

**Statement of Senator Bernard Sanders, Chairman
Senate Committee on Veterans' Affairs
Hearing: Overmedication: Problems and Solutions
April 30, 2014**

Good morning.

Within the veterans' community – and in fact, the nation both in the public sector and the private sector – we face a very serious problem as a nation of overmedication. The result of that overmedication is that significant numbers of people treated in the Department of Defense facilities, in VA facilities and in the private sector become dependent upon those medications intended to help them and ease their pain. Pain relief is a huge problem in the country and how we treat that pain in the most effective way is really what we're discussing today. Some people who are treated with a whole lot of medication become addicted, and I think we all know what happens when people become addicted, and some in fact will end up losing their lives through overdoses. In my state and throughout this country this is a huge problem as well. This is a major issue which has been discussed in this committee during the last year and we are so glad we have such a distinguished panel to discuss this issue.

But, before we get to this issue at hand, I want to say a brief word about another issue that has attracted a lot of attention in this country that is the developing situation at the VA Medical Center in Phoenix. As I think everyone in this room knows some very serious allegations have been made regarding delays in health care access, and – as a result – the possible deaths of veterans. I just want to make it very very clear that I take and this committee takes these allegations very seriously and we are going to do everything we can to get to the bottom of this story and get to the truth.

I just spoke to the VA's Inspector General yesterday. There is a thorough investigation taking place in Phoenix and Richard Griffin who is the VA's Acting Inspector General told me that he has the resources that he needs to thoroughly investigate that situation. I expect the Inspector General's office will conduct its investigation thoroughly and provide this committee with an objective analysis of these allegations – the very serious allegations that have been made.

As I indicated the other day, it is my intention to hold a hearing on this issue once the IG's inquiry is complete. But on this issue, I want to make two brief points:

First, we will get to the bottom of what has happened in Phoenix. But we will reach conclusions based on an objective investigation of the facts. Not TV reports but an objective investigation of the facts.

In the meantime, we should not let these allegations impugn the excellent work done throughout the country by hundreds of thousands of VA doctors, nurses, administrators and staff at all levels – many of whom are veterans themselves. I have been all over this country – I just came back from Minnesota and saw the VA facility in Minneapolis and my assessment is that we have a lot of great people doing great work. And, I would just mention, that a recent survey by the American Consumer Satisfaction Index, an independent consumer service survey pointed out that patient satisfaction is incredibly high – higher, perhaps, than the private sector. I can tell

you in Vermont and I think this story is true all over this country that when veterans walk into the VA they feel very very good about the quality of care that they get. And I don't want anything that may have happened in Phoenix to impugn the work done by people throughout this country.

Getting back to the issue at hand, as a nation, we must remember that for many of veterans, chronic pain is a part of daily life. According to VA data, the most common diagnosis among post-9/11 veterans is musculoskeletal ailments – including joint, neck, and back disorders. Chronic pain is a common symptom of this cluster of conditions. VA research demonstrates greater than 50 percent of male veterans using VA primary care report instances of chronic pain and that the prevalence of chronic pain may be higher among women veterans. Therefore, options for managing chronic pain among our veteran population are paramount to improving quality of life and reintegration.

Additionally, PTSD, along with other mental health diagnoses, such as depression and anxiety, are frequently diagnosed among our veterans. According to the most recent data from VA, more than 55 percent of our post-9/11 veterans have been diagnosed with some type of mental health disorder. Just as with chronic pain, it is critical that these veterans receive the treatment they need and deserve.

Often times, opioids are used to treat both chronic pain and certain mental health disorders. While opioids can be quite effective in treating these conditions, they also come with significant risk. Therefore, it is critical these medications are prescribed to the right patients, with careful monitoring and a clear understanding of proper usage.

I would point out that Sen. John Bozeman of Arkansas has been one of those senators here who has raised this issue and I think we all know that John has been in the hospital with a heart issue and I think I speak for the whole committee in wishing him the very best of luck and will return to us as soon as possible.