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Representative Henry E. Brown Jr.
Chairman, Veterans Affairs Subcommittee on Health
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Mr. Chairman and Members of the Veterans Affairs Sub Committee on Health, I thank you for the opportunity to testify before you today on behalf of The American Legion, Department of Maine, regarding Access to Primary Care for rural Veterans in the State of Maine.

According to the 2000 Census, many rural and non-metropolitan counties across the nation had the highest concentrations of veterans in the civilian population aged 18 and over from 1990-2000. The State of Maine has the fourth highest proportion of veterans living in rural areas in the nation at 15.9 percent. Studies have further shown that veterans who live in rural areas are in poorer health than their urban counterparts.

The Capital Asset Realignment for Enhanced Services (CARES) Commission report released February 2004 specifically mentioned the Far North Market, which is Maine. Only 59 percent of the veterans in Maine are presently within the CARES own guidelines, set for access to primary care services.

The subsequent CARES Decision released in May 2004 identified 156 priority Community Based Outpatient Clinics (CBOC's), six of which are slated for Maine. CBOC's were designed

to bring health care closer to the veteran and that means in the community where the veteran resides.

After a long, hard fought battle the final commission report and the CARES decision decided that indeed VISN 1, and more importantly Maine, needed these CBOC's to provide adequate primary care access to a mostly rural population.

The CARES decision of May 2004 directed that VISN's begin immediate preparation of proposals for development of CBOC's for that same year. However, upon inquiry to Veterans Administration Central Office (VACO), The American Legion has learned that business plans have not been submitted or revalidated during 2005 and are not anticipated until the final 2006 budget allocations are distributed and reviewed by the VISN's. The CBOCS for VISN 1 listed in the CARES decision are all designated for the State of Maine. The American Legion does not understand this delay. Nearly two years will have passed in preparing the proposals.

Additionally, establishing a CBOC is not a short process and now the timeline has been considerably pushed back. The VA can ill afford a time lapse as lengthy as two years when it comes to providing health care to rural veterans. The nation is in the midst of a War on Terror and delaying the delivery of quality health care is not in the best interest of any veteran.

Of special note is the provision of mental health services within the CBOC setting. Mental health specialists within the VA all agree that all CBOCs should provide mental health services; however, they do not. The committee on care of veterans with Serious Mental Illness (SMI) has

been monitoring this issue for years and has advocated in their annual reports to the Under Secretary For Health that CBOCs need to provide mental health services.

It has been reported that up to 30 percent of the returning veterans from Operations Enduring and Iraqi Freedom (OEF/OIF) will have mental health problems to include Post Traumatic Stress Disorder (PTSD). In 2005 Togus reported approximately 365 Operations Enduring and Iraqi Freedom (OEF/OIF) veterans enrolled for healthcare with approximately 260 actively seeking medical and or mental health services. While the VA does not believe returning veterans will have a major impact on Togus they are continuing to monitor it. The American Legion cautions the Togus facility on their optimistic view of returning veterans and their impact on the system. Let us not forget that the returning veteran suffers from multiple physical and mental wounds and is resource intensive to treat. Those that put their life on the line so that we may enjoy our carefree lifestyles deserve nothing but the best, and we can not deny them their deserved treatment.

What is of growing concern to The American Legion is the increasing number of veterans who are put on an Electronic Wait List (EWL). For example, in medical specialties if a veteran is service connected at 50-100 percent (priority group 1) you can usually be seen within 30-45 days, however, if you are not in that priority group you can wait up to a year for specialties such as ophthalmology or orthopedics.

VA's budget woes are well documented and The American Legion has played a key role in bringing these shortfalls to the forefront.

The American Legion has advocated for assured funding to ensure shortfalls such as that experienced by VA this year does not happen in the future.

Again, thank you for giving The American Legion this opportunity to express the views of the Department of Maine. We look forward to continue to work with Congress on these important issues.

For God and Country,
Donald A. Simoneau
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