



## Philadelphia Veterans Administration Medical Center

The mission of the Veterans Administration Medical Service is: “To Care for Him Who Shall Have Borne the Battle”. George Washington knew that “The willingness with which our young people are likely to serve in any war, no matter how justified, shall be directly proportional to how they perceive the veterans of earlier wars were treated and appreciated by our nation.”

The VA is the largest health care system (122 medical facilities) supporting graduate medical education in the United States and the second largest funding source for resident training (31,000 resident physicians) after the Centers for Medicare and Medicaid Services. It is affiliated with 107 of the nation’s 125 medical schools.

The Philadelphia VAMC is a tertiary referral center with more than 120 acute care beds and total yearly operating budget of more than \$326 million dollars.

The University of Pennsylvania Orthopedic rotation at the Philadelphia VAMC allows our PGY-2 and PGY-5 residents to care for veterans in an intensive, general orthopedic practice setting under the direct supervision of **Drs. Bernstein, Bora, Ecker, Esterhai, Garino, Hebela, and Steinberg. Dr. John Kelly** will join us this year bringing renewed expertise in complex sports medicine and shoulder surgery. Patients who require care at a level of sophistication that we cannot provide are referred to sub-specialists within the University of Pennsylvania Health System at Pennsylvania Hospital or Penn-Presbyterian Medical Center.

In addition to their dedication to direct patient care and resident education, **Drs. Bernstein, Esterhai, Garino, Hebela, and Steinberg** have each applied for or been awarded research funding through the Veterans Administration competitive grant system. They collaborate actively with intra and extra mural physicians and basic scientists including **Drs. Jonathan Black, Paul Ducheyne, Dawn Elliott, Russell Huffman, Robert Mauck and Steven Nicoll.**

Our staff also is engaged in clinical research (see for example instance, “The prevalence of occult peripheral arterial disease among patients referred for orthopedic evaluation of leg pain” which was published in *Vascular Medicine* 13: 235-238. 2008. This study was conducted entirely at the VA.) Because of the superb electronic medical record used at the VA, this facility may be the best venue for

clinical projects, and we invite and anticipate further resident participation.

**Mitchell Staska** and **Bill Schultz**, our superb Physician Assistants, continue to provide seamless, exemplary, tender care from initial patient referral through appropriate triage, outpatient evaluation, scheduling of appropriate testing and consultations, surgery, and post hospitalization care. They provide for immediate, timely interaction with referring physicians and outside consultants.

We have patient office hours on Mondays, Wednesdays, and Fridays allowing us to provide more than 5000 patient visits each year. New patients are scheduled within thirty days of their primary physician’s request for consultation. We perform surgery three days each week, averaging more than 425 procedures yearly. None of this would be possible without the professional expertise and wisdom of the Vice President for Surgery and Anesthesia, **John Wylie**, and the nurses, administrative support personnel and physician staff of the PVAMC.

Today, one in ten Americans is an armed forces veteran. More than 3.6 million women and men have served during the period of time that we have been directly involved in the Middle East. Ronald Reagan, speaking while President at Arlington National Cemetery on Veterans Day, November 11, 1985, noted that many Americans think of veterans as old men. “But most of them were boys” when they were wounded or died. He commented that many had given up two lives: the one they were living and the one they would have lived. He concluded: “All we can do is remember.”

Many of the veterans for whom we care commute a long distance from central and northeastern Pennsylvania, southern New Jersey and Delaware. Many have significant co-morbidities such as HCV and difficult psychosocial environments. Many have had multiple operations making reconstructive surgical approaches and wound healing more difficult. Not infrequently they have had a difficult time reintegrating into society after their military service. Providing high level and compassionate care to these deserving patients is both a challenge and a privilege. The attendings, residents and staff are grateful for the opportunity.

-- **John L Esterhai, MD**; Chief PAVAMC