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STATEMENT OF THE AMERICAN LUNG ASSOCIATION ON

FISCAL YEAR 2011 APPROPRIATIONS FOR THE

VETERANS AFFAIRS MEDICAL RESEARCH PROGRAM

BEFORE THE

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

PRESENTED BY

CHARLES D. CONNOR, (Capt. USN- Ret.)
PRESIDENT AND CEO

MARCH 23, 2010

Mr. Chairman, members of the Committee, my name is Charles Connor and I am president and CEO of the American Lung Association. I am also a retired Captain in the U.S. Navy, which I served for 26 years. I am honored to testify 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.

First, on I want to thank you, Mr. Chairman, and the committee for increasing the investment in medical research at the VA to $581 million for FY 2010. This investment will help to save lives.

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 $700 million. This request is $120 million over the FY10 appropriation. Twenty million dollars is needed to keep the medical research funding on pace with inflation and we are requesting an additional $100 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 I will explore in my testimony: the tremendous burden caused by tobacco use on veterans; burn pits and the potential health consequences that we cannot ignore; 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. 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.

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 fourth most common reason for hospitalization in the VA patient population. It is the fourth most common cause of death in the United States, and it is projected to become the third 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.

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. The Department of Veterans Affairs estimates that more than 50 percent of all active duty personnel stationed in Iraq smoke. [1] It is clear that more must be done to reduce smoking rates among both veterans and active duty personnel.

To that effect, this summer, 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 tobacco-cessation services;
- The VA/DoD *Clinical Practice Guideline for the Management of Tobacco Use* should be updated and harmonized with 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.

[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.

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.

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 who were exposed to burn pits in Iraq and Afghanistan, and are now returning home with lung illnesses including asthma, chronic bronchitis and sleep apnea. Civilians are also at risk.

Emissions from burning waste contain fine particulate matter, sulfur oxides, carbon monoxide, volatile organic compounds, and various irritant gases such as nitrogen oxides that can scar the lungs. Emissions also contain chemicals that are known or suspected to be carcinogens.

For vulnerable populations, such as people with cardiovascular diseases, diabetes, asthma and chronic respiratory disease, exposure to these burn pits is particularly harmful. Even short exposures can kill. However, 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.

EPA has just concluded that particulate matter causes heart attacks, asthma attacks, and early death. The particles are extremely small and are unable to be filtered out of our respiratory system. Instead, these small particles end up deep in the lungs where they remain for months, causing structural damage and chemical changes. In some cases, the particles can move through the lungs and penetrate the bloodstream. Larger particles will end up in the upper respiratory system, causing coughs.

Given what we know about the health effects of burning refuse, the American Lung Association recommends that the DoD begin immediately to find alternatives to this method of waste disposal. We also strongly recommend that the VA monitor the short- and long-term consequences of exposure to these burn pits. Finally, we urge the VA move immediately to establish a national registry to track all personnel who were exposed to burn pits while in Iraq and Afghanistan.

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 $300 million in FY11 to be dedicated exclusively to renovating existing research facilities.

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 $700 million.** Thank you.

Subcommittee on Military Construction, Veterans Affairs and Related Agencies
Witness Disclosure Form

Clause 2(g) of rule XI of the Rules of the House of Representatives requires non-governmental witnesses to disclose to the Committee the following information. A non-governmental witness is any witness appearing on behalf of himself/herself or on behalf of an organization <u>other</u> than a federal agency, or a state, local or tribal government.

Your Name, Business Address, and Telephone Number:
Charles D. Connor
President and CEO
American Lung Association
1301 Pennsylvania Avenue NW Suite 800
Washington DC 20004

202-785-3355

1. Are you appearing on behalf of yourself or a non-governmental organization? Please list organization(s) you are representing.

   American Lung Association

2. Have you or any organization you are representing received any Federal grants or contracts (including any subgrants or subcontracts) since October 1, 2007?

   <u>Yes</u> No

3. If your response to question #2 is "Yes", please list the amount and source (by agency and program) of each grant or contract, and indicate whether the recipient of such grant or contract was you or the organization(s) you are representing.

American Lung Association

CDC: Asthma Friendly Schools Initiative	$903,903
CDC: Breathe Well, Live Well	$300,000
EPA: Comprehensive Childhood Asthma Management	$1,100,000

Signature: Date: <u>March 15, 2010</u>

Please attach a copy of this form, along with your curriculum vitae (resume) to your written testimony.

Charles Dean Connor is President and Chief Executive Officer of the American Lung Association National Headquarters in Washington, DC. In this role, he leads the nation's oldest voluntary health association, as it continues to save lives by improving lung health and preventing lung disease. Beginning its second century, the American Lung Association is *Fighting For Air* through education, advocacy and research.

Before being named President and CEO, he served as Executive Vice President and Chief Operating Officer for the Lung Association, overseeing all corporate functions including Development, Advocacy, Policy, Research, Marketing and Field Support.

Prior to joining the Lung Association, he was Senior Vice President for Communication & Marketing for the American Red Cross. In 2005, he was recognized as PR Professional of the Year by the Public Relations Society of America. Also in 2005, his department was named PR Team of the Year by *PR Week* magazine.

Before joining Red Cross, Mr. Connor was Principal for Client Strategy with The Dilenschneider Group in Chicago where he specialized in communications strategy development, litigation support, crisis control, issues management and media relations. Before joining The Dilenschneider Group, Mr. Connor served in Washington, DC as the first director of public affairs for the Federal Judiciary.

Before joining the federal judiciary, Mr. Connor served for 25 years as a United States Navy public affairs officer, leaving the service with the rank of Captain.

Mr. Connor graduated from Loyola University of Chicago Law School and is a member of the bar of both Illinois and the District of Columbia. He holds a B. A. in Political Science from the University of Illinois and attended Portland State University for graduate study in marketing and communications.