State of Tom Porter
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before the
Senate Armed Services Personnel Subcommittee

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Chair Gillibrand, Ranking Member Tillis, and Members of the Subcommittee, thank you for having me here today to talk about the most widespread health impact suffered by the post-9/11 generation.

On behalf of Iraq and Afghanistan Veterans of America (IAVA) and our more than 425,000 members, thank you for the opportunity to share our views, data, and experiences on the matter of burn pits and other toxic exposures, what many are saying is the “Agent Orange” of our generation.

I am here not only as an IAVA advocate for post-9/11 veterans, but as one who was exposed to a variety of airborne toxins from burn pits and other sources at many locations when I was deployed to during the Global War on Terror in Afghanistan and the Middle East between 2007 and 2014.

Before I went downrange during that period, I had zero breathing problems and completely healthy lungs. In the first couple of weeks after I arrived in Kabul, where the air is particularly bad, my lungs had a severe reaction and became infected. It was controlled with medication over the next year. However, after re-deploying home, I stopped the medications and symptoms came back and I was diagnosed with asthma as a result of my deployment.

Exposure to burn pits used by the military to destroy medical and human waste, chemicals, paint, metal/aluminum cans, unexploded ordnance, petroleum and lubricant products, plastics, rubber, wood, and other waste has been widespread.

And it is not just burn pits. Search for the “Poo Pond Song” on YouTube and you will hear one Soldier’s humorous take on the enormous lake of human waste that tens of thousands of international service members lived, worked, and ate around at our formerly large base in Kandahar.
You could also learn from the many who have served in Kabul - an enormous city without a modern sewer system. Many of our veterans who served there are suffering the impacts from breathing airborne feces for extended periods of time. There have been burn pits at the numerous previous bases there as well.

At every location where US and coalition military were stationed, there were many many port-o-johns. The waste from all those toilets had to be disposed of on a regular basis. It was someone’s job to routinely pull out the metal bin of waste, douse it with jet fuel, and burn it down. And of course, we cannot forget the omnipresent diesel generators to power our operations wherever we have been deployed that emitted black smoke around the clock. These presented another constant airborne assault on the health of our service members.

The military and veterans community knows all too well how detrimental all these toxic exposures and environmental hazards can be, and the associated health impacts. As an example, IAVA’s 2022 Member Survey of our mostly-post-9/11 veterans and active duty personnel, being released this month, show the following:

Eighty-two percent of our members surveyed across all services, with slightly more in the Army and Marine Corps, say they experienced toxic exposures during their service. Of those, 90% say they have or may have symptoms resulting from their exposures. Also of the 82% who were exposed, just 53% said they had their exposures documented in their DoD Periodic Health Assessment.

This aforementioned data shows the enormous percentage of those who are suffering service-related exposures, especially when referenced in the context of the VA estimate of 3.5 million it says may have experienced exposures.

When IAVA saw similar data in a previous Member Survey, we conceived of and worked hard to pass the *Burn Pits Accountability Act* (BPAA) sponsored by Sens. Amy Klobuchar and Dan Sullivan, which was signed into law as part of the 2020 NDAA. The BPAA language in Section 704 required service members to be evaluated for exposure to toxic airborne chemicals during routine health exams and directs the DoD to record and share whether service members were based or stationed near an open burn pit, including any information recorded as part of the Airborne Hazards and Open Burn Pit Registry, the Periodic Health Assessment (PHAs), Separation History and Physical Examination (SHPEs), and Post-Deployment Health Assessment (PDHAs). Members were also *required to be enrolled in the Burn Pit Registry*,...
unless they choose to opt out, if they were exposed to toxic airborne chemicals or stationed near
an open burn pit.

Seventy-six percent of IAVA members are aware of the Burn Pit Registry, but only 59% are
registered, according to our Member Survey. DoD must maximize its efforts to ensure all who
are eligible and are willing to enroll, get enrolled.

IAVA would like this Committee to confirm with DoD if the letter and intent of the BPAA is
being executed, including whether service members are actually being required to enroll in the
Registry (unless they opt out) or are simply being advised of the existence of the Registry.

An important next step forward for service members and veterans who have been exposed is the
joint VA-DoD development of the Individual Longitudinal Exposure Record (ILER) database.
The ILER will record potential and known exposures throughout a service member's time in
uniform in order to provide DoD and VA clinicians, claims adjudicators, and benefits advisors
actionable data needed to improve the care provided to servicemembers and veterans. Data from
those receiving treatment for illnesses through DoD and VA should be fed back into the ILER,
ultimately increasing VA's ability to develop a presumptive illness database of evolving illnesses.

If this system is done right, it will provide servicemembers and veterans significant transparency
into their exposures that many have been saying has been lacking by DoD and VA. However,
while this system has tremendous potential in allowing servicemembers, veterans, and their
medical providers access to critical exposure information, ILER is not available currently to
service members and veterans.

IAVA supported language included in the Mac Thornberry NDAA for Fiscal Year 2021 that
required the VA Secretary to “provide to a veteran read-only access to the documents of the
veteran contained in the [ILER] in a printable format through a portal accessible through [a VA
website].” The VA-DoD Joint Executive Committee has said in its 2019 Annual Report that the
ILER achieved initial operating capabilities on September 30, 2019 and that it will achieve full
operating capabilities by September 2023.

IAVA asks that this Committee confirm with DoD that the ILER is indeed operationally capable
and accessible for service members and veterans on schedule for use in 2023.

As we recently learned, Defense Secretary Austin announced on March 7 that he decided to
defuel and permanently close the Red Hill bulk fuel storage facility in Hawaii. The Secretary
committed to environmental remediation of the location, and he also addressed the associated
workforce and their families, recognizing that their health, lives and livelihoods have been impacted and that “We owe you the very best health care we can provide, answers to your many questions, and clean, safe drinking water…” and a “return to normal.” IAVA would like to know specifically how they are tracking the effects on the people who have suffered exposures. Not just the ones who live there now, or that have been evacuated, but those who have been affected over the life of the impacts by the facility. And will these exposures be included in the service members’ health records that will be transferred to the VA when they leave service? IAVA would have similar concerns with how DoD is tracking the health effects in military personnel and their families who were exposed at any DoD facility or military base.

Serving in the military is an honorable calling, but it is tough on one's body. Although not specific to toxic exposures, a significant indicator of IAVA members’ health, when asked in our Member Survey how they would rate their overall health before joining the military, 91% rated their health excellent (65%) or good (26%). When asked how they rated their health after they left the military, just 33% said it was excellent (6%) or good (27%).

This is probably not a surprise to many, that military service can be hard and cause adverse health impacts, and those joining the military likely understand that too. But our service members, recruits, and parents who may want to encourage their sons and daughters to enter service expect that if one does suffer injuries, our government will properly care for them when they come home.

Failure to care for the many thousands who suffered military toxic exposures may diminish the value of military service in the public’s eyes. And by refusing to satisfy our obligations to them we communicate to current and future servicemembers that we do not actually have their backs.

So, on behalf of the 3.5 million service members and veterans who were exposed to burn pits and other airborne hazards, I implore you to ensure that DoD follows recently enacted laws meant to increase transparency and information sharing with those who have suffered exposures, and to spare no effort in not only anticipating new hazards our personnel may encounter, but advise them of their known risks ahead of time so they and medical professionals are better equipped to address emergent health impacts.

Again, thank you for allowing me to present testimony to this Committee on behalf of IAVA.
Biography of Tom Porter

Tom Porter joined IAVA in 2015 and now leads IAVA’s Washington, DC government relations team in advocating for our nation’s veterans. He has led successful campaigns to protect military and veterans education benefits, combat suicide, address military toxic exposures like from burn pits, and fill gaps in care for women veterans. Also a media spokesman for IAVA, he has contributed to CNN, Fox News, NBC, ABC, PBS, NPR, BBC (and local affiliates), Wall Street Journal, Washington Post, POLITICO, and many others.

Prior to joining IAVA, Porter was Vice President at the energy firm Morgan Meguire since 2004, representing energy utilities nationwide. He was successful in achieving goals on behalf of a nationwide client base through aggressive and bi-partisan advocacy before Congress and federal agencies. He also served more than eight years on the staff of three senior Members of Congress. Porter is a U.S. Navy Captain with reserve and active service since 1996, including deployments to Afghanistan and the Middle East.