

# Good research paper on delays in care for veterans through the va

[Health & Medicine](#), [Mental Health](#)



## **Introduction**

Quality care is one of the most important aspects in the healthcare industry. The United States government has its most important responsibility to care for the veterans of the nation including their families. During the inaugural speech of Abraham Lincoln, the former President of the United States, he commemorated that the obligation of the nation is to care for the veterans especially those who sacrificed their lives, bereaved families, and children. However, the world of the veterans in terms of their benefits and healthcare is intense and complicated. Currently, there are trends and changes in the processing system regarding the compensation and pension benefits as proposed by the VA system. In the 2016 Budget and the 2017 Advance Appropriation Requests, President Barack Obama's promise to provide the veterans of America with their families and the survivors the benefits and care has already been prepared by the government. Among the requests are the needed resources for the increased access of the benefits and services to the veterans, to end the veteran homelessness, and to sustain the development of the pending disability claims. Unfortunately, the brave men and women or the veterans who have defended the great nation have less than par treatment through the Veterans Administration (VA). Most of the United States veterans are still waiting for their disability benefits for months or even years. The slow process and its accumulated claims is an embarrassment. Consequently, those who experienced from delay benefits and healthcare described the VA through a slogan stated " Delay, Deny, Wait Till I Die" . The study demonstrates the significant negative ways that the Veterans Administration delivers the quality benefits and health care among

the veterans and their families and it includes the medical provider's role, the effect pharmaceuticals has on veterans, and the consequences it plays in the uncanny rate of suicide among veterans.

## **Medical Providers or Business Administration**

### **Budgets**

In the 2016 Budget and 2017 Advance Appropriations, President Barack Obama emphasized and assured the public that the government will provide the quality benefits and healthcare services intended for the veterans and their families, and survivors. The budget includes 168.8 billion dollars for the VA in 2016, 70.2 billion dollars in the discretionary resources, and 95.3 billion in the mandatory funds. The request on the discretionary budget represents the increase of 5.2 billion dollars equivalent of 7.5 percent over the enacted level in 2015. The increase of the budget requests of the resources is an important matter in the VA. The moment the veterans access the quality benefits and healthcare services the pending disability claims can be sustained. In addition, the veteran homelessness will be put to an end. It implies that the government budget supports the veterans, their families, and the survivors to receive the highest quality benefits and healthcare services. The lifelong benefits and services they deserved and earned from their sacrifices in serving the great nation.

## **Delays in Services Provided**

Despite the good services presented by the American government and their objectives, the organization and the public advocacy group for the veterans filed suit in the Federal Court against the Veterans Affairs Department (VAD).

The opposing organizations claimed that the VAD agency has poor services; keeping the veterans wait longer periods about two years for the records necessary in the application of the benefits and healthcare benefits. According to Bart Stichman, a co-founder and co-executive director of National Veterans Legal Services Program that the injured and disabled in combat veteran during combat are should not be forced to wait long periods to receive their records from the VA in order to apply for the disability benefits. For many years, America has been part in the many battles that resulted to the increasing number of military veterans. At present, about 1. 6 million American citizens, men and women, have served or are serving the nation particularly in the Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF), respectively. As a result, in the United States, the active duty, and military veterans have experienced the elevated levels of depression compared to the civilians. In contrast, the military retiree with 20 years of service or more, specifically the husband received the TRICARE health insurance. The TRICARE Standard has a 150 dollars deductible without the annual enrollment fee and it covers for all military retirees automatically. For the annual premium, the military retiree upgrades it to the TRICARE Prime that has no deductible and has a reduced out of the pocket costs for the services. Moreover, at age 65, the benefit of the veteran has the transition to TRICARE for Life that the Medicare entirely policy covers without the annual enrollment fees aside from the Medicare Part B premiums stated.

## **Mental Health Services and Pharmaceuticals**

In 2012, the suicide data report from the Department of Veterans Affairs (VA) highlights the very important function of the outreach for the current healthcare and mental prevention efforts. Specifically, the clinical and public health care efforts continue to target the veteran suicide incidence and the agency strives for the innovative ways to reach the veterans in their communities who are at increased risk for mental health and suicide. On the contrary, the framework for the outreach and services provided in the public and private sectors is focus on the access of the Veteran population with potential prevention on mental health and suicide issues. Among the causes on the issues of mental health is the use of the hypodermic syringe that allowed a quick and effective way to administer morphine and the Civil War that apparently introduced many Americans to drugs such as opium and morphine used to treat the wounds acquired during battle. Sometimes, the historians and politicians blame these two events for mass drug addiction in the America veteran that affect the mental health of the individuals. In addition, in the clinical research conducted in the early 1990s, it demonstrated that the impact of the chronic excessive alcohol can cause addiction or even morbidity and mortality among the veterans in VHA. It means that the presence of the mental disorder is associated with the alcohol dependence. The VA made their efforts to expand their services to rural areas to ensure adequate access. In America, the higher per capita proportions of veterans come from the rural community than non-rural community (Dittrich, 2015). For example, between 2009 and 2010, the VA's mental health staffing has increased by eight percent and they implemented

the evidence-based new models of the integrated mental health services. However, the mental health services cannot accommodate the increased proportionate number of veterans in the rural community. At present, there is no advanced diagnostic test for depression that can cause severe mental health problems and the condition of the patient is only diagnosed by the symptoms presented (Dittrich, 2015). As a result, the complication of services in terms of the needed attention and advanced technology for the patients can add negative effects with the current mental health care condition.

## **Prescriptions and Drug Addictions**

The modern soldiers have the organized logistics and supply of foods, ammunitions, and medicines such as opium and morphine. The Federal Army itself consumed about 10 million opium pills and 80 tons of powder and tinctures or more (Lewy, 2014). Thus, the mass drug addiction in America increased and its effects are detrimental. In fact, the detection of the individuals who are at increased risk of mental health problems and suicide is a major clinical challenge. The mental health and suicide among military personnel especially the veterans is the international concern of the U. S. Veterans Health Administration (VHA). The increasingly incidence of the problem calls for the attention to focus on the mental health and suicide preventions; most clinicians normally ask the patients whether they are suicidal and base the risk assessments on the response of the patients. The concept of suicidal attempts includes the thoughts and intentions to act or commit on those thoughts.

## **Over Medicated**

The federal investigation confirmed that many wounded veterans are being overmedicated in the VA hospitals and some of the overdoses have been fatal in nature. In the Department of Veterans Affairs, the Inspector General has discovered the problem in overmedication is a widespread. Moreover, the current model of medication depends more on the primary care than specializing on the cases. It shows that the model of care has its disadvantage because the doctors greatly rely on treating the veterans with pain killers they prescribed. Consequently, at VA the prescription for methadone, oxycodone, hydrocodone, and morphine increased about 279 percent since 2001. For example, a testimony of widow wife, her veteran husband died due to an inadvertent overdose of medication prescribed by a VA physician. Another testimony, before the death of a veteran who died of a prescription drug overdose, in every visit to a VA doctor the medication changed and the patient's status changed due to the side effects. The VA addresses the physical and mental trauma of most veterans through medication that leads to overmedication. For example, a patient treated by a VA doctor who takes his medication with twenty-three different types of pills per day (narcotics, sleeping meds, and anxiety meds) and sleeps twenty-three of twenty-four hours in a day. The patient and his family tried to request for different treatment and take off the pills; however, the doctor replied that their health care institution cannot do as they requested and their obligation is to prescribe medication.

## **Suicide Rates**

As directed by the Congress to the reassessment on how the doctors prescribe dangerously addictive painkillers in the U. S. Veterans Administration (VA) is accused of overmedication among the soldiers returning from war. According to a report provided by the Department of Veterans Affairs in February, twenty-two veterans committed suicide per day that is equivalent to a suicide after 65 minutes. The incident is very alarming and possibly increases if no preventions will happen. The report is based on the data and numbers reported incidence by the twenty-one 21 states from the year 1999 to 2011. In general, the states represented approximately 40 percent of the total population of America. It also includes California, Texas, and Illinois.

## **Rate of Suicides**

Nationally, one in five suicide incidents is a veteran that is 10 percent of the population in the United States while 69 percent of the veteran suicides range from 50 years old above . President Obama emphasized on his statement to end the suicide epidemic among the veterans and in 2012, the president signed an executive order for stronger suicide preventions. In 2013, the president announced to the public the government fund intended for the veterans for better mental health treatments, especially those who suffered with Post Traumatic Stress Disorder (PTSD) and traumatic brain injuries acquired during war.



## Outreach Programs

Since the incidence of addiction, overmedication, mental health issues, poor health care services, and suicidal issues among the veterans increased, the administration has implemented two significant plans. First, they added and took advantage of the new Electronic Health System to improve the safety of the veteran patients. Second, the administration involved the greater advantage of state Prescription Drug Monitoring Plans; every state is monitored in the prescription and distribution of medications pharmacy by a pharmacy. In the official statement given by Robert L. Jesse, a Principal Deputy Under Secretary for Health, “ the programs featured the appropriate health privacy protections; the interaction between VA and state database is authorized. The government presented the reason of the authorization for interaction is that the providers can view the electronic information about the prescriptions and can identify the potential sensitive cases among vulnerable at-risk patients”. However, many of the government officials are unsatisfied with the reasons and explanations provided by the VA officials and they requested for more studies regarding the incidents of addiction, overmedication, mental health issues, poor health care services, and suicidal issues among the veterans. Specifically, the administration participates in the mental health services research that focused on the particular population of veterans as members of the United States Armed Forces (Matthieu, 2014). One of the most efficient ways in the dissemination of the evidence-based interventions and quality improvement research findings involves the identification in cluster or sector that adopts the program of innovation.

## Conclusion

It is demonstrated that there are successful stories from the treatment provided by the Veterans Administration; however, the effects of the poor quality care still existed and experienced among the veterans with less than beneficial results. Negatively, the poor quality care influenced the patients through its adverse effects created by medical providers and business administration, pharmaceutical issues such as overmedication, and the increased rate of suicide due to the failures of the Veterans Administration. In general, the delay in services added the burden and made everything stagnant in terms of processing the documents to claim the benefits intended for the veterans. The incidents of addiction, overmedication, mental health issues, poor health care services, and suicidal issues among the veterans are serious matters that the entire government and the nation should cooperate.

## Reference

Axelrod, J. (2014, May 14). VA's overmedication of vets widespread, Inspector General finds.

CBS News, pp. 1-2. Retrieved June 12, 2015, from <http://www.cbsnews.com/news/vas-overmedication-of-vets-widespread-inspector-general-finds/>.

Basu, M. (2013, November 14). Why suicide rate among veterans may be more than 22 a day.

CN, pp. 1-5. Retrieved June 12, 2015, from <http://edition.cnn.com/2013/09/21/us/22-veteran-suicides-a-day/>.

Dittrich, K. A. (2015). A Population-Based Cross-Sectional Study Comparing

<https://assignbuster.com/good-research-paper-on-delays-in-care-for-veterans-through-the-va/>

Depression and

Health Service Deficits Between Rural and Nonrural U. S. Military Veterans.

Military Medicine, 180 (4), 428-435. doi: 10. 7205/MILMED-D-14-00101.

Gotfredson, D. (2013, April 26). Vets on VA claims: " Delay, deny, wait till I die.". CBS News 8,

pp. 1-2. Retrieved June 12, 2015, from <http://www.cbs8.com/story/22082924/veterans-on-the-va-claim-process-delay-deny-wait-%20til-i-die>.

com/story/22082924/veterans-on-the-va-claim-process-delay-deny-wait-%20til-i-die.

Jordan, B. (2015, April 20). VA Sued for Delays in Providing Veterans With Health. Military,

pp. 1-4. Retrieved June 12, 2015, from <http://www.military.com/daily-news/2015/04/20/va-sued-for-delays-in-providing-veterans-with-health-records.html>.

Kalman, D. L. (2004). Alcohol Dependence, Other Psychiatric Disorders, and Health-Related

Quality of Life: A Replication Study in a Large Random Sample of Enrollees in the Veterans Health Administration. American Journal Of Drug & Alcohol Abuse, 30 (2), 473-487. doi: 10. 1081/ADA-120037389.

Lewy, J. (2014). The Army Disease: Drug Addiction and the Civil War. War In History, 21 (1),

102-119. doi: 10. 1177/0968344513504724.

Mall, S. J. (2013). The Future of Veterans' Benefits. NAELA Journal, 9 (2), 167-187.

Matthieu, M. M. (2014). Using a Service Sector Segmented Approach to Identify Community

<https://assignbuster.com/good-research-paper-on-delays-in-care-for-veterans-through-the-va/>

Stakeholders Who Can Improve Access to Suicide Prevention Services for Veterans. *Military Medicine*, 179 (4), 388-395. doi: 10.7205/MILMED-D-13-00306.

Mientka, M. (2013, November 12). Veterans Administration Accused Of Over-Medicating War

Veterans; Many Now Battling Addiction Along With Pain. pp. 1-5. Retrieved June 12, 2015, from <http://www.medicaldaily.com/veterans-administration-accused-over-medicating-war-veterans-many-now-battling-addiction-along-pain>.

Military Retiree's Tricare Health Insurance Benefit Marital. (2012). *American Journal of Family Law*, 26 (2), 123-124.

Poulin, C. S.-X. (2014). Predicting the Risk of Suicide by Analyzing the Text of Clinical Notes.

*Plos ONE*, 9 (1), 1-7. doi: 10.1371/journal.pone.0085733.

United States Department of Veterans Affairs. (2015, February 3). About Us: U. S. Department of

Veterans Affairs. Retrieved June 12, 2015, from U. S. Department of Veterans Affairs Web site: <http://www.va.gov/budget/products.asp>