

**National Jewish Health Center for Deployment-Related Lung Disease
committed to finding answers, providing care for
veterans facing debilitating respiratory illnesses**

*Researchers work to advance understanding and treatment of lung injuries in veterans
after federal passage of the PACT Act.*

National Jewish Health

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NEWS PACKAGE

SUGGESTED TEASE	<p>MANY WHO SERVED IN IRAQ AND AFGHANISTAN RETURNED HOME WITH INJURIES THAT MAY NOT BE APPARENT FROM THE OUTSIDE, BUT IMPACT THEM ON A DAILY BASIS.</p> <p>COMING UP, HOW RESEARCHERS ARE WORKING TO IDENTIFY AND TREAT THESE DEBILITATING CONDITIONS TO IMPROVE THE LIVES OF VETERANS.</p>
ANCHOR LEAD	<p>FOR THOSE WHO SERVED IN IRAQ AND AFGHANISTAN, THE DANGERS DID NOT END WHEN THEY RETURNED HOME.</p> <p>NEARLY SEVENTY PERCENT OF MILITARY PERSONNEL EXPERIENCED RESPIRATORY SYMPTOMS DURING THEIR SERVICE' AND, FOR MANY, LUNG DISEASE CONTINUES TO NOT ONLY IMPACT THEIR ABILITY TO SERVE, BUT ALSO TO LIVE THEIR LIVES AS CIVILIANS.</p> <p>THE RECENT PASSAGE OF THE PROMISE TO ADDRESS COMPREHENSIVE TOXICS ACT, KNOWN AS THE PACT ACT, FINALLY RECOGNIZES THIS CHRONIC DISABILITY AMONG SERVICE MEMBERS, AND NOW RESEARCHERS ARE WORKING TO ADVANCE THE SCIENCE TO UNDERSTAND THE EXACT CAUSE OF THESE ILLNESSES AND HOW TO PROVIDE THE BEST CARE POSSIBLE TO VETERANS.</p> <p>BARB CONSIGLIO HAS THE DETAILS.</p>
<p>(PACKAGE START) ----- CG: Courtesy: National Jewish Health</p> <p>Photo of John on deployment</p> <p>Shot of John walking with wife</p> <p>CG: John Sepulveda</p>	<p>(Nats - Sound) :02</p> <p>WHEN JOHN SEPULVEDA (suh-PUHL-vih-duh) WAS DEPLOYED TO AFGHANISTAN, HE WORRIED ABOUT THINGS LIKE BEING STRUCK BY A MORTAR, BUT HE CAME HOME WITH AN INJURY HE NEVER SAW COMING. :08</p> <p><i>"I knew that there was something wrong. I had</i></p>

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<p>Air Force Veteran</p> <p>Shots of Dr. Rose examining John</p>	<p><i>shortness of breath, I started coughing and it was a very persistent dry cough.” :07</i></p> <p>LUNG AND OTHER RESPIRATORY ISSUES ARE EXTREMELY COMMON AMONG SERVICE MEMBERS DEPLOYED TO THE MIDDLE EAST SINCE NINE-ELEVEN, AND THE PROBLEM GOES BEYOND TOXIC BURN PITS.</p> <p>EXPOSURES TO DIESEL FUEL, INDUSTRIAL POLLUTION AND CLOUDS OF EXTREMELY FINE DUST IN THIS PART OF THE WORLD ALL COMBINE TO CREATE HEALTH ISSUES UNLIKE PULMONARY EXPERTS HAVE EVER SEEN. :16</p>
<p>CG: Richard Meehan, MD National Jewish Health</p> <p>Shots of Dr. Meehan working in office</p> <p>Shot of John in exam with Dr. Rose</p>	<p><i>“People that were normally with their unit that were very athletic, could run six-minute mile or faster, couldn't pass their physical fitness test after they came back.” :09</i></p> <p>THAT'S WHY EXPERTS AT NATIONAL JEWISH HEALTH CREATED THE CENTER FOR DEPLOYMENT-RELATED LUNG DISEASE², WHERE EXTENSIVE EXAMINATION AND DIAGNOSTIC METHODS ARE BEING DEVELOPED TO HELP DEFINE THESE DISEASES AND FIND EFFECTIVE TREATMENTS. SINCE TWO-THOUSAND-EIGHTEEN, THE CENTER HAS SEEN SEVERAL HUNDRED VETERANS. :12</p>
<p>Dr. Meehan (CG'd earlier)</p> <p>Shots of LCI test</p>	<p><i>“They fill out a very detailed deployment history. We would draw blood, we do genetic analysis, we do complete pulmonary function testing and sophisticated lung imaging.” :11</i></p> <p>RESEARCHERS FOUND THAT STANDARD LUNG FUNCTION TESTS ARE OFTEN NORMAL IN VETERANS AND LUNG BIOPSIES TO ASSESS DAMAGE TO THE SMALLER, DEEPER PARTS OF THE LUNGS CAN BE RISKY AND PAINFUL.</p> <p>SO THEY BEGAN USING A TEST CALLED LUNG CLEARANCE INDEX, WHICH SUCCESSFULLY AND NON-INVASIVELY ASSESSES DAMAGE TO THE TINIEST AIRWAYS WHILE PATIENTS BREATHE NORMALLY INTO A MOUTHPIECE. :14</p>
<p>CG: Cecile Rose, MD National Jewish Health</p> <p>Shots of John walking with wife</p>	<p><i>“If the small airways are damaged, if they are constricted, if they are inflamed, then it takes longer for the gas to wash out.” :10</i></p> <p>IT'S ADVANCEMENTS LIKE THIS THAT ARE FINDING ANSWERS FOR THOSE LIKE JOHN, WHO LIVE WITH THE DEBILITATING SYMPTOMS OF THEIR LUNG INJURIES EVERY DAY. :06</p>

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CG: Cecile Rose, MD
National Jewish Health

Rose says developing non-invasive tests was a priority:
"We realized that one of the most important priorities was to get noninvasive tests so that we could avoid having to put people through the surgical lung biopsy, which showed us all kinds of abnormalities that reflected these deployment hazardous exposure-related injuries." :22

Rose says we need to commit to caring for injured veterans:
"In the same way that they have committed to protecting us, to serving our country and serving their country, we also need to make sure that if there is injury that occurs as a result of that service commitment, that they are taken care of." :19

Meehan describes the thick dust in Iraq and Afghanistan:
"The vehicle in front of you is just putting up this dust, it's so thick that you have to turn off your lights at night because otherwise, it's like it being in a snow blizzard. It'll just reflect back on you and you can't see anything." :16

Meehan explains how hard symptoms are on veterans who were in top physical condition:
"If you are used to being very active, and I would consider this an athletic lifestyle, it's very difficult to transition and walk away from that career. And now you have to do something where you're short of breath going up the stairs holding your child." :14

CG: Richard Meehan, MD
National Jewish Health

Meehan describes the Center's advocacy for the PACT Act:
"Cecile Rose and I have been advocating for this for the last decade. We've met with members of Congress, Democrat, Republican, they proposed similar legislation. We've testified before the Defense Health Board. We've testified before Senate VA committees." :16

Meehan describes the pain associated with surgical lung biopsies:
"You actually have to make a hole in the chest and put a tube in there and then try to identify the best piece of tissue and take a bite of it out and then look at it in a microscope. And so, you've got a hole in your lung and so that's painful. The lung has very sensitive pain fiber, especially the lining of the lung. So we would like to avoid that." :20

CG: John Sepulveda
Air Force Veteran

John says experts at National Jewish Health were the first to understand his illness:
"It became very apparent to me once I started interacting with the staff, Dr. Meehan, Dr. Gottschall, Dr. Rose, that they fully understood everything that I was going through because everyone else was, 'Oh, maybe you just have bronchitis, maybe you just have a cough.' And this is, 'No, he came back with something, he got something there and we need to start investigating right away.'" :20

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CG: John Sepulveda
Air Force Veteran

John says the LCI test provided the same information as his lung biopsy:
"This test is non-invasive. You get the results right there and it said, 'Hey, there's abnormal function in the lung, in his lungs.' And it was right on par with what the diagnosis was from the VA's lung biopsy." :13

John describes his medications and chronic symptoms:
"I take daily corticosteroids, inhalers to help with my breathing. And then I also, when I feel short of breath, I have an albuterol inhaler that I take as well. If it progresses worse and I go into my sick cycles, which I get once a month with flu-like symptoms, then I have to start using nebulized albuterol treatments and those will be one to twice daily for seven to 10 days." :19

John explains why he participates in clinical trials:
"Everything was so new and we didn't know what this was. So I felt, and my doctors felt also, that it was important to try to collect as much information as possible so that if there was a cure in the future, that maybe these studies could help lead towards that." :18

References

¹*Impact of Illness and Non-combat Injury During Operations Iraqi Freedom an Enduring Freedom (Afghanistan)*, **The American Society of Tropical Medicine and Hygiene**, Volume 73, Issue 4, 2005. Online: <https://apps.dtic.mil/sti/pdfs/ADA469067.pdf>

²*Center for Deployment-Related Lung Disease*, **National Jewish Health**, 2022. Online: <https://www.nationaljewish.org/center-for-deployment-related-lung-disease/overview>

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