

## ② Ensure Benefits to Veterans Exposed to Toxic Substances

Millions of active duty service members have been exposed to environmental, toxic, and airborne hazards throughout history. These exposures include mustard gas during WWI and WWII, tropical diseases during WWII, extremely cold temperatures in Korea, nuclear atmospheric testing, Agent Orange in Vietnam, contaminated water at Camp Lejeune, as well as burn pits and other hazards in Southwest Asia during the Persian Gulf War and after September 11, 2001.

When service members are subjected to toxins and environmental hazards, our sense of duty to them must be heightened. Many of the illnesses and diseases due to these toxic exposures may not be identified for years, even decades, after completing their service. Although there has been some notable progress achieved over the past two decades, veterans who suffered illness due to toxic and environmental exposures have yet to receive the recognition and benefits they deserve.

### Add Presumptive Diseases When Science Provides Positive Association

The Department of Veterans Affairs (VA) has established several toxic exposures as presumptive with conceded exposures and diseases scientifically linked to the exposure. Some established presumptive processes have statutorily required future reports to continue assessing the long-term negative health impacts. However, over the past four years, VA has failed to add diseases that have been determined to have a positive scientific association with those known exposures. Recently, it took Congress to add three diseases that have been pending with VA for four years. However, two diseases still remain pending with VA.

The National Academies of Science, Engineering and Medicine (NASEM) update, “Veterans and Agent Orange,” in 2016, noted that although VA has not found hypertension to be presumptively related to service in





Vietnam, the committee reaffirmed the conclusions of previous studies that hypertension should be placed in the category of limited or suggestive evidence of association. In 2018, NASEM concluded there was sufficient evidence of an association between hypertension, monoclonal gammopathy of undetermined significance (MGUS), and Agent Orange.

VA has not included hypertension and MGUS as presumptive diseases although these conditions were scientifically associated with Agent Orange more than two years ago. In January 2020, VA indicated that they are relying on two internal VA studies the Vietnam Era Health Retrospective Observational Study, or VE-HEROES, and the Vietnam Era Mortality Study. In December, VA announced the studies will not be available until mid-2021.

Thousands of veterans suffering from the ill effects of these diseases deserve health care, compensation benefits, and justice. Congress again must intervene and enact legislation.

### **Include Locations of Recognized Exposures**

Most presumptive conditions that are based on toxicity have locations that are linked to toxic exposure. For veterans who participated in radiation risk activities, the locations of exposure are vital. Similarly, Agent Orange exposure is conceded for those veterans who served in Vietnam, the waters offshore, and the Korean Demilitarized Zone (DMZ).

VA has yet to recognize Agent Orange exposure in Thailand via statute or regulation. A Department of Defense (DOD) 1973 report, “Contemporary Historical Examination of Current Operations Southeast Asia Report: Base Defense in Thailand 1968-1972,” acknowledges the use of tactical herbicides on Thai Royal Air Force and Army bases. In 2019, DOD and VA released an update on locations of Agent Orange Exposure locations, which now officially includes Thai bases.

Despite that update, there are no current statutes or VA regulations to automatically concede veteran exposure to Agent Orange while serving in Thailand during the Vietnam era. VA’s manual does recognize herbicide exposure for specific military occupational specialties on the perimeter of eight Thai Royal Air Force bases. However, limiting exposure to only these specific occupations on the perimeter is unfairly restrictive and provides an unnecessary obstacle to veterans serving in this location and potentially exposed to Agent Orange.

### **Establish Research on Toxic Exposures**

Our service members are consistently exposed to dangerous locations and harmful environments with contaminants and toxins. It is important to note that not all of the harmful exposures have been recognized or even studied sufficiently. It has taken decades for most presumptive exposures and diseases to be established.

For example, VA established eight presumptive diseases related to contaminated water at Camp Lejeune in



2017. These conditions were established over 60 years from the first date of exposure and 30 years after the last exposure date.

The men and women exposed to these hazards cannot wait decades for the studies, research, and science. There are still no definitive studies on veterans exposed to the toxic hazards at Karshi-Khanabad Air Base, Fort McClellan, and Guam. DOD has released new data showing that more than 600 military sites and surrounding communities could be contaminated with perfluorinated chemicals—far more installations than Pentagon officials have previously disclosed.

Veterans suffering from these exposures need a process now that will study these current and future exposures. Waiting is not an option. Congressional action is needed to ensure DOD and VA develop a consistent and timely method for expanding known exposures and study the adverse long-term health effects of other toxic exposures.

### Frame the Presumptive Decision-Making Process

As evidenced through this article, inconsistencies delay recognition of exposures, the establishment of studies and research, and the provision of critical health care and benefits to veterans exposed while in service to this nation.

The Independent Budget veterans service organizations (IBVSOs) are concerned Congress and VA will continue to provide piecemeal legislation or regulatory provisions without addressing these much larger issues facing exposed veterans today and in the future.

An overall presumptive process framework needs to be established by Congress to provide consistency. A new framework must: 1) improve DOD and VA data collection and record-keeping; 2) establish a concession of ex-

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posure or recognition of the toxic exposure; 3) require statutorily mandated future studies on known exposures; 4) provide a time requirement for action by the VA Secretary; 5) maintain the standard of positive association vs. causation; and 6) update the classifications of scientific association. ♦

### **The IBVSOs Recommend:**

- Congress enact legislation to include hypertension, and MGUS as presumptive diseases linked to Agent Orange exposure.
- Congress enact legislation to codify the concession of Agent Orange exposure to all Vietnam era veterans with service on military bases in Thailand, regardless of military occupational specialty.
- Congress provide oversight and new legislation to develop scientific studies and research on the long-term negative health of toxic exposures.
- Congress establish a presumptive process framework that applies to all future exposures and presumptive diseases. The framework should include: requirements for future studies on all presumptive toxic exposure-related diseases; a time requirement for action from the VA Secretary; and an upgrade of the classifications of scientific association.