

**STATEMENT FOR THE RECORD
OF
JAMES L. PRICE
FOR THE
HOUSE COMMITTEE ON VETERANS' AFFAIRS
CONCERNING
WITNESS TESTIMONY OF TOXIC EXPOSURE AND CURRENT PROPOSED TOXIC EXPOSURE
BILLS**

May 5, 2021

Chairman Takano, Ranking Member Bost, and members of the House Committee of Veterans Affairs, I want to express my gratitude for the opportunity to offer my views and insights on the potential health effects of toxic exposure.

My name is Jim Price, but I am not the person that should be speaking to you today. The person that should be speaking to you is my late wife, Lauren Price. Lauren and I founded the veteran's advocacy organization Veteran Warriors. Many of you may know of her or had the privilege to work with her, she is the expert on toxic exposure. My late wife spent countless hours working to help veterans. Despite Lauren's terminal diagnosis from burn pits, she dedicated her life to improve the quality of life and the quality of care for her fellow veterans. Even though Lauren was rated 100% disabled by the VA, she continued to help other veterans navigate the VA, fix wrongs and errors made by the VA, and helped Congress make laws to help Veterans. Unfortunately, YN1 Lauren Price cannot be with us today because she died on March 30, 2021 as a result of her exposure to toxins while in Iraq. She was the BEST of all of us.

Lauren and I met in 2007 in Fort Bragg. We were both Individual Augmentees (IA's) with the US Navy. We were set to be deployed to Iraq for a year. While we were there, Lauren was my lead administrator in the office, and she was also my lead convoy driver. While deployed to Iraq, we became friends due to having similar lives. The entire year we were in Iraq, we lived about 500 yards from the burn pit on the base. We could smell the toxic fumes during the day in the office and taste it in the air while in our rooms at night. When we went on convoy missions, there were usually burn pits wherever we went. Burn pits had a very distinct smell that stays with you forever. There was never any escape from the smoke, no matter where you went.

About a month before we were to return home, Lauren came down with a persistent cough. We didn't think much of it at the time because we all had this cough at one time or another. We called it the "Iraqi Crud". The cough usually went away after a week or so after some rest and fluids. Unfortunately, Lauren's cough did not go away. This persistent cough lingered, and started affecting her life. Lauren started seeing doctors in the military, the VA, and was referred to civilian doctors. Eventually, she was diagnosed with Constrictive Bronchiolitis (CB), a terminal lung condition, that was caused by her exposure to the toxins in the burn pits. It is worth noting that this condition was only ever found previously in people that installed coatings in microwaves in the 1970's.

In 2010, Lauren was medically retired from the Navy because she could no longer perform any physical duties as the Constrictive Bronchiolitis worsened. She became winded just walking and talking. The limitations placed on her functional abilities was hard for her to accept since she had always been an athlete and typically would run a mile or two a day. But she accepted her fate and started her life with limited physical activity and we started our organization, Veteran Warriors. When we were married in September of 2011, the words "until death do us part" had a very substantiated and mortal meaning to them. We knew that our time together was limited.

Lauren attempted to get the VA to help her and treat her Constrictive Bronchiolitis. She scheduled an appointment with the Pulmonary Fellows at our VA hospital, James A Haley VA Medical Center. Lauren waited 15 months just to be seen by a pulmonologist at the VA. Once she finally got in to see the doctor, he immediately told her that until her acid reflux was under control and her PTS was "cured" he would not treat her for her lungs. This provider never once touched Lauren or looked at her complaints; there is a difference between seeing a patient and examining a patient. Needless to say, we did not go back to the VA for care after that appointment, instead we opted for civilian care with Tricare because Lauren deserved quality care even though she was dying.

When Lauren first saw her dermatologist, he immediately said, "you're too young to have been in Vietnam". We asked why he would even make such a statement. He told us that the little "bumps" she was getting on her hands and face were Chloracne. We learned that Chloracne is only caused by exposure to **dioxin**, a common by-product of Agent Orange. Evidently, dioxin is a by-product of burn pits, or something else in Iraq, as well.

Lauren and I continued to live our lives the best we could despite her ailments. Her lung capacity dropped to about 35% capacity. She would become winded and short of breath walking 20 feet to the mailbox. Additionally, she had three small masses removed from her body surgically over the next few years.

These masses were all benign and biopsies revealed that they were small particles of toxins that were encased in scar tissue showing Lauren's body was fighting the toxic exposure.

In 2018, Lauren and I decided we were getting new eyeglasses. We had been putting it off, because at the age of 52, Lauren was already starting to get cataracts due to the length of time she was on inhaler steroids to battle her lung condition from toxic exposure. She was referred to an ophthalmologist and as he was examining her, saw something that he was concerned about. We were then referred to a neurologist and it was discovered after numerous scans, regular MRI's, and a high field MRI, that Lauren had started developing decaying white matter in her brain and had lesions on her brain. Numerous tests were conducted and ultimately, we were told that Lauren had the reaction time and short-term memory retention of a person in their late 70s to early 80s. The neurologist said that this was likely caused by toxic exposure because there was no other explanation for such rapid progression.

Now, our world was really shaken as we had learned to live our lives around Lauren's physical limitations because she was still able to do her work with Veteran Warriors. But now, she needed assistance for too many basic things. I had to drive everywhere because we did not want to take the chance of her driving with poor reaction time which could endanger herself and others. Lauren started taking profuse notes for all her phone calls and meetings because she would easily forget what was discussed. I would make videos of how to do things around the house, so she could do them when I was not home. Her level of frustration and aggravation with not being able to remember things was unbelievably high and weighed heavily on her mentally and emotionally.

Lauren started having gastrointestinal issues in June of 2020. We saw our primary care doctor, a gastro specialist, a second gastro specialist, and ultimately a third gastro specialist. The third specialist said that we needed to get Lauren admitted into the hospital through the Emergency Room so that she could get numerous tests done as quickly as possible. On February 14th, 2021, we were told by the ER doctor that Lauren had a rare cancer. The cancer was in her abdomen, specifically the peritoneum, and it was stage 3 or 4 by the time it was diagnosed. Through research and an oncologist, we learned that there is no such thing as "peritoneal cancer" because cancer does not start in the peritoneum. This type of cancer spreads to the peritoneum from other organs. Multiple tests showed that Lauren had no cancer anywhere else in her body. Because there was no other source of the cancer, the staining pattern on biopsy results, the rapid spread and growth of it, it was determined Lauren's cancer within the peritoneum was caused by toxic exposure. The cancer was not curable, but the oncologist believed that chemotherapy could give Lauren a life expectancy of an additional 12-18 months.

In true Lauren fashion, she, accepted the challenge because she was not ready to let a little thing like cancer stop her. Anyone who knew her knew she was too stubborn to succumb that easily. After a whirlwind battle, attempted chemotherapy, numerous tests and procedures, Lauren passed away on March 30, 2021; just forty-four days after the diagnosis of cancer. Not 12-18 months, 44 days later she was dead at the age of 56 as a direct result of the toxic exposure from burn pits she was subjected to in Iraq. We thought she had survived her time in Iraq, but it caught up with her after she returned home from serving her country.

Today, in this hearing, we are talking about numerous bills that are related to toxic exposure of my fellow veterans. My wife would say they are her all, her brothers and sisters in arms. It is imperative that we care of veterans that have residuals of toxic exposure. How do we ensure that the veterans that were exposed get the care that they need after serving their country? There are several steps that we need to be taking to ensure that they are identified based on where they were and what jobs they had. This discussion is not just limited to burn pits, there are all types of exposures that we should be concerned about such as chemical, biological, radiation, and environmental. This exposure is not just limited to Iraq, as there are many other locations in other countries including Syria, and there are even some hazards inside the US. There are likely service members and veterans that are unaware of their exposure. It is critical that we, as a nation, identify and provide care for all of these individuals within a reasonable amount of time.

But when I say, “provide care for”, what do I mean? There are several items that I believe the Department of Defense and the Department of Veterans Affairs should be doing to “care for” these individuals.

1. Identify Veterans that are “potential” toxic exposure candidates. This can be done by verifying where an individual was when deployed. We know there are several locations that have resulted in higher than “normal” toxic exposure related issues. A simple questionnaire can be used to do this relatively easily. This will allow for potential toxic exposure conditions to be caught sooner rather than later.
2. Monitor these “potential” toxic exposure individuals. This can be done by their primary care doctor within the VA or could even be submitted to the VA as part of the compensation and pension application process.
3. Provide health care for individuals that have been identified as having toxic exposure. This must be done IMMEDIATELY once the Veteran has been identified. Delay of treatment while waiting on a disability rating is not acceptable. Treatment for conditions related to toxic exposure will be covered free of charge. Enrolled veterans will be eligible for treatment for unrelated conditions, but those services may be subject to a co-pay.

4. Provide a disability rating for toxic exposure veterans. Some, but not all, conditions resulting from toxic exposure are covered under the existing VA rating tables, but many are not. In addition to a disability rating, the veteran should be eligible for other applicable programs (i.e., Caregiver Program, Aid and Attendance and Adaptive Housing Grants to name a few).
5. Establish an independent scientific commission to assist the VA in determining the health effects of toxic exposure in veterans and report the commission's findings to VA and to Congress.

In addition to "providing care" for the toxic exposure veterans, the VA should also be taking action to ensure that they become the leading authority of toxic exposure. The VA should:

1. Understand that toxic exposure affects every individual differently and the need for a case-by-case evaluation should be the standard until enough data is collected to make specific criteria. This is most important for providing health care and treatment. Compensation does no good for someone who is dead because they received no treatment.
2. Responding to new scientific evidence regarding diseases associated with toxic exposure. New conditions and new symptoms are occurring constantly and the VA's understanding of toxic exposure and how it affects the human body should be an evolving process.
3. Establish new presumptions of service connection when supported by science. Again, this should be an evolving process and should not become static.
4. Enter into agreements with the National Academies of Sciences, Engineering and Medicine to review scientific studies regarding associations between diseases and exposure to toxic substances during military service.
5. Provide training on toxic exposure for VA health care and rating personnel. If this was done in the past, my wife may have received appropriate and necessary medical treatment for her lungs instead of the VA doctor not understanding Constrictive Bronchiolitis, its cause and its effects. Lauren may still be here today if she had received early intervention to identify her cancer.

What many legislators, veterans and citizens are not aware of is that the Department of Veterans Affairs already has a substantial and specific policy in place regarding providing medical care and rating claims; for those veterans who have been exposed to burn pits. That policy; "Training Letter 10-03" (Environmental Hazards in Iraq, Afghanistan, and Other Military Installations); was issued throughout the VA on April 26, 2010. The only part of that policy that most do recognize is the "Camp Lejeune Water Contamination" section; (which is AFTER the burn pit policy section). However, this letter is incomplete, it

does not address all needed items, it is a VA policy not a law and most significantly, it is not correctly followed within the VA currently.

I fully support any bill that provides care for veterans and I know definitively that Lauren did also. She believed that toxic exposure, for her specifically “burn pits, is this era’s Agent Orange”. The term is not used lightly; rather it is in reference to the over thirty years it took the Department to lawfully acknowledge the effects of “Agent Orange” had on service members and their descendants. I feel that the TEAM Act is currently the most inclusive legislation to provide a path forward of all the items that I, and Lauren, believe need to be completed in order to proceed towards a more streamlined service to identify and treat veterans who have been affected by toxic exposure. As a nation, forcing our service members to fight or die waiting for rightfully earned benefits and services; solely based on government agencies refusal to acknowledge peer accepted science; should be a source of shame. To continue to behave as if these veterans are fabricating their injuries is tantamount to denying their service.

Lauren paid the ultimate sacrifice for her toxic exposure and made all efforts up until her death to ensure that it would not happen to others. The entire time I was deployed to Iraq, I was almost always within 500 yards of Lauren. For a year, I breathed the same air, I traveled the same routes, and I did a lot of the same things Lauren did. Every day I wonder, “is today the day that toxic exposure catches up with me?”