

Chairman Patty Murray

Opening Statement of Chairman Murray
Senate Veterans' Affairs Committee
Hearing: VA Mental Health Care: Closing the Gaps
July 14, 2011

Welcome to today's hearing to examine how we can close the gaps in mental health care for our nation's veterans. We all know that going to war has a profound impact on those who serve. And after more than eight years of war, in which many of our troops have been called up for deployments again and again, it is very clear that the fighting overseas has taken a tremendous toll that will be with us for years to come.

More than one-third of veterans returning from Iraq and Afghanistan who have enrolled in VA care have post-traumatic stress disorder. An average of 18 veterans kill themselves every day. In fact, the difficult truth is that somewhere in this country, while we hold this hearing, it is likely that a veteran will take his or her own life.

Last week, the President reversed a longstanding policy and started writing condolence letters to the family members of servicemembers who commit suicide in combat zones. This decision is one more acknowledgment of the very serious psychological wounds that have been created by the wars in Iraq and Afghanistan and an effort to reduce the stigma around the invisible wounds of war. But clearly much more needs to be done.

In the face of thousands of veterans committing suicide every year, and many more struggling to deal with various mental health issues, it is critically important that we do everything we can to make mental health care more: accessible, timely, and impactful. In fact, according to data VA released yesterday, more than 202,000 Iraq and Afghanistan veterans have been seen for potential PTSD at VA facilities through March 31, 2011. This is an increase of 10,000 veterans from the last quarterly report. Any veteran who needs mental health services must be able to get that care rapidly, and as close to home as possible.

Over the years, VA has made great strides in improving mental health services for veterans. But there are still many gaps.

As many of you know, just this past May, the 9th Circuit Court of Appeals issued an opinion that called attention to too many of these gaps in mental health care for veterans. And while that ruling has gotten the lion's share of attention, it is one of far too many warning signs.

Today, we will hear from the Inspector General about ongoing problems with delays in receiving health care for those veterans suffering from the invisible wounds of war, like PTSD.

In one report, published just this week by the IG, several mental health clinics at the Atlanta VA were found to have unacceptably high patient wait times. The report shows that facility managers were aware of long wait lists for mental health care but were slow to respond to the problem. The report also called into question the adequacy of VA's performance measurements for mental health access times across the entire system.

As the IG noted, the VA only tracks the time it takes for new patients to get their first appointment. This means that since the VA is not tracking the timeliness of second, third, and additional appointments, facilities can artificially inflate their compliance with mental health access times. This is simply unacceptable and must change.

In another report on veterans in residential mental health care the IG found that an unacceptable number of veterans were not contacted by VA between the time they were accepted and the beginning of the program, and that staffing levels for mental health workers fell short of VA guidelines.

GAO has also recently published a report on sexual assault complaints in VA mental health units that found many of these assaults were not reported to senior VA officials or the Inspector General. VA clinicians also expressed concern about referring women vets to inpatient mental health units because they didn't think the facilities had adequate safety measures in place to protect these women.

And just two weeks ago GAO issued a report that found the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury can't adequately account for tens of millions of dollars it spent to improve treatments for the invisible wounds of war.

Taken together, these reports show very clearly that there is significant work to do to improve mental health care outreach and treatment.

One way to fill in these gaps, to overcome the stigma associated with mental health care, and to eliminate wait times is to provide primary and mental health care at the same visit.

In the hearing today, we will hear from Providence Health and Services, which was recently recognized as one of the five most integrated health systems in the country, about how they have integrated mental health services into their medical home.

I believe we need to look to Providence and those VA programs that work for guidance on making real progress.

Through its suicide hotline, VA has reached many veterans who might have otherwise taken their own lives. Each life saved is a tremendous victory, and we should celebrate those with VA. But we also have to recognize that these are veterans who reached out to VA.

We want to hear about how VA is reaching out to veterans, and how easy or hard it is for veterans to access the care they earned through their service to this country. As we will hear today, despite VA's best efforts, veterans continue to experience problems when they reach out to the VA for mental health care.

I have heard from veterans who have walked in to VA clinics and asked to be seen by a mental health provider, only to be told to call a 1-800 number. I have heard from VA doctors, who have told me VA does not have enough staff to take care of the mental health needs of veterans.

And I have heard from veterans' families, who have seen first-hand what effects untreated mental illness can have on the family. We are here today to see that this ends. I am looking forward to hearing from all of our witnesses today.

I hope it helps us to better understand these issues, and to address them so that our veterans can receive the timely, quality care they earned through their service.

I will now turn to Ranking Member Burr for his opening statement.