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**STATEMENT OF THE AMERICAN LUNG ASSOCIATION  
ON  
FISCAL YEAR 2012 APPROPRIATIONS FOR THE  
VETERANS AFFAIRS MEDICAL RESEARCH PROGRAM  
BEFORE THE  
HOUSE APPROPRIATIONS SUBCOMMITTEE ON MILITARY  
CONSTRUCTION, VETERANS AFFAIRS AND RELATED  
AGENCIES**

**MAY 18, 2011**

The American Lung Association is pleased to submit our testimony in support of the veterans' research program. 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.

The Department of Veterans Affairs (VA) is a very important component in the fight against respiratory disease. It provides health care to more than five million veterans, over one million of whom have chronic lung disease.

**We want to acknowledge the Committee for minimizing cuts to the Medical and Prosthetic Research Program at the VA, leaving it with a final funding level of \$579.8 million for FY11, a reduction of \$1.2 million below FY10 levels. This investment will save lives but more is needed.**

While our mission is to save lives by improving lung health and preventing lung disease, we are 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 are returning from Iraq and Afghanistan. We also recognize that bioterrorism and other threats our troops are under will likely impact their lung health.

**As such, the American Lung Association recommends and supports increasing VA Medical and Prosthetics Research to \$620 million.** This request is just over \$40 million over the FY11 appropriation. Twenty million dollars is needed to keep the medical research funding on pace with inflation and we are requesting an additional \$10 million to fund new initiatives. This funding level will also allow the VA to address the very critical needs of the returning veterans from Iraq and Afghanistan.

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

### **Combating Tobacco Use**

Tobacco use remains the leading cause of preventable death in the United States and not surprisingly, is a significant public health problem for the Veterans Administration as well. This Committee and the VA have done many things to increase smoking cessation, but much work remains.

Chronic lung diseases – especially those caused primarily by smoking, including Chronic Obstructive Pulmonary Disease (COPD) – take a tremendous human and financial toll on the VA system. An estimated 8 percent of veterans in the Department of Veterans Affairs (VA) Health Care System have been diagnosed with COPD. COPD is the third most common cause of death in the United States. Proven interventions are effective, and treatments have been shown to decrease exacerbations, hospitalizations, and improve quality of life. Recent advances in the diagnosis and treatment of COPD have been summarized in national and international guidelines in the past few years, but have not yet found their way into general medical practice. These guidelines need to be better incorporated.

Between 80 and 90 percent of all COPD cases are caused by smoking. The best way to prevent COPD and many diseases the VA healthcare system manages is to quit smoking or not to smoke in the first place. This makes the issue of tobacco control a critical one for the VA.

According to the *2008 Study of Veteran Enrollees' Health and Reliance Upon VA*, over 70 percent of VA enrollees report that they have smoked at one time in their lives. Currently 19.7 percent smoke. This is

down from 22.2 percent in 2005 and 21.5 percent in 2007 and shows some important momentum in the right direction. Among the 70 percent of the VA population who has ever smoked, over twenty five percent (25.5) say they've recently quit smoking, again, a step in the right direction.

Sadly, the VA will continue to battle this problem for some time to come. The current smoking rate for active duty military is 30.5 percent, with smoking rates highest among personnel ages 18 to 25 – especially among soldiers and Marines. It is clear that more must be done to reduce smoking rates among both veterans and active duty personnel.

To that effect, in 2009, the prestigious Institute of Medicine (IOM) issued a report entitled, *Combating Tobacco Use in Military and Veterans Populations*. The panel found “tobacco control does not have a high priority in DoD or VA.” This report, which was requested by both departments, issued a series of recommendations. Among the recommendations for the VA are:

- All VA staff and patients should be provided with barrier-free access to the most current and up to date tobacco-cessation services as recommended in the Public Health Service’s *Treating Tobacco Use and Dependence: 2008 Update*;
- The Secretary and the Under Secretary for Health should be actively promoting tobacco cessation;
- Veterans integrated service network (VISN) directors must be accountable for VA cessation program implementation and enforcement; and
- All VA healthcare and health promotion staff should be educated in tobacco control practices and all healthcare providers should follow tobacco cessation inventions and protocols.

The report also calls on Congress to repeal a portion of the Veterans Health Care Act of 1992 in order to allow VA healthcare facilities to go entirely tobacco-free.

We recognize that the VA screens veterans for tobacco use, and provides many treatments to help veterans quit tobacco, including most of the available medications and counseling. We also applaud the attention given to quitting tobacco through the Quit Tobacco: Make Everyone Proud website and promotional campaign. However, this is not enough. **The American Lung Association recommends that the Department of Defense and the Department of Veterans Affairs implement all recommendations called for in the 2009 IOM report, and that Congress act to repeal the provision of the 1992 Veterans Health Care Act that prevents VA healthcare facilities from going tobacco-free. The IOM has laid out a very careful, scientifically-based road map for the VA to follow and the American Lung Association strongly urges that its recommendations be implemented without delay.**

#### **Troubling Lung Health Concern in Iraq and Afghanistan**

The American Lung Association is extremely troubled by reports of soldiers and civilians who are returning home from Iraq and Afghanistan with lung illnesses including asthma, chronic bronchitis and sleep apnea. A new National Academy of Sciences National Research Council (NRC) review of a DoD study of airborne particle pollution in the war theater warns that the air our troops breathe may cause or contribute to these problems.

The DoD study sampled particles from the air in 15 locations in the Middle East. In addition to the expected high concentration of desert sand, the samples found particles that likely came from human-generated sources, especially trash burned in open pits and diesel exhaust.

Particulate matter causes heart attacks, asthma attacks, and early death. These microscopic particles bypass the body's natural defenses and settle deep in the lungs, causing structural damage and chemical changes. Larger particles will end up in the upper respiratory system, making breathing difficult. People most at risk from particulate matter include those with underlying diseases such as asthma but, the health impact of particle pollution is not limited to individuals with pre-existing conditions. Healthy, young adults who work outside – such as our young men and women in uniform – are also at higher risk.

We are encouraged that the DoD sought to understand why veterans of recent wars in the Middle East have returned suffering so much from respiratory harm. 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.

Despite DoD's pioneering efforts to examine the exposure of troops to such hazards, the study could provide only limited information. However, the NRC concluded that troops deployed in the Middle East are "exposed to high concentrations" of particulate matter associated with harm "affecting troop readiness during service" and even "occurring years after exposure."

Evidence for the importance of solving these problems continues to mount. Another study, released just this month, shows that veterans who served in Iraq and Afghanistan are more likely to have respiratory illness than those who were deployed elsewhere.

**To protect the troops from these recognized hazards, the American Lung Association recommends that DoD begin immediately to find alternatives to burning trash for waste disposal. We also strongly urge DoD to implement other recommendations included in the NRC analysis, especially taking steps to minimize troop exposure to pollutants and to investigate the other pollutants likely present in the theater, such as air toxics that can cause cancer. We strongly recommend the VA monitor the short- and long-term consequences of exposure matched to the deployment period of the personnel, including a national registry to track all veterans who were exposed to these pollutants while in the Middle East.**

#### **Research Infrastructure Funding**

Mr. Chairman, we understand 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.

**We join our partner organizations and request that Congress provide \$150 million for five major construction projects and \$50 million for minor construction, and maintenance and repair.**

#### **Conclusion**

Mr. Chairman, in summary, our nation's veterans deserve excellent health care. Research programs funded by the VA have the potential to improve the quality of life and health outcomes for all Americans, especially our veterans. **The American Lung Association supports increasing the investment in research to \$620 million.**