

**Congressional Hearing Statement**  
*Submitted by:*  
**John Mikelson of Columbus Junction, Iowa**

**U.S. House of Representatives**  
**Committee on Veterans' Affairs**

**Oversight Hearing: *Rural Access – Is VA Meeting All Veterans Where They Live?***

**January 11, 2024**

Chairman Bost , Ranking Member Takano, and distinguished members of the House Committee on Veterans' Affairs – thank you for inviting me to submit this written statement for the record of today's hearing on rural health care provided by the Veterans Health Administration (VHA) within the U.S. Department of Veterans Affairs (VA). I have looked at the VA's data and there are 4.4 million rural and highly rural Veterans with 2.7 million enrolled in VA. 61 percent of rural Veterans are enrolled in the VA health care system; a significantly higher rate than the 41 percent enrollment rate of urban Veterans. I appreciate your attention to this topic and am pleased to share my perspective.

I love the Iowa City VA Health Care System. I get all my care there since 2004 and have a great relationship with their leadership and staff. However there are a few rough spots.

**Appointment Travel**

The Beneficiary Travel Self Service System (BTSS) is difficult to operate especially for non computer literate elderly. In my experience, BTSS assumes that all veterans are computer savvy, and have access, to computers. 27 percent of rural veterans do not access the internet at home according to the VA's own Rural Health page.

Often times veterans give up applying for a benefit that is rightfully theirs because the VA removed the most accurate and available resources, which was the convenient Kiosks located in the VA Hospitals main corridor to be used to check in for appointments and file for travel the veterans were attending their appointments. I don't why they were removed.

**Recreational Therapy**

Iowa City VA HCS only has 1 Recreational Therapist, and she is only associated with the inpatient mental health unit. She is not associated with the VA's National Disabled Veterans Golf Clinic held locally each September; the Golf For Injured Veterans Everywhere (GIVE); nor does she have time to assist with other National VA therapy programs like coordinating local entries for the VA's National Creative Arts Festival. How can we best connect rural Veterans with others to maintain a healthy lifestyle. Other VA Hospitals in more urban locations offer more activities for socialization through sports recreation or creative expression.

## **Telehealth**

I truly believe in the importance of telehealth and asks that you continue to leverage its benefits for the veteran community. I live in Louisa County. We do not have a single Red/Amber/Green Stoplight in the entire county. No paid firefighters or EMTs. We depend on surrounding areas for support. The Iowa City VA is a good 40 minute drive. Rural Veterans enrolled in VA's health care system are also significantly older: 55 percent are over the age of 65. Telehealth and telemedicine services should be expanded to improve access to care, especially for veterans in remote areas. Telehealth enables virtual consultations, remote monitoring, and the delivery of healthcare services, reducing the need for veterans to travel long distances for appointments.

While telehealth has been critical to expanding access to health care services; telehealth cannot simply replace in-person service delivery. Patients, in consultation with their providers, must be able to choose whether telehealth or in-person services are most appropriate for their needs. Outside of VA, some health plans have implemented strategies to limit consumers' options by offering "telehealth only" or "telehealth first" coverage, which bars or limits access to in-person care. For individuals who need a higher level of outpatient care, residential care, or inpatient care to treat their MH/SUD condition(s), a "telehealth only" option can negatively impact treatment options, further delay an appropriate level of care, and can be a significant financial barrier if individuals find they must pay out-of-pocket for additional services.

Even when telehealth is available, however, the 3-4G network is spotty across Iowa and 5G is only available in major Metro areas. Public resources can help, but there is a lack of public video access points including the Iowa Workforce Development terminals in libraries and National Guard Readiness Centers. While these are State owned systems for employment but they could be cross purposed for telehealth. I understand that is a state issue but can Congress empower the VHA to coordinate resources in joint State/Federal buildings? Not all veterans have a computer, my self included, or an adequate Wi-Fi connection to VA. VA software is not always compatible with off the shelf platforms. My physical therapist had to go to Zoom because my phone could not handle the VA platform.

I ask your support of the telehealth provisions in S. 1315, the Veterans Health Empowerment, Access, Leadership, and Transparency for our Heroes Act of 2023, and H.R. 3520, the Veteran Care Improvement Act of 2023. Both bills include measures that would require VA to discuss telehealth options for care, both at VA and in the community, if telehealth is available, appropriate, and acceptable to the veteran. Congress should continue to work with VA and other stakeholders to ensure that the necessary balance is found between the efficiencies of telehealth and veteran preference.

## **Women Veterans**

OB care is still lacking. The Veterans Affairs Medical Centers are understaffed in the OB/Gyn field, so are the rural communities. Seeking Care in the Community is often hard find. Due in part to Mercy Hospital going under and being purchased by University Of Iowa Hospital

and Clinics, high malpractice cost and restrictions on women's health care, some of those OB/Gyn resources have left the area. This is certainly not the VA's fault but many young veterans do their initial tour of Duty and get out to go to college or start a family. Those 22- 30 year olds are in their prime child bearing years. I ask that this subcommittee continue expanding resources for our female veterans and support the recommendations of the Woman's Veterans Task Force.

### **Mental Health**

Mental health bed space is in short supply across the Midwest. Not just in the VHA system but across the board. Iowa has been short since the facility in Knoxville closed years ago and has not been able to replace them. Wait times for admission persist. We need to incentivize careers in Mental Health fields to ensure veterans can get timely access to the help they need when they need it rather than when it's available.

To be clear, there is no shortage of VA programs nationally to support veterans and their families, but not enough mental health beds. However, in that abundance, many in this population remain confused by the number and types of VA services, employee roles in their delivery, and eligibility criteria. Veterans and the general public cannot discern between what is a County or State issue versus VHA or VBA territory much less a concern for Big VA. For having no Active Duty installations in Iowa, we do a pretty fair job differentiating the Marines from the Air Force from the Army National Guard or Navy Reserves. We need to do a better job of promoting VHA services and eligibility. More than 301,000 rural Veterans served in Iraq and Afghanistan. When I retired in 2004 from Active Duty (Title 32 AGR) and was granted a 60% VA Disability Rating I went to a county veteran services office and was told they could not assist me since I was National Guard and ineligible for VA Health Care. He just didn't know any better. That County has since hired a much more knowledgeable CVSO and the State now requires each County to have a VA Certified Service Officer. But, the misconceptions persist in the community and among service members past or present.

On a positive note there exist a Recovery in Action group at the Iowa City HCS the includes Mental Health Inpatient staff, Outpatient staff, Suicide Prevention Team, the Vets Center, VR&E, Iowa Workforce, University of Iowa Veterans staff, the local NAMI Chapter and other community resources to ensure there is no wrong door for care. The Cedar Rapids Vet Center has a Mobile Office (A converted camper) that travels to surrounding counties and veterans events and does have telehealth capabilities. I would love to see more of these community integration efforts to bring the VHA to the rural communities as the VA does not exist in a vacuum.

### **CLOSING**

I would like to thank the House Committee on Veteran Affairs its distinguished members for inviting me to submit this statement. I am grateful for your attention and efforts to ensure that veterans receive the best possible care and outcomes through the Veterans Health Administration, particularly through well-coordinated care. I am greatly appreciative of this opportunity to share my experience and perspective with you all today. I look forward to continuing to work with you

on these issues and am standing by to assist in any way I can towards our shared goal of serving those that have served this country.