

A Progressive Analysis of Veterans and Veterans Affairs

August 17, 2023



"If you can't afford to take care of your veterans, then don't go to war."

Sen. Bernie Sanders, Sept 15, 2019

Congress passed a bill massively expanding eligibility for disability compensation and health care benefits to veterans in August of 2022.¹ This bill was to address those whose health was harmed by burn pit fumes and other toxins while serving abroad. Soldiers had complained for years about health problems caused by these types of noxious fumes, but until recently, the vast majority of their claims had been rejected. This isn't a small problem: over 3 million veterans may have been exposed since 1990.

It took years of activism, with veterans camping out on the U.S. Capitol steps and the eventual involvement of comedian Jon Stewart before the "Promise to Address Comprehensive Toxics Act of 2022" (PACT) was passed, allocating billions of dollars, including an aptly named "Cost of War Toxic Exposures Fund (TEF)."²

How and why did millions of veterans get exposed to dangerous toxins, leading to potentially serious health problems? To understand this, read *Our Veterans: Winners, Losers, Friends, and Enemies on the New Terrain of Veterans Affairs*, a brilliant new book by authors Suzanne Gordon, Steve Early, and Jasper Craven. They write, "(t)he disconnect between patriotic celebration of veterans and how returning soldiers are actually treated has a long history in the United States." (2) You'll learn that the burn pit exposures are just the latest in a devastating litany of environmental and other workplace hazards experienced by service members.

The authors bring extensive research, a strong progressive analysis, and powerful advocacy to this expansive review of veterans' issues. Gordon is a senior policy analyst with the Veterans Healthcare Policy Institute (VHPI); Early's expertise includes labor and workplace issues; and Craven is an investigative journalist who also serves on the VHPI with Gordon.

Our Veterans uncovers the dangers to which service members may be exposed during their

enlistment, the difficulties they experience after discharge, and the corporations which line up to profit from them. The book also covers other important topics, among them: the implications of the all-volunteer army, and its changing demographics; the outsized role of military contractors; the military-industrial complex and its revolving door in Washington; the politics of veterans' advocacy organizations, old and new; veterans as politicians; the high quality of VA health care; and the privatization and outsourcing pressures now impacting the VA. It's an engaging read.

With the ending of the military draft in the United States in 1973 and the increasing outsourcing of military functions to contractors, fewer Americans have friends, neighbors, or family members who are serving—or are themselves veterans; yet there are over 16 million veterans, and increasing numbers of post-9/11 veterans have service-connected disabilities and depend on VA benefits.

Soldiers as Workers in A Toxic Workplace

Significantly, the authors view soldiers as workers, and evaluate their working conditions through an occupational health and safety lens. The public often thinks of veterans' injuries as the unavoidable dangers of combat. Sometimes that's the case. However, in a chapter titled "A Toxic Workplace," we learn that although the military is an inherently dangerous industry, many of the health problems which follow soldiers home might have been prevented or mitigated with reasonable workplace protections.

A case in point is the burn pits. For decades, the armed services and military contractors on bases abroad chose massive burn pits for waste disposal, rather than safer methods. They burned everything from tires to computer equipment to medical waste and more, often using jet fuel, a known carcinogen, as an accelerant. Service members' complaints about the harmful effects of toxic fumes were ignored. With the passage of the PACT Act, Congress has finally recognized the enormity of toxic burn pit exposures, and acknowledged the health problems they cause.

These dangerous fumes would probably never have been allowed in U.S. civilian settings. In the United States, there are at least nominal OSHA and EPA guidelines in place and a company risks penalties for illegal emissions and dangerous conditions. If a civilian worker is lucky, their job may even have a union contract and a way to fight an unsafe workplace. And ultimately, even without a union contract, if a job is lousy or overtly unsafe, a person can often walk away. That's not the case for soldiers. Refusing a job assignment near burn pits is not possible and complaining to the boss is useless.

Lifelong health problems have followed veterans home from other dangerous exposures as well: Agent Orange; various Gulf War exposures; depleted uranium; radiation; and more. Sometimes, dangerous exposures even happen stateside, such as long-standing water contamination at North Carolina's Camp Lejeune. In most cases, it has taken years of advocacy for Congress to acknowledge these serious health consequences, and compensate veterans. Disability coverage for Vietnam vets affected by Agent Orange for instance didn't start until 1985, years after their exposures.³

Service members also experience other kinds of injuries, and *Our Veterans* offers numerous examples of injuries exacerbated by inadequate safety equipment. "Hearing problems (hearing loss or tinnitus)...are the most prevalent service-connected disability among veterans,"⁴ yet the gear which soldiers use is often inadequate to protect them from these lifelong disabilities. Similarly, poor quality helmets put soldiers at increased risk of traumatic brain injuries (TBIs) from IED blasts.

Depression, anxiety, and PTSD occur frequently among post 9/11 service members. *Our Veterans* cites a 2021 study that "four times as many men and women who have served in the US military have died by suicide than were killed in post 9/11 wars." (51-52) Stresses from frequent

deployments, bullying, chronic pain, physical exhaustion, combat, and high rates of sexual harassment, and military sexual trauma (MST) all put service members at risk; as does a military culture in which these stressors are all too common, and in which soldiers avoid asking for help or expressing vulnerability. The bottom line is, yes, the military is inherently more dangerous than civilian life, but many of the disabilities which follow veterans home might have been prevented if their health and safety were prioritized. And their disabilities, caused during military service, become the VA's responsibility after they are discharged.

The Transition from Service Members to Veterans: Who Profits?

It is well understood that private contractors profit enormously by furnishing supplies and services to the Department of Defense. Less well known is the fact that private corporations also profit from public funds dedicated to veterans services, sometimes with little accountability. Corporations profit from GI bill tuition payments, hiring subsidies, and health care services. For example, GI bill tuition payments are a cash cow to for-profit schools, an industry rife with "fraud, waste and deception" compared with public and non-profit schools and universities. In recent years, for-profit schools have received nearly 40 percent of total GI Bill tuition payments, while often providing little of value. (89) And health care corporations are increasingly positioning themselves to provide veterans services for a pretty penny.

Unlike the situation for officers or career military members, it's not uncommon for working-class enlistees to discharge with few transferable skills, regardless of what recruiters promised. Some large corporations, including Amazon and Walmart, like to wrap themselves in the flag, touting their recruitment of veterans—even when the jobs they offer may not provide a real living wage or path to a viable career. These companies can claim a federal tax credit for each veteran they hire,⁵ profiting with public funds, and likely helping themselves and their bottom line more than the veterans. (99)

On the other hand, federal employment with the U.S. Postal Service or the VA does offer veteran preference in initial hiring, and a career pathway: civil service positions and union membership, with decent wages, benefits, and protections. The U.S. Postal Service even offers credit for military service when veterans are hired.

Who Takes Care of Veterans? And Why is the VA, a Model Healthcare System, Being Threatened by Piecemeal Privatization?

In an irony not lost on the authors, the always-fully-funded DoD bears no ongoing responsibility for veterans, either administratively or financially. This responsibility is punted to the VA. Due to changing guidelines established by Congress, not all veterans are eligible for VA health care. However, veterans with service-related disabilities are eligible for VA care, and an astonishing 41 percent of post-9/11 veterans have lifelong service-related disabilities.

As the largest integrated health care system in the nation, the VA provides publicly funded, comprehensive, coordinated health care by salaried clinicians: socialized medicine, in other words. It is a mission-driven, rather than profit-driven public health system, in which approximately 30 percent of employees are themselves veterans. Staff are civil servants, largely union-represented, and their unions often join with veterans groups to advocate for veterans' issues. Although it is often a surprise to the public, the VA provides excellent health care, a finding confirmed in numerous independent studies⁶ and described at length in Gordon's previous works, including *Wounds of War: How the VA Delivers Health, Healing, and Hope to the Nation's Veterans* (2018) and *The Battle for Veterans' Healthcare: Dispatches from the Frontlines of Policy Making and Patient Care* (2017).

Yet, the VA health care system is seriously threatened by incremental privatization, a threat which

has been increasing since the passage of the VA MISSION Act in 2018. Persistent understaffing is rampant, and becomes the rationale for increased outsourcing of care to private providers. There are now over 75,000 vacancies nationwide, and a recent survey of VA employees⁷ reports that 96 percent feel that their facility needs more frontline clinical staff, and 77 percent say there are vacant positions for which no recruitment is occurring.

As VA outsourcing increases, federal funding for veterans care is diverted to private providers (a familiar scenario), cost and fragmentation of care increases, and there is less public accountability for the quality or timeliness of care. The coordinated system is hollowed out. And with the influx of veterans expected with the passage of PACT, there likely will be even more pressure on the VA to outsource care.

The authors of *Our Veterans* mention yet another possible reason contributing to the persistent understaffing of the VA, and remind us why it is so important to challenge that process, whether or not we are veterans:

As Paul Sullivan, a Gulf War combat veteran and former deputy secretary of the California Department of Veterans Affairs, points out, “The forces against quality healthcare for all Americans know that a fully funded and staffed VHA would set a shining example for the national healthcare they bitterly oppose.” (17)

Our Veterans illustrates the dangerous impact of the U.S.’s massive military on many service members. It also shines a light on the many ways in which corporate greed and privatization are encroaching on our public resources, including the resources to robustly support our veterans when they come home.

Notes

1. Jessica Dean and Ali Zaslav, “Senate passes long-sought bill to help veterans affected by burn pits,” CNN, August 2, 2022.
2. “FACT SHEET: President Biden’s Budget Honors Our Nation’s Sacred Commitment to Veterans and Military Families,” March 9, 2023.
3. “VA Begins Paying Benefits for New Agent Orange Claims,” November 1, 2010.
4. U.S. Department of Veterans Affairs, “VA Research on Hearing Loss,” updated August 2021.
5. U.S. Department of Veterans Affairs, “Work Opportunity Tax Credits (WOTC),” September 2016.
6. Veterans Healthcare Policy Institute, “Peer-Reviewed Study Summaries on the VA’s Superior Care.”
7. Veterans Healthcare Policy Institute, “Disadvantaging the VA: How VA Staff View Agency Privatization and Other Detrimental Policies,” Spring 2023.