



★ FORTRESS ON A HILL

Our Veterans w/ Suzanne Gordon and Steve Early - Ep 130

Henri: [00:00:00] Welcome everyone to Fortress On A Hill, a podcast about us foreign policy, anti imperialism, skepticism, and the American way of war. I'm Henri, thank you for joining us today, uh, with me is my co host Keagan. Hey man, how you doing?

Keagan: Doing well.

Henri: And we are, uh, we are here to talk with authors and journalists, Suzanne Gordon and Steve Early. They join us today to discuss their new book, our Veterans: Winners, losers, friends and Enemies on the New Terrain of Veterans Affairs. Steve and Suzanne, how are you both doing this evening?

Steve Early: Very good. Thank you for having us.

Suzanne Gordon: Yeah. We're so excited to be with you [00:01:00] again. It's great.

Henri: Yeah. It's been, it's been quite a while since we, uh, we talked about your, your earlier book wounds of.

So I, I'd like to, I'd like to get in with, with both of you a little bit about kind of the origins of, of this book, and especially about the, you know, that this book really kind of carves out some new terrain vis-a-vis the physical injuries, mental, emotional, psychological injuries, and, and creating those different nexus between them.

Um, especially when it comes to things like, you know, environmental stuff, agent orange burn pits, things like that. Um, we share with the listeners about how you guys came to, to write this book and what was the, what was the big, um, the big targets you had as far as subjects and, and, uh, things you wanted to cover.

Suzanne Gordon: Well, both of us, the, there are three [00:02:00] authors of the book and one of the authors is a. A younger journalist, um, Jasper Craven, who was about military stuff and va and none of us are veterans. Um, Steve and I think of us as, so I think as veterans of various anti-war movements. I mean, my interested American foreign policy started when I went to school in 1963 during the Vietnam War.

And, you know, I suddenly became very aware of American military and foreign policy and have been thinking about these issues ever since. I, I'm also a healthcare journalist and researcher and have spent years and years, really decades researching healthcare systems and, and experiences of patients in private Secker healthcare and concerned about our [00:03:00] profit driven system.

And in the mid. You know the odds, I guess. I began to look at the VA system and did some work in some VAs and was finally decided I wanted to write a book about. VA Healthcare System, the Veterans Health Administration, which is the largest, um, healthcare system in the country, the only publicly funded, fully integrated system.

Um, and I, so I spent, you know, five or six years researching that and, and going into VA facilities with veterans and who were amazingly generous, you know, just, just, I. You know, I, I went with veterans to psychiatric appointments and primary care appointments and oncology appointments and end of life discussions.

It was really extraordinary. And, you know, I went, I went around the country and, you know, so I became very, very aware of the veteran experience and the kinds of wounds of war [00:04:00] that they had. And also the, the wounds that I describe and that I focus on and that we focus on. The book isn't just people who go into combat because, you know, the military, as my friend Rick Wideman, who was a Vietnam veteran and legislative director for, for a long time of the vet, Vietnam Veterans of America says the military is a collection of very dangerous occupations.

You know, no matter where you are. And one of the things I'm always trying to remind people of is, you know, they think veteran injuries combat well. You don't have to leave the continental United States to, to get PTSD or military sexual trauma or suffer from all kinds of, you know, bag, neck, shoulder injuries, et cetera.

So, I, I think Steve, I kind of corralled into, into, you know, I mean, I, I, Steve's my husband, so I would talk about [00:05:00] veterans. I helped found a group called the Veterans Healthcare Policy Institute. So, you know, my life is pretty much 24 7 veterans stuff. And, and it just seemed logical to look beyond the healthcare issues and look at what military service really involves, what sacrifices are necessary, and unpreventable and what aren't, what the military's like as an employer.

And then look at the way our society constructs. Um, you know, the veteran experience. What are the promises we make and what are the promises we keep and mostly don't keep? Um, and, and I think Steve probably could add a lot cuz he has a, a slightly different, you know, coming to it from a different, different perspective to,

Steve Early: uh, though I've been a freelance journalist, um, full time for the last few years and I've done some previous books about, [00:06:00] uh, labor issues.

Um, my, uh, background's been primarily in the labor movement and, uh, was a longtime national organizer and ran the Communication Workers of America. And, uh, before that, in the 1970s, worked with labor organizations, uh, uh, including coal miners and steel workers and teamsters. So, As long as go, as long as it was 50 years.

Uh, you know what I noticed when I got involved in, in union stuff was the really important role that military veterans played in particular unions and their, uh, struggles. Um, the first union I worked for the United Barn Workers, uh, back in the early seventies was a scene of an incredibly important, uh, history making rank and file struggle for union democracy and reform.

A group called the Miners for Democracy, ousted Corrupt, entrenched, murderous old leadership of the Coal Miners Union. And, uh, that [00:07:00] reformer was led by a guy named Arnold Miller, who was a, uh, survivor of the D-Day invasion and a wounded, uh, world War II veteran, a Korean War veteran by the name of Harry Patrick.

Um, the campaign to, uh, transform the union was led by Vietnam era Veterans came back. Went to work as coal miners. Uh, one of them, Cecil Roberts, who I worked with back then is still the national president of the um, w And so I was impressed from my first involvement in labor struggles, uh, how, what a catalytic and critical role military veterans can bring.

Cause they bring leadership, uh, and ability to, to, to work as part of a team, to take risks, to stand up for their. And, uh, help their, uh, fellow union members sometimes hold back, uh, fight back. And, uh, in my own work over the years with the, uh, in the telecommunications industry in the Northeast, I worked on a [00:08:00] number of strikes and tough bargaining situations, contract campaigns with members of both the communication workers and the International Brotherhood electrical workers.

And again, same experience. Uh, you know, some of the people who were the most effective picket captains, the most effective organizers of mobile picketing, you know, the, the, the best strike leaders were people, uh, you know, who were from backgrounds, uh, went into the military, got out of the military, went to work for the phone company.

And, um, so, you know, what I, uh, uh, contributed to the book was, uh, you know, some of the sections that deal with, uh, That's why the labor movement, uh, should make greater use of the 1 million men and women served in the military and, and are, are now members, uh, a wide range of unions. And, uh, we could talk more about the unions that are doing a good job of deploying them, [00:09:00] uh, at home and the ones that need to do a better job.

Henri: I would, uh, I would imagine that the synergy between union members and veteran union members, um, in terms of understanding the similar struggles, you know, dealing with, dealing with unsafe workplaces, dealing with, um, not being paid enough or having the work you're doing, not being counted as pay. And then we talked about this just a little bit offline, but that the, the, the US military, it is in fact illegal. It is against federal law for military members to participate in any kind of union, anything that even seems like a union. There's all kinds of, you know, official organizations, you know, the association in the United States Army comes to mind of different things you can join and they do advocate to a certain extent on benefits and work conditions and things like [00:10:00] that, but it's nothing at all compared to genuine die in the Wool Union membership where people really actually get to, to push back on that.

And, um, and, and especially, you know, with the, with the military, you know, that the, um, it's long, long known along. You know, horrible corporate interests

as far as how much they're making their people work for, how little wages. Um, and you see that that dichotomy play out on a, on a bigger scale because of that.

You know, like here in Portland, people fighting, trying to get, uh, a higher wages. I think Amazon here is, is paying \$18 an hour or something like that, start starting out. And it's, for some people it's still not enough. It's still not enough to, to take care of their basic needs. And it's also come out a lot more in the last few years that the military does not do as much intrinsic good for their members and their families that they could, [00:11:00] um, in terms of, you know, different aspects of, of, uh, being in service.

So, you know, I, I don't, to me, and not just as a veteran, but as a human being, it's really shameful that there are soldiers that have to rely on food stamps. That there are situations where, you know, usually the, the soldier, the service member, you know, their doctor is easily accessible or hopefully not too inaccessible, but for the spouse, for kids, uh, you know, the military health system has shrunk however much in the last, what, five to 10 years.

Um, horrible, horrible cuts, uh, cuts going on. Um, but we're supposed to, we're supposed to buy in those, you know, those things are just little inconveniences. Those are little things that we just need to accept. We have to accept that spouses are going to move long distances and have horrible times getting new jobs.

Which is something that, you know, it's not, it's not a new problem. And yet [00:12:00] Uncle Sam still does almost nothing. Um, and to switch gears a little bit on, on that topic, that the, about safety conscious that the military is exempt from so many different regulations and rules that normal businesses, that, or bigger corporations, would have the EPA up their asses.

And yet for the military, it's not so much a thing, but that also extends over to families and children that you know, you know what's happening. What, what has been happening the last couple years in Red Hill and in Hawaii? Uh, what's been happening at Camp Lejuene over the last 50 years? I'm fairly certain that the water that I drank at Fort Lewis was contaminated in one way or another, and that, uh, possibly my, my, my then spouse and my young son was living near there, that they may have been drinking the same stuff.

These are all horrible, horrible things that the military just kind of hushes away and we're, [00:13:00] we're supposed to be okay with it. And I, I have my own moral reasons for saying I don't think people should serve in the military

anymore, but if they're going to serve, these things should be there. These things should be, you know, it, it should be thought of that way.

How shameful is it that people's kids can get poisoned by living on a military post?

Steve Early: Well, one, one bright spot is that, um, as a result of, uh, uh, kind of a policy shift, uh, from the Justice Department under Biden earlier this year. Really for the first time, uh, since the 1970s, there's, uh, been a serious effort to, uh, organize unionize, uh, members of the National Guard in at least two states, Texas and Connecticut.

Uh, as you mentioned, the, uh, the Pentagon reacted rather negatively to the efforts, uh, as part of the gi anti-war movement in the late sixties, seventies to [00:14:00] form an American Serviceman's union. Um, and, uh, despite, uh, some brave efforts, uh, uh, by its organizers, uh, that wa activity was quickly criminalized.

And, uh, so active duty, uh, uh, Folks, as you know, have been denied an organizational voice. And, uh, but in these two National Guard organizing campaigns, particularly the one in Texas, uh, you could see what having a union style organization or just a more informal soldiers association to, uh, address bad working conditions and, uh, benefits being taken away.

And low pay. Uh, you know, the Texas National Guard organizing that my union, the CWA is, is backing through the Texas State Employees Union, was tribute by Governor Abbott for, as a political stunt sending, you know, 10,000 Texas Guard members to, uh, the [00:15:00] border. And, uh, you know, a thousand applied for, uh, hardship waivers.

Those were denied. You know, he had tens of millions of dollars to spend on this stunt, help get himself reelected. But at the same time, he was imposing this, uh, unexpected duty on, uh, many guard members and their families. He was cutting tuition assistance. One of the main reasons that, uh, you know, one of the benefits that, that, that people join the National Guard, Texas and other states.

So there's some terrific people leading that effort. Uh, they're now called the Military Caucus of the Texas State Employees Union. You can check out what they're doing on the ts e u website and, uh, You know, they can't collectively bargain. They're not gonna strike. Regular public employees aren't allowed to do that in Texas, but now they have a voice and they're gonna be very active in

legislative political affairs and lobbying state legislature and putting pressure on a Republican governor who just, you know, wanted to use them as political props [00:16:00] with really adverse impact on their, on their regular jobs and on their National Guard service.

I mean, they wanna be serving people, not, you know, acting as mall cops on the, on the border.

Suzanne Gordon: I mean, I think that, you know, one of the, the big problems that I see is that we have this view of military service as service and sacrifice. You know, like you guys signed up to die for your country. Right? Well, I mean, obviously there's. That's true, right? I mean, the military isn't the Peace Corps or AmeriCorps, it's about killing people and getting killed. Right? I mean, you're, which is another thing that we stress in the book, you know, I mean, I'm very taken with the work of a famous Canadian sociologist called Irving Goman, who developed this idea of total institutions, you know, institutions that totally control [00:17:00] every single thing about you.

And the military is the quintessential total institution. And military indoctrination is all about teaching people to, um, forget what they were taught from the time they were born, that you shouldn't kill people. Right. And also, you know, um, and also to obey orders. Right? Um, and I think that, um, the, the thing that we also forget is that, It's a job.

I mean, you know, being in this, the military is like a job. And, um, and it, it should have rights, you know, it should have the same rights as o as other jobs. But also, you know, the sacrifices that people make should be reasonable, right? I mean, we shouldn't be sending people to unnecessary military Avengers and putting them in harm's way, but also we shouldn't be [00:18:00] subjugating people, I mean, to moldy housing, you know, or as you say, you know, moving people around so that they can't have a dual income, which you need.

Particularly given how poorly the military is, is paid, um, I mean, 126 military bases in the US are contaminated with per, I can't even pronounce it, you know, perf fluorinated carbons and, and, um, you know, they're, people are surrounded by predatory lenders. I mean, we interviewed a guy in, in the Navy, Kegan Qaim, you would know about this, who, you know, um, a guy in San Diego, Jose Caballero, who basically talked about, you know, you, you, these 18 year old kids getting on, getting these bonuses.

And then the Navy lets these car dealers come in to the ship and they sign on to, you know, buy these expensive cars and then they can't pay them off. And

[00:19:00] then the, you know, then they are told, wow, you're never gonna be able to pay this off and maybe you better re-up, you know, um, I mean, in Iraq, the scandal of.

Pits. Right. It's just unbelievable. I mean, you hire a contractor who has ke brown and root known in Vietnam as burning L or bribe and lie, you know, and um, and they use a 15 century method of, you know, just burning everything and you're all breathing this stuff in. Even people who aren't in combat, I mean the 3M earplugs, you know, that, that, that you all were given and they didn't, the Pentagon somehow couldn't be bothered to figure out, like, were, did they work and people have tinnitus and hearing loss, and they thought they wouldn't using these things.

I mean, one could just kind of go on and on. And, you know, I think, I mean, particularly for women, [00:20:00] the, the misogyny in the military that the military refuses to deal with, um, and the, the military sexual trauma and the way that. People are penalized, you know, with bad paper discharges if they report a commander.

Um, so I mean, I think these are, these are preventable harms, you know what I mean? They are preventable harms and we as an American public should know more about them. We should know more about what military service involves because if you don't know what military service involves, then you don't understand the veteran's experience because it begins in the military.

And, you know, Henri, you mentioned the military health system and we we're very focused on VA privatization. They have privatized military health system. Shrank it, you know, this is the, in spite of vast every year [00:21:00] increases in the budget for the military. And they can't afford the military health system.

Like, excuse me, really?

Henri: I had made a note for in, in terms of this discussion that the, something I think that advocates should begin talking about is that when the, when the NDAA comes around for a given year, when we have our, our big budget that comes around on a, on a, in a given fiscal year. let's say, you know, recently we've had, we've, we've gotten to, I think it's over 800 billion now.

So if 800 billion is our military budget, our ac our reactive or preventative, however, you know, however, we're deciding to define defense on that particular day. If, if we're willing to put out 800 billion, uh, billion dollars that when that bill goes along, I think that it should be mandated that there should be a

[00:22:00] dollar for preventative things, say the vha, the vba, military health Service, et cetera. Um, and that goes with that one budget. Because for so long we have decided that these things are going to be entirely separate. Not only because do, the Department of Defense doesn't acknowledge things like, like moral injury, but it allows them to get war, you know, to start wars, to start conflicts that lots of people are hurt in not just Americans, but people all over the world. And then as far as the backend costs, those are shipped off to someone else, a different president, a different administration. And it then it becomes, becomes, you know, onto, onto people like you guys to say, this is really what's actually happening. Bring it down from the, from the abstract down to the concrete.

This is what veterans are actually having, having to live for. Because you know something Danny, Danny says [00:23:00] a lot is about that we have to make less veterans. Well, okay, I'm absolutely a. On board with that. Um, in our go, in our journey in terms of making less veterans that we're, I, we're, I feel we're more morally and ethically bound to make service better for people to make it easier too, that if, like you said, like you said, Suzanne, that these are preventable harms, these are things that we actually can change. But part of it is we don't have the mindset for change. It's usually, it takes so long to make small changes and then a lot of times the bigger ones come with things like the Mission Act stuff that is, says it's ostensibly to help to give veterans more choice and instead it is a way to help them less.

And to listen, the ability of the entirety of the VA to be able to help more veterans. Um, I say that, you [00:24:00] know, I want to get that out there because it is, it's, we, we've been have, we've been forced to accept this dichotomy about where the money comes from and why we don't have it. You know, people, people like to use the, you know, the meme of the homeless veteran.

You know, I'm not, I'm not gonna help. We're not gonna help anybody overseas until every homeless veteran has a place to stay. Um, we need to latch on some to the concrete, and we need to be front loading our expenses that way. And peop and when, that day, when and if that day actually comes, that people are gonna have, wow, this is okay.

You're, so, you're saying that it's. \$2 that the cost of this is not \$2, but it's actually three and a half or three, you know, however many trillion, whatever it is. And let the bean counter stew over that for a while, you know, that they have to, it's that it's not a, it's not a choice anymore.

Keagan: One thing that I like to see right now is the fact that a [00:25:00] lot of the armed forces are missing their recruiting goals, even though we're in a recession. And I find that really interesting because it just goes to show you that like, young kids get it. Like they don't want to go into the military where they can deal with all this stuff because the information is getting out there. Like more kids are listening and really like, oh crap, I don't wanna have that happen to me. Like, so it, it does make me feel good that like the Gen Z kids, like they get it. They're like, Nope, don't wanna be a part of, even the people that feel like, you know, there, there is an economic draft and like even those kids are still like, Nope, it's not worth it. Because they're starting to understand and listen to the people who've gone through it and be like, oh, okay. I don't want to have to deal with that.

Suzanne Gordon: Yeah. I mean, one of the things that is, that I'm particularly insensed about is this whole, you know, the bad paper discharges. And, and I think, you know, if you ask most Americans, most Americans know, like [00:26:00] zero, I would say about, you know, military service or the VA or, you know, I mean, I, I, you know, always give talks and I, you know, did you know, did you know, did you know? And mostly they don't. And most Americans think every veteran is covered by the va. They have no idea that, you know, you, your healthcare depends on your dis or your, your education benefits that we promised depends on discharge status. They don't know anything about, I mean, I think they probably heard about an honorable discharge and a dishonorable discharge.

I mean this, this category. So extraordinary. This, you know, other than honorable discharge, right? And, and where you're, I mean, you, you can't use the term punitive discharge cuz, cuz that's like a term of art, right? But these punishing discharges where people are punished because they have ptsd or traumatic brain injury or whatever, and they, you know, they, they came to [00:27:00] formation twice late or they weekend or whatever, or they reported military sexual trauma, you know, and then they, and then they get kicked out of the military with this discharge that makes it impossible for, for them to have, um, um, You know, healthcare and benefits. And Danny really explained to me how the military uses those, you know, to kind of get rid of what he calls problem children, because it doesn't wanna take the time to go through the medical discharge process, the lengthy medical discharge process where they'd then these commanders or whatever would have, you know, like nondeployable people on their books, which counts against them, et cetera.

And I mean, I just think that's absolutely outrageous. And how many, I mean, I can't, I don't know. You know, I mean, I, did you know about that? I mean, did

they tell you about that? Did you register it when you [00:28:00] were 18? You know, I mean, because I bet you that's like a pretty big surprise to people. And then, you know, the, the, the other thing that I think is so fascinating is how the VSOs won't let you know, AMVETS, the Legion, the dav, um, um, vfw, you can't be a member if you have one of these bad paper discharges, right?

Mm-hmm. . So they're, and they're so, they're not on board for changing this because they have the same mindset, right? And we have 600,000 people, right, who have these discharges and can't get help from the va, the benefits that will promise them. And the American people are like stunned. People are stunned when we tell them.

Keagan: Um, I, my friend was a jag officer in the Marine Corps, and a lot of what he [00:29:00] did were fighting for people's discharges. And the thing that he told me was the most frustrating is the fact that you can do everything right and then have one mistake, and then the, it's up to the commander, you know, basically like what your discharge is and if they just wanna make an example of somebody they can't, and then boom, their goal, your benefits, right.

And I just found that like, so frustrating as someone who works, like my job right now is I work with homeless veterans who have, who are, uh, who don't have honorable discharges. So like, they didn't have enough time in, or they got, they got discharged because of they smoked pot once. You know? And so it's, it's, it's frustrating because like if, if they were able to get seen by the va, I could help them so much better and they would have so much better coordination of care. There would be so much more, um, It would just, it like their life would be so much easier if they were able to access these benefits, but they can't. [00:30:00] And there, there is a way, you know, to try to upgrade your discharge, but that takes forever and it's a long shot. Like most, most people don't get it.

Suzanne Gordon: Yeah, no. And, and the VA could also let them in. And there have been efforts, I mean, uh, we have a great group in San Francisco called Sword Plow Shares. Yes. And then there's the Harvard, uh, veteran. Clinic and they've put a petition in 2015, like under Obama. Right. And they, because the VA could let these people in. I mean, it's a long in the weeds discussion about, you know, what was intended in 1944 with the Serviceman's Readjustment Act, blah, blah, blah. But the reality is, you know, we don't wanna spend a, Congress doesn't wanna spend the itsy bitsy bit of money that would take to bring 600,000 people, you know, into the VA for what we promised them.

Mm-hmm. . [00:31:00] And, you know, um, I think that, I mean what, it was very interesting to talk to Michael Bleecker, who is the executive director of sorts, and he basically said, you know, he did not go to the traditional VSOs to get help with this because he thought they would actually fight against it. And I mean, I've had conversations, I mean, sometimes I feel like civilians are, are more supportive of veterans than veterans are supportive of each other.

I've had conversations with vets about people with bad paper and they'll like, well those guys, they made bad choices. And you say, well, you know, he had a traumatic brain injury. So like he really doesn't, I mean, have the cognitive ability to make a good choice. It doesn't matter, you know, it doesn't matter. I didn't get the honorable discharge so. I mean, if, I [00:32:00] mean, you know, I think there's also a lot of people who would be supportive of that, but people, you know, it, it's a question of, of money, spending money. And we're willing to spend it on defective airplanes, you know, that don't work. But we're not willing to spend it on treatments that we know will work for people that have served us. It's, it's just infuriating,

Steve Early: you know, it, it kind of points out a really tragic contradiction of the veterans healthcare system. Um, you know, one of the things that impressed me about it, learning more about it, uh, for the book, how it functions basically as a federal workers compensation system. I mean, it's, uh, two-thirds of the, the, the people, uh, who are VA patients have a disability rating.

That's how service related condition they've been able to prove. And so they're getting comprehensive healthcare. Coverage. Um, they're in much better [00:33:00] shape than a, a construction worker. A coal miner gets injured on the job, gets an occupational disease. You know, our state worker comp systems are not great.

Uh, employers have private insurers that fight the claims. Uh, you know, the, the disability benefits in many states are pretty poultry. And, you know, if people are really racked up, they lose their job. They lose their regular job based health insurance, even if they case and get some treatment for their injury or their illness.

Uh, you know, and the va, once people are in with a service related condition, they have comprehensive coverage. But, you know, the one fly in the ointment is the military's treatment of the performance issues that can lead to disqualifying discharges. I mean, there's no way that a, a construction worker or a coal miner, you know, if they get fired for punching a supervisor or smoking a joint on the job or going out on [00:34:00] a wildcat strike, you know, if a year

later their employment has been terminated, they develop asbestosis or black lung disease, they can still apply for disability benefits.

There is not terminated as a result of their, you know, their alleged misconduct on the job and their past termination by a private sector employer. So that's a, a big, uh, uh, hole in the, the, uh, social safety net that, you know, benefits, uh, half of, uh, the 19 million Americans who've served in the military and we're getting the benefit of, of, of VA services.

And of course we argue in the book, Uh, there's lots of ways that, that the, the VA coverage could and should be expanded to other veterans, veterans families and, and people in the community who need this, uh, network of public hospitals and clinics, particularly in underserved areas of the country. [00:35:00]

Henri: I re, I was, I was really uplifted to see your guys' commentary about, um, getting benefits to family, family members of veterans that, that we, we have to start looking at it, um, that the, you know, the family is included in this, in this veteran circle that we put, we put veterans into because we bring it all home.

We bring, and we essentially give it to our, our relatives. Um, but no, I think that, I think that that's a really amazing idea and especially been that, um, One of the biggest issues, you know, is, is facing Americans and certainly facing veterans that aren't able to get care from the va is just simple healthcare.

Losing your healthcare from, you know, especially if it was a job that you had for, for a long time and how that that one thing can send, make someone spiral, you know, have increasing depression, have other health issues, you know, potentially, [00:36:00] um, contemplate. It, you know, they need to understand that how, how much these changes really matter to the few people that are able to get them.

Now I, I think that, I think that all veterans should be able to access it. To me, it seems like a, uh, an uh, something that would fall under equal protection of the law that you, how is it that you can prove that this person's things, you know, misconduct or whatever phrase that it isn't driven by injuries that they received from the military.

How can they, you know, rubber stamp it as denied right out the gate, simply on that basis, you know?

Suzanne Gordon: Well, and, and I mean, I think that it, we, we are long time advocates of, of a national health system. I mean, I personally think it should be VA for all as opposed to Medicare for all because the VA is a really great model.

But you know, the reality is that, um, I mean, [00:37:00] you, you see it in the, you know, because so much of military, since we did away with the draft, it's become sort of a family business. You know, dad was in Vietnam, I'm gonna, whatever. And I mean, a lot of the, the folks that I've interviewed and, and veterans I've talked to and spent time with, you know, their father was in, you know, no, grandpa was in World War II and came back, you know, never quite the same.

And then, you know, he was in Vietnam and came back and, well, they had a name for the, never quite the same, you know, after a while, ptsd. And then they join up and they, and you know, this is a mental, mental illness. And, and the, and the wounds of war is kind of a gift that keeps on giving, you know, and um, and then you add football into it and, Come in with like cte, you know, and, and it's really like a setup I think.

And, um, and, and as my friend [00:38:00] Harold Kudler, who was the chief of mental health for the VA for a long time, said, you know, I mean if some, if Joe has PTSD and he is married and he has kids, I mean, Joe doesn't just experience a PTSD or tinnitus or whatever, you know, any of these problems. Not to mention the burn pits and the birth defects and the cancers that you're passing along to your progeny.

But it's ridiculous. And we should have both the va, I mean, I personally think. National health system, ala va. The VA should be part of that. And, you know, vets could, could go to the VA and their families could, could also go to the va or they could go, you know, to get healthcare in this national system to which everyone would have access, like every other country, every other industrialized country.

I mean it, I think that veterans should be [00:39:00] approached by healthcare reform activists to join in. Um, In the struggle for national healthcare, and they should also really be joining the struggle for ending privatization. More vets should be of the va. Um, which, because we, you need a specific healthcare system to, to deal with the very specific illnesses and conditions that veterans have.

I mean, one of the things I learned writing wounds of war was veterans have very specific healthcare problems. Mental and physical and social. Right. And

you need a system that deals with that. As long as we have, as long as we're producing veterans, right? And obviously it would be great if we weren't. You have to have a healthcare system and a, well, a social determinants of health system [00:40:00] that deals with the very specific problems that veterans have.

Um, and I think that that should fit into a larger system to which we all have access. And every vet, every vet, no matter what their, no matter what they have a proven service, connected disability, should be given that healthcare because we can afford it. I mean, one of the things that really, really impressed me in writing wounds of war in this book as well is the socialization in the military of embracing the suck, you know, of, of not health.

Not, I mean, even when you have the military health system not using it. Cuz like, you know, as the Marines say, pain is weakness, leaving the body. I mean, really, like, you know, and, and, and I have talked to people who had horrendous injuries and didn't, you know, there's no paper [00:41:00] trail because you're socialized not to go to the doctor.

I mean, unless I was told, you know, unless a broken bone that's like sticking out of, you know, out of skin and bleeding or, you know, you're, you're told not to get help. And so you socialize people into this, into this anti he CP behavior and then they don't have a paper trail. They can't prove the service connected disability, and then they can't get into the va.

And if that is the frame, then you absolutely must give these people access to, to healthcare without demanding some kind of paper trail that proves, you know, that they got this.

Henri: I would think of it just as, it, just as a, a simple, a simple, the, the, [00:42:00] um, the best use of extending the system that way. That it is, that in terms of, you know, as we understand more about how multi-generational trauma and combat get mixed together, that in that paradigm you would be ensuring that, you know, not just the veteran who goes to combat, but the veteran who doesn't go to combat and the family members and the kids and, and that way, but that the, that whole sphere of influence that a veteran has, at least they're protected I, healthcare wise, and that's something that they could go forward with that like, for, you know, I would think.

My sons should have like VA coverage, at least for like the mental health aspect because their, because their dad has issues that way. That it just makes it, it just makes logical sense. But the, I think the bigger, biggest problem we're gonna run into is that people, people don't expand their idea that big enough cuz

[00:43:00] it, they, they want people, you know, as Americans, we're supposed to, you know what you were just talking about, Suzanne, we're supposed to suck it up.

We're not supposed to, you know, and, and, and that by asking, we're somehow relinquishing, you know, that John Wayne cowboy bullshit. Um, when in the reality we're just trying to deal with the aftermath of war in all the different forms that it ends up taking and all the people that it ends up, you know, dealing with.

Suzanne Gordon: I mean there's some pretty interesting, um, models. You know, for that kind of expansion. I mean, we argue in the book that every, I mean, let's begin by covering every veteran. Okay. I mean, let's get rid of any means tests for income or service connection or discharge status. You know, I mean, I don't know.

Okay. You wanna, I'm willing to compromise on dishonorable discharges maybe cuz there's so few of those people. Right. But everybody [00:44:00] else is in, nobody's out there. Okay. And then once we've got that, then I think we should expand it to, to family members. I mean, I think we should expand it to VA caregivers.

There's 300,000, uh, caregivers who, who have devoted their lives to helping vets and a hundred thousand of them are vets. Okay, fine. Not every one of those a hundred thousand vets has, you know, can, can make it through the eligibility made. But you know, I have friends who are. You know, primary care docs and psychologists and psychiatrists, these amazing models of care, they can't get care in the system they've created.

And they have to go out in the private sector where the care is fragmented and disorganized and they can't get the kind of models of care that they've pioneered. It's insane. 200, that would be 200,000 people. So, you know, bring all vets in, VA caregivers, let's start there, then [00:45:00] expand to family members.

And, you know, you can even expand to communities. I mean, in White River, Vermont, um, uh, at the va they've let in, because they have such a problem with mental health care in the area. They have let civilian Secker patients come into the VA to get care that's very, you know, doable. Um, and they're, they're arguing now, you know.

The powers that be in Washington, oh, we can't really afford the VA healthier system. There's an declining veteran population. Some of these are underutilized, blah, blah, blah. Well, you could, you know, oh, you could bring in increased utilization by bringing in vets who are currently in prior, you know, in these priority groups, difficult for them to get care.

You could bring their family members in, you could bring community members in because in all of these places where they wanna shut down VAs, [00:46:00] there are terrible. Shortages of healthcare, particularly in rural America and the VA could really use its fourth mission, which is something that almost nobody knows about, which is to serve as a backup for the broader healthcare system in times of regional, national, or local emergency.

It could expand its fourth mission and bring folks like family members in community members in. It's very doable. It's very cost effective cuz the VA is a cost effective system cuz it's mission not profit driven.

Keagan: I think it's interesting. There's, um, so there's a housing program called HUD vash. It's the VA supported Housing Group grant. And, uh, they have recently changed the criteria within the last couple years to let more people in that, that have bad paper dis or, uh, at least, uh, general under honorable conditions. And also, uh, length of service has been decreased [00:47:00] drastically. So now basically anybody who made it past two weeks can be, can get enrolled in vash.

And I think that that's gonna be a good crack in the way of letting people open it. Because then, because that's the next question of like, there's always this continuity of care with veterans. So if we're gonna let these people who have these other than honorable or general and honorable conditions, uh, folks in, or folks who didn't serve the full 180 days, you know, if we're gonna let them in, we might as well let them have VA healthcare.

So I know that. There are people out there that are trying to push that. But I, it's, it's good because now we're seeing that there's, there's a balance. Like there are folks out there who are fighting for this because they realize we're in a need, we have a national crisis of homelessness and we need to do something about it. So, I don't know, I think that's, I think that's gonna be interesting to see how it develops over the next couple years. [00:48:00]

Steve Early: Yeah. I mean, the biggest threat to all of this forward motion and the possibility of improvements in expansion of coverage is the defunding that's been going on for the last seven years under the choice and now the mission acts

and, uh, you know, secretary, uh, VA Secretary McDonough's, latest figures are, are pretty daunting.

You know, you've got a a ha direct care budget of about a hundred billion a year, 33 percent that is now being diverted to reimbursement of private hospital change, private medical practices, private clinics, uh, all of the private healthcare industry interests that are feeding at the trough. So a third of the budget now is, is, is the VA is essentially functioning as a Medicare style reimbursing of outsources.

And, uh, this privatization trend is accelerating. McDonough has admitted that it's now on track to consume 50% of the VA's [00:49:00] budget. So where does that lead that, you know, the 9 million patients and their families, uh, you know, who, who depend on that network of 1200 medical centers and clinics, if half the money allocated for direct care is being diverted to unnecessary outside referrals to providers with skill and experience treating veterans.

You provide access, you know, which was how this thing was sold to the VSOs, to many veterans as a form of choice. And, uh, it's not sustainable. McDonough has admitted that, but he regards this situation as a healthy competition. Well, I'm a Kaiser member in California. Kaiser's got a similar number of patients.

Uh, nine 10 million is the va. Kaiser doesn't tell me, Hey, Steve, you know, if you [00:50:00] got a medical problem anytime you want, just go to Sutter, go to U C S F, go to Stanford, one of our competitors. And you know, you can be treated there. You can self refer, you know, just send the, build us. That's not how it works.

You can't go out network without penalties. Uh, so, you know, veterans have been told VA patients and, and many get this and know that doesn't add up, that you can have your cake and you can eat it too. Well, you can't because they're cannibalizing the system. They're defunding it, and they're setting it up for the kind of dismantling, uh, and downsizing.

The Biden administration itself proposed a few months ago. Fortunately, that particular, uh, uh, uh, restructuring scheme was torpedoed as a result of grassroots organizing by the. Patients and their caregivers and some of the VSOs and uh, you know, key senators, uh, said no, we're not gonna have an air commission to, uh, implement this plan.

But they're gonna find other ways to [00:51:00] implement the plan piecemeal cuz they, unless they stop the outsourcing. And McDonough so far has failed to

do that and he has two more years left on his watch. Um, but he is on the same trajectory as, uh, uh, the, uh, Trump and Obama administration VA secretaries before him.

Suzanne Gordon: Yeah, I mean, I think that one of the things that's really important for people to understand is that, It's not just the Republicans that privatization bandwagon. I mean, it's really the corporate Democrats who are being, you know, one of the, the points that our, our colleague, Jasper Craven makes is that the senate and, and House Veterans Affairs Committee used to be kind of backwaters because nobody would, would give them money.

You know, nobody would give them donations cuz there was, you know, they, they weren't, um, in the service of private interests. And now, [00:52:00] uh, there's huge amount of lobbyists and huge amount of money going in to the coffers of, um, you know, of these, uh, senators and congressmen who, who Congress people. Excuse me.

Who are really, you know, going along with the privatization agenda. I mean, Debbie Wasserman Schultz in Florida is a huge recipient of hospital industry money. Um, you know, they, they, these, these, the Dems are probably not getting money from the Koch brothers, but they're getting the pharmaceutical industry that hates the fact that the VA negotiates prescription drug prices.

They're getting money from the hospital industry, the medical equipment industry that wants a cut, you know, of, of, of this huge pot of gold. A hundred billion dollar, pot of gold. And we really need to put pressure on the Dems. We really need to put pressure on the Biden administration because they have pursued Trump [00:53:00] Bureau policies.

Um, and um, they have two years. You know, the two years guaranteed, right? Where they can reverse these often by rule making, right? I mean, they can, the secretary of the VA can reverse the privatization and outsourcing through this mission act through rule making and changing access standards that Trump's VA Secretary Wilke, um, engineered.

And he will not, he says he won't do it. He could reverse this human resources. They, they trump, uh, it, it. Initiated a human resources modernization plan that has essentially crippled VA hiring and that McDonough is pursuing. Um, you know, there's all kinds of ways that without any legislation whatsoever, the secretary can use his authority, um, to, to reverse outsourcing.

And I [00:54:00] think veterans groups and veterans and their families, you know, it's not just the vet, right? I mean, the vet

Steve Early: has, he could also fire Trump's favorite, uh, medical information processing firm, Cerner, which, you know, got a \$15 billion no bid contract, which it. Has screwed up, uh, the, a medical record keeping and just about every place that it has been introduced, they've now paused the rollout.

But this is another contractor that should not have gotten that contract. Actually, the work probably could have been done better in house, uh, but it's a huge albatross around the neck of the current VA administration, again, inherited from Trump, but they're gonna have to deal with it. Just staying the course is not in the best interest of veterans or their families.

Henri: It it, it reminds me of, uh, our discussion about abortion access in [00:55:00] understanding that Biden and the Biden administration can take much bigger strides than it is and it's choosing not to, um, So, and, and keeping in mind of course that the, with the, the VHA rule about them not being able to compete properly in terms of market based salaries for hiring, um,

That it just we're, we're seeing this, you mentioned about an albatross around the VA's neck, you know, that we're, um, from our last conversation, Suzanne, from uh, sometime in 20, uh, 2019, I think that, you know, it was certainly smaller, but we're starting, you know, the, the monsters fins are really out there now.

We're really starting to see the snowball, gather speed and, and, um, you know, what will the VA look like in 20 or 25 years, you know, and, and that's not really, you know, long term [00:56:00] planning at all. And yet we, we, we still need it. I, there's been some numbers running around in the news recently about that they anticipate the population of veterans to drop

like precipitously, like by a third within a, within a shorter amount of time. And I can see it already being used as fodder to say, yep, we're, we're, we're, we're just wasting. It's a waste of money. It's, it's, and of course, you know, let, let guys choose what they want to, but, but no one has this, this kind of conversation, understanding the, uh, continuity and care that the VA provides and that the, that they do provide something that other doctors cannot.

It's not a, it's, it's not just some, um, axiom that we came up with just to do that. They actually do provide that, that, and especially like you guys are talking

about that, the kind of conditions that veterans have frequently and how those conditions work with one another. [00:57:00]

Suzanne Gordon: Well, you know, one of the things that folks don't understand about healthcare is you can have a declining patient population and still have an increase in need because, you know, veterans have very complex, they have multiple issues.

I mean, the average. Over 65 year old who goes, you know, on Medicare has three to five presenting problems. The average Vietnam vet has nine to 12. So, you know, and, and the folks who, I mean, you know, veterans have more muscular skeletal problems. I mean, these, this doesn't even depend on combat. I mean, you don't have to have go to

Sure. Um, they have more, um, toxic exposures. They, again, combat. Yes. But there's other toxic exposures. They have more mental health problems, they have more suicide risks, they have more PTSD, et cetera, et cetera. So they come in as very complex patients and then they get more complex [00:58:00] as they age, because added on to those problems.

The, the normal pro, you know, the normal health conditions of aging, um, they have more diabetes, they have more hypertension, et cetera, et cetera. You can have fewer vets, but that doesn't mean, you know, but if, if the fewer vets have more problems, they still have a lot of if, and you're, and if you're talking, you have these facilities and you have these models of care that have been developed at the taxpayer.

We have to think about this as an investment, right? We have invested in this infrastructure for 70 years. And it's, it's an amazing return on investment that tragically nobody knows how much money they made, you know, how much, how much rewards they have reaped. Um, and, and many of these clinical innovations benefit us all.

I mean, VA teaches 70% of [00:59:00] American physicians in training. It teaches 50% of psychologists, you know, it does amazing research cetera, et cetera. That benefits all Americans. Every vet that gets treated in the VA, you know, there's a ripple effect. I mean, I have a friend who's, whose brother was a Vietnam vet, and she said to me, if the VA weren't there, I would've never been able to become like a professor in this, you know, prestigious university because I would've been dealing.

He would've been homeless, he would've been, I would've, you know, he would've had all these mental problems that, that she, as his sister would've had to deal with. So, you know, we are not assessing, I think, and the VA certainly doesn't promote this enough, you know, the amazing, um, ripple effect that this system produces a benefit for the good of Americans.

And I think that we [01:00:00] need to expand the system. I personally think we need to go on the, you know, the offensive, I mean, I work, I helped found a group called the Veterans Healthcare Policy Institute and work for it now. And we firmly believe that we have to have a positive, not just a defensive vision of both veterans and also.

You know, what the, the Department of Veterans Affairs can do, not only for veterans, but their families and their communities and all Americans. And you know, one of the things that, that I'd like to also say is that the media plays such a pernicious role in all this. I mean, you know, the media focuses on the vets from January 6th, you know, and, and the mass shooters and so forth and so on.

It never focuses on, you know, where are you guys when they need sources? Where are the folks in common Defense, veterans for Peace. There are all kinds of [01:01:00] candidates for local office. Steve can speak to this, you know, who are progressive vets. They never make it into the mainstream media. And so we have this very skewed view of American veterans that's kind of, you know, white supremacists, blah, blah, blah.

And obviously there are some, I mean, there are mass shooters, there are white supremacists, but there's a whole spectrum of political opinion in veterans that never make it into the media because the media is so fundamentally conservative itself.

Henri: Well, the um,

In, in, in dealing with, you know, the back and forth for, towards the movement of privatization. You know, that what is it? Uh, two-thirds of the federal workforce are, are veterans. Um, a huge proportion of, of the people that work, work at the va. And so, you know, that, that, you know, even for people that aren't actively seeking out the care there [01:02:00] are or that are involved in providing it, and certainly can speak, can speak to how well it does, how it helps the people that they see, and how that those veterans are trying to continue their own work of service.

Cause I'm, I'm sure, I mean, working at the VA is not a, it's, uh, it's not an easy job.

Steve Early: Um, and the other major federal employer of, uh, of veterans, you know, is the postal service. And there's a parallel, uh, Trump now Biden administration, uh, push for privatization. Um, there's more than a hundred thousand veterans.

Uh, as a result of hiring preferences become members of various postal unions. They like their counterparts, uh, in the VA unions or on the front lines of a major anti privatization, uh, struggle to try to prevent a, a Trump appointee Lewis De Joy, uh, who's the postmaster general [01:03:00] still under Biden, they haven't gotten rid of 'em yet.

Uh, and he has a postal service, uh, restructuring plan that would, uh, uh, severely, uh, undermine, uh, mail delivery, uh, cut tens of thousands of jobs. And, uh, it's incremental privatization that's not in the interest of the, the public that needs its mail ballots, uh, delivered promptly. That it's not in the interest of the communities that are served by rural post offices.

It's not in the interest of the, uh, of many people of color, including veterans, uh, who've been able to good, get good, steady long term employment, uh, as postal workers benefits, uh, healthcare coverage, chance of a decent pension. So, um, people wanna help veterans at this point. Uh, one of the major things they can do is get behind these two parallel anti privatization struggles to try to stop the [01:04:00] outsourcing and dismantling of the Veterans Healthcare system and the US Mail system.

Another form of public provision that, uh, benefits, uh, hundreds of millions of us and, uh, will not be replaced for the better by, uh, private delivery companies.

Suzanne Gordon: Yeah. And I think that, you know, one of the, the heartening things for us has been the struggle against the Air Commission and the closures of VA hospitals and the unions that have, like American Federation of Government employees, national Nurses, United and Unions, and veterans groups all over the country that have really, that really attacked that proposal.

And that was a very big victory. I mean, it, it, you know, these people are hyper headed, I guess, or, you know, they never, they never disappear. Um, but, you know, we can really have a big effect when [01:05:00] veterans work together with, you know, unions and, and, and civic groups and so forth. And, um, I'm

very proud of the role that Veterans Healthcare Policy Institute played and, and we worked a lot with a f g and.

Um, it, it, you know, it's, it's very promising, I think. Um, and I, you know, I think that it's just very important for veterans to understand that you cannot have, you, you cannot maintain the integrity of the Veterans Healthcare Administration, the, the veterans' healthcare system if you're not using it, right?

If, I mean, the, the taxpayer is not gonna pay a hundred billion a year for, for buildings and personnel that nobody goes to. And so veterans, I think, need to really speak with each other and encourage each other to go to [01:06:00] the vha. I mean, I, I, I did a radio show recently with a woman who was a. And she doesn't use the VA healthcare system.

She said, because, you know, I don't wanna take money from people who need it more than me. And I said, wait a minute. The VA budget, and a lot of people believe this, a lot of people believe the VA budget depends on prior utilization. You know, they look at how many people used it last year and the year before, and then they, you know, add some, some, some incremental, you know, um, you know, they figure out how many people might be using it, and that's how they develop the budget.

So if you don't use the va, you are, you are actually taking it away. You know, you're not, you're not, it, it's not, it's not like, Um, they, they, you know, pagan and Henri decide which one of them is gonna use the va, and that's how they make [01:07:00] the budget. And so there's so many misconceptions about, you know, what the VA is about.

I mean, one of the other things is, oh, you know, they just wanna give you pills. I can't tell you how many vets I've heard that from. They just wanna give you pills. Actually, no, they don't. I mean, obviously they'll give you pills if you need it. Hagen, maybe you can speak to this, but, you know, um, but, but they have talk therapy, they have meditation.

I learned how to meditate with a bunch of Vietnam vets at the va. You know, I went, I went to a course and it got to be, where's Suzanne? How come you weren't here last week? You know, it was just great. And they have acupuncture, they have salsa dancing, they have cooking classes. I mean, you know, um, literally there's a program.

There was program in San Diego. To prevent homelessness in, in Iraq and Afghanistan vets, and they taught them salsa dancing to about, to teach about

socialization, you know, [01:08:00] um, I don't think Sutter does salsa dancing, you know, um, and or Providence in Oregon. Um, it's really a remarkable system and I think vets should do more talking to vets about, you know, get help, go to the va, right?

Um, as opposed to, oh, no, no, you know, they just wanna give you pills and, or they make you wanna talk and, and, you know, just go online and, and chat with your buddies online. I mean, you, it's good to chat with your buddies online, but unless they're your buddies are all psychologists, you know, if you have PTSD might not be so helpful.

Henri: Uh, there can be a lot of fear. It comes with, with trying to pursue, uh, healing in, in whatever form it happens to be. And hopefully once those, those guys who haven't, haven't tried, or maybe they had an [01:09:00] experience or a few experiences at the VA that did not, right. You know, it didn't, it didn't work out for them that I, you know, I hope they go back.

I hope they try again. Um, yeah, no, I, I can't imagine the medical debt that I would be in if I did not have access to the va. It absolutely has, has kept me in much better health than I would be under any other kind of HMO system. I can't even imagine. Um, before we, we close up, I wanted to, um, touch on something that we had, uh, talked about before.

Uh, we had before we had started, um, that a couple days ago, uh, we released an episode on abortion access and reproductive freedom, uh, in the military. But one aspect that I, I actually made some notes about it, but I didn't, didn't get to share it on the, what, the v how the VA's policies actually deal with those kind of things, and that the VA does provide a bit of a stop gap as far as [01:10:00] for veterans needing that kind of care.

Um, would you guys please share with us about that?

Suzanne Gordon: Sure. So that in, given these the, uh, Supreme Court decision and these draconian, um, bans on abortion in very, in various states, the VA secretary announced a, a rule. That the VA would provide abortions in cases of rape in incest or the health, you know, the life danger to the life of the mother.

And, um, that is very narrow, but it's a very move in a very good move in the right direction. And there have been legal opinions, notably from, um, the, um, that voice foundation, um, where they looked at and said that they could expand these rights to provide abortions for, you know, broader reasons. And I think it's

really important to understand that [01:11:00] women veterans have a, a very, uh, a lot of.

Serious problems with risks for pregnancy. They have more hypertension, they have more cardiac problems. Burn pit exposure creates a lot of risks and they get, you know, certainly risk for cancer. And you don't want a woman veteran to be facing the choice of, of, you know, having to have a baby and. You know, dying because they couldn't get cancer treatment, et cetera.

Um, and so I think that the VA should be pushed to broaden access to abortions in, um, these particular states where, where you're not allowed to, um, have them. And also, I personally think that you could argue that the VA could expand its fourth mission to bring in women who are [01:12:00] facing a medical emergency if they, for example, had a miscarriage and doctors refused to give them appropriate care following a miscarriage because they're afraid, you know, that this will be considered to be, you know, related to abortions or whatever.

So this is, I mean, the McDonough, um, You know, I, I applaud his, his, um, move to expand it in this narrow range. I think they have to be pushed to expand it even further, and also to expand their fourth mission because, you know, for women in these states, I mean, women who wanted to have babies and had a miscarriage, and then they can't get appropriate follow up care, and their lives are put at risk and their reproductive futures are put at risk.

This is just crazy. Or women who have cancer, you know, and they have to choose between chemotherapy. I mean, they can't get an abortion, you know? [01:13:00] Um, so the VA I think is, is playing is, is tiptoeing into playing a, um, an important role and it should be encouraged to play an even bigger role.

Henri: Yeah. There's also the, um, Uh, getting care to, uh, trans folks and non-binary folks as well.

Right. Um, but yeah, it, it, it, um,

it's, it's, it's sad to me that those are the kind of things that we have to find for, for, for, you know, positive stuff. But it is, but it is, it is a step in the right direction and it's a very, a, I think a very powerful one. Um, I, uh, I think, uh, I think that's probably a good spot for us to wrap it up for today.

Um, is there any, any other topics or anything you guys want, wanna end on?

Steve Early: Um, well, um, Listeners who are interested in ordering a copy of [01:14:00] our veterans, um, can do so through, uh, your favorite, uh, local unionized bookstore up there in Portland, Powells . Uh, you can order it online. Don't go to Amazon. Uh, that, uh, famously hypocritical, uh, example of performative patriotism in the, in the corporate America.

Um, you could also order the book, uh, directly from the publisher, duke University Press. Uh, also recently unionized by my union, the CWA News Guild. Uh, you can go to our website, uh, our vets book.com, and there's a, an ordering button there that goes back to the, um, to Duke. So, uh, we hope people check out the book and, uh, let other people know about it because, um, You know, it, it, it took some lobbying to find a publisher to tell this story.

And, uh, [01:15:00] it'll be much harder next time if, uh, we don't, uh, reach, uh, certain, uh, sales target figures. And it's not for our benefit. Believe me, we're not, uh, John gr making big money off of book about veterans. It's, it's for the cause, it's for the movement, it's for the campaigns. And, uh, uh, hopefully we're making a contribution to all of them through writing this.

Suzanne Gordon: And, and I also wanted to, to, um, suggest that if people are interested in following these veteran's health issues and benefits issues, they should check out the Veterans Healthcare Policy Institute, which is veterans policy.org. Um, and, and subscribe to the newsletter or just check out the website because we we're constantly tracking this stuff.

I, I think we're pretty much one of the only groups that is really kind of on this. 24 7, you know, and I really, um, salute my colleagues there in Jasper Craven, who, [01:16:00] who is one of the co-authors is, works with, with me at V H P I as well.

Henri: I've, I've, I've found that site to be a, uh, a wonderful resource. Yeah.

No, it, it is. And, and, and, you know, I'm so thankful that, you know, even, even if, you know, you were the only person or v HPI or the only people really, you know, minding the store as far as these issues go, thank goodness that it's there. You know, you know, and, uh, I know we, uh, you know, last time you and I talked Suzanne, it was, you know, a wonderful discussion.

Um, and I, I feel like once again, you know, with alongside wounds of war that, you know, you guys have broken ground on stuff that people are going to kind of slap their foreheads and like, how did I not know about this? How did I not see this? And I hope that lots of people do. I hope that they do. And, and, and

you know, there's so much that I learned that was in the, in the book about these issues.

Thank you, uh, Steve and Suzanne for, uh, [01:17:00] for joining us. Um, I hope everybody does pick up, try to pick up a copy of our veterans. I'll make sure that I have a, a good link for that in our show notes. Go back to your guys' website and to, uh, to our, uh, good local, local book seller, uh, make people go to who live on the east coast.

Have to go buy it from Powells. That, that will be our Portland Revenge .

Steve Early: We'll see you in Portland in March, hopefully.

Henri: Yeah. Yes, that would, that would be great. Please, please keep us, uh, apprised of that and, uh, thank you listeners for, uh, joining us today and we will see you next time. Take care.

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I hope you'll pay attention. I will not detain you long.