

# Veterans Health Council<sup>SM</sup>

improving veterans health through information and advocacy

Mr. Chairman, Ranking Member Buyer, and Members of the House Committee on Veterans Affairs, thank you for the opportunity to offer our comments in this roundtable discussion “Meeting the Unique Health Care Needs of Rural Veterans”. With so many of our returning GWOT active duty, reserve and National Guard force coming from population centers of 25,000 or less, a discussion of the issues of rural health care delivery and quality are both timely and important.

**Accessibility** -- In general, rural communities face significant challenges maintaining “core health care services”, which the Institutes of Medicine have defined as primary care, hospital care, long-term care, mental health and substance abuse treatment and public health. Despite legislative efforts by a few elected officials from rural states such as Rep. Jerry Moran of Kansas, these challenges are no different for rural veterans health care services. For example, geographic accessibility to VA medical facilities has long been a problem for our vets living in states with few VA medical centers such as North Dakota, Montana or Alaska, or for those veterans residing in areas of the country where the geographic distance to a VA facility poses significant transportation barriers, such as in the rural Southwest US. In fact, the VA’s Office of Policy Analysis and Forecasting reports that of the nation’s 118,685 registered rural veterans only 39,158 live within two hours of a VA medical center.

Although the Veterans Health Administration (VHA) has attempted to address some of the geographic accessibility issues with the creation in 2009 of ten “rural outreach clinics”, the opening of more CBOCs, and the development of various tele-medicine programs, there are many other gaps in accessibility. For example, recruitment and retention of qualified clinicians for the veterans’ rural clinics and CBOCs are challenges that have an impact not only on the number and kinds of health services and treatment programs available, but on the times the services and programs can be offered to the rural veteran constituencies. And we must not forget that each of these accessibility issues are magnified many-fold for those indigenous Native American Guard and Reserve personnel who return to remote Alaskan villages that lack basic electricity and communication modes.

**Quality** – Vietnam Veterans of America (VVA) and the Veterans Health Council (VHC) understand the importance of quality measurement for the VA’s rural health care facilities and programs whether they are provided by/through VA rural health clinics, CBOCs, or other contracted rural health care service providers. Therefore we believe that at the very least, these rural facilities, their programs, services, and personnel be subject to the same internal and external (i.e., Joint Commission on Accreditation of Healthcare Organizations) quality assessment standards currently utilized by VHA medical centers until such time as an independent task force/commission can be established to develop more standardized and meaningful quality assessment tools. In addition, the VA officials and administrators responsible for these rural health facilities,

programs, and services must be held to the highest degree of accountability using whatever measures necessary for this to occur.

Finally, we believe the VA's Office of Rural Health, in partnership with other agencies such as the Indian Health Service, HHS and the Rural Health Association, should take the initiative in developing demonstration models and pilot projects assessing the most effective ways to offer health care to our rural veterans, who are generally poorer, more likely to be chronically ill, and almost, by definition, more likely to have challenges in access to regular health care.

On behalf of the Veterans Health Council, thank you for the opportunity to discuss these issues at this roundtable.



THE VETERANS HEALTH COUNCIL IS A PROGRAM OF VIETNAM VETERANS OF AMERICA

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Dr. Tom Berger is a Life Member of Vietnam Veterans of America (VVA) and founding member of VVA Chapter 317 in Kansas City, Missouri. After serving as chair of VVA's national PTSD and Substance Abuse Committee for almost a decade, he joined the staff of the VVA national office as "Senior Policy Analyst for Veterans' Benefits & Mental Health Issues" in 2008, and then in June 2009, was appointed as "Executive Director of the VVA Veterans Health Council". As such, he is a member and Chair of the Veterans Administration's (VA) Consumer Liaison Council for the Committee on Care of Veterans with Serious Mental Illness (SMI Committee); he is also a member of the VA's Mental Health Quality Enhancement Research Initiative Depression Executive Committee (MHQUERI) and the South Central Mental Illness Research and Education Clinical Center (SC MIRECC).

In addition, Dr. Berger holds the distinction of being the first representative of a national veterans' service organization to hold membership on the VA's Executive Committee of the Substance Use Disorder Quality Enhancement Research Initiative (SUD QUERI). Dr. Berger also serves as a reviewer of research proposals for DOD's "Congressionally Directed Medical Research Programs". He is a member of VVA's national Health Care, Government Affairs, Agent Orange and Toxic Substances, and Women Veterans committees. Dr. Berger served as a Navy Corpsman with the 3rd Marine Corps Division in Vietnam, 1966-68. Following his military service and upon the subsequent completion of his postdoctoral studies, he held faculty, research and administrative appointments at the University of Kansas in Lawrence, the State University System of Florida in Tallahassee, and the University of Missouri-Columbia, as well as program administrator positions with the Illinois Easter Seal Society and United Cerebral Palsy. His professional publications include books and research articles in the biological sciences, wildlife regulatory law, adolescent risk behaviors, and post-traumatic stress disorder.

Dr. Berger now devotes his efforts full-time to veterans' advocacy at the local, state and national levels on behalf of Vietnam Veterans of America. He presently resides in Silver Spring, Maryland.

# **VIETNAM VETERANS OF AMERICA**

## **Funding Statement**

The national organization Vietnam Veterans of America (VVA) is a non-profit veterans' membership organization registered as a 501(c) (19) with the Internal Revenue Service. VVA is also appropriately registered with the Secretary of the Senate and the Clerk of the House of Representatives in compliance with the Lobbying Disclosure Act of 1995.

VVA is not currently in receipt of any federal grant or contract, other than the routine allocation of office space and associated resources in VA Regional Offices for outreach and direct services through its Veterans Benefits Program (Service Representatives). This is also true of the previous two fiscal years.

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