



Medication Management in VA Healthcare

Dec 03, 2025

Statement of

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National Legislative Service

Veterans of Foreign Wars of the United States

For the Record

United States Senate

Committee on Veterans' Affairs

With Respect To

Medication Management in VA Healthcare

WASHINGTON, D.C.

Chairman Moran, Ranking Member Blumenthal, and members of the committee, on behalf of the men and women of the Veterans of Foreign Wars of the United States (VFW) and its

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Auxiliary, I would like to thank you for the opportunity to speak on this subject.

Research consistently shows that polypharmacy—taking multiple medications simultaneously—is highly prevalent among veterans, particularly those managing conditions like post-traumatic stress disorder (PTSD), chronic pain, or multiple health issues[1]. Approximately half of veterans experience general polypharmacy, and more than a third are prescribed numerous psychotropic medications. Veterans with PTSD are at particular risk, with nearly 48 percent receiving polypharmacy involving psychotropic drugs, compared to about 22 percent among those without PTSD. Many older veterans take more than five medications, and some may take over fifteen at once[2]. Additionally, the use of multiple sedative and psychoactive drugs has increased over time, with a notable rise in polysedative prescribing—combining sleep aids, antipsychotics, and anti-anxiety medications—between 2004 and 2011[3]. The co-prescription of opioids and benzodiazepines remains particularly concerning as this combination is known to significantly heighten the risk of overdose and suicide.

The consequences of these prescribing patterns are serious. Studies indicate that veterans on long-term opioids or benzodiazepines face a substantially higher risk of suicide and unintentional overdose[4]. At the same time, those on three or more psychoactive medications have more than double the risk of both outcomes. While the Department of Veterans Affairs (VA) has successfully reduced benzodiazepine use among PTSD patients—from about 31 percent in 2009 to 11 percent in 2019—certain groups such as older and female veterans continue to be disproportionately affected. Systemic issues also exacerbate these risks. VA's Electronic Health Record (EHR) system transition has introduced medication-tracking and coding errors, and gaps in oversight of community care prescribing have led to inconsistent use of special-authorization drugs. Together, these trends highlight the urgent need for stronger medication management systems, improved prescribing oversight, and expanded access to safe, evidence-based alternatives to minimize dependence on high-risk drug combinations.

A recent investigation by *The Wall Street Journal* included interviews with more than 50 veterans, VA practitioners, researchers, and former officials to gather firsthand accounts of prescribing practices, veterans' experiences, and institutional behavior[5]. They revealed that many veterans diagnosed with PTSD and related conditions were being prescribed multiple central nervous system (CNS) medications simultaneously. When these combinations are not carefully monitored, they can lead to severe sedation, metabolic issues, and an increased risk of suicidal thoughts or behaviors. These findings highlight ongoing concerns raised by veterans and advocacy organizations, suggesting that some VA prescribing practices may depend too heavily on medications instead of focusing on safer, evidence-based alternatives or shared decision-making approaches.

This situation has both clinical and public trust implications. Veterans deserve transparent

and well-documented informed consent when they are prescribed medications that carry known risks, such as addiction, overdose interactions, cognitive or motor impairment, and in some cases worsening mood. They should also have access to effective alternative treatment options. Recognizing these risks, several pieces of legislation introduced this year aim to enhance safeguards around medication management, informed consent, and patient choice. These efforts are designed to ensure that treatment of veterans prioritizes safety, transparency, and respect for their autonomy.

VFW Members' Experiences

Through a recent partnership with the Grunt Style Foundation, the VFW has worked to call attention to this problem through a variety of public efforts, calling on veterans to share their stories. These efforts included a Veterans Harm Reduction Summit hosted on Capitol Hill last spring, alongside Disabled American Veterans, where veterans came to share their stories and promote potential solutions.

One veteran who spoke at a press conference during the summit was VFW Washington Office Executive Director Ryan Gallucci, an Iraq War veteran. In 2010, he requested a non-stimulant medication from VA to treat his attention-deficit/hyperactivity disorder (ADHD) due to concerns about his long-term heart health. He was prescribed atomoxetine, a serotonin-norepinephrine reuptake inhibitor (SNRI) sold under the brand name Strattera. With limited information about its risks, he assumed it was safe.

However, within a month, he began experiencing daily panic attacks, and after a couple of drinks to celebrate Veterans Day, he blacked out. Those around him reported that he had become manic and aggressive. With the help of his now-wife, he realized that the medication was likely to blame and was able to stop taking it. After discontinuing the drug, his symptoms subsided.

Further research revealed that his reaction was not uncommon. Strattera currently has a black box warning indicating serious side effects, including suicidal thoughts, mania, aggression, and even heart issues. He recounted this traumatic experience during a press conference in June this year, where the VFW called on Congress to mandate informed written consent for psychotropic medications like Strattera. He stated that if he had been required to review these risks with his doctor and provide written consent, he would have refused the medication.

At the summit, former VFW-SVA Legislative Fellow Angela Peacock also shared her experiences of not coping with personality changes resulting from a cocktail of medications after her service in Iraq, and the challenges of following safe deprescribing guidelines to avoid catastrophic harm that can come from trying to wean off these drugs. Peacock was one

of the first veterans to bring this issue to the forefront during her fellowship with the VFW in 2019. She has also been a featured speaker on this topic around the country, and her story is part of the documentary “Medicating Normal,” which seeks to raise awareness of the potential harm of overprescribing psychiatric medication.

Numerous other veterans have reported to the VFW that they were not adequately counseled by their VA providers about what to expect from psychotropic medications. VFW’s National Veterans Service received an inquiry from a veteran in California who was prescribed two selective serotonin reuptake inhibitors (SSRIs) by VA, which resulted in an emergency room visit. The veteran also reported difficulty accessing consistent mental health care and therapy. Following this incident, they requested that their mental health treatment be managed through a community care referral to ensure continuity and reduce the risk of future crisis visits. This event occurred between late 2024 and early 2025.

Marine Corps veteran John Jowers recently shared his story at a Texas Senate Committee on State Affairs hearing this past March. He described his experience of battling severe mental and physical injuries for more than 13 years. During that time, he was prescribed several medications, at one point taking nearly 10,000 pills a year. This resulted in frequent hospital visits due to side effects and drug interactions.

Four years ago, Jowers began using legal hemp-derived products, and within two months he was able to stop taking all prescription medications except for his diabetes treatment. He reported that his drug interactions ceased, and he regained his health, clarity, and purpose as a husband, father, and veteran. Jowers emphasized his support for strong regulations for this alternative treatment to ensure product safety, but he cautioned that an outright ban on hemp-derived products would be devastating for many veterans. Before using these products, he struggled with suicidal thoughts and attempts, but credits hemp-derived consumables with helping save his life. He urged lawmakers to preserve veterans' freedom to choose safe and effective treatments that have enabled many to reclaim their well-being and stability.

VFW Texas State Commander Dave Walden shared that after returning from combat in Iraq, he was prescribed a cocktail of more than 20 medications a day by VA. Like many Texas veterans, he found himself trapped in a pharmaceutical fog—overmedicated, struggling to function, and disconnected from daily life. Veterans across the state reported similar experiences, often leading to dangerous drug interactions that frequently went unnoticed.

Joshua Starks, a former Infantry Officer in the Oklahoma National Guard’s 45th Infantry Brigade Combat Team, served two combat tours in Afghanistan from 2011–2012, leading multiple combat outposts during a period of heavy casualties, constant enemy attacks, and severe personnel shortages that left his unit exhausted and traumatized. After returning

back to the United States, several of his fellow soldiers sought mental health care at VA, but found the enrollment process difficult and the care lacking. He knows of several who gave up and died by suicide. Starks himself reached a breaking point after a dangerous dissociative flashback while driving his young son to school, prompting him to seek care from VA. Unfortunately, he endured months-long delays, repeated misdiagnoses, and emotionally numbing medications without receiving real coping tools. Ultimately, he sought help outside of VA by participating in outdoor programs, meditation, cognitive behavioral therapy, and neurofeedback therapy. These finally helped him manage his PTSD, though not before he lost his marriage, friendships, and his military career. Grateful for the support of the VFW and fellow veterans, he is now pursuing a degree in social work to help ensure other veterans receive the care he struggled so long to find.

These experiences highlight a larger issue within the VA system, which is the potential for overprescribing and the urgent need for alternative and more personalized options for those who have served. Commander Walden emphasized that veterans who once defended American freedoms now find themselves fighting for the freedom to make informed health care choices. He urged lawmakers to recognize that those trusted with the nation's most advanced weapons systems should also be trusted to make responsible decisions about their own care. For many veterans, this debate is not about politics, it is about reclaiming health, autonomy, and dignity after years of dependence on medications that caused more harm than good.

Legislative Solutions

According to VA, more than 40 percent of veterans receiving VA health care have a service-connected disability related to mental health. The VFW acknowledges the increasing demand for alternative, evidence-based treatments for PTSD and other mental health conditions. Currently, most veterans seeking care are prescribed SSRIs or SNRIs, along with various forms of psychotherapy.

To address the concerns expressed by numerous VFW members, we support two critical pieces of legislation introduced in the House. H.R. 2623, *Innovative Therapies Centers of Excellence Act of 2025*, would establish five specialized VA medical centers focused on developing and evaluating advanced treatments for PTSD. Some of the promising therapies under consideration include stellate ganglion block, hyperbaric oxygen therapy, ketamine infusion, MDMA-assisted therapy, medical cannabis, and other plant-based alternatives. This legislation would enhance VA's ability to provide safe, scientifically validated alternatives to traditional medication-heavy treatment models. By creating a limited number of well-governed centers of excellence, VA would be able to conduct rigorous clinical trials, train clinicians, and implement new therapies in a controlled, data-driven manner, thereby reducing reliance on multiple medications.

To ensure the legislation's success, we recommend establishing clear outcome metrics, such as symptom improvement and functional recovery, as well as standardized informed consent procedures. Additionally, it emphasizes the importance of data sharing across VA systems and creating pathways to scale successful programs nationwide.

While current treatments may be effective for some individuals, others experience only temporary relief, adverse side effects, or challenges when discontinuing medications. To promote transparency and safety, the VFW supports the requirement of written informed consent before beginning long-term treatment with high-risk psychiatric drugs. H.R. 4837, *Written Informed Consent Act*, would expand these requirements to include additional medication categories such as benzodiazepines, stimulants, antipsychotics, and sedative-hypnotics. This legislation would ensure that veterans receive clear and consistent information about the potential risks, benefits, and available alternatives to medication, along with a defined plan for monitoring, tapering, and follow-up.

With nearly 2.5 million veterans using its mental health services, VA is in a unique position to lead the nation in advancing innovative, data-informed mental health care that prioritizes patient choice, safety, and trust. Just as VA has pioneered telemedicine, cardiovascular care, and prosthetics, it could now do the same for PTSD treatment.

Recommended Oversight, Monitoring, and Patient Safety Enhancements

To enhance accountability and promote safer prescribing practices, the legislation previously mentioned could introduce stronger oversight, monitoring, and patient safety measures within VA. One proposed approach is to mandate written informed consent for certain high-risk medication classes, along with a clear monitoring and tapering plan to ensure safe and coordinated care. Establishing prescribing thresholds, such as when opioids are prescribed alongside benzodiazepines or when a veteran is prescribed three or more CNS depressants, could trigger pharmacy or medication-safety reviews as a precautionary measure.

Additionally, providing public, facility-level reporting on prescribing practices and outcomes at VA could improve transparency, public awareness, and facilitate learning across locations. For example, reporting from the VA Center for Medication Safety (VA MedSAFE) could be made available to the public. This program focuses on research and evaluation of adverse drug events and polypharmacy to develop strategies to improve medication safety for veterans.

Finally, conducting independent evaluations of VA Center of Excellence for Mental Illness Research, Education, and Clinical Centers (MIRECCs) could help assess whether newer treatments are effectively reducing medication burden, and improving mental health and suicidality outcomes. Together, these recommendations would enhance veteran safety,

promote data-driven oversight, and foster greater trust in VA prescribing practices.

Data Gaps and Suicide Prevention

Significant gaps in publicly available VA data persist, especially concerning medication prescribing patterns, the prevalence of polypharmacy, the co-prescription of high-risk drugs such as opioids and benzodiazepines, and variations among facilities. These gaps hinder our ability to understand how prescribing practices may impact veteran suicide risks. While VA operates internal medication safety programs like VA MedSAFE, the absence of data on facility-level prescribing practices, the long-term co-prescription of CNS agents, and related adverse events restricts external oversight and independent research.

To address these gaps, VA should provide annual public reports that detail prescribing patterns by drug class. These reports should include the number of veterans receiving two or more CNS-active medications concurrently, as well as the rates of documented adverse drug events and overdoses.

Provisions of the VFW-championed Not Just a Number Act were passed in January as part of the *Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act*, to require VA to include more of its benefits usage data in its annual suicide prevention reporting. However, additional data is still required to achieve its objectives fully.

Equally important is the need for a mandatory linkage between prescribing data and suicide prevention outcomes utilizing transparent, peer-reviewed analytic frameworks. This approach would help Congress, researchers, and the public better understand the potential relationships between medication combinations and veteran suicides. Establishing standardized metrics and a publicly accessible data dictionary would ensure that VA analyses can be replicated and verified by independent experts. Additionally, funding for external research partnerships with organizations such as the National Institutes of Health, the Centers for Disease Control and Prevention, and academic institutions should be prioritized to evaluate not just correlations but also causal mechanisms behind adverse outcomes.

By implementing these suggestions, VA could transition from internal reporting to true data transparency. This would enable policymakers, clinicians, and researchers to identify risks earlier, improve prescribing practices, and ultimately prevent avoidable veteran deaths. The approach is clear: veterans should never be treated as mere statistics, and their safety relies on data systems that are open, accountable, and actionable.

VFW Recommendations

We owe our veterans transparent, evidence-based care that respects their autonomy and

minimizes preventable risks. *The Wall Street Journal* reporting serves as a clear warning that patterns of polypharmacy extend beyond clinical issues. They raise important questions about public accountability, research, and policy. Congress should require VA to take the following actions:

- Expand access to evidence-based alternative treatments for PTSD through dedicated centers of excellence.
- Establish strong written informed consent protections.
- Publicly report prescribing patterns and adverse events while supporting independent evaluations.
- Publish all available data on psychotropic medications and their effects on patients.
- Ensure that doctors are adequately trained in deprescribing.
- Implement the *Not Just a Number Act* reporting to provide additional data on VA benefits usage as it compares to suicide risk.

Chairman Moran and Ranking Member Blumenthal, this concludes my testimony. I thank you for the opportunity to provide remarks on this important issue.

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