



**Statement of Christina Schauer, MSN, RN, ACNS-BC**

**President and Co-Founder**

*of*

**Tri-State Women Warriors**

*before the*

**House Veterans Affairs Subcommittee on**

**Technology Modernization**

*with respect to*

**“Beyond the City Limits: Delivering for Rural Veterans”**

**July 25, 2025**



Chairman Barret, Ranking Member Budzinski, and Members of the Subcommittee, thank you for the opportunity to speak today on behalf of rural veterans.

My name is Christina Schauer. I am a U.S. Army Iraq War veteran and co-founder and president of Tri-State Women Warriors, a nonprofit serving women veterans in rural Iowa, Illinois, and Wisconsin. Our mission is to provide connection and advocacy for the unique needs of women veterans and service members.

I have not always been a passionate advocate for veteran healthcare. Despite holding a master's degree in nursing, decades of clinical experience, and a military background, I didn't fully understand the systemic gaps in veteran care until 2019, 15 years after returning from Iraq, when I was asked to lead a military and veteran healthcare program at our community hospital. Recognition of these disparities inspired the creation of our nonprofit, ultimately leading me here today.

I hope my experiences as a veteran, nonprofit leader, and community health partner can provide direction for this subcommittee to improve care for our rural veterans. Today, I will focus on three key areas: Enhanced Community Outreach, Coordinated and Purposeful Community Care Utilization, and a Strong Rural VA Presence.

## **Enhanced Community Outreach**

Community outreach is vital to ensure veterans understand their benefits, how to access them, and why they matter. This is especially true in rural areas, where geographic isolation and limited broadband access make communication difficult.



The VA's Community Engagement and Partnerships for Suicide Prevention program has been essential in keeping our community informed of changes, connecting us to resources, and supporting local coalitions working to prevent veteran suicide, which is disproportionately high in rural areas (Rural Health Information Hub, 2024). When the Compact Act went into effect in 2023, our Community Engagement and Partnership Coordinator, Deb Moeller, MSW, LCSW, LMSW, helped our healthcare organization understand the change, provided educational materials, and connected us to resources to ensure we followed the appropriate reporting and billing processes, proactively preventing veterans from receiving medical bills in error.

Deb has also supported the growth of Tri-State Women Warriors, which has served over 100 local women veterans through live events and helped many access VA care for the first time. Her outreach, along with support from our local Community-Based Outpatient Clinic, or CBOC, ensures our members receive accurate, up-to-date information. As a result, our women trust the VA, actively use virtual offerings like Whole Health, and many prefer VA care over community care even when offered the choice. Our connection to VA outreach keeps us strong and informed, and our members help educate and encourage each other to engage with VA services.

## **Coordinated and Purposeful Community Care Utilization**

While many of our members prefer VA care, the VA Community Care Program is a necessary extension, especially for rural veterans who need specialty services or face long wait times. The Mission Act's 2018 expansion of Community Care helped reduce burdens like travel, time off work, and physical limitations for those of us who live far from the specialty services offered at VA Medical Centers.



To build on this progress, community care must be optimized. I was fortunate to have Deb's help navigating the Compact Act, but a policy change this significant should follow an effective, standardized communication process to community care billing departments, clinical services, social work, and all other areas impacted. While investigating the experiences of rural, non-VA clinicians providing care through VA community care, Patzel et al. (2023) found that multiple participants reported learning about policy and workflow changes only through error notifications and request denials. These administrative errors can have significant consequences for the veterans, who are frequently contacted by debt collectors because of improper billing.

Maintaining military and veteran cultural competency is also a challenge. Few healthcare organizations have standardized screening or training to ensure care is informed by veterans' unique experiences. I led this effort in a small community hospital as part of our military and veteran healthcare program, and can attest to its complexity. Updating the electronic health record (EHR), revising workflows, and educating hourly clinicians, many of whom have never received formal education on veteran care, is costly. Unfortunately, 48% of rural hospitals operated at a financial loss in 2023 and 92 rural hospitals have either closed or have been unable to continue providing inpatient services over the last decade (American Hospital Association, 2025). With the recent passing of H.R. 1, many rural hospitals are strategizing ways to ensure their doors stay open to serve their communities and would struggle to absorb the costs associated with closing these gaps for veterans.

Crucially, successful implementation of a comprehensive, interoperable EHR is paramount to ensuring the continuity of veterans' healthcare records. Community care providers report the lack of interoperability results in unclear and inconsistent processes for obtaining VA medical records that often lead to work arounds or sometimes duplication of services (Patzel et al.,



2023). This fragmented approach hinders effective treatment and can only be overcome through modernized IT infrastructure that enables real-time, comprehensive data exchange between VAD and community care providers.

Reliance on community care also assumes timely access to local providers, which is not a reality for many rural veterans. In our area, dermatology appointments through private insurance currently have a two to three-month wait time. A recent study showed that even in major cities, average wait times across six specialties were 31 days (Advisory Board, 2025). Over 66% of primary care and nearly 62% of mental health provider shortage areas in the United States are rural (Rural Health Information Hub, 2024). Expanding community care without addressing provider shortages may exacerbate current access issues in these communities if VA resources are lost.

We must acknowledge the value, limitations, and opportunities for improvement in community care. A balanced, bipartisan approach can strengthen this program and ensure it serves our most vulnerable veterans. VA should ensure all eligible veterans are aware of this program, and alternatively, community care providers should be expected to connect veterans to information about their VA eligibility. We know that many eligible veterans are not utilizing their benefits, and community care providers can serve as a vital bridge to VA. This committee should focus on technological solutions to ensure community care is used appropriately, quality standards are being met, and communication is flowing seamlessly between VA and community care providers.



## Strong Rural VA Presence

Though community care is integral in ensuring rural veteran access to care, research shows rural veterans report higher satisfaction with VA care (Vanneman et al., 2020). Studies also indicate VA facilities often outperform or match non-VA providers in quality and safety (Apaydin et al., 2023). That's why I urge this committee to prioritize innovation that brings VA services closer to rural veterans.

While telehealth can't replace in-person care, it can extend resources and build connection when used strategically. One woman I served with receives care from three different CBOCs in rural Missouri, each 45 minutes away, but has only interacted with her primary care provider via telehealth. This leaves her feeling disconnected and highlights an opportunity to evaluate when face-to-face interactions are most critical to building trust.

We must also recognize the integral role VA technology teams serve in ensuring high quality patient outcomes. Clinician efficiency depends on streamlined systems. Poorly designed workflows and inadequate training result in precious time lost with patients, which is especially challenging in rural areas with limited tech support and connectivity.

Finally, we must protect the psychological safety of the VA workforce, many of whom are veterans themselves. Several women in our community have felt the impact of recent instability within the VA. Successful deployment of a modernized EHR will rely heavily on a strong, confident workforce, which is only possible when employees feel valued and supported.

This subcommittee is uniquely positioned to lead in developing technologies that expand VA access to our most remote veterans while preserving the human connection essential to care.



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Community care is vital, but history shows that well-intended privatization can lead to inequitable services for rural communities, as resources naturally shift to more profitable, urban areas. We see this disparity in healthcare outside of the VA right now. Today, the VA is an equalizer. Despite long travel distances, rural veterans are more likely to use and prefer VA care (Vanneman et al., 2020).

The VA I returned to in 2004 is not the VA we have today. The progress has been intentional and remarkable. Let's continue investing in this transformation and use modern tools to bring care and benefits closer to the rural veterans who have earned them.

Thank you.



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## Tri-State Women Warriors Mission, Vision, & Values

**Brief History:** Though women are the fastest growing demographic in the military, their lack of representation throughout history has led to significant gaps in support. Women veterans and service members will frequently report lacking a feeling of belonging and visibility, ultimately putting women veterans and service members at risk for a variety of adverse outcomes.

In 2022, several women veterans in the tri-state area not only recognized this gap, but were driven to create a solution. On September 10, 2022, a dozen women came together over brunch to develop a vision for a community created specifically to support women veterans and service members in our tri-state area, and the Tri-State Women Warriors was created.

**Mission:** Tri-State Women Warriors serve to provide connection and advocacy to support the unique needs of women veterans and service members.

**Vision:** Any military service members identifying as women will experience unconditional support throughout her time in service, her transition, and her life after service. She will be empowered, strong, and courageous in her journey.

**Values:**

- Connection
- Advocacy
- Courage
- Strength
- Empowerment



# Tri-State Women Warriors

## FACTS & ACHIEVEMENTS

**800+**

Women Veterans in the Tri-State Area  
(0.5% of the total population)

**2x**

Likelihood of women veterans to attempt suicide compared to male veterans & of women veterans to die by suicide compared to civilian women

A strong sense of cultural identity, positive relationships, & community support are all protective factors against suicide



**50+**

Events held by TSWW to promote connection for women veterans

**60+**

Individual women veterans attending at least 1 live event

**10+**

Women veteran advocacy & education events presented or attended at the local, state, & national level

**408%**

Facebook Membership growth since 2022

