

## CHAPTER 5

# No Thank You for Your Service

*Jerry Ashton*

**I**n November 2017, for the first time in more than 50 years, I put on my mothballed Navy uniform to march in the New York City Veterans Day Parade. I was joined by Mikel Burroughs, a retired Army colonel and Director of Military Debt Acquisitions and Relief at RIP, and by Hutch Dubosque, a Vietnam-era Army sergeant and battlefield medic who advises our organization.

We were there to represent RIP and bring more attention to the unpayable medical bills of veterans and active-duty military.

As I marched in uniform that day, bystanders said, “Thank you for your service!” I appreciated acknowledgment of the four years I served as a U.S. Navy journalist. Even so, I heard these words with mixed emotions. Should I be thanked for service I gave decades earlier? How did that “thank you” translate into reality?

On reflection, I felt compelled to write a *Huffington Post* piece suggesting that Americans replace the words, “Thank you for your service,” with something more tangible and action-oriented. This

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was my polite way to suggest that any person shaking a military or veteran's hand could express a more useful form of gratitude — forgiving their medical debt!

This unusual possibility had been created years earlier when in 2014 Craig Antico and I along with Robert E. Goff founded RIP Medical Debt as a tax-deductible way for people to help us locate, buy and forgive medical debt burden. As we bought debt portfolios, we found a surprising percentage of medical bills were for veterans, also active-duty military. It struck us that in addition to helping the general population, we must work to forgive debt for our veterans. (Craig's passion for this is evident in his Chapter 3.)

A referral led me to Mikel Burroughs. Mikel (pronounced like "Michael") served as an Army brigade commander in Kuwait and Iraq, retiring as a bird colonel. He'd become a C-suite collections industry executive who'd bought and sold billions in medical debt. He felt strongly about forgiving medical debt and making life easier for his fellow veterans. A perfect fit for RIP.

With Mikel on the team, we launched a campaign devoted to abolishing medical debt for veterans. We reached our 2018 goal of forgiving \$50 million in veterans' debt, and by 2021 passed \$100 million, which is still barely a drop in the debt ocean.

I believe America is failing in its role of protecting and healing its military family. In recent years, the systemic ills seem to have worsened. How can a nation fervently claiming to value its warriors let the egregious emotional and financial wounding of unpayable medical debt be inflicted upon veterans year after year?

The least objectionable explanation may be that too few people in the general public understand the healthcare problems faced by veterans. Another explanation may be that too many people simply do not sympathize with veterans, particularly when it comes to vets' economic struggles to pay medical bills.

Only since the consciousness-raising advent of Covid ha most Americans become alert to the economic affects of impossible-to-pay bills and unresponsive healthcare administrators. Now that the medical debt problem has been so personalized by Covid, civilians and veterans are more conjoined.

The financial pressure on veterans from medical debt contributes to hopelessness, depression and suicide. The VA's National Suicide Data Report analyzed veteran suicide data for all 50 states and the District of Columbia from 2005 to 2015. This report found an average of 20 veteran suicides a day remained unchanged over the decade. The suicide rate increased faster among the vets who seldom or never used the Veterans Health Administration care plan, as compared to suicides among vets who sought VA care coverage.

Fortunately, we are seeing a shift in how average Americans handle personal issues, like a top Olympic athlete taking a mental health timeout. People across the spectrum are now more willing to voice their grievances, but few vets seek attention. Some may reveal their challenges to friends and loved ones, but seldom with the press.

Twentieth century veterans often reentered the population with little complaint. Recent veterans of Middle East fights do the same. The uniforms pulled from storage for Memorial Day and Veterans Day are quietly put away again. Veterans' claim for public attention to their problems is tucked away along with their uniforms.

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## **Yes, Vets Do Have Medical Debt**

You may be asking, how can anybody in the service (active-duty or veteran) have medical debt? What about Veterans Affairs (VA) and the Veterans Benefits Administration?

When military men and women enter the service, they basically sign a blank check saying, “I’m yours to use as needed, America, up to and including sacrificing my life,” Decade after decade, America cashes that check — sometimes in full. When vets try to cash their check at the VA for illnesses or injuries, too often it bounces.

Like most Americans (even myself as a veteran), I was under the impression that our country covers all the medical needs of men and women who serve or have served our country. Many return from deployment suffering severe disabilities. Some wounds are visible; others are not. Surely, our nation would tend to our warriors’ needs as our share of the bargain? Not exactly.

There is no truth to this common misperception that troops and veterans are entitled to free health care for life. Health care benefits for military members, retirees and their families are and have always been “as provided by law.” That law provides free medical care for service members and their families on active duty. IF you have a service-related disability during your tour or after, and IF you meet set income requirements, you *may* be eligible for lifetime medical care. But first you have to jump through a series of hoops.

Consider the complex regulations a veteran must understand and obey to obtain medical care at the VA.

Until recently, the VA largely refused to cover vets for off-site care by non-military physicians, clinics and hospitals. Worse, the VA would not cover charges for emergency transportation and care by an ambulance. “Uncle Sugar” has rejected literally billions of dollars in such claims over this past decade.

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That may be changing.

A federal court ruled in 2019 that the government is required to reimburse such claims. The court declared that Veterans Affairs has improperly denied reimbursements for care at non-VA facilities not covered by private insurance. This was the second time since 2015 a court overruled the VA's interpretation of how veterans should be reimbursed on emergency claims. The latest ruling may cost the VA \$1.5 to \$6.5 billion in reimbursements for hundreds of thousands of vets with claims pending since 2016.

Consider the shocking statistics: Approximately eight percent of the U.S. population comprises veterans, and half of all these use VA services. About 20 veterans a day commit suicide. Close to 40,000 homeless veterans seek shelter nightly. More than 50 percent of returning vets suffer from PTSD.

Many vets discover their long-term health care needs outlast their VA benefits.

Sen. Bob Casey (D-CA) on the Finance Committee reported that 30 percent of returning vets, aged 18 to 24, are unprepared to cope with personal finance, low-paying jobs and unemployment. Regardless of a willingness to protect America, they lack the resources and reserves to handle financial adversity.

Almost 50 percent of the 20 million U.S. veterans participate in the labor force, which leaves more than 10 million veterans either not working or else not actively looking for work. Some veterans are retired or on disability. Some may be in school. Some have given up on ever finding a job.

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A 2020 study by Bob Woodruff Foundation showed 14 percent of the veteran workforce is employed in industries most pressured by Covid to lay off or furlough employees. The report found nearly 500,000 vets live in 15 cities “most likely to face significant impacts as a result of these industrial downturns.”

As for the millions of working veterans whose health insurance is tied to their jobs, they remain at high risk of medical debt. If the job goes for any reason their insurance goes. In 2015, thanks to the ACA, the number of uninsured veterans dropped by 40 percent — down to 429,000. Even with ACA, out-of-pocket costs often outstrip

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Consumer  
Financial  
Protection  
Bureau says  
veterans file  
twice the level  
of federal  
consumer  
complaints  
about debt  
collectors as  
the general  
public.

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disposable income, which leads to unpaid bills and collections.

The leading federal agency protecting health consumers from unfair collection practices is the Consumer Financial Protection Bureau (CFPB), briefly renamed by a Trump Administrator as the Bureau of Consumer Financial Protection. Half the complaints CFPB got from service members in 2015, reported Herb Weisbaum at NBC News, dealt with “being hounding to pay medical bills that should have been covered by insurance” (the VA, Medicare, Medicaid, or private insurance). CFPB says veterans file twice the level of federal consumer complaints about debt collectors as the general public.

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Active duty military, by comparison, including those in the reserves, actually are more easily pressured by bill collectors to pay an outstanding medical bill, even if it's not still owed or not correct. They worry that the collection agency could (illegally) contact their commanding officer, hurting their military career, which is not so for vets. They also fear, as do veterans, that a collection agency may (legally) place a bad mark on their credit report, hindering their financial future and the wellbeing of their family.

No matter what pleas for flexibility that vets and military make to an aggressive or even predatory collection agency, these “debtors” are treated as turnips from which blood must be squeezed. The calls and letters from collectors never stop.

As if debt collection pressure was not bad enough, along came Covid-19. The VA in October 2020 reported by then they had tested 846,889 veterans and employees for Covid, diagnosing 63,966 with the virus. Some 13,000 were in VA facilities, and 55,032 had reached convalescence. The National Cemetery Administration, responsible for military cemeteries, reported that 3,501 of 82,367 internments (burials) were Covid-related.

The Bob Woodruff Foundation issued a 2020 paper analyzing the pandemic-related needs of the veteran community. It detailed the potential acute and long-term impacts, including mental health challenges and economic concerns of our vets — “the first to volunteer and the last to ask for help.” My rough summary:

1. Vast numbers of veterans are likely to become unemployed at the highest rates since post-9/11.

2. A “perfect storm” of traumatic loneliness from social isolation and lost income threatens the mental health of many veterans.

3. New veterans transitioning from the military into civilian life (200,000 to 250,000 annually), especially if older in years, suffer the most from unemployment and job loss.

4. Younger veterans have limited savings, insufficient to support them through unemployment lasting longer than six months.

Veteran medical debt is real and has real consequences. We long for the day that RIP secures enough donations and greater access to VA medical debt, so we can help lift this burden totally from those who've faithfully served our nation.

As illustrations, below are four wrenching examples of veterans with medical debt who struggle under the existing VA system.

### **The Case of 'Veteran Alpha'**

In late 2018, I was referred by a friend to a 73-year-old disabled American veteran (DAV) who deserved medical debt forgiveness. He clearly fit our profile, but RIP cannot single out any individual for help because we buy unpaid debt in bulk. Making it harder to help him, our charity had no access to any records of VA-generated debt. I felt regret that we could not help him.

The man's story resonated with me. His travails struck me as a classic cautionary tale of what happens when illusion meets reality. People believe Veterans Affairs takes care of vets' medical bills, but the VA in too many cases fails miserably in its mission.

Believing America would benefit by knowing his story, I worked for months persuading him to go public. Proud and independent like most vets, he's finally allowed this write-up in hope of helping to change the policies and practices of the Veterans Administration. He agreed only on the form condition that I protect his identity, so he stays anonymous.

"Veteran Alpha," as I named him, was barely treading water. He suffered many hardships in struggling to pay hospital bills deemed non-reimbursable by the VA.

The financial tragedies began when he followed the ambulance that was taking his wife to the ER in critical condition from a broken



hip and leg. While waiting in the ER, he was approached by a nurse who said he appeared to be in severe physical and mental distress. He'd been given a clean bill of health a week ago by his VA cardiologist, so he politely declined her offer of help.

Within minutes, she returned and said he really needed to be seen, and "right NOW!"

He was placed in a wheelchair, hustled off for an MRI and EKG, and returned to the ER, where his wife was still being treated. Soon after, the hospital's chief cardiac surgeon arrived to advise him that he needed an immediate double-bypass operation. His primary heart artery and two others were severely blocked. How could this be? Just nine days before at a VA hospital, he'd passed an induced stress test, EKG and CT scan. The doctor pronounced he was "in excellent condition,"

Now he was shocked.

Veteran Alpha was wheeled to his wife's bedside, where the doctor explained the diagnosis and his urgent need for surgery. She agreed. He agreed.

As he waited in a separate ER room, the physician learned of his retired DAV military status. Per protocol, the ER called the nearest VA medical center, 75 miles away, to report his condition and get their permission to do emergency surgery. The VA refused.

Instead, they VA center said they would send an ambulance in Friday night traffic to transport him to their location. Veteran Alpha

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sat listening to the back-and-forth. He heard the ER physician agree to the transport. Seemed to him that money and expense was the VA's first priority, not his life.

Veteran Alpha told me the ER physician and his hospital likely were glad to hand him off to the VA and avoid trying to get reimbursed by the VA under the "Veterans Choice Program," famous

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for its "no pay or slow-pay" reputation. (The program has since been discontinued.)

As Veteran Alpha put it, he was caught in a tragic trap of the VA's misdiagnosis and its non-paying Choice program.

At that point, Alpha was put on the phone with the VA center clerk, who questioned him about making his choice of where to be treated. He groggily told the clerk

he was in no condition to be transported. He was at extremely high risk of another heart episode, maybe a final one. He said the civilian hospital was already prepping him for emergency surgery.

His options became clear when the clerk said they were "full up" but would do their best to get him into a room. Essentially, he had decided under pressure whether in stay where he was and live, or be transported to the VA and possibly die.

He told the VA clerk, "I have no choice."

He ended the call and went under the knife.

After surviving heart surgery, Veteran Alpha suffered the next indignity. He was swamped with medical bills because the VA, as usual, refused to pay the civilian hospital that saved his life. Why the refusal? He had refused the VA's offer of emergency transport.

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His hospital bills for surgery totaled well over \$180,000, not including post-op care and initial ambulance charges for his wife. Medicare covered about 80 percent. Because they could not afford a Medicare supplemental plan, soon after the VA refused to pay the balance, the hospital pursued his due 20 percent co-pay. A balance of \$36,000 was his “patient responsibility.”

Veteran Alpha and his wife emptied their savings accounts and borrowed from a credit union, but he still owed \$15,000. In failing health, living on service-related disability income, he’s been fighting the system ever since. By the time we met, he has reached the point of believing the VA is essentially “malevolent.”

He told me, “I’d been a DAV Service Officer for countless years and thought I’d seen every rotten trick in the book. I was wrong. In my own case, as in so many others, the VA was callous, reckless with mis-diagnosed treatments, unsympathetic and inattentive. This has caused tremendous physical and financial hardship along with cruel mental duress for me and my wife.”

He particularly directed his anger at the failed Veterans Choice Program. When he spoke about the time consuming approvals and the paperwork required, more anger poured out. “These roadblocks to my treatment are better known as ‘Case Load Backup’ caused by the lack of congressional funding, lack of trained personnel, CYA tactics, and wrongful denials of legal and promised appeals.”

He bemoaned to me about always hearing from VA clerks the same soul-piercing by-the-manual statement, “We received your claim and are working on it.” In his view, they never did.

Veteran Alpha described his post-op condition — exacerbated by “intense collection threats” — as something that he and his wife can no longer endure. “We are old, tired and still in pain, with very little fight or hopeful prospects left. If there ever was a time for the support troops to show up, it’s now.”

## Liver Fluke Cancer and the VA

Hutch DuBosque has been waging a fight to secure formal VA acknowledgment, testing and treatment for service-related bile duct and liver cancers caused by a six known parasites grouped under the name, *platyhelminthes*. His fight reminds me of the long campaign for VA recognition of Agent Orange.

In 2016, several of Hutch's Vietnam-era vet friends came down with a "weird disease" from an obscure parasite — a "liver fluke." As two of the men were dying, Hutch and his four surviving friends promised to research this disease and save others vets' lives. They volunteered for a rescue mission.

The river fluke, according to the American Cancer Society, is a freshwater-borne flatworm found in military men and women who served in eastern and southeastern Asia. It produces a protein called "granulum" — highly carcinogenic. If caught in its dormancy, the parasite is treatable. If not discovered, it inevitably presents as Stage 4 cancer in the pancreas or liver. As Hutch describes it, "Basically, an advanced river fluke diagnosis is a death sentence."

Hutch says the VA will not even test for the parasite or granulum on the grounds that "it's not been proven." It's a Catch 22. Without testing there is no way to determine if a vet has the parasite. Since there is no evidence, there is no point in testing.

The VA claimed they don't have a test, anyway. In actual fact, Hutch says, a lab in South Korea, where the liver fluke is native, has such a test. The FDA is aware of the Asian lab's testing capability and reliability. The VA seems unaware. He asks, "Do any of these agencies ever talk to each other? If not, why not?"

Hutch and four of his friends (John Ball, Gerry Wiggins, Larry Noon, and Ralph Goodwin) volunteered for a 50-person pilot study by the VA Medical Center at Northport, NY. Veterans who reported

eating undercooked freshwater fish while in Vietnam donated blood samples for serological exam at Seoul National University College of Medicine in South Korea.

Norfolk's study was published in January 2018 by *Infectious Diseases in Clinical Practice*. The report is entitled, "Screening U.S. Vietnam Veterans for Liver Fluke Exposure 5 Decades After the End of the War." Researchers found that among the 50 Vietnam veterans tested, one in four harbored the parasite, which can live dormant in a body for decades.

The findings were discounted by the VA for having only 50 people in the study sample. Hutch laments, "They have stonewalled the issue ever since we brought it to their attention,"

Hutch and his friends were interviewed by the Long Island newspaper, *Newsday*, for a story about the Norfolk study. The story reported that since 2013, the VA had received 240 claims for bile duct cancers attributed to the liver fluke parasite, and the VA had "rejected more than 76 percent of those claims."

The five Long Island veterans next reached out to Sen. Chuck Schumer (D-NY) and Rep. Tom Suozzi (D-NY), who called for a broader study, still not done.

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Fast forward to 2021. Hutch's is still pushing for the VA to pay vets' river fluke cancer claims.

He says now that although nobody has proven for certain that any vet acquired the liver fluke while serving in Asia, "this disease affects three times more vets than Agent Orange, but its victims are systematically being denied disability claims by the VA."

During the Vietnam War era and since, three million GIs have served in Indochina, including the U.S. troops today serving in the parasite's range, especially South Korea. Neither the VA nor the Department of Defense routinely screens for the parasite.

"The VA has gaslighted all efforts on liver fluke cancer," Hutch protests. "They keep responding with the same old 'We're in the

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'The VA has gaslighted all efforts on liver fluke cancer.'

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process' answer that they gave us six years ago."

Hutch and his buddies have all tested positive for bile duct cancer. In 2018, he had cancerous cysts removed from his bile duct at Memorial Sloan Kettering Cancer Center. He's now following up

with annual CT scans to monitor. For him and his friends, given millions still at risk, their rescue mission continues. Their promise has not yet been kept.

Legislatively, as of this writing, the only federal bills aimed at funding a scientifically valid research study, the "Vietnam Veterans Liver Fluke Cancer Study Act," was introduced in the 115th Congress by Rep. Lee Zeldin (R-NY). The bill died in the House with no co-sponsors and without action taken, not even assignment it to a committee. Zeldin then reintroduced the bill in the 116th Congress, where nothing happened, and again in the current 117 Congress (H.R. 1273), and still no action has been taken.

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Hutch and his friends have been told, essentially, that to get any traction in Congress, they personally need to get co-sponsors for the bill, possibly going around the country to drum up local vet support. This is beyond the means of these five aging vets on fixed incomes. And so the bill languishes.

In my view, once again, an unequal and unnecessary burden is being placed upon the backs of our veterans with service-related ailments and injuries.

“No thank you for your service.”

### **Veteran Debt Prevents Transplant**

I recently became alert to the struggles of disabled Army cavalry scout and combat medic Michael Thorin, now a medically retired firefighter and paramedic, suffering from “Constrictive Bronchiolitis Obliterans and Reactive Airway Dysfunction Syndrome.” He’s seeking a lung transplant.

The key barrier preventing that transplant from happening is an unpaid medical debt produced by the VA in 2018 rejecting their responsibility to pay for surgical services rendered at the University of Alabama (UAB) hospital, which is across the street from the local VA Medical Center (VAMC) in Birmingham.

At the time, VAMC staff members assured him the bill would be paid, but the VA administrators disagreed, citing chapter and verse. Michael was told that (a) UAB was not an authorized VA provider, and (b) he did not go through the VA for the referral. The \$3,000 bill was deemed his responsibility. This was despite the fact Michael’s specialist at the VA provided proper paperwork setting up the UAB surgery, which was unavailable at the Birmingham VAMC.

That \$3,000 university hospital bill was unpayable, and it still is. Before long, calls and letters began coming from a collection agency, and these continue through today. He’s on a thin edge.

Is this just another example of things slipping through the VA cracks? Is Michael merely another veteran not being responsible or aware or medically qualified enough to evade his health problems? Hardly. He is a veteran, due to a series of severe illnesses resulting from combat service in Iraq, who lost his job and career as a fire-

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fighter and paramedic, now only subsisting on disability income.

This all came about after three years struggling with the VA for recognition and treatment for a lung condition that developed on his last 2006 deployment to Iraq . The disease, called *tracheobronchomalaci*, causes airways to narrow, get weak and collapse.

Michael today lives with one lung functioning at 45 percent capacity, the other at 25 percent. When I first connected with him, one lung was at 50 percent, the other at 35 percent. He's waiting

for the VA to schedule him for a transplant. He can't afford going to the private sector for a transplant, so now it's a race between the VA and the grim reaper.

He's worked with Alabama's attorney general, secretary of state and congressman to obtain VA approval for a lung transplant. He's informed by all that nothing can happen under VA rules until his outstanding bill at UAB is paid. He lacks the means.

It took many phone calls and emails before Michael agreed to share his story. Getting veterans to volunteer information on their medical debt hardships is not easy. Even if they don't feel shame for



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being sick, they feel shamed from being broke and chased by bill collectors. Michael does not expect telling his tale will change anything in his life or circumstances. He hopes his tale helps change the VA system for the sake of their veterans. He wrote to me:

Thousands of Persian Gulf vets like me are caught up in the red tape of a system with skilled and dedicated doctors and nurses working under it, but who work in a system that seems designed to cause confusion more than foster health and healing.

What I want is that my life has not been lived in vain. My wife and kids watch me grow weaker. My grandkids will only hear stories about the man I used to be. They've never seen me strong and healthy. They've never seen me without a tank of oxygen by my side. My story may help others, but only if the right people hear it."

Are you that right person? Our government has told this veteran in no uncertain terms, "No thank you for your service."

### **Veteran Debt from Burn Pits**

Late in 2017, I connected with retired U.S. Army Lt. Col. Robert "Bob" Bent, an activist member of the Disabled American Veterans organization. He became a good friend and a strong proponent of the work we do at RIP in locating and abolishing medical debt for veterans and active military.

Part of his support was showing up at a 2019 event that RIP held in Washington, DC, called, "An Evening to End Medical Debt." He spoke about the importance of enacting legislation to protect vets from the economic scourge of unpayable healthcare bills.

We circled back in early 2020 to put together a draft resolution for his Virginia DAV chapter to present to the state organization for approved to present for national consideration at the summertime

DAV convention in Dallas. If adopted, the resolution would become part of DAV's formal Congressional legislative agenda for 2020 into 2021. Covid canceled the Virginia and national DAV conventions in 2020. The legislative proposal is being resubmitted for adoption at upcoming conventions.

This effort by veterans for veterans could one day create congressional enactment of a law to mitigate our veterans being put at financial risk for medical and economic circumstances beyond their control or financial capability to handle.

To show what's possible in Congress, let me share a 2018 email to our website: "I realize that you buy bundles of old debt, so debt forgiveness is random, and you can't help individuals. But us burn pit veterans get short shrift. We don't get real help from the VA. I have not found any fund that helps burn pit veterans afford medications or inhalers or oxygen to benefit their daily living."

Unaware of "burn pits," I began doing research.

The Department of Veterans Affairs defines a "burn pit" as the common way the military has disposed of waste at military sites in Middle East war zones. They burned chemicals, paint, medical and human waste, munitions, and unexploded ordinance — just about everything combustible went into a burn pit, fouling the air. I found only anecdotal reports of burning tires as fuel.

Mounting evidence indicated that military personnel and contractors working at or near burn pits were suffering from excessive lung diseases. Growing concerns in 2014 led the VA to launch the "Airborne Hazards and Open Burn Pit Registry."

A referral led me to the D.C. offices of U.S. Rep. Raul Ruiz (D-CA), himself a physician. "Burn pits absolutely are a major concern," he declared, "and I'm doing something about it."

Dr. Ruiz in 2018 launched the bipartisan Congressional Burn Pits Caucus, co-chaired by Brad Wenstrup (R-OH), then chair of

the House Veterans' Affairs subcommittee, starting with 21 caucus members. The "Helping Veterans Exposed to Burn Pits Act" became U.S. law that year. The VA is now directed to establish a center of excellence in the prevention, diagnosis, mitigation, treatment, and rehabilitation of health conditions relating to exposure to burn pits pollution and other environmental exposures in Afghanistan or Iraq or elsewhere, any burn pit anywhere, as I understand it.

He next successfully added to the 2019 National Defense Authorization Act (NDAA) measures requiring the Department of Defense (DOD) to do a feasibility study on phasing out open burn pits along with conducting annual education campaigns on eligibility for the burn pits registry.

Rep. Ruiz later introduced the Jennifer Kepner HOPE Act for burn pit veterans to be eligible for VA Priority Group 6 health care. He also introduced the Veterans'

Right to Breathe Act,,which would establish a VA presumption of service-connected exposure to burn pits for nine specific pulmonary diseases, including asthma, pneumonia, and chronic bronchiolitis. Sadly, the bill did not become law, but his other bill have.

The 2020 NDAA signed by Trump enacted his bills directing the DOD to implement a plan to phase out nine active burn pits identified by Congress. Another directs the DOD to give Congress and the VA a full list of all military bases, posts, outposts, and locations where open-air burn pits have been used. Comedian Jon Stewart lent a hand by calling public attention to the burn pits issue.

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The 2021 Burn  
Pit Registry  
Enhancement  
Act recognizes  
12 pulmonary  
diseases.

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The 2021 NDAA signed by Biden includes his Burn Pit Registry Enhancement Act, which (among other things) expands the registry to 12 pulmonary diseases.

Due to Dr. Ruiz and his bipartisan colleagues in the House and Senate, veterans and active duty military now have far less exposure to medical debt resulting from their exposure to burn pits.

Now that is real help! Yes, thank you for your service.

Let me put into context his success getting the VA to recognize and pay for any service-related illness. If Congress and the Department of Veterans Affairs accept responsibility for covering veterans with burn pits ailments, as they did with Agent Orange, I find cause to feel hope that Congress and the VA — given enough popular support and political will — can accept responsibility for relieving the unpayable medical debt burdens of veterans and active-duty military willing to sacrifice their lives for our nation.

### **Charity for Veterans**

The problem is not that individual Americans don't care about veterans. Overwhelmingly, they do. Of some 1.5 million nonprofit organizations in the USA, GuideStar estimates 45,000 nonprofits are devoted to veterans and their families.

These organizations come in every stripe and color, according to a CNBC report on the "Top 10 Charities That Support Veterans." Some were formed by military wives or focus on specific branches of the service. For instance, one charity, Puppies Behind Bars, trains prison inmates to raise service dogs for wounded war veterans. Only 18 percent of all these organizations are 501(c)(3) charities that can accept tax-deductible contributions (like RIP).

Organizations that most Americans recognize are the Veterans of Foreign Wars (VFW) and Disabled American Veterans (DAV). A "newcomer" is Wounded Warriors, begun in 2003 by a group of

Virginia veterans and their friends who chose to take action to help injured service men and women. (RIP is available to help any such organization — military or civilian — raise funds to abolish unpaid and unpayable medical bills for military and veterans.)

### **After Veterans Day, What?**

Every year after Veterans Day, after the flags are furled, after the marching bands return home, after we've duly acknowledged the 20 million men and women alive today who have served their nation, what do we Americans do? In my view, we don't do much, and what we do is not enough.

If you are similar to most Americans, you might take time each Memorial Day to honor those who have fought and still fight for our country. Perhaps you stand to watch or join a parade in the smallest towns to the largest cities across the country. More likely, you watch a parade snippet on the evening news after discount buying in a shopping mall (if Covid allows). Sadder, maybe the day passes by without you noticing or giving veterans a thought.

The attention America pays to veterans tends to fade after Veterans Day and Memorial Day. Vets starve for attention the other 363 days of the year.

The parades are over. The cemetery salutes are done. Yet, the veterans we thank for their service are still here — as are their medical bills.

I believe we can find a better way to value them.

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## I. UNDERSTANDING MEDICAL DEBT

The main thing I remembered from my high school civics class is that “we the people” are the government. What are we going to do about this blight on our national character? Perhaps veterans and civilians, working together, can remove the emptiness of “Thank you for your service.”

I’ve only pointed to the tip of the veterans’ medical debt iceberg, showing a few symptoms of systemic problems. The system creating “vet med debt” exists at the highest levels of government.

At worst, I’ve decided, our VA officials are cold and uncaring. At best, they’re doing what they can despite complex bureaucracies and insufficient funding.

I know that RIP wants Veterans Affairs to grant access to their unpaid medical receivables. If the VA makes available the accounts in hardship for purchase by our charity, we will learn as will the public, the full financial and emotional impact of veterans’ medical debt. So, I urge opening the VA digital and actual filing cabinets to make overdue vet accounts available for debt forgiveness.

Burdening our veterans with medical debt is not a way to thank them for their service.

## About the Authors

**Jerry Ashton** — Jerry is a four-decade veteran of the collections industry who rethought his career and profession after being inspired by his work in the Occupy Wall Street movement. He turned from debt collector to debt forgiver, which led him in 2014 to co-founding RIP Medical Debt. Achieving in 2020 his goal of RIP abolishing \$1 billion in medical debt, Jerry retired to RIP's board and founded LetsRethinkThis.com to address and solve other societal problems.



**Robert E. Goff** — With more than 45 years of experience in the healthcare industry, Robert E. Goff is a respected expert in care delivery, organization and financing. His career spans a range of leadership roles as a hospital administrator, managed care executive, consultant, regulator, and association executive, retiring recently as the Executive Director and CEO of University Physicians Network, based in New York. A founding director of RIP Medical Debt, he serves on its Board.



**Craig Antico** — Before co-founding RIP, Craig ran companies that bought and collected debt for a profit. Today, he's a sought-after expert in debt forgiveness and identifying the people with debt causing hardship. He's been interviewed by such national media as *NBC Nightly News with Lester Holt*, *PBS Newshour*, *The Doctors*, *New York Times*, and *Wall Street Journal*. *Town and Country* named him as a top forty Philanthropist of the Year. He is Emeritus on the RIP Board.



*Forgiveness is not an occasional act,  
it is a constant attitude.*

— MARTIN LUTHER KING, JR.





## About RIP Medical Debt

RIP Medical Debt is a 501(c)(3) not-for-profit national charity based in New York, incorporated in 2014, which locates, buys and cancels unpayable medical bills for those burdened by financial hardship.

RIP to date has abolished more than \$5 billion in medical debt nationwide by supporting local community debt relief campaigns, cancelling hospital bad debt and forgiving veteran medical debt.

RIP buys portfolios of unpayable medical billing accounts at near a penny on the dollar. A \$100 donation can cancel \$10,000 in debt, so the donors to RIP get “a lot of bang for the buck.”

Surprised people who receive RIP debt relief are notified by mail in a golden envelope. These charitable gifts have no tax consequences. Debt relief from RIP is a freely given random act of kindness.

For more information, visit [RIPmedicaldebt.org](http://RIPmedicaldebt.org)

*An institution or reform movement that is not selfish,  
must originate in the recognition of some evil that is  
adding to the sum of human suffering, or  
diminishing the sum of happiness.*

— CLARA BARTON

# END MEDICAL DEBT

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*"End Medical Debt advocates for systemic change while providing real solutions for Americans facing the burden of medical debt."* — **Rohan**



**Jerry Ashton**



**Robert E. Goff**



**Craig Antico**

*Authors are healthcare and collections execs who founded the Rip Medical Debt charity that's abolished \$5 billion in hardship bills.*

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**Each book sold abolishes about \$500 in medical debt!**

The authors donate *all* their royalties to **RIPMedicalDebt.org**, which buys and forgives debt for pennies on the dollar.



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