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FISCAL YEAR 2012 APPROPRIATIONS

BEFORE THE

SENATE APPROPRIATIONS SUBCOMMITTEE ON DEFENSE

PRESENTED BY

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Mr. Chairman and members of the Committee, the American Lung Association is honored to present this testimony to the Senate 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.

The American Lung Association wishes to call your attention to three issues for the Department of Defense's (DoD) fiscal year 2012 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-Reviewed Lung Cancer Research Program to $20 million; and the health threat posed by soldiers' exposure to toxic pollutants in Iraq and Afghanistan.

First, the American Lung Association is concerned about the use of tobacco products by the troops. The effects of both the health and performance of our troops are significantly hindered by the prevalence of smoking and use of 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). Finally, the American Lung Association is deeply concerned about the respiratory health of our soldiers in Iraq and Afghanistan. **We urge the DoD to immediately find alternatives to using burn pits, to track the incidence of respiratory disease related to service, and to take other steps that will improve the lung health of soldiers.**

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 made some small progress, including its recent smokefree policy on submarines, but significantly more will need to be done to reduce the billion dollar price tag that comes with military personnel using tobacco products.

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] The use of tobacco compromises military readiness and the performance of our men and women in the armed forces. Studies have found that smoking is one of the best predictors of

[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.

training failure, and it has also been shown to increase soldiers' chances of physical injury and hospitalization.[2] Tobacco use not only costs the DoD in troop readiness and health – it also costs the DoD money. The Pentagon spends over $1.6 billion on tobacco-related medical care, increased hospitalization and lost days of work.[3]

In 2009, the prestigious Institute of Medicine (IOM) issued a report entitled, *Combating Tobacco Use in Military and Veteran 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 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 and their families have barrier-free access to tobacco cessation services.

A recent investigation conducted by American Public Media[4] highlights that the discount price for tobacco products on base is significantly more – in some cases 20 percent – than the 5 percent permitted under law. The easiest way to end this problem is to end tobacco sales on all military installations.

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 the Committee to ensure that the report's recommendations be implemented without further delay.

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[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; 56.
[4] Hershipps, Sally. "Military underprices tobacco more than law allows." American Public Media. http://marketplace.publicradio.org/display/web/2011/06/01/pm-military-underprices-tobacco-more-than-law-allows/ Accessed June 3, 2011

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.

In FY11, LCRP received $12.8 million. **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 in Fiscal Year 2010. **We request that the 2012 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 Concerns 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. Several new studies discussed below show that the airborne particle pollution our troops breathe in these areas may cause or contribute to these problems.

A recent DoD study found that air in several Middle East locations contained high concentrations of desert sand, as well as particles that likely came from human-generated sources – especially trash burned in open pits and diesel exhaust. Breathing particulate matter causes heart attacks, asthma attacks, and even early death. 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 chronic conditions. Healthy, young adults who work outside – such as our young men and women in uniform – are also at higher risk. 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. In a review of the DoD studies, the National Academy of Sciences National Research Council (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."[5]

Several studies, released in May at the American Thoracic Society 2011 International Conference, show mounting evidence for the importance of solving these problems. One large study showed that asthma rates in soldiers deployed to Iraq are higher than in soldiers deployed elsewhere. The study also showed that soldiers who served in Iraq had more serious asthma – i.e., lower lung function – than non Iraq personnel. In fact, records show that 14 percent of medic visits in Iraq are for respiratory issues, which is a higher percentage than from the previous Iraq war.[6]

There are several probable causes for this alarming prevalence of respiratory disease in our current war arenas. The most obvious cause is exposure to dust. There are multiple kinds of dust

[5] National Academy of Sciences, National Research Council. Review of the Department of Defense Enhanced Particulate Matter Surveillance Program Report. 2010. http://www.nap.edu/catalog/12911.html. Accessed June 7, 2011.

[6] Szema, Anthony M. Overview of Exposures And New Onset Asthma In Soldiers Serving In Iraq And Afghanistan. As presented at American Thoracic Society 2011 International Conference, May 18, 2011.

from multiple sources in the Middle East. Measurements show that the amount of harmful particles in the air is over 600 percent higher than the levels considered acceptable for public health in the U.S. More significant sources of toxic air pollution are burn pits, which are lit with jet fuel and sometimes burn continuously for years. This method of disposing of trash can be incredibly harmful to soldiers who work in the pits' vicinity. Major explosions, IEDs, and fungus can also cause harmful respiratory effects.[7]

While we know these problems exist, it is also clear that the DoD needs to do a better job at identifying and tracking them. Respiratory disease is difficult to detect, especially in personnel who are younger, healthier and more athletic than the general population. Military personnel need to be tested for respiratory and lung function pre-deployment so that doctors can make useful comparison with post-deployment results, instead of comparing soldiers to the population average. Another possible solution is to use non-traditional measures to detect problems – such as ability to complete a two-mile run, as suggested by one researcher.[8]

To protect the troops from the hazards discussed and resulting lung disease, the American Lung Association recommends that DoD begin immediately to find alternatives to burning trash for waste disposal and/or make burn pits more efficient. We also strongly urge DoD to take steps to minimize troop exposure to pollutants and to further monitor pollution levels. Military doctors also must develop better ways to measure and track lung disease in military personnel, including taking baseline measures prior to deployment and creating a national registry to track all veterans who were exposed to these pollutants while in Iraq and Afghanistan. These problems are pervasive throughout the military, and DoD officials need to take leadership roles in creating positive change.

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. Our troops must be protected from tobacco and unsafe air pollution and the severe health consequences. Thank you for this opportunity.

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[7] Szema, Anthony M. Overview Of Exposures And New Onset Asthma In Soldiers Serving In Iraq And Afghanistan. As presented at American Thoracic Society 2011 International Conference, May 18, 2011.

[8] Miller, Robert. Constrictive Bronchiolitis Among Soldiers Exposed To Burn Pits, Desert Dust And Fires In Southwest Asia. As presented at American Thoracic Society 2011 International Conference, May 18, 2011.