

THE CASE FOR MANDATORY FUNDING

A Veteran is a Veteran.



In April 2003, after considerable lobbying by the people of this nation through The American Legion and other veterans service organizations, Congress agreed to increase a woefully inadequate VA health-care budget by \$1.8 billion.



In July 2003, Congress took that money away.

Once again, veterans fell victim to a vicious game of fiscal bait and switch. If this broken promise sounds familiar, don't forget last fall when an overwhelming majority in Congress not only agreed – but sponsored concurrent-receipt legislation – to end the unfair practice of forcing military-retired disabled veterans to pay for their own pensions. In the end, only a tiny fraction of these veterans were exempt from this veterans disability tax. Approximately 600,000 of these retired military veterans use the VA system.



America's veterans are in danger. Dozens of developments have recently occurred, and are occurring right under our noses, that jeopardize the future existence of our excellent VA health-care system.



We must act now. We must demand passage of legislation that would make VA health care a mandatory appropriation, like Social Security or Medicare. We must give VA a chance to survive. We must step up, grab our elected federal representatives by the collars and demand an end to broken promises because it is obvious they do not consider veterans a very high priority. Meanwhile, every day, as war is waged around the planet, America keeps making more and more of us.



*And Veterans
Must Fight Now
for VA Health Care.*

THE AMERICAN LEGION



Mandatory funding ca

"The question becomes, will there be an increase in our budget or will the waiting lines become longer?"

— VA SECRETARY ANTHONY PRINCIPI

"VA health care is the only major federal health-care program that isn't funded by a guaranteed, fixed formula.

As a result, VA's budget doesn't keep pace with needs."

— REP. CHRISTOPHER SMITH, R-N.J., CHAIRMAN OF THE HOUSE VETERANS AFFAIRS COMMITTEE

"Do my colleagues not understand that every day our soldiers are being killed and wounded in Iraq?"

— REP. CIRO RODRIGUEZ, D-TEXAS

By allowing the clear intentions of the Veterans Health Care Eligibility Reform Act of 1996 to unravel, Congress has rewritten the definition of a veteran, as codified in Title 38, Section 101: Any "person who served in the active military, naval or air service, and who was discharged or released therefrom under conditions other than dishonorable."

A series of events in recent years has changed that definition. Veterans, for whom the VA health-care system was created, now fall into eight different categories. Some get care and benefits from the government they swore to protect. Others are left out.

You might have flown 30 successful combat missions in World War II. Another veteran from your Post might have done the exact same thing. After discharge you both went on to raise families, build careers and retire.

Here's a big, expensive difference: Your buddy signed up for VA health care in December 2002. After all, he qualified for that benefit, and his \$32,000 a year was not covering the rising cost of his medical care. If you didn't get around to signing up yourself until February, guess what? You're out of luck, pal. VA cut off your priority group. Have a nice day, and brace yourself to pay through the nose for your medicine. We'll see you when you're indigent. It won't be long.

That's the scenario Congress has created and VA is executing.

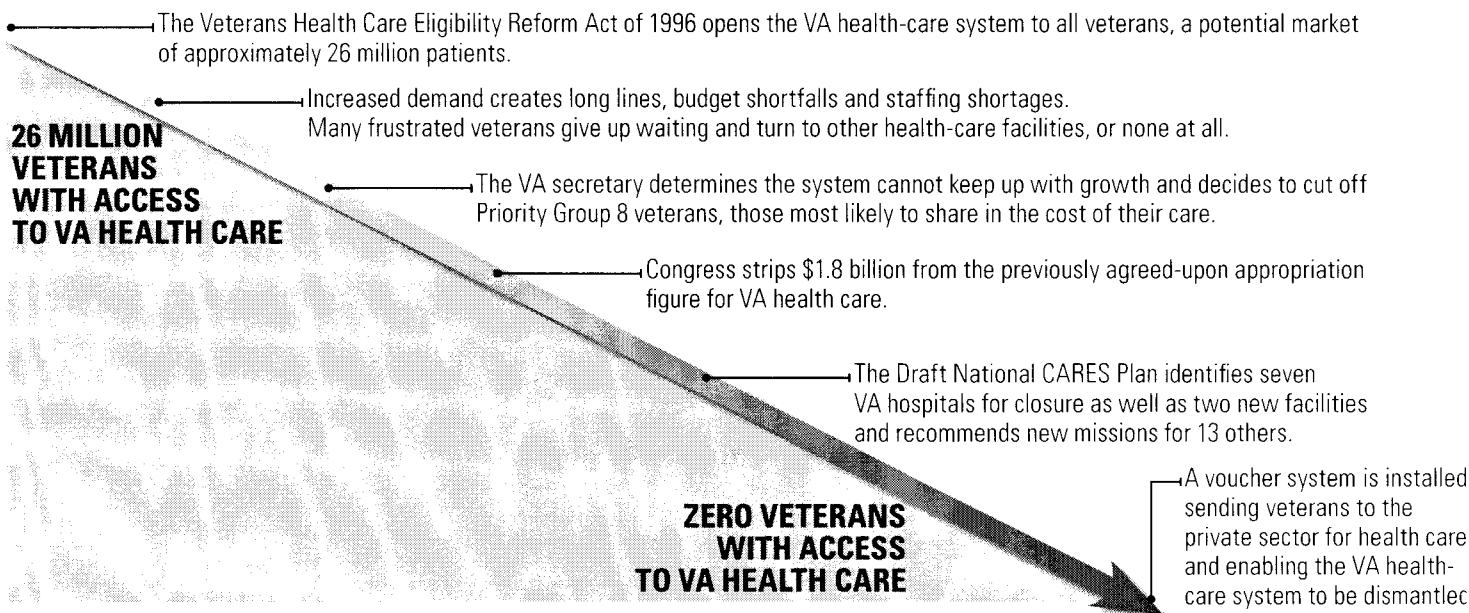
By categorizing veterans into "VA haves" and "VA have-nots," the government has changed what it means to be a veteran.

It's our job, as members of the world's largest veterans' organization, to change it back.

We are not numbers. We are not categories.

The Slippery Slope of Discretionary Spending

By failing to adequately fund VA health care through discretionary appropriations, Congress has allowed demand to outpace resources since 1996. The result has been rationed access through long appointment delays at understaffed, underfunded facilities. Veterans are forced to look elsewhere.



"We need to raise a whole lot of hell over this."

Can stop this outrage

The 1996 law was built on the true definition of a veteran. It was built on the truth that drill instructors save lives without ever leaving boot camp. It was built on the truth that rich or poor, black or white, a veteran is a veteran, whether you served one tour or made a career of fighting for your country.

VA responded to the 1996 law by marketing its services to all our veterans. They advertised, had health fairs, came to our Legion Posts and signed people up in droves.

But Congress did not give the new arrangement the money it needed to survive. One budget year at a time, the system has been starved to death by the discretionary appropriations process. That process means Congress can ratchet funding up or down as desired. They did just that last month when \$1.8 billion were ripped right out of our under-funded hospitals and clinics and thrown straight into the pork barrel.

That's how Congress is prioritizing when it comes to veterans.

There's federal money to rebuild hospitals in Baghdad, but we have to close some veterans hospitals in America while U.S. tax dollars help restore a statue of a Roman god in Alabama and send our troops to protect more than 130 other countries around the planet. There's even money to subsidize a Nevada helicopter company that performs airborne weddings officiated by Elvis impersonators!

Where, indeed, are this nation's priorities when tens of thousands of veterans are forced to wait months for life-saving health care in VA hospitals? Where are this nation's priorities when the only answer we ever hear to our demand problem is to downsize our facilities and send us somewhere

else? Why is the remedy so often contracting care from a hospital that has no clue what it means to have sacrificed some part of your life – maybe a limb, maybe eyesight, maybe a mind – for the freedom of others?

We are at a crossroads. Luckily, there is an answer.

The solution is mandatory funding for VA health care.

Congress needs to give VA health-care facilities dependable funds to budget. No facility can plan for the future when the future of funding is uncertain. The CARES project to realign VA facilities looks 10 and 20 years ahead. VA facilities last year, operating on a continuing budget resolution, could look no further ahead than the next day, when many had to use capital-improvement reserves to cover payroll.

■ VA health care must be funded by mandatory appropriations, as Social Security, Medicare and TRICARE are now funded.

■ VA facilities must be given the ability to bill and collect from Medicare, as the federal Indian Health Services agency now does.

■ Priority Group 8 veterans must have their access to VA health care restored, in accordance with the Veterans Health Care Eligibility Reform Act.

■ And Congress must understand that U.S. Code, Title 38, Section 101, stands as America's definition of a veteran.

If these changes do not happen, and soon, what do you think is going to happen to Priority Group 7? And then 6? Or 5?

In time, VA will ration its health-care system out of existence. Veterans, at best, will be vouchered out of the federal budget. There is a point where this kind of process hits zero. And that is one priority group no veteran deserves to be placed in.

“The House of Representatives must either move to add \$1.8 billion back to the appropriation bill or House members must vote to defeat the bill and send it back to committee.”

— RONALD F. CONLEY, NATIONAL COMMANDER, THE AMERICAN LEGION

- Veterans using VA health care grows from 2.7 million in 1996 to 4.3 million in 2002.
- Funding for VA health care does not keep up with demand.
- As 236,000 veterans wait to see VA doctors, Priority Group 8 veterans are rejected from the system.
- The United States commits more than \$11 billion to foreign aid.
- Some \$22.5 billion in pork-barrel spending is estimated for FY '03.
- \$5 million for VA's prosthetic limb program is rejected as new amputees arrive from the Middle East.
- Congress withdraws \$1.8 billion in previously authorized appropriations from VA health care.
- Realignment of VA health-care facilities nationwide is estimated to cost \$4.6 billion over 20 years.

“Our men and women in uniform were there for America when we needed them. It is now our turn.”

— REP. ROBERT SIMMONS, R-CONN.

“Many of these brave men and women will now rely upon VA for their health care. They do not deserve delayed or rationed services.”

— REP. LANE EVANS, D-ILL., RANKING MEMBER, HOUSE VETERANS AFFAIRS COMMITTEE

etween now and December.”

— BOB SHERMAN, KOREAN WAR VETERAN ANGRY OVER THE CARES PROPOSAL TO CLOSE NEW YORK'S CANANDAIGUA VA MEDICAL CENTER

All Politics is Local.

Contact Your Congressional Representative Today Or Face Losing VA Health Care Tomorrow

The solution is on the table. The solution is mandatory funding for VA health care with expanded reimbursement authority for facilities, including the ability to bill and collect from Medicare. Adequate funds must be appropriated on a cost-per-enrolled veteran basis, indexed annually for inflation. The VA health-care system cannot meet demand when it must annually compete on the battlefield of discretionary spending.

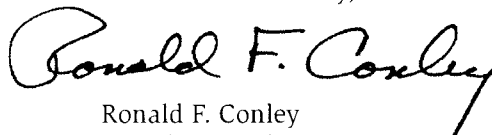
My year-long, 60-facility investigation of VA health-care operations throughout America yielded the report, "A System Worth Saving," which I delivered on Capitol Hill in July. That report contained ample evidence to show VA health care's access problem is, in reality, a funding dilemma that can be solved through mandatory appropriations, just like Medicare, Social Security or TRICARE. Anything less than mandatory funding, as I have often stated, is a guarantee that we will keep visiting and revisiting this issue until Congress realizes it cannot meet 30-percent demand increases with 7-percent funding increases.

Furthermore, the President's Task Force to Improve Health Care Delivery for Our Nation's Veterans issued its final report this year and reached the same conclusion. The PTF recommended that "full funding should occur through modifications to the current budget and appropriations process, by using a mandatory funding mechanism, or by some other changes in the process that achieve the desired goal." The PTF also agreed that the situation with Priority Group 8 veterans who are now denied access is "unacceptable. Individual veterans have not known from year to year if they will be granted access to VA care. The President and Congress should work together to solve this problem."

Mandatory funding legislation is now in the mill. Sponsored by U.S. Rep. Lane Evans, D-Ill., H.R. 2318 – the Assured Funding for Veterans Health Care Act of 2003 – was introduced in June with 120 cosponsors. Also in June, Rep. Christopher Smith, R-N.J., introduced H.R. 2475, the "Veterans Health Care Full Funding Act of 2003" to bring VA health-care funding up to adequate levels. Sen. Tim Johnson, D-S.D., introduced S. 50 in January, also calling for mandatory funding of VA health care. Where does your member of Congress stand on these measures?

The facts are in. We have proven our point. Now Congress must act, before we lose VA health care forever.

For God and Country,



Ronald F. Conley
American Legion
National Commander 2002-2003

You can make a difference

- Contact your member of Congress. Their local contact information can be found in the white pages of any phone book.
- Assemble a group from your Post and personally go to their offices and deliver a copy of this document.
- Invite your elected official to the Legion Post to explain his or her stand on VA health care and mandatory funding.
- Write letters, call and e-mail.
- Tell them you stand for the health care of veterans today and tomorrow.

RESOURCES

To receive "A System Worth Saving: A Special Report on the Condition of VA Health Care in America," contact Pat Marschand, The American Legion Magazine, PO Box 1055, Indianapolis, IN, 46206 or pmarschand@legion.org

To learn more about the CARES process and to review a printable copy of the **National Draft CARES Plan**, visit www.va.gov/cares

To view a printable copy of the "President's Task Force to Improve Health Care Delivery for Our Nation's Veterans: Final Report 2003," visit www.presidenthealthcare.org and click on "report."



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