

Written Testimony of  
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House Committee on Veterans Affairs  
Health Sub Committee

Rural Access: Is VA Meeting All Veterans Where They Live?  
January 11, 2024

**Introduction**

I want to begin by thanking Chairman Bost, Ranking Member Takano and Members of the House Committee on Veterans' Affairs for this opportunity to speak as a representative of the rural veteran community. I greatly appreciate the Committee's dedication to our Veterans and their families.

My name is Marisa Schultz; I am a disabled combat veteran and veteran advocate. I served in the Illinois National Guard, having deployed to Iraq in 2004. I have personal and professional experience utilizing the Department of Veterans Affairs healthcare system in a rural area. I serve professionally, helping veterans in my community identify their needs and helping them access VA healthcare systems, community care, and other outside providers. Today, I come to you as a veteran looking to help my fellow veterans get the best access and care possible at the VA. To make the most substantial difference for rural veterans, the Committee can direct its attention toward enhancing the programs and services below.

**Telehealth**

Telehealth has emerged as an invaluable asset in healthcare, notably benefiting me personally. I have been able to secure mental health services through community care with a telehealth provider who resides in another state. This kind of healthcare connection would only exist with telehealth. It's crucial, however, to highlight my access to stable internet and ability to navigate technology and how this supports my positive experience with telehealth. Along with my own experiences, I can also attest to the experiences of veterans challenged by rural geography, low incomes, and homelessness.

The flexibility of telehealth has significantly expanded accessibility yet brings some notable challenges. The elderly/aging population encounters challenging barriers due to inexperience with technology, hindering the seamless use of the telehealth system. Furthermore, rural low-income and homeless veterans face complex limitations. Limited phone minutes, a glaring issue among this demographic, challenge the full utilization of telehealth services. Additionally, the dire need for internet access among rural low-income veterans poses an additional financial burden. Despite the availability of iPads equipped for telehealth within the VA system, I have seen that the procurement process proves complex and presents hurdles, thus delaying timely access to care.

The CARES Act improved communication between providers and veterans; however, rural areas still lack adequate access. Implementing tailored training programs for our aging and digitally illiterate veterans and enhancing digital literacy can help bridge the gap. Reestablishing the VA Homeless program: The disposable smartphone initiative would be another way to reduce communication barriers and provide better access to telehealth for our rural veterans. Also, those accessing the VA Homeless Disposable Smartphone Initiative can now answer calls regarding VA appointments and have the ability to receive calls about potential jobs. Additionally, staff education on services that could help our rural veterans is necessary. Addressing these challenges and implementing robust solutions, the VA can provide access to quality healthcare regardless of veterans' location or digital literacy.

### **Beneficiary Travel**

VA beneficiary travel poses considerable challenges for rural veterans. Criteria for VA transportation include individuals who must be at least 30% service-connected or have low income. Additionally, specialized transportation is a prerequisite, making accessibility a hurdle. While mileage reimbursement supports those with personal vehicles, reaching a VA facility in rural areas often demands one or two hours of travel. We are speaking of a population whose vehicles cannot be correctly maintained due to low income. Traveling hours at a time, risking the vehicle that gets them to basic needs and work, is challenging for rural veterans. In my own experience, I have witnessed rural veterans struggle with meeting the criteria for VA-provided transportation to appointments.

I have observed numerous veterans missing appointments due to a lack of transportation and availability. One specific veteran who has chronic pain from a helicopter crash, while deployed, requested transportation to VA appointments. This particular veteran was authorized travel assistance, but when it came time for them to be picked up, transportation did not show. After being assured this would not happen

again, this happened three more times, leading this veteran to call 988 (suicide hotline) due to the stress and frustration of a system they felt failed them. This is often aggravated by appointment cards arriving only days before or after scheduled appointments, leaving inadequate time for transportation arrangements.

Seeking reimbursement for beneficiary travel also presents challenges for our aging and digitally illiterate rural veterans. Several veterans I work with require assistance submitting mileage reimbursement claims due to difficulties navigating va.gov and the Beneficiary Travel Self Service System (BTSSS).

Improvements for beneficiary travel could involve enhanced VA transportation by expanding coverage and ensuring reliability. This can involve better scheduling systems for more time to arrange transportation. When making appointments, an option to sign up for travel reimbursement as part of the scheduling process could significantly reduce veteran frustration. Rural areas often lack local transportation services or community organizations to provide reliable transportation options for veterans residing in rural areas; forming partnerships with service organizations for ease of use would be beneficial. Increasing the availability and promotion of telehealth with education and access could reduce the need for physical visits. Simplifying the reimbursement process for beneficiary travel, creating a user-friendly system, or providing assistance programs to aid veterans, especially those aging and with digital illiteracy, can assist rural veterans in claiming reimbursements for their travel expenses. Policy changes are needed to address limitations in VA beneficiary travel criteria. This will make it more inclusive for rural veterans who face challenges in meeting the current requirements.

As a more significant consideration for rural veterans, the deployment of Mobile Medical Units (MMU), especially in rural areas, could provide essential medical services directly to veterans, reducing the need for extensive travel. In August of 2023, the Department of Veterans Affairs announced they were deploying 25 Mobile Medical Units nationwide, with 23 presently active. Although the current MMUs focus on large homeless populations, utilizing MMUs in rural areas could be a game changer. With the ability to “meet veterans where they are,” providing sign-up services, primary care, mental health clinics, access to social workers, women’s health, audiology, laboratory, and education on telehealth for those who do not have access to VA medical centers due to transportation limitations could significantly increase healthcare access to our rural veterans.

## **Inadequate grant and per diem rates for homeless veterans**

The VA Grant and Per Diem program aims to assist organizations in offering homeless veterans transitional housing, care, and other supportive services. During the COVID-19 pandemic, several adjustments were made to support homeless veterans in GPD programs. Rates have since decreased and significantly affected the ability to assist effectively in rural areas. If rates were returned to the previous years' rates, rural grant per diem programs could offer competitive wages to retain employees for consistency of care. GPD sites could hire additional staffing for housing navigation and landlord recruitment to facilitate low-barrier entry into housing and better facilitate same-day access/enrollment in GPD programs. For those unable to be housed immediately, there would be funds for emergency hotel stays. Rural GPD programs would also be able to contract transportation for veterans, making access to care more manageable for those in the GPD programs through the VA.

Insufficient funding can limit the quality and range of services available to our rural homeless veterans. Emergency funding provided a short-term solution but did not address the long-term financial needs of GPD programming. The need for sustained and adequate support for homeless veterans remains a critical issue. In supporting this vulnerable population, regular assessments and adjustments of grant and per diem rates that align with the actual costs of providing housing and supportive services are a must.

## **Adequate access to healthcare providers**

Shifting the focus to access to healthcare providers, I find myself fortunate to be a part of a community that houses a Community-Based Outpatient Clinic (CBOC). With the privilege of owning a vehicle and a job that supports flexibility for medical visits, coupled with the convenience of digital communication through [va.gov](https://www.va.gov) and [myhealthyvet](https://myhealthyvet.com) portal, my access to healthcare stands at a level that eludes many in our rural areas.

Recognizing this privilege fuels my passion for aiding rural veterans, especially those grappling with low income or homelessness, to secure equitable access to healthcare. I encounter veterans who lack transportation means, making it nearly impossible for them to reach healthcare providers. It's evident that meeting veterans where they are, particularly in rural areas, is pivotal for their well-being.

I've witnessed veterans neglecting their health needs due to financial constraints or employment vulnerabilities. I have worked with a veteran working hard to get out of homelessness, putting their mental health on hold because they want to do better for themselves and their family, and the risk of losing their job prevented them from getting proper care. For many, the fear of losing their jobs due to taking time off for medical appointments further complicates matters. I have seen dental care for our rural veterans be impossible to get, affecting their overall health. A veteran who was injured on deployment has needed extensive dental work, bone grafts, and posts. It has taken three years to get an appointment for an assessment, causing extreme emotional distress to the family and veteran. I have seen veterans who request mental health appointments have to wait months to be seen.

One potential solution is expanding health care services such as Mobile Medical Units (MMU) for primary care. These units, strategically deployed to areas where traditional healthcare access is limited, have the potential to bridge that gap. Extending VA hours, including weekend appointments and introducing MMUs, can significantly enhance healthcare accessibility for rural veterans. The Department of Veterans Affairs initiative in 2023 to deploy mobile medical units nationwide is promising. However, I have noticed a concentration of these units in major metropolitan areas, often neglecting rural regions where the need for accessible healthcare is equally critical. For real transformation for rural veterans, healthcare access with MMUs must extend its reach beyond urban areas. It's essential to devise a more coordinated approach that considers the geographical disparities and prioritizes areas with limited access to traditional VA medical centers. In addition to the MMUs, enhancing telehealth services, making them more accessible and user-friendly for veterans and rural regions, and providing transportation solutions are all ways to combat limited access to healthcare for our rural veterans. I urge you today to consider "meeting our veterans where they are."

### **Compensation and pension exams**

Accessing compensation and pension examinations has been a significant challenge, particularly considering the logistical hurdles and emotional strain involved. Drawing from my personal encounters, these examinations are critical for veterans' well-being; however, they are often presented with formidable obstacles. In my case, securing a female provider, a basic yet serious request, necessitated a two-hour commute, reflecting a limited availability of specific practitioners in my rural location. My first-hand experience took me through four different towns for these examinations, each site

requiring a considerable travel distance, none closer than an hour away. This exhausting journey was compounded by the emotional toll often accompanying such assessments.

Witnessing veterans struggling with transportation barriers has compelled me to assist them in reaching their appointments. One incident stands out vividly: I supported a veteran on a two-hour drive only to face an abrupt cancellation 15 minutes before the scheduled examination. This unforeseen disruption added distress to an already trying experience underlying the emotional preparation veterans invest in these evaluations. Working closely with another veteran, I encountered a stark reality that there would be a three f1/2-hour commute for their compensation and pension exam. This individual struggling with homelessness and lacking personal transportation faced an audacious journey to attend that appointment. Through collaborative efforts with the local veteran support organization, we managed to arrange transportation, be it with the inherent discomfort of relying on an unfamiliar volunteer, adding to the distress and an already emotionally charged examination.

While the VA system has made strides in enhancing these examinations utilizing outside organizations, there remains a clear need for further improvements addressing transportation challenges, enhancing proximity to examination facilities, and considering the emotional strain endured by veterans during this process are essential areas for refinement within the system. Improving access to compensation and pension examinations can be addressed by establishing more examination centers in rural or underserved areas to consider reduced travel distances for veterans. These centers could offer a wide range of examinations to minimize the need for extensive travel. Expanding transportation assistance programs specifically tailored for veterans attending examinations can alleviate the burden of long commutes. Recognizing the emotional impact of these examinations and providing support services or counseling to veterans before and after examinations could help alleviate the stress and anxiety associated with the process. The central focus is meeting veterans where they are - in rural communities, so they have the ability to access the healthcare they have earned.

## **Conclusion**

As you deliberate on these strategies to improve rural access to healthcare for rural veterans, keep these stories in mind. Each narrative underscores the imperative need for actionable solutions.

Thank you again for the opportunity to participate in today's hearing on rural healthcare access and how VA can better meet veterans where they live. I and other veterans like me sincerely appreciate your continued support of veterans.