



**VETERANS SAY NO
TO PRIVATIZATION OF VA HEALTHCARE
Best Healthcare Anywhere in the United States
FUND, FIX AND FULLY STAFF VA HEALTHCARE**



Boston VFP Smedley Butler Brigade Chapter Members Show Their Support for the Veterans Healthcare System Outside the Jamaica Plains VA, Feb. 8, 2018

How Does the Veterans Health Administration (VHA) Provide the “Best Healthcare Anywhere in the United States” & Why Do Its Enemies Want to Privatize Healthcare for Veterans?

FREQUENTLY ASKED QUESTIONS

This pamphlet was created by

VFP Chapter 034 Save Our VA (SOVA) Action Team

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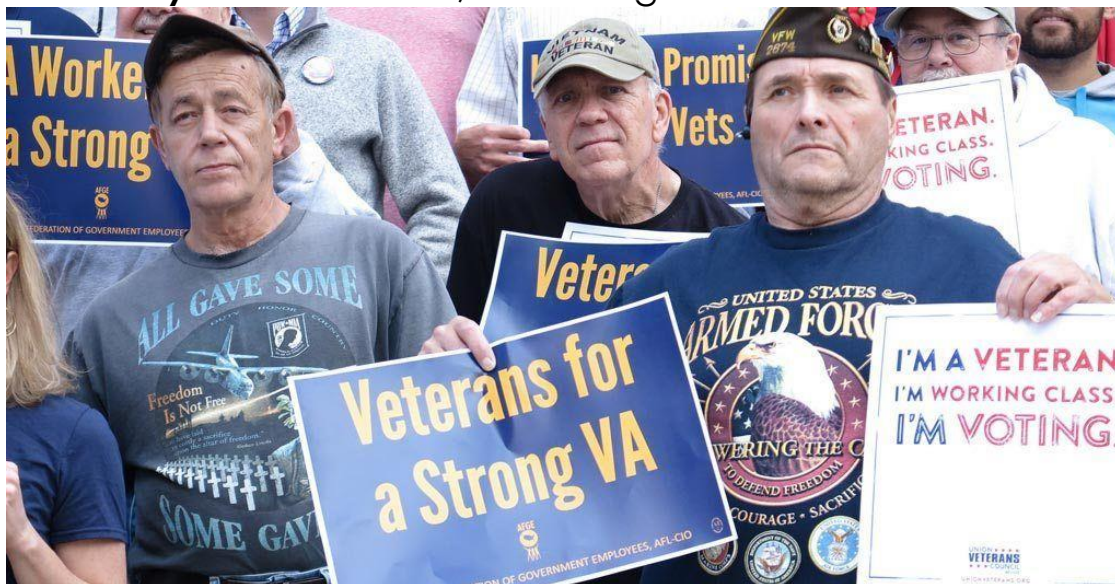
Answers in this pamphlet are based on two of the best books available about Veterans Healthcare and Privatization: Suzanne Gordon's *The Battle for Veterans Healthcare: Dispatches from the Frontlines of Policy Making and Patient Care* [2017] and Phillip Longman's *Best Care Anywhere: Why VA Health Care Would Work Better for Everyone* (2012)



The Veterans Healthcare System is poorly understood by many veterans and most members of the public, media, and policy community. They don't understand who the VA serves and who it does not serve, the quality of its care or that the VHA is a model for 21st century healthcare in America. Nor do people know that over the past four years Republican have mounted a campaign to dismantle the VHA and outsource its services to the private-sector, for-profit, healthcare system. This effort has caught on in Congress and has even been supported by some Democrats and veterans service organizations. This pamphlet will address these issues.

WHAT IS THE VA?

The Department of Veterans Affairs, commonly known as the VA, is comprised of three different branches. The **Veterans Health Administration (VHA)**, is the healthcare system. The **Veterans Benefit System (VBA)**, determines who is eligible for what benefits, including the Medical Benefits Package, disability compensation, pensions, the GI Bill, survivor benefits, and home loans. The **National Cemetery Administration**, is in charge of burials and cemeteries.



VA Employees and Members of AFGE Protest Privatization, Oct. 2016.



WHAT IS THE VHA?

The VHA is the largest, fully-integrated, healthcare delivery system in the United States and a world leader in safe, high-quality and innovative healthcare. The VHA has three primary missions:

- **Patient care** – the VHA's primary mission is to keep patients healthy rather than make profits; it cares for 230,000 people a day at

150 hospitals, 819 clinics, 300 mental health clinics and other facilities, many located in rural areas that the private sector ignores. Since the 1980s the VHA has been a world leader in the use of information technology -- keeping each veterans' health record in a single, authoritative, lifelong database -- which all doctors work off and allows for extensive coordination of care between different specialists. Apart from Medicaid, no other healthcare system in the United States treats as many low-income patients – many of whom are unemployed and homeless, not to mention mentally and physically ill or abusing drugs, alcohol, and other substances.

- **Teaching** – after World War II the VHA began to partner with the nation's medical schools and soon were using their facilities to help train medical internists and residents. Now they have established partnerships with 1,800 educational institutions for health professionals and train 62,000 medical students and residents each year, as well as 23,000 nursing students and 33,000 health professional students in other fields. About 70% of all physicians in the United States have received all or part of their training in VHA facilities. No other institution in America trains more healthcare professionals than the VHA.
- **And research** – most VHA doctors have faculty appointments with academic hospitals. The VHA is one of the nation's largest research powerhouses that conducts cutting-edge, evidence-based research to improve the health of veterans. Over the years two VHA researchers have won the Nobel Prize for medicine. VHA innovations have included the development of the CT scanner, the first artificial kidney, the development of the cardiac pacemaker, the first successful liver transplant and the nicotine patch, plus many advanced prosthetic devices, including hydraulic knees and robotic arms. In 2015 alone, VHA researchers published 9,489 papers. Its staff has produced scientific advances benefiting all Americans like the shingles vaccine.

WHAT IS A “FULLY INTEGRATED HEALTHCARE DELIVERY SYSTEM”?

The VHA is a model of a “fully integrated healthcare delivery system” that sees healthcare as a system, not just a collection of individual doctors treating



individual patients. Primary-care is organized by teams of physicians, nurses, and other healthcare professionals who work together in collaboration and complementary ways to meet the needs of their patients. Patients are treated in a holistic, whole person manner, rather than as a collage of disparate

clinical conditions. For example, the primary care team may refer a patient with diabetes or PTSD, for example, to talk to a nutritionist about a diet, a pharmacist about how to correctly administer insulin, or a mental health professional, all of whom are just a walk down the hall. Services like audiology, physical therapy or dermatology may be provided the veteran on the same day, in the same place. This coordination of a patient's care into the VHA's interconnected programs and support services is why patients rate VHA's services so highly and scientific studies find VHA care is equal to or better than private-sector healthcare. Genuine integration affords veterans a level of care unavailable to most Americans, who remain subject to our fragmented private-sector healthcare system.

WHEN DID THE VHA ADOPT ITS HIGHLY EFFECTIVE MODEL OF CARE STRESSING PREVENTION AND SAFETY?

in the late 1970s as VHA doctors dealt with the large numbers of WW II and Korean War veterans, many of whom had chronic conditions such as hypertension, diabetes and cancer, they had to find a way to manage these diseases with dwindling resources. The happy, if unexpected, result was an explosion of organizational and technological innovation, most of it started by individual VA doctors acting on their own. In the 1990s, the VHA began developing a new, highly effective model of care stressing outpatient care, as well as prevention and safe management practices. This was also based on the skillful use of information technology in both treatment and medical research. The VHA developed a pioneering electronic medical record and information technology system that is still better than many of its competitors.



Precisely because the VA is a big, government-run institution, it has nearly a lifetime relationship with its patients. This provides incentives for investing in prevention and the effective treatment that are lacking in private-sector medicine including that which is underwritten by Medicare and Medicaid. Medicare and Medicaid are insurers, not providers of healthcare. The VHA model has

propelled the VA into the vanguard of 21st century healthcare. By contrast, in private-sector healthcare settings where HMOs and other “managed care” providers are the norm, patients typically move to a new plan every few years, and decision making tends to be dominated by short-term financial costs rather than by a long-term interest in how prevention and safety might best serve the patients’ health needs. The VHA can count on a relatively stable population of patients which in turn gives it a case for pursuing prevention, safety and quality. The VHA is a healthcare system not a disease treatment system. (Photo above of Portland VFP Protesting VA Privatization)

WHAT IS THE BUDGET OF THE VHA?

The VHA has no incentive to “overtreat” its patients. The VHA’s budget for 2017 was \$65 billion. It operates under unique incentives as it makes no money from providing unnecessary or ineffective treatments or tests. (Photo Below: Albuquerque VFP)



WHO IS ELIGIBLE FOR VHA SERVICES?

Most Americans wrongly think that all 20 plus million Americans who served in the military are eligible for VHA services. Congress has never authorized adequate funding to provide healthcare for all veterans, and thus the Veterans Benefit System (VBA) determines who is eligible for what benefits, including the Medical Benefits Package, disability

compensation, pensions, the GI Bill, survivor benefits, and home loans. VBA administrators categorize veterans into eight priority groups, based on factors

such as service-connected disabilities, their income and assets. Veterans with a 50% or higher service-connected disability as determined by a VA regional office "rating board" (e.g., losing a limb in battle, PTSD, etc.) are provided comprehensive care and medication at no charge. Veterans with lesser qualifying factors who exceed a pre-defined income threshold have to make co-payments for care for non-service-connected ailments and prescription medication. The VBA enforces eligibility rules mandated by Congress that restrict care to the sickest and poorest veterans while excluding more affluent and healthy ones. (Photo Below: Member of the Asheville VFP Demonstrates In Opposition to VA Privatization Outside the VA Hospital, May 2018)



WHO USES THE VHA?

Although many people think of the VHA as a system to help only wounded soldiers, today only one third of veterans enrolled in the VHA have combat injuries, while another third qualify based on very low incomes or because of documented disability. Middle class veterans with no combat injuries make up the final third of VHA patients. They were granted access

under President Clinton's Veterans Health Eligibility Reform Act of 1996 as long as they served in a combat zone during WWI, WW II, the Korean War, and the Vietnam War and their annual income and net worth is less than \$80,000. If they served after 1980, they must provide evidence of a "service connected disability." Currently 9 million veterans with honorable discharges qualify for the VHA's full Medical Benefits Package. Many other eligible veterans don't enroll in the VHA because of misperceptions about how it works, who is eligible for services or what kind of quality of care it delivers. Congress currently prohibits the VHA from advertising and marketing its services like most private sector hospitals. Its inability to advertise its services to veterans significantly restricts its ability to reach veterans and the public. With the exception of Medicare and Medicaid, which are not fully integrated systems, no other healthcare system cares for as many old and poor patients as the VHA. In 2012, the average veteran patient was sixty-two.

HOW DID THE VHA BECOME A WORLD LEADER IN MAINTAINING ELECTRONIC RECORDS FOR ALL ITS PATIENTS?

VisTA -- the Veterans Information Systems and Technology Architecture -- is the VHA's nationwide clinical and business information system that began in the

1980s when its own physician-developer teams created electronic medical records to better care for all of their patients and improve the practice of medicine. It is comprised of 180 applications for clinical, financial, and administrative functions, all integrated within a single database, providing a single, authoritative source of data for all veteran-related care and service. Congress mandates that the VHA keep each veterans' health record in a single, authoritative, lifelong database, which is VISTA. All VHA doctors work off of this common electronic medical record for each individual veteran, which allows for extensive coordination of care between different specialists. The VHA's VISTA program has been widely adopted by healthcare systems abroad but is the big exception to the generally laggard performance of the United States health information technology.

HOW EFFECTIVE IS THE VHA COMPARED TO PRIVATE SECTOR HEALTHCARE?

Study after study through Congressional hearings, press reports and investigations by veteran's advocacy groups and the VA's own inspector general demonstrates the VHA's superior quality of care and high rates of patient satisfaction compared to the private sector. Studies in leading scientific journals continue to document that the quality of VHA healthcare is equal and often superior to the care provided in the private sector. An independent assessment of the VHA's record on care delivery, conducted by the RAND Corporation, documented that the VHA outperforms the private sector on many measures, is equivalent on some, and marginally worse on only a few. Wait times are similar to the private sector. Studies by RAND have also documented that most private sector providers are not ready or competent to serve the nation's veterans.



WHY IS VHA CARE CHEAPER THAN PRIVATE SECTOR HEALTHCARE?

(Photo on Left: Brooklyn VA Employees and AFGE Members Protest Against 49,000 VA Vacancies, Oct. 2017)

About 30% of all healthcare spending in the US goes for overtreatment. In contrast, VHA physicians and other healthcare providers are salaried and don't have a financial incentive to overtreat nor do they make money by providing unnecessary

or ineffective treatments or tests. There are no for-profit middlemen, as in the private, partly for profit, insurance-based system, and there are no high executive salaries or expensive marketing and advertising costs. Most private sector hospitals spend hundreds of thousands, if not millions, of dollars for marketing. The VHA can also produce savings because the government can negotiate lower prices from the pharmaceutical industry. Generally lower VHA pay levels than the private contribute to lower costs.



HOW IS THE VHA ACCOUNTABLE TO VETERANS?

(Photo at Left: Boston VFP Members Show Their Support for Healthcare They Receive at the Bedford VA, April, 2018) The VHA as a public entity actually demonstrates greater accountability and more transparency to patients and their families than hospitals and doctors in the private sector healthcare system. Beginning in 1997, the VHA adopted

a policy of full disclosure of any medical errors. The policy carried obvious political risks. No other healthcare provider in the US discloses its mistakes, and when private sector hospitals fall short, nobody knows. The VHA's pioneering efforts to show how many medical errors there were, not only admitting problem but trying to fix it them are in contrast to the private sector health-care system which does not this mandate. The VSOs are simultaneously charged with defending the VHA from its ideological enemies while also pointing out the defects of the VHA, where and when they occur. Any veterans or VHA workers with a complaint can notify their elected representatives and trigger queries from members of Congress. Good luck with such complaints in the private sector. The VA also has its own Inspector General. The OIG investigates VHA care and reports publicly on its problems. This is totally different in the private sector where problems go unreported and undisclosed and often uncorrected.

WHO WORKS FOR THE VHA?

The VHA has a salaried staff of almost 300,000, represented by five different unions. It has the largest nursing force in the United States which includes 93,500 registered nurses, licensed nurses and nursing assistants. A third of VA employees are veterans. The VA's mission – to keep patients healthy – is centered on patients rather than profits. It does not have to maximize

shareholders' profits or doctors' incomes. Because of its mission, a core of VA employees is highly idealistic and committed to improving quality for veterans' care.

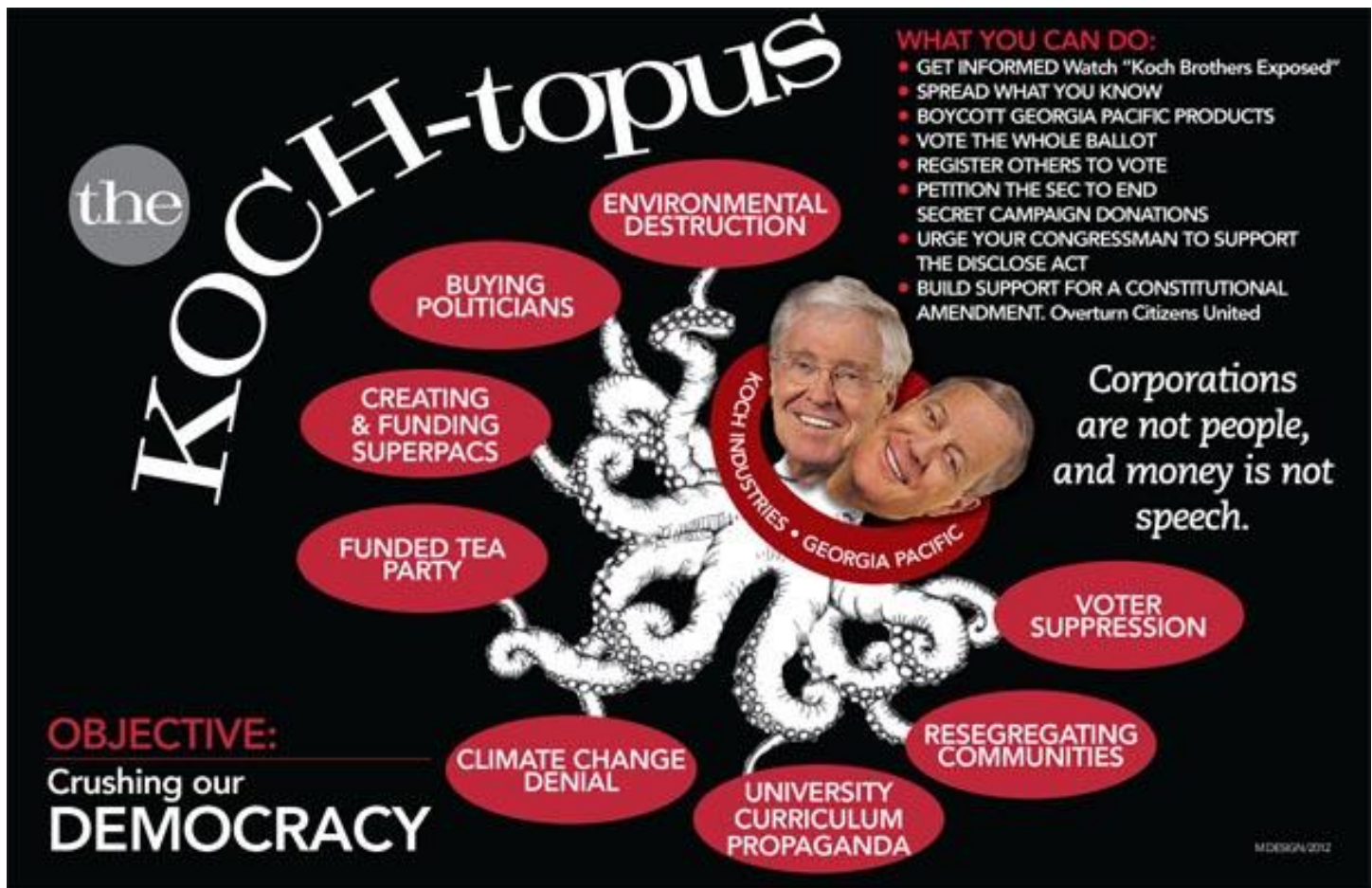


VA Employees and AFGE Members Protest at the El Paso VA, Sept. 2017

WHY DO VETERANS SOMETIMES HAVE TO WAIT FOR VA HEALTHCARE SERVICES?

Most of the delays in service have to do with Congressional policies that determine who is eligible for VA healthcare services. The greatest cause of delays in scheduling healthcare services has to do with cumbersome and difficult eligibility requirements that Congress has imposed to limit the number of veterans who are eligible for VA healthcare benefits. Many veterans wait for years while their eligibility is determined, not by the VHA, but by the Veterans Benefit System (VBS). So, what the VA bureaucracy is doing most of the time is trying to adjudicate questions like: if someone who is 68 years old and is losing their hearing, is it because of artillery fire they heard while deployed in Vietnam in 1969 or because of all *The Who* concerts they went to in 1970? Many veterans often have to fight to get VHA healthcare and prove that the healthcare complaints that they have are the direct result of military service. We have all these aging veterans with chronic problems, and we can't decide whether we want to give them healthcare or not. Another major cause of delays in getting healthcare services is underfunding of the VHA by Congress year after year, which means the nation's largest healthcare system often has more than 36,000 vacancies. These thousands of vacancies in the number of physicians,

nurses, and other healthcare professionals available to serve veterans often leads to scheduling delays of VHA services for veterans.



WHY IS THE VHA UNDER ATTACK?

Ignoring the VHA's outstanding record of care delivery, Republicans and other opponents of the VHA have long argued that the entire VHA system is broken. Such attacks are fed by an anti-government ideology that opposes almost all taxpayer-supported public services whether for schools, housing or healthcare. Their arguments against the VHA and veterans' healthcare is part of a larger war on all publicly-funded healthcare in America including Medicare, Medicaid, and Obama Care. VHA critics include the far-right Koch Brothers, who fund the Concerned Veterans of America to speak on their behalf. Many in the news media, and now President Trump and his appointees at the top of the VA leadership all promote a narrative of a dysfunctional VHA. What these critics always avoid addressing is the all-important question: compared to what? For example, although wait times are sometimes unacceptably long at the VHA, they are on average even longer for most Americans outside of the veterans' healthcare system, including those who are fully insured. Nor do critics acknowledge that the VHA is a national or global leader in fields like telemedicine, mental health, primary and geriatric care, and reducing opioid

use. The ideological goal of such attacks is to cripple the VHA, turn public opinion against the VHA and support outsourcing of veterans' care to the private, for-profit healthcare system.



WHAT IS THE VETERANS ACCESS, CHOICE AND ACCOUNTABILITY ACT OF 2014? THE VA MISSION ACT OF 2018?

VHA programs for decades had allowed doctors to send veterans to private sector hospitals if there were no VHA services nearby, if it was best for the veteran, and if that is what he or she wanted. However, by exploiting the wait-time problems and

delays uncovered in the Phoenix VHA and some other VHA facilities in 2014, opponents of the VHA ramped up their years-long efforts to argue that the entire VHA was broken. They said veterans should have “choices” for their healthcare outside the VHA and pushed to outsource veterans' care to the private sector. Congress -- including many Democrats -- and President Obama passed the 2014 legislation, popularly known as the Choice Act, as a temporary three-year pilot program that allowed veterans living more than forty miles from the nearest VHA facility or facing more than thirty days for an appointment to have “choices,” and get private sector healthcare coverage in their local communities. Unfortunately, the Choice Program is deeply flawed in design. It sets no medical need standard and is administered by private contractors who add an extra layer of bureaucracy. There is no provision for the integration of care between VHA and non-VHA providers which creates many opportunities for errors and impacts the quality of care veterans receive. Congress extended and expanded the Choice Program in 2018's Mission Act. This Act will drain more money from the VHA by allowing veterans to use private sector providers. It also sets up an unaccountable Commission that will decide if VHA hospitals and facilities should be closed. It is entirely unfunded and every dollar that goes to private sector care will lead to staff cuts and facility closures. (Photo Below: Minneapolis VFP and AFGE Members Protest Privatization at an Army Band Concert, Dec. 2017)



HOW DO PROVISIONS OF THE CHOICE ACT AND NOW THE MISSION ACT ENCOURAGE PRIVATIZATION OF THE VHA?

Under the Veterans Choice Program, the VHA was being privatized. At this time between 30%-40% of all veteran's outpatient appointments are being conducted by private sector doctors and healthcare facilities. Under the new VA MISSION ACT, every time

veterans use the private-sector for healthcare under the Choice Program, there is less funding available for VHA services as all funding for private sector care comes directly from the VHA's annual budget. As funding for costlier private-sector care eats up more of the VHA's annual budget, there will be hospital and clinic closings, along with VHA staff layoffs. Opponents of the VHA know that such drastic cuts in care will undermine the efficiencies of the VHA's fully integrated health care system. Paying for private sector care transfers more and more veterans from the VHA to the outside healthcare system, with the government serving as payee, rather than provider of healthcare. This will starve the VHA of resources, force staff cuts and increase delays. This is precisely what supporters of privatization want. They want to see VHA care eroded so they can justify the elimination of the VHA. Right-wing conservatives have another target at the VHA – union busting. As the doors of the VHA are shut, they can undermine and destroy unions that represent the 300,000 VA workers, nearly all of whom are unionized, members of one of several unions like the American Federation of Government Employees (AFGE) and the National Nurses United (NNU). Basically hard-right conservatives do not like the institutions of democracy that service members have fought so hard for.

VETERAN GROUPS FOR & AGAINST VA PRIVITIZATION		
Group	For	Against
American Legion		X
American Veterans (AMVETS)		X
Concerned Veterans for America	X	
Disabled American Veterans (DAV)		X
Iraq and Afghanistan Veterans of America		X
Military Officers Association of America		X
Military Order of the Purple Heart		X
Veterans of Foreign Wars of the United States (VFW)		X
Vietnam Veterans of America		X
Wounded Warrior Project		X

DO VETERANS SERVICE ORGANIZATIONS (VSOs) SUPPORT THE VA?

PRIVATIZATION? THE MISSION ACT?

Veterans when surveyed have overwhelmingly positive consumer satisfaction with the VHA. Members of all the major VSOs like the American Legion, Veterans of Foreign Wars (VFW),

Vietnam Veterans of America (VVA), and Disabled Veterans of America (DAV) overwhelmingly support the excellent services provided by the VHA and

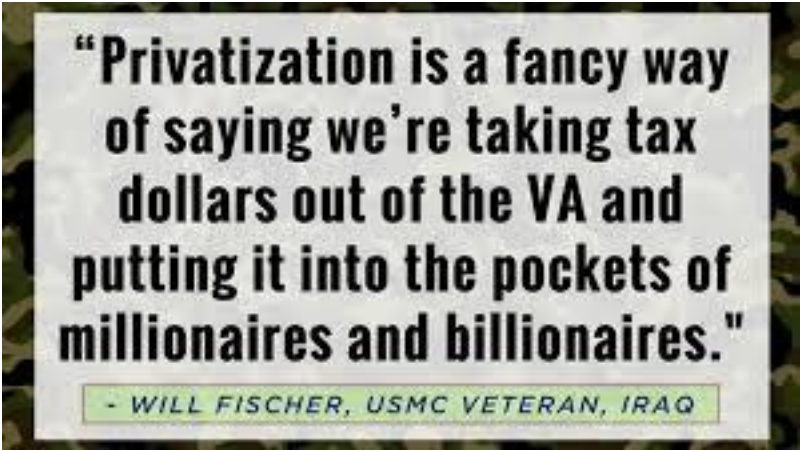
oppose privatization. Although the VSOs salute the VHA's quality of care, they also have an obligation to draw attention to the deficiencies of the VHA, and they do. The DAV is playing a particularly valuable role in informing veterans and the public about the dangers of privatization. They are doing a great job of rebutting the largely false narratives about the VHA that are promoted by privatizers and often mindlessly supported by the press. Other VSOs are not so actively defending the VHA or making sure the public and its representatives recognize how outstanding the VHA, nor are they publicize the dangers of privatization. Tragically all the major VAOs supported the VA MISSION ACT. They did so because they were promised an expansion of the Caregivers Support program beyond post 9/11 veterans. This long overdue expansion was used to entice VSOs to support the legislation that will, if implemented as it is now, dismantle the VHA. This was a sad miscalculation on the part of VSOs and some are now very worried because there is no funding source for the Act and every dollar for private care will deplete the VA budget.



WHY DO THE CONCERNED VETERANS OF AMERICA (CVA) SUPPORT PRIVATIZATION OF THE VHA?

CVA is a veterans group founded in 2014 and funded with the majority of its money from the conservative billionaire industrialists Charles and David Koch – two of the richest people in the world. Like their right-

wing sponsors, CVA advocates for reductions in federal spending and attacks Obamacare. It first rose to prominence as an aggressive critic of the VHA around the 2014 scandal over the manipulation of patient visit time by the Phoenix VA. CVA has worked against the VHA by lobbying Congress to make it easier for veterans to use private doctors at government expense. It was a major advocate for the creation of the Choice Program and since the election of President Trump, some of its members have won top positions at the VHA. CVA has lobbied for the VA MISSION ACT as did the new VA Secretary Robert Wilkie.

A quote by Will Fischer, a USMC veteran from Iraq, about privatization. The text is in a bold, black, sans-serif font, centered on a white background. The quote is enclosed in a rectangular frame with a thin black border. The background of the frame is a dark, textured pattern, possibly camouflage. The quote reads: "Privatization is a fancy way of saying we're taking tax dollars out of the VA and putting it into the pockets of millionaires and billionaires."

"Privatization is a fancy way of saying we're taking tax dollars out of the VA and putting it into the pockets of millionaires and billionaires."

- WILL FISCHER, USMC VETERAN, IRAQ

WHO BENEFITS BY PRIVATIZING THE VHA?

Privatizing veterans' healthcare would be a huge boon to individual physicians and hospitals in the private sector, which is why many support closing the VHA. Privatization is also favored by large pharmaceutical and medical equipment companies

who have always opposed the VHA's ability – unlike Medicare – to negotiate lower pharmaceutical prices through its drug formularies. Also, because VHA physicians and other staff are on salary, they have little financial incentive to overuse pharmaceuticals or medical equipment like some of their counterparts in the private sector.

WHY SHOULD THE VHA BE OPENED UP TO ALL VETERANS AND THEIR FAMILIES?

The rapid decline in the number of veterans will soon free up much capacity at the VHA. Currently at around 20 million, it is estimated that the veteran population will shrink to less than 19 million by 2019 and 15.8 million by 2029. Even with all the men and women who have served in Afghanistan and Iraq, the number of active-duty military personnel as of 2006 was only about a third of what it was in the 1980s, and only a tenth of what it was in 1945. On current course, the VA utilization of hospital beds will drop 20% by 2019 and 40% by 2029. As the number of veterans decline, rather than cutting back on the number of VHA hospitals and facilities, the better way forward -- both for veterans and the country as a whole -- is to open up the VHA. The world-class healthcare services could begin serving the many older veterans who are currently excluded from the system because they lack service-connected disabilities or are not poor enough to meet the VA's means test. For far too many sick veterans, especially those who served in Vietnam, rejections are just the final insult of what they perceive to be an ungrateful nation. It's a hard way to die. By allowing these older vets to use his or her medical insurance or their Medicare entitlements for VA care, everyone wins. Because the VHA has excess capacity in many regions now, and will have even more in the future, why not allow the spouses and the dependent children of veterans to join an expanding veterans' healthcare system and use their Medicare or private insurance to purchase care within the VHA network where sufficient capacity exists or can be made to exist? Doing so allows the VHA to increase revenues. The inclusion of families makes clinical sense, it would allow, for example, an aging veteran and his husband/wife or partner to see the same primary care

physician, who would know the medical history of both and could help them to manage each other's various chronic conditions. The VA would become, in effect, an integrated, national network of nonprofit, staff-model HMOs and community clinics specializing in the treatment of military families. The U.S. would finally achieve a true public option in healthcare which would point the way by example toward the creation of equivalent civilian institutions. (Photo Below: San Diego VFP Rallies With VA Nurses at the VA, Dec. 2017)



WHAT IS AT STAKE IN THIS DEBATE OVER THE VHA AND PRIVATIZATION?

America has been in a health care crisis for many, many years; a solution to this crisis does exist, the largest integrated health-care system in the United States. It's already up and running, right here in America, with VHA hospitals and clinics located in every state, plus the District of Columbia and Puerto Rico.

The VHA's success in delivering healthcare to veterans demonstrates that public institutions can devise creative partnerships and implement imaginative reforms. The VA system once seemed proof of the failure of a government-delivered medical care, yet it is now among the most effective healthcare systems in the nation and the world. What is at stake in America's healthcare crisis is not only a debate about the quality and cost of healthcare services for veterans, but the future of American healthcare. Millions of veterans – even those who are relatively well-off – freely choose to receive their health care from the VHA. As U.S. health care costs continue to spiral out of control, the VHA's success offers one possible blueprint for a public option that delivers quality care at a reasonable price. Perhaps more and more Americans are ready to talk seriously about fundamental reform of the health-care delivery system itself, away from an insurance-based system. Veterans can play a leading role in this debate and cite the VHA as a model for the country. For the rest of Americans, joining the cause is not only morally right but also advances the mission of true health reform by bringing us closer to establishing the principle that access to affordable quality health care is a right of citizenship for all Americans. The VHA – best care anywhere!



WHAT CAN YOU DO TO HELP FIX, FUND & FULLY STAFF THE VHA?

We need to inform ALL veterans that the VHA provides excellent services and warn them of the danger privatization represents to the VHA.

Call your US representative & senators – tell them –

- Fill the 36,000 plus vacancies, fully fund, and don't privatize the VA!
- Call 1.833.480.1637 enter your zip code and you will be connected to your congressional office. Please leave a message for your US House representative and then call two more times and leave a message for your US Senators.
- House Representative: Hello this is ____ and I am a veteran who lives in _____. I'm calling to ask you to fill the 36,000 vacancies at the VA. Please do NOT privatize the VA. Fully fund the VA in the 2019 budget. Thank you!
- US Senators: Hello this is ____ and I am a veteran who lives in _____. I'm calling to urge you to fill the 36,000 vacancies at the VA. Please do NOT privatize the VA. Fully fund the VA in the 2019 budget. Thank you!

If you are a member of a Veterans Service Organization -- like the American Legion, Veterans of Foreign Wars (VFW), Vietnam Veterans of America (VVA), Disabled American Veterans (DAV), Paralyzed Veterans of America and Amvets – distribute SOVA literature to your friends and seek support for a resolution that supports the VHA and opposes privatization.

Check out: VETERANS HEALTHCARE POLICY INSTITUTE (FHPI)



This group of vets, VHA caregivers as well as health policy experts have started a think tank that is the first and only to focus exclusively on veterans healthcare. The VHPI provides great information on the situation we face, analysis of legislation, as well as discussions the solutions are to fixing, funding and fully staffing the VHA. Check them out at Veterans Healthcare Policy Institute – www.veteranspolicy.org -- on the Internet.

This pamphlet was created by

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Contact us to learn how you can join the fight to save the VA and to get copies of this pamphlet.

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