KARSHI-KHANABAD: HONORING THE HEROES OF CAMP STRONGHOLD FREEDOM

HEARING

BEFORE THE

SUBCOMMITTEE ON NATIONAL SECURITY

OF THE

COMMITTEE ON OVERSIGHT AND REFORM

HOUSE OF REPRESENTATIVES

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Documents entered into the record during this hearing and Questions for the Record (QFR's) are listed below/available at: docs.house.gov.

* Letter to Secretary Wilkie from Chairman Lynch, Chairwoman Maloney, Ranking Member Comer, and Ranking Member Grothman; submitted by Chairman Lynch.

* Testimony by Paul Widener from the National Security Subcommittee Hearing on February 27, 2020; submitted by Rep. Grothman.

* Environmental Protection Web Page entitled Health and Environmental Effects of Particulate Matter; submitted by Rep. Kelly.

* Fact Sheet from the Agency for Toxic Substances and Disease Registry; submitted by Rep. Kelly.

* Letter to Secretary Wilkie from Rep. Luria and the response from Secretary Wilkie; submitted by Rep. Luria.

* Letter to former Secretary Esper from Rep. Luria and the response from former Secretary Esper; submitted by Rep. Luria.

KARSHI-KHANABAD: HONORING THE HEROES OF CAMP STRONGHOLD FREEDOM

Wednesday, November 18, 2020

HOUSE OF REPRESENTATIVES
SUBCOMMITTEE ON NATIONAL SECURITY
COMMITTEE ON OVERSIGHT AND REFORM
Washington, D.C.

The subcommittee met, pursuant to notice, at 10:03 a.m., in room 2154, Rayburn House Office Building, Hon. Stephen F. Lynch (chairman of the subcommittee) presiding.

Present: Representatives Lynch, Welch, Kelly, DeSaulnier, Grothman, Gosar, Foxx, Cloud, Higgins, and Green.

Also present: Representatives Speier and Luria.

Mr. LYNCH. The committee will now come to order. Without objection, the chair is authorized to declare a recess of the committee at any time.

I will now recognize myself for an opening statement.

Good morning, everyone, again. Last week, we celebrated Veterans Day to honor the brave men and women who have sworn to protect the United States throughout our Nation's history. Our country owes them all a solemn debt of gratitude. Too often, however, when our sons and daughters in uniform have returned home with the scars of war, our government has failed them.

From Agent Orange in Vietnam to toxic exposures from burn pits in Iraq and Afghanistan, our Nation's veterans have repeatedly sought acknowledgement of their injuries and assistance from Washington, only to be met with resistance, skepticism, and doubt.

This story is regrettably playing out once again for the soldiers, airmen, marines, and National Guardsmen who deployed to Karshi-Khanabad, better known as K2, which is a former Soviet airbase in Uzbekistan on the Afghan border; that U.S. Forces used to support military operations in Afghanistan following the September 11 terrorist attacks.

Between 2001 and 2005, more than 15,000 men and women deployed to K2 to support Operation Enduring Freedom. Declassified assessments conducted by the military in the early 2000-—well, in 2000's and released by our committee in July show that servicemembers who were deployed to K2 were exposed to multiple harmful toxins and environmental hazards left over from their former Soviet occupants, including jet fuels, volatile organic compounds, depleted uranium, burn pits, particulate matter, and other cancer-causing chemicals.

Today, nearly 20 years later, the veterans and servicemembers who deployed to K2 have self-reported nearly 2,000 adverse health conditions, including 491 cancers, that they believe are connected to their prior service and exposure at K2. Yet despite this clear evidence that servicemembers were exposed to dangerous hazards at K2, the VA inexplicably continues to deny that the life-altering illnesses reported by these veterans are service-connected, even after a 2015 Army public health study found that K2 servicemembers were five times—five times—more likely to develop certain forms of cancer, compared with others who deployed to South Korea and other deployments.

The VA's continued denial has left hundreds, if not thousands, of K2 veterans ineligible for certain preventative health programs and unable to receive a disability benefit in connection with their service at K2. This is an injustice that must be rectified, and Secretary Wilkie has the authority to fix it by granting presumptive status to K2 veterans today.

If we as a Nation are willing to send our sons and daughters in uniform to war, then we must be prepared to care for them upon their return home. Instead, DOD and the VA's response to the concerns of K2 veterans and their families, and this subcommittee, have been inadequate.

If not for our oversight, DOD likely would not have declassified hundreds of pages detailing the toxic hazards U.S. Forces were exposed to at K2, and the VA would likely have not committed to launching a new epidemiological study. I knew I was going to stumble on that. Even then, DOD withheld these declassified documents from our committee for months, and the VA study is expected to take at least a year, all while K2 veterans are left waiting for answers.

While I do appreciate the participation of our witnesses, Dr. Hastings and Dr. Smith, as well as their service to the country, I'm disappointed that the VA declined to provide an assistant secretary-level policymaker, as we requested, on a bipartisan basis, to testify alongside Dr. Hastings at today's hearing.

Our K2 veterans and the families have sacrificed enough on behalf of our Nation, and many are still suffering. They deserve the highest level of attention from both Departments, and sending an additional VA representative to testify alongside Dr. Hastings at today's hearing would have more fully demonstrated that commitment.

Before I yield the floor to Ranking Member Grothman, I'd like to personally thank him and Ranking Member Comer for the bipartisanship that they and their staff, very capable staff, have demonstrated throughout this investigation. We have worked as partners, as we should.

I'd also like to thank Chairwoman Maloney for her unwavering support of our post-9/11 warriors, as well as the gentleman from Tennessee, Congressman Green, for his partnership and leadership on this issue and for cosponsoring H.R. 5957, the K2 Veterans Toxic Exposure Accountability Act of 2020. We did that earlier this year.

With that, I'll yield to the ranking member from the great state of Wisconsin, Mr. Grothman.

Mr. GROTHMAN. Thank you very much.

First of all, I thank you personally for holding this important hearing. As you mentioned, it's a bipartisan priority, and I'm glad we're able to work together on this. Helping all veterans, and particularly those serving in K2, is very important.

And I'd like to thank Dr. Green, a member of the subcommittee, who's one of the veterans that served at K2. I want to offer my gratitude to him for his service to the country and continued fight to bring justice to the veterans that served along with him. I met some of these people personally, and you can't help but be impressed.

This is a unique opportunity as a whole to come together and get something done. I sincerely thank the chairman for your work and want to echo your statements with regard to the witnesses today. We did request a senior-level policymaker, in particular, dealing with the health of people who put their lives on the line in the country. I think that's a minimum that should be expected.

We have the utmost respect for you and your work, Dr. Hastings. It's vitally important to hear what administrative policy and remedies may exist for these veterans. I hope we can still find an appropriate time to hear from a senior VA policymaker even at this late date. Without significant support from both your Departments, any congressional effort to make these veterans whole will be futile.

After the terrorist attacks on September 11, we deployed units to K2 in Uzbekistan in preparation for invasion to Afghanistan. An old Soviet base, unfortunately, posed serious toxic risks, and we knew about those toxic risks, as I understand it, before we deployed the troops there. We've heard stories of a pond that flowed green, black sludge coming up from the ground and contaminated soil throughout the base. Since that base was closed, there have been enumerate cancers, illness, and deaths reported from those who served, and we're going to ask some questions regarding that today.

This is a saddening and largely forgotten tragedy. I understand and am encouraged by efforts undertaken by both of you to understand more about the dangers associated with K2. Development of a K2 roster will make much needed transparency and help the VA make determinations and help Congress make determinations, quite frankly. Conducting a comprehensive study to assess the connections between toxic exposure on K2 and subsequent illnesses is encouraging. That's a good start, and we must continue to push forward.

Further, since our last hearing in February, numerous environmental site studies and operational health risk assessments have been declassified. They show that multitudes of toxins—they show the multitude of toxins that these servicemembers could be exposed to, including jet fuel, PM10, and radiation.

Shockingly, these documents in previous testimony showed the military leaders did not communicate the risk of K2 with those stationed there, despite being instructed to do so, which is just callousness almost beyond belief. I fully understand that neither of you were in charge, but I hope you feel as we do, that, you know,

we owe a little bit more attention to the people who put their lives on the line for this country.

We need to be encouraging screenings for those who served at K2, and we need to be encouraging K2 veterans to speak up and come to the VA to seek treatment.

The subcommittee will continue to fight for all servicemembers that were stationed at K2 and their families. We cannot afford to sit idly by as those who put their lives on the line for this country continue to get sick. I hope this hearing can inform everyone, including the press, how it's best to move forward.

Again, thank you to the witnesses for being here. I thank you one more time for showing this—for having this hearing. I yield back.

Mr. LYNCH. I thank the ranking member.

Before we continue, I have a few quick housekeeping matters. Without objection, Ms. Speier, the gentlewoman from California; Mrs. Luria, the gentlewoman from Virginia, shall be permitted to join the subcommittee and be recognized for questioning the witnesses. They have each done extensive work on this issue and on caring for our veterans in general, and we appreciate their participation. They are each subcommittee chairs on Armed Services, so they deal directly with this subject matter as well.

I'd like to introduce our witnesses. First, today, we have Dr. David J. Smith, who is the Deputy Assistant Secretary of Defense for Health Readiness Policy and Oversight at the Department of Defense. Welcome.

And we'll also hear from Dr. Patricia R. Hastings, who is the chief consultant for the post-deployment health services at the Department of Veterans Affairs.

In accordance with the committee rules, would you both please rise and raise your right hands?

Do you swear or affirm that the testimony you're about to give is the truth, the whole truth, and nothing but the truth, so help you God?

OK. Let the record—you may be seated. Let the record show that the witnesses have answered in the affirmative.

Without objection, your written statements will be made part of the record. And with that, Dr. Smith, you are now recognized to offer a verbal presentation and summary of your testimony.

STATEMENT OF DR. DAVID J. SMITH, DEPUTY ASSISTANT SECRETARY OF DEFENSE FOR HEALTH READINESS POLICY AND OVERSIGHT, DEPARTMENT OF DEFENSE

Dr. SMITH. Well, good morning, Chairman Lynch, Ranking Member Grothman, and the other distinguished members of the committee. It's my pleasure to appear here today representing the Department of Defense to address any concerns or questions members may have regarding the environmental conditions at the Karshi-Khanabad Airbase, or K2 as we call it, and the Department's efforts to protect the health of current and former servicemembers who deployed to that location.

Now, first, I would like to acknowledge that in the 15 years since its closure, several K2 veterans have passed away, and many K2

veterans have reported significant health challenges. The untimely death or unexpected development of illness in current or former servicemembers is of great concern to the Department, and I personally want to express my heartfelt sympathies and condolences to any servicemembers and their family members so affected.

Now, the Department is fully committed to transparency with respect to the possible environmental exposures at K2. The documents already provided to the committee demonstrate the Department has followed its policies regarding environmental evaluation at forward operating bases.

There has been extensive sampling of soil, water, and air, and we documented the results of these evaluations and implemented appropriate mitigation steps. We conducted followup environmental evaluations in 2002, in 2004, and made the summary of our findings and conclusions publicly available.

In response to concerns voiced by servicemembers, the Department has conducted two separate studies of individuals who deployed to K2. The results of those studies were reviewed by the joint DOD/VA Deployment Health Working Group at the time of completion. The overall conclusions of these studies did not support worsened health outcomes among deployers at K2 when compared to those contemporaneously deployed to Korea. But nonetheless, there were some specific diseases, specifically lymphatic and hemopoietic cancers that appeared among the K2 group at a rate higher than expected.

In response to the concerns raised by your committee about the health of K2 veterans, the Department immediately renewed our discussions with the Department of Veterans Affairs, and the Department has worked closely with our VA colleagues in designing and implementing a much larger study of K2. So, any association between deployment to K2 and adverse health effects can be determined in a manner that is scientifically rigorous and comprehensive in its analysis.

As you know, I've submitted written testimony in addition to the oral statement, and at this point, I will look forward, after Dr. Hastings' testimony and opening Statements, to answering your questions.

The health and well-being of our servicemembers is my top priority and remains a top priority for the Department. Thank you very much.

Mr. LYNCH. Thank you.

Dr. Hastings, you're now recognized for a verbal representation of your testimony.

STATEMENT OF DR. PATRICIA R. HASTINGS, CHIEF CONSULTANT, POST DEPLOYMENT HEALTH SERVICES, DEPARTMENT OF VETERANS AFFAIRS

Dr. HASTINGS. Thank you.

Chairman Lynch, Ranking Member Grothman——

Mr. LYNCH. I'm not sure if your mic is on.

Dr. HASTINGS. Chairman Lynch, Ranking Member Grothman, and members of the subcommittee, thank you for the opportunity to discuss the ongoing activities and research the VA is undertaking to address the health concerns that may be associated with

exposure to environmental hazards among veterans who were deployed between 2001 and 2004 to Karshi-Khanabad, a former Soviet airbase in Uzbekistan, also known as K2.

The VA is very aware that we owe those who served at K2 an understanding of possible health outcomes. The VA is committed to finding the answers and has embarked on a specific K2 study. The study will be long-term and not a one-time effort looking at this cohort.

The Department of Defense did the initial and subsequent site assessments, and you have been afforded those copies. They have also shared them with the VA, and we began working on this, as Dr. Smith said, very early on with the Deployment Health Working Group.

The 2015 Army Public Health Center evaluated cancer outcomes and compared the K2 servicemembers to a group deployed to South Korea but never deployed to southwest Asia. Leukemias and lymphomas did have an increased risk, and the relative risk was 5.6. But to put this in a context, this is seven cases at K2 and five cases in Korea. The small number of cases could be a coincidence, but it could also be an early signal. Even a small number of cancers in servicemembers that are relatively young is a cause for concern. The VA is taking these results very seriously, specifically for cancers, but also looking at other health outcomes.

The VA will expand upon the 2015 Army Public Health Center study. We have identified, with the help of DOD, the 15,777 in the total cohort. 15,743 of those are currently veterans, with 34 who are still on Active Duty.

My office has put together a comprehensive prospective epidemiologic study to assess the possible associations between health conditions and exposure to the environmental hazards during their K2 deployment. This will take 12 to 18 months to complete with our current assets. The study will also include assessments of morbidity, and this will be looking not only at cancers but also at circulatory, respiratory, neurologic, and other conditions.

It includes a very good set of comparison groups. It will be a group of Operation Enduring Freedom, cohorts that served at the same time but never at K2, and a group that are the OEF era but did not deploy to K2 or to southwest Asia. And we plan for this to go on for approximately 20 years because of the latency of some of the issues that may come up with the cancer concerns.

In conclusion, the VA is committed to looking at the health and well-being of all veterans, but specifically here, the K2 veterans, and we're dedicated to looking at the long-term health consequences. This is expected to translate into better care for the veterans. It's also expected to help the DOD in looking at future protective measures they may want to take during deployments. And we do appreciate your support.

We are now available for your questions.

Mr. LYNCH. Thank you very much.

Thank you for your testimony, Dr. Smith and Dr. Hastings.

Just to begin, I am blessed, my district, we have three VA hospitals within my district in Brockton, Massachusetts, in Jamaica Plain, and West Roxbury, Massachusetts as well, and we are extremely thankful for the wonderful work that is done by our docs

and staff, therapists, and the wonderful, wonderful service that they render to our veterans all across New England, mostly, the area that we service. So, we're very thankful for the job that the VA has done in large part within the system.

However, during our investigation, we've heard from dozens of veterans whose lives have been irreversibly altered by toxic exposures at Karshi-Khanabad, K2. Their stories are absolutely heartbreaking, but I'd like to take a moment to share just a few.

Sergeant Doug Wilson joined the Air Force in 1998 and deployed to K2 in December 2001. He returned in 2013, but—excuse me—he retired in 2013, but just three years later, he was diagnosed with primary central nervous system lymphoma. To this day, Mr. Wilson rides a mile and a half in a mechanical wheelchair twice a week to attend his physical therapy appointments.

Chief Warrant Officer Scott Welsh was diagnosed with thyroid cancer in 2013. In testimony before our subcommittee in February, he wrote: At one time I was worried that since I was younger than my wife, I would outlive her in old age. However, now every day all I can think about is how will she go on after I'm gone, do we have all of my final arrangements in order, and how will my two sons be taken care of?

Sadly, one of my constituents from Norwood, Massachusetts—and Norwood has a long and strong history of military service and patriotism to our country throughout its history. One of my constituents from Norwood, Kim Brooks, lost her husband, Lieutenant Colonel Tim Brooks when he was only 36 years old. He left behind four young children, one of whom followed in his father's footsteps and graduated from West Point and is now serving in Active Duty.

To date, K2 veterans have self-reported nearly 500 instances of cancer and nearly 2,000 adverse health conditions. These veterans and their families, quite frankly, have sacrificed enough. There's more than enough evidence produced by this subcommittee, produced by the Army, and produced by K2 veterans themselves, to indicate that these conditions are service connected.

But when K2 veterans turn to the VA for help, they hear the same thing over and over: There's no presumption associated with K2 service and there's no indication of increased cancers.

What is the danger in providing this presumption even if a handful of these veterans have diseases not caused by their service? They all put on the uniform to serve this country; they all deserve to be taken care of.

Dr. Hastings, is that such a bad thing? Is that what we're guarding against here?

Let's think about the upside of this. A presumption would provide any of these veterans coming forward with cancer—they come in and they've reported cancers, that's not in dispute. It's a 15,000-personnel universe of people, probably much less right now, and they come forward with accurately diagnosed types of cancers.

What the VA is saying is, we acknowledge that you've got cancer, we acknowledge that you served at K2, we acknowledge that the Army has reported that there were radioactive isotopes, depleted uranium, there was jet fuel, there were toxic substances where you served, and it permeated the ground. It's been evacuated. We've done soil samples, and we know those hazardous substances, in

some cases radioactive, and we have signs where—the military put signs up, radioactive area, please keep out. And we built an earthen berm, which does nothing—the radiation goes right through the earthen berm—and we kept the soldiers there.

So, knowing all of that, and then these soldiers come forward and they've demonstrated and have been diagnosed by the VA and others that they've got cancer, and we deny them coverage or benefits because we say, we think you may not have gotten it here. So, it's a veteran with cancer and we're denying them benefits.

The downside is that maybe one of these poor veterans got cancer from a source other than K2, and they might be covered. In my opinion, that is not a—I would absorb that risk. If there are a few poor souls that might get treatment and benefits because they've got cancer after putting on that uniform and serving their country, if that's the downside for the government here, I embrace it. Cover them all. Cover them all. Give them the benefits and the care that they deserve, but don't deny them all for the, you know, for the misplaced concern that a couple of veterans with cancer might get treatment and benefits that they might not have connected to their service at K2.

So, I see the duty and honor that we owe to these veterans as being primary, and I see a great disservice being done to these families and these veterans for a bureaucratic mis-ordering of priorities. Maybe you can explain it to me. Why, why, why would we deny this presumption with the evidence in hand when we owe these veterans so much? And the consequences of not providing the benefits and care are devastating to these families, and in my opinion, disrespectful of their service as well. I don't know. Can you help me with that?

Dr. HASTINGS. Certainly, sir. I am a veteran of 33 years and——

Mr. LYNCH. Thank you for your service. Appreciate that.

Dr. HASTINGS. Well, thank you for giving me a job I've loved my entire life.

We are committed to veterans. I am at the VA specifically because I want to take care of veterans. And Dr. Stone, just as an aside, was also at K2, so he understands the imperatives here.

It would be a disservice to the veterans to simply say—and this is all veterans—to simply say, we don't know how you got it, we're just going to cover it. My office looks at the science. I want to find out what the exposures were.

I'd like to tell you a little bit about depleted uranium, if I could. You, Congress, has supported the Depleted Uranium Center in Baltimore for over 30 years, and we have an incredible amount of experience with depleted uranium ever since the Manhattan Project. We have 84 veterans that we bring back every two years to look at them, who were involved in friendly fire incidents, and they do not have an excess mortality, excess morbidity. They are looked at every two years. And they do have the demonstrable isotopic signature of DU.

We have done 6,500 other urines for people concerned about exposure to DU, and only five have been positive, and all five had embedded shrapnel that had not been identified by them before. We have had 37 urines turned in from the K2 cohort. We have had

25 that were completed. All are negative for the isotopic signature of depleted uranium. We are——

Mr. LYNCH. What about jet fuel?

Dr. HASTINGS. To finish, DU—for just a moment, we are absolutely willing to do a urine on every single K2 veteran for peace of mind.

With regards to the underground leaking tanks, the DOD did look at the volatile organic compounds and did not find them to be at a hazardous level.

You go back to the depleted uranium. There was a weapon that was detonated, blew up, outside the berm. It was—DU can only penetrate to about two cell levels of the skin, so the berm would have been protective. And, absolutely, people should not have gone anywhere near the areas that were cordoned off, covered with dirt. But the DU—there were hotspots, but the hotspots were close to the ground in those areas, not that you would be measured at high levels away from those hotspots. And they were known, they were mitigated.

The other hazards that were there, the dust—it was a very dusty environment. My office is continuing to look at the airborne hazards issues. We worried about lead. There was one building that had lead paint. So, we're looking at all those things. But if I simply say right now, you have cancer, we're covering it, we don't—I want to find the reason so this doesn't happen again.

Mr. LYNCH. Many of these veterans who have cancer, some have already passed away. The longer the VA and the DOD extend the time out for this, you know, they'll—it sort of, it's moot and meaningless to a lot of these families. So——

Dr. HASTINGS. I absolutely agree. Time is of the essence, and that's why my office is—good science takes time, and I have to say, we have what has been described as an elegant—epidemiologists like to use that term—protocol, and it will give us many of the answers that you seek. It will take some time. And we are working with DOD hand-in-hand to make sure we have the entire cohort, to make sure we have all the data and to have the comparison groups. But you are right, this is the imperative.

I would like to also——

Mr. LYNCH. It's been—I need to reclaim my time——

Dr. HASTINGS. Sorry.

Mr. LYNCH [continuing]. And we have to move on. But, you know, the recommended mitigation measure was, don't dig, don't disturb the soil. That was the mitigation that was recommended onsite.

The other thing is, I understand you say it's going to take time, but it's been 20 years. It's been 20 years since some of these veterans served at K2 and acquired these diseases. So, that's not comforting for a lot of these families. You know, 20 years, that's a long time. We own that, we all own that. But you understand that we can't allow this situation to continue. That's why we asked to have someone from the VA, a senior policymaker from the VA, to testify today in your place.

In fact, I'll now like to enter into the record a November 10 letter from myself, Chairwoman Maloney, Ranking Member Comer, and Ranking Member Grothman, the gentleman from Wisconsin, to

Secretary Wilkie, making that request, so that we might have someone who could actually change the policy or recommend that the policy be changed on behalf of these veterans and their families.

Mr. LYNCH. It should not be this hard for the men and women, who dutifully raised their right hand in service to our Nation, to get the healthcare and the disability benefits that they have earned by their courageous service. And the VA needs to fix this. It needs to fix this now.

I will now yield to my friend, the ranking member, the gentleman from Wisconsin, for five minutes, for his questions. Mr. Grothman.

Mr. GROTHMAN. Thank you.

I guess I'll start with Dr. Smith. You said there were two type of cancers in which the amount of cancers found exceeded the population as a whole or exceeded what we found in the Korean group. Is that right?

Mr. LYNCH. Dr. Smith, you might have to click your microphone on.

Dr. SMITH. Yes, sir, that's correct. In the 2015 study, there were—and this is a study that we did—epidemiologists would call a hypothesis-generating study, that is, they looked at many different outcomes, and they found that in lymphopoietic and hemopoietic cancers, that there was an increased incidence.

Initially, they also found melanoma, but then when they did the normalization and the various work done by epidemiologists, that was no longer considered statistically significant.

Mr. GROTHMAN. What were the numbers on that?

Dr. SMITH. I think it was eight.

Mr. GROTHMAN. Eight? I mean, what was the difference between the Korean group——

Dr. SMITH. Oh, I see.

Mr. GROTHMAN [continuing]. And the K2 group?

Dr. SMITH. Yes, sir. The relative risk, as I think Chairman Lynch had said at the beginning, was 5.64. But the confidence interval is very wide. It ranged from 1.7 to 18 point——

Mr. GROTHMAN. And what does 5.64 mean?

Dr. SMITH. That there is a five times increased risk, potentially.

But the study, as you may have seen, has caveated that extensively because of the size of it and the numbers, that we don't know—and that's the reason why it's very important to be doing the study that we're doing now, because of the size of the numbers.

Mr. GROTHMAN. Can you nail the numbers for us, like, how many does that mean, just numbers, like how many people had the cancer in K2, and how many had it in the control group and——

Dr. SMITH. Yes, sir. It was eight in both.

Mr. GROTHMAN. Pardon?

Dr. SMITH. It was eight.

Mr. GROTHMAN. Eight people had it in the K2 group?

Dr. SMITH. Yes, sir.

Mr. GROTHMAN. And how many people had it in the Korea group?

Dr. SMITH. I believe it was also eight.

Mr. GROTHMAN. Well, was the Korean group a lot smaller or——

Dr. SMITH. No. It was actually—it was larger.

Mr. GROTHMAN. A lot larger?

Dr. SMITH. Yes, sir. Yes, sir.

Mr. GROTHMAN. So—OK. Kind of significant amounts there.

The Stronghold Freedom Foundation, which you're familiar with, right? I assume.

Dr. SMITH. Yes, sir.

Mr. GROTHMAN. Yes. They claim that in 45 veterans, they found 500 instances of adverse effects of toxic exposure. Are you familiar with their study or——

Dr. SMITH. I have not seen their study, no, sir. But I've heard the testimonies, et cetera.

Mr. GROTHMAN. OK. Have you looked into where they got those numbers?

Dr. SMITH. That is the purpose of the study, is, we're looking into, we have characterized those that have been in K2 and are now doing the medical work to try to track those down.

Mr. GROTHMAN. OK. So, do you—I mean, that's a lot of people. That's like over 10 percent, right, if the numbers are accurate?

Dr. SMITH. We have so far found 15,777 that were deployed to K2, yes, sir.

Mr. GROTHMAN. OK.

Dr. SMITH. And if I could correct myself. I just looked it up. There were seven lympho-—lymphatic neoplasms in the K2 group, and there were six in the comparison group.

Mr. GROTHMAN. OK. But the comparison group had a lot more people?

Dr. SMITH. Yes, sir. Four times as many.

Mr. GROTHMAN. Four times. So, it really comes across then like about per, whatever, per thousand people or whatever, it comes across like five times as many in the K2 group, right?

Dr. SMITH. That's what the relative risk is, yes, sir.

Mr. GROTHMAN. Right. Isn't that kind of huge? And I realize it's small numbers, but kind of significant?

Dr. SMITH. It—whenever we do these—whenever we do these studies, it does raise a question, yes, sir.

Mr. GROTHMAN. Is there other type of cancers that went the other way that can——

Dr. SMITH. Yes, sir.

Mr. GROTHMAN. OK. Can you give me an example?

Dr. SMITH. I don't have the study in front of me, but in general, overall, there were not other statistically significant ones, but there was a—there was a greater number of cancers in general when you looked across all of them in this cohort. They're healthier in all the other measures.

Mr. GROTHMAN. So, you're telling me the K2 group was healthier than the Korea group?

Dr. SMITH. As far as other parameters that they looked at.

Mr. GROTHMAN. OK. OK. Now, you were aware, or the military was apparently aware before these people were deployed there—well, I'll give you a followup, because you're making a point that I think you want to make there. Do you have any specific examples that you can elaborate on showing us where the Korean group was not?

That's OK.

Dr. SMITH. I can take that one——

Mr. GROTHMAN. You can show it to me later.

Dr. SMITH. It's in the study, but——

Mr. GROTHMAN. Yes, yes.

Can I give him one more followup question?

Mr. LYNCH. Sure.

Mr. GROTHMAN. You apparently knew about the potential hazards before the troops were deployed there, and I suppose, you know, action can be taken as where the troops move on the base or that sort of thing. It appears as though that something should have been said to the troops about some potential hazards, and they weren't told about it. Is that accurate?

Dr. SMITH. No, sir. As far—I can't speak to the actual individual, but clearly in the various reports that we have provided to you, there were documented evidence of townhalls, of various information brochures that were prepared. It was made quite clear, as is part of our policy, to make sure that you communicate the results each time. There were multiple different assessments done at K2, and each time there would be an in-brief and an out-brief, questions. All the people that were interested, and some of them, as you'll see as you read through the reports, actually were mandatory for all people that were at K2. There were also information made for both the deployers and also for the providers.

We also, as you know, do post-deployment health assessments to be able to make sure that if there are any concerns, that they're recognized, and that we have those discussions with and do the evaluations that are required. So, I do not think it's accurate to say that there wasn't any communication with the individuals that deployed over.

Mr. GROTHMAN. OK. Thank you.

Mr. LYNCH. The gentleman yields back.

The chair now recognizes the full committee chairperson, the gentlelady from New York, Mrs. Maloney, for five minutes.

Mrs. MALONEY. Thank you for holding this important hearing. I have supported this investigation since day one because it has so many parallels to the experience of the 9/11 first responders, where we had to work for years to get them the help that they needed.

In both cases, brave men and women answered the call to serve this country, but when they asked for help, they were too often ignored and not met with any kind of help but only delay after delay. That's why the initial responses from both Department of Defense and the Department of Veteran Affairs to the concerns of K2 veterans and our committee have been so disappointing.

Last December when the McClatchy news outlet first reported that K2 veterans were being diagnosed with cancers at alarming rates, the VA's first response was telling McClatchy, quote, the premise of your inquiry is false. At the time we knew that at least 61 K2 veterans had been diagnosed with cancer.

Then in response to the first letter that Chairman Lynch and I sent to the VA in January, VA Secretary Wilkie responded by saying, quote, there is no presumption associated with K2, and currently there is no indication of increased cancers, end quote.

It wasn't until April, after continued pressure from this committee, that the VA stated it would conduct a new health study of K2 veterans. Yet the VA told us once again, quote, currently there is no indication of increased cancers, end quote. They said this even while acknowledging reports that there were up to 360 instances of cancer among K2 veterans. Today, K2 veterans have self-reported almost 500 instances of cancer within their community.

So, my question is, Dr. Hastings, why did it take the involvement of our committee for the VA to begin studying K2 in earnest?

Dr. HASTINGS. Ma'am, I am very glad to have the support of this committee. It's exceedingly important. But I would not characterize VA as not caring. There was not an indication of an increased cancer rate when Dr. Wilkie wrote that letter. My office is exploring this in its totality.

I would like to note that 59 percent of the K2 veterans have submitted a claim for their service, and in most cases, the claims are related to those normal things that we see with people who have worked hard in the military, and that is musculoskeletal issues. Twenty people have turned in a claim that is related specifically to K2.

I am right now looking at the statistics with VBA to find other answers, what are the things that are being put in as claims. I am very concerned about any environmental exposure for any veteran, and my office explores these. This study that is being done will give us——

Mrs. MALONEY. Thank you. My time is limited. I apologize, my time is limited. I have future questions.

But I would say 62 reported, 500 self-reported by veterans, and no action until this committee got involved demanding answers. You may have been very concerned, but my question was, why were you so slow in responding to our requests? Why did you not act on it before we made our request? And I will put more questions in writing to you on this instance. I congratulate the chairman for his constant attention on it.

But also, I want to ask, DOD was also slow to respond to the committee's concerns. Chairman Lynch and I first asked the Department to provide all environmental and health assessments related to K2 on January 13, 2020. By the time we received declassified versions of these documents in June, markings showed they had been declassified months before, between February 14 and February 24. These documents were declassified before the subcommittee held a hearing with K2 veterans on February 27. Yet DOD provided classified versions of the documents to the subcommittee on March 18.

Dr. Smith, if these assessments were declassified in February and you cared so much about helping the veterans, why didn't the Department make them public or at least produce them to the committee right away? So, why did DOD——

Dr. SMITH. Ma'am, I can't—I can't answer for the timeline of getting the products over to you, but I do know that we have provided the information that we have.

Mrs. MALONEY. Well, I am concerned——

Dr. SMITH. I apologize for any delays on behalf of the Department, but I'm glad that you have what you have.

Mrs. MALONEY. OK. So, go back and take a look at it. Right now, just go back and look at it and get back to us why DOD delayed provided classified assessments to the committee if they were already declassified in February.

I would say that your actions resulted in months of wasted time, time that these six veterans cannot get back. The fact that it took pressure from Congress and dire reports in the press to get the VA and DOD to even acknowledge, this is deeply unfortunate and does a disservice to our veterans.

I thank the chairman for his leadership, and I yield back.

Mr. LYNCH. Thank you. The gentlelady yields back.

The chairman now recognizes the gentleman from Texas, Mr. Cloud, for five minutes. You're now recognized.

Mr. CLOUD. Could you pass on me for the moment and come back to me?

Mr. LYNCH. I'm sorry. Repeat. You want to pass?

Mr. CLOUD. Yes. I believe there's a couple members before me.

Mr. LYNCH. OK. The chairman recognizes the gentleman from Louisiana, Mr. Higgins, for five minutes.

Mr. HIGGINS. I thank the chairman. I appreciate this hearing. I 100 percent agree with your very heartfelt line of questioning, Mr. Chairman. This is a—this is a very frustrating sort of category of topic between the veterans and the VA.

Dr. Hastings, thank you for your own service, ma'am. We have veteran brothers and sisters across the country that are watching this very carefully because it's a familiar story. You know, Agent Orange, burn pits, K2 now we're discussing today. The three elements for granting presumptive condition is a current diagnosis of a disease or a condition, an in-service event, and a link between the in-service event and that diagnosis.

Dr. Hastings, what would happen, what would be the pushback if the VA granted presumptive condition diagnosis for K2 veterans that present with conditions that may be associated with their in-service time at K2? What would be the pushback? Who would get in trouble for that? Would you please answer that briefly?

Dr. HASTINGS. No one would get in trouble as such. When we——

Mr. HIGGINS. Thank you.

Dr. HASTINGS [continuing]. Put a presumption together, we——

Mr. HIGGINS. Thank you. So, in the interest of time, with all due respect, we're trying to establish veterans' rights to services here. So, let me just—you just acknowledged that nobody would get in trouble. If the VA ran out of money, you come back to Congress. It happens all the time. So——

Dr. HASTINGS. What I would like to note is——

Mr. HIGGINS [continuing]. If it was in your power—if it was in your power, Dr. Hastings, to grant presumptive condition to K2 veterans, would you do it?

Dr. HASTINGS. Not at this time, no.

Mr. HIGGINS. Why not?

Dr. HASTINGS. I want to have an absolute answer for the veterans. I want them to know if their service was associated——

Mr. HIGGINS. In the long term—again, in the interest of time, we understand—listen, by all means, study, seek deeper scientific understanding, but you're talking about—I have quotes from your

statement, you're committed to find answers, we're looking at long-term studies, large group studies, the current findings could be an early signal.

You have veterans that don't have time. They don't have time for long-term study. I don't understand why the VA would not just grant presumptive condition to K2 veterans that present with conditions and diseases that very well may have been caused by their service exposure to conditions at K2.

None of us argue against—none of us on this committee are saying don't study. By all means, conduct your long-term studies, but in the meantime, grant these veterans the presumptive coverage that they need to address the diseases that they very likely contracted while in service to our country at K2.

Please just explain to the committee what—you've already said there'd be no pushback, nobody would get in trouble. But these veterans and their families are most certainly in trouble with the health conditions. So, what—I'll give you my remaining time. Please respond, because we don't understand, on this committee, why the VA would not just go ahead, while you're conducting your long-term studies—knock yourself out with your long-term studies, we want that, we understand it. In the meantime, grant these veterans the presumptive coverage that they need.

And you've stated there'd be no pushback, but that if it was in your power, you would not do it. We don't understand. I'll give you my remaining 45 seconds to explain, ma'am. And again, thank you for your service. We get it that you're dedicated. We do not understand this lack of providing service to our veterans, though. I give you the floor, good lady.

Dr. HASTINGS. Most veterans receive direct service connection, and as I said, 59 percent of the K2 veterans have turned in a claim. Twenty of them specifically believe that they're related to K2 and have put it in that way. So, veterans are able, and we encourage every veteran to turn in a claim if they believe military service has negatively impacted them. But at this point in time, the Secretary, in order to put forward a presumption, would need to have scientific support, and that is not there at this time.

We are going to get him an answer. I will get him an answer. I care very deeply about the K2 situation, but it would be a disservice to say, put in the presumption, because then the urgency is just not there to find the answers for these veterans. So, direct service connection, absolutely put in a claim. We will look at those. I'm looking at them with VBA right now, but a presumption is premature.

Mr. HIGGINS. Thank you, good lady, for participating in today's hearing.

Mr. Chairman, I yield.

Mr. LYNCH. I thank the gentleman. The gentleman yields back.

The chair now recognizes the gentleman, the ranking member, the gentleman from Wisconsin, for the purpose of introducing a unanimous consent request.

Mr. GROTHMAN. Yes. I'd like to—unanimous consent to place testimony from the February hearing into the record. It's just a one-sentence thing, so do you mind if I read it?

It's from a master sergeant, Paul Widener, and his testimony was just contradictory to what you guys gave us. K2 members were told repeatedly that no significant risk from hazards existed, there were no briefings on toxic exposures, no protective equipment recommended, issued, or employed.

Thank you.

Mr. LYNCH. Without objection, the unanimous consent request is granted, and the document is entered into evidence.

Mr. LYNCH. The chair now recognizes the gentlelady from Illinois, Ms. Kelly, for five minutes.

Ms. KELLY. Thank you, Mr. Chair.

Due to the work of this subcommittee, we now have new evidence about the conditions that U.S. servicemembers lived and worked in when they deployed to Camp Stronghold Freedom between 2001 and 2005.

In July, our committee released hundreds of pages of previously classified K2 health and environmental assessments. These reports, which the U.S. military produced in 2001, 2002, and 2004, detail multiple toxic hazards that servicemembers were exposed to at K2. For example, according to one assessment during subsurface soil testing in 2001—and I quote—elevated levels of volatile organic compounds and total petroleum hydrocarbons were detected at numerous locations throughout Stronghold Freedom.

A June 2002 operational health risk assessment estimated—and I quote—between 50 percent and 75 percent of personnel at Stronghold Freedom will be exposed to elevated levels of compounds in the air.

And a September 2004 health assessment described the probability of exposure to particulate matter as, quote, frequent.

Mr. Chairman, I request unanimous consent to enter into the record an Environmental Protection Agency web page titled, Health and Environmental Effects of Particulate Matter, which reads: Small particles less than 10 micrometers in diameter pose the greatest health problems, because they can get deep into your lungs, and some may even get into your bloodstream.

Mr. Chairman, I request unanimous consent to enter into the record a fact sheet from the Agency for Toxic Substances and Disease Registry website which reads: Studies in humans suggest that exposure might lead to a higher risk of getting bladder cancer, multiple myeloma, or non-Hodgkin's lymphoma.

Dr. Hastings, in your opening statement, you testified that the VA is conducting an epidemiological study to better understand the health outcomes for K2 veterans. What conclusion or conclusions would need to be derived from this study that would lead the VA to make a presumptive service connection for K2 veterans?

Dr. HASTINGS. The study will look at cancer specifically, but it will also look at other conditions. It will look at circulatory, neurologic. It will look at the mortality rates. So, it is a comprehensive look.

And I absolutely agree with you and with the ATSDR, who we work with in my office very closely, that particulate matter is problematic, as are the other exposures that are there, and we are looking at all of those.

Ms. KELLY. And what can Congress do to better help these veterans and prevent this from ever happening again?

Dr. HASTINGS. I think DOD is very cognizant of the protections that they need to employ to take care of people before they ever get to VA. That's No. 1. When I deployed, I came back, I had to do the post-deployment health assessments just like every soldier, even though I'm a physician.

At the VA, we are getting answers. I know that people use Agent Orange as the issue that was delayed. We learned a lot of things from that. We learned from Agent Orange. We began embarking on looking at this when it was brought out in McClatchy. We started working immediately with the Deployment Health Working Group and our colleagues at DOD to get the adjudicated list of the veterans to make sure that we had all of the assessments. And we are working hand-in-hand with this.

The support that you can give us is exactly like this, to bring this to the attention of the veterans. I will note that whenever we have an airborne hazards discussion with Congress, our numbers in the airborne hazards registry go up. And only about 17 percent of the people at Karshi-Khanabad have entered the registry. I know that there are some, because Uzbekistan is not listed as one of the registry countries, but 80 percent of the people at Karshi-Khanabad are eligible for the registry. And that is another way that we can look at their deployments and their health history.

Ms. KELLY. Thank you.

Dr. HASTINGS. So, the support you give us is important. You support us also with the deployment with the Depleted Uranium Center in Baltimore, and that has been extremely helpful with looking at K2.

Ms. KELLY. OK. The hazards at K2 created an environment that put the heroes of Camp Stronghold Freedom at significant risk, including for cancer and other respiratory and neurological conditions. Based on what we already know about the hazards found at K2, I'm not sure what additional evidence that the VA could possibly need to conclude that the illnesses reported by K2 veterans are service connected.

And I yield back.

Mr. LYNCH. The gentlelady yields back.

I do want to rule that the gentlelady from Illinois' request, unanimous consent request, is granted without objection, and the committee will receive those documents as evidence. Thank you.

Mr. LYNCH. I now like to recognize my friend from Tennessee, the gentleman, Mr. Green is also a K2 veteran, and he is now recognized for five minutes.

Mr. GREEN. Thank you, Chairman Lynch and Ranking Member Grothman, for holding this hearing. And I want to thank our witnesses for testifying today.

Chairman Lynch, I especially am grateful for you and for all the time and effort that you've put in to getting to the bottom of this. With 16,000 K2 veterans out there, we appreciate your effort and are closer today to some answers because of you.

I think everybody on the committee knows that I flew through K2 as a night stalker. It is deeply unsettling that two decades

later, others who were there are now battling cancer with no answer about a service connection. The DOD and the VA really should know by now.

As a doctor who had to do substantial research while earning my medical degree, I'm fully aware of the need for these studies to be thorough and scientific, but if we can create two ground breaking messenger RNA coronavirus vaccines in less than a year, we can certainly study health effects on K2 troops from thoroughly researched toxins that we know the effects of and have known the effects of for many, many years.

I don't want to point the finger at our witnesses here today. I know this was a problem long before they got to the jobs, but these veterans need help and they need it now. The VA motto is to care for him who shall have borne the battle. We're grateful for all the steps you're taking and are counting on you guys to ensure these men and women are treated fairly. We cannot leave them, my brothers and sisters, our brothers and sisters, as Dr. Hastings has said she served as well, behind.

My first question revolves around some recently published information. CBS did a special, Catherine Herridge interviewed senior intelligence community member Mike Lechlitner. He was there at the time and conducted the assessments of K2.

In your written testimonies, you mentioned that radiation was possibly not all that high, but Mr. Lechlitner claims quite differently saying that he saw readings of seven to nine times higher than normal. He even determined that there was yellowcake present, which neither written testimonies mention. He was even handed a bag of it, he said in his comments to CBS. He also notes that there was arsenic and cyanide, which, again, neither testimony mentions.

I'd just like a, you know, yes or no from either of you, was there yellowcake at K2?

Dr. SMITH. This is Dr. Dave Smith. The answer is, we did not find any evidence of yellowcake. Initially, on the first survey that was done, it was indicated that it was uranium material. On further analysis—as you know, some of those things can't be determined in the field, but on further analysis, it was determined that it was oxidizing depleted uranium. So, no, there was not yellowcake. It is certainly possible that he was in the first tranche of surveyors and then did not hear about the subsequent results. Over.

Mr. GREEN. Dr. Hastings?

Mr. LYNCH. Just a clarification. When we're talking about yellowcake, we're talking about unprocessed uranium or lower level process uranium, is that what we're talking about?

Dr. SMITH. We're talking about depleted uranium. Yellowcake is actually enriched or—it's an old term that was basically would be part of where you're trying to enhance the characteristics of uranium. Over.

Mr. GREEN. It's a—yes. It's a precursor to a weapon, right?

Dr. SMITH. That's right.

Mr. GREEN. Dr. Hastings, your awareness of any yellowcake at the site?

Dr. HASTINGS. Again, in looking at the information that was there, there was uranium. The supposition was it was yellowcake, but it was not. It was rusting or oxidizing depleted uranium. So, yellowcake was not there.

Mr. GREEN. Thank you for sharing that.

Dr. Hastings, in your written statement, you encourage veterans to receive the DU urine testing. And I'm not suggesting that this is your fault, but I have a document from the VA from one of my constituents who actually went to the VA. And in reading over the document from the VA on explaining what happened at K2 and the potential risks that those veterans were exposed to, it seems to me—and I can get you a copy of it—it seems to me to sort of downplay the need for these veterans to get the DU urine test.

I'd like to know from you that there's a commitment that every veteran who asks for that test gets that test.

Dr. HASTINGS. Yes. When a veteran asks for that test, we have a Depleted Uranium Center that the test is done by the Joint Pathology Center or done by the CDC. Veterans can come in and get that test. As I said, the 6,500 that we have done for people that were exposed in Gulf war and the 37, of which 25 have been completed, all have been negative except for five from the first Gulf war and that was related to shrapnel. And they were negative, so I believe that most of them——

Mr. GREEN. I understand your sample—I understand that your sample size is such that it is, but in the document that I saw, it seemed to discourage—it seemed to tell the VA staff how to discourage veterans from requesting the test. I just want to make sure [inaudible].

Dr. HASTINGS. I would like to see that because I would not discourage it. I would like to see it. I would not discourage it. In fact, we encourage it because peace of mind is important.

Mr. GREEN. Thank you.

Thank you, Mr. Chairman. I yield.

Mr. LYNCH. The gentleman yields back, and I thank him for his questioning and for his service.

The chair now recognizes the gentlelady from Virginia, who is also the chair of the VA subcommittee on disability assistance, and she as well is a United States Navy veteran. Mrs. Luria, you're now recognized for five minutes.

Mrs. LURIA. Thank you, Chairman Lynch. And thank you to the Oversight Committee and the subcommittee for allowing me to participate today.

As the chair of the Disability Assistance and Memorial Affairs Subcommittee on Veterans' Affairs and also a member on Armed Services of the Military Personnel Subcommittee, I'm very interested in this issue. I'm glad that we have the opportunity to speak to our witnesses today.

I would like to request unanimous consent to enter in the record two letters, one that I have recently written and received a response from Secretary Wilkie at the VA, and another to former Secretary Esper at Armed Services, with their enclosures as well, providing responses on this issue.

Mr. LYNCH. Without objection, so ordered.

Mrs. LURIA. And I'd like to start with addressing an issue of trust. I think that in even just the responses to these letters and coupling that with the testimony we've received today, there is an enormous amount of conflicting information. And being familiar with the other issues of toxic exposure that we're dealing with in the Veterans' Affairs Committee, having recently provided healthcare to additional veterans, Blue Water Navy veterans for their exposure to Agent Orange, extensively investigating the issues surrounding burn pits, as well as this K2 issue, it seems that there is information provided to veterans that does not instill their trust in the system, both within DOD healthcare and within the VA. And I'd like to cite several things here, and these were provided to me by Secretary Esper's response.

One of those is specifically concerning advice provided to healthcare providers addressing the concerns of K2 veterans. And although this is an undated document, it's assessed in the remarks here that it was approximately dating from around 2001 or 2002. What can I do to build trust and rapport? So, this is the provider to the patient who's concerned about exposure at K2.

And in this Army document it says: Summary of key messages. The most important messages to communicate are, one, there were no K2 exposures of health consequence; the protective risk control measures were effective; and show care and commitment during clinical care; ongoing monitoring ensures continued protection.

So basically, they told the veterans, don't be worried about it.

And then I found this other document as one of the enclosures from the Army Public Health Center and it says: You do not need to get a medical examination or have any additional medical screenings just because you were at K2.

So, for our veterans who are watching today who have concern about this, this information that they provided is directly in conflict to what you've been discussing today.

And then, Dr. Hastings, specifically, you said that there was no evidence when Secretary Wilkie responded to the letter of inquiry from the Oversight Committee; however, I have here in what I was provided by Secretary Esper, a July 2015 Army Medical Department Journal, which specifically states that this is an important topic which is worthy of public health efforts and resources. It gives the same statistical data that has been given about the two types of cancer with increased incidence and the same statistical data in a chart here that we've discussed today, and that dates to 2015. So, I don't understand your response there.

And I would like to shift further to the fact that, Dr. Hastings, in your testimony today, your written testimony doesn't discuss water. There's been environmental samplings for airborne particulates, for soil quality, but you don't address water in here at all. And then when I revert back to a document that I was also provided by the Department of Defense, the Periodic Occupational Environmental Monitoring System, from 2001 to 2005 at K2, it does address water. But in that it specifically says both the short-term and long-term health risks, they talk about the sampling that was done. It actually contradicts itself because it says no samples were taken from water that was purified by reverse osmosis units and the concern and contaminants in that were not evaluated. How-

ever, in the next paragraph, it says that they did receive samples from that.

Long story short—and you can review this. It'll be entered in the record.—it says the confidence in these risk estimates about water, both short and long-term health risks are low.

So, in my remaining time, can you address why you did not address anything related to water? Because we're talking about fuel contamination in the soil, depleted uranium in the soil. And I'm not an environmental scientist or a doctor, but my understanding is that if we're using a source of groundwater, that these things leech into groundwater, and they should be very closely scrutinized as far as the water that people were both using for non-potable water sources, i.e., bathing, cooking, cleaning, as well as water that was being purified by reverse osmosis units because that process is, you know, less effective at removing contaminants than, say, a distilling unit process, and what water samples were taken and what further analysis is needed on the water that people were consuming while they were stationed at K2?

Dr. HASTINGS. Chair Luria, I'd like to take that for the record and get you a complete answer. The water that was—is used in deployment, as you know from being military, is very important, and in many cases, it is bottled water, but I need to investigate that to get you a complete answer.

Mrs. LURIA. OK. Well, this—just to say that this references reverse osmosis units that were being used for the potable water, so I would be interested in seeing your followup testimony on that.

Dr. HASTINGS. Absolutely. I'll take that for record. Thank you.

Mrs. LURIA. OK.

Dr. SMITH. If I can add, there were multiple reports of the water testing and the various technical reports that actually did test both the potable water and some of the bottled water. And all of them said that it was—there were no concerns related to potable water, but we'll provide you additional information on that.

Mrs. LURIA. Well, thank you. I would be interested in that. Because, again, I'll quote what the study says, is the confident in the risk estimates about potable water are low, and this is a final study reviewed by CENTCOM and then approved in May 2011 conducted by the U.S. Army. So, I would appreciate any followup additional studies that have been conducted.

And thank you, again, to the chair for allowing me to participate. And I yield back.

Mr. LYNCH. The gentlelady yields back.

As well, I'd point out in the Stronghold Freedom Foundation report that was provided to the committee, there were 345 claims of urological disorders, as well as 397 cases of neurological disorders among K2 veterans. So, that might also support the questions and emphasis that the gentlelady from Virginia has put on some of these reports.

And, you know, I do want to amplify that some of these on-the-ground reports and assessments were given a low level of confidence in terms of the threat that was present on the ground.

So, with that, I would like to recognize the gentlelady from North Carolina, Ms. Foxx, for five minutes.

Ms. FOXX. Thank you, Mr. Chairman.

My first question's for Dr. Hastings. Has the VA determined whether long-term health problems in K2 veterans arise after having served on the K2 base?

Dr. HASTINGS. That is one of the things that this study will address. At this point in time, the veterans, if they believe that the military service has negatively impacted their health, that they proceed with a claim for direct service connection. At this time, without the study, we cannot say that there is an association.

As you know, many of these veterans deployed to many other locations also and thus the reason we have the other two cohorts, one that was deployed to OEF but not to K2, and the other that is an OEF error but not deployed to either K2 or OEF. That's what will give us the answers.

Ms. FOXX. Dr. Hastings, I'm over to your left. I'm right up on the dais.

Dr. HASTINGS. Oh, I'm sorry.

Ms. FOXX. Over here.

Dr. HASTINGS. There you are.

Ms. FOXX. OK. Is there scientific evidence that demonstrates that K2 veterans are not suffering these health effects as a result of their service on the K2 base?

Dr. HASTINGS. No. And that's the reason we need the study.

Ms. FOXX. Are there any other viable explanations for the large number of toxic exposure in servicemembers who spent time at K2?

Dr. HASTINGS. Yes. Veterans are exposed to many things during their service. And as I've noted a couple times before, 59 percent of the K2 veterans have turned in a claim. The majority of those claims are for musculoskeletal issues. I am specifically looking at those issues that are of concern to this committee, and the study will give us many of those answers.

Ms. FOXX. Dr. Smith, is it true that a 2001 health assessment found that ambient air in K2 was the main concern for environmental contaminants and found elevated levels of volatile organic compounds in petroleum hydrocarbons throughout the base?

Dr. SMITH. No, ma'am. The 2001 survey did find elevated volatile organic compounds in subsurface in wind in the digging, and there clearly early on was an incident with Uzbeki contractors where they were digging to create the berm where they ran into one of the underground plumes. And certainly folks had acute health effects at that time that were the contractors.

That prompted a fair amount of additional survey. There clearly are volatile organic compounds that were found. None of them exceeded the exposure levels, that I'm aware of, in the surveys that were done in 2001, 2002, and 2004. So——

Ms. FOXX. Well, to followup on that, is it true that a 2002 health assessment found that between 50 and 75 percent of personnel at the K2 base would be exposed to elevated levels of toxic contaminants?

Dr. SMITH. I believe the 50 to 75 percent was related to the fact that there was an issue, which we find throughout southwest Asia, of particulate matter in the air, so dust. And certainly that is a risk in that part of the world, and it clearly does exceed what we consider to be exposure limits that we would set in the United States, but it's a reality of those deployments. Yes, ma'am.

Ms. FOXX. So, what does Congress need to do to ensure that all eligible servicemembers and veterans receive the health benefits they're entitled to?

Dr. SMITH. Well, clearly that's not in the DOD's lane as far as ultimately determining that unless they happen to be a retiree. I will say, relative to the particulate matter, this has been a concern for a while and we have a number of studies that have been looking at that. To date, it's primarily respiratory related and for individuals who had a predisposition because of their makeup. But the STAMPEDE Studies and others have looked at this quite carefully and we continue to study that issue.

Ms. FOXX. Thank you, Mr. Chairman. I yield back.

Mr. LYNCH. The gentlelady yields back.

The chair now recognizes the gentleman from Arizona, Mr. Gosar. You're recognized for five minutes.

The chair now recognizes the gentleman from Texas, Mr. Cloud, for five minutes.

I know we have—there he is. OK.

Mr. CLOUD. Hello, hello, hello. Can you hear me?

Mr. LYNCH. We certainly can. Yes, please proceed. Thank you.

Mr. CLOUD. Well, thank you, Chairman, for hosting this hearing on this extremely important topic. Thank you, witnesses, for being here, for your service as well.

This, of course, is an extremely important topic to all of us because we care about the men and women who served to protect our country. Of course, the grave concern is, you know, while we want these decisions to be science based and all is the concern of, if the science takes so long to develop to get the case, that it's a moot point of not being able to help those. We've seen that happen, tragically, in the past.

So, Dr. Hastings, could you speak to the process of how you come to these conclusions? When do you get to the tipping point, so to speak, of when you—when you're able to balance the, OK, we have the information we need to make a decision here as opposed to continuing to get the science so exact that it can't help anybody because it takes so long? I mean, we're talking a couple decades now. And how long does it take for these symptoms to present? Can you speak to that, please?

Dr. HASTINGS. First, I'll answer how long does it take for the symptoms to present. In some cases with toxic exposures, it can be in minutes, but with some of the cancers and the things we're looking at, there can be a latency period, as you know.

With regards to studies, the model that is used by the National Academy of Science, Engineering, and Medicine looks at five levels. There is a level from causation all the way down to no evidence of an association. In most cases, causation is pretty hard to get to, and we don't look for causation. That's a very high bar. And, in fact, the National Academy of Science, Engineering, and Medicine has only used causation for exposure once and that was in Gulf War and Health, Volume 2, looking at fuels with regards to benzene and leukemias.

In most cases, for example, the Agent Orange presumptions, most of those are evidence of an association or possibility of an association. So, we really are looking at associations, and I don't

think with this we would get to causation. If we did, that would be surprising. So, we are looking at associations.

Mr. CLOUD. OK. I know in my district, one of the issues that has come up repeatedly that isn't exactly the same but related is the issue of burn pits and the families that have been affected by exposure. And in this case, we have a registry that, while the research has been ongoing, there's been a registry where people can register.

Could you talk to what you all have done in the way of making sure that veterans have a way to—I know a number of them have state claims already, but what are you doing proactively to connect with veterans to inform veterans of their potential exposure?

Dr. HASTINGS. Well, we do a lot of outreach. We have the website that we use. We send letters, and many times with regards to airborne hazards and open burn pits, specifically, we work with DOD. DOD sends out electronic as well as hard copy letter notices to anyone that may be eligible for the burn pit registry to encourage them while they're on Active Duty if they have been in the area that is eligible for the burn pit registry to make sure that they do apply.

We do the same thing in the VA. We send out letters. We encourage people to apply. One of the things that you did here in Congress for us last year was you gave us some funding to do more outreach. And at this point in time, we are working with the funding that you gave us to put together a comprehensive plan to do more outreach to veterans, and this would be through podcast radio spots as well as some changes to the website.

Mr. CLOUD. OK. You mentioned that 59 percent of the claims at the site were musculoskeletal. Do you have a breakdown of the——

Dr. HASTINGS. No. I'm sorry. Fifty-nine percent of K2 veterans have submitted a claim and the majority of those are musculoskeletal, but I would need to take for the record any further breakdown.

Mr. CLOUD. OK. Yes, if we could get that information, that would be nice. Thank you.

Thank you, Chairman.

Dr. HASTINGS. Certainly.

Mr. LYNCH. The gentleman yields back. We thank the gentleman.

The chair now recognizes the gentlelady from California, Ms. Speier, who is the chair of the House Armed Services Committee's Subcommittee on Military Personnel, and someone who has done a lot of work and is keenly interested in the health and care and protection of our veterans as well as our active military.

So, Ms. Speier, you're now recognized for five minutes.

I'm not sure if you are muted.

OK. We see you.

Ms. Speier, you're now recognized.

We might have a technical issue here.

Apparently, Ms. Speier's audio is not working.

OK. While we're waiting to solve that technical issue, I would like to do a followup question.

As I recall, the VA announced that it would conduct a new epidemiological study to assess the health outcomes of veterans. And, Dr. Hastings, you in your opening statement testified that this new study will take between 12 and 18 months to complete. But I do

want to note that it's already been almost seven months since the VA first told the subcommittee it planned to conduct the study.

So, does it still need 12 to 18 months or are you baking in the six months that we've already—or seven months that we've already engaged?

Dr. HASTINGS. I'm baking in the seven months; however, I will tell you that we are doing it with a very small staff at this point in time. We are working with DOD. So, at this point in time, I would say that by next—let's see. By next December is when I'm hoping that we would be able to give you at least a preliminary report on our findings, if not completion.

Mr. LYNCH. OK. Has the actual study started yet?

Dr. HASTINGS. Yes.

Mr. LYNCH. So, beyond design?

Dr. HASTINGS. It's beyond design. We have made the cohort selections.

Mr. LYNCH. OK. I do recognize—I welcome the additional research that, you know, if we can lead to faster diagnoses or improvement of treatment options for our veterans, but I'm just very concerned that we might reach a point where we have a study that gives us inconclusive results again, while we still have these veterans suffering and without their rightful benefits.

You did refer a number of times to the VA study as being prospective, a prospective epidemiological study. What do we mean by that?

Dr. HASTINGS. This is not going to be a one and done. This is going to be a study that has started now looking at the complete group, but it will go into the future. That is very important with some of the diseases that we see that are of concern.

Mr. LYNCH. OK. Dr. Smith, you noted that DOD has provided the VA with a—and this is a quote—a complete list of individuals who deployed to K2, as well as other background material and environmental assessments.

With the exception of the roster, because I understand you've already provided high level numbers of, you know, privacy considerations, do the background materials and environmental assessments that you mentioned include additional documents or information beyond what DOD has already provided to the subcommittee?

Of course, the universe we're talking about here.

Dr. SMITH. Yes, sir. I'm not aware of additional documents that you haven't received, but I'll look back to my subject matter expert and ask. So, that's what they've received along with—and we're working hand and glove with them to try to make sure—because they will also have all of the health records and the information that we have, post-appointment health surveys, et cetera, to help, you know, fill out the study to make sure all the information that's available is available to them.

Mr. LYNCH. That's helpful. We appreciate that, Doctor.

I'm not sure if we have Ms. Speier back online, again. I would like to welcome her, again. Ms. Speier is the chair of the House Armed Service Committee, Subcommittee on Military Personnel, and a great partner of ours on this subcommittee and someone who

is, as I say, keenly interested in the health, welfare, and protection of our troops, our active military, and our veterans.

So, with that, I'd like to yield five minutes to Ms. Speier.

Ms. SPEIER. Thank you, Mr. Chairman. I truly value our working relationship and appreciated all that you did on our recent codel to Fort Hood.

I apologize to our witnesses because, as you know, we're having a caucus election contemporaneously. So, if this question has been asked, forgive me.

But to you, Dr. Smith, you stated in your testimony that remediation measures such as, and I quote, covering contaminated areas with clean soil and declaring them, quote, off limits were taken to reduce the risk of these hazards.

But in testimony before this subcommittee and in press accounts, veterans deployed to K2 stated that contaminated soil was used to build a berm around K2, used to fill sandbags, and that constant floods dispersed this soil around the base.

One veteran who first deployed to K2 in 2001 testified that, quote, the DOD did not mitigate any risks within the work and living areas of K2, closed quote. So, given the health conditions reported by K2 veterans, would you agree that it's possible the Army's mitigation measures were not as effective at preventing toxic exposures?

Dr. SMITH. Thank you for the question. I have to rely on the evidence that we have, and I do not have any evidence to say that they did not do it. Now, within the first couple of weeks of deployment, this is when a number of these things were uncovered. So, clearly, the remediation did not get completed until a number of weeks to—and I can't give you a timeline, but certainly the follow-on technical reports, et cetera, have validated that the recommendations that they made had been implemented.

Each time you do one of these surveys, you may find additional or—additional items that need further remediation, but I do not have any evidence to suggest that they were not done. Over.

Ms. SPEIER. So, if you were given additional evidence, would you then review it and incorporate it in your study?

Dr. SMITH. Yes, ma'am. Absolutely.

Ms. SPEIER. So, the study is going to be—forgive me. I did come late. The study is going to be completed within 180 days or not?

Dr. SMITH. I'll defer to Dr. Hastings, but—no, ma'am, I do not believe it'll be done in 180 days, because we want it to be thorough and scientifically rigorous, and I do not think that that is realistic. Over.

Ms. SPEIER. So, have you given the committee an idea as to how long it will take?

Dr. SMITH. Yes, ma'am. In my testimony, I was suggesting that it will be somewhere between 12 to 18 months. I would expect certainly by 2022. Over.

Ms. SPEIER. All right. Dr. Hastings and Dr. Smith, what more can DOD and VA do to expedite the healthcare for these K2 veterans whose conditions might be related to their military service at K2, especially during the 12 to 18 months that you anticipate the study will take?

Dr. HASTINGS. Ma'am, in many cases, veterans have access to VA-delivered healthcare. They are able to come to the VA, to register for healthcare. If they have not, if they have a service-connected illness, they also—if they got out of the military within five years, are eligible to come to the VA. And if they have transited through a combat area, they certainly are eligible under the combat eligibility listing.

And, again, any military service that may have negatively impacted their health, we encourage them to put in a claim, and 59 percent of the K2 veterans have done that so far.

Ms. SPEIER. And you've been in communication with the other K2 veterans about the potential risk that they may have experienced?

Dr. HASTINGS. We have been in contact with some K2 veterans who have contacted my office. We do have a website. We have that available for them to look at. We do have depleted uranium website also, and they are able to get tested for depleted uranium. You may have missed this, but we have had 25 K2 urine assays done for the isotopic signature of the depleted uranium. All of those have been negative. We have 12 more that are waiting to be completed, either at the Joint Pathology Center or at the CDC.

This is a test that takes an analytical chemist, a Ph.D., with very fine instrumentation. We have done 6,500 of those for people involved in the Gulf war. All but five of those were negative, and those people had shrapnel injury.

We do have 84 other veterans that had shrapnel injury from the Gulf war that we bring back every two years to look at and examine, and they are doing well. They have no excess morbidity/mortality in that group over what you would expect.

Ms. SPEIER. Thank you, Dr. Hastings. My time's expired.

Mr. Chairman, I would certainly recommend that if they've already identified that some 60 percent of the veterans from K2 have been identified and have come forward, it would make sense that we should communicate with the remaining 40 percent of veterans who had been assigned to K2 to alert them to potential risks that they may have been subjected to. And maybe we can do that through an NDAA or a VA bill, but it's certainly something that should take place, I think, so that they're all aware. Going to a website, I think, is expecting a lot when people are trying to survive today.

Thank you. I yield back.

Mr. LYNCH. I thank the gentlelady, and her point is well received. In questioning from the gentlelady from Virginia, Mrs. Luria, we did have records of letters from physicians who indicated that notification to the 40 percent, so to speak, was not given; that they were not advised that they should be alert to the possibility of medical conditions arising from their service at K2.

So, I agree with the chairwoman of the House Armed Services Committee on Military Personnel that we should make that notification official and we should try to expedite it in the next available legislative vehicle. So, I welcome her participation in that and happy to work with her.

I am told that we have Mr. Gosar back online. So, I'd like to recognize the gentleman from Arizona for five minutes.

Mr. GOSAR. Thank you, Mr. Chairman. And sorry we had a failure with the audio, but thank you for calling this hearing. And being so close to Veterans Day, I want to thank all our veterans for their service. And maybe looking at this in a little different light. You know, trust is a series of promises kept. And I think that's what we have to start by looking at this analogy is making sure that we're actually engaging the veterans. So——

Now, between the fall of 2001 where troops are first deployed to Afghanistan and 2005 when Uzbekistan withdrew permission to the use of the base, it is estimated that approximately 10,000 individuals served at K2. But there are now concerns that this number may not be accurate, as it may not include those troops which served at K2 on a temporary assignment or may not identify troops who were there on classified assignment.

Dr. Smith, does the DOD have an accurate accounting of how many U.S. troops served at the K2 base while it was in operation during the earlier, the war in Afghanistan?

Dr. SMITH. Sir, we continue to comb and look, as I mentioned in my testimony. Through a DMDC run, we have added to the number. We're now at 15,777, and it's what we have in our records to date, but we're doing due diligence and continually looking for other sources to be able to make sure that we do have the most complete list for the study. Over.

Mr. GOSAR. So, you basically tried to outreach to them, I mean, to make sure that they know that they have a possible exposure?

Dr. SMITH. Sir, I'm not aware of specific outreach specifically to K2. We do, as you're probably aware, do post-deployment assessments for all of our returning servicemembers and also clearly advertise that we're available to discuss if they have any concerns associated with their deployments at any time. Over.

Mr. GOSAR. Well, I think that we ought to go even further. I think the gentlelady from California kind of started bringing this up, is instead of depending upon the veteran, it would be very nice for us to engage. You know, we have the records on our side, so shouldn't we as active DOD and Veterans' Affairs be reaching out as well?

Dr. HASTINGS. Hi. This is Pat Hastings. I actually do have a letter here which we had planned on sending out in July; however, because of COVID, we have not sent it out. And it was advising them about where they could go to look for additional information. It spoke about the possibility of a depleted uranium test.

So, I have the letter. I'm happy to share it. Because of COVID it was not felt to be wise to send it out at this time because the danger of COVID, specifically for a urine test, would be problematic. But we certainly could send it out and just ask them to wait until it is a safer environment and give them the information in regards to the website that they could get information from.

Mr. GOSAR. So, now, is there any way or a system that exists to identify these individuals like in states and districts? You know, like, I'm from Arizona, so we have a big veteran population. Is there a way that we could utilize the state numbers break down so that we may have an additional way of contact and maybe get, you know, ahead of the game instead of always trying to catch our tail?

Dr. HASTINGS. I do not know if we would be able to get down to the district level. I can look at that and take that for record.

Mr. GOSAR. Yes. We're an asset. Every member here has a constituency of the veterans, and I just think that it's a, you know, building that trust that is so in need.

But, you know, I thank everybody for coming, Mr. Chairman, very timely on the call for this hearing, and I think we need to keep our foot on the gas pedal to make sure that we're honoring our promises to make sure our veterans are healthy, wealthy, and wise.

Thank you, Mr. Chairman.

Mr. LYNCH. I thank the gentleman.

Let me just ask as a followup to Mr. Gosar's inquiry. How is the VA contacting veterans regarding their study? How is that facilitated?

Dr. HASTINGS. We have the complete list and we are able to look at various data bases. One would be the mortality data bank that comes from the national data banks for mortality. We have cancer registries, et cetera. We actually do not need to contact the veterans specifically. We can look at their medical records. We can look at the different data bases nationally to look at their health conditions.

Mr. LYNCH. But when we look at the numbers that have self-reported versus the ones that you've diagnosed; this is a much larger number that has self-reported.

Dr. HASTINGS. In studies like this, self-report often is—we would have to investigate those further, because self-report may not be accurate.

Mr. LYNCH. How would you know? If you miss—if you're not communicating with these veterans and they're not self-reporting, then they're not——

Dr. HASTINGS. Right. This is based——

Mr. LYNCH. They don't exist. So, what I'm saying is that if you got a veteran out there that's having medical problems and they know that there's a study going on at the VA regarding people that have served where they have served and that there's issues there, that would be helpful that they know about this.

Dr. HASTINGS. We want them to get the medical care that is required, whether from the VA or their own physician, but we really are not looking at the care and treatment. We are looking at the conditions, and so we would not need to have the veterans sending us medical records and that sort of thing. We are looking at health outcomes.

Mr. LYNCH. I'm just trying to make them aware of the study.

Dr. HASTINGS. Absolutely. And in this letter, which I'm happy to share, it does——

Mr. LYNCH. The one we haven't sent out yet?

Dr. HASTINGS. I have not sent it out, but it does——

Mr. LYNCH. OK. So, we know because of COVID that all these appointments are being stretched out because we can't process them like we would, you know, under normal circumstances and, you know, that's understandable. However, some things can be done through telehealth methods. I know they're doing some of that at the VA where the servicemember's not coming in for treat-

ment, but there's telehealth appointments being made so they can get information back and forth.

So, I would encourage you with all dispatch to get that letter out, and we'll just have to deal with the backlog of cases in terms of appointments, but it's good to get them on the books, even if we can't conduct them in the short term, we at least plan to, and get this ball rolling and get more people informed of what's going on.

Dr. HASTINGS. I will make the commitment to get the letter out and I will—the telehealth doesn't work really well when you're asking them to bring in a urine specimen. So, I will change the verbiage for that and ask them to wait on that portion until after it is a safer environment. But I will make the commitment to send the letter that lets them know there is a study that is going on and lets them know where they can get additional information.

Mr. LYNCH. Great. Great. Thank you.

Let's see. Do we have an idea, once the study is completed, how long between the completion of the study and a decision on presumption or no presumption?

Dr. HASTINGS. I would hesitate to speak for the Secretary, but if the Secretary has strong science, the Secretary is able to make those determinations.

Mr. LYNCH. OK. So, we're not quite clear on that. All right.

I believe that concludes the number of members who were desiring to testify and to question.

Let me—in closing, I just want to thank all the members. I realize there are several hearings going on; there's a caucus going on. There are a lot of other things going on, but I'm very pleased with the number of members who took the time to participate in this hearing. I want to thank the Ranking Member, Mr. Grothman from Wisconsin, for his leadership as well.

I want to thank our panelists, Dr. Hastings and Dr. Smith. Thank you for your service to your country and for your willingness to come before the committee and help us with our work. This was a very important conversation and a very important process.

With that and, without objection, all members will have five legislative days within which to submit additional written questions for the witnesses to the chair which will then be forwarded to the witnesses. And we just ask our witnesses to please respond as promptly as you are able.

And this hearing is now adjourned.

[Whereupon, at 11:53 p.m., the subcommittee was adjourned.]