Written Testimony for the Record by the
ASSOCIATION OF THE UNITED STATES NAVY

Submitted to the
HOUSE AND SENATE COMMITTEES ON VETERANS' AFFAIRS

for the
JOINT HEARING OF THE HOUSE AND SENATE
VETERANS' AFFAIRS COMMITTEE

Submitted by
Garry E. Hall
Rear Admiral, USN (Ret)

National Executive Director
ASSOCIATION OF THE UNITED STATES NAVY

26 February 2016

Chairmen Isakson and Miller, Ranking Members Blumenthal and Brown and other distinguished members of the Committees, on behalf of our country's Sailors, the Association of the United States Navy (AUSN) thanks you for the opportunity to present our legislative agenda for 2016.

AUSN is a 501 (c) (19) organization headquartered Alexandria, Virginia. We are the premier voice for America's Sailors. Our members and friends of AUSN work tirelessly to support our active duty Sailors and to make sure that those who have served – our veterans and retirees – have the benefits they need and deserve. AUSN does not receive any grants or contracts from the federal government.

AUSN is grateful for the work of your Committees in support of our nation's veterans and their families. We applaud you for passing the Clay Hunt Suicide Prevention for American Veterans Act. This legislation will help reduce military and veteran suicides.

AUSN also extends our gratitude to the Committees for passing H.R.4437, which will extend the deadline for the submittal of the final report required by the Commission on Care; H.R.4056, which will direct the Secretary of Veterans Affairs (VA) to convey to the Florida Department of Veterans Affairs all right, title and interest of the U.S. to the property known as "The Community Living Center" at the Lake Baldwin Veterans Affairs Outpatient Clinic in Orlando, Florida; and H.R.3262, which provides for the conveyance of land of the Illinois Health Care System of the Department of Veterans Affairs in Danville, Illinois. These bills will further support the health care of our veterans and extends the Commission on Care, which is critical.

AUSN's Veteran's Legislative Agenda

As we move forward AUSN will continue to push for VA reform and passage of the Blue Water Navy Vietnam Veterans Act of 2015 (S.681 and H.R. 969), introduced by Sen. Kirsten Gillibrand (NY) and Rep. Chris Gibson (NY-19). We will continue to monitor and support other legislation and related matters that come before your Committees and other committees that impact the health and well-being of our veterans.

VA Reform

We support and appreciate all that the VA is doing in the area of reform. Our goal, like other VSOs, is to ensure our veterans have access to quality healthcare in a reasonable time. We continue to be concerned to be concerned about a number of issues including:

- Veterans Choice Program
- Suicide Prevention
- Utilization of independent research

Veterans Choice Program

We believe the VA needs to conduct more community outreach with local medical facilities. We support the Veterans Choice Program and encourage Congress to work with the VA and their community stakeholders to replicate pilot programs across the country.

The Veterans Choice Program provides a mechanism for the VA to offer a wider spectrum of care to veterans in a timely manner, is cost-effective and reduces wait times to see doctors.

One of the successful pilot programs was started by Rep. Beto O'Rouke (TX-16). He started a community Care Program in his District under the Veterans Choice Program. The El Paso VA Hospital partnered with Texas Tech University and by working together they sent veterans to community doctors and specialists. The result – the wait time to see a doctor was 10 days as compared to 45 days at the VA and the VA saved money by not having to hire additional primary care physicians or specialists.

Suicide Prevention

Suicides committed by veterans continue to be at significantly higher rates than the civilian population with more than 22 veterans committing suicide daily. As mentioned earlier, we applaud Congress for passing the Clay Hunt Suicide Prevention for American Veterans Act.

However, AUSN believes more needs to be done in this area. AUSN is working with Congressional members on starting pilot programs to identify veterans who are not currently registered with the VA system and veterans who have left the VA system under challenging circumstances. The goal of the pilot program is to help veterans get the quality health care they need. This can be achieved by expanding the Veterans Choice Program.

Utilization of Independent Research

One area within the VA that needs reform is research. Currently the VA conducts research that is counterproductive to the mission of treating veterans. AUSN recommends the VA:

1) Use research conducted by independent, credible sources, if available
2) Treat veterans for their illnesses related to their exposure before understanding how the veteran was exposed
3) Collect data when treating veterans and use this information and these case studies to treat others

By utilizing research by other independent, creditable organizations the VA will save a significant amount of valuable time and money. Two examples include the Gulf War Illness and the Blue Water Navy Agent Orange Exposure. The studies conducted by the VA resulted in conclusions that were completely opposite from the findings in each of the same studies conducted by the IOM, which cost hundreds of millions of dollars that could have be spent caring for Veterans.

H.R. 969 and S.681, Blue Water Navy Vietnam Veterans Act of 2015

Introduced by Sen. Kirsten Gillibrand (NY) and Rep. Chris Gibson (NY-19), the Blue Water Navy Vietnam Veterans Act of 2015 would restore presumptive coverage for service-connected illnesses that afflicted thousands of naval personnel who served in the Vietnam theatre of operations.

During the Vietnam War, some 20 million gallons of Agent Orange and other toxic substances were sprayed to remove jungle foliage around fire bases and to deny the enemy the ability to grow or harvest crops. Research shows that Navy personnel who came into contact with toxic chemicals and herbicides, such as Agent Orange, have been affected by OR linked to several illnesses including non-Hodgkin's Lymphoma, leukemia, Type II diabetes, Parkinson's disease and other types of cancers.

From 1991 through 2002, the VA Secretary was empowered to declare certain illnesses presumptive to exposure to Agent Orange, enabling veterans who served in Southeast Asia to receive health care and disability compensation for such health conditions.

Unfortunately in March 2002, the then secretary VA stopped awarding benefits to any of the 534,300 blue water veterans, limiting those eligible under provisions of the Agent Orange Act cover only "boots on the ground" Vietnam veterans.

A study by the Institute of Medicine (IOM) indicate that blue water service members, who have reported a disproportionately high number of cancer cases, were exposed to Agent Orange by drinking the water on their ships. The process to convert salt water into drinking water did not remove the chemical from the water and as a result Vietnam blue water veterans have had to live with the consequences

Similar to the Army's boots-on-the-ground brother and sister veterans, AUSN believes "blue water" Sailors deserve to receive healthcare services and disability compensation for which they are eligible. These Sailors served honorably and they and their families deserve the care they have earned.

AUSN encourages passage of this legislation.

Conclusion

AUSN appreciate the efforts made by the VA and we applaud the work of your Committees. We urge passage of H.R. 969 and S.681, the Blue Water Navy Vietnam Veterans Act of 2015, and related legislation so our veterans receive the care they deserve and need. We often spend more time passing regulations that make sense to the scientist and the doctors who write them, but we forget about the veterans who are suffering from illnesses that were not present until after they completed their tours of duty. We wait 30-50 years researching an illness, and when we decide that there is a connection between the illness and the veterans service, its usually too late for most veterans, and then we make it harder on the veteran to prove exposure.

We are indebted to our Sailors and all members of the military for their service to this country and want to see our veterans receive the healthcare they deserve. On behalf of the men and women serving in the U.S. Navy, thank you for your time.

Appendices:

Appendix A: H.R. 1769 and S. 901, Toxic Exposure Research Act of 2015
Appendix B: AUSN's Position on Selected Issues

For more information feel free to contact:

RADM Garry E. Hall, USN (Ret.), garry.hall@ausn.org, 571-351-4982
ABH2(AW/SW) Michael J. Little, USNR, michael.little@ausn.org, 571-351-4988

Appendix A: H.R. 1769 and S. 901, Toxic Exposure Research Act of 2015

Introduced by: Rep. Dan Benishek (MI-1) and Sen. Jerry Morran (KS).

AUSN's Position: AUSN supports H.R. 1769 and S. 901, The Toxic Exposure Research Act of 2015

Recommendation: AUSN respectfully recommends substituting the term "Uniformed Services" for "Armed Forces" in the bill as defined in Section 101(a)(5), 10 USC.

Background: This legislation address the need to better understand the toxins that many veterans have been exposed to and enhance the understanding of the effect this exposure may have on veterans' descendants. It requires the Department of Veterans Affairs (VA) to establish a national center for research on the diagnosis and treatment of health conditions of the descendants of veterans that are exposed to toxic substances during their military service and create an advisory board on exposure to toxic substances.

The research component will examine Agent Orange in areas such as Thailand, Laos, Cambodia, Korea, Panama, Guam, Johnston Island and Fort McClellan. The research will also examine other toxic exposures such as radiation, depleted uranium, asbestos, petroleum fires, burn pits and other sources of contamination.

This bill would result in the type of proactive research done in other countries such as Australia, who discovered the connection between Agent Orange and the Blue Water Navy.

Our Nation owes a debt of gratitude to the men and women who served our armed forces. We want to ensure we are doing all we can for Sailors exposed to toxic materials including Agent Orange, Gulf War Illness, asbestos and Burn Pits.

Appendix B: AUSN's Position on Selected Issues

VHA NURSING HANDBOOK

Issue: Proposed policy change to the Veterans Health Administration's (VHA) Nursing Handbook including switching all Advance Practice Registered Nurses (APRNs) to Licensed Independent Practitioners (LIPs) and using LIPs in the operating room instead of anesthesiologists.

AUSN's Position: We oppose these changes as it will bring undue harm to veterans.

Background: AUSN does not support the proposed changes to anesthesia care in surgical settings.

The VA wants to take the anesthesiologist out of the operating room and replace them with a LIP. According to the American Society of Anesthesiologists (ASA), "physician anesthesiologists serve a critical role in providing safe anesthesia care. For VA patients who have poorer health status, the involvement of a physician anesthesiologist in their care is an imperative. Without physician involvement, the VA would be lowering the standard of care for our Veterans and putting their lives at risk." Physician anesthesiologists have 12 to 14 years of education and 14,000 to 16,000 hours of clinical training. LIPs do not have the advanced anesthesiology training or clinical hours that physician anesthesiologists must have.

Physician anesthesiologists serve a critical role in providing safe anesthesia care. VHA's current Anesthesia Service Handbook encourages the use of a physician-led anesthesia team due to the health risks associated with the administration of anesthesia. The VA's chief of anesthesiology, has informed VA leadership that the new policy "would directly compromise patient safety and limit our ability to provide quality care to Veterans."

As noted in ASA's journal, *Anesthesiology*, patients have better outcomes when a physician anesthesiologist is involved in surgical anesthesia care. A physician-led team approach to providing anesthesia care in a surgical setting is practiced by the majority of top health providers in America. AUSN believes that veterans deserve that same level of high quality care.

Congress has requested that surgical anesthesia provisions be excluded from the new draft of the VHA Nursing Handbook when it is published. This concern has also been expressed by other Veterans Service Organizations (VSOs).

AUSN believes our nation's Veterans deserve the highest level of medical

attention, and this proposed shortfall in care is unacceptable. AUSN is confident that Secretary Robert McDonald will see the deficiencies in the proposed changes to the VHA Nursing Handbook and openly oppose them to ensure the wellbeing of our Veterans.

GULF WAR ILLNESS

Issue: Gulf War Illness is the "signature" health problem for 1991 Gulf War veterans, affecting an estimated 24-33% of the nearly 700,000 veterans who served. In February 2016 the Institute of Medicine (IOM) issued a report indicating the VA needs to stop searching for links between environmental exposures and health problems of Gulf War veterans and instead focus on monitoring and treating these individuals.

AUSN Position: AUSN supports IOM's recommendation that the VA treat Gulf War veterans as they age and illnesses develop without concrete information on each veteran's exposure. AUSN also recommends the VA take action now to monitor these veteran's and treat them as illnesses present themselves, so they can be prepared as more veteran's start showing signs of illnesses; and believes that studies on Gulf War Illness must be independent and free of any biases by DoD and the VA.

Background: Reports of increased rates of Amyotrophic Lateral Sclerosis (ALS) in Gulf War veterans started emerging in the 2000s. According to a report by Dr. Ronnie Horner from the University of Cincinnati, Sailors were at a higher risk of developing ALS than other branches of the military.

IOM issued a report in February 2016 that confirmed findings from their 2010 report that ALS is more frequent in Gulf War veterans than in the general U.S. population. Although researchers are in the dark about the causes of this link, the IOM suggested that both ALS and Gulf War illness might be linked to toxic exposures during deployment.

The IOM report also indicates that veterans appear to have an increased risk for Gulf War illness, chronic fatigue syndrome, functional gastro-intestinal conditions and mental health disorders, such as post-traumatic stress disorder, generalized anxiety disorder, depression and substance abuse. These findings support the conclusions of the 2010 report.

We ask the VA to note IOM's recommendation that "without definitive and verifiable individual veteran exposure information, further studies to determine cause-and-effect relationships between Gulf War exposures and health conditions of Gulf War veterans should not be undertaken, and instead focus on monitoring and treating those who have health problems related to their deployments during the first Gulf War."

We also ask Congress to note that the IOM report showed that since

1994 more than $500 million has been spent studying Gulf War Veteran's Health with little to no proof of any progress to understanding the health effects.

The IOM report recommended that the VA continue to assess Gulf War veterans for neurodegenerative diseases with a particular focus on age-related neurodegenerative diseases such as ALS, Alzheimer's and Parkinson's, that might take years before becoming clinically evident.

We don't want to revisit this topic in another 30 years like we did with Agent Orange, admitting that more needed to be done.

BURN PIT EXPOSURE

Issue: The use of open air burn pits in combat zones has caused invisible, but grave health complications for many service members, past and present. Particulate matter, polycyclic aromatic hydrocarbons, volatile organic compounds and dioxins – the destructive compound found in Agent Orange – and other harmful materials are all present in burn pits, creating clouds of hazardous chemical compounds that are unavoidable to those in close proximity.

CB, sometimes also called Obliterate Bronchiolitis (OB) or Bronchiolitis Obliterans, is a rare respiratory condition in which the small airways of the lungs are compressed by inflammation and scar tissue. This disabling pulmonary condition is irreversible and often life threatening. A significant number of U.S. troops developed this rare condition following deployments in Afghanistan and Iraq, in environments replete with burn pits, toxic fumes, old Iraqi chemical warfare agents including mustard gas, and other toxic and hazardous exposures – all known or suspected causes of CB.

AUSN Position: AUSN request that the VA add constrictive bronchiolitis (CB) – with appropriate disability rating criteria as described below – to the VA Schedule for Rating Disabilities in Chapter 38 U.S. Code of Federal Regulations (38 CFR). It is critical that veterans afflicted post-deployment by this rare, debilitating disease be appropriately compensable by the VA.

Background: Although deployed service members went willingly to serve, the price of that service is apparent by the number of veterans who have developed this chronic and often-deadly disease. In most cases, service members who have CB were healthy and able to perform their military duties only to return home to find they had trouble completing simple everyday tasks. Often these service members were forced to leave their military careers as a result of their CB.

Diagnostic procedures and an uncertain path to disability compensation have added insult to injury for these service members. As noted in a 2015 Defense Health Board report on deployment pulmonary health, CB is usually not detectable with x-rays, CT scans or pulmonary function testing. Conclusive diagnosis currently requires an invasive lung biopsy, but even that does not provide a clear path to compensation. The VA's disability rating regulation does not specify CB, provide a diagnostic code or appropriate disability rating criteria. As a result VA raters must rely on "analogous" diagnostic codes. In the case of "bronchitis-chronic" (Diagnostic Code 6600), this involves reliance on pulmonary function test results.

This is an injustice to the men and women, who faithfully served our country, went to war, came home injured and now struggle to get VA disability compensation, if at all. In stark contrast to the VA, the Social Security Administration (SSA) added CB ("OB") to SSA's list of Compassionate Allowances (CAL) several years ago. It is imperative that the VA follow suit and recognize the sacrifices made by our military service members by adding CB to the disability rating schedule contained in 38 CFR 4.97, with appropriate disability rating criteria based on its debilitating effects on activities of daily living and not based on inapplicable imaging or pulmonary function testing. We recommend the VA accept that CB is caused as a result of exposure to toxic burn pits.

In the meantime, the impact on VA's already overburdened claims process is likely to grow. According to a VA report on the Airborne Hazards & Open Burn Pit (AH&OBP) Registry, data through the end of 2014 show 309 registrants (1.2%) already self-report being diagnosed with constrictive bronchiolitis. And, out of 3.5 million individuals eligible to participate in this new registry, only 45,294 have participated to date, including 28,426 who have completed questionnaires. We expect that enrollment in this registry will continue to expand as the number of eligible veterans experiencing adverse respiratory health effects rises, further encouraging registry participation and adding more claims to VA's backlog – claims that have currently have no clear path to fair or reasonable adjudication.

Current VA and DOD-sponsored epidemiologic studies lack specific location and event data to properly control for veterans who were directly exposed to hazardous chemical compounds created by burn pits. The Defense Health Board's study, "Pre- and Post-Deployment Evaluation of Military Personnel for Pulmonary Disease Related to Environmental Dust Exposure," found that "Epidemiologic studies are compromised by the lack of access to classified individual deployment location data." In order to properly evaluate the health effects of burn pit exposure, VA and DOD must conduct event and location specific research.

MEFLOQUINE TOXICITY

Issue: Over the last 10 years, it has become increasingly clear that the use of mefloquine is accompanied by a greatly increased risk of severe neurological damage. The drug mefloquine hydrochloride (previously marketed as Lariam®) is an anti-malarial drug that was developed by the U.S. military during the 1970s at the Walter Reed Army Institute of Research (WRAIR) as a replacement for chloroquine. Since its introduction mefloquine has been widely provided to U.S. Special Forces and to hundreds of thousands of troops on large deployments including to Somalia, Iraq, and Afghanistan. Mefloquine has a history of causing disturbing side effects, the severity of which is only now becoming apparent.

AUSN's Position: AUSN recommends ceasing the distribution of mefloquine to service members for the prevention of malaria, except in cases of declared national emergency where the distribution is absolutely necessary. We also recommend Congress establish legislation requiring DoD to report on the availability of mefloquine alternatives, and the progress of all scientific studies on the drug's toxicity and to estimate of the number of service members previously exposed to the drug. Additionally, we support DoD's expansion of the mission of the Hearing Center of Excellence, the Vision Center of Excellence and the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury to include diagnosis and management of service members suffering detrimental effects of mefloquine. Lastly, DoD needs to develop and implement policies to effectively evaluate military disability claims regarding adverse effects of mefloquine exposure.

Background: As early as 1973 in the first human Phase I trials, researchers found that mefloquine was associated with transient dizziness. By 1981, vertigo accompanied by confusion had been noted in Phase II trials. By 1983, serious psychiatric effects including hallucinations, disorientation and transient confusion were commonly reported. By the time of mefloquine's U.S. licensure in 1989, the product insert emphasized the risk of, "dizziness, and disturbed sense of balance or neuropsychiatric reactions," and warned, "If signs of unexplained anxiety, depression, restlessness or confusion are noticed, these may be considered prodromal to a more serious event." By 1994, the U.S. product insert warned of risk of, "encephalopathy of unknown etiology," and that dizziness and psychiatric effects could continue even after therapy. By 2008, following reports of persistent vertigo lasting as long as 12 months, the U.S. product insert was updated to warn that in, "a small number of patients, dizziness and loss of balance have been reported to continue months after mefloquine has been stopped."

In 2012, at a Senate Appropriations Subcommittee on Defense, testimony was offered that toxicity of mefloquine was the “third signature injury” of modern war, alongside post-traumatic stress disorder (PTSD) and Traumatic Brain Injury (TBI). Additionally, the Center for Disease Control stated that “along with the problems the drug can directly cause, it can also, “confound the diagnosis and management of PTSD and TBI.”

Recently, the dangers of mefloquine exposure has been further brought to light with DoD’s decision on April13, 2013 to revise and update their Guidance on Medications for Prophylaxis of Malaria to sharply restrict the use of the drug and label it as a “last resort” drug. These concerns were further amplified by the FDA’s decision on July 29, 2013 to require a black box label on mefloquine, warning of a risk of serious psychiatric and neurologic effects, some of which could be permanent.

Fortunately, the last decade has seen the development of multiple safe and effective alternatives to mefloquine. In acknowledgement of the availability of safer drugs, on September 13, 2013 the U.S. Army’s Special Operations Command (USASOC) issued specific orders prohibiting the use of the drug outright. However the drug otherwise remains available for use across the military services, and few resources are available to help those suffering its long-term effects.