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Fighting for Air

April 15, 2013

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The Honorable John Culberson
Chairman
Subcommittee on Military Construction,
Veterans Affairs, and Related Agencies
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

The Honorable Sanford Bishop, Jr.
Ranking Member
Subcommittee on Military Construction,
Veterans Affairs, and Related Agencies
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Chairman Culberson and Ranking Member Bishop:

The American Lung Association is pleased to submit this testimony in support of funding for the Department of Veterans Affairs (VA) for Fiscal Year 2014. The American Lung Association was founded in 1904 to fight tuberculosis and today, our mission is **to save lives by improving lung health and preventing lung disease**. The Lung Association accomplishes this through research, advocacy and education.

The VA is a very important component in the fight against respiratory disease. It provides health care to the over 400,000 veterans with chronic lung disease. While the Lung Association's mission is focused on lung health, it is a voluntary health agency committed to public health. The Lung Association recognizes the tremendous need for research into acute traumatic and central nervous system injuries to help our young men and women who have returned from Iraq and Afghanistan. The American Lung Association also recognizes that bioterrorism and other threats our troops are under will likely impact their lung health.

The American Lung Association wants to acknowledge the Committee for funding the Medical and Prosthetic Research Program at the VA, appropriating \$582.6 million for Fiscal Year (FY) 2013.

For Fiscal Year 2014, the American Lung Association recommends and supports increasing VA Medical and Prosthetics Research to \$611 million. This request is approximately \$28 million over the FY13 appropriation. Twenty eight million additional dollars is needed to keep the medical research funding on pace with inflation. This funding level will also allow the VA to address the very critical needs of the returning veterans from Iraq and Afghanistan. **The Lung Association also recommends an additional \$225 million for the VA's construction budget in order to fix the VA's laboratory infrastructure.**

There are three areas we would like to call your attention to here: tobacco use; respiratory health issues faced by soldiers returning from Iraq and Afghanistan; and the need to fund VA's research infrastructure.

Tobacco Use in the Military

Tobacco use is a significant public health problem for the Veterans Administration. The American Lung Association urges the Department of Defense (DoD) and the VA to fully implement the recommendations in the Institute of Medicine's report *Combating Tobacco Use in Military and Veterans Populations*.

The Lung Association would like to particularly draw your attention toward the IOM's recommendation that all VA healthcare facilities become tobacco free. In its FY14 budget request, the VA stated legislation will be introduced to make VA healthcare facilities smokefree. The American Lung Association strongly supports smokefree VA healthcare facilities to protect the health of all patients, visitors and workers. Public Law 102-585 currently requires smoking areas, and the Lung Association urges Congress to act to protect the health of veterans and the workers at VA facilities. A recent article published in the *American Journal of Public Health* detailed the VA's struggles to go smokefree and the tobacco industry's manipulation of the issue.

Respiratory Health Issues

The American Lung Association remains troubled by the response to soldiers and civilians returning from Iraq and Afghanistan with lung illnesses. For several years, research has warned that the air in the war theater can have high concentrations of particulate matter and other toxics, which can cause or worsen lung disease. Data from a 2009 study of soldiers deployed in Iraq and Afghanistan found that 14 percent of them suffered new-onset respiratory symptoms, a much higher rate than their non-deployed colleagues. A 2011 study found a group of previously healthy soldiers developed constrictive bronchiolitis after deployment and exposure to hazardous pollutants that the study recognized as "shared by most personnel who were deployed to Iraq and Afghanistan."

In February 2013, VA announced plans to collaborate with the Department of Defense to "conduct a longitudinal cohort study of adverse health effects related to military deployment in Iraq and Afghanistan, to include potential exposure to airborne hazards and burn pits; and to take related actions to promote the effective monitoring and assessment of deployment-related exposures and potential health effects of deployments." These investigations are crucial to protecting our troops' lung health, however, they are not enough. The American Lung Association urges that immediate steps be taken to minimize troop exposure to pollutants. The Lung Association also urges the VA to act quickly to identify and respond to the needs of veterans with respiratory health issues.

Research Infrastructure

The American Lung Association understands that the VA research infrastructure is in need of significant attention. A research program needs to have modern, well-maintained laboratories to be successful. The VA's research infrastructure has been deteriorating and funds are urgently needed to upgrade, repair or replace research space and equipment. A state-of-the-art physical environment for research promotes excellence in science as well as teaching and patient care. It also helps VA recruit and retain the best and brightest clinician-scientists to care for our nation's veterans. The Lung Association joins its partner organizations and requests that Congress provide \$175 million for five major construction projects and \$50 million for minor construction, and maintenance and repair.

Thank you for your consideration of these requests.

Sincerely,



Paul G. Billings
Senior Vice President, Advocacy and Education