

Vets Face Deepening Austerity at the VA

by Carl Osgood

The Bush Administration, from the President himself, to Secretary of Defense Donald Rumsfeld, to public affairs officers at every level, constantly proclaim the virtues of the American soldier, and their support for giving him everything he needs. On Memorial Day, President Bush will make the solemn journey to Arlington National Cemetery, and extol the sacrifices made by the members of America's armed forces in every war, including the present wars in Iraq and Afghanistan. Yet, veterans of those same wars are finding a different story when they turn to the Department of Veterans Affairs for health care. They are finding "reprioritization"—where different groups of veterans have to compete against each other for care—and a ratcheting down of services.

Steve Robinson, the executive director of the National Gulf War Resource Center, gave a number of anecdotal examples to *EIR* on May 25. He reported that a Veterans Affairs hospital in Kansas has only two doctors to treat 800 people in its mental health program. He also learned, in a Washington state meeting between veterans and Democratic Rep. Jim McDermott, that Vietnam veterans there say they are being told that they can get only one clinical visit every three months for post-traumatic stress disorder (PTSD), whereas they used to be able to get two per month.

Robinson also reported that older groups of veterans from earlier wars are seeing their appointments cut back or canceled, so that the system can make room for the new ones. Robinson called this pitting of one group of veterans against another "unconscionable." "I think both [World War II and Iraq war veterans] equally have a right to care, and as an obligation of the government, they have an obligation to make the system so that you don't pit one veteran against the other, or reshuffle priorities in order to take care of the newer veteran," he said.

Human Toll of the Iraq War

While VA officials downplay the numbers of Iraq and Afghanistan war veterans seeking care at VA facilities, as only a small percentage of the patients in the system, the need is nonetheless large, and will only grow as long as the Cheney policy of perpetual warfare is in effect. The cost of that policy is, in fact, many times larger than the official Pentagon statistics would suggest. As of May 26, the Defense Department reported that 1,646 American military personnel had been killed in Iraq and another 12,630 wounded. Yet, Air Force

Surgeon General Lt. Gen. George P. Taylor, Jr. testified to the Senate Appropriations Committee on May 10, that Air Force aeromedical evacuation units had completed 55,000 patient movements since the beginning of the Iraq war.

Nine days later, John Brown, the director of the VA's "Seamless Transition Office," in a prepared statement to the House Veterans Affairs Committee, reported that out of 360,674 Iraq and Afghanistan veterans who had separated from active duty as of February 2005, nearly one-quarter, or 85,857, had sought care at VA medical facilities. The number of patient movements out of Iraq, plus the number of veterans seeking VA health care, is about 140,000. Even allowing for some overlap in the two figures, the human cost of Dick Cheney's Iraq war is already very large. Many of these people will be suffering from the effects of their service for the rest of their lives.

The most common health problems of Iraq and Afghanistan veterans, Brown reported, have been joint and back disorders, and diseases of the digestive system, including teeth and gum problems. But 11,224 have sought services for PTSD or other psychological disorders. Brown claimed that these numbers only represented about 1% of VA's overall patient load and 3% of VA's PTSD patients. But they are apparently enough to deny services to older veterans of previous wars, in order to address the needs of these new veterans.

Estimates are that 1.1 million-1.4 million service members have deployed to Iraq or Afghanistan (or both). If one quarter of that number seek medical care, that adds up to about 275,000 going to Veterans Affairs hospitals and clinics over the next few years. Despite this foreseeable increased load, the Senate in April rejected an attempt to add more money for veterans' health care to the Iraq war supplemental bill. Sen. Patty Murray (D-Wash.), the sponsor of the amendment, told the Senate, "The VA is not prepared to deal with soldiers coming home. It is an emergency today. If we don't deal with it, it will be a crisis tomorrow." Her amendment would have provided \$1.975 billion to the VA, including \$525 million for mental health programs, but it was turned back by a vote of 54-46. Senate Appropriations Committee chairman Thad Cochran (R-Miss.) lamely explained the rejection: "The Administration has not asked for these funds."

Most people who have joined the military over the last couple of decades, expected that they would receive lifetime medical and dental care, especially if they are injured or suffer psychological trauma as a result of their service. Although veterans were put into categories in the mid-1990s, by degree of military-related disabilities and income, it took the Bush Administration to make a mockery of that lifetime promise. Its Fiscal 2006 budget increases co-payments and fees from certain categories of veterans, for the express purpose of reducing the number of veterans in the VA's medical system. What veterans need, Robinson said, is "a funded VA. We need access to care and we need the nation to uphold the commitment that it made when we volunteered to join."