

Scenario #2 – Max Anderson, Vietnam Veteran

Max is age 61, divorced, and lives in a rural area of Washington State. He has been a smoker since the age of 16 and has several chronic and increasingly serious medical conditions—heart disease and emphysema. He works part-time at a local “big box” store for minimum wage in order to supplement his income. He had intended to stay in the military until he was fully vested, but developed breathing problems ten years after his return from Vietnam and had to leave the military. He would like to take advantage of the services offered at the VA center in Seattle, but he tires easily and the 4-hour roundtrip ride in the VA van is getting more difficult.

He has filled out several forms to qualify him for programs offered at the VA, but so far he hasn’t heard anything. His friend who rides the van with him to Seattle told him that there is a huge backlog and that it could take up to a year before he can enroll in the specialized program.

Military Benefits

VA provides a Medical Benefits Package, a standard enhanced health benefits plan available to all enrolled veterans. This plan emphasizes preventive and primary care, and offers a full range of outpatient and inpatient services within VA health care system.

VA maintains an annual enrollment system to manage the provision of quality hospital and outpatient medical care and treatment to all enrolled veterans. A priority system ensures that veterans with service-connected disabilities and those below the low-income threshold can be enrolled in VA’s health care system. VA enrollment allows health care benefits to become portable throughout the entire VA system.

All veterans are potentially eligible. Eligibility for most veterans’ health care benefits is based solely on active military service in the Army, Navy, Air Force, Marines, or Coast Guard (or Merchant Marines during WW II), and discharged under other than dishonorable conditions.

Reservists and National Guard members who were called to active duty by a Federal Executive Order may qualify for VA health care benefits. Returning service members, including Reservists and National Guard members who served on active duty in a theater of combat operations have special eligibility for hospital care, medical services, and nursing home care for two years following discharge from active duty.

There is no monthly premium required to use VA care. You may, however, have to agree to pay copays. If you have insurance, it may cover the cost of copays. The military’s Tricare health care system uses a combination of military hospitals, clinics and civilian professionals to treat service members, reservists, retirees and their families.

Active-duty members have priority, which may limit access for military families and retirees and force many to go to civilian hospitals and health providers. Those eligible for Tricare include family members of active-duty personnel; retirees and their families; some former military spouses; certain survivors; and Medal of Honor recipients and their immediate families.

Three basic health care plans are available under Tricare: Tricare Prime, Tricare Standard and Tricare Extra. An individual can pay less by using a restricted network of military and civilian doctors under Prime or Extra, or pay more for a wider choice of providers under Standard.

The three plans are available in the U.S., but not in every U.S. location. All three have a cap on how much a family pays out of pocket each fiscal year, depending on the sponsor's duty status and the type of Tricare program used.

Through Tricare for Life, Tricare medical benefits extend to military retirees over age 65 who are eligible for Medicare Part A, provided they buy Medicare Part B outpatient insurance.

Service members who leave the military before retirement can enroll in the Continued Health Care Benefit Program to bridge the gap between separation from service and obtaining health insurance through a civilian employer.

Outpatient care at military facilities is free, with minimal charges for inpatient care. Treatment in civilian facilities generally means more out-of-pocket expenses. An exception is for active-duty dependents in Prime; they do not have to pay for civilian care if they get it through the Prime program.

Source and Information Resource: www.armytimes.com

Veterans health care costs around \$650 billion ~Veterans' health care costs could exceed war costs

SEATTLE - Senator Patty Murray and a group of doctors released a new report Thursday that estimates health care costs for our returning soldiers at \$650 billion.

The Physicians for Social Responsibility, an anti-war group, put together the report. One of the researchers is a University of Washington psychiatrist who has worked extensively with injured soldiers.

Murray plans on using the report's data to re-ignite the debate on how much money should be spent to take care of injured vets in Seattle and around the country.

"This report should serve as a wake up for Americans and this administration. While we endlessly debate what we are gaining in Iraq, hundreds of thousands of soldiers and their families are falling victim to death, post-war trauma and lifelong struggles with mental and physical wounds as a legacy of this war. The U.S. needs to bring its troops home now," said Dr. Evan Kanter, author of the report.

The data from the heavily cited new report written by the group of physicians also says Post Traumatic Stress Disorder among returning soldiers is high, perhaps around 20 percent. Iraq war vets are more likely to suffer from serious mental health problems such as depression or anxiety attacks, and is more likely to have a substance abuse disorder.

Murray claims the data shows the need for increasing veterans' health funding, which is the subject of heavy debate right now on Capitol Hill in Washington, D.C.

The current VA funding bill that is before a Senate subcommittee puts the total budget for next year's VA funding around the \$87 billion range.

Troops returning home after serving overseas are also among those most at risk of becoming homeless. According to a new report, veterans make up 25 percent of the entire homeless population. The Veterans Department says at least 1,500 are homeless veterans from the wars in Iraq and Afghanistan.

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