



WOUNDED WARRIOR PROJECT

**Statement of:
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On

“Medication Management in VA Health Care”

**Committee on Veterans’ Affairs
United States Senate**

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Chairman Moran, Ranking Member Blumenthal, and distinguished members of the Senate Committee on Veterans’ Affairs, thank you for the opportunity to submit this written testimony to examine medication management within the Department of Veterans Affairs (VA) and its central role in ensuring safe, effective, and personalized mental health care for our nation’s veterans. We are grateful for your continued commitment to addressing challenges that deeply affect veterans and their family members, caregivers, and survivors.

For more than 20 years, Wounded Warrior Project (WWP) has remained dedicated to our mission to honor and empower wounded warriors. Today, more than 250,000 post-9/11 veterans and family members are registered with WWP, engaging with programs that span mental health care, social connection and support, financial wellness, independence, and whole health recovery. Mental and brain health are our largest programming investments and reflect the critical importance of addressing the lasting, invisible wounds of war.

Our Mental Health Continuum of Support offers a range of programs designed to meet the diverse mental health care needs of warriors. It brings together internal resources and services to assist warriors on their journey to long-term recovery. Rather than prescribing a fixed path to recovery, the system allows for consideration of individual needs to determine the order and frequency of appropriate program engagement. Our commitment to using validated scales and measurements helps us monitor symptoms, assess care needs, and track outcomes effectively. Any warrior who has a setback may be re-evaluated and referred back to one or more programs for additional care. The goal is to provide the appropriate amount of care a warrior may need to get to his or her highest possible level of resilience, psychological well-being, and healing, which can lead to breakthroughs in reaching real world goals like maintaining a job with steady income, sustaining healthy relationships with family and friends, decreasing isolation, and increasing one’s sense of belonging.

DUTY ★ HONOR ★ COURAGE ★ COMMITMENT ★ INTEGRITY ★ COUNTRY ★ SERVICE



For context, nearly 6 in 10 (58.7%) veterans who have registered for WWP and answered our annual survey are enrolled in VA healthcare. Nearly 8 in 10 (78.8%) have a service-connected disability rating of 70 or higher. Despite these commonalities, every warrior's healthcare journey is unique, and not all seek new or additional care and support through WWP for the same reasons. For example, veterans and Service members with some of the greatest needs are treated through our Warrior Care Network, a two-week intensive outpatient mental health program in which warriors receive a year's worth of mental health treatment. Warriors treated through this program often experience fast, lasting relief from PTSD and other mental health challenges aided by eased anxiety and depression, improved sleep, and stronger relationships. Most warriors enrolled in the program are several years after their index trauma, underscoring the lasting impact of these injuries and the critical need for ongoing research, program development, and sustained investment in support services.

Our work in mental health has helped shape our perspective and helped identify trends with veterans who present to WWP after seeking care at VA. Although VA has made substantial progress in many areas, opportunities still exist to further improve medication management – particularly in mental health settings – for veterans. We offer the following observations and reflections to recognize these advancements and to identify areas to further support veterans' recovery through coordinated, evidence-based medication management.

I. Polypharmacy

Through our Mental Health Continuum of Support programming, WWP regularly receives feedback on VA care from veterans who seek new or complementary help from our organization and our partners. Veterans often describe a “medication-first” approach at VA in which prescriptions are offered before therapy or without consistent access to evidence-based treatments. Many veterans share that appointments are not as frequent or as long as desired. Some indicate feeling rushed through therapy and medication management appointments, which can have detrimental impacts on the therapy relationship and the veteran's desire to continue with treatment. Some veterans also report difficulty adhering to mental health medications due to unpleasant side effects and limited understanding of why the medication is needed or how it helps. Anecdotally, warriors tell us that they appreciate getting medication education and a second opinion from psychiatrists who can also help explain their care and how prescribed medications support their overall treatment plans and recovery. This feedback highlights the importance of coordinated interdisciplinary medication management between patient and provider.

These anecdotes are consistent with broader research on mental health and medication management. In 2023, a VA-supported study found that 28 percent of post-9/11 veterans receiving VA mental-health care met the criteria for “central nervous system (CNS) polypharmacy,” defined as five or more CNS medications prescribed concurrently.¹ Of the over 90,000 veterans included in the study, more than 90 percent were diagnosed with PTSD, depression, headache, or a combination thereof, underscoring the high comorbidity burden

¹ Alicia A. Swan et al., *Comorbidity and Polypharmacy Impact Neurobehavioral Symptoms and Symptom Validity Failure Among Post-9/11 Veterans with Mild Traumatic Brain Injury*, FRONTIERS IN NEUROL. (July 2023), available at <https://pmc.ncbi.nlm.nih.gov/articles/PMC10395329/>.

within this population.² A 2016 comprehensive study also highlights that CNS polypharmacy is associated with increased risk for suicide-related behaviors and drug or alcohol overdose.³ Collectively, this research underscores the need for cautious prescribing, integrated care, and using polypharmacy as a flag for intervention to mitigate burden of adversity in this population. And yet despite these findings, veterans served by WWP continue to report medication combinations, often referred to as a “combat cocktail,” as a familiar part of their VA care experience.⁴

For many veterans, chronic pain has become an aggravating factor in their ability to manage and balance symptoms and medication. More insight into how opioid prescriptions interact with psychiatric medications can help provide hope and relief. Encouraging news emerged in response to an April 2024 congressional inquiry on access to non-opioid alternatives, wherein VA reported a significant decline in opioid use among veterans enrolled in VA care since 2018.⁵ Building on these improvements, WWP supports the *Veterans Heroin Overdose Preventative Examination* (HOPE) Act (H.R. 5919), which would direct VA to conduct a review of veteran deaths from opioid overdoses over the past five years, including prescribed and non-prescribed opiate misuse, and other contributing factors to opioid overdoses among veterans. The bill also requires VA to outline steps being taken on a federal level to address the opioid crisis, including tracking, collecting, and disposing of unused prescriptions, and to publish recommendations to improve the safety and well-being of veterans.

The national shortage of mental-health prescribers, across both VA and community care, is an additional challenge. These shortages often require that facilities designate primary-care providers as responsible for managing complex psychiatric regimens, instead of mental health professionals. By extension, these shortages also contribute to infrequent or brief follow-up appointments which limit opportunities for meaningful discussion between veterans and their providers. As noted previously, a common concern from veterans using VA for mental health is that care is less frequent and the appointments are shorter than desired. This has the unfortunate effect of leaving the veteran feeling like their providers are not accessible and is compounded by the feeling that therapy sessions are not conducive to processing trauma, given their length and frequency – often one 30-minute session per month. We have also received feedback that some providers lack military cultural competency, which complicates discussions related to trauma and symptom history.

To strengthen clinical outcomes for veterans with PTSD and related conditions, VA may wish to consider placing additional emphasis on first-line, evidence-based psychotherapies, such as Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT), before initiating medication (when deemed clinically appropriate or at the request of the veteran). There may also

² *Id.*

³ Garen A. Collett et al., *Prevalence of Central Nervous System Polypharmacy and Associations with Overdose and Suicide-Related Behaviors in Iraq and Afghanistan War Veterans in VA Care 2010–2011*, DRUGS REAL WORLD OUTCOMES (Jan. 2016), available at <https://pmc.ncbi.nlm.nih.gov/articles/PMC4819457/>.

⁴ See, e.g., Shalini Ramachandran et al., ‘*Combat Cocktail*’: How America Overmedicates Veterans, WALL ST. J., July 31, 2025, available at <https://www.wsj.com/health/healthcare/veterans-affairs-ptsd-polypharmacy/>.

⁵ See Press Release, Sen. Kevin Cramer, Letter to VA Requests Update on Non-Opioid Pain Management Options for Veterans (Apr. 18, 2024), <https://www.cramer.senate.gov/news/press-releases/letter-to-va-secretary-requests-update-on-non-opioid-pain-management-options-for-veterans>.

be value in exploring the use of CNS polypharmacy as a “trigger tool” for referral to an interdisciplinary treatment team, allowing medical experts to collaboratively review medication regimens, optimize treatment plans, and assess appropriate non-pharmacological options.⁶ Additionally, continued efforts to expand and incentivize the recruitment of high-quality mental-health providers and prescribers – along with strengthened medication education and shared decision-making practices – would help ensure veterans receive informed, individualized care that supports long-term mental-health outcomes. Continuing efforts to ensure access to better skilled pain management providers would also help build and maintain pathways away from opioid use that can aggravate mental health outcomes.

II. Transition Challenges Between Department of Defense (DoD) and VA Healthcare

For many veterans, the transition from active duty to veteran status represents a period of destabilization. In a survey of nearly 10,000 recently separated veterans, “health concerns were most salient for newly separated veterans, with many veterans reporting that they had chronic physical (53%) or mental (33%) health conditions and were less satisfied with their health than either their work or social relationships.”⁷ Veterans engaged in WWP programs have also reported challenges as they transition from DoD to the VA healthcare system. These include difficulty maintaining continuity of medications, delays in refills or dosage adjustments, lack of parity between electronic health record systems, and unclear points of contact.

In its 2024 National Veteran Suicide Prevention Annual Report, VA’s Office of Suicide Prevention found that veterans who have recently transitioned are at a higher risk for suicide than the general veteran population, particularly those who have dealt with mental health or substance use issues prior to separation. This, combined with the fact that only 7 of the 17.6 veterans who die by suicide every day receive VA care, underscores the critical need to ensure those transitioning back to civilian life are provided with a simple and efficient path to the VA care and benefits that they have earned, and may very well help to save their lives.

Wounded Warrior Project believes a healthy transition is an essential part of creating a healthy veteran. We also believe that this process requires collaboration between VA, DoD, and the community to ensure that all the unique needs of each transitioning Service members are met. WWP supports the *Servicemember to Veteran Health Care Connection Act of 2025* (S.585) and its intent to better foster collaboration between DoD and VA during the transition process, simplify VA health care enrollment, and increase proactive outreach to those veterans who have yet to engage with VA services. The bill would also require that Service members participating in the DoD Transition Assistance Program (TAP) be informed about this pre-registration process and how to complete enrollment after separation. This legislation would also improve efforts to connect veterans to VA services after discharge, requiring VA to conduct proactive outreach as part of the VA Solid Start program and beyond, both encouraging and assisting veterans to complete the enrollment process.

⁶ See Collett at FN 3.

⁷ Dawne S. Vogt et al., *U.S. Military Veterans’ Health and Well-being in the First Year After Service*, AM. J. PREV. MED. (Mar. 2020), available at <https://pubmed.ncbi.nlm.nih.gov/31902684/>.

Public-private partnership can also drive progress. VA's Post-9/11 Military2VA (M2VA) Case Management Program assists transitioning Service members by providing personalized navigation through VA care, benefits, and reintegration resources. Through this program, VA has collaborated with the DoD and military treatment facilities (MTFs) to transition the health care of injured or ill Service members and veterans to VA medical facilities through dedicated Liaisons – nurses and social workers – who coordinate the transfer of health care between systems.

Beyond these services, VA has more limited but equally impactful capability to share Public-Private Partnership (P3) VA Liaisons at certain partnership sites to VA for Veterans as they complete specialized treatment in the community. As one of those partners, WWP has seen some of our strongest outcomes at locations where VA Liaisons are integrated with our Warrior Care Network academic medical centers. At these sites, 90 percent of participating veterans return to VA for ongoing care, evidence that structured, proactive, and collaborative transition support helps prevent veterans from falling through the cracks. With this record of success, we encourage Congress and VA to explore options for bringing this approach to wider scale so that more benefit from individualized navigation and support where it is most appropriate.

III. *Pharmacogenomic Testing and Precision Medicine*

VA can and should help drive innovation in mental and brain health, where needs are especially pronounced among the veterans it serves. WWP commends VA's forward-leaning efforts through programs like the Pharmacogenomics testing for Veterans (PHASER), which aims to enhance the quality of life for veterans by ensuring they receive the most effective and safe medications tailored to their genetic makeup. The PHASER program offers specific genetic testing called pharmacogenomics, or PGx, which determines how a patient responds to medications given their DNA profile. It analyzes genetics to help providers identify which medications are likely to work best, reducing trial-and-error prescribing, minimizing side effects, and improving treatment outcomes by guiding the right drug at the right dose.⁸

The PHASER program is particularly beneficial for veterans with chronic conditions, mental health challenges, pain management challenges, and those taking multiple medications. The program has already demonstrated that precision prescribing can significantly reduce harmful drug–gene mismatches and improve medication safety with nearly 50% of participating veterans prescribed medications informed by genetic variability.⁹ With a scalable infrastructure that spans this entire national network, including clinical decision support, PGx-trained pharmacists, and tele-PGx services, VA is uniquely positioned to transform polypharmacy management by helping ensure the right medication and dose for each veteran, the *first* time. Continued investment could allow PHASER to mature across all VA medical centers and outpatient clinics, expanding access, strengthening evidence-based prescribing, and driving down preventable medication toxicity across the enterprise.

⁸ See, e.g., U.S. DEP'T OF VET. AFF., PHASER, at <https://www.va.gov/phoenix-health-care/programs/phaser/> (last visited Dec. 1, 2025).

⁹ See, e.g., DEEPAK VOORA, U.S. DEP'T OF VET. AFF., VA NATIONAL PHARMACOGENOMICS PROGRAM (JAN. 2023), at <https://cpicpgx.org/wp-content/uploads/2023/01/VooraCPIC2023sharing.pdf> (last visited Dec. 1, 2025).

Currently, awareness and implementation of pharmacogenomic testing through PHASER vary considerably across VA facilities, leading some veterans to seek the testing through outside entities at their own expense. Through our programs, WWP has supported a small number of veterans by covering the cost to inform medication evaluation, and many have experienced meaningful improvements as a result. In each case, the veteran had been told that VA either did not offer or did not cover the testing, underscoring the need for consistent and expanded access across the system.

We believe there is strong potential to expand pharmacogenomics as part of a broader mental health modernization effort. In most areas of medicine, clinicians rely on diagnostic information before initiating treatment. For example, providers do not administer intravenous antibiotics without first obtaining a blood panel to identify the infection and guide the plan of care. Yet, in mental health care, clinicians often must make medication decisions without comparable diagnostic tools, despite the significant side effects associated with many CNS and antipsychotic medications. In sum, we encourage VA to expand the PHASER program and ensure wider access to pharmacogenomic testing to help provide precise, targeted care that supports more effective treatment outcomes for veterans.

Pharmacogenomics is only one facet of precision medicine – an overall healthcare approach that tailors prevention, diagnosis, and treatment to the unique biological, genetic, and clinical characteristics of each individual. By moving beyond one-size-fits-all care, precision medicine enables more accurate decisions that improve outcomes and reduce unnecessary or ineffective treatments. These developments are opening a new frontier in individualized, data-driven care, advancing our ability to deliver safer, more effective treatments today while laying the foundation for tomorrow's innovations.

Research in this field remains emergent, particularly for PTSD and major depressive disorder (MDD), where validated genetic profiles for medication selection are still evolving. Looking ahead, greater attention will be needed to develop risk indicators for repeated low-level blast exposure, the effects of substance use disorder (SUD) on neuroplasticity, and the implications of non-fatal overdose on long-term brain health. Advancing our understanding in these areas will require continued research investment.

To that end, WWP supports continued investment in VA's precision medicine capabilities. As part of the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019* (P.L. 116-171 § 305, VA launched the Scott Hannon Initiative for Precision Mental Health (SHIPMH) to identify and validate brain and mental health biomarkers and translate those findings into improved clinical care for veterans. SHIPMH brings together leading experts and major VA research programs to build a comprehensive, data-driven understanding of mental and brain health using advanced tools such as machine learning algorithms to give a complete 360° diagnostic of brain health. By expanding data sharing and integrating biomarker research into practice, SHIPMH's first clinical use case focuses on pharmacogenetic testing to guide safer, more individualized treatment for opioid use disorder.

The *Precision Brain Health Research Act* (S.800) would build upon SHIPMH by expanding the scope of precision mental health research to include additional risk factors,

conditions, and biological indicators that are especially relevant to military service – such as repeated low-level blast exposure, long-term neurobiological impacts of trauma, and other service-related brain health variables that SHIPMH does not yet fully address. While SHIPMH focuses on identifying biomarkers and translating them into clinical tools, the *Precision Brain Health Research Act* strengthens this foundation by directing broader, coordinated research efforts across VA and its partners, enhancing data integration, and accelerating the development of new diagnostic and treatment pathways. Together, they advance a more comprehensive precision-medicine framework capable of addressing complex, service-connected brain and mental health challenges with greater accuracy and individualized care.

We believe the passage of the *Precision Brain Health Research Act* is an important step forward in shaping the future of modern medical care and represents an exciting new horizon. By advancing research, pharmacogenomics, and individualized assessment tools, VA can improve detection of adverse health impacts and enable more targeted treatment pathways for affected veterans.

IV. Complementary, Integrative and Emerging Therapies

Veterans increasingly express interest in non-pharmacological and complementary therapies to supplement their clinical treatment. Mindfulness, yoga, acupuncture, tai chi, and other integrative approaches provide coping tools, stress reduction, and support between therapy sessions. We receive regular feedback that many veterans want to incorporate these holistic therapies into their mental-health care. To that end, WWP appreciates the creation of the provision of Complementary and Integrative Health (CIH), which has notably expanded access to these services through telehealth, community partnerships, and volunteers in support of the overall expansion of the VA's Whole Health Program. And yet, even with over 100 Whole Health locations, availability still varies widely across VA facilities. Without a consistent, centralized implementation model, many veterans remain unaware of available services or encounter barriers in accessing them. Moreover, capacity constraints in front-line clinical treatment make access to these services even harder to obtain. These barriers can leave veterans relying solely on pharmacological interventions.

After exhausting multiple traditional options, some veterans have expressed desire to learn more about emerging treatments. Early research, including work conducted through WWP's Warrior Care Network partners, suggests that carefully structured integration of emerging therapies with evidence-based protocols can improve mental-health outcomes. While this research continues to evolve, the horizon is bright. We see encouraging breakthroughs with cutting-edge interventions such as repetitive transcranial magnetic stimulation (rTMS), transcranial direct current stimulation (tDCS), and stellate ganglion blocks (SGB). These approaches hold the potential to reshape the landscape of PTSD care. Realizing the full promise of these innovations will require continued research and thoughtful integration into care delivery models, ensuring veterans have access to the most advanced and effective treatments available.

Perhaps the most powerful example of this momentum is psychedelic assisted therapy (PAT). At WWP, we have observed that certain veterans who have been hesitant to engage with traditional mental-health models are open to exploring this modality. To that end, WWP

supports the *Innovative Therapies Centers of Excellence Act of 2025* (H.R. 2623) which positions VA as a true pioneer in education, clinical, and cutting-edge research activities focused on psychedelic-assisted therapies for conditions like PTSD, chronic pain, and substance use disorder.

Moreover, WWP was pleased to help launch the Veteran Alliance for Leadership, Outreach, and Recovery (VALOR) Coalition alongside partners at Veterans Exploring Treatment Solutions (VETS), the Navy Seal Foundation, and the Green Beret Foundation. VALOR is a first-of-its-kind coalition uniting veteran-serving organizations, policy advocates, and scientists to transform mental healthcare for those who have served. The coalition aims to accelerate access to evidence-based mental health treatments, expand psychedelic research, and eliminate policy barriers that prevent veterans from receiving the care they deserve. VALOR's newly formed Scientific Advisory Council will guide scientific priorities, shape research agendas, and provide expert input on legislative, regulatory, and policy initiatives.¹⁰ The work of the Scientific Advisory Council will help VALOR ensure that veterans and their families benefit from the safest, most effective, and most ethical approaches to emerging treatments. As VALOR partners and Scientific Advisory Council members continue their work, we will be eager to share recommendations for legislative and regulatory changes that can help bring emerging life-changing and life-saving therapies to more veterans in a safe and responsible manner.

Collectively, these innovations represent an opportunity to move beyond a one-size-fits-all model and advance toward a more personalized, precision-medicine approach to veteran mental-health care. WWP supports continued research, clinical trials, and careful evaluation of emerging modalities to inform safe, evidence-guided pathways for veterans seeking new options. We encourage VA to strengthen the integration of complementary, integrative, and emerging therapies within individualized treatment plans. We also encourage expanded access to care, so veterans receive coordinated, holistic care that aligns with their preferences and supports long-term recovery.

V. Conclusion

Wounded Warrior Project deeply appreciates the Committee's leadership in examining medication management across VA. We recognize and applaud VA's progress in recent years to reduce overprescriptions, improve oversight, embrace innovation, and strengthen its mental-health care system. Together, we share a common goal: ensuring every veteran receives safe, effective, continuous, and personalized mental-health care. Concerns raised in our testimony today related to polypharmacy, access to therapy, transition-of-care processes, precision-medicine availability, and the integration of alternative, complementary, and emerging therapies highlight opportunities for continued, shared progress. We thank the Committee for its attention to these critical issues and stand ready to support your work in any way we can as we collectively strive to honor and empower the veterans who have sacrificed so much for our nation.

¹⁰ Press Release, VALOR Coalition, VALOR Inaugurates Scientific Advisory Council, <https://supportvalor.org/updates/press-release-veterans-exploring-treatment-solutions-vets-inaugurates-valor-coalitions-scientific-advisory-council/>.