

Senator Blackburn Statement for the Record
RE: SVAC Hearing, September 9, 2020, “S.785: Leading the Way to Comprehensive Mental Health Care and Suicide Prevention for Veterans”

Our veterans make sacrifices for this nation, and they deserve the high quality care that they have been promised – at the right place and at the right time – to alleviate the burdens they may carry physically, spiritually, and emotionally.

Unfortunately, there is no indication of a decline in the suicide rate among servicemembers and veterans. I am following closely a report recently released that details a lack of care coordination that may have led to a veteran in need taking his own life.

One tragic death is one too many.

And that is why my colleagues and I continue to discuss this important legislation that would improve oversight of mental health care and improve the mental health medical workforce within VA. S.785 would also make meaningful investments in veteran-serving community organizations across the nation - organizations like Operation Stand Down in Nashville, Tennessee.

Veterans are at greatest risk within their first year of leaving the service. Adequately providing services and care to veterans begins with deliberate efforts from the Department of Defense and existing models such as Transition Assistance Programs (TAP). According to a Pew Research survey, nearly half of post-9/11 veterans experience difficulty adjusting to civilian life. Early and frequent contact with the Veterans Affairs is critical to connecting veterans with the services they need during this unique period of transition.

Still, for women veterans, the existing care offered by VA is fractured and limited in its ability to meet their needs. The growing population of women veterans have been trying navigate these limited resources for far too long. S.785 would improve the care and services they receive through VA and those partnered with VA.

Lastly, as indicated by unfortunate losses, there is an acute need for improved suicide prevention efforts within VA emergency departments. Interventions in these emergency and urgent care centers are critical for those at risk, and policies to address veterans experiencing mental duress – and with a history of mental disorders – should be clear and well established. Warm handoffs to other inpatient or outpatient departments should be required at a minimum, and no at-risk veteran should ever leave a VA facility without a clear and confirmed plan for follow-up.

I appreciate the witnesses’ passion and advocacy for veterans across the nation on these urgent matters. It is essential that they, and those whom they represent, continue to have a voice in Congress.