

Wounds of War w/ Suzanne Gordon Ep 46

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<music>. I've been. All. Shining. See came all. My name is Henry. And I'd like to welcome you to focus on a hill. My co and I are a group of leftist American veterans, who scour, the news headlines, looking for stories related to the military and veteran communities of the US. But you're not going to hear most of the typical military tropes here here, we take those same stories. And we clear out some of the cobwebs and bullshit. We ask hard questions of our leaders and demand an end to the militarism has permeated our society. We have a military budget, seven hundred and fifty billion dollars, three times more than China and seven times more than Russia while here at home American infrastructure and domestic policy languish, especially in the air of Donald Trump. However big Don is only the latest in a long line of presidential warmongers bastards, our country has lost enough to regime change and military operations. The world over operations that by and large only take innocent lives, providing no real protection from threats to our country Afghanistan. Iraq, Syria, Yemen, Cimoli niz year and the list goes. On it's time for a change. Thank you for being with us. Suzanne, Gordon, welcome to fortress on a hill. Thank you for coming to talk with us today. Oh, thank you, so much having me. So I wanted to start with talking about from your perspective, what the status is on in the VA as a whole today. And specifically about in terms of where we are with funding and where we are with the amount of openings that need to be filled within the organization. What can you tell us about that? No. I just wanna clarify 'cause I think it's really important that when we talk about the VA, we we're focusing, and I, I think we're, we're focusing on the veterans health administration as a lot of times, I've learned that when veteran is talking about the VA is, you know, it, it's not clear which sub agency and the they're talking about. The department of veterans fairs second largest agency after the Pentagon, which takes up the problem of gone creates in many instances is or the department of fence, you know, is, is the has four entities within that the better health them in station, which is the largest and only publicly funded integrated healthcare system, the country. The veterans benefited ministratation that does the benefits like the GI loans act compensation than pensions and other things in cluding. Helping with access to the veterans health administration, the cemetery administration and then the office of information technology. So this stage of the HA, the veterans health ministratation, which is really what everybody's talking about mostly sometimes of the wood because there's huge backlogs of, of claims that the, the BA because it's clinically underfunded and understaffed, but the VHA the state of it is contrary to what you read in the media, and it's what I described in my book wounds of war. It, it delivers health healing and hope to around nine million eligible veterans, and it's as studies in my own research show has better way times than the private sector, higher quality will quality, that's equal to or north in higher than the private sector, and it's a it's not just the medical system that.

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Treats medical diseases. You know, episodically it's a integrates mental health and behavioral health into into physical health, and it's also really kind of public health system, because it helps veterans through interconnections with other agencies in the VA and other federal agencies and, and public agencies and private agencies is it deals with homelessness, employment legal issues, and so forth. So it's really an extraordinary healthcare system as opposed to what I have as a civilian, which is I have fortunately health insurance that gives me access to sort of fragmented disease care system. And thank you for correcting me on that. By the way, I need to make sure that I'm being being precise with what we're talking about. Because the VA does does become kind of a big gross monster that everybody just throws their shit at. So something that I was fascinated about I listened to your spot with the on the majority report with Sam cedar yesterday. And you had mentioned about how the VHA is prevented from providing market base salaries to employees. We talk about that police. Absolutely. So congress has imposed all kinds of limitations and restrictions on the VHA. One of them is that not all veterans can be served by the so we have twenty million vets in America only nine million currently ADM rolled, there's probably three million that could more that could be enrolled and you can't get the HA care if you have too much money and buy too much money, I don't mean billionaire. I mean you know, if you're kind of middle and upper middle class. Or if you're, if you're healthy, you have to have some kind of service related disability and, or low income and of the three hundred thousand employees in the VHA, a third of whom by the way our veterans they have a lot of problems hiring because they're not allowed in many instances to offer market rates salaries and some they're trying to fix sent some areas. But it's real problem because I live in the San Francisco Bay area, the most, you know, spending housing market in the country, and if you're a social worker in your offer thirty grand more at UCSF for Sutter. Will you can't afford, you know, because I wanna give my life or devote my life to caring for veterans. It's makes it really difficult. And the other thing they're not allowed to do is there no lead to market and advertise. So, and they aren't giving budgets have more than a couple of public affairs officers these our PR specialist in a large medical center, there's one hundred seventy medical centers. And, you know, like in San Francisco, Sacramento were San Diego or Chicago. They might have to public affairs, people who have to do everything, you know, contact federations do computer stuff, newsletters of then it cetera and deal with the media, and, and, you know, similar size hospital would have ten twenty fifty who knows, you know, and budget of a million or more. More to do marketing, and so the VA can't, you know, counter the bad, publicity that the conservative billionaire coke brothers, and they're concerned veterans for America putting out 'cause I don't have a budget, and they can't buy ads on radio or TV. Not, not that I think we should be spending any of our healthcare. It's all on at, but, you know, these big systems that wanna kill the VA, like the Cleveland Clinic, and so forth. They spend millions and millions. And they, you know, they get their ducks on all kinds of shows, and then the guy's of information, giving patients information and the VA can't do that. So the so the thing that's happening. Now is, you know, they're constantly saying the VA has to compete with the private sector in the VA all win. But how can win if it's got a hands tied behind his back because it can't advertise and can't market. There's, there's no winning in that situation. And even an end. It's, it's even possible that a marketing budget would end up paying for itself as far as, if they were actually to put money towards it, but he had sounds like they are just entirely tied.

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And there's, there's nothing to be done under the current under the current way. That's handled. Right. Didn't they basically are not letting people know I mean they don't have the capacity at the local level. The other thing is that at the local level they're not allowed to pitch us a national story. They have to go to VA central office and VA central office often kills it, particularly under Trump, 'cause they have no interest in promoting, how great the he is. And they would never. I mean, the real competition guys would be if you know if they offered to say. If they could if they had the money to beat market salaries, you know, I mean, they would never allow them to do that, because they don't want a public, you know, I think many people, including many Democrats who are really sort of market, attic, don't want a successful publicly funded healthcare system, which is what the VA is, and that is in my view. Why the coke brothers or spending millions of dollars attacking it because they don't want real competition. I mean all these people talk about competition. They don't want real competition. Noon. It's interesting when you have people that get their master's in social work being social work. I'm around a lot of people with MSW's, and you get your masters and then you get licensed. And so people at the VA, if they start if they get their MSW, and they we come the social worker, they're usually, like GS ten, which is like sixty five, and then if they get their license than they can go to GS eleven but apparently it used to be a little higher. And but I mean, I have friends that are MSW is that are not licensed, and there were king for private healthcare companies, and they're making like ninety five and it's it's frustrating because people you go to a master's program, you have all that debt. And you say, okay, I'm going to get a good job and you. But if you wanna work with veterans you're going to have to take a pay cut. Yeah. It's just, you know it's crazy. And I mean it used to be that people before this huge housing crisis and so forth. You know, people would make trade-offs to work with veterans because you were in a mission driven not profit driven system. You didn't have insurance company hassles. You didn't have all these kind of ridiculous productivity pressures performance pressures. But now they're you know, and you certainly didn't have the kind of media, congressional VA bashing that you have now but now, you know, you have congress trying to destroy the system, you know, bashing, the dedicated VA, caregivers the media, you know, putting out of these horrible, headlines and never doing unbiased coverage. And then you have, you know, this housing crisis, and then you also have them starting to impose a lot of the same kind of productivity pressures in hassles that are, you know, physicians. And there's him social workers and psychologists complain about in, in the private sector. So I mean, people are you know wondering like. You know, it's no wonder that they can't hire people. And, you know, the other thing is, as you all know, 'cause you're I, I think you both use the VA, right. So you know, and you're probably pretty complex patience. And, you know, a lot of veterans and veterans are very complex patients. I mean the average sixty five year old Medicare patient has three to five presenting problems. The average Vietnam vet is nine to twelve you know, my friend, who's a veteran from Iraq, come better and has he's thirty two as sixteen different medical, and psychological problems. And there are some awfully grumpy veterans out there to, you know, and they're not necessarily easy patients that they care

of. So it's really hard to take care of patients, and with so many complex problems. And VA -sition 's I mean, if you if you really did it right. You would pay them more than the private sector VA, caregivers, because you would look at what they're. Dealing with you know, you wouldn't pay them less you pay. The more. If we had a rational system, but then, of course, if we didn't have all these wars, we wouldn't have all these problems.

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So that would be another way. Book mentioned phenomenon where the media essentially fails entirely to cover good news at the VA, but when something goes, excuse me, the VHA, but when things go wrong, there's, there's no end of me. Attention talk about this a little bit. Oh, yeah, it's just awful. I mean, the Boston Globe USA today, the New York Times, CNN all of them. Are, you know, there was no balanced coverage, and what's really interesting is we they cover bad things because obviously, it's a huge healthcare system. It's the largest healthcare system, the country. So you have nine million patients twelve hundred and fifty five different sites of care hundred seventy medical centers. There's going to be things that go wrong. Right. But they and those things should be covered. And the reason why we know a lot about these things is. That go wrong is because the VHA is the most accountable and transparent healthcare system in the country. I mean you have congress overseeing it. You have the office of the inspector general. The gen government accounting office, all doing reports on any problem. It's all made public. You know, if there's a problem at the Cleveland Clinic, or, you know, Oregon Health sciences university, or whatever people may not know about it is somebody if there was malpractice they may not know about it because people sign nondisclosure agreements, if they settle the we don't know about a lot of the problems in the private sector, we do know that two hundred between two hundred fifty thousand four hundred thousand people die every year in America, the private sector cause of preventable medical errors and injuries. But they never mentioned that in these reports on the so all you get is steady stream of, you know, some patients, I'd hear some patie-. Wizard there some patient complain. They're fine. That's fine. You wanna put on that. That's journalists business, but healthcare reporters, or veterans reporters never report on the good things that VHA does they don't report on the research. They do the teaching that they do the innovations in clinical care, like, I don't know if you guys have experienced this, but, you know, you go to your primary care doc in the VA and you say, I'm feeling anxious feeling depressed. They don't they don't write your referral to some psychologist or social worker, there's practitioner, who they don't know and have never talked to. But you know the your insurance company will pay for they walk down the hall and introduce you psychologist or the catchers practitioner, who deal with your problems on the spot. And that makes it nearly a lot easier to get mental health. Here. I mean, I have a friend who has some real pain issues? She's covered by the private sector and, you know, she is like in terrible pain. She has to be Haroon patient advocate, and, and, you know, they kinda recommend psychology you know, getting cognitive behavioral therapy, or something, but she's like very resistant and she won't make an appointment. We'll if she was VHA patient, they'd walk down the hall, and introduce to the person, and she would talk to that person, and she might

suddenly, realize, oh well this could help me and she might like at the kind of psychological help, she needs to deal with chronic pain, but that won't happen ever because of the way, the private sector system is organized. So you had mentioned a little bit about medical malpractice by the doctors, and that's something, you know, we've, I've occasionally covered a story here on the podcast about some certain ones about that. But the thing that's more that's more interesting to me than the malpractice, which certainly isn't good is about the licensing and how different states licensing in the VA cons-, I wouldn't say they clashed. But sometimes doctors that shouldn't be practicing end up at the at the VHA can you talk about this a little bit? You know, I don't know that much about that penny. I, I know that, you know, you I really don't know how they license. I mean, the problem with a bad outcome in the VHA is opposed to the I mean, the, the because of the federal system. It's regulations, supersede state regulations. So, you know, you, you for example, a lot of veterans want medical marijuana and the VH and with they live in California, or Colorado, or I don't know.

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Oregon have a mature what the rules are. Legalize marijuana. Right. Okay. But if in, but the VA in, in Portland, for example, or in San Francisco, their doctors by want to be able to prescribe where you that and you have paid for, but they can't because it's against the law federally in federal law, supersedes state laws. So in the case of medical marijuana that is that it's, it's not good for veterans who want that. And of course you know that the right wing is very anti and CBD which has no psychogenic hallucinogenic properties. You know, it's, it's ridiculous. My view. CBD I, I have to tell you, I stopped taking my little pills, and the pain in my finger with, like came back and my little pinky, which I think is probably worth righteous, and then I took the pill again, and it was like gone in, like, ten seconds, mazing when more than ten but, you know, on the other hand, the VHA supersedes state law, and that works to veterans advantage in some instances, for example, nurse practitioners are allowed to practice within the VA without physicians who supervision and can go to their scope of practice and that's supersede state laws, where it says that physicians have to supervisor's practitioners, which in my view is, is not appropriate. So I can't answer the question about. You know, I'm sure there are some doctors. It's a huge system who are not good. And, you know there's a lot of doctors out there in America who probably should have become stockbrokers, as opposed to take care of real people or harm mechanics or whatever, but so I just really not up to speed on that issue. I mean in my. You know, in my experience with the an I haven't been everywhere. It's a huge system, and I've been to as many places as I could physically go to probably twenty five or thirty, but, you know, that's at twelve hundred fifty five I've seen caregivers, who are, you know, much more attentive to patient needs than than I've experienced often, the private sector, just because they're patient loads are smaller, and there's sort of self selected to one to work in a mission driven rather than a profit driven system. But I you know, I'm sure there are folks out there, having countered, a couple of people who you know, probably are burnt out and should leave. But that's not surprising to me. It's like you said, it's a massive system and they're going to be bad apples. You know, I've, I've had a few negative experiences myself, but those are, are definitely few and

far between as far as the the hiring practices. Essentially, if someone was to write it up, is that, you know, you a doctor can't be hired by the VHA, if they don't have a practicing license within a certain state and a certain amount of investigation has been done about that. You know. And I'm just I'm just spitballing here. But, but it's one of the reasons that I bring it up is that there are a lot of guys who are, are weighed down by the stigma of going to the VHA that the there, and I don't know that there really is a stigma, but they're they certainly feel one either hearing through rumors or even more specifically their own bad experiences. But one, I do wanna, you know, there's, there's certainly holes little holes. In the damn hopefully, you know, we can can make some improvements. But. Can I can I respond to that? I think that, you know, it's one thing if you've had a bad experience. I mean, I've had bad experience in private sector healthcare. And you know what I do is try to find another product, your doctor like better. So I wouldn't if I was speaking to a veteran, and I do all the time, I mean, I think if you had a bad experience with Dr change doctors don't leave the system. And if you've if, if you read something in the newspaper, don't base your, your decision about going to the VHA by what you read in the newspaper, because the coverage is really biased.

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And I mean, I'm courage every vet who's eligible and certainly every post nine eleven is eligible for at least five or six years to enroll because you don't mess. You don't necessarily have to use it. But. I you know, first of all. If you're eligible, and that's it's a tricky process to find out, but there's, you know, there's a lot of help there to find out, but it's, it's a really good system. And if you're if you have a bad experience, and you can't get things done than, you know, call congress co whatever, but the way you fix it. A system is not by, you know, destroying it you by fixing it and, you know, and it's much more responsive system than the private sector system. So because you know in the kind of coordinated care that. Much better. So I would really encourage veterans and, you know, if you've had a bad experience with the government or you're, you know, you're a veteran in the combat veteran, or any kind of veteran who doesn't want anything to do with the government. I really would look at that attitude and and say, wait a minute. You know, yes, this is a government run program, but it's awfully good. And people may be very surprised. I mean I've seen guys I I mean I was recently to, to pour cruise for PTSD support groups for vets from Vietnam. And these guys had lived for fifty years with these horrific problems that they didn't get help for. And then finally, they went to the mostly, because they were tired, and they were getting help, and it's tragic that they had gone, and that they don't this on their own. So any young vet. You know, who think that I don't need it? I can tough it out. I you know, shouldn't shouldn't express weakness. I you know, hate the hate the government, I would say, check it out check it out. You can't hurt you the check it out. People when I am. I used to orientational for grant per diem. And, you know, when I'm trying to get people into the program, everyone's so wary of VA, and these are people who are chronically homeless, you know, dealing with mental health issues with addictions, etc. And it makes typical, you know, when they are just naturally wary, and I totally understand that, like I get their apprehension, but at the same time, yeah, that same thing of just saying, hey, you know, we are resource for you

and where the VA in general, as a resource for you. And if you don't have a lot of options or just in general, like here's a bunch of resources that are in that are available for you to use because of your service. And if you want to try and do something else, that's fine, too. But this is here for you, and it's better to try and use what you have or trying to go it alone. Yeah. Yeah. And, and, you know, I think the biggest problem that via. A has that is completely on a dress by congress in the media is exactly what you're talking about. I mean, the biggest problem is people who have either mental or physical problems, particularly mental, health problems, or behavioral problems. And who, who think it's weakness, you know, or who think I can tough it out or think, oh, I don't have PTSD. I don't know why I've been married three times and my children on to me. You know, I mean it, you know people who are suicidal. I mean, twenty you know, fourteen of the twenty veterans who are supposed to, you know who died. Stay from suicide have never gotten help from the VA and you know, that's to me. The biggest problem is. How do we get people into the VA for care? Non how do we get them out into the private sector because if using private sector hospitals wanna deal with chronically homeless mentally ill vet think again? I mean, the average homeless, what is it for emergency rooms? It's about five million dollars a year. Just for care of people that don't are uninsured, or underinsured. Yeah. I mean it's incredible. I was at the university of Nevada. And Reno a couple of weeks ago, talking to medical residents who were rotating through the VHA, and it was very interesting.

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They were very frustrated by VHA's tendency to do what they call social admissions. In other words, it, you know, a guy has a LEGO cer- toe infection, but they're chronically homeless, and so they're mid it to the hospital. And these residents were like, why are they admitting in Bahasa homelessness is not a criteria to get you into hospital bed? Well, you know it should be because if you have a leg infection, and you're homeless. How can you keep it clean and then you're gonna get your leg amputated, but these residents who are trained speaks to the problems in the in the physical healthier. You know, our our private sector. Here system that they what I consider to be a strength of the VHA that they will admit a patient hospital. Those reasons they consider to be just a source of huge source of frustration. They also considered to be a huge source of preparation, you know, because they were out and dictated a all these mental health problems, and you couldn't fix them and, you know, they're trained into a fix it model of, of medical care and treatment, and the you can't fix a lot of these problems with any of us much less. You know, veterans who have PTSD or major depression, or 'cause they're Freni or whatever and traumatic green injury, these are not things that you can fix. You can manage them, you can restore function, which is one of the things VHA does. But you can't make them just peer. They can only only get swept under the rug for so long. Yeah, you know, and the Pentagon would love to have their constantly trying to find some, you know, silver bullet pill that will make PTSD go away forever. But I mean, not that I don't think it'd be great if you could get rid of trauma, but they just don't wanna would mitt that, you know, they're causing a lot of the problems veterans have. The guys and I love doing the podcast being able to share experiences in the military with allies and supporters means the world to us what we can't do all

the work we need you to share an episode of ours. With someone anyone who you think might be affected by it. Maybe a young person looking to join the military or parents advocating for one conscientious citizens who care about the violence, the US wages in their name advocates for women, and people of color, who understand the harsh environment that the military creates for minorities and inflicts on them around the globe. And anyone else you think it might affect? Please take a moment and share this with them. No our podcast is supported. And if you different ways, I there's patriot where we're very blessed to have an array of wonderful supporters, helping the guys that I pay for some of the podcasts expenses. Those who contribute ten dollars a month or more. We mentioned here as an honorary producer helping keep you our listeners stocked with new episodes, but you don't have to contribute ten dollars a month to help us for as little as a dollar a month. You can keep us going paying for hosting and storage fees. Transcribing old, new episodes, promoting and expanding the podcast and more probably can't think of right now. So let's bring out our unruly producers, and they are Matthew, ho will our ins gauge counts. Fahim Shruti, Henry's Emoto, James Higgins, James. Oh bar, Adam bellows, Eric Phillips, Paul, appel, Julie, depre-, and met the virgin slayer, your contributions are wonderfully helpful to us. Thank you so much. However, if you'd like to contribute, and patriot isn't your style, you contribute directly to us through pay pal at PayPal dot me forward slash for persona hill or check out our store on spread short, the great Bill Karpinski did a really awesome job, making our first shirt, which you can find at shop dot spread shirt dot com forwards less fortress on a hill. Make sure you check on the site there for promo codes before your order. And now let's get back to the podcast. No. I've been doing these webinars from the center for deployment psychology. And it's you know it's a thing for clinicians. And so they did this one on moral injury, which I thought was interesting because the VA recognizes moral injury. But DOD does not, but they're starting to understand in.

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I mean, at least I did this whole webinars Orlandi in the went through a lot of room. The stuff that's been talked about. But then I did another one on remote combat. Stress specifically dealing with people in my situation like the intelligence, people working the missions, not necessarily the drunk, islets operators, went just talking about the burnout and the, the stuff that happens from remote combat stress. And they in this study, they were using moral injury. As part of the framework in. How'd identify some of the issues and it was to active duty air force, colonists that were giving the webinar because they did the study, and I was really impressed that they are starting to realize, like okay, this is a good framework for us to understand some of these issues in how they correlate to attitudes and behaviors later on. Oh, yeah. And I think I mean I I'm so impressed with the VHA's recognition of moral injury. And, and, you know there's a woman at the San Francisco, the I described her work in my book battle for veterans healthcare, and she's developed to, you know, there's some patients who are not respected response to, to traditional gold. Standard PTSD treatments like prolonged exposure therapy, or cognitive behavioral therapy. And so they've developed they realized that. One of the reasons is they've of this kind of moral injury or that they actually killed someone or sore p people like



children, killed in Iraq, or whatever. And she developed a -culling scale to look at these particular, veterans and developed a whole separate treatment. You know, for these veterans to help them deal with PTSD, and I mean, you'll never find that in private sector, you know, or I mean, I don't know, maybe there would be somebody, but I know I was talking to Vietnam that who went to Kaiser out here in California was put in group therapy for PTSD and his therapist told him don't talk about your experiences in Vietnam. Because there's a lot of upset people. What's, yeah. Yeah. Can you believe it, well, because they're not gonna have separate groups for veterans. You know, like they I mean, you know, you, you, you can't that would never hub to be because all veterans, you know. And it was really interesting because I was at this, at this support PTSD support group for veterans that I went to in northern California, MS mostly Vietnam, vets, but then there were a couple Gulf war, vets who are in their fifties, and they said they felt more comfortable in the Vietnam that support group than they did with two younger, arrack fence. So, you know, they have these options, right? You wanna go with Iraq. Vets you go back to the end. I'm but but they all understood each other's experiences in the therapists, who were not veterans understood their spirits, because, you know, there that's all they deal with this veterans. If you don't get it after, you know, thirty years of, like treating veterans. I mean, you know, you kinda forced to learn about military culture, and I mean I when I was started doing this book. I didn't know what a D to fourteen was or an Emo less or whatever, you know, and I had to learn that myself because billion, we don't know about that. So we know about other acronym. To switch gears a little bit here and talk about the mission act and huge Bill that got passed, and they're promoting it as you know, it's going to bring all the community care programs under one umbrella. What do you think about it Suzanne? Do you at? I personally think that it's, it's the first in a series of death blows to the VA. I couldn't agree more. I think that's the intention, the mission act was passed in may of two thousand eighteen and it's called the VA mission. Act, two thousand eighteen and basically gave the VA secretary who was then David Schulkin in this now, Robert Wilkie, who is a Trump appointee who used to work for Jesse homes, and a bunch of other very conservative senators and worked in the DOD. It gave him very broad latitude to set access standards for veterans to go to outsource care to private doctors hospitals colleges, the cetera.

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It also has a provision that assesses quality of the facilities and services and says that if quality isn't as good as the private sector and other and should, so where should be sent out of the VA and it sets up. Something called the air commission, the asset and infrastructure review commission that kicks in, in twenty twenty which is a it's like a bracket was like a base closing commission, and essentially, congress, it's kind of they, they will addenda fi facilities that should be closed and congress is allowed pass devote upward down on the whole list. They, they can't say no not that when not that one and it's essentially with happened was, and I think this was really a tragic mistake, I that's kind of way to put it the veterans, major veterans service organizations. Thirty eight of them lobbied for the Bill. I think it's because they were been booze alled by promises that the what's called the caregiver support program, which was were

exclusively. For nine eleven post nine eleven vets, where caregivers of, of very seriously disabled veterans would get help caring for their loved one or friend, and they were lobbying for that to expand veterans of all eras, and they were that was put into this Bill in a very clever way to seduce the associate which they bought they bought right into it, and essentially, they were told that willkie wouldn't they, they would use a clinically they would use a criteria to judge whether veteran should be sent to the private sector that was based on. Medical necessity, and basically Wilkie just ignored all the promises and has created the stint access standard. That's will outsource thousands of hundreds of thousands of veterans to private-sector care sensually. If you live thirty minutes from a thirty minute drive time from the facility thirty minutes for mental health or primary care appointment where you have to wait twenty days or twenty days. And if you have to drive more than sixty minutes for specialty appointment or wayward twenty days you can go to private sector care, and, you know, almost everyone lives thirty to sixty minutes from a medical point in particular, you know, you could live two miles, and it could take thirty to sixty minutes in traffic. So it's drivetime. Right. Algorithm that he's Dopp did he won't make public because it's proprietary, and essentially they're going. To start on June, six, encouraging veterans to leave VA for the private sector. So you're gonna get a have a discussion with your provider. You know, Henry Hagen where do you live? How long does it take you? And it'll be quite interesting to see whether the dictates from Washington, which really want to push people out there. You know, people at the local level will say veterans stay with us. We can give you better care convenience, shouldn't Trump quality, plus the other thing is they also promise rural that to live far from care, and maybe from VA that they're gonna get better access to care because they can go to care in the private sector, but most rural people who live in rural areas, there are no qualified medical specialists. There is. No, no, you know, surplus capacity in the primary care sector, fifty five percent of American counties, all of them, rural have no psychiatrists social worker or psychologist. So this is a big boondoggle to get people into the private sector and. And you know, tragically some VSO's I've talked to people in amp. That's the legion. They're ramping up to offer services to become vendors for the mission act. Some people, there's all kinds of, you know, people who are who are high in urine, quote, unquote, some very dubious therapies like ketamine for depression, you know, who are trying to become providers and, and yet veterans and veterans aren't being told anything about the qualifications of or wait times in the private sector. And in fact, congress refused and the VA secretary refuses to impose the same kind of stringent requirements educational with Firemen's on private-sector doctors and providers that they do on VA doctors, so it's, it's.

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Oh, west out there in the private sector, you have to be your own care coordinator your own patient, advocate, and you know, veterans don't know what they have in this jewel of the healthcare system that they may complain about. But it's so much better than what's out there in the private sector. Tell you, I experienced private sector healthcare, and I'm pretty knowledgeable, and I can't I could tell you some pretty hair raising stories of what happened to me, and I'm a healthcare researcher. You're saying there's going to be no coordination of care,

no training. So the doctors don't really know all of the issues and the complexity issues, and it's and it's not going to be available to people. Well they did a study. Let me give you an example, Henry. And they did a study, rammed corporation to this study of New York state primary care dogs nurse practitioners mental health practitioners physical therapist, and they asked the they built seven criteria for whether they were competent than they incapable take care of veterans, and they did this huge survey. It has the fifth largest veteran population in the country, York state, and guess how many of the people they surveyed met the seven criteria. Get guests the percentage. Twenty two. Percent. And they asked these providers, whether they had any, you know, military cultural, competency, any knowledge of military culture, the vast majority said, no. And then when he when they ask them, would they like to learn the vast majority said, no, so they were perfectly happy to take your money and do their bit for vets. But they weren't willing to sit down and learn about, you know, your particular healthcare problems, your particular experiences talk, about Worrell injury PTSD, whatever you know, they don't know how to, they don't know how to distinguish in an Iraq or Afghanistan vet between, you know, normal asthma, and burn pit related as my and by the way, they don't know how to get you to the on the registry. So this is another thing that's going to happen. We're gonna lose all kinds of information about the kind of injuries more ruined when mental that veterans, you know, have well in the service, we're gonna lose all that information because it's going to be scattered out there in the private sector, you know, cyberspace user, and nobody's going to collect it, and that's really convenient for the DOD and people who don't wanna pay for wounds of war, you know. It's, it's absolutely astounding. I as been sitting here listening to you. I thought you know it might be a project for the for the three of us. Right. Some kind of a manual that would be like, a, a beginner's military, cultural, competency kind of thing, you know, the, the if you absolutely had to start at bare bones where, where would you what would you give someone? So. And you know there, there are groups that are trying to do that. And they can't get takers 'cause he's dogs. Don't wanna put in the time because what okay? So if your primary care doctor and use a patient, panel them all the patients responsible for of let's say, twenty to thirty four hundred patients, and, and one to five percent of those patients are veterans. That's like ten patients. I would you spend the time. Right. And, and congress won't make them spend the time they have no financial incentive to take the time. I mean it's taken six years of my life understand that are in problems. And believe me, I've only stretch the servants. It's a very deep issue. And it's one that, that even even spending a lifetime looking through it, you still won't learn everything. I'd like to add like to shift gears a little bit here. Head, we're working on a on a breakdown veteran suicide.

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And so I had some, some specific questions about that, that I wanted to ask you about. Your book, talks about how the metric of number of Ren's that kill themselves today is actually around twenty despite the fact that we usually here, twenty two twenty two the, the big number. Not that, that makes it any better. But no, no. But it is it is better that people wanna be accurate and understand that it does change. Does do you feel this metric has any real meaning for the public, just beyond kind of vacant meme, kind of outrage? Yeah. You know, I I, I don't know. I

mean, I think the, the biggest problem with veteran suicide in this whole discussion is that it completely of voice lames the problem on the VA instead of blaming it on the DOD, and congress, and the American public for putting people in situations that cause them a lot of harm harm, which sometimes can't be fit. And you know, why is there so much veteran suicide? I mean first of all, there's a lot of suicide and suicide is on the increase in America. Right. And often there's, you know, suicide what they I think they're beginning to call it from despair, you know, like you lose your job. You you're. You're in chronic pain, your aging and chronic pain, and you will host your job, whatever, you know, you socially isolated and I think that the tragedy about the discussions about veteran suicide is a it lifts. Le-. Let's Pentagon and the public in a way for supporting some of these horrible wars off the hook, and it blames people who are trying to do with this problem for problem that they're trying to fix as, if they created the problem. So, you know, and there's I think there's an unwillingness also to accept the fact I mean, in some cases in probably in most cases, suicide is sort of an impulsive act. But in some cases, you know, people have been so damaged by their experiences that maybe we can't fix them. I mean Americans like to think that everything can be fixed. And you know what? I find really interesting in this discussion about veteran suicide is why, you know, I mean, for example, there's seems to be a pattern with some veterans killing themselves in VA, parking lots. Well, why are they doing that? You know, is are they doing that because of the is because of the a hurt them? Or are they doing that because if he as simple of the government, and they can't get onto Travis Air Force base or Ford where to kill themselves because they can't get on the base? You know what I mean with a gun, whatever? Yeah. Like you said it speaks more to the general society, the in the fact that as veterans we feel isolated and alienated, a lot of times, because most of the country has no idea about what we've done, what we're gonna part of, and they don't have any kind of common understanding to feel to feel good. Like to help us feel better. Right. So that's why you know when you see most people that do not most, but there's a high percentage of those that do it after the first three years of when they get out, because that's when you're feeling that separation, you're really feeling that. Wow. I used to be part of a team and emission I used to have goal and now I don't have those things. And I'm in a society, a hyper individualistic society that kids, so much more about the person and do your own thing, and make sure you do it by yourself. And then. Coming from this environment of team, and also this team of sulfur of this, you have a lot of self reliance in the military, too. So it's like, you know, I gotta do what I need to do. But I'm also used to having people have my back and now I don't have any of those things, and I'm gonna society that doesn't care about those things. So now I have to navigate this life of figuring out this big transition of moving from this structure, environment to a non structured environment and all of these resources that my disposal to not as many or having the trouble of trying navigate those when I'm also dealing with all these other problems piled on top of it, and it's really frustrating that we yeah, we turn to the VA, and we say, why are you fixing this? When as you said, fourteen out of the twenty are people that have never sought VA care.

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So it's not the view slots, it's a larger societal problem of, hey, we need to actually recognize. What people are going through. And then help them give the resources that they need. Right. And also, I think that that's why this attack on VHA by congress, and the media is so tragic and almost in my view criminal because you're just scourging for civil, we should let all veterans in, you know, there should not be eligibility requirements service to your country should be enough. We have we are the richest country in the world. We spend all this money on these elective wars, that we don't need to fight in all his, you know, military Queant and everything. I mean, there's an incredible book that woman, Dina raise our did about, you know, the marines refusal to get the padded helmets that would prevent traumatic brain injury. And some I had to start a not for profit, you know, to get these homes to marine troops because the marines wouldn't, you know, do what I mean. They, you know, the army the navy the air force was using these and well we're different. You know, I don't know. Marines brains are different than soldiers rains, airman's rains or whatever you know and, and down. You have a seven hundred billion dollar budget, and someone has to start a not for profit, you know, to give helmets to the marines. And it's the same thing with with, you know, veteran suicide everybody should be in. And what I'm worried about is under the mission act. You know, they have a system in the they train every single employee for at least an hour, you know, everyone like groundskeeper, you know, dietitian food service worker, they train everybody to recognize sort of, suicidal Asian, and, you know, the miss about suicide like you know, there's a big myth that if you say to somebody or you thinking of killing yourself battles, somehow, give them the idea. It's like, oh no, I wasn't thinking about it before. But now think I'll do it. You know, and there's they train them and then they train higher levels for. Depending on people having patient contact so veteran does to hearing doctor and hearing doctor says come back and two leaks. And, you know, they know the veterans been depressed. And the veterans says, I'm not sure I'll be here in two weeks, you know, in depressed way that hearing Dr whose mom psychologist will, you know will act on that. And, and realize that this could have significant. Right. That's that doesn't exist in the private sector, you know, have suicide coordinators, you know, and hospitals. Don't necessarily follow rules for dealing with people who are suicidal. They don't have, you know, veterans crisis line like the a has. And so I think it's really important to stop this bashing and stop this, blaming the, and I think under mission act, it'll be interesting. And I hope it doesn't happen because I fear it will happen that you'll see more veteran suicide. Because the other thing as you point out that the does the does, is it offers, comradery and social supports veterans said, isn't available in the private sector. No. That's absolutely great point. I mean when I was at the two PSE support group, for that these are not to these are not key considered suicide prevention program classically, but I swear guys in the fifty people in these two groups that I talked to fully fifty percents that they would put a gun to their head if they didn't have this group. So that's side prevention. But it's not, you know, and those kinds of excess is in suicide prevention of never discussed. I mean I got out of there, practically and cheers, thinking you know what these guys have been through. An also thinking about why is this never recognized as aside prevention, you know, they just prevented whole bunch of suicides just in the two small program that, by the way, there's talk of eliminating some of these peer support programs because why should you know, why should they keep why should be keep stopping them when there's a huge need?

They should be doing both. They should be doing chronic support won't term support in dealing with acute need.

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We have the money to do both. There's a lot of people that they want to look at these issues, very with a lot of ton of wishing, you know, and they say, oh, we need to focus on this and focus on that. But like realizing that the more holistic that these programs are the better outcomes there are. And when you look, I mean, I, I know for myself in the programs that I've been a part of Len when we're able to implement a lot of different resources and services to the people that need them and to everybody in the program. It just it helps everyone's overall outcomes. You know, it helps them get out of the slump that they were in or the issues that they're dealing with in and like you said, it's not about fixing it's about management, and that's that's hard, that's hard for us to get over to get over that Montalto of we need to like fix this problem and overcome it, but it is. These aren't things that just go away. You know, that was something that when I first started figuring out about my own PG SD, and I was reading that it's like this is something that maybe never goes away. And that's okay. You know, it's that we can learn how to manage it. We can learn how to deal with the ups and downs and the cycles and just figure out how to live our lives, the best way possible. And that's that's a different mentality. But it it works. Yeah. And sometimes, you know, you, you could go ten years and be fine. And then, you know, your mother dies or you know, you kid a kid dies, or you have a divorce or you lose your job or whatever. And it comes back, you know, I mean these things, you know, 'cause you're psychological immune systems, worn down. And so then you have a place to go. I mean, I've been told I suffer from a mild case of PTSD from things that happened to me in my childhood in, you know, I'm fine. And. Then all the sudden let me you know, I have a panic attack. And it's like. I mean I it doesn't go away. You know. But it also doesn't have to real your life by chronic pain. You know, it's the same sort of thing. And that's another thing that the VA does that, you know, this sort of integrated integrated pain management. I don't know if you guys experience, but. But it's a complicated problem. And, you know, veteran suicide and I mean, you know, the problem is okay if there's fourteen that have never seen the be and six that have I mean we don't know. You know, why did the six half is it a failure treatment is it just that they have, you know, end stage, mental health problems that I mean I you know, there's a famous Iraq that who killed himself named Daniel summers and he wrote a suit, you know, a suicide letter that really was extraordinary because he had been on too many deployments suffered too many injuries, whose brain that. And he just could not get over it. And there was, you know, this is nothing to blame there. You know, I don't know who could have helped him. But, you know, the only thing to blame was, you know, the wars in the combat and the experiences. He had. It's about our society becoming more honest with what the real outcomes are from people being in combat and even just serving in the military. You know, he's someone doesn't have to deploy or Seattle combat to come out with nasty diseases or horrible injuries. It can it can happen just during training. But, but you know what you guys were mentioned about the holistic nature of it, that I, I found a particular irony in the gentleman in your book, who kept calling the suicide hotline for

somebody to talk to. And I think that that's it's important that we understand the, the piecemeal operation that the VA does, you know, that, you know, one program may help veteran five percent if we could possibly want to it and another one might help twenty percent. And, you know, I really applaud the people the operators at the at the suicide hotline for being kind with this gentlemen. And speaking to him if they had time. But, you know, once they understood that he wasn't a present threat to anyone cluding himself that they kindly hung up the phone, but that we, we can't think of it, as you know, it's not changing oil, it's not the simple things that that come with life. It is very, very complicated and it requires discussions like we're having right now, and Suzanne, I applaud you for spending so much time on this book. It was a wonderful book. It's going to become a, a VHF reference reference book for me from now on. I'm just gonna take highlight or to it and go crazy before we wrap up here today. I was would you share with the listeners aside from your, your wonderful book where they can find your other work? Yes.

01:05:08 - 01:06:48

Thank you. So there's, you know two books that I wrote on, on, on veterans health care battle veterans, healthcare war, you can also go to my website, which is WWW Suzanne, Gordon dot com. And then I'm a there's a lot of wonderful stuff on, on the veterans healthier policy into website, which is veteran policy dot org, and we're tracking the roll out of the mission that and, and also looking at broader questions veterans healthier. So, so those places that could be resources for so. Consider us a resource here. If you have questions or need guys to, to interview to, to do for the research, please. Don't hesitate to give us a call. I won't. Well, we'll thank you very much for being with us today. Suzanne, I really appreciate it. Thank you.

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