Statement of
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Subcommittee on Oversight and Investigations
of the
Committee on Veterans' Affairs
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Mr. Chairman and Members of the Subcommittee:

I'm pleased to appear before the Committee to discuss Parkinson's disease research within the VA and as it pertains to the Edith Nourse Rogers VA Medical Center. For the past 36 years I have conducted studies on the effects of disease on brain function, of which 22 years were at the Massachusetts General Hospital and Harvard Medical School, with the past 14 years directing a research program in developing therapies for brain diseases in the Geriatric Research Education and Clinical Care Unit.

The broad goals of the VA health care system remain constant in the mission to treat, cure, and if possible to prevent disease, while providing the best possible health care to veterans. As part of this mission, VA has developed a well-regarded medical and scientific research program.

Brain diseases have a devastating impact upon veterans. As the veterans population ages, the incidence of these neurological conditions will substantially increase. VA has made a serious commitment to improving patient care and identifying a cure for brain diseases, particularly Parkinson's disease.

Parkinson's Disease (PD) is the second most common neurodegenerative disorder, affecting more than 500,000 Americans. It is projected to surpass cancer as the second most common cause of death among the elderly by 2040. PD results from the loss of specific neurons in the midbrain, causing tremors, slow movement, stiffness, and gait problems. The disease is highly debilitating, interfering with employment and normal activities of daily living. There are

approximately 60,000 new cases diagnosed each year. VA medical centers treat at least 40,000 PD patients each year. Despite many advances in therapy, no drug treatment appears to slow or prevent disease progression.

While the specific cause of PD is unknown, a number of hypothetical causes have been suggested, with evidence for a role of both environmental and genetic causes. Studies have suggested that PD is associated with occupational exposure to pesticides and industrial chemicals. Studies identifying genetic factors contributing to the disease have led to the identification of genetic mutations in PD.

VA has played a significant role in the current understanding of PD, as evidenced by the large publication record of VA clinical and scientific investigators. VA research has helped to describe the fundamental clinical, pathological, and molecular features of PD and related disorders. VA is at the forefront in developing a therapy for PD. In 1999, VA and the National Parkinson's Disease Foundation established an alliance dedicated to finding a cure for the disease, confirming VA's substantial commitment to understanding, treating and curing Parkinson's disease.

In 2001, VA announced an innovative healthcare delivery model for veterans with PD by opening six new Parkinson's Disease Research, Education and Clinical Centers (PADRECCs), specializing in Parkinson's disease research, education, and clinical care. Each PADRECC is involved in basic biomedical research, rehabilitation, health services delivery, and specialized clinical trials.

In 2003, VA developed a national consortium network for dispersed VA clinicians to resource the VA's expertise in PD through the PADRECCs. The consortium is now comprised of 150 multidisciplinary clinicians. This National VA Parkinson's Disease Consortium will serve as a mechanism for collaboration, facilitate intellectual exchange, endorse patient advocacy by developing educational programs, enhance clinical training in PD, support the delivery of telemedicine services, and promote scientific research.

I direct a research program at the Bedford VAMC developing therapies for neurodegenerative disorders that are particularly focused upon finding a

treatment for PD, Lou Gehrig's disease (amyotrophic lateral sclerosis, or ALS), and Huntington's disease. We use scientific models of PD to test the effects of drug compounds to prevent the cell loss that may result in clinical and pathological aspects of PD. Once these drugs are found to work in the neurological models, human clinical trails are begun through the VA clinical trials program. We have a number of very promising therapies to slow the progress of PD and other like brain disorders, such as ALS.

VA is an excellent and productive training ground for future investigators in PD. The influence of VA extends well beyond its boundaries. The success of the VA research program in PD is based upon strong institutional commitments by the medical service and a cohesive community of scientists and clinical investigators and their broad experience in neurological diseases. VA will build upon their past accomplishments and will continue to conduct research that will ultimately help in the search for a cure for PD. VA is positioned and ready to meet this challenge.

That concludes my statement. I would be happy to answer any of your questions. Thank you.