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**Fiscal Year 2014
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 Department of Veterans Affairs (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 2014 budget: the terrible burden on the military caused by tobacco use and the need for the Department to aggressively combat it; the importance of investing in funding for the Peer-Reviewed Lung Cancer Research Program; 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 Defense for releasing a final rule that implements a smoking cessation program in TRICARE. The quit smoking coverage to be offered through TRICARE is evidence-based and comprehensive, including coverage of over-the-counter and prescription medications and individual, group, phone and online counseling. This new coverage, being implemented now, will give soldiers and their families the help they need to quit tobacco and be healthier. Helping soldiers and their families quit will also save TRICARE money by preventing tobacco-caused disease.

DoD has also emphasized the health of our troops and the importance of prevention through its Healthy Base Initiative. This year-long demonstration project includes 13 sites that will be examined for their ability to "create environments that enable sustainable healthy lifestyles." Tobacco cessation is one of the areas of focus in this initiative, along with nutrition, physical activity and weight management.

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 to move forward and 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 FY13 pre-sequestration levels, LCRP received \$10.5 million. We urge this Committee to fund this program at \$13.5 million in FY14 and to support the Peer-Reviewed Medical Research Program at \$50 million.

In 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 endorsed screening for this defined population.

The Lung Cancer Research Program has the potential to further knowledge on the early detection of lung cancer. We encourage the Department of Defense to continue its research into lung cancer.

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, DoD announced plans to collaborate with the VA 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 DoD take immediate steps to minimize troop exposure to pollutants.

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.