



VA Hospitals: Everything That's Wrong With Government Healthcare

Recently, more than 570 veterans in upstate New York received some dire news that could be classified as tragic irony: After they have survived wars and occupations overseas, the very health system that was meant to protect them at home — the United States Department of Veterans Affairs (VA) — could ultimately end up being the very thing that kills them.



Seven hundred sixteen vets (146 now deceased) who were served by the Buffalo VA Medical Center could have been [exposed to HIV or hepatitis from reused insulin pens](#). Hospital staff did not follow protocol (some people believe that [necessary protocol didn't even exist at the VA](#)) and failed to, one, dispose of the one-time use pens, and, two, label the pens by individual patient if the incorrect assumption did exist that they were intended to be used more than once. A routine inspection brought this despicable behavior to light, discovering the unlabeled, previously used pens in supply carts ready to be used again.

This is not the first HIV scare to plague the VA and its patients. In early 2009, the [VA launched an internal investigation](#) to figure out how it was possible that 10,000 patients from VA hospitals in three states (Florida, Georgia, and Tennessee) were put at risk of contracting HIV and hepatitis after unsterilized colonoscopy equipment was repeatedly used — the tubes used in the procedure were only rinsed, never disinfected. After checking every one of the individuals exposed to the dirty tubes, it was found that [16 of them were infected](#) — 10 with hepatitis and six with “unspecified viral infections”.

What makes these incidents so disconcerting is that the VA never learned from its mistakes. As a matter of fact, mistakes don't even represent a catalyst for change within the organization. That was made evident during the 2009 HIV scare when, three months after the initial announcement of the colonoscopy nightmare, the VA discovered that [half of their medical centers still had not developed standardized cleaning procedures](#), nor could they show that they properly trained their staff for using the equipment. If the thought of infecting a patient — or the liability that comes with it — wasn't enough to facilitate change, then what would be?

That's the difference between the public sector and the private sector. In the world of private medicine, one HIV scare is more than enough. It would have set off an immediate domino effect by which capable and accountable people would have initiated the necessary changes to policy and procedure, not only



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with the failed practice in question, but also with a myriad of practices and equipment that could potentially create similar risk. Whereas the private sector reacts immediately and with purpose, the public sector moves at a snail's pace, if even at all.

Furthermore, had either of those HIV scares occurred in the free markets, heads would have rolled — especially after the follow-up investigation showed, like it did in 2009, that only half of the organization adapted to the threat presented before them. Workers from nurses all the way to upper management would have suffered the consequences and the clinic(s) would have seen a necessary housecleaning that would have ultimately led to a better-managed hospital and a better-served clientele. Failure to do so would lead to fewer patients and, more than likely, a loss of licenses for workers and the firm alike.

That didn't happen in the VA. No one in a position of responsibility lost their job because of the 2009 incidents ([the head of the Miami VA clinic, Mary Berrocal, was only "reassigned"](#)). It also appears that no one is in the crosshairs for the Buffalo debacle. Failing departments and agencies (which, by almost any standards, represents *all* of the federal government in today's world) should see significant reform or abolition, but they don't. Unlike the private sector, accountability doesn't exist in the public sector — not to leadership, not to taxpayers, and not to patients.

It's the disdain for the needs and rights of the last group that should make for the greatest concern. The VA system is true government-run healthcare. It's not government-funded or government-influenced healthcare like that seen in Medicaid or Medicare. It's honest-to-goodness, taxpayer-funded, government-managed, and government-provided healthcare. The government holds a monopoly over the care of its people — in this case, the men and women who fought for it in the armed forces — and it becomes the sole source of medical coverage, in good and bad.

The VA, in all of its gross neglect, represents the future of healthcare in America. There is a steady drive by the powers out front and behind the scenes in Washington to force our citizens into a true government healthcare system, one such as the VA that serves everyone, not just veterans. This change, like all associated with socialism on American soil, is being done in baby steps.

The VA was one of them.

The next one will be care for the old that will replace (the already-unconstitutional) Medicare as we know it. As an outcome of ObamaCare, over the next 70 years Medicare reimbursements will see a gradual downward spiral, [bottoming out at a 39-percent rate for hospitals and 26 percent for physicians](#) (versus what they would have received from private insurance). As time goes on, fewer and fewer doctors will accept Medicare patients because it won't be worth their time or money — they can actually make a profit when dealing with the insured versus those on Medicare. Numerous surveys of physicians have found that anywhere from 50 to 70 percent of them are considering not accepting Medicare patients because of the Affordable Care Act. So, when today's young reach their mid-60s, there will be very few — if any — doctors and hospitals that will be willing to care for them. Without access to private care, the government will have to "save the day" (by design) and open public clinics and hospitals along the lines of the VA system, but specifically for aged civilians.

The next baby step will be the ultimate destruction of the Health Maintenance Organization system that makes up modern health insurance. [HMOs were created by the federal government in 1973](#) and saddled with an unbelievable number of obstacles and burdens that make it unsustainable and unaffordable for the long haul (such as the inability to combine purchasing power and operational activities across state lines). That inability to compete and act within a true free market is why [health insurance premiums](#)



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[rose by 131 percent](#) over the first decade of the 2000s. As it becomes increasingly unaffordable, more and more businesses and individuals will drop insurance — even with ObamaCare’s employer mandate. In the eyes of the government, someone will have to step in. Rather than enabling capitalism and the free will of the person, the government instead will take over and become the only legal source for medical care.

This will all take time. A government-run medical monopoly won’t happen within the next decade or two. But, it will happen before the century closes out. I will likely be dead by the time it happens, as will most of the readers of this column.

But, our children and grandchildren will be alive to see it. And, that’s unfortunate. If the VA is any gauge of the care they will receive, it will be lacking in quality, efficiency, and safety. They will run the risk of infection, rationed care, and premature death at the hands of a federal government operating beyond its legal, moral, and ethical bounds.



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