

**Appendix B**  
**Public Submission 1 – Dan Fahey**

10 February 2004

From: Dan Fahey (duweapons@hotmail.com)  
To: The Research Advisory Committee on Gulf War Veterans' Illnesses

**Subj: The Need for New Research on the Health of Veterans Exposed to Depleted Uranium**

The Research Advisory Committee should seek to answer the following question:

- Is the DU Program, as it is currently structured, adequately assessing the health of veterans from the 1991 war who may have internalized enough DU to cause short or long term health effects?

In my opinion, the answer to this question is “no”. DoD has identified approximately 900 veterans who likely had heavy exposures to DU during friendly fire incidents, operations to recover contaminated equipment, and during and after the Doha, Kuwait munitions fire. Yet the DU Program has examined only 70 veterans in its eleven years of existence; only 58 total veterans have been examined since 1999, and in 2003 only 32 veterans were examined.

By contrast, the study of Ranch Hand veterans tracks the health of nearly 1,300 Vietnam veterans believed to have been heavily exposed to herbicides. Imagine a Ranch Hand study that included only 49 veterans – that is the same proportion as the number of DU veterans with Level I and II exposures examined bi-annually by the DU Program. The findings of the Ranch Hand study of 1,300 veterans have informed VA's decision to extend service connected benefits to veterans with diabetes, and to the children of veterans with spina bifida, but the small study size of the DU Program makes it highly unlikely that in its current form it will inform policy makers about the possible effects of DU on veterans or the need for service connected benefits for veterans and their families.

An additional problem with the DU Program is its apparent failure to fully disclose information about the health of veterans in the study. The DU Program has not publicly disclosed the development of a bone tumor in a veteran wounded by DU fragments, and the DU Program facilitated through its silence false statements made by DoD officials about the existence of cancer among veterans in the DU Program. These troubling facts call to question the integrity of the DU Program in its current form, and under its current leadership.

**Recommendations:**

- The Research Advisory Committee should recommend to the Secretary of Veterans Affairs that the DU Program be restructured and expanded into a cohort study that assesses the health of the approximately 900 veterans identified by the DoD as having had Level I and II exposures during the 1991 war.
- The Research Advisory Committee should recommend the expansion of research conducted by the Armed Forces Radiobiology Research Institute and other organizations to further clarify the possible health effects of DU exposure as well as the extrapolation of findings from animal studies to human populations.

**Question for Albert Marshall:**

- Based on your research and knowledge of DU, do you think the current size of the DU Program is adequate to make informed judgments about the health status of all veterans from the 1991 war who might have internalized enough DU to cause short or long term health effects?
  - *Follow up:* Do you think it is advisable to expand the DU Program to include health assessments of all Level I and II veterans?

**Question for Terry Pellmar:**

- What are the health outcomes from DU that AFRRRI thinks need additional study?

**Questions for Dr. Melissa McDiarmid:**

- How many veterans enrolled in the DU Program have developed tumors of any kind?
  - *Follow up:* Please explain why your article in the *Journal of Occupational and Environmental Medicine* (Dec. 2001) on the findings of the 1999 round of examinations does not mention the finding of a bone tumor in a veteran who had been wounded by DU fragments.
  - *Follow up:* Given that laboratory research conducted by the Armed Forces Radiobiology Research Institute found human cells exposed to DU induced tumors when transplanted into mice, why doesn't the bone tumor in a veteran merit mention in your only official report about the health of veterans examined in 1999?
  - *Follow up:* Have you publicly reported all tumors among veterans in the DU Program?
- How many veterans enrolled in the DU Program have developed any form of cancer?
  - *Follow up:* When Dr. Michael Kilpatrick and Col. Francis O'Donnell told European press and policy makers in 2001 that no veterans in the DU Program had developed any cancers, did you make any effort to contact Kilpatrick or O'Donnell to correct the record?
  - *Follow up:* Did you make any effort to publicly correct the record by reporting the existence of lymphoma in a veteran in your study?
  - *Follow up:* Have you publicly reported all cancers among veterans in the DU Program?
- Do you believe the small size of the DU Program limits your ability and the ability of VA policy makers to draw conclusions about the health of the nearly 900 veterans identified by DoD as having had Level I and II DU exposures in 1991?
  - *Follow up:* Please explain why the DU Program examined only 32 veterans in 2003 – the fewest veterans seen since 1997.
  - *Follow up:* Do you have “customer satisfaction” surveys or other information you can provide to this committee that indicate how veterans feel about their quality of care and the value of the DU Program?
  - *Follow up:* Do you tell veterans in the study that information about their health is used to inform decisions about health care and disability benefits for hundreds of other veterans exposed to DU in past and current wars?

- Since 1993, how cooperative has the Department of Defense been in providing the DU Program with the names of friendly fire veterans and other veterans suspected of having the highest exposures to DU?
  - *Follow up:* When did you realize that there were more than 35 friendly fire veterans – the number stated by DoD until 1998?
  - *Follow up:* How many friendly fire veterans, those who rescued them, those who transported contaminated vehicles, and those at the Doha munitions fire have you attempted to enroll in the DU Program?

## Public Submission 2 – Denise Nichols

Public Statement by Denise Nichols to RAC-GWVI - February 23, 2004

**Deaths-Mortality - Causes--**While the work of this advisory committee struggles along, another large number of Gulf War 1 veterans have died. We don't have the true death count using GWVIS data. WE need this committee to recommend that the Secretary of the VA initiate coordination with the Social Security Agency to do a match up of gulf war veterans by social security numbers and death records. The RAC should also notify congressional committees to request congressional action to get this done. Unless this is done, we will never have a true accounting of deaths that have occurred since the gulf war.

I can tell you that at least one of Dr. Haley's study subjects of the Navy Seabee group died of an apparent heart attack. Fred Willoughby was an outstanding individual known to quit a few of us here today. While we know that he is one of the Seabees with documented brain damage, we are not fully appreciating the other bodily effects that killed him and that may have impacts on the remaining gulf war veterans. Did he have a full cardiac protocol done or was that ignored?

**Lab Values, Need for Research -**Maybe we are being studied to death, but I believe his death must represent something to help all the rest of the ones still standing. He like the others that have died is showing other clinical indicators that are even more important! But yet no research is being done on what led to that and others deaths. Clinical - what were his lab values that were done and could we not have learned something by studying those clinical indices? What were the lab values that weren't measured, that if attention had been paid might have saved him from an earlier than expected death? Post mortem case reviews must be done and compiled into research papers. This committee needs to make that recommendation.

This past week, I helped a number of veterans. One of these has extremely high triglycerides (1,000+) and an equally elevated cholesterol level. This is not surprising to me because as the old nurse I ask the veterans about their lab work and this was not new in any way from what I had first reported to me as far back as 1993.

**Need for Quality of Care Evaluation/Research -**This veteran was experiencing other symptoms and went to the VA-ER. He waited 4 hours in a quiet ER before giving up and leaving. During that four hours, his complaints were minimized by the staff, his lab work was not even pulled up on the computer to be reviewed, no EKG, no follow up for holter monitoring (even though it is indicated on his record that he had a holter monitor test, in reality he has Never had one), no stress treadmill testing, no follow up cardiology appointment. I ask you is this the care you would want to receive or to know your veterans that put their life on the line for you and every other American are subjected to? Is he the next one to die for lack of appropriate standard of care? Due to the lack of the truth and critical facts that are withheld, hidden,, or ignored critical parameters are being missed.

**Missing Military Records lead to Denial of help to Ill Gulf War veterans and affect the final numbers provided by the VA on ill gulf war statistics -**Another veteran from this past week is one of the uncounted! He can't even get his compensation because his administrative military folder has been gutted! He is retired and getting that paycheck but it is not enough to sustain his family. He appears to have had a stroke earlier and now it seems he may have just experienced another partial stroke. He is an E7 with close to 30 years service that includes the GW. Is he one of those to come deaths that will be uncounted, unrecognized, and neglected after a life time of putting his life on the line for each American? Why is he stroking? Could it be hypercoagulation problems, Magnesium depletion, B12 depletion, unbelievable high triglycerides and cholesterol levels? Why were his military administrative records gutted, dwarfing his chances of even getting compensation much less testing and appropriate care? How many others are in this pool?

I recommend this committee immediately call for an investigation into this case and a probing to uncover the numbers of yet to be reported ill gulf war veterans in this pool of cases.

**Urgent Need SPEC Scans -**SPEC Scans are more commonly available than MRI-RS's, why is this test not being done on ALL Gulf War Vets? The SPEC Scans can document the neuronal cell deaths that Dr Abou Donai has researched in rats from the combination of exposures. Why hasn't the VA allowed Dr Gordon from publishing his findings in regards to all the SPEC Scans already done on GW vets? This RAC committee should recommend the research utilizing SPEC SCANS on Gulf War Veterans to be published NOW.

**Need for Clinical Based Research for GW 1 Veterans -**Every committee has wanted to know the effects of each potential exposure in order to prove for us what happened in reality. Will I submit that when you don't fully exam, listen for clues, see the abnormalities, review lab work and think creatively and ask for more lab work or a different workup then you are truly blind and are doing a disservice to each and every one of these veterans. While we talk of MRI-RS, and so many other sophisticated research studies, the basic clinical research parameters that are much cheaper and beneficial directly to the patient's day to day life are being hidden, ignored, or forgotten.

Communication and its effect on Care Given to GW Veterans - Area in Need of Urgent Attention: Communication to each VA hospital of the reality of the GW patients serious death prompting situation is NOT happening. The mind set of stress and psychological is killing each of us. I don't believe you die so quickly of psychological PTSD or other diagnoses that have been rendered to our GW 1 vets fighting for their lives. One of the factors that is prompting this and slowing down the true medical status of this group of veterans from being known is the absence of the true death rate and causes of death. Another factor is the withholding of information on all the known medical diagnoses of each of these gulf war veterans be it ALS, metabolic disturbances, nutritional deficiencies, MS, Cardiac, Endocrine, etc etc. All of this data needs to be put out to the public domain now. True and through investigative medical search has not occurred. Magnesium levels that have been found in at least 50% of CFS cases have not been ordered and measured in this group. The same can be said for Vit B12 and other B vitamins and so many other lab values that are not that cost prohibitive to have done. Magnesium deficiencies are also found after radiation therapies so I ask you why aren't these simple basic less costly but critical components of life sustaining treatments not being evaluated and utilized as research projects that could be done so quickly? Is it ignorance, is it purposeful intent, is it part of a systematic breakdown that started with delay, denial, and deception?

DU Testing - Today we hear more about urine testing and isotopes to find proof of DU but the simple fact is the DU excretion rate drops significantly in a time period after exposures. Backward regression type mathematical calculations would have to be performed and that has not been done. The other means would be bone biopsy where the DU has migrated. Have we learned from Gulf War 1 or are we still in denial? Why hasn't the US like the UK ordered DU urine testing immediately upon return from Operation Iraqi Freedom? The other hard proof would be chromosomal aberration testing that is within reach but not being ordered for US Gulf War Veterans! It is morally unacceptable to not utilize chromosomal aberrant testing. That testing could help in counseling veterans of the risks that they face in deciding to attempt to have children.

Other Resources - Nuclear Effects: Have we even looked at the after effects of radiation therapy to see what normal lab values become altered and applied that knowledge proactively? Have we gone back through the data gained from the radiation experiments or from the atomic veterans to gain further insight and direction for the current decade and made the announcement to clinicians of resharing of this data and direction for clinical research that would net immediate treatment modalities? Did the targeting during the gulf war not include nuclear facilities? Until ALL THE TRUTH AND DATA IS RELEASED TO THE PUBLIC, THE ATTENTION AND REDIRECTION OF DOD,VA,AND CIVILIAN MEDICAL PROVIDERS IS NOT GOING TO HAPPEN AND EACH OF US VETERANS WILL DIE EARLIER THAN WE HAVE TO!

Urgent Appeal for clinical based research or New RAC on GW Veteran Clinical Progress and Treatment - The cover of trying to find the cause or causes of the mystery undiagnosed illness and maybe a miraculous cure after a delayed time is killing us at worse or consigning us to chronic illness with lowered life fulfillment at least. The veterans are asking for day-to-day help while the search for those issues continue. I believe this committee could handle the job; after all right now you are all we have! If your charter doesn't allow these clinical based initiatives, take steps to ask for that charter to be broadened by the secretary of the VA, the President, or tell us we need to go back to the hill to have it broadened or recommend that a new Clinical Based Research and Treatment Advisory Panel for Gulf war Veterans be formed. This panel would be a panel of civilian physicians (expertise in Neurology, Immunology, Environmental medicine, and other relevant specialties), Nurses, Pharmacology Experts, and other medical health care experts, and veterans to effect day to day improvements in gulf war veterans health care now. I recommend that this be done ASAP on an urgent basis now.

Summary - In other words, simple less costly lab work and physical assessment is not being given due diligence at local VA hospitals and this could be the effects that you are searching for right before your eyes. The denials, deceptions, lack of knowledge and communication are causing misdiagnosis. These are leading to substandard medical care, medical complications, and death. While high level complicated research is going on and being funded, your sample pool (or should I say guinea pigs, or research subjects) are dying. The benefit of truly furthering comprehensive medical understanding that could benefit a civilian public facing threats of dirty bombs, biological or chemical incidents is not being gained. Remember simple correction of deficiencies shown in simple, less costly lab work can be life saving, life improving, and prove the effects that you search for in each of our bodies Now! The impact you would make by implementing clinical based research can be counted as research, just a different type, and would impact every gulf war veteran in a short time period, in a cost effective manner. WE would finally overcome to some degree the psychological over physical debate. I ask again, what abnormal basic lab work was ignored or not ordered for Fred Willoughby that could have led to simple known treatment and corrected some basic problem and prevented his early death? The time is NOW for true awareness, communication, reeducation, reemphasizing, and redirection.