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Peter Sullivan
Co-Founder & Assistant Treasurer
Chair, Science and Policy Advisory Panel
The Thomas Joseph Sergeant Sullivan Center
1250 Connecticut Avenue, NW - Suite 200
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Dear Peter,

I am writing to provide a few observations in advance of the November 6th meeting of the Defense Health Board. I strongly agree with the Sergeant Sullivan Center's call for pre-deployment spirometry for military personnel. For all of the epidemiologic studies that I contributed to while employed by the Department of Veteran's Affairs Office of Public Health, we lacked pre- and post-deployment measurements of pulmonary function. Pre- and post-deployment spirometry measurements could also contribute importantly to future Veteran's health care and benefits.

The Defense Health Board's deliberations about how best to monitor and protect the respiratory health of U.S. service men and women who may suffer from deployment-related pulmonary conditions is occurring in tandem with continued advances in tobacco cessation and avoidance in both the military healthcare system and Veterans Health Administration. Although constrictive bronchiolitis is not caused by cigarette smoking, it is clear that military personnel and Veterans (including those who suffer from deployment-related respiratory conditions) can benefit from tobacco cessation and avoidance. Pre- and post-deployment spirometry is likely to be an excellent opportunity for counseling military service men and women about the value of tobacco cessation and avoidance.

Another important development that is occurring at this time is the implementation of wide spread lung cancer screening among U.S. adults who have a pronounced history of cigarette smoking. The Veteran's Health Administration has taken a conservative approach to the implementation of routine lung cancer screening among at-risk Veterans (Kinsinger et al. Ann Intern Med 2014; 161:597-8). Hopefully, it will not be too long before Veterans with a pronounced smoking history have the same opportunity for lung cancer screening as other insured populations in the U.S. It would be useful to find out what TRICARE is currently paying for.

With written informed consent and institutional review board approval, tissue obtained as a part of pulmonary biopsies performed on consenting military personnel and Veterans should ideally

be preserved in biobanks for omics research in order to further our understanding of deployment-related pulmonary conditions.

With regards,

Steve

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