

**STATEMENT OF
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HOUSE APPROPRIATIONS COMMITTEE
SUBCOMMITTEE ON MILITARY CONSTRUCTION, VETERANS AFFAIRS
AND RELATED AGENCIES**

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Madam Chair Wasserman Schultz, Ranking Member Carter and Members of the Subcommittee, thank you for the opportunity to discuss the ongoing activities that VA is undertaking to address the health concerns that may be associated with Perfluoroalkyl and Polyfluoroalkyl Substances, or PFAS.

VA exists to help Veterans and improve their quality of life. When military service has negatively affected their health, we are here to provide care and in some cases compensation for conditions associated with service. VA recognizes that environmental exposures during deployment or in garrison may be associated with both immediate and delayed adverse health consequences. In 2019, there were over 18 million Veterans in the United States, and VA cares for approximately 9.6 million of them. One in three Veterans report concerns about possible exposures to environmental hazards, and one in four report health concerns due to deployment exposures. Service-related exposures are a major concern of Veterans and the reason for the creation of Post Deployment Health Services.

PFAS are synthetic chemicals found in many products such as clothing, carpets, fabrics for furniture, paints, hydraulic fluids, adhesives, packaging for food, heat-resistant/non-stick cookware, industrial products and even in personal care items like shampoo, toothpaste and dental floss. They are also present in aqueous film-forming foams (AFFF) used by both civilian and military firefighters. In the 1970s, the Department of Defense (DoD) began using AFFF to fight fuel fires. The release of these chemicals into the environment during training and emergency responses can impact ground water, among other things.. It is not known whether military occupational exposures to AFFF result in greater exposure than for the general population.

Some PFAS are persistent in the environment and since they are used in so many products, they are widespread internationally. There are many types of PFAS, often described in two groups: short chain (less carbon) and long chain (more carbon). Some of the legacy long-chain PFAS can continue to persist in the human body for years. According to the Centers for Disease Control and Prevention's (CDC) National Health and Nutrition Examination Survey data, these chemicals are detected in 99% of the general population in the United States, although concentrations observed in serum have decreased over time. Testing reveals that almost every living organism on Earth now has some level of PFAS contamination.

Addressing PFAS concerns in the Veteran population presents several challenges. Since these chemicals are not unique to military environments, making these comparisons with non-Veteran populations becomes more difficult. Ideally, we would like to see measurements of PFAS levels for military members at accession and again at discharge to adequately assess any burden of military for PFAS exposures. The science into PFAS exposures is advancing and will be used to make informed decisions about risks in the future.

The existing toxicity and health effects studies associated with the PFAS family of chemicals have largely been focused on a small number of PFAS compounds (less than 20). Most health studies have focused on PFOS and PFOA, although efforts are underway by Federal agencies to collect more information about other PFAS. It is unclear the extent to which findings for PFOA and PFOS can be extrapolated to other PFAS. This is an evolving field of science with various data limitations related to the broad spectrum of PFAS compounds.

However, current evidence suggests there may be possible associations between PFOA and/or PFOS exposure and the following adverse effects in humans:

- Fertility issues and pregnancy-induced hypertension/preeclampsia;
- Increased cholesterol;
- Changes in the immune system;
- Increased risk of certain cancers (e.g., testicular and kidney cancer);
- Changes in fetal and child development;
- Changes in liver enzymes;
- Increased risk of thyroid disease; and
- Increased risk of asthma.

VA works with its partners, the Agency for Toxic Substances and Disease Registry (ATSDR), the EPA, the National Academies of Sciences, Engineering and Medicine, the National Institutes of Health and DoD, to promote the health and well-being of veterans. VA awaits the DoD-funded ATSDR multi-site health study and other work being done by other Federal partners and academia that may provide insight to the extent to which PFAS exposure poses risks to human health.

VA and DoD collaborate closely through the Deployment Health Working Group. VA and DoD subject matter experts meet monthly to discuss and plan joint actions regarding deployment-related exposures and their possible association with subsequent adverse health conditions. PFAS has been and is an ongoing part of these discussions.

Conclusion

In summary, the health consequences of PFAS exposure represent a concern for VA and the Veterans we serve. VA is closely monitoring the evolving science with our Federal partners so we can support our Veterans now, and in the future. To this end, your continued support is essential. This concludes my testimony. I am prepared to respond to questions you may have.