

**KARSHI-KHANABAD: HAZARDOUS EXPOSURES
AND EFFECTS ON U.S. SERVICEMEMBERS**

HEARING

BEFORE THE
SUBCOMMITTEE ON NATIONAL SECURITY
OF THE
COMMITTEE ON OVERSIGHT AND
REFORM

HOUSE OF REPRESENTATIVES

ONE HUNDRED SIXTEENTH CONGRESS

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KARSHI-KHANABAD: HAZARDOUS EXPOSURES AND EFFECTS ON U.S. SERVICEMEMBERS

Thursday, February 27, 2020

HOUSE OF REPRESENTATIVES
SUBCOMMITTEE ON NATIONAL SECURITY
COMMITTEE ON OVERSIGHT AND REFORM
Washington, D.C.

The subcommittee met, pursuant to notice, at 12:33 p.m., in room 2247, Rayburn Office Building, Hon. Stephen Lynch, presiding.

Present: Representatives Lynch, Grothman, Welch, Hice, and Green of Tennessee.

Mr. LYNCH. This subcommittee will come to order.

Without objection, the chair is authorized to declare a recess of this committee at any time.

This hearing is entitled, "Karshi-Khanabad: Hazardous Exposures and the Effects on U.S. Service Members."

I now recognize myself for five minutes for an opening statement.

It has now been nearly two decades since the United States came under attack on September 11, 2001. For all of us who remember that fateful day, the images of planes crashing into the World Trade Center, the Pentagon, and Shanksville, Pennsylvania will forever be seared in our memories.

It is also important to remember that in the weeks and months that followed our Nation deployed tens of thousands of our active military and National Guard and Reserves. While tens of thousands of civilians also stepped forward to enlist in the military or join the State Department and other government agencies to serve our country.

In total the United States deployed over 100,000 uniformed, service members to Afghanistan to take the fight to al-Qaeda and the Taliban to defend our homeland and bring those responsible to justice. Of particular note, to support our operations in Afghanistan, the United States established Camp Stronghold Freedom at Karshi-Khanabad Airbase in Uzbekistan, which is also known as K2. While K2 had been previously occupied by the Soviet Army during their incursions into Afghanistan during the 1980's, the base, which is about 100 miles from the Afghan border became operationally and strategically critical to the Afghan mission from 2001 to 2005.

It is important to note, especially for the purposes of this hearing that there is also evidence that K2 had been contaminated with various toxic chemicals and radiological hazards by its previous occupants, the Soviet Army. Service members who deployed to K2 reported seeing "pond water that glowed green" and "black goo oozing

from the ground.” These hazards were reportedly caused by prior explosion at the missile storage facility, abandoned fuel, and other chemicals and sources of depleted uranium.

Exposure to these hazards has also reportedly led to cancer and other health problems among K2 veterans. To make matters worse, despite the evidence and as many K2 veterans have come forward with various cancers, some in advanced stages, and other related health problems to seek assistance and acknowledgement of their illnesses, the V.A. has thus far repeatedly failed or refused to acknowledge their illnesses as service-connected disabilities.

Today we will hear directly from some of those affected veterans and their families and about their difficulties in getting the V.A. to recognize their health conditions as related to their service at K2. In January, Chairwoman Maloney and I requested information from the Department of Defense and the V.A. about K2. So, far the responses from both departments have been far below the standard that we should expect and that these veterans and their families deserve.

To date DOD has yet to provide any of the documents we asked for and has instead told the committee it would provide a more detailed response in three months. That is three months that K2 veterans, including those suffering from cancer will be kept waiting. Waiting for answers. In addition, the only document the V.A. produced to the committee is a publicly available health assessment from the United States Army. While preliminary, even that report recognizes that there were statistically higher instances of cancer among K2 veterans and stated that its results, “May motivate further investigation.”

In addition, earlier this week I was joined by my colleague from Tennessee, Representative Green, to introduce a bill that would direct the Secretary of Defense to study toxic exposures among K2 veterans and direct Secretary of Veterans Affairs to establish a registry regarding those exposures. I want to thank the gentleman of—~~from~~ Tennessee for his courageous service to our Nation and for working with me on this critical, important issue.

I was fortunate to meet with two of our witnesses a few weeks ago when they came to Washington, DC. to advocate on behalf of those who had served at K2. Their stories were heart wrenching, but also, I think, reflect the patriotism and the strength of the human spirit that exists in the hearts of our veterans and their families.

There were stories of U.S. service members, who after this Nation was attacked, deployed bravely to K2 to support Operation Enduring Freedom. There were stories of men and women in uniform dedicated to their mission and of patriots committed to serving their country. Yet their stories and the stories of other veterans who served at K2 are also extremely troubling, too often because of how they end with a life-changing diagnosis and unanswered questions from their government.

Unfortunately, we have seen this pattern play out before from Agent Orange in Vietnam to military burn pits in Iraq and Afghanistan. This is not the first time the V.A. has initially refused to acknowledge certain health conditions as connected to military service, only to have those judgments overruled and a presumption of

service-connected disability established when additional information emerged.

To our witnesses, I want to thank you for being here today, once again, to share your experiences. We want to get to the bottom of what you, your families, and your brothers and sisters in uniform have already experienced and continue to struggle with to this day. One last thing before I close. To any veterans who served at K2 or their families, if you have got concerns about your health, the care you have received, or want to share information with this committee about your experience at K2, please reach out to myself or my staff at 202-225-5051. Again, 202-225-5051.

That information will get to myself and our colleagues at both sides of the aisle. We intend to continue to investigate this issue to ensure we fulfill this Nation's promise to our service members and their families. I now yield to my friend, the Ranking Member, Mr. HICE of Georgia, for his opening statement.

Mr. HICE. Thank you very much, Mr. Chairman, and I appreciate you holding this very important hearing.

And for each of our witnesses, I want to thank you for taking time out of your busy schedules to come to Washington to share your stories. We deeply appreciate that. Your hard work to try to make a difference is greatly appreciated. We welcome you here. I want to assure each of you that we hear you and we are taking this issue very seriously and want to address it appropriately and as quickly as possible.

I will be brief in my remarks because I really want to hear your stories. But it is worth noting, Mr. Chairman, that I really believe that we are in a unique opportunity right now, particularly in the partisan environment that we are watching here in Congress right now to come together on an issue like this and to work together to solve this problem. So, again, I thank you for holding this hearing.

It is alarming to read the stories from our witnesses and the stories described in the McClatchy Investigation. It is quite alarming. In the fall of 2001, after the horrible attacks of September 11th on our homeland, we deployed troops to K2 Airbase in Uzbekistan in preparation for the invasion of Afghanistan.

Unfortunately, as the chairman has already mentioned, the efforts that led up to that exposed our men and women in uniform to toxic and dangerous chemicals. And when you hear the stories of ponds turning green and black sludge pooling in tents, even contaminated soil being used to fill sandbags in hopes of rectifying the problem, it is just rather mind-boggling and chilling to all of us who hear and read these kinds of stories.

In the years since then, as we can all imagine, there have been innumerable reports of illnesses, cancers, death, and so forth among these service members. In fact, sadly there's been more than 300 self-reported cases of cancer. Literally, and I don't say this flippantly, I pray for those families and those service members for speedy recovery, full recovery, and I encourage others to do the same.

But today, I hope that we can get a better understanding here in this hearing of what you saw, what you experienced, and what you've been through since that time. This past January, as the

chairman mentioned, he and Chairwoman Maloney wrote letters to the Departments of Defense and Veterans Affairs, asking for more information, and it has been pretty dismal, the response.

I am concerned with the vague answers that we received from the V.A., unhelpful answers. But they did indicate, and I am not sure exactly what it means, that they have attempted to start an analysis. Yes, I think that can be good news, but it is certainly is too little, too late for too many of our service men and women.

So, I hope that the Department of Defense will have more productive response and that we can get to the answers that each of you need and so many others need. Last year we saw Congress take a step forward in helping our veterans, who were negatively affected by burn pits that were used to dispose of toxic waste. In that case, Congress mandated that the Department of Defense provide a list of all the burn pit sites to the V.A. And, of course, in so doing that took a lot of the burden off of individuals.

We need something similar in this case. The V.A. told the committee that the Department of Defense transferred a roster of all the service members who served at K2. That's a good start, but we can't stop there. These men and women who served at K2 should be notified and they also should be provided specific tests at the V.A. Medical Centers nearest them.

Earlier this month the Secretary of Veterans Affairs, Robert Wilkie, did acknowledge that the men and women at K2 may have been exposed to toxic substances. I want to give a quote that he made. He said, "Those who have been exposed to something at K2, be it Blue Water Navy veterans, be it those who still suffer the impacts of Agent Orange, come and see us. File the claims. Come speak to us. This is not your grandfather's V.A., where the paperwork is going to last 10 years. We have people ready to help. That is the message I give to K2."

That is encouraging to hear. At least he is wanting the V.A. to step up and address this issue straight up. But based on at least my understanding, that is not the current reality of what our veterans are experiencing at the V.A. So, it is our job as Congress to fight for the American people. That is who sent us here and that is what we are here to do. And what better reason for us to act and help our men and women who served our country in the most dangerous regions of the world and put their lives on the line.

So, again, I want to thank you for being here.

And thank Representative Green for being here who. He also has a story and an experience there.

Mr. Chairman, to you as well, thank you for holding this hearing. I yield back.

Mr. LYNCH. The gentleman yields back. At this time I would like to welcome our witnesses officially. Today we are joined by Paul B. Widener, Jr., a K2 veteran, retired Master Sergeant, United States Air Force; Kim E. Brooks, spouse of Lieutenant Colonel Timothy Brooks, United States Army; and Scott Welsch, a K2 veteran, and retired Chief Warrant Officer, United States Army.

It is the custom of this committee to ask witnesses to be sworn. Could you please rise and raise your right hand? Do you swear or affirm that the testimony that you are about to give is the truth, the whole truth, and nothing but the truth, so help you God?

[Witnesses are sworn.]

Mr. LYNCH. Please be seated. Let the record show that the witnesses answered in the affirmative.

The microphones are sensitive, so please speak directly into them. Without objection, your written statements will be made part of the record. With that, Master Sergeant Widener, you are now recognized to give an oral presentation of your testimony.

STATEMENT OF PAUL B. WIDENER, JR., RETIRED, MASTER SERGEANT, UNITED STATES AIR FORCE

Mr. WIDENER. Thank you Mr. Lynch. We'd like to thank you Chairman Lynch and distinguished members of the committee for inviting me to testify.

My name is Paul B. Widener, Jr., Master Sergeant, United States Air Force, Retired. I am here as a Special Operations veteran of Operation Enduring Freedom. I deployed five times, serving 22 months in total. I come before you to plead for you to correct the failure of the DOD and the Department of Veterans Affairs to safeguard an act for the health interest of approximately 7,000 service members exposed to radiation and toxic conditions.

Immediately after 9/11, I participated in the strategic planning for the initial phases of Enduring Freedom. We needed an air bridge into northern Afghanistan. Special Operations Mission Planners evaluated—evaluated all available detailed intelligence about K2. No radiation, NBC remnants, or any other form of contamination was identified at that time. K2 was selected as a deployment location for Special Ops and supporting conventional forces.

It is essential to emphasize the linking of intelligence between agencies only occurred after OEF was well underway and part of that was a result of the 9/11 Commission. However, immediately into the deployment K2 personnel encountered dangerous, troubling conditions from radiation, toxic substances, and unknown contaminants. Environmental surveys were completed.

Each time a new contaminant or hazard occurred in a different location; the finding was subsequently classified. There were troubling denials. They rationalized that—rationalized that contaminant detection was a result of construction, paint fumes, vehicle exhaust, whether it was true or not.

The DOD asserted that piling up contaminated, radioactive soil into a 35-foot-tall, earthen berm, which was originally built as a force protection measure, would somehow also serve to take and protect service members inside that berm from exposure to higher levels of radiation from the radiation field that literally was feet from the other side of the berm.

Many fell ill while they were deployed. Headaches, vision problems, a wide variety of GI disorders, skin rashes, several literally had hair fall out in patches. My duty station was less than 10 feet from a shelter with known radiation contamination and nerve agent contamination. The DOD did not mitigate any risks within the work and living area at K2.

One warm day in 2002 the entire 20th Special Forces group staff was incapacitated, requiring medical treatment. Investigation showed the presence of nerve agent in the aircraft shelter they were occupying coming up through the floor. Fearing denial of their

cause of incapacitation, the 20th Special Forces group tested the K2 compound in its entirety using their weapons of mass destruction experts for chemical and toxic agents.

Testing revealed the presence of nerve agent, blister agent, a wide presence of cyanide, both in the compound, on the ground, and also within the water in the lavatories and in the toilets. Another false alarm we were told, but you can't go back into that—that you'd been in before, even though it was a false alarm.

K2 members were told repeatedly that no significant risk from hazards existed. Asked about long-term effects, we were told long-term exposure to risks is unknown. Why did the DOD manufacture chemical agent and radiation danger and warning signs if there were no risks? In the very location Uzbek construction workers fell gravely ill and one—were unable to work due to toxic conditions, these same hazards remarkably disappeared when Americans occupied the exact same space. There were no briefings on toxic exposures, no protective equipment recommended, issued, or employed.

Several doctors deploying to K2 wrote Nexus letters to warn home station health providers and document exposure to contaminants, but every doctor's letter and every post-deployment health survey of service members documenting toxic exposure was removed from each member's DOD service medical record. There was no categorization of K2 as a hazardous duty location with radiation, chemical, and toxic agents, nor was the V.A. provided a list or hazards.

The Deployment Health Control Center at Walter Reed Medical Center told the V.A. that no hazards existed. That K2 members—however, K2 members cannot access testing for depleted uranium. We cannot access the Burn Pit Registry. We cannot access the Toxic Exposure Registry. And we can't be evaluated for radiation exposure.

Despite Secretary Wilkie's assertion on February 5, 2020 at the National Press Club that Minority Member Hice said that Secretary Wilkie indicated we wouldn't have to wait for 10 years, in fact, we've been waiting for 18 years. I'd like to quote from Secretary Wilkie, where he said, "The V.A. is waiting and ready to help K2 veterans." But there is no access to care or service connection for exposure conditions when a member leaves active duty.

Because we have not heard from the V.A. or the DOD in the past eight years, despite efforts from active duty special operators and the Stronghold Freedom Foundation, we are conducting a health survey approved by Dr. Omar Hamada. Completed surveys for 1,200 of 3,700 members of our K2 group indicate cancer rates at 14 percent. The incidence of brain cancer in our general population is 1 in 15,000. We have approximately 30 brain cancers in our cohort of 7,000 K2 deployers so far. We are tracking over 20 separate disease processes. K2 group members have reported over 400 cases of cancer Since December 1919.

Our nations' bravest warriors are sick and dying from their service at K2. According to Dr. Omar Hamada, 20th Special Forces Group Flight Surgeon and Dive Officer, significant cancer and health risks exist from the exposure at K2. There are K2 veterans who will not be kissing anyone at New Year's Eve this next year. They're going to be on the other side of the grave. We beg you to

right this injustice. Ensure Operation Enduring Freedom Combat veterans receive the medical care they deserve related to or caused by toxic exposures and radiation they encountered while defending the cause of liberty and freedom. Thank you.

Mr. LYNCH. Thank you.

Ms. Brooks, you are now recognized for five minutes.

STATEMENT OF KIM E. BROOKS, SPOUSE OF LIEUTENANT COLONEL TIMOTHY BROOKS, UNITED STATES ARMY

Ms. BROOKS. Thank you, Chairman Lynch and distinguished members of the committee for inviting me to testify.

My name is Kim Brooks and I am here today because my husband, Lieutenant Colonel Timothy Brooks, can't be. He was deployed to Karshi-Khanabad, Uzbekistan in the wake of 9/11 and died of brain cancer in May 2004 at the age of 36. Because he was diagnosed on active duty we are one of the very few K2 families to have received full DOD and V.A. benefits. I am here to ask, to plead really, that you do everything in your power to ensure that other K2 veterans and families receive the medical and financial support that they deserve.

Tim arrived at K2 with the 10th Mountain Division in late 2001. There he would wake in the morning with a thick layer of dust upon his face. He had no idea what the black gunk was that oozed up from the floor of his tent. He returned home, apparently, safe in spring 2002 and attended a post-deployment briefing. There they told him he had been exposed to some really bad stuff and asked him to sign a form acknowledging the exposure.

Fourteen months after Tim returned home, we together sat at a pre-deployment ceremony for his battalion. They were headed to Iraq. Suddenly, he put his head in his hands saying that he felt ill. We barely made it through the gym doors before he collapsed. We soon learned that he had a stage 3 astrocytoma, which would quickly prove lethal. We were grateful for the treatment he had received, yet Tim had been angry. Angry to be so sick, so young, when he had so much living still to do.

Suspecting toxic exposure at K2, we had asked about other K2 service members. Had any others fallen ill? We learned that 20 to 23 K2 service personnel were being evaluated and treated for brain cancers and other neurological conditions at the time.

Because my husband was on active duty, the military paid for all of his medical care—medical care and continued to pay his salary. We didn't have to worry about how we would afford treatment or how we would afford to live once Tim was no longer able to work. Sorry. We could focus on trying to save his life and on spending what little time we had left together. He died one year and one day after his diagnosis, Memorial Day weekend 2004.

Devastated, we left our Army home and moved to Norwood, Massachusetts. But I was far less scared than I might have been because I knew that I could rely on military and V.A. benefits, receiving V.A. disability and indemnity compensation, plus Social Security, continued Tri-Care, and V.A. education benefits in concert with my teaching salary meant that I had the financial means to raise my four children.

They have grown into incredible adults, in no small part due to the financial and educational support we were fortunate to receive and the stability and opportunity that it had provided. Meghan is behind me. A Yale law graduate, she is a legal aid lawyer working with veterans. Brian graduated from Boston College and now works in the technology sector. John, a 2018 West Point graduate, will deploy with the 2/508 Parachute Infantry Regiment out of Fort Bragg to Iraq this spring. And if I am honest, I am worried for his and his fellow soldiers' safety. Our youngest, Stephen, is set to play Georgetown—football at Georgetown in the fall. I am so very proud of each of them.

But I would now like to share the story of Debbona Benner and her two children, Zachary and Lily. Debby's husband, Master Sergeant John Benner, was at K2 around the same time as Tim and, like Tim, his health deteriorated after he returned home in 2002, yet John's stage 3 pancreatic cancer was not diagnosed until 2009, three years after he retired. He died February 15, 2011. Had John and his doctors known the medical risks of exposure at K2, they might have caught his cancer sooner. Because John was diagnosed after he left service and because K2 is not recognized as a toxic exposure site, his family does not receive DIC and cannot access educational assistance or most other V.A. survivor's benefits.

This lack of recognition, of financial support, and of educational opportunity magnify their loss and have made it that much harder to heal. As it becomes increasingly clear that K2—K2 veterans have and will develop cancers and other toxicogenic conditions, Congress must act. It has been over 15 years since we lost Tim, but it is newly devastating to learn that there are so many others going through the same pain and loss that my family did, without the support that they were promised when they decided to serve.

K2 families and veterans deserve to know the full extent of what they were exposed to, so that they can focus on their health and plan for their futures. They deserve free healthcare monitoring to hopefully catch cancers and other illnesses before they become death sentences. When they get sick, and sadly it seems as many more have and will, they deserve full access to V.A. healthcare and benefits. They deserve presumptive service connection. I ask that you do everything in your power to ensure that they are not forgotten. Thank you. Thank you.

Mr. LYNCH. Thank you.

Mr. Welsch, you are now recognized for five minutes.

STATEMENT OF SCOTT W. WELSCH, RETIRED CHIEF WARRANT OFFICER 2, UNITED STATES ARMY

Mr. WELSCH. I'm Chief—I'm Chief Warrant Officer 2, Retired, Scott W. Welsch of Lenexa, Kansas. I was on ground at K2 from July 9, 2002 to March 16, 2003 and was diagnosed with thyroid cancer in 2013. Thank you Chairman Lynch and distinguished members of the committee for giving me the opportunity to represent my fellow K2 veterans here today.

I'm here to describe the toxic conditions that we faced there and the devastating effect that our exposure has had and will continue to have on our health. I'm here to ask that after almost 20 years

of inaction, Congress, DOD, and V.A. does the right thing. Take care of K2 veterans and their survivors.

I arrived at K2 in the early onset of the war on terror. We arrived to the base in a combat landing in the middle of the night. Out C17 landed in darkness and we unloaded our gear under the—under the guise of night. We were assigned living quarters of six-man tents. The entire area was surrounded by a large dirt berm. The dirt berm was created from Earth, pushed from the inside of the camp. Guard shacks were set up on top of that berm. The guard shacks were manned 24/7 by lower, enlisted, assigned guard duty.

There were rumors floating around that contaminants existed on the base. There were signs posted that stated, keep out, chemical agents. There were ponds that glowed green. All of these were literally feet from where we lived, worked, and performed physical training. These items all mad the rumors not quite so much rumors, but more so truths.

As I previously stated, regardless of any suspicions of hazards to our health at the time, we knew we had a job to do and that we had to support war fighters down-range. So, we were working in real time. We drove on and continued our mission. We stomped through the dust that went up in our faces in the summer. We waded through the mud caused by the flooding in the spring and fall. We tramped through the snow in the winter. Then we redeployed and came home, expecting to go back to life as usual.

I was diagnosed with thyroid cancer in 2014. My thyroid and partial parathyroid were removed. I have no family history of cancer. I had genetic counseling done and they specifically stated that the cancer did not fit a pattern suggestive of a hereditary cause. Thyroid cancer is caused by exposure to high levels of radiation or a family history and family history had been ruled out. The timeline for the symptoms and diagnosis are directly in line with my deployment to K2.

I am in receipt of V.A. benefits; however, none of the V.A. benefits I receive compensate for cancer. They claim that since my thyroid was removed the cancer has been fully cured. They claim that since my—however, I do have chronic kidney stones. When my thyroid was removed they also partially removed my parathyroid. Every patient with kidney stones should be tested for a problem with their parathyroid; however, the V.A. has not addressed my parathyroid, nor screened them for cancer.

I also do not receive any type of V.A. rating for the chronic kidney stones, although I have submitted and resubmitted claims over and over again. Kidney stones are medically known to be caused by thyroid issues. It's not—it's—it's noted on each declination that is not a service-connected disability. I also get daily headaches that to date have not been diagnosed. I receive a higher rating for the headaches than I do for cancer. I receive a 30 percent rating for headaches and a 0 percent rating for cancer, 0 percent.

I found the K2 Toxic Exposures group a couple years ago. I joined them and I volunteered to help reaching out to K2 veterans to gain—to help gain insight into how many more were having issues related to deployment at the base. It was eye-opening once we began compiling the data. Absolutely eye-opening. I knew there

had to be others, but so many. I had no idea. Soldiers, Marines, airmen, contractors, and family members are self-reporting illnesses and fatalities to us. To date we have 1,341 self-reported exposure-related illnesses and 30 reported deaths.

However, we have been told that empirical data is not relevant for V.A. purposes. To date the V.A. has not contacted me with a questionnaire asking me about my K2 illnesses. So, in my opinion this empirical data is the only data being compiled and the V.A. should be asking us for our data, instead of criticizing or downplaying our efforts.

I would like the V.A. administration to address this issue and make the effort to attain a full list of members that were deployed to K2, then contact each and every one on this list to get them in for a full physical and workup. If any exposure-related health conditions are discovered, members should receive lifelong healthcare for treatment and the appropriate V.A. disability rating. For previously recognized illnesses, I feel the V.A. should also give full, lifelong treatment and accurate disability ratings.

We would also like the DOD to release any and all documents that are relevant to conditions at K2. Thank you for allowing me to share my story. Due to time restraints, I was not able to share my entire story with you, but my written testimony does provide more insight into the conditions at K2. I trust that you will take the appropriate actions to provide the care that we desperately need. Thank you.

Mr. LYNCH. Thank you. Now before we turn to questions, I do have a request for unanimous consent to enter into the record a statement from Douglas R. Wilson of Florida, a retired Technical Sergeant with the U.S. Air Force. Mr. Wilson served at K2 for three months in late 2001 and early 2002. He was diagnosed with primary central nervous system lymphoma in 2016. Without objections, it will be entered into the record.

Mr. LYNCH. I would also like to ask unanimous consent to enter into the record a written statement from Mark T. Jackson of Florida. Mark was deployed to K2 with the United States Army from July 23 through April 24. Without objection, his testimony shall also be entered into the record.

Mr. LYNCH. I now recognize myself for five minutes for questions. Again, thank you for your willingness to come before this committee on behalf of your colleagues and your family members and to try to make this right. I appreciate that you turned your own pain and your own suffering into an effort to help your brothers and sisters in arms and other families that are similarly affected.

We have asked for documents from DOD, Department of Defense, and from the V.A. But we are taking a very broad look at this. And I'm just curious, Mr. Widener, you know, you've been very active at the front end of this and Mr. Welsch as well, in terms of laying out what you would like to see. What documents do you think would be most helpful to the Committee? And look, if they are resisting us, we are going to have to create our own registry, basically, within this committee and just, as the evidence piles up it will be irrefutable at some point.

So, you know, there is a way we can do this using the force and the authority of this committee to go around the D.A., excuse me,

the DOD and the V.A., in terms of gathering evidence. I think that may compel the DOD and the V.A. to cooperate. They have indicated that they are gathering documents and in several months we will get those, but let's just say I am not encouraged by their lack of response. So, what do you see as the, you know, I see sort of a cross-reference between DOD personnel that served at Karshi-Khanabad and then also there are probably just—there are related documents that the V.A. holds with respect to those individuals who have presented with physical illnesses that are recorded at the V.A.

So, there are two bodies of evidence here, but as Ms. Brooks illuminates there are also others that are probably out there that have no direct symptoms right now. Similar to the woman in the family that you mentioned earlier, where, you know, seven years went by between the time at which they presented with some symptoms and then nine years later or seven years later there was a diagnosis. So, what are the documents and what is the information that you might be most helpful—think most helpful in proving this case?

The ultimate goal here is, to the degree that it is humanly possible, to restore the rights of these veterans, restore the rights of their families, and create a presumption for those in the future who might present. If they show on their record - if their DD-214 says I served at, you know, K2, Karshi-Khanabad - it would create an immediate presumption for healthcare and service-connected disability with the V.A. So, those are our goals. But what are the documents, the information you think that will be most helpful?

Mr. WIDENER. Chairman Lynch, thank you for the opportunity, again, to meet with the committee and answer your questions. I think some of the most important documents for the commission and for the committee would be the Baseline CHPPM Europe Environmental Study that was done. I think we also have to identify and locate all of the environmental testing documents, the baseline documents. We need to be able to source the chemical agent and radiological testing that was done at K2 throughout several years period. I don't know where the repository of this information would be.

We do have some independent testing information we provided to the committee as part of our testimony. I think it's important, Chairman Lynch, that we realize that the U.S. Government has done detailed research over many decades into the effects, long-term effects of radiation upon service members beginning in the World War II era and evaluating the effects of—of nerve agents and mustard agents and blister agents upon personnel. And we also have a large body of existing scientific evidence, which identifies the problems that people encounter when they're exposed to depleted uranium, soluble and insoluble radiation of uranium, heavy metals, and a variety of different components that we are exposed to.

I think we have to look at all the available scientific evidence that exists in the realm within the DOD that's been done by the U.S. Government, but also documents of scientific studies that have already been produced.

Mr. LYNCH. You have had a lot of contact with fellow veterans, Mr. Welsch. You as well then served at K2. Is there any indication that DOD did a thorough analysis on the site? So, I know there are scientific studies out there regarding the effects, but I am talking about a direct connection to the site there at K2. Has there been any indication that anybody was present or was aware of an investigation onsite at K2?

Mr. WIDENER. Yes, sir. Colonel John Mulholland, who was the Special Operations Commander, commanded the Special Forces Group. You might be familiar with the movie "12 Strong" that was—that was produced about that. That occurred at K2. When they started discovering the same things that were troubling and—and were, quite frankly, frightening and shocking to the conventional and Special Operations Forces that were there, he raised the alarm to a higher chain of command. And through that process they ordered an environmental study, which was—resulted in a deployment of CHPPM-Europe Medical Group that came out of Germany and they came there and did a detailed study, including testing.

I'm in direct contact with one of the members of that test team. I have a list of all of the original members of that test team. I also have specific indication—specific information that indicates that the CHPPM-European—Europe Study Team remained at K2 for a prolonged period and continued to conduct testing of the—of the soils, of the water, and radiological events.

Mr. LYNCH. Thank you very much.

The gentleman, Mr. Green, is now recognized for five minutes of questioning.

Mr. GREEN. Thank you, Mr. Chairman.

Our Nation fought in Vietnam from 1962 to 1975. As early as 1977 cases were filed for individuals who were concerned about exposure to Agent Orange. It was not until 1991 that Congress passed an act to get something done. 1991. It wasn't until 2019, last year, that we included the Blue Water Navy people. That is unacceptable.

Men and women who raise their right hand and are willing to put their lives on the line for our freedom, that is simply unacceptable. The burn pits, we have known about them for some time, 2001 to really today in March 2019 there were still nine burn pits active. Of course, this story and K2, with the exposures there, with the units that were the very tip of our Nation's spear. These are the most elite of the elite. And I had the unbelievable privilege of serving in the 160th Special Operations Aviation, the unit that flew the "12 Strong" guys in and flew all the mission in Afghanistan and are still there today. I, myself, spent a little bit of time at K2 as well.

I think many of the people in the room know that I have had colon cancer and thyroid cancer. Who gets two primary cancers at the same time, right? It is just unheard of. And when you look at the genetics, I too did my genetic profile at Vanderbilt University and I have no genetic predispositions to either of those cancers and no family histories. So, in a sense I have to kind of declare a conflict of interest in this, I guess, but truth be known, it shouldn't happen to me. It shouldn't happen to any of our warriors.

A friend of mine, Dr. Hamada, came to me and then I met with these witnesses. And 7,000 warriors plus spent time at K2. It is time we do something. Chairman Lynch and I met and discussed this, and together we are going to launch, this week I believe, sir, the K2 Veterans Toxic Exposure Accountability Act of 2020. What that bill will do is set up the registry that is necessary, require that to be set up. It will require DOD to do the epidemiologic studies. And it will mandate that those conditions that warrant it be listed as presumptive as you have requested Ms. Brooks.

It is the right thing to do. And I know Chairman Lynch put his information out there. I put mine out there as well, *MarkGreen.house.gov*. Anybody wants to get in touch with us can do that. If you feel like you were exposed and you need to get connected, I know there is a Facebook page and I would like to ask one of the witnesses or someone to now tell everybody what that Facebook page is so that your folks—there may be somebody out there who passed through K2 and isn't listed as staying there for very long, but were there long enough to get an exposure. So, if you could take the time now and let folks know how they can connect to your organization that is fighting for them.

Mr. WIDENER. Congressman Green, thank you and we thank you for the legislation that you and Chairman Lynch are putting together and have introduced this week. We think it's going to be an important step forward.

We have two different means by which, at present, folks can connect with the Stronghold Freedom Foundation. The first is if a member deployed to K2 or if they are the surviving spouse or immediate family member of someone who died from cancer related to K2. They can contact us by looking up the K2 Toxic Exposure Group on Facebook. If someone is a—just a family member, a friend, or maybe they just are concerned about the issue and would like to keep abreast of information, we have a Facebook page which points outward toward the public that we provide information to and we use this kind of as a public clearinghouse at this time and that is a Stronghold Freedom Foundation page.

Mr. GREEN. Wonderful. And I will ask you in the little bit of time that I have remaining, and I know the answer to this for all of you, but we are going to need you to help us lobby the bill. I don't think it will take much, but help us communicate your story to the rest of Congress, so that Chairman Lynch and I can get this passed and passed quickly. Thank you.

I yield.

Mr. LYNCH. The gentleman yields.

The chair now recognizes the gentleman from Vermont, Mr. Welch, for five minutes.

Mr. WELCH. Thank you. I concur with everything Representative Green said. Thank you. And, Mr. Lynch, thank you so much and, Mr. Hice, really appreciate it. I can't repeat it. I can just say yes. I mean, men and women in uniform they show up for duty and it is up to the command—it is really up to the military to make certain that there is not unnecessary risk, including health risk.

I have got a lot of folks in Vermont, who served in—were exposed to burn pits. The example you gave about Agent Orange is just amazing. Why not have the burden of proof be on the government

to show that it is not caused by a service-connected event, as opposed to put the burden on the individuals when they don't have any capacity whatsoever to accumulate the information. So, you know, I hope in this case we can move sooner, rather than later. It is tremendous to have this incredible bipartisan support on this. So, I am in total support of Mr. Lynch and Mr. Green, your legislation.

I got a letter—you guys, I mean, you have suffered, and you know, that suffering is shared, you know. It's an honor to have served with someone who died having served at this location. Re-counting all of the times they were together, all of the deployments they had before this and after. How they loved to play board games. Their families got together. I mean, it is everything wonderful about that cohesiveness that you have in the military. I am reading this and just seeing the joy that these families had together, not just the soldiers, but the partners of the soldiers and that cohesiveness. And the pride they had in serving their country. That's a life well spent. And this man died very prematurely in his 40's.

I am with you guys. Let's give the benefit of the doubt to those who served. So, you know, I don't want to make you restate everything you said. I do want to state my enormous respect for you and my sorrow at your loss. And on this question of transparency, I just want to reiterate, why in the world wouldn't we be transparent. What have we got to hide? What is the big deal? I mean, let's get the information out there because we don't have this view that the commanders are trying to hide something really. It is just like a bureaucratic maw that sits on this.

So, again, I don't really have questions. I just have a lot of appreciation for you. I will just join with my colleagues in anything that I can do to help the sponsors of this bill get it passed we will. But I think the point that was made, you lobbying, your voice matters much more than our voice. You know, people really here on both sides of the aisle respect you, respect the loss, respect the service. And you speaking to our colleagues, frankly, is much more powerful a voice than we can be. So, thank you.

Thank you, Mr. Chairman.

Mr. LYNCH. I thank the gentleman. He yields back.

Without objection, the gentleman from Wisconsin, Mr. Grothman, shall be permitted to join the subcommittee on this and will be recognized for questioning the witnesses in due order. OK.

Mr. HICE. Thank you, Mr. Chairman, and again, for the spirit of this committee.

Again, we thank you for your stories and coming forward on this. And we do hear you. I was interested with, Ms. Brooks, what you shared with the McClatchy Investigation coming out. One of the things that was mentioned in there was that there were things wrong at K2 and that was one of the things that your husband said immediately upon coming home. Could you just elaborate a little bit more? What did he say was there?

Ms. BROOKS. So, while Tim was deployed he'd sent—he wrote letters, but he also had the opportunity to email. There was one email in particular, where he wrote about the black gunk and the dust. Now I'm taking care of four children. I read it, filed it away, and

he came home. He was a 6-foot, 5-inch, very strong, tall man. He looked fine when he came home. And life returned to normal, as normal as it can on an Army post.

He went off to work one day, came home, and said that he had gone to—had been at, I don't know, some type of post-deployment briefing. I believe he said the Fort Drum Theater, and he—he was really upset. He said, I've been exposed to some really bad stuff. I knew—I mean, my heart dropped.

Mr. HICE. Did he say that because of the way he was feeling or what he had heard?

Ms. BROOKS. No, no. No, no. He wasn't feeling anything that I know of at that—

Mr. HICE. What made him say he was exposed to really bad stuff?

Ms. BROOKS. Because they told him that.

Mr. HICE. OK.

Ms. BROOKS. Yes.

Mr. HICE. So, they were acknowledging it?

Ms. BROOKS. They were acknowledging it.

Mr. HICE. OK.

Ms. BROOKS. And from what I remember, he had signed some type of form. They took it. We went on—on with life, and eventually, he started having a lot of headaches. He was presenting really, really—he was really tired. And 132 Infantry was preparing to go to Iraq, I think, Weapons of Mass Destruction/Saddam Hussein, correct.

He just wasn't himself. He was more irritable. Just not a lot of patience. And he was an incredibly loving father, who took time out to hang with the kids all the time, playing baseball, you name it, in the yard, it didn't matter. He came home from work, he hugged them, he loved them. He told them he loved them. Told, you know, I mean, just—but he was taking naps, et cetera.

Then the collapse at the—

Mr. HICE. OK. Let me—thank you for that. Let me ask Mr. Welch and Mr. Widener, both of you or either of you. During your cancer treatments, did any doctor at any time discuss with your deployment to K2?

Mr. WELSCH. I—I brought it up and I brought it up to my civilian endocrinologist.

Mr. HICE. Did they say anything?

Mr. WELSCH. No.

Mr. HICE. So, you brought it up and they just—

Mr. WELSCH. I—I brought it up and she wrote me Nexus Letter to provider, and nothing was done with it, basically.

Mr. HICE. Mr. Widener.

Mr. WIDENER. Congressman Hice, I—I brought that up at—while I was still on active duty. I remained on active duty for some year, until I was medically required—retired, due to a constellation of illnesses, which made me unfit for military duty. The standard response that I received from a variety of doctors ranging from Walter Reed Medical Center to three of four other Air Force, Army, and Navy bases was basically looks of astonishment.

I was offered a psychiatric evaluation by my internal medicine primary care doctor because it just—she thought that I was one of

those people that wear a tinfoil hat, you know, because I was claiming that I had been someplace where a nuclear weapon—a nuclear accident had occurred. That I'd been exposed to nerve agent, to mustard agent. That I'd, you know, had been in an area covered with rocket fuel or, you know, depleted uranium. And mostly, for the most part, while on active duty nobody really cared to ask anything. I offered to show documents. I literally took a binder into many doctors, you know, at Davis-Monthan Air Force Base, at Langley Air Force Base, at Fort Story Virginia, and at Portsmouth Naval Medical Hospital and Walter Reed Medical Center. They really did not seem interested.

I attempted to—to place the—to take and replace the—the post-deployment health surveys I had from my deployments, which I have all the copies of, and the Nexus letters that were produced by a variety of 20 Special Forces Group doctors and surgeons, back into my records. And the Department of Defense SG Department for all services essentially refused to allow me to put medical evidence into my medical records.

I was fortunate though, Congressman Hice, because a good number of my conditions occurred on active duty, so I was able to get service—or service connection for the conditions, but I have no service connection to Karshi-Khanabad.

Mr. HICE. Thank you.

Mr. LYNCH. I am going to recognize myself for another five minutes.

So, Mr. Widener, you have had some dialog back-and-forth with the V.A.; is that correct?

Mr. WIDENER. Chairman Lynch, that's correct.

Mr. LYNCH. Yes. It would seem to me that—and is—may I ask, is there a roster that we have now of service members that have—that served at K2?

Mr. WIDENER. Sir, to my knowledge, there is no overall roster and that would be a problematic thing for the Department of Defense to even source.

Mr. LYNCH. Yes.

Mr. WIDENER. A large number of the initial forces that flowed into Karshi-Khanabad were Special Operations Forces, that were, you know, belonged to U.S. Special Operations Command.

Mr. LYNCH. Sure. Well, that stuff is in—

Mr. WIDENER. Well, and that—and that, and with the 10th Mountain Division of the initial—the initial conventional forces that rolled in, Chairman Lynch, all those people rolled in and then departed K2 well before there was any type of Army Personnel Support that was available at K2 to document and track their—their comings and goings. Then you had the—the large number of transient air crews and folks that were just transiting in and out of the—the theater and in-and-out of Afghanistan.

Mr. LYNCH. Yes.

Mr. WIDENER. I have a case, Chairman Lynch, of a young lady, just retired from the Air Force. She's out in Colorado Springs. She deployed through K2 back and forth over for an aggregate total of less than three weeks on the ground. She contacted me last month. She has been diagnosed with two different types of cancer. She has gynecological cancer that is metastatic. She also has a primary

tumor cancer of a different etiology in her upper body, which is also metastatic. And her doctors were faced with trying to identify which cancer to go after first.

She's a young woman. She has kids. Her husband's in the Army and they just don't know what they're going to do. She's not service connected because it happened after her service.

Mr. LYNCH. Yes. Let me ask, so normally in tracking the service or the deployments of individual service members we can look at the DD-214. It will say where they were deployed to, if they were actually stationed there. But in her case, if she was flying in-and-out it may not show up; is that correct?

Mr. WIDENER. Chairman Lynch, my understanding is that—that the Department of Defense does capture that data in some format.

Mr. LYNCH. OK.

Mr. WIDENER. However, on my Duty Form 214, sir, I've been to over a hundred countries, I've been deploying real world from the Iran/Iraq war to—until 2006. On my Duty Form 214 I have not one single deployment listed.

Mr. LYNCH. Wow. Because I am trying to connect the dots here, in terms of building up a roster. Either going to the V.A. with that roster and saying, okay, we have these individuals, who were on the ground at K2 at some point in their deployment. At first blush, I don't even need to know who they are, right? I want the medical records of this roster of people. You can redact them. Don't even tell me which record belongs to which individual, but if I could get the evidence that, you know, there are cancers present and other illnesses present from this group, you could sort of build a case without needing the identities of the individuals because there are some privacy issues there at the V.A. They won't share with Congress or others.

But, you know, there's got to be a way to compile the evidence here to get to a point where we prove the case and they accede to it. You know, that would have to be the process here. I think we need to compel them; you know.

Mr. WIDENER. And, Chairman Lynch, if I might, sir. I was a Theater Operations—a Theater Special Operations Mission Planner for a good number of years. My expertise and knowledge of this field that probably the very best source of information that could be available would be detailed records and personnel status reports as part of situational reports that were made on a daily basis to U.S. Central Command.

Mr. LYNCH. Right.

Mr. WIDENER. All of the—all the—all of the Special Operations Forces that flowed in and out of the theater, there should be detailed records through PERSTATs, and daily situation reports through U.S. Special Operations Command Central and also, the Special Operations Command at Stuttgart, Germany.

Mr. LYNCH. Uh-huh.

Mr. WIDENER. SOCEUR.

Mr. LYNCH. Oh, we intend to do a full-spectrum investigation, including, you know, going into Uzbekistan. K2 is not an easy place to get to, but we can do it, of course. And just try to use every source of information to figure out what is the status right on the ground at K2. I understand that that base is not being actively

used, at least not that part of the base is not being used anymore. But, you know, trying to, you know, do a little forensic investigation with respect to what is actually in the soil there at K2. I'm sure the Uzbek government would not be happy about that, but I think there is probably pressure that we can apply.

I think Mr. Green, the gentleman from Tennessee, had some questions and I yield to him for five minutes.

Mr. GREEN. Thank you, Mr. Chairman. First, I was going to answer your question about those flight crews. There are flight logs. Every aviator has to have a flight log and they operate that and that's maintained in their flight record and, you know, every aviator has all that. So, we can access those people who go in and are there temporarily and fly on.

The one comment I wanted to make is, you know, oftentimes we, in professional hazard exposures, you know, you think about a firefighter, who is a first responder and gets a needlestick, and we want to include that particular illness that can potentially come from that needlestick as a job-related hazard and make sure that it is covered under their insurance program and things like that. Oftentimes those can be acquired many different ways, but because of the fact that it can be acquired in that work environment it should be reimbursed. It should be a part of what is allowed to be treated for that individual. You have to give the benefit of the doubt to the firefighter or whomever.

And in this case, you know, it is our warriors. So, I wanted to use that corresponding to further reinforce the fact that these exposures they were—they happened, and therefore, the diagnoses that come from them, brain cancer, colon cancer, thyroid cancer, whatever they are and they may very well be of other etiologies, but the fact that it is in this—that this exposure occurred, we have to give the benefit of the doubt to the warrior. And these presumptive diagnoses need to be included and that is why Chairman Lynch and I have that in our legislation. So, I just wanted to throw that analogy out there and make sure that it is on the record.

Again, Chairman Lynch, I want to thank you for allowing this hearing to happen and for your participation in the legislation.

Mr. LYNCH. I thank the gentleman.

The chair recognizes the Ranking Member from Georgia, Mr. Hice, for five minutes.

Mr. HICE. Thank you. I have just got kind of a question A and B, I guess you can say.

Were any of you or Tim denied specific tests or treatments because K2 is not qualified or recognized? You were?

Mr. WIDENER. Chairman Hice, I was denied any testing of any condition that might relate to being at K2. I am fortunate that in my Special Operations career I was deployed into other operational theater environments, so as a result of that I—I've got, you know, secondary depleted—depleted uranium exposure to the Gulf War and—and also to the Operation Iraqi theater or Operation Iraqi Freedom theater. I was able to take and obtain some testing for myself for other locations and other combat theaters besides K2. But anything—anything—I have the same experience that everybody else does.

You can't get tested for depleted uranium. There is not an option. We are specifically prohibited from being able to register and sign up for the Burn Pit Registry, even though we had a burn pit that operated 24/7. We had a Soviet air chemical factory that we don't know what it produced that was three miles from us and we were in the smoke plume and the particulate plume that—that came over our camp and settled down inside the berm every single day.

We're not able to take a sign up on the Toxic Exposure Registry because K2 had no known toxic hazards. And we're not allowed to be evaluated for any type of radiation exposure.

Mr. HICE. So, what would have been different had K2 been designated as a site requiring testing? Would things have been different when you went to the V.A.?

Mr. WIDENER. Congressman, I think the—I think that would absolutely be a true statement for all of our cohort. If the hazards had been identified, then the government would have had to stipulate that the primary conditions and also the comorbidities that exist with, you know, the exposure to the—the elements that were present at K2 were, you know, as, you know, were as likely as not caused.

One thing I've heard several times on this—in this wonderful committee meeting is that, you know, you guys are interested in insuring that the veteran gets the benefit of the doubt. Sir, I'm a layman, but it's my understanding that it is Federal law with a 38-CFR Part 4 that in the cases of—of illnesses and when the veteran can take and provide a preponderance of—of—of scientific and medical evidence, that the benefit of the doubt goes to that veteran. But that's not what we experience with the V.A.

Sir, I have a Mr. Doug Wilson, who's a retired Special Operations Maintenance person. Doug Wilson contracted an extremely rare type of brain cancer. His cancer is so rare that the Mayo Clinic system stated that they had only seen his particular type of cancer twice in their history. They examined his records and his list—his exposures that he had been exposed to and they unequivocally, affirmatively stated from the Mayo Clinic that his cancer was, in fact, caused by exposures at K2.

He had had his skull sawn open. Gravely, invasive, brain surgery twice. He's crippled. His arms and his legs, they flail about. He has no ability to take and—and file for V.A. benefits. The V.A. continually denies his cases. His—his wife is a schoolteacher, an elementary school teacher in the state of Florida and they struggle. The reason that Mr. Wilson was unable to be present to testify in person before you is because they're scrimping and saving every penny they have because his wife requires a surgery, but he's uninsurable. And as a result of that they have to just save the money up. Even though—even though he has direct, scientific, medical evidence linking his cancer to K2, the V.A. unequivocally, repeatedly has denied his claims.

Mr. Hice, I'd like to let you know something that's just heart-breaking. I spent a lot of time crying about this when I found out about it. Mr. Wilson is, you know, crippled and he's mostly confined to a wheelchair. His conditions are never going to improve for the rest of his life. He doesn't have a vehicle that's adapted for his wheelchair and in order to get to physical therapy appointments,

which he must attend three times a week, and those are not restorative things, those are—those are just where they have to exercise his limbs. They have to exercise his muscles to try to maintain the status quo that at least where he is right now.

In order to get to that, Chairman Hice, he rides a battery-operated, mobility chair a mile-and-a-half one way on city streets in a town with very, very few sidewalks. Has to cross Florida highways in the blistering sun. In the brutal cold winds that blow off of Choctawhatchee Bay, in the rain. And once he gets there they take his body and they put it through the paces. And quite frankly, he's in pain every time he leaves. But he has to put himself back onto his battery-operated chair and ride it a mile-and-a-half over every cement crack, over every curb, and back down the streets to get home three times a week.

And his—his battery-operated, mobility chair, which by the way he bought with his own money because he's not entitled to anything like that, it's broken down before leaving him stranded on a highway trying to contact his wife or someone to come get him off the road. Because it's not like he can get out of it and walk away. This I believe, personally I believe, this is criminal and should not occur.

Our Special Operations warriors and our conventional forces who went out after 9/11 and fought to defend the cause of freedom and further the interest of the U.S. Government, we ought to be cared for.

Mr. HICE. Absolutely. Well, again, I wouldn't consider you or any of you laymen on this issue. And again, I want to thank you for bringing your story. And we will take the ball and all of us and do what we can to get across the finish line with this. And I thank you.

Mr. LYNCH. The gentleman yields.

I would like to add that the reason that we are trying to get a presumption created, so that the only thing a service member would have to show is that he or her was at K2. And that would end the inquiry on the part of the V.A. Once that was demonstrated, no more evidence needs to be, you know, that is the effect administratively on behalf of the V.A. It's just one of those that is an automatic. You were at K2, service connected. We just—we are not going to require any further medical tests. We are going to presume that the connection was there and that it was service related.

So, that is the success of that because we don't want people to have to jump through all those hoops to try to prove a case individually, one at a time. It is just not going to work that way. That is not for the benefit of the families that are going to need care. So, that is part of our legislative solution there as well.

Unless—let me ask if any of you have anything additional that you would like to add to your testimony before we conclude here?

Mr. WIDENER. Chairman Lynch, I'd like to take and just share a macabre fact. OK? And it's going to sound a little bit odd and bizarre and it took me a lot of years to come to grip with it. The Federal Government had manufactured, you know, danger and warning signs for chemical weapons that were unexploded and leaking and damaged chemical munitions, which lay in a field literally

across a small, dirt road from where we lived and worked. And then also a large, radiation area, which existed, which part of that higher radiation area actually extended into the life support area of our—of our tent city.

But, you know, everybody that went to K2—I was not one of those people, but everybody that went to K2 went to those signs and they had their pictures made. And the reason all of us did that and there are thousands of pictures of us standing next to the yellow and the white signs, but everybody knew that at some point we would need direct evidence to prove that we had been there and that we'd been exposed to what we were exposed to because people think we're crazy when we tell them what happened.

Mr. LYNCH. Thank you. OK.

Mr. WELSCH. This was initially personal for me, as I stated in my testimony, until I found the group. And then once we began compiling everything it became not so much personal. What really drove it home for me and—and made it gut wrenching was when I found that the group that I deployed with was coming down with illnesses.

For example, the commander of my group, Lieutenant Colonel James Donahue has cancer. The operations officer of my unit has cancer. Several—just that small group of people that I was an augmentee—attached to, just that small group there are several of them coming down with cancers, let alone the large picture of—the numbers that I'm keeping. And we—we beg for—for assistance to—to get this taken care of.

Mr. LYNCH. You got it.

Ms. Brooks, you all set?

Ms. BROOKS. I just have something to add, that—

Mr. LYNCH. Sure. Please.

Ms. BROOKS [continuing]. I do wonder how many have already died and are possibly not going to be counted. So, I think that needs to be taken into account and then when that accounting is taking place, you know, restorations of the families who have lost their loved ones, you know, in connection to K2 and toxic exposure. Thank you.

Mr. LYNCH. Thank you.

I would like to thank our witnesses for their testimony today.

Without objection, all members will have five legislative days within which to submit additional written questions to the witnesses, to the chair, which will be forwarded to the witnesses for your responses.

And I simply ask if those questions are transmitted, I ask our witnesses to please respond as promptly as you are able. Again, I want to thank you for the powerful testimony you provided today and for the service that you have rendered to other families in a similar situation and also to your brothers and sisters in uniform.

This hearing is now adjourned.

[Whereupon, at 1:49 p.m., the subcommittee was adjourned.]

