

Chairman Daniel K .Akaka

Opening Statement - Hearing on Caring for Veterans in Rural Areas

February 26, 2009

I extend my warmest welcome and Aloha to our Committee members and to our witnesses visiting the Nation's capital from small communities as close as Southern Virginia and as far away as Montana. Today's hearing brings together small communities with VA to discuss the health care problems our newest veterans face when they return to homes in rural areas.

Many of our veterans live in small towns and communities. This includes a large number of Guard members and Reservists, who have been such a big part of the wars in Iraq and Afghanistan. Members of the Guard and Reserve face challenges different from their active duty counterparts, who return to military bases with the support of their unit and programs geared toward re-acclimating them to life outside of the combat zone.

When a Guardsman or Reservist returns home, he or she can be isolated from their unit and must reintegrate without a strong VA or DoD presence or support system. Frequently, these servicemembers live up to, and beyond, 50 miles from their home base.

When health care is needed, a rural community may not have providers who offer mental health services like group counseling or therapy. The doctors may not be familiar with treating combat-related disorders.

Nevertheless, we have an obligation to care for all our veterans in need, regardless of location. We must ensure that adequate resources are available in our small communities, and that VA engages fully with local health care providers. Every resource must be united in the effort to care for our wounded warriors, be it a community hospital or VA clinic. When there is no VA presence available, this may mean paying community providers for the reasonable costs of care.

As a Committee, we will be focusing much effort on improving veterans' health care in rural areas, and I welcome any new approaches to meet this goal.

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