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FISCAL YEAR 2011 APPROPRIATIONS

BEFORE THE

SENATE APPROPRIATIONS SUBCOMMITTEE ON DEFENSE

PRESENTED BY

H. JAMES GOODEN
CHAIRMAN
BOARD OF DIRECTORS

JUNE 23, 2010

Mr. Chairman and members of the Committee, my name is James Gooden and I am the Chairman of the Board of Directors of the American Lung Association. I am honored to testify today.

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 American Lung Association wishes to call your attention to three issues for the Department of Defense's (DoD) fiscal year 2011 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-Review Lung Cancer Research Program to $20 million; and the health threat posed by burn pits in Iraq and Afghanistan.

First, the American Lung Association is concerned about the use of tobacco products by troops within the military. The effects of both the health and performance of our troops are significantly hindered by the prevalence of smoking and smokeless tobacco products. **As a result, we urge the Department of Defense to immediately implement the recommendations in the Institute of Medicine's 2009 Report, *Combating Tobacco Use in Military and Veteran Populations.***

Next, the American Lung Association recommends and supports restoring funding to $20 million for the Peer-Reviewed Lung Cancer Research Program (LCRP) within the Department of Defense Congressionally Directed Medical Research Program (CDMRP). We were disappointed that this critical public health research program was cut in FY10 by $5 million and ask that the funding return to $20 million. Finally, the American Lung Association is deeply troubled by reports of the use of burn pits and the negative effects on lung health on soldiers in both Iraq and Afghanistan. **Thus, we urge the DoD to immediately find alternatives to this method of waste disposal.**

Combating Tobacco Use

Tobacco use remains the leading cause of preventable death in the United States and not surprisingly, is a significant problem within the military as well. The DoD has started moving in the right direction with its recent smoking ban on submarines and other positive actions, but much more is needed to curb tobacco use in the military.

The 2008 Department of Defense Survey of Health Behaviors among Active Duty Personnel found that smoking rates among active duty personnel have essentially remained steady since 2002. However, smoking rates among deployed personnel are significantly higher and, alarmingly, **more than one in seven (15 percent) of active duty personnel begin smoking after joining the service.**

Currently, the 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]

This alarming use of tobacco in the military has severe consequences. First, tobacco use compromises military readiness. Studies have found that smoking is one of the best predictors of training failure and smokers also report significantly more stress from military duty than non-smokers. Smoking is also shown to impair a person's physical capacity, vision, or hearing and increase their chances of physical injury and hospitalization.[2] In addition; if a soldier experiences nicotine withdrawal while on active duty; depression, anxiety, and difficulty concentrating on cogitative tasks can develop.[3] All of these consequences have a negative impact on the performance of our men and women in our armed forces.

Furthermore, the health care expenses associated with these behaviors have cost the DoD billions of dollars. The Pentagon spends over $1.6 billion on tobacco-related medical care, increased hospitalization and lost days of work. Lost productivity costs are primarily caused by smoking breaks (estimated at 30 minutes over 220 work days a year) and greater absenteeism. There are also great costs associated with the failure of new recruits to complete basic training. It is clear that more must be done to reduce smoking rates and tobacco use among active duty personnel.

Last 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, which the American Lung Association fully supports and asks this Committee to ensure are implemented.

The IOM recommendations include commonsense approaches to eliminating the use of tobacco use in the U.S. military. Some of the IOM's recommendations include:

- Phase in tobacco-free policies by starting with military academies, officer-candidate training programs, and university-based reserve officer training corps programs. Then the IOM recommends new enlisted accessions be required to be tobacco-free, followed by all active-duty personnel;
- Eliminate tobacco use on military installations using a phased-in approach;
- End the sales of tobacco products on all military installations. Personnel often have access to cheap tobacco products on base, which can serve to start and perpetuate addictions;
- Ensure that all DoD healthcare and health promotion staff are trained in the standard cessation treatment protocols;
- Ensure that all DoD personnel have barrier-free access to tobacco cessation services.

According to the IOM, the authority for the implementation of all the recommendations should rest with the highest levels of the Department, including the surgeon general of each armed

[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.
[2]Institute of Medicine. Combating Tobacco Use in Military and Veteran Populations. 2009; 3-4.
[3] Institute of Medicine. Combating Tobacco Use in Military and Veteran Populations. 2009; 4.

service and the individual installation commander. The American Lung Association asks for the Committee's leadership to ensure this occurs.

The United States military cannot fight two wars without ready and healthy troops to successfully complete each mission. With tobacco use causing a decrease of troop readiness, performance and health, the DoD can no longer afford to stand idly by.

Therefore, the American Lung Association recommends that the Department of Defense implement all recommendations called for in the 2009 IOM report. The IOM has laid out a very careful, scientifically-based road map for the DoD to follow and the American Lung Association strongly urges that its recommendations be implemented without delay.

Peer Reviewed 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. It is for that reason that we were deeply disappointed by changes made by Congress in FY10 to the both the LCRP's governing language and funding.

First, LCRP's funding was cut by 25 percent – $5 million – which may diminish the effectiveness of this crucial research. **We urge this Committee to restore the funding level to the FY09 level of $20 million.**

In addition to the reduced funding, the American Lung Association is troubled by the change in governance language of the LCRP authorized by the Congress last fiscal year. The language change not only has consequences for the LCRP in the future but also hampered the implementation of the 2009 LCRP. **We request that the 2011 governing language for 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".**

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. It is important that the short- and long-term consequences of exposure to these burn pits be monitored by DoD in conjunction with the VA. Finally, we urge that a national registry be established to track all personnel who were exposed to burn pits while in Iraq and Afghanistan.

Conclusion

Mr. Chairman, in summary, our 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. We can ill afford to fight a third war against tobacco and unsafe air conditions with their severe consequences. Thank you for this opportunity.