WRITTEN STATEMENT OF DANIEL SULLIVAN TO THE DEFENSE HEALTH BOARD / WRIGHT-PATTERSON AIRFORCE BASE, OH – 11/6/201

My name is Daniel Sullivan. I serve as the President and Chief Executive Officer of The Sergeant Thomas Joseph Sullivan Center (The Center), a nonprofit organization dedicated to confronting and eradicating post-deployment illnesses through medical research, advocacy, and public awareness. This Written Statement on behalf of The Center to the Defense Health Board for the November 6, 2014 meeting at Wright-Patterson Air Force Base, Ohio, addresses the scheduled decision briefing at that meeting on Deployment Pulmonary Health.

The Center is a 501 (c) (3) nonprofit organization founded in 2010 to improve health outcomes for present and former service members with medically complicated post-deployment health problems. Our Board of Directors and Advisory Panel include physicians, researchers, attorneys, and national security professionals. Our stakeholders are veterans and service members suffering from toxic war wounds, including lung injuries, their families and caregivers, their advocates, and the physicians and researchers across the nation who are committed to providing the best possible care for military occupational exposures.

The Center is named for my brother, SGT Tom Sullivan (deceased), a Marine Corps veteran of the post-9/11 wars, who returned from Iraq with symptoms of toxic exposure, was diagnosed with a somatoform disorder, and died shortly thereafter of multiple physiological problems, including lung and heart damage, that were not detected by Department of Defense (DoD) physicians. Rather than pursue rigorous diagnostic work, DoD sent SGT Sullivan to a specialty care clinic for service members with somatoform disorders, and he died shortly thereafter. Autopsy revealed the cardiopulmonary pathologies that clinical tests could have identified had they been utilized.

I firmly believe that denying or delaying the use of available clinical tests for physiological damage caused by military occupational exposures leads to preventable suffering and death. The Defense Health Board is in a unique position to recommend that the DoD adopt best practices for environmental and occupational medicine when providing healthcare to the men and women of the Armed Forces of the United States of America. However, the predecisional brief of the Defense Health Board Public Health Subcommittee on Deployment Pulmonary Health fails notably to do this.

Specifically, the brief fails to recommend the integration of spirometry into military healthcare pre- and post-exposure and also fails to recommend the development of clinical practice guidelines for the use of lung biopsy as a diagnostic tool. I believe these failures support the application of a different and lesser standard of care for military personnel than for similarly situated workforce, such as City of New York firefighters and workers with materials hazardous to respiratory health.

Submitted on October 27, 2014

Deployment related lung disease, also known as Iraq-Afghanistan war lung injury, was first identified in 2005 as a severe condition and has been verified by lung biopsy and other objective measures in clinical settings, including Department of Veterans Affairs medical facilities, across the country. Recommendations to assess existing data and practices rather than immediately establish clinical programs and guidelines, even in stages, to address a significant threat to our Armed Forces are profoundly misguided. Please take note of the following observations regarding the decision briefing.

Observation #1. The recommendations are inconsistent with best practices in occupational and environmental medicine and appear supportive of a broader resistance by DoD to adopting such best practices.

Observation #2. The briefing supports the application of a different standard of care to our nation's Middle East deployed troops than to firefighters, cotton workers, and other similarly situated workforce encountering defined respiratory health risks.

Observation #3. The briefing supports an existing DoD practice of denying or delaying clinical care to service members with occupational and environmental illnesses caused by deployment exposures and will lead to increased instances of preventable suffering and death.

Observation #4. The briefing poses a threat to force health and resilience in a time of sustained global conflict insomuch as it recommends the perpetuation of substandard healthcare for our troops' environmental injuries.

Observation #5. The decision briefing fails to address other emerging conditions, such as cancers, associated with deployment pulmonary health and ignores severe comorbid conditions.

Supporting documents and statements for your review will be posted on our website, at this address: http://sgtsullivancenter.org/issues/defense-health-board/. As the Defense Health Board deliberates, men and women who served are country in war are suffering and dying from illnesses clearly linked to toxic exposures in the war theater. These men and women are not getting the care that they need. Now is the time for aggressive action to directly confront environmental war injuries.

As a start, **The Center asks the Defense Health Board to *(A)* recommend pre-deployment spirometry for service members** according to the recommendations of nearly all practitioners in the field of deployment pulmonary health and ***(B)* recommend development of guidelines for clinical diagnosis of military occupational lung disease.** Today, the Defense Health Board may decide where it will stand in history: will it support the old way of denying healthcare for environmental injuries or will it boldly recommend that DoD, at long last, utilize its considerable resources to become a model of excellence in the practice of environmental and occupational medicine? I hope for the latter. In your hands rests a great possibility for hope and progress.

Submitted on October 27, 2014