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Presumptive Service Connection: Former Servicemembers of Camp Stronghold Freedom at Karshi-Khanabad (K2) Airbase

In recent years, exposure to potentially toxic hazards, like open-air burn pits, has gained congressional attention. In the 117th Congress, the House and Senate Veterans' Affairs Committees have indicated ongoing interest in examining the association of illnesses with exposure to certain toxic hazards during military service. It is possible that Congress may debate legislative proposals to establish *presumptive service connection* for veterans potentially exposed to toxic hazards while conducting military operations or while stationed at specific military installations. One in particular includes those formerly stationed at Camp Stronghold Freedom and who have since developed certain health issues or disabilities.

What is Camp Stronghold Freedom?

In October 2001, the U.S. military established Camp Stronghold Freedom at Karshi-Khanabad (K2) Airbase in Uzbekistan (see **Figure 1**). Located on a former Soviet-era air base, Camp Stronghold Freedom served as an *intermediate staging base* to support logistics and air base requirements for Operation Enduring Freedom and other military operations in the region. In November 2005, at the request of the Government of Uzbekistan, the U.S. military departed Camp Stronghold Freedom. The Department of Defense (DOD) estimates 15,767 servicemembers deployed to Camp Stronghold Freedom between 2001 and 2005.

Figure 1. Karshi-Khanabad Airbase, Uzbekistan



Source: CRS graphic.

Were harmful or toxic substances present at K2?

Between 2001 and 2005, DOD conducted three classified "occupational and environmental surveys" of K2. Unclassified summaries of these surveys described the presence of underground jet-fuel plumes, asbestos-contaminated surface dirt, trace amounts of depleted uranium, periodic high levels of dust and other air particulate matter. DOD noted that military officials implemented mitigation efforts (e.g., covering contaminated soil and declaring off-limits areas) to reduce the

environmental health risks and determined that health effects from the short-term, low-dose exposures present at K2 were "unlikely."

What concerns do former K2 servicemembers and veterans have?

Former K2 servicemembers and veterans have expressed concerns about ongoing or potential health issues or disabilities that may be associated with their service at Camp Stronghold Freedom. Since neither Congress nor the Department of Veterans Affairs (VA) has authorized presumptive or direct service connection for service at K2, veterans may have perceived challenges with accessing VA health benefits or disability compensation.

What DOD or VA benefits are available to servicemembers and veterans who served at K2?

Health Benefits. Current servicemembers and military retirees who served at Camp Stronghold Freedom, and elsewhere, are eligible for health benefits through DOD's TRICARE program. Individuals enrolled in a TRICARE health plan may receive care at military treatment facilities or from participating civilian health care providers. Veterans, including military retirees, may be eligible for VA health care if they have documented service-connected disabilities, are Medal of Honor or Purple Heart recipients, or were exposed to certain toxic substances or environmental hazards (e.g., Agent Orange). After VA health care eligibility has been determined, veterans may formally enroll in VA's health care system to receive services.

Occasionally, Congress has granted special eligibility for health care to those veterans possibly exposed to toxic substances and environmental hazards under special treatment authorities. For instance, Congress addressed the health concerns of Vietnam-era veterans in 1981 with the passage of the Veterans' Health Care, Training, and Small Business Loan Act (P.L. 97-72). Similarly, Congress first authorized priority health care for Persian Gulf War veterans with potential, service-related conditions through P.L. 103-210 in 1993. Veterans returning from current combat theaters of operations may enroll in VA health care for five years from the date of their discharge without the need to demonstrate a service-connected disability or satisfy a means-test requirement. Veterans eligible under this condition may be assigned to *Priority Group 6* and are generally not subject to any VA cost sharing requirements. After the five-year period ends, these veterans may be reassigned to a different priority group depending on other eligibility requirements.

Disability Compensation. Veterans with a presumptive or confirmed service-connected disability may apply for VA

disability compensation. If a disease or illness is designated, by statute or regulation, as presumptively service-connected, veterans must only demonstrate they served at a specific place and time, and later incurred an illness that is then presumed to be connected to military service through exposure. Veterans need not prove exposure. Currently, there is no presumption for health conditions associated with service at K2. Veterans with a health condition that may be related to their service at K2 must establish direct service connection in order to be considered for disability compensation.

Diseases or conditions with *Presumptive Service Connection* are those “incurred in or aggravated by service if manifested to a compensable level within the time frame specified for that certain disease under the regulation, even if there is no evidence of such disease during service.”

- Department of Veterans Affairs M21-1 IV.ii.2.B.2.a. Adjudication Procedures Manual

Direct service connection refers to an injury or disease incurred or aggravated during military service and documented through relevant medical and lay evidence. Documentation includes the veteran’s service records, type of deployments, and the circumstances of service. The “burden of proof” generally falls on the veteran to demonstrate to VA that a direct connection exists between his or her condition or illness and exposure to a toxic hazard.

What recent actions have the President or Congress taken to address toxic exposures at K2?

In addition to congressional lines of inquiry with DOD and VA, congressional hearings, and several bills introduced during the 116th Congress, the following are recently enacted executive actions and legislative provisions:

- **Veterans Health Care and Benefits Improvement Act of 2020 (P.L. 116-315).** Section 2010 directs the VA Secretary to enter into an agreement with the Agency for Toxic Substances and Disease Registry to study and report to Congress the incidence of cancer and other diseases of servicemembers who previously served at K2, develop a list of toxic substances or hazards that such servicemembers may have been exposed to, and the health consequences of such exposures.
- **National Defense Authorization Act for Fiscal Year 2021 (P.L. 116-283).** Section 751 directs the Defense Secretary to study and submit a report, within 180 days, to Congress on toxic exposures of servicemembers previously deployed to K2, related health consequences, and associations between such exposures and health consequences.
- **Executive Order 13982—“Care of Veterans with Service in Uzbekistan.”** Directs the VA Secretary to consider expanding health care eligibility to K2 veterans for certain presumptive service-connected disabilities; and within one year conduct a study of the toxic hazards and servicemember exposures at K2, health consequences of such exposures, and causal links between such exposures and identified health consequences.

Selected Issues for Congress

Consideration of Establishing Presumptive Service Connection. Currently there are no statutory nor regulatory presumptive conditions associated with service at Camp Stronghold Freedom. Congress could consider existing medical evidence and presumptions associated with similar toxic exposures seen at K2 to determine whether or not sufficient evidence exists to establish presumption of service at K2. Such a presumption would require an increase to mandatory spending for VA’s disability compensation fund. Finally if Congress considers granting presumption, it is important to note that this would counter VA’s current stance that the scientific support “is not there at this time” to establish a service presumption (as stated in a November 2020 House Committee on Oversight and Government Reform hearing on toxic exposures at K2).

Limited research studies to evaluate potential associations between toxic exposures at K2 and adverse health effects. In 2015, the Army Public Health Command found that there may be an increased risk of developing certain types of cancers among servicemembers who served at K2 and indicated that “broader studies to evaluate incidence of cancers following military deployment” would be needed. DOD and VA are in the process of developing a “much larger and more comprehensive study to evaluate the potential associations of K2 deployment on health.” Congress could direct or appropriate funds for additional research to identify sufficient evidence of an association or non-association between exposures at K2 and health outcomes.

Expanded benefits may impact discretionary and mandatory spending. As noted above, a new presumption would require an increase to VA’s mandatory spending for disability compensation. In addition, expanding eligibility for VA health care or other disability benefits to certain veterans who served at K2 may increase VA discretionary and mandatory spending.

CRS Products

CRS In Focus IF10302, *Uzbekistan*, by Maria A. Blackwood

CRS Report R44837, *Benefits for Service-Disabled Veterans*, coordinated by Heather M. Salazar

CRS In Focus IF10555, *Introduction to Veterans Health Care*, by Sidath Viranga Panangala and Jared S. Sussman

CRS In Focus IF10530, *Defense Primer: Military Health System*, by Bryce H. P. Mendez

Other Resources

Army Public Health Command Factsheet “Environmental Conditions at Karshi Khanabad (K-2) Air Base, Uzbekistan,” accessed March 23, 2021

Jessica M. Sharkey and Joseph H. Abraham, “Evaluation of Postdeployment Cancers Among Active Duty Military Personnel,” *US Army Medical Department Journal*, 2015

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