

LaRouche Puts Spotlight On Veterans' Healthcare

by Carl Osgood and Linda Everett

The Bush Administration's so-called war on terrorism, and its consequent military actions in Afghanistan and Iraq, have made its policies on the treatment of veterans, including veterans of its military actions, lightning-rod political issues on Capitol Hill, especially for Democrats. The importance of the veterans' healthcare system was sharpened on Oct. 22 by presidential candidate Lyndon LaRouche, who made restoring the Veterans Administration's hospital system among the first actions he will take upon assuming the Presidency. The Bush Administration, meanwhile, has been implementing the opposite policy, dismantling the veterans hospital system and working to block Congressional initiatives to improve veterans' benefits overall.

Secretary of Veterans Affairs Anthony Principi, on Nov. 7, described the Administration's CARES program—the Capitol Asset Realignment for Enhanced Services plan—as a “comprehensive 20-year plan to update the VA's legacy infrastructure . . . to meet the needs of 21st-Century veterans, to keep the VA on the cutting edge of medicine, not the trailing edge of the century gone by.” He complained that many VA facilities “were designed for the hospital-centric health care system of the past, rather than patient-centered modern medicine.” He said that for the VA to properly care for “21st-Century veterans,” it “must be able to respond to the revolutionary advances of modern medicine, including improvements in technology, telemedicine, telehealth, digital radiology, drug therapies, modalities of treatment.”

Veterans' groups are not buying the CARES plan as an improvement in the services the VA is supposed to provide. Under the plan, seven hospitals are to be closed: in Canandaigua, N.Y.; Pittsburgh, Pa.; Brecksville, Ohio; Waco, Texas; Livermore, Cal.; Gulfport, Miss.; and Lexington, Ky. While two new hospitals are to be built and outpatient clinics expanded, thousands of hospital beds will be lost, and tens of thousands of veterans will be forced to travel long distances for care, when many are too elderly or sick to make such trips. Staff who are highly experienced in taking care of veterans' needs will be dispersed. Veterans are already underserved, even without the CARES plan, from lack of staff, resources, and beds. As the elderly veterans need more services, and the injured from Iraq and other military operations return needing veterans' medical services, VA capacity is shrinking.

A case in point is the Veterans Medical Center in Waco targeted for closure by the CARES plan. This 346-bed facility,

including 278 psychiatric-care beds, is considered the most comprehensive VA psychiatric hospital in the nation, and the only one in Texas for long-term psychiatric care—as also, for the rehabilitation of blinded veterans. It serves tens of thousands, employs a staff of 800, and is 90% occupied. Its closure would drive these patients to other cities, including the thousands who require daily outpatient care; or, the VA will privatize their care, and/or unload elderly nursing home patients into whatever facility Medicare would allow. The barbaric thinking behind this policy was exposed by Jim Garrett of the Texas Veterans of Foreign Wars at an October hearing on CARES. He quoted Veterans Affairs Secretary Principi saying that “Warehousing mental patients is old-fashioned. With the advances in medicine, we can now give them a pill and send them home to their families.”

The planned shrinkage of the VA medical system is part of the broader take-down of the healthcare and public health infrastructure of the nation. It is the dumping of thousands of chronically ill and elderly, that LaRouche vowed, in his Oct. 22 webcast, to reverse.

On Capitol Hill, the veterans' healthcare issue is burning hotter than ever, in part, because of the well-publicized mistreatment of many Iraq war veterans returning to the United States, especially members of the National Guard and the Army Reserve. On Nov. 6, Sen. Christopher Bond (R-Mo.), who, along with Sen. Pat Leahy (D-Vt.), co-chairs the Senate National Guard Caucus, inserted into the Congressional Record a report on the condition of about 650 National Guard and reserve troops at Fort Stewart, Ga. on medical hold status. About two-thirds of them had been medically evacuated from Iraq with injuries and illnesses, whereas the remainder had been disqualified from deployment for pre-existing medical conditions. All were being kept in poor housing conditions, and had been waiting months for their status to be resolved. Members of Congress in both Houses used the Fort Stewart scandal as the impetus to pass legislation, and funding, to allow members of the National Guard and the reserves to buy into the Pentagon's Tricare health insurance program for active-duty soldiers, in spite of veto threats from the White House.

On Veterans Day, accompanied by Senators Patty Murray (D-Wash.), Debbie Stabenow (D-Mich.), and Mary Landrieu (D-La.), Leahy appeared before reporters to support making veterans' healthcare a mandatory entitlement, so that it would not be subject to the annual appropriations process. The “Veterans' Healthcare Funding Guarantee Act” has been languishing in the Senate Veterans Affairs Committee since it was introduced in January. Murray said that passage of the bill would make veterans' healthcare “an automatic priority for our nation.”

But the Fiscal 2004 budget for the VA is still unresolved, with Democrats vowing to fight for an additional \$1.8 billion for veterans' healthcare that they say was promised in this year's budget but not included.