STATEMENT OF

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BEFORE THE

UNITED STATES HOUSE OF REPRESENTATIVES COMMITTEE ON VETERANS' AFFAIRS SUBCOMMITTEE ON HEALTH

WITH RESPECT TO

"An Assessment of the Potential Health Effects of Burn Pit Exposure among Veterans"

WASHINGTON, DC

JUNE 7, 2018

Chairman Dunn, Ranking Member Brownley and members of the Subcommittee, on behalf of the Veterans of Foreign Wars of the United States (VFW) and its Auxiliary, thank you for the opportunity to testify on the important topic of burn pits.

The use of open air burn pits in combat zones has caused invisible, but grave health complications for many service members, past and present. Particulate matter, polycyclic aromatic hydrocarbons, volatile organic compounds and dioxins — the destructive compound found in Agent Orange — and other harmful materials are all present in burn pits, creating clouds of hazardous chemical compounds that are unavoidable to those in close proximity.

While the VFW is glad to see that more than 140,000 veterans have enrolled in VA's Airborne Hazards and Open Burn Pit Registry, we are concerned that the results of the National Academies of Science's study on the burn pit registry have not been fully implemented. The findings must be included in forging a path forward for research on conditions caused by exposure to the toxins associated with burn pits. The VFW urges the Department of Veterans Affairs (VA) and Congress to act swiftly on recommendations from this important study.

For example, a similar registry operated by Burn Pit 360 allows the spouse or next-of-kin of registered veterans to report the cause of death for veterans. VA must add a similar feature to its registry to ensure VA is able to track trends. Other improvements include streamlining the registration process, updating duty locations based on records provided by the Department of Defense (DOD), and eliminating technical glitches to ensure veterans are able to register. Another concern the VFW hears from veterans is the lack of outreach from the registry. Veterans expect to receive notifications or updates from VA on current research and VA's progress to identify and treat conditions associated with exposure to burn pits.

As VA moves to implement the Electronic Health Record (EHR), special attention must be given to ensuring this record can interact with the Airborne Hazards and Open Burn Pits Registry. This will ensure that data follows the veteran from the time of the exposure through discharge and life after the military. It will also allow doctors to provide proper care knowing the full history of the veteran.

Much of a veteran's long-term health is dependent on what happened to them while in the military. Burn pit exposure can cause problems while in service and this information must be shared with VA to ensure proper care is given. While ensuring the EHR communicates with the registry is important, there is also a need for other information to come from DOD. The VFW has long advocated for better sharing of information to include the location of burn pits used, types of materials burned in the pits, data collected by industrial hygienists regarding exposures, data collected from post-deployment health assessments, and all information associated with a medical retirement caused by health conditions related to burn pit exposures.

Such information from DOD will go a long way in ensuring veterans receive the care and benefits they deserve. It would provide for data needed to conduct longitudinal studies which contribute to the existing body of research on health conditions. The VFW continues to hear from members who suffer from debilitating respiratory conditions believed to be caused by exposure to toxic burn pits. The VFW sees the publication from The National Academies of Science, Engineering, and Medicine, *Assessment of the Department of Veterans Affairs Airborne Hazards and Open Burn Pit Registry*, as further proof that a connection between the EHR and the VA's burn pit registry must be made.

The 2017 report noted that there was a connection between burn pit exposure and numerous health conditions including emphysema, chronic obstructive pulmonary disease (COPD), and asthma. However, the report stated that the evidence for this connection was self-reporting by veterans, that further research would be needed to make a more definitive connection, and that medical records would be the best source of the needed information about proper diagnoses of these conditions. The VFW supports this call for further research and inclusion of the veteran's VA medical records in this research.

There are three major areas where the VFW sees a need for action. The VFW has always agreed that science must connect the medical conditions of veterans to their military service. However, ensuring research is properly funded and conducted in an academic manner remains a concern.

The VFW is confident that research conducted with proper scientific methods exists. One such study, *New-onset Asthma Among Soldiers Serving in Iraq and Afghanistan*, published in the Allergy & Asthma Proceeding and conducted by staff at the VA Medical Center in Northport, New York, found a connection between deployment to Iraq and Afghanistan and asthma among the 6,200 veterans reviewed. Other studies have shown similar evidence of association between pulmonary conditions and exposure to toxic burn pits. That is why the VFW urges VA and Congress to commission a review of the existing body of research on burn pits to determine what conclusions can be made and what research needs to be conducted to find more answers.

While the VFW is glad to see VA has commissioned independent research on the burn pit registry, more independent research is necessary. That is why the VFW supports establishing a Congressionally Directed Medical Research Program (CDMRP) specifically for burn pits. The CDMRP has shown progress in identifying causes, effective treatments, and biomarkers for Gulf War Illness, and the VFW is confident a similar program for burn pits will help exposed veterans finally determine whether their exposure to burn pits while deployed is associated with their negative health outcomes.

An important finding in the Assessment of the Department of Veterans Affairs Airborne Hazards and Open Burn Pit Registry is the need for new research methods to be developed. The VFW is concerned about the impact of sampling error on the results of some studies. Specifically, several VA and DOD-sponsored epidemiologic studies compare the difference in pulmonary health conditions between veterans who deployed to Iraq and Afghanistan and those who did not deploy. However, such studies do not control for the realities of deploying to combat zones. Often, the deployed veteran's sample included veterans who were deployed, but whose duties did not require them to work in or near burn pits. Additionally, non-deployed samples include veterans who may have deployed in support of previous operations such as the Gulf War, during which they may have been exposed to other toxins.

Historically speaking, medical research has never exceeded at including women. Another barrier also faced by VA is the need for women veterans to be over-represented in medical research in order to produce accurate and usable results. With this in mind, as well as budgetary restrictions, the data on reproductive outcomes of women veterans who have served is lacking. While there are plenty of anecdotal stories and seeming trends surrounding infertility issues for women who served — be it in combat, surrounded by toxic exposures, or in a training command — there is minimal scientific data.

VA found some preliminary data showcasing that women who have deployed may have higher rates of pregnancy loss and infertility, but the researchers acknowledged that the study did not include enough participants to confidently deem that data as valid. Women veterans deserve to understand how their military service may or may not have long-term effects on their health. As such, the VFW calls on VA to improve research related to the impact of burn pits as they relate to reproductive health issues.

An additional area of concern where research is needed is how burn pit exposure impacts future generations. The biological children of those veterans exposed may face health issues just like the children of Vietnam veterans. There are two significant sections of the law that cover spina bifida and other birth defects, and it was research that connected these conditions. The *Toxic Exposure Research Act* was designed to provide the type of research needed for connecting conditions affecting children because of their parents' exposure, and the VFW supports funding such research so that care can be provided to those affected.

In closing, the VFW sees that there are more miles in front of us than behind us on the issue of burn pits. We call on VA to take actions under current regulations with regard to the processing of disability claims and research so that veterans and their loved ones get the answers they deserve. We also support additional funding and oversight being provided by Congress to ensure

that the research can be conducted in a way that provides these needed answers. Considering the use of open air burn pits is unique to the military, there is no escaping the fact that veterans are sick and dying because of their military service. This is an area where action must be taken.

Mr. Chairman, this concludes my testimony. I am prepared to take any questions you or the subcommittee members may have.