

FOVA

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**Friends of VA Medical
Care and Health Research**

A coalition of national
organizations committed to quality
care for America's veterans

Executive Committee

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STATEMENT OF

**THE FRIENDS OF VA MEDICAL CARE AND
HEALTH RESEARCH**

ON

THE FISCAL YEAR 2008 APPROPRIATIONS

FOR

**THE DEPARTMENT OF VETERANS AFFAIRS
MEDICAL AND PROSTHETIC
RESEARCH PROGRAM**

BEFORE

**THE HOUSE MILITARY CONSTRUCTION,
VETERANS AFFAIRS AND RELATED AGENCIES
APPROPRIATIONS SUBCOMMITTEE**

PRESENTED BY

Galen Toews, MD

March 21, 2007

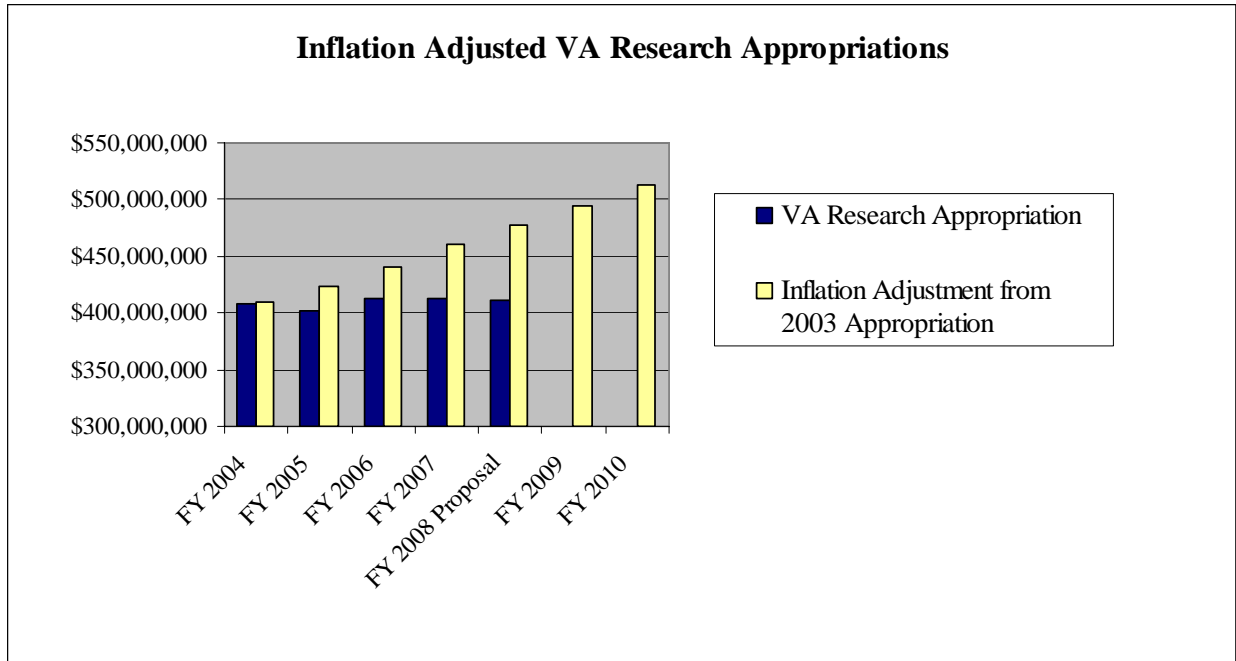
I am Galen Toews MD. I am a VA-physician scientist at the Ann Arbor VA Medical Center and I am today testifying on behalf of the Friends of VA Medical Care and Health Research coalition. On behalf of the Friends of VA Medical Care and Health Research (FOVA), thank you for your continued support of the Department of Veterans Affairs (VA) Medical and Prosthetic Research Program. FOVA is a coalition of over 80 national academic, medical and scientific societies; voluntary health and patient advocacy groups; and veteran service organizations committed to ensuring high-quality health care for our nation's veterans. The FOVA organizations greatly appreciate this opportunity to submit testimony on the President's proposed fiscal year (FY) 2008 budget for the VA research program. For FY 2008, FOVA recommends an appropriation of \$480 million for VA Medical and Prosthetic Research and an additional \$45 million for research facilities upgrades to be appropriated through the VA Minor Construction account.

VA Medical and Prosthetic Research Is Necessary for Superior Veterans Health Care

Recent stagnant funding has jeopardized the national leadership status of the VA research program. Significant growth in the annual VA research appropriation is necessary to continue to achieve breakthroughs in health care for the current population of veterans and to develop new means for addressing the health care needs of the nation's new veterans.

For FY 2008, the Bush administration has yet again recommended a budget that cuts funding for the VA research program. When biomedical inflation is considered—the Biomedical Research and Development Price Index for FY 2008 is projected at 3.7 percent—the research program will be cut even more significantly than the \$1 million in current dollars. Just to keep pace with the previous year's spending, an additional \$15 million, for a total of \$427 million, is required.

FOVA's \$480 million recommendation for VA research funding represents an inflation adjustment for the program against the FY 2003 baseline. Unfortunately, this recommendation does not even address the additional funding needed to address emerging needs for more research on posttraumatic stress disorder (PTSD), long-term treatment and rehabilitation of veterans with polytraumatic blast injuries, and genomic medicine.



The VA Medical and Prosthetic Research program has been one of the nation’s premier research endeavors. The program has a strong history of success as illustrated by the following examples of VA accomplishments:

- Developed effective therapies for tuberculosis.
- Invented the implantable cardiac pacemaker, helping many patients prevent potentially life-threatening complications from irregular heartbeats.
- Performed the first successful liver transplants.
- Developed the nicotine patch.
- Found that an implantable insulin pump offers better blood sugar control, weight control, and quality of life for adult-onset diabetes than multiple daily injections.
- Identified a gene associated with a major risk for schizophrenia.
- Launched the first treatment trials for Gulf War Veterans’ Illnesses, focusing on antibiotics and exercise.
- Began the first clinical trial under the Tri-National Research Initiative to determine the optimal antiretroviral therapy for HIV infection.
- Launched the largest-ever clinical trial of psychotherapy to treat PTSD.
- Demonstrated the effectiveness of a new vaccine for shingles, a painful skin and nerve infection that affects older adults.
- Discovered—via a 15-year study of 5,000 individuals—that secondhand smoke exposure increases the risk of developing glucose intolerance, the precursor to diabetes.

VA strives for improvements in treatments for conditions with a prevalence among veterans greater than in the general population, including: diabetes, substance abuse, mental illnesses, heart diseases, and prostate cancer. The VA research program also focuses its efforts on service connected conditions, including spinal cord injury, paralysis, amputation, and sensory disorders.

VA is equally obliged to develop better responses to the grievous conditions suffered by veterans of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF), such as extensive burns, multiple amputations, compression injuries, and mental stress disorders. Additional increases are also necessary for continued support of new initiatives in neurotraumas, including head and cervical spine injuries; wound and pressure sore care; pre- and post-deployment health issues with a particular focus on post-traumatic stress disorder; and the development of improved prosthetics and strategies for rehabilitation from polytraumatic injuries. These returning OIF and OEF veterans have high expectations for returning to their active lifestyles and combat.

The seamless mental and physical reintegration of these soldiers is a challenge, but the VA Medical and Prosthetic Research Program can and will address these needs. However, without appropriate funding, VA will be ill-equipped to address the needs of the returning veteran population while also researching treatments for diseases that affect veterans throughout the course of their lives and for which they will seek treatment from VA medical facilities.

To address these long-term needs, VA has a distinct opportunity to recreate its health care system and provide progressive and cutting edge care for veterans through genomic medicine. Innovations in genomic medicine will allow the VA to track genetic susceptibility for disease and develop preventative measures; predict response to medication; and modify drugs and treatment to match an individual's unique genetic structure. VA is the obvious choice to undertake substantial research in genomic medicine as the largest integrated health care system in the world with an advanced and industry-leading electronic health record and a dedicated population for sustained research, ethical review, and standard processing.

While advances in genomic medicine show promise in aiding the discovery of new, personalized treatments for diseases prevalent among many veterans seeking treatment at VA hospitals, there is also evidence that genomic medicine will greatly help in the treatment and rehabilitation of returning OIF/OEF veterans. For instance, research can target the human genome for insight into individual capacity for the healing of wounds. Additional studies have considered the differences between genes that aid in healing and genes that cause inflammation and its side-effects. Advancements in this field can drastically influence the treatment of injured soldiers and may play a large role in the long-term treatment of surgical patients and amputees.

The VA genomic medicine project will require sustained increases in funding for the VA research program over the next decade, at least. A VA pilot program for banking genetic information that involves 20,000 individuals and 30,000 specimens (with the capacity to hold 100,000 specimens) provides estimates that approximately \$1,000 will be necessary to conduct genetic analyses of each specimen. The potential advances that can be achieved with regard to PTSD and veteran-related diseases rely on an expansion of tissue banking as the crucial information generating step that will inform future ongoing research and the development of new treatments.

VA Research Facilities Must be Updated to Meet Scientific Opportunities

State-of-the-art research requires state-of-the-art technology, equipment, and facilities in addition to highly qualified and committed scientists. Modern research cannot be conducted in facilities that more closely resemble high school science labs than university-class spaces. Modern facilities also help VA recruit and retain the best and brightest clinician scientists. In recent years, funding for the VA Minor Construction Program has failed to provide the resources needed to maintain, upgrade, and replace aging research facilities. Many VA facilities have run out of adequate research space, and ventilation, electrical supply, and plumbing appear frequently on lists of needed upgrades along with space reconfiguration. Under the current system, research must compete with other facility needs for basic infrastructure and physical plant improvements which are funded through the minor construction appropriation.

FOVA appreciates the inclusion within the House-passed Military Quality of Life and Veterans' Affairs and Related Agencies FY 2007 appropriations bill of an additional \$12 million to address research facility infrastructure deficiencies. The House Committee on Appropriations also gave attention to this problem in the House Report accompanying the FY 2006 appropriations bill (P.L. 109-114), which expressed concern that equipment and facilities to support the research program may be lacking and that some mechanism is necessary to ensure VA's research facilities remain competitive. The report noted that more resources may be required to ensure that research facilities are properly maintained to support VA's research mission. To assess VA's research facility needs, Congress directed VA to conduct a comprehensive review of its research facilities and report to Congress on the deficiencies found, along with suggestions for correction. Unfortunately, in its FY 2008 budget submission, VA stated that this review, already underway for the past year, will take an additional three years to complete.

Meanwhile, in May, 2004, Secretary of Veterans Affairs Anthony J. Principi approved the Capital Asset Realignment for Enhanced Services (CARES) Commission report that called for implementation of the VA Undersecretary of Health's Draft National CARES Plan. The CARES Plan recommended at least \$87 million to renovate existing research space. FOVA believes this estimate should be sufficient justification for an increase in the minor construction program to begin a significant modernization program. However, based on pre-2004 assessments of VA research facilities, FOVA believes a complete assessment of research infrastructure needs will likely require a facilities improvement investment of more than \$300 million across the 75 VA medical centers that conduct significant amounts of VA funded research. The urgency of VA funding for facilities is more heightened now than ever given the difficulties facing many affiliated non-profit research corporations, which have historically contributed to the modernization of VA research facilities.

FOVA believes Congress should establish and appropriate a funding stream specifically for research facilities, using the VA assessment resulting from the FY 2006 report language. In the meantime, to ensure that funding is adequate to meet both immediate and long-term needs, FOVA recommends an annual appropriation of \$45 million in the minor construction budget dedicated to research facilities improvements. This appropriation is a critical interim step to ensure VA can continue to conduct state-of-the-art research.

The Integrity of VA's Intramural, Peer-Review System Must be Preserved

As a prerequisite for membership, all FOVA organizations agree not to pursue earmarks or designated amounts for specific areas of research in the annual appropriation for the VA research program. The coalition urges the Subcommittee to take a similar stance in regard to FY 2008 funding for VA research for the following reasons:

- *The VA research program is exclusively intramural.* Only VA employees holding at least a five-eighths salaried appointment are eligible to receive VA research awards originating from the VA research appropriation. Compromising this principle by designating funds to institutions or investigators outside of the VA undermines an extremely effective tool for recruiting and retaining the highly qualified clinician-investigators who provide quality care to veterans, focus their research on conditions prevalent in the veteran population, and educate future clinicians to care for veterans.
- *VA has well-established and highly refined policies and procedures for peer review and national management of the entire VA research portfolio.* Peer review of proposals ensures that VA's limited resources support the most meritorious research. Additionally, centralized VA administration provides coordination of VA's national research priorities, aids in moving new discoveries into clinical practice, and instills confidence in overall oversight of VA research, including human subject protections, while preventing costly duplication of effort and infrastructure. Earmarks have the potential to circumvent or undercut the scientific integrity of this process, thereby funding less than meritorious research.
- *VA research encompasses a wide range of types of research. Designating amounts for specific areas of research minimizes VA's ability to fund ongoing programs in other areas and forces VA to delay or even cancel plans for new initiatives.* Biomedical research inflation alone, estimated at 3.8 percent for FY 2005, 3.5 percent for FY 2006, and 3.7 percent for FY 2007, has reduced the purchasing power of the R&D appropriation by \$44.9 million over just three years. In the absence of commensurate increases, VA is unable to sustain important research on diabetes, hepatitis C, heart diseases, stroke and substance abuse, or address emerging needs for more research on post traumatic stress disorder and long-term treatment and rehabilitation of polytraumatic blast injuries. While Congress certainly should provide direction to assist VA in setting its research priorities, earmarked funding exacerbates ongoing resource allocation shortages.

VA Medical and Prosthetic Research Will Thrive with Your Support

With its modest research funding, the VA Medical and Prosthetic Research Program has yielded the important scientific discoveries outlined above, competed successfully for over \$1 billion annually in funding from other governmental research programs as well as the private sector, produced multiple Nobel Laureates and recipients of other major research recognitions, and added over 2,900 papers annually to the scientific literature. However, VA's modest funding has also required that scientific awards be capped at \$125,000 annually, a level significantly lower

than the average award amount for the National Institutes of Health, for example. The \$125,000 cap is also lower than the cap on funding from earlier in this decade, a tradeoff VA leadership has had to make to continue funding the same number of grants it has historically supported. Modest funding has also limited the capacity of the VA career development program and forced VA to cut funding to important program areas including aging, degenerative diseases of bones and joints, infectious diseases, and kidney disorders.

Congresses' strong past support for the VA research program has been encouraging. FOVA believes the crises and opportunities facing VA research necessitate a significant boost in federal funding for the program. With such funding, VA can maintain its leadership role in developing resources to address the immediate health care needs of veterans emerging from OIF/OEF as well as the long-term needs of these veterans and those who served the country in the 20th century.

Again, FOVA appreciates the opportunity to present our views to the Military Construction, Veteran's Affairs and Related Agencies Appropriations Subcommittee. While research challenges facing our nation's veterans are significant, if given the resources, we are confident the expertise and commitment of the physician-scientists working in the VA system will meet the challenge.

FOVA Membership

Administrators of Internal Medicine
Alliance for Academic Internal Medicine
Alliance for Aging Research
American Academy of Child and Adolescent Psychiatry
American Academy of Neurology
American Academy of Orthopaedic Surgeons
American Association for the Study of Liver Diseases
American Association of Anatomists
American Association of Colleges of Nursing
American Association of Colleges of Osteopathic Medicine
American Association of Colleges of Pharmacy
American Association of Spinal Cord Injury Nurses
American Association of Spinal Cord Injury Psychologists and Social Workers
American College of Chest Physicians
American College of Clinical Pharmacology
American College of Physicians
American College of Rheumatology
American Dental Education Association
American Federation for Medical Research
American Gastroenterological Association
American Geriatrics Society
American Heart Association
American Hospital Association
American Lung Association
American Military Retirees Association
American Occupational Therapy Association
American Optometric Association
American Osteopathic Association
American Paraplegia Society
American Physiological Society
American Physiological Society
American Podiatric Medical Association
American Psychiatric Association
American Psychological Association
American Society for Bone and Mineral Research
American Society for Pharmacology and Experimental Therapeutics
American Society of Hematology
American Society of Nephrology
American Thoracic Society
Association for Assessment and Accreditation of Laboratory Animal Care International
Association for Research in Vision and Ophthalmology
Association of Academic Health Centers
Association of American Medical Colleges
Association of Professors of Medicine
Association of Program Directors in Internal Medicine
Association of Schools and Colleges of Optometry
Association of Specialty Professors
Association of VA Chiefs of Medicine
Association of VA Nurse Anesthetists
Blinded Veterans Association
Blue Star Mothers of America
Clerkship Directors in Internal Medicine
Coalition for Health Services Research
Digestive Disease National Coalition
Federation of American Societies for Experimental Biology
Gerontological Society of America
Gold Star Wives
Hepatitis Foundation International
International Foundation for Functional Gastroenterological Disorders
Juvenile Diabetes Research Foundation International
Legion of Valor of the USA, Inc.
Medical Device Manufacturers Association
Medicine-Pediatrics Program Directors Association
Military Officers Association of America
National Alliance on Mental Illness
National Association for the Advancement of Orthotics and Prosthetics
National Association for Uniformed Services
National Association of VA Dermatologists
National Association of VA Physicians and Dentists
National Association of Veterans' Research and Education Foundations
National Mental Health Association
Nurses Organization of Veterans Affairs
Osteogenesis Imperfecta Foundation
Paralyzed Veterans of America
Paralyzed Veterans of America Spinal Cord Research Foundation
Partnership Foundation for Optometric Education
Society for Investigative Dermatology
Society for Neuroscience
Society for Women's Health Research
Society of General Internal Medicine
Spinal Cord Research Foundation
The Endocrine Society
United Spinal Association
Veterans Affairs Physician Assistant Association
Veterans of the Vietnam War and the Veterans Coalition
Vietnam Veterans of America

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9/1963-6/1967 Tabor College, Hillsboro, KS, B.A., High Honors
9/1967-6/1971 University of Oklahoma School of Medicine, M.D.
7/1971-6/1972 Straight Medicine, Internship, Parkland Memorial Hospital, Dallas, TX
7/1972-6/1974 Internal Medicine, Residency, Parkland Memorial Hospital, Dallas, TX
1974-1976 Military Service, US Army Hospital, Department of Internal Medicine, Ft. Polk, LA
7/1976-6/1978 Pulmonary Medicine, Fellowship, U of T Health Science Center, Dallas, TX
7/1978-6/1979 Immunology, Fellowship, University of Texas Health Science Center, Dallas, TX
12/2002-6/2003 Leadership Development Program, U of M Business School, Ann Arbor, MI

Certification and Licensure

1972 Medical Licensure, Oklahoma
1973 Medical Licensure, Texas
1974- Diplomate, American Board of Internal Medicine
1978- Subspecialty Certification in Pulmonary Disease
1987- Medical Licensure, Michigan

Academic Appointments

8/1979-6/1984 Assistant Professor of Internal Medicine University of Texas Health Science Center, Dallas, TX
7/1983-6/1984 Assistant Professor of Immunology University of Texas Health Science Center, Dallas, TX
7/1984-6/1987 Associate Professor of Internal Medicine and Immunology U of T Health Science Center, Dallas, TX
7/1987-8/1991 Associate Professor of Internal Medicine University of Michigan Medical School, Ann Arbor, MI
9/1991- Professor of Internal Medicine University of Michigan Medical School, Ann Arbor, MI

Administrative Appointments

7/1987- Chief, Division of Pulmonary and Critical Care Medicine
Department of Internal Medicine
University of Michigan Medical Center, Ann Arbor, MI
7/1988-6/1990 Acting Chief, Division of Pulmonary & Critical Care Medicine Medical Service, Veterans Affairs
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10/2006- Associate Dean for Research and Graduate Studies, U of M Medical School, Ann Arbor, MI

Clinical Appointments

7/1988- Staff Physician, Division of Pulmonary, Medical Service
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