

Office of Congressman Raul Ruiz
House Veterans Committee
Member Day Hearing
Testimony: Burn Pit Exposure on Military Personnel
May 16, 2018

Thank you, Mr. Chairman. It was an honor to serve on the Veterans' Affairs Committee and it is great to be back.

I am pleased to be here to highlight the importance of an emerging health issue facing our veterans – exposure to burn pits.

Burn pits are used by our military to eliminate tons of waste, including chemicals and plastics, creating giant plumes of black smoke containing carcinogens and particulate matter.

For years, the Department of Defense used burn pits in Afghanistan in direct contravention of their own regulations for disposing of waste, even while recognizing that exposure to burn pits may pose health risks to our troops.

John Sopko, the Special Inspector General for Afghanistan Reconstruction said it very clearly, “CENTCOM officials told us that no U.S. installation in Afghanistan has ever been in compliance with Regulation 200-2.”

Regulation 200-2 requires bases with more than 100 troops for more than 90 days to install advanced waste disposal technology.

Now, we have veterans all across the country developing rare and severe pulmonary diseases and cancers, despite living healthy lifestyles and without any other risk factors.

Unfortunately, the VA refuses to open their eyes.

They say that studies have been done and that they have found no direct link between exposure to burn pits and long-term, adverse health effects.

That is intellectually dishonest and misleading.

It is also true that no study has *disproved* a link between exposure to burn pits and long-term, adverse health effects.

The fact is, the available epidemiological studies that have been done are inconsistent and of poor quality, were conducted with varied methodological rigor, had considerable variation in study design and sample size, were too short in follow-up duration to determine long-term health effects, and they lacked vital information including data on the contents of the smoke, the frequency and chronicity of exposure, and the proximity of troops to the burn pits themselves.

In summary, these studies asked the wrong questions, had incomplete information, and are flat out insufficient to make a determination.

So instead, we have to work with what we do have, which are case studies that show a pattern and raise suspicion.

When you have multiple veterans, who have been exposed to burn pits with known carcinogens, developing rare auto-immune diseases like constrictive bronchiolitis and rare cancers, with no other risk factors, it gives you as a provider a suspicion that there may be a causal link.

Those of us out in the field treating patients know that when there is enough suspicion with a severe, debilitating, and lethal outcome, then we must act *now* on that suspicion to prevent future deaths.

That is what we must do for our veterans.

We can't wait 10 years for the multi-cohort longitudinal prospective studies to decide whether or not to act.

We need to put our veterans above bureaucracy.

We can start to do that by doing these three things:

First, stop the exposure to these carcinogens out in the battlefield. It's very simple – if you know that lead in paint is dangerous, you stop using lead paint whenever and wherever possible. The same should hold true for burn pits.

Second, we need to do public health education outreach to doctors so they understand the myriad of illnesses that our veterans are facing and can make effective treatment recommendations.

As part of that, we also need to do outreach to those veterans who have been exposed so they can change their preventative health behaviors to increase screenings and train them to recognize subtle changes in their health, helping them catch cancer at the early stages when it can still be removed and treated.

Third, we need to take care of our veterans and put them first. That means making sure that they get their medical treatment quickly, that it's covered by the VA, and that they get their benefits so that their families are taken care of.

This Committee plays a crucial role and there are steps we can take immediately.

First, I have started a bipartisan Congressional Burn Pits Caucus with Chairman Wenstrup of this Committee and I invite everyone on this dais to join the caucus so we can get the answers our veterans deserve.

Second, we must have hearings in this Committee to ask the VA these tough questions, look at the literature that is out there, identify the medical ailments that our veterans are developing, and figure out why so many crucial details were left out of the studies that were done and which rendered them largely ineffective.

Third, there is bipartisan legislation we can act on now to start addressing this issue, such as H.R. 1279, the Helping Veterans Exposed to Burn Pits Act.

Thank you again for allowing me to testify before the Veterans' Affairs Committee.

I look forward to working with all of you to tackle this emerging health crisis for our veterans.