

Appendix B

Public Submission 1 – Albert Donnay

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**PUBLIC COMMENT SUBMITTED TO THE
VA RESEARCH ADVISORY COMMITTEE ON GULF WAR VETERANS' ILLNESSES**

I request that this committee make it a priority to review the published findings and current status of VA-funded research into the role of:

1) MULTIPLE CHEMICAL SENSITIVITY (MCS) in Gulf War Syndrome, and the degree to which VA has incorporated these research findings into its programs for education of Gulf War veterans and physicians, medical care and compensation.

If you do so, you will find that FIVE years after VA researchers (Kang et al) first announced at the 1998 International CFS Conference in Boston that MCS was the single most common diagnosis among deployed Gulf War (1) veterans (afflicting 15%, over 100,000), the VA has not yet expanded its MCS research and has not yet begun to diagnosis, treat, code or even screen Gulf War veterans for MCS in its Gulf War Registry or other clinical programs. VA also has never explained its neglect of MCS. But more than neglect is involved: Gulf War vets given an MCS diagnosis by non-VA physicians still find that VA denies their requests for MCS treatment and compensation. Please ask the VA why!

In comparison, the VA has recognized both by CFS and Fibromyalgia as Gulf War service related since 1998 (and thus compensable based on disability), even though their COMBINED prevalence among Gulf War veterans is less than that of MCS.

2) CARBON MONOXIDE POISONING (CO) in Gulf War Syndrome, and the degree to which VA has incorporated these research findings into its programs for education of Gulf War veterans and physicians, medical care and compensation.

If you do so, you will find that the VA has not funded any studies on either the CO levels or CO health effects that Gulf War veterans may have encountered from various types of CO exposure in the Gulf. CO levels in various military occupations could be easily measured by having troops wear small datalogging CO detectors –they cost under \$600--while conducting live fire exercises (especially from inside ships and vehicles), driving vehicles, sleeping inside heated but unvented tents, etc. Such CO exposures were ubiquitous in the first Gulf War. The failure to consider CO is astounding given that all the reported symptoms of GWS are all also symptoms of CO poisoning, including MCS and particularly multi-sensory sensitivity (to previously tolerated levels of smell, light, sound, flavors, hot weather, and touch), which is a CO hallmark. Even though oxygen is the standard treatment for CO poisoning, and even though VA has funded studies showing veterans have impaired oxygenation of their brains and blood, VA has never researched or offered O2 treatments to Gulf War vets with CO symptoms. Please ask the VA why!

Reviews written by VA researchers of literature on similar post war syndromes prior also never mention CO, but CO was first associated with shell shock and neurasthenia in The Lancet in 1916 (Feb 12, 331-8), and acknowledged there as a significant battlefield toxin by no less an authority than the director of the British Army's Trench Warfare Department.

Note that of all VA researchers, only Dr. Virginia White of the Boston VA Environmental Hazards Research Center has published on both MCS (in Gulf War veterans) and CO poisoning (in civilians) but only separately, without acknowledging any connection between them. Please ask her why!