

Thomas Loftus, FACHE, FAOCOPM, Commander, American Legion Post #45

Testimony of

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Commander

American Legion Post #45

Before

Committee on Veterans' Affairs

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Chairman Akaka, Senator Burr, and Distinguished Members of this Committee, and all others attending, thank you for the opportunity to speak today on behalf of veterans who live in rural areas.

My name is Tom Loftus, and I work every day with veterans living in rural areas, trying to obtain health care for them. I am myself a veteran, having served in the Air Force Medical Service Corps during Vietnam and in the Public Health Service. Since leaving the Air Force, I have also been the Chief Operating Officer of the National Health Service Corps, Chief Executive Officer of the Public Health Service's Occupational Health Division, and Administrator of the Department of State's Occupational Medicine program. More recently, I have worked with community health centers on provider recruitment and health care management services.

What brings me here today is the situation in the community where I live, a small town in Southern Virginia, called Clarksville. As Commander of American Legion Post #45, I hear the concerns of our veterans daily. Many revolve around their access to health care. Veterans in my community must travel 3-4 hours to Salem or Hampton, Virginia for neurological care. A 3-4 hour trip can be overwhelming for some of our veterans with traumatic brain injury.

At a minimum, there should be community based personnel who can assess veterans for Post-Traumatic Stress Disorder and Traumatic Brain Injury, with the understanding that our veterans can follow-up at the Hampton and Salem hospitals if needed. Even for our veterans needing routine care for conditions like diabetes and high blood pressure, or group therapy for mental health conditions, they must travel 1-2 hours to Durham, North Carolina, or Richmond, Virginia for these services.

There are some who believe that the problems of rural veterans have been solved by reimbursing community providers under a fee-for-service system. Under this system, the VA gives the veteran a voucher that they can use to get a specific screening or test in the community. The voucher amounts vary but in our area are usually in the \$150-\$200 range. These are episodic payments for one time use. They are available only sporadically and not used for routine medical care.

This creates a situation where veterans receive occasional care in the community, which is often poorly coordinated with the care they do receive in VA facilities because local providers do not have access to VA's electronic medical record. While we understand that the VA could never construct a VA hospital or clinic in every community like ours in the country, we believe there are opportunities for the VA to work with community health centers to provide care where VA facilities do not exist. For example, there are over 20 Bureau of Primary Care centers funded by the Department of Health and Human Services in Southern Virginia alone.

To solve this problem the VA could credential and privilege VA providers to work in our community health centers, allowing them to service our veterans without the expense of building separate VA facilities. As VA employees, they would have access to the electronic medical record, and be able to put health information gathered in the community directly into the VA's electronic medical record, ensuring that any provider seeing the veteran would have access to all of his or her health information. If it is not feasible for the VA to hire these providers, then they might expand their fee basis voucher system to allow private providers and clinics to care for our veterans.

In short, every veteran, no matter where they live, deserves the best care our country can give them. The only way that this can occur is if the VA and our communities work together to solve this problem.

I thank this committee for the opportunity to share with you the challenges our veterans in rural Southern Virginia and elsewhere face as they return to communities without VA health care facilities.