

**Statement of Charles D. Connor, Capt. U.S. Navy (ret.)
President and CEO**

**Fiscal Year 2013
American Lung Association
U.S. House of Representatives
Committee on Appropriations
Subcommittee on Defense**

The American Lung Association is pleased to present this testimony to the House Appropriations Subcommittee on Defense. 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**. We accomplish this through research, advocacy and education.

I have no doubt you recognize the importance of keeping our soldiers' lungs healthy. A soldier who uses tobacco, or has asthma or other lung disease is a soldier whose readiness for combat is potentially compromised. Additionally, healthcare costs for these troops continue to rise, both for the Department of Defense (DoD) and for the Veteran's Administration (VA). We owe it to our soldiers, their families, and taxpayers to prioritize troops' lung health.

The American Lung Association wishes to invite your attention to three issues for the DoD fiscal year 2013 budget: the terrible burden on the military caused by tobacco use and the need for the Department to aggressively combat it; the importance of restoring funding for the Peer-Reviewed Lung Cancer Research Program to \$20 million; and the health threat posed by soldiers' exposure to toxic pollutants in Iraq and Afghanistan.

Tobacco Use in the Military

Tobacco use is a significant public health problem for DoD. And it is not a problem DoD has simply inherited. **More than one in seven (15 percent) of active duty personnel begin smoking after joining the service.**

The American Lung Association recognizes the Department of the Navy's recent efforts to reduce tobacco use in the military, such as the Navy's 21st Century Sailor initiative. This initiative will help Sailors and Marines quit tobacco, promote tobacco-free environments and put in place environmental changes that will reduce tobacco use throughout the Navy and Marine Corps. This is an unprecedented investment in the comprehensive health of Sailors, Marines and their families. The American Lung Association hopes this initiative expands to other military branches.

In 2011, DoD released a proposed rule implementing coverage of tobacco cessation treatment through TRICARE. When finalized, this new coverage will give soldiers and their families the help they need to quit tobacco.

Both of these actions follow recommendations in the Institute of Medicine's report *Combating Tobacco Use in Military and Veterans Populations*. The American Lung Association urges DoD and VA to fully implement all recommendations included in the report.

Lung Cancer Research Program

The American Lung Association strongly supports the Lung Cancer Research Program (LCRP) in the Congressionally Directed Medical Research Program (CDMRP) and its original intent to research the scope of lung cancer in our military. In FY12, LCRP received \$10.2 million. **We urge this Committee to restore the funding level to \$20 million and that the LCRP be returned to its original intent, as directed by the 2009 program: “These funds shall be for competitive research....Priority shall be given to the development of the integrated components to identify, treat and manage early curable lung cancer”..**

In August of 2011, the National Cancer Institute released results from its National Lung Screening Trial (NLST), a randomized clinical trial that screened at-risk smokers with either low-dose computed tomography (CT) or standard chest x-ray. The study found that screening individuals with low-dose CT scans could reduce lung cancer mortality by 20 percent compared to chest x-ray. These are exciting results, but conclusions can only be drawn for the segment of the population tested by the NLST: (1) current or former smokers aged 55 to 74 years, (2) a smoking history of at least one pack a day for at least 30 years, and (3) no history of lung cancer. As the report made clear, CT scans should be recommended for this narrowly defined population of patients – but evidence does not support recommending them for everyone. The American Lung Association recently endorsed screening for this defined population.

The Lung Cancer Research Program has the potential to further knowledge on the early detection of lung cancer. The program recently funded an exciting study at Boston University aimed at discovering biomarkers to improve the accuracy of lung cancer diagnoses. We encourage the Department of Defense to continue its research into lung cancer.

Respiratory Health Issues

The American Lung Association is troubled by reports of soldiers and civilians returning from Iraq and Afghanistan with lung illnesses. Research is beginning to show that the air troops breathe in the war theater can have high concentrations of particulate matter, 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. The American Lung Association urges that immediate steps be taken to minimize troop exposure to pollutants and that the DoD investigate pollutants in the air our troops breathe.

Conclusion

In summary, this nation’s military is the best in the world and we should do whatever necessary to ensure that the lung health needs of our armed services are fully met. Troops must be protected from tobacco and unsafe air pollution and the severe health consequences.

Thank you.