## Reflections on My VA Experience and Why I See the Proverbial Glass as Half Full

Andrew J. Rosenbaum, MD

eterans Health Administration (VA) hospitals have received notoriety due to episodes of misdiagnosis, poor management, and negligent care described in many recent reports and news articles.<sup>1-3</sup> While veterans are appropriately the primary focus of these investigative reports, physicians are also challenged in this setting, as they often meet resistance when advocating for patients and attempting to improve a flawed system.<sup>2</sup> Although my residency training includes 6 months at a VA hospital mired in controversy, the hospital has played a critical role in my training.<sup>3</sup>

Despite my many frustrations with the VA and the daily stresses incurred because of barriers impeding the timing and quality of care, I have several reasons to see the glass as "half full" when reflecting on my experiences as an orthopedic surgery resident at a VA medical center. This editorial will focus on the most important of these reasons—the special opportunity and pride associated with caring for veterans and these patients' extremely appreciative nature.

The VA is one of the largest integrated health care systems in the United States, offering both inpatient and outpatient care to eligible veterans. Although eligibility has historically been based on military service—related medical conditions, disability, and financial need, reforms from 1996 to 2002 expanded enrollment to veteran populations previously deemed ineligible for VA care. Despite this, studies suggest that some uninsured veterans do not seek VA care, even when eligible for VA coverage. This troubling notion is further complicated by research suggesting that veterans who use the VA for all of their health care are more likely to be from poor, less-educated, and minority populations, and are more likely to report fair or poor health and seek more disability days.

Such disheartening realities can mask the most important attributes of VA patients, which pertain to their selfless commitment to our country. Orthopedic surgery residents must appreciate these attributes as well as the tremendous need for

Dr. Rosenbaum is Fellow, Orthopaedic Foot and Ankle Surgery, Hospital for Special Surgery, New York, New York.

Author's Disclosure Statement: The author reports no actual or potential conflict of interest in relation to this article.

Address correspondence to: Andrew J. Rosenbaum, MD, Hospital for Special Surgery, 535 East 70th Street, New York, NY 10021 (email, andrewirosenbaum@gmail.com).

Am J Orthop. 2015;44(10):E417-E418. Copyright Frontline Medical Communications Inc. 2015. All rights reserved.

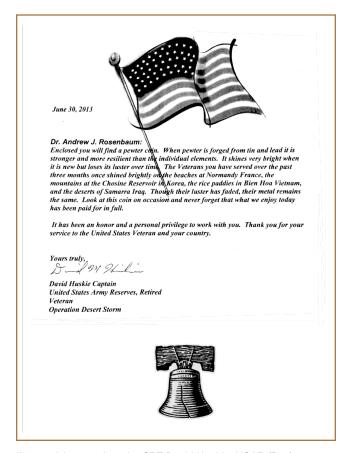


Figure. A letter written by CPT David Huskie, USAR (Ret.), Veterans Health Administration (VA) medical center orthopedic nurse. Each orthopedic surgery resident receives this letter, along with a pewter coin, following their first VA rotation.

musculoskeletal care in this setting, as musculoskeletal conditions are some of the most common reasons for patient visits at the VA.<sup>7</sup> Although combat-related high-energy blast injuries and the reconstructive procedures used to treat them have received a lot of attention, it is the more common musculoskeletal disorders that are most responsible for the tremendous burden of musculoskeletal disease in the VA. In a study by Dominick and colleagues, veterans had significantly greater odds of reporting doctor-diagnosed arthritis compared with nonveterans. Furthermore, veterans are also more vulnerable to overuse injuries, a finding attributed to the intense physical activity associated with military training and service.

The busy orthopedic surgery clinic at my VA hospital is a

fulfilling experience and a reminder of the large demand for musculoskeletal care. However, it is the patient population that makes it most gratifying. Most of the veterans seeking care are appreciative, regularly expressing their gratitude. They view me and the other residents as their physicians, not simply as doctors in training, like so many other non-VA patients do. Despite the fact that VA patients sometimes have to wait several hours to be seen in clinic and several months for surgery, I have never been subjected to their inevitable disdain or frustration. This is true in even the most trying and infuriating times, such as when an operation is cancelled on the day of surgery for reasons that many surgeons in non-VA hospitals would consider trivial. And even when witness to my visible irritation with the VA system, the veterans remain respectful and understanding; if they ever share similar feelings, they most certainly never voice them to me.

I cannot refute the notion that the VA must change and that the veterans deserve an improved health care system. However, this editorial is not written as a call to action. Instead, I hope it helps to humanize the patients of the VA, serving as a reminder to residents and other providers that the VA is a unique and extraordinary opportunity to give back and say thank you to veterans.

This editorial is dedicated to CPT David Huskie, USAR (Ret.), a veteran of Operation Desert Storm and orthopedic nurse at my VA hospital. It was he who first reminded me, and the other orthopedic residents, of the importance of our time

at the VA. The **Figure** depicts the letter he gives to orthopedic residents at our program, along with a pewter coin, after their first VA rotation.

## References

- Pearson M. The VA's troubled history. Cable News Network (CNN) website. http://www.cnn.com/2014/05/23/politics/va-scandals-timeline. Updated May 30, 2014. Accessed August 28, 2015.
- Scherz H. Doctors' war stories from VA hospitals. The Wall Street Journal website. http://www.wsj.com/articles/hal-scherz-doctors-war-storiesfrom-va-hospitals-1401233147. Published May 27, 2014. Accessed August 28, 2015.
- Riviello V. Nurse exposes VA hospital: stolen drugs, tortured veterans. New York Post website. http://nypost.com/2014/07/12/nurse-exposes-vahospital-stolen-drugs-tortured-veterans. Published July 12, 2014. Accessed August 28, 2015.
- Enrollment—provision of hospital and outpatient care to veterans—VA. Proposed rule. Fed Regist. 1998;63(132):37299-37307.
- US Department of Veterans Affairs, Veterans Health Administration, Office of Assistant Deputy Under Secretary for Health for Policy and Planning. 2003 Survey of Veteran Enrollees' Health and Reliance Upon VA With Selected Comparisons to the 1999 and 2002 Surveys. US Department of Veterans Affairs website. www.va.gov/healthpolicyplanning/Docs/SOE2003\_Report. pdf. Published December 2004. Accessed August 28, 2015.
- Nelson KM, Starkebaum GA, Reiber GE. Veterans using and uninsured veterans not using Veterans Affairs (VA) health care. *Public Health Rep.* 2007;122(1):93-100.
- Wasserman GM, Martin BL, Hyams KC, Merrill BR, Oaks HG, McAdoo HA.
  A survey of outpatient visits in a United States Army forward unit during Operation Desert Shield. *Mil Med.* 1997;162(6):374-379.
- Dominick KL, Golightly YM, Jackson GL. Arthritis prevalence and symptoms among US non-veterans, veterans, and veterans receiving Department of Veterans Affairs Healthcare. J Rheumatol. 2006;33(2):348-354.
- West SG. Rheumatic disorders during Operation Desert Storm. Arthritis Rheum. 1993;36(10):1487-1488.