

Are the Republicans Really Your Friend?

A Veteran's Examination of Policy, Not Party

By a lifelong Republican and military retiree

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Introduction

I am a lifelong Republican.

I believe in fiscal responsibility, strong national defense, limited government, personal accountability, and individual liberty. I have supported Republican candidates and Republican principles for most of my adult life, and I continue to do so in nearly every major policy area.

This document is not an attack on the Republican Party.

It is a question—one that many veterans eventually ask themselves after a benefits denial, a healthcare barrier, or a close examination of the laws that govern their lives once military service ends:

Are Republicans truly supportive of veterans when it comes to benefits, healthcare, and long-term obligations—once the uniform comes off?

Through personal experience and research, I reached an uncomfortable conclusion:

Support for the military institution does not always translate into support for the veteran.

The Assumption Most Veterans Make

Most veterans grow up with a simple and deeply ingrained assumption:

Republicans support the military. Therefore, Republicans support veterans.

That assumption is largely true while one is serving:

Defense budgets are strong

Readiness is prioritized
Weapons systems and force structure are well funded
But veterans' benefits are different.

Disability compensation, retirement interactions, survivor benefits, and healthcare access are mandatory, long-term obligations. Once examined closely, they are often treated very differently in federal policy debates.

One example where they failed the veterans;

The 1998 Tobacco Law: When Due Process Was Removed

In 1998, Congress passed a massive, must-pass transportation funding bill. Buried inside that legislation was a provision that fundamentally altered veterans' benefits law.

That provision became 38 U.S.C. §1103.

It barred veterans from receiving VA disability compensation for any disease attributed to tobacco use during military service, regardless of:

Military-issued tobacco
Command-encouraged or normalized smoking
Evidence that tobacco use began or escalated during service

This was not a medical determination.

It was a legislative exclusion that:

Eliminated individualized medical review
Removed due-process protections unique to VA claims
Treated an entire class of veterans as categorically ineligible

The motivation was not health science.
It was liability and cost containment.

What surprised many veterans—myself included—was that this exclusion was largely supported by Republicans, consistent with tort-reform and entitlement-limitation philosophies.

This was a turning point. It demonstrated that when veteran benefits are framed as future financial exposure, party loyalty offers little protection.

TRICARE: Eligibility on Paper, Denial in Practice

A similar pattern emerged with changes to military healthcare access. Over time, TRICARE policies increasingly relied on eligibility rules and access constraints rather than direct funding expansion. Veterans technically retained healthcare benefits, but the conditions required to use them became narrower.

For many retirees and families, this meant:

- Fewer participating providers
- Longer travel distances
- Reduced practical access to care

Once again, the issue was not medical necessity.

It was management of long-term obligation.

The McCain “50-Mile Rule”: Access Defined Away

One of the clearest examples of this approach came during policy changes associated with Senator John McCain, often referred to by veterans as the “50-mile rule.”

Under these policies, access to certain TRICARE civilian-care options was tied to geographic proximity—typically requiring beneficiaries to live within a defined distance of military treatment facilities or participating providers.

On paper, veterans still had TRICARE.

In reality:

- Many were functionally excluded from civilian care
- Rural veterans and retirees were disproportionately affected
- “Eligibility” existed without meaningful access

This was not a denial letter.

It was something more subtle—and more damaging.

Healthcare access was defined away, not funded away.

Veterans were told they still had benefits, while the practical ability to use them disappeared. The result was healthcare that existed in statute but not in lived experience.

The Pattern That Becomes Impossible to Ignore

When veterans examine legislation instead of rhetoric, a consistent pattern emerges:
Military spending

Discretionary

Visible
Politically popular

Veterans benefits

Mandatory
Long-term
Expensive

Republicans have consistently demonstrated strong support for:

Defense budgets
Force readiness
Active-duty capability

At the same time, they have often resisted expansions of:

Disability presumptions
Concurrent receipt (retirement pay and disability compensation)
Survivor benefit enhancements
Broad healthcare access

This is not malice.

It is ideology.

But ideology has consequences and hurts Veterans.

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