



Veterans Clinic Symposium

University of Missouri

WELCOMING REMARKS

INTRODUCTORY INFORMATION

CLE INFORMATION

- CLE information is located on the Symposium webpage: veteransclinic.missouri.edu/2026-symposium/
- Attendance Verification Code v. CLE Program ID
- Attendance Verification Code **required** for online attendees and may be submitted via the verification form linked on the Symposium webpage under CLE Information
 - Attendance Verification Code: **TIGER2026**
 - Attendance code only needs to be submitted **once** and is **not required for in-person attendees**.
 - Once you submit the Attendance Verification Code, you will receive an email with a CLE certificate of attendance.
- For states not pre-approved for CLE credit, you may still apply for credit according to your jurisdiction's requirements.
- At the conclusion of the symposium, you will receive an email with a feedback survey. The feedback survey will also be available on the website.



ATTENDANCE CODE:

TIGER2026

GENERAL SYMPOSIUM INFORMATION

- All Symposium information is available on the Symposium webpage which can be navigated to on our website at veteransclinic.missouri.edu. This includes information on how to ask questions of our panelists, materials, CLE information, surveys, and more all on the Symposium webpage.
- After-action email with links to donate, provide feedback on the presentations and symposiums, and more will be sent to registered attendees at the conclusion of the Symposium as well.
- Still have questions? Email us at mulawvetclinic@missouri.edu or place the question in the livestream chat.

About the Mizzou Law Veterans Clinic

- Represents veterans and their family members regarding VA disability compensation benefits and discharge upgrades, free of charge
- Gives law students the opportunity to work on real client files while still in law school
- Teaches Veterans Clinic, Advanced Veterans Clinic, Veterans Law, Law of Armed Conflict, and Military Justice courses
- Has recovered millions of dollars in VA disability benefits, secured numerous discharge upgrades, and assisted more than 2,000 veterans
- Programs
 - Military Lawyer Transition Program, Homeless Veteran Program, Amicus Briefing Program, Medical School-Law School Partnership, & Rural Outreach Program
- Operates heavily on private donations

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Thomas Fellowship Advocacy Model

Benjamin C. Thomas

- Alumnus, University of Missouri School of Law (1973)
- Founding Partner (Retired), Thomas Rubin & Kelley PC
- Established the Ben & Carolyn Thomas Fellowship at the Clinic



QUESTIONS?

REPRESENTING RURAL VETERANS

Carter Brooks Templeton
Mizzou Law Veterans Clinic

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MISSOURI CLE PROGRAM ID: 787109
VETERANSCLINIC.MISSOURI.EDU

THE PLAN

- My Practice
- Common Obstacles
- Practical Solutions & Tips
- Additional Notes
- Main Takeaways
- What can you do?
- A Conversation with a Veteran
- Q & A

THE GOALS

- Understand some of the unique obstacles rural veterans face in accessing benefits
- Identify practical strategies to incorporate rural veteran advocacy into your practice
- Recognize common evidentiary challenges and how to proactively address them
- Leave with tools to expand access to representation for underserved veterans
- Learn at least one actionable technique to better serve rural veterans

MY PRACTICE

MY PRACTICE

- Born and raised in a rural community
- Now based in Washington, D.C.
- Represent veterans across the country, but 90% of clients are located in Missouri
- Nearly 60% of clients come from rural areas
- Regularly navigate barriers like limited access to care, exams, and evidence
- Focused on making high-level legal advocacy accessible regardless of location

COMMON OBSTACLES RURAL VETERANS FACE

COMMON OBSTACLES

- Long travel distances to VA facilities and examinations
- Gaps in medical evidence due to limited or inconsistent treatment
- Limited access to reliable transportation for appointments and exams
- Barriers to technology needed for claims & communication
- Limited access to local accredited representatives or legal assistance
- Difficulty obtaining and submitting supporting evidence from remote locations

PRACTICAL SOLUTIONS & TIPS

PRACTICAL SOLUTIONS & TIPS

- Leveraging Community Resources
- Capturing Evidence Effectively
- Planning for Evidentiary Gaps
- Manage Examinations Effectively

LEVERAGING COMMUNITY RESOURCES

LEVERAGING COMMUNITY RESOURCES

- Libraries!
- Missouri has nearly 400 public library locations, but 30 counties lack county-wide service and 3 have no access
- Generally provide free internet and computer access to assist in developing claims, communication, and telehealth
- Offer printing, scanning, and document upload capabilities often critical for VA claims
- Many locations have private rooms suitable for confidential calls and appointments
- Serve as reliable, accessible infrastructure for supporting rural veterans throughout the claims process

LEVERAGING COMMUNITY RESOURCES

- Direct veterans to their nearest library as a default hub for internet, printing, and document submission
- Have veterans bring documents to the library to scan and upload in real time
- Encourage use of private rooms for confidential calls, telehealth exams, or VA appointments
- Build relationships with library staff so they can assist veterans with basic technology needs
- Use libraries as a consistent “go-to location” when a veteran lacks reliable access at home
- Identify libraries in advance in the veteran’s area and incorporate them into your case strategy

LEVERAGING COMMUNITY RESOURCES

- Do not hesitate to leverage community support. People and organizations are often willing and eager to help veterans
- Proactively reach out to local law firms to provide a professional space for calls, meetings, or telehealth exams, and assistance with printing, scanning, or faxing documents
- Partner with local agencies, churches, extension offices, and nonprofits to help with document transmission, communication, and logistical coordination
- Identify reliable community locations that can serve as consistent points of contact for the veteran
- Build relationships with local organizations to create a repeatable support network for future cases

LEVERAGING COMMUNITY RESOURCES

- Keep requests small and manageable by asking for discrete help like a room, a fax, or a scan rather than potentially burdensome requests
- Follow up and maintain relationships by thanking partners, keeping them informed when appropriate, and building ongoing collaboration for future veterans
- Treat community resources as an extension of your practice that expands your reach, reduces travel burdens, and helps bridge gaps that cannot be solved remotely
- Always ensure confidentiality by confirming the veteran has a private space, being mindful of sensitive conversations in shared environments, and providing links to secure uploads
- Approach representation with the mindset that **you are not working alone**, but rather leveraging a broader community that is willing to support veterans when asked



CAPTURING EVIDENCE EFFECTIVELY

CAPTURING EVIDENCE EFFECTIVELY

- 98% of adults own a cell phone; 91% own a smartphone. Use this as your primary evidence tool when the veteran may not have access to internet or email.
- Interview the veteran, draft a statement, and read it to the veteran over the phone to establish a clear statement in support of claims
- Have the veteran draft statements in real time while you guide them
- Use smartphones to photograph statements, medical records, and signatures for quick submission (upload information directly through a secure document-sharing platform or use encrypted email when possible)
- Provide clear, simple instructions on what evidence is needed and how to capture it

CAPTURING EVIDENCE EFFECTIVELY

- Encourage lay statements from family, friends, or coworkers when formal records are limited
- Break evidence collection into manageable steps and prioritize the most important evidence to avoid overwhelming the veteran
- Use structured prompts when taking statements (onset, symptoms, frequency, impact on work/life)
- Ask veterans to keep brief symptom logs or journals when records are limited
- Request photos of medications, pill bottles, or prescriptions to help establish treatment history



CAPTURING EVIDENCE EFFECTIVELY

- Be flexible. Accept photos, handwritten notes, or imperfect documents. Something is better than nothing!
- You can explain to VA why the evidence is not perfect or in a form different than usual.
- Handwritten statements are often excellent evidence, as they can be completed quickly, feel more natural for the veteran, and are fully acceptable when clearly legible and signed. Handwritten statements can be mailed, scanned, or a picture of them can be uploaded.
- Whenever possible, request medical records directly on the veteran's behalf rather than asking them to obtain them, as this reduces burden, avoids delays, and ensures more complete and accurate evidence collection.
- Inform veterans that telehealth appointments may be available which helps in their general healthcare AND assists in substantiating evidence for their claims. Stress that their health is the highest priority.



CAPTURING EVIDENCE EFFECTIVELY

- Obtain informed consent to use the client's electronic signature & place authorization for use of signature in retainer and intake paperwork. (ABA Rule 1.4; MO Rule 4-1.4)
- Explain clearly what the signature authorizes and confirm consent in writing
- VA accepts a wide range of signature formats if they can be reasonably linked to the claimant.
 - Faxed, photocopied, scanned, typed, signature pads, and computer-generated signatures are generally acceptable formats. VA should not reject solely due to poor quality. VA focuses on authenticity over formality when evaluating signatures. Submissions should not be rejected solely due to nontraditional signature format. VA will assess whether there are any indications of fraud or lack of authenticity. M21-1, Part II, Subpart i, Chapter 2, Section B.
- Always provide a copy back to the veteran for transparency and recordkeeping



EXAMPLES

- Symptom Log:
 - **Date:** March 3, 2026
 - **Condition:** Back pain
 - **Symptoms:** Sharp pain in lower back, stiffness in the morning
 - **Severity (1–10):** 7
 - **Duration:** Most of the day, worse after standing
 - **Impact on Daily Life:** Had to sit down frequently at work, unable to lift boxes
 - **Medication/Treatment:** Took ibuprofen, used heating pad
 - **Notes:** Pain has been getting worse over the past few weeks

EXAMPLES

- Retainer Information for Signature:
 - Client authorizes Attorney to affix Client's electronic or digital signature to documents related to Client's VA claims or appeals, including but not limited to forms, statements, and correspondence, provided that Client has reviewed and approved the content of such documents in advance.

PLAN FOR EVIDENTIARY GAPS

PLAN FOR EVIDENTIARY GAPS

- Assume records are missing, especially for older service, rural care, or private treatment, and build your case accordingly
- Identify gaps early. Use lay statements to fill gaps where medical or service records do not exist or are incomplete
- Anticipate negative VA exams that rely on absence of evidence and preemptively address that issue
- Request medical opinions from VA that explicitly consider lay evidence and explain why a lack of records does not rule out the condition



PLAN FOR EVIDENTIARY GAPS

- Identify whether records should exist but are missing (e.g., STRs, VA treatment records) and raise duty to assist issues
- Frame the absence of evidence as a limitation of the record, not evidence against the veteran
- Build the record proactively rather than waiting for VA development
- Ensure submissions are organized and clearly explain how each piece of evidence addresses each gap
- Think ahead to how VA or an examiner will interpret the silence in the record and address it directly



PLAN FOR EVIDENTIARY GAPS

- Remind VA and the examiner that lack of treatment records between service and the exam is not dispositive. Explain why the veteran hasn't sought treatment.
- Distinguish lack of treatment from lack of symptoms
- Remember that medical treatment records and diagnoses in existing medical records are not required to meet the elements of service-connection!
- Encourage the veteran to use telehealth services for the healthcare when possible, document in-service incidents via lay statements, and request ACE (Acceptable Clinical Evidence) review medical opinions. Make it impossible for VA to deny.



EXAMPLES

- Absence of Evidence:
 - The absence of contemporaneous medical records is a limitation of the record, not affirmative evidence that the condition did not exist or was not severe. In this case, the Veteran's rural location and limited access to medical providers contributed to gaps in treatment and documentation. VA may not discount competent lay evidence solely due to a lack of medical records, and it must establish a proper foundation before treating silence in the record as negative evidence. See *Buchanan v. Nicholson*; *Fountain v. McDonald*.



EXAMPLES

- Lack of Treatment Records:
 - The Veteran resides in a rural area with limited access to nearby medical providers, requiring significant travel to obtain care, which has made consistent treatment impractical. As a result, although she has experienced ongoing symptoms for many years, she has not regularly sought treatment due both to geographic barriers and a personal reluctance to pursue medical care.

EXAMPLES

- Examinations Are Enough:
 - A formal diagnosis in existing medical records or extensive treatment history is not required to establish service connection. The law does not require that a condition be continuously treated or documented in medical records to be service-connected and compensable. Instead, service connection may be established through competent evidence of a current disability, which can be identified and diagnosed at a VA examination. Likewise, the severity of a condition is properly evaluated based on the evidence at the time of examination, not solely on the existence of prior treatment records. Accordingly, the absence of documented treatment does not preclude a finding that a condition exists or that it meets the criteria for compensation, particularly where the Veteran's symptoms are credibly reported and later confirmed through examination.

EXAMPLES

- Request Review of Statement:
 - The Veteran has submitted a lay statement describing the onset, symptoms, and progression of the claimed condition. This statement is critical evidence and provides necessary context that may not be reflected in the medical records. Accordingly, the Veteran respectfully requests that the adjudicator ensure this lay statement is clearly identified and tabbed in the record for the examiner's review. The examiner should be instructed to specifically consider and address the Veteran's lay statements when rendering any medical opinions, including as to onset, continuity, and severity. Failure to consider this evidence would render any opinion inadequate.

MANAGE EXAMINATIONS EFFECTIVELY

MANAGE EXAMINATIONS EFFECTIVELY

- Specifically request examinations as close to the veteran's home as possible (or close to their workplace) in filings likely to result in an examination request and clearly document transportation barriers
- Proactively communicate with examination contractors to coordinate scheduling and transportation options if applicable. Examination requests typically route the examination to a specific contractor and are noted at the bottom of the request!
- Assess early whether a telehealth examination or ACE (Acceptable Clinical Evidence) review is appropriate based on the condition, available evidence, and the veteran's ability to attend in person
- ACE review is a records-only medical opinion or examination based on the existing file without the veteran present, while telehealth is a live remote examination where the veteran interacts with the examiner by phone or video



MANAGE EXAMINATIONS EFFECTIVELY

- Request telehealth examinations when distance, transportation, or health limitations make in-person exams difficult. Clearly explain in the request why telehealth is appropriate (e.g., rural location, travel burden)
- Assess early whether the condition is suitable for telehealth based on the type of examination required. VA & contractors will generally state that telehealth is reserved only for mental health condition claims or TBI claims. But don't give up and request anyway! Argue your position.
- If a telehealth examination takes place, note to VA that Tele-C&P exams provide accurate, fully descriptive evaluations through live video/phone technology. VA must evaluate telehealth exam reports under the same standards as in-person examinations (M21-1, IV.i.3.A.1.c)



MANAGE EXAMINATIONS EFFECTIVELY

- Prepare the veteran to participate effectively in a live video or phone examination
- Ensure the examiner has access to relevant records and history prior to the telehealth exam
- Request ACE examinations and opinions when in-person attendance is difficult or unnecessary. (M21-1, IV.i.2.A.4.a, Examinations Based on ACE)
- Review the evidence currently in the file & determine whether an ACE review could be effective for the veteran.
- Clearly explain the veteran's limitations (distance, health, work, transportation) when requesting ACE review and frame it as an efficiency measure for VA



MANAGE EXAMINATIONS EFFECTIVELY

- Adjudicators can flag preferences and provide context, but examination contractors typically decide whether an in-person exam is medically necessary
- Contractors assess whether the condition requires physical evaluation versus records review or telehealth
- Clearly explain barriers (distance, transportation, health) to influence the contractor's decision
- Follow up with the contractor if the scheduled exam does not reflect the limitations identified in the request

MANAGE EXAMINATIONS EFFECTIVELY

- If an in-person examination is scheduled, assess early whether the veteran has reliable transportation
- Proactively contact the exam contractor (e.g., VES, QTC, LHI) to request transportation assistance if required & clearly explain the veteran's limitations (distance, disability, lack of vehicle) when requesting assistance
- Contractors generally will only provide transportation if the veteran is wheelchair bound, blind, needs transportation via special vehicle, etc. Don't give up and request anyway!
- Utilize resources such as DAV Transportation Network (six locations in MO), Soldiers' Angels, and local organizations for travel assistance
- Document all efforts to secure transportation in the record. If transportation cannot be arranged, promptly notify VA and request alternative accommodations or rescheduling



MANAGE EXAMINATIONS EFFECTIVELY

- Schedule times with the veteran to call the contractors on a joint call
- Discuss with the veteran their barriers to transportation and ability to attend in-person examinations early-on in representation because your evidence gathering and correspondence will change based on their situation. Make notes of the situation in your file
- Find the veteran's trusted contacts to determine who may be able to help them during the claims process, to include transportation to examinations
- Examination scheduling is often frustrating. It may be scheduled the next day, three hours away. Let the veteran know that you have a plan on how to handle it
- If the veteran misses the exam, notify VA immediately and provide a detailed explanation
- Argue that the failure to report was due to "good cause" under 38 C.F.R. § 3.655



MANAGE EXAMINATIONS EFFECTIVELY

- Explain specific circumstances (e.g., lack of transportation, long travel distance, medical limitations, inability to take time off work)
- Emphasize that the veteran's rural location creates unique barriers to attendance
- Distinguish willful failure to report from inability to attend due to circumstances beyond the veteran's control
- Request rescheduling with accommodations (closer location, telehealth, or ACE review)
- If a veteran misses an exam, request rescheduling—VA policy generally allows one reschedule as a matter of course when good cause is shown (M21-1, Part IV, Subpart i, 2.G.1.e)
- Provide supporting evidence if available (e.g., statements, documentation of transportation issues)

MANAGE EXAMINATIONS EFFECTIVELY

- Reinforce the veteran's willingness to attend if reasonable accommodations are provided
- Frame the missed exam as a logistical barrier, not a lack of cooperation
- If the exam is not rescheduled, argue that VA must decide the claim based on the evidence of record (38 C.F.R. § 3.655)
- Emphasize that failure to report does not automatically warrant denial in all claim types
- Make the argument that an examination is not necessary where the record already contains sufficient evidence to decide the claim (38 C.F.R. § 3.159(c)(4))
- Highlight existing favorable evidence to support adjudication without an additional exam
- Remember that examinations may not be necessary. Medical opinions can be provided via ACE review. Symptoms and diagnoses can be noted in telehealth examinations. In-service events can be established via lay statements. It's harder, but doable!



MANAGE EXAMINATIONS EFFECTIVELY

- The Contractors:
 - Loyal Source Government Services (LSGS), call [833-832-7077](tel:833-832-7077) (TTY: 711). Caller ID will show “VA Exam - Loyal Source.
 - OptumServe (formerly LHI) Health Services (OSHS), call [866-933-8387](tel:866-933-8387). Caller ID will show “VA EXAM - Optum.”
 - Leidos QTC Health Services (QTC), call [800-682-9701](tel:800-682-9701). Caller ID will show “VA EXAM-QTC.”
 - Veterans Evaluation Services (VES), call [877-637-8387](tel:877-637-8387). If you’re outside the continental U.S., call +1-[713-255-5656](tel:713-255-5656). Caller ID will show “VA EXAM-VES.”

EXAMPLES

- Requesting ACE Review
 - An in-person examination is not necessary in this case, as the relevant facts can be determined from the existing record. The Veteran resides in a rural area with limited access to transportation, and requiring attendance at an examination would create an undue burden. An ACE review would allow the examiner to render a fully informed opinion based on the available evidence without imposing unnecessary hardship.

EXAMPLES

- Requesting Telehealth
 - A telehealth examination is appropriate for the evaluation of the Veteran's migraine headaches. The nature of this condition is such that both diagnosis and severity are primarily based on the Veteran's reported history, including the frequency, duration, and functional impact of migraine episodes. These factors can be fully and adequately assessed through a live telehealth interview without the need for an in-person physical examination. Requiring in-person attendance would impose an unnecessary burden given the Veteran's rural location and travel limitations, while a telehealth examination would still allow the examiner to obtain all information necessary to render a complete and adequate evaluation.



EXAMPLES

- Requesting Rescheduling:
 - The Veteran's failure to attend the previously scheduled examination was not willful, but rather the result of substantial logistical barriers associated with her rural location, including extended travel distance, limited transportation options, and difficulty coordinating time away from work. These circumstances constitute good cause. The Veteran respectfully requests that the examination be rescheduled, with consideration given to a closer facility, telehealth, or other reasonable accommodations.

EXAMPLES

- Record Based Decision:
 - The absence of a completed examination does not preclude adjudication where the record already satisfies the applicable legal criteria. Here, the Veteran has submitted competent lay evidence and supporting documentation sufficient to establish entitlement. Accordingly, further delay for an examination is unnecessary, and the claim should be granted based on the evidence of record. See 38 C.F.R. § 3.655.

ADDITIONAL NOTES

- **Highly Rural Transportation Grants:** HRTG provides free transportation for veterans living in highly rural areas. It is funded through grants to VSOs and state agencies & can be a critical resource for getting veterans to VA or VA-authorized care when other transportation options are unavailable.
- **Retrieve Private Nexus Opinions:** When VA examinations/opinions are unavailable or inadequate, private medical opinions can establish nexus, severity, and functional impact. Providing the clinician with a clear factual background and relevant records can help ensure a well-reasoned, persuasive opinion that strengthens the claim.
- **Embrace Tech:** Use tools like Adobe Acrobat to clean up, organize, and enhance evidence before submission. Improving readability, combining documents, and presenting evidence clearly can make a significant difference in how the record is reviewed and understood.



MAIN TAKEAWAYS

- Rural veterans face unique, predictable barriers. Anticipate them and build your case strategy around them from the start
- Focus on practical solutions: leverage community resources, use technology, and simplify the evidence-gathering process
- Do not wait for perfect evidence. Develop the record proactively using lay statements and alternative sources
- Manage examinations strategically by requesting telehealth, ACE reviews, or accommodations when appropriate
- Always frame the narrative for VA. Explain gaps, barriers, and context so the record tells the veteran's full story



WHAT CAN YOU DO?

- Volunteer with DAV or other organizations to drive veterans to examinations and care appointments
- Offer your space or resources to veteran advocates and veterans
- Encourage your elected representatives to hold VA accountable to make progress in making access more attainable
- Support funding and programs that expand rural access to care and representation
- Represent a veteran!

A CONVERSATION WITH A VETERAN

Veteran Michael Deaton

QUESTIONS OR COMMENTS?

ATTENDANCE CODE:

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Mobile Legal Services & the Show-Me Access Model

Mobile Legal Services & the Show-Me Access Model



Martha Kleinhesselink

- First Thomas Fellow (2021-2024)
- Attorney, Mizzou Law Veterans Clinic
- Instructor, University of Missouri School of Law
 - Veterans Clinic
 - Veterans Law
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Hannah Eastland

- Thomas Fellow & Staff Attorney, Mizzou Law Veterans Clinic
- U.S. Air Force Veteran, 2016-2025
 - Russian Cryptologic Language Analyst



Tigers for Troops Rural Outreach Program

Program History:

- Initiated by a law student who created a map of Missouri; First event in Stover, MO (Population ~1,000)
- In February 2019, the Clinic launched ***Tigers for Troops***, a comprehensive legal assistance program dedicated to expanding access to justice for veterans across Missouri, focusing on rural communities.
- Started with very limited funding; realized the program needed a sustained future (full-time position)
- In 2021, the Thomas Fellowship was established by Ben & Carolyn Thomas. The Thomas Fellow is an attorney and the Tigers for Troops director.

Defining "rural"

- VA uses the Rural-Urban Commuting Area (RUCA) codes system to define rurality
- Developed by the Department of Agriculture and the Department of Health and Human Services, the RUCA codes system takes into account **population density** as well as how closely a community is **linked socio-economically** to larger urban centers.
- RUCA is based on how the U.S. Census Bureau counts citizens
 - **Urban**
 - Census-defined urbanized areas with 50,000 or more residents
 - Missouri: Only 13 cities are considered Urban (Source: Missouri Demographics by Cubit)
 - **Rural**
 - Areas that are not urban but still have significant population centers or commuting flows to urban areas. Typically, 2,500-49,999 residents
 - **Highly Rural**
 - Areas where fewer than 10 people per square mile live. Extremely remote.

By the Numbers

- According to the U.S. Census Bureau and the VA's Office of Rural Health, of the nearly 18 million veterans in the United States, around 4.7 million live in rural America.
- According to the Missouri Veterans Commission's FY25 Annual Report, there are 377,618 veterans living in Missouri.
- Estimates vary, but past data has shown approximately 37-38% of Missouri veterans live in a rural area.
 - Somewhere between 139,000 and 145,000 veterans living in rural Missouri.

Rural Veterans – Patterns and Context

- Strong ties to community and place
- Higher likelihood of military service
- Geographic isolation and access challenges
- Distinct healthcare patterns
 - Rural veterans are, on average, older than urban veterans
 - Mental health care access can be more limited, and stigma around seeking care may be stronger in some communities
- Cultural values that shape help-seeking
 - Many rural veterans value independence; may not contest a “no” from VA



Rural Isolation

- Veterans living in rural areas face significant challenges when it comes to accessing legal representation
 - Lack of legal counsel
 - Transportation barriers
 - Technological barriers
 - Social and cultural factors

Rural Isolation: Lack of legal counsel

- **Attorney shortages**

- Many rural counties have very few – sometimes no – licensed attorneys. Some areas are even referred to as "*legal deserts*".
- The attorneys who do practice in rural areas are often generalists. They may not specialize in certain legal fields like VA disability compensation or military records correction cases.
- As of April 2026, there are 114 VA accredited attorneys in Missouri. (Source: VA Office of General Counsel)
 - **Only 14 VA accredited attorneys in "rural" areas**

- **High caseloads**

- Because there are so few attorneys in these areas, those who are available may be overextended and unable to take on new clients promptly.

- **No “right to counsel”:** There is no "right to counsel" for VA benefits cases, so veterans who cannot afford an attorney must proceed pro se.

Rural Isolation: Transportation barriers

- **Distance**
 - Rural residents may have to travel far distances to reach a law office
- **Limited public transportation**
 - Many rural areas lack reliable public transit, making it difficult for people without cars to attend meetings
- **Weather and road conditions**
 - In remote regions, seasonal weather (snow, flooding) can make travel impossible for periods of time

Rural Isolation: Technological barriers

- **Pre-Covid/Post-Covid**
- **Limited internet access**
 - Broadband service is often unreliable or unavailable in rural communities, making it hard to participate in virtual meetings and hearings
 - Lack of internet isolates one in four rural veterans from telehealth services and online benefits (National Rural Health Association, 2025).
- **Low digital literacy**
 - Even where internet exists, some veterans – especially older veterans – may struggle to use online legal resources or complete electronic filings/forms

Rural Isolation: Social and cultural factors

- **Privacy concerns and misinformation**
 - In tight-knit communities, people may fear gossip or stigma if they seek legal help, especially for sensitive issues like PTSD.
 - Ex) Veteran who is a judge withdrew MH claim due to fear of public finding out
 - Ex) Veteran Whisper Network / Reddit and Facebook groups
- **Distrust of institutions**
 - Some rural residents may mistrust "outsider" attorneys or government systems, making them reluctant to seek help.
- **Cultural norms**
 - There can be strong cultural expectations of self-reliance, discouraging people from reaching out for formal legal assistance.

Bridging the Gap – Mobile Legal Services

- Meeting veterans where they are at
 - Literally – travelling to communities across rural Missouri
 - Figuratively – case posture, knowledge of process/benefits available
- Free, one-on-one legal consultations
 - Private, confidential
 - Establish trust
- Intake + issue spotting + next steps
- Law student experience
 - Hands-on learning
- Follow-up structure

Bridging the Gap – Mobile Legal Services

It all boils down to:

Access

- Make legal help reachable, regardless of geography

Clarity

- Turn a complex system into something understandable and actionable

Trust

- Alignment, partnership, credibility, not just rapport

Bridging the Gap – Mobile Legal Services

Considerations when starting a rural outreach program:

- Where do we go?
 - Look at the data
 - Define rural (for your state)
 - Community partner input
- When do we go?
 - Time of year
 - Day of week
- How will we pay for the event?
 - Grants, donations, in-kind contributions (space, food)
- How do we get the word out?
 - Flyers, social media, radio, newspapers, VSOs



Tigers for Troops: Today

Goal when TFT started: reach every rural county in MO

Goals Today:

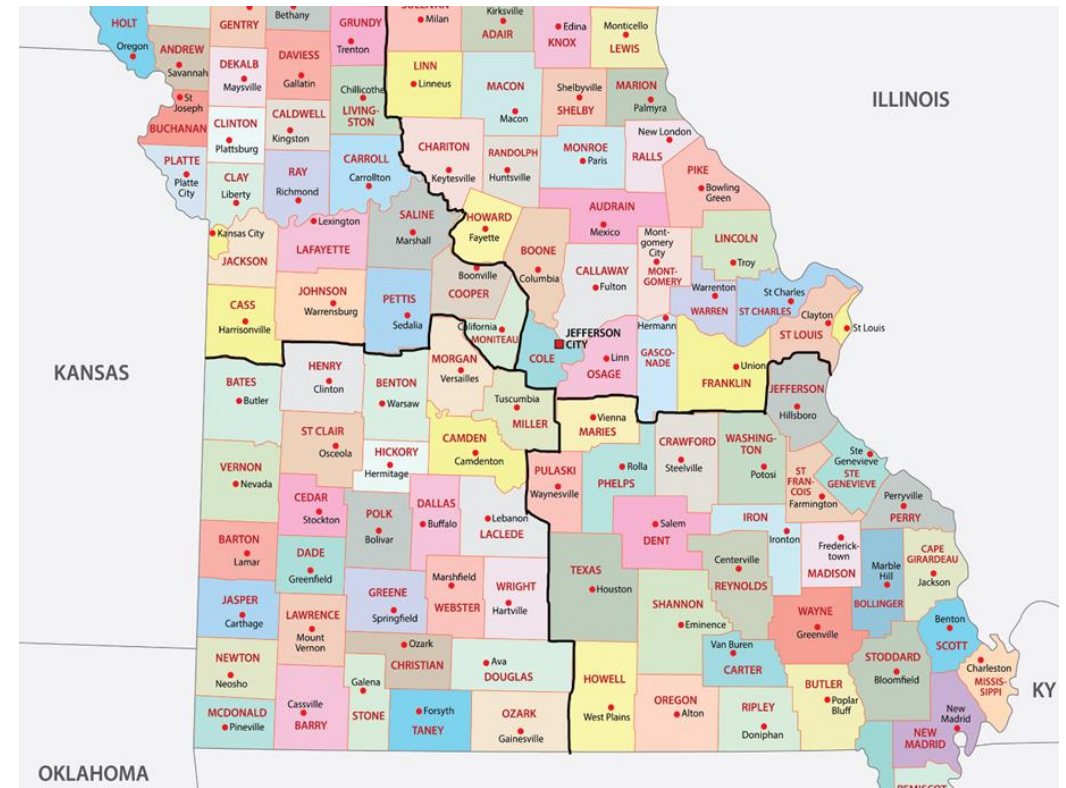
1. **Statewide Clinic Awareness-** Mark the Clinic as a trusted and recognized name among Missouri veterans.
2. **Regional Pro Bono Attorney Network-** Establish a network of attorneys trained in basic veterans' law who can accept referrals of cases, enabling the Clinic to serve more rural veterans.

Statewide Clinic Awareness

Statewide Clinic Awareness: Strategic Framework

Divide Missouri into quadrants, dedicating 6 months to each

- Even mix of in-person and virtual legal consultations
- Participate in 2–4 community events with informational tables
 - Fairs, veteran events, local orgs
- Conduct 1–2 Presentations with veteran-focused organizations
 - VSOs, local government



Statewide Clinic Awareness: Logistic Considerations

- Planning Timeline

- 2 months out: venue, material preparation
- 4 weeks out: registration links and advertisements published, student sign-ups, sponsorships letters sent
- 3 weeks out: hotels booked, in-person visit where possible, reach out to community partners and Veterans Organizations
- 1 week out: assess and adjust based on enrollment

Statewide Clinic Awareness: Logistic Considerations



- **Legal Consultation Events**
 - Centrally located and well-known location
 - Churches, Mizzou Extension Offices, Public Libraries, Community Centers
 - Handicap Accessible
 - Reliable Internet
 - Private rooms for consultations
 - Free or Low Cost

Statewide Clinic Awareness: Logistic Considerations

- Costs

- Send out sponsorship invitations to local businesses and organizations ahead of events
- Carpool as much as possible
- Use free registration software (Qualtrics, Google Forms)
- Ask venues to waive fees or reduce them
 - Prioritize Veteran-Owned businesses where possible

- Advertising

- Be willing to adapt, the same strategy will not work with equal force in every community

Regional Pro Bono Attorney Network

Regional Pro Bono Attorney Network: Referral Process

- Offer free CLEs on Veterans Law
 - Annual Veterans Day CLE (VA Accreditation)
- Initial Consultation & Vetting
- Records Collection
- Attorney Matching & Case Summary Memos
- Conflicts Check & Acceptance
- Warm Handoff & Ongoing Support

Regional Pro Bono Attorney Network: Logistic Considerations

- CLEs on Veterans Law
 - Held in conjunction with TFT Events in the same town
 - Make in on a Friday
 - Offering lunch (and coffee)
 - Keep it short and compelling
- Referrals
 - Pain-free Process- collecting the records is a big lift for outside counsel
 - Caution: as this model grows, the administrative load will increase disproportionately
 - Discharge Upgrades- do not require VA Accreditation
- Geographic Matching
 - Attorneys want to help their communities



Advice & Lessons Learned

- Low attendance does not mean your event failed
- Don't be afraid of hybrid events
- Know your capacity
 - How many clients can you reasonably take?
 - Can you provide referrals? Does this matter need an attorney or a VSO?
- Local partners are the bridge – they know the community better than we ever could
- This model is adaptable – it will change and grow over time

QUESTIONS?

ATTENDANCE CODE:

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**THE SYMPOSIUM IS CURRENTLY ON BREAK FOR LUNCH
AND WILL RETURN AT 12:00 PM CDT**

THANK YOU TO OUR SPONSORS

Harper Evans Hillbrenner & Netemeyer

Shook Hardy & Bacon

Bryan Cave Leighton Paisner

Paul LLP Trial Attorneys

Berry Law

The Benson Law Firm

Joe Machens Nissan

The Honorable John L. Walker



Keynote

Peter Kaboli, MD, MS

- Executive Director, VA Office of Rural Health
- Professor, University of Iowa Carver College of Medicine
 - Internal Medicine



Serving Rural Veterans through Research and Innovation: The VHA Office of Rural Health

Peter Kaboli, MD, Executive Director

Professor of Internal Medicine

University of Iowa Carver College of Medicine, Iowa City, IA



University of Missouri School of Law Veterans Law Symposium

Columbia, MO

4/10/2026

The following presentation has been reviewed in good faith, and all language and information included is intended to adhere to Executive Orders.



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PRE-DECISIONAL
PRE-DECISIONAL

VA



U.S. Department of Veterans Affairs
Veterans Health Administration
Office of Rural Health



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U.S. Department of Veterans Affairs
Veterans Health Administration
Office of Rural Health

Introduction to **ORH**

VHA Office of Rural Health (ORH)

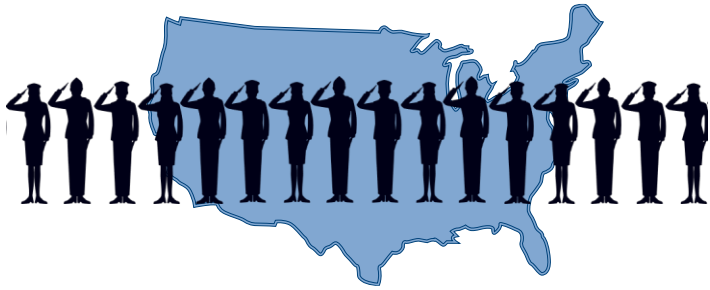
- ▶ Vision, Mission, and Goals
- ▶ Rural Veterans and the Four Rural Challenges
- ▶ Research and Innovation
- ▶ Civil Legal Needs for Rural Veterans



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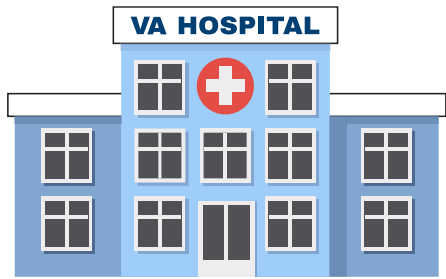
VA





18 MILLION*

All Living U.S. Veterans – 13.3M Urban[◇] | 4.7 Rural[◇]



9.2 MILLION*

Veterans Enrolled for VA Health Care – 6.2M Urban** | 3M Rural**



Urban Enrollees

67%

Urban Enrollment Rate

46%

Rural Enrollees

33%

Rural Enrollment Rate

64%

*National Center for Veterans Analysis and Statistics Pocketcard, FY2025 (June)

**VSSC Enrollment Cube Data FY2025 (June)

◇2020 Census Urban-Rural % (Updated 2023)



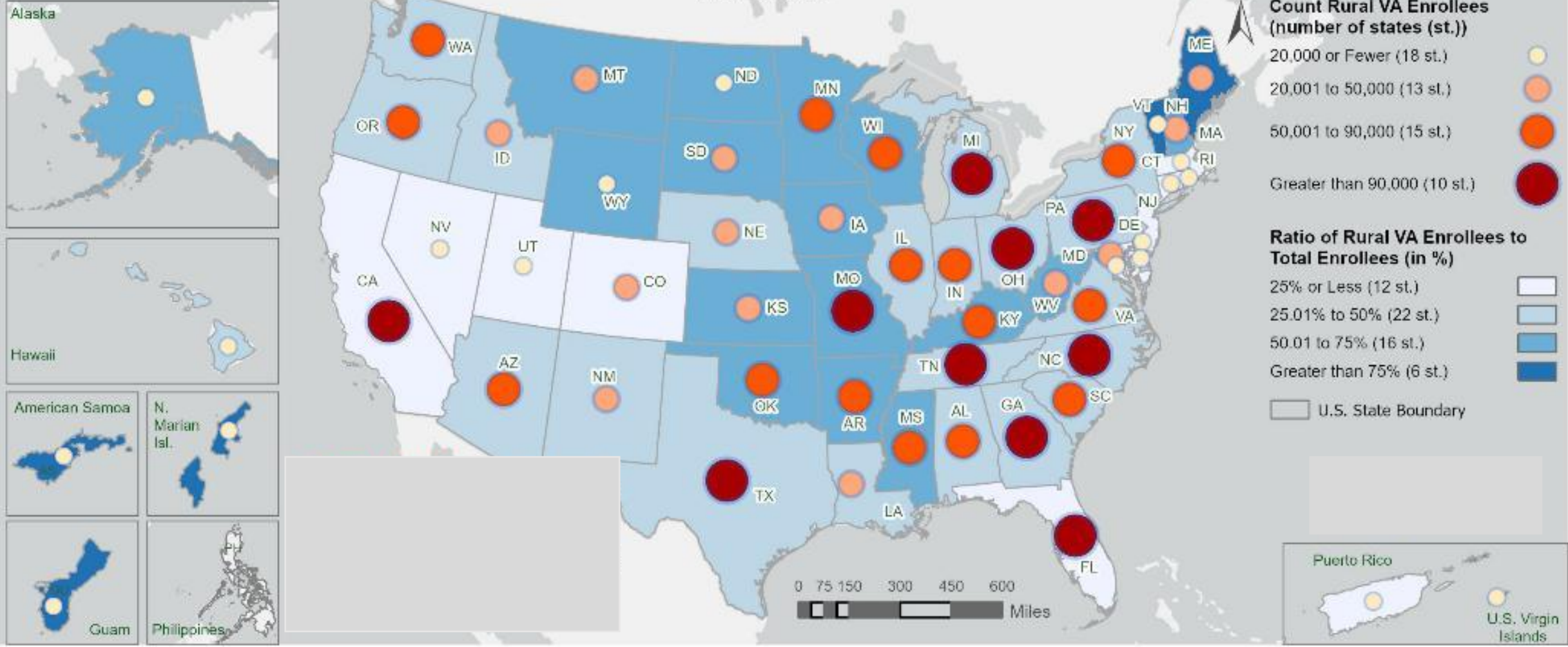
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WHERE ARE RURAL VETERANS?

Enrolled Veterans by U.S. State or State Equivalent Residing in Rural Areas
EOFY 2024



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Veterans Health Administration
OFFICE OF RURAL HEALTH



In cooperation with the VHA research program, *conduct, coordinate, promote and disseminate research* into issues affecting Veterans who reside in rural communities.



Develop, refine and promulgate policies, best practices, lessons learned, and innovative and successful programs to increase access to care for rural Veterans.

2006  Public Law 109-461 (AS AMENDED)



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VHA Office of Rural Health



***Vision:** lead the future in delivering unparalleled health and well-being to rural Veterans.*

***Mission:** honor America's rural Veterans by providing exceptional health care that improves their health.*







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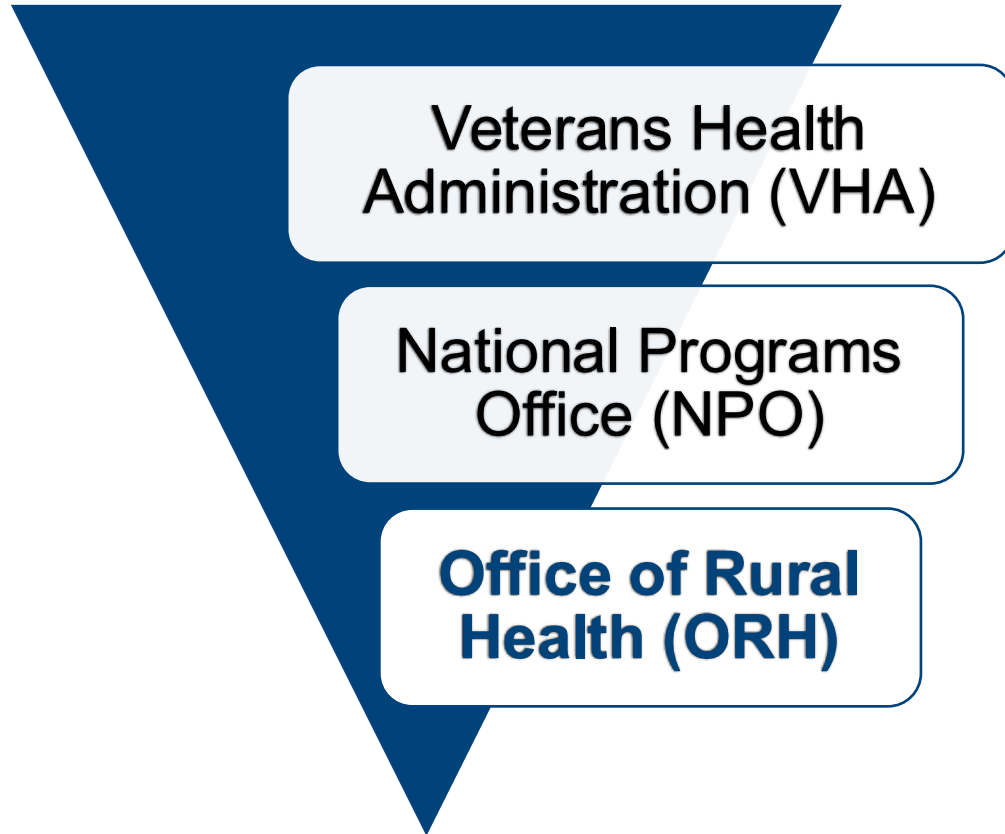


ORH Goals to Serve Rural Veterans

	<p>GOAL 1 Support delivery of accessible, high-quality, integrated health care.</p>
	<p>GOAL 2 Optimize VHA health care workforce capacity.</p>
	<p>GOAL 3 Enrich research, quality improvement, and innovation.</p>
	<p>GOAL 4 Embrace I-CARE values to maximize employee performance.</p>



ORH in VA



▶ ORH Programs and Projects

▶ VHA Program Office Partners

- Primary Care
- Specialty Care
- Mental Health
- Suicide Prevention
- Nursing
- Geriatrics
- Pharmacy
- Veterans Transportation
- Office of Tribal Health
- Office of Women's Health



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ORH OVERVIEW

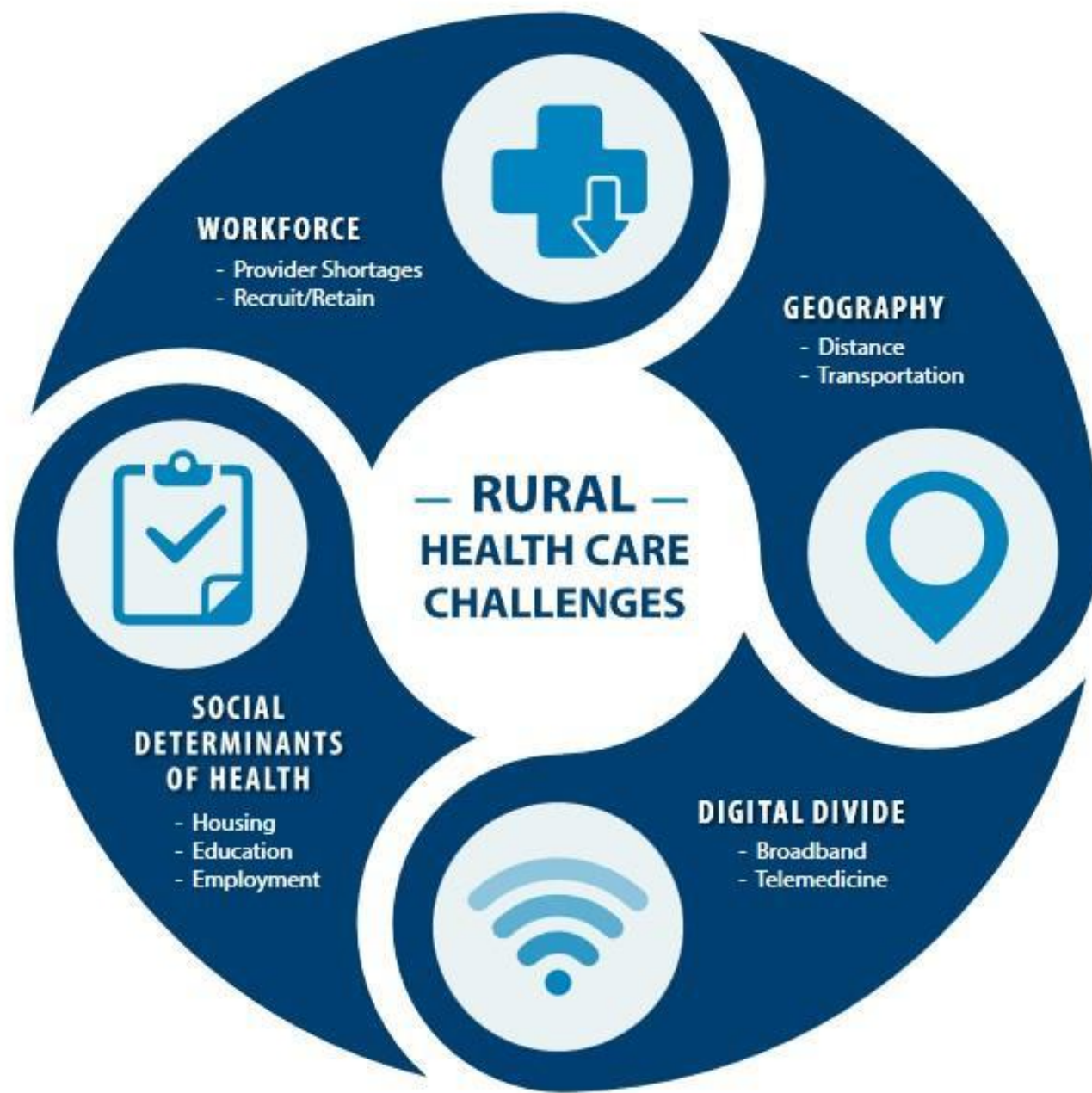
- ▶ \$337.5M total annual budget
- ▶ All VA ~140 Medical Centers and >1,000 clinic sites
- ▶ ORH Portfolio Fiscal Year (FY) 2025
 - ▶ **Enterprise-Wide Initiatives (National)**
 - ▶ **Rural Mentored Implementation Programs (Regional)**
 - ▶ **Research and Clinical Implementation Projects (Local)**
 - ▶ 5 Regional Veterans Rural Health Resource Centers



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34 Enterprise-Wide Initiatives (EWIs)

- ▶ Primary Care
- ▶ Specialty Care
- ▶ Mental Health and Suicide Prevention
- ▶ Geriatrics and Extended Care
- ▶ Transportation
- ▶ Workforce Training and Education



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EWI Hub & Spoke Site Locations



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ORH EWIs (FY 2025)

Primary Care/Geriatrics

- ▶ Home Based Primary Care (Geriatrics)
- ▶ Medical Foster Home (Geriatrics)
- ▶ Gerofit (Geriatrics)
- ▶ SCOUTS (Supporting Community Outpatient, UC, & Telehealth)
- ▶ Care Coordination and Integrated Case Management (Nursing)
- ▶ PT Embedded in Rural PACT

Telemedicine

- ▶ Clinical Resource Hubs (PC, MH, Spec Care)
- ▶ Critical Care
- ▶ Rheumatology
- ▶ Nephrology
- ▶ Neurology
- ▶ Cardiology
- ▶ Audiology
- ▶ Dermatology
- ▶ Hospital Medicine
- ▶ Ophthalmology Sub-Specialty
- ▶ High-Risk Eye and Limb Preservation

Mental Health

- ▶ Rural Suicide Prevention
- ▶ Advance Care Planning via Group Visits (Social Work)
- ▶ Social Work in Patient Aligned Care Teams (Social Work)
- ▶ Rural Access Network for Growth Enhancement (RANGE)

Other Clinical Services

- ▶ Pharmacy: COPD, Clinical Pharmacists, Opioids (Pharmacy)
- ▶ Mobile Prosthetic and Orthotic Care-MoPOC (Rehab)

Workforce Training and Education

- ▶ Clinical Skills Training in Women' Health
- ▶ VA Hospitalists Development and Educational Leadership (MODEL)
- ▶ Rural Interprofessional Faculty Development Initiative (RIFDI)
- ▶ Virtual Care Integration (population health training)
- ▶ Acute Inpatient Medicine-High Reliability Training (AIM-HI)
- ▶ Extension for Community Healthcare Outcomes (ECHO):
 - ▶ Mental Health and Suicide Prevention
 - ▶ Specialty Care

Transportation

- ▶ Veterans Transportation Service (VTS)
- ▶ Highly Rural Transportation Grant (HRTG) Program



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ORH EWIs (FY 2025)

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- ▶ Home Based Primary Care (Geriatrics)
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VETERANS RURAL HEALTH RESOURCE CENTERS



Office of Rural Health
**VETERANS RURAL HEALTH
RESOURCE CENTERS**



IMPROVE understanding of the challenges rural Veterans face



IDENTIFY disparities in the availability of health care to rural Veterans



FORMULATE practices and programs to deliver health care to Veterans



DEVELOP special practices and products for the benefit of rural Veterans

2006  Public Law 109-461 (AS AMENDED)



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127 VRHRC Projects in FY25

- Cardiology
- Care Coordination
- Caregiving
- Chronic Disease Management
- Community Care and Collaboration
- Data Collection and Analysis
- Dementia/Alzheimer's Disease
- Diabetes
- Electronic Health Records
- Food Insecurity
- Geriatrics and Aging
- Homelessness
- Mental Health and Suicide Prevention
- Nephrology
- Nursing
- Physical/Occupational Therapy
- Orthopedics
- Pain Management
- Pharmacy
- Post-Traumatic Stress (PTSD)
- Pulmonology
- Rehabilitation/Telerehabilitation



See more of City of Donnellson, Iowa on

- Rural Workforce Training and Education
- Speech-Language Pathology
- Substance Use Disorder
- Telehealth and Technology
- Veteran Engagement
- Workforce Retention and Recruitment



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- Rehabilitation/Telerehabilitation



Veterans Health Administration
OFFICE OF RURAL HEALTH

- Rural Workforce Training and Education
- Speech-Language Pathology
- Substance Use Disorder
- Telehealth and Technology
- Veteran Engagement
- Workforce Retention and Recruitment



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RURAL MENTORED IMPLEMENTATIONS (RMIs)

- ▶ Home Based Cardiac/Pulmonary Rehabilitation
- ▶ Advanced Comprehensive Diabetes Care (AC/DC)
- ▶ Telehealth Collaborative Care for Rural Veterans with HIV Infection
- ▶ Personalized Implementation of Virtual Treatments for Rural Veterans
- ▶ Improving Access to Geriatric Care in Rural Areas: GRECC Connect
- ▶ Prolonged Exposure for Primary Care Training



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What is rural?



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What is a Rural Veteran?

- ▶ Employs Rural-Urban Commuting Area (RUCA) codes
- ▶ Veterans living in Census Tracts with RUCA codes:



1.0, 1.1
are considered urban.

Tracts in urban cores with most workers commuting within core or to larger urban core/cluster



2 - 9, 10.1 - 10.3
are considered rural.

Tracts not coded as either urban or highly rural



10.0
are considered highly rural.

Tracts representing remotest occupied areas; <10% of workers commuting to urban areas/clusters

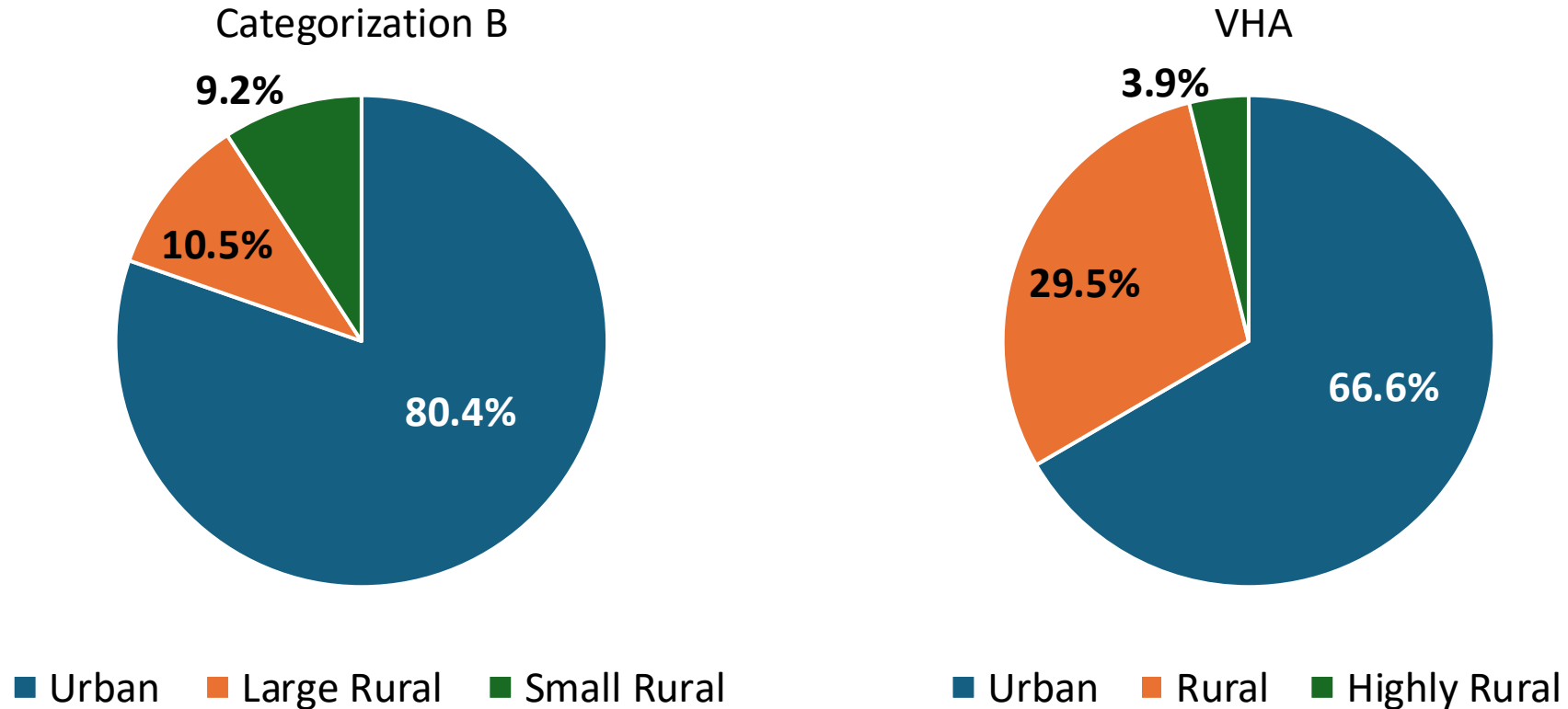


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Rural-Urban Taxonomy Comparison

Percentage of VHA Enrollees Based on Categorization B and VHA Taxonomies (n=6,195,651)

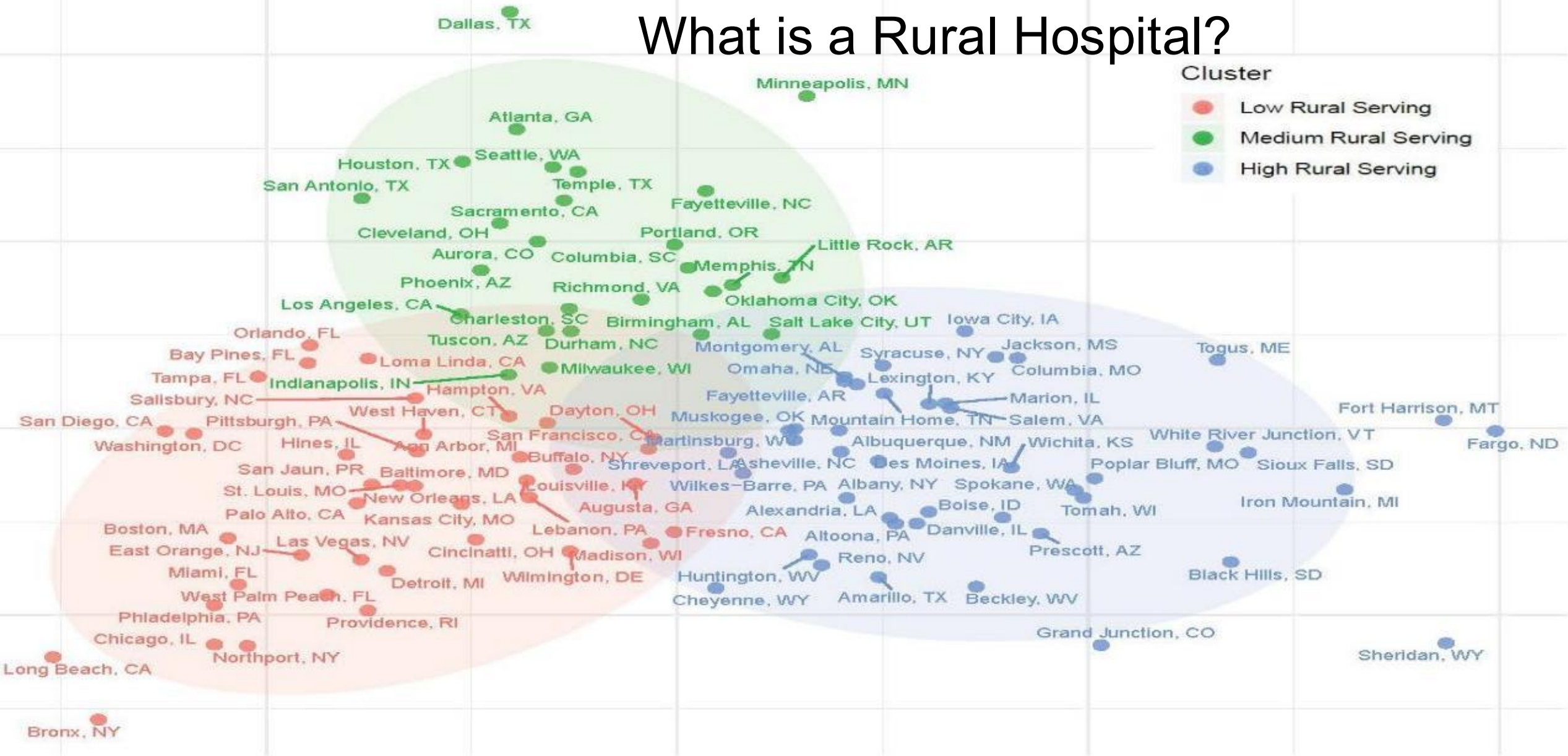


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What is a Rural Hospital?



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Civil Legal Needs Among Rural Veterans



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Civil Legal Needs Among Rural Veterans

1. Prevalent (e.g., wills>VA benefits>finance>family housing) – **Half of VA patients report needing help.**
2. VA’s medical-legal partnerships focus on **connecting Veterans** experiencing financial strain with free legal services. (e.g., VA-supported legal clinics, nonprofit legal aid groups, law school clinics, bar association projects, and pro bono attorneys)
3. Contextual factors (e.g., attorney shortages) create **challenges with getting help** for legal needs.
4. Structural factors (e.g., remote legal services, collaborations) **enhance access in rural areas.**
5. Context is important as **rural Veterans face unique challenges** accessing legal support.
6. Legal Services for Veteran (LSV-H) has **strengthened capacity of legal organizations** and is seen as having high accessibility and acceptability among Veterans.



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Prevalence of Civil Legal Needs and Associated Characteristics Among US Department of Veterans Affairs Patients: A National Survey



J of Gen Int Med: March 5, 2026


Ida Griesemer, PhD^{1,2}, Talya Peltzman, MPH¹, Sonia Rupcic, PhD^{3,9}, Korie Rice, MPH⁴, Thomas Byrne, PhD^{5,6}, Jack Tsai, PhD^{7,8}, Brian Shiner, MD^{1,2}, and Leslie R. M. Hausmann, PhD^{3,9}

Table 2 Prevalence of Civil Legal Needs and Help Received

	Reported need* <i>n</i> (% participants)	Received help <i>n</i> (% among those with need)
Any civil legal needs	1,002 (53.93)	429 (42.81)
Types of civil legal need		
Wills/inheritance	567 (30.52)	190 (33.51)
VA benefits	463 (24.92)	137 (29.59)
Finance	243 (13.08)	69 (28.40)
Family [†]	201 (10.82)	64 (31.84)
Housing	190 (10.23)	42 (22.11)
Non-VA public benefits	150 (8.07)	24 (16.00)
Military discharge upgrade	89 (4.79)	16 (17.98)
Employment	74 (3.98)	11 (14.86)



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Legal Services for Veterans (LSV-H) Initiative



Public Law 116-315 in 2021 authorizes VA to fund legal services for Veterans



LSV awards grants to legal service providers (i.e., nonprofit organizations and law schools' legal assistance programs).



75 legal services organizations were awarded one-year grants in 2023

Evaluation of LSV-H

Need to understand

- 1) What legal services LSV-H comprises
- 2) How contextual factors shape LSV-H delivery



Sources: Kim et al. 2024



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U.S. Department of Veterans Affairs
Veterans Health Administration
Office of Rural Health

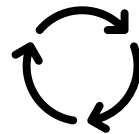
Research Insights: Evaluation of LSV-H

Prospective, mixed-methods observational study with a repeated measure design

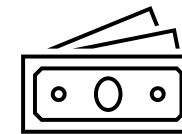
Aim 1: **Assess the outcomes of LSV implementation**



Aim 2: **Identify the barriers to and enablers of LSV implementation**



Aim 3: **Examine the costs and benefits of LSV implementation using a mixed-methods economic evaluation approach**



Sources: Kim et al. 2024

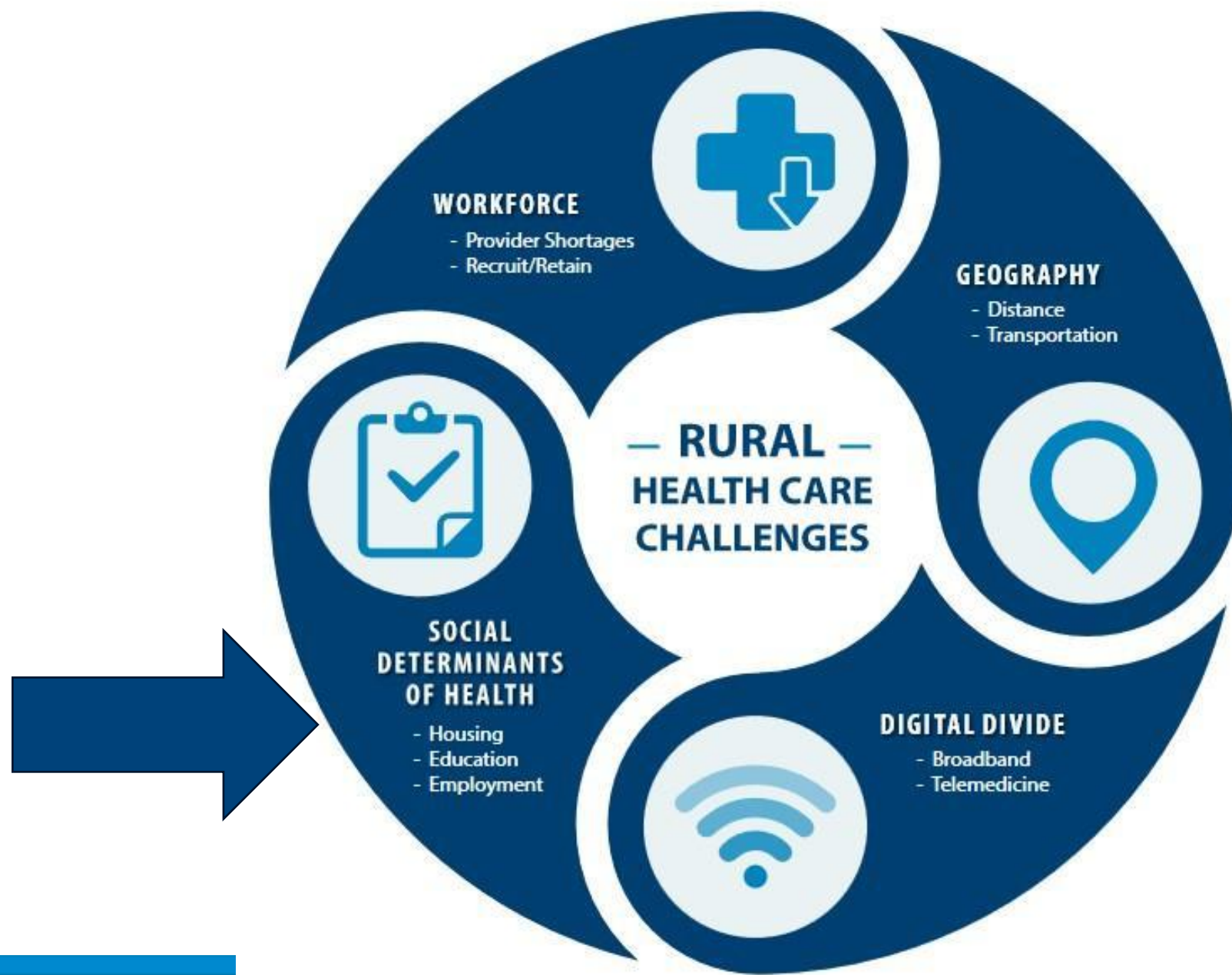


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U.S. Department of Veterans Affairs
Veterans Health Administration
Office of Rural Health



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QUESTIONS?



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Contact Information

Peter Kaboli, MD

- ▶ Office of Rural Health (ORH)
Veterans Health Administration (VHA)
Department of Veterans Affairs (VA)

Peter.Kaboli@va.gov

[ORH Website](#)

[ORH SharePoint](#) *(VA Employees Only)*

[Subscribe to ORH Emails](#)



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VA



QUESTIONS?

Hillary Wandler

- Professor of Law, University of Montana
 - Legal Research & Writing
 - Veterans Advocacy Clinic
 - Veterans Law
- Director, Clinical Law Program
- Director, Veterans Advocacy Clinic



Reaching Beyond the Scope **Expanding Access for Rural Veterans**

Prof. Hillary Wandler, University of Montana

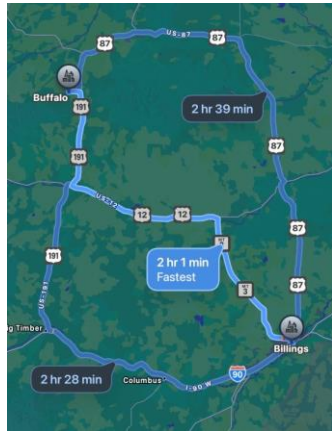


Case Study: A Remote Rural Veteran

- Montana Army National Guard
- Served 37 Years, 20 in Active Guard Program
- Federally Deployed
- Service-Connected Disability Compensation
- Main Health Issues: Hearing, Vision, Lungs
- Primary RUCA 10, Secondary RUCA 10.3
- “Highly Rural”



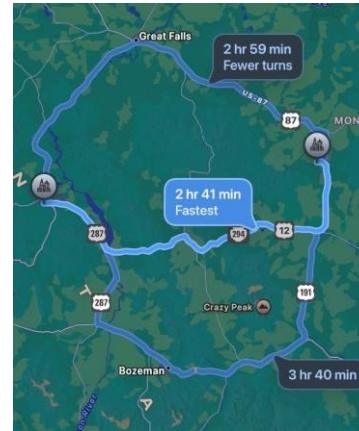
Distant Scope of Care



Buffalo to Billings CBOC

Appx. 3 hours 52 min.
roundtrip

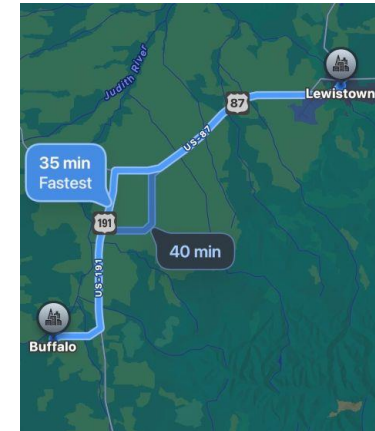
Vision Care



Buffalo to Ft. Harrison VARO

Appx. 5 hours 25 min.
roundtrip

Sleep Apnea Care



Buffalo to Lewistown CBOC

Appx. 1 hour 20 min.
roundtrip

Telemedicine to Remote
Providers



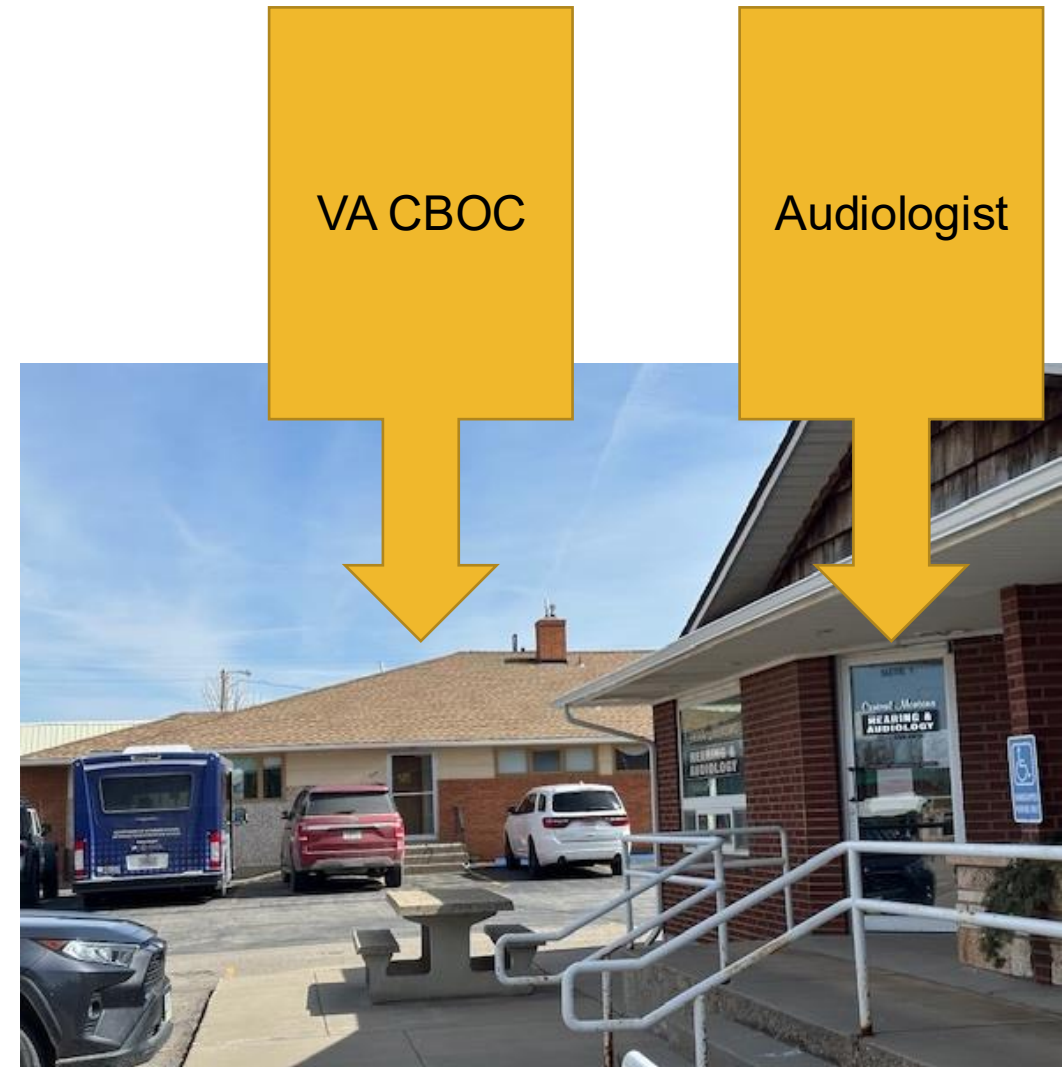
Distant Operator Required VA Doctor Next Door

- Question: What is the most important way the VA could help remote rural veterans thrive?
- Let us communicate with local VA providers when they are the providers we see for care.
- Local VA Provider: “If I could just talk to the veteran on the phone, I could probably head off 50% of the problems we have and help them because I know them and I know what their problems are.”



Telehealth Required Audiologist Next Door

- Care in the Community (VA CCP) provider for over 20 years in the capacity of Doctor of Audiology **shares a parking lot** with the local Community Based Outreach Clinic (CBOC)
- When care shifted to telemedicine, existing clients could ask to remain, but they reported remaining on hold for over 1 hour and then being strongly discouraged from remaining with CCP



Reimbursement Rate Decline Also Impacts Care HCPCS Code V5160: Dispensing Hearing Aids



\$1,600.00

2021 Reimbursement Rate



\$749.49

2025 Reimbursement Rate



\$348.32

2026 Reimbursement Rate

“If they can’t get rid of the program, they will simply decrease reimbursement until they have gotten rid of the doctors.”



Telehealth Required Audiologist Next Door

- The second most important thing that would help remote rural veterans thrive?
- Support credentialed community caregivers, which keeps care personal and supports local healthcare force.



Remote Rural Native Veterans: Reports from the Field

- Veterans in remote rural areas are **not being scheduled for VA medical appointments in the same way** as veterans who reside in or near an urban area with a VA facility.
- Rural veteran: months out
- Urban veteran: weeks out
- **Are remote rural veterans receiving care at a slower rate?**
- Veterans in remote rural areas **face seasonal impacts to their access**
- Poor road conditions, limited and undependable transportation options, distance, and dark travel during winter months on weather-impacted and wildlife-infested roadways
- Sometimes their VA appointment results in a 14- or 15-hour day
- **Travel funds do not account for time spent or danger faced**



Limited Scope of Legal Access

- Limited numbers of active attorneys and lay advocates in remote rural areas
- Lawyers' preferences for limited scope representation weighs against veterans
- Complex bureaucratic processes create friction for more than just veterans—they also discourage legal representation

Remote representation can present too much friction for remote rural veterans and advocates.

Advocates Reaching Beyond the Scope Expanding Access through Integration and Accord

Integrative, not Limited, Scope

- A more holistic approach to advocating for veterans could result in more holistic wellbeing—known as integrative law
- This may take advocacy beyond a limited scope and creative problem-solving beyond existing systems
- This may not be efficient, but it is important

Building Accord Across Systems

- Administrative conflict is asymmetrical
- The veteran and the agency are not truly working for the same thing or facing the same challenges
- Creative and collaborative problem-solving could build toward reciprocity and accord
- This may not be efficient, but it is important

QUESTIONS?

BREAK

**THE SYMPOSIUM IS CURRENTLY ON BREAK;
THE PROGRAM WILL RESUME SHORTLY**

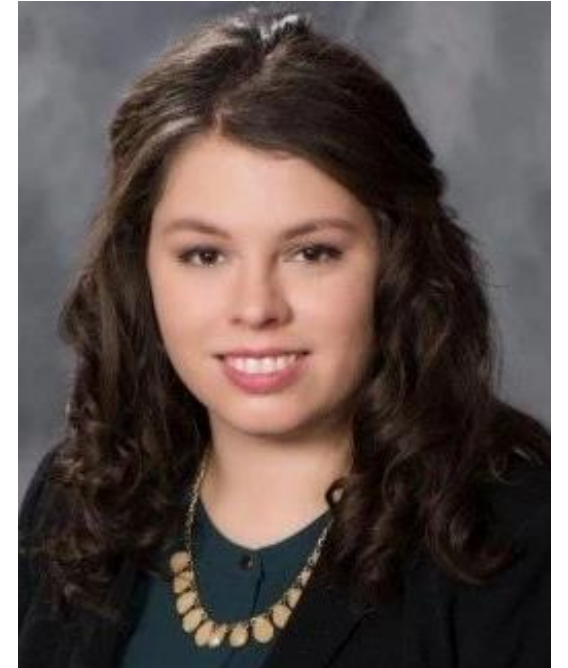
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Voices from the Field



- **Hon. Kevin S. Hillman**
 - Pulaski County Associate Circuit Judge
 - Colonel – Missouri Army National Guard
 - Former Pulaski County Prosecutor
- **Allyson Brown**
 - Attorney, Osburn, Hine & Yates in Cape Girardeau, MO
 - King Award Recipient (2019)
 - Pro Bono Partner



CONCLUDING REMARKS