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Charles D. Connor
President &
Chief Executive Officer

1301 Pennsylvania Ave., NW
Suite 800
Washington, DC 20004-1725
Phone: (202) 785-3355
Fax: (202) 452-1805

61 Broadway, 6th Floor
New York, NY 10006-2701
Phone: (212) 315-8700
Fax: (212) 315-8800

www.LungUSA.org

STATEMENT OF THE AMERICAN LUNG ASSOCIATION ON

FISCAL YEAR 2010 APPROPRIATIONS FOR THE

VETERANS AFFAIRS MEDICAL RESEARCH PROGRAM

BEFORE THE

HOUSE APPROPRIATIONS SUBCOMMITTEE ON MILITARY CONSTRUCTION, VETERANS AFFAIRS AND RELATED AGENCIES

PRESENTED BY

STEPHEN J. NOLAN
CHAIR, BOARD OF DIRECTORS

April 23, 2009

Mr. Chairman, members of the Committee, I am Stephen Nolan, volunteer Chair of the American Lung Association. I am honored to testify on in support of the veterans research program. I am an attorney in private practice in Baltimore, Maryland and have been a volunteer for the American Lung Association for a decade. 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 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.

First, on I want to thank you, Mr. Chairman, and the committee for increasing the investment in medical research at the VA to $510 million for FY 2009. This investment will help to save lives.

As an organization committed to public health, the American Lung Association recognizes the critical need for research on acute traumatic injury, central nervous system injury and related disorders for our newest veterans. Too many young men and women are returning from Iraq and Afghanistan with these injuries. The American Lung Association is also mindful that most agents of bioterrorism and potential emerging threats such as avian influenza affect the lungs, and that our servicemen and women will be on the front lines of efforts to counter these.

The nation has a commitment to all veterans; nearly 40 percent of our veterans are over age 65. Chronic diseases such as hypertension, chronic obstructive pulmonary disease, mental disorders, ischemic heart disease, and hyperlipidemia are now the most prevalent in the VA system. Now is the time to increase funding for research at the VA to meet emerging needs and the existing disease burden. **The American Lung Association recommends and supports increasing VA Medical and Prosthetics Research to $575 million.**

Tobacco use and the chronic diseases caused and exacerbated by tobacco take an enormous toll on veterans. We commend the work of this Committee and the Veterans Health Administration to increase smoking cessation. In 2001, smoking prevalence was 43 percent higher for VA patients than the general population. While cigarette smoking continues to be a problem for veterans, progress continues. In 2007, a survey conducted of veterans enrolled in the Veterans Health Administration showed that 22 percent of the entire enrollee population currently smoked cigarettes. In contrast in the general population adult smoking prevalence is 19.8 percent. Seventy percent of the VHA enrollee population reported having smoked at least 100 cigarettes in their lifetime. When looking at the current smoker population, 51 percent of those veterans are from priority groups 4-6, which includes those veterans deemed to be "catastrophically disabled." Veterans with incomes less than $36,000 make up 65 percent of the current smoker population. Finally, veterans aged 45-64 make up 64 percent of current smokers. The Department of Veterans Affairs estimates that more than 50 percent of all active duty personnel stationed in Iraq smoke. [1] More must be done to curb smoking among active duty personnel to improve their health and prevent disease.

[1] Hamlett-Berry, KW, as cited in Beckham, JC et al. Preliminary findings from a clinical demonstration project for veterans returning from Iraq or Afghanistan. Military Medicine. May 2008; 173(5):448-51.

We recommend that the Department of Defense and the Department of Veterans Affairs increase effective efforts to prevent tobacco use and increase tobacco cessation. Based on the Public Health Service Guidelines, the American Lung Association recommends a comprehensive approach to counter tobacco addiction through comprehensive cessation services, health care providers, behavior modification, telephone quit line support and pharmaceutical intervention. Tobacco prevention and education efforts need to be increased and smoke-free work environments should be provided for all personnel.

Chronic Lung Disease

Since chronic lung disease has such a large human and financial cost within the VA system, I would like to focus on lung disease and in particular, **Chronic Obstructive Pulmonary Disease, or COPD.** An estimated 16 percent of veterans in the Department of Veterans Affairs (VA) Health Care System have been diagnosed with COPD. COPD ranks as the fifth most prevalent disease in the VA patient population. It is the 4th most common cause of death in the United States, and it is projected to become the 3rd leading cause of mortality by 2020. COPD is amenable to early diagnosis with a simple breathing test. 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. This needs to change to turn the tide of increasing COPD death.

Chronic obstructive pulmonary disease (COPD) is a term referring to two lung diseases, chronic bronchitis and emphysema. Both conditions cause obstruction of airflow that interferes with normal breathing. Both frequently exist together, so physicians prefer the term COPD. COPD is preventable and treatable. This definition of COPD does not include other obstructive diseases such as asthma, although uncontrolled asthma over a lifetime can result in damage and COPD.

Emphysema begins with destruction of the air sacs, also called alveoli, in the lungs where oxygen from the air is exchanged for carbon dioxide in the blood. The walls of the air sacs are thin and fragile. Damage to the air sacs is irreversible and results in permanent "holes" in the tissues of the lower lungs. As air sacs are destroyed, the lungs are able to transfer less and less oxygen to the bloodstream. The lungs also lose their elasticity, which usually helps to keep airways open and to exhale. The loss of elasticity and air sacs results in shortness of breath and difficulty exhaling.

Symptoms of emphysema include cough, shortness of breath and a limited exercise tolerance. Diagnosis is made by a simple and painless breathing test called spirometry, along with a medical history, physical examination and other tests. Emphysema doesn't develop suddenly. It comes on very gradually. Years of exposure to cigarette smoke and other respiratory irritants usually precede emphysema. It can be prevented, and if diagnosed, its progression can be slowed or avoiding by avoiding these irritants. Of the estimated 3.7 million Americans ever diagnosed with emphysema, 93 percent are 45 or older. While this was previously a man’s disease, the gap between men and women is narrowing. Quality of life for a person suffering from COPD diminishes as the disease progresses. At the onset, there is minimal shortness of breath. People

with COPD may eventually require supplemental oxygen and may have to rely on mechanical respiratory assistance.

Chronic bronchitis refers to inflammation and eventual scarring of the lining of the bronchial tubes. When bronchial tubes are inflamed or infected, the lungs attempt to manage the irritation by producing more mucus, which can itself impede airflow and cause a chronic productive cough. Chronic bronchitis is defined by the presence of a productive cough most days of the month, three months of a year for two successive years without other underlying disease to explain the cough. Chronic inflammation eventually leads to scarring of the lining of the bronchial tubes. The bronchial tubes then make an ideal breeding place for bacterial infections, which is a frequent reason for hospitalization and emergency visits for people with COPD. Of the 7.6 million people diagnosed with chronic bronchitis in 2007, 33 percent were younger than 45.

Cigarette smoking is associated with a tenfold increase in the risk of dying from chronic obstructive lung disease. About 80-90 percent of all deaths from chronic obstructive lung diseases are attributable to cigarette smoking. In short, the best way to prevent COPD and many diseases the VA healthcare system manages is to quit smoking, or not smoke in the first place. It is possible to reduce the burden of Chronic Obstructive Pulmonary Disease and tobacco addiction in the VA system through using proven, effective measures summarized in national treating tobacco dependence guidelines.

Research Infrastructure Funding

Mr. Chairman, we understand that the VA research laboratories are also in need of significant attention. A research program needs to have modern, well-maintained laboratories to be successful. The minor construction budget has not been adequately funded for many years and limited funds generally have been geared to repairing existing clinical care areas. The inadequate funding can limit state of the art research because the physical infrastructure needs are not met. Resources are needed to restore the basic functions in many labs including plumbing, electrical systems, heating and cooling systems.

We join our colleagues and request that Congress provide $142 million in the minor construction budget for VA lab space renovation.

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 $575 million.** Thank you.