

## K2 Veteran and VSO briefing Chat Questions

1. Why have we not notified all K2 vets of this program? I personally know 5 vets that have not been notified.
  - a. We have reached out to all K2 Veterans for whom we have a valid address or email. If a K2 Veteran has not enrolled in VHA health care or has not submitted a claim with VBA then VA has no means to collect their contact information. We know that there are many that are not enrolled in VH health care, and thus, we ask that you share the letter with your fellow K2 Veterans to extend our reach. VA worked with several Veteran Service Organizations (VSOs) to assist with the distribution of information.
2. Is the Johns Hopkins team going to have access to the DOD surveys that happened before K2 was occupied by us?
  - a. We are not certain of the DoD surveys to which you are referring, but the Johns Hopkins team will have access to all available data and environmental monitoring.
3. Do you have a list of all who served at K2 so you can contact us?
  - a. Working with our DoD and VBA colleagues we have reviewed all available location data to identify 15,035 individuals that deployed to K2. Of these, we have a valid mailing address and/or email address of just over 12,000. We reached out to these 12,000 and will update our contact information before each outreach effort to ensure we capture all those K2 Veterans that enroll in VA health care since the last outreach.
4. Should we all be filing a claim just for being deployed there?
  - a. We encourage all K2 Veterans to enroll in VHA and request a Toxic Exposure Screen even if they do not currently have a specific health concern. This allows your exposure history to be documented in your medical record as well as provides the opportunity to be screened for any military environmental exposure-related health concerns.
  - b. Also, we encourage you to file a claim with VBA if you have a health condition you believe is related to your military experience. There are over 300 new conditions designated as presumptive conditions under the PACT Act for which you may qualify.
  - c. Eligibility for VA disability compensation is available at:  
<https://www.va.gov/disability/how-to-file-claim/>
  - d. Components of a claim include:
    - i. A current illness or injury that affects your mind or body, and
    - ii. Service on active duty, active duty for training, or inactive duty training

- e. And at least one of these must be true:
    - i. You got sick or injured while serving in the military and can link this condition to your illness or injury (called an in-service disability claim), or
    - ii. You had an illness or injury before you joined the military and serving made it worse (called a pre-service disability claim), or
    - iii. You have a disability related to your active-duty service that did not appear until after you ended your service (called a post-service disability claim)
  - f. Presumptive conditions
    - i. For some conditions, we automatically assume (or “presume”) that your service caused your condition. We call these presumptive conditions.
    - ii. If you have a presumptive condition, you don’t need to prove that your service caused the condition. You only need to meet the service requirements for the presumption.
5. When you state “ALL DATA” was screened, is that all information available?
- a. Yes, VA conducted an exhaustive search and review of all available data from DoD, VBA, and VHA to identify those Service members and Veterans that deployed and garrisoned at K2.
6. What about the air from jet fuel exploded in the ground?
- a. Jet fuel in all its forms is recognized as a possible exposure at K2.
7. When were the samples taken?
- a. Air, water, soil, and soil gas samples were collected as part of three different environmental site surveys conducted at three different times during the K2 occupation between 2001 and 2005.
8. Is this recorded and accessible at a later time?
- a. This Community Forum was not recorded. However, we will ensure that we address all our respective departmental regulatory and approval requirements so that future K2 Community Forums will be recorded and posted on our website for later viewing.
9. Why are we doing DU screens if the exposure levels were “below baseline” ....?
- a. When individuals hear about depleted uranium (DU), they often become concerned because they know uranium is associated with radiation. DU is produced after the enrichment process removes most of the radioactivity and it becomes very dense. DU is used in tanks for shielding, in weaponry for strength and in planes for ballast. The testing program was extended to K2 Veterans at no charge to give Veterans the peace of mind that DU does not pose a health risk for them. VA has done over 7,000 urine assays for the isotopic signature of DU and the only positive DU Veterans are those with retained shrapnel from incidents in the first Gulf War. VA has followed these 85 Veterans for almost 30 years, and they are doing well.

- b. By 1 July 23, VA has completed over K2 Veterans' 135 urine assays for the isotopic signature of DU and all are negative.
- 10. Will we be provided a copy of the slides for this complete presentation after it concludes please?
  - a. Copies of the slides will be posted to our website.
- 11. Is there a deadline on filing a claim?
  - a. No. VA encourages any Veteran who believes that military service has negatively impacted their health to submit a claim.
- 12. Why was the population sampling restricted just to the Army?? There were Air Force and Marines stationed at K2
  - a. We have identified the entire population that deployed to K2. Of the 15,035 in the K2 population 75% were Air Force and Army, 15% were Marines, and 10% were missing branch of service.
- 13. If the military conducted research in 2011-2012...would the results be different w/ soil, air, water pollutants then when Service members were deployed 2001-2005?
  - a. DoD study published in 2015 (based on data through 2012) did not re-evaluate the samples collected during the K2 occupation. They only reported on health outcomes among active-duty Service members at that time. Much has been learned over the past 20 years and the screening levels for many of the contaminants identified at K2 have been modified. Some of the screening levels have not changed but for others, the levels have been reduced. The Agency for Toxic Substances and Disease Registry (ATSDR) conducted a re-evaluation of all the samples collected so that we could ensure that we assessed all possible health outcomes that might occur with sufficient exposure to the contaminants documented at K2.
- 14. How do we volunteer to be in the K2 Surveillance Program?
  - a. We appreciate your willingness to volunteer. The K2 Surveillance Program was designed to capture health outcomes and mortality among all K2 Veterans using electronic health record data from DoD and VHA and the National Death Index, respectively. This surveillance approach provides the most comprehensive and consistent method to track outcomes for the entire K2 population.
- 15. Is the K2 Surveillance Program accessing health data for Veterans who don't use the VHA?
  - a. The DoD electronic health record data (including CHAMPUS/TriCare for retirees) plus the VHA electronic health record data provides health information for 85% of the K2 Surveillance Program population. There are approximately 15% of Veterans that are not retirees and that do not use VHA for health care. VA has 100% coverage with the mortality data from the National Death Index which provides date and cause of death for all Veterans and Service members going back to 1979. Assessing disease

(morbidity) and death (mortality) outcomes will provide the most scientifically accurate means for determining health outcomes that may be related to deployment to K2.

16. Do we self-identify our visits to K2? I flew in and out of there several times in 2002. Not usually more than 3 days at a time.

a. This is not an uncommon occurrence. We performed an exhaustive review with our DoD colleagues to identify all those that deployed to K2. Using these data, we identified those that spent a total of at least 28 days at K2 (9,827) that will be used for detailed analyses, but assessment will also be made using all 15,035 that spent any time at K2.

17. How does one's race have anything to do with exposure to deadly chemicals? Can anyone answer me that?

a. It is not that race is related to exposure, but that race is related to disease outcomes. We know that certain races have a higher risk of certain diseases that decades of research have confirmed. Thus, when investigating disease outcomes like in the K2 Surveillance Program, the racial distribution, along with other characteristics (age, branch of service), must be similar across the comparison groups. This ensures that any findings of an adverse health outcome are related to the K2 experience and are not because the group with the higher rate of disease also had the highest number of a given race that is already known to have a higher rate of that disease, whether or not they were at K2.

18. K2 Surveillance: As with the Longitudinal Database, what cohort is used for the Mortality Data Repository? Does it include those not using the MHS or VHA?

a. VA uses the CDC's National Death Index to determine mortality. These data provide the date and cause of death for ALL Service members and Veterans going back to 1979.

19. What if a Veteran has had a symptom but never believed it was service-connected and now all of a sudden, with this information, we can pin-point that it indeed may be service connected? what then? can it be retroactive?

a. Yes. it is important for Veterans to enroll in VHA health care to ensure proper medical screening and evaluation can be done to identify all possible diseases, even if they are mild. We encourage all Veterans with a health condition they believe is related to their military service to file a claim so that they can get the benefits they deserve.

20. Question: so if supposedly you have the "Entire Roster" how did so many of us never receive the notification?

a. We only have contact information on those Veterans that are enrolled in VA health care or have filed a VBA claim. If a Veteran does not use VA for health care or benefits, then we have no authority or means to obtain and track their contact information. As noted in the letter and email that was sent out to announce the K2 Community Forum we encourage you to share that information with your fellow K2 Veterans so they are aware and

can attend if they choose to. VA worked with several VSOs to assist with the distribution of information.

21. Can you get the database to go back farther into Bosnia / Kosovo time frames? I conducted environmental sampling then too.
  - a. We have and continue to evaluate health outcomes in many other conflicts including Bosnia/Kosovo.
22. How does the VA flag K2 Veterans for monitoring?? I've spoken with my docs repeatedly about my issues and I get looks like I'm the one who's crazy about my concerns.
  - a. We have identified the entire population that deployed to K2 (15,035). This roster has been shared with VBA to confirm K2 deployment when processing claims and efforts are underway to inform health care providers about K2 and the risks associated with that deployment. We continue to work to inform VHA providers about K2 concerns as well as health concerns for other conflict cohorts as well.
23. How are cancers and illness after 2015 that were identified and treated through a SMs private medical practices captured?
  - a. Unfortunately, currently there is limited ability to track cancers in those Veterans who choose not to use the VHA for their health care. Using electronic health record data from DoD and VHA, we have complete coverage on roughly 85% of the K2 Surveillance Program population for assessing disease outcomes and 100% coverage for mortality assessments. We are working with the VA National Oncology Program, National Cancer Institute, and State Tumor Registries to create a VA Central Cancer Registry that will track cancers in ALL Veterans.
24. Are you contacting surviving spouses from K2 vets?
  - a. No. VA data only pertains to the Veterans, and we have no reliable contact information to reach out to spouses of deceased K2 Veterans. These spouses can work with VBA to submit a claim on behalf of their spouse as they may be eligible for survivor benefits. VA or a trained professional called an accredited representative can help with filing a claim for disability compensation. More information is available at: <https://www.va.gov/disability/get-help-filing-claim/>
25. Has any study been done to determine if joint and cartilages issues?
  - a. Our primary focus has been on assessing disease outcomes that may be related to exposure to contaminants identified at K2. Most joint and cartilage issues are injury related and Veterans are encouraged to submit a claim for these issues that will be evaluated on a case-by-case basis.
26. It just occurred to me that a number of non-military personnel were also assigned to K2 - OGA & other interagency folks from TF Dagger & TF Bowie. Do we know whether their agencies are aware of the situation?
  - a. We do not know whether these other agencies are aware of or conducting any K2 assessments. VA has no authority to evaluate non-Veterans, but

we will share our findings through publication in peer-reviewed scientific journals our findings that these other agencies can use to support their K2 efforts.

27. How long after a Service member has returned can the test find traces of DU? Its been 20 years!

- a. It depends on the dose of the original depleted uranium (DU) exposure; DU accumulates in the bones, and the half-life is approximately 6 months. Even at 20 years, there would be some remnants of exposure. As of 1 July 2023, VA has completed approximately 135 urine assays for the isotopic signature of DU and all are negative.

28. How do I go about requesting a DU testing?

- a. To schedule an appointment to be tested, please contact the Environmental Health Coordinator nearest to you at:  
<http://www.publichealth.va.gov/exposures/coordinators.asp>. Please bring the K2 letter that you received in the mail with you to your appointment.
- b. Additional information on the DU testing program can be found here:  
<https://www.publichealth.va.gov/exposures/karshi-khanabad.asp>

29. Question: how do we update our burn pit registry to include the K2 time if we had already registered utilizing other deployments?

- a. It is not necessary to update burn pit locations as we have the K2 roster, and K2 is included in the locations that were subject to airborne hazards.

30. tests showing liver problems that started last year and was just diagnosed with Ankylosing Spondylitis, inflammatory disease in my spine and is an autoimmune disease as well as white vessel disease on my brain...connection to K2 possibly?

- a. Currently, there is limited scientific data related to K2-specific health outcomes including autoimmune conditions. We implemented the K2 Surveillance Program to better understand the potential health impacts on those that served at K2. As results become available, they will be shared with the K2 community. VA encourages you to enroll in VA health care and talk to your health care provider about your diagnosis. VA also encourages Veterans who believe that military service has negatively impacted their health to submit a claim.

31. Would exposure to DU be a VA presumptive and compensated

- a. A condition related to an exposure may be designated as a presumption. To receive benefits, you would need to file a claim with VBA based on having been diagnosed with a DU-related health condition.

32. Is there a way to report illness or cancer detected and treated by a civilian provider that may not be captured by DOD or VA databases?

- a. Not at present. Because this personal health information is protected by privacy laws and HIPAA, there would be many regulatory requirements to address. We are working with others in VA under PACT Act initiatives to obtain cancer information on all Veterans, even those not using VHA. This effort is nearing implementation and will identify cancer outcomes in all

Veterans for the next round of analyses. Deaths due to various cancers are included in our current data, and these analyses will commence later this summer.

33. I was diagnosed with a cancer not covered by the VA PACT act and therefore have not filed a claim. How is that being tracked as a part of the K2 cohort? And should I file a claim?
- a. We are tracking instances of cancer in the K2 Surveillance Program and will report findings later this calendar year. We encourage you to submit a claim as each claim is evaluated on a case-by-case basis even if not covered by an existing presumption or legislative mandate.
34. AFSOC 01-02 and 04, what about the Nerve Agent and Mustard Gas exposure?
- a. We have no evidence of these agents being present at K2.
35. Will neurological issues be covered under presumptive conditions? Things like Tremors, neurological hearing loss, or nerve pains.
- a. Designation of presumptions is beyond the scope of the K2 Surveillance Program. However, findings from our morbidity and mortality analyses will be reviewed and conditions that show an increased risk in K2 Veterans may be recommended for review under the PACT Act-related presumptive review process.
36. Would exposer levels be different for the first teams on the ground in October 2001 that built the first tent city?
- a. It is possible. We have several secondary analyses planned to address questions such as this.
37. What about Neurological conditions such as Parkinson's Disease? I see that the Benzyne and DI can cause issues with neurological conditions.
- a. Several neurological conditions are included in the K2 Surveillance Program analytical plans. These conditions were selected based on the contaminants documented at K2 and scientific evidence that with sufficient exposure they could have neurologic effects.
38. How long does uranium stay in your system?
- a. DU accumulates in the bones and the half-life is about 6 months. Even at 20 years, there would be some remnants of exposure.
39. How do you measure uranium levels 20 years after leaving K2? 20+ years later we all will test low level and no exposure risk.
- a. DU accumulated in the bones, and the half-life is about 6 months. Even at 20 years, there would be some remnants of exposure.
40. Would DU be in your system after 20+ years? We all were at K2 and its known that we had exposure. Should that be taken in consideration when explaining residual or other ailments not listed on the charts shown?
- a. DU accumulated in the bones and the half-life is about 6 months. Even at 20 years, there would be some remnants of exposure.
41. What about IU versus DU? Does this refer to ionizing radiation?

42. Why the focus on DU when long term exposure to Ionized Radiation is far more concerning.
- a. We have no evidence of IU being present at K2.
43. How many K2 deployers were evaluated for the 2010 and 2015 studies?
- a. Approximately 7,000.
44. I have a question, has the DoD finally turned over all the documents Congress and Stronghold Freedom Foundation has requested?
- a. All K2 documentation and reports were declassified over a year ago and can be found at:  
<https://phc.amedd.army.mil/topics/envirohealth/hrasm/Pages/K2-Airbase-Exposures.aspx>
45. What are "low" levels of nerve and blister agents? Does it matter if you are inside a structure? If you are exposed to "low" levels of nerve and blister agent indoors for 12-16 hours a day with no PPE is that a "medium" or "high" exposure?
- a. There is no evidence of nerve or blister agents were present at the K2 site. For more information refer to:  
<https://phc.amedd.army.mil/topics/envirohealth/hrasm/Pages/K2-Airbase-Exposures.aspx>
46. 15,777 people were assigned to K2, how many people since then have died? Now let's say there's 15,000 left, the VA gets billions of dollars every single year, so how is the VA not able to treat 15,000 people? Why do they need 20+ years to do a study? Why is EO 13982 not being adhered to?
- a. All K2 Veterans are encouraged to enroll in VHA health care so that they can be treated for any health conditions they are experiencing even if not found to be related to their K2 deployment.
47. So this population would have been significantly more healthy than the general population. Has that before taken into account when looking at current health issues from K2?
- a. This phenomenon is referred to as the "healthy soldier effect." We designed the comparison groups to account for this. One comparison group will be those that served on active duty during the time of K2 occupation but never served in SW Asia. Since those in this group and those at K2 would equally display the healthy soldier effect, any increased risk of disease among the K2 Veterans would more likely be related to the K2 experience.
48. I'm told I can't use my VA medical because I make too much. How can I actually get medical assistance after being in combat for over 3 years?
- a. The VHA eligibility office is responsible for these determinations. Under PACT Act, Veterans that deployed to SW Asia have an automatic 10-year VHA healthcare benefit. We suggest that you review the PACT Act resource website to confirm this benefit and follow instructions posted there to enroll under that option. <http://www.VA.gov/PACT>



49. How do we know if our migraines were exacerbated due to having been deployed to K2?

- a. It is difficult to assess whether deployment to K2 might exacerbate migraines or any other pre-existing disease. We are, however, assessing whether deployment to K2 is associated with an increased risk of migraines and other types of chronic headaches.