IMPROVING ACCESS TO QUALITY HEALTH CARE
FOR RURAL VETERANS

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SATURDAY, APRIL 21, 2012

United States Senate,
Committee on Veterans' Affairs,
Washington, D.C.

The Committee met, pursuant to notice, at 10:40 a.m., at the Hilton Garden Inn, 2465 Grant Road, Billings, Montana, Hon. Jon Tester, presiding.

Present: Senator Tester.

OPENING STATEMENT OF SENATOR TESTER

Senator Tester. Thank you. It is a special occasion when we can convene a hearing of the Senate Veterans' Affairs Committee here in Montana, and we are doing such today. Many of you know that I personally have fought hard to ensure that the views of Montanans are heard and addressed in Washington, D.C., and I am proud to provide an opportunity for the VA Committee to hear directly from Montana's veterans, its physicians, its VA officials, on ways to better deliver health care to rural veterans.

Now, the testimonies today submitted will be a part of the transcript of the hearing that will be entered into the Congressional Record. Today's hearing is the latest in a long list of meetings that I am going to hold in Montana to hear from veterans about what is working and what is not.

From my very first veterans listening session, I heard constructive feedback from Montana's veterans about what we can do to improve health care, education benefits, job training. I took that feedback and went to work. We increased mileage reimbursement rates for disabled vets.

We were able to open new clinics and Vet Centers around Montana. We were able to expand the Billings Veterans Clinic here in Billings. We were able to pass the Rural Veterans Health Care Improvement Act. We expanded educational opportunities for service members returning from Iraq and Afghanistan.

And most recently, we were able to pass a bill that I carried on the Senate Floor, my Veterans Jobs Act, to help service members transition from military to civilian jobs. Incidentally, it was the only jobs bill to pass last year in Congress.

Now, all of these ideas came from Montana veterans who spoke up about what is needed for change, and I want to thank all of you for that input. Today's hearing is another opportunity to hear suggestions on what else we can do to improve the services for our veterans, that are veterans have earned and that they deserve.

To discuss the topic of rural veterans' health care, we have assembled two panels of impressive witnesses who will

be able to provide valuable thoughts and perspective on rural veterans' health care issues. I want to thank them for their service, for their time, for their advocacy.

And to assure we stay on schedule, I want to go ahead and get started. I would like to introduce the first panel. Each of these folks has spent their professional careers in health care or in the service of veterans. I request each of you to try to keep your opening comments to about five minutes. Your entire written testimony will be a part of the record.

The first witness to my immediate left is Jim Ahrens of Cascade. Now, Jim was Chairman of the Montana Hospital Association for some 21 years. He continues to work in the health care field at the local, state, and national levels. He has received national recognition for his work in improving health care access.

He currently serves as Chairman of the Veterans Rural Health Advisory Committee. Now, this committee examines and recommends programs to enhance health care services for veterans in rural communities, and I want to thank you for being here, Jim. It is very good to see you and you can start with your statement.

STATEMENT OF JAMES F. AHRENS, CHAIRMAN, VETERANS RURAL HEALTH ADVISORY COMMITTEE

Mr. Ahrens. It takes three seconds to get this on. All summer--I have my remarks. If you are really interested, you can get the written copy and I will try and do this kind of extemporaneously.

I live in Craig, Montana, so I live in a rural area and I have done rural health all my life. I also chair the committee that John talked about. It is a national committee. We go all over the country and basically hear from veterans and then try to bring back ideas to the Secretary and to the Congress about what we feel should be done.

Though it is an important task and in all it might sound critical about some of the things I am saying about the VA, we are really interested in improving a lot of care for the veterans who live in rural America. Now, there are certain things that need to be done, and I think I will just highlight those.

Most of the veterans who received services in Montana--and it is in my testimony--live in rural Montana. There are 35,000 veterans that are enrolled who live in rural Montana, about 11,000 in the SMAs or subsidiaries. As you could expect, there is three times the amount of disease that we see in rural veterans than you would in urban veterans because that is where they reside.

We do not know where all the veterans live, and that is one of the things we would like to see done. So if you are not enrolled, we do not know where you are at most of the time. We can take a guess, but we can find out. We need that for demographic studies and we need it so we know where

to put services. So where are you? We need to find out and that is one of the things that the VA needs to do.

So we have come a long way; we have got a long way to go. Let me list some of the things for you the way I see it. All the time we hear stories about benefits, and you will have some today. And from our side of it, one of the things we always hear is, where is that medical record?

I was at a hearing in Texas the other day. The gentleman lived in Sidney, Montana, he is down in Texas, they cannot find his record. It just does not make any sense in this day and age because of electronic medical record. Now, whether he is right or wrong, I do not know, but that is his story, so you look into things like this.

I would also suggest that, you know, when you come out of the service, that DoD puts you right in the VA system. That is happening quite a bit in Montana now because of what we have done, but it is not true across the country. So people are lost out there.

I have a friend that lives next to me. He has never been in the system. He was in the Korean War. So, you know, now he needs to get in so we have got to do all kinds of things for him to get in there.

We need to do--in my opinion, you may disagree with this--more care at the local level. We will hear a little bit about that today, but if veterans are out there, why do we not take the services to them? Now, I get into the dispute about the hospital and where they should be and should there be local services, but I really feel the services should be delivered at that local level.

And finally, I have got a lot of suggestions in here, but there needs to be more collaboration between the private sector, as we are starting to do in Billings, and the VA. In some places in the country, you have got a willing provider on one side and you have got the VA on the other side. Sometimes they are not so willing to work with each other, but they really should.

The point of it all is to serve veterans, and if you would rather be served in the VA hospital, fine. But if you would like to do it at home, closer to home, why not? And we have got to figure out how to do that. That is a major issue.

Senator Tester has a bill that I hope he passes this year that would set up a technical resource center. The bottom line of that is, get somebody, let us say at a university setting, with veterans' input and help the private side work with the VA side and put them together in areas where they are willing to work.

So I would encourage you, Senator, to see if we can get that thing moving. I think it would really be helpful, because there are people out there that just do not know what to do. If you are on the private side, you do not know much about the VA side and vice versa. If somebody could come in and help you do that and actually work and spend time doing it--it is very difficult. Changing cultures is

difficult. You know that. Changing your own culture or my culture and trying to get around.

So that is what we would like to see done. So, Senator, thank you for the opportunity to testify and I will be happy to try and answer any questions later. Thank you.

[The prepared statement of Mr. Ahrens follows:]

Senator Tester. Well, I appreciate it, Jim. I appreciate your commitment to veterans in rural America and across this country, and I appreciate your testimony. We will get back to some questions after the first panel is done with their presentations.

Next we have Cheryl Heald of Billings, Montana. Cheryl is a veteran of the United States Army and has served Montana veterans for nearly 40 years. She is currently the Regional Service Officer for the Montana Veterans Affairs Division. Cheryl, I want to thank you for being here today and thank you for your service to our country and everything you do for veterans.

STATEMENT OF CHERYL HEALD, REGIONAL SERVICE OFFICER, MONTANA VETERANS AFFAIRS DIVISION

Ms. Heald. Thank you. Senator Tester, my name is Cheryl Heald. I am representing the State of Montana's Veterans Affairs Division and its administrator, Mr. Joe Foster. The division manages two programs, the State Veterans Cemetery Program, of which there are three in the state.

The other and larger program is the Division's Veterans Service Program, which is comprised of ten veterans service offices located throughout the state with a total staffing of 21 accredited and certified veteran service officers. As one of the division's three regional veteran service officers, I supervise the Billings, Mile City, and Belgrade offices.

The predominant service our veteran service officers provide is the preparation and submission of veteran's claim products which are sent to the VA's regional office at Fort Harrison. My division is responsible for over 70 percent of the claim products worked at the VA regional office in Fort Harrison. The majority of these claims are disability for medical conditions resultant, either directly or indirectly, of the veteran's military service.

Of significance to the veterans in the Federal VA's health care system, the disability compensation claims services we provide ultimately result in VA medical services for our clients. Regarding Federal services to rural Montana veterans, I will speak to one issue, which happens to be the most fundamental, and that would be regarding the health care or benefit claims services.

The issue is telephone contact with the Federal VA facilities in Montana, and I must add, preferably with a breathing person, whether it is to obtain information, report an issue, or request services. Federal VA facilities do not advertise their telephone numbers in phone books or online.

This is a significant disservice to rural and urban veterans alike, and remarkably, the deficiencies in personal contact continually gets worse, not better, despite a large, loud chorus of frustration over a long period of time. The VA's consistent answer and investment of resources is centralization, not only regarding veteran contact methodology, but also other aspects of veteran services. Thank you.

[The prepared statement of Ms. Heald follows:]

Senator Tester. Thank you, Cheryl. Thank you very, very much. We will, as in Jim's case, come back and visit about some of the stuff you talked about.

Jeffrey Neuberger is the Associate Chief of Patient Care Services for Montana VA at Fort Harrison in Helena. Jeffrey, I want to thank you for being here today, and I want to thank you for everything that you do for our veterans. You may proceed.

STATEMENT OF JEFFREY NEUBERGER, R.N., ASSOCIATE CHIEF, PATIENT CARE SERVICES, VA MONTANA HEALTH CARE SYSTEM, VETERANS HEALTH ADMINISTRATION, DEPARTMENT OF VETERANS AFFAIRS

Mr. Neuberger. Good morning, Senator Tester, and members of the Committee and all those present here. I thank you for this opportunity to be able to discuss improving access to quality health care for rural veterans.

I would like to begin by giving you an overview of the health care system at the Billings, Montana clinic and its parent system, the VA Montana Health Care System. The VA Montana Health Care System consists of the primary medical center, which is located at Fort Harrison, Helena. We have an additional 14 points of contact, which include clinics and primary care tele-health outreach clinics.

All sites of care have a mental health staff and tele-health capabilities or both. The system served almost 35,000 veterans in fiscal year 2011 with a budget of approximately $208 million. This included $33.5 million in non-VA care. We have approximately 1,000 full-time employees in the health care system and they provided over 100 inpatient days of care and attended to approximately 340,000 outpatient visits in 2011.

The Billings clinic is located in the biggest and largest city in Montana. We serve about 5,800 veterans out of the 8,000 that are here in the area. There is also another 2,000 additional veterans located in eastern Montana who have not yet accessed our health care system. And we are approximately 480 miles round-trip from Billings to the largest medical VA center in the state, which is at Helena.

Although our Frontier State is geographically very beautiful, some of the geography also makes it very difficult to provide health care and get close to those veterans, and especially with our harsh winters. The state's small population spread across the vast region adds to the challenges of providing high quality, safe patient care to our veterans.

To meet some of these challenges, the VA Montana system has implemented unique and creative programs to assist our veterans in getting their health care closer to home. One of those is the Project ARCH, which stands for Access Received Close to Home. Eligible veterans are able to seek care from Humana network providers contracted to do inpatient care and consultation.

The Project ARCH is a three-year pilot program that began in Billings in late August 2011. When the pilot was initiated, we basically focused on orthopedic care. We have now expanded to cardiology and neurosurgery. To date, over 650 episodes of care have been authorized and we anticipate that by the end of fiscal year 2012, we will have more than 1,200 authorizations that cost approximately $11 million.

We are expanding health care in the Billings area and we have been authorized to have a 70,000-square-foot leased clinic. This new clinic will complement services already here in the Billings area. The bids closed in February of 2012 and an award is anticipated to happen late this year. There will be an increase of about 30 full-time positions with the new clinic.

The new clinic will provide the following services: Outpatient surgery, physical therapy, occupational therapy, dental, audiology, speech pathology, ophthalmology, and optometry. There will also be a Veterans Benefit Administration available at the clinic.

The Billings clinic will provide specialty services to potentially 20,000 veterans in the surrounding rural community. Those veterans would otherwise have to travel several miles to get that same type of care. And veterans who have to travel long distances for care are eligible for beneficiary travel benefits to and from the site of care.

The VA Montana has worked closely with the Native American Tribal Nations to improve access to care for Native American veterans, including the placement of Tribal veteran representatives and Tribal outreach workers on reservations. There is also a minority veterans coordinator who focuses special attention on the needs of these veterans.

The VA Montana system has one of the best tele-health programs in the whole VA system. For this fiscal year, 381 unique veteran patients have received services via tele-health modalities in 15 different sites in Montana. There are over 25 active tele-health programs in place, making it one of the top tele-health performers in the VA.

Programs include mental health, primary care, home tele-health, retinal screening, physical medicine and rehabilitation, nutrition, patient education, pulmonary, dermatology, and wound management. VA Montana leaders and staff have a strong commitment to tele-health as a means to improve access to veterans across the state.

Due to the low population density, VA Montana has historically partnered with the communities for mental health services throughout the state. This allows for increased access and timeliness in the provision of

appropriate mental health services to veterans closer to where they live.

Every VISN, that is a Veteran Integrated Service Network, has been assigned a recruiter and this recruiter has been very successful in sourcing out potential candidates in a historically difficult to recruit medical positions, including mental health care. The VISN recruiter for our VISN started working in October of 2011 and has already begun important contributions to help fill some of

these long-standing vacancies.

I thank you again for the opportunity to present this morning and I would be pleased to answer any questions that you might have.

[The prepared statement of Mr. Neuberger follows:]

Senator Tester. Thank you, Mr. Neuberger. I appreciate your testimony.

We will go to Mark Rumans of Billings, Montana. You are Physician in Chief at the Billings Clinic. Dr. Rumans has many years experience in private practice and has worked in close partnership with the VA to help provide care to veterans that need care. Recently he has been extensively involved in the clinic's work to implement what Mr. Neuberger talked about, Project ARCH, in this Billings area. Dr. Rumans, I want to thank you for being here today and I look forward to your testimony. You may proceed.

STATEMENT OF MARK RUMANS, M.D., PHYSICIAN IN CHIEF, BILLINGS CLINIC

Dr. Rumans. Thank you very much, Senator Tester, and good morning everybody. It is great to see everybody here this morning. I do want to focus my comments on the Project ARCH program and to start off by saying that Billings Clinic really fully supports Project ARCH and its goal of increasing access to quality health care to rural veterans.

Our participation in the pilot the last six months has validated that veterans can be very well served when there is a community-based partnership with Veterans Administration and health care providers.

Many of you know about Billings Clinic. It is a fully-integrated health care system with its core of 238 physicians, 80 mid-levels, and a 270-bed inpatient facility. It has about 50 multi-specialty departments, Level 2 trauma center, a 90-bed long-term care facility, and a clinical research center. It really serves a variety of ambulatory, clinical, and treatment services.

I think the most important aspect of the ARCH program really is about the patient experience and what do the veterans experience when they go through this program. Billings Clinic received the first referral, I believe it was the first one, under the Project ARCH in Montana in September of 2006. We have received about 200 referrals and currently have about 85 patients receiving active care.

It has really been a vehicle for those patients to receive quality health care services in their community instead of traveling hours to Helena, Denver, or Salt Lake City with all that expense involved both to the veteran and to the VA. In many cases, the access is received within days instead of months, or sometimes even years for the patients and the veterans involved.

Overwhelmingly, we have seen that the veterans that we have seen are grateful to have been able to receive their medical needs in their community. We have seen many orthopedic patients who have been waiting for years for

surgery, and several have returned for their second knee or hip replacement.

One of the first orthopedic patients we had seen was a 77-year-old United States Air Force Korean veteran who first told his story to the Billings Gazette in August of 2011. He had been on the waiting list for a hip replacement since 2009. In March 2011, he was told that his surgery was going to be indefinitely postponed. After referral to the Billings Clinic, his surgery was confirmed and he had his surgery in October.

Another Billings Clinic patient, a 58-year-old paratrooper in the United States Army, also shared a story with the Billings Gazette in October of 2011. The severity of his pain made it nearly impossible for him to work. Through a series of appointments, x-rays, and MRIs at the VA clinic in Billings and the VA medical center in Sheridan, he knew he would need hip surgery. It would likely be at the end of 2012 in Sheridan. Under Project ARCH, he had his hip surgery on September 9th, 2011 at the Billings Clinic.

On the other hand, there has to be strategic planning and coordination of care under this program between the VA and the providers involved. We had 22 patients who were undergoing care under our oncology program through the VA ARCH program.

Contractually, the Montana VA does reserve the right to determine which, if any, services are authorized for referral, and we certainly respect this. However, it sent an alarm to us on those 22 oncology patients that had been referred to our nationally recognized cancer center, including 13 in active treatment were rightfully pulled back into the Montana VA system in the end of January of 2012 with no real explanation from Humana Veterans or the Montana VA, even with intervention by Senator Tester's office.

After the internal review by the Montana VA, three of those patients were returned for follow up. One was for follow up and two were authorized to continue with selected services. We do know that there has been some discussion, but it was difficult to coordinate an orderly transition of care even with denial of physician-to-physician communication.

In addition to these, we do know that tertiary system care such as cardiology services is authorized under the ARCH program. We were told that tertiary care was not authorized through this, although that is the intent of the program, and we have seen some cardiology patients who have been sent to other cities such as Salt Lake and Denver under this program.

There have been some gaps in coverage and we, as an integrated system, we have as our mission to provide fully complete integrated care through the program. One of the first things we recognized under the Billings Clinic team is that we needed to have a list of the menu of services that were under contract.

Some things such as post-acute treatment for physical

therapy and post-acute treatment are not covered under the ARCH program, but are under the fee-based services. So providing a bundle of treatments completely to the veteran could be important.

There are a list of continued additional services that are fully covered under the program that could be beneficial to all individuals involved, things such as physical therapy, IV therapy, infusions, behavioral health, emergency room, durable medical equipment, should be items for continuation and for further discussion.

Just a few comments about the financials. We have not experienced the referral volumes in the first six months that we anticipated or were under initial discussion. We are not fully covering our costs with the Medicare-like reimbursement methodology by the VA contract, and have had to at least go back once to renegotiate--to the negotiating table.

We did have an unanticipated expense, but one that we believed has been a significant contributor to the success of the program by hiring a dedicated nurse care navigator within Billings Clinic. This is a positive experience for our veterans and one we are committed to continuing.

As an integrated health care system, our model is to be able to coordinate the care across the spectrum of services. We would like to explore working more directly with the VA on care coordination and have Humana Veterans work in a more administrative support role, and we think this would be something that we should continue to work with the system, understanding it might not work with everybody involved.

In conclusion, we really think the Billings Clinic feels that this partnership between community providers and the Montana VA Health Care System can indeed expand the Veterans Administration's ability to provide quality care for our Nation's veterans. Our providers and staff embrace the administrative requirements understanding that we have a unique opportunity to serve our veterans, many of which are our families and friends.

Billings Clinic fully supports the goal of increasing access to quality care for our veterans closer to home and will continue to partner with the Montana VA and Humana Veterans Health Care Services for the benefit of our Montana veterans. Thank you very much for the opportunity.

[The prepared statement of Dr. Rumans follows:]

Senator Tester. Well, I appreciate you taking the time, appreciate your testimony, Mark.

Next we have Dr. Wiley Bland, also of Billings, Montana, has had a distinguished career in health care. Prior to his retirement in 2010, he served as Chief of Radiology for VA Montana and is a radiologist at the VA clinic in Billings. Before that, he served as radiologist at St. Vincent's Hospital for 20 years. Dr. Bland, I want to thank you for your service and I want to thank you for what you have done and I appreciate you being here today. You may proceed.

STATEMENT OF WILEY BLAND, M.D., RETIRED VA RADIOLOGIST

Dr. Bland. Thank you, Senator Tester. It is a pleasure to be here. I am going to sound like a cheerleader for Dr. Rumans. I was going to say some things that most of you--it is clear to you. I did not know what the make-up of this group would be, but when Phase 1 of the current VA clinic was considered, the demographics showed that approximately 50 percent of the veterans in Montana were within easy distance of Billings, Montana.

We are a huge state. In fact, we should be two states. The western part of Montana is well-served by Fort Harrison with the towns of Great Falls, Missoula, Butte, and Bozeman being as close as 65 miles down an interstate, and the furthest is Missoula at close to 100 miles. The roads are excellent and they have easy access.

But when you come across the Bozeman Pass coming east, it is a different world. We make up two-thirds of the land mass of the fourth largest state in the country, and people live far and few between. Billings, being the largest city in the state, has also evolved into the most complex and complete medical system. And there is really no excuse for sending patients for a 470-mile round trip visit to Helena for a 20-minute visit, and it happens day in, day out.

When I was working in the old clinic on King Avenue, I really enjoyed seeing the vets getting off in the morning at 6:30 to 7:00 in the dark, and they would be coming back late at night, but that really is unnecessary. I was hoping that Senator Murray would be here.

If you were coming from Glendive, it is 450 miles to Helena one way and that would be like her leaving Seattle and seeking her health care in Missoula. I do not think we will see that in our lifetimes ever. It may go the other way, but not this way.

Today with the wait times getting out, as has been mentioned here, this is another deterrent to health care and we are seeing veterans leaving the system. My daughter-in-law practices with Dr. Rumans' people and I was over last night seeing the grandchildren and complaining about a patient I had seen prior to retiring a year-and-a-half ago who had cancer of the kidney.

He was a wonderful man, had the misfortune of having both multiple sclerosis and muscular dystrophy and had extremity weaknesses, difficulty getting around. I discovered renal cancer. We referred him to Fort Harrison; they thought he was too complex. They referred him to Denver; they thought he was too complex and were going to fee-base him out in the community.

He had the good sense to say, Why can I not go back to Billings where I can get medical care and be close to my family? And fortunately, his physician in Denver agreed and he came back. But that took six or seven weeks. And in my years of private practice, both with Dr. Rumans' people and at St. Vincent's, I never saw a patient with a malignant

tumor, which renal cancer can be, go beyond a week without some sort of treatment plan being implemented. And this man was six or seven weeks out.

Visiting my grandchildren and daughter last night, I mentioned this to her and I says, This is really something odd, is it not? And she said, No, Wiley. Last week I saw an elderly patient who had multi-focal cancer of the bladder diagnosed in early December and I just saw him last week. Four months. Inappropriate. Inappropriate time waits. Inappropriate long distances.

And then we have the problem--it is a specific problem to Billings. They built Phase 1 and initially it was well-staffed, but there has been a downturn in the number of specialists that work there. We have recruited a fine orthopedic surgeon some years ago. He grew up in Harlow town, was trained in Yale, boarded in both orthopedic surgery and hand surgery.

He had written two textbooks and had gone to the American College of Orthopedics to present a paper. He had done several times before and had the misfortune, on the night he returned home to Billings, to die of a heart attack. That was five years ago and he still has not been replaced.

I retired a year-and-a-half ago and I gave a six-month notice and I have not been replaced. There was an individual that I know personally who is now with the VA in Salt Lake. His name is Lew Rudolph. Grew up in North Dakota, practiced in Fargo, and then Dillon, Montana. He really wanted to come back, but after being insulted several times, he chose not to come back, and perhaps the new interim Director could change his mind down the line. He would be a real asset.

Our general surgeon in Billings left last summer, retired. They have not even advertised the job. And we have urology, which used to be a strength of the Billings Clinic, but Dr. Wade present [sic], it is down now to less than half-time, and probably will be less than that before long and there is no effort to recruit any of these people.

So in summary, I think that the distances our veterans have to travel from eastern Montana, the long wait times, and then the lack of specialty care to these veterans in a timely fashion right here in Billings, is a real deterrent. I can give you a personal story how it should go.

This past year, I have had two operations at the Billings Clinic. I had carcinoma of the prostate removed, a robotic procedure a year ago I was hospitalized overnight and went home the next day in time for lunch, rather than three, four, or five days as it used to be. And then in December, I had a hernia repair that morning and I was home by lunch that day, rather than traveling hundreds and thousands of miles to get care, being away from my family, and all that that contains.

I think we need to have--certainly the Billings VA Clinic needs to be enlarged, both in staff and in size, to

have the veterans of this area appropriately--and then we need some sort of partnership with the health care that in Billings is the best that you can get between, say, Spokane, Washington, and Fargo or the Mayo Clinic going east. It is inappropriate for these veterans to be traveling as they have been. Thank you.

[The prepared statement of Dr. Bland follows:]

Senator Tester. I want to thank you, Dr. Bland, for your testimony, as I want to thank everybody who is on the first panel. We will get to the questions. We will start with you, Jim Ahrens, to begin with. In your testimony, you spoke to the increasing need for physical and mental health services delivered at local access points for our veterans, our rural veterans, and I think that we can all agree that the VA needs to continue to explore innovative ways of doing just that.

You spoke of legislation that I introduced earlier this year to improve the collaboration between private health care sector folks and the VA benefitting, I think benefitting real veterans, and my bill would establish what you spoke of, the Rural Health Care Technical Assistance Center, to provide timely information, educational, technical assistance, and overall tools to improve access to health care services to rural veterans.

I would like to have you just speak on how this could ultimately improve health care for our rural veterans in Montana and elsewhere in the country if we got that piece of legislation passed.

Mr. Ahrens. Well, thank you, Senator.

Senator Tester. You bet.

Mr. Ahrens. What you see on the panel is an example of things that should not take place than if we had a center to help people put it together. It would probably be less likely taking place and veterans would be served. People on both sides, on the private side and I think on the VA side, do not have the knowledge at times and they do not have the time to sit down and put these systems together.

In my opinion, and I see this all across the country, there are people that are willing to do it like rural health clinics or perfectly qualified health centers or small hospitals in Montana, would like to do more service for the veterans and they just do not have the means or wherewithal to do it.

If we had this technical center, people would come out and actually help you do it, put it together. That is the way I see it. Almost like a consulting group would come and help put things together. These gentlemen and ladies do not have the time to do some of this, and with outside assistance, you could get it moved along.

You could bring--let us take Sidney, Montana. I am not sure what is going on up there, but why not have that hospital and the VA work more closely together than they are? Or Uvalde, Texas, where there is all kinds of things going on that should be done cooperatively but they are not.

So I think your bill would really help. It is like a research/resource center that would really bring this about.

Senator Tester. Well, let us take it a step further. Let us assume that we can get this bill passed and let us assume it is implemented and let us assume that we are able to utilize that center to bring the private sector together with the VA and develop the kind of collaboration we need to provide good health care to the folks that are out in rural, frontier America.

I guess the question that I have is, where do electronic medical records fit into this equation, and access to those electronic medical records fit into this equation from your perspective?

Mr. Ahrens. Well, in my opinion, those records ought to be available to the private and the VA side, because you hear this all the time. How are you going to work with a patient if you do not have that record and he or she has a prior history? It is a real issue. The VA has an excellent, I think, internal medical electronic record.

But you, any of you are veterans, walked into a small hospital anywhere in the country, you do not have your record. You cannot even get it, most of the time, in an emergency situation. Senator, I think you have got to have them. There is no question about it. If you have got a system, why not share it? I know there are privacy issues, but when there is a will, there is a way.

Senator Tester. Last thing, Jim, and I appreciate your perspective on all this. But you talked about the center. Are there any other things out there that you can see that would help with the collaborative effort amongst the private health care providers and the VA?

Mr. Ahrens. Well, I really think there is a willingness to do it. There just has to be a force in any community to get the people together to do it. That would be my--but somebody has got to take the ball and roll it. They have done this down in Billings and why not replicate it across the country?

Senator Tester. Got you. Thank you very much. Cheryl, we will go to you next. In your testimony, you highlighted some of the critical services provided by the Montana Veterans Affairs Division. We appreciate that, particularly with disability compensation claims and outreach efforts on behalf of veterans, all very important. I am very grateful for your work personally.

It is certainly one critical component of helping assure that Montana veterans have access to the care and the services that they need. I want to touch on two particular points, and if you can answer the first one you may get a medal for this.

Every time we have a hearing, a Veterans Affairs hearing, and we have the folks from the VA come up, there is always concern expressed by somebody, regardless of the topic, about a 900,000 backlog in claims. I am making the

assumption that you are helping these folks in a big, big way. Sometimes they do not get your help. But sometimes the I is not dotted or the T is not crossed. For many it is more complex than that, to be fair.

Do you have any--and this is--do you have any ideas on how we could reduce--how the VA could reduce that backlog? Being somebody that is on the ground working every day, any silver bullets out there?

Ms. Heald. Okay, here goes. So I am sure I contribute to the backlog. I am sure I do. We have tried, in our division because we do so many claims, for Fort Harrison to receive their claims work, we are responsible for over 70 percent of it. So we have opted to absolutely adhere to a fully-developed claim.

Now, when veterans come into our office, we give them an absolute grocery list of things that we need to make this a complete claim, because these are my bets, they are my neighbors, they are my friends and I am responsible to them. I am also responsible to the VA to present them with a product that they can work in a timely manner so that we do not have a backlog, so that we do not--you know, we do not have people trying to get through centralized toll-free numbers to figure out what is going on.

There are some solutions that are fairly new that we are trying, and I am sure that you are aware of them, but there is a huge backlog in the Pension Center, huge backlog. Recently, I spoke to an individual there, because we do have, as an accredited service officer--I do not know if--we had the Deputy Director of the Pension Center give us a workshop and he allowed us to have a phone number so that we could call the adjudication clerks direct. That really helps.

But we have--when you explain to these vets, and they have already been made to wait. The VA process is absolutely overwhelming. So then you give them this list of things to bring in. It is confusing sometimes, and I know I am, you know, looking like I am part of the problem, but it is the access to the VA.

If we have access, like we do at the Pension Center, maybe to adjudication, then maybe I can get a claim off of an adjudication clerk's desk. But we have to stick with what we are doing now and that is a fully developed claim. We have to do that. And maybe that will resolve the backlog.

Unfortunately, we have a lot of entities out there, Vets for Reps or Claims for Vets, or something, organizations that are soliciting veterans for a percentage of their retro pay because they have the magic bullet. They can get a claim in and out, and unfortunately, these

organizations are bogging down the system.

Senator Tester. Well, first of all, I do not think you contribute to the backlog. I think it is quite the contrary. So if you were not there, I think it would be even bigger. I want to talk about American Indians for a second. They serve at a higher percentage than any other minority in this country.

Ms. Heald. Yes.

Senator Tester. They have a unique situation because those Native Americans who serve in our service are not only served by the VA, but also the Indian Health Service. But we are approaching things from the VA standpoint. That is a whole different debate between IHS and the VA.

But health care for veterans is a struggle in Indian country, for Native American vets. Are there certain things that are being done specifically to target those folks that live on reservations that you know of?

Ms. Heald. For health care?

Senator Tester. Yes.

Ms. Heald. I do not know. I do not know that there is a direct target. We, through outreach, and we are--you know, that is a whole program that we have--we enroll them. We do enroll them. I think that there may be conflict with treatment received periodically from the VA versus medical care through IHS. I have had some veterans complain that VA physicians do not like, you know, their medical care or their medication regime being changed by a medical care provider at IHS. But we will just have to work together.

Senator Tester. Okay. Last one. This is much easier. You spoke in your testimony about the fact that the VA does not have numbers advertised, not online, the Yellow Pages, or otherwise. Why do you think that is the case?

Ms. Heald. They would be really busy answering the phone. I do not know.

Senator Tester. Okay. That is what I was afraid you were going to say.

Ms. Heald. You know, it is--in the VA clinic here in Billings, they are the best. Fort Harrison, the regional office, their ability and commitment to work with me and to try to get claims through is absolutely the best. We are left with toll-free numbers.

And just to keep this short and for an example, if I have a veteran who suddenly becomes ineligible for medical care in the VA health care system because of income or something, then they are resigned to talk to somebody in Atlanta, Georgia. I cannot resolve that problem locally.

If I have someone who wants the status of a claim or I need to add something, I am left to call the toll-free number for the claims work and get someone in Ohio who cannot help me work with my vet in Montana. So it is just a centralized number system, and I understand that they would be absolutely slammed if they advertised their numbers, I do. But, you know, as an accredited rep, maybe there is an

in. Maybe I have an opportunity to have a number.

Senator Tester. Yeah, and normally I would ask if you would talk to the folks in the VA about this, but since you are testifying here, you are talking to the folks in the VA about this, so we appreciate that. Thank you.

Jeffrey, as an Associate Chief of Patient Care Services at Fort Harrison, you work intimately with veterans on a daily basis. We want to thank you for that. With two wars winding down and an increasing number of veterans entering the VA with complex wounds, probably more complex than ever before in the VA's history, you are confronted with incredible challenges.

I would like to have you speak about some of those challenges, how they are different maybe from previous wars and how VA Montana is addressing them.

Mr. Neuberger. Well, the biggest issue is with the new OEF/OIF that are coming back, because they are coming back with a whole different type of approach to how we are going to care for them. A lot of that involves mental health-type issues. It also involves traumatic brain injury. And what I believe we have to do, in my opinion--I came from another VISN over in South Dakota, so I have just been in Montana for about six months.

The way we were handling the OEF/OIF over there is we had designated providers and a designated team of individuals that specifically worked pretty much with the OEF/OIF veterans that came back. I think if we could develop that process over here, that would be a better approach to handling that basic veteran issue.

Senator Tester. So the main difference, as you see it, is the mental health aspect, the PT--post traumatic stress disorder, and the traumatic brain injury?

Mr. Neuberger. Yes, sir.

Senator Tester. I know that the VA came out with--well, they came out with a press release this week that talked about hiring, I believe, 1,600 additional folks. I believe all of them focused on mental health.

Mr. Neuberger. Yes, sir.

Senator Tester. From your perspective, if they are able to fill that and fill those positions relatively quickly, would that meet the needs and challenges of these veterans that are there that are coming home as Iraq wound down and hopefully Afghanistan soon hereafter?

Mr. Neuberger. I think that would be a great start into that process, yes, sir.

Senator Tester. But we need not forget about it. We are still going to have some challenges ahead even if those 1,600 are brought to work.

Mr. Neuberger. Very much so. Yes, sir.

Senator Tester. Okay. So I think I know what the answer to this question will be, but when we address health care of our veterans in the VA right now, if you were making the investment to take care of those vets, where would we get the biggest bang for the buck? Where would our smartest

investments be made?

Mr. Neuberger. We really need to invest in more providers. I am seeing that--I am responsible for all of the clinics in the Montana area, and as I travel around and visit, there are areas that we have a shortage of providers and staffing, and we really need to, I believe, step up and get those clinics with providers.

Certainly the tele-health that we are doing is extremely beneficial, and as I indicated in my presentation, we do lead the nation in that area. But we still need those providers there.

Senator Tester. One last question. I am sorry about that, but you brought up tele-health. I was just in the northeastern part of the state, in fact, Plentywood, talking to a hospital official there and they were very, very happy with the tele-health that is set up there. The challenge that this hospital person told me about was the challenge of getting veterans in there to it. It is a little different angle, a little different way of doing business than most of us grew up with.

Are there any plans--does the VA have any plans in outreach as far as tele-health goes to let folks know? I mean, Jim talked about, in his testimony, the fact that there are a lot of vets out there that do not access the health care system, so the numbers are not particularly great as far as who needs what.

Is the VA doing anything as far as outreach to veterans specifically for tele-health? And you can say no if that is the case. That is okay. But if there are, I would like to know what they are.

Mr. Neuberger. Well, I know that there has been some emphasis to go out into the communities and try to do some promotion, getting some flyers and bulletins out there, and letting the veterans know as much as we can. I do not know specifically if they have any programs that they are looking at.

Senator Tester. Okay. Sounds good. Thank you very much, Jeffrey, and I appreciate your testimony and your answers to the questions.

[Phone ringing.]

Senator Tester. Dr. Rumans, I also appreciate the work that you do. The Billings and the VA have--what they have done to implement Project ARCH here in Billings--easy, that is donuts for the crowd, by the way, whoever that was, but we will overlook it this time.

I am hopeful that the efforts that you have made with the Billings Clinic and the VA will lead to increased access to health care, although some of your testimony was a bit disturbing. But that is good for the record. As you know, Project ARCH was established as a pilot in a select few locations, yours being one, or Billings as being one, I should say.

And now about six months into the program, if my memory serves me correct, how would you assess it so far overall?

Are we--how would you assess it overall? I will just leave it at that.

Dr. Rumans. Well, again, thank you very much. I think our evaluation of this would be that it is a success. There have been some bumps, for sure, especially around some of the care coordination aspects of it, but we are committed to the program and to the pilot.

One of the things I think that would be very useful, because it is a pilot and there are other ongoing pilots around the country, would be to have some sharing amongst those pilots, around what are the lessons learned, where are the challenges, because that would be a way to more rapidly accelerate the improvement around the lessons learned. And right now, they are kind of operating independently, and I think if we shared amongst each other, that would be very helpful.

Senator Tester. Good. I talked to Jim a little bit about--Jim Ahrens a little bit about the electronic medical records. What is your experience in regards to Project ARCH as it relates to electronic medical records?

Dr. Rumans. We have, really working with the care navigators, we have been able to get the medical records. Sometimes the patients and the veterans have gotten care outside of either one of our systems.

Senator Tester. Yes.

Dr. Rumans. And so that has been one of their first tasks now, is to gather those either tests, x-rays, other things, if they have seen other providers, gather that all together so we have complete information. Of course, any way that we can share the electronic records or the full record together, that is critical to the complete care of that patient.

Senator Tester. Okay. Have you received any feedback from the veterans you serve through the Project ARCH pilot program?

Dr. Rumans. The feedback that we have received have been very positive.

Senator Tester. Good. I think that does it. I was going to ask how you make the program better, but I think you already answered that in the previous answer. I want you to explain what the nurse care navigator does real quickly.

Dr. Rumans. Sure. Her role is the gather up all the information and really connect with the patient to make sure that appointments are made, we have got all the information, help guide them through the care that they receive, that all the services are covered through ARCH, connect back with Montana VA to see if there are other services that might not be covered that might be fee-based covered, and to connect all those dots, and really be an advocate, along with the members at the Montana VA who are also advocates for the patient, too, to make sure all the care is appropriately covered and all the T's are crossed and the I's are dotted.

Senator Tester. Thank you. Thank you, Doctor. I

appreciate your perspective. I will now go to Dr. Bland. Wiley, you highlighted some of the challenges and hardships for veterans in eastern Montana who have to travel huge distances.

I think the point you make about somebody in Seattle have to travel to Missoula for their health care coverage really does vividly point out exactly what kind of distances we are talking here, and I think that message is well-received.

As someone who has worked extensively in health care, inside and outside the VA, how would you do it? I mean, would you do it strictly with contracting? Do you think the CBOCs are the right direction to go, tele-health, or all the above? Are there certain things that work better than others? I would like your perspective on this.

Dr. Bland. Actually, all of the above. I would enlarge the clinic in Billings and give it the complement of personnel to support the local population. But when you get out to Glendive and places like that, and God knows, how do you get from Glasgow anywhere? It is impossible. So you are going to have to involve the local people.

The Billings Clinic here has got a great system for taking care of people. I was really disappointed when I heard Mark say that the ARCH program in oncology, somewhere in the treatment course, was switched back to the VA. That would be like me going in for surgery and having this gentleman here as my surgeon.\

We talk and I wake up in the recovery room and this gentleman says, I am sorry, Bob had a golf date in Bozeman and he will not see you. I will take care of you until you are out of here. You know, that is discomforting and it is disruptive. It should not be tolerated.

Senator Tester. And you are directly right and it does not add to the continuity of care that the veteran should get at all. You worked on King Avenue in the old clinic. The expansion of the Billings Clinic--well, the building of the new Billings Clinic and the expansion that is forthcoming that Jeffrey talked about, 7,000 square feet additional that they are going to hopefully open a bid on even before the end of the year, could you talk about the benefits of that--I guess you would probably call it a super clinic after the second stage gets built--and how the VA really needs to utilize that clinic to get maximum benefit for the veterans on the ground in such a large geographic area?

Dr. Bland. Today most of the patients are treated in a clinic setting, even surgically. You know, my hernia repair, in for breakfast and out for lunch almost, and that could be done very easily in a well-equipped and well-staffed CBOC. But then you would want to have a partnership with the people here in Billings, the most sophisticated medical facility for a state-and-a-half in either direction, to have the more complex cases handled.

I think it would not be a stretch for people to come

from Big Timber here. They come here all the time anyway as a commerce center, a recreational center, and a medical center. In private practice, we saw patients, as Mark did, regularly from northern Wyoming, western North Dakota, and most of eastern Montana. They are used to coming here and the town is set up to take care of the families here.

I would think the VA could tap into this and utilize it. However, I still think the primary care clinic with good specialists supporting it out in the new area is-- really would be a benefit to the veterans. They like coming to their own facility. I really get a kick out of it watching them sit there and swap hats and look at where you served and what tugboat I was on and whatever, and it is meaningful, you know, it really is.

Senator Tester. Well, thank you. You talked about in your testimony recruitment and retention of personnel and how that has somewhat faltered. I guess want to address that really quick. It is an issue that I took up a couple months ago in another VA Committee hearing with Dr. Petzel, who is an Assistant Secretary, and I can tell you that from my perspective and your perspective and probably everybody's perspective in this room as far as that goes, that was unacceptable, and I think that they are moving in a direction to help remedy that.

But I think that we absolutely unequivocally have to communicate and watch and see what is going on. But I think there are some really good people that are committed to making sure that we have the best folks. We have given the VA some flexibility, so the folks in the audience know, for recruitment, in wages when they go to hire doctors or R.N.s, just calling health care professionals that are critically important to service the veterans and we need to make sure that those flexibilities, that the people in the VA utilize them in rural areas because that is where it is the hardest to get folks.

So in closing with this panel, I just want to say thank you all, thank you all for what you do and what you have done. I very, very much appreciate you taking time out of a perfectly good day in Montana to come and visit at this Senate Veterans' Affairs Committee meeting. I wish you all the best and thank you.

Mr. Ahrens. From all of us, thank you, Senator Tester. [Applause].

Senator Tester. We will bring up the second panel. I want to thank you all. We will get started with our second panel, if you would grab a seat, please. Grab a quick seat, please, and we will get going. Grab a quick seat, please, so we can get going. That way there will be time for questions when this is done.

Our second--Ed is around somewhere. I saw him earlier. There is Ed. Ed, thank you. I appreciate it.

The second panel is made up of witnesses who have served this nation in uniform and now they fight hard on behalf of their fellow veterans as effective advocates at

the local, state, and national level, and I am very proud to have them here this morning. Again, as with the first panel, I would ask each of you to keep your testimony to about five minutes so we can have some follow-up questions, but know that your entire statement will be entered into the record in its entirety.

Our first witness is Merv Gunderson of Belgrade, Montana. Merv is a veteran of the United States Army. He has held numerous leadership positions within the American Legion at the post, state, and national levels. Most recently, and this is really a coup for Montana, Merv was elected to the second highest office in the American Legion, National Vice Commander. Merv, we are very proud of you. I want to thank you for your service and I want to thank you for being here today, and you can start with your statement.

STATEMENT OF MERV GUNDERSON, NATIONAL VICE COMMANDER, THE AMERICAN LEGION

Mr. Gunderson. Well, thank you, Senator Tester. I would be remiss if I did not also thank your staff in Montana for the work that they have done with our veterans and we do appreciate that, especially Bruce Knudson. He is a veteran. Thank you for your service, Bruce. And Travis, thank you for coming with the Senator to make sure that everything is appropriately entered into the record for the Committee.

As you know, Senator, the American Legion is an absolute advocate of the VA and the health care system. Since 2003, we have, in fact, started The System Worth Saving, and made that available to Congress every year, and that system continues to function, continues to work. As a matter of fact, we were here in Montana in 2011 visiting some of the facilities and that is entered into my testimony and our findings from that. So you can find that in the record.

Senator Tester. Appreciate that.

Mr. Gunderson. The ARCH program we have talked about. It is certainly something that I think is important. We need to make sure that our veterans have access to health care no matter where are veterans are, whether they are in Billings, Montana, Great Falls, Missoula, or they are in Scobey, Montana. Their health care is important to them as individuals.

The long distances that we travel here in Montana are a concern for many of the veterans. We have seriously disabled veterans. We are not talking a few minutes or a few hours to get to a facility. In many cases, you are talking days and that is not appropriate for our veterans. So I think that the ARCH needs to be something that we continue to look forward to and I am glad that Billings was part of that as a test case.

We go to our triage needs and our volunteer services, veterans, that are out there providing the transportation for us. We need to really make sure that there is a communication and that there is availability for those

veterans and those volunteers to haul our disabled veterans and those who need to get to the facilities. Transportation is a major, major concern here in Montana.

And I will tell you the other issue that the American Legion has, is we really feel that it is inappropriate for the Veterans Administration to utilize the Census Bureau's definition of rural health care. Reality simply says that if you have somewhere around seven veterans to a county, that that is rural. Senator, that is not rural. That is frontier.

And we are really looking for a new definition, and we look for the VA to become proactive in this and we are asking the VA to take a look at developing their own definition of rural so that we can then assess that and include the transportation needs, the distances that are involved, the weather, all the other things that happen out here in Montana.

And I can tell you, as I have traveled the western United States, it is not just Montana. It is also Alaska, Wyoming, Nevada, Arizona. All of these states have the same problem. We have got a long distance to go to get rural health care and get our veterans to that facility.

There are still many vacancies within the VA system. I think it is absolutely atrocious that we have a health care clinic in Helena, Montana, that still remains fairly well closed and is not taking care of our veterans. That should never have happened. It is something that I think we need to be taking a close look at and it is an immediate need.

I know that we outsource some of the clinics around the country. I was in Washington State and the clinic there that is outsourced, we had a veteran come to that clinic, a particular veteran that I heard about, that came to the clinic to get outpatient care and yet, he could not because there was no screen accessible from the VA.

And they have a policy that unless the screen is accessible, they cannot take care of that veteran. And it was not until three days later when a doctor finally called the VA and said, We need to get this person taken care of today. He has now run out of insulin. It is no longer a temporary thing. We need to have him in here now. And that afternoon, they finally got a screen up.

So I think that is something that we may want to look at as a Committee across this country. If you are going to outsource and you are going to provide funding for different units to come in and take care of our veterans, then we need to get them the facility and the ability to at least access the health care system. And I think you heard that addressed somewhat by the prior committee.

Vet centers. I think the vet centers are important. I was dismayed to hear that the vet center in Helena was told that it would not happen.

Senator Tester. As was I.

Mr. Gunderson. However, in this state with the TBI that we have out here and the PTSD, we cannot wait two and

three weeks, two and three months, or longer, to take care of a veteran. It is an immediate need. It is something that has to be done immediately. So when we are out there looking at our veterans, we need to get some sort of a quick response to them.

It is also atrocious that a vet center mobile unit sits in front of a clinic because there is no funding or there is no availability or they have not made the efforts to move that into the rural areas where it was designed to go and get out there and get these veterans in. And again, that is a communication thing as well as a funding issue.

A lot of our veterans do not even know about vet centers and how they function. And I can tell you that the vet center is something that is absolutely critical in Montana. It is a way to get things out there. And thank you for your work on that.

Senator, I would be happy to answer any questions afterwards, and thank you very much for allowing us the opportunity to testify.

[The prepared statement of Mr. Gunderson follows:]

Senator Tester. Merv, I want to thank you for your testimony and we will have some questions in a bit. You bring up some interesting challenges. Thank you.

Ed Croucher is a third generation Montanan from Eureka, Montana. For nearly 30 years, he served in the U.S. Marine Corps. Today, in the spirit of continued service to his nation, he can proudly claim to have multiple children and grandchildren serving in the U.S. military. We thank you, Ed, for being here, and we thank your family's sacrifices for this country. Ed, you may continue.

STATEMENT OF ED CROUCHER, STATE VICE CHAIRMAN, VETERANS OF FOREIGN WARS

Mr. Croucher. Thank you, Senator Tester. Good morning and welcome back to Montana.

Senator Tester. It is great to be here.

Mr. Croucher. I hope with more than just work.

On behalf of the VFW Montana, we would like to say thank you for your continued effort to assist veterans and their dependents. We share your commitment and look forward to a continuing dialogue between us as we work towards a common goal.

Rural settings offer a significant set of challenges to the VA. The challenges that are often overlooked are ranked low on the priority list because of the small numbers of veterans impacted. I do not believe this is true in the Montana health care systems. They are aware of their rural population, but once you go beyond Montana, those things become reality.

Employee morale. One of the challenges we have, of course, is our lack of continuity in staffing. It has been well talked about from within the VA, with outside the VA, it is in my testimony. We share the same concern, and the impact on delivery of health care to our veterans, particularly in rural settings where we have some of these

shortages, is a very significant deterrent to proper health care.

We have some good news. We have seen primary care expanded from three, I think it was a short period, to 15 years ago, three sites that we used to have. We are up to, I heard today, 14 sites. I think we had Spokane's VAMC coverage up in the northwest corner of the state. We have got at least 15. So that is good news and we are excited about that.

We believe that these community-based outpatient clinics, or CBOCs, do what they are supposed to do. We love the idea when they are staffed by VA personnel. Veterans have an affinity to service received from the VA. It has a lot to do with the training and preparation that you put into the--the VA puts into training their personnel.

They are empathetic. They make veterans feel like veterans, proud of their service, and it is not so if you go to some private contracted care facility. In too many cases, you are treated like another patient and possibly even to the point that there is degraded services being offered at those services, in some cases. I have some examples.

The VA benefits office, while we criticize it a lot, at the same time they have done a remarkably good job. They are a leader across the nation in the processing time for most of their cases as you use the general thing. We are proud of that and we are happy to go ahead and pass out accolades where they are due.

The one problem we have had it seems, as a result of this, is that we have claims being processed from out of state being channeled here for processing, and this in turn has had the negative effect of delaying timeliness or turnaround time for Montana veterans. Now, this is being kind of being pretty parochial and we are going to go ahead and split veterans' care, but still, it is a fact of life that they are being delayed.

Relatively unnoticed is the excellent performance of the VA Burial/Memorial Benefits Office to the veterans and their families at their time of death. Veteran families we find are very appreciative of these services and it is a program that works in rural sites. It does a good job.

Actually, those access points in our rural sites do work and they make everyone from funeral directors to veteran service organizations, state veteran service officers, the whole gamut of service providers out there that assist veterans are involved. We are glad that it works.

We are pleased for the state veteran cemeteries at Fort Harrison, Missoula, and Mile City, and know that you played a part in that and thank you for that. These continue to fulfill the need for interment services and a final resting place for veterans and their families and they are a very good thing for Montana.

Today we have five specific topics of concern. I am

just going to briefly go over them. Some of them have been talked about before. First was CBOC staffing, in particular. As you know, we have shortages and I have heard them alluded to here by the VA. They are aware of that. And I have heard Merv sit here and talk about the impact of them. That is exactly on target, we feel, and get the same feedback from veterans. I guess we are both members of that fraternity.

An area that has varied testimony so far has to do with VA contracting primary care services. Years ago, Joe Undercontra [phonetic] undertook a series of efforts to provide contracted care. Before we were really getting into the CBOC state, but we started with the idea we would try to do contract services, which makes sense, to go ahead and provide veterans' health care at the local level where possible and you could not get a VA employee there.

We have now--Spokane VAMC has not apparently--I spoke with Spokane, too, Senator, so I do not want you to think I am blind siding them here. But they have decided that that was the only possible way to deliver health care, VA health care, in that area. They had a bus that came out, excellent people on board, had a devoted following, people loved them, literally, but they were only available for three days out of the month.

And with the opportunity to go ahead and expand to a five-day-a-week, eight to five operation and it provided that increase in accessibility, we kind of leaped on it. I mean, I was part of the team that championed that as well. We received feedback, though, that they do not care. It is not the same as VA.

It alludes back to the comment I made regarding the excellent job the VA does in preparing their people to serve veterans. A veteran comes away from a VA appointment feeling like a veteran and proud of their service. You cannot say the same. They receive good health care at these contracted services, but it is not the complete care package. It is not the complete veteran experience that I heard mentioned earlier this morning that we have come to know and really appreciate.

The problems they have with them are probably no different than other places, but the problems specifically up there in the Libby area has to do with a long time of getting in to see them, not seeing an M.D., delays once you arrive. You are given an appointment time of 3:30 and you are not seen until 5:30, those kinds of examples. We have many of those kinds of reports.

I have talked to the VA medical center up there about it. They have got a relatively new position filled. It is a person solely dedicated to rural care sites. And she has promised to look into it and I am sure she will. But I am not sure that we are prepared, the VFW is prepared to go and endorse contract care for primary care or contracted primary care services.

That is not so with specialty care. Specialty care is

an excellent service. We get it all across the board. I love what I hear about the ARCH. All these kinds of things that we are doing, fee bases, I do not think--they work. I want to continue that if possible.

Vet centers. Merv said it all. The VFW is very appreciative of what the vet centers do, what their work in the past has done. The need has increased for them. Montana has responded, thanks to Senator Tester's help and the VA's help as well. I am not denying their partnership in this.

And the only thing--shortfall we see is, again, [inaudible] over health. We felt strongly that the Helena-Butte area deserved a vet center. They have the veteran population to support it. Somehow we get a conflict. In my opinion, we get a conflict between the VA health care system being located in Fort Harrison and the idea that Helena might somehow impact that effort.

I am not sure why it is, because the vet center reaches out to patients that do not welcome traditional VA mental health services. So there is a separate mission there. I think we both appreciate the idea of having both types of facilities.

The other area that is underserved, a large area, again I hate to use statistics, but a large underserved area is in the Bozeman-Belgrade-Livingston area. There is a large number of veterans concentrated there as well that are not served by a vet center.

Long-term nursing home for veterans. The VA has a responsibility to provide long-term care for veterans. The number of veterans requiring long-term care has increased. The VA has gradually decreased the number of in-house long-term care beds. To meet the need, the VA is relying on VA contracted long-term private beds in skilled nursing facilities throughout the state and our state veterans' homes.

The VA's function can be simply stated in a state veterans' home program as being to provide partial funding for new construction or remodeling, provide per diem funds for each veteran residing in a state veterans' home, and conduct periodic inspections by their personnel.

The VA specifically does not become involved in the way state veterans' homes are operated. Montana currently has two in operation with a third one on its way, the MVH in Colombia Falls, and the Eastern Montana Veterans' Home and EMVH, which is in Glendive. EMVH has been in operation since 1896 and has evolved through time to a premier veterans' home. There is no better long-term care facility in Montana, and I state that unequivocally with some experience in that field.

MVH has a VA pharmacy, a vet cemetery, and a 48-acre campus, which is different than what they might have at EMVH. MVH is staffed and operated by the state. EMVH is staffed and operated under a contract with a private health care provider who operates and staffs the facility. In

today's jargon, operation of EMVH has been privatized. It is the plan of the state to operate the planned home in Butte as a privatized home.

We are concerned about the privatized operation of any state veterans' home. There is an inherent conflict of interest between the profit requirement of private enterprise and quality of care provided to veterans. In a privatized state veterans' home, veterans do lose their veteran identity and become nursing home residents.

Staffing fluctuates in privatized homes with veteran occupancy rates. If they need more people, they hire more people; if they need less people, they lay them off. This has a tremendous impact on tenure and the importance of continuity of care. It hurts the proficiency of the individuals that you hire.

My experience at the EMVH was that we hired lots of people, had to train them, it took a long time to bring them up to speed. The total package decreases the quality of care. That is provided by my statement there.

Senator Tester. Sure.

Mr. Croucher. In spite of all this, the big draw for changing the operation is a financial concern. It is driven strictly by finances and I am here to say that I do not believe state veterans' homes were ever intended to be a financial burden, nor were they ever intended to be--the finances be considered a factor in the operation of a state veterans' home, which job is to provide service to veterans. Unfortunately, it has turned out to that and it may be reality, but we do not like it.

Tele-health. It has all been said about tele-health. We unequivocally support the expansion of the services tele-health provides. We see limitations in its use and applications. As I have heard stated, the VA recognizes those limitations. In the areas that it works, it works and works well. We receive many positive comments from Plentywood and from Hamilton about their tele-health service. I was unaware of the total expense, quite frankly, that the VA health--Montana health care system is using right now, and it was very pleasant to hear that. I really applaud your efforts there. It is a needed service.

That concludes my testimony, Senator. I apologize for running over. It was very quickly delivered. It is all in the written testimony as well.

[The prepared statement of Mr. Croucher follows:]

Senator Tester. Thank you, Ed, and it will be in the record and there are a lot of things to cover, so we appreciate that.

Norm Paulson is our next panelist. Norm is from Billings and has spent 40 years of his life affiliated with the U.S. military, 17 of those on active duty. He is currently the First Junior Vice Commander for the Montana Disabled American Veterans and has focused on the critical issue of improving transportation options for Montana's veterans. Norm, I want to thank you for being here today

and thank you for your service to this country, and you may proceed.

STATEMENT OF NORMAN PAULSON, JUNIOR STATE VICE COMMANDER, DISABLED AMERICAN VETERANS

Mr. Paulson. [Off microphone]. Thank you, Senator Tester, for asking me to give testimony at this meeting. In regards to the rural transportation for Montana's veterans, I was asked to appear [inaudible] I would like to share some information with you about the Disabled American Veterans transportation network in Montana.

The DAV vans are in high demand for rural veterans who have appointments and live far from the VA health care facility at Fort Harrison and other cities in Montana. Some of our recent statistics, and this is for 2011 now, the number of miles driven statewide, 1,201,971 miles. That is an increase of 18.8 percent over 2010.

Senator Tester. How big of an increase? One more time. 18 percent?

Mr. Paulson. 18 percent.

Senator Tester. Thank you.

Mr. Paulson. Our volunteer hours are 65,747. That is a 22.6 percent increase over 2010. Number of veterans transported, 24,775. That is an 8 percent increase over 2010. These figures are staggering when one considers the fact that Montana has barely a million citizens and it really drives home how vital the VA transportation system is to all veterans, most especially the rural veterans who live in our state.

DAV Montana transportation network relies completely on volunteer drivers to function. You do not have to be a veteran or a member of DAV to drive. It should be a fairly simple process to become a van driver. However, the application process is not a simple one. It takes far longer than it should for the applicants to be approved.

Many folks get discouraged by the process and often decide not to participate in the program because of the wait. The driver approval process should be streamlined so that more drivers become available to handle the large number of veterans who utilize our services.

In checking with our local hospital service board member, John Deering [phonetic] on Thursday, he checked with North Dakota, South Dakota, and Wyoming. From the minute that a person there puts in their paperwork to become a volunteer driver, it can take from one to three days and they are approved or disapproved. In Montana, it has taken us three to four months.

Absolutely [inaudible]. We lose so many good drivers because they just get discouraged. And that is our biggest [inaudible]. Senator, I thank you again for the opportunity to appear today and I hope I may answer any questions that you may have.

[The prepared statement of Mr. Paulson follows:]

Senator Tester. Thank you, Norm. I very much appreciate your testimony and we will have some questions

here in a minute when the panel gets done. So thank you.

Casey Elder, also of Billings, an Operation Iraqi Freedom veteran, who served overseas with the Army National Guard from 2003 to 2004. She is a Purple Heart and Combat Action Badge recipient and is currently a full-time student at Montana State University at Billings.

She is working on a master's in rehabilitation and mental health counseling. I know there are plenty of jobs. Hopefully you will stick around in Montana for that. Casey, I want to thank you for your service here to this country, to our country, and thank you for sharing your perspective this morning. You may proceed.

STATEMENT OF CASEY ELDER, OPERATION IRAQI FREEDOM VETERAN

Ms. Elder. Thank you, Senator Tester. I apologize. This is a hugely emotional and personal issue that I have had to deal with as a disabled Iraq War vet. Upon my return to Montana in 2004 after my deployment, I immediately enrolled with the VA health care system to continue care for the wounds that I had received as the result of an IED attack my last month in country.

For the last eight years, I have received the majority of my health care through the VA system and have experienced both good and bad. And today, I want to speak on behalf of the veterans that are disillusioned, frustrated, and feel brushed off by the VA.

First, on the one hand, I would like to commend the VA for their efforts to integrate technologies into accessing health care. Through the tele-health program that we have heard about, I have been able to meet with my Helena-based provider while living in Billings, and this has saved me many hours of travel and allowed me continuity of care over several years with one of my mental health providers.

I applaud the VA for their attempts to expand access to care through the new My Health Secure Messaging Services and the Health Tele programs. Unfortunately, there are still some major flaws in providing veterans like myself access to the care we need. Here is just one of several situations that I personally have dealt with.

Last fall, I was fighting a persistent case of bronchitis. I had been seen by my primary care provider here in Billings and had undergone a round of treatment and was still not getting any better. My primary care provider decided that it would be best for me to see an ear, nose, and throat specialist to make sure there was nothing more serious going on.

I agreed, expecting to be referred to a local specialist for an appointment. I found out that I was referred to the ear, nose, and throat specialist in Helena, so I made arrangements to get an appointment, I made arrangements to miss a full day of glasswork, and I traveled the eight hours round trip to Helena.

While in Helena, I was seen by the provider for less than 15 minutes and was asked to return the following month

for a quick follow-up appointment. Due to the nature of having a traumatic brain injury, driving for more than an hour or two at a time can be incredibly taxing and exhausting for me. So this burden of being required to make such a long drive for such a simple appointment led me not to follow up with the doctor regardless of the potential for further medical consequences.

Another situation I encountered was about two years ago. I found out that I needed to have an in-office procedure in which they would take several cervical biopsies to check for abnormal cell growth for signs of cancer. I had the procedure before, and knowing that it was quite painful afterwards, was not eager to travel to Helena.

So I contacted my primary care provider to arrange for a fee-based appointment to get the biopsies done by a local OB-GYN office. She stated that I would have to call Helena to arrange for the referral, and after a series of five phone calls to different people who did not know who or how I was to be seen, I finally found someone who could tell me that I would have to be seen in Helena for the procedure.

In trying to schedule the appointment, I was told that on top of having to go to Helena, it would be over a three-month wait to get an appointment and that the provider that would be doing the procedure was a male. I expressed my concerns about waiting three months to get the biopsies and asked if there was any way to be seen sooner.

I also expressed my preference to be seen by a qualified female provider, and I was told no to both requests. The only way that the VA would pay for or provide the procedure would be in Helena in three months with a male doctor. None of this was sufficient, given the threat of cancer, and I cancelled the appointment.

I was seen by a local female doctor less than ten days later and paid for the procedure with $300 out of my own pocket, funds that are scarcely available as a full-time student. Since that time, I have received all of my gynecological care through my own means outside of the VA in order to secure timely and appropriate medical attention.

I hesitate to go to the VA because of my experiences, that they will blindly send me to Helena to be seen. Even without the difficulties of a TBI to contend with, I still find it hard to sacrifice an entire day, eight hours round trip, to be seen for only a few minutes by any kind of provider or to receive any kind of care that could otherwise be offered by a highly qualified medical facilities right here in Billings.

And I know I am not the only veteran in Montana with this opinion. Most veterans that I talk to about this problem do not use the VA health care system because they are frustrated by two things. First is the wait time of two to three months to be seen, and secondly is either being sent to Helena or even out of state for care. Our newest veterans are young and busy with school, jobs, and family. These wait times and travel expectations are not a

reasonable standard of care.

I respectfully ask that the priority of the Veterans' Health Care Administration be a level of care for our veterans that meets the average standards and expectations of civilian health care. This will require the VA to work with community resources that are available and eager to help, and the willingness to refer veterans to local civilian clinics in those frequent situations where travel, scheduling delays, and pressing health care demands should be taken into consideration in the standard of care.

I thank you again for your time.

[The prepared statement of Ms. Elder follows:]

Senator Tester. Casey, I want to thank you for your testimony. I very much appreciate it. I want to thank you for your service and thank you for what you are doing. I know it is tough for you to be here and I appreciate you being here today. I think your testimony is powerful and I just wanted to say thanks. We will get to some questions in a bit and they will be just fine.

Anthony Schoonover is our next panelist. Anthony, do you have relatives in Chouteau County? There are some Schoonovers who live not far from me.

Mr. Schoonover. Yes, I do.

Senator Tester. Well, they are good people and I am sure you are, too. You were born in Wyoming?

Mr. Schoonover. Yes, sir.

Senator Tester. But we are going to claim you as a Montanan--

Mr. Schoonover. Absolutely.

Senator Tester. --because you grew up in Billings. You are a veteran of the United States Air Force. You served multiple missions in multiple locations around the world, including two deployments to Afghanistan, one to Iraq. You are currently enrolled at Montana State University Billings and you are close to receiving your undergraduate degree in political science.

Mr. Schoonover. Yes, sir.

Senator Tester. You might want to rethink that.

Mr. Schoonover. That is what I have been told.

Senator Tester. Tony, I want to thank you for being here today and I want to thank you for your service to this country, to our country. You may proceed.

STATEMENT OF ANTHONY SCHOONOVER, OPERATION IRAQI FREEDOM VETERAN

Mr. Schoonover. Thank you, sir. In October of 2011, I began to experience debilitating back spasms. The muscles in my lower back became so contorted that it actually caused my spine to become straight. I was unable to walk at all. As a result, I missed a week of classes and work.

I called the Veterans Affairs clinic to schedule an appointment in an effort to remedy the issue that was seriously affecting my life. And the gentleman who I spoke with became very condescending when I informed him that I had not filed a service-connected disability claim. He

informed me there was little the clinic could do for me because I was not a registered member in the system.

When I offered to bring my DD-214 as proof of my service connection, I was informed that it would take several days to verify my identity and I would be better served to seek medical attention in the civilian sector.

Granted, at the time I attempted to schedule an appointment I was inept in the workings of the Veterans Affairs clinic, but I could not help to revert to the conversation between the transition assistance program representative and myself. I was told I would be afforded health care through Veterans Affairs for five years after separation.

I called the Veterans Affairs Claims Office to verify the information I received prior to separating. The confirmed my assertion to the representative at the clinic. I understand no system is perfect. However, it is difficult for me to conceptualize the very system established for the selfless men and women of our great nation to turn its back when I needed it most.

The amount of debt incurred as a result of seeking civilian health care is astronomical when one considers the debt-to-income ratio of a full-time college student living on their own. I absolutely loathe the thought of a fellow veteran enduring a similar experience. Therefore, I offer the following solution.

As a work-study student employed by the Veterans Affairs Claim Office, I am inundated with a great deal of DD-214's weekly. Many times transitioning veterans will--excuse me--they will arrive at the Claims Office to establish a file identifying service-connected disabilities before their DD-214 actually arrives.

In this case, once a 214 is received it is simply placed in a folder to identify their affiliation, service dates, range, et cetera. But there are those veterans that never file a service-connected disability claim and their DD-214 is placed in an alphabetized filing cabinet in the event it is needed for potential future claims.

Rather than file the 214's of the veterans who have not filed a claim, I propose that these forms are entered into a centralized database that is accessible to every Veterans Affairs office statewide. If every office were able to look at the same information relative to the DD-214, I believe it would provide greater accessibility to the phenomenal benefits out there for veterans.

Not only would a database like this increase efficiency, it would also provide a veteran aspiring to further their education an opportunity to gain employment as a work-study and offset the costs associated with university attendance.

Furthermore, I believe that a centralized database would undoubtedly improve working relationships between the separate entities within Veterans Affairs. Returning veterans not always remain in their identified home of

record, resulting in their files having to be mailed to their respective office.

If all the veteran's pertinent information were stored in a location that is easily accessible, there would be little opportunity for a veteran's file to be lost. I am confident that if there was such a database implemented into the Veterans Affairs system, the possibility of a veteran being refused health care would be drastically reduced. Thank you, sir.

[The prepared statement of Mr. Schoonover follows:]

Senator Tester. Thank you very much, Tony. I appreciate the recommendations, and we will visit a little more about your situation and others that have served as you have--

Mr. Schoonover. Thank you.

Senator Tester. --in the military. So thank you. We are going to start with Merv again so you can hand it down.

Merv, once again thank you for being here. In recent years, Congress has appropriated significant resources to address the large numbers of returning service members dealing with, I think, absolutely increasingly complex injuries, both seen and unseen.

It has been a struggle. We have all seen increasing rates of depression, divorce rates, unacceptable numbers of veterans that want to do harm to themselves each and every day. It is overwhelming. At times, I can tell you that we ask ourselves, Are we really making a difference?

Moving forward, I think we need to ensure that the VA is able to identify and treat the issues and we need to ensure that the VA is appropriately staffed in mental health professionals, and we need to ensure that the services are accessible to veterans regardless of where they live.

Merv, you are National Vice Commander of the American Legion. You have been and continue to be a tremendous advocate on this issue. As you look from a veteran's standpoint, from a leader in the American Legion, what do you see as some of the smarter investments that we can do in addressing particularly the mental health care needs of our veterans as they return home from war?

Mr. Gunderson. Senator, thank you for that question. It is rather long.

Senator Tester. Yes, sorry.

Mr. Gunderson. And I think the answer would be as long or longer. However, I can tell you that listening to the panel here and listening to the prior panel, we have some major concerns. We are very appreciative of the Congress for the funding that has been provided this past few years, especially for the Veterans Administration.

And we are particularly grateful that you followed our advice and did a two-year budget so we do not have to, every year, make that decision, should we take care of veterans or should we take care of buildings. That is now taken care of. Thank you for your work on that.

Access to the VA health care system is a priority, and

you have heard Casey talk and Tony. We still have veterans who are being turned away from the VA system. There may be a lot of reasons for that. There may have been reasons in the past. We had Vietnam veterans who came back that were told they made too much. They took that at heart and never did come back to the system.

I recently spoke with a veteran who finally, through a vet center, got a diagnosis and got in for the PTSD that he has been suffering since he came back. There is no reason in this country to wait 40-some years to take care of a veteran. So when we talk about the spending and how the spending can be wisely made, I think we need to make those choices on issues that are presently facing us, but use those perspectives from the past and build on them.

When we talk about mental health and we find a facility in Montana that has basically closed down, we are told that we cannot find mental health providers. We are told that it has to be under the psychiatry end of it, not the psychology end. That is really disheartening. We have got veterans out there that do not care what end it is held under, they need to be taken care of and they need to be taken care of today, not tomorrow.

And so, when we look at the funding issues and the VA makes decisions on where are we going to get people and what kind of incentives can we offer and what other services can we be, you have heard from the ARCH program here in Billings. You have heard about some of the things that can be done within our local communities.

And I will tell you, this outsourcing and sending people out of state for their medical health care is not appropriate in most cases. We can take care of it here and they have the family support. That is very, very important for recovery. And when you have an ARCH program that you can put in place locally and start doing some of these things locally for our veterans, there is no reason.

I just came back from Scobey, Montana for a visit up there. My mileage from my house to Scobey was 500 miles. To expect a veteran to get into a vehicle and go get his mental health care taken care of at Fort Harrison is unreasonable.

You heard Casey talk about issues with driving. Those are issues that have faced every veteran that has come back that has had some sort of an issue with that regard. Mental issues are a priority in this state and should become so. Thank you for your work in that.

Senator Tester. Absolutely, Merv, and the other thing that actually plays in this, if you want to talk it from a budgetary standpoint, is I think it would probably be cheaper to get the services close to home, by the time they pay the mileage and the overnight stay and all that stuff. So it is good.

I want to touch on one other thing you brought up in your testimony, and I do not know if it is in your written testimony or not. I did not see it the first time around,

so it might have been off the cuff. It dealt with the mobile clinic. If my memory serves me correct, we have got two of these in the State of Montana.

And you had said that they had not been getting out, basically, to the rural areas like they need to. Is that a problem because folks are not asking for them or do they need to be asked for? I mean, I might be asking the wrong question because you may not know. But if, in fact, the mobile clinic is sent by a stationary clinic, a CBOC or whatever it may be, that really was not the intent. I just kind of want to get your perspective on that real quick if I could. I do not want to put you on the spot, but--

Mr. Gunderson. No, Senator, you are not putting me on the spot at all. I do not think that I was referring to the clinics in particular, the mobile clinics. I was referring to the vet centers--

Senator Tester. Okay, all right.

Mr. Gunderson. --that are out right now. However, since you brought up the mobile clinics, I think it is important that those mobile clinics do go to areas where we do need health care.

Senator Tester. Yes, that is what they are there for.

Mr. Gunderson. And when you are talking about places like Plentywood, small communities that are remote from any major health care issue--facility, and when you talk about some of the rural areas like up in Poplar and the reservation, and some of the other reservations that we have in the state, it might not be inappropriate for some information to get out about that availability and maybe we could service some of those veterans that are not being serviced now.

We have got veterans who will sit in homes and it is absolutely, in my mind, not appropriate for the VA to say, You have to go to these particular areas, and even though you live in Montana, we do not care. You need to go there. A veteran should not be penalized because they choose to live in Montana.

Senator Tester. You are right.

Mr. Gunderson. And so, we need to have the availability to get the resources to the veteran as well as the expectation that the veteran go to the resources. And I think that health care clinic, the mobile, the two that we have, I think they are crucial to the state. I think they are a valuable asset. And I think our veterans will utilize them if, in fact, they are promoted by the local CBOCs and local other areas out there.

Senator Tester. Okay. Well, thank you. I appreciate that and I agree, Merv.

Ed, you are next up to bat. In your testimony, you touched on the VA's challenges in recruiting and retention of quality primary and specialty care providers. I certainly appreciate your perspective on the VA doing a

better job. That is going to be music to the VA's ears and that is good.

Unfortunately, there has been an ongoing problem as far as I am concerned--I think it was cited by many of you folks and absolutely on the first panel--about being able to get folks into rural America in enough numbers and sometimes at all. So we have had many conversations. I have had many conversations with Secretary Shinseki about being more creative, more flexible when it comes to recruiting medical professionals in rural states like Montana.

But the fact is, when they are in short supply, that means more veterans have to travel longer distances and have to pay more out-of-pocket. And we will get to Casey's example in a minute. I am sure you have heard a lot of feedback from VFW members on this. Kind of give me an idea from the folks you are hearing from on the ground the kind of impact that the shortage of providers is having in the real world, if you could, Ed.

Mr. Croucher. Okay. Just shortly, Senator, the impact is fairly obvious. The veterans will abandon a CBOC if it is not properly staffed and they will start going, for example, up in Glasgow. I know of several cases that Havre has picked up already as a result of the problems in staffing of the M.D. position in Glasgow.

Without a leader, you know, and I know that sometimes it might be some other assistant that is a leader of a CBOC instead of the medical professional, but they are the ones that oversee the care of all the veterans there. So those particular positions are key.

It brings on the reason--and the impact, again, is just that. Veterans are being turned away and it affects the quality of the care if they are not able to receive the services that they go in to see for that may require one of these vacant positions it would normally provide.

It brings on the question, what do we do to staff it, as you brought up--

Senator Tester. That is my second question.

Mr. Croucher. --and I know there is a recruiting center that they have started here in the Montana Health Care Systems. I think that is a good position. That is a good first start. I would hope--you know, part of this thing is the continuity of a long-term commitment by an employee.

The VA is an excellent place to work for, particularly their salaries are very competitive. I think we could improve on their professional medical salaries, you know, for professional medical people, but their salaries are competitive compared to most of our regular residents in the area.

If there is somehow to home grow any of these, if we could home grow them, that would, I think, satisfy the real need in a lot of ways, and I do not have a magic bullet on how you do that, but it has to be through education and

schooling assistance with an obligation to come back.

Being an old military guy, I am committed to the service for what I felt a debt to for what I got out of it.

Senator Tester. Sure.

Mr. Croucher. And I am sure the VA could do that, too. I am not sure that is going to make a long-term veteran employee because they may, in the future, once they have served their obligatory service, see an opportunity to get rich, and we all in that time of our life need money for families and play things and all that. So we would have that kind of attrition.

But that is a start, I think. I do not have any other suggestions on how to do that.

Senator Tester. I think that is a great suggestion and actually, I very much appreciate that. I think that there is--you know, there has been a move to try to get more slots for training for docs coming out of college here. We have got some here in Billings. Trying to get some in Missoula. And I think that is a heck of a good suggestion. And then some debt forgiveness along the way.

You know, it is always said if you get somebody working in a system, whether it is a school teacher in a small town or whether it is a doc in a certain system, they are more liable to stay after they have been there for years. Thank you, Ed, I appreciate that.

Norm, we are all grateful for the work that the DAV does in providing transportation for our rural and disabled vets. The statistics that you put out here are pretty amazing as far as the workload goes and the amount of work that you do. Demand is high, obviously.

I have fought hard to make sure that the VA understands that they need to devote adequate resources to expand transportation when needed for rural veterans. I have got a bipartisan bill, the Rural Veterans Health Care Improvement Act, which will provide groups like yours, the DAV, with additional grant funding so that they can purchase new vans and provide other travel assistance.

If you are putting a 1,200,000-and-change miles on some vans, they do not last forever, and especially on some of our Montana roads. So the VA, I think, expects to start awarding these new grants by the end of the year, and we are urging them to get additional resources so the VA Montana Health Care System can increase its fleet to 11 vans, which will help, and station more drivers throughout the state.

Transportation is a big issue. Make no mistake about it. Before I get into the driver authorization, I was curious if there are some ways that the DAV has been advocating, or that you would see, that we can increase transportation options for Montana's veterans. It is a tough issue because it is costly.

Mr. Paulson. We have worked on this some and in regards to the time to get people approved, I have talked to Vicky and I am going to talk to Bruce after this. We actually have a solution for it.

Senator Tester. Good.

Mr. Paulson. And with your backing, it will take about two days and we will have the problem whipped. We not only brought you a problem, we brought you the solution.

Senator Tester. Consider it done.

Mr. Paulson. One other thing that was not mentioned, Montana transportation network, we are number five in the nation of all the--the majority of the transportation network in the United States dropped about 2 percent this year. Montana is the exception. We are 18, 22 percent over.

To give you an idea how convoluted it is, and I hope it is corrected now, but about a year ago, we had a gentleman from Plentywood. He is a World War II veteran, PBY pilot, Lucien Islands. He had to go to Helena. He had had his wrist operated on a few months before that.

So they brought him from Plentywood to Mile City, Mile City to Billings, Billings to Helena, back to Billings--and I know that for a fact because I was the van driver that day--then to Mile City and then back to Plentywood. He was gone from Monday to Friday and all they did was take an x-ray of his wrist to see that it healed okay.

Now, when I got out of the service, I lived in Plentywood for a while and I know for a fact they have got x-ray machines in Plentywood, Montana. This guy was 84 years old.

Senator Tester. Wow.

Mr. Paulson. What a crying shame to make him travel that distance for an x-ray. We keep working on it. We are lucky, at the local chapter here in the DAV, we have a retired Lieutenant Colonel Ed Saunders, who is sitting here in fact, is our P.R. man and he is working on transportation continually, and he is doing a great job.

In fact, in the local area here in Billings, he is working with the City of Billings to see about getting a bus to move the veterans out to the new clinic here. He is at a standstill at the moment, but he is still working on it and Ed will continue to work on it.

Senator Tester. Good, good. Well, thank you. I was going to ask you about the driver authorization, but if you have already got a solution, there is no need. We will just deal with it and get it taken care of. So that is good. Thanks, Norm. I think it is an understatement for me to say thank you. The work that you guys do, that the DAV does is incredible, and we all appreciate it. So thank you very much.

Mr. Paulson. Well, we thank you for being an advocate of the veteran in Montana. You are really appreciated, sir.

Senator Tester. Absolutely, thanks, Norm.

Casey, I once again appreciate your testimony, particularly as it applies to the specific needs of women veterans, and obviously complex. I think you touched on it in your testimony that you gave here a bit ago. Make sure that the VA standards are fair for veterans with service-

related trauma, female veterans including those who were victims of sexual trauma serving in the military, who have PTSD and who have suffered combat-related injuries.

I am afraid I know how you are going to answer this question, but do it anyway. How would you rate your overall experience with the VA?

Ms. Elder. You know, on one hand, it is a really hard question to answer, actually, because there is one side of me where it has been a very poor experience, it has been very frustrating and overwhelming, and I feel like I fight for every little bit of care, whether it is service-connected care or just general care.

But on the other hand, I would like to say that when I throw a big enough hissy fit and we get everything lined up, I have received some outstanding care through the VA, and there are some providers, both in Helena, Bozeman, and Billings that I have worked with who have just been phenomenal.

So it kind of depends on the day of the week and which VA facility you are at, but a little bit of both.

Senator Tester. The procedure you talked about specifically in your oral testimony dealt with a procedure that you had to get fee-based locally because there was a male provider in--you were offered a male provider only.

Ms. Elder. Correct.

Senator Tester. Do they have female providers that could have done that work?

Ms. Elder. No.

Senator Tester. They do not?

Ms. Elder. My understanding is that at this time they still do not have a female and they are about to lose the one male provider as well and have no replacement set up. So soon there will be no OB-GYN options through the VA anywhere in Montana for our females.

Senator Tester. Unless we can fix that, which I think hopefully will happen. So thank you. The bronchitis issue that you talked about, and I say this specifically to you, but I think generally it applies to a lot of veterans coming back from the service, you were given to see an ear, nose, and throat specialist at Fort Harrison. You were not given the option to deal with it here at all?

Ms. Elder. I was not.

Senator Tester. For a 15-minute appointment. And then in the follow-up you also were not given an option to do it locally either?

Ms. Elder. Correct.

Senator Tester. Okay. Well, I was going to ask you about the major flaws, but I think you just answered it. So thank you very much. I certainly appreciate your service. I appreciate what you are doing. And I was serious when I said when you graduate from college, I hope you stick around the state because I think your services will be much needed. So thank you for that.

Ms. Elder. Thank you, Senator.

Senator Tester. You bet. Tony, we have got a new generation of veterans coming back. Their challenges are much greater, maybe because we did not recognize them from previous conflicts. But the fact is, we need to deal with it now. As a younger veteran, multiple deployments under your belt, is the military and the VA doing an adequate job educating you and your fellow veterans, veteran service members, however you want to describe them, about the services that are available to you?

Mr. Schoonover. You know, sir, I would definitely argue that they do. I mean, when I went through that--but, you know, when you are going through the whole separation process, you know, meeting after meeting after meeting, so it is really hard to retain all the individual specifics, especially relative to going out and getting set up with individual VA entities.

And that is why I try to argue for just one centralized place, because it is hard for me to understand how I can be enrolled in one VA section and receive all my benefits relative to education, but yet, I cannot go over here and have them punch my Social Security number in and pull up all my information.

So I would argue, to answer your question, yes, I do think that they do a fairly good job at educating vets and getting them prepared for sure.

Senator Tester. Now, I think it was on the previous panel, one of the individuals talked about automatic enrollment coming out of the DoD and just automatically be enrolled in the VA. There may be problems with that. It makes sense to me, but there may be some issues with that.

Along those same lines, if there was a centralized database for the DD-214 form that you talked about, and correct me. It just seems to me like the DoD could just roll it right into the centralized database. Is that not correct?

Mr. Schoonover. I agree. I do not see what the issue is. I mean, when you are getting ready to separate, you know, your D form is disbursed to the individual places and you actually are asked, Would you like to send it here and here and here, and of course, most guys will check yes because it just helps you. But, yeah, I do not see why it would be an issue.

Senator Tester. That is the way I see it, too. I just wanted to make sure I was not missing something.

Once again, I want to thank all the panelists for their testimony and their Q and A. You guys can stay here real quick because I do not want to break. We are out of time, and for that reason, because we are under time constraints, I want to adjourn the United States Senate Veterans' Affairs Committee field hearing. So we have done that.

[Whereupon, at approximately 12:40 p.m., the hearing was adjourned.]