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MILITARY OPERATIONS ASPECTS OF SHAD AND PROJECT 112

HEARING

BEFORE THE

SUBCOMMITTEE ON HEALTH

OF THE

COMMITTEE ON VETERANS' AFFAIRS
HOUSE OF REPRESENTATIVES

ONE HUNDRED SEVENTH CONGRESS

SECOND SESSION

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MILITARY OPERATIONS ASPECTS OF SHAD AND PROJECT 112

WEDNESDAY, OCTOBER 9, 2002

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON HEALTH,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, DC

The subcommittee met, pursuant to call, at 11:23 a.m., in room 334, Cannon House Office Building, Hon. Jerry Moran (chairman of the subcommittee) presiding.

Present: Representatives Moran, Miller, Boozman, Rodriguez, Gutierrez, and Snyder.

Also present: Representatives Smith of New Jersey, Susan Davis of California, Thompson of California, and Evans.

OPENING STATEMENT OF CHAIRMAN MORAN

Mr. MORAN. Good morning, the hearing of the Subcommittee on Health will come to order. We welcome the witnesses who are here to testify today. We have met with a number of the witnesses before this panel in a classified setting earlier today to pursue information, and now we are here to welcome the Department of Defense as they will release additional information today publicly concerning Project SHAD, which is a Defense Department acronyms for Shipboard Hazard and Defense. This is a program that started during the Kennedy administration, originally a project that involved 109 planned tests to identify U.S. warship vulnerability to chemical, nuclear, and biological attacks, and develop methods to defend against those attacks.

Actually, Project SHAD, as we got into this discussion, is a component of a larger DOD effort called Project 112. This project, conducted during the 1960s and through the early 1970s, had similar purposes in U.S. military efforts to remain a superpower during the Cold War.

In late 2000, based upon a VA request, the Department of Defense began to review and declassify information concerning the exact agents used and other details of these tests, including identities of U.S. Ships and other military units that were involved.

DOD began working with the VA to identify individual veterans who participated in this testing to begin the process of determining whether any of these veterans suffered negative health consequences as a result of these tests.

During this Congress, in carrying out our responsibilities as a subcommittee, we focused on the deployment issues related to force protection equipment, vaccinations, health records, and policies and

actions by the Department of Defense to protect the health of our active duty servicemen and women deployed overseas. Our goal has been "an ounce of prevention is worth a pound of cure," and that today's men and women of the military not become the patients of tomorrow's VA.

The facts that we are looking at today happened to veterans during SHAD proves the point that we need to pay attention to DOD policy in regard to readiness and force protection.

The purpose of this hearing today is—it is not the concluding hearing. This is in a sense the beginning. It is a good setting for further inquiry and the consequences to our veteran population. We are only taking testimony today from the VA and the Department of Defense, but I intend to have future hearings that involve veterans service organizations and veterans involved in Project 112.

The classified briefing just concluded and this hearing is to arm Members of this committee with information they need to effectively deal as Members of Congress with this issue.

Mr. Smith, our full committee Chairman, Mr. Christopher Smith, and Mr. Evans, the Ranking Member have both expressed interest and concern in this issue, and I appreciate Chairman Smith joining our subcommittee today. I especially would like to point out the addition to the dais today: Mr. Thompson of California, who brought this issue to the attention of the VA, the Department of Defense, and other Members of Congress. I am delighted to allow my friend, Mr. Thompson, the opportunity to join our subcommittee today to ask the panel questions, along with Members of our subcommittee.

[The prepared statement of Chairman Moran appears on p. 21.]

Mr. MORAN. We look forward to the testimony. The Department of Defense has to leave here by 12:15. So I am hoping we can limit our opening statements and begin with the testimony and move very quickly into questions. When Mr. Filner arrives I would be glad to give him the opportunity to make any opening statement.

Mr. Chairman, we thank you for joining us. May we proceed with the witnesses?

Mr. SMITH. Yes.

Mr. MORAN. Those witnesses are in the first and only panel: Dr. William Winkenwerder, the Assistant Secretary of Defense for Health Affairs. He is responsible for the overall supervision of health and medical affairs at the Department of Defense. He is accompanied by Dr. Michael Kilpatrick, Director of Deployment Health Support, and Dr. Anna Johnson-Winegar, Deputy Assistant to the Secretary of Defense for Chemical and Biological Defense.

Also, from the VA is Dr. Jonathan Perlin, the Deputy Under Secretary for Health accompanied by Mr. Robert Epley, Associate Deputy Under Secretary for Policy Program Management for the Veterans Benefits Administration.

STATEMENT OF WILLIAM WINKENWERDER, ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS, DEPARTMENT OF DEFENSE; ACCOMPANIED BY DR. MICHAEL KILPATRICK, DIRECTOR OF DEPLOYMENT HEALTH SUPPORT AND DR. ANNA JOHNSON-WINEGAR, DEPUTY ASSISTANT TO THE SECRETARY OF DEFENSE FOR CHEMICAL AND BIOLOGICAL DEFENSE; DR. JONATHAN PERLIN, DEPUTY UNDER SECRETARY FOR HEALTH DEPARTMENT OF VETERANS AFFAIRS, ACCOMPANIED BY ROBERT EPLEY, ASSOCIATE DEPUTY UNDER SECRETARY FOR POLICY PROGRAM MANAGEMENT FOR THE VETERANS BENEFITS ADMINISTRATION

Mr. MORAN. With the time constraints, let's begin quickly. Mr. Secretary, we welcome you and appreciate your testimony and the release of information today.

STATEMENT OF WILLIAM WINKENWERDER, JR.

Dr. WINKENWERDER. Thank you, Mr. Chairman. Mr. Chairman, members of the subcommittee, thank you for the opportunity to appear before you today and to inform you on the progress of the Department in investigating operational testing conducted by the Deseret Test Center.

With your permission, I would like to submit my written testimony for the record and provide the committee with brief opening remarks. I would also like to introduce two other representatives from the Department of Defense, as you have noted: Dr. Anna Johnson-Winegar, serving as deputy to the assistant to the Secretary of Defense for chemical and biological programs, and Dr. Michael Kilpatrick who works as part of my organization as deputy director of the Deployment Health Directorate. They are both very well-known experts in their fields and I may, with your permission, turn to them for answers to certain questions.

From 1962 until 1973, a number of operational tests were conducted by the Department of Defense to assess certain biological and chemical agents in the Department's biological and chemical capabilities. The Department has undertaken a review of this testing and has shared with the Department of Veterans Affairs all medically relevant information so that the VA may and appropriately determine benefits and services for veterans who participated in this testing.

At 1 o'clock today, the Department will release 28 additional fact sheets that detail both land and sea-based operational testing. I want to first provide some background and place this in the proper context, and let me just emphasize that I think this is very important. In 1961, the Kennedy administration led at the Department of Defense at that time by Secretary McNamara undertook a broad review of defense programs, numbering more than 150 different management initiatives.

During this period there were serious and legitimate concerns about the Soviet Union's chemical and biological warfare programs. And Secretary McNamara's review, the 112th of these programs, just merely the number of the program as it was reviewed was the Department's chemical and biological program, which is how the resulting test, became known as Project 112.

An agenda for Project 112 was soon established to be overseen by scientists at the Deseret Test Center. A subset of Project 112 was a series of tests done at sea known as Project SHAD or shipboard hazard and defense. The purpose of the SHAD test was to identify U.S. war ships vulnerabilities to attacks with biological or chemical warfare agents and to develop procedures to respond to such attacks while maintaining a warfighting capability.

The purpose of the land based tests was to learn more about how chemical and biological agents behaved under a variety of climatic, environmental and different use conditions. Here's what we know today about these operational tests. The Department planned 134 tests under Project 112. Of these 134 tests, we know today that 62 of these tests were in fact canceled and never performed. We know that 46 tests did take place, that leaves 26 remaining planned tests, although preliminary findings suggest that most of these tests were in fact probably not performed. We will have more information on that, we hope, in the very near future.

Of the 46 tests that were completed, we now have released information on 37 of them and have turned the medical information over to the VA. For five we continue to seek the final reports, an additional four are pending review. We are attempting here to release as much information quickly as we can purely as it comes out and is made available. We did not want to wait until the end until all of it was available to us.

We have made rapid progress in our investigation, declassification and release of information to the public over the past 4 months, accounting for the great majority of the total information. The information we have released in the past 13 months adds more detail to the public record which in fact was first created in 1977 when the Army released its report U.S. Army activity and U.S. biological warfare program. I have a copy of that today. This is an unclassified document. We are glad to share it with the committee. And we participated at that time in open hearings before the Senate subcommittee on health and scientific research.

From these and other reports, there is documentation in the report that "extreme care was taken to assure the ultimate in safety, the highest level of review and approval, and appropriate government coordination." there is also evidence of coordination with State and local government agencies at the time of the test. Discussions with scientists involved with planning and conducting these tests indicate that care and attention was taken to inform and appropriately protect, at least in the view of people at that time, personnel when harmful chemical or biological agents were used.

Although these operational tests were conducted without the level of occupational safety and environmental procedures we would use and expect today, we have no evidence that tests using harmful substances were performed without an effort to have appropriate protective measures. When simulants were used, these simulants were not believed to be harmful to humans. As far as we can determine today, no servicemembers have suffered harmful health effects from participation in those tests.

Though I might add that obviously, this say difficult thing to ascertain with a level of certainty, and it may require further study.

As I understand it, the VA has initiated a study so we can get better answers on that question.

Again, let me emphasize, and this is an important point, the purpose of these operational tests was to test equipment and to learn more about the biological and chemical agents and our war-fighting capability under those conditions. The tests were not conducted to evaluate the effects of these dangerous acts on people. So as such, they were not medical tests, but were operational tests of warfighting capability.

Today, no research development test or evaluation involves the exposure of human subjects to chemical or biological agents. The military services do still use simulants during operational testing and training following specific Federal laws procedures and regulations in place.

Small quantities of chemical agents are used in control facilities for training U.S. forces to operate in protective equipment and to operate detection and decontamination systems in a chemical environment.

The Department has worked diligently to release the medically relevant facts about this testing and to ensure that the VA has the information it needs to respond to questions and benefit claims from veterans. We are clearly on track to meet our stated promise of having all relevant information released by next spring, roughly in the May-June time frame. I am optimistic, though, I might add that barring any unforeseen problems, we will have concluded this effort before that time. I am pushing our folks to do as much as possible and to conclude this as quickly as possible.

Mr. Chairman, I thank you again for inviting me here today. I am pleased to accept your and the committee's questions.

[The prepared statement of Dr. Winkenwerder appears on p. 33.]

Mr. MORAN. Thank you very much, Mr. Secretary. We will turn to the Department of Veterans Affairs. Dr. Perlin, we appreciate your statement.

STATEMENT OF JONATHAN B. PERLIN

Dr. PERLIN. Thank you. Good morning. Mr. Chairman, members of the subcommittee, thank you for the opportunity to testify today about VA's activities in response to DOD information on Project SHAD veterans. I am accompanied today by Mr. Robert Epley, Associate Deputy Under Secretary for Benefits and Policy and Program Management. Since October 2000, DOD and VA have had a series of meetings to ensure that VA would have full access to the information needed to provide appropriate health care and benefits for participants of Project 112.

In July 2002, DOD committed to providing VA with all medically relevant data and a complete roster of participants involved in the tests. As of today, VA has been notified of approximately 5,000 veteran participants and 12 declassified and two classified Project 112 tests. VA has implemented a process for identifying and locating these veterans. The identification is accomplished using a variety of sources, including VA's beneficiary identification and records locator subsystem, its compensation and pension master record file, the National Cemetery Administration's database, and the National Personnel Records Center in St. Louis.

By linking service numbers with Social Security numbers, VA has been able to obtain addresses for some of those veterans by then matching records with the Internal Revenue Service. Our large scale notification began in May of 2002. VA mailed outreach letters to the first 622 SHAD veterans that were systematically identified to us.

On August 15, VA mailed outreach letters to an additional 777 veterans. The outreach letters provided veterans with information about their participation in Project 112 and the possible health effects related to the chemical and biological warfare agents used in those tests. It also invited them to call the SHAD help line for additional information and to bring the letter with them if they came in to one of our medical facilities.

VA has provided information about Project SHAD to VA health care providers. We have issued three information letters that provide background information on SHAD and information about the potential short and long-term health effects of the specific chemical and biological agents that DOD has identified to us in these tests.

We have also engaged in a very assertive communications effort to ensure that every VA medical center knows about SHAD veterans and their potential hazardous exposures. We require that knowledgeable health care providers clinically evaluate enrolled SHAD veterans when they present for care. VA will continue to provide up-to-date information on Project 112 to its health care providers to ensure that these veterans receive optimal health care.

Following the suggestion from the Vietnam Veterans of America, VA and DOD Web sites providing information on Project 112 are now linked to provide ready access for health data for VA and DOD health care professionals and to veterans.

Thirty-one of the 1399 veterans who received notification letters in May and August are newly enrolled in VA health care. Available data indicate that Project SHAD veterans sought health care from VA during fiscal year 2002 at a rate comparable to that of the overall population of military veterans. About 30 percent of Project SHAD veterans known to us as of August have used VA services since 1970.

In terms of a learning more about the health experiences of these veterans, VA's progressive development of its electronic medical records system increasingly permits patient health information to be studied. Our electronic medical records and associated databases allow VA to evaluate the health of veterans every time they obtain care in VA, not just on the one occasion that they may elect to have a special examination. Thus, VHA can now track health care utilization and health care issues by special groups of veterans, such as the veterans who participated in Project SHAD. This allows for a much broader assessment of the health status of these veterans as a group.

As useful as this information is for providing optimal real time care, this does not constitute a formal epidemiological study. Toward that end, on September 30, VA entered into a $3 million contract with the Medical Follow-up Agency of the National Academy of Sciences' Institute of Medicine to fully evaluate the long-term health status of Project SHAD participants. Institute of Medicines Medical Follow-up Agency will conduct a formal epidemiological

study and analyze the mortality and morbidity among SHAD participants in comparison to similar veterans who did not participate in Project SHAD. This study will give us the clearest possible picture of the health status of SHAD veterans. It may be expanded, as needed, as we learn the identity and military exposures of additional Project 112 participants.

VA welcomes DOD's accelerated schedule for providing relevant information about Project 112 and the veterans who were involved in those tests. We understand that it is problematic to locate and declassify records that are 30 to 40 years old, and we appreciate DOD's efforts in this regard. We also look forward to receiving this information as quickly as possible so that we can address the health concerns of these veterans and properly adjudicate their benefits claims.

Mr. Chairman, this concludes my oral statement. I have submitted a formal statement for the record. My colleague and I will be happy to answer any questions that the subcommittee may have.

Mr. MORAN. Dr. Perlin, thank you very much for joining us.

[The prepared statement of Dr. Perlin appears on p. 36.]

Mr. MORAN. In the absence of Mr. Filner, Mr. Rodriguez would be recognized as the Ranking Member this morning for purposes of an opening statement.

Mr. RODRIGUEZ. Thank you. Let me ask you Mr. Chairman will Congressman Mike Thompson be able to make some comments?

Mr. MORAN. Our usual practice is this: The Ranking Member and the Chairman make opening statements. Mr. Thompson will be recognized for purposes of 5 minutes in which he can either ask questions or make an opening statement.

Mr. RODRIGUEZ. I wanted to thank him because I know he help initiate this effort. I want to personally thank him. Let me ask you, is this the opening section or the questions.

Mr. MORAN. This would be for your opening statement.

Mr. RODRIGUEZ. I will hold off on that until the questions come up. Thank you.

Mr. MORAN. I would recognize the Chairman of the full committee, Mr. Smith, for questioning.

Mr. SMITH. Thank you, Mr. Chairman. And first of all, I want to thank our witnesses for being here. All of this began when I was 19 years old and you probably were in a very similar age category. I was thinking on the way over to this hearing perhaps we ought to invite former Secretary of Defense McNamara and others who might have some additional insights into not only why, because there needs to be a sense of accountability, yes, this is 40 years old, but the consequences are being felt potentially by veterans today and that should not be overlooked so this never happens again.

Doctor, in your statement that you mentioned, and I just would ask you to comment on this, that the use of live agents on humans is severely restricted. It occurs to me to ask, why isn't it completely proscribed and prohibited because of the potential impact on our men and women in uniform even today? You might want to respond to that.

I also noted, Dr. Perlin, in looking at your statement that you have contacted, if I read your testimony correctly, 1,400 of the 5,000 vets via letter. My hope is that there would be in addition

to a letter perhaps some phone contact, and a very aggressive outreach to ensure that these veterans are properly notified. I mean, I get letters all the time not obviously as weighty at this, but a letter could very easily be overlooked, misplaced, or perhaps not reach its destination. And so I would hope that there would be additional outreach efforts undertaken. And I just hope that all of us realize that some of these men and women perhaps are sick and don't know what to attribute it to.

You know there are many sources of cancer and disease and finding smoking guns can be very, very difficult, and I would hope that where there is a benefit of the doubt it absolutely accrues to the veteran in question. I do believe that will be the VA's approach to this.

I do want to commend our very distinguished Secretary of Veterans Affairs, Tony Principi, that once becoming knowledgeable about this, he has been very aggressive in saying we have got to get to the bottom of it. He has, as you have noted today, called on the IOM to initiate a study, 2—3 year $2 million study, and I think that is a step in the right direction as well.

But again, for those men and women who are perhaps in their 60s, maybe even were in their 70s who were aboard those ships, this comes as a bit of shocking news that they might be at risk even today. I would encourage you today to be even more aggressive in your work and to make sure we do everything humanly possible to provide medical as well as compensatory aid to those individual veterans.

There is a little bit of deja vu here. I remind my colleagues on the toxic veterans issue, that a widow who came to my attention was at one of my one-to-ones back in the 1980s. Her husband was on the USS McKinley when it was sprayed with a plutonium mist as part of Operation Wig Wam. He died of a very rare lung cancer. He was a non smoker. That is often associated with plutonium.

I tried for over a decade to get his widow and others who were similarly situated some compensations and met with previous veterans administrators and secretaries of Veterans Affairs several times. This committee and the House, provided bills to provide compensation for those widows only to have them die over on the Senate side. We finally got it, but it took years. It took more than a decade.

I hope we don't follow that same practice here if indeed it is found that some these men have contracted or certain diseases have manifested as a result or are believed to have been a result of sarin gas, nerve gas or any of these other terrible and very deadly types of toxins.

And so my own worry, on just one other point, is that one of the first amendments I offered in this committee 22 years ago, along with now Senate majority leader Tom Daschle, was to provide a service connection presumption for those who were afflicted by Agent Orange and the toxin dioxin, that was found in that, very, very, obviously menacing carcinogenic substance.

We lost in this committee. And we lost several years thereafter trying to make people aware that Agent Orange had caused the kinds of anomalies, chloracne, soft tissue sarcoma, and perhaps many other things that were being attributed to it at that time.

We've got to go where the science goes, but I hope we err on the side of protection, and are very robust in reaching out to these individuals.

Letters, that is a good start, but I think we need to do more. Again, I want to commend you. I do believe that you know there is total goodwill here, but all of us, I think, have to pull on the oar and make sure that no one is missed. I know it is hard sometimes to track who it is that was on ships, may have been sprayed or perhaps contaminated with these very deadly poisons, but I want to encourage you that this committee stands four square behind every effort to make sure that everyone is reached.

This is a problem not of your making. Looking at your ages, you are probably the same as me, 9 years old when it began, but we have got to rectify and make whole and make good for those who may have been afflicted. I encourage you let us know what we can do, if it is more money, it is more resources, anyway, we are there to help. And it will be bipartisan I can assure you. So I do thank you.

But maybe you want to comment on those letters, and if phone calls are contemplated as well as in addition to the letters, just so this can be as quickly as possible brought to closure so we can reassure those who may have been on those ships or in some other venue where they were sprayed, but also to treat them as well as provide compensation if that is required.

Dr. WINKENWERDER. Thank you, Congressman. Let me just say we are engaged in an extensive outreach effort, and that will be, I feel, quite certain an expanding effort as more people become publicly aware of this and we are able to identify the additional individuals that were involved. Both we and the VA, this is a joint effort, nobody, there is not a proprietary ownership over the outreach. We are both together working trying to get to these people to notify them.

So that they can be brought in to the health care system, both the VA and DOD, if they were retirees, they are certainly eligible for care in our system. And we can look at them and talk to them, and in some cases maybe reassure them, and in other cases, maybe evaluate for real things that could be there. So we are going to make every effort.

Mr. MORAN. I thank Chairman Smith for joining us today. Dr. Perlin.

Dr. PERLIN. Yes, thank you. Mr. Smith, you are absolutely correct. We have contacted today 1,400 of the 5,000 veterans now identified to us. Our intention is to contact each and every one of them by letter initially. I should note that the intent of the IOM study is that each of the veterans will be contacted. As well, I want to note that a fair amount of complex work has occurred in collaboration with DOD and within VA to identify these individuals.

There is a lot of archeology, if you will, going back 40 years to locate records. Once those records are found, actually service numbers have to be mapped. And in fact, I am pleased to say that from the initial batch of veterans, we actually were able to map those within 90 days. Our goal is to shorten that. Our goal is to get in touch with every one.

For other veterans that we may not get in touch with by virtue of a letter or phone call through the Institute of Medicine, there is a SHAD Web site, and with your permission I would like to give that Web address. It is www.va.gov/shad. And that links to DOD's deployment link site, which has information for SHAD veterans. Our site as well has an e-mail for veterans who may want to take advantage of that. That is shadhelpline, one word, at VBA.va.gov. And there is an 800 number, 800–827–1000, through which individuals who think they may have been affected by SHAD or Project 112 participation can contact VA.

We appreciate frankly the publicity of this hearing today to contact any veterans for whom we may not be able to identify a good current address. Regardless of how the veterans get in contact with us, our intent will be to take care of them. Secretary Principi, states adamantly that it is his intent and VA's intent to care for these veterans, to treat their symptoms regardless of the cause of their symptoms. So we will provide our best care to these individuals as they present to us.

Mr. MORAN. Mr. Smith, I thank you for joining us and your interest in our subcommittee's work. I appreciate the historic perspective of kind of a number of similar issues that this committee and this Congress has been through. I now recognize Mr. Rodriguez for purposes of questions of the panel.

Mr. RODRIGUEZ. Thank you. Let me ask you, Dr. Perlin, I think in your testimony you indicate that there were 12 studies that were declassified of the 112 total, and did you identify 5,000 veterans in those 12 studies alone? Is that correct? So we have approximately 5,000 out of those 112. And many—you might not be able to respond now, but I would like to get a feel for how many people are we talking about, because I can see that just in one particular study, you might have maybe another 10,000 to 20,000, I don't know. I would like to get an overall number if, if you can't give it to me now.

Secondly there was mention of 112 studies, of that I think 46 of which we can confirm that actually took place. And I was wondering whether we have sufficient data to indicate that there were more than 46 or whether we just didn't have sufficient information to confirm the others.

Dr. WINKENWERDER. Congressman, with your permission, I will try to answer the first part of your question and then turn to Dr. Perlin. To review again in terms of the numbers of tests, there were 134 that were planned, 62 were canceled, 46 we know they occurred, we know they occurred and we have information with today's release on 37 of those leaving 9 more that we know occurred that are in the process of going through declassification that we hope to be able to release in the near future.

And then that leaves 26 tests that were planned, and we believe most of those were canceled but we are still finding that out. So that is the summary of the numbers of tests.

Mr. RODRIGUEZ. As you do the studies, I would like to know the overall number that would have been impacted.

Dr. WINKENWERDER. In terms of the numbers, we believe that 5,000 individuals were involved in the testing on the sea-based

test, and approximately 500 in the land-based test, making a total of about 5,500 for all the tests we know right now.

Mr. RODRIGUEZ. Does it include all three branches of government—or, just Navy?

Dr. WINKENWERDER. I believe it does, though the preponderance would probably be Navy and probably Army.

Mr. RODRIGUEZ. On the testing and assessment that you are doing, I would presume that some of the tests were harsher than others or more dangerous than others where we would find more serious damage. Some tests might have been more serious than another's.

Are we making sure we zero in on those? Because if we evaluate overall it might show a small number of veterans exposed but we also need to know the specific tests that were done in the specific areas.

Dr. WINKENWERDER. I think the answer, the best answer to that that I can give you is that obviously there would be more interest in looking at those tests that involved live agents in terms of any possible health effect because for the simulants, the belief was that they were harmless for healthy people for the agents that were used believed at that time and still today, in other words, looking back for those acts that were simulants, we don't believe that they would be dangerous to healthy people.

Mr. RODRIGUEZ. But we also believed——

Dr. WINKENWERDER. Where more of the interest should probably be focused on the tests——

Mr. RODRIGUEZ We also believed back then that DDT was safe. As a little kid, when the truck went by, that sprayed for mosquitos, you know, we used to run behind those darn things. And smelling that stuff and we would get lost in the smoke. We know now how dangerous that is. Sometimes certain assumptions are made that things are not dangerous at the time and we need to check those out to make sure?

Dr. WINKENWERDER. Yes. We will, in fact, be looking at this study at all the tests that were done and all the people that were involved.

Mr. RODRIGUEZ. Who is conducting that study once again?

Dr. PERLIN. That is the Medical Follow-up Agency of the Institute of Medicine. Their purpose is to conduct formal epidemiological studies on all of the exposures, including both the simulants as well as the live agents.

Mr. RODRIGUEZ. Do you feel comfortable that $3 million is sufficient? Because this seems like a large number of tests.

Dr. PERLIN. It is a large number of tests. This will be the definitive study of long-term exposures, in which the Medical Follow-up Agency will look at the specific individuals who may have been exposed to particular agents and look at those by category, and then compare this group of individuals to veterans with similar military service history, similar shipboard service, and look for differences in long-term effects, morbidity, the illnesses they acquired, and mortality, the rates of death.

Mr. RODRIGUEZ. Do you have any indication of the timetable.

Dr. PERLIN. A comprehensive study, as you might imagine, will take 3 years to complete.

Mr. RODRIGUEZ. Thank you very much.

Mr. MORAN. Mr. Boozman.

OPENING STATEMENT OF HON. JOHN BOOZMAN

Mr. BOOZMAN. I would like to follow up on something that Chairman Smith addressed as far as, you know, people in his district that had rare forms of cancer. And I know I had a good friend that died as a result of exposure to Agent Orange. That really was not very well handled. I think we would all agree with that for years that was fought, and I don't think anyone now would doubt that that wasn't what happened in his case.

You mentioned in testimony that we had, I think, 28 veterans in the SHAD program, that were applying for disability in August and then 53 in September. Is there any—what kind of things are they complaining of? Are there instances that we are having these rare things that nobody else ever gets, you know. As a result of these things, and again, I would really like your assurance that unlike the episode that he talked about, and the Agent Orange episodes that these are handled where again you know somebody with a chance of acquiring some disease like he was talking about is almost minimal. And yet, he was exposed and or not getting the runaround.

Dr. WINKENWERDER. I may turn to Dr. Perlin because of his work with the—actually, the servicemembers as they come through as patients. I don't know if you have some late information on that.

Dr. PERLIN. Yes. Thank you, Dr. Winkenwerder. Thank you, sir. Let me state again that VA's commitment is to the veterans health care needs, first and foremost. The formal epidemiological study will identify any particular associations between exposures and long-term outcomes. As you may note, VA submitted a report to the Senate Veterans' Affairs Committee on August 5, 2002, looking very preliminarily the types of illnesses that veterans have received service-connected disabilities for. And while this is a remarkable group of veterans in terms of their experiences, the illnesses that they ultimately acquired were not remarkable. The illnesses were quite similar to the types of things that other veterans of the same age experience. Musculoskeletal disorders, digestive disorders, loss of hearing, loss of visual acuity, some skin lesions, number one being athletes foot and some cardiovascular disorders.

Now we will be reviewing our information systems for anything that is unusual and particularly associations that have even a plausible connection to particular exposures. That said, it is a little bit like looking at the tree in the forest. The epidemiological study conducted by the Institute of Medicine will provide a much better association for to us look categorically of those sorts of links. But at the end of the day, our purpose is to care to veterans.

Mr. BOOZMAN. Thank you, Mr. Chairman.

Mr. MORAN. Mr. Boozman, thank you. Dr. Snyder.

Mr. SNYDER. Mr. Chairman, with your indulgence, I know we are running on time and our witnesses have to prepare for their 1 o'clock press conference. May I yield my time to Mr. Thompson? I know you probably have some questions that will probably much—if I might do that.

Mr. MORAN. I appreciate the generosity of the gentleman from Arkansas. We are delighted to welcome to our subcommittee Mr. Thompson of California.

Mr. SNYDER. He has been a real hero in this. There may be a made for TV movie made about him sometime if they can find someone good looking enough to play him.

OPENING STATEMENT OF HON. MIKE THOMPSON, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF CALIFORNIA

Mr. THOMPSON of California. I want to thank Mr. Snyder for yielding this time. Mr. Chairman, I would like to thank you and the other committee members for holding this hearing. As you know, there has been a long process. It was about 4 years ago when a constituent of mine, Jack Alderson who happens to be in the audience, and I see Mr. Boozman has left, but if anybody has any specific questions about health problems that are thought to be related to this, I am sure that Jack would be happy to meet with you in private and talk to you about some of his problems and some of the problems that the people he commanded when he was involved in these tests are experiencing today.

As I said, it has been a long, long effort. 4 years ago because of Jack, I contacted the Department of Defense and they told me that there was no such thing as Project SHAD. Never happened, never existed. A little later down the line after I continued to harangue them and pester them and bother them, they finally came back and said well, there was a Project SHAD, but not to worry, we only used simulants. And I thought well, maybe there was something else that was causing these problems. Kept trying to figure it out with VA and Department of Defense, and only not yet 5 months ago it was a little over 4 months ago they came into the office and sat down and said well there was a Project SHAD and it wasn't all simulants. We actually used live agents. And they used things such as VX nerve gas, which our own Department of Defense has as one of the most lethal synthesized agents known to exist, and they used sarin gas which we all are familiar with. It was used the Tokyo subway terrorist activity.

So it has taken a long time to get this far, and quite honestly, I don't think we are there yet. I have got a letter that was written in 1992 to then-Senator Steve Sims that says that the military knew about this. They knew about this way back then in 1992. Yet every attempt that I have made to try and find out, or our constituents have made to find out we were told they couldn't tell us because it is classified information. Yet in the letter that I have to Senator Sims, it wasn't classified then. So I guess we need to know why wasn't something done back then and what is to lead to us to believe that it is all going to be handled and handled in the open today.

And in 1993, when Jack Alderson found out about this letter to Senator Sims, he contacted DOD and asked some specific questions and agreed to provide some critical information that would help you. And no one even responded to his letter. So I would like to hear something about that.

There is also a paper, a VA white paper that was prepared by Tom Pamprin is, I believe, how you say his name, in 1998 on SHAD, and it mentions that VA was aware at least as far as back as 1995 and he knew for sure that in 1998 VX and sarin were some of the agents used.

I guess it is pretty deplorable that the DOD held this information up for so long, but for the life of me, I can't understand why the VA, if they knew this, why in the world didn't they come forward with providing some help, some help to the veterans who may have been exposed. I would like to get an answer to that.

And then we have just learned that there may have been a nuclear component to this, that there was some nuclear tests that were taken. And I ask that question earlier and said it was told I could, in fact, bring it up. I would like to know more about the nuclear exposure some of our folks were exposed to. And how it is that there was enough nuclear exposure on board at least one of the ships that were in this test pool that it set off alarms going into port in Hawaii, yet I am told that there is nothing to be concerned with here.

I understand that the Grandville Hall and the George Eastman, two of the ships that were used in the Project SHAD work, were used in this nuclear testing and one, if not both, were so contaminated that parts of the hull had to be cut out and replaced and the contaminated part was buried in the desert. And yet, we are told not to be alarmed by this.

And I guess I am alarmed just knowing that ships that were this contaminated were then used to put our servicemembers on to further test them for whatever you were testing for on SHAD. And I guess I am relieved to hear, Doctor, hear you say that your studies found that appropriate protective measures were used, protective clothing on these servicemembers when they were subjected, either knowingly or unknowingly, to these tests. But I have heard from veterans not only in my district, but throughout the country that tell me that they are protective gear consisted of cotton coveralls, not dissimilar to what a service station mechanic would be wearing. So I need to know was it appropriate protective wear, or was it at the time thought to be appropriate protective wear? And I would like to hear about that.

And then two, there is still 3,600 folks that you know, you absolutely know had some exposure to these SHAD tests. And it is great that you have contacted 1,397 of the folks, or attempted to contact them, but what are we doing with the other 3,600?

And Mr. Smith, who expressed this very articulately, is absolutely right on point we need to leave no stone unturned; we need to get out there, we need to notify these guys, get them in and get them tested, make sure they know the seriousness of what it is they were exposed to.

Mr. Chairman, again, thank you. I hope we have the commitment of the entire committee to run this out and make sure these guys get the attention they need, especially today on the eve of a vote that is going to create another new community of veterans. We need to show the country and our servicemembers that we stand behind our veterans during wartime and during peacetime.

Thank you for allowing me to participate in the hearing.

Mr. MORAN. Mr. Thompson, thank you for joining us and appreciate your interest.

[The prepared statement of Congressman Thompson, with attachment, appears on p. 29.]

Mr. MORAN. You may have something you want to respond to. I want to get a couple of questions in myself and then your time at least established by——

Dr. WINKENWERDER. Why don't we push it, with your permission, for an additional 5 to 10 minutes? We'll cut it close, but I want to make sure we make every effort to answer these important questions.

Mr. MORAN. Go ahead, Mr. Secretary.

Dr. WINKENWERDER. Congressman, to your question, as to why it took so long to be forthcoming, I cannot give you an answer for why the Department did not produce this information in a more timely way. What I can tell you is that I am committed, and have been committed, since I came to know about this information that we get to the bottom of it and that we make it available. I think that is our duty and our obligation.

I will say that it is important, I think, to understand that there is a context through which we have to look at all of these activities. It is easy to look in hindsight and to easily conclude today that things could have been done and maybe should have been done in a different and better way. But it is also important to understand the context and the fact that we were involved in a Cold War with the Soviet Union and had great concerns about what they might do, and I think history has proven now that we know the kinds of agents that they had in their offensive program that they had that these concerns were very real, and proved to be unfortunately true that there was something for us to be quite concerned about.

Now, that said, let me also say that it is possibly understandable that there was a reluctance to relate the nature of some of these tests because of the their classified nature and that there is certain information there that if it was made public could be harmful and risky today to people.

On the other hand, I think that there is clearly an obligation, it was an obligation then, and there is an obligation now, to inform certain people, to inform individuals who participated. I think that is maybe where the mark was missed. So the difference between the nature of the test and anything that might be useful to an adversary versus informing people who might have, you know, be at risk.

Mr. THOMPSON of California. But we were testing, at least in part, for offensive application, as you stated earlier, we stopped this when we changed our doctrine on the use of chemical weapons as an offensive tool.

Dr. WINKENWERDER. That is correct. I am agreeing with you that there is an obligation. We have had an obligation, we do today to inform people and that is what we are doing. It is unfortunate that it has taken the time that it has. And I commend you for your persistence to bring this effort to light.

Mr. MORAN. Please proceed.

Dr. PERLIN. Mr. Thompson, thank you very much for your support of the aggressive communication to these veterans who were

involved. Your numbers are correct. Of those 5,000, there have been approximately 1,400 that were notified. The first 677 were identified to us approximately January 31 and contacted May 22 of this year. The second 777 were identified in mid-May and notified in August. Another 2,100 of the 5,000 were identified just this past month.

We will contact them as soon as we can, but, I think, you dropped a bit of a bombshell yourself in that we were unaware of the nuclear components of this testing. In fact, we couldn't know what we didn't know, and, of course, with this additional information, we will explore that particular issue.

Dr. WINKENWERDER. I think this really validates the importance of the epidemiological study of the Institute of Medicine. It is a neutral third party. It is independently designed. In addition to that, it is also a forum to learn more from the veterans themselves. The study, which will be operated entirely independently, other than the oversight of the time line, will initiate with an open forum for veterans to communicate their experiences, their concerns, any other issue they think we should know about.

Mr. THOMPSON of California. One other thing on the nuclear. I want to turn to Dr. Kilpatrick, because I believe this was a single test, and he may have some information that would be useful.

Dr. KILPATRICK. Looking at all of the test center tests, there was no component of any nuclear testing involved. This is all biological and chemical testing. I think the information you have provided we need to continue to take a look at, at these ships, what was their previous use, what was previously done with these vessels, was not part of what we had looked at before. But it is certainly deserving of taking a look and saying what was the health threat to any of the sailors on that ship, not just for the SHAD testing, but for the duration since it had that sort of exposure.

We are not aware of that because again it was not our focus of the investigation. We can certainly make it a focus of our investigation.

Mr. SMITH. Just very briefly, because I think it is important. There is 1,400 of our veterans who have been notified. How many of those have responded in any way so that the loop is complete? Does notification mean merely a letter was sent or letters, or does it mean that the connection was made back to the VA that they are now aware of what the situation is?

Dr. Perlin.

Dr. PERLIN. Thank you. Mr. Smith, your point is well taken that we need to close the loop in terms of communication. The first part of that loop was contacting the 1,400 veterans. Of these, 31 individuals have newly enrolled for VA health care. And our only figures thus far concern the initial 677 approximately 15 to 16 percent, which is a use rate of veterans of similar era.

Mr. THOMPSON of California. Mr. Smith, if I can get my time back.

Mr. MORAN. I don't think anybody has any time, perhaps, but me.

Mr. THOMPSON of California. If the chairman would indulge me for just a second, I would pass this forward. It is a SHAD interagency meeting memo dated October 5, 2000. It reads, there is

some evidence that some of the ships that have been involved in nuclear vulnerability tests may have had some residual radioactivity.

And I will be happy to share that with you. If you can run it out, I would appreciate it.

(See p. 30.)

Dr. PERLIN. We will take a look at it.

Mr. MORAN. We have been joined by Ms. Davis and by Mr. Evans, both members of the full committee. Our hearing is just about to conclude. Their statements and any questions they would like to submit to this panel will be made a part of the record. I would like to ask just a couple of questions since I deferred earlier.

Tell me what agents, we have had this discussion about nuclear, which may or may not be the case. But could you describe for the committee what agents that were not considered simulants were used, the things that we ought to have fear about, our active military coming in contact, and now having to treat veterans.

Dr. WINKENWERDER. Let me review them in terms of the agents that were live, real agents, so to speak. In terms of chemical nerve agents, would be Tabun, Sarin, Soman, and VX, and then an incapacitating agent called benzilate.

In terms of biological, it was something called Q fever, there is a medical name for that, Coxiella burnetti, tularemia, also known as Francisella tularenis.

There was staphylococcal enterotoxin B, and something known as wheat stem rust, really to affect crops, Puccinia graminis tritici.

We will provide all of this for you so you will be able to look at it. But those are the agents that we are aware of.

Mr. MORAN. And who was the VA utilizing to determine whether the simulants that were believed to be harmless actually are harmless? Do we have the EPA and others involved, other health organizations, reaching conclusions in regard to these agents?

Dr. PERLIN. Yes, sir. Thank you very much. In fact, sir, we rely on a variety of sources, including the National Institute for Occupational Safety and Health, NIOSH. We also look to the Institute of Medicine, National Academy of Sciences for their tests and studies of carcinogens. We look to the peer review literature systematically.

We look to, as well, DOD's research in these areas. But we scour anything that has been published, whether in government or in the peer reviewed literature, that is available.

Mr. MORAN. One of the—let me yield a minute of my time to Chairman Smith, then I will conclude the hearing.

Mr. SMITH. Thank you very much. Dr. Winkenwerder, I just wanted to ask you a question, I had posed it earlier and perhaps it got lost in a series of questions.

But on page 3 you make the point that the use of live agents on humans is severely restricted. Why isn't it completely proscribed and prohibited?

Dr. WINKENWERDER. I am going to turn Dr. Johnson-Winegar, who would really be the Department's expert source on practices more recently, what we do today, to ensure appropriate protections and safety measures are taken.

Ms. JOHNSON-WINEGAR. Certainly. Thank you. I do want to assure the committee that the Department very consistently and very

conscientiously, adheres to all of the rules and regulations regarding the use of human subjects. We do file an annual report with the Congress each year in which we attest that no human subjects were exposed to chemical or biological agents.

Let me clarify, if I can for you, the comment that Dr. Winkenwerder made in his testimony, because in an effort to be totally open and honest with the committee, we thought it important to address the fact that during training individuals are exposed in an environment where chemical agents are present.

That is conducted in a completely controlled and closed environment. Individuals are completely garbed in individual protective equipment. And the purpose of the training is to familiarize them with procedures that they would be called upon to use in the event of encountering a chemical agent.

Typically the agent that is used is tear gas. But at times others may be used.

Mr. SMITH. Thank you.

Mr. MORAN. Mr. Evans, I don't have a minute left, but I will yield you a minute.

Mr. EVANS. I can say it in less than 30 seconds. I would hope that you would give me the indulgence of entering my statement into the record.

Mr. MORAN. We are pleased to enter your statement in the record.

[The prepared statement of Congressman Evans appears on p. 26.]

Mr. MORAN. Committee, I appreciate the attention that has been given to this issue this morning. Obviously I think, so to speak, we scratched the surface. I appreciate the now forthcoming information from the Department of Defense and look forward to working with the Department of Veterans' Affairs.

Our subcommittee has spent a lot of time dealing with the issue of chemical, biological force protection, as a result of my concerns, I think shared by other members, that as we deploy troops in the Middle East where chemical or biological weapons are a known threat, that we are doing things to protect our servicemen and women today so that they don't become needlessly patients of the veterans system tomorrow.

And we have pushed this issue time and time again, and it certainly becomes even more timely as the debate on the House floor occurs yesterday, today and tomorrow. This seems to me to be another example of why what we are doing in that regard is important.

Our Department of Defense has done—has occasioned tests to occur that most of us would not have expected. We would not expect a threat to those who serve in the military, and I think that we need to be very forceful and diligent in working with you to make sure that these who are affected by these tests are adequately, as best can be, compensated; found, compensated determined what the health risks are.

And I also think that it is another reminder of the important role that Congress plays in making certain that our servicemen and women do not encounter undue risk or harm to their health.

And again, our committee will—I see this as just a segment of the overall goal that our committee has had throughout this year of trying to make certain that those that we deploy come home healthy as possible.

And I appreciate the committee's interest in this topic. It is important for so many reasons, and we will continue our efforts to protect servicemen and women and treat those who need treatment.

Thank you for your time, and appreciate the hearing today.

Dr. WINKENWERDER. Mr. Chairman, if I can say one other thing in response to your last concern, two things. One, if there are any additional questions for the record, we would be glad to try to answer that. We know that we are cut short a little bit today. We apologize for that.

But, secondly, in regard to the current situation today, I would just want you to know that this matter is my top priority, and is our top priority here at this table. And we have taken, and are taking every measure we know to protect people, both in terms of equipment, clothing, detection, et cetera, as well as vaccines and medical countermeasures.

And there is certainly more to talk about and share with you on that front. But we believe we are in a better position today than we were 10 or 12 years ago.

Mr. MORAN. We appreciate that movement. There is no Member of Congress who does not appreciate the fact that you have a press conference to attend.

Actually, I say that with a smile, but in this case I think a press conference is something that is very important, because our veterans need to be made aware of the risk they may have encountered.

This committee stands adjourned. We will pursue this issue in the future.

[Whereupon, at 12:30 p.m., the subcommittee was adjourned.]

APPENDIX

Honorable Jerry Moran
Chairman, Subcommittee on Health
Committee on Veterans' Affairs

Hearing: Project 112 and
Operation SHAD, "Shipboard Hazard and Defense"
October 9, 2002

Good morning, hearing of the Subcommittee on Health will come to order.

Welcome witnesses and others in attendance today.

"Project SHAD: a Department of Defense acronym for "Shipboard Hazard and Defense."

Started during the Kennedy Administration, the original project involved 109 planned tests to identify U.S. warship vulnerability to chemical, nuclear and biological attacks, and to develop methods to defend against them.

Project SHAD was one component of a larger DOD effort called "Project 112." Conducted during the 1960s through the early 1970s for similar purposes, in U.S. military efforts to remain a Super Power during the Cold War.

In late 2000, based on a VA request, DOD began to review and declassify information concerning the exact agents used and other details of these tests, including identities of U.S. ships and other military units that were involved. In addition, DOD began working with the VA to identify individual veterans who

participated in these tests and to determine whether any veterans suffered negative health consequences because of these tests.

SHAD-Project 112 is requiring DOD to analyze vast archives of historical records that documented planning and execution of SHAD tests, and deal with many still classified elements that have deterred their investigation.

During this Congress, in carrying out my responsibilities as Chairman of this Subcommittee, have focused on deployment health, including force protection, equipment, vaccinations, health records and policies and actions by DOD to protect the health of active duty service members who may be deployed overseas. My view: an ounce of prevention today is worth a pound of cure tomorrow.

Fact that we are looking at what happened to veterans in SHAD proves the point that we need to pay attention to DoD policy in readiness and force protection.

I recently returned from Afghanistan --
[Afghanistan anecdote: are the troops being well served, based on what you observed?]

The specific purpose of today's hearing --

- This is not the beginning of the end of Committee's concern, but rather a good setting for further inquiry on behalf of the SHAD and Project 112 veterans and on behalf of future veterans in contemporary deployments today.

- It should be noted that we are not taking testimony at this time from the SHAD or Project 112 veterans themselves – those most affected by these tests -- but we intend to do so in the future as we gain more insight on what happened.

- The purpose of the classified briefing just concluded, and this hearing, is to arm Members of this Committee with the information they need to deal effectively with this issue.

Thank Chairman Smith and Mr. Evans for their concerns. Thank the gentleman from California, Mr. Thompson, for his participation and leadership in this issue during this Congress.

Speaking as Chairman of this Subcommittee, have no preconceived notions and realize that SHAD-Project 112 were not medical tests intended to harm U.S. service members--even inadvertently--but were intended to aid the United States in protecting U.S. citizens from foreign attacks using chemical, biological and nuclear weapons.

Look forward to Dr. Winkenwerder's and Dr. Perlin's testimonies.

Now ask for any comments from our distinguished Ranking Member, Mr. Filner of California, before proceeding to our witness panel.

[Filner statement]

Thank Mr. Filner. I appreciate your cooperation with me in scheduling this important hearing.

Other Members wish to make statements?

[Smith statement]

[Evans statement]

Welcome panel participants, Dr. William Winkenwerder, [WINK'n-wer-der] Jr., the Assistant Secretary of Defense for Health Affairs. Dr. Winkenwerder is responsible for the overall supervision of health and medical affairs for DOD.

Dr. Winkenwerder is accompanied by Dr. Michael Kilpatrick, Director of Deployment Health Support, and Dr. Anna Johnson-Winegar [like vinegar with a "W"], Deputy Assistant to the Secretary of Defense for Chemical and Biological Defense. Also, from VA, Dr. Jonathan Perlin [PURR-lin], the Deputy Under Secretary for Health, Department of Veterans Affairs, accompanied by Mr. Robert J. Epley [EP-lee], Associate Deputy Under Secretary for Policy and Program Management for the Veterans Benefits Administration.

Welcome and please proceed, Dr. Winkenwerder.

[Winkenwerder's statement]

[Dr. Perlin's statement]

Thank you, Dr. Winkenwerder, and Dr. Perlin for your statements and to each of the panel members for being here today.

[Panel questions]

Thank all those in attendance. A very serious and sobering topic that the Committee will continue monitoring. Appreciate the level of commitment on the part of both Departments to get at the truth and hopefully resolve the mysteries of SHAD-Project 112 for the veterans it affected and for their families.

Hearing is adjourned.

[GAVEL]

Lane Evans

Statement for Lane Evans
Ranking Member
House Committee on Veterans' Affairs
Subcommittee on Health
Hearing on Project 112 & Operation Shipboard Hazard and Defense
October 9, 2002

Thank you, Mr. Chairman. I appreciate you calling this hearing today.

I welcome Mike Thompson to the Committee. I look forward to his contributions today. For years before many of us had heard of SHAD, Mike Thompson had been working with our veterans to uncover their involvement in these experiments. He has also developed a bill that I have cosponsored which addresses the issues associated with Project 112 in a meaningful way.

Mr. Chairman, when I first came to Congress, I worked hard to find a way of compensating Vietnam War veterans for the health problems associated with exposure to Agent Orange. About a decade ago, we began to investigate the lasting health effects of exposures Gulf War veterans had to many hazardous agents. Linking veterans' exposures to health effects has been difficult. Lack of information regarding troop locations, the amount of exposure troops experienced, and health information about the troops before and after the exposure always impedes progress in this task. Then there are scientific arguments about how a particular exposure might affect health. The lack of a comprehensive military medical record hampers this task. I am pleased to hear that VA intends to contract with the Institute of Medicine to investigate the effects of these exposures.

SHAD may yet be another example of military exercises from the past that have not translated into meaningful "lessons learned" to benefit our future veterans. The military is taking baby steps to correct holes in its information architecture where giant leaps are needed.

I hope some of the testimony today will enlighten us, but I suspect this will be the first of a series of inquiries.

Thank you, Mr. Chairman. I look forward to the statements of our witnesses.

Bob Filner

Subcommittee on Health
Hearing on Project 112 and
Operation Shipboard Hazard and Defense (SHAD)

Wednesday, October 9, 2002 at 10 AM

Mr. Chairman, thank you for holding this important hearing today. I am an original co-sponsor of Congressman Thompson's bill, H.R. 5060, and I also want to commend him for his leadership on this issue as well as his commitment to veterans' right-to-know. I believe Congressmen Thompson's bill is cognizant of the past and prescient about the future. If we have learned anything from our experiences with Agent Orange and Persian Gulf War Illnesses, it is that our veterans must understand the risks of the exposures they have experienced on the battlefield. Full disclosure is not only the best policy, it is the only policy, our government should have in this regard. Not only would H.R. 5060 help today's veterans, it would assist tomorrow's veterans in learning about the exposures they will confront on the battlefields of the future.

Veterans must know about the agents to which they were exposed and whether these agents are likely to produce any health consequences. Thousands of veterans were exposed to agents acting as simulants in military exercises during the Cold War era—many were exposed without their knowledge, not to mention their consent. Since we deliberately put these men in harm's way, it is unconscionable to think that we would not do ***everything*** in our power to assist veterans in obtaining accurate and timely information about these exposures.

I must commend our veterans for their diligence in bringing this matter to the fore. Once again, our veterans had to advocate on their own behalf to get the government to release information about harmful exposures in order to understand their own health issues and assert the legitimacy of their claims for compensation.

I believe our witnesses today will speak to the mystery they are piecing together from shreds of evidence from the past. Given our experience with Gulf War Illnesses, I have no trouble believing that record-keeping during the Cold War was atrocious. But what steps have we taken

to improve documentation of potentially harmful exposures since the Gulf? This February, Deputy Assistant Secretary of Defense for Force Health Protection and Readiness, Ellen Embry, testified before our Subcommittee. She stated: "...we collect and archive health data that will allow retrospective analysis by DoD and the VA for those servicemembers who deploy and subsequently become ill. Building comprehensive systems that serve these purposes is neither easy nor quick. The necessary pieces of such systems are in various stages of design and implementation."

Based on Ms. Embrey's testimony, it is evident that there is still no requirement for a "real" pre- or post-deployment health assessment—instead they mean to use a self-assessment tool augmented by the enlistment physical and subsequent annual physicals. There is still no standardized all-service approach to collecting data about health treatment during deployment that can be routinely assessed to determine the effects of exposure. While these policies represent some improvement over the past, they still may allow tremendous gaps in the completeness of a servicemember's medical record. It is troubling that we cannot have any assurance that we will not have the same information gaps for our currently deployed troops that we have for the veterans of the Cold War we are discussing today. I would like to hear the steps that have been taken to ensure that we have better records for today's veterans than we have dealt with to date.

In conclusion, Mr. Chairman, I'd like to state my fervent hope that today's hearing represents a beginning, and not an end, to this inquiry. I suspect we will have many more questions to ask.

PREPARED STATEMENT OF CONGRESSMAN MIKE THOMPSON

Thank you Chairman Moran and Ranking Member Filner for holding this hearing. It comes on the brink of an historic decision that Congress will be making regarding authorizing our Armed Forces to take action against Iraq. This hearing is even more imperative because we are once again asking our troops to answer the call of duty and to confront a dangerous enemy. Our servicemembers must know that we stand by them during times of war and peace.

My own personal experience with this issue began nearly four years ago when a constituent of mine, Jack Alderson, asked me to investigate something he called Project SHAD. I am honored that Jack is in the audience today. He will be testifying on this issue tomorrow before the Senate Armed Services Committee.

Jack was the commander of five tugs used in these experiments. At first the Department of Defense told that Project SHAD did not exist. Then I was told that it did exist but only simulants were used in the tests. Finally, after three years of pressure, DOD not yet five months ago revealed that these tests involved harmful chemical and biological agents the worst of which included *VX nerve gas* and*Sarin nerve gas*.

The DOD has called Vx one of the most lethal substances ever synthesized and as we all know Sarin was used in the deadly terrorist attack on the Tokyo subway system. Yet we put at least 5,000 of our servicemembers at risk by exposing them to these hazardous agents. It is incumbent upon this Congress to ensure that any servicemember who participated in these tests is provided with appropriate evaluation and treatment if they have long lasting health problems associated with these tests.

I've introduced legislation along with my friend Michael Bilirakis of Florida and Senator Bill Nelson of Florida that would seek to provide relief and care for veterans who were involved in these and similar tests by requiring the DOD to release all relevant information.

After all, veterans have the right to know:

1) What agents they were exposed to;

2) What the lasting health effects are; and

3) Where they can receive medical care.

They have the right to know and they should have known a long time ago.

The New York Times today reports that testing done on American soil may have exposed American civilians to simulants. Keep in mind that some of these simulants are still live biological agents and may be harmful. Now it appears that not only were soldiers put at risk but the civilian population the DOD is charged with protecting may also have been put at risk.

SHAD and similar cases of chemical and biological testing on servicemembers is an issue of TRUST and INTEGRITY. Our military personnel put their trust in our government to protect them and our integrity has been compromised because nearly 40 years later we are still not protecting them. Jack and other crewmembers are beginning or have already experienced health problems that may be associated with these tests. I believe it is deplorable and inexcusable that the Department of Defense has taken nearly 40 years to begin to release this information. That's why this hearing is important and I want to thank each of you on the committee for your commitment to seeking the truth. I am grateful to you and I know that the thousands of veterans who participated in these tests are also grateful.

SHAD InterAgency Meeting
5 October 2000
1300-1440 hrs

1. Attendees:

Dr Robert Claypool, MVHCB	(202) 273-9897	robert.claypool@mail.va.gov
Col Craig Postlewaite, MVHCB	(202) 273-9897	craig.postlewaite.mail.va.gov
Dr Susan Mather, VHA, PH/EH	(202) 273-8575	susan.H.Mather@mail.va.gov
Dr Neil Otchin, VHA PH/EH	(202) 273-8572	otc.nei@mail.va.gov
Dr Mark Brown, VHA PH/EH	(202) 273-8460	Mbrown1@mail.va.gov
John Kraemer, VHA PH/ EH	(202) 273-8462	john.e.kraemer@mail.va.gov
Tom Pamperin, VBA CP Svcs	(202) 273-7247	CAPTPAMP@VBA.VA.GOV
Bill Lanson, VBA CP Svcs	(202) 273-7247	CAPBLANS@VBA.GOV
Dee Morris, OSAGWI-MRMD	(703) 845-8339	dmorris@gwillness.osd.mil
Bard Goodno, OSAGWI-MRMD	(703) 578-8552	bgoodno@gwillness.osd.mil
CDR Pat McNeilly HHS (via telephone)	(301) 435-0668	PMcNeilly@osophs.dhhs.gov

2. The meeting began with Dr Claypool welcoming the participants, introducing himself, and explaining the MVHCB's role in the coordination of interdepartmental effort to address issues relating to the SHAD (Shipboard Hazard and Defense) program. The rest of people attending all introduced themselves.

3. Dee Morris, Chief of the Lessons Learned Directorate at OSAGWI-MRMD handed out a background paper on SHAD (attached) and addressed each item on the background paper in detail, allowing time for questions by the other attendees in detail. Some of the key points that were discussed, over and above what is listed on the attached talking paper, are as follows:

   a. So far, approximately 113 individual tests in support of 15 SHAD subprojects have been identified. Most of these occurred onboard ships though some may have taken place at the Army's Desert Test Center located originally at Camp Roberts and later at Dugway Proving Ground in Utah. The ships included 5 Army tugs (2 of which are currently for sale)
   b. The tests involved live pathogenic microorganisms and actual chemical warfare agents. The tests were targeted at various animal species. Any personnel (as many as 2000) who may have been inadvertently exposed to these agents would have been crewmembers or others involved in carrying out the experiments.
   c. There is some evidence that some of the ships that had been involved in nuclear vulnerability tests may have had some residual radioactivity. There is an anecdotal report of at least one ship setting of a radiation alarm in a Hawaiian harbor.
   d. OSAGWI-MRMD is working with the National Archives to find the ship logs that may better identify personnel who may have participated in the tests. All of the personnel records are available in nonclassifed documents. OSAGWI-MRMD

also has access to the classified documents, which are currently being reviewed. Dr Rostker intends to seek declassification of all those documents necessary to insure for the health of the personnel involved. VBA noted that they have a limited number of records pertaining to crews that serve onboard the Army tugs. Dee Morris noted that personnel are identified by service number in these records rather than by SSN.

e. Some of the agents to which personnel may been exposed includes Bacillis globulis, Serratia marcesens, and zinc cadmium sulfate, and there is evidence of others. Some of the exposure agents used radioactive isotopes as tracers. There are also some decontamination agents and fumigants that were used that could pose health risks to personnel if they were not adequately trained and protected from exposure.

f. All of the tests of concern are believed to have occurred between Sept 62 - Sept 67.

4. It was recommended that the NSC be notified as soon as possible of the issues involved. Col Postlewaite will take for action.

5. VBA noted that they already had several claims relating to PTSD linked with the SHAD project. The claimants were filing for claims apparently based upon the occurrence of PTSD resulting from fear that they either had been or could have been exposed to harmful agents. VHA PH&EH (Dr Otchin) noted that if it appeared there was any possibility of significant exposure to radioactivity, the VA would need DoD to perform dose reconstruction on these personnel and provide that data to the VA.

6. VHA noted that they had already put some preliminary fact sheets together on the exposure agents presently known and that an information letter was being prepared for signature by the Under Secretary for Health. VHA has a duty to inform as soon as possible and the letter would likely go out around 13 October so there was still some opportunity to incorporate some additional information. Dee Morris said she would do her best to get updated information to VHA to incorporate into the letter.

7. Col Postlewaite noted that in checking out some preliminary information that the US Public Health Service may have played a supervisory role in the SHAD, he had discovered that any role played by the PHS likely did not occur until 1969, following the sheep kill downwind from Dugway. This falls outside the times of concern, ie. Periods of the SHAD Project (1962-67), thus there are probably no HHS records pertaining to this project. He noted that he had been given a couple of names to follow up with. He said he would do so in order to try to confirm whether the PHS might have some additional information reading SHAD.

8. Dee Morris asked those in attendance what "next steps" they had in mind. The group responded with the following:

a. VBA wanted to be able to have all the information necessary to fully support adjudication of claims. They were considering placing some information on the program on the VBA homepage as part of their outreach effort, which may eventually involve a letter to the veterans along with a brochure. Dee Morris stated that her organization would be willing to help in the outreach effort. VBA stated they had some ship names that they would share with OSAGWI-MRMD.

b. VHA desired to have more information as soon as possible in order to be able to notify all the VA Clinical facilities about the issues, including a complete list of exposure agents associated health effects that could result from exposure. Dee stated that she would be the OSAGWI POC for this effort, and that she would be able to provide a complete listing of the ships soon.

c. Dee Morris noted that there appears to be a significant amount of information in the classified literature and while OSAGWI wishes to declassify it as soon as possible, the process is not very fast. It would likely be released in an incremental fashion.

9. Dee Morris stated that OSAGWI would like to interview the claimants in order to obtain information/verify the information they were gathering. VBA agreed that they would work with OSAGWI to help make that happen.

10. Dr Claypool stated that there is a risk communication component to be considered in developing and releasing information on this project. He would like to involve the MVHCB Health Risk Communication Working Group in this effort. Everyone agreed that it would be useful to do so.

11. It was agreed that Dr Claypool would schedule another meeting in two week (approx 19 October.)

R. CRAIG POSTLEWAITE Col USAF; BSC
Recorder
Director for Deployment Health, MVHCB Staff

Prepared Statement

of

The Honorable William Winkenwerder, Jr., M.D., M.B.A.

Assistant Secretary of Defense for Health Affairs

on

Shipboard Hazard and Defense

Before the House Veterans Affairs Committee
Subcommittee on Health

October 9, 2002

NOT FOR PUBLICATION
UNTIL RELEASE BY THE
UNITED STATES HOUSE
COMMITTEE ON VETERANS AFFAIRS

Mr. Chairman and Members of the Committee, thank you for the opportunity to be here today. Moreover, I want to thank you for your continued support of the men and women who have served in our Armed Forces.

As Assistant Secretary of Defense for Health Affairs, I want to stress that the Department of Defense (DoD) is absolutely committed to an aggressive and thorough investigation of all chemical and biological warfare tests planned and performed by the Deseret Test Center between 1962 and 1973. The purpose of the investigation is to provide relevant medical information to the Department of Veterans' Affairs (VA). The Deseret Test Center was established as a result of Project 112. Project 112 was one of one hundred and fifty management initiatives begun by Defense Secretary McNamara, after his review of the Department of Defense in 1961. Under Project 112, the Deseret Test Center planned and conducted a joint chemical and biological testing program that included shipboard and land-based testing. Project Shipboard and Hazard Defense (SHAD) was the shipboard portion. SHAD was designed to test ships' vulnerability to biological or chemical attack.

When I testified before the Senate Veterans' Affairs Committee in July of this year, I expressed that we are dedicated to finding and declassifying all relevant medical information from those tests. Additionally, we are committed to sharing this information with the VA by June 2003. Today, I would like to discuss what we have done, what we have learned and what are currently doing.

Since August 2000, when the Department of Veterans' Affairs requested that the Department of Defense provide information concerning classified Project SHAD tests, we have developed a close working relationship with the VA. From the beginning of this process, VA staff members have met regularly with our investigators to review their activities and to verify that the information being sought was what VA needed to assist them in addressing health care matters and settle benefit questions. A team from our Deployment Health Support Directorate meets regularly with VA personnel, to ensure we provide the VA with the relevant medical information they need to address veterans' concerns.

To date, our investigation has revealed a great deal about tests planned and conducted by the Deseret Test Center. The Center planned 134 tests between 1962 and 1973. So far we have verified that 46 tests were conducted and 62 were cancelled. We are working to determine the status of the remaining 26 tests. The majority (24) were planned for 1970-1974, a period in which plans were being made to close the Deseret Test Center.

We are working closely with the Department of the Army to facilitate declassification of the necessary data, focusing on relevant medical information. Because many of the same agents remain a threat to our Forces today, the records cannot be casually declassified. Our investigators identify the relevant medical information and request declassification of this specific information in a process that has been significantly expedited.

As information becomes available, it is provided to the VA in the form of fact sheets. To date we have published 45 fact sheets on 41 tests which involved more than 5,000 servicemembers. The fact sheets detail which ships and units were involved in tests, when the tests took place and what substances the crew may have been exposed to. In order to expedite

the VA's notification to affected veterans, we now provide names and service numbers of servicemembers involved in each test to the VA as soon as we identify the ship or unit involved; we do not wait for the declassification process to be completed. To date, we have provided the VA with the names of 4,990 veterans from 16 of 18 known shipboard tests and are searching for classified reports which identify the ships used in the remaining two tests.

Our investigation has confirmed that Deseret Test Center tests were primarily conducted using simulants believed to be safe in place of chemical or biological warfare agents. In those instances when potentially harmful substances were used, there is no evidence that any of the service members involved were exposed to them without proper protection. Service members were vaccinated before testing that involved live biological agents. If actual chemical agents were used they were confined to airtight sections of their ship. When appropriate, protective clothing was also worn. While some service members may not have known all the details of these tests, it is likely they knew that they were participating in testing due to use of precautionary measures. We have learned that the scientists involved informed senior leaders about tests using simulants. Like other operational activities, service members were not informed of these tests.

Information is presented to the VA as quickly as possible and is posted on our web site, DeploymentLINK.mil. A chart located on that web site shows the status of our investigation for each of the tests and is updated regularly. In addition to responding to letters, e-mails and telephone calls placed to our toll-free number, we have also attended the reunion of the crew of the USS Power and have asked other crews to allow us to attend their reunions to help us better understand the concerns of these veterans. We have also sought out scientists and senior officials involved with the tests to increase our understanding of what happened during the tests.

With the termination of the U.S. offensive chemical and biological weapons programs and with changes to operations and health research standards, the use of live agents on humans is severely restricted. With modern technology we can determine the effectiveness of defensive measures by using mannequins. The military services do still use simulants during operational testing and training. We are reviewing all policies governing the use of simulants during testing and training. Additionally, small amounts of live agent are used in training at the chemical school. Our objective is to ensure that concerns like those surrounding the Deseret Test Center tests do not arise in the future.

Mr. Chairman, this concludes my statement. I thank you and the Members of this Committee for your outstanding and continuing support for the men and women of the Department of Defense. I look forward to addressing your questions.

Statement of
The Honorable Jonathan B. Perlin
Deputy Under Secretary for Health
Department of Veterans Affairs
Before the
Subcommittee on Health
House Committee on Veterans' Affairs, on
VA's Responses to Information Provided by DoD
about Project SHAD Veterans

October 9, 2002

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Mr. Chairman and Members of the Subcommittee, I thank you for the opportunity to testify before the subcommittee today about the activities of the Department of Veterans Affairs (VA) in response to the information that has been provided to us by the Department of Defense (DoD) about veterans involved in testing of biological and chemical weapons. I am here today to talk about the 5,000 veterans who have been identified as Project 112 participants. I also want to tell you about the wide range of outreach activities to veterans, educational programs for VA health care providers, and health care services that VA has implemented for those veterans who participated in tests conducted by the U.S. Army's Deseret Test Center, including Project SHAD.

Deseret Test Center Project 112 and Project SHAD

According to the Department of Defense, Project SHAD, which stands for Shipboard Hazard and Defense, was a portion Project 112, which was a chemical and biological warfare test program of the Deseret Test Center. DoD conducted these tests between 1962 and 1973. Project SHAD itself was a series of tests apparently designed to determine potential vulnerabilities of U.S. warships to attacks with chemical or biological warfare agents. Other Project 112 tests involved similar tests conducted on land rather than aboard ships.

VA first learned of Project SHAD when a veteran filed a claim for service connection for disabilities that he felt were related to his participation in those tests. In two meetings held with DoD in late 1997, VA was advised that all the relevant records about these tests were classified and that general access to that material was not possible. However, DoD offered to provide such information on a case-by-case basis.

In May 2000, VA's Under Secretary for Benefits received a congressional inquiry requesting assistance for veterans involved in Project SHAD tests. A VA/DoD workgroup was subsequently established, which met for the first time in October 2000. Since then, DoD and VA have held a series of meetings to ensure that VA would have full access to the information needed to provide appropriate health care and benefits for veterans involved in these tests. In July 2002, DoD committed to provide VA with all medically relevant data, as well as a complete roster of participants involved in tests under the aegis of Project 112 in the 1960's and 1970's.

As a result of their ongoing investigations, DoD has begun providing to VA the names and service numbers of veterans of Project 112, including Project SHAD participants. As a consequence, VA has initiated a significant outreach program to SHAD veterans and to the VA health-care providers they may see. This program has expanded as we have received more information from DoD about veterans involved in tests conducted by the Deseret Test Center and about possible chemical and biological exposures.

VA Outreach Efforts to SHAD Veterans

As of today, VA has been notified of approximately 5,000 veteran participants in 12 declassified and two classified Project 112 tests. VA has implemented a process for identifying and locating these veterans. Identification is accomplished using a variety of sources, including VA's Beneficiary Identification and Records Locator Subsystem (BIRLS), its Compensation & Pension (C&P) Master Record file, the National Cemetery Administration's database, and the National Personnel Records Center in St. Louis. VA has been able to obtain addresses of some of these veterans by matching records with the Internal Revenue Service.

In May 2002, VA mailed outreach letters to 622 SHAD veterans, and on August 15, mailed outreach letters to an additional 777 veterans. The outreach letters provided them information about their participation in Project 112 and the possible health effects related to the chemical and biological warfare agents used in those tests.

Most recently, in September, DoD provided VA with the names and service numbers of about 2,100 more veterans who were participants in tests just declassified last week. VA is currently matching these data against its BIRLS and C&P Master Record files to identify these individuals.

Efforts to find current addresses for SHAD veterans is ongoing, but for those whom VA has not yet been able to locate, we have established a SHAD Help line (at 1-800-749-8387), an Internet web-site (at www.VA.GOV/SHAD), and an e-mail address (SHADHELPLINE@VBA.VA.GOV). Through the week ending September 27, 2002, VA has received 417 calls on its toll-free SHAD Help line.

Outreach to VA Health Care Providers

VA has provided relevant information about Project SHAD to VA health care providers through Information Letters from the Under Secretary for Health. The Information Letters provide VA health care personnel with background information on Project SHAD, as well as information about the potential short- and long-term health effects of the specific chemical and biological agents that DoD tells us were used in these tests. They also include recommendations for reviewing the medical and military exposure history of Project 112 veterans. The first Information Letter was released on December 1, 2000. The most recent Information Letter – the third in this series – is dated August 26, 2002. It is entitled "Possible Occupational Health Exposures of Veterans Involved in Project SHAD Tests," and is based on additional information

obtained from DoD. This information has also been made available on VA's SHAD web site at www.va.gov/SHAD,

In addition to Information Letters, the Veterans Health Administration (VHA) has engaged in an extensive outreach effort to ensure that every VA medical center knows about SHAD veterans and their potential hazardous exposures during Project 112. VA medical center directors and health care personnel have been regularly apprised of Project SHAD through a series of national telephone hotline conference calls beginning October 20, 2000. VA environmental health physicians also have been kept informed of Project SHAD developments through regular conference calls. Furthermore, a Directive issued last month requires that enrolled SHAD veterans be clinically evaluated by knowledgeable health care providers when those veterans present for care. VA will continue to provide up-to-date information on Project 112 to its health care providers to ensure that these veterans receive optimal health care. Lastly, as suggested by the Vietnam Veterans of America, the VA and DoD web sites, which provide information on Project 112, have been linked to provide ready access to health data among VA and DoD health care personnel and veterans.

Health Care and Benefits Status of Identified SHAD Veterans

VA prepared a preliminary report on the health and disability status of the initial Project SHAD veterans identified for us by DoD in follow-up to the July 10, 2002 hearing. A report dated August 5, 2002, entitled "VA Health Care and Compensation for Project SHAD Veterans" was provided to the House and Senate Committees on Veterans' Affairs on August 9, 2002. It also included information on compensation claims previously filed by Project SHAD participants. The report stated that, as of August 1, 2002, there were compensation claims pending decisions for 28 veterans alleging disabilities due to exposure to agents and substances while participating in Project SHAD. The full report is available on our website at www.va.gov/SHAD. As of September 30, 2002, VA had compensation claims pending decision for 53 veterans alleging disabilities due to exposure to agents and substances while participating in Project 112.

Of the 1,399 veterans who received notification letters in May and August, 31 have newly enrolled for VA health care. Available data indicate that Project SHAD veterans sought health care from VA during FY 2002 at a rate comparable to the overall population of military veterans. About 30 percent of Project SHAD veterans known to us as of August have used VA services since 1970.

It has not been necessary to establish a special clinical program for Project 112 veterans. In this regard, VA's progressive development of its medical record system increasingly permits patient health information to be studied. VHA can now track health care utilization by special groups of veterans, such as the veterans who participated in Project SHAD. The use of these standard health care databases provides several important advantages in evaluating the health of Project SHAD veterans over

specialized clinical programs, such as those used to evaluate particular cohorts of veterans, such as Vietnam and Gulf War veterans. The use of VA's health databases allows VA to evaluate the health care utilization of veterans every time they obtain care from VA, not just on the one occasion that they elect to have a registry examination. This practice will provide a much broader and longer-term assessment of the health status of these veterans because many veterans return frequently for VA health care, and because veterans are often seen in different clinics or even different parts of the country for specialized health care.

Evaluating Health Status of All SHAD Veterans

On September 30, 2002, VA entered into a three million dollar contract with the Institute of Medicine, Medical Follow-up Agency of the National Academy of Sciences to fully evaluate the long-term health status of Project SHAD participants. They will conduct, over the next three years, a formal epidemiological study of Project SHAD participants in comparison with veterans who did not participate in Project SHAD. This independent, epidemiological study will give us the clearest possible picture of the health status of SHAD veterans and tell us whether their health was harmed by participation in SHAD tests. The study will compare the current health of veterans who participated in the SHAD tests more than 30 years ago with the health of veterans from the same era who served on ships not involved with the testing. The study will also compare the mortality rates of the two groups. This project may be expanded, if needed, as we learn the identity and military exposures of additional Project 112 participants. Although it will take time to conduct a valid epidemiological study, high quality medical care is being provided right now for each Project 112 veteran who chooses to come to the VA health care system.

VA welcomes DoD's accelerated schedule for providing relevant information about Project 112 and the veterans who were involved in these tests. We understand that it is problematic to locate and declassify records that are 30 to 40 years old, and we appreciate DoD's efforts in this regard. We also look forward to receiving this information as quickly as possible so that we can address the health concerns of these veterans and properly adjudicate their benefit claims.

This concludes my testimony. I will be happy to answer any questions that the Committee may have.

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