

**Testimony of Eric Golnick  
Before the Senate Committee on Veterans' Affairs  
Oversight Hearing: "Protecting Veteran Choice: Examining VA's Community Care  
Program"**

Chairman Moran, Ranking Member Blumenthal, and distinguished members of the Senate Veterans Affairs Committee:

Thank you for the opportunity to testify today on the critical issue of improving access to care through the Department of Veterans Affairs' (VA) Community Care Program. My name is Eric Golnick, and I am a U.S. Navy veteran who has dedicated my life to supporting the health and well-being of veterans and first responders. The VA is an essential resource for millions of veterans. Community care under the MISSION Act is meant to complement, not replace, the VA's services, ensuring veterans receive the right care at the right time.

Let me begin by sharing a personal story to illustrate why this issue is so important to me. After leaving the military, I sought mental health care through the VA. While I was fortunate to see a psychiatrist relatively quickly, it took over a year to connect with a therapist. The lack of therapy meant I was only addressing part of the problem. This came to a head over the holidays a few years ago, a particularly difficult time for veterans. Without the support of friends and fellow veterans, I may not be here today.

For someone with a mental health or substance use disorder, the window to intervene is often just days. For veterans, timely access to this care is a matter of life and death.

My experience reflects the systemic barriers many veterans face in accessing timely care, which inspired me to co-found Forge Health in 2016. We addressed urgent mental health and substance use needs for veterans and first responders, working closely with the VA to help those unable to find adequate support. This collaboration showcased the potential of VA-community partnerships, while highlighting the ongoing challenges.

Some VAMCs and VISNs fostered strong partnerships. However, inconsistent implementation of community care across the system resulted in delays, highlighting the need for clear, standardized practices to ensure veterans receive timely and consistent access to care.

### **Challenges Veterans Face**

While the MISSION Act has expanded options for veterans, significant gaps in awareness and accessibility persist. Many veterans remain unaware of community care options, and unclear eligibility requirements often lead to delays or denials, despite meeting access standards. One veteran, after being told he couldn't continue care with a clinician he had developed a strong therapeutic relationship with over the course of a year, said, 'I'm done. I give up. Before this year, I was bounced between four clinicians in less than six months.'

When transitioning from VA to community care, many veterans face disruptions caused by poor communication and unclear processes. One Marine Corps veteran I worked with, struggling with

post-traumatic stress, was referred to community care but waited months due to administrative delays. During that time, his condition worsened to the point of a suicide attempt.

Some VA employees hesitate to refer veterans to community care, fearing it could negatively impact their budgets. This creates a barrier, forcing veterans to choose between systemic concerns and urgent care needs. The MISSION Act was designed to ensure timely, high-quality care, whether through the VA or community providers. Veterans, not funding structures, must remain the top priority in care decisions.

## **Opportunities for Improvement**

To address these challenges, the VA should enhance its efforts to educate veterans about their options under the MISSION Act. Clear communication during VA appointments, proactive outreach campaigns, and partnerships with VSOs can ensure veterans are fully informed about their rights and choices.

The referral and approval process also needs significant streamlining. Simplifying and automating these procedures can reduce delays, alleviate administrative burdens, and allow veterans to access care more efficiently. This includes ensuring that communication between VAMCs, VISNs, and community providers is consistent, transparent, and structured.

For rural and underserved areas, it is critical to address gaps in services that the VA might struggle to fill. Community care should serve as a force multiplier to the VA, enabling it to meet veterans' needs without diminishing the critical services that only the VA can provide.

Telehealth is a powerful tool for bridging service gaps, especially in rural or underserved areas, by providing immediate access to care. However, challenges such as limited broadband access can make this option unworkable. It's also crucial that veterans have the choice to see an in-person provider in the community if telehealth is their only VA option.

## **Closing Statement**

Chairman Moran, Ranking Member Blumenthal, and members of the Committee, the VA has made progress in improving care for veterans, but significant challenges remain. By addressing these barriers and building on the foundation of the MISSION Act, we can ensure all veterans receive the timely, high-quality care they deserve.

It is our shared responsibility to ensure that no veteran is left behind. By prioritizing veterans' needs and fostering collaboration, we can fulfill our promise to those who have served. Every delay and missed opportunity to provide care puts a veteran's well-being—and life—at risk. I remember a veteran telling me, "I shouldn't have to fight this hard to get help." No veteran should have to fight for the care they've earned.

Thank you again for the opportunity to testify. I look forward to your questions and to working together to improve care for our nation's veterans.