

Statement
Of
VIETNAM VETERANS OF AMERICA



Submitted for the Record

By

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Before the

U.S. House of Representatives Veterans Affairs
Subcommittee on Health

Regarding

"VA Pain Management Programs and the Use of Medications..."

October 10, 2013

Chairman Benishek, Ranking Member Brownley, and Distinguished Members of the House Veterans' Affairs Subcommittee on Health, on behalf of President John Rowan, our Board of Directors, and our membership, Vietnam Veterans of America (VVA) thanks you for the opportunity to present our statement for the record re: the Department of Veterans Affairs (VA) pain management programs and the use of medications, particularly opioids to treat veterans experiencing acute and chronic pain.

Our veterans, returning from two protracted wars, deserve the very best. Most agree that includes access to jobs, education, affordable housing, quality health care, and equal opportunity employment opportunities. After defending our freedom overseas, our soldiers, sailors, airmen and Marines are clearly facing a crisis at home. We need to ensure that those who have taken care of us abroad are taken care of once they transition back to civilian life.

One area that is often overlooked is the proper diagnosis and treatment for veterans suffering from chronic pain. While millions of Americans suffer from chronic pain, many are veterans who brought the unfortunate souvenir back from war. Despite the media attention given to post traumatic stress disorder (PTSD), the number one malady suffered by America's active duty military personnel is musculoskeletal. Given the number of physical injuries often experienced by troops, it is not surprising that chronic pain is a frequent problem among returning military personnel from Operation Iraqi Freedom and Operation Enduring Freedom (OIF/OEF). Common sources of chronic pain for these troops are in the head (traumatic-brain injury or TBI) or post-concussion syndrome, legs (fractures, amputations), burns, shoulders, back, and knees. Other physical injuries include spinal-cord and eye injuries, as well as auditory trauma.

According to a May 2011 study by the American Pain Society, about nine in 10 Iraq and Afghanistan veterans who registered for care with the Department of Veterans Affairs are experiencing pain. More than half of these veterans have significant pain, the study asserted. In raw numbers, of the 291,205 who enrolled for VA health care between October 2003 and December 2008, 141,029 received a diagnosis of a painful condition not caused by cancer.

It's no secret that the best way to treat chronic, severe pain is by keeping it under control all the time, and for severe pain, the World Health Organization recommends strong opioids such as hydrocodone, as well as other such medications called adjuvant therapies, as needed for the particular kind of pain. In fact, a paper published in the March 7, 2012 *Journal of the American Medical Association* described the pattern of opioid prescription for returning OIF/OEF vets. Of the 291,205 who enrolled for VA health care between October 2003 and December 2008, 141,029 received a diagnosis of a painful condition not caused by cancer; and of that number, 15,676 received a prescription of an opioid drug that lasted at least 20 days.

And now in October 2013 we learn that the death rate from overdoses of such drugs at VA hospitals is twice the national average while the data also show the VA continues to prescribe increasing amounts of narcotic painkillers to many patients. Prescriptions for four opiates -- hydrocodone, oxycodone, methadone and morphine -- have surged by 270 percent in the past 12 years, according to data from the Center for Investigative Reporting (CIR) obtained through the Freedom of Information Act. CIR's analysis exposed the full scope of that increase, which far outpaced the growth in VA patients and varied dramatically across the nation among VA hospitals.

And chronic pain is not limited to America's newest generation of military personnel. It is also a significant malady among our older veterans, especially Vietnam veterans suffering from PTSD, hepatitis C, and those exposed to the herbicide Agent Orange. Given these morbidities, it may not be surprising to see a higher frequency of prescription opioids for these vets. Other common chronic pain complaints often include headache, low back pain, cancer pain, arthritis pain, neurogenic pain (pain resulting from damage to the peripheral nerves or to the central nervous system itself), psychogenic pain (pain not due to past disease or injury or any visible sign of damage inside or outside the nervous system). Frequently these veterans have two or more co-existing chronic pain conditions, including chronic fatigue syndrome, endometriosis, fibromyalgia, inflammatory bowel disease, interstitial cystitis, temporo-mandibular joint dysfunction, and vulvodynia. In addition, research suggests these chronic pain patients complain of cognitive impairment, such as forgetfulness, difficulty with attention, difficulty completing tasks, impaired memory, mental flexibility, verbal

ability, speed of response in a cognitive task, and speed in executing structured tasks.

We can help veterans, both young and older, by ensuring they have access to improved treatments and medications to better manage their chronic pain. The fact is every person experiences pain differently and responds to treatments in different ways. Whether the pain stems from head trauma, spinal-cord and eye injuries or an amputation, there must be a variety of options available to treat the unique symptoms our veterans are experiencing. But the rise in prescription drug abuse threatens to stifle these options for fear of the further spread of abuse and misuse. We must not let that happen.

Make no mistake, prescription drug abuse is a major concern within the veteran community and VVA supports proactive measures to educate veterans of this threat and to encourage responsible prescribing to ensure these medicines stays out of the hands of those who abuse and misuse the drugs. But we cannot allow for the abuse dynamic to restrict veterans' access to the highest quality medications and treatments needed to relieve their pain.

Prescription medicines are not the only solution for every veteran. But for those who need them, they are critical. Together we can ensure our warriors can live long and productive lives, even if they have to manage pain. Access to quality health care and new options for treatment will protect the next generation of Americans coming back from war from experiencing the same challenges of past generations.

Whether a veteran has been wounded in combat, has experienced a non-battle injury, or is currently working through a recovery, chronic physical pain has the potential to play a significant role in their rehabilitation and reintegration process. In fact, managing the psychological and emotional effects of chronic pain can be just as challenging as the pain itself. Let us not stand in the way of our heroes fulfilling their dreams.

Dr. Tom Berger

Dr. Tom Berger is a Life Member of Vietnam Veterans of America (VVA) and founding member of VVA Chapter 317 in Kansas City, Missouri. Dr. Berger served as a Navy Corpsman with the 3rd Marine Corps Division in Vietnam during 1966-68. Following his military service and upon the subsequent completion of his postdoctoral studies, he's held faculty, research and administrative appointments at the University of Kansas in Lawrence, the State University System of Florida in Tallahassee, and the University of Missouri-Columbia, as well as program administrator positions with the Illinois Easter Seal Society and United Cerebral Palsy.

After serving as chair of VVA's national PTSD and Substance Abuse Committee for almost a decade, he joined the staff of the VVA national office as "Senior Policy Analyst for Veterans' Benefits & Mental Health Issues" in 2008. Then in June 2009, he was appointed as "Executive Director of the VVA Veterans Health Council", whose primary mission is to improve the healthcare of America's veterans through education and information.

Dr. Berger has been involved in veterans' advocacy for over thirty years, and he is a member of VVA's national Health Care, Government Affairs, Agent Orange and Toxic Substances, and Women Veterans committees. In addition, he is a member (and the former Chair) of the Veterans Administration's (VA) Consumer Liaison Council for the Committee on Care of Veterans with Serious Mental Illness (SMI Committee) in Washington, D.C.; he is also a member of the VA's Mental Health Quality Enhancement Research Initiative Executive Committee (MHQUERI) based in Little Rock, Arkansas and the South Central Mental Illness Research and Education Clinical Center (SC MIRECC) based in Houston, Texas. Dr. Berger holds the distinction of being the first representative of a national veterans' service organization to hold membership on the VA's Executive Committee of the Substance Use Disorder Quality Enhancement Research Initiative (SUD QUERI) in Palo Alto, CA and serves as a committee member on the National Association of Alcohol and Drug Abuse Counselors (NAADAC) veterans' working group and member of the National Leadership Forum on Behavioral Health-Criminal Justice Services with the

CMHS-funded national GAINS Center. He has also served as a reviewer of proposals for the Department of Defense (DoD) “Congressionally Directed Medical Research Programs”. He is a current member of the Education Advisory Committee for the National Center for PTSD in White River Junction, Vermont, as well as a member of the Executive Committee of the National Action Alliance for Suicide Prevention, and a member of the Advisory Board for the National Crisis Center.

Dr. Berger’s varied academic interests have included published research, books and articles in the biological sciences, wildlife regulatory law, adolescent risk behaviors, domestic violence, substance abuse, suicide, and post-traumatic stress disorder. He currently resides in Silver Spring, Maryland.

Vietnam Veterans of America Funding Statement

October 10, 2013

The national organization Vietnam Veterans of America (VVA) is a non-profit veterans' membership organization registered as a 501(c) (19) with the Internal Revenue Service. VVA is also appropriately registered with the Secretary of the Senate and the Clerk of the House of Representatives in compliance with the Lobbying Disclosure Act of 1995.

VVA is not currently in receipt of any federal grant or contract, other than the routine allocation of office space and associated resources in VA Regional Offices for outreach and direct services through its Veterans Benefits Program (Service Representatives). This is also true of the previous two fiscal years.

For further information, contact: Executive Director of Policy and Government Affairs, Vietnam Veterans of America. (301) 585-4000, extension 127