

Casey Elder, Operation Iraqi Freedom veteran

CASINDA (CASEY) ELDER

Thank you to the members of the Committee for giving me this opportunity to speak today. My name is Casey Elder. I am a disabled Iraq war veteran and a Purple Heart recipient. I deployed in support of Operation Iraqi Freedom in March 2003 until June 2004, as a member of the Montana Army National Guard. Upon my return to Montana in 2004, I immediately enrolled with VA Healthcare system to continue care for the wounds that I had received as the result of an IED attack in my last month in-country. Over the last 8 years I have received the majority of my healthcare through the VA system, and have experiences both good and bad. Today I am here to speak on behalf of all veterans that have been disillusioned, frustrated or felt brushed off by the Veterans Healthcare Administration.

First, I would like to commend the VA for their efforts to integrate technologies into accessing healthcare. Through the telemedicine program I have been able to meet with my Helena-based provider while living in Billings. This has saved me many hours of travel and allowed me continuity of care over the years with one of my mental health providers. I applaud the VA for their attempts to expand access to care through the myHealth secure messaging services and tele-med programs.

Unfortunately there are still some major flaws in providing veterans, like myself, access to the care we need. Here is one of several of the situations I have personally dealt with. Last Fall, I was fighting a persistent case of bronchitis. I had been seen by my primary care provider here in Billings, had undergone a round of antibiotics, 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. I made arrangements to get an appointment the following week, made arrangements to miss a day of class, and traveled the eight-hour round trip drive to Helena. While in Helena I was seen by the provider for a total of 15 minutes and was asked to return for a quick follow up appointment in a month. Due to the nature of the traumatic brain injury that I sustained in Iraq, driving for more than an hour or two at a time can be incredibly taxing and exhausting for me. So to travel to Helena, I drive 2 hours to Bozeman, stay the night with family, and the next day drive the remaining 2 hours to Helena, see my doctor, drive back to Bozeman, and finish the remainder of the trip to Billings the following morning. Simply put it takes me 3 days to drive to Helena for what turned out to be a 15-minute appointment with a specialist. This burden of being required to make such a long drive for such a simple appointment lead me not to follow up with the doctor regardless of the potential for further medical consequences.

Another situation that I encountered was about 2 years ago. I found out that I needed to have a colposcopy, an in-office procedure in which they take cervical biopsies to check abnormal cell growth for signs of cancer. I have had the procedure before and knowing that it is quite painful afterwards, was not eager to have to go to Helena, so I contacted my primary care provider to arrange for a fee-based appointment to get the biopsies done by a local OBGYN office. She

stated that I would have to call the Helena VA Hospital to arrange the referral. After a series of 5 phone calls to different people who did not know how or by whom I was to be seen, I was finally told that I would have to be seen in Helena for the procedure, and was transferred to schedule the appointment. In trying to schedule the appointment I was told that, on top of having to go to Helena, it would be a 3 month wait for an appointment, and the provider that would be doing the procedure was a male. I expressed my concerns about waiting 3 months to get the biopsy, and asked if there was any way of being seen sooner. I also expressed my preference to be seen by a qualified female provider. I was told 'no' to both requests.

The only way that the VA would provide or pay for the procedure would be in Helena, in 3 months, with a male doctor. None of this was sufficient given the threat of cancer, and I canceled the appointment. I was seen by a local female doctor 10 days later and paid for the procedure with \$300 out of my own pocket, funds that are scarcely affordable as a full-time student. Since that time I have received all my GYN 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 for care because my experience is that they will blindly send me to Helena to be seen. Even without the difficulties of 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, or to receive any kind of care that could be otherwise offered at high-quality medical facilities we have 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 healthcare system because they are frustrated by two things. First is the waiting times of 2 to 3 months to be seen; and secondly, being sent to either 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 reasonable standards of care.

I respectfully ask that the priority of the Veterans Healthcare Administration be a level of care for our veterans that meets the average standards and expectations of civilian healthcare. 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 these frequent situations where travel, scheduling delays, and pressing health demands should be taken into consideration in the standard of care. Thank you again for your time.