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Did Donald Get The Memo? Trump's VA Secretary Denounces 'Veteran as Victim' Stereotyping

Amid a controversial government shutdown, affecting 800,000 thousand federal employees, you would think that the agency headed by Robert Wilkie would be an oasis of tranquility.

His Department of Veterans Affairs is, like the Pentagon, largely exempt from the shutdown. Due to prior budget approval, its funding for the current fiscal year is unaffected by the continuing stand-off between President Trump and Democrats in Congress.

The 300,000 staff members of veterans' hospitals and clinics, which serve nine million patients, are reporting for duty, getting paid, and caring for their patients as usual. About a third of them are veterans themselves.

But in Trump-like fashion, Veterans Affairs Secretary Wilkie has stirred up a ruckus of his own about the impact of the shutdown on former military personnel elsewhere on the federal pay-roll.

In a January 14 VA [press release](#), he publicly denounced a veterans' liaison officer within Bureau of Prisons for suggesting that shut-down-related psychological stress was a threat to some of the 150,000 veterans employed by the federal government who are not getting paid. (A third of them have a medical condition that is service related, according to the VA.)

Edward M. Canales, a U.S. army veteran and local leader of the American Federation of Government Employees (AFGE), who is a 100 percent disabled combat veteran, told [ABC](#)

News about calls from union members who are upset and depressed about the growing financial pressures on their families.

Canales called this situation a “shameful” slap in the face of “every veteran who has served their country” in uniform and now in civilian job. “If this shutdown does not stop we’re going to have fatalities. We’re going to have suicides,” he predicted.

Wilkie, a former Republican Senatorial staffer appointed by Trump last year, immediately accused Canales and his union of “exploiting the issue of veteran suicide,” while “employing insulting and misleading stereotypes about Veterans today.”

“The notion that most Veterans are so fragile from their service that the slightest hint of hardship can push them to the brink of mental breakdown or even self-harm is preposterous,” the Trump cabinet member declared.

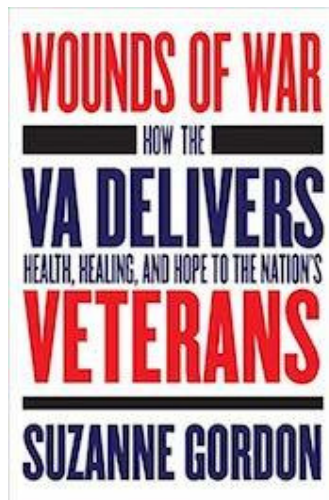
Wilkie demanded that Canales and his union apologize for their lack of “proper respect for our nation’s heroes” and abstain from further “reckless comments” based on what he called “the ‘Veteran as victim’ myth.”

A Sick Puppy?

This was an extraordinarily revealing—if selective political rebuke—on several levels.

First, Wilkie had nothing similar say about Trump’s own comments on Ian David Long, the ex-Marine who killed 12 people and then himself in a California bar last November.

On that occasion, Trump described the shooter (not a patient of the VA) as “a very sick puppy.” Said the president: “He saw some pretty bad things, and a lot of people say he had PTSD and that’s a tough deal...People come back



that’s why it’s a horrible thing—they come back, they’re never the same.”

Second, studies by the VA and many others show that veterans are at higher risk of suicide and more likely to have mental illness and substance abuse problems than other

civilians. The economic hardship, physical or mental fragility that makes many veterans eligible for VA health care in the first place is not a “myth,” but a difficult, day-to-day reality for them and their families.

Studies also document that financial distress and anxiety increases suicide risk. The shutdown has created such conditions not just

among federal employees, but also among vets working for government contractors or dependent on programs for the poor—like food stamps, Federal Housing Assistance, or WIC, the nutritional program for women, infants, and children.

Third, Wilkie’s own “respect for our nation’s heroes” and concern about their suicide rate seems highly suspect since he’s leading Trump Administration efforts to privatize veterans’ health care, including treatment of Post Traumatic Stress Disorder (PTSD). This is a condition that has led 400,000 men and women to become VA patients, since their service in Iraq or Afghanistan. Under Wilkie’s mis-leadership, even VA social media campaigns to reach suicidal veterans—and encourage them to seek treatment— have been curtailed.

The Privatization Tab

In December, [Pro Publica](#) exposed the total cost of privatization since 2014, when Congress, as a supposedly temporary measure, directed the Veterans Health Administration (VHA) to send more patients to private doctors and hospitals to reduce wait times for appointments. The result, according to this report: “The VA’s Private Care Program Gave Companies Billions and Vets Longer Wait Times.” The headline of a [New York Times](#) story on Jan. 30 described Trump’s current push for even more outsourcing: “VA To Propose Shifting Billions Into Private Care.”

Under questioning in a joint hearing of the Senate and House Veterans Affairs Committees in December , Secretary Wilkie was forced to admit that “veterans are happy with the service they get at the Department of Veterans Affairs.” Most are not “chomping at the bit” to use more private doctors and hospitals because “they want to go places where people speak the language and understand the culture” of former military personnel.

Those safe and welcoming “places” are run by the VHA, not the for-profit healthcare industry. Like residents of the UK covered by the National Health Service, VHA patients gain access to an integrated network of public hospitals and clinics, employing doctors, nurses, and therapists who are salaried instead of being paid on a “fee for service” basis.

Veterans who have service related conditions benefit from a unique culture of solidarity with each other and VHA hospital staff, because so many of the latter have served in the

military too. They also have strong mechanisms for patient advocacy missing in the private sector.

A Koch Brothers Target

This relatively well-performing model of socialized medicine is now at risk, because a Koch Brothers-financed group called the Concerned Veterans of America (CVA) has captured key VA positions, under Trump.

The CVA seeks to dismantle the VHA's direct service delivery and replace it with taxpayer funded medical insurance for veterans. This would enable them to get more expensive (and, often, less effective) treatment from any private sector providers, regardless of their capacity for delivering quality care. As Dr. David Shulkin, Wilkie's fired predecessor, points out: "as costs grow, resources are going to shift from the VA to the private sector. If that happens on a large scale, it will be extremely difficult to maintain a V.A. system."

On January 29, in Trump's State of the Union address, we can expect further confirmation of this trend, which will lead to an eventual shutdown of veterans' hospitals and clinics, when enough of their patients have been drained away.

If more veterans don't start mobilizing soon against CVA-crafted "VA reform," millions will indeed become "victims"—not due to anyone's "stereotyping" but because our commander in chief has saddled them with "Trumpcare."

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