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Testimony before the Senate Committee on Veterans' Affairs Delivered by Brenda Murdough, MSN RN-C October 23, 2007

Mr. Chairman and members of the Committee on Veteran's Affairs, my name is Brenda Murdough, MSN RN-C and I am here to provide testimony to support the Veterans Pain Care Act of 2007 on behalf of the American Pain Foundation and our Military/Veterans Pain Initiative. I am the Coordinator of this Initiative for the American Pain Foundation and I am a certified nurse specialist in pain management. I am also a member of the American Society for Pain Management Nursing, having worked in the field of pain management for the last seven and a half years

I am also here on behalf of the more than one million families who have members currently serving or who have served in the armed forces on active duty or in the National Guard and Reserve. My husband retired from active duty in the Army after 23 years of service. His father is a WWII veteran. We have had family members serve in almost every armed conflict in the United States back to the Revolution, with the most recent being our son, who served 15 months in the Army in Iraq, returning last December. He is still on active duty. My sister's two daughters serve on active duty in the Army with one currently in Afghanistan and the other scheduled for deployment to Iraq most likely in February with her husband of 4 months, who also serves. My oldest brother's son is also currently serving in the Army in Iraq. My brother served for 30 years on active duty and retired last year after having served in the first Gulf War. My younger brother served in the Army in the early 80's and my husbands' brother is on active duty in the Air Force. I could go on, but I think my point is clear. Military service has been an important and influential part of my life and I care deeply for the members of our armed services and their families, particularly those who have suffered the horrors of battlefield injury. I am proud of their service and honored to know so many individuals personally. But it is for all military personnel, active and retired, and all veterans from all armed conflicts that this important legislation for effective pain management must be enacted. The Veterans Pain Care Act of 2007 is designed to ensure improvement in pain care services, research, education, and training for the benefit of the veteran population. It's the least we can do for those who have given so much in the service of their country.

Founded in 1997, the American Pain Foundation (APF) is the nation's leading independent nonprofit organization serving people with pain. Three years ago, with support from the Disabled American Veterans Charitable Service Trust, APF began reaching out to veterans with pain. The goal of APF's Military/Veterans Pain Initiative is to improve the quality of life of military/veterans who suffer from pain by collaboratively working with other organizations to provide resources, information and support to veterans with pain, their loved ones and caregivers; and to advocate for quality acute and chronic pain care and increased research.

I know first hand the importance of early and effective pain management in acute pain care to prevent the development of chronic pain conditions. Our men and women serving in Iraq and Afghanistan are surviving battlefield injuries that previously would have been fatal, thanks to improvements in battlefield medicine and evacuation. The most recent complete study of soldiers enrolled in VA Polytrauma Centers show that more than 90 % have chronic pain, that most have pain from more than one part of the body, and that pain is the most common symptom in returning soldiers. Advances in neuroscience, such as neuroimaging, now demonstrate that unrelieved pain, regardless of its initial cause, can be an aggressive disease that damages the nervous system, causing permanent pathological changes in sensory neurons and in the tissues of the spinal cord and brain. We need to be sure that these painful shrapnel wounds, traumatic amputations, closed head traumas and other battlefield injuries are receiving the most immediate and effective pain management at the time of acute injury to prevent chronic painful conditions from developing. And we need to make sure that all veterans that have developed chronic pain are receiving proper, comprehensive, multi-modal pain care.

Perhaps more than any other federal agency, the VA has been a leader in focusing institutional resources on the assessment and treatment of pain. The Veterans Health Administration has made pain management a national priority. However, although many of our military and veterans treatment facilities offer the highest level of skill and expertise in treating these painful conditions suffered by our wounded armed service men and women, we need to ensure that all of our veterans' facilities are consistently providing the highest level of effective, comprehensive pain management to prevent long term suffering and disability.

We also know the high, multidimensional costs of untreated or under treated pain on individuals and their families. Chronic pain conditions such as those that can come from traumatic brain injury, multiple fractures, traumatic amputation, crush injuries and other battlefield injuries can be devastating to individuals and their families as they try to cope with the impact physically, mentally, socially, psychologically and economically. Pain can be acute and effectively treated by short term interventions, or it can be chronic, often without effective "cures" and sometimes without consistent and effective means of alleviation. Chronic pain symptoms and Post Traumatic Stress Disorder frequently co-occur and may intensify an individual's experience of both conditions. Those who suffer severe chronic pain see their daily lives disrupted-sometimes forever. Their pain and their constant search for relief affects their function, their relationships with those they love, their ability to do their work effectively, and often their self esteem. Chronic pain is often accompanied by or leads to sleep disorders, emotional distress, anxiety, depression, and even suicide. We need to provide our armed service men and women with the resources necessary to provide effective pain relief within the Veterans Administration Health Care system.

The APF has recently developed Treatment Options: A Guide for People Living with Pain. Written and reviewed by leading pain specialists, our guide provides credible, comprehensive information about many options for care. Pain is complex and unique to each individual and is

usually best managed using a combination of treatments such as medication, psychological assistance, physical rehabilitation, injection and infusion therapies, implantable devices such as spinal cord stimulators or continuous infusion catheters, and complementary and alternative medicine.

I recently had the privilege and honor of meeting and speaking with soldiers at Walter Reed Medical Center on the Regional Anesthesia Acute Pain Care team rounds and words cannot do justice to the courage and determination I witnessed. All were amputees, all were injured in the conflicts in Iraq and Afghanistan and all will be veterans with painful, lifelong consequences of their battlefield injuries. They fought for others rights and now it's our time to fight for theirs. Freedom from pain is their right.

It is with this in mind that I ask you to pass the Veterans Pain Care Act of 2007. This bill requires that all facilities within the Department of Veterans Affairs are held accountable for the adequacy and consistency of pain treatment across programs and geographic regions; that pain assessment, diagnosis and treatment be prompt and integral to veterans health care; and that the VA increase its research into the areas of acute and chronic pain. Our veterans, all of our men and women who have served, past, present and future, who have suffered the wounds of battle, have earned the right to consistent high quality pain management - have earned the right to freedom from pain - and it is our obligation to them to provide it. It is the least we can do.