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**Testimony Submitted to the House of Representatives  
Committee on Veterans' Affairs  
Subcommittee on Health**

**Realizing Quality Rural Care Through Appropriate  
Staffing and Improved Choice  
Oversight Field Hearing**

**September 1, 2015,  
Sault Ste. Marie, Mich.**

**By  
Sault Ste. Marie Tribe of Chippewa Indians**

My name is Aaron Payment, and I am the chairperson of the Sault Ste. Marie Tribe of Chippewa Indians. As a member and leader of the tribe, I am speaking on behalf of the tribe. As always, my tribe and I want to work in partnership with you.

Throughout the history of the United States, Native Americans have fought bravely and sacrificed for this country. This proud tradition continues today with 24,000 active duty American Indian service members.

The 2010 U.S. Census identified over 152,000 Native men and women who have served this country in its Armed Forces. While the U.S. population recorded nearly 1.4 percent American Indian, the military population was 1.7 percent Native, making it the highest per-capita commitment of any ethnic population to defend the United States.

I commend the Department of Veterans Affairs' efforts to ensure that community-based outpatient clinics in rural areas are properly staffed and rural veterans are able to access care in the community, where appropriate and necessary. However, additional changes are critically needed to meet the needs of American Indian veterans. The current system creates multiple barriers to treatment for American Indian veterans living in rural areas, which is where most reside.

In the Eastern Upper Peninsula of Michigan, where there exists a shortage of service officers and service office open hours, Sault Tribe has partnered with the American Legion to provide two additional service officers in congressional District 1. These added service officers provide outreach activities to veterans who utilize Sault Tribe's Indian Health facilities across the EUP. The tribe provides the space to offset costs associated with the additional service officers. Additionally, the tribe has begun baseline data collection efforts aimed at more accurately reflecting the number of American Indian veterans across the U.P.

### **Veterans' services within the Sault Ste. Marie Tribe of Chippewa Indians Health Division**

In 2010, the Health Division worked with the Iron Mountain VA to establish an agreement with the tribe's optical department in Manistique. Under this agreement, the tribe is able to provide optical services to tribal and non-tribal veterans.

The tribe has also:

- Established a VA workgroup to access additional services for its tribal veterans.
- Partnered with a veteran's service organization, American Legion, to provide benefits. Service officers at tribal clinic sites to assist veterans with issues and questions about navigating the VA bureaucracy.
- Worked to identify tribal veterans as they come into tribal clinics as also being a veteran in order to plan services.
- Worked to incorporate both behavioral health and traditional medicine programs to develop veteran specific services to include PTSD, emotional trauma, etc.
- Planned awareness outreach to get out the word on tribal and VA services including tribal elders meetings, tribal newspaper, website and video tag line information.
- Worked with the Iron Mountain VA to establish a Memorandum of Agreement with the tribe for full reimbursement for providing clinical services to tribal veterans eligible for VA services.

### **Challenges to Choice**

Veterans who choose to utilize their Tribal Health centers and tribal providers as their primary care sites do not use their VA benefits. The VA cannot reimburse Sault Tribe until there is an MOA in place. The VA Choice Card Program does not list tribal clinics as reimbursable entities for providing the care as a referral from the VA. The tribe would need to become PC3 and Choice Provider under Health Net. The tribe is awaiting contact information from the VA about these programs.

If veterans are unable to get an appointment at the Iron Mountain VA in 30 days, they can receive a Choice Care card and referral. They would then need to see if they could be seen at War Memorial Hospital (Sault Ste. Marie, Mich.), which is the preferred referral location in this area. Lastly, if WMH could not see veterans in 30 days, they would need to go back to the VA to

receive *another* referral to use the Choice Card at Sault Tribe's health center, and then the tribe would be reimbursed.

The frustration for tribal veterans is to drive three to five hours to Iron Mountain and not receive an appointment resolving their issue, then receive referral to clinics in Wisconsin rather than Michigan, thus making the travel time even longer for follow-up and specialty care appointments.

Barriers to access care involve transportation to and from Iron Mountain because of distance and frequency. Community-based outpatient clinics are staffed with mid-level providers, not physicians, so veterans using CBOCs are not able to obtain the primary evaluations necessary to access their VA benefits.

## Recommendations

- **Freedom of choice.** American Indian veterans should be free to choose their care based on where they can secure the highest quality health services. Veterans who choose to utilize tribal health centers and tribal providers as their primary care sites are not able to access their VA benefits. Currently, the VA Choice Card program does not list tribal clinics as reimbursable entities for providing the care as a referral from the VA.
  - **Reimbursement to tribes.** Tribal health care programs should be reimbursed for both direct service and referred care when Veterans find tribal health programs more accessible or more accommodating to their needs. I urge Congress to require the VA set up a process that allows reimbursement for eligible services provided by Tribes, including tribes such as the Sault Ste. Marie Tribe of Chippewa Indians, which is a self-governance tribe.
- **Improve public transportation.** The tribe has identified a lack of consistent and reliable transportation to access many services that directly impact quality of life, including health, education and employment. The 2015 Sault Tribe Transit Implementation Plan showed transportation for making trips across the Upper Peninsula is provided only at night (12:15 a.m. — 8:35 a.m.), which is of limited use for medical trips. The tribe also found a lack of evening and weekend service, another barrier limiting members' ability to access critical health services.
  - **Reimbursement to tribes.** The Department of Veterans Affairs should reimburse tribal governments providing Native veterans transportation to primary and specialty clinics, and follow-up care. Most American Indian veterans live in remote areas of the United States and the cost for transportation to and from Veterans healthcare facilities cause substantial hardships on these veterans seeking service.

I am available to answer any questions you might have. Thank you.