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Factors Influencing Recruitment into the U.S. Armed Services: Could Health Insurance be a Motivator?

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Abstract

Caring for our nations veterans is a responsibility of the federal promise that began with a promise by Abraham Lincoln on the event of his second inauguration. The 2017 National Defense Authorization Act requires the Army to recruit an additional 16,000 enlisted personnel and retain an additional 9,000 soldiers by the end of September 2017, with the Army offering enlistment bonuses of up to $40,000 and upwards of $10,000 for soldiers willing to extend their contracts for one year (Myers, 2017). A RAND Corporation study identified several risk factors for Army recruitment should the need arise to commit forces including the stress placed upon the reserve component and the rapid turnaround necessary to meet operational commitments (Nataraj, 2017). To address the need for better recruitment incentives necessary for current staffing guidelines, and to help deal with the growing mental health crisis among current veteran population, lifetime health care coverage would serve to address both these issues. To address the potential recruiting problem and help with the growing problems in the VHA this paper investigates the potential effect that free lifetime health care benefits for all veterans could prove an effective recruiting incentive. No available research was found that looked at this proposition so a study was devised to examine the potential impact. To gauge this a survey instrument was created and distributed through the SurveyMonkey.com platform to a representative sample of the general population of the United States. The results of that survey were tabulated and analyzed to determine the level of support for a measure to grant lifetime healthcare, and to determine if that measure might be effective as a recruiting incentive. Results of the survey proved that people support the idea of granting lifetime healthcare to veterans and that providing healthcare coverage could impact a decision to enlist favorably.

Keywords: Veterans, Healthcare, VHA, military, recruiting

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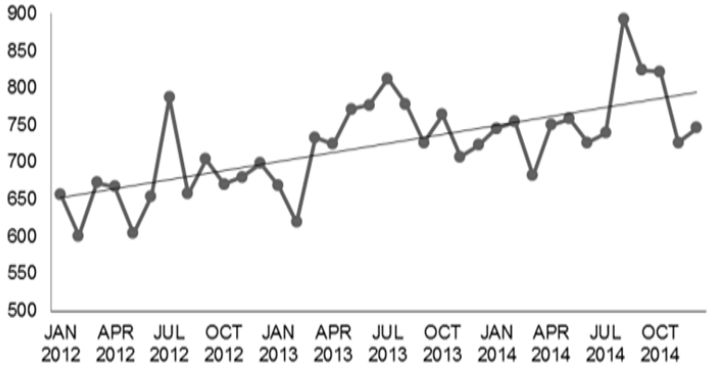
The *Veterans Access, Choice, and Accountability Act of 2014* was passed by Congress to address the crisis in veterans' healthcare programs and their inadequacy in meeting the growing needs of veterans (Congress, 2014). "To care for him who shall have borne the battle, and for his widow, and his orphan" (Levin, Levin, & Lincoln, 2014): this was President Lincolns' promise to veterans during his second inaugural address in the waning days of the Civil War and serves as the slogan for the Department of Veterans Affairs to this day (Affairs, 2016). For generations, those words have guided Presidents and public administrators as they tended to the physical and mental wounds inflicted on those who fight our nation's battles the Veterans Health Administration (VHA).

America has actively been waging war in the world for over 15 years now, longer than any period in American history, and the cost of that war has been heavy on the veterans leaving the service and returning to private life (Eric B. Elbogen et al., 2010). Continuing to fulfill the pledge of our 16th President is becoming increasingly difficult as the physical and mental rigors of extended and repetitive combat tours have taken their toll on the all-volunteer military increasing alcohol and drug abuse, Post Traumatic Stress Disorder (PTSD), anger, and hostility (2010, p. 1052). Title 38 of the US Code of Federal Regulations recognizes and codifies the obligations of the United States government with respect to all veterans of military service, with detailed eligibility for benefits and designation of wartime service expanded upon with respect to extended benefits including health care ("38 C.F.R.," 2017). The need for veterans' health care has never been greater as veteran suicides have reached an epidemic proportion and represent a disproportionate rate compared to the general population of the United States. In 2014, "over

8000 military veterans die by suicide every year; that's nearly 22 suicides every day. For those serving on active duty, one service member dies every 36 hours" (Castro & Kintzle, 2014, p. 1). A recent VHA study estimates that veterans after adjusting for age and sex are at a 22% higher risk for suicide than the general population (Prevention, 2016, p. 25). Suicide among veterans represents a mental health crisis that, through no fault of their own, the VHA is unprepared to confront with the same study showing that there has been no improvement in suicide mortality among veterans despite initiatives undertaken to address it.



Number of Suicide Attempts Reported Through VA's Suicide Prevention Applications Network per Month, 2012–2014 (Prevention 2016)

Without fulfilling all of the legal obligations that are provided to military veterans by law at the end of their service, people might stop joining the military in the numbers needed. The 2017 National Defense Authorization Act requires the Army to recruit an additional 16,000 enlisted personnel and retain an additional 9,000 soldiers by the end of September 2017, with the Army offering enlistment bonuses of up to $40,000 and upwards of $10,000 for soldiers willing to extend their contracts for one year (Myers, 2017). A RAND Corporation study conducted in 2016, but published in 2017, identified several risk factors for Army recruitment should the need arise to commit forces including the stress placed upon the reserve component and the rapid turnaround necessary to meet operational commitments (Nataraj, 2017). To address the need for better recruitment incentives necessary for current staffing guidelines, and to help deal with the growing mental health crisis among current veteran population, lifetime health care coverage would serve to address both these issues. The VHA is already the largest healthcare network in

the country and is still failing to meet all the needs of veterans, expanding the use of private insurance provided to veterans will allow more frequent doctors' visits and better preventative care. As a tool to better fulfill Lincolns' promise, and prevent future shortfalls in military recruitment, this study will justify the partial privatization of the VHA through the expansion of the Tri-Care insurance plan to cover all veterans who served in combat since the terror attacks on 9/11.

In 2007 Lawrence J. Korb and Sean E. Duggan did an evaluation of the difficulty of maintaining an all-volunteer force (AVF) and "how difficult recruiting can be while soldiers and marines are dying in an unpopular war which is increasingly viewed by the public as unnecessary" (Korb & Duggan, 2007, p. 468). The study, titled An All-Volunteer Army? Recruitment and its Problems painted a grim picture of military recruitment and how the military appear to prey on the vulnerable young people during a time of war. The main purpose of the research was to explore the difficulties faced by the military to maintain staffing levels during a time of war, with attention focused on the desirability of the AVF. Recruitment and retention practices were examined for effectiveness and cost to examine their effectiveness. The research provides an interesting breakdown of the demographics of the AVF during a time of heightened combat operations in the middle of the "surge" of troops engaged in Iraq, this time was important because the war was at a high point in operational commitment while suffering from a lack of popular support at home. The authors do a nice job of breaking down the economic demographics in the recruiting process, breaking down recruits by household income brackets and showing that a majority of recruits fall below the national median household income ($48,451 in 2006 (Commerce, 2016)), and a large number fall below the national poverty line ($20,000 for a family of four in 2006 (Evaluation, 2006), painting a picture of predatory

recruitment that focuses efforts on financially disadvantaged individuals (Korb & Duggan, p. 468). A question raised at the end of this study was interesting in that the authors presented the idea that the Army and Marines have a different pay scale than the other services, to reflect the heightened danger to ground troops serving in time of war, an idea that could also be factored into offering enhanced veterans benefits to only those who have served in ground combat operations. This study helps to understand the financial incentives used in the recruiting process and helps set the stage for how enhanced veterans' benefits could also play a role in recruiting for the AVF.

Despite being the largest health care organization in the country, the VHA has struggled to meet demands for the most basic of services, with mental health services critically under staffed and unable to keep up with the increased need for services (Mihm, 2017). Improving access to quality healthcare will prove critical to future efforts recruiting the AVF and the current situation at the VHA does not lend itself to be a positive tool for recruiters. The VHA has facilities across the country with hospitals in every major metropolitan area, and clinics in the surrounding communities VA hospitals support. Since the start of Afghanistan combat operations in October of 2001 until 2011, more than two million service members have served in combat, and 57% of those have been discharged from the service and joined the ranks of veterans (Sayer et al., 2011, p. 661). Under Title 38 of the Code of Federal Regulations the United States government empowers the Veterans Administration to care for the wounds of all veterans of United States military service ("38 C.F.R.," 2017). The VHA is tasked with determining what injuries were sustained because of military service, and thus compensable, and what injuries were not sufficiently connected to military service. Veterans who had served in any capacity in WWII, Korea, Vietnam, or who earned a campaign medal for the first Gulf War are all eligible

for VHA care, free of charge, with no requirement to have a disability rating (Affairs, 2016), whereas, the vast majority of veterans currently being discharged from service following participation in Operation Iraqi Freedom and Operation Enduring Freedom do not meet the qualification criteria to receive care through the VHA, only those with a 10% or more disability now qualify for services (2016). A disability rating is determined by the VHA following a medical exam and a review of military records (claims that do not appear to be substantiated through military health and personnel records or civilian doctors administering care for a veteran are not approved). A rating is established by the VHA for every injury and is based upon the discretion of the examiner with the assistance of a standardized scale that awards compensation without regard to medical information, the rating is not a measurement of how affected and individuals but rather how much disability compensation anyone with a similar condition is entitled to.

In 2014, a CNN Investigations report on a whistle blower's claim of patients dying while waiting on appointments for care at the Phoenix area VA healthcare center (Scott Bronstein, 2014). This investigation triggered a VA Office of Inspector General (OIG) investigation into the report found that the VA center in Phoenix was keeping a secret waiting list to conceal how long veterans had to wait for initial appointments, conceding a violation of VA regulations (General, 2015). In 2015, CNN was reporting of a continued backlog of cases at VA hospitals around the country despite a yearlong focus of attention on the system after reports of patients dyeing while on waiting lists for VA healthcare appointments (Drew Griffin, 2015). The report from CNN, and numerous other news outlets that circulated around the issue of patient deaths at the Phoenix VA facility related to wait times, describes the continuing culture at the VA of retaliation against whistle blowers, and administrative practices meant to increase executive bonuses at the cost of

patient care. Performance bonuses can take the form of monetary awards or time-off awards, or a combination of both, that are given annually based on an individual's ability to meet stated performance objectives and can vary depending on departmental funding for a given fiscal year. A 2017 report from Fox News detailed the retaliation against a physician and pain management specialist at a VA hospital in Missouri, Dr. Dale Klein, who had lost privileges to see patients after revealing a practice of waiting list manipulation similar to that in Phoenix now gets paid $250,000 a year to sit in an empty office (Malia Zimmerman, 2017). The VA is facing allegation of whistleblower retaliation from several of the Phoenix whistleblowers that helped bring the issue to light, among those are Kuauhtemoc Rodriguez and Brandon Coleman, Brandon Coleman was placed on administrative leave by the VA after disclosing that delays at the Phoenix VA hospital led to the suicide of a veteran waiting for mental health counseling (Richards, 2017b). Kuauhtemoc Rodriguez is the chief of specialty care clinics at the Phoenix VA and was mentioned in an Office of Special Council report in January of 2017 that detailed the findings of an investigation of his allegations of deaths that resulted from extended wait times and manipulated reporting (Schwellenbach, 2017). Despite being recognized by the Office of Special Counsel (OSC) for assisting in this matter Kuauhtemoc Rodriguez is currently facing charges by the Phoenix VA for releasing sensitive data and violating "privacy standards you are expected to enforce [and] breaching your responsibilities as a supervisor," in connection to the release of the name of a manager at the Phoenix VA that had manipulated wait time reporting and not been disciplined (Richards, 2017a). After employee firing and media scrutiny that the VA would have learned its lesson and started to reform their practices, but an expose in *USA Today* from April 2016 highlighted how many of the practices cited in the 2014 Phoenix investigation were still in practice around the VA. Based on Freedom of Information Act (FOIA) documents

obtained from the VA, *USA Today* was able to surmise that "Employees at 40 VA medical facilities in 19 states and Puerto Rico regularly "zeroed out" veteran wait times" (Slack, 2016).

Based on these investigations and reports, given the choice, veterans would most likely not continue to utilize services like those mentioned at the Phoenix VA, but would go to medical centers that could care for their non-combat related illnesses in a timelier manner. The Veterans Access, Choice and Accountability Act of 2014 ("Choice Act") was a first step in empowering veterans and providing them the opportunity to seek care outside of the VHA system while still having the VA pay for these services, but the program has many restrictions and provides nothing for wives and children of the veteran that President Lincoln spoke of in his inaugural address. Allowing veterans more flexibility as to where they receive care and allowing the VHA to interact more organically with outside care providers will increase customer satisfaction and reduce waiting times for critical care units. With the impending repeal/modification of the Affordable Care Act, steps need to be taken to ensure veterans do not fall into the role of the uninsured. This study will examine the potential of expanding insurance options to fill the gap for veterans and their families, as well as bolster recruiting efforts for the active service.

Given the history of expanding VHA eligibility following combat operations, it is almost a certainty that all current combat veterans will be granted cost-free VHA privileges, which will inevitably place stress on the current system that is currently ineffective at handling the new work volume. This added burden will increases wait times and reduce the efficiency of the current system reducing the perceived benefit of granting VHA benefits to potential new veterans. This study will examine the impact that providing free lifetime healthcare to veterans would assist recruiting efforts, with the current issues facing the VHA it is imperative that any

offer of expanded medical coverage be based on a private care option that would involve veterans receiving care primarily outside of the VHA network.

Review of Related Literature

To examine how the expansion or privatization of the VHA could potentially impact recruiting and the overall health of military veterans it is important to examine some basic facts about veterans and who makes up the potential community of care. Little research has been conducted on how to improve medical outcomes for veterans and how VA benefits impact decisions by potential recruits. The primary tool used to examine enlistment in the armed forces it the Department of Defense Youth Poll conducted by the Joint Advertising, Market Research, and Studies (JAMRS) branch. While not directly examining motiving factors among potential recruits, this study identifies demographic trends and examines the propensity to serve among demographic groups, defining propensity to serve as "the proportion of youth that military service is a likely event in their future." (Carvalho, Krulikowski, Marsh, Zucker, & Helland, 2010, pp. 3-1). The JAMRS study is a comprehensive look at who is likely to join the armed forces from almost every possible perspective; race, income, education, family, grades, educational expectations, etc.., providing recruiters a road map for identifying those individuals they should be talking to. This review of literature will examine research conducted on the motivation of those who serve, rather than just who is serving and the VHA and its effectiveness, and medical issues that veterans face that are being publicly discussed and potentially impacting recruits and military recruiting in general.

Factors Impacting Recruitment

Studies on the modern all volunteer force often center around the work of Charles C. Moskos, a sociologist who first postulated the Institutional/Occupation model for the US Military first published in 1977 that has become the model for research around the world. Moskos theorized that military organizations could be either Institutional or Occupational

regarding its operation and relation to the civil society that it serves. According to Moskos a military organization was a legitimate institution if it served "a purpose transcending individual self—interest in favor of a presumed higher good" (Charles C. Moskos, 1977, p. 3) the military in the United States traditionally would align with an institutional model as Moskos describes it. The occupational model is one where compensation is higher than the institutional, and recognition of skills is based on expertise and provides compensation based upon a traditional market based system where skills in higher demand receive higher pay. To Moskos the difference lies in that "people in an occupation tend to feel a sense of identity with others who do the same sort of work, and who receive about the same pay. In an institution, on the other hand, it is the organization where people live and work which creates the sense of identity that binds them together" (1977, p. 5). Much of the research conducted by Moskos after he first presented the I/O model was based on the belief that for the all-volunteer military to survive there needed to be a shift to a more occupational model with more standardized pay and incentives for in demand fields.

Similar to the Moskos work a study on military recruitment conducted in 2011 by Jami K. Taylor et al. titled An Exploratory Study of Public Service Motivation and the Institutional–Occupational Model of the Military (Taylor, Clerkin, Ngaruiya, & Velez, 2013) examined the military recruits and the public service motivation factors that drove them to serve. The study was conducted at Fort Bragg, NC with the participants of the study being drawn from Special Operations units on post, some of the most highly motivated service men and women. The participants of the study consisted of 174 soldiers and examined them for Public Service Motivation (PSM) breaking down PSM into four primary dimensions; Attraction to Public Participation, Commitment to Public Values, Self-sacrifice, and Compassion (2013, p. 1). The

authors of this study used their research to draw comparisons between individuals in the military with those in the civilian public service along those four dimensions, with the authors envisioning this research as part of a wider study of military and civilian PSM. The study spent a great deal of time comparing the public service model with Charles Moskos Institutional–Occupational (I-O) trying to determine if the recruits were more aligned with the institutional or occupational model. The study found that PSM and the institutional model played a statistically significant role in recruitment, it failed to prove the hypothesis that PSM played a statistically significant role in reenlistment decisions (2013, p. 151), perhaps because service had become an occupation at that point. The authors did note that the high frequency of combat deployments might have played a role in reenlistment decisions by eroding the correlation between military service and PSM.

An earlier study conducted to examine Moskos Institutional–Occupational model and how it relates to modern military recruits was Propensity to Serve and Motivation to Enlist among American Combat Soldiers by Todd Woodruff, Ryan Kelty, and David R. Segal (Woodruff, Kelty, & Segal, 2006). Conducted prior to the start of the Iraq war this study looked at the declining motivation to serve in the armed forces and cited traditional motivators like duty, service, and patriotism but also noted motivators like: pay, benefits, enlistment bonus, money for college (i.e. The Army College Fund), personal crises (e.g., unemployment), and lack of other employment options (2006, p. 355). Like the Tylor study these researchers examined Moskos model for the military as one that had moved away from the patriotic call and into one that focused on job training and other factors that drove enlistment choices. The sample population from this study was different in that Taylor examined the Special Forces soldiers at Fort Bragg while these researchers studied first enlistment soldiers stationed at Fort Lewis Washington,

primarily a mechanized infantry base. The study focused on the propensity to serve in the military by gauging the attitudes of the participants in their late high school years and surprisingly found that 70% of participants had not planned on serving in the military near the end of high school. The research did show that adventure and patriotism were strong factors in the ultimate decision to enlist, showing a strong correlation to Moskos institutional model and the PSM ideal of a more intrinsically motivated individual. Career oriented goals like money for college and job training were significant factors as well suggesting more of a relationship with Moskos occupational model and the extrinsically motivated individual. The researchers concluded that the Army has a high percentage of low propensity soldiers that serve in combat operations roles indicating that these individuals decided to join the military not based on a desire to protect their country as much as a tool further their personal career and life goals. This study reveals a strong correlation between recruitment incentives, like money, benefits, and training and the ultimate decision to enlist in the military. Offering one more lifetime incentive like medical insurance could create a powerful tool for the military recruiter to capture more of these low propensity enlistees.

Increasing Educational Indebtedness Influences Medical Students To Pursue Specialization: A Military Recruitment Potential? Is a study that examines a similar path for military doctors that could help staff the VHA in the future as well as offer a solid recruiting tool (Bale, Coutinho, Swan, & Heinrich, 2013). This study is relevant to this research because it examines a unique effort to attract a very different type of person to the military. Typically recruiting is focused on how to get the front-line soldiers into the service to fill mission critical combat arms duties. With health care being the primary focus of trying to recruit people into the military, it would also be wise to recruit additional doctors and medical professionals into the

military and the VHA to help prepare the medical field for the unique needs of the veteran population. With creative medical recruiting in mind this study focused on incoming students at the University of Medicine and Dentistry of New Jersey - New Jersey Medical School examining their attitudes about cost and career futures. The study found that most students, 62%, felt that the cost of schooling to become a doctor was too high, and 70% said that cast was a factor in choosing their medical school. The high cost was also a factor in the high percentage of respondents that indicated their intention to specialize, 64%, enabling them to recoup the cost of school quicker than the 9% who responded that they were planning on become general practitioners. The study concluded that with the rising cost of medical training driving more potential doctors away from the general practitioner role and into specialization the effect on medical costs and care in the United States will be dramatic in the increase of medical costs and the lack of availability of general practitioners. The study briefly looked at how many schools had hosted military recruiting events for medical fields and found that in New Jersey at least there was very little recruiting going on in high schools, and that no mention of programs that the Department of Defense offered for medical corps training was ever made. This information is important to the study of expanding the VHA because it begins to address the lack of information medical students are being provided with regard to military recruitment, and also because of the correlation between active military medical providers and the VHA, with fewer medical students made aware of the benefits of choosing military medical training and careers it will cause a shortage of medical professionals for the VHA to hire from that have some experience dealing with veteran issues. The VHA provides military medical professionals an avenue to continue their career in their chosen field while providing veterans with medical professionals that have experienced some of the same issues that they are dealing with.

After 9/11, What Kind of Reserve Soldier? By James Griffith in 2009 provided more insight into institutional–occupational orientations, but from the perspective of the reservist that is called upon extensively to fill gaps in the active military caused by prolonged warfare and the increased tempo of military operations. The focus on the motivation for service in this study was particularly important because it examined the institutional or occupation motivation and the impact on a soldier and how it changed over the course of a career. "During Operation Desert Storm, more than 84,000 Army Reserve and 60,000 Army National Guard soldiers were called to active duty…After September 11, 2001, about 300,000 of the 1.2 million National Guard and Army Reserve personnel were called" (Griffith, 2009, p. 215) this factor makes information from reservists and National Guard personnel pertinent as they have been increasingly called upon. This study examines the motivation of thousands of these reserve and National Guard soldiers and examines their likelihood to re-enlist and their individual motivations for service across three distinct time periods; before, during, and after the invasion of Iraq, to gauge the effects of continued deployments on the participants. The study was conducted using a sample of approximately 7,000 to 8,500 first year enlisted Army National Guard soldiers across the country. The study was conducted over a span of nearly six years with units around the nation administering the research questionnaires, the total sample size representing 10% of the Army National Guard (2009, p. 220). The author used Moskos I/O model for examining motivation of soldiers and applied it to the reserve component like previous studies conducted on active duty soldiers. The I//O model here is interesting because it would seem the more occupational model would appeal to the reservist because these individuals are believed to enlist more for the training and job opportunities. The findings reveal a strong institutional model of organizational commitment throughout the career of the respondents, but with occupational considerations like

pay and benefits never far from the minds of the soldiers. As a soldier approaches retirement however, the institutional factors of belonging and camaraderie increase in importance as the prospect of leaving an institution begins to weigh on the respondents. It is not surprising to see how numbers for re-enlistment continue to decline as combat deployments increased, reserve soldiers face the unique prospect in this time of fighting in a war one day and returning to civilian life sometimes less than a month later. The added stress of returning to civilian communities without the support of comrades in arms outside of drill weekends, heightens the importance of VHA care for these individuals as veterans have unique medical needs. Repeated deployments caused additional stress and the cumulative result of that stress is displayed in this study as a lack of commitment to the service and an intent to leave the reserves at the end of their contract. Career orientation rates ("plan to stay until retirement" and "plan to reenlist") are shown in the study to decrease to 6% over the six year period (2009, p. 226). This study showed statistically significant relationship between enlistment and retention rates and the material incentives being offered.

Factors With The Current Veterans Health Care System

Veterans' healthcare administration is not an issue that has just developed because of conflicts in the 21st century, in Emerging factors shaping the future of the Veterans' Health Administration: A Strategic Analysis the authors examine the condition of the VHA and what might be shaping its future in 2002. This study examined the emerging trend of inefficiency and overly complex administration for "the most comprehensive system of assistance for veterans of any nation in the world" (Rivers, Glover, & Agho, 2002, p. 27). While attempting to rationalize the complexity of managing the external environment facing the VHA in terms of a large multi-national corporation the authors seem to spend too much time justifying administrative focus

over patient care. This study is interesting considering the proposed study in that the authors, and an Under Secretary for Health at the VA quoted in the article, cite the privatization of veteran care as the primary threat to the VHA. Providing an interesting perspective on how the VHA could be overwhelmed by new veterans following the wars in Iraq and Afghanistan the research points to the declining veteran population in the 1990's as a potential threat to the VHA noting the loss of WWII veterans would leave the VHA with an over capacity that might need to be addressed by extending care to non-veterans (2002, p. 33). The loss of WWII veterans is a particularly salient point because the research showed that in 1990 there were an estimated 27.2 million veterans with an anticipated drop to 24.1 million by the year 2000 (2002, p. 31), these numbers demonstrate that more WWII veterans were lost in the 1990's than were created in the 2000's calling into question why the VHA became backlogged so quickly.

In Time Trends and Predictors of Suicide Among Mental Health Outpatients in the Department of Veterans Affairs the authors also examine veteran suicide rates and how the VHA particularly impacted this phenomenon with reduced mental health services in the 1990's and early 2000's and shift in the focus of the mental health care to outpatient care and a reduction of inpatient beds for mental health patients (Desai, Rosenheck, & Desai, 2008). The study examined the increase of outpatient based mental health services and showed no correlation between the new outpatient focus and increased suicide rates. The study noted a decrease in veteran suicides during between 1995 and 2000 when compared to the general population and justified further reductions of inpatient mental health care because of this improvement (2008, p. 38). The study is impactful for the issue of privatization because the authors tend to show that treating mental health for veterans in a VHA setting is not indicative of better care, and that

positive results are seen through outpatient care that does not necessarily need to be VHA administered.

Variation In Inefficiency Among US Hospitals provides a comparison between the efficiency of VHA facilities and other forms of hospital ownership in the US from 1985 to 1988 utilizing a complex scoring mechanism to gauge technical competence across a sample of over 1400 hospitals (Burgess Jr & Wilson, 1998). The study found that the VHA did not significantly deviate from the standard level of technical competence across any of the other ownership styles of hospitals (VA, local government, non-profit, profit) and that the technical efficiency of the VHA was on par with non-veteran facilities across the country. The study concluded that there was no evidence of ownership structure impacting the quality of care, and therefore would seem to support the idea that a veteran can receive the same quality of care outside of the VHA system as they do at a VA facility.

Veterans Administration Health Care Policies as a Protective Mechanism Supporting an Expected Life Trajectory after Military Service examines the link between VHA care and increased medical results among veteran populations with particular emphasis on Gulf War Era veterans (Smith-Osborne, 2013). This study attempted to draw a correlation between the use of VHA facilities might be linked to increased educational attainment and social status. The study concluded that most veterans in this era were receiving their care from a facility outside the VHA system with 71% of respondents claiming to have never received treatment at a VA facility, the primary reason cited for seeking care outside the VHA system was convenience (2013, p. 86). This study helps to relate the point that veterans do not currently see the VHA as a viable source of care for reasons that do not relate to the quality of care but for the complexity involved with using the facility. The study did further examination into other VA benefits, most specifically the

education benefits and found a significant correlation between the VA education benefits and positive socioeconomic outcomes. The positive relationship between the more advertised education benefits and economic improvement would lend itself to enhanced medical outcomes with a system that is more well-known and open to veterans like the GI Bill.

Military to Civilian Questionnaire: A Measure of Post deployment Community Reintegration Difficulty Among Veterans Using Department of Veterans Affairs Medical Care was a study conducted by a team of VHA mental health practitioners meant to validate a post deployment questionnaire used to gauge reintegration following a deployment (Sayer et al., 2011). The study examined 1,226 veterans who were using VHA services, 745 of whom provided survey responses. The researchers used this survey to validate the accuracy of responses they were receiving on the reintegration questionnaire to help gauge the effectiveness of VHA care following a deployment. The statistic of interest in this study was referred to as the Military to Civilian Questionnaire (M2C-Q) score, the researchers found that the M2C-Q score correlated with PTSD as higher score represented difficult reintegrating into society. The research showed no statistical difference based on age, gender, or branch of service, but did note that physically handicapped returning veterans and the unemployed experienced significantly greater difficulty integrating back into society. The relatively low number of confirmed PTSD cases from the M2C-Q study appear in contrast with 2014 study conducted by a research branch of the VHA, that study: Suicide risk among 1.3 million veterans who were on active duty during the Iraq and Afghanistan wars found that “the risk of suicide among recent wartime veterans was significantly higher than that of the US general population” (Kang et al., 2015, p. 99). The suicide risk study was conducted by examining the vital records of 317,581 deployed and 964,493 non-deployed veterans all of whom were discharged from active duty prior to the end of

2007 and followed until the end of 2009. The study found that most veterans were generally healthier with statistically lower mortality rates, but higher suicide rates (2015, p. 98), the study found that while the recent wartime veterans suicide rate was higher, non-deployed service members (those that did not participate in combat operations) was higher than the rate for those that did do combat deployments.

In a 2014 article for the Military Mental Health Journal Suicides in the Military: The Post-Modern Combat Veteran and the Hemingway Effect Carl Andrew Castro & Sara Kintzle attempt to examine the root causes of suicidal behavior and the role of combat in the military (Castro & Kintzle, 2014). Given the statistically higher rate of suicide among veterans it is an important issue for the Veterans Administration to examine possible root causes for this phenomenon. The authors of this study on suicide among veterans coined the term "The Hemingway Effect" after Ernest Hemingway and related how the cumulative nature of repeated combat tours can weigh on a veteran over the years and cause increased suicide rates as these veterans are worn down by the memory of wars horror. While this study focuses on active duty military personnel it is worth examining because of the eventuality that these service members will become veterans soon. The idea that cumulative combat trauma is a root cause to military is explored and the evidence presented regarding increases in active duty hospitalization for depression and PTSD would seem to indicate the impact of combat, the authors of this study did not factor deployment records into their statistical sample. This study offered an interesting point of view and perhaps the Hemingway Effect has some correlation to some suicides, but the previous study that separated suicide cases into deployed and non-deployed groups would seem to reject the findings of this research. The authors also examine the effect that returning to civilian life amongst most people who have never served in the military weighs on the veteran

adding reintegration difficulties into some of the results of their Hemingway Effect. Studies on suicide and reintegration are important to the study of privatizing the VA because mental health concerns often go unnoticed until it is too late and increasing regular medical care will increase the instance of general practitioners being able to screen for mental health issues.

A study that speaks directly to the importance of the general physician in the recognition of mental health issues is Integrating Mental Health and Primary Care Services in the Department of Veterans Affairs Health Care System (Zeiss & Karlin, 2008). This research examines the VA progress on creating an integrated health care system that has mental health professionals integrated with primary care physicians to recognize and treat mental health concerns before they become a problem. While the program is well underway at the VA so far, the report states that "509 programs, serving at least 530 sites of care, have been funded for integration of primary care and mental health. Across these sites, 310 psychology positions have been funded; most have been hired and are providing services to veterans" (2008, p. 78). This type of forward thinking care models are they things that get lost in the media accounts of the VA and their problems with appointments, another case of the VA integrating new care models into their network is Patient-Centered Pain Care Using Artificial Intelligence And Mobile Health Tools: Protocol For A Randomized Study Funded By The US Department Of Veterans Affairs Health Services Research And Development Program (Piette et al., 2016). This a study being conducted by the VHA using advanced artificial intelligence along with pain tracking and activity monitoring to gauge the effectiveness of pain medication and tailoring pain treatment in a community rife with painful physical ailments. The study was conducted using 320 patients t two different VA facilities responding to phone surveys about pain management, computers but also incorporated pedometers to monitor activity, all data was fed back into a computer system to

create an algorithm that personalizes pain management for patients (2016). This study is still currently underway with final analysis due in the fall of 2019, but preliminary results are promising and show how the VHA could remain unique in the type of care and services they provide to veterans even when competing against other medical providers as the VHA has the history and veteran focus to care for issues that affect veterans at a greater rate than non-veteran populations.

Improving the delivery of care at the VHA is a frequent subject for study, in 2015 research was conducted to examine the effectiveness of VHA primary care offices, the study: Characterizing Primary Care Visit Activities at Veterans Health Administration Clinics (Gutierrez et al., 2015), examined the efficiency of primary care visits at four veterans' health centers. This study examined primary care visits by videotaping the appointments of 121 patients and breaking down the primary tasks of the physicians during those visits into 12 different primary activities. The study found that preventive care was not being addressed in a meaningful manner with the least amount of time being spent on that issue, even paperwork scored higher with 13% of visits being spent on that issue. The study concluded that for a primary care physician to be spending 13% of an appointment time on paperwork and not care for a patient was an immense waste of resources, primary care physicians are a scarce resource at the VA and their time needs to be spent on the care of patients not records. Transforming Veterans Health Care Through Academic-Practice Partnerships (Harper et al., 2016) offers a an innovative prospect for the VHA can help reduce the cost of medical education while increasing positive medical outcomes for veterans through partnerships with medical education institutions. The study details the partnership of the University of Alabama at Birmingham School of Nursing and the Birmingham Veterans Affairs Medical Center that grew to become the Birmingham Veterans Affairs Nursing

Academic Partnership. The program provides scholarships for undergraduates and focus on the needs of the veteran community while serving as a training center for nursing candidates that augment the otherwise over taxed VA nurses (2016). The Birmingham program is funded under the Veterans Access, Choice and Accountability Act of 2014 (Congress, 2014) that provided funding for nurse training.

In Reducing Waits for VHA Services Through Use of Tools of Governance Colleen Campbell examines how the VHA could improve services by utilizing modern tools of governance (Campbell, 2016). This study provides a thorough background of the appointment scheduling scandal that rocked the VA and caused the resignation of the Cabinet Secretary responsible for the Veterans Affairs Department. The study examines efforts by the VA to move beyond the political policy discussion ongoing in the media and turn the attention onto the governance issues that are being done to fix the problems. A careful examination is done of three primary governance tools employed at the VHA: strategic planning, contracting, and public information. The study concludes that the responses to the scandal utilized by the VA have been highly political but have resulted in the expansion of services to an additional 1.9 million veterans by referring those individuals to community are by use of the Veterans Choice Act. This study paints a very rosy picture on what appears to be mostly cosmetic changes in how the VA reports the failure of the system to get veterans in for care. The Veterans Choice Act provides for veterans to get care outside of a VA facility after a 30 day wait, it might eliminate the 90 day wait but 30 is still too many, access to private care through a veterans' insurance plan would allow veterans to shop for care at a doctor that can see them in a much more reasonable time frame.

While previous studies examined the VHA and how it serves veterans Unclaimed Health Care Benefits: A Mixed-Method Analysis of Rural Veterans Stacy Wittrock, MA; Sarah

Ono, PhD; Kenda Stewart, PhD; Heather Schacht Reisinger, PhD; & Mary Charlton, PhD examines why veterans in rural areas tend to stay away from the VHA (Wittrock, Ono, Stewart, Reisinger, & Charlton, 2015). This mixed method study finds that high travel times and long delays impact the decision of rural veterans to not seek care from the VHA with 55% of respondents from rural communities not utilizing VA medical care they were eligible for (2015, p. 36). The researchers surveyed 180 veterans in a rural midwestern county but did not include any veterans from the conflicts in Iraq and Afghanistan. This study also found that communication of benefits eligibility is a major problem for veterans that responded to the survey with a large percentage not being fully aware of their benefits.

The Veterans Choice Act and Dual Health System Use by Walid F. Gellad, MD, MPH provides background on the use of the VHA and civilian medical centers that resulted from the passage of the Veterans Choice Act that allows veterans to seek care at civilian medical centers for issues they cannot get an appointment at the VA for in under 30 days (Gellad, 2016). The research is brief but goes into detail about the troubles that non-VA physicians encounter trying to access VA medical records for VA patients. The paper expounds upon the requirement in the Patient Protection and Affordable Care Act of 2010 for digitized medical records (Protection & Act, 2010) and how the VA, a federal agency, is not in compliance with federal law (Gellad, 2016, p. 153). The research concludes that the VHA must get better at sharing medical information with civilian medical centers to ensure better care for veterans that is mandated both by the ACA and the Veterans choice act.

Evaluation Of Brief Treatment Of Symptoms Of Psychological Trauma Among Veterans Residing In A Homeless Shelter By Use Of Accelerated Resolution Therapy examines how homeless veterans are being treated at shelters in order to reduce their trauma loads and how the

VHA is attempting to bring care to at risk populations (Kip et al., 2016). The study was conducted with 23 veterans residing in homeless shelters and 94 veterans in the community that agreed to participate in an accelerated treatment plan for their PTSD. Not surprisingly the study concluded that homeless veterans were less likely to complete treatment for their mental health issues, and had more complex issues than just the diagnosed PTSD. Research into a more privatized or civilian modeled version of the VHA includes some interesting cost modeling presented in Privatization In A Publicly Funded Health Care System: The U.S. Experience a 2008 study that examines previous privatization efforts across the United States and measure their outcomes (Himmelstein & Woolhandler, 2008). This study examines the negative effects of health care privatization from the perspective of taking the VA hospitals private, not veterans' health insurance. This study shows how the privatization of medical care has exacerbated income inequality and a disparity of medical results that has resulted from for-profit medical care, it is important to examine this issue to point out the distinction between medical insurance and medical care privatization.

The final study examined for this review dealt with the political realities of changing the VHA, Evidence-Based Policy Making: Balancing Rigor with Real-World Health Care for Veterans and Military Personnel examines the unique challenges the VHA faces in the current shifting political reality that the administration must function within. Contrasting some best practices from private health care and noting how the politics of the federal government might impact potential outcomes (Kilbourne, 2015). This study is a solid example of ways to improve the operation of the VA hospital, but does not address access to care and many of the other barriers to care that would be corrected with expanded medical insurance rather than building ore government run hospitals.

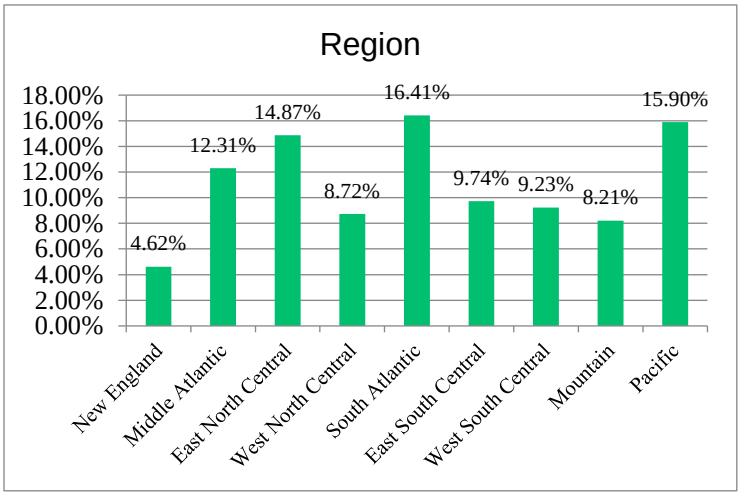
Methodology and Data Analysis

Hypothesis

This study will attempt to prove that providing free lifetime healthcare to veterans would provide an incentive for enlistment in the armed forces. The study will additionally attempt to determine if the public would support this measure based on a perception that veterans have earned this benefit.

Participants

The population of interest for this study was enlistment aged individuals from around the United States to reduce bias based on any regional attitudes towards military service that might be found near a large base or urban center. Respondents to the survey raged in age from 18 to 42, with 55% of respondents between 18 and 29, and did not statistically significantly deviate from census figures regarding gender with 51% of respondents answering that they were female, 46% male, and the remainder either gender non-conforming or refusing to answer. The distribution of the sample through the SurveyMonkey platform allowed for a much broader array of respondents, with about 16% of responses coming from the Pacific coast where distribution might have proven difficult through more conventional means. Responses from all over the country were included in the 207 responses with the distribution higher in the more densely populated regions of the country.



Materials

The research was conducted utilizing a survey instrument created online on the SurveyMonkey.com platform and can be found at https://www.surveymonkey.com/r/6H258PB. The survey consisted of 17 questions designed to gather data to gauge the level of support for the research question. The survey was conducted completely online and depended upon individuals to be able to access the internet. The survey results showed a prevalence of respondents, 58.5%, answered utilizing either and Android or iPhone mobile device and the remainder using a standard computer except for 2% who responded other.

Design

This research will utilize a quantitative approach to data collection focusing on potential recruits with a survey instrument to gauge the impact of free lifetime healthcare for veterans on the enlistment decision. The design will focus on a comparison of results between different demographic groups and draw conclusions based on the variation in responses from these groups. In group examination of results will focus on demographic considerations, particularly household income, education level, and age among all the different population groups as expanding coverage to families would have a significant impact on these groups. SurveyMonkey.com will be distributing the survey online to the target demographic group utilizing a patented distribution method that will gather results along a valid cross sample of the population of potential recruits. The target demographic will be enlistment aged individuals, 18-42 years old, who could potentially join the armed forces.

Procedure

Between 11/20/2017 and 12/1/2017 online surveys were distributed and collected from 200 participants utilizing the SurveyMonkey.com platform. The survey collected 200 responses

for a representative sample with a 95% confidence level and 7% margin of error of the 65,000,000 people in the United States that are in the age range for enlistment.

All participants of the study were advised of the nature of the research and advised that no potential legislation is currently affiliated with the research to avoid any confusion with current legislative agendas. Participants were assured of confidentiality and all data will not be traceable to an individual, assuring anonymity and helping to stimulate responses that are free from fear of reprisal. Participants all agreed to the following confidentiality statement at the beginning of the survey for their responses to be included in the results:

> Participation in this study is voluntary. You may refuse to answer any question or discontinue your involvement at any time without penalty or loss of benefits to which you might otherwise be entitled. By selecting "Yes" below, you indicate that you have read the information in this informed consent and have had a chance to ask any questions that you have about the study.

After completing the confidentiality agreement participants answered the questions with an average completion time of just over three minutes.

Data Analysis

Examination of the results was conducted as soon as enough results were collected to form a statistically valid sample. With over 200 responses this study results are accurate with a 95% confidence rate and a 4% margin of error; 207 responses were utilized for the statistical analysis. Statistical analysis focused on answering the research question if free lifetime healthcare would influence a decision to join the military. To ascertain this data a question grid was designed to have respondents gauge their support for particular issued by strongly agreeing, agreeing, disagreeing, or strongly disagreeing with a survey question. Five of the questions were designed

to determine the impact of a healthcare benefit with the results displayed in the table below:

Question	Agree or Strongly Agree
Benefits are an important part of military commitment	77.19%
Veterans have earned benefits after service regardless of physical disabilities	68.45%
Free health insurance should be provided to all veterans	80.98%
Health care is a human right	74.27%
Health Care should be provided to citizens as a basic government service like police or fire	66.67%

From the responses in the chart it is evident that the clear majority, 77.19%, of respondents believe that benefits are an important part of the decision to join the military, and 80.98% believe that free health insurance should be provided to veterans. Given the evidence in this table it is safe to say that the study would support the hypothesis that free health care for life would have a positive impact on recruiting, and that the public would support a measure to provide this for veterans.

Further examination of the data was attempted to determine if there was a statistically significant correlation between income and education levels and a propensity to serve in the armed forces. To measure this all participants were asked their household income level and their education levels in addition to asking the likelihood that they would serve in the military. Regression analysis was conducted on these factors by assigning a number value to responses related to likelihood to serve, education, and income levels. The following two charts show the summary statistics

SUMMARY OUTPUT

Regression Statistics	
Multiple R	0.112264351
R Square	0.012603285
Adjusted R Square	0.007786715
Standard Error	1.434833092
Observations	207

ANOVA

	df	*SS*	*MS*	*F*	*Significance F*
Regression	1	5.38702131	5.38702131	2.616651741	0.107284998
Residual	205	422.0429304	2.058746002		
Total	206	427.4299517			

	Coefficients	*Standard Error*	*t Stat*	*P-value*	*Lower 95%*	*Upper 95%*	*ower 95.0%*	*pper 95.0%*
Intercept	3.016155437	0.434645217	6.939350341	5.07127E-11	2.159207405	3.873103	2.159207	3.873103
Likelihood Number	0.154984491	0.095810979	1.617606794	0.107284998	-0.033916771	0.343886	-0.03392	0.343886

SUMMARY OUTPUT

Regression Statistics	
Multiple R	0.149733191
R Square	0.022420029
Adjusted R Square	0.01704871
Standard Error	1.028082137
Observations	184

ANOVA

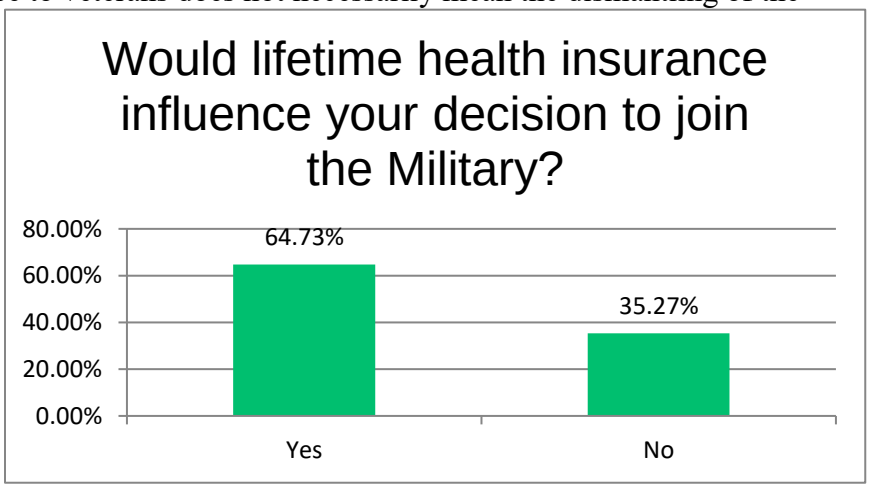
	df	*SS*	*MS*	*F*	*Significance F*
Regression	1	4.411749853	4.411749853	4.174026996	0.042489906
Residual	182	192.3654241	1.056952879		
Total	183	196.7771739			

	Coefficients	*Standard Error*	*t Stat*	*P-value*	*Lower 95%*	*Upper 95%*	*Lower 95.0%*	*Upper 95.0%*
Intercept	4.156828372	0.148814971	27.93286427	1.00877E-67	3.863203924	4.450452821	3.863203924	4.450452821
Income Number	0.069571647	0.034052943	2.043043562	0.042	0.002382326	0.136760967	0.002382326	0.136760967

for the regression analysis done on first the likelihood to serve base on education level and then by income gradient, the analysis shows that there is no direct correlation between these factors.

Discussion

This study attempted to address the question of whether adding free lifetime healthcare to veterans benefits would have a positive correlation to recruitment for the all-volunteer military. An examination of the literature on recruitment and health care showed very few studies linking health care benefits to recruitment, but plenty of evidence that recruitment and retention is impacted by benefits in general. Examination of the literature pertaining to the current veterans' health care benefit showed a system in need of repair that has been shaken by scandals in recent years. Based on the findings from this study it can be determined that adding free medical care for veterans in the form of medical insurance would allow for improved recruiting results. Providing free health insurance to veterans does not necessarily mean the dismantling of the veterans' health administration, but the presence of real choice for veterans will create some competition for the VHA and push it to improve and start implementing more industry best practices to improve the quality of care. Improving the VHA is not just about recruiting or efficiency, it is about improving the medical outcome for veterans who are facing a public health crisis. Previous studies have shown that different people in the military are motivated to join for reasons that vary along Moskos I/O model and that improving the pay and benefits would impact the decision making for the occupationally motivated individuals. The survey also showed that respondents believed that health care was a human right, 74%, and that they viewed health care as a basic public service like police or fire



protection 66%. Currently the United States is the only developed country that has a system of veterans' hospitals like the VHA, because the United States is the only developed nation with a military commitment to the war on terror that doesn't have some for of public health care.

Summary, Implications, Future Research

Implications of possible outcomes

The result of this study show that the public would be willing to accept the government providing free health care to all veterans, and that this would help recruiters meet the growing mission requirements the new administration has imposed. It is unlikely that a measure like this could pass given the current climate in Washington, but further research and awareness might be what is needed to position this idea for the next congress as part of a national health care reform package.

Limitations of study

This study was limited by an inability to access participants under the age of 18 because of the parental consent requirement. While this limitation did not impact the statistical validity of the study, it would have allowed for a closer comparison to the JAMRS data to see how the traditional recruiting data and some questions that speak to Moskos principles interconnect. Additional sampling might have also better explained the lack of correlation between income levels and propensity to serve as it seemed like a few outliers in an upper middle-class income strata may have skewed those results.

Future research

Further research into the relationship between military recruitment and motivation to serve might prove informative for future veterans' benefit enhancements. Currently there only seems to be action in the VA because of some calamity or new war, perhaps with the perpetual war footing the country appears to be on since 9/11 some proactive improvements might come about from further study into the effects of veterans' benefits. "To fulfill President Lincoln's promise "To care for him who shall have borne the battle, and for his widow, and his orphan" by

serving and honoring the men and women who are America's veterans" (Affairs, 2016), this is the mission statement of the Department of Veterans Affairs. The focus of research needs to be place on improving the agencies ability to live up to President Lincoln's promise.

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