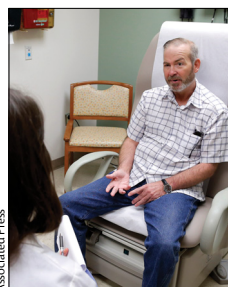


Veterans' health care: a call of duty



Associated Press

Last week saw the US Department of Veterans Affairs (VA) hit by yet another health-care scandal. On Sept 2, the VA's Office of Inspector General (OIG) published its report reviewing alleged mismanagement at the Veterans Health Administration's Health Eligibility Center. In response to a whistle-blower's claims, it investigated whether the centre had more than 850 000 health-care applications in a pending status, whether more than 47 000 veterans had died while their applications were pending, whether 10 000 health records were purged or deleted, and whether thousands of unprocessed applications, spanning a 3-year period, were discovered in January, 2013. On all four counts, the OIG found the VA guilty.

The report calls for the provision of guidance by the VA's Under Secretary for Health on timeliness metrics and assignment of an accountable senior executive to develop a project management plan to correct data integrity issues. The OIG notes that all the report's recommendations have been accepted by the VA and corrective actions plans have been submitted; the OIG will monitor implementation.

For the OIG report on the Veterans Health Administration's Health Eligibility Center see <http://www.va.gov/oig/pubs/VAOIG-14-01792-510.pdf>

8.9 million of the 22 million veterans in the USA are enrolled in the VA's health benefits programme. 6 million receive treatment every year in 151 VA medical centres and other facilities. Major problems in the system have come to light in recent years. In 2011, the VA was taken to court for failing to provide adequate mental health care for veterans returning from active service. The appeals court ordered a drastic overhaul to correct "unchecked incompetence" in the system. In 2014, the OIG investigated claims of long delays, falsified waiting lists, and poor quality of care and found substantial evidence to support them. These revelations point to gross mismanagement and lack of oversight within the Veterans Health Administration.

The VA's problems run wide and deep. They will certainly need presidential level and bipartisan commitment in Congress to be solved. If countries are going to deploy people into active service abroad, they have a duty to plan for, and provide, the highest possible standard of care for those returning home. ■ [The Lancet](#)

Asthma—hope for the future?



Jan Horton/Science Photo Library/Corbis

334 million people worldwide are affected by asthma. Despite falling mortality rates, the global health burden of asthma persists, and there is still no cure. In the *Lancet* Series on asthma, Richard Beasley and colleagues discuss the risk factors for asthma development and consider the case for disease prevention. Kian Fan Chung reviews evidence for treatment targeting the interleukin pathway.

As Beasley and colleagues attest, some populations have lower asthma prevalence than others, and genetic predisposition does not follow a classic Mendelian pattern, which suggests that prevention by environmental and developmental means might be possible. Parental influence on childhood asthma development presents many routes of potential intervention. Unsurprisingly, smoking during pregnancy and parental smoking during childhood are associated with asthma development, but asthma prevalence rates are also high in infants with low birthweight, early birth, delivery by caesarean section, and high infant weight gain. Prenatal and postnatal maternal stresses are tied to socioeconomic status, and are associated with higher childhood asthma risks.

In terms of treatment, Chung presents an assessment of interleukin-targeted treatment and reduction in asthma symptoms, with positive responses seen in different groups of patients. For example, patients with recurrent exacerbations might benefit from anti-interleukin 5, whereas anti-interleukin 13 treatment could be more appropriate for patients with chronic airflow obstruction without recurrent exacerbation. Further studies are needed to establish the most effective targeted treatment for phenotypically unique individuals.

Both Series papers highlight the diversity of asthma. The risk factors, symptoms, and successes in prevention are so broad, that it is perhaps restrictive to consider asthma as a single disorder. The frustration that researchers have felt when chasing a universal treatment or cure for asthma might be mitigated by regarding asthma as a range of interlinked and related disorders, strongly affected by disparities in socioeconomic status, for which a single universal treatment might not be possible. A future *Lancet* Commission on asthma will explore this theme of individualised disease management further. ■ [The Lancet](#)

For more on the *Lancet* Asthma Commission see [Comment](#) *Lancet* 2015; 385: 1273-75