

Is the Cheyenne VA Medical Center in danger of having its surgery capabilities downgraded or closed?

In 2007, major stories of deficiencies in two different VA medical centers surfaced. The first one involved the renowned Walter Reed Army Hospital. Walls were falling in and black mold was visible. Holes in ceilings allowed patients to see tubs in the room above. Odors of filth were rampant. Mouse droppings, dead roaches, stained carpets in the rooms and hallways and cheap mattresses were some of the most obvious shortcomings.

Walter Reed is but five miles from the White House and has had a sterling reputation as a veterans hospital. But it became overwhelmed with casualties and injuries from the nonstop combat in Iraq and Afghanistan. Some of the facility had become a holding ground for physically and psychologically damaged outpatients. Soldiers and Marines had been released from hospital beds, many still needing treatment but others waiting to be discharged or sent back into combat.

Those seriously injured not only filled the available beds for outpatients at Walter Reed, they were housed in nearby hotels and apartments. The average stay was less than a year but some were there for up to two years. (My source for some of this information was an article that appeared in the Washington Post on February 18, 2007 and the national news coverage after that expose.)

President George W. Bush said during a Christmas 2006 visit to Walter Reed: "We owe them all we can give them. Not only for when they're in harm's way, but when they come home to help them adjust if they have wounds, or help them adjust after their time in service."

Nice words. The right words. But not the action seen by many. Despair often set in as paperwork was completed, then that paperwork was lost and had to be redone. Interminable delays in processing were common. Family members who speak only Spanish had no interpreters. A mother asked, "If they can have Spanish speaking recruiters to convince my son to go into the Army, why can't they have Spanish interpreters when he returns from Iraq gravely injured?" Only one in eight patients said they were given the necessary information for outpatients from the hospital. Most got it from friends.

Walter Reed Army Hospital was opened one hundred years ago, in 1909. It is now scheduled to close next year, 2011. Walter Reed opened with ten patients and has treated wounded from every American war or "conflict" since, including one in four wounded in Iraq and Afghanistan.

As serious as the shortcomings at Walter Reed were, they were mostly aftercare.

The Marion, Illinois VA Medical Center's surgical program was a different story.

The Chicago Tribune reported on November 7, 2007 about the many and repeated failings of that surgery center. Three investigations were mounted during a three month period in 2007.

Among the many failings found was with the "credentialing process." In other words, doctors were granted privileges to care for patients in areas for which they were unqualified, untrained or uneducated.

Nine patients died in surgery during the October 2006 to March 2007 time period - six months. That is four times the "expected" rate. One might expect that no one should die in surgery but facts about the patient has to be considered. Age and health going into surgery are factors in the likelihood of surviving it.

One surgeon at the Marion VA hospital was credentialed to operate on veterans at the hospital after surrendering his license in Massachusetts. He had agreed to stop practicing in Massachusetts after a state licensing board accused him of "grossly substandard care," leading to "serious complications and deaths."

His medical license was also suspended indefinitely in Illinois after the Marion VA investigation.

Veteran's Administration officials undertook a review of qualifications of all 56,000 independently licensed health-care providers in the VA system. Almost one third of those were flagged for further review because "of their answers to questions on credentialing forms." That review was precautionary. There was no reason to believe the problems at Marion, Illinois were systemic with VA hospitals around the United States.

Illinois Senator Barack Obama was a member of the Senate Veterans' Affairs Committee during the Marion hearing but did not attend. Senator Durbin is not a member of the Committee but was allowed to ask questions at the hearing. Obama later provided this statement. "Today's news serves as glaring evidence that the VA must do more to ensure quality of care for our veterans, and provide information about the scope of this problem nationwide." At least, he didn't vote "present."

Two years later, the Cheyenne VA hospital was notified that it was a part of the national review. As it should be.

Locally, there has been no challenge to quality of care or proficiency of the surgery center. But, at a time when Congress is looking for ways to reduce spending, veterans' supporters must be particularly vigilant that cutbacks aren't made to veterans benefits and/or health care or to VA hospitals and surgery centers.

Cheyenne's VA surgery center has attracted top local surgeons to its staff. As a Level 2 surgery center, general and orthopaedic surgeries can be performed here. In the four state region of Wyoming, Montana, Utah and Colorado (the Rocky Mountain Network), there are only three Level 2 surgery centers. They are in Grand Junction, Colorado, Helena, Montana, and Cheyenne.

While regular reviews are wise, and necessary, and should be expected, there have been no complaints about the care at the Cheyenne VA hospital or surgery center and such a review should be quick and, as anticipated, positive.

The Marion, Illinois tragedies should have alerted the Veteran's Administration to the need for periodic reviews of all hospitals, surgery centers and urgent care facilities providing veterans services.

Because this is Cheyenne and because Cheyenne is considered remote from the larger metropolitan areas that have larger, better staffed and better equipped facilities, those inside this VA facility need to be ever watchful for any signs that any change, except to provide better and

more complete care for our veterans is the only change being contemplated.

Cheyenne serves a huge geographic area. Denver and Salt Lake City have larger VA facilities but both are overworked and backlogged. Neither can handle a new veterans workload that would come with any reduction in care in Cheyenne or elimination of its surgery center.

The first deadline for Cheyenne to respond to required review criteria was impossible to meet and unreasonable to expect. An extension of time has been granted and Cheyenne should have no problem satisfying Washington that it has an exemplary VA hospital and care facility and it should not be tinkered with.

Veterans are living longer lives and Vietnam War vets are becoming more and more in need of medical care, as well as the numbers of regular military and National Guard members who have served the overlong Iraq and Afghanistan wars, and the Cheyenne facility should receive all upgrades it might need to answer those needs now and into the future.

The trillion dollars that may be spent on national health care (ObamaCare) should not come at the expense of our veterans. And Cheyenne is a critical player in adequate health care for veterans in this large state, northern Colorado and beyond.

In Cheyenne, the VA hospital and its staff and surgeons are considered every bit as competent as the group at CRMC or Colorado hospitals and clinics and that is taking nothing away from the others. The VA hospital and surgery center have a unique and critical mission. That is to deliver critical care and treatment to veterans that they were promised that life-long benefit for serving their country - and decades ago, for doing so at very low pay. That trade-off those veterans made must now be delivered upon. Zero exceptions.

Interestingly, medical center director of the local VA Medical Center, Dr. David Kilpatrick, resigned that position simultaneous to the review announcement. There is likely no connection but it is odd that the VA itself did not make a public announcement of this major resignation.

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