

**STATEMENT FROM CHARLES R. LERCHEN, A.C.V.S.O.,  
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MICHIGAN**

**Hearing before the House Committee on Veterans' Affairs Subcommittee on Health,  
oversight field hearing on the provision of care to rural veterans in Northern  
Michigan**

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Good Morning, Mr. Chairman. I would like to thank you for bringing the Field Committee together to gather information concerning the challenges confronted by veterans in rural areas in accessing and obtaining their health care needs. Speaking from the perspective of a local official who interacts daily with veterans, I believe I will be able to provide you with some valuable insight as to the real world challenges rural veterans encounter after enrolling and choosing to have the VA provide them with their health care services.

As we all know, the VA is an agency in crisis. Both the Veterans Benefits Administration and the Veterans Health Administration struggle daily to accomplish their missions to our nation's veterans. Their Congressional mandates routinely go unheeded. Billions of dollars continue to be thrown at the problems with little or no quantifiable results; and the biggest problem is the lack of accountability. The largest obstacle confronting the VA right now is the culture of the VA itself. Health care provision to the

significant number of rural veterans is just another victim of this corrosive and obstinate culture.

So while the VA and Congress continue to grapple with the core problems within the agency; the veteran continues to grapple with the affect it has on him or her. It is unreasonable to think the VA can provide every veteran in the country easy access to every kind of health care they need in their own back yard. Since it was introduced over 20 years ago, the clinic model for rural areas has been a tremendous success. The need for rural veterans to have to travel great distances for primary care has been markedly reduced. However, the question now becomes is how do we provide the specialty services a veteran needs while still addressing the need for the unreasonable travel and appointment times necessary to receive it? The answer to this question may lie in the authorization for rural veterans to receive certain care at non-VA providers.

The VA has long held tightly to the notion that they and they alone will be the provider of all tertiary care. “If your primary care provider at the clinic orders an MRI – we will do it even if it means a 10 hour drive in the middle of the winter, a six month wait to have it scheduled and OH...by the way we don’t care if your 88 years old”. This is the mind set of the VA and it needs to be changed. The metropolitan VA Medical Centers have all the business they can handle...this is clear. If the VA cannot provide the needed tertiary care to the rural veteran than contract it out to the community. The military does this routinely, why can’t the VA? The rural veteran clogs the wait lists for these services unnecessarily. Equity and good conscious must come into play. None of us would find it acceptable to be required to drive 5 hours one way to receive a needed medical service; nor would we find it acceptable if our ageing parent was required to make such trips.

So, just as it is unreasonable to expect the VA to be able to provide all of these services to our rural veterans; it is likewise unreasonable to expect the veteran to endure the hardships currently required to receive their needed health care. The rural veteran has entrusted their health and well being to the VA system. We are supposed to treat their ailments, not create more in doing so.

We are beginning to see some progress in addressing these lingering deficiencies. VA's move to improve the method for identifying urban, rural and highly rural Veterans by adopting a method used by other leading Federal agencies is a major step in the right direction. It is also a step in the right direction in breaking down the core problem within the VA. The malignant culture of oppugnancy that has existed in the VA for far too long must now be replaced with a culture of altruism and service to our Nations veterans.

This concludes my testimony. Thank you for the opportunity to address the committee today.