Statement of
Chelsey Simoni, APRN, MSN, Ph.D.(c)
Clinical Nurse Researcher & Executive Director
of the
HunterSeven Foundation

Chairman Tester, Ranking Member Moran, and members of the Senate Veterans Affairs Committee, I appreciate the opportunity to come and speak this evening on substance use in the veteran community.

Today, I speak before the committee as a licensed healthcare provider with advanced medical degrees, including public health and epidemiology specialty certifications. I've spent over fifteen-thousand hours working in emergency medicine, long- and short-term substance use settings, and military veteran-specific mental health clinics. I've published in numerous academic journals and presented at conferences nationwide. However, I speak to the committee today as the sister of a combat-wounded Marine losing his battle with addiction… as the child of an alcoholic and heroin-addicted father. I speak today as a disabled Army veteran dealing with constant, debilitating pain and the uninterrupted emotional burden I face daily. The testimony I share today is, unfortunately, entirely true.

I am the youngest of five. My sister and I share a mother, while my three brothers and I share a father. My three brothers lived with our aunt, as my father was preoccupied with shooting heroin and rotating between a "*halfway house*" and jail. Growing up, I thought drug use was regular for most adults. Everywhere I turned, I'd find a hypodermic needle or a spoon with a rubber band nearby. Sometimes I'd see the ambulance come to our apartment complex, and shortly after, a stretcher with a black body bag would roll by where I was playing. Some nights I'd stay awake crying, wondering if my parent would come home that night and if they did, I'd pray they wouldn't be so intoxicated that they would fall. I was always afraid when they drank because they would get hurt. While most ten-year-old kids enjoy sleepovers with their friends on the weekends, I was busy caring for my parent, confirming they got into bed, and checking on them throughout the night to ensure they were still breathing.

By fourteen, I needed to get a job; I skipped school and had never done my homework. I got into fights and did everything I wasn't supposed to, so I failed my freshman year of high school. At fifteen years old, I lost my oldest brother to an overdose. My mother told me my 24-year-old brother planned to enter substance use treatment the following Monday. He didn't make it. He had shot up the night before with friends of my fathers; he had fallen asleep and began to throw up… instead of calling 9-1-1 and keeping him awake, those he was with had moved his body into the hallway, where he choked on his vomit and died.

Shortly after his death, I was expelled from school. My behavior was self-destructive and lacked structure and discipline. It was difficult to talk about my situation at home with those who didn't understand, especially with those who just thought I was a "bad kid" but never figured to ask why. By sixteen, in 2007, my youngest brother had signed up to serve as an infantryman in the United States Marine Corps; we wrote to each other often while he was in boot camp at Parris Island. He loved it, every single minute of it. I had just graduated high school when my brother told me he would be deployed as one of the first waves into Marjah, Afghanistan, under President Obamas' "Surge," to disrupt Taliban forces. He spent seven months in southern Afghanistan.

While he was deployed, I'd sit at night and watch the evening world news to keep myself in the loop of what was happening in the war. Every time I heard about unnamed Marine casualties, my heart sank. It was almost daily. In total, 68 Marines were killed in action during that seven-month deployment, and 697 Marines were wounded in action[1]. In turn, I enlisted in the United States Army.

[1] Defense Casualty Analysis System (June 9, 2023). U.S. Military Casualties - Operation Enduring Freedom (OEF) Casualty Summary by Month and Service. Retrieved from: https://dcas.dmdc.osd.mil/

In August 2011, he redeployed to Sangin, Afghanistan, for eight months. Thirty Marines had been killed in action, while 582 Marines were wounded in action. One of those wounded Marines was my brother. While he had lost men he considered brothers, and witnessed his closest friends suffer near-death amputations from hidden improvised explosive devices and others who had been physically ripped apart from RPK machine gun rounds, my brother felt lucky. He had sustained outrageous blast injuries from explosions and rocket-propelled grenades. One blast so severe his MRAP vehicle had flipped over, throwing him from the turret, causing him to break four ribs, fracture his skull and sections of his lower back. He came home, but the physical pain was moot compared to the emotional guilt and moral injury he tried so hard to hide.

Over the next year, he struggled with physical pain and depression; the guilt overwhelmed his life. What began as a short-term Vicodin prescription for pain management became a full-blown addiction where he would steal Fentanyl patches from the regiments Navy corpsmen. He had kept his habit under the radar until a random drug test found opiates in his system. Sixteen days later, he was discharged under "*Other than Honorable*" conditions for illicit drug use. He was homeless, jobless, emotionally and physically unstable, and addicted. He was too embarrassed to seek help; he suffered in silence and ended up sleeping on our aunts' couch.

Around the same time, I suffered a severe spinal injury while serving in the Army. I remember the electrifying pain, it wasn't like any pain I had experienced before, but my adrenaline was high, and the mission made the pain seem nonexistent. It wasn't until later that evening that I lost control of my bladder, and pins and needles drove up my leg, causing a debilitating painful paralysis. At 21 years old, I was told my injury led the discs in my lower back to partially paralyze my spinal cord, and I needed surgery. My military career was placed on hold, but that wasn't the case for the rest of my team. In the months leading up to the major surgery I was scheduled for, I was given more than 300 pills of the mild opiate hydrocodone-acetaminophen, better known as "Vicodin." I was told to take them every 6 hours for pain. In case the Vicodin wasn't working, I was given 100 pills of Tramadol, a synthetic opioid that reduces the pain felt through the central nervous system. To lessen the right-sided leg numbness, severe neuropathy, and muscle spasms, I was given 100 pills of Flexeril. My anxiety was front-and-center at all of this, so I was given 30 pills of Lorazepam, an anti-anxiety benzodiazepine, to take "as needed" for anxiety.

Two weeks later, I received a call that one of my closest friends I had known since I was 14, was killed in Dawlat Shah, Afghanistan. I felt helpless, motionless, stuck in time; I couldn't move. The "pain" had gotten worse. The more of these pills I took, the less "pain" I had. And as time went on, everything became easier to deal with; or at least that is what I had thought.

I went through a three-hour surgery and was on the road to recovery. The first few nights were hell. I had severe nightmares; dreams I'd never wish anyone would experience; I'd wake up covered in sweat and unable to move. The pain worsened; I was given 60 pills of oxycodone-acetaminophen (Percocet) and told to stop taking the Vicodin as it may have been an adverse reaction. I couldn't swallow the pills without vomiting, worsening the post-operative pain. I was sent home with an 8oz. bottle of "Oxydose" - liquid oxycodone.

It helped with the pain; eventually, it subsided as I healed. I felt great. Looking back, I cannot remember a time in my life when I felt that relaxed or carefree. I could sleep. My mind stopped overthinking, and my heart stopped racing. I wasn't sad. I wasn't worried about the future; I was enjoying the present. And when I started to feel myself come back to reality, I'd grab the medicine bottle and take another sip. Like most 21-year-olds, I didn't have a way to measure the amount I was taking. Instead, I'd rely on my balance to let me know if I had taken enough. I don't remember much besides laying in my bed thinking, isn't life great.

I loved how I felt in those moments; it was an unmatched feeling. I took medication not for the physical pain but to cover my emotional pain, which worked very well – until it almost killed me. Late one night, I was lying in bed and had drunk too much. I laid back and felt a sudden sickness; I went to get up and felt my legs get weak. Using the side of my bed, I slowly slid to the ground… I don't remember much afterward until I woke up minutes later, covering my floor with vomit. I cried; I knew what happened. The next day I knew I had to get rid of it, which wasn't easy. But what kept me motivated was returning to uniform and being with my team again. There is a reasonable probability that is what kept me alive. To this day, I know I cannot take Percocet – I enjoy it too much.

While dealing with my situation, my brother battled something similar. He was figuring out his next steps, but none knew he was battling addiction. While staying with our aunt, he had been taking prescription opiates… when those ran out, and he couldn't get more, he turned to heroin.

He was alone one night and had shot up heroin that we later discovered had traces of fentanyl. He passed out on the couch, and when our aunt found him, he was covered in vomit and not breathing. She called 9-1-1 and began CPR; his lips were dusky and cold. He was given Narcan, intubated, and rushed to the emergency department, where the medical team worked to save his life. The doctor said it was a miracle he survived because he shouldn't have. They were cautiously optimistic as his brain was oxygen-deprived for some time, and we wouldn't know the severity until he was out of a coma.

He was transferred to the intensive care unit at the Department of Veterans Affairs in Boston, where he would spend the next few weeks hooked up to a breathing machine. Every night after dinner, I would sit with him; I'd play his favorite band, Stone Temple Pilots, while he lay there on life support. I'd wash his face and brush his hair. Weeks later, he was brought out of the coma, his neurological function was intact, but his attitude was almost careless – which surprised me the most. He had told me everything that had happened, from his other-than-honorable discharge to his lack of ability to receive services within the VA Healthcare System, as he had difficulty enrolling in care. He didn't have a backup plan and felt trapped as if he had returned to the bottom where he started. It took more than seven years to enroll him in substance use treatment and nearly ten years to have his military service discharge overturned.

While my brother faced his battles, I received medical clearance to remain in the Army despite having just had a life-changing surgery. My provider had told me that the chances of another injury occurring are inevitable and that I may not be so lucky this time around. Against his medical advice and warning of imminent pain and suffering, I knew it was where I belonged. It was my comfort zone; it was the family I never had. But as predicted, years later, I suffered a re-injury. This time was equally painful, but I could still move and manage. For me, long story short, my career was over. Discharged.

It will always be the most dangerous time in any service member-turned-veterans' life. You are leaving a tight-knit group, leaving a feeling of "*belonging*," and reintegrating into a society that couldn't give a shit about you, your service, your situation, or your struggles. There is no "team" or "tribe" that you can turn to or fall back on; there is no safety net or mirroring experience in a fellow veteran for you to voice your thoughts and feelings with.

I went to bed as a service member and woke up the following day as a civilian. My pain had become increasingly worse. My temper became short, my anger and frustration grew, and my anxiety worsened. I was alone with myself and my thoughts. My grandparents had invited me to stay with them while I figured out my situation; with their help, I enrolled in school in hopes of receiving my undergraduate degree in nursing. Opposite to my time in high school, college became much easier for me. I was structured, disciplined, motivated, and mission-focused, but it felt like I was passing the time. I didn't feel like I was where I belonged.

I woke up one morning during my senior year of college, and it was like a trap door had fallen from underneath me. The best way to describe it is that I felt like I was running full speed on a treadmill. What that something was, I do not know. But I hit the lowest point in my life. I was running on empty. I couldn't stop crying – and I didn't know why. I couldn't eat or keep any food down. Instead, I drank whiskey to keep the anxiety and emotions at bay, leading to an ulcer eating my stomach lining. I hid my sadness from my family and friends. I was alone as if I was on the outside looking in. I had lost any meaningful purpose in my life, and I knew I didn't belong.

You can only run so much before you are on empty. And I was on empty.

I had a commemorative military pistol from the unit, a Sig Sauer P250, .45 ACP, underneath my bed, and I laid down on my bedroom floor looking up at the ceiling with the pistol in my right hand. I pointed the gun toward myself and placed the barrel in my mouth. I can remember the cold feeling and taste of steel. The only reason why I am still here today is two-fold.

I couldn't kill myself in my grandparents' house. I couldn't do that to them or have them wondering why for the rest of their lives. I got in my car and drove; I pulled over and texted, "**I'm not okay**," to the only person I knew would understand. My

nursing professor a 29-year Air Force veteran and flight nurse. She understood. Thirty minutes later I was at the VA Hospitals' mental health urgent care getting the support I needed.

I didn't tell you all my life story for sympathy but to emphasize the importance of understanding the "bigger picture" concerning substance use, pain management, mental health, and recovery in military veterans. As difficult as it is to share at times, it is a lived experience that will provide some context for what I am about to say and hopefully guide your decision-making process regarding how post-9/11 military veterans receive potentially life-saving care.

ADVERSE CHILDHOOD EXPERIENCES

Adverse childhood events (ACE) are a list of eight negative experiences that occurred during one's childhood before age 18. These include living with a person who is mentally ill, depressed, or suicidal, living with an alcoholic, living with a person who used or abused illegal or prescription drugs, living with someone who had been incarcerated, parental divorce or separation, witnessing intimate partner violence, and being physically, emotionally, or sexually abused. Notably, a shift toward an all-volunteer military force has provided insight that children who experience adverse childhood events (ACE) are more than twice as likely to enlist in the Armed Forces[2]. For those who experienced situations similar to my brother and I, enlisting in the military served as an instrumental, live-changing choice to escape a dangerously destructive environment. Like myself, many of those who experienced adverse childhood events… crave regularity, routineness, safety, reliability, and structure—everything the military gives us.

In contrast, comparing those veterans who experienced no adverse childhood events, veterans who had experienced at least one were more than twice as likely to attempt suicide, while those with four or more adverse events during childhood were nearly four times more likely to attempt suicide[3]. Additionally, those who experienced adverse childhood events were upwards of ten times as likely to report substance use and addiction, and for those who had overlapping adverse childhood events and a substance use history, their risk of attempted suicide increased by 60%[4].

PHYSICAL HEALTH

Since 2001, more than three million veterans have served in the Global War on Terror / Post-9/11 era. Notably, various studies across different spectrums have determined that the following service, post-9/11 era veterans have poor physical health and higher levels of disability within specific body systems[5]. Post-9/11 veterans, when compared to non-veterans, experience significant elevations in prevalence with back and neck pain (49.3%), fractures and bone-joint injuries (47.6%), and arthritis (26.2%), leading to a relative risk of roughly *three-and-a-half-times* more likely to experience these issues following military service.

Furthermore, musculoskeletal conditions in veterans have also been associated with poor mental health status. In a study of Iraq War veterans, physical pain was twice as high in Iraq veterans diagnosed with post-traumatic stress (50%) than those without (26%)[6]. Not only can post-traumatic stress and related depression limit any desire for physical activity, but post-traumatic stress and constant elevated "*fight or flight*" can also exacerbate injury through inflammatory pathways[7]. For some, such as myself, when we experience pain, we can be particularly susceptible to experiencing elevated anxiety due to pain but also injurious limitations and feeling "stuck." Utilizing medicinal or prescription opiates to treat chronic pain in post-9/11 military veterans is a dangerous downward slope, as it can be used as a temporary Band-Aid for a much larger problem.

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[2] Bloshnich, J., Dichter, M., Cerulli, C., Batten, S. & Bossarte, R. (2014). Disparities in adverse childhood experiences among individuals with a history of military service. *Journal of the American Medical Association Psychiatry*, 71(9): 1041-1048. https://doi.org/10,1001/jamapsychiatry.2014.724

[3] *Ibid.*

[4] Douglas, K. et al. (2010). Adverse childhood events as risk factors for substance dependence: Partial mediation by mood and anxiety disorders. *Addictive Behaviors*, 35(1): 7-13. https://doi.org/10.1016/j.addbeh.2009.07.004

[5] Cypel, Y. et al. (2023). Physical health of Post-9/11 U.S. Military veterans in the context of Healthy People 2020 targeted topic areas: Results from the Comparative Health Assessment Interview Research Study. *Preventive Medicine Reports*, 32. https://doi.org/10.1016/j.pmedr.2023.102122

[6] Nazarian, D., Kimerling, R. & Frayne, S. (2012). Posttraumatic stress disorder, substance use disorders, and medical comorbidity among returning U.S. veterans. *Journal of Traumatic Stress*, 25(2): 220-225. https://doi.org/10.1002/jts.21690

[7] Banihashemi, L., Wallace, M., Peng, C., Stinley, M., Germain, A. & Herringa, R. (2020). Interactions between childhood maltreatment and combat exposure trauma on stress-related activity within the cingulate cortex: A pilot study. *Military Psychology*, 32(2): 176-185. https://doi.org/10.1080/08995605.2019.1702831

EMOTIONAL HEALTH & SUICIDAL IDEATION

If you ask any veteran if they miss serving in uniform, they will say yes, through good and bad times, even while at war. It is a complex, paradoxical relationship – but it is critical to understand the deeper meaning behind the "why." When my brother came home and told me what had happened while deployed during the height of the war, I figured his response and reaction would be more traumatic. He visually described his teammate that rescued two wounded Marines while running under a hail of gunfire and eventually stepping on a pressure-plate bomb that tore his legs cleanly from the bone. He told me war is destructive and dangerous, and there is no shortage of suffering – he said it was no worse than being at home, but at least in Afghanistan, he had his brothers by his side. Emotional suffering is much less evident and damaging if surrounded by others who understand. Most importantly, it gave each marine a sense of purpose, meaning, and identity more significant than themselves[8].

The first six months to a year are considered the "*transition*" period following separation from military service and reintegration into civilian life. Veteran suicide risk appears particularly elevated during this first year. Historically, during this period, veterans have a suicide rate 2.5 times higher than that of active-duty service members[9]. It can be similar to a culture shock when leaving service and losing the close-knit cohesion and interdependence obtained in service, mixed with modern-day civilian societies' level of isolation and disconnection can perceive the feeling of individual alienation and lack of belonging. Suppose you are one of those veterans who had a forced end to your military career from addiction or other maladaptive behaviors, physical injury, or mental health disorders. In that case, your risk for self-harm, substance use, and suicide increases dramatically, and if compounded with a history of adverse childhood events, your chances of survival are slim, and the worst part is that you are alone.

SUBSTANCE USE & ADDICTION

The most effective way to explain why veterans become addicts at increasingly higher rates is best reflected by the "Rat Park Experiment" conducted by psychologist Bruce K. Alexander[10]. The experiment aimed to explore the role of social and environmental factors in drug addiction. Traditionally, addiction research had predominantly focused on individual drug exposure and chemical dependency. The Rat Park experiment sought to challenge this perspective by examining the influence of social and environmental factors on drug-seeking behavior. In the experiment, researchers created two distinct environments for laboratory rats.

The first environment was a traditional small cage with solitary housing, where rats had access to two water bottles: one containing plain water and the other laced with morphine. The second environment was a larger enclosure called "*Rat Park*," which provided an enriched social and physical environment with a variety of stimuli, such as toys, wheels, and the presence of other rats. Similarly, the rats in Rat Park had access to the same two water bottles. The study results showed that the rats in Rat Park consumed little-to-no morphine-laced water than solitary housing rats. The researchers concluded that the rats in Rat Park, with their enriched environment and social interactions, were less inclined to become addicted to morphine. They hypothesized that the rats in solitary housing were more susceptible to drug addiction due to their lack of social and environmental stimulation, challenging the idea that addiction is solely based on chemical dependency[11]. Healing veteran addiction is possible through community, not through a rural clinic hours away.

While various factors were touched upon, from musculoskeletal injuries to childhood experiences, mental health, suicidal ideation, and transition, everything mentioned in this testimony is critical in understanding how to treat best (and prevent) military veteran addiction. While the Department of Veterans Affairs does a fine job with non-emergent, chronic conditions, the same isn't to be said for veterans dealing with polytrauma and dual diagnoses. Instead of treating these conditions separately, they must be treated simultaneously and from a whole-body, head-to-toe approach.

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[8] Hedges, C. (2003). *War is a force that gives us meaning*. Anchor Books, Random House, Inc. 1st edition. ISBN: 978-1-61039-359-1
[9] Ravindran, C., Morley, S., Stephens, B., Stanley, I. & Reger, M. (2020). Association of suicide risk with transition to civilian life among U.S. military service members. *Journal of American Medical Association*, 3(9): e201621. https://doi.org/10.1001/jamanetworkopen.2020.16261
[10] Alexander, B., Coambs, R. & Hadaway, P. (1978). The effect of housing and gender on morphine self-administration in rats. *Psychopharmacology*, 58(2): 175-179. https://doi.org/10.1007/BF00426903
[11] *Ibid.*

After reviewing services within the Department of Veterans Affairs Healthcare System nationwide for care related to addiction, 365 VA facilities offered new patient substance use programs. Of those, an initial appointment's average wait time is nine days. While some locations had no wait time data, and others didn't offer substance use treatments (i.e., Guam), other locations had upwards of 40 to 99 waiting days for substance use treatment. As mentioned above, mental health and co-morbid post-traumatic stress often overlap with military veterans who suffer from substance use. The most effective way to approach and successfully treat addiction is to look at the big picture holistically. After gathering the wait days for substance use, the process was repeated for a new veteran patient(s) wait days for mental health and post-traumatic stress, respectfully. The average wait for mental health services was 32 days, while post-traumatic stress-specific services were widely unavailable in more than half of the locations treating veteran substance use. I invite the Committee to review this chart included in the appendix.

In Montana, for example: if a veteran lives in Glacier County, the closest VA facility offering substance use treatment is Great Falls which is only 1.5 hours away and has no wait time for new patients. However, it doesn't provide PTSD-specific care and has a 74-day wait list for mental health treatment. The next closest facility is in Kalispell; the wait is only 26 days for substance use and 13 days for mental health, PTSD-specific care isn't available, but the drive is more than 2.5 hours away. This isn't a feasible option for rural area veterans. Many of us who have faced substance use disorders and co-occurring post-traumatic stress, depression, or any type of mental health disorder do not have the time to wait. Most who suffer from dual-diagnosis disorders such as mental health and substance use do not have the means to travel 2.5 hours away for care, nor do many have the transportation resources. Successful treatment for addiction begins with, first, the individual determining they have a problem and, second, their willingness and readiness to seek treatment. Neither of which can wait 26 days.

To positively change and impact military veteran care, **the approach should be less about the Department of Veterans Affairs and more about the veterans themselves**. Meeting the veteran where they are and allowing them to be the Captain of their ship giving them the slightest bit of self-control and self-determination regarding their healthcare. I ask that the committee consider civilian and non-Veterans Affairs options, access, and coverage to substance use and mental health / post-traumatic stress-specific care in the community. Mr. Chairman, and members of the Senate Veterans Affairs Committee, I appreciate your listening to my story and many other military veterans nationwide. That concludes my statement, and I would be pleased to answer any questions you or the Committee members may have.