

Testimony of

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Before the

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Nearly twenty years ago, I first provided testimony to the Presidential Advisory Committee in regards to my participation in the destruction of the Khamisiyah Weapons Depot in March of 1991. I served with the 307th Engineer Battalion, 82nd Airborne Division from 1988 to 1992 with service in the Persian Gulf from September 1990 to April 1991. The events at Khamisiyah have now been highly publicized, debated, researched to the point that it has become as convoluted as the entire Gulf War Illness issue. While revelations concerning releases were at the time and remain to be a watershed event, it is not nor should it be construed as 'the' cause of our veterans illnesses. While I was 2 miles away from 5,000 liters of Sarin/Cyclosarin when it was released, I never have believed that exposure was the 'silver bullet'. What I do believe is that incident along with other factors, exposures and combinations along with my personal genetic predispositions triggered immunological and neurophysiological events that are manifest in what we now term a 'multisystemic chronic illness of unknown etiology with overlapping signs and symptoms' also known as 'Persian Gulf War Veterans Illnesses'.

Complicated, yes it is and getting more complex the more we linger on definitions which by their very nature only serve to deviate from the reality of the situation, Gulf War Veterans went over healthy and came back sick, and they do not want to be. I expressed this in the last of three testimonies before House Veterans Affairs Committee clear back in 1997 and it is still true today and will remain so, I am certain of that. As Executive Director of the NGWRC I drafted legislation that eventually became the Persian Gulf War Veterans Act of 1998 of which provided

for the formation of this very Committee. With the help of William F. Russo who at the time was Legislative Director of the Vietnam Veterans of America and now serves as Deputy Counsel for the Office of Regulation Policy and Management with the Department of Veterans Affairs we patterned the legislation after the Agent Orange Act of 1996, passed just the year before. It was a framework that was familiar and has proven to be very useful in providing relief to Vietnam Veterans, however, in speaking with Bill, we both agree in retrospect, we missed the mark. Agent Orange and its component Dioxin lends itself to target specific research and provides relatively clear means by which the Secretary of the VA may determine service connection. It also lends itself to following a logical path by which to tailor future research and treatment protocols. However, we are not talking about Agent Orange, what we have is 'Agent Rainbow'.

To complicate matters further, we still have no grasp on who was exposed to what factors or in what quantities, defying typical epidemiological pathways to even begin to get a grasp on this subject, this is highly unlikely to change. What needs to change is how we look at Gulf Veteran Illnesses in the first place. In the mid to late 90's when research protocols were first being developed we were groping around in the dark for all sorts of causalities. We believed we could reconstruct the toxic and stressful environments Veterans experienced and then derive research protocols much like that of Agent Orange, we were grasping at straws. This is because at the time we had no data on Gulf War Veterans health over the course of time, now we do. Many studies and programs laid the foundation to follow Gulf Veterans over time, the CCEP, Persian Gulf Registry and many others come to mind but to coin an old phrase, "Where are they now?"

I do not wish to negate in any way some of the excellent, I repeat, excellent research that has been done and is coming of which I cannot nor do I need to cite here. What I propose in conjunction with the current portfolio is this; we no longer look to NAS for recommendations of presumptive service connections as it never did, nor will it ever serve the best interest of our Veterans. To coalesce from the misguided, misdirected and convoluted body of academia that seems by its very nature, or by design will never trickle down to the clinical level in its current form. I make exception again to some very excellent work being done in just the last few years and ongoing, some by members of this Committee past and present, that I feel is very likely to become the benchmark for treating our Veterans. How do we make this happen? How do we finally after 25 years begin to alleviate the suffering of Persian Gulf Veterans?

Simply, I say this to Secretary McDonald in clear terms that he will understand, "Lead the Way, Airborne", and I mean "All the Way". Secretary McDonald I call upon you to take the initiative and revitalize Persian Gulf Veteran research within the VA, we are behind the 8 ball here. I propose the following:

- Review health records of all Veterans having served in the first Gulf War Era, derive from our active problems, patterns and prevalence and compare them to Veterans of pre and post Gulf War Era to ascertain Service Connection.
- Implement treatment protocols that are now proven to provide relief and remedy to our Veterans, we know what they are, we know they work, many of which are already in VA's around the Nation.
- Direct the Office of Regulation Policy and Management conduct a comprehensive rewrite of all VA legislation to improve, clarify and integrate training letters, VSO recommendations and all means necessary to ensure our Veterans receive all they have earned and deserve.

We must now end what I believe is the most shameful treatment of our Veterans, ever.