A Personal Account of Veteran Healthcare in Rural New Mexico

By Lorenzo Saenz, MSN, RN; Veteran, United States Army



Most often, when we hear stories about veterans interacting with the Department of Veterans Affairs, those stories are negative. We hear about services not provided, needs not met, referrals that took too long, phone calls never returned, or veterans who felt unseen in a large, complicated healthcare system. Those stories matter. They should not be dismissed. When a veteran has a poor experience accessing healthcare, especially healthcare they earned through service to this nation, that concern deserves to be heard and addressed.

But those stories are not the only stories.

This account is offered from a different perspective. It is the perspective of a former United States Army medic, a registered nurse, and a veteran who regularly uses Veterans Administration healthcare services in rural New Mexico. It is also the perspective of someone who has worked inside healthcare long enough to recognize both the strengths and limitations of any system. I know what fragmented care looks like. I know what rushed care feels like. I know the difference between a clinical encounter that is merely transactional and one that is built on professionalism, kindness, competence, and trust.

My experience with the VA, particularly through the Silver City Community Based Outpatient Clinic, has been overwhelmingly positive.

Before I describe that experience, it is important to establish the setting. My care as a veteran has primarily been coordinated through our local Community Based Outpatient Clinic, often referred to as a CBOC. For veterans living in rural communities, these clinics matter. They are not simply satellite offices. They are the front door to healthcare. Many of us receive our physicals, lab work, medication management, follow-up care, and ongoing monitoring of service-connected and non-service-connected health concerns there.

For me, the process has been organized, familiar, and clinically appropriate. My care usually begins with an initial appointment that includes a consultation, history review, medication review, and elements of a physical examination. From there, I may return to the clinic for blood work or additional follow-up. When diagnostics or imaging are needed beyond what the clinic can provide, I am referred out for those services. Once results are available, my provider and I review them and discuss the next steps. Medications are adjusted when necessary. Plans of care are developed. Ongoing issues are monitored. The process resembles what one would expect in a well-functioning civilian primary care setting.

That matters because rural healthcare is already difficult. Access is often limited. Specialty care can be far away. Travel can become a barrier. Appointments may require planning around work, family, weather, transportation, and distance. For veterans in rural communities, a local CBOC can be the difference between accessible care and care that exists only in theory. In that regard, the Silver City CBOC provides more than a clinical service. It provides continuity, presence, and a sense that veterans in this region have not been forgotten.

As both a patient and a nurse, I pay attention to the details of care. I notice how people are greeted. I notice whether staff appear rushed, dismissive, or disconnected. I notice whether clinical questions make sense. I notice whether the plan of care follows logically from the assessment. I notice whether patients are treated like problems to be moved through a system or

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like people whose lives and experiences deserve attention.

At the Silver City CBOC, the care has consistently reflected the latter.

The moment I walk through the door, I am greeted by the front desk staff. That may sound small, but anyone who has worked in healthcare knows the tone of an encounter often begins before the patient ever sees a provider. I have found the front desk staff to be compassionate, kind, and professional. They help create an environment where veterans are welcomed rather than processed. In a healthcare market where courtesy and presence sometimes feel increasingly rare, that kind of professionalism deserves recognition.

Most of the time, I arrive with a scheduled appointment. On the rare occasions when I have needed to be seen without one, I have never had to wait more than approximately thirty minutes. For any healthcare setting, that is notable. For a rural clinic serving veterans, it is even more meaningful. Timeliness may not be the only measure of quality, but it is one way patients experience whether a system responds to their needs.

The nurses at the clinic have also made a strong impression on me. They are kind, professional, and experienced. They are not just technically competent; they understand the rhythm of clinical work. That rhythm is difficult to teach. It comes from years of patient care, from knowing when to listen, when to ask one more question, when to clarify, when to reassure, and when to move with urgency. The nurses I have encountered at the Silver City CBOC demonstrate that kind of grounded clinical judgment.

As a nurse, I deeply respect that.

In the time I have received care through the VA, I have had three different providers. Each one took a thorough history, performed examinations that made sense, and made treatment recommendations that were appropriate to the issues I was experiencing at the time. None of the encounters felt careless. None felt dismissive. None felt like a provider was simply checking a box. Instead, I felt that my concerns were heard, my history mattered, and my plan of care was developed with reasonable clinical judgment.

That is not something I take for granted.

Veterans bring complex histories into healthcare spaces. Some carry physical injuries. Some carry invisible wounds. Some carry chronic pain, anxiety, sleep disturbances, traumatic brain injuries, exposure concerns, or service-connected conditions that evolve over time. Others simply need routine preventive care from a system that understands the context of military service. Veterans don't need special treatment in a superficial sense. What veterans need is competent care delivered with dignity, consistency, and respect.

That has been my experience at the Silver City CBOC.

This does not mean the VA system is perfect. No healthcare system is. I do not write this to deny the frustrations other veterans have experienced. I do not write this to suggest that long wait times, referral barriers, administrative burdens, or gaps in care do not occur. They do. Those stories are real, and those veterans deserve advocacy.

But I also believe it is important to recognize when care is being done well.

In healthcare, we are often quick to identify failure and slow to acknowledge excellence. We point out what goes wrong because harm demands attention. But when a clinic consistently provides respectful, organized, clinically appropriate care, that deserves to be said out loud, too. Positive stories matter because they remind us what the standard should be. They also remind the people doing the work that their efforts are seen.

To the staff at the Silver City Community Based Outpatient Clinic: thank you.

Thank you for serving those who served. Thank you for greeting veterans with kindness. Thank you for maintaining professionalism in a demanding healthcare environment. Thank you for bringing skill, compassion, and consistency to rural veteran healthcare. Your work matters more than you may realize.

From my perspective as a veteran, former Army medic, registered nurse, and regular user of VA healthcare services, the Silver City CBOC represents what veteran care can look like when a system works at the human level. It is local. It is accessible. It is professional. It is compassionate. And in today's healthcare environment, that combination is worth recognizing. ■

Respectfully,
Lorenzo Saenz, MSN, RN
Veteran, United States Army