

**Department of Veterans Affairs (VA)
Follow-Up Response to Chairwoman Maloney +4
Contamination Hazards at K2**

Comment 1: *“K2 veterans deserve to know what we were exposed to so that along with our doctors, we can take steps to preserve our health as best as 7,000 service members exposed to dozens of toxins and radioactive materials can.”*

VA Response: VA is working with the Department of Defense (DoD) to gather information on potential exposures at K2 so that VA can keep Veterans informed and make objective decisions about their care. DoD has conducted environmental assessments at the K2 location. Summary documentation of these assessments and fact sheets prepared by DoD were provided to VA. Documentation for potential chemical or toxic exposures of concern include the following: jet fuel in soil and jet fuel vapors; depleted uranium in soil; asbestos in roofing materials; and particulate matter, including blowing dust and sand. These documents have been disseminated to VA providers as a reference for discussions with Veterans. These documents were also included with the information submitted to the committee in February 2020. VA has requested any other exposure documentation available from DoD.

Comment 2: *“Despite the growing body of evidence of potential adverse health effects U.S. servicemembers and veterans are experiencing following their service at K2, the VA does not appear to be treating this matter with the urgency and sensitivity it deserves.”*

VA Response: VA is very concerned and has worked to comply with Congressional information requests. VA wants to better understand the potential adverse health effects of service at K2. The health of Veterans who served at this location, and all who served overseas in support of operations in Iraq and Afghanistan, are of concern to VA. VA has worked to understand the effects of deployment on Veterans who have served in uniform since 9/11. For new exposure concerns for post-9/11 Veterans, VA has a collaborative relationship with DoD to better facilitate the exchange of information on potential environmental exposures of concern to Veterans and our respective agencies. The questions raised about K2 are important and VA is actively investigating the issues at K2 and want to offer the best service to Veterans through communication, health care, treatment, and benefits, as appropriate. Also, VA is awaiting declassification of the reports on environmental monitoring.

Comment 3: *“On February 14, 2020, the VA responded to the Committee's January 13, 2020, letter, stating: “There is no presumption associated with K-2 and currently there is no indication of increased cancers.” This response is confounding since the VA has been unable to provide any scientific or medical assessments or analysis that would support the VA's repeated claim that there is not a causal relationship between hazardous exposures at K2 and developing cancer.”*

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VA Response: There is no presumption associated with K2 and currently there is no indication of increased cancers, though media reports range from 310-360 Veterans self-reporting cancers. The Army Public Health Center (APHC) 2015 report noted 61 cancers in a population of 7,005 (11 cases in the young (under age 25) and 50 cases for the old (over age 26)). The comparison Korean-deployed group reported 174 cases in a cohort of 28,024.

In the results of the previously submitted APHC study (section 1.2; page 1), there were concerns for melanoma and malignant neoplasms of the lymphatic and hematopoietic tissues (leukemias and lymphomas). After review with statistical correction (service and race), melanoma was no longer statistically significant. The leukemias and lymphomas had a high relative risk (5.64), but a very wide confidence interval (CI-1.70-18.70), which means there were few cases to measure. In the APHC 2015 report, as compared to a South Korean control group, Servicemembers at K2 experienced lower risk than the comparison (South Korea) group for circulatory (9 percent lower) and respiratory (16 percent lower) issues, and significantly fewer mental health issues, which may be a product of selection of personnel for far-forward deployment.

VA continues to be in regular communication with DoD scientists to ensure the K2 population is properly defined and to better understand the previous work performed by DoD site evaluations. VA was provided with a preliminary list of Social Security numbers of deployed individuals, but the number of cases exceeds the total population studied by DoD, and both agencies are collaborating to try and resolve this discrepancy.

While the K2 roster is being adjudicated, we continue to design and plan the follow-up study on the K2 population. This follow-up study will improve on the original study by: (1) including a longer follow-up period (15-19 years); (2) including a broader range of health outcomes, not just cancers; (3) including mortality data for all causes of death; (4) including comparisons with Operation Enduring Freedom/Operation Iraqi Freedom Servicemembers and Veterans not deployed to K2; and (5) at least for mortality, comparing results to that of the general population. This approach will provide a more comprehensive assessment that we hope will provide more definitive scientific evidence for or against K2-related exposure and adverse health outcomes.

Comment 4: *“To the contrary, the one assessment the VA produced to the Committee—a publicly available Army Public Health Center study from 2015—found that veterans who served at K2 were more than five times as likely to be diagnosed with “malignant neoplasms of the lymphatic and hematopoietic tissues (leukemias and lymphomas)” than those who served in South Korea. While the authors of that report acknowledged that its findings were preliminary, they also wrote that their results “may motivate further investigation.” Although the VA acknowledged that this matter “needs further review,” it has not provided any specific information about how or whether it would conduct such a review.”*

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VA Response: The DoD study results were a preliminary assessment of cancer outcomes among those deployed to K2. The results for malignant melanoma and neoplasms of lymphatic and hematopoietic tissues (excluding Non-Hodgkin Lymphoma and Leukemia) should not be viewed as definitive evidence of an association. The results were based on only a few cases of cancer, and risk estimates are unstable as evidenced by the wide confidence intervals. The planned follow-up study, previously described, has several methodological improvements that should provide a more reliable and valid assessment of K2-related health outcomes.

Comment 5: *“Despite the VA's claims that it obtained a complete roster of U.S. servicemembers who served at K2 from the Department of Defense (DOD) and that an "analysis is pending," nowhere in the VA's response does it suggest initiating outreach to these servicemembers and veterans to ensure their healthcare providers can make informed decisions about their treatment and care.”*

VA Response: VA is currently investigating trends in health of these Veterans, and once these investigations are complete, VA will share the findings with Veterans who served at K2 in several ways (e.g., website, letters, and social media). VA has done outreach to providers who participate in our Environmental Health Clinics and Registry programs so they are aware of the K2 cohort and the questions that these Veterans may have. Additionally, VA has developed a K2 website:
<https://www.publichealth.va.gov/exposures/karshi-khanabad.asp>.

Comment 6: *“We have also been made aware of at least one instance where a K2 veteran sought treatment from the VA after your February 5, 2020, remarks, but was told the VA could not conduct the requested depleted uranium and radiation testing.”*

VA Response: VA recognizes that depleted uranium (DU) testing is important for K2 Veterans and has disseminated to health care providers an updated information paper on DU testing. VA providers are directed to collect urine specimens for urine DU assays. These urine tests are sent to the VA Depleted Uranium Program (Baltimore) for testing. Test results are given to the Veteran and his/her care provider.