Prepared Statement

Of

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Health Readiness Policy and Oversight

REGARDING

TOXIC EXPOSURE: EXAMINING THE PRESUMPTIVE DISABILITY DECISION-MAKING PROCESS

BEFORE THE

SENATE VETERANS' AFFAIRS COMMITTEE

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Chairman Isakson, Ranking Member Tester, and members of the Senate Committee on Veterans' Affairs, I am pleased to represent the Office of the Secretary of Defense and have the opportunity to discuss the current Department of Defense (DoD) process to identify illnesses that are associated with occupational and environmental health hazards during military service and possible modifications to the process to address future exposure linked illnesses.

The Department's current process for assessing health hazards informs our commanders of the health risk to their personnel so that the commanders can make necessary operational decisions to manage that health risk, protect the health of the force, and preserve mission readiness. The health risk assessment process also informs: (1) the occupational medicine community of the need for medical surveillance examinations to monitor for adverse health effects and further risk management actions; (2) DoD clinicians providing health care to their patients of exposures that may be causing reported symptoms; and (3) Department of Veterans Affairs (VA) to assist in claims determinations and for health care to veterans.

The Department applies these processes for exposures in routine operations and deployed military operations, for the Military Services and Defense Agencies, for exposures to chemicals used by the worker, physical hazards, and from the ambient environment (commonly called "environmental health hazards"), and for military Service members and civilian employees.

These processes are established as DoD policies in DoD Instruction (DoDI) 6055.01, "Safety and Occupational Health (SOH) Program;" DoDI 6055.05, "Occupational and Environmental Health (OEH);" DoDI 6055.20, "Assessment of Significant Long-Term Health Risks From Past

Environmental Exposures on Military Installations;" DoDI 4715.19, "Use of Open-Air Burn Pits in Contingency Operations;" DoDI 6490.03, "Deployment Health;" and DoD Manual 6055.05-M, "Occupational Medical Examinations and Surveillance Manual." The Military Services, Defense Agencies, and Geographic Combatant Commands develop implementing instructions to carry out these policies.

Current policies are based on knowledge of the current science for health effects and the exposures that would cause those health effects. The Department has policy and procedures to review and analyze health literature and regulatory actions to identify the need to update health risk assessment procedures (reference: DoDI 4715.18, "Emerging Chemicals (ECs) of Environmental Concern"). These procedures have led DoD to begin updating health risk assessment procedures for lead, tricholoroethylene, and chromium compounds. "Most recently, the DoD exposure community of interest has begun reviewing and analyzing continuous exposure to blast overpressure by service members in the operational and training environments to determine potential health effects on the brain, in accordance with Public Law 115-91.

Using lead as an example, the Department policy has followed the Occupational Safety and Health Administration (OSHA) lead standard for exposure and medical surveillance of military and civilian employees. A growing body of knowledge – confirmed by an independent assessment by the National Academies of Science Committee on Toxicology – found that the OSHA lead standard may not sufficiently protect against the latest findings of significant health effects. The Department updated DoD Manual 6055.05-M for medical surveillance and for medical removal of individuals with elevated blood lead levels from environments that put the

individual at risk, and plans to issue policy in DoDI 6055.01 with new health standards for allowable levels for inhalation of lead dust and fumes. The health risk procedures in DoDI 6055.05 will apply to the new health standards. The Department will collaborate with the VA for health risk assessments of additional exposures of concern using the current DoD procedures for emerging chemicals.

The Department and VA have several processes in place to share exposure-related information on Service members and veterans. These processes include, but are not limited to: (1) making the Service member's Service Treatment Record (STR) available within 30 days of separation from service, (2) the newly developed electronic DoD-VA Individual Longitudinal Exposure Record (ILER); (3) establishment of specific exposure registries; and (4) collaboration meetings.

The STR includes the Separation History and Physical Examination and any clinical evaluation and/or treatment associated with exposures during military service. The STR is maintained for 100 years after the date of separation of the member from the Armed Forces. DoD makes electronic copies of the STR available to the Department of Veterans Affairs within 30 days of separation from service.

The first-ever ILER project recognizes the Department's commitment to establishing a permanent record of exposures. The ILER is a composite record of an individual's potential and documented exposures from garrison or deployment activities, from initial entry to discharge or retirement from military service. The ILER will be made accessible to DoD and VA medical

providers, epidemiologists, and researchers, as well as to VA claims and disability adjudicators. The ILER will enhance medical evaluation and treatment; support epidemiological investigations and research to better understand potential and actual health outcomes; inform health risk mitigation strategies; and provide easily accessible exposure information when needed to DoD and VA medical and administrative offices. Release of the Initial Operational Capability version of the ILER is set for 1 October 2019, followed by spiral development rollout to Full Operational Capability over the next four years. The ILER will serve as a data culling repository for existing DoD exposure systems and provide a single access point for exposure information.

The DoD and VA have collaborated on the establishment of several exposure-related registries as a means to provide event-related exposure information to the Service member and veteran, healthcare providers, researchers, claims adjudicators, and others. Existing exposure registries include the following: Agent Orange, Gulf War Illness, Ionizing Radiation, Depleted Uranium Registry, Toxic Embedded Fragments, Operation Tomodachi, and the Airborne Hazards and Open Burn Pit Registry.

The DoD and VA have a long-standing collaboration on these processes through Joint Airborne Hazards Symposia focused exposure health effects research, outreach and education and the DoD-VA Deployment Health WG formed to focus on occupational and environmental exposures affecting the health of service members and veterans.

Past, current and emerging exposures of concern are deliberated with the intent of developing recommendations to inform policy decisions, updating of exposure and health effects knowledge, and supporting joint project development (such as the ILER), critical information sharing, and health risk communication.

The Department has and will continue to collaborate with the VA, other federal agencies, academia and others on epidemiological and health-related research focused on full and better understanding of potential long-term health outcomes associated with garrison and deployment-related occupational and environmental exposures, and to translate this research into prevention, diagnosis and treatment to better care for our Service members and veterans.

The Department is grateful for the consistent Congressional support that has enabled collaborative actions focused on the health and readiness of Service members, the health of veterans, and the provision of high-quality care to Service members, veterans and their families.