

Letter to the Editor

Delays in Patient Waiting Times at U.S. Department of Veterans Affairs Hospitals in Cities with Sizeable Hispanic Populations

Steven S. Coughlin*

¹Department of Epidemiology, Emory University, USA

*Corresponding author: Dr. Steven S. Coughlin, 1437 Central Avenue, no. 910, Memphis, TN 38104, Tel: 404-983-2524;

Email: stevecatlanta@aol.com

Received: 02-19-2015

Accepted: 02-20-2015

Published: 03-17-2015

Copyright: © 2015 Steven S. Coughlin

The systemic problems that have plagued the U.S. Department of Veterans Affairs (VA), including the use of bogus waiting lists for Veterans seeking care at VA healthcare facilities and other lapses in organizational ethics and personal integrity, have prompted an audit by the VA, an investigation by the VA Office of Inspector General, and efforts by the U.S. House of Representatives and U.S. Senate to assist Veterans by reforming the Department. However, the information released by the VA and recent Congressional testimony neglects an important facet of this situation. VA healthcare facilities located in cities with sizeable Hispanic populations are less likely to have scheduled patient visits within 30 days.

I examined results from VA's access audit conducted May 12, 2014 through June 3, 2014 (<http://www.va.gov/health/docs/VAMCPatientAccessData06092014.pdf>). VA healthcare facilities located in cities with a Hispanic population of > 25% according to US Census data include Providence, RI; Bronx, NY; Wilmington, DE; Durham, NC; Miami, FL; San Juan, PR; Orlando, FL; Chicago, IL; Houston, TX; Dallas, TX; San Antonio, TX; Texas Valley Coastal Bend Health Care System (HCS) (Harlington, TX); New Mexico HCS (Albuquerque, NM); Amarillo, TX; Big Spring, TX; Phoenix, AZ; Southern Arizona HCS (Tucson, AZ); El Paso, TX; Denver, CO; Fresno, CA; Las Vegas, NV; Long Beach, CA; San Diego, CA; and Greater Los Angeles HCS (Los Angeles, CA). I excluded the VA healthcare facility in Manila,

the Philippines, and the Hines, IL VAMC because it is located in an unincorporated area of Cook County, IL. I found a strong positive association between a VA healthcare facility having scheduled > 5% of patient appointments over 30 days and the healthcare facility being located in a city where > 25% of residents are Hispanic (unadjusted odds ratio = 2.27, $P < 0.05$). My analysis was not adjusted for age or era of service (Vietnam War, Gulf War, post 9/11) and was ecological in nature as I lacked data on the demographic characteristics of Veterans in the catchment area of each VA healthcare facility. I found no positive association with percent African American population > 25%.

Additional research is warranted to examine patient waiting times by race (white, African American or black, American Indian, Alaska Native, Asian, Native Hawaiian, and Pacific Islander) and Hispanic ethnicity while also taking into account such factors as education, household income, transportation, and geographic differences in availability of primary care providers. In the post 9/11 era, a higher percentage of Hispanics, African Americans, and American Indians have served in the U.S. military as compared to their percentages in the general population. Minorities are more likely to enlist. The Honolulu VAMC, which serves many Asian and Native Hawaiian Veterans, has among the highest patient waiting times in the VA national healthcare system. American Indians have the highest per cap-

its enlistment rate of any racial subgroup but their experience in accessing VA healthcare services is understudied. Phoenix (which is 40.8% Hispanic according to the 2010 US Census) was ground zero in the scandal involving bogus patient waiting lists and deaths among Veterans seeking care who were placed on those waiting lists.

The apparent association with Hispanic ethnicity, if confirmed by future studies, may compound the injustice of what is clearly already an unjust situation, i.e., Veterans experiencing lengthy delays in receiving VA healthcare services, or being placed on secret patient waiting lists. Hispanic patients may be less likely to receive timely referral for healthcare services because of a lack of culturally competent healthcare or because of institutional barriers to their receiving timely, quality healthcare services.