

**STATEMENT OF  
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BEFORE THE  
COMMITTEE ON VETERANS' AFFAIRS  
SUBCOMMITTEE ON DISABILITY ASSISTANCE AND MEMORIAL AFFAIRS  
U.S. HOUSE OF REPRESENTATIVES**

**September 23, 2020**

Good Morning Chairwoman Luria, Ranking Member Bost and Members of the Subcommittee. VA welcomes this opportunity to discuss the presumptive exposure and presumptive disability decision-making process as it relates to the science on exposures to airborne hazards and open burn pits. Accompanying me today from the Veterans Health Administration are Dr. Patricia Hastings, Chief Consultant, Post-Deployment Health Services, Office of Patient Care Services/Public Health, and Dr. Michael Falvo, Scientific Director, Airborne Hazards and Burn Pits Center of Excellence, War Related Illness Injury and Study Center.

VA is committed to the health and well-being of Veterans and is dedicated to working with our governmental and academic partners to continue to investigate potential adverse health effects associated with airborne hazards exposures during deployment. One in three Veterans report a possible exposure to environmental hazards and one in four report health concerns due to deployment exposures. An estimated 3.5 million Veterans have served in the Southwest Asia Theater of Military Operations.

To address Veterans' concerns about military environmental exposures, VA created the Post Deployment Health Services. Post Deployment Health Services (PDHS) oversees health-related concerns of relevance to Veterans and their occupational and environmental exposure.

PDHS consists of four programs: Pre-9/11 and Post-9/11 Era Environmental Health Programs—addressing military environmental concerns from conflicts as well as garrison exposures; Epidemiology—providing research and scientific review to inform policy; and WRIISC located at three sites. WRIISC provides research, education, and medical consultation for cases that are difficult to diagnose or treat. WRIISC NJ houses the congressionally-mandated Airborne Hazards and Burn Pits Center of Excellence. Your support has accelerated Airborne Hazards research and Veteran care. Thank you.

VA also continually reviews the medical literature and conducts research related to medical conditions affecting Veterans, including airborne hazards exposures. VA and the Department of Defense (DoD) are participating in multiple ongoing and extensive studies, both independently and collaboratively, and in some cases including academia,

researching airborne hazards exposures. We prepared a list of this research for you and submitted this attachment for the record. In a House Report in 2018, Congress directed VA to rename its Airborne Hazards Center of Excellence (located at a VA War Related Illness and Injury Center) to the Airborne Hazards and Burn Pits Center of Excellence (AHBPCE) to fully recognize the importance of its new mission. AHBPCE, which formally began operations in May 2019, focused on, among other things, enhancing the scope and duration of the clinical evaluation provided to VA patients who are referred to AHBPCE by their local VA providers. As enhanced, AHBPCE offers a highly specialized and resourced health care delivery site for the target population, particularly those continuing to experience unexplained symptoms.

As part of the Dignified Burial and Other Veterans' Benefits Improvement Act of 2012, VA established and maintains an open burn pit registry for eligible individuals who may have been exposed to airborne chemicals and fumes caused by open burn pits in the Southwest Asia Theater of operations. These are Veterans and Service members who have deployed to the Southwest Asia theater of operations on or after August 2, 1990 as well as those who have deployed to Afghanistan or Djibouti after September 11, 2001. From its creation in 2014 through September 4, 2020, the registry has accumulated 213,683 participants. Approximately 500 participants enroll in the registry every week.

The National Academy of Medicine released its latest report on "Respiratory Health Effects of Airborne Hazards Exposures in the Southwest Asia Theater of Military Operations" to VA and Congress on September 10, 2020. VA is grateful to the Academy for its thorough review of this important topic and believes this review will inform VA benefits reviews as they pertain to airborne hazards. VA expects that the Academy's consensus report, combined with VA and DoD's work on these toxic exposures, will help develop an approach to prevention, medical care, benefits and future support for Veterans. Among the questions we hope to address in the future are what aspects of the deployment experience may contribute to poor health outcomes and whether potential airborne hazards are the result of particulate matter, the burn pits themselves, blast overpressure, an infectious agent or a combination of these exposures.

VA acknowledges that Congress, Veterans and the Nation are awaiting our review of the Academy's report. In accordance with VA's established policy, a technical working group has started its review of the Academy report to make recommendations for the Secretary's consideration. This working group, which consists of medical specialists, epidemiologists, pulmonary physiologists and researchers, met within the first hour after the Academy's briefing to VA in September.

However, it is premature to speculate on whether the technical working group will recommend that the Secretary establish a presumption of service connection for conditions related to toxic exposures based on the Academy's work. We want to stress that while today's discussion may focus on the potential for presumptions, direct service connection is the method by which most claims are granted. Presumptions are not required for Veterans to file a claim nor for VA to make a determination of service

connection. VA encourages any Veteran who believes military service has negatively impacted their health to submit a claim. Additionally, VA recognizes that environmental exposures during deployment may be associated with both immediate and delayed adverse health consequences and so there is no time limit for submitting such claims.

Generally, VA requires minimal information to verify exposure to burn pits. If a Veteran was deployed to Southwest Asia and indicates burn pit exposure, then claims adjudicators generally concede that exposure. VA is tracking claims in which the Veteran raises burn pit exposure by using a special indicator flag. From June 2007 through July 2020, 12,582 Veterans have claimed conditions related to burn pit exposure, and of that total, 2,828 Veterans have been granted service connection for a condition(s) specifically related to burn pit exposure. The five most frequently claimed conditions are bronchial asthma, allergic rhinitis, sleep apnea, bronchitis and sinusitis. Veterans granted service connection for one or more of these five conditions and who were exposed to burn pits, but who did not indicate that exposure in their claim, may not be reflected in the numbers above. If, for example, a Veteran served in Southwest Asia where use of burn pits has been documented and developed asthma shortly after his or her deployment, but did not indicate burn pit exposure in connection with his or her claim, the claim would not be reflected in the above data.

We thank you for your support, and Madam Chair, this concludes my testimony. My colleagues and I are prepared to answer your questions.