



## National Gulf War Resource Center

1725 SW Gage Blvd

Topeka, KS 66604

Phone 866-531-7183 Fax 785-235-6531

Email: HQ@ngwrc.org

Chairman Hauser, distinguished Research Advisory Committee (RAC) panel members, Veterans Affairs leadership, and all others in attendance. My name is George Webb, and I am representing Ronald Brown, president of the National Gulf War Resource Center (NGWRC). The NGWRC is a 501 (C) (3) non-profit organization whose mission is to provide education, advocacy, and support for veterans suffering from the complexities of today's modern wars. The NGWRC specializes in Gulf War Illness (GWI) with additional focus on Traumatic Brain Injury (TBI) and Post Traumatic Stress Disorder (PTSD).

The NGWRC works very hard on behalf of our Desert Storm veterans to address issues that specifically affect these veterans. We meet with senior leadership ranging from the Under Secretary of the Veterans Benefit Administration (VBA) to the Under Secretary of the Veterans Health Administration (VHA). The NGWRC also has met with VA Secretary McDonald on many occasions regarding issues that affect our Desert Storm veterans.

Today, however, I am here to address the issue of research for GWI and hopefully to explain how it is tied in to the overall picture of everything our Desert Storm veterans face. Research is critical to hopefully finding a cure or effective treatment to give our sick Desert Storm veterans better qualities of life. Programs like the Department of Defense Congressionally Directed Medical Research Program on Gulf War Illness (CDMRPGWI) are doing some amazing new research in the field of GWI, trying to locate bio markers as well as finding effective treatments for GWI. Without research like what the CDMRP and VA conduct, none of this will ever happen. Research is also very necessary to assist Desert Storm veterans on the benefits side of the VA. Without solid research showing connections to the veterans' exposures while in theater or a higher prevalence of illnesses in Desert Storm, veterans will continue to struggle to have their illnesses service connected, not to mention having presumptive conditions added.

The same could be said on the VHA side; without research, veterans will continue not to get the care that is specific to their illnesses. Desert Storm veterans need the VA to pick up many of the CDMRP pilot studies that have been conducted that have shown promise and then conduct them on a larger scale to hopefully verify the findings. Without the verification of these pilot studies, they will never help even one Desert Storm veteran.

Many like to think of the VA as separate places; however, they all fall under the same roof of the same house. If one part is dysfunctional, it will lead to problems in the other. An example of this would be research. If research shows that Desert Storm veterans have higher rates of certain illnesses but then further study is not conducted or followed up on, veterans will struggle to get presumptive illnesses. Without illnesses being made presumptive, veterans will continue to struggle getting their claims approved. If veterans are struggling to get claims approved, they are not being service connected. And if veterans' illnesses are not deemed service connected, those veterans very well may not get the specialized care they need.

This is why the RAC must ensure that when it reviews research on GWI and makes its recommendations to the Secretary of Veterans Affairs, those recommendations must be precise in their language and leave no room for misunderstanding. This is also why the VA must listen to the recommendations the RAC has made and act on them. The VA is very capable of doing the research the RAC has recommended, given a will to do it. Desert Storm veterans who have been ill for 25 years are depending on all parties involved to work together, and all parties involved should never lose track of the mission at hand.

Let me also mention that though the RAC and organizations like the NGWRC have produced various documents regarding both health care and adjudication protocols for our Gulf War veterans, those endeavors still need work, in our estimation. That material does not always matriculate through the VBA and VHA systems, as there is evidence that such information frequently doesn't get to the patient-caregiver interface. It is most important that diagnostic chronic multi-symptom illnesses (CMI) information gets to the caregivers, and perhaps the RAC can assist with that work.

In closing, I would like to thank each person on this committee for your ongoing commitment to our Desert Storm veterans. Similarly, I would like to thank all the members inside the VA the NGWRC has had the opportunity to work with on Desert Storm veterans' issues. Also I would like to thank the many Desert Storm veterans who continue reach out to the NGWRC and who understand that we are working as hard as we can for them. Progress may sometimes come in the form of baby steps when working with a bureaucracy as big as the VA, but at least the steps are moving in the correct direction. Thank you for your time.