



We Can Do Better for Our Veterans' Health Care

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The mission statement of the US Department of Veterans Affairs (VA) reiterates Abraham Lincoln's promise, "to care for him who shall have borne the battle, and for his widow, and his orphan," by serving the men and women who are American veterans.¹ Robert A. McDonald is the current Secretary of Veterans Affairs. He was recently appointed after the scheduling scandal at the VA. He was the previous Chairman and Chief Executive Officer of Procter & Gamble and is a graduate of West Point. Mr. McDonald has recently been criticized for some public misstatements after only being on the job for a few months.^{2,3} His staff includes a wide variety of numerous secretaries, deputies, councils, and assistant associates. The budget for 2016 that was recently submitted was \$169 billion.⁴ The scandalous scheduling fiasco in the entire VA system blatantly shows the neglect of our servicemen and servicewomen and is a permanent blemish on a government-run system. Despite claims of numerous firings, only 8 people have been dismissed out of an employee pool of over 300,000.³

I have been a volunteer physician for just under 40 years at the VA Hospital in La Jolla, California, which is also an associated teaching hospital for the University of California, San Diego. Many of my reflections are from personal experience. I am also a veteran. I have a deep affection for our veterans and their families, and write this column in the hope of some possible change in their care. The physicians and health care providers in this system are dedicated and professional individuals caught up in a tangled bureaucratic web that, in most cases, handcuffs the delivery of the health care that our veterans deserve.

When one goes to the VA website, it appears that there are a myriad of services available, but, as with all government agencies, more time is spent in the creation of the website and structure of the agency than is spent in servicing the patient. Picture trying to get your health care through the local Department of Motor Vehicles office. The VA system is a huge bureaucratic overregulated agency currently out of control and

lacking efficiency. From the clinic to the operating room, the process is frustrating to all involved. There are clinics staffed with medical doctors, nurse practitioners, physician assistants, medical students, residents, and fellows. Generally, they can only process 10 to 12 patients per half-day clinic because of the endless paperwork and regulatory requirements.

The operating rooms have been a formidable frustration to the surgeon. It is routine for a 7:30 AM case to start at 9 AM and then be followed by a 2½-hour turnover time until the second case could be scheduled. Cases cannot be scheduled that could potentially start after 3 PM. Most data would probably suggest that the operating room efficiency in terms of numbers of cases is approximately 50% to 60% of what can be done in the private environment. Staffing for all facets of the hospital operation is

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about double what is necessary in the outside world. Physicians must take tests on a very frequent basis on subjects that are totally unrelated to health care. Examinations on American history, electrical safety, and sexual harassment in the workplace are commonplace topics. These tests must be taken and passed in order to maintain one's privileges at the hospital.

Is there an answer to this government-run system? Perhaps. Here is a potential solution. Over a 5-year period, divest all VA facilities, sell or rent them, and sell or rent the land. Use the proceeds, in combination with the normal budget for the VA, to create a private health care system. Veterans and their families would then receive a veteran-based private policy that would have no deductibles or copays and would allow them to seek medical care from any provider. For more complex situations such as quadriplegia, posttraumatic stress disorder (PTSD), or complex amputations, private entities would bid on a local basis, assuming they pass a strict credentialing process. These private entities would be required to pay strict attention to protocol, deliver prompt service, and produce out-

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comes that are acceptable in the medical workplace. The newly created system would be run by a private board composed of retired military, business executives, and entrepreneurs with no political affiliations. The trust fund would not be susceptible to any other allocation other than the medical care of veterans.

I have seen far too many spouses and families of deployed servicemen and servicewomen whose care has been neglected while their spouses are serving in a foreign land. There are far too many homeless veterans that are in need of psychiatric care and suffering from PTSD. It is estimated that 11% of the current homeless population are veterans.⁵ Their housing needs have been completely neglected. These are not acceptable statistics. The government now provides some burial services and headstones for our deceased veterans instead of delivering the health care for them and their families while they are still alive.

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