Hanging Out at the VA

Betsy Woodman

“Would you go to the VA for health care?” I asked. A dinner companion wrinkled up his nose.

Seems like when the VA hits the news, it’s bad. In 2014, falsified statistics on wait-times for appointments resulted in the resignation of VA Secretary Eric Shinseki. In 2017, cockroaches were spied on VA hospital dinner trays in Illinois. This year, a pathologist at a VA facility in Arkansas was routinely drunk on the job.

Former Speaker of the House John Boehner called the VA “hopeless and unnecessary,” the care, “substandard.” He thought the private sector would do a better job. “If you’re a real doctor,” he proclaimed, “you’re probably not working at the VA.”

Whoof! Hopeless and unnecessary. Who’d go for health care to a place like that?

About nine million people, that’s who—approximately half of the nation’s eighteen and a half million veterans. More enroll every day. They’re treated in 171 medical centers and hundreds of outpatient clinics. VHA—Veterans Health Administration—is the biggest health care system in the country.

Arguably, it’s also the best.

Its enemies pounce with glee on its problems. But the truth is, VA health care is excellent. The title of Phillip Longman’s 2012 book, *Best Care Anywhere,* tells you where *he* stands on the subject. This year, Longman testified in Congress that per “patient day,” the VA combines higher quality with lower cost.

While doing a harder job.

VA patients tend to be sicker than patients in the society at large. The average elderly patient in the US comes to the doctor with 3 to 5 presenting conditions. The average Vietnam vet shows up with 9 to 14 complaints.

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Today’s all-volunteer armed forces are better educated, better trained, more disciplined—but they’re less numerous than before.

So, today’s fighters end up with long tours of duty and multiple deployments. We get the wounded ones off the battlefield quickly, so they come back alive, but with more serious wounds than ever. 40% of the troops coming home from Iraq and Afghanistan have been awarded disability payments for life. (For World War II, and the Korean and Vietnam Wars, it was 24%.)

In earlier wars, people with similar injuries would have died—if they hadn’t already died of disease, that is. In World War I, influenza was a huge killer. In the Civil War, the biggest was diarrhea.

Vets, particularly those of the Iraq and Afghanistan wars, are particularly plagued with PTSD, Traumatic Brain Injury, and substance abuse. Mental health problems abound, including the risk of suicide.

By one VA estimate, 6,400 vets kill themselves per year. The Rand Corporation found that in 2018, the suicide rate among veterans 18–34 years old was almost three times higher than for nonveterans in the same age bracket.

18 to 34 years old. This means that some are grievously injured even before their brains are fully formed, thought to be around age 26.

The VA fights an uphill battle, but nonetheless does better than the private sector at keeping people from killing themselves. Between 2000 and 2010, for example, the rate of suicide increased by 40 percent among veterans who didn’t use the VA. Among those that *did* use it, the rate declined by 20 percent. (See Suzanne Gordon, *Wounds of War.*)

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Substandard care? I don’t think so.

In numerous studies, the VA outperformed private medical facilities

Post-operative morbidity was lower in VA hospitals—you were less likely to get sick after surgery.

VA hospitals were more likely to follow best practices on infection prevention.

Outpatients at VA facilities got better treatment for chronic conditions, obesity counseling, mental health, and more.

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I’m not a vet, but I’ve been a fan of VA health care since 2006, when I took my dad, a veteran of the invasion of Normandy, up to the White River Junction VA Medical Center for evaluation of some problems.

I imagined a grim, gray, environment, vaguely regimented and military, where he’d get humorless, impersonal treatment.

Instead, what he got was warmth and kindness that went beyond common courtesy. Respectful attention. And lots of listening.

More recently, I’ve accompanied my friend Will to VA appointments in Manchester, New Hampshire, and in two facilities in New York state.

Again, the experience was uplifting: excellent practitioners, relaxed and unrushed care, thoughtful attention, and gentle humor. Will got TLC.

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I mentioned these experiences to Dr. Peter Mogielnicki, now retired. He was chief of medicine at the White River Junction VA Medical Center for forty years. “Everyone was so *kind*,” I said.

He sounded surprised at my surprise. “But—isn’t that what medicine is supposed to be?”

And I’m not the only happy camper. Of four million vets surveyed in 2020, 90% reported themselves satisfied with VA care. In a Veterans of Foreign Wars study, it was 82%.

VA health care providers are generally less well paid than in the private sector. But, they’re “mission driven” and dedicated. Peter Mogielnicki, when asked why he stayed on the job so long, said, “it’s a *sane* system.” The doctors, on salary, aren’t paid for prescribing unnecessary expensive tests. Plus, he said, the patients are wonderful to work with—appreciative, and with plenty of stories to tell.

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Politics surrounding the VHA can be murky. Some privatization has occurred already, with patients allowed to go outside the system at VA expense under certain circumstances. Some see this as practical and sensible; others fear that it’s the thin edge of the wedge leading ultimately to the elimination of VA health services.

Let’s go back to John Boehner’s claim that the VA is “unnecessary,” and that we don’t need a special system for veterans alone.

Actually, we do. A recent Rand Corporation study in New York state showed that more often than not, non-VA doctors aren’t currently equipped to do the job. Only 2.3% have the knowledge and background necessary to treat vets. Most don’t even screen for typical medical conditions veterans suffer from.

Journalist Suzanne Gordon speaks of the “cultural competence” that VA providers have—they understand military life better than the medical folks on the outside.

The VA even employs about 60 anthropologists, who study the social environment the vets are in. They analyze everything from why patients don’t take their medicine to the formation of networks among veterans with spinal cord injuries.

At VA hospitals, staff have had a lot of practice coming up with creative solutions. Take a patient with both dementia and PTSD. What do you do with a World War II vet who looks out the window, sees Nazis coming to get him, and gets violent and agitated? And who begs for a bus ticket to see his mother who’s been dead for years?

The San Francisco VA hospital had just such a patient. The nurses figured out that he was a tidy and orderly man, and when he started having an episode, they’d scatter clothing around his room. He’d stop his raging and fold the clothes. As for the bus tickets, they made replicas of tickets costing 5 cents—the price he remembered from his youth—and put a sign up at the nurses’ station saying “San Francisco Municipal Railway Station.” They’d give him a “ticket,” he’d make his way to the “station,” and eventually calm down and return to his room. (In Suzanne Gordon, *Wounds of War.*)

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The VA works for veterans—and for the rest of us, too. It’s the largest health care educator in the country.

Almost all—97%—of medical schools are affiliated with the VA. (The White River Junction VA Medical Center and the Dartmouth Geisel School of Medicine, for example, are tightly linked.)

At least 70% of our physicians receive at least a part of their training through the VA. Two-thirds of our nurses.

The VA funds hundreds of internships and postdoctoral fellowships for psychologists. Psychiatrists, optometrists, podiatrists, pharmacists, dentists…you name it, the VA plays a big part in training our health professionals.

Many stay on to work for the VA, often because of their positive experience as a medical student or resident.

Next time you go to the doctor, ask whether they got any training from the VA.

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Another VA activity that benefits us all is medical research.

﻿Not surprisingly, the VA has been out front in the development of prosthetic limbs, PTSD, and traumatic brain injury.

But here are some other areas of VA research and development:

 tuberculosis

 smoking and lung cancer

the nicotine patch

hypertension

malaria

kidney disease

pneumonia

mumps

chronic pain

substance abuse

palliative and hospice care

epilepsy.

Physicist Rosalind Yalow from the Bronx VA hospital won the Nobel prize in physiology or medicine in 1977 for the radioimmunoassay.

How ironic, how paradoxical, that advances in healing follow on the heels of the savagery of war.

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A few closing thoughts.

With so many of our wars, we’ve shot ourselves in the foot, and worse. The best preventive medicine of all would be to avoid the wars to begin with. We wouldn’t be funding disability payments for Agent Orange if we hadn’t spraying Agent Orange in Vietnam in the first place.

We’d need fewer suicide prevention programs if so many of our servicepeople didn’t come home wracked with despair.

Not to mention the financial wounds of war. Treating our injured from the Iraq and Afghanistan wars is going to go on from many, many more decades. Disability benefits and medical care will run literally into trillions of dollars. (At least 2.5 trillion, according to Linda Bilmes of the Kennedy School at Harvard University.)

How many more wars can we afford to blunder into?

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Not a few veterans are peace activists.

Don’t thank me for my service, says Jon Michael Taylor, an Iraq war vet, survivor of two suicide attempts, and now artist, poet, and public speaker. Thank the people who protested.

Many would agree. But he’s wrong, too—we should indeed thank the people who were willing to risk their lives to protect ours.

They often made unimaginable sacrifices, and we owe them, our injured compatriots, a debt of care. The VA health system offers at least a start on the healing they need.

It’s also an example of what we as a society can do well, when we want to. It shows us what a sane system can look like for the sick, the injured, and the elderly. Some reformers call, “Medicare for everyone!” I sometimes wonder why we don’t hear the cry, “VA health care for everyone!”

I’d say that’s in the rather unforeseeable future.

In the meantime, kiss a vet, hug a nurse, give thumbs up to a VA doctor, okay? And stay well.

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