

Saving the VA hospitals



Last weekend's celebration of Memorial Day was marred by what has come to be called "The Veterans' Administration Scandal." Long waits for care were compounded by bureaucratic concealment of the extent of the problem. Some veterans who were denied care died. The problem appears to be systemic and not just confined to a handful of medical centers.

I'm familiar with the VA hospital system, having done my medical residency at the Manhattan VA. It was actually considered one of the top training programs in the city, and my attendings there were knowledgeable and idealistic.

Ex-military got the best medical care from young doctors-in-training, graduates of some of the top medical schools in the country.



The vets were happy to get care from bright young doctors, and amusingly, they often referred to us as "sir" as if we were senior officers in the military. Sometimes they even saluted!

But problems abounded. The smoking and alcoholism rates were through the roof. Nobody knew the term "PTSD" back then, but we did know that the Vietnam and Korean War vets we were seeing were often plagued by serious psychological problems.

Some of the vets gamed the system by manipulating us into prescribing them powerful painkiller drugs, which they would then take to get high or sell. This sowed mistrust so that patients who had legit pain problems were often branded as malingerers.

The rates of chronic debilitating circulatory diseases and diabetes were astronomical. So bad that a gallows humor joke made the rounds: "Question: What do you call a vet with 2 legs? Answer: Pre-op!"

The diets of many of these ex-soldiers were abysmal, and there were no appropriate resources for educating them about proper nutrition. Many lived in poverty on meager government checks and wasted their money on fast food, booze, cigarettes and illicit drugs. Pressed for time and exhausted, I just tried get my patients to take their prescription meds, which was in itself a challenge.

Even then, it was apparent that the inefficiencies were appalling. It was not uncommon for a patient to be admitted and then waste time as an inpatient for a week or 10 days awaiting a simple test like a CT scan or an upper GI series.

The ex-soldiers, accustomed to the bureaucracy and disorganization of military culture, took all the delays and snafus in stride, even treating these free hospital sojourns like holidays. They could be seen hanging out sipping sodas and eating chips in the TV room with buddies, playing ping-pong in the rec room or cruising the halls in their wheelchairs.

They were the lucky ones. At least they gained admittance. Others languished, awaiting care. Or else they ran a bureaucratic maze in quest of the ultimate prize—a "service-connected disability," the equivalent of a golden, lifetime free pass. And in the end, who could really tell? Were their physical and psychic wounds the results of war, or were they

self-inflicted, the consequences of self-destructive behaviors?

Although many efficiencies and innovations have been introduced since then, the VA system remains a huge, ponderous bureaucracy, beset with systemic problems.

But fundamentally, its quandary is that of the medical system at-large: a reliance on high-tech and pharmacological “fixes” for problems that are deep-seated, chronic and rooted in lifestyle. A more integrative approach is clearly called for.

With the VA in crisis, and with the advantage that central planning affords, what better place to initiate a bold new experiment than by introducing medical alternatives?

Well, you may be surprised to hear that the VA has already thought along those lines. In January 2011, Dr. Tracy Gaudet left Duke Integrative Medicine to join the Veterans Health Administration in Washington, D.C., where she is the first Director of its Office of Patient Centered Care and Cultural Transformation.

According to the VA press release “Dr. Gaudet is internationally known as an expert in transforming health care from a traditional disease-based model to a new model of care for the 21st century based on patient-centered health care.”

If the VA seizes this opportunity, out of a crisis may be born a new model of health care for vets.

Think of the dividends if diet, innovative use of nutritional supplements, exercise, mindfulness training and complementary modalities were to be deployed in dealing with vets’ chronic disorders!

For a sampling from an actual VA document exhorting its patients to investigate natural alternatives, [click here](#).

It features references to the benefits of tai chi, qigong,

yoga, acupuncture and meditation. Surely these are preferable alternatives to dosing returning soldiers and sailors with powerful painkillers and psychiatric drugs.

A couple of examples come to mind.

Caring for the victims of traumatic brain injury (TBI) due to IEDs (improvised explosive device) is a huge, expensive burden for the VAs. On Intelligent Medicine we recently interviewed Dr. Michael Lewis, a military physician who has documented the benefits of high-dose omega-3 therapy for head trauma. Unfortunately, despite early successes and ample scientific evidence, the VA has been so slow to embrace Dr. Lewis' findings that he has had to seek support from private philanthropy.

Developing innovative strategies for the prevention and reversal of hearing loss is another area in which the VA could provide leadership. Evidence is mounting that treating troops exposed to high decibel mechanical noise and detonations with alpha lipoic acid, magnesium, astragalus, ginkgo biloba, resveratrol, N-acetylcysteine and other antioxidants can interdict hearing loss

So, opportunities abound, and through embracing alternative modalities we can convert the VA from a national shame to an exemplary model of health care for the future. Do we have the vision, courage and national resolve to demand it?