Friends of VA Medical Care and Health Research:

A Budget Proposal for FY 2010

About FOVA

Twenty years ago, the Friends of VA Medical Care and Health Research (FOVA) coalition was founded to ensure that America's veterans receive high-quality health care. Today, FOVA is a diverse coalition representing more than 80 national academic, medical, and scientific societies; voluntary health and patient advocacy groups; and veteran-focused associations. FOVA organizations work in concert with the *Independent Budget* veterans service organizations to advocate appropriate funding for the research and health programs that serve the nation's veterans.

Among their many activities, FOVA members regularly brief Members of Congress on the status of health care and research at the Department of Veterans Affairs (VA); raise awareness of VA's medical and research programs; and host special events that highlight research successes achieved through VA's efforts.

VA Research Is A National Asset

The Department of Veterans Affairs (VA) Medical and Prosthetic Research program is one of the nation's premier biomedical and behavioral research endeavors. It helps ensure the highest standard of care for veterans enrolled in VA health care, and elevates health care practices and standards in all of American health care.

Helping Veterans: Bench-To-Bedside

VA research is veteran centric, focusing on prevention, diagnosis, and treatment of conditions prevalent in the veteran population. Over 70 percent of VA researchers are clinicians who provide direct patient care to veterans. As a result, the Veterans Health Administration—the largest integrated health care system in the world—has a unique ability to translate progress in biomedical science directly to improvements in VA clinical practices.

Fostering Excellence in Research and Patient Care

The groundbreaking achievements of VA investigators have resulted in three Nobel prizes, six Albert Lasker Medical Research awards ("America's Nobels"), and numerous other distinctions. VA has reported that, from January 1, 2001 through November 7, 2008, VA investigators and clinicians were co-authors of 65,779 articles in peer-reviewed scientific journals. As part of the VA integrated health care system with a state-of-the-art electronic health record, the VA research program is able to promote prompt translation of research findings into advances in care and medical decision-making.

Recruiting Clinicians to Care for Veterans

The VA research program is intramural; that is, only VA employees holding at least five-eighths salaried appointments may apply for VA research awards. Unlike other federal research agencies such as the National Institutes for Health and Department of Defense, VA does not make grants to external entities. As such, the program offers a dedicated funding source to attract and retain high-quality physicians and clinical investigators to the VA health care system. The resulting environment of health care excellence and ingenuity benefits every veteran receiving care in the VA health system and ultimately all Americans.

Developing Future VA Researchers

The VA Research Career Development Program is an award mechanism through which both clinically and non-clinically trained post-doctoral researchers may gain mentored research time intended to advance awardees toward independence as funded VA scientists. The program is designed to attract, develop, and retain talented VA researchers in areas of particular importance to VA.

Leveraging Federal Investment

VA Research leverages the taxpayer's investment via a nationwide array of synergistic partnerships with the National Institutes of Health and other federal research funding agencies, for-profit medical industry, non-profit organizations, and academic affiliates. The VA research program has done an extraordinary job building its relatively modest annual appropriation into a $1.8 billion research enterprise.

Investigating a Comprehensive Research Portfolio

The VA Research Program consists of four main research services working together to address the full spectrum of veteran's health needs:

Biomedical Laboratory Research and Development conducts preclinical research to understand the life processes at the molecular, genomic, and physiological level in regard to diseases affecting veterans.

Clinical Science Research and Development focuses on clinical trials and other research involving human volunteers to study new treatments, compare existing therapies, and improve clinical practice and care.

Health Services Research and Development supports research to improve the delivery of health care to veterans, including quality and organization of care, patient access/outcomes, and cost-effectiveness.

Rehabilitation Research and Development conducts research to discover knowledge and create innovations that restore veterans who have become disabled due to injury or disease to their greatest possible functional capacity in their families, communities, and work places.

VA Medical And Prosthetics Research: $575 Million

Funding for VA research must be steady and sustainable to meet current commitments while allowing for innovative scientific growth to address critical emerging needs.

With the supplementary funds Congress provided in FY 2008 VA supported 291 new research awards, with titles such as "Growth Factor Treatment of Visual Loss in Compressive Optic Nerve Injury" and "Cholinergic Interventions [interventions related to a specific neurotransmitter] to Enhance Rehabilitation from Brain Trauma." VA would not have been able to award these projects without the supplementary appropriation. In addition, funding was provided to expand the scope of 652 ongoing investigations. Finally, 46 significant equipment purchases were made to improve VA's ability to conduct cutting-edge research directly relevant to veterans' health care.

FOVA expects VA's research portfolio to grow with the extra funding Congress provided in FY 2009—growth that we recommend be sustained in FY 2010, FY 2011 and FY 2012 to support the following initiatives:

Addressing Critical Emerging Needs
Additional funding also is needed to expand research on strategies for overcoming the devastating injuries suffered by veterans of OIF/OEF. Improvements in prosthetics and rehabilitation as well as more effective treatments for polytrauma, traumatic brain injury, injuries to the eye (highly significant in this population), significant body burns, PTSD, and suicide risk are urgently needed. Funding more studies and accelerating ongoing research efforts can deliver results that make a measurable difference in the quality of life for thousands of our newest generation of war veterans.

Advancements in Genomic Medicine
The VA is uniquely positioned to revamp modern health care and to provide progressive and cutting edge care for veterans through genomic medicine. It is the largest integrated health system in the world, employs an industry-leading electronic health record, and has an enrolled treatment population for sustained research. VA combines these attributes with high ethical standards and standardized practices and policies. Innovations in genomic medicine will allow the VA to:

- reduce drug trial failure by identifying genetic disqualifiers and allowable treatment of eligible populations;
- track genetic susceptibility for disease and develop preventative measures;
- predict responses to medications; and
- modify drugs and treatments to match an individual's unique genetic structure.

Increasing VA Merit-Review Award Caps
Since 1999, funding limitations in VA research have forced the agency to cap many VA merit-review awards at levels lower than the average award at comparable federal research institutions. The current $150,000 cap is a tradeoff that VA research leadership makes to continue funding the same number of awards it has historically supported. This is a problem compounded by VA's need to expand its research portfolio to include research on conditions prevalent among veterans of OIF and OEF. FOVA supports increasing the number of funded programs to meet these new challenges, but as a secondary objective also supports raising the cap on merit review programs to maximize productivity.

FOVA Recommendation:

To maintain the current level of VA research activity over the next three years, biomedical research inflation is estimated at approximately $20 million in each of the next three years (3.3 percent for FY 2010 through FY 2012). FOVA believes an additional $45 million in FY 2010 is necessary for continued support of new VA research initiatives and for raising the restrictive cap on merit reviews. Thus, FOVA recommends an increase of $65 million for VA research in FY 2010, for a total of $575 million.

In keeping with VA's crucial need to be stable and predictable in funding and managing critical multi-year proposals, we also recommend the VA Medical and Prosthetic Research account be funded at $596 million in FY 2011, and $617 million in FY 2012.

Concerning Congressionally-Directed VA Research
Both FOVA and the Independent Budget veterans service organizations strongly support leaving to the VA scientific peer review process all decisions about the selection of particular research projects, and their funding. Funding for any potential congressionally mandated VA research, therefore, is not included in the Independent Budget or FOVA recommendations. We believe any such directed research, if so desired by Congress, should be appropriated separately.

VA Research Facilities Improvement: $142 million

VA Research Infrastructure Funding Shortfalls:
In recent years, funding for the VA Medical and Prosthetics Research 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. Ventilation, electrical supply, and plumbing appear frequently on lists of needed upgrades along with space reconfiguration.

In the 2003 Draft National Capital Asset Realignment for Enhanced Services (CARES) Plan, VA plans included $142 million designated for renovation of existing research space and build out costs for leased researched facilities. However, these capital improvement costs were left out of the Secretary's final report. Over the past decade only $50 million has been spent on VA research construction or renovation nationwide and only 24 of the 97 major VA research sites across the nation have benefited.

In House Report 109-95 accompanying the FY 2006 VA appropriations, the House Appropriations Committee directed VA to conduct "a comprehensive review of its research facilities and report to the Congress on the deficiencies found and suggestions for correction of the identified deficiencies." In FY 2008, the VA Office of Research and Development initiated a three-year examination of all VA research infrastructure for physical condition, capacity for current research, as well as program growth and sustainability of the space to conduct research.

FOVA Recommendation:
To address the current shortfalls, FOVA recommends an FY 2010 appropriation of $142 million, dedicated to renovating existing research facilities in line with the 2004 CARES findings.

FOVA anticipates VA's current analysis will find a need for funding significantly greater than the 2004 CARES report. As the VA moves forward with its research facilities assessment, FOVA urges Congress to require the VA to submit the resulting report to the House and Senate Committees on Veterans Affairs not later than October 1, 2009. This report will ensure that the Administration and Congress are well informed of VA's funding needs for research infrastructure so they may be fully considered at each stage of the FY 2011 budget process.

VA Lacks a Mechanism to Ensure the Department's Research Facilities Remain Competitive:
In House Report 109-95 accompanying the FY 2006 VA appropriations, the House Appropriations Committee expressed concern that "equipment and facilities to support the research program may be lacking and that some mechanism is necessary to ensure the Department's research facilities remain competitive." A significant cause of research infrastructure's neglect is that there is no direct funding line for research facilities.

The VA Medical and Prosthetic Research appropriation does not include funding for construction, renovation, or maintenance of research facilities. VA researchers must rely on their local facility management to repair, upgrade, and replace research facilities and capital equipment associated with VA's research laboratories. As a result, VA research competes with other medical facilities' direct patient care needs (such as medical services infrastructure, capital equipment upgrades and replacements, and other maintenance needs) for funds provided under either the VA Medical Facility appropriation account or the VA Major or Minor Construction appropriations accounts.

FOVA Recommendation:
To address the VA research infrastructure's defective funding mechanism, FOVA encourages the Administration and Congress to support a new appropriations account in FY 2010 to independently define and separate VA research infrastructure funding needs from those related to direct VA medical care. This revision will empower VA to address research facility needs without interfering with direct care infrastructure.

VA Medical Care: $46.6 billion

Consistent with the *Independent Budget*, FOVA encourages Congress to provide an FY 2010 VA medical care appropriation of at least $46.6 billion. The recommended increase would cover expected medical care inflation; the influx of new veterans from OIF and OEF; and necessary improvements to address the increasing complexity and volume of care needed by VA's aging population.

Delayed funding for VA health-care jeopardizes VA's ability to provide quality and timely health-care services to all eligible veterans. Congress should reform VA's medical care appropriation to allow advanced appropriations, providing funding for veterans' health care one year or more in advance of the operating year.

Improving Veterans' Lives Through Innovation and Discovery

For over 60 years, the VA Research and Development program has been improving veterans' lives through innovation and discovery that has led to advances in health care for veterans and all Americans.

1958 Invented the implantable cardiac pacemaker, helping many patients prevent potentially life-threatening complications from irregular heartbeats.

1960 Pioneered the concepts that led to development of computerized axial tomography (CAT scan).

1961 Conducted groundbreaking work with radioisotopes that led to the development of modern radioimmunoassay diagnostic techniques.

1968 Performed the first successful liver transplants and developed techniques for suppressing the body's natural attempt to reject transplanted tissue.

1984 Developed the nicotine patch and other therapies to help smokers give up the habit.

1991 Developed Functional Electrical Stimulation (FES) systems that allow patients to move paralyzed limbs.

1994 Demonstrated that one aspirin tablet a day reduced by half the rate of death and nonfatal heart attacks in patients with unstable angina.

2000 Showed that colonoscopy is superior to the more widely used sigmoidoscopy as a primary screening mechanism for colon cancer.

2007 Unveiled the first powered ankle-foot prosthesis that propels users forward, developed in collaboration with researchers at MIT and Brown University.

Recent VA Research Achievements

Major VA trial shows no added heart benefit from tighter sugar control in diabetes patients (July 2008)
Two in three people with diabetes die of heart attack, stroke or other cardiovascular events. Until recently, doctors were unsure whether there is a direct cause-and-effect link between high blood sugar and cardiovascular disease. A major VA study —co-chaired by William Duckworth, M.D., director of diabetes research at the Carl T. Hayden VA Medical Center in Phoenix and a professor of clinical medicine at the University of Arizona, and Carlos Abraira, M.D., of the Miami VA and the University of Miami— has provided key evidence to help answer the question. The seven-year VA Diabetes Trial, which included nearly 1,800 veterans at 20 VA medical centers, found that intensive control of blood glucose in type 2 diabetes does little to cut the risk of heart disease, compared to standard treatment. The results could have a significant impact in VA's health system, where nearly a fifth of patients—some one million veterans—have type 2 diabetes.

VA Center first to compare traumatic brain injury (TBI) rehabilitations (January 2009)
Researchers from the Defense and Veterans Brain Injury Center (DVBIC) have published the results of one of the first studies of its kind: a randomized clinical trial comparing different treatment approaches for those with TBI. The study compared two rehabilitation approaches: "cognitive didactic" versus "functional-experiential." While the findings suggest pluses to both methods, the cognitive approach resulted in better short-term gains in mental function and was more effective in helping younger patients return to work or school. The functional method led to higher rates of independent living among older patients. Both methods had been validated in prior research but had never been tested head-to-head.

VA-CWRU team looks to genome of antibiotic-resistant "bad bug" for answers (March 2009)
Robert Bonomo, M.D., with the Louis Stokes Cleveland VA Medical Center and Case Western Reserve University (CWRU), is investigating the elaborate genetic makeup of Acinetobacter baumannii —known to some as "Iraqibacter" because of the toll it has taken on wounded U.S. troops. A. baumannii has won a reputation as a "bad bug," with more than a third of infections considered resistant to multiple drug classes. Doctors have few options for treating the defiant bug, which tends to infect severely sick, hospitalized patients and can lead to pneumonia, bloodstream infections and other dangerous conditions. Dr. Bonomo's team determined that A. baumannii can evolve quickly, sometimes changing within a single hospital outbreak or even within an individual. They found that sharing of resistance genes between bacteria—a concept known as "horizontal gene transfer"—occurs frequently. Building on the completed study, Dr. Bonomo looks forward to garnering a bigger picture with strains gathered from hospitals around the world.

Organizations Endorsing the FOVA FY 2010 Recommendations:

Administrators of Internal Medicine
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Alliance for Academic Internal Medicine
Alliance for Aging Research
Alzheimer's Association
American Academy for Physical Medicine and Rehabilitation
American Academy of Neurology
American Academy of Ophthalmology
American Academy of Orthopaedic Surgeons
American Academy of Pain Medicine
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 Neurological Surgeons
American College of Chest Physicians
American College of Physicians
American Dental Education Association
American Federation for Medical Research
American Gastroenterological Association
American Geriatrics Society
American Headache Society
American Heart Association
American Hospital Association
American Lung Association
American Optometric Association
American Osteopathic Association
American Pain Society
American Physical Therapy Association
American Physiological Society
American Podiatric Medical Association
American Psychiatric Association
American Psychological Association
American Public Health Association
American Society for Biochemistry and Molecular Biology
American Society for Microbiology
American Society for Pharmacology and Experimental Therapeutics
American Society for Reproductive Medicine
American Society of Hematology
American Society of Nephrology
American Thoracic Society
American Tinnitus Association
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
Blinded Veterans Association
Catholic War Veterans of the U.S.A., Inc.
Clerkship Directors in Internal Medicine
Coalition for Heath Services Research
Congress of Neurological Surgeons
Council on Social Work Education
Digestive Disease National Coalition
Disabled American Veterans
Dystonia Medical Research Foundation
Federation of American Societies for Experimental Biology
Infectious Diseases Society of America
International Foundation for Functional Gastroenterological Disorders
Jewish War Veterans of the USA
Legion of Valor of the USA, Inc.
Lymphoma Research Foundation
Medicine-Pediatrics Program Directors Association
Military Officers Association of America
National Alliance for Eye and Vision Research
National Alliance on Mental Illness
National Association for the Advancement of Orthotics and Prosthetics
National Association of State Universities and Land Grant Colleges
National Association of Veterans' Research and Education Foundations
Nurses Organization of Veterans Affairs
Pain Care Coalition
Society for Investigative Dermatology
Society for Neuroscience
Society of General Internal Medicine
The Endocrine Society
The Leukemia and Lymphoma Society
The Veterans Coalition
United Spinal Association
Veterans of the Vietnam War

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