

## Healthcare for vets—and all others

By Rachel Nardin, MD

Even as our government puts members of our armed services in harm's way, it is failing to care for them once they return home. Soldiers get excellent acute care when injured on active duty, but as revelations of poor conditions for soldiers receiving ongoing outpatient care at the Walter Reed Army Medical Center highlighted, service members often have trouble getting the care they need once active duty ends.

According to a study by some of my colleagues at Harvard Medical School, to be published in next month's American Journal of Public Health, nearly 1.8 million veterans had no health insurance in 2004, up 290,000 since 2000. An additional 3.8 million members of their households were also uninsured and ineligible for care at hospitals and clinics run by the Veterans Health Administration of the Department of Veterans Affairs. The 2006 data released this year show little change in these numbers.

Many uninsured veterans are barred from VA care because of a 2003 Bush administration order that halted enrollment of most middle-income veterans.

Others are unable to obtain VA care because of unaffordable copayments for VA specialty care, waiting lists at some facilities or the lack of VA facilities in their communities. Almost two-thirds of uninsured veterans were employed, and nearly 9 out of 10 had worked within the past year. Most uninsured veterans were in working families. Many earned too little to afford health insurance, but too much to qualify for free care under Medicaid or VA rules.

The VA is a rare success story in our health-care system. The system offers more equitable and higher quality care than the average care in the private sector, and has become a medical leader in research, primary care, and computerization. Studies in the *Annals of Internal Medicine* and elsewhere have shown that compared with patients in HMOs, a higher percentage of patients at VA facilities have adequate control of high blood pressure and diabetes, and receive appropriate medications after a heart attack. So it's not the quality of care that veterans receive that's the problem; rather, it's their restricted access to care.

What can we do to ensure that all our vet-

erans have access to affordable, high-quality healthcare? In the short term the government can roll back the income restrictions on VA care. However, this would still leave many veterans unable to access care because they live far from VA facilities. Moreover, even complete coverage of veterans would leave 3.8 million of their family members uninsured. In this regard, these families are in the same position as civilian families who cannot get care because they are uninsured, are denied care by their insurance companies or can't afford the necessary copays and deductibles.

In the long term, the difficulty returning veterans have in obtaining healthcare cannot be solved on its own. Across the health field, costs are spiraling. Payers, whether the government or private insurers, are trying to stay within budget by offering less care, offering care to

fewer people or shifting costs of care to patients. If we do nothing, there's no improvement in sight.

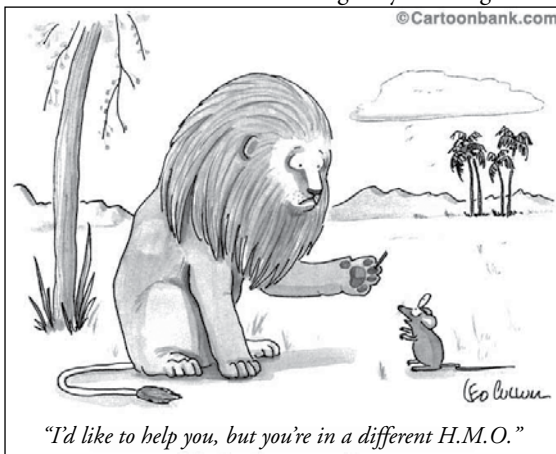
The problems with veterans' healthcare offer further evidence of why the US healthcare system needs to be reformed. Because we pay for healthcare through

a patchwork of private insurance companies, nearly one-third of our health spending goes to administration. Replacing private insurers with national health insurance would recover money currently squandered on billing, marketing, underwriting, and other activities. Eliminating this waste has been estimated to save \$350 billion per year. Combined with what we're already spending, this is enough to provide comprehensive coverage for everyone.

With a national health insurance program, all veterans who desired could continue to receive care at VA facilities, or they could choose to receive care in the private sector. None of our veterans, or their families, would fall through the cracks.

Ultimately, only active government intervention can guarantee that veterans have the healthcare they need. They and their families—and, in fact, all Americans—deserve equal access to high-quality, affordable healthcare.

*Dr. Rachel Nardin is assistant professor of neurology at Harvard Medical School. This article originally ran as an op-ed in the Nov. 11, 2007 edition of the Boston Globe. ■*



"I'd like to help you, but you're in a different H.M.O."

## the Massachusetts nurse Advocate

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