Chair Wasserman Schultz, Ranking Member Carter, and distinguished members of the committee, thank you for the opportunity to discuss an issue that is critically important to veterans both in my district and across America: access to in-patient Substance Use Disorder (SUD) facilities.

Substance Use Disorder is a tragic reality for far too many veterans. Those that have worn our nation’s uniform and selflessly fought in defense of our country exhibit mental health and drug use problems at a far higher rate than the rest of the country. As a former Marine Infantryman and veteran of both the Iraq and Afghanistan Wars, I have seen this problem up close. About 1 in 15 veterans demonstrated substance use disorder in the past year, compared to the 1 in 11 national average among persons aged 17 or older. SUD among our veterans is increasing, particularly among post-9/11 veterans. According to statistics published in 2015 by the Substance Abuse and Mental Health Service Administration, SUD has increased from 3.7 percent among pre-Vietnam-era veterans to 12.7 percent among those who served in the military since September 2011. Since 2002, the number of veterans addicted to opioids has doubled.

The data on Substance Use Disorders is overwhelming and present a stark reality: substance use, with its associated health consequences, is a major health problem for veterans, and it can have substantial negative consequences on veterans’ mental and physical health, work performance, housing status and social function.

These challenges are felt more acutely among veterans in rural states like Maine. Almost 460,000 rural veterans served in Afghanistan and Iraq, and approximately 80-90% of Afghanistan and Iraq veterans treated for substance use disorder have also been diagnosed with corresponding mental health issues. The profound, often generationally-affecting toll of substance use and corresponding mental health issues for rural veterans and their families is one that my office has seen in our efforts to assist Maine veterans and their loved ones with substance use issues. In Maine, this means traveling to Brockton, MA or Stonington, CT to receive care hundreds of miles away. Consequently, these veterans face an
exceptionally difficult choice: either receive care far away from their family and support networks or forego evaluation and treatment altogether out of concern for having to leave their communities.

Just this week, caseworkers in my district have been working with a veteran of the Global War on Terror suffering from mental health and substance abuse issues. After months of not receiving adequate care at Togus VA, his mother reached out to our office because she felt she had nowhere else to turn. In one email she writes, “It is really sad that Maine does not offer services to help our combat veterans suffering from PTSD, TBIs and addictions. [Maine’s VA Medical Center] really needs some help in what it does and can offer. The lack of services, employees, and equipment is such a disservice to the men and women who fought for us.” Her son’s struggle is her struggle. The issues our veterans face are not felt alone, but have a profound impact on their families and friends as well. We owe veterans - such as this brave servicemember from my district - the medical care they have earned after years of selfless service.

The path forward to address this problem is clear: greater access to in-patient substance use disorder facilities are an absolute must for the VA. There simply is no substitute for veterans being able to receive these critical services from the VA because we know that VA providers are better trained and experienced to help veterans overcome the unique challenges that can stem from combat service.

That is why I am requesting that your committee adequately fund the Medical Facilities Account, which would help bring much needed construction of new in-patient SUD facilities within the VA system. A special emphasis must be placed on rural communities, where the problem of limited access is particularly acute.