



National Service & Legislative Headquarters  
807 Maine Avenue SW  
Washington, DC 20024-2410  
Phone: 202-554-3501  
Fax: 202-554-3581

**STATEMENT OF  
SHANE L. LIERMANN  
DEPUTY NATIONAL LEGISLATIVE DIRECTOR  
COMMITTEE ON VETERANS' AFFAIRS  
UNITED STATES HOUSE OF REPRESENTATIVES  
MAY 5, 2021**

Chairman Takano, Ranking Member Bost and Members of the Committee:

Thank you for inviting DAV (Disabled American Veterans) to testify at this legislative hearing of the House Veterans' Affairs Committee. As you know, DAV is a non-profit veterans service organization comprised of more than one million wartime service-disabled veterans that is dedicated to a single purpose: empowering veterans to lead high-quality lives with respect and dignity.

We are pleased to offer our views on these toxic exposure bills impacting service-disabled veterans, their families and the programs administered by the Department of Veterans Affairs (VA) that are under consideration by the Committee.

Mr. Chairman, for more than 100 years, our fighting men and women have been vulnerable to the horrors of mustard gas, atomic radiation, Agent Orange, oil fires, nerve agents, burn pits and other lethal hazards. Too often, our nation has been slow to provide these men and women with the needed health care and benefits they have earned.

Right now, there is more legislation addressing toxic exposures than ever before. The men and women who put themselves in harm's way have been suffering for decades and many of the pieces of legislation before us today have existed for years. It is not premature to take action now.

**H.R. 1273, Vietnam Veterans Liver Fluke Study Act**

H.R. 1273, the Vietnam Veterans Liver Fluke Study Act would require the VA, in consultation with the Director of the Centers of Disease Control and Prevention of the Department of Health and Human Services, to conduct an epidemiological study on the prevalence of cholangiocarcinoma in veterans of the Vietnam era. Additionally, it would require VA to provide a report of the study within one year of completion.

Bile duct cancer (cholangiocarcinoma) is a cancer of the biliary duct system, which includes the gallbladder, bile ducts, and certain cells inside the liver. One risk factor for bile duct cancer is past infection with tiny parasitic worms called liver flukes, which are found in the fresh waters of Southeast Asia. Veterans who ate raw or

undercooked freshwater fish during their service in Southeast Asia, such as Vietnam veterans, might have been infected. Once eaten, the liver flukes grow to adulthood inside the human biliary duct system. The irritation and scarring caused by liver fluke infection can lead to bile duct cancer. Currently, there are no available studies to show that bile duct cancer occurs more often in Vietnam veterans than in other groups.

DAV strongly supports the Vietnam Veterans Liver Fluke Study Act as it will help determine if this Vietnam veteran environmental exposure can be linked to bile duct cancer. This legislation is in accord with DAV Resolution No. 049.

### **H.R. 1355, K2 Veterans Care Act of 2021**

H.R. 1355, the K2 Veterans Care Act, would create a requirement to establish presumptive service connection for veterans who served at Karshi-Khanabad (K2) Air Base in Uzbekistan, and require the VA to provide health care and benefits.

As many as 15,000 U.S. service members deployed to K2 Air Base in Uzbekistan between 2001 and 2005 to support military operations into northern Afghanistan following the terrorist attacks of September 11, 2001. DOD has known for years that U.S. service members were exposed to toxic chemicals and radiological hazards while serving at K2. Among the harmful substances acknowledged were radioactive processed uranium, jet fuel, tetrachloroethylene, total petroleum hydrocarbons (TPH), and the residuals of chemical weapons, including cyanide, in the showers. K2 veterans now have a 500% increased likelihood of developing cancer.

However, the VA does not associate service at K2 with high probability of exposure to any toxic substances, and K2 veterans are denied VA disability compensation and medical treatment for illness associated with toxic exposure. This legislation aims to change that.

DAV strongly supports the K2 Veterans Care Act, in accordance with DAV Resolution No. 049, as it will establish presumption of service connection for K2-related diseases. However, we do have recommendations to help strengthen this legislation:

**Agreement with National Academies.** DAV recommends a provision directing the Secretary of Veterans Affairs to enter into an agreement with the National Academies of Sciences, Engineering and Medicine to study the associations between illnesses and exposure to the toxic and radiological material identified at K2 Air Base between 2001 and 2005.

**Future studies.** We recommend a provision directing future studies of the associations between illnesses and exposures every two to four years to ensure that additional diseases are consistently reviewed and reported.

## **H.R. 1585, the Mark Takai Atomic Veterans Healthcare Parity Act of 2021**

H.R. 1585, the Mark Takai Atomic Veterans Healthcare Parity Act would amend Title 38, United States Code (USC), Section 1112 by adding the cleanup of Enewetak Atoll period of January 1, 1977 to December 31, 1980, as a radiation-risk activity.

Forty-three nuclear tests were conducted for 10 years beginning in 1948 at Enewetak Atoll in the Marshall Islands, leaving behind contaminated debris and soil. The area was so contaminated that the local population was forced to steer clear of the area for 30 years. Between 1977 and 1980, approximately 4,000 U.S. service members were assigned to clean up the area.

Due to the high temperatures and humid climate of the area, service members did not wear contamination suits, nor did they decontaminate after working in the affected areas. Radiation monitors frequently broke, rendering them ineffective. VA's position has been "veterans who participated in the cleanup at Enewetak Atoll encountered low levels of radiological contamination and have a low risk of health problems."

Veterans that participated in the Enewetak Atoll cleanup are currently not eligible for VA health care under Title 38, USC, Section 1710, toxic exposures, as VA defines a radiation-exposed veteran as one who participated in a radiation-risk activity. S. 565 would designate the Enewetak Atoll cleanup as a radiation-risk activity thus providing these veterans VA health care eligibility for diseases related thereto. Additionally, this legislation would provide that veterans who participated in the cleanup would be eligible for presumptive service connection benefits.

In alignment with DAV Resolution No. 049, we strongly support S. 565. This legislation will finally allow veterans exposed to radiation during the Enewetak Atoll cleanup to obtain health care and benefits for illnesses they would not have if it were not for their military service.

## **H.R. 1972, Fair Care for Vietnam Veterans Act**

Approximately 21 million gallons of Agent Orange were sprayed in Vietnam between 1962 and 1971. Fifty years later, Vietnam veterans are still seeking health care and benefits for diseases associated with their exposure. Even with positive scientific evidence of an association, VA is failing to include these additional diseases.

The National Academies of Science, Engineering and Medicine (NASEM) update, "Veterans and Agent Orange," published in 2016, stated bladder cancer, hypothyroidism, and Parkinsonism had a positive scientific association with Agent Orange. After four years of delays and inaction by VA, it took an act of Congress to add these three diseases earlier this year.

However, Vietnam veterans are in a similar position in reference to hypertension and monoclonal gammopathy of undetermined significance (MGUS), which have significant evidence of an association. H.R. 1972, the Fair Care for Vietnam Veterans Act, would include these two diseases as presumptive to Agent Orange exposure.

The 2016 VA study, “Herbicide Exposure, Vietnam Service, and Hypertension Risk in Army Chemical Corps Veterans,” found that exposure to herbicides is “significantly associated” with the risk of hypertension, or high blood pressure, in members of the Army Chemical Corps.

The December 2018 NASEM updated report reviewed the VA study and stated there is sufficient evidence of a positive scientific relationship between hypertension and Agent Orange exposure. Further, the NASEM report revealed that MGUS holds that same level of association with Agent Orange. For over two years, VA has not taken action on these two additional diseases and instead, determined they needed additional scientific evidence before making a decision.

At the Senate Veterans’ Affairs Committee hearing on March 10, 2021, Dr. Karl Kelsey, Professor of Epidemiology, Professor of Pathology and Laboratory Medicine at Brown University and member of the NASEM Committee for the Veterans and Agent Orange Update of 2018, provided written and oral testimony. In his written statement, he provided, “the Update 11 committee reviewed six new studies of exposure to the chemicals of interest and hypertension that had been published since the previous update. The decision to change the classification from limited or suggestive evidence of an association to sufficient evidence of an association by the Update 11 committee was motivated in large part by a 2016 paper by VA researchers Yasmin Cypel and colleagues. These investigators conducted a study of U.S. Vietnam veterans (specifically, the Army Chemical Corps [ACC]), that was characterized by a large sample size, appropriate controls, and validated health endpoints. The statistical analyses conducted were robust, included several levels of exposure (herbicide sprayers and non-sprayers and Vietnam-deployed and non-Vietnam-deployed) used state-of-the-art methods, and adjusted for relevant confounders.”

The scientific community has determined the highest level of association for hypertension and MGUS, yet VA has not taken action. Based on DAV Resolution No. 109, we strongly support H.R. 1972. Congress must intervene and provide justice to the Vietnam veterans, their families and survivors that have been suffering for over five decades.

### **H.R. 2127, TEAM Act**

H.R. 2127, the Toxic Exposure in the American Military Act, would extend health care eligibility to all veterans exposed to toxic substances by expanding VA Priority Group 6 to cover veterans eligible for the Airborne Hazards and Open Burn Pit Registry or who received certain medals since the first Persian Gulf War. It further requires DOD to identify veterans who may have been exposed and makes them eligible as well.

Veterans exposed to toxins struggle with access to VA health care if they have no other avenue for eligibility. DAV agrees with the expansion of eligibility for veterans exposed to toxins and the amendment to Title 38, USC, Section 1710.

Additionally, this bill would provide a new framework for the presumptive decision-making process including requiring VA to enter into a contract with NASEM to conduct studies regarding associations between diseases and exposure to toxic substances.

For years, DAV has been advocating for a codified, consistent, and rapidly responding framework to address all currently known and unknown exposures. If a framework is established, it will reduce time for acknowledgement of exposures and the addition of presumptive diseases. Most notably, this could have eliminated the amount of time it has taken for adding diseases related to Agent Orange as well as establishing presumptives for burn pits and other exposures. We applaud this inclusion.

In accordance with DAV Resolution No. 049, which calls for legislation to ensure veterans exposed to toxic and environmental hazards receive all earned benefits and health care, DAV strongly supports H.R. 2127.

### **H.R. 2268, Keeping Our Promises Act**

H.R. 2268, the Keeping Our Promises Act would codify several presumptive diseases currently recognized in Title 38, Code of Federal Regulations (CFR), Section 3.309. Additionally, it will include strokes and hypertension as presumptive diseases, which are not currently recognized by VA.

Further, this legislation would reauthorize major sections of the Agent Orange Act of 1991, which expired in October 2015 and extend it to 2030. This will re-establish the requirements that VA must respond to recommendations from the National Academy of Medicine and publish rules within a specific time frame.

Based on DAV Resolution No. 109, we support the Keeping Our Promises Act. We applaud the inclusion of the provision to prevent the Secretary from considering the potential costs for disability compensation when considering adding new presumptive disabilities. This legislation will assist in preventing VA from delaying comments on establishing new presumptive diseases in the future. Vietnam veterans, their families and survivors have been suffering for over five decades and H.R. 2268 will provide a measure of justice to all of them.

### **H.R. 2368, COVENANT Act**

H.R. 2368, the COVENANT Act would establish presumptive service connection for thirteen different diseases due to burn pit exposure, concede exposure to burn pits for veterans who were stationed at specific countries during and after the Persian Gulf

War as well other countries after September 1, 2001. It would also require specific training and education curriculum for all medical providers conducting examinations and providing medical opinions. Additionally, the legislation would establish VA health care eligibility for all veterans exposed to burn pits as defined by duty stations within the specific countries.

For more than a decade, DAV has been advocating for health care and benefits for the men and women exposed to burn pits. We thank Representative Luria for her introduction of the COVENANT Act and advancing legislation to meet the dire needs of those exposed.

DAV supports the COVENANT Act in accordance with DAV Resolution No. 049. For nearly two decades, the men and women exposed to burn pits have not had eligibility for health care and presumptive benefits based on burn pit exposure. The time is now for Congress to act.

We do have a recommendation to strengthen the legislation. It proposes that all veterans claiming a disability under these provisions should also be considered by VA for entitlements under Title 38 USC, Section 1117, which is for presumptive diseases based on service in Southwest Asia. However, H.R. 2368 includes countries such as Egypt, Somalia, Djibouti, Uzbekistan and the Philippines that are not in Southwest Asia. To ensure that VA will comply with this consideration, we recommend that language be amended either in this bill or to Title 38 USC, Section 1117 that includes the listed countries that are not currently considered under this presumption.

### **H.R. 2372, Presumptive Benefits for War Fighters Exposed to Burn Pits and Other Toxins Act**

H.R. 2372, the Presumptive Benefits for War Fighters Exposed to Burn Pits and Other Toxins Act would establish presumptive diseases related to toxic exposures for veterans who received certain medals since the first Persian Gulf War.

It is VA's duty and responsibility to study and investigate known toxic exposures as well as weigh the addition of presumptive diseases. For nearly two decades, VA has failed to establish presumptive service connection, related diseases, and health care for the men and women exposed to burn pits, airborne hazards and toxins. Therefore, it is time for Congress to take action and provide appropriate access to health care and benefits. Veterans and their families cannot afford to wait.

The bill would also provide an avenue for interested parties to petition for the addition of diseases for NASEM to review. We recommend this process be streamlined and regularized to allow for their timely and thorough review.

When addressing health care and benefits for the men and women exposed to toxins and environmental hazards, our nation must have a heightened sense of duty and take appropriate and expeditious actions. As it has been 30 years since the 1<sup>st</sup> Gulf

War and 20 years since the war in Afghanistan began, we look to Congress to take action now.

### **H.R. 2436, the Veterans Burn Pits Exposure Recognition Act**

In 2007, DAV leaders and members were the first to raise the issue of burn pits through the media, and DAV has continued with legislative efforts ever since. DAV initiated a pilot for the Burn Pit Registry, which was passed into law in 2014.

H.R. 2436, the Veterans Burn Pits Exposure Recognition Act, would help overcome the current barriers to establishing direct service connection for diseases related to burn pits and airborne hazards. The legislation would provide a concession of exposure for veterans who served in specific countries during periods with active burn pits, which have been confirmed by the DOD. The legislation identifies and lists the toxins, chemicals, and airborne hazards to which each veteran would be conceded to have been exposed and mirrors the VA's adjudication manual acknowledged list.

Veterans have two paths for establishing service connection for diseases related to toxic exposures, presumptive and direct. As the VA has not established presumptive diseases based on these exposures, veterans must seek claims on a direct basis.

If a veteran submits a claim for a disease related to these exposures and has insufficient medical evidence for VA to grant, the legislation requires VA to provide an examination with a request for an opinion to a link between the disability and the exposures. When providing the medical opinion, the examiner must consider the synergistic effect of all combined toxins through inhalation, dermal exposure, and ingestion.

An estimated 3.5 million veterans have been exposed to burn pits and toxic exposures and it can take decades for the scientific evidence required for presumptive diseases to be established. We cannot stand by and let veterans continue to suffer without access to VA health care and VA benefits.

We thank Representatives Slotkin and Meijer for their dedication to veterans exposed to burn pits. DAV strongly supports H.R. 2436 and looks forward to its favorable passage by this Committee.

### **H.R. 2530, Enewetak Atoll Cleanup Radiation Study Act**

H.R. 2530, the Enewetak Atoll Cleanup Radiation Study Act, would require VA to enter into an agreement with the NASEM to study the level of radiation exposure members of the Armed Forces were subjected to during the cleanup at Enewetak.

The United States conducted 43 nuclear tests on Enewetak Atoll from 1948 to 1958. Use of the atoll as a nuclear testing site required moving and relocating the Enewetak Atoll inhabitants to Ujelang Atoll, a neighboring atoll a few hundred miles

away. The tests ranged in yield from a few kilotons to megatons. Each test caused measurable effects to some portions of the atoll's islands. Some produced major changes to the topography of some islands. Between 1977 and 1980, approximately 4,000 U.S. service members were assigned to clean up the area.

In 2018, the Defense Threat Reduction Action Agency published its report, "Radiation Dose Assessment for Military Personnel of the Enewetak Atoll Cleanup Project (1977-1980)." The proposed study would include an evaluation of this report and determine if a revised or alternative dose assessment is feasible. It is important to note that the Defense Threat Reduction Action Agency published a revision in January 2020. This was primarily the result of the increased awareness, legislation, and veteran outcry about radiation exposure.

Radiation exposure can cause serious negative long-term health consequences, regardless of the estimated doses. In conformity with DAV Resolution No. 049, DAV supports the Enewetak Atoll Cleanup Radiation Study Act.

### **H.R. 2569, Veterans Agent Orange Exposure Equity Act**

H.R. 2569, the Veterans Agent Orange Exposure Equity Act would codify conceded herbicide exposure to veterans who served:

- At a United States Army base or Royal Thai Air Force base during the period beginning on January 9, 1962, and ending on May 7, 1975; or at the Royal Thai Army Replacement Training Center, Pranburi Military Reservation during the period beginning January 1, 1964, and ending on April 30, 1964;
- In Laos during the period beginning on December 1, 1965, and ending on September 30, 1969;
- In Cambodia at Mimot or Krek, Kompon Cham Province during the period beginning on April 16, 1969, and ending on April 30, 1969.

Per the 1971 Contemporary Historical Examination of Current Operation (CHECO) Project Southeast Asia Report, more than 40,000 gallons of herbicide were used in Thailand. The "2019 DOD List of Locations Where Tactical Herbicides and Their Chemical Components Were Tested, Used, or Stored Outside of Vietnam," acknowledges the use of Agent Orange in Thailand, Laos and Cambodia at the locations and dates noted in this legislation.

Current statutes and regulations do not automatically recognize veteran exposure to herbicides while serving in Thailand; however, VA's adjudication manual does acknowledge herbicide exposure for specific military occupational specialties on the perimeter of eight specific Thai bases; however, this provides an additional development burden on VA and veterans to prove their exposure. Veterans who served in Laos and Cambodia are not recognized by VA as being exposed to Agent Orange. H.R. 2569 would automatically concede herbicide exposure for veterans who served in Thailand and Laos and at two specific locations in Cambodia. The presumptive



diseases currently associated with herbicide exposure would be applicable to all of these veterans.

In reference to the dates of service in Thailand, we recommend the period be extended from May 7, 1975, to June 30, 1976. It has been verified by DOD and GAO that service members were stationed in Thailand until that date.

Consistent with DAV Resolution No. 362, DAV supports H.R. 2569 to concede herbicide exposure for veterans who served in Thailand, Laos and Cambodia as this could provide these veterans with access to VA health care and benefits.

### **H.R. 2580, Palomares Veterans Act**

H.R. 2580, the Palomares Veterans Act, would amend Title 38, USC, Section 1112, to include onsite participation in the response effort following the collision of a United States Air Force B-52 bomber and refueling plane that caused the release of four thermonuclear weapons in the vicinity of Palomares, Spain, during the period beginning January 17, 1966, and ending March 31, 1967, as a radiation-risk activity.

On January 17, 1966, a U.S. B-52G bomber collided with a KC-135 tanker during mid-air refueling at 31,000 feet over the Mediterranean Sea. As a result of the mid-air collision, one of the bombs fell into the Mediterranean Sea while the other three were found on land near the small fishing village of Palomares, Spain. The non-nuclear explosives in two of the weapons detonated upon impact with the ground and ignited the pyrophoric plutonium, producing a cloud that was dispersed by a 30-knot wind. Approximately 650 acres were contaminated with radioactive material.

As part of the U.S effort, active service members participated in the clean-up. Soil with radioactive contamination was placed in 66-gallon drums and shipped to the U.S. for burial. A total of 5.4 acres was decontaminated by this technique, producing 6,000 barrels. Forty-two acres of land with lower levels of contamination were mixed to a depth of 12 inches by harrowing and plowing. On rocky slopes with contamination, the soil was removed with hand tools.

In December 2019, Health Physics, The Radiation Safety Journal, published the article "History Dose, Risk and Compensation Assessments for U.S. Veterans of the 1966 Plutonium Cleanup in Palomares, Spain," stating the Air Force used the incorrect maximum safety radiation doses at the time confirming the service members who participated in cleanup operations were likely exposed to unsafe levels of plutonium.

Veterans that participated at the Palomares cleanup are currently not eligible for VA health care under Title 38, USC, Section 1710, toxic exposures, as VA defines a radiation-exposed veteran as one who participated in a radiation-risk activity. H.R. 2580 would designate the Palomares cleanup as a radiation-risk activity thus providing these veterans VA health care eligibility for diseases related thereto. Additionally, this

legislation would provide that veterans who participated in the cleanup would be eligible for presumptive service connection benefits.

In alignment with DAV Resolution No. 049, we strongly support H.R. 2580. This legislation will finally allow veterans exposed to radiation during the Palomares cleanup to obtain health care and benefits for illnesses they would not have if it were not for their military service.

### **H.R. 2607, FASTER Presumptives Act**

H.R. 2607, the FASTER Presumptives act, would establish a new framework for all future decisions on exposures and presumptive diseases and provide provisional access for health care in certain instances. This would be accomplished by establishing a Formal Advisory Committee on Toxic Exposure, a Science Review Board and a Working Group.

All members of these three entities would be appointed by the VA Secretary and the Formal Advisory Committee would require members who are representatives of disabled veterans. The Science Review Board would be appointed from individuals who are distinguished in the fields of medicine, biological sciences, or health administration. The Review Board would be required to determine the strength of evidence for a positive association based on the following:

- sufficient evidence of an association;
- limited or suggestive evidence of an association;
- inadequate or insufficient evidence to determine an association; or
- limited or suggestive evidence of no association.

We recommend changes to the above proposed classifications based, in part, on the NASEM 2008 report, "Improving the Presumptive Disability Decision-Making Process."

- Sufficient: The scientific analysis and evidence is sufficient to conclude that an association exists between the exposure and the disease.
- Equipose and Above: The scientific analysis and evidence is sufficient to conclude that an association is at least as likely as not. Title 38, USC, Section 5107 notes that if the evidence is in equipoise, the benefit of the doubt is resolved in the veteran's favor, thus the presumptive would be established. This would replace the "limited but suggestive" classification.
- Below Equipose: The scientific analysis and evidence is not sufficient to conclude that an association is at least as likely as not.
- Against: The scientific analysis and evidence suggests a lack of an association.

Additionally, H.R. 2607 would establish an Expert Advisory Panel on Constrictive Bronchiolitis, require mandatory training on toxic exposures for all VA veterans service

representatives and rating veterans service representatives and reporting requirements from VA to Congress.

DAV agrees with the intent of establishing a framework as we have been advocating for a codified, consistent, and rapidly responding framework to address all currently known and unknown exposures. However, we feel that framework outlined in the TEAM Act, with some modifications, would provide quicker results and be less bogged down by three new entities, all of which would be appointed by the VA Secretary.

### **Discussion Draft, Fort McClellan Health Registry Act**

The Fort McClellan Health Registry Act would require VA to establish and maintain a registry specific to veterans who served at Fort McClellan at any time between January 1, 1935, and May 20, 1999. Further, it will require VA to compile information pertaining to veterans' claims, claims for compensation and dependents indemnity compensation (DIC) and relevant medical data from VHA. Additionally, it would provide for registry examinations.

After World War II until it closed in 1999, Fort McClellan was home to the Chemical Corps and Chemical Weapons School for the United States Army. In 1953, Fort McClellan conducted "Operation Top Hat" which used military personnel to test exposure and decontamination methods that included sulfur mustard and nerve agents and in 1962, Fort McClellan added the Biological Radiological Agency.

The 2005 NASEM Report, "Contaminants in the Subsurface: Source Zone Assessment and Remediation," recognized that both the groundwater and soil were contaminated and reported that 67 different disposal sites on Fort McClellan contained volatile organic compounds, trichloroethylene, semi-volatile organic compound, pesticides, explosives, heavy metals, unexploded ordinance, radioactive sources, and non-stockpile chemical materials.

Although the Veterans Health Administration (VHA) has acknowledged the toxic chemicals used at Fort McClellan, VA does not recognize any adverse health conditions associated with military service at Fort McClellan.

In accord with DAV Resolution No. 062, we support the Fort McClellan Health Registry Act. We also call upon Congress to contract a report with NASEM to determine any potential diseases associated with the exposures at Fort McClellan.

### **Discussion Draft, PFAS Registry Act**

The PFAS Registry Act would require VA to establish and maintain a registry specific to individuals who may have been exposed to per- and polyfluoroalkyl substances (PFAS) due to the environmental release of aqueous film-forming foam (AFFF) on military installations. Eligible individuals would include any individual who

served or is serving in the Armed Forces at a military installation where AFFF was used or at another location of the Department of Defense (DOD) where AFFF was used.

In the 1970s, DOD began using AFFF to fight fuel fires. The release of these chemicals into the environment during training and emergency responses is a major source of PFAS contamination of ground water on military bases.

In 2018, DOD examined 524 installations for two of the most prevalent PFAS chemicals in AFFF, perfluorooctane sulfonate (PFOS) and perfluorooctanoic acid (PFOA), and found 401 locations with some level of contamination. Twenty-four of those locations had drinking water contamination at levels higher than the Environmental Protection Agency's lifetime health advisory of 70 parts per trillion.

In September 2019, the Environmental Working Group revealed that 90 more current and former Army and Army National Guard installations had levels of ground or drinking water contamination than previously indicated. In March 2020, DOD released new data showing that more than 600 military sites have been contaminated with PFAS, far more than previously disclosed.

According to the Agency for Toxic Substances and Disease Registry (ATSDR), some studies in humans suggest that certain PFAS chemicals may be associated with: fertility issues and pregnancy-induced hypertension/preeclampsia; increased cholesterol; changes in the immune system; increased risk of certain cancers (e.g., testicular and kidney cancer); changes in fetal and child development; liver damage; increased risk of thyroid disease; and increased risk of asthma. Although some studies have reported these possible health outcomes, the overall scientific and medical evidence is currently inconclusive.

Additionally, this legislation would require outreach efforts to those that may have been exposed and reporting to Congress. We support the PFAS Registry Act in accordance with DAV Resolution No. 049. We also call upon Congress to contract a report with NASEM to determine any potential diseases associated with the exposures to PFAS.

Mr. Chairman, we have a historic opportunity to address toxic exposures now and in the years ahead by removing barriers for direct service connection, providing health care, establishing presumptive diseases and creating a future framework. Bills such as the Veterans Burn Pits Exposure Recognition Act, the COVENANT Act, the TEAM Act, and the Presumptive Benefits for War Fighters Exposed to Burn Pits and Other Toxins Act, assembled together can finally solve this puzzle.

For the estimated 3.5 million veterans exposed to burn pits and other toxic hazards, we must not miss this opportunity. The time to act is now.