SUBMARINERS' ADVOCACY GROUP
Submariners Helping Submariners
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THE CONGRESSIONAL STAFFER BRIEF

Strategic Talking Points

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Subject: The Submarine Exposure and Combat Recognition (SEACR) Act of 2026

I. THE BOTTOM LINE

For decades, Navy Submariners have conducted classified operations that limit access to the records needed to document toxic exposures and establish service connection. Because relevant atmospheric and patrol records remain classified, many veterans face significant barriers in pursuing VA claims through existing administrative processes. The administrative avenues available to the Submariners' Advocacy Group (SAG) have been exhausted. After SAG sent multiple letters to DoD and Navy leadership—including SECDEF, SECNAV, and the CNO—SUBLANT responded in writing that it has neither the resources nor authority to resolve the issue. The SEACR Act of 2026 provides a dual-jurisdiction legislative solution: establishing statutory healthcare presumptions (Title I - SVAC) and securing long-overdue combat parity without compromising operational security (Title II - SASC).

II. TOXIC EXPOSURE & HEALTHCARE (TITLE I - SVAC JURISDICTION)

- **Bypassing the OPSEC Barrier:** Establishes statutory presumptions of service connection based simply on a Submariner's DD-214. This secures targeted care while entirely bypassing the need to declassify operational Navy records.
- **Domestic Exposure Oversights (Section 106):** Directs the VA to formally recognize documented occupational hazards at domestic submarine bases officially designated as EPA Superfund sites (e.g., SUBASE New London, Bangor, Pearl Harbor).

III. MILITARY EQUITY & COMBAT PARITY (TITLE II - SASC JURISDICTION)

- **Day-One Combat Status:** Statutorily defines submarine deployments under National Defense orders as "Combat Duty". This successfully navigates the DoD's classified barrier, allowing recognition based on orders rather than requiring the declassification of tactical deck logs.
- **Imminent Danger Pay (IDP) Parity:** Corrects a decades-long inequity by amending Title 37 to authorize IDP for submarine crews, placing them on equal footing with surface and ground forces in contested environments.

- **Universal Protection for Embarked Riders:** Extends combat status and patrol insignia parity to Navy SEALs and intelligence elements (DIRSUP) who deployed on these vessels and shared the exact same tactical risks.

IV. THE OPERATIONAL REALITY: A CLOSED-LOOP HAZARD

If any Congressional office building were filled with a standard submarine atmosphere, OSHA standards would prohibit entry without a self-contained breathing apparatus.

- **Low-Oxygen Operating Conditions:** Submarines operate at or below 19% oxygen—falling well below OSHA's 19.5% "Immediately Dangerous to Life and Health" (IDLH) limit.
- **The "Safe Limits" Fallacy:** The Navy relies on the Central Atmosphere Monitoring System (CAMS), which does not monitor most of the 130+ potential contaminants in submarine environments.
- **The NRC Admission:** The National Research Council (NRC) formally concluded that the submarine atmosphere is "not well characterized," largely because the Navy classified detailed atmospheric survey reports and withheld them from researchers.

V. THE MEDICAL CRISIS & THE FLAWED DoD DEFENSE

- **Unstudied Synergistic Impacts:** The NRC openly conceded it "did not address exposure to chemical mixtures," leaving the synergistic interactions of low oxygen, elevated CO2, and multiple contaminants unexamined by the DoD.
- **Morbidity Over Mortality:** The Navy frequently conflates morbidity with mortality to defend its safety record, relying on outdated studies plagued by short observation periods and "healthy worker bias". In reality, a 2023 DoD-funded study (Maguire et al.) of 26,014 Submariners found massive chronic illness rates in their final year of service, including Nervous System (20%) and Musculoskeletal (17%) disorders.

VI. THE HIDDEN COSTS OF INACTION: FISCAL COST-SHIFTING & DATA VISIBILITY CHALLENGE

- **VA Claims Gap:** Because submarine exposures are not formally recognized and no statutory presumptive conditions currently exist, the VA often denies these claims. As a result, chronic conditions remain untreated or are addressed outside the VA system.
- **Fiscal Cost Shift:** When claims are denied, veterans often turn to Medicare, Medicaid, and private insurance for care. This shifts costs associated with service-related health conditions from the VA to other public programs, private insurers, and families, while increasing out-of-pocket and caregiving burdens.
- **Data Fragmentation:** When affected veterans receive care across multiple civilian health systems, relevant exposure and outcome data become fragmented. This makes it more difficult for the VA to identify long-term trends, assess cohort-specific risks, and support targeted research on submarine service-related health effects.

VII. OVERARCHING FINANCIAL REBUTTAL: “THE DEBT OWED”

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Concerns about “new” VA healthcare costs overlook a central point: these are not new obligations, but long-standing costs associated with submarine service that have not yet been fully recognized.

- **Unpaid Costs of War:** These are not “new” costs; they are decades-old obligations incurred when the government placed Submariners in closed-loop environments with continuous toxic exposure. The PACT Act established the precedent that toxic exposure costs are the unpaid costs of war.
- **Fiscal Responsibility:** The VA already bears substantial costs from repeated claims, appeals, and conventional care that does not address the unique effects of submarine service. The SEACR Act would reduce administrative inefficiency by bypassing the OPSEC documentation barrier and providing targeted care for eligible veterans.
- **The Fiscal Shield (Protecting the DoD Budget):** Section 201(a) includes a strict Rule of Construction explicitly prohibiting retroactive Imminent Danger Pay. This prospective framework shields the DoD from 75 years of back pay, reducing the CBO score.