

**Statement of Ranking Member Richard Burr**  
**March 20, 2013**

Good morning Mr. Chairman and thank you for holding this important hearing. Welcome our witnesses, your insights will help the Committee perform much needed oversight of VA's mental health program.

I would particularly like to welcome Kim Ruocco and Jake Wood. Thank you for your willingness to share your experiences with us, which are no doubt painful to recount. As Members of this Committee, it is important that we hear firsthand from veterans, their families, and friends about their experiences in seeking mental health services through VA.

As you know, this hearing follows up on the three mental health hearings we held last Congress. At those hearings, we heard from veterans and providers about the barriers veterans face in receiving mental health care at VA facilities. After the first mental health hearing, VA – at the request of Senator Murray – conducted a poll of its mental health care providers which painted a stark picture of VA's mental health program and its ability to provide the care our veteran need and deserve.

Following the second hearing, the Committee requested the Inspector General audit VA's mental health program. The IG found that VHA schedulers were not following directives for scheduling appointments and providers frequently scheduled patients for follow up appointments based on their availability, not on the clinical needs of the patients. In my mind, this revealed a complete breakdown in VA's mental health program.

In response to the IG report, VA announced the hiring of 1,600 additional mental health providers. While I am glad VA has finally admitted they have a problem, I still have questions regarding this initiative. For instance, did VA conduct a staffing analysis to determine the type of and how many mental health providers were needed? And, when 70 percent of VA providers indicated in a survey there was not enough space in mental health clinics, I can't help but wonder, where the additional staff will be placed?

I believe this problem could be larger than just providing mental health services to the current generation of veterans. VA is seeing an increase in demand not only from veterans of Iraq and Afghanistan, but also from Vietnam and other generations as well. Vet Centers have already noticed an increase in the number of Vietnam era veterans returning for counseling. As Vietnam era veterans retire and seek services, I fear we will find ourselves back here again trying to fix the same issues.

While VA has the authority to improve access to mental health services by changing outcome measures, hiring more staff and fixing a broken scheduling process, VA cannot fix this problem alone. VA needs to look "outside the box" for answers and engage the private sector and charitable organizations for help treating veterans in need of mental health services.

Without a realistic plan that combines partnerships with outside providers and charities, the outcomes of a staffing analysis, and fixes to VA's internal problems will not improve VA's mental health services especially to those veterans who need it the most. This is a problem that cannot be solved with one or two changes; it needs a comprehensive approach that incorporates solutions both from within and outside the VA system.

Finally, I would like to take a minute to address my concerns regarding the recent quality of care issues including the single-use insulin pens at the Buffalo and Salisbury VAMC and the ongoing issues at the Jackson VAMC. I am even more frustrated by how these issues were handled and how Congress was notified. There is a broader discussion to be had on these issues but this is not the venue for that.

Mr. Chairman, I look forward to working with you to ensure veterans receive the mental health treatment they need without delay.

I thank the Chair.