

**STATEMENT OF
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of the
DISABLED AMERICAN VETERANS
before the
SUBCOMMITTEE ON HEALTH
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES HOUSE OF REPRESENTATIVES
AUGUST 22, 2005**

This information regarding health care issues for veterans in rural areas is being presented by the Disabled American Veterans (DAV) Department of Maine to the Subcommittee on Health, Committee on Veterans' Affairs, U.S. House of Representatives. We thank Chairman Henry Brown and Ranking Member Michael Michaud for holding this field hearing in Bangor, Maine, and for addressing the issue of rural veterans' access to Department of Veterans Affairs (VA) health care services.

Access to health care in rural and highly rural areas continues to be a challenge for VA. In many cases, the department has been unable to adequately provide health care services to rural veterans due to budgetary constraints. For many veterans living in rural areas, the nearest VA medical center is hundreds of miles away. Although fully aware of this problem, VA has not developed or implemented a comprehensive strategic plan to adequately meet the needs of veterans living in rural areas. At 36,610 square miles, Maine is larger than all the other five New England states combined serving approximately 150,000 veterans. A comprehensive plan to address the geographic size, unique barriers, and number of veterans in Maine should be developed and implemented, along with sufficient resources to support such a plan.

Consideration must also been given to location and numbers of Community Based Outpatient Clinics (CBOCs), local fee-basis services, and health care specialty services that are not available at the Togus VA Medical and Regional Office Center in Augusta, Maine.

CBOCs are essential to ensuring veterans living in rural areas have reasonable access to basic health care services. The VA has announced plans for new CBOCs in Lincoln, Dover-Foxcroft, Houlton, South Paris, Farmington, and Northern Cumberland County. To date none has opened. It is our understanding that Lincoln will open in 2006, but the others are indefinite. We understand that Houlton will be a part-time facility under the Bangor clinic's supervision, and Lincoln and Dover-Foxcroft will also be satellites under Bangor. Unfortunately, Bangor is bursting at the seams with patients and has already been expanded to its maximum physical capacity. DAV members in Maine are concerned about why it has taken so long to get these new sites opened and question if the Bangor clinic should be moved to a new, larger facility.

There is also some concern if the proposed CBOC locations selected by the VA in South Paris, Farmington, and Northern Cumberland County are appropriate. To veterans of Maine, it seems to make more sense to have a CBOC in the Lewiston-Auburn area where a large

population of veterans is located versus a CBOC in Cumberland. This would also take care of any needs of veterans in South Paris. The CBOC in Rumford and a new CBOC in Lewiston should be able to cover the needs of veterans in Farmington.

Current legislation allows VA to contract for non-VA health care (Fee-Basis) only when VA facilities are incapable of providing the necessary care, when VA facilities are geographically inaccessible to veterans, and in certain emergency situations. The DAV Department of Maine believes more local fee-basis service must be considered for Maine veterans. Having veterans travel to Togus for services is difficult and confusing for many veterans depending on their medical conditions, particularly for older veterans. Veterans that must travel from northern Maine to Togus have to ride 3-5 hours and must get up early in the morning to get in for appointments or stay overnight if they have a very early morning appointment. Others who must travel to Togus from these locations, may be transferred to another van for an additional 3-4 hour trip to the West Roxbury VA Medical Center in Boston. Some veterans must spend the night when traveling to and from Togus to access available transportation.

A veteran in Millinocket traveling to Augusta is on the road for about 2.5 hours and travels approximately 150 miles one way, or 300 miles round trip. Reimbursement by the VA is approximately \$33 dollars at 11 cents per mile versus \$122 that would be paid to a federal employee on official travel in a privately own vehicle (POV) at 40.5 cents per mile. For low-end wage earners or retirees in Maine, that money for transportation is being taken from other priorities such as food, family medical-dental care, and prescription medications. We should be able to do better than this for our nations' sick and disabled veterans.

The DAV cannot take care of all the transportation needs for all patients who require care at the VA hospital in Togus. Also, keep in mind that there are veterans who use the CBOCs around the state who have problems getting to those outpatient clinics and there is no organized transportation network to assist them. However, the DAV Transportation Network in Maine and the other states helps close the gap for many veterans who cannot drive or cannot afford to drive to Togus VA for scheduled appointments. In 2003 and 2004, our volunteer drivers drove 11,598 veterans over 811,579 miles, and volunteered 39,382 hours driving to Togus VA in DAV donated vans for appointments. At 40.5 cents per mile paid to federal employees for POV travel, this would be approximately \$330,000. We mention this because many veterans do travel to Togus in their own vehicles or get a ride from family and friends and must absorb most of the cost of transportation. For scheduled appointments, VA pays veterans 11 cents per mile minus an established deductible.

Since the programs inception in 1987, the DAV has donated 1,549 vans to VA medical centers, at a cost of \$31,563,000. In addition, the Ford Motor Company has donated 98 vans over those years to contribute to the DAV effort. This program continues to show tremendous growth and is an indispensable resource for veterans and the VA. Across the nation, DAV Hospital Service Coordinators operate 183 active programs. They have recruited 9,657 volunteer drivers who logged 26,429,512 miles last year, taking over 725,084 veterans to and from VA medical facilities. Since the programs inception, our volunteer drivers have driven 8,958,755 veterans more than 338 millions miles to and from their VA medical appointments.

Our DAV network in Maine currently operates 12 vans. Just so the committee is aware of how the network is operated, we are providing some background information. In the 1980s, the VA eliminated most of its transportation for veterans. The DAV saw a need and filled it by developing the DAV Transportation Network. Vans are purchased by local DAV chapters and state departments when a need is determined. The DAV National Service Foundation helps DAV departments to cover the full cost of a van. For example, the transportation program in Maine needed to replace 2 vans this year at a cost of \$22,000 each. We were able to cover \$24,000 of the total \$44,000 needed. A grant from the DAV National Service Foundation took care of the remaining \$20,000 needed. Once the vans are purchase by the DAV they are donated to the VA. The VA then maintains the vans, and covers costs of gas, maintenance, tolls, etc. The DAV operates the volunteer network and coordinates all the rides and services between veterans and their VA facility. We currently employ two Hospital Service Coordinators to provide these services. They do so for low wages and no benefits as a service to veterans. The DAV Department of Maine pays approximately \$30,000 a year for their service.

Recently, we were excited to discover that Senator Susan Collins of Maine co-sponsored S. 1191, the "Vets Ride Act of 2005," introduced by Senator Kenneth Salazar of Colorado. This bill, if approved, would give the DAV Department of Maine and other DAV departments and chapters, as well as other veterans service organizations and State veterans' service officers, an opportunity to obtain a grant of up to \$50,000 per year to help expand transportation options to veterans in remote rural areas. We request your support in introducing a companion bill in the House to help make the Vets Ride Act a reality this year.

One other area of concern that often arises relates to veterans who are enrolled for VA care in Maine but experience urgent medical symptoms that require them to obtain emergency care at local hospitals. In many cases, the veteran or family member is required to pay the bill for the local care provided because the VA Fee-Basis program denies reimbursement. This process needs to be improved so that veterans do not have to second guess whether or not they should go to an emergency room for symptoms they believe may be life threatening. This is a difficult area in which to develop black and white rules, but something more specific is needed.

The DAV has a resolution to support legislation to authorize enrolled veterans to receive emergency medical care in private medical facilities at VA's expense when VA facilities are not reasonably available. The DAV believes all enrolled veterans should be eligible for emergency medical services at any medical facility. It is outrageous to penalize a veteran for seeking emergency care when he or she is experiencing symptoms that manifest a life-threatening condition.

We request your support in introducing a bill in the House that would help solve this problem. Veterans enrolled for VA care who believe they are experiencing a medical emergency deserve to have immediate access to care, at a private medical facility if necessary, without the fear of unfair financial burden for such care.

Thank you for this opportunity to provide testimony on some of our concerns about access to VA health care services for veterans living in rural areas.

DISCLOSURE OF FEDERAL GRANTS OR CONTRACTS

The Disabled American Veterans (DAV) does not currently receive any money from any federal grant or contract.

During fiscal year (FY) 1995, DAV received \$55,252.56 from Court of Veterans Appeals appropriated funds provided to the Legal Service Corporation for services provided by DAV to the Veterans Consortium Pro Bono Program. In FY 1996, DAV received \$8,448.12 for services provided to the Consortium. Since June 1996, DAV has provided its services to the Consortium at no cost to the Consortium.