

Invited Testimony of Kim Brooks  
Hearing on Occupational Health Hazards at Karshi-Khanabad (K2) Air Base, Uzbekistan  
Committee on Oversight and Reform  
Subcommittee on National Security

Thursday, February 27, 2020 at 2:00 p.m.  
Rayburn House Office Building, Room 2154

Thank you, Chairman Lynch and distinguished members of the Committee for inviting me to testify. I am here today because my husband, Lieutenant Colonel Timothy Brooks, can't be. He was deployed to Karshi-Khanabad, Uzbekistan in the wake of 9/11, and died of a brain tumor in May 2004 at the age of 36. Because he was diagnosed and died on active duty, we are one of the very few K2 families to have received full DoD and VA benefits. I am here to ask — to plead, really — that this Committee do everything in its power to ensure that other K2 veterans and families receive the medical and financial support that we have.

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Early morning, September 11, 2001, I welcomed two foreign exchange officer spouses and their children into my Fort Drum home for breakfast and friendship. We were three women from three separate continents gathered in my kitchen for camaraderie and cheer, but we were instead paralyzed in terror as we watched one then both towers fall, entombing civilians and emergency responders. I turned to these women and said through my tears, "Our husbands are going to war."

We were a country numb and despondent, and yet we rallied together. Our military was called to action, and while emergency responders painstakingly combed through the debris and dust that would later cause so many of their cancers, respiratory illnesses and deaths, my husband, then Major Brooks, packed his gear to deploy overseas in solemn concert with many other military men and women across our nation.

Tim arrived at K2 with the 10<sup>th</sup> Mountain Division HHC in late 2001, one of the first waves of troops deployed overseas in the War on Terror. He would e-mail me to tell me that he would wake up in the morning with his eyes, mouth, and ears filled with a thick layer of dust; he had no idea what the "black gunk" was that oozed from the floor of his tent. But environmental hazards seemed the least of our worries. Tim continued to execute his job as the Battle Major for General Frank Hagenbeck, for which he would earn a Bronze Star Medal for his role in Operation Anaconda.

Returning home in the late spring of 2002, he stood strong on two feet, all 6'5" of him, with all limbs attached. We became whole again as a family: Sunday morning waffles and bacon, baseball in the side yard in the good weather, and snowmen when the Fort Drum winter wonderland arrived. But something was weighing on him. One day, he told me that special forces had gone into bunkers at the airfield and found degraded uranium, among other hazardous waste. The compound, he said, was "bugged out" in less than 48 hours. He said that he had been exposed to some "really bad stuff" and had been asked to sign a form acknowledging the exposure at a post-deployment briefing. He was concerned for himself and his fellow soldiers.

On May 28, 2003, Tim and I sat at a pre-deployment ceremony on post. It was just a little over a year since he had come back from K2, and he was set to deploy to Iraq with 1-32 Infantry the following week. As I sat beside him wondering what this deployment would bring, he suddenly put his head in his hands and said that he felt ill and had to leave. Tim stood and walked out to the lobby during his commanding

officer's speech. With fear in his eyes, we made it through the gym doors. Collapsing against the wall, he told me to call an ambulance. Tim was supposed to be on the ground in Iraq in less than a week; instead, we were soon to learn that he had a stage 3 astrocytoma, a type of star-shaped glioma that can develop from a single cell to a lethal mass within a year.

One of the first questions our daughter, then 10 years old, asked through tears when we sat her down to tell her that her dad had cancer was, "but, how are we going to get money?" Unlike many other K2 families today, that was one of the few questions we actually had an answer for. Because my husband was on active duty, the military covered all of his medical care at no cost to our young family. The military paid for him to receive top of the line chemotherapy and secured him a spot in cutting-edge radiotherapy at Mass General Hospital in Boston. Through it all, we did not have to worry about how we would afford treatment, or how our family would afford to live; we were allowed to focus on trying to save him, and on spending what little time left together we had.

He died on Memorial Day weekend, May 29, 2004. He had been given eleven months to live at diagnosis; ever the fighter, he lived exactly one year and one day.

My husband and I were grateful for the treatment he received, but at the same time he was angry, angry to be so sick, so young, when he had so much living still to do. We immediately suspected that toxic exposure at K2 was related to his illness. In our countless visits to Mass General, Walter Reed and the National Institute of Health, we had often asked about other K2 service members: had any others fallen ill? I remember being told that around 20–23 service personnel who had been at K2 were being evaluated and treated for brain cancers and other neurological conditions. I recall a conversation that I had with a military spouse whose husband was sick and had been at K2, too, though I do not remember her name. Her husband was heading into the MRI machine for a brain scan right after Tim. I assumed they were all being taken care of like we were.

After Tim died, I moved our children from Fort Belvoir, Virginia to Norwood, Massachusetts to be near my family. I had been silently worried about the days and years that lay ahead without him, and now, I was worried that I would not be able to find work. Although I was a special education and elementary teacher by training, like so many military spouses I had stopped working years before. It had made more sense for me to stay at home to raise our not yet school-age children than to try to find a new teaching job every time we moved from post to post, about once every two years on average.

Even so, I was far less scared than I might have been because I knew that I could rely on military and VA benefits. Again, because Tim had been diagnosed and died on active duty. We could count on VA Disability and Indemnity Compensation benefits, plus Social Security benefits, and continued TRICARE and commissary access. Along with my teaching salary — thankfully I had found a job by the fall — I had the financial means to raise my children. I bought our house with the SGLI servicemember's insurance money; paid for baseball cleats, tap shoes, and travel sports programs with DIC funds, and sent my children to college on the Post 9/11 GI Bill's John Fry Scholarship.

My four children have grown into incredible adults, in no small part due to the financial support we received and the stability it provided. Our daughter Meghan, who is seated here in this room, is a Harvard College and Yale Law graduate. She is a legal aid lawyer working with low-income veterans and reservists in New York City. Our son Brian graduated from Boston College and is working in the technology sector in Cambridge, MA. John followed in his father's footsteps. He graduated from West

Point in 2018, and is currently a platoon leader at Fort Bragg, NC for the 2/508 PIR. He will be deploying to Iraq this spring, and if I am to be honest, I am worried for his and his fellow soldiers' safety. Our youngest, Stephen, was four when his dad died. He is set to play football for Georgetown University in the fall. I am very proud of each of them.

Without a doubt, the benefits that my family received allowed my children to grow and flourish. They provided real financial security and stability that allowed us to maintain normalcy as much as was possible while their father was sick and rebuild as a family after his death. My husband dedicated his life to military service not because it would make him a rich man, but because he believed deeply in "Duty, Honor, Country" — still, I do not know what we would have done had the military and VA not fulfilled its promise to take care of us were something to happen to him in return.

Fifteen years after my husband died, I am connecting with other K2 families for the first time. It has been absolutely heartbreaking to realize that unlike my family, they have been ignored.

Among them are Debbara Benner and her two children, Zachary and Lily. Debby's husband, Master Sergeant John Benner, was at K2 as a member of a Special Operations team around the same time as Tim. Debby remembers John telling her that he was worried about the nuclear weapons that had been stored at the base, and about an incident where men in hazmat suits suddenly came into his workspace at K2 and told him to leave immediately. Like Tim, John's health problems began shortly after he returned home in 2002. He was lethargic and had a slowed metabolism; for the first time in his life, he began gaining weight. Nothing he did could keep it off, and by the time he realized he had to retire early from the military in 2006, he was almost starving himself to pass his yearly physicals.

Just three years after retiring, Debby's husband was diagnosed with extremely low testosterone levels — levels lower than any man his doctor had seen younger than 80 — and stage 3 pancreatic cancer. The testosterone issue had caused his weight gain, low libido, diabetes, and depression. Had John and his doctors known the medical risks of his toxic exposure at K2, they might have caught the cancer sooner. John and Debby sought aggressive treatment, but he died of pancreatic cancer on February 15, 2011.

When he was diagnosed, John and Debby suspected immediately that his health conditions were caused by toxic exposure at K2. However, because John was diagnosed after he left the military, and because K2 is not recognized as a toxic exposure site, Debby and her children do not receive DIC, and cannot access most VA benefits for survivors, including educational assistance. Now both in high school, Zachary and Lily are outstanding students, but Debby has no idea how they will afford college. This lack of recognition, of financial support, and of educational opportunity magnify their loss and have made it that much harder to heal.

Debby and her children are far from the only K2 survivors who cannot access the benefits they are owed. Typically, in order to establish VA service connection for a medical condition diagnosed after service — the determination that can open the door to disability compensation, Dependency and Indemnity Compensation, VA healthcare, and more — veterans have to show three things. First, they must show that they have a current medical condition. Second, they must point to an in-service injury, illness, or exposure. Third, they must show that it is at least as likely as not that their current medical condition is related to the in-service injury, illness, or exposure — called the "nexus." Although more than 1,300 K2 veterans have reported current medical conditions so far, meeting the first factor, they currently struggle to meet the second and third.

They struggle to meet the second factor because neither DoD nor VA has told K2 veterans or their doctors the full extent of what they were exposed to; this information is not only absent from their service treatment records, but is missing from the public record altogether. They struggle to meet the third factor both because they lack full exposure information, and because it is difficult to show that a

particular condition is linked to exposure to toxins or radiation on the individual level; doctors must often turn to population-level data to establish the likelihood of a condition's toxicogenic or radiogenic origin. Due to the difficulty of establishing the "nexus" in individual toxic exposure claims, Congress and the VA have determined that veterans present at exposure sites like K2 should receive "presumptive service connection" if they have certain medical conditions. Most famously, presumptive service connection exists for veterans exposed to Agent Orange, but it has also been extended to veterans exposed to ionizing radiation at nuclear test sites, for example, and to veterans and military families exposed to toxic drinking water at Camp Lejeune.

A preliminary 2015 Army Public Health Study has already determined that K2 veterans are experiencing statistically significant elevated rates of cancer; as it becomes clearer and clearer that more and more K2 veterans have developed and are developing cancers, pulmonary disorders, and other toxicogenic conditions, Congress must act. Presumptive service connection is necessary. It has been over 15 years since we lost Tim, but it is newly devastating to learn that there are so many other veterans, spouses, parents, and children going through the same pain and loss that my family did *without* the support of their government, simply because these veterans had the "bad luck" to get sick after they left service. This is not the military that I have known, and that I have let our son go into. K2 veterans and their families deserve to know the full extent of what they were exposed to so that they can focus on their health and plan for their futures. They deserve free healthcare monitoring to hopefully catch cancers and other illnesses before they become death sentences. When they get sick, and sadly it seems that many more have and will — they deserve full access to VA healthcare and benefits. I ask that you do everything in your power to ensure that K2 veterans and their families are cared for as they deserve.