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| **For Immediate Release:** | **Contact:**[Megan Taylor](mailto:Megan_Taylor@heller.senate.gov) |
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**Bipartisan Group of Senators Submit Letter to VA Secretary Requesting Solution to High Veteran Suicide Rate in Western States**

**WASHINGTON** - U.S. Senator Dean Heller (R-NV) joined U.S. Senator Catherine Cortez Masto (D-NV) and colleagues in sending a letter to U.S. Department of Veterans Affairs (VA) Secretary David J. Shulkin, M.D. requesting solutions to the high veteran suicide rate across the Western United States. According to a 2017 report from the VA, the veteran suicide rate throughout the West in 2014 is seven percent higher than the rest of the country.

“We are supportive of the services the Department of Veterans Affairs (VA) already provides in Western states,” said the senators. “The Vet Centers that offer mental health services to combat veterans are critical to ending veteran suicides. Additionally, the information available on the Department of Veterans Affairs website and the expansion of the Veterans Crisis Line are important steps toward ensuring access to resources for veterans in need. The increases in mental health services for women, including telehealth medicine, are also commendable. While these are steps in the right direction, there is still more work to be done, and we want to work with you and all concerned stakeholders to do more to address this public health crisis.”

Senate Veterans’ Committee Ranking Member Jon Tester (D-MT) as well as U.S. Senators Mike Crapo (R-ID), Ron Wyden (D-OR), Jeff Merkley (D-OR), Steve Daines (R-MT), Michael Bennet (D-CO), Dianne Feinstein (D-CA), Mazie Hirono (D-HI), and Orrin Hatch (R-UT) also signed the letter.

**The full text of the letter is below:**

October 17, 2017

The Honorable David J. Shulkin, M.D.

Department of Veterans Affairs

Washington, DC 20420

Dear Secretary Shulkin:

We write to you today regarding the need to expand suicide prevention efforts for Western state veterans, especially women veterans and veterans in rural communities. As our veterans return home from foreign wars, they face significant challenges readjusting to civilian life. Some suffer from mental and physical injuries that make it difficult to find a job, housing, and successfully reintegrate into their communities. We must do more to help these men and women who have served our country and ensure their access to proper mental health care.

As you may know, as of 2014, the suicide rate among veterans living in the West is 7 percent higher than that of veterans nationwide—1,970 veterans in the region died that year alone by suicide. Like you, we believe even one veteran suicide is one too many. With the rate of veteran suicides reflecting the increase in society at large, we are deeply concerned both by the ongoing incidence of suicide and by the fact that suicide rates in Western states and rural areas are higher than the national veteran suicide rate across almost every age group.

We are supportive of the services the Department of Veterans Affairs (VA) already provides in Western states. The Vet Centers that offer mental health services to combat veterans are critical to ending veteran suicides. Additionally, the information available on the Department of Veterans Affairs website and the expansion of the Veterans Crisis Line are important steps toward ensuring access to resources for veterans in need. The increases in mental health services for women, including telehealth medicine, are also commendable. While these are steps in the right direction, there is still more work to be done, and we want to work with you and all concerned stakeholders to do more to address this public health crisis.

With so many veterans in need of mental health support, we feel strongly about providing increased transparency to our constituents and veterans so that we can help direct them to treatment when they need it. To provide this transparency, we respectfully request answers to the following questions:

1. What steps will the VA take to prevent further loss of life by suicide in Western states and stop the disproportionately high suicide rate in western states?

a. What steps has the VA taken to expand resources to states with the highest rate of suicide among veterans?

b. What steps is the VA taking to balance the prescription of various medications with other modes of treatment, particularly with an eye to reducing the risk of dependence on opioids or other potentially dangerous pharmaceuticals?

c. What obstacles limit the delivery of telehealth services to veterans in rural communities and how does the VA ensure that veterans who seek telehealth services receive those services in a timely manner? Does the VA need any legislative relief from barriers or other Congressional intervention to assist with increasing access to telehealth?

d. How does the VA tailor treatment to Western states veterans, for example, to account for the higher altitudes, longer distances to travel, and fewer private-sector mental health providers?

e. Please provide specific examples of new partnerships with stakeholders and non-VA assets that have resulted in positive outcomes for veterans since 2015.

2. How many veterans with other than honorable discharges have been treated under the emergency mental health care program started this summer?

a. What are your engagement efforts to reach these veterans? Are there any changes needed to better reach and serve these veterans?

3. How many veterans who committed suicide were known survivors of military sexual assault, and has the VA conducted any research on their utilization of VA services?

In your response, we encourage you to take into account the unique challenges that Western states and rural communities face. Decreasing the number of veteran suicides in our states is a top priority, and we hope to work with you to further this goal.

Thank you in advance for addressing these concerns and for your commitment to making veteran suicide prevention a priority at the VA. We look forward to your prompt response.

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