Testimony of the
Friends of VA Medical Care and Health Research (FOVA)
on
Fiscal Year 2015 Appropriations for the U.S. Department of Veterans Affairs Medical and Prosthetic Research Program
submitted to the
House Committee on Appropriations
Subcommittee on Military Construction, Veterans Affairs, and Related Agencies

Chairman Culberson, Ranking Member Bishop, and Members of the Subcommittee—

The Friends of VA Medical Care and Health Research (FOVA) respectfully urges the Subcommittee to approve funding for the Medical and Prosthetic Research Program within the U.S. Department of Veterans Affairs (VA) at **$611 million in fiscal year (FY) 2015**. In addition, FOVA requests funding to address critical research laboratory and related deficiencies of **$50 million for up to five major construction projects in VA research facilities, and $175 million for nonrecurring maintenance and minor construction** (separate from funding for medical facilities).

FOVA is a diverse coalition representing national academic, medical, and scientific societies; voluntary health and patient advocacy groups; and veterans service organizations. FOVA was founded almost 25 years ago to ensure that America's veterans receive high-quality health care. We believe an important connection exists among VA health care, VA's academic affiliates, and the VA Research and Development program. This relationship supports advanced practice and effective, safe care for veterans, helps veterans recover from war, disease and illness, and pays even more dividends to the nation, including promoting better health for all.

The VA Medical and Prosthetic Research program leverages the taxpayer's investment via a nationwide array of synergistic relationships with academic affiliates, nonprofit organizations, and for-profit industry partners. Adding to these partnerships, VA researchers successfully compete for funding from the National Institutes of Health (NIH), the Department of Defense (DOD), and other federal granting agencies. The VA research program has sponsored three Nobel laureates and seven recipients of the Lasker Award (often called the "American Nobel Prize").

The VA's funded researchers annually publish between 8,000 and 10,000 scientific/technical/medical (STM) papers and articles in peer-reviewed journals, educational textbooks, and other professional publications. Leading journals posting VA research papers include the *New England Journal of Medicine*, *Lancet*, *the Journal of the American Medical Association*, *Science*, and *Nature*. VA's own *Journal of Rehabilitation Research and*

Development (JRRD) publishes VA and other original scientific rehabilitation research papers and articles, with over10 million downloads per year of articles from that VA publication.

Examples of VA contributions over the past 60 years to innovative technologies include the nicotine patch; an improved prosthetic ankle that better mimics a normal gait; and the "DeKA Arm," a collaborative prosthetic invention involving VA and DOD scientists, engineers, and private entrepreneurs that enables upper extremity amputees to achieve remarkable rotation and dexterity using a robotic hand. More recent VA research developments include:

- Based on a VA-DOD Joint Program Review finding, VA developed a $100 million, 5-year program announcement for joint VA-DOD consortia on 'Combat-Related Neuro-trauma and Psychological Health." The consortia was initiated with awards to University of Texas at San Antonio and VA Boston Health Care System; and Virginia Commonwealth University and Hunter Holmes Maguire VA Medical Center.
- Using sophisticated VA-invented eye-tracking tests, patients with Parkinson's disease, even those with a recent diagnosis, were found to display an "ocular tremor" that was not found in non-Parkinson's patients. This test could provide clinicians with a simple means to diagnose Parkinson's disease with accuracy exceeding that of other clinical assessments.
- Published a trial of Prazosin for combat trauma post-traumatic stress disorder (PTSD) with nightmares in active-duty soldiers returning from Iraq and Afghanistan, demonstrating that Prazosin is effective. Substantial residual symptoms suggest that studies combining Prazosin with effective psychotherapies might demonstrate further benefit.
- A form of "smart chemotherapy" now under development relies on a capsule so small that 40,000 of them could fit on the head of a pin. Both the capsules and the drugs inside them are designed to kill cancer cells without harming healthy ones, avoiding the toxicity to healthy cells that can cause short term side-effects that make treatment difficult to tolerate.
- A VA study found that hospital privacy curtains are rapidly contaminated with potentially harmful bacteria including methicillin-resistant *S. aureus* (MRSA) and vancomycin-resistant *enterococcus* (VRE), both of which are endemic challenges for U.S. hospitals and nursing homes. Antimicrobial curtains are among the many solutions being explored to reduce nosocomial infections.

VA Researchers Will Continue to Make Advances in FY 2014 and FY 2015

From women veterans' health to the study of how genes affect illness, VA research is actively involved in veteran-centric studies to provide tomorrow's evidence-based treatments. It is part of an integrated health care system with an electronic health record that is a model for superior bench-to-bedside research. The groundbreaking achievements of VA investigators—approximately 70 percent of whom also provide direct patient care to veterans—have contributed to elevating the standard of care, safety and preventative measures in US and western medicine, surgery, psychiatry, psychology, and related fields.

The VA Research and Development program is active also in the development of research initiatives that are in step with VHA health-care priorities and VA transformation initiatives. These accomplishments improve veterans' access to quality health care—ensuring that VA research continues to be responsive to veterans' needs, and remains the foundation for the continued excellence of VA health care.

Achievement of enrollment milestones in the Million Veteran Program (MVP) is among the VA research program's most recent pioneering accomplishments. MVP is an important partnership between VA and veterans with the goal of enrolling as many as 1 million veterans over the next five to seven years. The goal of MVP is to better understand how genes affect health and illness in order to improve health care methods to heal illness and keep veterans healthy. At the end of October 2012, nearly 100,000 veterans had been enrolled, and had donated genetic blood samples at 40 cooperating VA collection sites. The MVP has extensive safeguards in place to ensure that information security and patient confidentiality are top priorities. Once completed, MVP will contain the world's largest repository of human genetic material. The potential for this particular research initiative is practically endless.

Sustainable Growth Is Needed to Meet Current and Emerging Research Needs

Predictable funding enables the national VA Office of Research and Development (ORD) to stabilize planning, and increases investigator confidence in continuous funding for thousands of important VA research projects. Should availability of research awards decline as a function of budgetary policy, VA risks terminating ongoing research projects and halting new initiatives, including some of those listed above. It also risks losing from VA's ranks the physician-researchers and other clinical investigators who are integral to providing direct care for our nation's veterans and managing clinical programs to meet veterans' specialized needs.

Inflation in biomedical research and development is assumed at 2.9 percent for FY 2015. The basis for this assumption is the annual change in the Biomedical Research and Development Price Index, which is developed and updated annually by the Bureau of Economic Analysis and the Department of Commerce. The index is used by federal research agencies, including NIH, to estimate changes in funding levels needed to maintain a current-services level of operation.

Beyond anticipated inflation, additional VA research funding is needed to (1) address the critical needs of returning veterans from Iraq and Afghanistan deployments, and others who were deployed to combat zones in the past; (2) take advantage of opportunities to improve the quality of life for our nation's veterans through "personalized medicine"; and (3) maximize use of VA's expertise in research conducted to evaluate the clinical effectiveness, risks, and benefits of medical treatments.

Additional Funding Will Aid New Discoveries and New Treatments

Additional funding is needed to expand research on strategies for overcoming the devastating injuries suffered by combat veterans. Urgent needs are apparent for improving prosthetic and orthotic technologies and rehabilitation methods, as well as developing more effective treatments for polytrauma, traumatic brain injury (TBI), significant body burns, vision trauma, and the mental health consequences of war. Accelerating research efforts in all of these critical areas offers the potential to deliver results that make a measurable difference in the quality of life of our newest generation of wounded, injured, and ill war veterans and their families. We believe this is a moral obligation of the Federal government, and of Congress.

VA's Research Infrastructure Has Significant Funding Shortfalls

In House Report 109-95 accompanying the FY 2006 VA appropriations act, 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." Using outside reviewers, VA initiated a comprehensive assessment of VA research infrastructure which verified that for decades, VA construction and maintenance appropriations had failed to provide the resources needed by VA to replace, maintain, or upgrade its aging research facilities at most VA medical centers across the nation. In July 2012, VA submitted *"Final Report of the VA Research Infrastructure Program"* to Congress. The report includes the following findings:

- As of December 2010, $774 million was needed to correct all VA research infrastructure deficiencies. Deficiencies are items that were graded "D" (poor condition) or "F" (critical condition or "failing" or "inappropriate").
- Of these deficiencies, $546 million was needed to address the Priority 1 and Priority 2 deficiencies, which require corrective action within 0-2 years and may present life safety hazards.
- To upgrade VA research infrastructure, VA spent $272 million on non-recurring maintenance (NRM) and Minor Construction projects from FY 2007-2011. Over the same period, VA ORD spent $99 million to purchase equipment for laboratories, common resource rooms, and research animal facilities, and to assist stations with activation funding (following construction or large renovation projects).

There continues to be a $175 million shortfall in non-recurring maintenance and minor construction funding to address Priority 1 and 2 deficiencies in VA research infrastructure. While the VA national research office provided $1.1 million to field sites in July 2011 to "assist in the remediation of outstanding life safety hazards," several facilities were unable to accept the support due to their inability to obligate the funds in the two to three months remaining before the end of that fiscal year. The research office had hoped to offer this support again in early FY 2012, but was unable to do so as a result of funding constraints. According to the report, "When compared to the nearly $774 million in identified deficiencies, the corrections and new construction funded in FY 2010-2011 constitute only about 27 percent of those needed."

The report also included building-specific analysis of the cost to correct deficiencies compared to the replacement value of a building, or the Facility Condition Index (FCI). An index of over 30 percent indicates that replacement of the asset should be considered. An FCI of over 50 percent is generally considered the threshold over which replacement is likely more cost efficient than correction.

Of the 171 buildings assessed, 28 facilities had an FCI that exceeded 50 percent. While VA is adding 320,000 square feet of research space at major construction projects in Denver, Las Vegas, New Orleans, Omaha, Orlando, and Pittsburgh, additional funding is needed to replace existing degraded facilities throughout the VA system, many of which were constructed in the early 20th century for non-research purposes.

The infrastructure report provides the Administration and Congress with detailed information about the deteriorating condition of VA's research infrastructure and its funding needs. Guided

by the priority methodology laid out in the report, for FY 2015 Congress should (1) allocate funding sufficient to address VA's highest priority research facility major construction needs identified in the report; and (2) provide a pool of funding for urgently needed maintenance, repair and upgrades at research facilities nationwide.

VA Lacks a Mechanism to Ensure that Its Research Facilities Remain Competitive

The House Appropriations Committee also 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."*(House Report 109-95 accompanying FY 2006 VA appropriations)

FOVA contends that a significant cause of VA research infrastructure's neglect is the lack of a direct funding line for research facilities' capital needs, and that creating such a line item would provide the missing mechanism identified by the appropriators. Neither the Minor Construction account nor the VA Medical and Prosthetic Research appropriation contain funding for construction, renovation, or maintenance of VA research facilities. VA researchers must rely on local facility management to repair, upgrade, and replace research facilities and capital equipment in or supporting VA's research laboratories. As a result, VA research competes with medical facilities' direct patient care infrastructure needs (such as elevator replacements, heating and air conditioning upgrades, and capital equipment upgrades and replacements, including X-ray machines and MRIs) for funds provided under either the VA Medical Facility appropriation account or the VA Major Medical Facility and Minor Construction appropriations accounts. VA investigators' success in obtaining funding from non-VA sources exacerbates VA's research infrastructure problems because non-VA grantors provide VA no funding to cover the administrative or facility costs to medical centers that host extramurally funded projects.

Summary of Recommendations

The Friends of VA Medical Care and Health Research respectfully submit the following recommendations to support the VA Medical and Prosthetic Research Program:

1. Provide $611 million for FY 2015 ($17 million to accommodate biomedical research inflation, plus an additional $8 million to sustain support for ongoing initiatives)
2. Provide $50 million in FY 2015 for up to five major construction projects in VA research facilities
3. Provide $175 million in FY 2015 in nonrecurring maintenance and Minor Construction funding to address priority 1 and 2 deficiencies identified in the *"Final Report of the VA Research Infrastructure Program"*
4. Establish a new appropriations account in FY 2015 and thereafter to define and separate VA research infrastructure funding needs from capital and maintenance funding for other VA programs

***Contact**: FOVA Executive Committee - http://www.friendsofva.org/committee.htm*