



AFGE NVAC - AIR Commission Talking Points

- The United States is home to 17.4 million American veterans, each having sacrificed in service to the country. Our veterans deserve the best care possible and should be treated as the heroes they are.
- As a whole, the veteran population has more complex health requirements based on the injuries and conditions they have experienced during their service – including the wounds of war, traumatic injuries, post-traumatic stress, and toxic exposure to name a few. The VA specializes in providing integrated care for all of veterans' healthcare needs. A recent study among hundreds of thousands of older veterans found that those who were treated at VA emergency departments had 46% lower mortality than those who were seen outside the VA at private hospitals – and costs were 21% lower as well.
- At the Department of Veterans Affairs (VA), our workforce is uniquely qualified and solely committed to ensuring optimal care for veterans. **But veteran care at the VA is under serious threat.**
- On March 14th, VA leadership released a series of recommendations - under the guise of “modernizing the VA” - that could shutter large segments of the VA health care system, deny veterans their preferred choice in health care providers, cause significant layoffs within our workforce, and force our nation's heroes into a patchwork of inferior, fragmented, for-profit, private care.
- While the VA Secretary talks about a net loss of only three VA medical centers, this conceals the fact that the MISSION Act provides no funding for building new facilities, all of which would require hundreds of billions of dollars in new Congressional appropriations. The only part of the AIR process that is guaranteed to happen is the closures – at least 20 medical centers closed completely, dozens of others gutted of critical services like emergency rooms and surgical care, and many smaller facilities closed.
- The impacts of these misguided recommendations will be felt across the country, but particularly in rural areas veterans will be left with few if any options, long travel times, longer waiting times, and inferior (or nonexistent) specialized care.
- The upcoming recommendations to dismantle and privatize VA services will:
 - o Send the VA into an irreversible downward spiral that will destroy its capacity to fulfill its first mission to provide care to those who have borne the battle.
 - o Cause irreparable harm to its critical national role to save the lives of all Americans during pandemics/other national emergencies.
 - o Discontinue its other roles conducting groundbreaking medical research and serving as the main source of training for doctors, nurses, therapists and other medical professionals in the midst of a severe medical staffing shortage.
- We have seen the impact of privatization before; veterans who have been pushed into the private sector through the MISSION Act are often not able to find timely, specialized medical care or mental health care in the for-profit private sector. Many veterans with urgent and serious medical and mental health conditions have nowhere to turn when the VA closes its emergency rooms and inpatient beds. Particularly since the pandemic, private-sector mental health care has become all but unobtainable, especially for patients reliant on external payers.
- We are calling on President Biden, our Senators and Representatives to put the brakes on this process that will close VA medical facilities, reduce VA services, or cut the jobs of those who care for our nation's veterans.
- The AIR Commission process is hopelessly broken. Working with private sector health care consultants, VA administrators used out-of-date, unreliable pre-pandemic information and assumptions about the availability of private sector alternatives in deciding what facilities to close or downsize. In a February 2022, the nonpartisan Government Accountability Office (GAO) torched the data underlying VA's recommendations.
- The VA told the media it won't be able to update the data for the AIR Commission until October 2022 – right before the AIR Commission would finish its work, and too late to influence the outcome.

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- The stakes are high for the countless Americans who rely on the VA to provide specialized, world-class veterans care, assist during pandemics and other national emergencies, to conduct lifesaving medical research, to train medical professionals. In the wake of a global pandemic, it would be especially unethical to cut these services short now.
- **Tell your senators, representatives, state veterans' offices, and local governments that AIR Commission process needs to be shut down. We need a fair process for modernizing VA, with adequate funding, not a closure commission. No AIR Commissioners should be confirmed until such a process is in place.**
- **The best way to serve our nation's veterans is to reject every proposal to close or cut services at VA medical centers and clinics or eliminate inpatient beds.**

ADDITIONAL INFORMATION: WHAT IS THE AIR COMMISSION AND HOW DID IT GET STARTED?

- The Asset and Infrastructure Review (AIR) Commission:
 - Was created along with a massive, new permanent contract care program as part of the VA MISSION Act in 2018.
 - Looks at VA medical facilities and decides whether to modernize them, expand them, change them, or close them.
 - Slashes the power of Senators and Representatives to fight against proposed closures and cuts to VA medical facilities in their own states and districts.
 - This law was designed to privatize large swaths of VA, and the AIR Commission provisions are no exception.
- President Biden has *nominated* eight people to serve on this commission. Some prospective members have already been criticized for their ties to privatization interests.

THE VA ANNOUNCED ITS LIST OF RECOMMENDATIONS TO BE REVIEWED BY THE COMMISSION ON MARCH 14. WHAT DO WE KNOW SO FAR?

- The VA has:
 - Recommended closing or gutting dozens of medical centers and clinics and drastically cut outpatient and inpatient services at many more locations.
 - Proposed that veterans in many locations who need surgery, intensive care, emergency care and inpatient mental health care will no longer be able to go to the VA.
 - Proposed to send veterans outside the VA based on flawed research. Their assessments incorrectly analyzed local health using old data and it didn't factor in the pandemic and extreme healthcare shortages already hurting rural areas.
- These recommendations failed to consider the VA's own capacity to take care of veterans now and in the future, with full funding and full staffing.

WHAT HAPPENS AFTER THE VA PUBLISHES ITS RECOMMENDATIONS ON MARCH 14?

1. The Senate is considering whether to confirm the 9-member AIR Commission before it can begin reviewing the VA's recommendations, but no date has been set for either a Senate committee hearing or a vote on final confirmation.
2. If the Senate does not confirm the nominees by January 2023, the Commission's authority dies along with its ability to fast-track facility closures.
3. If the Senate overlooks the fatal flaws in the process to date and confirms the Commission, the Commission will begin holding hearings and reviewing the VA recommendation over a period of just a few months, using a small budget and a staff largely drawn from the ranks of VA managers.
4. The Commission, if it forms, would report the VA's closure recommendations, along with any changes, to the president by January 31, 2023. At that point the recommendations would be subject to approval by the president and an expedited up-or-down vote in both houses of Congress.
5. If Congress and the president fail to disapprove the AIR Commission's report, the VA secretary would be required to begin the closures within three years. Any new construction, modernization, or new facilities would be dependent on future appropriations from Congress.