

**STATEMENT FOR THE RECORD OF
LEROY TORRES, IRAQ WAR VETERAN AND
ROSIE TORRES, CO-FOUNDER, BURN PITS 360**

**BEFORE THE UNITED STATES SENATE COMMITTEE
ON ARMED SERVICES FOR A MARCH 13, 2022
HEARING ENTITLED:**

**TO RECEIVE TESTIMONY ON THE HEALTH EFFECTS OF EXPOSURE TO
AIRBORNE HAZARDS, INCLUDING TOXIC FUMES FROM BURN PITS**

Thank you, Chair Gillibrand, Ranking Member Tillis
and Members of the Subcommittee for today's hearing and for this opportunity to testify.

Introduction

My husband Ret. Captain Le Roy Torres served as a State Trooper for 14 years before being discharged from State Service as a soldier for 23 years before being medically retired. He deployed to Balad, Iraq from 2007 to 2008 where he was exposed to the largest burn pit within the Operation Iraqi Freedom (OIF) theatre of operations. As a husband, a father, grandfather and a first responder, he has been deprived of his dignity, honor and health. He returned home from war to face a health care system that failed him and an employer too afraid to understand an uncommon war injury resulting in termination of his law enforcement Career. As a result of this injustice Le Roy's USERRA case will be heard before the United States Supreme Court next week on March 29, 2022. This is just one example of the bureaucratic inertia our former and current military members are facing.

Since returning from Iraq he has had over 400 medical visits. In November 2010 he was diagnosed with a debilitating lung disease constrictive bronchiolitis following a lung biopsy at Vanderbilt University. His doctors also diagnosed him with toxic brain injury due to exposure to toxins, likely resulting from exposure to burn pits exposures in Iraq. For years The VA and DOD have refused to recognize or diagnose these environmental injuries, often misdiagnosing them as psychosomatic or dismissing them as "compensation driven care seeking."

For the past 12 years, Burn Pits 360, which Le Roy and I cofounded, has been at the forefront of this issue, advocating for the families and those battling life threatening illnesses. We established an independent health registry tracking the illnesses and deaths for present and former members of the United States military services, particularly those with environmental and occupational illnesses. As families we feel left behind without the support of a grateful nation. We have had to fight for that support everyday of our lives, while dealing with illness or death of a loved one. We are asking for DOD and VA to honor these injuries with compassionate common sense. This is an invitation to begin the healing process for these families who have lost loved ones to illness or death following the environmental hardships of war.

Burn Pits 360 is a 501(c)(3) non-profit Veterans organization is headquartered in Robstown, Texas with the mission to advocate for veterans, service members, and families of the fallen affected by deployment-related toxic exposures. Burn Pits 360 owns and manages a health registry of about 10,000 participants that serves as a national model.

Our impact includes the legislation creating the Airborne Hazards and Open Burn Pit Registry (AHOBPR) signed into law in 2013 (P.L. 112-260). The law also directed a longitudinal burn pits exposure study to be jointly conducted by the U.S. Department of Veteran Affairs (VA) and Department of Defense (DOD). We participated in the open comment period for registry revisions submitted the VA Office of Public Health (OPH), resulting in the addition of constrictive bronchiolitis to the registry. We have presented our registry data to the National Academy of Science committee created under the 2013 legislation, and we have presented statements to the Defense Health Board and have participated in every VA/DOD AHOBPR Burn Pit Symposium. Most recently our efforts were successful in the passage of the Honoring Our Pact Act legislation now making it's way over to the Senate.

The time is well past due for the President, Departments of Defense and Veterans Affairs to acknowledge these injuries and disease as a direct result of Armed conflict or caused by an instrumentality of war.

Burn Pits Health Consequences and Impact

Numerous military bases in the Operations Iraqi Freedom (OIF) and Enduring Freedom (OEF) theatres of operation produced several tons to several hundred tons of solid waste per day. Open-air burn pits were the primary waste disposal method during the majority of the duration of these wars in Iraq and Afghanistan. This involved the burning of plastics, body parts, expired pharmaceutical drugs, chemicals from paint and solvents, unexploded ordinance, petroleum, and according to some reports, nuclear and biological waste.

Additionally, some of the burn pits were reportedly built on top of soil contaminated by chemical war agents. Due to the unacceptable risk posed by these burn pits to our service members, their use was eventually mostly banned, except under narrow circumstances, in 2010. Tens of thousands of service members have been exposed to toxic chemicals and micro fine, highly respirable and dangerous particulate matter from burns pits and they continue to suffer serious, disabling health consequences upon their return.

A defense contractor stationed at Al-Taqaddum in Iraq from 2006 to 2007 described the impact of burn pits and their health effect in a November 2014 news story: "Burn pit smoke would encircle the entire military base in an enormous dark ring that settled to the ground after darkfall.... A lot of people got rare

cancers and died. Any exposed skin and mucous membranes, as experienced by many of us, felt on fire, and burning. Many of us developed shortness of breath.”¹

The wars in Iraq and Afghanistan exposed U.S. service women and men to an unprecedented array of airborne health hazards including from open-air burning in vast burn pits; shock waves and toxic particulates from improvised explosive devices (IEDs), including vehicle-borne improvised explosive devices (VBIED) and those containing chemical warfare agents; and hazardous microfine sand particles². Service members with new-onset, post-deployment respiratory symptoms from these hazards are being labeled as having Iraq/Afghanistan War-Lung Injury (IAW-LI).³

Here is some of what we now know:

- Air sampling data indicate that smoke from these burn pits contained chemicals associated with cancers, lung diseases, cardiovascular disease, kidney disease, neurological disorders, and more.
- The Burn Pits 360 national registry confirms that the array of devastating health conditions being suffered by exposed veterans include pulmonary diseases, rare forms of cancer, and many unexplained diseases and symptoms.
- The VA’s national registry, though it contains over 260,000 registrants, fails to account for the true impact of burn pits exposure by underperforming participation rates, failing to track comorbid conditions that develop following initial registration, and failing to allow for the entry of cause of death information.
- It is a national failure to adequately prevent, diagnose, treat, and compensate burn pits-exposed active-duty troops and veterans.

There are a number of crucial issues related to burn pit exposure and IAW-LI that we strongly believe this Committee should investigate and which require the focused attention of the DOD.

The current lack of clear understanding of the health impacts of these exposure should not circumvent our national obligation to assist every affected military service member and veteran. In particular, we would highlight the following important focus areas:

1. Improving the burn pit registry so that it can be an effective research tool for monitoring and identifying the health consequences of burn pit exposure;

¹ Elizabeth Hilpert, quoted by Dan Sagalyn, “Photo essay: The burn pits of Iraq and Afghanistan,” November 17, 2014, PBS News Hour. <https://www.pbs.org/newshour/world/photo-essay-burn-pits-iraq-afghanistan>

² Szema, Anthony et al, “Iraq dust is respirable, sharp, and metal-laden and induces lung inflammation with fibrosis in mice via IL-2 upregulation and depletion of regulatory T cells,” J Occup Environ Med. 2014 Mar;56(3):243-51. <https://dx.doi.org/10.1097/JOM.000000000000119>

³ Szema, Anthony et al, “Proposed Iraq/Afghanistan War-Lung Injury (IAW-LI) Clinical Practice Recommendations: National Academy of Sciences’ Burn Pits Workshop,” Am J Mens Health, 2017 Nov; 11(6): 1653-1663. <https://dx.doi.org/10.1177%2F1557988315619005>

2. Improving VA compensation claims for burn pit active service members, including establishing presumption of service-connection for debilitating symptoms and diseases that have been linked to burn pit exposure;
3. Conducting more and better research into the health consequences of burn pits and to develop effective treatments for them;
4. Establishing evidence-based clinical practice guidelines with effective screening and treatment protocols for physicians caring for veterans exposed to burn pits, and a specialized care program for IAW-LI and comorbid conditions;
5. Disability needs to be based on injury or disease as a direct result of Armed Conflict or caused by an instrumentality of war.
6. Adopt Force Protective Measures, Institute measures to equip personnel deployed to high risk areas with masks or other devices to protect against toxic airborne exposures.
7. Improving collection of service members health records of exposure.

Testimonies

CPT (Ret.) Le Roy Torres, Co-founder, Burn Pits 360 Veterans Organization.

“Many servicemembers have returned from the Iraq and Afghanistan wars with a multitude of illnesses that are invisible and are associated with burn pit exposure and may remain dormant for years. As our motto says, “*the war that followed us home*” has become a reality and dreadful journey for many veterans. I for one, these invisible wounds from toxic exposure have taken a toll on my health and cost me my military and civilian career as a Texas state trooper. As citizen-soldiers, we deserve to keep our jobs when we return from serving our nation overseas if we return with limitations. We honored our oath to this nation; We should not have to bear the burden alone due to exposure to an instrumentality of war.”

Sergeant Thomas Joseph Sullivan, U.S. Marine, Tom died 2009, 30 yrs old

Tom went to Iraq in top health, assigned to an elite Force Reconnaissance unit. He Reported on his post deployment health form that among other things he was Exposed to ever present dust, fumes from local chemical plants and burning feces And that while deployed he experienced rectal bleeding and congestion. After he Returned his medical problems multiplied in number and severity and included Intestinal ulcerations and bleeding, hypertension, respiratory diseases, sleep apnea And asthma and a liver disorder. He suffered from extreme and diffuse pain and swelling.

Tom had what the military medical system sometimes refers to as chronic multi Symptom illness, and sometimes as medically unexplained symptoms (MUPS). His Health declined despite several months of treatment. At this critical juncture, he Asked for a fresh, multi-disciplinary reassessment. He was sent to a clinic that Specializes in MUPS and was offered only a program of exercise that was precluded By his pain and psychological counseling. Six months later he died. Tom’s principal

Physician later told us he had believed Tom had a somatoform disorder (i.e., Psychological illnesses).¹ The Virginia Medical Examiner's autopsy report found Previously undetected heart damage that was designated as a contributing cause of His death. It also found that the combination of prescribed medications (including 1 After Tom died, his widow and I requested physician emails discussing the somatoform disorder which had been withheld from Tom's health records. Walter Reed Army Medical Hospital denied the request: No written record of the emails had been retained and they had been deleted from the computer system, and it would cost \$500,000 to search digital records to retrieve them.

At the time Tom was deployed and upon his return the military medical system was Aware of environmental health hazards in theater and the symptoms and illnesses They might produce. If warnings were issued to our troops before, during or after deployment, I have seen no record of them. The airborne hazards from dust and fumes could have been mitigated to a large extent by issuing simple N395 dust masks that can be purchased in bulk for a couple of dollars. Indeed, recommendations had been made to the military to take such measures, but were ignored.

Despite Tom's failing health and his exposure history, his physicians did not tell him That many airborne troops at Fort Campbell who had served in Iraq and Afghanistan Had been diagnosed with a rare lung disease; or that particulate matter to which he Was exposed in Iraq far exceeded USG standards and was carrying toxic metals, bacteria, viruses and fungi, including toxins found naturally, plus those added by USG burn pits and local industrial pollution. He was basically treated at though he never had left the United States, rather than as a person who might be suffering from a toxic wound received in a war zone.

The symptoms Tom exhibited, as did those by the Airborne soldiers at Ft. Campbell, And many thousands more who have served in Iraq and Afghanistan, are consistent With toxic exposure of one or more kinds. Yet, Tom's health care was apparently Not informed by the body of knowledge available to the military medicine at the time. Apparently baffled by his symptoms, medical judgment defaulted to the notion that they were psychosomatic. This is the same discredited explanation that had previously been ascribed to Gulf War Illnesses.

William Thompson, SSG, U.S. Army (Ret.) Will Passed away 12/2021

My name is retired SSG William Thompson. I served 23 years, 3 months and 11 days in the United States Army and WVARNG. I have deployed twice with the WVARNG to Iraq. During my last deployment, I was stationed at Camp Stryker at the Victory complex. My symptoms of frequent coughing started around September of 2009 while in Iraq, in which my doctors and PA's treated me for what they thought were allergies. I returned to Fort Stewart, GA and after I mentioned to the doctors, I was having frequent cough, they did a CXR that revealed bilateral pneumonia. They treated me with antibiotics and sent me home to WV to follow up with my

PCP in one week. After a week, I followed up with my PCP Dr. Remines, and he discovered after more testing that I had pulmonary fibrosis with nodules and stated that my lungs looked like an “80-year-old coal miners’ lungs”. He referred me to Walter Reed Army medical center pulmonary department where I was treated by Dr. Jacob Collins for 6 months. He admitted me to the Warrior Transition unit at Walter Reed and after 6 months of testing which included an open lung biopsy, I was informed that I had titanium, magnesium and iron in addition to silica in my lungs. They diagnosed me with Hypersensitivity Pneumonitis and Pulmonary Fibrosis. I gained 60 lbs. from the high amounts of steroids I was on daily. Because my lung disease was chronic, I was referred to Inova Fairfax Hospital by Walter Reed and was told I would most likely need a lung transplant in the future. I have been seen by Inova Fairfax Hospital Lung Transplant Clinic from February 2011 to the present time.

During that time, I have been on oxygen as high as 10 liters continuously. On June 6, 2012, I received a double lung transplant, after 2 months of follow ups, I was able to return home to start pulmonary rehab. The first year was a good year. I took all precautions and followed all the orders that were instructed by my doctors. Despite this, over the next 3 years, I went through periods of lung rejection and infections and decreased oxygen levels. I was back on oxygen again. On March 9, 2016, I underwent another double lung transplant. Lung transplants unfortunately are more susceptible to complications than other organ transplants since the lungs are exposed to everything from the environment.

My life and my family’s life have changed since I returned home in 2010. I have to wear a mask in highly populated areas. I know wearing a mask is typical these days, but I have been wearing one since 2012.

It’s hard to hang out with my kids only to tell them “I can’t do that”.

“Dad, let’s go skiing” ...sorry kids, I can’t do that

“Dad let’s go swimming” sorry kids, I can’t do that

“Dad, can you give me a piggyback ride?” Sorry Ava, I can’t do that

“Dad, let’s go fishing” Sorry Ethan, I can’t do that because of the bacteria on fish “Dad let’s go to the beach” Sorry kids, I can’t do that because of the bacteria in the water and the sun with my transplant medications makes me more prone to skin cancers.

Speaking of skin cancers, I am currently battling Trigeminal Neuralgia after having a skin cancer removed from my left cheek that aggravated my trigeminal nerve. This is a very painful, debilitating condition that is also known as the “suicide disease” and is known to be one of the most painful disorders known to medicine. It causes sudden, shock-like pain in my face that lasts from minutes to hours at a time. Because of this disorder, I have added numerous medications to my previously very large daily pill regimen.

I don’t feel like a man because my wife has had to take that role from me. There are so many things that I can no longer do.

I am a warrior of the United States of America. I gave my lungs for my country. The toxins in the air from burn pits and the dust in Iraq has changed my life. I am glad to be alive and home when so many did not make it home. My illness and injuries are different. I have heard so many times from the VA “we don’t know how to treat you”, or “you don’t qualify or fit into our

parameters for benefits”. I have been denied TSGLI because the army does not think having a lung transplant is a “traumatic event”. Luckily, we found the group, Semper Fi fund/America’s fund who works with veterans and provided the funds to make my bathroom ADA accessible. Since then, the VA has helped me with one housing HISA grant, but only after being denied several times. My injuries are illnesses are different from other more common injuries from Iraq and because of that it took the VA 3 years to provide me with an air purifier in my home to keep my home free of allergens and dust. They also denied help in removing carpet in my home that was instructed by my doctors, so we had to pay for this ourselves. We have also taken out a loan to build a workout area in my home where I can work out and continue my pulmonary rehab during times of my illness or times when cold or flu season is at its peak. Although, I was 100% service connected through the Army and VA, I don’t qualify to receive my retirement until age 60 because my injuries were not “combat related”. I may not live to be age 60- I turn 50 this year.

Every day for me is a battle I continue to fight. I still have to battle infections and try to keep my body healthy from lung rejection. I still have to fight secondary problems related to my transplant. Hopefully, after hearing my story, it will bring awareness for not only me but others who are battling the same or similar injuries related to burn pit exposures from Iraq or Afghanistan. Thank you allowing me to share my story.

**Testimony from LTC Dan Brewer, CENTCOM, CCJ4-E
CENTCOM Environmental Officer**

At approximately 1745 hours, 30 September 09, LTC Daniel Brewer, CENTCOM CCJ4-Environmental Officer (deployed forward to Afghanistan), Mr. William Porter, Afghanistan Environmental Manger for RC- East (Bagram), and Katherine “Kat” Blesi, Afghan Engineer District Realty Specialist for RC- East (Bagram) noticed a very large column of black smoke covering the sky when coming out of the North DEFC. We immediately proceeded to investigate, driving toward the source of the plume. As we got closer, we found the smoke to be coming from the Bagram Solid Waste (SW) yard. When we got within a mile of the yard, we could also see a huge fire burning.

After arriving at the SW yard we were met by Mr. William Powell, KBR General Foreman for Solid Waste, and one of his assistants (name) who told us they burn “on the hill” every night about this time. When asked what they were burning Mr. Powell said it was items they were told to burn (by the military) because they were sensitive items and could not be recycled. I asked him who from the military told him to burn those “sensitive items” and asked him what those items were.” Mr. Powell couldn’t answer either question, but said it was a lot of plastic. I asked him why they were burning them at night, and he said they couldn’t burn during the day because of the “birds”. I told him it was wrong to be burning those items due to the health risks it was causing.

Statement from Geoff Dardia, Special Forces, Task Force Dagger

Consider areas that Special Operations deploy to that are not common knowledge and the fact that medical providers are not aware of the amount of toxins SOF soldiers are exposed to from ammunition and explosives both deployed and in the garrison environment. There is no type of screening process in place to check service members post deployment. Special operations soldiers shoot more ammunition in one day than an entire infantry brigade shoots in an entire year. The volume of exposure in SOF areas are not being tracked.

**Isiah James,
Senior Communications and Policy Director, The Black Veterans Project.
Advocate, Burn Pits 360.**

To the distinguished members of this committee, thank you for taking the time to address this most pressing and critical of issues laid out before you today. Many of you may have members of your family that have served and surely you have numerous constituents who have worn the uniform. Knowing that I, have the utmost confidence that my words here today will not fall on deaf ears.

As our nation, and the world moreover is glued to our tv's looking at the horrors of war as the now ravage Europe, I want you to think about that knowing that American service men and woman had to endure these trials and tribulations for some twenty years. Thousands of young men and woman came back home missing limbs, ravaged with the wounds and scars of battle and they were given the best care America could muster. Yet those who came back home with the invisible wounds, those wounds sitting there, waiting like a chemical time-bomb primed to detonate months and years after they doffed their uniform; I'm of course referring to the tens of thousands of service members exposed to toxic but pits.

Today you are going to hear gut-wrenching testimony from subject matter experts of the effects of such exposure. It is my hope you not only listen to the testimony but to hear it. To feel it. To understand it. And most importantly to act on it. History is the ultimate judge and we in this country have not always done best by those who we send in our stead. I believe it was Churchill who said: never has so much been owed to so few, by so many.

How will you be judge and how will America and the American people pay their debt.