

Federal Advisory Committee for Veterans' Families, Caregivers, & Survivors

January 25-26, 2023

**Public Comment on Servicemembers/Veterans & Dependents Affected by NAF Atsugi, Japan
Toxic Exposure**

Committee members,

Thank you for taking the time to hear from the community. I am the son and full-time caregiver of a Navy vet.

My father was diagnosed with late-stage Kidney Cancer in 2003 at 44, well under the average age of 64 for this diagnosis. He was stationed in Atsugi, Japan, from 1987-1990 and was frequently exposed to toxic fumes from an improperly constructed and operated incinerator just off base that transitioned from an illegal open burn pit. From the early 80s to 2001, toxic fumes emanated from this burning complex onto and throughout the adjacent base, exposing veterans, civilian workers, and dependents to chronic airborne hazards, including dioxins, PAHs, heavy metals, VOCs, particulate matter, and more. Frequently fumigated areas included an elementary school, daycare center, youth center, family housing, commissary, and work offices. Many Naval studies confirmed people's worst fears, an increased cancer risk, courtesy of a cocktail of toxic, carcinogenic chemicals, more than 50 of which have exceeded EPA screening guidelines. This is well documented with data from numerous air sampling studies.

In fact, base personnel and families were exposed to the worst dioxin air pollution Japan has ever measured (yes, the carcinogenic component in agent orange), and the Navy in 1999 was quoted as saying that a health risk assessment showed that a "three-year stint on the base was the equivalent of smoking cigarettes for more than 70 years." The potential health issues were known as early as March of 1989 after the first air sampling study concluded, "When the plumes come over the base, keep all personnel indoors and send as many people off base as possible. Keep all pregnant women off of the base." However, the Navy continued to invite dependents and ignored these recommendations. They only started publicly disclosing the potential health risks in October 1995. However, for everyone living/working there before then, no notifications were ever given of their exposure, even when it was recommended by independent scientific reviews of the Navy's health risk assessments and limited epidemiological study on Atsugi.

Over the exposure period, it is estimated that more than 26,000 were affected, including over 8,000 children. I am aware of hundreds of cancer cases in the population and a trend of respiratory, developmental, autoimmune, and reproductive issues in children.

Overall, this at-risk population is in great need of notification so that they can make educated and informed health decisions for themselves, even if no healthcare is ever provided to them by the government. Had my father been notified earlier, he may have been able to catch his cancer earlier before it went systemic. Many others diagnosed with late-stage cancers regret that they would have paid more attention to the subtle symptoms or even sprung for earlier screenings had they known they were at high risk.

I bring this up to this committee today because toxic exposure is an issue that affects more than just service members; it can also affect their dependents – and no one is more susceptible to toxicants than children, especially those exposed in the earlier stages of life. The latency period is now reaching 22-43 years which is within the common period that a majority of cancers emerge post-exposure. This population of veterans and dependents has not gotten the attention it deserves nor been given the basic decency of a proper notification of exposure. It is well past due that we properly alert our past servicemembers and their families to this exposure, even if it's paid in tribute.

My understanding is also that the PACT act has established a toxic exposure committee within the VA that would examine toxic exposure cases and advise the Secretary on cases in which veterans or their dependents may have experienced a toxic exposure while serving. It would also allow the Secretary of the VA to determine whether to establish presumptions of service connection based on these recommendations.

The VA currently acknowledges the Atsugi exposure. However, this population was not included in the particulate matter and airborne hazards presumptions recently awarded to gulf war and burn pit exposed veterans, even though this similar type of exposure has been well established with comprehensive data. This population is not even eligible to fill out the VA's airborne hazard registry. Thus, in addition to formal notifications, I propose the VA review this exposure group to see how we can best support them moving forward.

Summary of recommendations

- 1. Case Review by VA**
 - a. Updated review of exposure data, toxin list, and exposure years for the Atsugi Cohort.
 - i. 1980-2001
- 2. Proper Notifications for all servicemembers/veterans and dependents (civilian workers if possible)**
 - a. Similar to the letter VA sent out to the Camp Lejeune cohort in 2008.
 - b. Explain the chemicals and their effects on all those exposed
 - c. Notify and educate all Navy hospitals, clinics, and veterans health facilities

Further Reasonable Follow-Up Actions

- Eligibility for Airborne Hazards and Open Burn Pit Registry
 - This is a case study that could provide future insights into illnesses in Burn Pit Veterans
- Entry into ILER
- Add Atsugi cohort to VA priority group 6
- Add Atsugi cohort to Airborne Hazards and Burn Pit Presumptions and Particulate Matter Presumptions
 - A lot of the same pollutants and similar exposure types.
 - Abundant data to verify
- Updated, inclusive, comprehensive epidemiological study now that exposure is in a mature latency period
- Evaluate data on Atsugi Exposure Claims submitted
 - Percentage of claims awarded, types of disabilities awarded
- Healthcare eligibility and preventative health screening for veterans and dependents, including previous dependents whom Tricare no longer covers.