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# United States Senate

COMMITTEE ON VETERANS' AFFAIRS

WASHINGTON, DC 20510

January 9, 2018

The Honorable David A. Shulkin  
Secretary of Veterans Affairs  
810 Vermont Avenue, NW  
Washington, DC 20420

Dear Mr. Secretary,

I write to you regarding the President's new Executive Order on the Department of Veterans Affairs' (VA) provision of mental or behavioral health care to newly discharged veterans. As I stated this summer when you announced an expansion of emergency mental health care services for veterans with other-than-honorable discharges, I will support any effort to ensure more veterans receive mental health care when they need it most, before a crisis occurs. However, I remain concerned about ensuring there are sufficient resources and staffing needed to execute successfully this initiative, as well as VA's lack of a long-term, unified strategy to address the delivery of mental health care to our nation's veterans.

Between 2001 and 2014, the age-adjusted rate of suicide among Veterans increased roughly 32 percent. This risk can be more pronounced during the first year following separation from the military. Periods of transition in a person's life are always fraught with challenge. The suicide rate during the first year of separation is 36.2 suicides per 100,000, compared to the 20.7 rate during years two through seven. That statistic alone provides an endorsement for ensuring separated veterans have access to mental health care and veterans who separated while in treatment have a seamless transition to VA from the Department of Defense.

But, the statistics also tell us that treatment at VA makes a difference. Veterans who seek care at VA are less likely to complete suicide than veterans who are not enrolled, highlighting the need to continue to educate veterans and their families about VA's treatment options. It is imperative that the implementation of any additional mental health care initiatives is effective and transparent. Confusion for at-risk veterans could be deadly, and the burden of added bureaucracy on mental health providers without an increase in resources for that staff could be detrimental to the quality of care all veterans receive. You testified last year that VA was keeping even with mental health staffing in 2017, despite your call to hire 1,000 additional mental health providers. I hope this trend is reversed and that VA is now utilizing the direct hiring authority and other workforce improvements Congress provided in 2017.

While it is encouraging to see the nation take additional steps to find ways to expand mental health care services for service members and veterans, many important details of the Executive Order remain unclear. When it comes to serving our nation's veterans, particularly

those with mental illness, there is no room for error. It is essential that the administration immediately brief Congress on a detailed implementation plan for this expansion.

I look forward to your response.

Sincerely,



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JON TESTER  
Ranking Member