



FRIENDS OF VA MEDICAL CARE
AND HEALTH RESEARCH

A large, stylized graphic of the American flag is positioned in the top-left corner, partially overlapping the FOVA logo. The flag's stars and stripes are rendered in a layered, paper-like style. The stripes extend diagonally across the entire page, creating a sense of movement and depth. The background is a light blue gradient.

A BUDGET PROPOSAL FOR FY 2025

www.friendsofva.org

ABOUT FOVA

In 1988, 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 nearly 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 for continued, necessary funding for the research and health programs that serve the nation's veterans.

FOVA EXECUTIVE COMMITTEE

Roscoe Butler

Paralyzed Veterans of America
RoscoeB@pva.org

Erica Froyd

Association of American Medical
Colleges
efroyd@aamc.org

Gary Ewart

American Thoracic Society (ATS)
gewart@thoracic.org

Jon Retzer

Disabled American Veterans (DAV)
jretzer@dav.org

K. Conwell Smith

American Psychological Association
csmith@apa.org

Rashi Romanoff

National Association of Veterans'
Research and Education Foundations
(NAVREF)
rashi@navref.org

Jennifer Zeitzer

Federation of American Societies for
Experimental Biology (FASEB)
jzeitzer@faseb.org

WHY DO VETERANS NEED A VA-BASED RESEARCH PROGRAM?

Investigating a Veteran-Centric Comprehensive Research Portfolio

Research at the U.S. Department of Veterans Affairs (VA) focuses on veteran-unique conditions in four main areas: biomedical, clinical science, health services, and rehabilitation. All research proposals must affect veterans' health.

Collaborating with Partners to Leverage Taxpayers' Investment

The VA has established nationwide partnerships with the NIH and other federal research agencies, for-profit medical industry companies, nonprofit organizations, and academic affiliates to maximize and augment its research capabilities.

Supporting the Next Generation of Veterans' Health Researchers

By offering mentored research opportunities, the VA attracts, develops, and retains talented postdoctoral researchers in clinical, translational, and basic science disciplines.

Recruiting and Retaining Clinicians to Care for Veterans

Because the VA awards grants only to VA employees, the VA uses a dedicated funding source to attract high-quality physicians and clinical investigators to the VA health care system and retain them.

Fostering Excellence in Veterans' Health Research

VA researchers have received three Nobel Prizes in physiology or medicine, seven Albert Lasker Medical Research Awards ("America's Nobels"), and numerous other distinctions that drive innovations in VA health care.

Helping Veterans: Bench to Bedside

Nearly seventy percent of VA researchers are clinicians who also provide direct care to veterans and, as a result, have developed a cultural competency for the unique needs of veteran patients.

VA MEDICAL AND PROSTHETIC RESEARCH PROGRAM

FOVA FY25 RECOMMENDATION FOR MEDICAL AND PROSTHETIC RESEARCH: \$1.05 BILLION

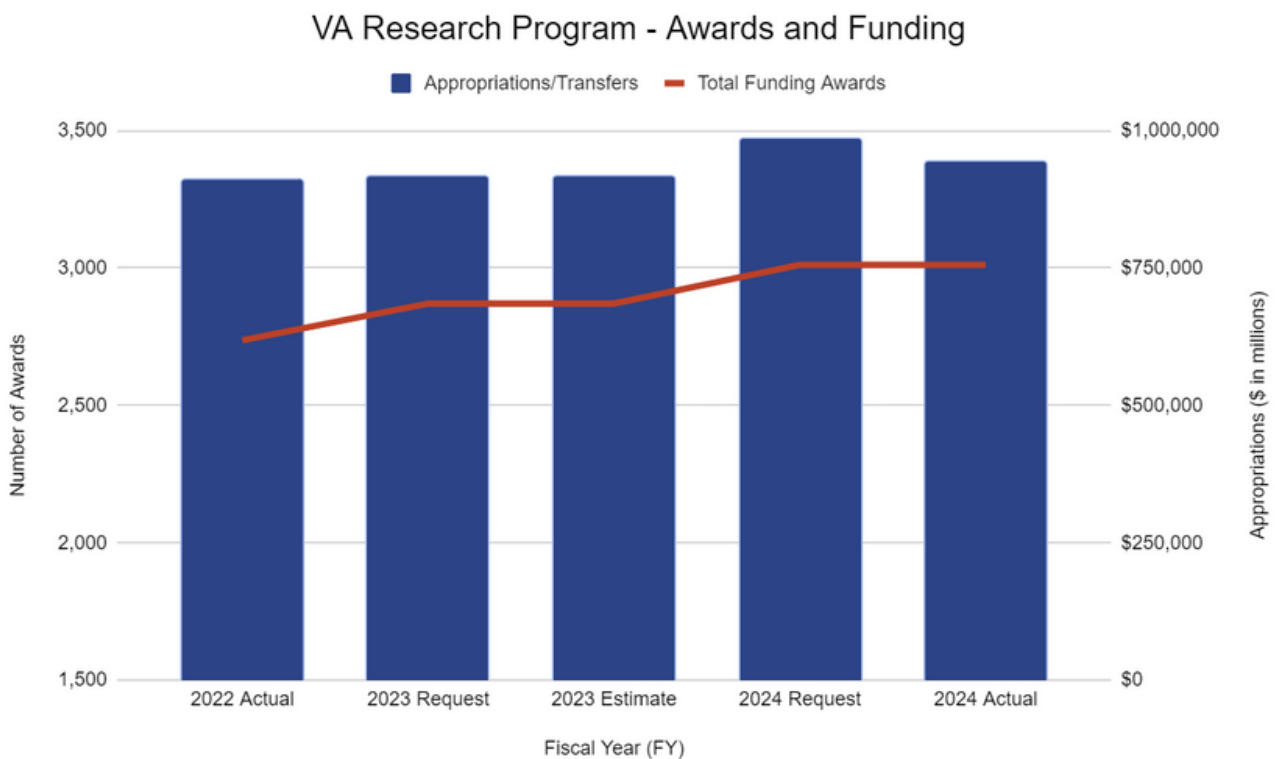
The FOVA coalition recognizes the demands of many important programs for America's veterans in the Military Construction, VA, and Related Agencies spending bill, and urges Congress to continue its reliable and robust growth in the VA research program without recissions. FOVA's FY 2025 recommendation of \$1.05 billion for VA research, an increase of \$107 million, above the comparable FY 2024 funding level, would enhance the investment in veteran-centric research on a trajectory of meaningful growth above inflation to ensure research progress can keep pace with the increasing demands of improving health for veterans.

FOVA's recommendation of \$1.05 billion would provide sustained and predictable funding growth for VA research, which is imperative to help ensure the best return on investment in improving the health of veterans and all Americans.

- Sustained funding growth is crucial for VA research efforts.
- Successes in precision oncology and Cancer Moonshot Initiative will be built upon.
- Clinical trials access will be increased, and health disparities will be addressed.
- Groundbreaking programs like Million Veteran Program (MVP) will receive renewed support.
- Research on chronic and emerging needs of veterans will be prioritized.
- Increased funding will support recruitment and retention of researchers.
- Toxic exposures and mental health research will be expanded.
- Strained IT capacity will be supported through computational science purchases.

SUSTAINING INVESTMENTS IN VETERAN RESEARCH — THE TOLL OF BIOMEDICAL INFLATION

Despite the proven achievements of VA investigators across diverse fields, the funding allocated for VA research has consistently fallen behind the annual inflation rates observed in biomedical research since Fiscal Year 2010. The Biomedical Research and Development Price Index (BRDPI), as projected by the Department of Commerce and the National Institutes of Health, estimates that the Medical and Prosthetic Research appropriation should be increased in FY25 by 11.35% over the FY 2024 baseline for VA research simply to maintain current research levels. FOVA recommends meaningful growth above inflation for FY 2025 in order to build on momentum of recent years and to allow the VA to support promising research proposals in all disciplines to better the health of all veterans.



CONGRESSIONALLY DIRECTED VA RESEARCH

Both FOVA and the *Independent Budget* veterans service organizations strongly believe that all decisions regarding the selection of individual research projects and their funding should be made through the VA peer-review process. Therefore, funding for any potential congressionally mandated VA research is not included in the *Independent Budget* or FOVA recommendations. FOVA believes that any such directed research, if so desired by Congress, warrants a separate appropriation.

PHYSICAL AND INFORMATION TECHNOLOGY (IT) INFRASTRUCTURE

FOVA RECOMMENDATION FOR MAJOR & MINOR CONSTRUCTION: AT LEAST \$100 MILLION

A 2012 congressionally mandated report found a clear need for systematic infrastructure improvements for VA research laboratories. VA completed a Phase II assessment in 2020 of fewer than one-third of sites inspected in Phase I. Phase II findings show that while certain projects have received funding, significant deficiencies remain. VA estimated more than \$200 million was needed to correct all deficiencies identified in the Phase II report, including \$99.5 million in Priority 1 deficiencies, representing immediate needs such as life safety hazard corrections. FOVA believes designating funds specifically for research facilities is the only way to make significant improvements. For capital infrastructure, renovations, and maintenance, FOVA recommends at least \$100 million for VA research facilities to address the most pressing repairs.

FOVA RECOMMENDATION FOR OFFICE OF INFORMATION AND TECHNOLOGY: AT LEAST \$25 MILLION

VA's Office of Information and Technology (OIT) is responsible for IT development and maintenance for programs including clinical, health management, benefits, security, and research. To advance and modernize the VA research program, OIT funding must be designated specifically for research use on a yearly basis. For FY 2025, FOVA recommends at least \$25 million of the OIT budget to be assigned for VA research to support the purchase and maintenance of IT infrastructure, increase data storage and access capabilities, increase data security, increase interoperability with affiliated partners, and transition to more robust and functional cloud computing platforms.

IMPROVING VETERANS' LIVES THROUGH INNOVATION AND DISCOVERY

For nearly 100 years, the VA Research & Development Program has been improving veterans' lives through innovation and discovery that has led to advances in health care for veterans and all Americans.

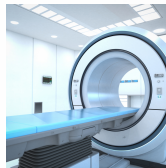
1925

Launch of the VA Research & Development Program with the first hospital-based research study



1961

Established concepts leading to the development of the CAT scan



1984

Developed the nicotine patch and other smoking cessation therapies



1994

Linked aspirin to a reduced rate of heart attacks



2010

Collaborated with U.S. Army to study suicide prevention in active service members and veterans



2019

Invented, with the University of Michigan, a device allowing two patients with different needs to safely use the same ventilator



1960

Invented the implantable cardiac pacemaker



1967

Conducted first successful liver transplant; developed methods to prevent rejection of transplanted organs



1991

Developed functional electronic stimulation to aid in moving paralyzed limbs



2007

Revealed the first powered ankle-foot prosthesis, which propels users forward



2015

Invented a "standing" wheelchair that provides greater independence



2023

Enrolled the one millionth volunteer in the Million Veteran Program



FOVA SPOTLIGHT: The American Massage Therapy Association

Massage therapy is covered for veterans when deemed clinically necessary by their health care team, per VHA Directive 1137. The American Massage Therapy Association (AMTA), through its affiliated research foundation, as well as through its individual members' research projects, continues to support research that increases the evidence base of knowledge about the benefits of massage therapy for military and veteran populations.

[The Integrative Therapy Nurse: A Valuable Player in Symptom Management.](#)

With the support of colleagues and hospital management, the author, an RN with board certification in therapeutic massage and bodywork, developed and implemented the role of the integrative therapy nurse on the spinal cord injury and disorders unit at the Minneapolis Veterans Affairs Medical Center. The goal of this initiative was to provide patients with additional nonpharmacologic options for addressing their symptoms through the creation of an integrative therapy nurse role within the existing interdisciplinary team of physicians, NPs, psychologists, registered dietitians, physical therapists, occupational therapists, speech pathologists, and staff nurses. This article outlines the process of creating this role, discusses implications for practice, and reports the outcomes of three years of its implementation. The outcomes of decreased pain and increased relaxation among the veterans who participated in this initiative warrant its further expansion to additional clinical settings.

[Promoting reintegration of National Guard veterans and their partners using a self-directed program of integrative therapies: a pilot study.](#)

Pilot data from phase I of a project to develop and evaluate a self-directed program of integrative therapies for National Guard personnel and significant relationship partners to support reintegration and resilience after return from Iraq or Afghanistan. Data are reported on 43 dyads. Intervention was an integrated multimedia package of guided meditative, contemplative, and relaxation exercises (CD) and instruction in simple massage techniques (DVD) to promote stress reduction and interpersonal connectedness. A repeated measures design with standardized instruments was used to establish stability of baseline levels of relevant mental health domains (day 1, day 30), followed by the intervention and assessments 4 and 8 weeks later. Significant improvements in standardized measures for post-traumatic stress disorder, depression, and self-compassion were seen in both veterans and partners; and in stress for partners. Weekly online reporting tracked utilization of guided exercises and massage. Veterans reported significant reductions in ratings of physical pain, physical tension, irritability, anxiety/worry, and depression after massage, and longitudinal analysis suggested declining baseline levels of tension and irritability. Qualitative data from focus groups and implications for continued development and a phase II trial are discussed.

Perceptions of other integrative health therapies by Veterans with pain who are receiving massage.

Veterans are increasingly using complementary and integrative health (CIH) therapies to manage chronic pain and other troubling symptoms that significantly impair health and quality of life. The Department of Veterans Affairs (VA) is exploring ways to meet the demand for access to CIH, but little is known about Veterans' perceptions of the VA's efforts. To address this knowledge gap, we conducted interviews of 15 inpatients, 8 receiving palliative care, and 15 outpatients receiving CIH in the VA. Pain was the precipitating factor in all participants' experience. Participants were asked about their experience in the VA and their opinions about which therapies would most benefit other Veterans. Participants reported that massage was well-received and resulted in decreased pain, increased mobility, and decreased opioid use. Major challenges were the high ratio of patients to CIH providers, the difficulty in receiving CIH from fee-based CIH providers outside of the VA, cost issues, and the role of administrative decisions in the uneven deployment of CIH across the VA. If the VA is to meet its goal of offering personalized, proactive, patient-centered care nationwide then it must receive support from Congress while considering Veterans' goals and concerns to ensure that the expanded provision of CIH improves outcomes.

Integrating Massage Therapy Into the Health Care of Female Veterans.

Background: Female veterans experience higher rates of chronic pain, depression, and anxiety than do male veterans. Gynecologic examinations and procedures can be stressful, painful, and anxiety provoking. Research has shown that massage can help reduce pain and anxiety. The purpose of this study was to examine the relationship between massage and well-being in female veterans.

Methods: A pre- and post visit study design was used. In advance of their clinic visit, female veterans were asked by clinic staff whether they would like a relaxation massage in conjunction with their visit. Effleurage massages were administered by licensed volunteer massage therapists in a private space and performed on the back, neck, hands/arms, legs/feet. Patients rated their pain intensity, pain unpleasantness, anxiety, shortness of breath, relaxation, and inner peace pre- and post massage on 0 to 10 scales. Demographics and data were abstracted from the medical records.

Results: Results are based on the first massage received by 96 individuals: A majority of participants were aged ≤ 40 years (53%) and were White women (68%). Most (70%) were scheduled for an invasive procedure (eg, pelvic examination, biopsy). Seventy-nine percent had a history of chronic pain; 65% had a diagnosis of depression. Mean scores for pain intensity decreased by 1.9 points, pain unpleasantness by 2.0, and anxiety by 2.4. Relaxation increased by 4.3 points and sense of inner peace by 3.5 points. These changes were all statistically significant ($P < .001$).

Conclusions: Results from this pilot study suggest massage therapy may be an effective, inexpensive, and safe treatment for pain and/or anxiety in female veterans attending a gynecology appointment. Further research should assess the effects of massage therapy in female veterans with chronic pain and coexistent mental health conditions.

FOVA SPOTLIGHT: Cures Within Reach

Cures Within Reach (CWR) improves patient quality and length of life by leveraging the speed, safety and costeffectiveness of testing already approved therapies for new indications to address unmet medical needs, driving more treatments to more patients more quickly. CWR finds and funds first-in-human or proof-of-concept clinical repurposing trials that, if successful, catalyze the follow-on funding and larger, confirmatory clinical trials needed to impact patients more broadly. As of October 20, 2023, CWR has an ongoing research portfolio of 47 repurposing trials in 32 diseases at 38 institutions in 10 countries.

CWR's Veterans / Military Initiative

Research is clear: whether mental health issues or lingering pain after recovery, veterans have many healthcare challenges unique to their service or more frequent than the general population. Service-related injuries among US military include musculoskeletal/joint injuries; PTSD, anxiety and depression; tinnitus and hearing loss; and brain injuries. CWR's Veterans / Military Initiative finds and funds clinical repurposing trials that address unmet and high priority medical needs of veterans and active military. This initiative utilizes the speed and cost-effectiveness of testing already approved therapies in new indications to improve the quality and length of life of retired military veterans and active US military. All of CWR's Veterans / Military Initiative research submissions are reviewed not only by experts from academia, clinical medicine and industry, but also by veterans and veteran advocates to represent their voice in the selection process.

Since its launch on Veterans Day, Nov. 11, 2020, CWR's Veterans / Military Initiative now has 4 ongoing clinical repurposing trials with 2 more to be selected in late 2023. The following 4 ongoing clinical trials are examples of the opportunity to improve veterans' lives with already approved treatments:

- Using an Approved Depression Treatment (TMS) in Veterans with Mild TBI and PTSD at Edward Hines Jr VA Hospital
- Enhancing PTSD Treatment for Veterans via Prebiotic Supplementation at Rush University Medical Center
- Testing the Hypertension Drug Clonidine for PTSD in Veterans at Advocate Aurora Health
- Repurposing N-Acetylcysteine to Reduce Oxidative Stress in TBI at University of New Mexico
- More information about these ongoing trials at <https://bit.ly/cwrcurrent>

In addition, CWR has 2 completed clinical repurposing trials that have the ability to impact veterans and active military:

- Using Imaging Techniques to Guide Targeted Brain Stimulation in the Treatment of Depression and PTSD at the University of Pennsylvania
- Repurposing a Multiple Sclerosis Drug in Severe Limb Trauma at the Penn State College of Medicine (now at the University of Arizona)
- More information about these completed trials at <https://bit.ly/cwrcompleted>

Evaluation, Goals and Metrics

CWR focuses on the strong catalytic impact that our funding provides: our \$8 million for clinical trials has led to our researchers raising more than \$83 million in follow-on funding for their ongoing trials, next phase or related projects. Our newest example of catalytic impact: Dr. Elfar at Penn State and his \$50,000 clinical trial testing a generic multiple sclerosis drug to diagnose nerve damage in limb trauma patients, which began in 2019. In early 2022, he received a \$2 million grant from the NIH for a larger confirmatory study, now at University of Arizona (see attached Research Spotlight).

FOVA SPOTLIGHT: The VA Post Deployment Cardiopulmonary Evaluation Network

The Post Deployment Cardiopulmonary Evaluation Network (PDCEN) was created in 2019 through the Airborne Hazards and Burn Pit Center of Excellence at the New Jersey War Related Illness and Injury Study Center. The PDCEN includes clinical and research personnel at 6 VA sites (New Jersey, Baltimore, Ann Arbor, Nashville, Eastern Colorado, and San Francisco). Each site conducts comprehensive standardized clinical evaluations on Veterans suspected of having deployment related respiratory disease. Evaluations include: 1) questionnaires assessing a Veteran's deployment locations, toxic exposures, and symptoms; 2) numerous pulmonary function and radiographic tests, and 3) multidisciplinary evaluations by medical specialists.

Research performed on data obtained from these evaluations seeks to: a) understand relationships between toxic exposures and respiratory disease; b) inform care providers on best practices including diagnostic and treatment algorithms, and c) provide information to various stakeholders to improve the health and care of Veterans. Points of research emphasis include efforts to generate specific exposure scores for each Veteran and to evaluate novel technology that identifies evidence of lung damage without resorting to surgical lung biopsy.

The PDCEN hopes that knowledge gained from these evaluations will improve Veterans' health and satisfaction with VA care. A recent program analysis of pre- and post-evaluation surveys of 44 Veterans that completed their PDCEN evaluation suggests we are making a positive impact. Notably, we observed significant increases in how Veterans rated the VA on the following metrics: 1) The VA cares about the overall health of my respiratory track; 2) The VA cares that military burn pits, sand and dust storms, or other military exposures might be harmful; 3) I feel more informed about airborne hazards that may have been present during my deployment; and d) I am confident that the VA wants to better understand any health problems I may have experienced during deployment. PDCEN leadership remains grateful for congressionally appointed funds that are supporting this important research.

FOVA SPOTLIGHT: VA Telehealth helps Veterans receive treatment for opioid use disorder

Despite concerns that the COVID-19 pandemic would derail treatment for opioid use disorder, remote care kept Veterans on track.

Written by: Treva Lutes, communications lead for the VA Office of Connected Care.

Opioid overdose is the leading cause of accidental death in the United States. Opioids — such as fentanyl, heroin, morphine and oxycodone — contributed to an estimated 80,000 deaths last year across the country.

For people who develop an addiction to opioids, it is often difficult to seek help and stay in treatment. Fortunately, VA provides a wide range of addiction treatment options. And VA is using telehealth to make it easier for Veterans to access the care they need.

Using telehealth to treat opioid use disorder

Opioid use disorder (OUD) is the clinical term for an opioid addiction. OUD treatment can require regular visits to clinics to receive medications like buprenorphine, which can save Veteran lives. But the visits can sometimes make it hard to start and stay in treatment.

But a [research VA research study](#) shows VA telehealth is making OUD treatment easier for Veterans. Since before the pandemic, some VAs had already started offering telehealth treatment for OUD. In March 2020, the number of VA providers prescribing buprenorphine in a video or phone telehealth visit increased substantially. Buprenorphine reduces cravings for opioids, helps to prevent overdose and supports Veterans in their recovery.

VA telehealth helps Veterans overcome barriers

VA's remote treatment options can decrease the stress and burden that prevent some Veterans from seeking care for OUD. For one thing, Veterans can receive care via video or even some times over the phone, which doesn't require any special equipment or technical knowledge.

Also, telehealth resources can be accessed from anywhere. That means Veterans don't have to worry about going to a VA facility to receive in-person care and it makes it easier to fit treatment in with other important things like work and family. Additionally, remote care removes transportation issues. That can be a huge help to Veterans who live in rural areas or don't have access to a car.

Receiving OUD care is easier than ever. And that can increase Veterans' chances of recovery.

Providing flexible options for Veterans

Dr. Allison Lin is an addiction psychiatrist at the VA Ann Arbor Healthcare System in Michigan. During the COVID-19 pandemic, Lin conducted a national study on how VA telehealth helped Veterans get and stay in treatment for OUD.

She said that Veterans want several care options so they can stay in treatment longer and more consistently. In-person, video and phone appointments are all helpful. When some restrictions on remote care were relaxed during the pandemic, it became clear that telehealth visits were very important to Veterans with OUD, including those who are particularly underserved including Veterans with housing instability and experiencing multiple mental health and medical issues.

"Telehealth really helped a very complex patient population stay on a lifesaving treatment," Lin said.

Learn more about [VA substance use disorder treatment options](#) and [VA Telehealth Services](#).

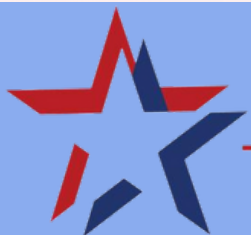
FOVA SPOTLIGHT: VA Lung Precision Oncology Program (LPOP)

Nearly 8,000 Veterans are diagnosed and treated in VA for lung cancer each year. An estimated 900,000 are at risk for lung cancer due to age, smoking, and environmental exposures during and after military service. Veterans have a higher rate of lung cancer and a lower rate of survival than the general population.

The VA Lung Precision Oncology Program (LPOP), a component of the [VHA's Precision Oncology Initiative](#), aims to give VA clinicians a range of tools to proactively address and treat lung cancer in Veterans. Precision oncology uses patients' unique genetic profiles from their tumor to tailor individualized treatment and connect them with new therapies through clinical trials. The program goals include:

- Prioritizing screening to identify early-stage lung cancer in high-risk Veterans
- Offering genetic testing for Veterans with advanced lung cancer
- Improving access for Veterans with advanced lung cancer to precision-oncology clinical trials.
- Increasing the number of clinical trials available to provide Veterans with new treatment options for lung cancer
- Enabling rapid translation of discoveries into clinical care

To achieve these goals, VA has selected locations across the nation to serve as centralized hub sites. These sites will coordinate with local VA facilities regarding screening, genetic testing, and participation in clinical trials to ensure that Veterans, regardless of where they live, have access to cutting-edge oncology care.



NAVREF

National Association of Veterans' Research
and Education Foundations



1717 K ST NW Suite 900
Washington, D.C. 20006



202-951-7701



info@navref.org