Chairwoman Wasserman Schultz, Ranking Member Carter, and members of the House Appropriations Subcommittee on Military Construction, Veterans Affairs, and Related Agencies, thank you for allowing me this opportunity to testify on the importance of expanding veterans’ access to mental health services.

I am proud to represent over 35,000 veterans in Minnesota’s Second District. These men and women have served their country honorably. We owe them our utmost respect and a debt that can never be repaid.

Unfortunately, our veterans often face a series of barriers accessing critical mental health services, particularly those living in rural and underserved areas. I frequently hear from veterans in my district about the challenges they face accessing quality health services. In Goodhue and Wabasha Counties, folks must contend with a lack of providers and limited access to transportation, among other barriers.

We are grateful to the veteran service organizations who selflessly provide many resources and services. DAV Minnesota volunteers dedicate over 55,000 hours a year to driving veterans and their caregivers to VA Medical Centers and Outpatient Clinics. In 2019, Minnesota VFW members donated over $2.7 million to community service projects across the state.

These groups provide an invaluable service, but they can’t do it alone. Congress must do our part.

One of the barriers I hear about most often is the lack of provider access. According to a 2019 OIG report, the Minneapolis VA has severe shortages of 40 clinical specialties, including psychiatry. While the VA employs 400 mental health counselors across Minnesota, it is not enough to meet the demand. Staffing challenges greatly impact the workforce and patient care. In his report, the OIG interviewed one medical center director described the corrosive effect of staff turnover and vacancies leading to “a workforce that feels abandoned and that nobody cares enough about them to get stable leadership”. I ask that the Committee continue to request that the VA provide quarterly reports on vacancies and hiring initiatives, and to track the reasons driving attrition.
We know that when folks can’t access the mental health services they need, the results can be tragic. Over the past two years, two veterans have committed suicide on the campus of the Minneapolis VA Health Care System. A subsequent OIG inspection found several deficiencies; which the system continues to tackle. I respectfully request that you continue to direct the VA to remove barriers to mental health services. I also ask that you continue to direct the VA to implement suicide safety plans that address suicides that occur on VA campuses, including agency-managed parking lots.

On behalf of our veterans living in our rural communities, please continue to provide robust funding for the Office of Rural Health. Their research informs evidence-based best practices to navigate barriers and expand access to care. I also request that the committee continue to direct the VA to increase the Veterans Rural Health Resource Centers, whose research and pilot projects deliver innovative solutions to improving care delivery.

I thank the Chairwoman and the committee for your continued leadership on this issue. As you determine FY2021 appropriations, I forward to working with you to ensure our veterans receive the care they need and reserve.