

THE AMERICAN

[www.legion.org](http://www.legion.org)

# Legion

\$2.50 AUGUST 2018

The magazine for a strong America

## SMOKE DAMAGE

BURN PITS: 'THE NEW  
AGENT ORANGE'

SUSAN EISENHOWER'S  
GLOBAL LESSONS

OREGON'S HIGHWAYS OF HONOR

OLYMPIC GOLD MEDALIST  
JAMIE CORKISH

ND COUNTRY SINCE 1919

# EXPOSURE WARS

THE LONG, CONNECTED AND CONTINUING FIGHT FOR ACCOUNTABILITY

Part 3: Burn Pits

*Tammy McCracken's husband, David, died in 2011 from a rare form of brain cancer that was eventually linked to his exposure to toxic burn pits. Photo by Resin D. Liles*



Since their first encounter with nuclear weapons tests in the 1940s, U.S. servicemembers have been exposed to atomic radiation, toxic defoliants and choking burn pits, among other contaminations that, while slower-acting, are often just as lethal as bullets and bombs. In each of these situations, the government response to afflicted veterans' needs for information, acknowledgment and health care has been even slower – decades of denial, followed by begrudging but limited acceptance and bureaucratic skepticism. The American Legion has been at the forefront of advocating on behalf of these veterans, from the Legion service officer in Iowa who helped Orville Kelly win the first atomic veteran's claim, to the continuing fight for Agent Orange benefits and today's work on behalf of post-9/11 veterans.

In the third and final part of this series, *The American Legion Magazine* examines the plight of veterans exposed to the largely unacknowledged hazards of burn pits, as well as those who still seek help for Gulf War Illness.

## The burn pit 'journey of hell'

***Toxic smoke from massive trash dumps has scorched the health of thousands of post-9/11 veterans.***

BY KEN OLSEN

Three days after Tammy McCracken's husband ran a half marathon in October 2010, he woke from biopsy surgery to learn he was being promoted to colonel. Eleven months later, he was dead.

It was another year before McCracken made the connection between her late husband's aggressive glioblastoma, which doubled in size every two weeks, and his exposure to toxic burn pits during a year-long deployment to Iraq. It took an additional three years and the help of an attorney and private medical experts to convince VA of the link.

Scores of Iraq and Afghanistan veterans have developed heart and lung problems, cancer and a host of other strange diseases that medical experts believe are tied to their exposure to burn pits. Yet McCracken is one of few people to successfully pursue VA claims tied to the U.S. military's massive garbage-burning program in Iraq and Afghanistan – a practice so blatantly hazardous that it has been banned in the United States since the 1970s. And she worries VA will continue to stonewall tens of thousands of veterans and their families until it's too late.

"It's the new Agent Orange," she says. "They are waiting for everyone to die."

Remington Nevin, a doctor who served as a preventive health specialist with the 82nd Airborne in Afghanistan, shares her concern. "No one could have reasonably claimed that burning massive amounts of trash in close proximity to large numbers of troops wouldn't have consequences," Nevin says. "In the medical and scientific community, there is overwhelming agreement that exposure to burning trash is inherently harmful. It is reckless in the extreme."

**'TRAQI CRUD'** McCracken's husband went to Iraq in early 2008 as a liaison between the Army and the Army Corps of Engineers. There were three football-field-size burn pits near Camp Victory, where he was stationed. He talked about the horrible air quality during Skype calls with his wife and developed a persistent cough so common among servicemembers that they called it the "Iraqi crud."

David McCracken came home just after Christmas suffering from headaches he blamed on stress. He finally sought medical treatment the following



*An Army reservist, David McCracken returned from his deployment to Iraq in 2008 with a persistent cough and headaches. After a routine surgery, physicians discovered an inoperable tumor growing in both hemispheres of his brain.* Photo courtesy Tammy McCracken

summer and received prescription painkillers. But when he didn't fully recover from anesthesia after routine surgery, physicians found an inoperable tumor growing in both hemispheres of his brain.

Physicians told McCracken's husband he would live another two to five years. Radiation slowed the tumor's growth, and he tried every experimental treatment. He died Sept. 2, 2011 – 30 years to the day after he joined the Army. The circumstances of his deployment, exposure and death are strikingly similar to those of former Vice President Joe Biden's eldest son, Beau. A Delaware National Guardsman, Beau also was stationed at Camp Victory, was the same age as David McCracken, and was diagnosed with brain cancer after returning from deployment. Biden first publicly raised the possibility that his son's death was tied to burn-pit exposure last January.

**OCCUPATIONAL MEDICINE** Tammy McCracken's attorney hired an occupational and environmental medicine physician to verify the link between burn-pit exposure and the fast-growing glioblastoma that took her husband's life. Victoria Cassano's résumé includes 24 years as a Navy physician, occupational and environmental medicine policy work at VA, and positions at DoD, in academia and at hospitals.

While at VA, Cassano helped launch the Institute of Medicine (IOM) committee that ultimately concluded there's not enough evidence to prove toxic burn-pit smoke harmed U.S. servicemembers. But she disagrees with several of the studies the IOM

relied on to make its decision. What's the right thing to do while the debate drags on? "I think it's worse to deny one veteran who should be compensated than it is to compensate a hundred veterans who shouldn't be," Cassano says. "In cases where there's a good possibility the disease is due to military exposure, we should compensate the veteran."

Meanwhile, deliberate efforts to manufacture doubt are appalling, Nevin says. "VA is doing what it normally does: stall for time under the guise of scientific uncertainty," he says. "This is the same strategy tobacco companies, asbestos companies and chemical companies use. The time to act is when you have plausible evidence that veterans are ill and dying because of their exposure to burn-pit smoke – not certainty."

VA should follow the example of states that presumptively grant workers' compensation benefits to firefighters who develop heart disease, pulmonary disease and certain cancers known to be related to smoke exposure, Nevin adds.

**DATA TRAIL** As she pursued a VA claim on behalf of herself and her three children, McCracken realized she had another way to prove David's exposure. She'd worked for the military contractor that catalogued U.S. infrastructure in Iraq and Afghanistan, including burn pits. In fact, McCracken was the stateside project leader for the team that took an on-the-ground inventory in the Middle East during David's deployment. She filed a detailed Freedom of Information Act request, identifying the computer servers where the burn-pit inventory was

stored. DoD insisted the data didn't exist.

However, Mike Keister – a Vietnam veteran and retired Marine who led the ground team in Iraq – confirms his company surveyed 23 U.S. bases and sent data on everything (including the size and location of each burn pit) to the Army. The massive garbage fires shocked Keister. “When I first saw the burn pits, I thought, ‘There’s not a county in the United States that would allow this,’” he says.

Only two of the bases Keister’s team surveyed in Iraq used incinerators. The rest burned everything from plastic bottles to mattresses and electronics in burn pits. Taji, site of a prison for Iraqi detainees, was particularly awful for U.S. guards. “You could barely breathe,” Keister says. “I can’t believe we would do that.”

Yet the U.S. military had a substantial garbage-disposal problem. “Somebody made that choice,” Keister says of the burn-pit solution. “And people got sick because of these choices.”

**DREAM DENIED** LeRoy Torres is one of them. His breathing problems started during his 2007-2008 tour as a company commander near Balad. That led to frequent trips to the emergency room once he was back in Texas, says his wife, Rosie. Mounting medical problems forced him to leave the Army Reserve just as he was applying for his dream job as a chaplain. His health issues also cost him his civilian job as a Texas state trooper. “It’s been a journey of hell, holding his hand on the days he feels like giving up because he’s not that state trooper or company commander,” Rosie says.

LeRoy Torres was eventually diagnosed with constrictive bronchitis. He also has headaches, gastrointestinal issues, memory loss and pitting edema. Doctor appointments are almost a daily necessity. Even so, VA denies that his crippling health problems were caused by burn-pit exposure, a decision that nearly cost the couple and their three children their home, due to his inability to work. “When we received his rating letter, I went through the roof,” Rosie says. “You are telling me he receives 0 percent for the disease that ended his career and could possibly claim his life?”

Drawing on her experience as a former VA employee, Rosie was able to get LeRoy’s disability rating increased to 30 percent because he has to take steroids for his lung problems. But most returning servicemembers don’t have the knowledge or stamina to navigate the VA system, where she worked for 23 years. “People just give up ... and some give up and commit suicide.”

The frustration drove the couple to start BurnPits

360 and begin publicizing the data about burn-pit-related cancers and deaths. “We want the VA secretary and the president to know that one of the greatest disservices to those who served is to become invisible,” Rosie says. “It is our moral obligation as a nation to help our warriors and their families.”

Like LeRoy Torres, Navy reservist Michael Little became ill during his deployment to Iraq. He spent a year as a prison guard adjacent to a burn pit at Camp Bucca. “The black smoke was so thick, it was like fog,” says Little, a life member of American Legion Post 106 in McLeansboro, Ill. “It was dangerous. Sometimes you couldn’t see if the detainees were up to something.”

The 115-degree heat made wearing a gas mask unbearable. Smoke also permeated living quarters, and Little often woke up coughing. He was hospitalized in Iraq with severe headaches that the medical staff wrote off to dehydration.

Little served a subsequent tour as a prison guard at a base in Afghanistan. Even though that base had a crude incinerator, the result was nearly as noxious as the choking smoke he was forced to breathe in Iraq. After he came home, he developed irritable bowel syndrome, PTSD and other medical issues. He’s receiving treatment at Walter Reed National Military Medical Center while he appeals the Navy’s denial of his medical claims.

And worrying about his future.

**DISBELIEF** More than 129,000 veterans have entered their names and data in the VA Airborne Hazards and Open Burn Pit Registry since 2013. Another 59,660 started but didn’t complete the registration process, the agency says. But just 1,840 veterans have been granted VA benefits for burn-pit-related claims. “There is not enough evidence to conclude what health problems are related to burn pits,” a VA spokesman says.

Veterans and families now see the registry as a diversion. “They are stalling for time,” McCracken says. “I also feel like they are doing everything possible to disprove what is so obvious to those who suffer and those who witness the suffering.”

One of the most tragic aspects of the burn-pit problem: it was avoidable. “Fundamentally, there was never any need for U.S. personnel to be exposed to this self-created health hazard,” Nevin says.

The Special Inspector General for Afghanistan Reconstruction concurs. “Given the fact that DoD has been aware for many years of the significant health risks associated with open-air burn pits, it is indefensible that U.S. military personnel, who are already at risk of serious injury and death when

fighting the enemy, were put at further risk from the potentially harmful emissions from the use of open-air burn pits," John Sopko wrote in a 2015 report. While most U.S. bases in Afghanistan had incinerators, they were never assembled, were operated poorly or not used for strategic reasons. Instead, the military largely used burn pits, despite knowing the risks to the troops, to save money.

Burn-pit veterans and their families are angry and baffled. "Both of my sons are Marines and served in the Iraq War," says Doug Dubrish, a Vietnam-era Air Force veteran and member of American Legion Post 225 in Lansing, Mich. "One son received the Purple Heart, and my other son received a different kind of souvenir: cancer."

Scott Dubrish, who carries shrapnel in his leg from a roadside bomb, is still in the Marines. Brian Dubrish, who was exposed to intense burn-pit smoke, left the service and works for a university in Michigan. Over the past two years, he's had tumors removed from his heart, spine and lymph nodes, and dealt with other cancers.

"He had no choice but to inhale the air from nearby burn pits," Dubrish says. "And it's not just an issue for Brian, it's an issue for tens of thousands of people."

Like Tammy McCracken and thousands of other widows, families and veterans, Dubrish worries VA will continue to delay and deny burn-pit claims indefinitely. "My concern is they will drag their feet for 20 years like they did with Agent Orange," he says. "People don't have 20 years." 🇺🇸

*Ken Olsen is a frequent contributor to The American Legion Magazine.*

## Gulf War Illness researcher recruiting veterans for study



Ted Duba in Iraq Photo courtesy Ted Duba

Ted Duba's most indelible memory of the first Gulf War is the horrible smell and perpetual darkness from being surrounded by more than 130 burning oil wells.

"There were four days we literally didn't see sunlight because the smoke was so thick," says Duba, a Navy nurse who served with a medical battalion in Kuwait.

About a year after Operation Desert Storm ended, Duba's brain felt so foggy he questioned his ability to continue working as an intensive-care charge nurse on the open-heart surgery unit at Balboa Naval Medical Center in San Diego. He was one of about 40 Gulf War veterans to report their symptoms at a VA symposium in November 1992. "After all of us described what we were experiencing, the VA representative said, 'It's all in your head.'"

Duba was repeatedly rebuffed by VA when he went back with joint pain, chronic fatigue and other health problems linked to Gulf War Illness (GWI). His wife suffered two miscarriages. He left nursing out of concern for safety of his patients, and lost his marriage. "I went from an ICU-trained open-heart surgery nurse to driving baggage out to the airplane," Duba says. "That's a hit to your self-confidence."

He finally found a physician who gave credence to his health issues when he met Beatrice Golomb at the University of California San Diego (UCSD) in 2017.

"Dr. Golomb and her team have given me hope," Duba says.

Golomb, a professor of medicine at UCSD who saw patients at the San Diego VA until 2012, has long been troubled by VA's treatment of Gulf War veterans.

"I consider it one of the crimes of medicine that physicians don't take patients' concerns seriously," Golomb says. "We see this a lot in patients who have chemical exposure."

A former RAND Corporation researcher with expertise in a range of exposure issues, Golomb is now conducting several GWI studies. There's just one problem: She needs information from a lot more Gulf War veterans, and healthy non-veterans, to complete her research.

Golomb is recruiting for a study on whether chemical exposure diminished the muscle's ability to make enough energy. She's also studying genetic changes, blood chemistry profiles and other issues to better understand the causes of – and potential treatments for – GWI. And she is compiling all the treatments Gulf War veterans have tried, along with data on what has helped and what hasn't.

The results of all of the studies will help more than just former servicemembers.

"Unfortunately, the exposures Gulf War veterans experienced are similar to those that arise in civilian settings," Golomb says, citing organophosphate exposure in agriculture workers as an example of something that causes similar fatigue and cognitive problems. "So what we learn in Gulf War veterans helps in future wars – but it also helps us understand the risks of other exposures."

– Ken Olsen

To participate in the studies, contact Janis Ritchie, study coordinator:

📞 (858) 558-4950, ext. 203 | 🌐 [www.golombresearchgroup.org](http://www.golombresearchgroup.org)

✉️ [jbritchie@ucsd.edu](mailto:jbritchie@ucsd.edu), [golombresearch@ucsd.edu](mailto:golombresearch@ucsd.edu)