreover, the Washington Post reported last October, "Through the end of April, the most recent accounting the VA could provide, a total of 166,334 veterans of operations in Iraq and Afghanistan had separated from military service, and 26,633—16 percent—had filed benefits claims with the VA for service-connected disabilities. Less than two-thirds of those claims had been processed, leaving more than 9,750 recent veterans waiting. Officials expect those numbers to increase as the conflicts in Iraq and Afghanistan continues."¹⁸

From October 2003 to October 2004, the number of cases pending nationally for more than

¹⁶ http://www.enquirer.com/editions/2003/03/26/loc_amos26.html

¹⁷ *Monday Morning Report*, September 27–October 2, 2004

¹⁸ Influx of wounded strains VA, *Washington Post*, October 3, 2004

Ralph Baldwin's Story Waiting Lists: The Line Gets Longer

Ralph Baldwin, served in the infantry in Vietnam from December 31, 1969 through November 17, 1970 as a Sergeant E-5.

It took two years to get into the VA to even get my disability evaluated in order to receive a disability check and access to the medical treatment I needed.

During those two years, I got sicker and sicker. I had to try and survive without a disability check while attempting to pay my own healthcare bills. I had to file for bankruptcy, lost my house, my cars, and almost died because I couldn't get into the VA. It took me 15 months to get examined the first time. When I finally was examined, the doctor never touched me and took about five minutes evaluating me. They said all my conditions were pre-existing, so my disabilities were not service-connected. Without service-connection, you are too low a priority for the VA to do anything but the most minimal emergency treatment.

I was finally approved for a hernia operation by showing up on their doorstep and telling them "you have to help me. I spent my last dollar getting here." I still had to wait a couple months for the surgery.

I am also affected by exposure to Agent Orange. My muscles are 'snapping.' I'm in chronic pain and have severe arthritis. Agent Orange causes deterioration of joints and connective tissue but the VA just told me that I'm just getting old. I have trouble walking and use a cane and I've gotten progressively worse in the last few years. It's pain management. And that's what life is, I guess.

180 days increased by about 25 percent, from 57,414 to 71,406. The VA also averages 160 days to process claims, 60 percent longer than its stated goal and far beyond the 60 to 90 days veterans are promised.

Making Veterans Pay: Means Tests and Priority Groups

Instead of providing and funding a quality healthcare system for veterans, the government is attempting to save money by denying services or demanding higher co-payments from veterans whose income is above a certain level. Veterans used to be able to expect completely free medical care at the VA, regardless of their income. Complex rules about co-payments and premiums for veterans whose income is above a certain (fairly modest) threshold will reduce veterans' access to medical care.

What has emerged is a system that charges \$250 annual enrollment fees, with doubled prescription costs and increased co-payments. Estimates¹⁹ suggested that this restructuring of the benefit criteria will likely more than triple the number of veterans denied healthcare by FY 2005, to more than half a million. By the VA's own estimates, 55 percent of the somewhat higher-income veterans who already participate in the VA healthcare plan (numbering 1.25 million) may be unable to continue participation due to the new \$250 enrollment fee.²⁰

Not only will access be reduced because of veterans' inability to meet enrollment fees, but in early 2003 former VA secretary Principi announced his decision to cut off enrollment for VA healthcare to the highest-income veterans who have not already enrolled in the system. This was estimated to affect 164,000 veterans for the remainder of the fiscal year. Continuation of this suspension of enrollment was estimated to affect 360,000 veterans by the end of FY 2004 and 522,000 veterans by the end of FY 2005, based on demand expectations from this enrollee group.²¹

"This deplorable budget will do nothing to alleviate the many thousands of veterans who are waiting six months or more for basic healthcare appointments with VA. Instead, the budget seeks to drive veterans from the system by realigning funding, charging enrollment fees for access and more than doubling the prescription drug copayment. This is inexcusable..." said VFW Commander-in-Chief Edward S. Banas, Sr. in February 2004.

The End of Outreach

Since 1980, part of the VA's mission had included outreach to locate and serve veterans with service-related needs. Using VA data, the Knight Ridder newspaper group conducted an analysis of the number of veterans potentially missing out on disability payments and services in July 2004. The results estimated that 572,000 veterans were eligible but were not accessing services. If a third of those eligible were actually served, the cost would approximate \$1.5 billion.

In July 2002, Department of Veterans Affairs Deputy Undersecretary for Health for Operations and Management Laura Miller issued a memorandum to all VA network directors, instructing them to "ensure that no marketing activities to enroll new veterans occur within your net-

¹⁹ Congressman Ted Strickland, April 2003, http://www.veteransforpeace.org/Strickland_052203.htm

²⁰ <http://www.house.gov/strickland/VetsReportRel.html>

²¹ VA NY/NJ Veterans Healthcare Network Press Release, Department of Veterans Affairs, January 2003 <http://www1.va.gov/visns/visn03/newsletter/pr11703a.asp>

works.” It went on to say, “Even though some sites might have local capacity...all facilities are expected to abide by this policy.” In effect, VA employees were specifically directed to refrain from actively recruiting more people into the VA healthcare system, and to provide only general information upon request.

Conclusion

Current veterans and soldiers coming home from Iraq and Afghanistan face a healthcare system that is systematically undermined by politicians who claim to “support our troops,” but treat quality medical care for veterans as a waste of government resources. The question of why the government is so willing to send our sons, daughters, husbands, wives, fathers and mothers to war and not willing to offer timely medical care for the wounds and illnesses resulting from their service is a question that should resound very seriously with the American public. This is not the time or the place for politicians to play a numbers game with people’s lives. It is not only disrespectful but puts them in mortal danger. VVAW and IVAW work with veterans every day who must deal with the painful realities of a healthcare system that rejects them because it is underfunded, understaffed and most importantly because it is being broken down and torn apart by a government who seems to value their death more than their lives.

There are policy-makers and advocates who recognize the important contribution and sacrifice that America’s soldiers have made. The public must support these individuals and organizations if America’s veterans are to have access to quality medical care.

In conclusion, VVAW and IVAW recommend:

1. Iraqi veterans have been exposed to dangerous of depleted uranium by the U.S. military. The United States must immediately cease production of depleted-uranium weapons and stop their use in overseas military efforts. Like Agent Orange—a herbicide used by the military during the Vietnam War which caused serious physical damage to U.S. soldiers—the short-term military gains made with depleted uranium can cause long-term and possibly life-threatening mental and physical repercussions.
2. Budget allocation for VA healthcare must change from annual discretionary funding to mandatory funding. The budget should account for rising costs in healthcare and the increasing number of veterans dependent on the VA healthcare system for quality medical care.
3. The VA must expand current services and improve access to quality medical care, to meet the actual needs of the millions of veterans across the country in a timely manner.

**From Vietnam to Iraq:
Ignoring the Veteran
Healthcare Crisis**



*Produced by
Vietnam Veterans Against the War
www.vvaw.org
773-276-4189*

*Written by Dave Curry
Additional research by
Della Moran and Hannah Frisch
Consulting by Tracy Van Slyke*



*Co-sponsored by
Iraq Veterans Against the War
www.ivaw.net
215-241-7123*

Published May 2005