Reserve Organization of America

OFFICIAL STATEMENT OF
MATTHEW L. SCHWARTZMAN

FOR THE
U.S. HOUSE COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON DISABILITY ASSISTANCE AND MEMORIAL AFFAIRS

ON
H.R.5339, *THE SUSAN E. LUKAS 9/11 SERVICEMEMBER FAIRNESS ACT*

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1 Constitution Avenue N.E.

Washington, DC 20002-5618

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The Reserve Officers Association of the United States, now doing business as the Reserve Organization of America, is a military service organization incorporated under Internal Revenue Service Code section 501(c)(19), and comprising all ranks of servicemembers, veterans, and family members of our nation's eight uniformed services separated under honorable conditions. ROA is the only national military service organization that solely and exclusively supports the reserve components.

ROA was founded in 1922 by General of the Armies John "Black Jack" Pershing, during the drastic reductions of the Army after World War I. It was formed to support a strong national defense and focused on the establishment of a corps of reserve officers who would be the heart of a military expansion in the event of war. Under ROA's 1950 congressional charter, our purpose is unchanged: To promote the development and execution of policies that will provide adequate national defense. We do so by developing and offering expertise on the use and resourcing of America's reserve components.

Executive Director:
Maj. Gen. John B. Hashem, U.S. Army (Ret.) jhashem@roa.org

Director, Legislation and Military Policy:
Matthew L. Schwartzman mschwartzman@roa.org

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The Reserve Officers Association of the United States, now doing business as the Reserve Organization of America, has not received any grants, contracts, or subcontracts from the federal government in the past three years.

CURRICULUM VITAE

Matthew Schwartzman serves as the Director of Legislation and Military Policy for the Reserve Organization of America. With more than six years of experience in the military and veterans' policy sector, he has testified before Congress, analyzed more than 300 public policy proposals, and helped advance landmark legislation.

Matthew also serves as Secretary of the Board of Directors for The Military Coalition, representing, on select issues, nearly 40 military and veterans service organizations with a combined constituency of approximately 5.5 million members.

INTRODUCTION

Chairman Luttrell, Ranking Member McGarvey, and distinguished members of the Subcommittee on Disability Assistance and Memorial Affairs, on behalf of the Reserve Organization of America (ROA), thank you for the opportunity to submit our views on the legislation pending before the Subcommittee today.

ROA's statement focuses exclusively on H.R. 5339, the *Susan E. Lukas 9/11 Servicemember Fairness Act*. The bill would establish a presumption of service connection for diseases that later manifest in veterans who were present at the Pentagon between September 11, 2001, and November 19, 2001.

This narrowly tailored, evidence-based presumption aligns Department of Veterans Affairs (VA) policy with the federal record documenting exposure(s) and the sustained occupation of the Pentagon Reservation during the September 11, 2001, terrorist attack and the ensuing response, recovery, and cleanup period.

ROA respectfully urges the Subcommittee to support and advance H.R. 5339 without delay.

BACKGROUND

At 9:37 a.m. on September 11, 2001, American Airlines Flight 77 struck the Pentagon, killing all 64 people aboard and 125 people inside the building. Fatalities were concentrated between Corridors 4 and 5, with 92 on the first floor, 31 on the second, and 2 on the third.

The aircraft carried most of its original approximately 7,256 gallons of Jet A fuel, intensifying fires and explosions. As a result, debris and fuel-driven blasts expanded destruction to more than an acre on each of the first and second floors.[1]

By September 2001, approximately 18,000 personnel worked inside the Pentagon, over half of whom were DoD civilians.[2]

Wedge 1 was largely reoccupied that morning, with approximately 3,800 of the planned 4,500 to 5,000 personnel present, while Wedge 2 remained mostly vacated, with only about 700 personnel on site.

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[1] For context, pursuant to Public Law 117-168 (the *PACT Act*), VA reported to Congress on health effects associated with jet fuel exposure, including Jet A, identifying "*slight evidence of associations*" with adverse outcomes across the nervous system, mental health, and respiratory system, as well as certain cancers (e.g., kidney and bladder), while noting no studies assess health effects by length of exposure. (https://www.govinfo.gov/content/pkg/CMR-VA1-00189958/pdf/CMR-VA1-00189958.pdf)

[2] https://history.defense.gov/Portals/70/Documents/pentagon/Pentagon9-11.pdf

Following the impact, alongside designated first responders, servicemembers and DoD civilians voluntarily assumed first-responder roles, moving through smoke-filled corridors, forming ad hoc rescue teams, and establishing triage, actions that unquestionably saved lives.

Many refused to stop searching, viewing departure as tantamount to abandoning wounded comrades on the battlefield. Some withdrew only when smoke and heat made further reentry impossible.

During the emergency, Secretary of Defense Donald Rumsfeld remained at the Pentagon. That night, he publicly announced that operations would resume the next day.

Several thousand employees returned on September 12, underscoring continuity of national defense operations and reinforcing a mission-first ethos.

By September 24, approximately two-thirds of the Pentagon had been reoccupied, despite ongoing hazards, site transitions, and unresolved environmental risks.

On October 18, the demolition and cleanup phase formally began, removing roughly 400,000 square feet (approximately 56,000 tons) of debris from Rings C–E between Corridors 4 and 5.[3]

Demolition and cleanup of the impact area concluded on November 19, a date later recognized by the National Institute for Occupational Safety and Health (NIOSH) and Congress via the World Trade Center Health Program (WTCHP) as the formal "endpoint" for Pentagon response and cleanup eligibility determinations.

EXPOSURE ENVIRONMENT AND SERVICEMEMBER EXPERIENCE

Inside and around the impact area, personnel encountered Jet A fuel, dense smoke, and extreme heat, with internal temperatures estimated to have reached up to 2,000 degrees Fahrenheit. These conditions created acute inhalation hazards and increased the risk of respiratory injury, toxic exposure, heat exhaustion, and dehydration. Additional hazards included standing water, compromised electrical systems with associated electrocution risks, and human remains.

Debris included sagging ceilings; exposed electrical wiring; melting plastics; plumbing; mangled HVAC components; metals and nails; broken glass; wood, plaster, and floor tiles; office contents; asbestos; lead-based paint; black soot; general dust; and jet fuel contamination.

Firefighters were required to cut concrete trench lines on the roof, an activity likely generating silica-containing dust. Roof materials reflected the Pentagon's 1940s construction and included horsehair insulation, waterproof asbestos, and straw.

[3] https://history.defense.gov/Portals/70/Documents/pentagon/Pentagon9-11.pdf

Unlike firefighters and other designated first responders, many servicemembers at the Pentagon lacked respiratory protection, increasing the likelihood of exposure.

In the weeks following the attack, multiple agencies conducted environmental and occupational health assessments at the Pentagon, sampling air, surfaces, and water. These efforts documented a complex exposure environment driven by jet fuel combustion, destruction of building materials, and prolonged emergency, recovery, and early reoccupation operations.

Further, while some post-cleanup measurements in occupied areas ultimately fell below applicable occupational and environmental limits, others documented localized exceedances, including wipe samples exceeding benchmarks for lead and asbestos, primarily on upper floors prior to cleanup.

At minimum, the assessment identified credible acute exposure pathways for servicemembers working in and near the impact area and during early reoccupation, including:

- Smoke and soot
- Volatile and semi-volatile organic compounds
- Polycyclic aromatic hydrocarbons (PAHs)
- Metals (including lead)
- Asbestos-containing materials
- Crystalline silica
- Fine particulate dust generated by structural damage, debris removal, and demolition activities

The report further discussed the political context surrounding the decision to reoccupy the Pentagon prior to the completion of substantial environmental testing:

“Because there was a clear and significant risk to the soldiers and civilian employees slated to return, the decision to have them do so [return] had to have been a conscious one. However, the political consequences of closing the building were so great that Secretary of Defense Rumsfeld and President Bush were willing to take the risk of reoccupying the building without confirmation that it was safe.”[4]

From the available evidence, and the findings of the agencies involved, the exposure environment at the Pentagon included multiple well-characterized hazardous substances with known associations to serious long-term health outcomes.[5]

Materials present in the damaged structure, combined with jet fuel combustion and debris disturbance, created a mixed-hazard environment involving asbestos, crystalline silica, benzene,

[4] https://medcoeckapwstorprd01.blob.core.usgovcloudapi.net/pfw-images/borden/pentagon/PentagonCh4.pdf
[5] https://www.cdc.gov/niosh/docket/archive/pdfs/NIOSH-248/0248-041312-ShanksvilleResponse.pdf

PAHs, PCBs, and dioxins, all of which have been extensively evaluated in the medical and toxicological literature.

Asbestos, for example, is a recognized cause of mesothelioma and lung cancer.[6] Crystalline silica released during demolition activities is a known human lung carcinogen.[7]

Importantly, for the servicemembers H.R.5339 covers, these substances were not encountered in isolation.

Servicemembers who worked in and near the impact area, and those who returned shortly after the attack, faced a convergence of hazards, with exposure pathways compounded by smoke, dust, debris disturbance, and demolition activities.

Although individual dose and duration cannot be reconstructed with precision decades later, the toxic profiles of the substances present and their established disease linkages are well understood. This is a circumstance in which scientific certainty about individual exposure levels is unattainable, but the risk environment is documented, the cohort is clearly defined, and the health consequences are biologically plausible and supported by the medical record.

From ROA's perspective, this is precisely the scenario Congress contemplated when first establishing the presumption of service connection authority in 1921. [8]

In fact, Congress has already acknowledged the presence of toxicants and their associated health impacts at the Pentagon through the World Trade Center Health Program (WTCHP), most recently through Public Law No. 118-41, the *National Defense Authorization Act for Fiscal Year 2024*. That legislation expanded access to the WTCHP for Pentagon September 11 first responders.

Yet, existing VA presumptions *do not* cover the population whose exposures occurred inside the building as regular operations were interrupted and then resumed.

Many of these servicemembers functioned in a de facto first-responder capacity, performing rescue, response, and continuity-of-operations duties in the same contaminated environment and exposed to the same toxicants as first responders, but often without equivalent protective equipment or post-exposure support.

The real-world consequences of this policy gap are evident in the experiences of affected servicemembers.

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[6] https://www.cancer.org/cancer/types/malignant-mesothelioma/causes-risks-prevention/risk-factors.html
[7] https://pmc.ncbi.nlm.nih.gov/articles/PMC5011095/
[8] https://department.va.gov/history/100-objects/076-presumptive-conditions/

Retired Air Force Lt. Col. Susan E. Lukas shared with ROA how her exposure to toxicants at the Pentagon continues to impact her health:

"Feeling the impact of the plane and seeing the dark plumes of smoke and debris was an experience I will never forget. There were many people who had difficulties getting out of the building. Those who did get out saw horrific things. A woman who was picked up out of the rubble cried hysterically about seeing a ball of flame coming down the corridor in her direction. Everyone in her office died. At first, we weren't thinking about our health. We were just happy to be alive. My supervisor required me to come back to the Pentagon for work beginning the very next day. For years, I did not realize my health issues were related to the 9/11 Pentagon attack. I actually discovered how that impacted my health by accident. In part, this was because I was relying on military doctors who were not trained in how to treat and identify toxic exposure. However, it's also the case that **I was relying on military doctors who served in a military that did not identify us as a cohort for toxic exposure**. After experiencing persistent and significant difficulties with swallowing and breathing, I went to a doctor and was diagnosed with tracheomalacia. My doctor said offhandedly that I was 'very young to have this condition' and that I was the 'fourth patient in recent time' suffering from this condition. I asked my doctor if those individuals had been at the Pentagon on 9/11. It was almost as if my doctor had an epiphany when he answered 'yes.' One of the reasons I had to quit my job was because of the impact that my diagnosis had on my breathing. But the truth is, that was just the tip of the iceberg. Aside from strong flashes of PTSD, **my toxic exposures**, in the absence of any protection from the VA, **have impacted my day-to-day life**. I even had to purchase a special iodizing system to purify the air in my house, which cost me thousands of dollars. It's no exaggeration to suggest that every action I take is designed to overcome the health challenges posed by my time in the Pentagon on and after 9/11."

Lt. Col. Lukas' story is, unfortunately, not isolated, as reflected by her physician's recognition of similar conditions among other Pentagon September 11 patients.

ROA estimates that the potentially exposed population includes fewer than 8,000 servicemembers and assesses that the actual number is more likely in the range of 3,000 to 5,000, based on the workforce and occupancy data presented earlier in this statement.

H.R. 5339 addresses this long-standing inequity by extending VA health care and disability compensation to this clearly defined and well documented cohort whose service and exposures have gone unrecognized under existing presumptions.

CONCLUSION

ROA was a strong supporter of the *PACT Act* and recognizes that Section 202 established a framework empowering the Secretary of Veterans Affairs to add or remove presumptive conditions through a formal, evidence-based process.

Should Congress decide not to advance H.R. 5339, ROA strongly encourages the VA to exercise this authority in a manner consistent with the scope and intent of the bill.

Regardless, establishing a presumption of service connection would reduce the burden on veterans like Lt. Col. Lukas, standardize access to holistic care, and prevent outcomes shaped by outdated or incorrect assumptions about exposure and risk.

Deputy Secretary of Defense Paul Wolfowitz, when speaking about the Pentagon's recovery and rebuilding following the September 11, 2001, attack, observed that "like the mythical Phoenix bird, the building, too, has risen from its ashes to be reborn."[9]

However, that rebirth was not mythical. It rested on the men and women who sustained Pentagon operations while hazardous conditions persisted, breathing in the very ashes from which the building was restored as they carried out response, early reoccupation, and cleanup duties.

Yet many remain unrecognized for VA disability and health care tied to those exposures inside the building. H.R. 5339 simply provides that long-overdue recognition.

ROA thanks Representatives Suhas Subramanyam (VA-10), Rob Wittman (VA-01), Bobby Scott (VA-03), and Don Beyer (VA-08) for sponsoring this important legislation and urges all members of the Subcommittee to support and advance it without delay.

[9] https://history.defense.gov/Portals/70/Documents/pentagon/Pentagon9-11.pdf