

Senator Jon Tester

Thank you Chairman Akaka.

I want to thank all of the distinguished witnesses who are here today to discuss the health care challenges faced by veterans living in rural communities.

I would like to recognize Matthew Kuntz, an attorney from Helena, who gave up his practice to serve as the Executive Director of National Alliance on Mental Health Illness (NAMI) Montana, after his step-brother committed suicide. I've been lucky to get to know Matt over the last couple of years, and I believe he adds a very important voice to this story.

Matt's brother was an Iraqi war veteran suffering from combat-related PTSD. I want to thank him personally for his leadership and advocacy. His outreach has been a life-line for Montana veterans and their families. Matt, we appreciate your courage and the perspective you bring to this Committee.

This is not an easy topic, but we must continue to address combat-related mental illness and the devastating effects it can have on veterans if not properly identified and expeditiously treated. Again, thank you for coming...thank you for your efforts to bring awareness and change to Montana.

Montana also has a large population of Native American veterans. This special group of veterans is disproportionately affected by service-connected health conditions. Their access to primary and mental health care is further limited by distance, and underfunded, often inadequate community health care (IHS) services. We've got to do better.

Next week, I intend to re-introduce the Rural Veterans Health Improvement Act. I will work with my colleagues and this Committee to be sure that this bill includes a section on improving the VA's work with IHS, because I think we all know that the relationship as it stands is just not working. We did not have anything on the VA-IHS relationship last time, but we need to address it.

Veterans who reside in frontier communities like Montana are at greater risk of adverse health outcomes. They cannot wait weeks for a VA appointment...in a city hundreds of miles away...with a doctor they have never seen...who has no knowledge of their medical history.

In many instances, the primary care setting - whether it's a CBOC or some kind of private provider -- in the local community becomes the "de facto mental health care delivery system" for these individuals.

More than 40 percent of patients with mental health concerns initially seek care in the primary care setting. I think we have to take a look at this because the primary care setting provides a valuable opportunity to improve access to mental health services. I believe there is greater opportunity for the VA to collaborate and support primary care settings in the local community.

If the VA cannot provide timely targeted access for veterans in rural areas, whether for mental health or for the physical injuries suffered in service to our Nation, then they must expand and

build upon resources in the local community with an eye towards improving access, communications and follow-up.

Again, I appreciate this opportunity to share my thoughts and I look forward to hearing from our witnesses and other committee members.

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