

# HEALTH-CARE SCARE

Defense Secretary Robert Gates has proposed cuts in military health care that every American should protest.

By Jennifer Peters

\$460 for a family plan. If the Defense budget is approved, fees will go up to \$260 and \$520, respectively. Opponents to the proposed budget worry that even a nominal fee increase places an undue burden on working-age veterans—many of whom are recently returned from tours in Iraq or Afghanistan. “It’s another weight on their backs,” says Rieckhoff. The added expense could be too much to handle for veterans who already face family stress from deployments, unemployment, and a corporate sector that doesn’t understand how to best utilize their particular skill set.

Cara Hammer, a vet and an IAVA veterans-support associate, agrees: “There are people who are already at their absolute wit’s end. Suicide rates are at their highest. People are already on edge. Giving them another stressor just seems insane. You never know what this will do to someone.”

Proponents of Gates’s proposal, however, worry that rising health-care costs—already more than \$50 billion for the 2011 fiscal year—are squeezing other programs out of the budget. There is concern that plans for an amphibious vehicle and a Joint Strike



and what my gut tells me you will see, is a bigger reliance on the VA, which is already overstretched and under-resourced,” Rieckhoff says. “It’s incredibly inefficient.”

According to IAVA’s Hammer, the combined spending cuts could have a drastic impact. “All those troops who are serving are going to come back and they’re going to need care,” she says. “It’s impossible for the VA to give people the care they need and deserve when they don’t have the resources to do that.” Hammer has experience with the VA system, and while she admits that there are VA hospitals, clinics, and doctors who are doing cutting-edge work and providing top-notch patient care, she says many do little more than the bare minimum.

Bongioanni agrees that the VA already has a hard time meeting vets’ needs: “If you have people coming in because they can no longer afford Tricare coverage, it would put an additional burden on the VA. You’re talking about longer wait times for an appointment, and you usually have to wait about two to three weeks.”

Since Bachmann’s withdrawal, the Obama administration has

**“A NATION THAT SENDS ITS MEN AND WOMEN TO WAR HAS A SACRED responsibility to care for them when they return home.”—Joe Davis, director of public affairs for the Veterans of Foreign Wars**

In an effort to save \$7 billion over the next five years, Defense Secretary Robert Gates recently proposed that fees should be increased for the military insurance program used by active-duty and retired service members. Weeks after Gates’s proposal, Congresswoman Michele Bachmann (R-Minn.) suggested trimming \$4.5 billion from the budget of the Veterans Affairs department with a plan that would freeze VA health-care spending and cut veterans’ disability benefits, although that proposal was withdrawn after backlash from the veterans’ community. This attack on our nation’s service members and veterans flies in the face of the commitment we make to the men and women who protect our freedoms, and the families they so frequently leave behind as they fulfill their duties.

As Paul Rieckhoff, founder and executive director of Iraq and Afghanistan Veterans of America (IAVA), puts it, “There’s a contract that

we essentially sign with these people as a nation. We say, ‘You go to war, you do what we ask you to do; when you come home you’re going to get health care, you’re going to get education.’ There’s a contract there. When you do things like this, it violates that contract, and that becomes a breach of faith.”

Tricare, the military insurance program, is similar to its civilian counterparts. Those insured under Tricare—which covers active-duty personnel, veterans, and their dependents—have access to many of the same doctors, hospitals, and pharmacies as they would under a civilian plan, and they are covered whether their ailments are service-related or not. If Congress approves the Defense budget with the Tricare fee-hike intact, military retirees under age 65 will see a nearly 13 percent increase in their enrollment fees.

Retired personnel currently enrolled in Tricare Prime, the group targeted for a hike in premiums, pay \$230 a year for their insurance,

Fighter, for example, would be put on the back burner. Gates has suggested that raising Tricare enrollment fees—which haven’t changed since 1995—could allow other Defense programs to continue. Among those backing Gates’s plan are the six members of the Joint Chiefs of Staff, who wrote a communal letter to Congress in a show of support. The officers assured Congress that the cost-cutting efforts were necessary to ensure the most efficient and effective use of the Defense budget, stating in the letter, “We will continue to provide the finest health-care benefits in the country for our active and retired military-service members and their families while continuing to serve as responsible financial stewards of the taxpayers’ investment in our military.”

Tricare costs the government approximately \$4,202 per person per year, but the majority of the six million enrolled members are active-duty personnel and retirees over 65, who are covered free of charge. The only members who pay into the plan are reservists and younger retirees. According to Gates, comparable

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insurance for federal workers costs \$5,000 per year, while civilians could pay more. Raising the cost of Tricare premiums, with subsequent increases for inflation, would put health-care costs on par with civilian plans.

This devalues the sacrifices of enrolled veterans, however—most of whom served upward of 20 years before retiring, or were retired on disability. “Being able to get low-cost health care for themselves and their families is certainly something these veterans have earned through their service,” says Marco Bongioanni, a reservist who is insured under Tricare.

Rieckhoff elaborates: “We can’t get into the process of allowing the DOD or any other government agency to start nickel-and-diming our heroes and vets because budgets are tight. There has been talk about trying to

achieve parity between the military and civilian sectors, and this is one way to do it as far as cost and fee increases. But I would object to that on its basic premise, because you can’t try to achieve parity between someone who works at a bank and someone who’s been deployed to Afghanistan four times since 9/11.”

Bachmann’s proposal to cut the budget of the Department of Veterans Affairs would have compounded any problems created by a Tricare premium increase. The VA health-care system is notoriously overstressed, but both Rieckhoff and Joe Davis, director of public affairs for the Veterans of Foreign Wars, feel that vets who are priced out of Tricare could end up utilizing the VA system more frequently for service-related ailments. “I think what you could see,

proposed a budget that allows for a 3.9 percent increase for the VA, including \$53.9 billion for medical care. That should help ease the pain of cost increases for Tricare, but for veterans’ advocates, money isn’t the real issue; it’s the slippery slope we’ll be standing atop if we start cutting health-care benefits for our nation’s heroes. The mere idea that cutting service members’ benefits is permissible suggests the start of an alarming trend. “The military is not a commercial business that can off-load health care and other personnel programs and benefits just to increase its bottom line,” the VFW’s Davis tells us. “In the military, the bottom line is its people, not its budget. The day our nation cannot afford to care for her veterans is the day our nation should quit creating them.”