

Prepared Statement for the Disability Assistance and Memorial Affairs Subcommittee

Colonel Andrew Shurtleff, USAF(ret), March 26, 2025

Chairman Luttrell and Committee Members, thank you for this opportunity to address you this morning on the topic of the ACES Act, HR 530. I am joined today by my wife, Julie, who is sitting behind me and is always supporting me.

My name is Andrew Shurtleff. I retired from the United States Air Force in December 2022 after nearly 23 years of service to our nation. I was trained as a fighter pilot in the F-15C and F-22, culminating in approximately 1,500 total flight hours flying both operational missions and teaching the next generation of fighter pilots. I had a promising career – hand-picked to help stand-up the sole F-22 flying training unit, early promotion to Lieutenant Colonel, top marks as a squadron commander, and distinguished graduate from senior developmental education. In 2018, while serving at Headquarters Air Combat Command at Langley Air Force Base, Virginia, I was looking forward to the next challenge – promotion to Colonel, a flying O-6 command, and endless future opportunities. I was also in the best shape of my life training for my first Half Ironman. I was simply on top of the world!

That all changed on January 8, 2019, when I received a call from my doctor saying I had cancer. Scans revealed a fist-sized tumor growing on my left kidney. Additional tests showed the kidney cancer had already spread to my lungs. I was 41 years old, married with 13- and 10-year-old sons, and had stage 4 cancer. While I was selected for promotion to O-6 a few weeks after my diagnosis, I was also permanently grounded and eventually medically disqualified from aviation service. My promising flying career was over.

Scheduling and attending doctor appointments became a near full-time job for the next several months. In the last six years I have undergone two surgeries, multiple procedures, three rounds of radiation treatments, untold number of scans and blood draws, participated in a clinical trial, and have exhausted all known viable treatment options. In June 2019, following my partial lung resection surgery, I awoke with a ½-inch tube protruding from my back attached to a small vacuum used to remove fluid from my chest cavity. My friend and fellow fighter pilot, August ‘Pfoto’ Pfluger, now Congressman Pfluger, came to visit me in the hospital and slowly walked with me around the hallways while he carried that vacuum. It’s something I will never forget. The last six years have been an emotional roller coaster for me and my family and today I remain in the fight for my life.

It's natural for people to question the need for the ACES Act when the PACT Act was just enacted in 2022. The PACT Act is a great piece of legislation that expands VA health care and benefits for Veterans exposed to burn pits, Agent Orange, and other toxic substances. The Act removes the burden from the Veteran of having to prove service connection for certain medical conditions. While the PACT Act will likely help millions of Veterans and their families, it is also limited to certain time periods and specific locations. To be clear, the PACT Act does not cover aviators like me and thousands of others who have been proven to have significantly elevated cancer diagnosis and deaths simply from doing their daily flying duties as documented in three studies from 2021-2024.

In a way I was lucky as my cancer was diagnosed while on active duty and was therefore automatically service connected. As such I receive VA health care and benefits for my condition. But there are an untold number of Veteran aviators who are not as lucky, whose cancer was diagnosed after their military service, and they do not receive any benefits. The purpose of the ACES Act is to right this wrong by identifying the hazards in the military aviation operating environment that more likely than not cause cancer. We must identify the root cause affecting otherwise healthy aircrew. The health and continued service of our military aircrew directly impacts national security and should be prioritized appropriately. The United States needs to address the health risks posed to military aircrew by their unique work environment by dedicating the resources to fully investigate, understand, and eventually mitigate those risks. That is why the ACES Act is needed.

Thank you again for the opportunity to address this subcommittee and I look forward to your questions.