

# “We don’t do that here”

<https://goo.gl/BtydaW>

Maybe somebody’s ears were burning because (News flash! 4/28/17) Encouraging, I just got this in my email (<https://goo.gl/wlhGU3>).

But it’s only the beginning of what yet needs to be done.....again, and continually.

? FEAR - Soft underbelly?

(<https://goo.gl/HRpNTY>)

Note: Entries are not always in chronological order. I edit and add comments as time passes while waiting for an opportunity (e.g. my next hospital appointment) to submit this.

So that there may be no misunderstanding about why I am writing this, I may often repeat: I love (my quasi third home), the VA! This is a report that is mostly in regard to one specific; recent stay at the Dallas VA Hospital in March, 2017. It also includes some, off topic but related opinion and comments about life in 21<sup>st</sup> Century USA. It is voluntary but may be useful as an addendum to a survey (Form 10-1465-2) that I’ve received regarding this stay. Apology: Incurable and cynical buffoon that I am, I can’t write this (or much of anything) without including my silly humor.

As my father and ancestors did, going back to our war of independence from the British Empire, I served. I am not a

gung-ho, flag waving patriot. In fact, I don't believe in my country, right or wrong, and I like to think that had I been a German in the 1930s and 40s, I would have opposed the Nazis (<https://goo.gl/MDjuKm>) When I enlisted, my father (<https://goo.gl/sXjGg5>) taught me the trick to keep myself out of the Vietnam War. I still believe that it was an unjustifiable; stupid waste of lives and treasure (<https://goo.gl/PcJZNr>). Three of my friends came back in body bags and two missing arms and legs.....for what?

Albeit not fanatically, I believe that, not only in times of national emergency e.g., WWI and WWII (while it should always be voluntary) our country would be better off overall if: When it does not cause hardship to their families, young able bodied people, (excluding the ineligible - [https://en.wikipedia.org/wiki/Selective\\_Service\\_System](https://en.wikipedia.org/wiki/Selective_Service_System)) would (the same as do law enforcement men and women in uniform) serve to protect the freedom and rights that which, by the creation of our founding fathers viz. the United States of America, we are so blessed to have and be part of. The military experience teaches discipline and imbues a sense of responsibility for oneself, as well as duties and obligations to all.

Once a soldier, always a soldier and, responding to that soldier sense of duty, this report is a little personal mission. A silly analogy perhaps but appropriate: I was a busboy when young. And to this day, I still start compulsively grabbing at plates about halfway through a meal. Sometimes folks are not even through with them so I have

to try to keep myself in check.....once a busboy,  
always a busboy.

Even if (as I know it is) the VA is constantly working to improve itself, I believe that, when I'm aware of a problem which seems to be, perhaps unnoticed, it is my patriotic duty, to draw attention to it. And because this may all be a "Can't see the forest for the trees" kind of thing, I might be seeing something that is obscured to all who work in the forest (VA) (<https://goo.gl/iKR82C>). I think that, were they still around, this might earn me a little pat on the back by our founding fathers.

I think we all know that, everything e.g. institutions, corporations, federal and government agencies in general etc., need to periodically put themselves under the microscope to be examined by some independent; objective entity. Otherwise: *"Insanity: doing the same thing over and over again and expecting different results."*

Albert Einstein

But that's a generality and, while the problem to which I wish to draw attention here is USA pandemic, I'm only interested in how it affects the VA, and the welfare of us veterans.

It is my hope that maybe, not only to my fellow veterans, but that this report might also be a service to the many dedicated VA employees who, with a high degree of integrity, serve our country and us veterans so well. I occasionally do some light volunteer work and I like to

think that in some small way, I'm part of the VA. I hope that (often dummy that I am – my wife has abundant proof) I'm not just making unnecessary waves. I want, and hope to be corrected, or provided explanations, about anything I say here that is unwarranted or inaccurate.

One dilemma involved here is somewhat analogous to the bad cop problem in the USA: Most cops are decent people who work hard to gain the trust of the communities they protect and serve. Unfortunately for them, their sense of loyalty to each other often prevents them from weeding out the few bad apples that destroy that trust and ruin it for all of them. No large organization can always be free of them but my comments here are not in reference to any bad apples in the VA. Present also in law enforcement is the "Culture of Fear" referred to in this, and many articles, about the VA (<https://goo.gl/S39gds>). And the fear problem is my concern here. There sometimes needs to be some outside, objective, investigation and, if necessary, disciplinary measures taken. However, it is not my intention to suggest that disciplinary measures be taken regarding anybody involved during my stay. All in my attendance were only following examples (maybe too typical and too often now) set by those around them. I want to make one thing very clear. I don't understand why, what or wherefore but something is different about the way my Plano Outpatient Clinic is run. If the Culture of Fear problem exists there at all, it must be very slight because I've never noticed any evidence of it whatsoever. Everybody there is always eager to help regardless of whatever the issue. Other exceptions to the fear problem

seem to be non medical services, offices departments etc. e.g. Social Workers, Patient Advocates, Volunteer Services Office etc. Having asked for help and occasionally volunteered, I noticed no hesitation/reluctance on the part of the people who work in these offices. For example, I recently needed some help e.g. Living Will, Pension and the person (Kris Mcglathery) was very eager to help (escorting me to other offices etc.) regarding all issues and questions.

The popular TV series MASH is based on the real experiences of a real person viz. Hiester Richard Hornberger Jr. He wrote the original book which resulted in the series (<https://goo.gl/AyFaLi>). Having served in various military units I, and several of my veteran friends, regard the show as surprisingly accurate (real) in it's portrayal of the stereotypical characters and culture found in military units of any kind. As most people are familiar with it, and because it is based on a military hospital, I will sometimes use it for humorous analogies in this and other follow-up comments. Due to the universal duality in all things, the VA, like all such entities, will always have its share of the Captain Hawkeye Pierce and Major Frank Burns types (<https://goo.gl/UgFtz4>). An immediate note (relevant to this report) about Captain Pierce: He was never afraid to do whatever it took to save lives, regardless of regulations or whose side the patients were on. And about Major Burns: He was excessively the opposite and would sometimes go out of his way to avoid helping patients (strictly by the book) even when they were on our side (<https://goo.gl/9zinZk>). Trivia: I always felt sorry for the

(now deceased) actor, Larry Linville. An excellent actor, he played the Burns character so well that to his detriment (for all other roles) it cast him as an incompetent bungler and it was hard for him to get any other type of part.

During my often foolish life and sixty plus years as a patient, the VA has served me well and I would now be long dead (several times over) without it. It has been (beginning with my mother) the women in my life, and the VA that have, so far, prevented a repeat of “My First Death” (<https://goo.gl/atXzrL>). So I’m certainly NOT writing this to disparage the VA in general, for which I’m extremely grateful and mostly have, only the highest praise. Over the years, as with any, government entity, depending on things like administrations, congress and wars current at the time, there have been ups and downs (better and, not so good times). For example, Vietnam was a very unpopular war, and often negative public sentiment was directed at the troops (as if it was somehow, their fault). And this attitude was sometimes carried over into the VA itself. By contrast, an opposite example was President Regan’s Grenada Invasion (<https://goo.gl/hC70zm>). It was well executed and a resounding, quick victory. This resulted in public sentiment being very favorable toward the troops. And this attitude has, for the most part, persisted since that time.

Ancient History and our insidious, perpetual enemy:  
POLITICS!

For several years prior to the appointment of General Eric Shinseki, VA discrepancies, disparities, controversy and

general disaccord were accumulating to the point that I, and my fellow vets, began filing complaints and submitting letters to major media e.g. PBS, newspapers and TV network news, as well as civilian veteran's organizations. Eventually, with enough of our persistence, media coverage and after evasion of its responsibility until the scandals were unavoidable, Congress and the president began to notice and, belatedly, respond.....we are a lot of voters (<https://goo.gl/qgwFKk>).

([https://en.wikipedia.org/wiki/Eric\\_Shinseki](https://en.wikipedia.org/wiki/Eric_Shinseki))

Positive change, as with all red tape, government and bureaucratic responsibility circumvention, was slow and gradual (at least a couple years). But, until a malevolent (political) development regarding General Shinseki, we started seeing some positive action and general house cleaning. Unfortunately, some politicians managed to make the general a scapegoat to hide their failures, highly suspicious budget manipulating and, what looked to us vets, like thinly veiled embezzlement (<https://goo.gl/xxh2EO>) in VA management overall. And, from the horse's mouth (we the vets), many, if not most of us, are still pretty much in agreement, that under General Shinseki the VA was beginning to be cleaned up and run better than it had been for a long time. Very noticeable during the general's term was the attitude change of the VA bureaucrats and staff in general. We were treated with more (extra) respect; dignity, gratitude and, most importantly, less reluctance (fear) and more eagerness to cooperate (answer questions, give



instructions/directions etc.). And many of our grievances were addressed and corrected.

Not all, but many vets are often confused and timid. While “Hurry up and wait” (<https://goo.gl/NdeJZG>) sitting around in the clinic waiting areas and outside when the weather is good, many of us (old-timers) talk a lot among ourselves. Many of us (survivors) are old friends and although scattered across the world, we can now keep up with each other via email and internet. Naturally, we also discuss our VA experiences. Some of us were disappointed (angry) that the general’s efforts to address our problems were terminated. Regardless of our politics, all of us that I know are cynical about politicians generally and many of us had, and have, some pretty grim ideas about what should have been the fate of the deceitful, self-serving politicians who forced the General’s resignation. Had our ideas been seen in today’s social media, some of our email comments would have gone viral.

General Shinseki was a career soldier (one of us), who represented the interests of soldiers and we knew it! Perhaps due to our prejudice about professional soldiers representing us, we unfairly and mistakenly regarded, as a career corporate executive, the general’s replacement as being more concerned with VA finance and politics than our interests. Mr. Robert A. McDonald had some military background, but, notwithstanding that, many of us regarded the scandal news about General Shinseki as being politically motivated and very suspicious. The general’s priorities seemed to be, primarily to help us vets. Other



motives/concerns e.g. VA budget and executive bonuses, seemed to be secondary and he even suspended the bonuses. And many of our grievances (took up where the left off) persisted after his resignation (<https://goo.gl/4gsbLz>), (<https://goo.gl/T4ktLA>).

After the interruption of General Shinseki's efforts to correct the problems, continuation of the controversy and gradually diminishing quality; after his forced resignation was, like always, slow, insidious and not blatantly obvious. But to those of us, including, not all but some, civilian veteran's organizations (possibility of political bias), who are aware, watch and discuss, (many taking notes, cell phone pictures, recordings etc.....it's easy now), it began to be noticeable. Veterans, like everybody, have their political biases. But also, like everybody, we are most interested in our welfare and how, ultimately, all the political chaos impacts it.

Frankly, not one of my veteran friends has yet (April 2017) much confidence in the new guy. "Shulkin, a doctor, is the first VA secretary not to have served in the military." (<https://goo.gl/73NY6X>). Too often, doctors are, as much if not more, concerned about their bank accounts as they are the Hippocratic Oath. Major Frank Burns (drafted) served but was often more concerned about his country club back home than anything at the 4077<sup>th</sup> MASH. Regarding this comment and mentioned at the beginning, as of today (4/28/17) we just got the news to talk and be optimistic about (<https://goo.gl/VD2TZ0>).

Specifically regarding my recent stay, I'm hoping to provoke some thought about, and provide descriptions of incidents that would, perhaps, otherwise go unnoticed and what's behind them (cause and effect – forest for the trees).

I've heard some fairly astonishing comments in my 75 years. And one of the quasi-comical came from not one, but two (one male - one female) nurses shortly after I checked into emergency at the Dallas VA hospital this time. A bit of a clown/fool, I try to joke and keep a light hearted atmosphere regardless of my suffering or whatever is happening. (<https://goo.gl/c3EqPY>)

Wheeled into the emergency room from the waiting area, a young nurse approached with an electronic gizmo (smart thing, idoodle or some such doodad) and asked about my identity and symptoms. As usual, I made a little joke. "I'm sick and I need a cure." In grave seriousness and slight trepidation; not humor, she moved back slightly and responded **"We don't do that here!"**. After her questions this nurse was replaced by a male nurse. Almost verbatim, the same scene was repeated – "We don't do that here." Hummmm, giggle, fascinating! I wonder what it is that they do here. I suppose they were referring specifically to the emergency room, but except for the slight alarm in the voices of both nurses, the singular response was, at best, a bit comical if not bizarre. Of course MASH is a comedy.....but the VA? I asked about, as had happened many times in my past 60 plus years as an

occasional VA emergency patient, being taken upstairs. One nurse replied that it would be very complicated and involve a lot of paper work. I looked at the clock and noticed that the time was pretty close to shift change. I guess it would be a lot of trouble to initiate a bunch a complicated paper work just when you're about to get off work and go home. I was a bit puzzled by (and at first wondered if it was just me), what seemed to be an atmosphere of vague anxiety and uncertainty in the room. Although maybe this was just my illusion, the last time I could remember ever having seen anything like it so noticeable was many years ago (My First Death) when I was in critical condition at the San Pablo Air Base Hospital, Spain circa 1961- 62. Considering my condition (flatlined), some panic and uncertainty were understandable and justifiable.

Pain diminishes the ability to be good humored, sympathetic to staff problems (busy) and patient. I was beginning to get grumpy and alarmed. This always embarrasses me but I couldn't help it. I stopped joking and began to seriously express (curt, sharp edge in my voice, labored breathing and groans.....tempted to curse like a sailor) the very real pain I was in. Within about 15 to 20 minuets, a doctor arrived and ordered some tests. After a little while, the doctor diagnosed my condition as double pneumonia! If un-checked at my age, this can result in death (<https://goo.gl/WrtNIJ>). The paperwork and preparation to take me upstairs were initiated. Note: This is the third time I've had pneumonia so I wasn't too surprised and had some idea of what to expect. I had it first while still

in Basic Training at Lackland AFB. Very young then, recovery time was only about 2 to 3 weeks. Later, on active duty in Germany, I had it again and recovery time was about the same. Naturally, at 75, recovery takes longer but except for residual effects e.g. extreme fatigue and abdomen pain etc., my progress/recovery is encouragingly good now. I'm still short of breath but this is not new.

Another odd little comment occurred a couple days after I had been admitted and was in a room upstairs. I, and my roommate, overheard a commotion down the hall. Someone seemed to be loudly groaning in pain and there were some loud; possibly angry, voices. I called for a nurse and upon his/her arrival; my roommate said that whatever was happening down the hall might need a little investigation. His/her (nurse) response: “That’s not my patient and **I don’t want to get involved**”. We had a little laugh about this. We didn’t ask him/her to perform surgery; just see what’s happening and call some attention to it. What was this nurse so afraid of? Having become a little sensitive to/about such (fear) comments, I noticed many similar (mostly subtle) comments and demeanor reactions during my stay.

Among the symptoms which led to my decision to go to emergency, were sharp, stabbing pains in my chest and upper back caused by near constant coughing. During several weeks prior to this, I had zero appetite and it was difficult to force myself to eat. Trying sometimes caused nausea and I quickly threw up what little I could swallow. This seemed beyond my normal efforts to control (“self-

doctoring”), and resulted in dehydration, general malnutrition and weight loss of 20 to 25 lbs. While still in the emergency room, I described these and other symptoms e.g., abundant; discolored phlegm, shortness of breath, allergy type wheezing, runny, stuffy nose, extreme fatigue and dizziness (<https://goo.gl/Sx7XbN> etc.

Once upstairs, and following various medications and procedures, some of these symptoms began to change. Most noticeable was a change in the type and area of pain. The chest and back pain began to diminish or move, and was replaced by sharp abdominal pain which continued to increase each time I coughed. I complained about this constantly to several doctors and was mostly ignored for the first couple days. What were these doctors so afraid of? Some, non prescription type, medications were eventually prescribed and had zero effect. I’m very experienced with pain and the kind of pain I was describing was not the stubbed toe, but more like the broken rib type (I’ve had many broken bones in past injuries). Although limited to a small area, the pain was very intense and continued to increase and spread the longer it was ignored. This resulted in my devising, without cough suppressant meds, various methods (controlled and limited breathing) to avoid coughing. This all seemed a little silly considering that things like Robitussin DM were easily available at the Walgreens drugstore across the street, and at least Dextromethorphan (cough suppressant) would have been better than nothing. What were these doctors so afraid of? Naturally this led to a buildup of bad phlegm and general

pollution-congestion in my lungs. To avoid the gut pain, I simply held it all in.

For the first few days I still had the appetite problem and continued to lose weight. I asked about some kind of possible intravenous nutritional supplements and was given various explanations about why this was not appropriate in my case. During past hospital stays, both while still in the military and after, there have been, just as in this case, times when my condition involved no obstruction to my physical eating ability (chewing and swallowing). And I was sometimes given intravenous nutritional supplements. One case in point: The Albuquerque VA about two years ago. So swallowing obstruction would not have applied. Before their passing, my mother and several other people I've known had G-tubes (<https://goo.gl/wYOwgU>) and I understand why they were necessary in these cases.

Explanations regarding my case did not seem logical to me and I'm hoping that someone can provide me one that will clear up my confusion: Normally digestion is a complex, process involving various organs, fluids etc.

(<https://goo.gl/C1Z0pO>). Then the nutrition, as with oxygen from the lungs etc., is ultimately transferred to the blood and distributed to the body. Just as in the contrast between antibiotics (mine Clindamycin) swallowed as pills and being introduced intravenously (directly into the blood), pills take longer to work, so does food if consumed normally. If the nutrition is introduced intravenously (directly) into the blood, this would eliminate (skip) the complex, time consuming (stomach etc.) digestion process and (it seems to me) be more quickly and efficiently (less

loss) distributed to the body. If for whatever reasons e.g. nausea, I can't eat, I'm losing weight, very weak and malnourished, not a G-tube but why not temporary, reduced minimal nutrient solution, intravenous feeding?

What am I missing here?

The other explanations (non physiological) seemed like legalese mumbo jumbo to me. All seemed like, as is too often the case, more legal (repercussion) than science (medical) concerns. What was/is everybody so afraid of?

After several days, my case was appropriately assigned to the pulmonary department and I began to be visited by doctors from that department. I continued to complain that the pain meds, including some mild prescription types (e.g. codeine based – opiates/opioids), were ineffective. The pulmonary doctors prescribed one mL (or whatever is the minimal) doses of intravenous morphine to be administered every four hours upon my request. By this time some muscle-tissue damage (inflammation) had been done in my abdomen. It was very sensitive to touch, slightly discolored (looked bruised) and mildly throbbing. Note: Today is April 4, 2017 and I'm at home. This abdominal pain is somewhat mitigated, but still present and I'm taking Tramadol (similar to opioid, narcotic, analgesics) every morning to deal with it. And this is a little scary.

Knowing that, as much as possible, I needed to cough up the buildup in my lungs, I developed another little strategy. About an hour after each morphine dose, I started deliberately coughing up (as much as I could stand – still very painful) as much as I could and it was immediately



very productive. I don't recall that any of it was ever collected for lab examination. While hooked to the i.v. I was also getting Clindamycin (<https://goo.gl/Q2pz8n>). I've since come to regard this antibiotic as a very comprehensive and quasi miracle drug (<https://goo.gl/4BD5Bn>).....possibly more so, or at least different than penicillin. Gradually, various symptoms began to diminish and I started to have an appetite.

A couple days prior to my discharge, I asked the pulmonary doctors about the possibility of a, temporary, take home oxygen device or bottle. They said that I would be walked up and down the hall as a test and the results would be analyzed to determine something about this. The walk happened but there was never any kind of follow up – yea or nay about it. I was just left hanging and I wondering about it. Every few hours, a nurse would come with a breathing assistance device which I understood to be some kind of nebulizer. It had a flexible tube about a foot long, and looked something like what is pictured here: (<https://goo.gl/LcP2hP>) I asked about getting something like it to take home. The doctors said they would provide one but I never heard anything more about that either. As of prior to last summer, I had already been prescribed a Symbicort type thing. (<https://goo.gl/XcpwXd>) But the active ingredients in it, Budesonide/Formoterol Fumarate, are completely different (address different problems) than those in the device brought periodically by the nurse..... possibly these: Albuterol and Ipratropium Bromide. By this time, I wanted to go home and didn't pursue any of this any further. But, still short of breath, I would like to know what,

if anything was determined about the oxygen assistance and/or the nebulizer. Although subject to whatever legal restrictions, I'm sure my primary care doctor (now at the Plano clinic) will be, as always, more responsible about investigating and providing explanations about this.

A little note about a goofy machine in the pulmonary department:

Several years ago, my doctor sent me to get a breath test. The test machine required deep breathing. Trying repeatedly, I was unable to breathe deeply enough to activate the machine. It just sat there, would not turn itself on or react to anything. It was more like the machine, and not I, was being tested.....and it failed the test. It seems to me that a silly thing like this needs to go back to the drawing board (re-engineered). I vaguely remember it looking something like this  
(<http://paraccess.com/pulmonary-function-tests/>).

Regarding VA dietitians and my appetite problem:  
When we go out to eat, we go to restaurants which can only stay in business if their food is restaurant quality (very tasty). So of course we don't/can't go to hospitals for recreational dining. And, over the years, I've learned what to expect (limited budget etc.) from VA hospital food. I've met many VA dieticians over these years and have the utmost confidence in them. I know the meals are nutritionally well planed, comprehensive and, grateful for (restaurant tasty or not), I don't mind them. When my

appetite improved, I literally, like it or not, gorged myself on every last morsel of food provided at each meal.

Some general, personal history and residences:

When young (1960s – 70s), having suffered two heatstrokes (in Texas) I was warned by VA doctors about the possible severe consequences (including death) of another one. So, in a mostly retired military and government employee community, I began building (primarily by myself) a summer home at 9000 ft. (cool in summer) in the Santa Fe National Forest, New Mexico (<https://goo.gl/X9j7Rt>). For about the past 30 years, from mid June to mid September we've lived there every year to escape the Texas heat. This means that during that time, my VA hospital is at Albuquerque.

My wife and I both love to travel. During my military service and subsequent civilian jobs there, I made many friends in Europe. I speak seven languages.....eight if you count gibberish. And with their help, we are able to travel abroad frequently. They come here; we go there and share the expenses. At various times in my life I have worked and/or traveled outside of, both Texas and the USA, for extended periods. So other VA and military hospitals in my experience include:

Lackland AFB - Wilford Hall

<https://goo.gl/CnnxLz>

Keesler AFB – 81<sup>st</sup> Medical Group

<https://goo.gl/sVLhBz>

San Pablo Air Base

<https://3973lostoros.com/moron-air-base/san-pablo/>

Landstuhl Regional Medical Center

<https://goo.gl/aEqL6v>

Los Angeles VA

<https://www.losangeles.va.gov/>

Denver VA

<https://www.denver.va.gov/>

Virginia VA

<https://www.richmond.va.gov/>

Albuquerque VA

<https://www.albuquerque.va.gov/>

VA Europe

<http://www.benefits.va.gov/PERSONA/veteran-abroad-contact.asp>

And over the years, I've seen the problems with many of them e.g.:

<https://goo.gl/vqA9P6>

<https://goo.gl/kP4F9z>

<https://goo.gl/ttWnkS>

Meanwhile, back to my recent stay. As best I could, I took notes on all my meds, their purpose and the times they were administered. One problem that was consistently repeated was the morphine timing. Within 10 to 15 minutes prior to the four hour expiration period, I called for nurses and reminded them that my morphine time was approaching. Invariably; in the absence of doctors, I had to wait from 25 to 45 minutes past the time when the morphine was due to be administered. This meant that, each time, 25 to 45

minutes were added to the four hour period and I could not get my next dose until well after the four hour period. If it would have been due at 2:00 pm, I would not get it next until 2:25 to 2:45 pm. This interfered with (prolonged) my cough up phlegm (more accumulation) strategy. I've had morphine many times in my life (often much larger doses) and I am well aware of the addiction danger. But as I've always said, in a hospital (controlled environment), I will be weaned off of it long before this happens. Therefore, outside of a hospital, I've always been very cautious with, and had a fear of any kind of narcotics. But this was only one mm every four hours and I was having trouble getting it punctually, every time.....in the hospital!

Pros and cons of this stay:

Cons: First, due to whatever reasons, additional, new medical problems (complications) should certainly not be added to preexisting conditions while in any hospital. Or, at least at the first signs of them e.g., me complaining, countermeasures should be taken to alleviate, arrest and reverse them.

1. Initially (first several days), I continued to be malnourished and lose weight. My appetite/nausea problem still made eating (virtually nothing) difficult and nothing was done about this.
2. Tissue and muscle damage - inflammation (visible bruising) in my abdomen was now added to chest and back pain. At home now, I still have it.

3. Not noticed: A condition LATER diagnosed (or speculated about) by a doctor at the Plano Out Patient Clinic (<https://goo.gl/5AfdxC>- post hospital follow-up) was that I had recently, and probably for at least several years, been periodically suffering from chronic bronchitis.
4. The bronchitis, or even its possibility, seemed to be completely overlooked or ignored. If in lab work, x-rays, scans or whatever, there was some investigation about it, there was no mention, speculation or anything else about it in the Dallas hospital. This seems odd considering the predominant symptoms (mine exactly) described here <https://goo.gl/tzPxXo> and mentioned here: <https://goo.gl/DcS6Uj>
5. Illusion or not, there was and is my lingering bewilderment about the reluctance by doctors to proscribe medications and procedures that seemed obvious e.g. cough suppressant, nutrition and the subtle, guarded demeanor of so many in my attendance. What is everybody so afraid of?

Pros:

1. The antibiotic, Clindamycin, was very successful in clearing up, or diminishing the symptoms of, not only the pneumonia, but also various other problems e.g. congestion, bronchitis and discolored phlegm, which seem to be completely gone now.....no constant coughing. Daily, I take Dextromethorphan/

- Guaifenesin. Even if I often force a cough, all I get is a little dab of clear sputum (spit).
2. The various tests during the Dallas stay produced a lot of information which has already been, and will ultimately be, very useful to my primary care doctor at the Plano Clinic.
  3. At some point during the Dallas stay, my appetite was restored and I began to successfully deal with my malnutrition and dehydration problem. Although still exhausted, I was no longer having the dizzy spells when walking (<https://goo.gl/pIVr3I>).
  4. Preexisting conditions: I have GERD and COPD. Of course I have now idea how mitigation of symptoms might be related. But, for whatever reasons, I'm, (at night and reclined), only slightly bothered by the GERD (for witch I have effective meds). And, except for shortness of breath, no symptoms of COPD are obvious.
  5. I've recently been diagnosed with degenerative arthritis in my lower back and I normally take a variety of nonprescription meds for this every morning. As stated, I'm now taking Tramadol (skipping the over the counter types) for the gut pain and this may explain why the lower back pain (when I deliberately think about it) is only barely noticeable since returning home. My primary care doctor has ordered some tests (e.g. MRI) about this.

This is a reference to a little email note that I sent to many friends a week or so after I got home. It is a bit silly but



useful in describing my overall experience:

<https://goo.gl/k7Rx28>

This is another one regarding Clindamycin:

<https://goo.gl/YC105K>

Regarding US government ethics, regulations and laws relevant to the VA: I've sometimes requested something (including documents), that for legal and NOT scientific or medical reasons, could not be prescribed or provided. During active duty, I had a top secret security clearance so (even if I were still privy to spooky stuff) I'm probably not a national security risk. What is everybody so afraid of?

I'm somewhat familiar with the laws of medical practice in Europe and Japan. For whatever reasons, other countries e.g. Scandinavia (e.g. Sweden - <https://sweden.se/society/health-care-in-sweden/>) are not as restricted by legal considerations and, like Captain Hawkeye Pierce, more concerned with patient (science & medicine) welfare.

Quick to come to mind (I'm a history nut) are Analogies to the "Culture of fear" (<https://goo.gl/3VCdJJ>) throughout the Roman Empire and all recorded history. So there will be no all encompassing, revolutionary be all; end all fix.....ever. But we're still a lot of voters and congress must not be allowed to assume that brief periods of activity and this or that act e.g. Whistleblower Protection Act of 1989, No FEAR Act of 2002, will make everything hunky-

dory from now on. We vets need not concern ourselves with the impossible concerning the whole USA. But as it affects us – the VA, we must keep up the fuss  
.....consistently remind the politicians of our votes. We know they're not about to spring into action like the Lone Ranger and Tonto, and as it concerns legislation, it is beyond the VA's ability to address. But I feel consistently compelled to identify and emphasize the manifestations of fear, as specifically as I can (as in this report), just in case, maybe eventually, if we complain enough, Congress might review it all and do some new legislation. Not all, but most of the VA scandal history (<https://goo.gl/f61jvQ>) has had nothing to do with legal reprisal such as medical malpractice suits, but was much more about delayed enrollment and treatment periods, politics, budget mismanagement - cover-ups and general bureaucratic heel dragging. So maybe, at least some of the government self-protective; legal safeguards might be unnecessary, and/or redundant, and need reexamination. Narcotics and guns are both very dangerous. But they are perpetually reproduced for valid reasons. And just as it would be absurd to not provide the frontline troops with guns and frontline medics with narcotics, it is, for fear of legal consequences, often just as absurd to avoid many resources e.g. medical oxygen (prescription), nutritional supplements (intravenous or whatever) and narcotics, in medical (science) practice (Kill the golden goose - <https://goo.gl/IBnbeH> ?).

Some serious congressional investigation and study, in collaboration with both lawyers and SCIENTISTS “should”, be able to produce adequate legal safeguards without

restricting and jeopardizing the appropriate use of, as in my case, both while hospitalized and at home, such things as mentioned - oxygen assistance, nutritional supplements and narcotics. More doctors could be like Captain Pierce and not have to be so afraid to do what they know would be best for their patients. Note: I am NOT, nor have I ever been, addicted to any kind of narcotics. I'm not begging for dope, but just a more scientific attitude in dealing with medical issues. Are ALL politicians so inept that the "Culture of fear" is forever beyond their ability (and interest) to address and even minimally allay? Hell, what are they so afraid of?

I am not any kind of medical professional but, essential in my past professional life, I am a scientist (<https://goo.gl/NcFLZy>) and have a better than average education in many of the sciences e.g. biology. I've always made an effort (research) to understand my illnesses, injuries and medications. So, not as a doctor (objective analysis/diagnostics), but as a patient (subjective awareness) I am familiar with, and have a fairly comprehensive understanding (cognizance) of my physiology (how/why/what/where) and medical history. Often, a doctor may understand everything that education can provide about a problem. What education alone (books - school) can not provide is the actual personal, physical experience of it e.g. a type of pain. As well as some understanding of the complex history of something that a doctor may not have time to thoroughly review, I have (From the horse's mouth), the personal experience of many types of severe pain.

My stay only involved the daily operation and routines of one ward and two departments (emergency & pulmonary) at the Dallas VA. Without comprehensive investigation, there's no way to know how representative this may be of all wards, departments and VA hospitals. Of course, I have no idea how any legislators, the VA and its administrators, or any relevant bodies might react to this report, or what action (if any) might be taken.

Far be it from me to tell the VA how to run its business. But I can't help but have a few Ideas and suggestions e.g.:

1. Periodic employee questionnaires regarding their routines and response times.
2. Employ questionnaires (very carefully composed) about what actions they are reluctant to take or be a part of.
3. Similar patient questionnaires during their stays.
4. And, if not already in place, very discrete (as in spies), periodic 24 hour ward/department monitors.
5. Perhaps most importantly, disseminate among VA employees copies of, not only the latest Whistleblower Act, but relevant past actions (No Fear Act - 2002 etc.). It may be that what I have recently witnessed is a consequence of, either VA employees not aware of, or no longer confident about the past actions.
6. If not in place already, a frequent newsletter that would summarize and keep employees apprised of all the latest news concerning the VA e.g.

(<https://goo.gl/JbEnRu>). Maybe even give them little periodic pop quizzes to make sure they understand their rights and protections.

While, precisely because of the fear (whistle blower problem), it might be difficult to compose a questionnaire regarding what employees might be reluctant to do or say. But if possible, such a thing would most likely be of the most value in dealing with (resolving) much of what I'm saying here. Perhaps, without informing the VA, congress could devise, with effective/efficient discretion (form an investigatory unit), such a questionnaire to be privately mailed to VA employees. Ask them what they fear. There would of course have to be some kind of guarantee that all results would remain strictly confidential and accessible only to the congressional unit involved.

Incomplete (more work to be done): The recent news is encouraging but the employee protection acts have nothing to do with medication and procedure restrictions (laws). The employee protection is only relevant when something bad might be reported. Whatever is behind (fear) the nurse's reluctance and cautious, guarded attitude is still a mystery and only internal VA investigation can determine anything about it. To prevent the problems I experienced, all laws (federal in general or VA specific) governing (restricting) what medications and procedures are permissible (can be prescribed by doctors – Hawkeye) MUST be reviewed and upgraded by congress and the VA. Mentioned above: "Narcotics and guns are both very

dangerous.” What’s so scary about stuff like Robitussin DM? Medical oxygen requires a prescription but it’s hardly anything like a narcotic. I think a bit sneaked into the H<sub>2</sub>O that I used to take my pills this morning. There is an OD (overdose) possibility but it’s certainly not as critical as with narcotics. And probably physician awareness (<https://goo.gl/XvcH45>) and very simple patient guidelines would prevent this.....breathe it (medical oxygen) but just don’t (kill yourself) be dumb about it. Nutritional supplements? It’s just food. Never mind the doctors. Most likely the VA dieticians are smart enough to know how to concoct safe formulas for the IV doses.

Redundant maybe, it is part of my little mission to be persistent. We’ve seen a lot about the Office of Special Counsel (<https://goo.gl/hpoylT>) and its efforts to deal with the fear problems (Whistleblowing) but since so much of the “Culture of fear” is still around, I have to think that congress needs to regard it all as an ongoing and consistently investigated/monitored problem. And put some real teeth (e.g. not just reprimand or dismissal, but prison) in the punitive part of whatever laws, acts etc. are established. Fix the fear mess and much of the rest of it will clear itself up automatically. Doctors, nurses and patients will all be the better off for it.....more (Hawkeye Pierce) enthusiasm and less “We don’t do that here” and “I don’t want to get involved”.

I will always love the VA. In past years, when we vets raised enough fuss and caused a ruckus, as always dragging

its heels, eventually Congress was forced to address the problems and things improved.....we are many voters.

Summation:

The negative aspects of this experience (my stay) involved nothing drastic relative to everything that happens daily in any hospital. And although it has occasionally happened with me in the past, I don't expect consistent excellence.....which is probably impossible anywhere; concerning anything. But I don't think it's unreasonable to expect decent. And generally, I regard parts of this experience as a bit of a fiasco and questionable, if not bordering on a little shabby. And shabby is like an infection. If allowed to continue un-checked indefinitely, it will eventually result in full blown scandal. Regarding the VA, or anything representative of the USA, I know that nobody wants more of this. A minor event perhaps, but if it generally represents what's happening daily all over this (Dallas) and other VA hospitals.....what is everybody so afraid of?

When I'm at home and on my own, I do all sorts of things to relieve my varying degrees of discomfort. I'm constantly experimenting with medications, supplements, exercise, diet and whatever I can think of. I am many years past the expectation of really feeling good.....as in youth. But I (and my trusty bed) often have some success with making myself feel decent.....not great, but good enough to function e.g. mundane household chores, grocery shopping, wash the cars, light yard and garden work etc. The hospital



has the medical beds that go up and down etc. but they're very impersonal. My bed at home is like a faithful, affectionate service dog.

During past hospital stays, even though sick or injured, I've typically been, for the most part, made to feel relatively comfortable. It seems like, as in the past; notwithstanding my illness, with all the attention, equipment and medication, I could be made to feel, not great, but at least as good as I am able to do for myself at home. (When not asleep – conscious)), this simply never happened at any time during my stay. And I believe the primary reason was the fear problem. Regardless of how real/accurate my impressions of this may be, in general it's not just me. The Culture of Fear problem (VA and USA) has been in the news and all over the internet for a long time e.g. (<https://goo.gl/PoeynW>).

I appreciate the fact that some kind of a Hawkeye Pierce type must have been sneaking around when nobody was watching. I finally got the CURE that I asked about when I first arrived at emergency because SOMEBODY (Hawkeye?) did THAT there – in the hospital. The pneumonia is gone and, so far, no sign of bronchitis! But it was not until several days after I got home and did my own “self-doctoring” and walks that I began to feel OK (satisfactory) enough to begin to get back to my normal (geriatric) life. Too bad I don't know where to find the SWAMP (<https://goo.gl/kj8uSJ>) and the VA pharmacy doesn't have an app I can download that will take my walks for me.....and one that will make me younger and

have more money, and another to clean out my garage, .....wash the dishes when I make a mess in the kitchen so my wife won't fuss at me. Apps, apps, apps, apps, apps (somebody wants to sell something) and none that do what I really need.

More redundancy: At the hospital, everybody goes about their business; many even cheerfully. But just below the surface (soft underbelly), there seems to be, at least to me and vet friends, something (forest for the trees) wrong. Why are all these people so guarded and cautious? What are all these people so afraid of?

I got three emails this morning about the "Executive Order on "Improving Accountability and Whistleblower Protection" at the Department of Veterans Affairs, Thursday, April 27, 2017". We are encouraged and will be watching but still cynical: As what I believe is evidenced by all I've described here, the previous actions to address this have been around a long time (<https://goo.gl/qDXrqa>) (<https://goo.gl/hzkbc5>) and the fear problems have persisted.

While I think I might be seeing some positive action to comprehensively allay, the quasi ubiquitous fear (in the VA), I must continue to submit this to whomever I think might be interested and concerned e.g. the media, various civilian veteran's organizations (<https://goo.gl/1DJ7sa>), internet blogs and websites (<https://goo.gl/NOaz0i>), Washington (<https://goo.gl/v7aJAS>) and my representatives. I am a legal resident of both Texas and

New Mexico so I have twice as many (bipartisan) representatives.

Regardless of what happens, I will always love, be grateful for and generally praise the VA. Of course, much of this is just one person's impression and opinion, but I'm reasonably certain (having discussed a lot of it) that I will have no trouble finding some concurrence among, not only my fellow vets, but also, maybe even (anonymously) some Hawkeye Pierce types (VA doctors).....who may not like having to sneak around.....have their hands tied.

Silly questions: All my life I've heard it. Serve your country to protect and defend our rights and freedom. So we did it. Did it work? The "Culture of fear" (<https://goo.gl/VnnVg3>) seems to be pandemic in the USA. The Islamic crazies e.g. ISIS, Al-Qaeda etc. don't realize that they'll never even come close to doing what we do so well for ourselves! Freedom? If everybody is scared about everything, what's this freedom that we served to protect and defend? There are saints and angels (many at the VA) among us (<https://goo.gl/zo7L7q>) and this (the USA) is not Medieval Europe, or Nero's Rome, so why must they still be repressed and fear persecution?

Something new: Today is Tuesday April 4, 2017. Typically, and excellent as always, my primary care doctor, Dr. Elizabeth George Ninan (<https://goo.gl/gy5eMB>) has prescribed something which I mistakenly thought to be for my gut pain and I recently got it in the mail. It's called Triamcinolone Acetonide Cream

(<https://goo.gl/8kB17f>). Actually it's for an itch problem that I had previously complained about. But before I realized my mistake I tried it, and combined with the Tramadol, my gut and leg muscle discomfort seemed to be abated enough that was able to continue extending the distance of my daily walks.....up to a little over two and a half miles now. Subsequently (today – April 14<sup>th</sup>), Dr. George has also prescribed, and I have received, various other medications which are effective in dealing with my efforts e.g exercise and diet, to alleviate my discomfort, accelerate my overall recovery and improve my general health. She has also ordered additional test regarding several of my other problems. And as of May 10, 2017, I have a severe mouth (teeth-gums?) infection and Dr. George has prescribed Clindamycin for this.

5/7/2017 - Unusual: Thanks to the nocturnal intrigue of a mysterious Hawkeye Pierce, Dr. George and the folks at the Plano Outpatient Clinic, I've felt pretty good for several days recently. This is a bizarre, alien and almost scary sensation. It makes me wonder if this is not some, never before experienced, new good bug (bacteria). If so, I'd like to know how to keep them around as pets. Whenever things go too well, I worry that some bad bugger is hiding in the bushes and waiting to jump out and bite me on the butt.

Yesterday (April 30th) MRI waiting area: Because it was Sunday (limited staff), about 6 – 7 of us had a lot of time to chat. We didn't mind the wait but everybody had many complaints, including the "Culture of Fear" problem. New to me, someone mentioned that the reason why the Plano,

and other out patient clinics, seem to be run more efficiently is because some external (not VA?) entity is in charge of how they are managed. My turn (MRI) came so I didn't get the details but will try to research and understand this. Whatever this is may explain the absence of the fear problem there.

Subsequently, May 10, 2017, I've had some kind of a relapse (not pulmonary related) and new problem (mouth infection – extreme fatigue). Dr. George (primary care) is aware of this and it has been addressed – email to friends (<https://goo.gl/ES2eDC>). Note: Dr. George's team, Eugenia, Denisha (if I spelled it right) etc., are always very eager to help me with all my problems. With one exception, the contrast between the Plano Clinic and the Dallas hospital is exceptionally obvious and the Plano Clinic patients with whom I've chatted are all in complete; emphatic agreement about this.

Exception: The auto telephone answering mess at Plano is often the same old goofy, unreliable, exasperating and idiotic frustration as at the main hospitals. “Let me try that extension” rarely gets a human. I've often thought that if I were dying, I'd be dead before a human answers!

Apart from and waiting for, congressional action, the VA might consider using websites like this one for self analysis (<https://goo.gl/3aqXrP>). And get the psychology department involved in studying, not just patients, but also employee behavior.

It's going to take a mighty big hammer and a lot of WD-40  
to deal with all the fear mess!

John Gordon Martin  
(Last 4 SS – 5916)  
May, 2017

[Follow up](#) to “We Don’t Do That Here”  
Oct 1, 2017