

Written Testimony of Rosie Torres

Before the House Committee on Veterans Affairs

Fulfilling our Pact: Ensuring Effective Implementation of Toxic Exposure Legislation

December 7, 2022

Chairman Takano, Ranking Member Bost, and Members of the Committee, thank you for letting me submit this written testimony as you explore the implementation of the Sargent First Class Heath Robinson Honoring our PACT Act.

My name is Rosie Torres. I, along with my husband, Army Captain Le Roy Torres, founded Burn Pits 360 to advocate for veterans exposed to toxic burn pits while deployed, many of whom have endured severe and often fatal health consequences as a result. I have had the honor of working with many of you personally on the PACT Act and am eternally grateful for your tireless work to ensure veterans are given the health care and benefits they deserve after serving our country.

My husband, Le Roy, was deployed to Camp Anaconda in Iraq for years. This air base was home to the largest burn pit on the globe. In 2008, Le Roy returned home to Texas, he quickly fell ill with devastating respiratory symptoms. The deterioration of Le Roy's health impacted him personally and ended his dream career as a Texas State Trooper since he was no longer able to perform the duties of the job. Despite this enormous impact on our lives, we did not know what was happening and why he was suffering these debilitating health impairments

Despite repeated attempts to get help for his deteriorating conditions from the VA, our family was consistently faced with the injustice and denial of specialized health care. We spent several years and depleted our personal life savings traveling the country in search of a diagnosis for Le Roy. We needed the diagnosis to find a diagnosis and determine a path for treatment – if it was possible. We also needed a diagnosis for his work, because without one, he could not claim his pension, disability, or any other benefits. **We were close to going into foreclosure on our home while we simultaneously had no clue how severe his condition was and how long he might have to live. And to this day, we still don't have answers to these questions, even though we now have a diagnosis.**

Le Roy suffers from shortness of breath, headaches, autoimmune and gastrointestinal issues, memory loss, toxic brain injury and more. He is constantly in and out of the hospital. And while

we do finally have diagnoses – constrictive bronchiolitis, fibrosis of the lungs, and toxic encephalopathy – we do not have a treatment plan, nor do we know how much time we will have together or whether he will get to see our children and grandchildren grow up. This is in large part because even though we have a diagnosis, the VA has not been able to provide access to the proper health care services to determine the status of his disease since the diagnosis, nor putting a treatment plan into place for his future.

I worked for the VA for 23 years prior to Le Roy's health problems. Even though I understood the system, I knew it would be complicated to navigate the VA, establish a treatment plan, and claim his benefits. And our experience was even more frustrating and challenging than I ever could have imagined. So, after spending years and our life savings navigating VA and private health care systems seeking the certainty of a diagnosis, I started Burn Pits 360 to advocate for burn pit victims and to create a community for the thousands of other veterans and families suffering a similar fate. This is what brought us to Congress to advocate for the PACT Act. It became – and still is – my life's mission to ensure that no other veteran nor their family faces the obstacles we did. It was the honor of a lifetime to work with Congress and veterans advocates across the country to ensure the creation and passage of the PACT Act. But the work does not end there. In fact, the work just begins there. Now, we must ensure that the VA implements this legislation quickly and effectively, so veterans are no longer left helpless when their health is suffering from deployment-related exposures.

I want to focus on one of if not the most common symptoms of deployment-related exposure: unexplained shortness of breath. Like many veterans, shortness of breath was one of our first clues something was wrong with Le Roy. Unfortunately, we were bounced around from hospital to hospital to find an answer as to why Le Roy's was experiencing these symptoms, and it was not until he was finally given a surgical lung biopsy that we were able to receive a diagnosis. While this sounds "easy," it is in fact the opposite. We were afraid we would end up homeless by the time we were through with it. We had to travel to Nashville, pay tens of thousands of dollars out of pocket, and the procedure itself was barbaric and invasive. It took Le Roy almost a year to recover from that procedure. In addition, lung biopsies are risky, with about a one percent fatality rate. Because of this experience, Le Roy does not want to undergo another biopsy, and consequently the VA has no other way to determine how much his condition has deteriorated since the biopsy. As a result, today I have no idea as to how severe his condition is. Every time he is admitted to the hospital, I am left to question how long he has left with us. How can we put our veterans through this after all they have already suffered?

Based on the data we have in the Burn Pits 360 registry, we estimate that hundreds of thousands of the 3.5 million deployers have undiagnosed respiratory issues, for which shortness of breath

could be the first sign that something is wrong. Now that the PACT Act has passed, the VA is frantically staffing up with clinicians, nurses and administrative resources to cope with the expected influx of veterans seeking care. Diagnostics such as pulmonary function tests, chest x-rays and high-resolution CT scans are not always useful, as they don't provide insight into actual lung function. The VA does not have the resources to perform these tests on all these veterans about to enter the system for the first time.

So as the VA starts to implement PACT, how can the Department ensure other veterans do not suffer the way Le Roy has? And how can Congress provide proper oversight to make sure this is done quickly?

For situations where shortness of breath presents, like they did for Le Roy, the VA needs to create a clear intake process for veterans suffering from lung injuries to get access to medical screenings using available technologies that are now on the market. I have learned of technologies that can quickly and painlessly give doctors clarity and details about a veteran's lung conditions. With this information, veterans can get access to better treatment and avoid invasive and expensive biopsies. In fact, the House FY23 Appropriations Subcommittee Military Construction, Veterans Affairs, and Related Agencies included report language supporting a pilot addressing this exact issue – something we encourage Congress to ensure is carried through in the final FY23 bill and implemented immediately. The language is as follows:

**Burn Pit Population Surveillance.** —The Committee continues to express its concern regarding the devastating effects that toxic particulate matter from sources such as burn pits, dust storms and sulphur mine fires have had on veterans who were deployed to Iraq, Afghanistan, Southwest Asia, and other theaters of operations in the period after 9/11. While the Department has attempted to quantify the number of veterans who were exposed to airborne hazards, a full accounting of the scope and severity of the impacts of these exposures across the affected population has not been undertaken. The Committee is aware of emerging technology that uses existing x-ray imaging and equipment to derive four-dimensional models of lung function, to identify respiratory illnesses and accompanying loss of lung function earlier than was previously feasible. The Committee urges the Department to evaluate this technology for the purposes of conducting a population-wide surveillance of veterans who have likely been exposed to airborne hazards, in order to conduct a full accounting of the health impacts suffered by veterans and to provide full and effective medical care to this population.

These technologies are affordable for the VA, non-invasive, and accurate, and would be easy to implement at any VA health care center. **One technology, for example, doesn't require any new hardware or personnel and can screen many, many more veterans in a much shorter period of**

**time by providing four-dimensional lung images from x-rays that would be taken under a general chest x-ray referral the veteran would receive anyway. This technology simply needs to be included as an option when a veteran is being referred for an exam as a result of pulmonary symptoms. For many, this would avoid the surgical lung biopsy, saving lives, time, money, and suffering.**

The VA also needs to train their staff on how to recognize burn pit exposure symptoms and how to move veterans into the new screening process so that doctors can quickly identify their needs. In the month since implementation went live, wait times have already started to increase. Veterans have waited long enough and suffered long enough. **Increased wait times and barbaric, invasive diagnostic procedures cannot be the way forward for our nation's heroes.** Every day that the VA delays implementation or makes a veteran wait for diagnosis and treatment is another US flag draped on a coffin.

Congress and the VA have a real opportunity to end the nightmare that veterans and their families are living every day due to burn pit exposure. I urge you to do so and ensure we do not fail our veterans again. Our veterans have suffered enough as this war has followed us home. This has broken our family into pieces. Due to Le Roy's health, we have missed family events and functions and have been forced to rely on our tribe – our family and community – to raise our children when we couldn't be there ourselves. I look at my husband every single day now and I don't know how much longer I have with him. We would give anything to have the time and resources back that we spent trying to get his diagnosis and hoping for a treatment plan. While we will never have that time back, you can give it to others. Do not let the VA fail others the way it failed us. I urge you with everything I have in me to make sure no other families have to suffer the way we have. **Ensure the VA implements PACT immediately. Ensure the VA has a system in place to field the tens of thousands of veterans who will be beating down the doors for a diagnosis. Get them their treatment and benefits as fast as humanly possible.** These veterans have put their lives on the line for us, and they have returned, but not unharmed. They have the right to live. And it is your responsibility to ensure they are given that right and that they are supported in their desire to live. Thank you.