

Ending the Wait for TOXIC-EXPOSED VETERANS

A post-PACT Act blueprint for reforming the VA presumptive process



The groundbreaking DAV and MOAA report *Ending the Wait for Toxic-Exposed Veterans* reveals an enduring legacy of failure by the Department of Veterans Affairs and Congress to adequately care for veterans made ill by toxic exposures in service. Backed by original research and historical analysis, the report shows that toxic-exposed veterans—many of them suffering life-threatening diseases—often have to wait decades to receive access to the health care and benefits they earned and urgently need. *Ending the Wait for Toxic-Exposed Veterans* offers a blueprint for reforming how our government handles service-related toxic exposures in a way that ensures timely, equitable access to lifesaving care and benefits.

A HISTORY OF DELAYED JUSTICE

Average number of years from when the first service member was exposed until the VA presumes the exposure caused an illness

34.1 years



THE TOXIN: AGENT ORANGE

Almost 20 million gallons of herbicides—including Agent Orange—were sprayed over Vietnam, Cambodia and Laos between 1962 and 1971 to defoliate the jungles, exposing millions of service members to dioxin and other toxins.

THE REMEDY: AGENT ORANGE ACT OF 1991

Congress created a presumptive for exposure to Agent Orange for veterans who later became ill with cancers and other diseases. The first presumptive diseases included were non-Hodgkin's lymphoma, soft-tissue sarcoma and chloracne. However, several other diseases like diabetes mellitus Type 2 and hypertension were not considered presumptives until many years later.

THE WAIT:

20 years

after last spray/exposure

Nearly

30 years

after first use

(Continued on other side)



THE TOXIN: AIRBORNE HAZARDS AND OPEN BURN PITS

Approximately 3.5 million service members were exposed to airborne hazards and burn pits during the first Gulf War and the post-9/11 wars in Iraq and Afghanistan.

THE REMEDY: THE HONORING OUR PACT ACT OF 2022

The PACT Act created a new presumptive for burn pits and airborne hazards that added more than 20 diseases and illnesses, including respiratory conditions such as asthma and emphysema, and cancers, such as brain, kidney, and pancreatic cancer. However, the PACT Act did not cover all toxic-exposed veterans, nor did it fix the process so that future veterans would not be left waiting.

THE WAIT:

20 years

after the start of wars in Iraq/Afghanistan

30 years

after the Persian Gulf War



THE TOXIN: ATOMIC RADIATION

Following the atomic bomb detonations in Hiroshima and Nagasaki, more than 250,000 service members were involved in cleanup and occupation activities in Japan. Over the next two decades, 400,000 more service members were exposed to atmospheric nuclear tests.

THE REMEDY: VETERANS' DIOXIN AND RADIATION EXPOSURE COMPENSATIONS STANDARDS ACT OF 1984

Congress enacted legislation to ensure veterans and their survivors received compensation for disabilities or deaths related to exposure to ionizing radiation during atmospheric nuclear testing or the occupation of Hiroshima and Nagasaki. However, many veterans served at locations that have yet to be recognized for nuclear testing, while others still have difficulty proving their exposure meets dose estimate requirements in order to receive VA benefits.



A NEW WAY FORWARD

DAV and MOAA provide more than a dozen policy and research recommendations intended to help end the wait for millions of current and future toxic-exposed veterans. These include:

- Creating a new legal framework that clarifies and strengthens the process of deciding whether to establish toxic-exposure presumptives, including a list of health conditions presumed to be caused by a given exposure.
- Developing a new system that classifies military toxic exposure by type to better assess when and how to create a list of presumed health conditions.
- Requiring the VA to enter a long-term contract with the National Academies of Sciences, Engineering and Medicine (NASEM) to research and report on military toxic exposures.
- Establishing an advisory committee of veteran stakeholders

- with experience and expertise on military toxic exposures and veterans health care and benefits.
- Developing programs so military family members who have also been exposed can receive health care for related conditions.
- Exempting all toxic-exposure-related costs from rules or laws requiring that new veterans benefits be offset by cutting existing benefits such as PAYGO.
- Enhancing oversight for past exposures, such as epidemiology research to help identify common conditions affecting a population group with unknown disabilities.



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