

Written Testimony for the United States Senate Committee on Veterans' Affairs
By General Peter W. Chiarelli, USA, Retired
June 3, 2015

I want to thank Chairman Isakson and fellow members of the United States Senate Committee on Veterans' Affairs for the opportunity to present this written statement in support of a joint DoD-VA formulary (hereinafter referred to as "The Legislation").

Upon retirement from Military Service, lastly as the 32nd Vice Chief of Staff of the U.S. Army, I became the Chief Executive Officer of the non-profit, One Mind, which is dedicated to the treatment of brain diseases and injuries.

I fully support the proposed Legislation that will require the Secretary of Defense and Secretary of Veterans Affairs to establish a joint uniform drug formulary. Unfortunately today, systemic pain and psychiatric drugs that are critical for the health care of our military members suffering from what is commonly called "the invisible wounds of war," specifically traumatic brain injury, post-traumatic stress and other related mental injuries (e.g. depression) differ greatly from what is initially provided by the DoD health care system to what they receive when they transition to the VA system.

Let me state that hindsight is the best teacher. Little did I know that such serious formulary differences existed, particularly for these injuries. The process of prescribing the right drug and dosage for an individual takes time to find the right combination for treatment of the invisible wounds described above. Due to genetic and other differences among individuals, patients react differently to varying drugs and dosages. Finding the right mix can be a frustrating saga of trial and error. The wrong drug or dose can, if not caught in time, become a factor to an individual's

well being.

It only makes sense that once DoD doctors identify an effective treatment for a service member, that same treatment should be available when the service member leaves active duty and moves to the VA for care. As stated before, more often than not, this is not the case.

Why should a joint formulary be adopted? Rather than repeating the laborious process of finding another drug that works, many veterans have told me they sought out private providers to fill their prescriptions, usually paying for their medications out of pocket. Imagine how they feel about VA when their first experience with the system is a doctor telling them they cannot fill a prescription that has relieved their pain or psychiatric symptoms for months or even years? In some cases, the veteran is not even given enough of the recommended drug to safely discontinue its use.

It is also important that medications be made available immediately upon a service member transitioning to VA care, not two to three weeks after. This is absolutely critical. The drugs need to be made available in the pharmacy and ready to distribute when the service member has their first appointment at the VA.

The Legislation states that the Secretary of Defense and Secretary of Veterans Affairs have 180 days to submit a joint drug formularies report to Congress. I do not understand why it should take this long. The joint formulary needs to be initiated in the next 90 days. In the interim, DoD doctors should coordinate with VA doctors to support the facilitated transition of service members. Every day that the joint uniform formulary is delayed is another day where service members, veterans and their families are struggling and losing confidence in the ability of the VA to provide medical care.

I believe The Legislation takes a huge step forward in ensuring a future where service members experience a more seamless transition through the harmonization of the DoD and VA drug formularies. This bill focuses on formularies, but I urge the Committee to look into other areas or policies that will make the transition from DoD to VA seamless for service members and their families.

End of statement.