

**Testimony of Paul D. Worley
Before the U.S House of Representatives
Committee on Veterans' Affairs
Subcommittee on Health
September 17, 2013**

Mr. Chairman and members of the subcommittee, it is an honor to testify before you today. Thank you, for allowing me the opportunity to speak this morning about mental health care for veterans. My name is Paul Worley and I am an Army veteran. I served as an infantry rifle platoon leader and scout platoon leader in 2nd Battalion, 502nd Infantry Regiment, 101st Airborne Division (AASLT) in Iraq in 2005-2006. In 2008, I served as an operations officer at Regional Command South, NATO Headquarters in Kandahar, Afghanistan. My last tour of duty in Iraq was from 2009-2010, where I served as a mechanized infantry company commander for 3rd Battalion, 69th Armor Regiment, 1st Brigade Combat Team, 3rd Infantry Division. At times and places few will ever know we fought for each other against an unseen enemy. I was honored to serve my country and privileged to lead the best soldiers in the world. Today, I am equally proud to represent my fellow veterans and to talk about the issues we face in regards to mental health.

When it comes to mental health care for veterans the major issues are access and availability. The VA is the largest integrated health care system in the country. There are going to be issues, as there are in every health care system, but that does not mean that the system is broken.

In Adams County, Ohio, our veterans are faced with the issue of getting reliable transportation to their medical and mental health appointments. The nearest clinics are located in Portsmouth and Chillicothe, which are at least a forty five minute drive for most veterans. For those who receive services in Cincinnati and Columbus the task of getting to appointments is even more daunting. Our local veterans' service commission and veteran service organizations, including VFW Post 8327 and DAV Chapter 71, currently provide transportation, but it is not enough to meet the demands of our veterans and their families. I believe it is essential that we provide more mobile veteran centers to provide access to our rural residents.

Another access issue we face in southern Ohio is internet availability. Our internet infrastructure is extremely limited due to the terrain and the financial challenges of our local population. Many veterans do not have ready access to fill out forms online or to obtain the information they need about mental health services. As more information is shared online it is critical that we provide our veteran population with access to this basic modern need.

I believe that the military as a whole has made positive progress to reduce the stigma of post-traumatic stress disorder within its ranks over the past ten years. However, I believe there is still a great amount of work to do reduce the stigma of PTSD among the American people. Young veterans seeking civilian jobs are reluctant to seek help because of the risk of employers not hiring them. All veterans deal with

the stigma that seeking help for mental health is a sign of weakness. More education is needed to make sure the American public comprehends the issues associated with PTSD.

It is very encouraging that the VA has recently hired an additional 1300 mental health care workers that will potentially alleviate some of the availability issues. I believe that the VA employees and leadership want nothing but the very best care and benefits for our veterans. However, we need to continue to improve the mental health care system. We need to be prepared to pay for veteran health care services as readily as we were to fund the wars that caused these issues. The price tag may be great, but that truth does not take away the nation's duty to care for our veterans. The country sent us to war.

Now is the time to make sure that this country is delivering on the solemn promise made to our veterans for their voluntary service.