

Reverend Ricardo C. Flippin, CARE-NET: Caring Beyond the Yellow Ribbon Coordinator

West Virginia Council of Churches
CARE-NET: Caring Beyond the Yellow Ribbon

Statement of

Reverend Ricardo C. Flippin
CARE-NET: Caring Beyond the Yellow Ribbon
Coordinator

Before

Committee on Veterans' Affairs
The United States Senate

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Chairman Akaka, Ranking Member Burr, and Members of the Senate Committee on Veterans' Affairs: thank you for the honor and the opportunity to speak to you today about the health care needs of our rural veterans.

My name is Reverend Ricardo Flippin from Charleston, West Virginia. I represent CARE-NET: Caring Beyond the Yellow Ribbon, a project of the West Virginia Council of Churches funded by the Claude Worthington Foundation and the Attorney General Office of the State of West Virginia.

The state of West Virginia supports a military complex of Army and Air National Guard, Army and Air Reserve Components, plus Navy and Marine Reserve Units. Many of our soldiers in these units are serving their second or third tour of duty in Iraq or Afghanistan.

Unlike the regular military member (active duty) who returns to permanent bases with medical clinics, surrounded by other soldiers and soldier families for support, our military members return home to a civilian community where few understand their military experiences. West Virginia armories are scattered across the state, many hours' drive from military or veteran healthcare facilities.

CARE-NET: Caring Beyond the Yellow Ribbon works to connect communities and helping professionals in the community to our returning veterans. This is particularly important in the areas without VA facilities. CARE-NET identifies the needs of the veteran and his or her family--needs like the tools to fight addiction, PTSD and TBI, and equipping their families with the skills to cope with these invisible wounds. And then we try to match those needs with the resources in our small communities.

This is particularly important to our rural veterans. In West Virginia, more than half of all our veterans live in rural areas. And we know that veterans living in those areas are more likely to suffer from PTSD or depression than our veterans in urban areas. Our researchers think the reason for this is a lack of mental health care providers in rural areas. The VA itself has done work showing that rural veterans have more serious and costly health care problems than urban veterans.

Many believe that TRICARE, the military insurance that provides veterans with six months of coverage after discharge, solves this problem. However, many providers in rural communities will not take TRICARE because it does not reimburse at the community rate. Then, when TRICARE runs out, our veterans must rely on the VA. Many of our community providers will not accept VA payments either. In West Virginia, this can mean that our veterans must travel for hours to get health care at VA facilities.

Organizations like CARE-NET across the country are trying to connect our community resources with our returning veterans in those areas without VA hospitals or clinics. We urge the Committee and the VA to work with community health care providers and organizations like CARE-NET to use all our resources in rural communities to care for our veterans. We must reach out to our wounded veterans wherever they live and guarantee that they can get the care they need- a promise should be a promise, no matter where the service member calls home.

Thank you for this opportunity to speak on behalf of our rural veterans and their communities.