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## Give veterans a choice in their health care

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Medical care for veterans has become Washington's scandal du jour. Those injured while serving their country deserve prompt, quality medical attention.

Everyone agrees that forcing veterans to wait, and possibly die waiting, for medical care is outrageous. But what to do?

Caring for veterans isn't cheap. Promiscuous war-making over the last decade has generated an influx of patients, many with debilitating injuries. This year Veterans Affairs is expected to spend roughly \$151 billion, triple the budget when George W. Bush took office in 2001.

The government has a solemn duty to care for those injured in war. Yet many veterans have trouble accessing care. VA estimated that it has a case-processing backlog of 344,000. On average it takes vets 160 days to become eligible for benefits. Former Sen. Robert Kerrey told how it once took him 12 days to change his address.

After being declared eligible, vets had to wait an average of 115 days for a primary care appointment at the VA's Phoenix facility. Some 1,700 vets didn't even make the official waiting list. As many as 40 vets may have died waiting.

The IG found such practices to be "systemic." In numerous communities, VA employees apparently manipulated data and falsified reports to hide patient deaths as well as delays. House Veterans Affairs Chairman Jeff Miller said whistle-blowers reported being threatened by their supervisors: "Fear was instilled in lower-level employees by their superiors, and those superiors did not want long wait times."

However, the more basic problem is rationing care to meet budget targets. The agency is short hundreds of primary care physicians. The pharmaceutical formulary has roughly one-third of the drugs available to Medicare patients. Available psychiatric services have declined in recent years.

Unfortunately, better management alone cannot fix the agency's problems. In 1994 former Rep. Robert E. Bauman wrote: "the VA is the quintessential government bureaucracy —

administratively officious, laden with red tape and meddlesome regulatory minutia destructive of both quality care and staff conduct.” Quality obviously suffered.

The Clinton administration put Kenneth Kizer in charge of the department and he made dramatic improvements. But his success didn’t last. After leaving, Kizer complained that “The culture of the VA has become rather toxic, intolerant of dissenting view and contradictory opinions. They have lost their commitment to transparency.”

Even today the VA doesn’t do everything badly. But access is fundamental to its mission.

Complained Hal Scherz, a doctor who served in VA hospitals in San Antonio and San Diego: “patients were seen in clinics that were understaffed and overscheduled. Appointments for X-rays and other tests had to be scheduled months in advance, and longer for surgery. Hospital administrators limited operating time, making sure that work stopped by 3 p.m. Consequently, the physician in charge kept a list of patients who needed surgery and rationed the available slots to those with the most urgent problems.”

Veterans’ organizations such as Veterans of Foreign Wars traditionally backed a specialized system for vets. However, many veterans’ health problems are not unusual. Indeed, the longest waits today are for *primary* care. Moreover, there is no reason that only VA facilities can serve patients suffering from combat trauma.

The federal government should separate the functions of guaranteeing from providing vet access to health care. Uncle Sam has a sacred obligation to ensure that those sent into battle receive treatment on their return. That does not, however, mean the VA must build the hospitals, hire the doctors, and provide the services.

In fact, the existing system began before there was much of a private health care system. However, the latter has since matured. There is no reason to keep veterans apart.

Government should put money into veterans’ hands to purchase insurance tailored to their special needs. Existing VA facilities could either be privatized or focused on combat-related ailments common to vets.

This would be no jump into the unknown. Specific services are outsourced locally when they are unavailable at a VA facility. Moreover, only 16 percent of vets rely on the system as their principle caregiver.

Sen. John McCain, a Vietnam vet, argued: “Let’s let our veterans choose the health care that they need and want the most and not have to be bound to just going to the VA.” Chairman Jeff Miller suggested that the VA at least allow vets who have to wait for more than 30 days to go outside for care at government expense.

Business as usual is not an acceptable response to the latest VA scandal. We should transform how the government cares for those who performed the toughest service of all.

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