

John R. Feussner, MD, MPH, Professor and Chairman, Department of Medicine, Medical University of South Carolina, Charleston, South Carolina

Statement of

John R. Feussner, MD, MPH

Professor and Chairman
Department of Medicine
Medical University of South Carolina
Charleston, South Carolina

Before the
U.S. Senate Committee on Veterans' Affairs

Hearing on
VA Research: Investing Today to Guide Tomorrow's Treatment

April 27, 2006

Mr. Chairman and members of the Committee, good morning. I appreciate the opportunity to share my perspective on the importance and value of the Veterans Affairs research program as it relates to academic affiliations between Department of Veterans Affairs Medical Centers and Academic Medical Centers. My name is Jack Feussner, and I am Professor and Chairman of the Department of Medicine at the Medical University of South Carolina in Charleston. I am also a WOC (without compensation, volunteer) staff physician at the Ralph H. Johnson VA Medical Center. I have spent my entire academic career in a University-based Academic Medical Center setting with a strong and effective University and VA affiliation. I first became a funded VA physician researcher in 1982, and I maintained that funding until I moved to VA Central Office nearly ten years ago to serve as the VA's Chief Research Officer.

I am sure you already know about the extensive collaboration that exists between the VA and the large majority of Schools of Medicine and their Academic Medical Centers who are closely affiliated with the VA. These affiliated Department of Veterans Affairs Medical Centers share key features in common with their academic affiliates. The shared academic missions include superior patient care, innovative and path breaking medical research, and broad based medical education efforts. As a Professor of Medicine, and as a physician researcher who has worked within University and VA medical centers throughout my career, I provide a personal testimonial to the importance and value of that affiliation, not just to our Department of Medicine in Charleston, but for similar affiliated Departments of Medicine throughout the country.

Clearly, the VA research program is superb in its own right. VA research focuses on health issues that are common to or unique among veteran patients. The VA research program is not just focused on medical discoveries, or the generation of new medical knowledge, treatment options, or diagnostic strategies. VA research focuses also on translating this knowledge into improved patient care. The VA Research Program is a potent enabler for VA and Academic Medical Centers in facilitating recruitment of superior physician clinical researchers. The VA Research

Program, being completely intramural and available only to VA employed staff, provides a special and incremental source of funding that allows VA investigators additional options for successful funding, especially in the current budgetary milieu, where even non-VA research dollars are somewhat scarce. VA Research, in collaboration with its academic affiliates, generates a halo effect facilitating recruitment of outstanding physicians who themselves do not do research. The presence of VA's superb research activities, and excellent collaboration with Academic Medical Centers, creates a culture of inquiry and innovation that has the additional effect of attracting the best practicing physicians. With this academic affiliation, VA is able to recruit scarce subspecialties to work in VA Medical Centers, such as physicians who are expert in cardiology, GI and liver disease, and medical oncology. Stability in VA research, and until recently, reasonable annual growth in the VA Research Program have also contributed to the retention of a cadre of superb VA physicians and physician researchers. To be clear, the presence of VA's research program raises the standard of medical care and improves the quality of care delivered to our veteran patients.

In our own community, the Department of Medicine at MUSC and the Charleston VA Medical Center collaboration has produced tremendous success in acquiring NIH research funding, in addition to VA research support, for illnesses important to veterans. Sustained funding in the area of cardiovascular disease, kidney disease, diabetes, and psychiatric illness has helped us address many medical problems that are common in veterans and non-veterans alike. For example, in the area of cardiovascular diseases, heart failure is one of the most frequent causes of hospitalization and premature death among veterans. A VA/MUSC based research program focused on understanding heart muscle dysfunction and heart muscle disease was initially awarded to VA and Medical University based investigators in 1993. This major NIH program project grant has been continuously funded since then and will continue through 2008. The grant is the second longest continuously funded major heart research project funded by the National Heart Lung and Blood Institute, and the principle researchers are faculty and staff at the Medical University and VA, respectively. The research is conducted in a shared VA MUSC state-of-the-art research facility. This research opportunity has permitted the tripling of cardiology physicians, over the grant period of time. While there is a national shortage of highly qualified heart specialists, the Medical University and Charleston VA Medical Center have not experienced such a shortage. The research funding available to these collaborating investigators exceeds \$3 million per year, and nearly \$18 million in total funding over all years of the current grant cycle. This collaborative research effort between the Medical University and VA has led to significant research success for a major clinical problem. The research has also facilitated the recruitment, retention and stabilization of a group of medical specialists that is currently in short supply nationally. As I said earlier, the collaboration between the VA and the University, and the availability of VA research funding, have permitted both institutions to achieve success out of proportion to what either could have achieved alone. In my opinion, the other key beneficiaries of such a successful affiliation are veteran patients who receive excellent medical care from superb doctors who care for their illnesses, and in addition, these investigators conduct research that promises new therapies in the future.

One of the key features of this growth and success between our two affiliated medical centers was the joint construction in 1996 of new, state-of-the-art clinical and laboratory research facilities, named the Strom Thurmond and Peter Gazes Biomedical Research Center. This

excellent research facility, now in its tenth year, provides nearly 120,000 square feet of state-of-the-art research space. The initial cost of this research building was \$31 million with subsequent renovations costing \$12 million over the past decade. Because of the close and productive affiliation between our state supported medical school and the federally supported Department of Veterans Affairs Medical Center, we were able to create a state and federal partnership which facilitated the building of modern research facilities, which improved the infrastructure for both partners and greatly facilitated additional high quality faculty recruitment. Unfortunately, few such examples of successful partnering and planning between state and federal institutions exist, especially now when resources are scarce!

There are other examples of tremendous success within the context of this one academic partnership between the Charleston VA and the Medical University of South Carolina. Kidney disease, infectious diseases, cancer, diabetes, and other medial illnesses benefit greatly from the affiliation between an Academic Medical Center and a VA Medical Center. The affiliation arrangement results in improved faculty recruitment, improved research opportunities and infrastructure, and as mentioned previously, improved retention of excellent physicians and scarce specialists.

In addition, and historically, the VA has focused efforts on training future physician researchers, and in this regard serves its clinical, research and education missions simultaneously. The VA research program offers a strong attractant for recruitment of young physician researchers. The VA's research career development program provides excellent and stable support for new physician researchers during the most vulnerable period of their careers, the initial start up phase. In the mean time, these VA Research Career Development awards winners provide superb medical care to veterans, and often bring the interest and expertise of their Academic/University mentors to an engagement with other VA programs.

Given such a superb track record of achievement, and with all the opportunities created by the affiliation between VA and the Academic Health Centers, the current Administration budget recommendation is especially disappointing in that it would result in an actual reduction of \$13 million in the VA research appropriation, from the current level of \$412 million to \$399 million. This will have a deleterious effect for VA supported physician researchers and a loss of many new initiatives. And this deleterious funding climate will also do harm to the VA/Academic affiliations, as opportunities will be reduced for both! While the research infrastructure in Charleston, which culminates in an excellent partnership between a state supported institution and a federal entity, is adequate now, such is not the case nationally. Much like the VA's hospital facilities are aging and deteriorating, the same applies for its research infrastructure. Furthermore, the difficulties with the VA research infrastructure extend beyond buildings, laboratories, and the customary bricks and mortar. VA needs resources to update expensive research equipment. The VA also is suffering from a lack of non-facility infrastructure. VA is having increasing difficulty supporting its network of clinical trials centers, and may also have difficulty supporting its outstanding centers in Outcomes (or Health Services) and Rehabilitation Research. With a decremting budget, the VA will have difficulty sustaining its excellence in translational research, which focuses on the transfer of research knowledge into clinical practice to improve patient care. The current research budget does not permit even secure support of ongoing studies. If the budget for research decreases, the competition for grants will escalate, so

meritorious proposals will not be funded, and the newest physician researchers will be especially disadvantaged and could be lost from the research pool permanently. The research training that is so critical to the VA and the academic community would also be diminished as VA loses research resources--VA would lose the ability to fund research career development awards.

The VA is an attractive partner with the academic community because the missions of patient care, medical research and medical education are shared and mutually supported. If VA must choose to retreat from its commitment to excellence in research, decrement its training opportunities, or continue to have its infrastructure deteriorate it will become more problematic to achieve future success together. If VA investment in these critical missions is diminished, another casualty of that diminution in research resources will be the highly successful Academic and VA affiliation.

Other groups such as the Friends of VA Medical Care and Health Research (FOVA) have made recommendations for both research funding and for separate funding for the VA research infrastructure. In the context of the overall budget for the Department of Veterans Affairs, additional funding for research seems like a necessary and valid additional investment given the tremendous downstream returns, and given VA's important role as a partner with Academic Medical Centers. Mr. Chairman, with regard to this Committee's responsibilities, I was gratified to note in your Majority Views and Estimates report to the Budget Committee earlier this year that you recommended VA research be augmented for fiscal year 2007 by an additional \$30 million, bringing its total to \$429 million. Senator Akaka made a similar recommendation. This bipartisan support by the Veterans' Affairs Committee for VA research is deeply appreciated by those of us who are engaged in these pursuits. I hope I can speak for the entire Academic/VA research community in thanking you and urging you to persuade Senate and House Appropriators to follow your lead.

Mr. Chairman, at some point, someone has to decide to make an investment in the VA's future by repairing VA's deteriorating research infrastructure. VA, in conjunction with its Academic partners, operates dozens of substantial research laboratories. It saddens me to say that most of them need major renovations and some need complete replacement. But year in, year out these laboratories' needs do not draw any significant funds from VA's major or minor construction accounts. Those accounts are exclusively reserved for VA patient care and other projects. To complicate matters further, since 1989 NIH has refused to fund any facility-related costs in its VA-based grants. Some of the VA's research and education foundations have supported the VA research laboratories, but frankly, with very few exceptions, they do not have the depth of funding resources to continue doing this in general. Please remember that an investment in VA's research program, whether in direct funding or infrastructure improvement, counts twice, in a way, as it both strengthens VA research and also enhances the half-century of excellent affiliation and partnership between the VA and some of the country's finest academic institutions. While the dollars are difficult, I am sure, and recognizing there are many competing needs, this one is an especially good investment that the Congress can make in support of veterans' health for today, and into the future.

Thank you, Mr. Chairman. I would be pleased to answer any questions you or other Committee Members wish to ask.