

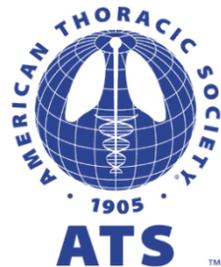


Veterans Health Research: A Focus on Women

Sponsored by:



**Paralyzed Veterans
of America**



And the FOVA Executive Committee:

**American Psychological Association
American Society of Nephrology
American Thoracic Society
Association of American Medical Colleges
Disabled American Veterans
Federation of American Societies for Experimental Biology
Paralyzed Veterans of America
National Association of Veterans Research and Education Foundations.**

Friends of VA Medical Care and Health Research (FOVA)

is a diverse coalition for VA research made up of veterans service organizations;
patient advocacy groups; and national academic, medical, and scientific societies.

www.friendsofva.org

Speaker Biographies



Sally Haskell, M.D.

Dr. Haskell is the Deputy Chief Consultant for Clinical Operations and Director of Comprehensive Women's Health in Women's Health Services, for the Veteran's Health Administration. In this role she directs policy and implementation for Comprehensive Women's Health nationally. She is a general internist, clinician educator, and women's health researcher at VA Connecticut and Associate Professor of Medicine at Yale School of Medicine.

Since 2007 Dr. Haskell has been a co-principal investigator on the HSR&D funded Women Veteran's Cohort Study. Her research interests include gender differences in post-deployment health, chronic pain in women Veterans, gender disparities in cardiovascular risk prevention, and menopause and hormone therapy. Dr. Haskell is also the Director of the VA Connecticut Advanced Fellowship in Women's Health.

Dr. Haskell received her MD in 1985, and completed Internship and residency at Emory University in Atlanta, GA in 1988. She was Assistant Professor of Medicine at the University of Vermont School of Medicine from 1988-1992. She came to Yale University and VA CT in 1992. She served as Medical Director of the VA Connecticut Women's Health Program from 1997-2009, and Medical Director of Women's Health for the VA New England Network (VISN 1) from 2008-2010.



Elizabeth Yano, Ph.D., MSPH

Dr. Yano is Director of the VA HSR&D Center for the Study of Healthcare Innovation, Implementation & Policy at the VA Greater Los Angeles Healthcare System and Professor of Health Policy & Management at the UCLA Fielding School of Public Health.

Her research focuses on how VA primary care and women's health care delivery arrangements contribute to quality and Veterans' care experiences, as well as implementation strategies for accelerating adoption of evidence-based practice. She also directs the VA Women's Health Research Network, which has increased VA's capacity to conduct women Veterans' research, and the VA Women's Health CREATE, a partnered research initiative to use research to help accelerate implementation of comprehensive care for women Veterans.

FOVA

Friends of VA Medical Care and Health Research

Executive Committee

Carl Blake

Paralyzed Veterans of America
202-416-7708
carlb@pva.org

John M. Bradley, III

Disabled American Veterans
703-244-3652
jbradley@davmail.org

Gary Ewart

American Thoracic Society
202-296-9770
gewart@thoracic.org

Heather Kelly, Ph.D.

American Psychological Association
202-336-5932
hkelly@apa.org

Grant Olan

American Society of Nephrology
202-640-4657
golan@asn-online.org

Matthew Shick

Association of American
Medical Colleges
202-862-6116
mshick@aamc.org

Rick Starrs

National Association of Veterans'
Research and Education
Foundations
301-656-5005
rstars@navredf.org

Jennifer Zeitzer

Federation of American Societies
for Experimental Biology
301-634-7128
jzeitzer@faseb.org

FOVA Recommendations for FY 2017

MEDICAL AND PROSTHETIC RESEARCH (\$ in millions)

FY 2016 Enacted \$630.7 (+\$41.7 or 7.1%)

President's FY 2017 Budget \$598.4 (-\$32 or 5.1%)

Million Veterans Program \$65

NIH Biomedical R&D Price Index (BRDPI)

FY 2017..... \$15 (+2.4%)

FOVA Recommendation

FY 2017..... \$660.9 (+\$30.2 or 4.8%)

Million Veterans Program..... \$75

To keep VA research funding at current-services levels, the VA research program needs at least \$15 million (a 2.4 percent increase over FY 2016) to account for biomedical research inflation. However, the FOVA organizations believe an additional \$15 million in FY 2017, beyond inflationary coverage, is necessary for sustained support of research on conditions prevalent among OIF and OEF veterans as well as chronic conditions of aging veterans. To support the President's Precision Medicine Initiative, FOVA recommends \$75 million to process 100,000 of the samples collected in the VA's Million Veterans Program (MVP).

MAJOR AND MINOR CONSTRUCTION (\$ in millions)

FOVA Recommendation

FY 2017 Research Infrastructure \$225

For decades, the VA construction and maintenance appropriations have failed to provide the resources VA needs to replace, maintain, or upgrade its aging research facilities. Consequently, many VA facilities have run out of adequate research space, or existing space is unable to meet current standards. FOVA believes **designating funds to specific VA research facilities** is the only way to break this stalemate.

For capital infrastructure, renovations, and maintenance, FOVA recommends at least \$50 million for up to five major construction projects in VA research facilities and \$175 million in non-recurring maintenance and minor construction funding to address deficiencies identified in the **congressionally requested report on the status of VA research facilities** (H.Rept. 109-95, H.Rept. 111-559), available at www.aamc.org/varpt.

FOVA was founded over 25 years ago to ensure that America's veterans receive high-quality health care. Today, FOVA is a diverse coalition representing national academic, medical, and scientific societies; voluntary health and patient advocacy groups; and veteran-focused associations. FOVA works in concert with the *Independent Budget* veterans service organizations.

THE INDEPENDENT BUDGET FOR THE DEPARTMENT OF VETERANS AFFAIRS

Budget Recommendations for FY 2017 and FY 2018

Medical and Prosthetic Research

FY 2017 IB Recommendation	\$665 million
<i>Million Veteran Program</i>	\$75 million
Total IB Medical and Prosthetic Research	\$740 million
FY 2016 Enacted Final Appropriation	\$631 million
FY 2017 Administration Request	\$663 million

The VA Medical and Prosthetic Research program is widely acknowledged as a success on many levels, and contributes directly to improved care for veterans and an elevated standard of care for all Americans. The research program is an important tool in VA's recruitment and retention of health care professionals and clinician-scientists to serve our nation's veterans. By fostering a spirit of research and innovation within the VA medical care system, the VA research program ensures that our veterans are provided state-of-the-art medical care.

Investing Taxpayers' Dollars Wisely

Despite documented success of VA investigators across many fields, the amount of appropriated funding for VA research since FY 2010 has lagged far behind annual biomedical research inflation rates, resulting in a net loss over these years of nearly 10 percent of the program's overall purchasing power. As estimated by the Department of Commerce, Bureau of Economic Analysis, and the National Institutes of Health, for VA research to maintain current service levels, the Medical and Prosthetic Research appropriation should be increased in FY 2017 by 2.7 percent over the FY 2016 baseline simply to keep pace with inflation. With this in mind, *The Independent Budget* recommends approximately \$17 million to meet current services demands for research.

Numerous meritorious proposals for new VA research cannot be funded without an infusion of additional funding for this vital program. Research awards decline as a function of budgetary stagnation, so VA may resort to terminating ongoing research projects or not funding new ones, and thereby lose the value of these scientists' work, as well as their clinical presence in VA health care. When denied research funding, many of them simply choose to leave the VA.

Emerging Research Needs

In addition to covering uncontrollable inflation, the IBVSOs believe Congress should appropriate an additional \$17 million for FY 2017, for expanding research on emerging conditions prevalent among newer veterans, as well as continuing VA's inquiries in chronic conditions of aging veterans from previous wartime periods. For example, additional funding will help VA support areas that remain critically underfunded, including:

- Post-deployment mental health concerns such as PTSD, depression, anxiety, and suicide in the veteran population;
- The gender-specific health care needs of the VA's growing population of women veterans;
- New engineering and technological methods to improve the lives of veterans with prosthetic systems that replace lost limbs or activate paralyzed nerves, muscles, and limbs;
- Studies dedicated to understanding chronic multi-symptom illnesses among Gulf War veterans and the long-term health effects of potentially hazardous substances to which they may have been exposed; and
- Innovative health services strategies, such as telehealth and self-directed care, that lead to accessible, high-quality, cost-effective care for all veterans.

Million Veteran Program

The VA Research program is uniquely positioned to advance genomic medicine through the "Million Veteran Program" (MVP), an effort that seeks to collect genetic samples and general health information from 1 million veterans over the next five years. When completed, the MVP will constitute one of the largest genetic repositories in existence, offering tremendous potential to study the health of veterans. To date, more than 400,000 veterans have enrolled in MVP. The VA estimates it currently costs around \$75 to sequence each veteran's blood sample. Under the President's Precision Medicine Initiative, the IBVSOs recommend \$75 million to enable VA to process one quarter of the MVP samples collected.

Research Infrastructure

State-of-the-art research requires state-of-the-art technology, equipment, and facilities. For decades, VA construction and maintenance appropriations have not provided the resources VA needed to maintain, upgrade, or replace its aging research laboratories and associated facilities. The impact of funding shortages was vividly demonstrated in a Congressionally-mandated report that found major, system wide deficits in VA research infrastructure. Nearly 40 percent of the deficiencies found were designated "Priority 1: Immediate needs, including corrective action to return components to normal service or operation; stop accelerated deterioration; replace items that are at or beyond their useful life; and/or correct life safety hazards."

The report cited above estimated that approximately \$774 million would be needed to correct all deficiencies found, but only a fraction of that funding has been appropriated since this report was made public in 2012. The VA Office of Research and Development is conducting a follow-up study of over a dozen key research sites. This update should be available in mid-2016, the results of which can be used to guide VA and Congress in further investment in VA research infrastructure. Nevertheless, Congress needs to begin now to correct the most urgent of these known infrastructure deficiencies, especially those that concern life-safety hazards for VA scientists and staff, and for veterans who volunteer as research subjects.

The IBVSOs believe that Congress should break this chronic stalemate and designate funds to improve specific VA research facilities in FY 2017 and in subsequent years. In order to begin to address these known deficits, the IBVSOs recommend Congress approve at least \$50 million for up to five major construction projects in VA research facilities.

The full report discussed above is available at www.aamc.org/varpt. The House reports associated with this issue are House Report 109-95, and House Report 111-559.