

# HEALTH EFFECTS OF SERVICE IN THE PERSIAN GULF AND RELATED MATTERS

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## FIELD HEARING

BEFORE THE

COMMITTEE ON VETERANS' AFFAIRS

HOUSE OF REPRESENTATIVES

ONE HUNDRED THIRD CONGRESS

SECOND SESSION

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JANUARY 21, 1994

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FRIDAY, JANUARY 21, 1994

HOUSE OF REPRESENTATIVES,  
COMMITTEE ON VETERANS' AFFAIRS,  
*Washington, DC.*

The committee met, pursuant to call, at 12 noon in the Second Floor Courtroom, Federal Building, Meridian, MS, Hon. G.V. "Sonny" Montgomery (chairman of the committee) presiding.

Present: Representatives Montgomery, Stump, Buyer and Bachus.

Also Present: Representatives Parker, Browder and Taylor.

## OPENING STATEMENT OF CHAIRMAN MONTGOMERY

The CHAIRMAN. It is our custom in Washington, but is not done much in Washington, to start on time. It is 12 noon, good afternoon. The House Veterans' Affairs Committee will come to order in Meridian, MS, in the Federal Courthouse.

We are very proud that this is the first time in east Mississippi that we have had a major Congressional hearing. And I would like to thank my colleagues for being here today. I would like to thank the distinguished witnesses that will testify in just a few minutes, we have two panels. And also for our citizens of this part of the State and over in Alabama, thank you for being here. This is a historic occasion that we can have a committee hearing like this in east Mississippi.

Before I comment on the purpose of this hearing, I want to thank Judge Tom Lee, the federal judge who is allowing us to use his beautiful courtroom, and for the staff at the post office here for their cooperation as well as city and county officials who are also here and the Air National Guard.

And I want to recognize some of you today—all of you are distinguished, but certain ones I want to call to your attention. I want you to hold your applause until all of them have been introduced. First, I would like Maj. Gen. Jim Garner to stand up. Thank you, sir, for being here. For our different veterans' organizations, H.C. Franklin, State Commander of the Disabled American Veterans; John Bell, the DAV Adjutant—thank you. Of the VFW, the State Commander, L.C. Blanchard, and with him Cullie Merideth, Bobby Miller and Billy Ray White of the VFW, in the rear. Charles Langley, State Commander of The American Legion and James Herring, Department Adjutant, The American Legion. Mr. Jack Stephens, Director of the State Veterans Affairs Board could not be here. Sam Huff and Adrian Grice are representing the State Veterans Board.

I have not seen him, but Brigadier General Jack Vance, Chairman of the Council of Veterans Organizations of Mississippi—General Vance is here.

I would like for all the county and city officials just to stand up and hold your hand up—county and city officials. You see them on the side there.

Join me in applause for these people. (Applause.)

Our purpose here today is to further explore the health problems experienced by some Persian Gulf veterans and their families and to examine what is being done at both the State and the Federal levels to respond to these concerns.

Questions have been raised that U.S. troops were exposed to environmental hazards and toxic materials during their service in the Persian Gulf. The possible relationship between such exposure and health problems experienced by many of our veterans needs to be investigated.

Our committee has taken action to address these concerns. Back in September of 1992, our Subcommittee on Hospitals and Health Care held the first of a series of committee hearings on the health effects and risks of exposure to chemical and environmental factors during the Persian Gulf War. Testimony at these hearings provided a foundation for enactment of a series of important provisions in Public Law 102-585. This legislation advanced research and analysis of these issues and provided Persian Gulf veterans the opportunity to receive health examinations and counseling and to participate in a health-related registry.

The registry maintained by the Department of Defense includes a listing of each individual who served in-theater during the Persian Gulf War and where he or she served in country. A VA registry contains helpful medical data resulting from the health examinations of any such veterans by the VA. Thirteen thousand veterans nationwide have signed up on this registry.

In addition, Public Law 102-585 directed the VA and the Defense Department to jointly enter into an agreement with the National Academy of Science to make recommendations to the VA and to the DOD on future research. Now this contract between the Departments and the National Academy of Sciences was made in early October.

After taking these initial steps, the committee was alerted by both the VA and by individual members and veterans that the VA health care eligibility criteria could be a problem for Persian Gulf veterans. In other words, some of these Persian Gulf veterans were not able to get into the VA outpatient clinics as well as the VA hospitals. In response, our committee passed legislation which the President just signed in December. This new law authorizes VA health care on a priority basis to veterans who served in the Persian Gulf theater. Now this authority has enabled these veterans to receive needed care. In other words, they can go into these hospitals on a priority basis without regard to whether their health-related problems have been adjudicated as service connected. These veterans are to be given the benefit of the doubt, ladies and gentlemen, when it comes to their health care.

On December 6, I met with the Centers for Disease Control and formally requested that they assist the VA and State health offi-

cers here in Mississippi, as we attempt to track, diagnose and treat the health problems being reported by veterans across the State. We are pleased to have with us today as a witness Dr. Stephen Thacker of the Centers for Disease Control. Dr. Thacker is a world-renowned epidemiologist.

I cite these actions to show that the concerns of our Persian Gulf veterans and their families have been heard, and we will do more. I want to assure the veterans and your families here today that you will not be ignored and you will not be forgotten. We will continue to press for answers and really that is the purpose of this hearing.

We will have two panels of witnesses today. The first is comprised of personnel and family members from the 624th Quartermaster Company. This is a Guard unit based in Waynesboro, MS. Members of this Guard unit have reported a high incidence of diseases and disorders in children born since the unit's return from the Gulf War.

Nearly 8,000 personnel from Mississippi active military installations reported to the Gulf and another 2,000 National Guardsmen and Reservists went overseas. By no means are the reports of these illnesses confined to a single unit, but we invited representatives of the 624th to appear here today because of the high concentration of reported sickness among the veterans and their children. I want to note for the record that I have received over 50 letters from members of this Guard unit regarding a broad array of unexplained medical problems that they have experienced, including headaches, fatigue, memory loss, stomach disorders, joint pain, hair loss, skin rashes and sore or bleeding gums.

Our second panel includes Maj. Gen. Ron Blanck, Commanding General of Walter Reed Army Medical Center in Washington; Dr. Susan Mather, the VA's Assistant Chief Medical Director for Environmental Medicine and Public Health—and as I call your names, you might just hold up your hands so the people will know who you are. I guess we lost General Blanck, but he will come back. Now we have Dr. Thacker. Dr. Thacker, will you hold up your hand. Dr. Mary Currier is the State Epidemiologist with the Mississippi Department of Health—thank you. And also, Dr. Russell Tarver, who is the Environmental Medicine Coordinator of the VA—thank you, sir. And Mr. Larry Woodard, Director of the Veterans Benefits Administration Regional Office in Jackson, MS.

Each witness is requested to summarize his or her written statement in 7 minutes. And your prepared statements will be included in the official record of this hearing.

Now I would like to call on my colleagues for any remarks they would like to make. I am very pleased to have as the ranking minority member of our committee, Congressman Bob Stump, who has come all the way from Arizona to be with us, a great veteran and a great friend of mine.

Congressman Bob Stump.

#### **OPENING STATEMENT OF HON. BOB STUMP**

Mr. STUMP. Thank you, Mr. Chairman.

It is a pleasure to be here today to hear the concerns of your local residents on the potential health effects of the Persian Gulf

War. The House Committee on Veterans' Affairs under your leadership has taken a very active role on this issue—as a matter of fact, to date the committee has held five hearings on veterans' Gulf War concerns.

I would like to compliment you for your strong advocacy on behalf of all veterans and for your leadership on these and all issues affecting our nation's veterans.

I do have a statement for the record, Mr. Chairman, but I would like to join with you in welcoming our witnesses for today.

The CHAIRMAN. Without objection, your full statement will be put in the record. Without objection, all members statements and the witnesses' full statements will be put in the record.

Next is Congressman Steve Buyer from Indiana. He is a member of the Veterans' Affairs Committee. He is a Reservist who was called to active duty, served in the Persian Gulf and has experienced some medical problems.

Congressman Buyer.

#### OPENING STATEMENT OF HON. STEVE BUYER

Mr. BUYER. Thank you, Mr. Chairman. It is a pleasure to be in your state. Serving on the Armed Services Committee and Veterans' Affairs Committee with several people that are here, Bob Stump, Glen Browder and Gene Taylor, it is a real pleasure—we could throw out the "R's" and "D's" here today, Mr. Chairman, this seems like a conservative coalition today.

I also have to share this with everyone. I got in late last night and the chairman put me up at the Howard Johnson's here in town. I got an early morning phone call and I was really confused. I did not know where I was and it was a phone call from the chairman. I must admit it was the first time since being on active duty had I received a bed check. (Laughter.)

But it is nice to be here in town.

I am glad concerns raised not only by veterans and their organizations and many throughout America on this particular issue have raised this issue to the level to which it has. The sincerity of the concerns is just as real as the physiological problems experienced by many of the Persian Gulf veterans.

At first in the whole medical community, not just the VA and the military medical communities, when they were faced with this, they were giving us some catch-all diagnoses, some calling it post-traumatic stress and making it appear as though it was more psychological rather than physiological. That debate will continue, but that is not the purpose of the hearing today rather the purpose is to gather more facts. We have many Reserve and Guard units there in Indiana who have experienced many health problems and I wanted to come down here today and listen to your concerns and compare the two.

Thank you, Mr. Chairman.

The CHAIRMAN. Thank you, Steve.

We are very proud to have from Alabama, Spencer Bachus, who is a member of the House Veterans' Affairs Committee. He drove over from, I assume, Birmingham today. We are glad to have any comments.

### OPENING STATEMENT OF HON. SPENCER BACHUS

Mr. BACHUS. Thank you.

Mr. Chairman, I would only add two things to what has been said. Number one is that this committee is convinced that the Gulf War veterans are indeed suffering illness and that their symptoms are real and their suffering is real. So I can tell you that we do not believe that this is psychosomatic or that it is illusionary.

A second concern I have, particularly with these hearings, is the fact that this unit has reported that their children, children born to Gulf War veterans, have problems or birth defects. I am especially concerned about that and know that the hearing will cover that subject. That is an especially alarming matter for this committee to consider today.

So I appreciate the opportunity to be here and listen to these witnesses. And I appreciate the attendance of all the witnesses.

The CHAIRMAN. Thank you very much, and appreciate you coming over today.

My colleague who serves on the Veterans' Affairs Committee, Mike Parker, who formerly lived here in Meridian, MS, drove over from Brookhaven, and also his wife, Mrs. Parker, came up with him today. Mike, the chair recognizes the gentleman from Mississippi's 4th District.

### OPENING STATEMENT OF HON. MIKE PARKER, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF MISSISSIPPI

Mr. PARKER. Thank you, Mr. Chairman.

First I want to publicly thank Sonny Montgomery for his continuing dedication to our veterans. Nobody in this room or on Capitol Hill has devoted more time, interest and care to America's veterans than Sonny Montgomery. Also, I want to welcome all of my colleagues to the great State of Mississippi.

Certainly we are all very much aware of the bizarre illnesses suffered by our Persian Gulf veterans, their families and their children. Many of us have heard these problems and are trying to help the men, women and children in our districts and in our state. I have been told that the multiple chemical sensitivity can explain some of the symptoms, but not all. Likewise, chronic fatigue can be attributed to some of the symptoms, but again, not all. Nothing has been ruled out and there is no unifying theory.

The Department of Defense and the Department of Veterans Affairs are trying to define or label the element. The chemical warfare symptoms are not widespread, but we are looking particularly at the oil fires, pesticides—not herbicides—and various fuels. The Waynesboro unit handled fuel, as did an Indiana unit that contained numerous veterans complaining of health problems after the war.

Among efforts underway, the VA will be funding environmental and occupational research centers to focus on the occupational kinds of exposures and to research the military combat environments.

I commend Veterans' Affairs for their work and their efforts to trace these problems. But the real reason that we are here may not be entirely clear to some of us. One thing we know for sure is that these illnesses have to do with veterans, just as America's veterans

who were involved in virtually any way with defoliants during the Vietnam War were and have been affected. How is this different? We presume both are due to similar circumstances. It is different in that the Government did not respond quickly for the victims of Agent Orange. It is imperative that we know why we are here today. This should not be just a scientific study, it must be a humanitarian effort to relieve these people of their suffering. We did not do that with Agent Orange. It is 1994 and we in Mississippi still have 608 pending claims for compensation for Agent Orange victims.

Just as we demanded that the Persian Gulf War not be another Vietnam, we must not allow our response to these mysterious ailments remotely resemble our delayed reaction to Agent Orange illnesses. We have a responsibility to these people because they willingly sacrificed their safety, a portion of their lives and a portion of their health for the principles we often all take for granted—and that is liberty. America recognizes these people as heroes, the Government must recognize them as veterans and stand solidly by our promises to them. When we asked these men and women to help us fight our war, they responded immediately. Now they are asking us to help them fight their sickness, and it is our responsibility to respond immediately.

Thank you, Mr. Chairman.

The CHAIRMAN. Thank you, Mike Parker.

Gene Taylor of Mississippi drove up this morning from the Gulf coast. He is a member of the Armed Services Committee. The 624th in Waynesboro, MS is in Gene Taylor's Congressional District.

Gene, the chair recognizes you.

#### **OPENING STATEMENT OF HON. GENE TAYLOR, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF MISSISSIPPI**

Mr. TAYLOR. Thank you, Mr. Chairman. Unlike Mr. Parker, I did not have the privilege of living in Meridian, but it was pretty easy to find the courthouse. I took a right at the G.V. Montgomery National Guard Center, a left on the G.V. Montgomery Memorial Highway and followed the G.V. Montgomery signs. But it really is my privilege, as well as Congressman Browder, another member of the Armed Services Committee, to be here with you and to hear what these people have to say. I think just the fact that you are holding the hearing, from reading the press clippings from around the country for the past month or so has brought a great deal of information out already. And I think what we are going to hear today will certainly be helpful in resolving the problem.

As Mr. Parker pointed out so well, those people who left their families and their businesses and were there when our country called on them, it is very important that our country be there for them.

The CHAIRMAN. Thank you, Gene. If you have any problem getting out of town, just follow the signs again.

Glen Browder of Alabama, a member of the Armed Services Committee, has traveled to Europe and met with government officials on the Persian Gulf illness. As I said, he is a member of the Armed

Services Committee who drove over this morning from Alabama. Glad to have you here, Glen. The chair recognizes you.

**OPENING STATEMENT OF HON. GLEN BROWDER, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF ALABAMA**

Mr. BROWDER. Thank you, Mr. Chairman, and I guess I will close out the comments this morning from the members of the hearing.

Mr. Chairman, let me again thank you for your leadership on this issue. You have fought hard for the veterans for many, many years and you have taken the leadership on this problem with the Desert Storm veterans, and I want to just thank you for your leadership. Also thank you for inviting me to participate in it. I am not on the Veterans' Committee but I am on the Armed Services Committee.

Mr. Chairman, as you know, there is a pilot program in Alabama that is trying to do an inventory of these symptoms to try to get a handle on this issue. I spoke with the folks at the pilot program, which is in Mr. Bachus' home district, yesterday and they said that in probably another month, they think they will have some data available which will give them a handle on this. And they are particularly interested in this hearing today because in Birmingham in that pilot program, they are able to look at the veterans, but they know that it is going to be important for us to extend this beyond the veterans. So this is pretty important for them in that pilot program also.

And Mr. Chairman, would you mind if I make a comment about the announcement out of Washington today?

The CHAIRMAN. The floor is yours, sir.

Mr. BROWDER. Mr. Chairman, I think you have a copy of this news release. There was a significant—what I consider a very significant—announcement in Washington today. The members of this committee, of this hearing, have been very concerned about the U.S. Government's responsibility for these problems that these veterans are experiencing. And some of us, frankly, have been disappointed in the responsiveness of our different agencies.

I think today there was an announcement that is a significant announcement and that is a step, a giant step, in the right direction. We will have to wait for the results of this step, but today, the Secretary of Defense, the Secretary of Veterans Affairs and the Secretary of Health and Human Services made an announcement about the creation of the Persian Gulf Veterans Coordinating Board, which will try to bring together the Government's—the different agencies of the Government's focus on this problem. I think this announcement is significant and positive in two respects. First, this is the first Government-wide statement that I have seen that accepts responsibility for finding out why we are having this problem or finding out the cause of this problem, and responsibility for seeing that these veterans get treatment for this problem.

The second significant step in today's announcement—I have read through the 2-page news release, and I detect a different tone to this statement. There is nothing in this statement that indicates skepticism about this problem. This statement talks about the symptoms, it talks about the possible causes and nowhere is there the tone that we have seen earlier, that "we do not know what you

have got but we do not think that you got it from us." This is a major positive development in this issue. And I think it sets a very timely and meaningful framework for this hearing today. And I look forward to the testimony that we will have today, Mr. Chairman.

Thank you very much.

The CHAIRMAN. Thank you.

Mr. PARKER. Will the gentleman yield?

The CHAIRMAN. General Blanck, Commanding General, was also going to make the announcement today. We asked the Secretaries up in Washington to hold up on the announcement until today. They are making the same announcement in Washington as was just made at this hearing. And if General Blanck wants to add further to it when I recognize him, he will certainly be able to do so.

Mr. PARKER. Mr. Chairman.

The CHAIRMAN. Yes.

Mr. PARKER. If I believe in coincidence, which I do not, it would seem that it would be a coincidence that they were making the announcement the same day they were having this hearing. So I think that in a large part, you are responsible for the Government having this type of reaction. With three Cabinet level positions making that announcement at one time, I think that we owe you a great deal of gratitude for what you are doing.

Mr. BUYER. Will the gentleman yield on that?

Mr. PARKER. Yes.

Mr. BUYER. I have to agree. I mean I turn to Ike Skelton on the Armed Services Committee on Military Forces and Personnel which has jurisdiction over the health care delivery system within the active duty side. Of the 657,000 veterans, soldiers, who go to the Gulf, 258,000 have been discharged. So it comes under your responsibility as the chairman and all of ours as committee members, to take care of the veterans, but unfortunately we have not seen the proper focus on the active duty side. It just gets frustrating, and I am glad to see the DOD, HHS and the VA come together on this. Sonny, keep the pressure on, it sounds great.

The CHAIRMAN. Thank you.

What we would like to do now is our first panel of witnesses, if they would move to the witness table and sit in front of your names there. Mrs. West, we will introduce you individually; Mrs. Fowler, Sergeant Turner and Staff Sergeant Seawright.

Mrs. West, thank you for helping us with this panel. Certainly we want you to be honest and open with us. You are among friends, you are in your home state. The floor is yours. I know you have some short statements, but I will let you introduce the other witnesses, however you would like to handle it.

**STATEMENTS OF AMMIE WEST, WIFE OF NATIONAL GUARDSMAN, CLARA, MS; HOWARD TURNER, NATIONAL GUARD UNIT, LAUREL, MS; OLIVIA FOWLER, VETERAN, LAUREL, MS and MIKE SEAWRIGHT, NATIONAL GUARD UNIT, WAYNESBORO, MS**

**STATEMENT OF AMMIE WEST**

Mrs. WEST. Thank you. To my left, this is Mike Seawright, he is a member of the 624th Quartermaster Unit and to my right is Olivia Fowler, who is a former member of the 624th Quartermaster and also a mother of one of the children that has had problems. And this is Hank Turner, he is a member of the 624th Quartermaster Unit also.

The CHAIRMAN. Mrs. West, these mikes are maybe not picking you up as well—we can hardly hear you up here.

Mrs. WEST. You want me to talk a little louder?

The CHAIRMAN. Talk a little louder.

Mrs. WEST. Okay. I would just like to start out today and say that my name is Ammie West and my husband is a member of the 624th Quartermaster Unit in Waynesboro, MS. He is Sgt. Richard Dennis West. My husband and his unit played a part in Operation Desert Storm, they were a petroleum unit, like was already stated. And they, after being moved around several times in the desert, were finally moved into Iraq where they set up a petroleum station.

They never actually saw any combat or saw the per se enemy, but they provided the means and ways for the ones who did. But in all, there was another enemy there—

The CHAIRMAN. We are really having a problem. We are old soldiers up here on this top row and we are having some problems. Can you pull that a little closer?

Mrs. WEST. Okay. Is that any better?

The CHAIRMAN. That is better, yes.

Mrs. WEST. Okay. Going back to what I was saying, my husband and them never saw any combat per se with that enemy, I would say Iraqi enemy, but there was also another enemy that seemed to be present there, and it infiltrated their unit and seemingly so many more of these Gulf War veterans. This enemy was so silent that when these men and women stepped off the planes to come home to their loved ones, it came too, they did not come alone. You know, when they stepped off that plane, there was no one there that stopped them. They came from a country where they were in the middle of a war into who knows what, and came straight to their families. Now that is just how easy it could have been, just that quick.

Anyway, going back to when they got off the plane, like I said, they came straight to their loved ones. Now if someone had thought in advance, maybe our government had thought in advance, and had tests ready maybe to pick up any type of chemical or biological agent or anything environmental, maybe this thing could have been stopped then. But it was not. And these men got their little run of the mill physical and a pat on the back and sent on their way home. But when they came home, so did this enemy.

The 624th heard this enemy's war cry when it screamed its attack on our children—and they are innocent children, they did not have anything to do with this, but yet they are suffering.

I personally came in contact with it when my daughter—which I do not think she is in here anymore—but she was born February 21, 1992. She was about two weeks early, which is not uncommon, but when she was born her lungs were severely, severely under-developed and she had the similarities of a disease called hyaline membrane disease. Her condition started deteriorating rapidly and they told us by the fourth day that there was not anything they could do any more because she had gotten so bad. So they had to transfer her about 2 hours away to a neonatal intensive care unit and she remained there 7 days and after 7 days was released. We had hoped maybe that was going to be the end of it and that maybe she had seen the worst, but she had not.

The first year, she was in and out of the hospital quite a bit, due strictly to the respiratory problems. She stayed sick constantly. Doctor visits and late night emergency room trips were pretty well the norm in our home. But as I am finding out, this has been the norm in many, many of these veterans' homes.

The photos that you have before you is some information that I have gathered and that is just a sample of the people since this story has broke that has called and told us their same problems.

Now this is not an isolated instance as one VA person kind of stressed to us, or not even a seemingly cluster. We were told that right from the start, that maybe you just have a cluster, maybe this is just isolated. But it is not. And if you look in those photos, you will see these are calls from Arkansas, Alabama, North Carolina, South Carolina, Indiana, Texas, California and I could just go on and on and on. And these people know more people. So this thing is not just here in Waynesboro, MS, it is nationwide.

And the bad part about it is Desert Storm is alive and well in our homes. These people are fighting battles daily and the sad part about it is there are casualties. There are probably more casualties now than when the war was actually being fought. You know, not only the men and women are dying, but these children are dying. And that is the sad part about it. We are talking about young couples that are having to bury their problems because their problems are too serious or too rare when they are born, there is nothing they can do. So if anything else, I think we owe these people an explanation.

Some of these problems you could say yeah, they happen out in the public every day. But the public did not go to Saudi Arabia. These men, these other veterans, these women, they served there. Look at them, take a look at their families and see what you will find. I would say over 70 percent of these women have had children previously that were fine. Okay? Now when they get back, they have their babies and they have got rare disorders, they have got diseases, they have got deformities. In our unit alone, there was quite a bit of respiratory, there was blood disorders, there was urinary tract disorder, which Olivia's baby is suffering from, there was problems with umbilical cords being deformed and causing the children problems. There was even a baby born with a third breast.

So I am just telling you things that are happening. This is not hearsay, this is not made up stories, these are actual facts.

I just think that our government needs to realize that, you know, they work for us. You know, we appointed you and you work for us. So all we are asking is that you do that, do what we want as far as helping us to find out what is going on because we will never find out what happened to these babies until we get down and get serious about what happened to these mothers and daddies, because they are the ones that were there. And we know that nerve gas can cause birth defects, we know that certain biological chemicals can cause birth defects and we even know the environmental things can cause birth defects. So we are just looking at a wide scope and we are not going to say it is just one thing because we do not know. But we just need to see some action put on this thing and stay there until we get an answer, because time is not something that maybe we have a lot of.

When it comes to these children, I think a new sense of urgency should be put on this. I am sure today there are people in hospitals right now with their babies—in fact, I know there are. And there is nothing like that feeling of helplessness when you see that child suffering and there is nothing you can do. And that is the feeling that I get now. That is the bad part. I took care of myself while I was pregnant and did the best I could, but my child was still born just like she was. And what angers me is to think that no matter what I could have done, that was going to be the case. And it seemingly has been the case over and over and over and over.

So I do not think it is a matter of questioning any more. I think now we have to have the answers. Let us take this thing, let us get our starting point and let us go with it.

But I would like to thank Mr. Montgomery for what you have done so far. But I think you would concede that this is just a first step in a process that we have just got to get going. We have got to get this thing moving because these children are our future and my child deserves a bright future just like any other American child. But she did not get that at the very first, and a lot of these children are not. So I think we owe it to these—if nothing else, to these children to find out what is happening.

Thank you.

[The prepared statement of Mrs. West appears on p. 73.]

The CHAIRMAN. Thank you very much. Mrs. West, who do you want us to call on next, do you have it lined up? Why do we not take Sergeant Turner.

#### STATEMENT OF HOWARD TURNER

Sergeant TURNER. My name is Sergeant Howard Turner I am with the 624th.

Like she was saying, we were a petroleum unit and we went into Saudi Arabia. Some of the things a lot of them are looking over, a lot of conditions we went through, such as the water and our showers and all of our living arrangements around there were not up to standards either. And I think a lot of people are looking over that and wanting to go straight to a chemical deal. They need to go all around, all of that because we were put in such conditions that were not very good.

The CHAIRMAN. Just go ahead and take your time, no problem. (Pause.)

Sergeant TURNER. Thank you, sir.

The CHAIRMAN. You can use your notes or not use them.

Sergeant TURNER. Like I say, we were not told of a lot of things that were going on over there. Like I say, we were National Guard, that is the way most of the regular Army looked at us when we were over there. I do not think we were told everything that was going on over there. I think we were sent into places that had not really been looked over that well to see all the conditions that were there, and I think we went into some places that had things there. They might not have been there right then, but they were there sometime or another and who is to say that the agent was gone, because we stirred up a lot of it and a lot of it was blown around on us. (Pause.)

The CHAIRMAN. I will tell you what we could do, if you want us to, we might go to other witnesses and come back and ask you questions. Or do you want to go ahead and finish your statement?

Sergeant TURNER. No, sir, I want to keep going.

The CHAIRMAN. Okay.

Sergeant TURNER. Like I say, when we got home—let me just go over some of the problems. Like I say, when I got home, some of the problems we took them real light, we never looked at them very much, they were small, but there were a lot of them. Like I went to a doctor and I have got some type of thing in my blood that they could not distinguish what it was. I had three abnormal and I have had real bad sores to come on my fingers and hands and joints that would stay there for several months that would not heal. They would make your joints swell up. Like I say I felt fatigue, I have had like joints that were sore and the muscles around them, just no energy to do very much.

And like she brought up the point on all the kids. I myself, I do not have a family. We want kids but we need to find out more about what is going on with them, because we want to have a family one day but we do not want to bring them into the world knowing we could be giving them a disease that is going to hinder them the rest of their life.

That is mostly one of our strong points. I guess that is all.

[The prepared statement of Sergeant Turner appears on p. 75.]

The CHAIRMAN. Okay, we will come back with some questions.

Mrs. Fowler.

#### STATEMENT OF OLIVIA FOWLER

Mrs. FOWLER. I would like to start off by saying that my name is Olivia Fowler, I am a former member of the 624th Quartermaster Company out of Laurel, the detachment out of Laurel. My husband and I have been trying to endure through the problems that we have had with our child and with ourselves.

I prepared a statement, a brief statement, that I would like to explain in greater detail what exactly has happened.

I feel compelled to explain in great detail the ordeal my husband and I have had to endure since the birth of our second child Frederick. At 12 weeks gestation—that is 3 months pregnant—I was diagnosed with preterm labor. I was hospitalized and placed on both

oral medications and intramuscular injections. Once I was released to go home I was placed on bedrest and home monitoring. On April 15, 1992, my second son was born. My son was taken from the delivery room directly to ICU. He experienced respiratory problems at that particular time. He was later diagnosed with posterior urethral valves. He was transferred to the University Hospital at Jackson, MS. There, he underwent surgery at approximately a week and a half old to install a vesicostomy. That vesicostomy was in place until the age of 18 months. And what a vesicostomy is, is it is an opening in the bladder that is sutured to the skin, and for 18 months of my child's life that is how he urinated. On October 22, 1993, my son underwent surgery again to remove the vesicostomy and to reimplant his ureters. Ureters are the tubes that the urine travels down. On November 16, 1993, my son underwent a third surgery to shave the valves that blocked the flow of urine from exiting his urethra.

Both my husband and I are experiencing problems at this particular time. They include headaches, nervous tremors, joint pain, nosebleeds, darkened tender areas under the bottom of the feet, and chronic fatigue. My husband used to be an active person, he participated in various sporting events; basketball, volleyball, football just to name a few. But now, when he gets home from work, my husband falls asleep on the couch before he even eats his dinner. And he has the same job now that he had before he left going to Saudi Arabia. I feel as though we are young people trapped in the body of elderly people.

I am very upset at the possibility of my son's condition being related to both my husband's and my service in Operation Desert Shield/Desert Storm. I feel it is the obligation of our U.S. Government to investigate these claims and release all pertinent information to the veterans and the parents.

[The prepared statement of Mrs. Fowler appears on p. 78.]

The CHAIRMAN. Thank you very much. And we will have some questions for the panel after we hear from Mr. Seawright—Sergeant Seawright.

#### STATEMENT OF MICHAEL SEAWRIGHT

Sergeant SEAWRIGHT. My name is Michael Seawright. I am a staff sergeant in the Mississippi Army National Guard. I am a former member of the 624th Quartermaster Company that was deployed during Operation Desert Storm.

The 624th Quartermaster, we had a strong family-type heritage. Each member knew the other member and knew what he could perform, what he could do. We took a lot of pride in what we done, we took a lot of pride in our job and knowing those job skills.

The 624th arrived in Saudi Arabia on the fourth of January, 1991. We stayed in Saudi until the 26th of February. During this time, we were in tents north of Haffer Al Batun. While we were up above Haffer Al Batun, we trained each day to make sure that we knew when we went forward what our jobs were going to be. We would do it right by the numbers to where everybody knew where the other man was supposed to be, to where nothing would go wrong, it would be fool-proof.

While we were up there, Haffer Al Batun received a SCUD attack approximately 15 to 18 miles from us. MCI phone system had a phone system set up within three miles of us, there was a SCUD attack over them.

One night coming from a top meeting, I saw a trailer in the sky, I could see the flame and I could see the dust trail off of it as far as a sprinkle of flame, and it just went away. That never was explained.

In the early morning hours of the 26th of February, we arrived at the breach. We stopped at the breach waiting on the road to be cleared and basically waiting for the republican guard to be defeated. I had heard reports of a low grade chemical agent being detected. There was also a report that ahead of us, the troops had encountered a low grade mustard gas that was considered to be real old and supposedly harmful. We moved through the breach, we went through a mine field and several blowed up artillery positions.

You know, as soldiers, especially on support, when we moved through these blowed up artillery positions, that made us feel pretty good, like we was pretty much safe, everything ahead of us was pretty much being taken care of before we got there.

We set up log base Nelligan that evening close to where the republican guard made their last stand. We pumped fuel non-stop for almost 36 hours. Some of us were wet with diesel during this time. Any time you set up a pumping operation as vast as we did and on the time scale that we did, you are going to have some problems with fuel, especially when you are cutting down volume off of pumps in six four-inch hoses, the pressure builds and somebody is going to get wet. I was one of those that got completely saturated in fuel, so I can speak to this from experience. Under these conditions, you get to a wash point or a shower point, get out of those wet clothes, you get yourself back on the job.

The sky was hazy with fumes and light smog-like smoke. We stayed in Iraq pumping fuel through the 14th of April. When I say hazy with smoke, it looked like high temperature haze mixed with the smoke or a fog that just sort of made a glare. The wind constantly kept it stirred up.

On the 15th of April, all of our unit was back in Saudi Arabia. As we were preparing to come home, we had a soldier die of a so-called heart attack. You are talking about a soldier here that was as able-bodied as anybody. That day, everything was going good, he had had a volleyball practice around 12, just as active as he could be, we got back, the soldier was gone. There are still some questions there that I feel need to be answered, especially regarding him.

After the unit returned home, I started having some problems. I woke up one night about midnight with a fever of 104, I was having a cold chill so hard that I was doubled over, but I got to the hospital. I had the symptoms of malaria and TB. The doctors diagnosed me as having an acute viral gastroenteritis with dehydration, chills and fever.

About a month later, I started having some respiratory problems. I could not get a deep breath of air without it hurting. If I could get it in, it wheezed to the point where when it was wheezing the

pain would start and I would have to let the air out. I went back and forth to the doctor several times and each time he was treating me for asthma symptoms. For about 6 months I had trouble with this breathing problem just as steady as every day, it was there every day. The problem sort of just faded out, sort of went away, but still to this day, I hurt from time to time while I am trying to get my air. And when I am trying to get it, I have a thickly saliva-like phlegm that builds up and drains with it.

Another problem I have is a nervousness or trembling problem and an anxiety problem. This problem varies from day to day, it is just according to the situations. Some mornings I can wake up to get a cup of coffee and I need to get it with both hands to keep from spilling this cup of coffee. I work with industrial sewing equipment. These parts are extremely small. Tuning and timing this can get to be more difficulty, especially when I have these bad days with this trembling problem. All of these problems started the first year I was home.

Attached to the information that you should have that I filled out, I attached some of the problems that other veterans are having. When I say other veterans, we are not just talking about 624th. The Butler unit, MP unit, was within a couple of miles of us, we could see them over there. There is a Henderson guy, he is real sick, he has been sick for awhile, he was laid up for awhile. I think some of their people are here with us today. That unit needs to be contacted and looked into, they have got problems.

I hope that with this hearing here, it will benefit all the veterans, their families, their children and hopefully myself.

Thanks for taking time to have this hearing and listening to our story. We are grateful.

The CHAIRMAN. Thank you, Sergeant Seawright and thank our witnesses.

We have members that would like to ask some questions, and the chair will operate under the five minute rule for each member, including himself.

Mrs. West, for the record, tell us again—I know what Mrs. Fowler said—about what child defects have shown up in the Waynesboro unit that you are familiar with, so we can have that for the record.

Mrs. WEST. Okay. In those files like I was telling you I have, I have a list of the children that have had problems. A lot of them have had respiratory, we have one child that was born with an enlarged liver, you know, one of the organs was enlarged. We have had one of the children born with the umbilical cord deformed and it caused the child some problems. We have a rare blood disorder, a child with a rare blood disorder. We have a child that, as I spoke of awhile ago, that was born with a third breast. And most of these children besides even the disorders that they have, respiratory has been a big problem. I know that the VA has been doing some studies of some units here in Mississippi and I know that they found, I think out of three units—they may have actual stats on that—there was like 55 pregnancies and out of those 55, there was 37 had problems.

Now I am not a doctor and I am not anybody with any type of schooling in that area, but I would say personally that is a lot of

children with problems. It is not your average thing. And what concerned us the most, even in our unit down there, was the fact that these children that were born, the 13 that had problems, I would say out of the 13, there was probably 10 of these people that already had children previously that were fine. And that is kind of what alarmed us, that all of a sudden our children are being born with these problems.

The CHAIRMAN. Thank you.

Sergeant Seawright, that is why we are having the hearing. What do you think has caused your illness? Do you think it is chemicals or bacteria, parasites, oil fires? Do you have a feel for that?

Sergeant SEAWRIGHT. Mr. Montgomery, myself, I cannot say that I have a feel for that. You talk to people who have been around petroleum—just for instance, yesterday on the way in, on our flight in from Iowa, a guy sitting next to me had worked with petroleum all his life, he says that we might ought to look into the petroleum itself due to the fact that they have to put a fungus in JP-4 and kerosene-based fuels to keep them active while they are sitting there over a long period of time. I cannot say it was the fuel, I cannot say that it was chemicals. All I can say is there is a problem somewhere. I cannot put it all in Iraq because people that never left the port have some problems. There are a lot of avenues that I do not know.

The CHAIRMAN. Well thank you, and my last question is, Sergeant Turner, you heard the question. Do you have a feel for what might have caused your sickness?

Sergeant TURNER. No, sir, like Sergeant Seawright said, we were constantly around what we were told was parasites in the sand or even with flies over there, they said had some type of parasite with it. I was in three or four different cases where SCUD missiles were supposedly exploded close to us, such as one case we were at a port waiting on supplies to come in and debris hit the top of the building we were in and they said it was from a SCUD that had been exploded. Like I say, on two other occasions, we actually went to MOP level four while we were there. You could not really base it on anything because like I said, the living conditions itself, the parasites in the sand or even chemical. It could be a combination of all of them.

The CHAIRMAN. Thank you.

Congressman Stump.

Mr. STUMP. Thank you, Mr. Chairman.

Let me ask any of you if you have had any real obstacles in getting DOD or the VA to recognize or treat your condition?

Mrs. FOWLER. As far as the DOD goes, we would love to be able to speak with a representative of the Department of Defense because we have several questions that the committee that came to Waynesboro, the VA committee, could not answer for us. And I am sure if we posed the same questions to you, you could not answer those. Only the Department of Defense can answer these questions, such as the chemical—the injections that we were given before we left. We have heard rumors that those were not FDA approved. If they were not FDA approved, why were we not given prior knowl-

edge? And then it could have been our choice whether or not to receive the injections.

Mr. STUMP. Well that is not exactly what I asked. What I wanted to know is if you have had problems specifically with VA or DOD in treating what is wrong with you now, not where it came from or what caused it or anything. But the symptoms that you have, are you being treated for them?

Mrs. FOWLER. Well we have appointments now to go to the VA Hospital, which I personally have not been yet. My appointment is not until February, so I could not answer that one.

Mr. STUMP. Anyone else that has had any problems in getting someone to recognize you or treat you? Sergeant.

Sergeant SEAWRIGHT. I went to the VA for my first appointment in December. They seemed to be doing a lot of blood work, as far as working through the blood. They done an EKG, they checked my lungs on a breathing apparatus and like I say, I just came off of AT yesterday and when I got home I have a letter for another appointment on the first of February. I do not know yet what it is for, but they have set up another appointment. So, so far they are seeming to want to work with us on our problems. And they are treating us pretty good when we get there.

Mrs. WEST. I know my husband had his appointment January 5, and they did the basic physical, but we had invited the VA to come speak to us at our armory and they informed us then that they did not have tests that would find out these chemicals or anything like that. What they could do was just the basics. As far as the basics go, yes, they have done fine. But going as far as trying to find out what has caused this, they are saying that they cannot do anything about the Department of Defense giving information where they will know what to check for.

So, you know, they may be doing what they can now, that is fine, but we need to get some information where they can progress on and find out what is going on because if they do not have the tests to do now to find out what is going on, it is not doing us any good to get this same old physical over and over again, because that has been proven, it is not showing up, whatever is happening to these people.

Sergeant TURNER. I have not been to the VA, my appointment is not until March. Like she was saying, they are giving us just a small general physical. I think they need to go more in depth and do a real hard core physical for us.

Mr. STUMP. Mrs. Fowler, we will have General Blanck from Walter Reed Hospital here on the next panel and I will ask him to respond to your question when he gets up.

Mrs. FOWLER. Thank you.

Mr. STUMP. Thank you, Mr. Chairman.

The CHAIRMAN. Thank you. Mr. Buyer.

Mr. BUYER. Thank you, Mr. Chairman.

To the panel, I congratulate you for testifying. It is not very easy to come forward in a public forum to discuss matters that are so private, that being your own health. So I understand that you speak not only for yourself but also for many of your comrades who you are also testifying for here today.

I am especially moved by the thought of whether or not there is a causal link between service in the Gulf and babies. Many of us have seen this from the Agent Orange experience, those Vietnam veterans who suffered from Agent Orange, and their children that are born with some birth defects. There is a gentleman that I know who is missing an eye and it was explained that his father had suffered from Agent Orange and had died and he firmly believes that his missing eye is because of Agent Orange.

I can tell you that when I returned from the Gulf, my wife and I had dreamed of having a third child and I said we are not going to have a third child not only because of the exposures but of all the injections and the anthrax and botulisms and nerve agent pills. You know, the body, God's gift, the body, is so sensitive. It is complex, but so sensitive and we know how fragile DNA and all of that is, and the meeting of the egg and the sperm and what that magnificent gift is, and how fragile it is. So whether something happened to our bodies in the Gulf War, that is what we are trying to figure out. We do know that the Gulf War not only changed the lives, but also changed the bodies of many of us.

So I congratulate you for your testimony. Ma'am, I do not have those answers. There are a lot of doctors who are very confounded right now in trying to find those answers.

I have got some questions for you, Mr. Seawright. Was your unit south of KKMC in your staging area?

Sergeant SEAWRIGHT. When you say staging area, do you mean when we arrived in Saudi?

Mr. BUYER. Pardon?

Sergeant SEAWRIGHT. When we arrived in Saudi?

Mr. BUYER. When you arrived in Saudi, did you go up to KKMC?

Sergeant SEAWRIGHT. We were further north than KKMC.

Mr. BUYER. You went north, when did you arrive in theater?

Sergeant SEAWRIGHT. We hit theater the fourth of January.

Mr. BUYER. Fourth of January. When did you move up to the front?

Sergeant SEAWRIGHT. The 26th of February we crossed the breach.

Mr. BUYER. At the point that you crossed the breach, where was your staging area, on what side of Haffer Al Batun was your staging area?

Sergeant SEAWRIGHT. Approximately 15 to 18 miles north.

Mr. BUYER. Inside the Wadie Al Batun?

Sergeant SEAWRIGHT. Say again?

Mr. BUYER. Inside the Wadie Al Batun? Remember?

Sergeant SEAWRIGHT. I am not sure on that.

Mr. BUYER. I am asking these questions—

Sergeant SEAWRIGHT. I could give you a log base if that might help.

Mr. BUYER. Pardon?

Sergeant SEAWRIGHT. I can give you a log base.

Mr. BUYER. Log base echo?

Sergeant SEAWRIGHT. Log base echo.

Mr. BUYER. Okay. Mr. Browder knows greater detail on the locations where some of the Czechoslovakians picked up low concentrations and that is why I was asking about where you were located.

When you moved on in close—were you close to the Euphrates River?

Sergeant SEAWRIGHT. We did not go that far up.

Mr. BUYER. When you set up your pumping operations, was there any time when any members of your unit were suffering from problems, or had direct spillage of any fuel on their bodies?

Sergeant SEAWRIGHT. There was nobody as far as from a fuel spill on them that basically got sick, no, not there at the time that I knew of. Now we had different shift works and I was on a shift and we had another shift. But on the shift that I was on, I didn't see nobody get sick from a spill at the time.

Mr. BUYER. And your rank is?

Sergeant SEAWRIGHT. Staff sergeant, E-6.

Mr. BUYER. Was there a chemical detection team attached to you at all when you went through the breach?

Mr. SEAWRIGHT. We had an MBC sergeant with us.

Mr. BUYER. And the report of low concentrations of mustard gas, was that detected by this sergeant or was it reported through other units?

Sergeant SEAWRIGHT. That right there, I cannot answer directly. I cannot pinpoint it, it came down through the truck line that we were on.

Mr. BUYER. Mrs. Fowler, you served in the Gulf?

Mrs. FOWLER. Yes, sir.

Mr. BUYER. Did all three of you have the anthrax shots?

Mrs. FOWLER. Yes.

Mr. BUYER. And did you take nerve agent pills when you went through the breaches?

Sergeant SEAWRIGHT. Right.

Mr. BUYER. For how many days did you take nerve agent pills?

Sergeant SEAWRIGHT. I cannot recall.

Mr. BUYER. Did you take all the pills that they had given you?

Sergeant SEAWRIGHT. No, we did not take them all.

Mr. BUYER. I did not take them all either. (Laughter.)

Sergeant SEAWRIGHT. There was quite a few pills in the pack.

Mr. BUYER. Oh, I know, yeah.

Ma'am, Mrs. West, you had mentioned that someone had said to you that this appears to be a cluster.

Mrs. WEST. Yes.

Mr. BUYER. Many of the combat service support that went to Saudi Arabia came from the southern States, from Arkansas, Mississippi, Alabama. So if they want to try to say there is a cluster there, that is because of how many units came from a certain draw, but there are many throughout the theater from Riyadh to the Euphrates to even in the Gulf, so it is very multi-faceted in my belief, it is very difficult to give it a catchall name or a catchall diagnosis.

Thank you, Mr. Chairman.

The CHAIRMAN. Okay. Mr. Bachus.

Mr. BACHUS. I am going to ask some questions which deal really with multiple chemical sensitivity because I think that is about the only successful treatment for the symptoms you all have described which are very consistent with multiple chemical sensitivity. There is one doctor at Northampton in Massachusetts that has been treating victims of what you all have described, and I want to ask

you some questions about your experience since you have gotten back.

So I will ask the three of you and not Mrs. West, you having not gone. Do you have an increased sensitivity to gasoline? Do you pump gasoline now? Do you have any problems?

Sergeant TURNER. No.

Mrs. FOWLER. If the gasoline pump splashes back on you?

Mr. BACHUS. Yes.

Mrs. FOWLER. It stings where it never bothered me before.

Mr. BACHUS. Never bothered you. Does perfume not trigger any reaction?

Mrs. FOWLER. No.

Mr. BACHUS. Not anything other than what it did before you went?

Mrs. FOWLER. No.

Sergeant TURNER. Well like cologne does around the neck, it breaks out a lot more now than it ever had.

Mr. BACHUS. When you put it on, cologne?

Sergeant TURNER. That or like after shave.

Mr. BACHUS. How about toothpaste, have any of you had a reaction to toothpaste? (No response.)

How about tobacco or cigarettes. Do any of you smoke? (No response.)

Have any of you been told that you might have a multiple chemical sensitivity? (No response.)

But this was a refueling unit?

Sergeant SEAWRIGHT. We were a bulk storage unit, we handled 1,200 gallons—we sent the main bulk fuel on to the forward lines.

Mr. BACHUS. Have you all done any painting since you have been back?

Sergeant SEAWRIGHT. I have.

Mr. BACHUS. Did it cause any problems?

Sergeant SEAWRIGHT. Does not bother me.

Mr. BACHUS. Does not bother you.

Thank you.

The CHAIRMAN. The gentleman from Mississippi, Mr. Parker.

Mr. PARKER. Thank you, Mr. Chairman.

I think the press should pay attention to Sergeant Turner's written testimony because it goes into detail about some of the places where he was that he did not cover in his spoken testimony. Sergeant, I think it is very important that people realize where you were and the proximity you were to SCUD missiles and the debris of those missiles.

I am not a scientist and there is a lot I do not understand about this stuff. But what I do understand is that it is something I want you to tell me about. All of you know different people that were in your company, in your unit. You have talked—you have shared information with each other about your problems. Are there a lot of similarities between your problems?

Sergeant TURNER. Yes, sir. Not until the last couple of months here, nobody has even really talked about it. You know, I guess we have all brushed it off as just small problems, but after we all got together and got to talking about it, over 80 percent of us had the same problems that were coming out.

Mr. PARKER. Is memory loss in every one of them? In everybody's written testimony that was sent to us, memory loss is part of it, all up and down the line, and I see people's heads shaking all over this place. People I talked to in Brookhaven, that I have talked to in Crystal Springs, they all say "I cannot remember, I look at somebody, I cannot remember, it is frustrating." This is the main question I want to ask you, I want you to think about it. When you have expressed to the military, "I have got this problem," what do they say to you?

Sergeant SEAWRIGHT. The only—

Mr. PARKER. Let me rephrase it a little. When you first started saying "I have got this problem," what did they say to you? Now, what are they saying to you? Because it changes.

Sergeant SEAWRIGHT. You see, really you are sort of hitting us dry because everybody sort of kept to theirself about their problem.

Mr. PARKER. What did they say to you?

Sergeant SEAWRIGHT. The only person other than my family doctor, and he just sort of wrote it down, was the VA and they documented it. But as far as taking it to a military doctor, I have not.

Mr. PARKER. What about you, Sergeant Turner?

Sergeant TURNER. I have not either, my appointment for the VA is not until March.

Mr. PARKER. When did you make this appointment?

Sergeant TURNER. Right around November, we had a meeting at the armory and we started making our appointments.

Mr. PARKER. Ms. Fowler, what about you?

Mrs. FOWLER. That is the same time that my husband and I made our appointments.

Mr. PARKER. I have talked to some people that have had problems. One lady, is not a college graduate, not brilliant in any fashion, just a good person, a good friend of mine. The military tried to tell them, "your husband had this problem before he ever went over to Saudi Arabia." And her response was "well, why did you send him." I think it was the best response—they did not have an answer to that. Because the military immediately—and it is true of any bureaucracy, Congressional offices do it too—sits up and says "well that is really not our fault, that is the Senator's fault," or whatever. We blame it on somebody else, try to push it off.

And that is what I am afraid of right now, and I want to get past that point so that we really start looking at this problem because it is too much—I do not believe in coincidence, never have. Something is going on. I do not understand the scientific side at all, but I want to make sure in my own mind that the military and the VA are treating this as they should because I cannot figure out the scientific stuff. I have got to leave that to the experts. But I can, from my position, make sure that I do what I can as far as making the agencies and the departments that are involved approach this thing in the right way.

I appreciate very much you all coming to testify. I think it has been an eye-opening experience for a lot of people.

Mrs. WEST. I would like to say something, if you do not mind, on that note.

I know that when we asked the VA to come to our unit and speak to us on this matter, they came and had a nice little slide

show about homes and student loans and all that kind of good stuff, and you know, a little skim over for about 10 minutes on our medical problems. Well people were just angry. I mean they walked and stormed out of there, you know, because they felt like they were just being—you know, so what about your problems, hey, we can get you a home, you know, get you a student loan, let us just go with that.

But I had talked to one of the members of the VA personnel that was there that night—in fact he is here today—and that is what I was referring to as a cluster. He told us that our little unit looked like probably it was just going to be a cluster. And thank God, I did not stop there, thank God that I went on and did not take his advice. And that is when I found all these other babies.

So I feel like if you do not have the knowledge to back up what you are saying, it is probably best, even on their level, do not give an opinion, because you do not know. They do not know what this thing is leading to, we do not know. But you know, we will not be deterred until we do find out because as a mother, I feel personally responsible for my child's, you know, well-being. And if it means I have got to go that extra mile to find it out, that is what I will have to do. Military, whoever I have to go through, that is what we will do.

I know on that aspect, as you were speaking, like what did they say. I know that was one of the responses we got that night, and that is what I say, I am glad that we did not take that to be truth and stop there. Because a lot of people would still be out there wondering what is happening to their children.

Mr. PARKER. I am glad you did not either. I think that it is important—and I am going to close, Mr. Chairman, my time is gone—but I think it is important for people to realize that a lot of people were dealing with some really deadly substances. A chemical age is what we live in and sometimes we forget how deadly some of these things are. And in a war time, chances are taken that normally would not be taken, like getting doused with diesel, that type of thing. That is not healthy for anybody.

I am just very glad you did not accept the answer like you first got it.

Thank you, Mr. Chairman.

The CHAIRMAN. Thank you. Mr. Taylor.

Mr. TAYLOR. Thank you, Mr. Chairman.

Let me begin by thanking the panel for their very moving testimony, particularly Mrs. Fowler and Mrs. West. I previous to today have had the opportunity to read much of your work and I think it is commendable in an age where you have gone to so much trouble to find out that it just was not your problem but a problem that was widespread.

I would also like to mention, just for the record, since we live in a society where many people do not know where Waynesboro, MS is, we are not talking about the Love Canal. We are talking about small urban areas, basically rural areas, very clean environments where it certainly is not—I would not think would be caused by what you are experiencing since you got home, but something that happened before.

Something in particular that your group has brought to my attention was, as my friend from Indiana pointed out, the pills that you were issued prior to and upon arrival in the Middle East. I am curious—and again, everyone has just got a basic hunch of why they think something is happening to them. In your mind, how much is that a factor in the problems that you experienced? And the second thing, as a member of the Armed Services Committee, it is very kind of Chairman Montgomery to have us here, we are not involved in the budget for the VA but we are involved in the budget for the bases around the nation and in the medical care that is provided on those bases. If you could provide for the committee what kind of expenses you have incurred as a result of the illnesses of your children.

Mrs. FOWLER. Well recently I received a doctor's bill for one of the surgeries my son had just had, and that bill alone was right at \$8,000. My son has had three surgeries. I could not begin to guesstimate how much that it has cost the insurance companies. Thank God, we had insurance.

Mr. TAYLOR. But Champus has not stepped forward to help with this so far? Thus far you are on your own with your insurance company as far as paying for this.

Mrs. FOWLER. We would not qualify for Champus in the National Guard.

Mr. TAYLOR. Okay, that is something—again, you feel like this is something that is a result of your active duty, or in your case, Mrs. West, a result of your spouse's active duty, and it is not covered by Champus. You were not afforded the opportunity of going to a military hospital for these tests.

Mrs. WEST. I would just like to say on the note that you were talking about, the pills. Like we have found out, some of those shots were indeed not FDA approved. Now if a common Joe goes out here, just say pharmacists or whatever, and tries to sell something that is not FDA approved, I would say his license would probably be snatched in a minute. But yet our government was able to issue shots to these men and women that they were not told of previously, and given those shots without prior knowledge of it. And some of these shots that we have been investigating could cause birth defects. Now that is what I was trying to stress awhile ago, how unfair it is that us as parents, we do the best we can, and as a mother—and I know the panel is all men, so this is kind of difficult for you to understand, but when you are a mother and you carry that child, you do the best you can to take care of your body because you know that that child is depending on you. When you have that child and it has problems, you feel responsible for it. And it angers me to think that no matter what I had done, any of us had done, it was not going to make a difference because what was going to happen was going to happen as a result of something that was totally out of our hands.

Mr. TAYLOR. Mrs. West, again this is a personal question, but it is hopefully for the benefit of helping those people that have similar problems that you have experienced.

Mrs. WEST. Fine.

Mr. TAYLOR. What kind of expenses do you feel like you have incurred, medical expenses, as a result of all this? Do you have any idea?

Mrs. WEST. It would be way in the thousands, because not only was she initially hospitalized for a total of about 15 days or 16 days in the intensive care unit, but she was hospitalized on three more occasions in her first year. And that does not include doctor visits, medication. And I do not stretch when I say we would have ten dollars and it would be like what are we going to do, we have got to buy medicine, we have got to buy gas. That is just how serious it got. And that is not exaggeration either.

So, you know, I would say a lot of this has incurred these financial problems. But that is not what we are after. Money is not what—

Mr. TAYLOR. No. As a matter of fact, if you will let me compliment you, during the course of your entire conversation every one of you, not one of you has complained about the expenses that have been incurred.

Mrs. WEST. Right.

Mr. TAYLOR. But in fairness, if this nation, when we go back in session in just a couple of weeks, is getting ready to give unlimited medical coverage to every American, whether they served or not, should we not be responsible for the medical expenses that are a direct result of people being activated and a part of defending their nation. And obviously we should.

So let me compliment you on that. I certainly would not want you to take it any other way.

Mrs. WEST. We have got to have some information, that is what we have desperately got to have.

Mr. TAYLOR. Thank you, Mr. Chairman.

The CHAIRMAN. Thank you, Mr. Taylor.

Glen Browder.

Mr. BROWDER. Thank you, Mr. Chairman and let me echo what our hearing members have said to you, thank you for your compelling testimony.

I think what distinguishes this panel besides the personal testimony that you have presented is that this opens a new official chapter in the mystery illness controversy because this is the first time that officially we have had testimony dealing with the problems of family members, spouses and children. And I hope that now that chapter will extend to the Government looking at this, officially looking at this scientifically. You are not a scientist, we are not scientists, but we have heard personal testimony here and your own research. And now it is the Government's responsibility to apply scientific rigor to this to see if this is true. America is looking and they want to know is this true or is this just something that would have happened if the veterans had not gone to the Persian Gulf.

But I would like to concentrate on you, Mrs. West, because you have done some personal research on this and you have been in the news media. You have been contacted by the VA, is that right—you have spoken to the VA. Have they spoken to you, not just about your problem but about the research that you have done?

Mrs. WEST. Yes.

Mr. BROWDER. Did you contact the VA or did they contact you?

Mrs. WEST. I contacted them.

Mr. BROWDER. But the VA has not asked you about this 13 out of 16?

Mrs. WEST. No, sir.

Mr. BROWDER. Have you talked to anybody from the Department of Defense?

Mrs. WEST. No.

Mr. BROWDER. The Department of Defense has not contacted you?

Mrs. WEST. No, sir.

Mr. BROWDER. Have you talked to anybody from the Department of Health and Human Services?

Mrs. WEST. Yes, I believe I received a call from them. I have got it all documented and right now my mind is kind of going blank, but I believe I was contacted by a lady from that office.

Mr. BROWDER. Was it recently or—

Mrs. WEST. No, this was right at the very beginning.

Mr. BROWDER. Did she ask you about your own research?

Mrs. WEST. Yes, She was just very inquisitive about it. One of the very first things I did was call Mr. Montgomery there and tell him so far what we had. At that time, we did not have 13, we had I think maybe five. And after some more, you know, late night calling trying to track everybody down, I found out that out of the 16 that I could contact, there was 13 that had problems. I called Mr. Montgomery back and notified him, you know, of the other findings.

But no, as far as anybody contacting me, no. It has been the other way around. I have had to do the initial calling. And a lot of places, you know, it has just been dead-ends. I mean, I have gotten—I know the very first time that I did call the VA, I spoke to a man there and was just kind of filling him in on what was going on and he said, "Well, Mrs. West, do not worry about it, I do not think you have got a problem."

Mr. BROWDER. Have any of the rest of you been contacted by the—did the VA contact you or did you contact the VA?

Sergeant SEAWRIGHT. The VA contacted me to make the appointments.

Mr. BROWDER. Has the Department of Defense contacted any of you?

Sergeant SEAWRIGHT. No.

Mr. BROWDER. Health and Human Services?

Sergeant SEAWRIGHT. No.

Sergeant TURNER. No.

Mr. BROWDER. Mr. Chairman, this is atrocious and I think that we have to have a turnaround on this. This lady has done research that has been in the newspapers and in the news media throughout this country and I think it is critical that our government find out—get in touch with her and get this information and subject it to scientific scrutiny, because if she has done this and we have not even followed it up—well that is just unacceptable.

Thank you, Mr. Chairman.

The CHAIRMAN. Thank you. And Mr. Bachus would like to ask one more question and then we will dismiss this panel and bring the other panel forward. The gentleman from Alabama.

Mr. BACHUS. I would like to follow up on what Mr. Browder said. It is my understanding that there were 285 Guardsmen deployed in this unit, is that right? And that we have had 57 births since then?

Mrs. WEST. Yes, I believe—I know the VA can probably elaborate more on this when they are able to testify. But it was in our local papers, I believe they took three units and did a survey of those three units and out of those three, found that there were 55 pregnancies and out of those 55, there were 37 that had problems at birth. That was after we had brought to their attention at our meeting that we did have a problem there in Waynesboro, MS.

Mr. BACHUS. And Mr. Browder, I would say to you, that is what I have been given information on, and I do not know who did the survey but we have had, I was told, 57 live births, or 55 births and we have 37 children with health problems, which is over 60 percent compared to 1½ to 3 percent in the general population. I do not know how accurate the survey is, but if it is close to 60 percent and we are talking about the average in the general population being 1½ to 3 percent, it gives you some idea about the problem that we have, which is a significant problem.

And I agree with Mr. Browder, I would hope that we could sort of seize this opportunity to go back and check those births from these units and see if this information is true, it is incredible.

The CHAIRMAN. For the record, the former company commander is here. How many were in that unit?

VOICE. Sir, we deployed with 149 from Waynesboro alone. Once we got in the country, we gained up to 819.

The CHAIRMAN. Give us those figures again, please.

VOICE. Sir, when we deployed from Fort Benning to the Port of Tarut, we had a total of 147, but once we got in—

The CHAIRMAN. From the Waynesboro—

VOICE. Yes, sir, from the Waynesboro and the Laurel area.

The CHAIRMAN. Okay, 147.

VOICE. Yes, sir, we were authorized at that time 202, but we only deployed with 147. Once we were in country, we got up to the number of 819 when we formed a task force and before we went into Iraq, which consisted of seven different units.

The CHAIRMAN. But there was only 147 from here.

VOICE. Yes, sir.

The CHAIRMAN. Okay, thank you.

Mrs. FOWLER. Excuse me, Mr. Montgomery.

The CHAIRMAN. Yes, Mrs. Fowler.

Mrs. FOWLER. I have one more question before we are dismissed.

The CHAIRMAN. Please talk into those mikes, we are having a terrible time.

Mrs. FOWLER. Okay. I have one more question before we are dismissed.

The CHAIRMAN. Okay.

Mrs. FOWLER. We were told—

The CHAIRMAN. We are supposed to be asking the questions. (Laughter.)

Mrs. FOWLER. I know, but for the next panel coming up, maybe they can answer it for us because it is a question that we have all wondered about. We were told not to donate blood for a year after we got back. That has been continually extended. Now when we were told this, I was already pregnant. Could they give us a reason for us not donating blood? And another question—

The CHAIRMAN. Who told you that, Mrs. Fowler?

Mrs. FOWLER. This came down through our commanders and it was passed on to us.

The CHAIRMAN. We have the best witnesses we can have in this next panel, and I hope whichever witness can would answer that question. I think that is an excellent question.

Any other panelist have anything that you would want us to ask? (No response.)

Well thank you very much. You have been a good panel and you have been very sincere and I hope we can get to the bottom of this situation.

Next panel please. (Pause.)

Thank you for the patience of our second panel. These are very distinguished Americans that we have here today. They will do the best they can to come up with answers to the questions that we heard from the first panel.

General Blanck, the chair recognizes you, sir. We would like, if you could, 7 minutes or less. The floor is yours, sir.

**STATEMENTS OF MAJ. GEN. RONALD R. BLANCK, COMMANDING GENERAL, WALTER REED ARMY MEDICAL CENTER, WASHINGTON, DC; DR. SUSAN H. MATHER, ASSISTANT CHIEF MEDICAL DIRECTOR, ENVIRONMENTAL MEDICINE AND PUBLIC HEALTH, DEPARTMENT OF VETERANS AFFAIRS, WASHINGTON, DC; DR. STEPHEN THACKER, ACTING DIRECTOR, NATIONAL CENTER FOR ENVIRONMENTAL HEALTH, CENTERS FOR DISEASE CONTROL AND PREVENTION, ATLANTA, GA; DR. MARY CURRIER, STATE EPIDEMIOLOGIST, DEPARTMENT OF HEALTH, JACKSON, MS; DR. RUSSELL TARVER, ASSOCIATE CHIEF OF STAFF FOR AMBULATORY CARE/ENVIRONMENTAL MEDICINE COORDINATOR, VA MEDICAL CENTER, JACKSON, MS and LARRY WOODARD, DIRECTOR, VETERANS BENEFITS ADMINISTRATION REGIONAL OFFICE, JACKSON, MS**

#### **STATEMENT OF MAJ. GEN. RONALD R. BLANCK**

General BLANCK. Thank you, Mr. Chairman.

Mr. Chairman, members, you have my prepared statement, and if I may, I will just take a few moments to summarize some major points.

First of all, let me say unequivocally that the Department of Defense, Veterans' Affairs, Health and Human Services, take very seriously the health concerns of our veterans. We care, we are working very hard to address them.

In previous testimony, you have heard of our efforts, and it is detailed in my statement, to identify, evaluate and treat veterans with health problems, as at the same time we research the long-term effects of all those many things that veterans have been ex-

posed to, everything from oilwell fires to vaccines, to depleted uranium, to infectious diseases and on and on and on it goes.

I am very pleased that you have been informed—I believe, Mr. Browder, you announced it and I would like to repeat that the Secretaries of the Departments of Defense, Veterans' Affairs and Health and Human Services have today announced the formation of a new very high level inter-agency board to work to resolve and to continue to look into all of the health concerns of Persian Gulf War veterans, including active duty personnel, reservists with Gulf service and those service members who have separated.

This Persian Gulf Veterans Coordinating Board headed by the three Secretaries themselves, will merge the expertise and capabilities of each department and coordinate efforts to find the cause of the Persian Gulf veterans' health problems and develop guidelines for compensation.

Three working groups will focus on research, on clinical issues and then on disability and benefits and an inter-agency staff located in the VA headquarters in Washington will be the coordinating body for the efforts and activities of this board and the three groups.

Both DOD and VA are particularly interested in the diagnosis or diagnoses that causes the treatments of the fatigue, the muscle aches and pains, the headaches, the rashes and so forth, symptoms that have so far defied our best attempt to diagnose. To that end, we are looking at all possible methodologies and research to find the answers. Many of our efforts are detailed in my statement.

And I will end by saying that we will not rest until we do find the answers, the right answer. I know it is frustrating and I know it is taking a long time, but science does take a long time and our veterans deserve no less than to have exactly the right answer—we will find it.

Thank you, Mr. Chairman.

[The prepared statement of General Blanck appears on p. 81.]

The CHAIRMAN. Thank you. I will come back, General Blanck.

The chair would like to call on Dr. Susan Mather, who is the VA's Assistant Chief Medical Director for Environmental Medicine and Public Health. I want to thank you for flying down this morning, as well as General Blanck and others for coming down. I am sorry it is a little cold here in Mississippi, but it will warm up.

#### STATEMENT OF DR. SUSAN H. MATHER

Dr. MATHER. Thank you, Mr. Chairman and members of the committee. I appreciate the opportunity to appear before this committee for the purpose of providing an update on the Persian Gulf activities. I will try to briefly summarize my testimony and request that the formal statement be included in the record.

First of all, I want to say the VA is very pleased to be a participant in the Persian Gulf Veterans Coordinating Board. We believe that it will help ensure a focused, intensive effort to address the needs of Persian Gulf veterans including those who have so movingly testified here today.

Even before the fighting in the Gulf stopped, we at VA watched the oil fires burning and anticipated that they might well lead to health problems for Americans serving over there. We began then

what was to be the first of a significant number of actions to address health issues related to service in the Persian Gulf; a registry exam program based on the existing Agent Orange and ionizing radiation registries. This was designed to provide veterans access to a comprehensive physical exam, laboratory tests and other tests where indicated. The information from these examinations is entered into a computerized database with the results closely monitored to see if we can discern patterns of illness.

As of the end of November, 13,000 veterans have reported for an initial registry examination, as you pointed out earlier. We have looked at the results of the first 7,500 of these examinations. The most frequent complaints are skin rashes in 15 percent of the veterans, fatigue in 14 percent, muscle and joint pain in 13 percent, headache and memory loss each in 11 percent. These figures are not cumulative and do not necessarily indicate unexplained illnesses, but they are complaints. The Office of Technology Assessment has reviewed the registry and we are working together with DOD to carry out their recommendations to improve it.

We are pleased that health care legislation authorizing priority health care for any Persian Gulf veteran was signed into law by the President in December. If a veteran presents with unusual symptoms at a local VA medical center, he or she may be referred to one of three special referral centers in West Los Angeles, Houston or Washington, DC. As of November 30, 55 veterans had gone through the referral centers and we are in the process of making arrangements to admit 25 more veterans.

Several advisory groups have been set up, including the Coordinating Board which General Blanck announced earlier, the VA Persian Gulf Expert Scientific Panel has become a permanent advisory committee and will meet next month. A specialized Persian Gulf Working Group within VA is addressing research needs and as a result of their deliberations a solicitation for up to three VA research centers to investigate environmental hazards has been issued. Activation of these centers will occur in the fourth quarter of this year.

Another planned activity is a workshop on the Persian Gulf experience and health consequences. HHS will be coordinating this forum, which we hope will result in a case definition for some of the unexplained illnesses which have been called "Persian Gulf syndrome" or "mystery illnesses." The workshop is scheduled for May 2 and 3.

In all our clinical and research efforts, we will continue to seek reasons why veterans are sick and provide proper treatment with a goal of restoring these veterans to good health. These veterans deserve medical explanations for their illnesses. In proceeding with the development of focused research into other health issues that may have resulted from Persian Gulf service it is clearly too early to rule out any one cause of the illness.

We are extremely concerned about the Persian Gulf veterans' family members who have developed symptoms since their loved ones returned from the Gulf and especially the children born following the veterans' deployment. You may well hear more about those efforts on behalf of the veterans in Mississippi from Dr. Tarver; however, I want to personally salute the brave mothers and

fathers who first brought these problems to our attention, and pledge that we will work hard to try and solve the problems.

In conclusion, I want to emphasize that VA, DOD and HHS are totally committed to working together to care for those who are sick and to seek causes for any unexplained illnesses.

That concludes my formal statement. I will be pleased to answer any of your questions.

[The prepared statement of Dr. Mather appears on p. 90.]

The CHAIRMAN. Thank you very much.

The chair would like to call on Dr. Stephen Thacker, Centers for Disease Control in Atlanta, GA. Thank you for coming today.

#### STATEMENT OF DR. STEPHEN THACKER

Dr. THACKER. Thank you, Mr. Chairman and members of the committee. I am delighted to be here with my colleagues in the Department of Defense and the Department of Veterans Affairs and the Mississippi Department of Health. I am also delighted to have the opportunity to hear the very moving testimony by members of the first panel.

As you know, Mr. Chairman, CDC has been involved in several activities related to studies of adverse health effects associated with military service in the Persian Gulf War. More than 600 oilwells were set on fire throughout Kuwait in February, 1991. Beginning in April and throughout 1991, scientists from CDC and the Agency for Toxic Substances and Disease Registry were sent to Kuwait to evaluate environmental exposures from the oil fires and to investigate respiratory hazards associated with the oilwell fire smoke.

Also during this time, CDC laboratories analyzed blood samples from soldiers and firefighters to measure exposures to volatile organic compounds, VOCs. While we were able to document high levels of exposures amongst firefighters to some specific VOCs, only one substance, tetrachloroethylene, was found to be elevated in blood samples taken from soldiers serving in Kuwait. This compound is not associated with emissions from oil fires, but rather is a substance found in degreasing agents. A revised health advisory was subsequently issued by the Public Health Service in October that recommended precautions for populations at risk, individuals with respiratory conditions, children, asthmatics, the elderly and pregnant women. These recommendations were similar to those given in U.S. cities on days when air pollution levels are quite high.

Another area in which CDC has been involved in evaluating the health of Persian Gulf veterans is testing for leishmaniasis. Leishmaniasis is a disease caused by parasites that are transmitted by sand flies. This disease is usually found in rural areas of some developing countries, including the Middle East. In the United States, leishmaniasis occurs primarily in immigrants or U.S. citizens who have traveled to endemic areas.

After military personnel returned from Operation Desert Storm, CDC published an article which described cases of leishmaniasis identified in persons who had served in the Persian Gulf region. We worked with staff at the Walter Reed Army Medical Center and others to distribute information to medical, public health and lay

communities about the risk of leishmaniasis in persons who had been in the Middle East and the implications of using blood donors who had been in the Middle East.

From December of 1991 through November of 1993, 690 serum specimens from persons who had served in the Persian Gulf region were referred to CDC from State health departments and other sources for testing for evidence of antibody to the parasite that causes leishmania. Of the 690 serum specimens tested, none had clearly positive results. However, specimens from 15 Gulf War veterans with skin lesions, suggestive of the form of leishmaniasis that affects the skin, had also been cultured and two grew parasites, thus confirming the diagnosis of cutaneous leishmaniasis in these two veterans.

Finally, I met with you last month, and I was invited to participate in an investigation regarding reports of a cluster of infant health problems among children born to the Persian Gulf War veterans in Mississippi. Since our meeting, I have been in contact with Dr. Alan Penman, who is sitting behind us. He is the Epidemic Intelligence Service Officer from CDC assigned to the Mississippi Health Department. Dr. Penman made immediate contact with the Department of Veterans Affairs Medical Center in Jackson, MS. At the same time, I contacted the Director of the CDC's Division of Birth Defects and Developmental Disabilities to be prepared for consultation with the Mississippi Department of Health, including possible active participation in the investigation.

These activities are consistent with traditional public health response to health concerns. Working through State and local health departments, we first assess the nature of the problem by rapidly identifying and collecting readily available evidence. Subsequent investigation would begin with an assessment of the problem which may involve direct contact with patients and their families, as well as obtaining relevant medical records. Then, if warranted, analytical investigations would be undertaken to determine the nature and the extent of the problem.

In Mississippi, the process was begun with the VA survey that will be described by Dr. Tarver, and will be followed by a careful review of the available medical records. Dr. Penman was invited by Dr. Tarver to participate in the ongoing survey and is lending his epidemiologic expertise. Other CDC specialty staff stand ready to provide additional consultation and, if requested by Dr. Currier, on-site participation.

An example of such an analytic investigation would be a case control study in which we would undertake a study of persons with a specific condition, such as the ureteral malformations mentioned by one of panelists, or hyaline membrane disease mentioned by Mrs. West. These are cases. We compare them with infants without conditions, these are called controls. This helps us determine what may be causing the condition or putting people at risk. Such an investigation may include interviews, record reviews, clinical examination, laboratory tests and so forth. Then, after careful analysis, we would draw conclusions and then make appropriate recommendations to prevent further cases and further illness.

At the national level, we will of course be responsive to any request from State and local health departments related to the

health of Gulf War veterans and their families. When individuals contact us directly, we will work with the State to respond appropriately to such requests. The Department of Health and Human Services is committed to work together in a most compassionate way with the VA, with the Department of Defense on the new Persian Gulf Veterans Coordinating Board. We will devote the best of our combined scientific and medical expertise to solve this problem.

Thank you, and I welcome any questions you and the members of the panel might have.

[The prepared statement Dr. Thacker appears on p. 96.]

The CHAIRMAN. Thank you, Dr. Thacker.

Dr. Mary Currier, State Epidemiologist, Department of Health, Jackson, MS. Thank you very much for being here today.

#### STATEMENT OF DR. MARY CURRIER

Dr. CURRIER. Thank you, Mr. Chairman and members of the committee. I am Mary Currier, I am the State Epidemiologist with the Mississippi State Department of Health. I thank you for the opportunity to discuss the Department of Health's part in the investigation into health problems that have been reported in some of the children born since the Persian Gulf War to veterans of that war.

We have been asked by the Veterans' Administration to evaluate information which they are in the process of collecting regarding infants born to Gulf War veterans in the 624th Quartermaster Unit in Waynesboro, MS, with the 1st Detachment in Laurel and the 786th Transportation Unit in Lucedale and the 1st Detachment in Quitman. These infants have been born since the war.

Dr. Tarver, the Associate Chief of Staff for Ambulatory Care at the VA in Jackson, MS, will describe to you the steps they are taking to gather the necessary information, including a telephone survey that Dr. Thacker mentioned of the members of the units and the requesting of medical records of all the children born since the Gulf War to these veterans, and the physical examination of the veterans.

From the telephone survey, it appears that there have been 55 I believe births to veterans from these units since the Gulf War. The medical records of the children will allow us to determine how many of the children do have health problems. We will then look at the health problems to determine if they are more than would be expected for that number of births and to see if there is any characteristic pattern of congenital anomalies or postnatal problems. If there is a pattern, indicating the possibility of some common cause, it could be due to some event in common among the families infected. If the records confirm this unusual occurrence or pattern of congenital or postnatal problems, we will ask the CDC to assist us in investigating whether there is a common cause, and if so, what it is.

And on a more personal note, I am also a mother and understand what Mrs. West was saying about the helplessness that you feel when your own child is sick, and I can say that we will do the best we can to look into this.

And I thank you for this opportunity and will welcome also any questions.

[The prepared statement of Dr. Currier appears on p. 101.]

The CHAIRMAN. Thank you very much for being here today.

Dr. Russell Tarver, who is the Environmental Medicine Coordinator, VA Medical Center in Jackson, MS. Thank you, Dr. Tarver.

#### STATEMENT OF DR. RUSSELL TARVER

Dr. TARVER. Mr. Chairman and members of the committee, I appreciate the opportunity to appear before your committee today to share our experiences to date on the health effects of service in the Persian Gulf.

On November 22 last year, I attended a meeting that the VA Regional Office in Jackson, MS had arranged with the 624th Quartermaster Unit in Waynesboro. This unit had served in the Persian Gulf along with three other Mississippi units from Laurel, Lucedale and Quitman.

At that meeting, two major health concerns were expressed by Guardsmen and their families. First, a survey done by a Guardsman's wife, Mrs. West, indicated that 13 of 15 offspring born subsequent to the Persian Gulf War had significant health problems at, or shortly after, the time of birth. To my knowledge, this is the first report of such an occurrence among offspring of Gulf War veterans. Second, a number of veterans had symptoms such as fatigue, shortness of breath, muscle and joint aches, decreased memory, rashes, headaches and abdominal discomfort. Similar symptoms had previously been reported by Persian Gulf veterans in other areas of the country.

The day after this meeting in Waynesboro, our medical center requested rosters of Guardsmen who had served in the Persian Gulf War from these four units. This information was promptly provided by the Mississippi National Guard and we began that day the process of calling members of these units. We asked about the health status of offspring born since the Persian Gulf War and requested that families complete release of information forms, which is the first step in obtaining from their physicians the children's medical records in order to review and evaluate their child's health problems. We also urged these veterans to have a Persian Gulf War Registry health examination.

As of early this month, our findings from our contacts were as follows: There are 285 veterans who served in the Persian Gulf from these units. We were able to contact 254 of them, 55 children have been born to these veterans since the war. Of these 55, 37 reportedly have health problems. We have asked all the parents of the 55 children, both those who have been well and those who have reported health problems, to provide release of information forms, 47 of the 55 families agreed to execute release of information forms; however, to date only 24 of the 47 have actually delivered an executed release form back to us. We continue to contact these families to request them to provide this release to us, as we cannot get medical information without the release. Of the 24 that we have received, we have forwarded those on to the private doctors and to date, as of yesterday, have received nine medical records. We expect to obtain more and will next week begin follow up calls to the physicians who have not yet responded.

Several members of the Jackson VA Medical Center and I met with officials from the Mississippi State Department of Health and the Centers for Disease Control and Prevention in December. Both the State Health Department and the CDC expressed their willingness to evaluate any data that we could provide to determine if an abnormal cluster of events had occurred in the children born of members of these units and to provide guidance and assistance in any further investigation. We agreed that any health information about the veterans or their children should only be collected voluntarily from the veterans with full informed consent. Both health agencies expressed willingness to assist once we can provide clinical data about the children, which will require the families to execute a release of information form.

We continue to collect information from private physicians about the children's health problems. Once this process is complete, we will have it analyzed in conjunction with the State Health Department and the CDC. From this data, we would hope to be able to determine whether further research is indicated and, if so, to formulate a hypothesis and appropriate methodology. A steering committee has been formed with members from the Jackson VA Medical Center, the State Department of Health and the University of Mississippi School of Medicine Departments of Pediatrics and Preventive Medicine, to provide assistance in an advisory capacity.

At the Jackson VA Medical Center, we continue to provide Persian Gulf Registry examinations to the Guardsmen in the four units and to other veterans within our primary service area. As of early this month, 240 veterans from the four units that we are discussing had requested examinations, 60 of these reside in other primary service areas and will have their exams done at those area VA hospitals, primarily at Biloxi. The remaining 160 are going to be done at our facility. We have completed 13 of these exams at Jackson, MS and the others have been initiated or scheduled. Up until the end of November, we had been receiving an average of three requests a month for a Persian Gulf Registry exam. In the month following the meeting in Waynesboro, we received approximately 300 requests for examinations. Currently we are scheduling examinations seven weeks off. Right now we are still receiving about 12 to 15 requests per week. We are scheduling 25 exams a week and should catch up with this workload by the end of the spring. I will state that up until the time of the Waynesboro meeting, we were scheduling these exams within a framework of 10 days to 14 days.

The symptoms reported by some members of this unit are similar to those of Gulf War veterans in other parts of the country. As has been previously pointed out, no explanation has been found for this symptom complex since the problems first arose over 2 years ago.

Significant concerns have been raised by the members of these National Guard units. We are pursuing a course of action that should lead to the most valid conclusions possible with respect to these concerns.

Mr. Chairman, that concludes my prepared statement. Thank you.

[The prepared statement Dr. Tarver appears on p. 103.]

The CHAIRMAN. Thank you very much.

Our last witness, and then members will ask questions, Mr. Larry Woodard, Director of the Veterans Benefits Administration Regional Office, Jackson, MS. Larry.

#### STATEMENT OF LARRY WOODARD

Mr. WOODARD. Mr. Chairman, members of the committee, I am pleased to be here today to discuss the efforts the Veterans Benefits Administration is taking to respond to the needs and concerns of all veterans and in particular veterans of the Persian Gulf War.

I would like to begin by discussing the decision to centralize claims processing for conditions claimed as a result of exposure to any environmental hazards in the Persian Gulf. Not long after the immediate danger of Desert Storm ended, veterans began filing claims for health problems which they believed resulted from exposure to environmental hazards in the Gulf. Processing of disability claims based on exposure was centralized in our Louisville, Kentucky Regional Office. This was done to better collect information, to identify patterns of claims sharing common environmental factors and to develop a corps of claims examiners with expertise in rating these special issues. Centralization of processing has not adversely impacted timely completion of VA physical exams since these exams are conducted at the appropriate medical facility in the veteran's state of residence.

Mr. Chairman, as of January 11, 1994, the VA Regional Office in Louisville has received 2808 claims from veterans who believe their disability resulted from exposure to environmental hazards, 1031 cases have been decided and service-connection for disability associated to exposure was granted in 163 cases. As of this same date, the Louisville office reports that they have received 29 claims from veterans in Mississippi claiming disabilities to be the result of exposure to environmental hazard while in the Gulf. Three of these cases have been notified of the outcome of their claims and Mr. Chairman, I would like to report that two of the three individuals have been service-connected for disabilities related to this military service. The remaining claims are in various stages of development, such as awaiting completion of VA exams or receipt of service medical records before decisions can be made.

Mr. Chairman, the VA is here to serve these veterans. The easiest way to find out about service and to get service is to call the VA at the 1-800 number that we have nationwide, 1-800-827-1000. A veteran dialing this number from Mississippi will be connected to our regional office in Jackson, MS. A call to that number originating in another State will connect the veteran to the regional office serving that State.

Mr. Chairman, in Mississippi, our regional office has been committed for a long time, the last 3 years or 4 years, to go anywhere any time to talk to any group concerns veterans and veterans benefits within the State of Mississippi. We promote this regularly with all groups that we come in contact with. As part of that commitment, we conduct personal interviews after the briefings and pledge to remain until all questions have been answered. If anyone is here today that has any questions after the hearing or that wishes to file a claim, I and some of my people will be here until the last question is answered and the last claim is taken.

During fiscal year 1993—

The CHAIRMAN. Say that again now. What did you say you would do?

Mr. WOODARD. We will be here after the hearing to answer any questions from individuals about their particular claims or problems, answer their questions and we will remain until the last question is answered and the last claim is taken if someone wants to file a claim today.

The CHAIRMAN. That is good.

Mr. WOODARD. And we do this wherever we go. During fiscal year 1993, our office conducted 29 such briefings in Mississippi in 18 communities throughout the State. We have a person that serves our military bases. Our military service coordinator conducts these types of briefings which tells people getting out of the military what their benefits are and where they need to go and what they need to do to file claims. We do this at all of the active bases here in the State.

In closing, there are three points that I would like to emphasize: (1) A Persian Gulf veteran who believes he or she has a disability resulting from active duty needs to file a disability compensation claim at the nearest VA regional office in his or her state of residence. The key here, sir, is the sooner the better. After personally serving in Vietnam for 18 months and then a year in a military hospital and 22 years of service with the VA, one of the biggest mistakes that I have seen in people getting out of the military is getting away from the Government as fast and far away as they can and dealing with their problems individually and letting 10, 15, 20 years or so go by before they contact us for a claim. And that is absolutely the worst possible thing that they can do. They need to do it as soon as possible. (2) Any Persian Gulf veteran wondering about his or her medical condition should request a Persian Gulf Registry exam from the VA medical center serving his or her area. But if they have the exam, they still need to come and contact our office to file a claim. (3) Any Reserve or National Guard unit in Mississippi wanting to know more about the benefits available should contact our office at the 800 number and we will be there to talk with them and provide information and assistance.

Mr. Chairman, that concludes my prepared statement. I thank you and the committee for the opportunity to be here and look forward to working with you and the veterans in Mississippi to find solutions to everyone's concerns. Thank you.

[The prepared statement of Mr. Woodard appears on p. 106.]

The CHAIRMAN. Thank you very much, Mr. Woodard.

We will now operate under the five minute rule and for our witnesses who have testified before, the briefer your answers are, the more that a member can get in, in his 5 minutes. You understand that request.

Mr. Woodard, you mentioned about filing these claims. Do you give the veteran the benefit of the doubt even though we have not come to the solutions of what is causing these sicknesses? How do you handle that?

Mr. WOODARD. Well the VA operates under resolving reasonable doubt in favor of the veteran. And on these particular environmental claims, I am not sure in any great deal how the Louisville

Regional Office is doing, but that is one of the criteria that we are charged with, is when there is reasonable doubt, to resolve it in favor of the veteran.

The CHAIRMAN. You said I believe that you had given compensation to two veterans recently?

Mr. WOODARD. Yes, sir.

The CHAIRMAN. On what grounds did you do this? What did they have wrong with them?

Mr. WOODARD. Sir, I do not have that detailed information because their files are in the Louisville Regional Office. I would be happy to seek that information out and provide it to you at a later date.

The CHAIRMAN. With Agent Orange it took a long time to come up with a partial scientific solution. I am wondering here today, do you have to wait that long? If these people are sick, even though you do not know what caused it, can you pay the compensation?

Mr. WOODARD. Well, sir, not unless there is some evidence that ties their illness to their service. And in those two cases in particular, it was determined that their exposure to environmental hazard is what was causing their particular problem. And the Secretary—if you will bear with me a second, I have got—

The CHAIRMAN. That is okay, I do not have much time.

Mr. WOODARD. Okay.

The CHAIRMAN. Thank you.

General Blanck, the DOD has provided funding for Dr. Hyman. I bring that up because he is at Touro Infirmary right down the road at New Orleans. Are you working with him? Will he get additional funding to do his research? I know he has treated some veterans. Anything you can give us briefly to fill in on Dr. Hyman.

General BLANCK. Yes, we sent one of our physicians to meet with him, did so in December, recommended that we work with him and follow through on trying to get folks down there. We have asked for a research proposal from him, it is with our research command right now. We are also aware of what he uses to diagnose people with the condition that he does, and we are setting up studies in other places to evaluate that. He will still not share with us exactly what he uses to treat these individuals, and so we are trying to wrestle with how we can get folks down there, even though we do not know exactly what he uses. But indeed, we continue to work with him and we are trying very hard to do that.

The CHAIRMAN. Dr. Thacker, I guess your basic line with us today was that CDC will get involved. Has this hearing been of any help to you when you heard the witnesses earlier?

Dr. THACKER. Most definitely. We are actually already involved with Dr. Penman, but we will have further involvement, as you say, as we are asked.

This has been very helpful, not only to hear the members of this panel, but to listen to what the members of the first panel had to say about their concerns. Thank you for that opportunity.

The CHAIRMAN. For the audience, Dr. Thacker's team worked on Legionnaires' disease and came up with the answers a number of years ago. So we are very proud that he has gotten involved.

Dr. Mather, what about within the VA system, the different hospitals, is that being coordinated or is it being handled in Alabama and Mississippi—

Dr. MATHER. We are certainly trying to coordinate it. We have quarterly conference calls with all the environmental physicians who do the registry examinations, and we do put out a *Persian Gulf Review*, a newsletter, which is shared with all the hospitals. I think it is important to get out the information as quickly as we can. We have had two satellite television conferences to allow people in the field to ask questions of experts. Some of General Blanck's staff have participated on those television conferences and we are trying to get the word out and coordinate as much as possible.

The CHAIRMAN. My time is nearly up. Thank you.

General Blanck, I meant to ask you about the environmental research unit. We authorized \$1.2 million in funding but only received \$300,000 for the environmental research units. Can you give us some hope that we can reprogram some money into the environmental research?

General BLANCK. We received your request signed by you and other members of the committee requesting reprogramming, and I am pleased to tell you that Department of Defense has committed to making up the difference in that funding, so that we anticipate in the next couple of months putting out a request for proposals and we will fund that.

The CHAIRMAN. Thank you.

Mr. Stump.

Mr. STUMP. Thank you, Mr. Chairman.

Mr. Woodard, let me ask you a short question please. How long does it current take to process a service-connected claim with regard to an illness now? Is there an average time that you could—

Mr. WOODARD. Nationwide, the average for processing an original claim with the VA, the average is over 200 days. In the State of Mississippi, our average is about 127 days.

Mr. STUMP. Are some of those delays caused by a shortage of personnel or funds or it just takes time?

Mr. WOODARD. Resources are always an issue. That coupled with the downsizing of the military and all of the problems associated with that has caused a significant increase in the number of claims that we have been receiving, and that is what is causing the backlogs.

Mr. STUMP. General Blanck, during the first panel, we had a question by Mrs. Fowler as to what types of vaccines may have been used in the Gulf War and were they approved by the FDA. Could you address that please?

General BLANCK. Yes, we used the five standard vaccines, DPT, diphtheria-pertussis and tetanus. We also used immune globulin to protect against hepatitis-A, we used yellow fever, we used typhoid vaccine and we used meningococcal vaccine. That was standard, used by, near as I know, all armies of the world. In fact, I just returned from the Middle East and it was a question I asked. They all used those vaccines as well.

We used two additional vaccines, anthrax vaccine because of our fear of the use of that agent by the Iraqis. We gave that to 140,000

of the 650,000-plus who were in theater. That is FDA approved, has been so since 1970, approximately.

The only vaccine that we used that was not FDA vaccine was the botulinum toxin to protect against botulism. That was also an agent we feared the Iraqis might use. That was given to 8,000 of our front line troops. To the best of my knowledge, it was only given to active duty troops. We do have a protocol to follow up on those individuals who receive the botulinum vaccine.

But those were the only vaccines used and that was the only not FDA approved.

Mr. STUMP. Thank you.

Dr. Tarver, you listed a bunch of symptoms here. Let me assure you that some of these probably got their start in World War II, because I can tell you that Chairman Montgomery and I both suffer from fatigue and joint aches and decreased memory.

Thank you, thank all of you for your testimony.

The CHAIRMAN. Is that in the record? (Laughter.)

Mr. Buyer.

Mr. BUYER. Oh, gosh. Well I can only say, Mr. Stump, when I cite memory loss to my wife, she just does not buy it.

Actually, Mr. Chairman, it is a real compliment to you to have such a distinguished panel here at this hearing. We have had many distinguished panels so far on this issue, but perhaps none as fine as this one.

General Blanck, I have some questions for you, and first of all, let me congratulate you, sir, on how rapidly you have moved since June of this year. It is truly a compliment to you. I seek greater ambitions for movement within the DOD, a lot has been focused within the veterans' community, and hopefully we will have that hearing on the Armed Services Committee and bring in all the surgeon generals. Of course, this is only my opinion, but I truly think you will make a great surgeon general and hopefully you will pick up a third star.

General BLANCK. Thank you.

The CHAIRMAN. He would like that too.

Mr. BUYER. Well actually, you have been asked a lot of tough questions, and if you did not have the answer, you have told us you did not have the answer and you went to seek greater understanding. So I compliment you.

Let me ask you, in testimony you gave to the Senate Committee back in November regarding the World Health Organization and some of their findings. Really, when I read about that it was of concern to me and I would like you to mention a little bit more about it because apparently they had closely examined and they had ruled out at least for now several possible causes of the symptoms of Gulf War veterans. Among those eliminated causes were smoke from oil fires, leishmaniasis, a group of diseases caused by protozoan parasites—though we have found over 31 servicemen have those—exposures to petroleum from other sources including diesel fired heaters in the soldiers' tents and that diesel fuel was lead based and was only 8 feet from where I slept for 4 months, depleted uranium from the shells and chemical warfare agents. They just eliminated all these causes.

How do you feel about the credibility of that study?

General BLANCK. I have not, we have not ruled out any of those things as causes, particularly in combination of this symptom complex. As we have discussed and as I have testified before this committee, I think a very, very valid hypothesis, a very valid possible explanation of this—in fact, I personally believe it is an even likely explanation, is that the things you mentioned, perhaps in combination with the vaccinations and so forth and so on, might well, in combination, in susceptible individuals, be causing the kinds of things that we are seeing. And this is the multiple chemical sensitivity that I had discussed, we requested funding for and in fact it was provided, then it went away, and we got it back and all of that kind of thing.

So I do not think that we accept what you have described as valid.

Mr. BUYER. You do not right now accept these findings from the World Health Organization?

General BLANCK. I think the World Health Organization has looked and tried to separate them all out and say is it likely that one or another of these are the sole cause for all of these things.

Mr. BUYER. They are trying to pigeon-hole.

General BLANCK. Exactly right. And they concluded that no, there was good evidence that they were not the sole cause. And I do not dispute that. I do dispute though that they might be the cause in combination.

Mr. BUYER. I have to agree with you, it is difficult right now to pigeon-hole this thing.

General BLANCK. You cannot.

Mr. BUYER. How well all of you know as doctors, far greater than myself, that the body is so fragile but when you take that genetic makeup of all of us and then combine it with environmental factors and risk factors, and give all these vaccinations, whether they are FDA approved or not, what does it do to the chemical makeup of the body? Then you change the diet, put them in that desert and then all of a sudden they come home and they have got all kinds of health-related problems. They have got immune deficiencies, they may pick up a sickness here, an illness there and it is very difficult to understand what we are looking at.

Which brings me to you, Dr. Mather. I was really concerned when I heard that the VA is continuing their study to find out whether or not it is real. Now I about fell out of my chair. Is it real? I thought we had broke through that barrier back in June. Now I hear that there is a study going on in which the Department of Veterans Affairs surveyed 5,300 Gulf War veterans and 5,300 veterans who had served during the same time period but had not served in the Gulf to find out whether or not it is real.

Dr. MATHER. I am not aware of that study because we are seeing real people with real illnesses every day, and I do not know of anyone, at least at a senior level, who has ever expressed concerns that this was not real.

What we have at times said is that it did not appear to be one single explanation or even perhaps one single illness. But we may be seeing a variety of illnesses with a variety of causes.

I think the study you are talking about was looking at the things that Persian Gulf veterans were hospitalized for. We were looking

for illnesses that were unique to people who served in the Persian Gulf. Were they different from illnesses of people who had served at the same time in the United States and who were admitted to VA hospitals? In other words, we looked at matched groups of Persian Gulf veterans and people who were in the military at the same time, but who did not serve in the Persian Gulf. And we did not see a great deal of difference between the illnesses of these two groups.

But there was never an inference that either group was suffering from anything that was unreal. These were cases of arthritis; gastrointestinal problems like ulcers and colitis; pneumonia, asthma and that sort of thing. So there was not a question that these were real. The question is: was there a pattern in the Persian Gulf veterans that was different from the pattern of that same age group that we see who have gotten out of the military and did not serve in the Persian Gulf.

Mr. BUYER. I know my time is up, Mr. Chairman.

The CHAIRMAN. Go ahead.

Mr. BUYER. I would like a little latitude for a follow up question there.

The CHAIRMAN. Yes.

Mr. BUYER. I understand earlier when General Blanck came in and testified that—I am not sure if it was you, General Blanck—anyway, testified that 74,000 Gulf War veterans had been seen by VA as inpatients and outpatients.

Dr. MATHER. It is now about 88,000.

Mr. BUYER. 88,000. But of that 88,000, I recognize that some are coming in for illnesses which you find also in the general population. The difficulty is when you have got veterans out there who all of a sudden—they were physically very healthy individuals—come home and something begins happening to their bodies. I mean, I was age 33 when I came home 2 years ago and when the body starts falling apart, you say excuse me, I did not know that was supposed to happen at age 33. Then you go to the doctor and they say well you have come down with pneumonia for the second time or you have got a kidney problem or you have got asthma now, or you cannot breathe. Doctors can treat asthma, they can treat pneumonia, they can treat a kidney problem, they can treat a prostate problem. But if they are not looking at the whole, what are we missing—what are we missing?

It is almost like AIDS, before AIDS was diagnosed, what were we calling it? Well they died from pneumonia, they died from other diseases. So when we have—whatever this is—and it causes a decrease in our immune systems, then we end up with all kinds of sicknesses and symptomatic problems.

Dr. MATHER. I think you are making the best plea I have heard for the research base that we need. We have got a clinical base here, we are seeing patients, we are taking care of patients, but we need an equally robust, vigorous research program to go along with the clinical program. We cannot wait. We cannot tell veterans "Wait, we will treat you when we find out the answer."

Mr. BUYER. Thank you.

Dr. MATHER. We are going to keep treating, but we are going to keep looking for those answers too. And I think you have made a great plea.

Mr. BUYER. Did the multiple chemical sensitivity research project get funded? Does the chairman have to come in to get it done?

General BLANCK. I have a commitment as recently as yesterday, as a matter of fact, from Defense for funds for that, to make up the difference between what was originally authorized and what the funding was.

Mr. BUYER. How much?

General BLANCK. I think it totals \$1.2 million again, 300 was in, so it is 900,000.

Mr. BUYER. 900,000, that is great. Thank you, Mr. Chairman.

The CHAIRMAN. Thank you.

Spencer Bachus.

Mr. BACHUS. That is like calling my name in school.

I want to ask three or four quick questions, and the first question is, we are talking about the Gulf War syndrome, I think that is what we all call it in these hearings and we have been discussing it for 6 months, and we have discussed what it is, what causes it, how do we treat it and even how do we avoid it in the future.

There has been some talk, and in November I mentioned an independent investigation, because I think there has been a lot of discussion that the Pentagon might have too much of a vested interest in the investigation going one route or another. And I think the VA has suggested that maybe the National Academy of Science, the Institute of Medicine, conduct a study. There are some of us who think the Committee on Toxicology would be a better choice?

What is the latest on that? I think we all, and Dr. Mather, you mentioned this earlier, need to find some scientific answers. What about the Committee on Toxicology doing an independent investigation?

Dr. MATHER. That is certainly possible. At this point, we have a contract with the Institute of Medicine of the National Academy of Science, which is primarily looking at it from an epidemiologic point of view. It is going to review all the published literature, what DOD and VA and HHS has from their various studies, and then make recommendations. They will either give us answers or tell us what kind of epidemiologic research we should be doing now. Toxicologists will tend to, I think, emphasize basic science research rather than epidemiological research, and certainly that is another route, but probably a more complex route even than the epidemiologic.

General BLANCK. May I?

Mr. BACHUS. Go ahead.

General BLANCK. I also would like to, however, agreeing with you, see the Committee on Toxicology get involved. As you know, the Defense Science Board headed by Joshua Lederberg has been commissioned to look specifically at the reports of the detection of chemical warfare agents made by the Czechoslovakians in the Gulf, and possible health effects from that. One of their considerations is perhaps to recommend a follow up study by the Toxicology Committee. I am not committing to that, I do not mean it that way, but certainly I know that is something that has been talked about.

Mr. BACHUS. Yes, I would urge both of you to use your influence to have the Committee on Toxicology do an independent investigation. I think they are the best committee, and also the study you mentioned, Dr. Mather, which is not a duplication.

Dr. MATHER. No, they would be two complementary but—

Mr. BACHUS. But you know, this is part of our National Academy of Science, and this is as important an issue as we face as a country, getting to the bottom of this. We have those scientists, we have that committee. They have done good work, since I think the Korean War, as I understand, on this type of question. I would urge you to tell this committee what we need to do to expedite that, if anything.

General BLANCK. I will bring that up with the Defense Science Board who I am briefing next week, again the Joshua Lederberg group and make that comment.

Mr. BACHUS. I want to ask you about Dr. Shaowitz. We discussed her treatment of some of the vets up at Northampton and she appears to be getting some very beneficial results and I know they are similar to what Dr. Claudia Miller is doing. You mentioned that we are now ready to move forward with the environmental treatment. Is that under Dr. Claudia Miller?

General BLANCK. The research facility is—Dr. Miller will be one of the groups proposing that we fund the facility down there. There may be others who will bid for it too, I do not know. But that is different from what I understand—

Dr. MATHER. Dr. Shayevitz has a proposal in right now. This is a clinical demonstration project (for treatment,) but it has no evaluation component in the proposal. The Health Services Research and Development Office at VA is working with her to try to build in an evaluation component. Then at the end of the demonstration we would have some answers, perhaps. And we are working on that at the current time.

Mr. BACHUS. And as I did in November, I want to continue to urge you all to work with her and to push that project because that is one of the few successful treatments we have had. And I think one of the frustrations of the veterans is that we are doing studies, we are amassing information, but we have not moved to successfully curing and treating veterans, which I think she has had a successful track record in doing just recently. So I would urge you to continue to push for that.

I have no further questions.

The CHAIRMAN. Thank you.

Mr. Parker.

Mr. PARKER. I do not want the members of the panel from the Department of Defense and from the Veterans' Administration to think that everybody up here thinks you have done a good job.

I want to ask a couple of things and try to get to the point. Dr. Thacker, you are a scientist, you are renowned, you are known around the world. The farther you get from an incident, the harder it is to determine what caused it?

Dr. THACKER. That is correct.

Mr. PARKER. We are 2 years away past Desert Storm. Every day that goes by, it is going to be more and more difficult to figure out what in the heck went on. Right?

Dr. THACKER. Right.

Mr. PARKER. Dr. Currier, when were you contacted that they were going to give you these blood samples and you were going to work with them?

Dr. CURRIER. Actually they are giving us records, but it was in December.

Mr. PARKER. December of 1993?

Dr. CURRIER. Yes.

Mr. PARKER. I started being contacted within 6 months after the war ended with people saying "I have got trouble." The first one was a man in Natchez, but you do not have to worry about that one, he is dead now. He got cancer and died, a young man. But I had these cases and my office kept contacting the Veterans' Administration and saying "look, we have got a problem, something is wrong."

Let me point out something here, Larry Woodard gets blamed with everything in the State of Mississippi that goes wrong with the VA because he is at the front line dealing with these people and he gets blamed. But his rules and regulations come from above him.

And Dr. Mather, you tell me that you are concerned about the children that are out there and that you have quarterly telephone hookups where you all discuss it. And then I listen to people from Wayne County, from Waynesboro, who have children that have problems, they have contacted the VA and nobody has even talked to them yet. Nobody has discussed anything. Nobody has listened. The experts seem to be talking to themselves real well but nobody is talking to the people that are hurting out there. All of a sudden, after 2 years, we have got meeting set up where they are going to come to the VA and get help.

Dr. Mather, you are the Assistant Chief Medical Director—who is the Chief Medical Director?

Dr. MATHER. The acting Chief Medical Director is Dr. Farrar.

Mr. PARKER. Okay, can you speak for him whenever you say that he cares about these children too?

Dr. MATHER. Yes, sir.

Mr. PARKER. Good. Then it comes down to Dr. Tarver, who cannot go out on his own because he is in a bureaucratic system where he will end his career if he does something he is not supposed to. Does he have the authority to go down to Waynesboro and to Brookhaven and to all these different places where they are having problems—does he have the authority to go and gather that information, get blood samples, take them to the State Department of Health, try to coordinate something, get information to Dr. Thacker so that we start getting something done? Does he have that authority?

Dr. MATHER. He has the authority to gather the information, yes, with the parents' permission. Now the parents have to give permission.

Mr. PARKER. You know, the amazing thing about this—and I am very much frustrated about it because we sit around, we talk among ourselves, the bureaucracy works very, very well—we still have people who are hurting out there that have never been talked to. And the ones that have been talked to, what they get in re-

sponse, say "we think we have got a problem." Then we have somebody at VA say "well, we do not think that is a problem, we think that is a cluster." And nobody says "something is wrong."

This thing has been building. And like I said in my statement, we have done better than we did with Agent Orange, but it seems to me that some local people need the authority to start gathering information. We have people that have yet to be talked to. Do you think that that is acceptable, that we have got people out there that are sick, that have yet to be talked to? And they want to talk. They are not running, they want to be.

Dr. Tarver.

Dr. TARVER. I have authority to talk with members of these units and we have done so. Mrs. West failed to acknowledge that her husband was called the day after that meeting and had a long conversation. My meeting with that unit was described as a 10-minute talk, that is correct. I was invited by the Regional Office to appear as part of that panel and I gave a 10-minute talk, but she failed to acknowledge that I stayed and answered questions for an hour and a half after that meeting, until everybody was through asking questions.

We have called—we have reached every member of that unit that we can. We have a social worker, a special position in social work that was authorized by Central Office, that maintains contact with every National Guard unit in the State that went to the Persian Gulf area, that was mobilized during that war.

Mr. PARKER. Why are we still getting inquiries from people. Larry.

Mr. WOODARD. The first contact that my office had from the Waynesboro area with regard to the children was November 8, and it took us a couple of weeks to start contacting people because we recognized that this is a problem that no one had ever raised before.

Mr. PARKER. But now that is children. We were having problems with individuals prior to them, Larry.

Mr. WOODARD. Well I think that we, the Government, need to learn from this issue for the future of deployment of our troops to hostile environments, that with the current way that our forces are being put together, that we took people out of communities, sent them, brought them back and put them right back in the communities. No one is tracking where these people are. And as the testimony has been given, they went back and they tried to deal with it individually and they were not in groups of active military people where these kinds of things could be brought together.

And until the chairman's involvement after that November 22 meeting, which has gotten all of the agencies now working together to reach some of the conclusions that we need to.

Mr. PARKER. Well I personally think it is imperative that we pull everybody together and we start moving on this thing quickly. Again, I am not a scientist, but I have got enough common sense to know that if we go much longer we are never going to get any answers anywhere, everything is going to be so muddled that I do not think we will ever figure out what is going on.

And finally, let me just say this, why were only 8,000 troops—only 8,000 out of 400,000—given that shot?

General BLANCK. Partially because we had a limited number of doses, partially because the central command chose the shot units, the first units going in, the way we think it would have been used to receive it, because they were the ones most at risk.

Mr. PARKER. Thank you.

The CHAIRMAN. Thank you.

Gene Taylor.

Mr. TAYLOR. Thank you, Mr. Chairman.

General Blanck, I would like to go back to your testimony. On page 2, you say "We have been asked whether these immunizations and pills might be an explanation for the persistent health problems among Gulf War veterans." In response to Congressman Buyer's questions about the immunizations, you said well you do not think that is the problem. But I will go back to your testimony, your next line is "We do not believe that they are the sole cause." Does that infer that you believe they are part of the cause?

General BLANCK. I believe that it is a very real possibility that the immunizations—the regular routine immunizations that we subject soldiers to may well have sensitized some to then some other kinds of exposures, as you heard the Congressman describe, to the kerosene, the petroleum, the pesticides and so forth and so on, to even potentially the low levels of chemical agents that were detected. Things in combination indeed with these vaccines, I believe may be the cause. But I cannot show that now, nor do I have a way to realistically test it, but we will be able to do that I think with this chemical research facility—multiple chemical research facility, wherever it ends up.

Mr. TAYLOR. Are you saying that you do not have the ability to test it because quite frankly you do not want to subject someone to chemical or biological warfare just to see if the immunizations worked?

General BLANCK. Oh, clearly that. But no, I mean in terms of first of all determining what kind of—I can measure the results from vaccines, I can measure antibody responses. What I cannot do then is see—correlate those antibody responses with, in an environmentally protected or sound unit, a bubble if you will, then I can compare people once I have that kind of facility, to exposure to the low levels of, for example, kerosenes or diesel fuel or perfumes or pesticides. I mean, just about anything that we are exposed to. Certainly in theater, as you know, there were lots of things that folks were exposed to, not the least of which was the oil fire smoke.

Mr. TAYLOR. But for the next two questions, since I am limited in the amount of time that I can ask questions, I will go ahead and ask the questions, and if you would, please response.

Dr. Mather, getting back to the testimony of the young lady who was sitting where you are sitting now, and she was talking about, only after I asked, the expenses incurred in taking care of her daughter. Could these children and the spouses of the veterans receive treatment from the VA if they were included in the protocol for a research project? If so, does the VA have plans to develop such a project so that these people are not—again, they are all young people, they all have children, I have got to believe they have got tremendous strains on their budgets. You know, what can be done through the existing programs to help these people?

My other question is for Dr. Currier. Dr. Currier, my limited knowledge of history, I clearly remember that one of the factors in the War between the States was that the southerners being basically from rural areas, when they were certainly concentrated together, had tremendous problems with disease because they had never been around each other. So measles, that would normally be caught in childhood, was deadly in adults. Number one, I would like you to tell me whether or not the incidence of serious illnesses among the children of these National Guard units is reflective of children amongst the general population in those areas. And then number two, whether or not the State Department of Health would investigate the possibility that since, as a rule, these people are from urban areas, small urban areas, or rural areas where you have basically very clean environments, is it possible that they have come from such a clean environment that being subjected to the same kind of toxins that say a person who had lived all his life in New York or New Jersey had been subjected to—is it possible that that is accelerating the effects of these toxins?

Dr. MATHER. Who do you want to go first?

Mr. TAYLOR. You are fine.

Dr. MATHER. We do not have authority, as you know, to treat spouses or children of veterans right now in VA. However, we feel certainly for this particular cluster of babies, which is the first group that we have had a report of such large numbers of babies suffering health problems, we feel that we can get them examined through a research protocol and we are working with Dr. Tarver on that. First of all though, we have to define what the problem is we are examining. And he is doing that. And I think the people at Jackson, MS have done an excellent job of contacting parents and physicians and getting these records in, because that is no easy job. As soon as they have their records in, I think we can craft a research protocol that will allow us to get these children in for examinations. Actually we do not have pediatricians in VA, so it would have to be through a contract with the medical school or university.

Mr. TAYLOR. Do you have a time frame for that sort of a project?

Dr. MATHER. At this point not really. Dr. Tarver might.

Dr. TARVER. I am anticipating it will probably take another 2 months to 3 months to get the most complete records that we can from the private physicians. And I would like to make a plea to the families to please return release of information forms. Fifty percent of these families have not seen fit to execute the release of information forms and we can do nothing without the medical information. And I would urge them to send those back to us just as soon as possible.

Dr. CURRIER. As far as looking at whether or not it was bringing these groups together that was part of the cause of the problem, I think we first have to determine what the problem is, by looking at the records. And as Dr. Tarver was saying, we really cannot even guess at that until we have looked at them and have some idea of exactly what kinds of medical problems there are.

Mr. TAYLOR. The question is has there been any sort of a study comparing the 55 births, 37 with problems, compared with the norm for those areas where those Guardsmen live.

Dr. CURRIER. Well we still have to look and see what the problems are before we can compare it to another group because, you know, the number of people with respiratory problems in one group may be the same as in another group, but the number of people with say heart problems might be different. So we have to find out what the problems are first.

Mr. TAYLOR. But it is going to be.

Dr. CURRIER. Pardon?

Mr. TAYLOR. You are going to look into that.

Dr. CURRIER. Oh, yes, absolutely, that is what we are trying to do, yes.

Mr. TAYLOR. Thank you, Mr. Chairman.

The CHAIRMAN. Thank you.

Mr. Browder.

Mr. BROWDER. Thank you, Mr. Chairman.

General Blanck, I am impressed with your sincerity. I have worked with you on this project for a good while now, but I would like to ask you a question. On page 5 of your written testimony, you say "There were no visits to our field hospitals in the theater by individuals or units with medical symptoms suggesting exposure to chemical or biological warfare agents." One of my constituents produced a video of a Fox vehicle, our best equipment, detecting a chemical weapon on a soldier's uniform. I traced that down and I found that in that incident there was a soldier who went into a bunker, came out, supposedly had mustard—contaminated with mustard, was burned. I found that the Secretary of the Army had issued a Bronze Star to another soldier for the first confirmed detection of chemical warfare agent in that area. I saw it. And that was the first confirmed detection of chemical warfare agent.

I then found, within the Pentagon, with the Pentagon's help, a medical report in which three or four medical people had treated this soldier and had medovac'd this soldier. They had diagnosed this as mustard burns, chemical warfare agent. They had treated this person.

Could you tell me why you—this statement was made previously, it has been made several times I think by the Secretary, by other people.

General BLANCK. All of what you say is entirely true. We also took urine from that soldier at the same time that all these diagnoses were made and the writeup for the Bronze Star, which was awarded and rightfully so, went in. The urine was negative for any evidence of the mustard agent that we thought was there, and the diagnosis was not confirmed.

Now you can ask a lot of questions about it and I have given you the information that I have.

Mr. BROWDER. Mr. Blanck, let me just add, the Department said there were no detections, no incidents, no nothing, presence of chemical agents in the Gulf War theater.

General BLANCK. Right.

Mr. BROWDER. Over and over they said that in different ways. I went to Prague, talked to three Czech officers, one who was in the field. They told me—that was after Senator Shelby's hearing in which that was discussed.

General BLANCK. Right.

Mr. BROWDER. They told me that they had detected it. I came back and said that. Your people went over there, looked at their equipment, tested it, came back and said "We accept their detection, but it was such a low level, it could not have hurt anything." After I brought this incident up, the response from the Pentagon was "Oh, yes, that was an incident, it may have been but we classify it as just an interesting footnote."

General BLANCK. Yes, sir.

Mr. BROWDER. That does not inspire confidence among us—

General BLANCK. It certainly does not.

Mr. BROWDER (continuing). That this problem is being adequately addressed.

Let me move on to you and Dr. Mather, I would like to ask you—or anybody else up there. Has anybody talked to outsiders? You are all experts, but you are the Government. There are outsiders, there are associations of environmental medical specialists who have been treating these people. These people have gone to them because they could not get any help. They think that these people are helping them. I have talked to some of these specialists. They are telling us that they think they have got a handle on it. Some of them have spent their entire careers treating chemical exposures and they are working on this.

Are you involving them in anything that you are doing?

General BLANCK. I have been in touch, as I am sure you are aware, with the—I will not get the name exactly right, but the Academy of Environmental Physicians.

Mr. BROWDER. Yes.

General BLANCK. Also with those universities in the DC area at least that have environmental medical units, such as Johns Hopkins, and we have involved them heavily. We have also contracted, as you know, with outside groups to do everything from a case definition to help us with treatment protocols and so forth. So yes, I have to say that we are in touch with them, we have used them.

Mr. BROWDER. But are you involving them significantly other than calling them on the telephone?

General BLANCK. Yes. I see what you are saying. We are trying to take their expertise and then develop protocols.

Mr. BROWDER. Are they involved in any of these teams?

General BLANCK. Uh-huh. Dr. Ray from Dallas has been in touch with me and sent me a lot of material that we have used to develop some treatment protocols. So absolutely.

Mr. PARKER. Will the gentleman yield?

Mr. BROWDER. Yes.

Mr. PARKER. Were you asking about just anybody or about the doctors that have seen them?

Mr. BROWDER. The private physicians and specialists who have been trying to help these veterans who have problems.

Mr. PARKER. Because I did not get that as your answer. Have you contacted doctors in Laurel and in Wayne County, Waynesboro? Have you been talking to them?

General BLANCK. No, I think the question was those physicians particularly specializing in environmental medicine and involved in those organizations, if we have used their expertise.

Mr. BROWDER. If you are involving them significantly in your research.

Mr. Chairman, if you will please.

The CHAIRMAN. Certainly.

Mr. BROWDER. Dr. Mather, I have gone through your testimony and I understand the problem you are up against. I noticed terms such as "While we are seeing a wide variety of symptoms, we are unable to identify any trend or pattern." I see, "In some cases a definitive diagnosis has proven to be elusive." Other things say ". . . there is no screening test for any specific cholinesterase . . . The examinations will detect the types of disabilities . . ." ". . . physicians cannot confirm exposure to chemical agents which may have occurred years ago." ". . . continuing uncertainties . . ."

Are we going to get to a—are we ever going to get to a place where we are going to be able to define this problem in such a way that these people can get help before they die, so that our people know how to help them, or do you think that eventually we are going to end up with the U.S. Congress legislating a definition of Desert Storm illness, or something like that, so that we can bypass years and years of research trying to tie this down. You know, the protocol is identifying—and that is good, that is necessary, but I hate to keep telling these people we are studying it.

Do you think eventually you are going to reach something, or will we, will the legislature have to do this?

Dr. MATHER. It is certainly my goal and I think VA's goal and DOD's goal and HHS' goal that we can come up with a definition, a case definition, to study—so that we can study these sort of elusive, unexplained illnesses that we are seeing in some veterans.

Mr. BROWDER. But I am not talking about the studying, I am talking about are we ever going to come up with a case definition that will allow these people to get treatment and if necessary, compensation?

Dr. MATHER. Well I think that has happened in, for instance, chronic fatigue syndrome, where CDC came up with a definition for research purposes to define chronic fatigue syndrome, that the benefits people in VA have decided is adequate for them to adjudicate claims for chronic fatigue. That is a case where a research case definition is being applied practically.

Mr. BROWDER. I would like for us to have something comprehensive though. And Mr. Chairman, I will just close by saying I hope—thank you again for this hearing and I hope that this hearing and today's announcement in Washington serves—indicates a renewed, coordinated focus and real attack on this problem, which will involve the families as well as the veterans.

Thank you very much. Thank you, Mr. Chairman.

The CHAIRMAN. Thank you.

Several members have asked to request. Mr. Buyer.

Mr. BUYER. Thank you, Mr. Chairman.

I have a follow-up question and then I am going to have to catch a 3:15 p.m. flight. I appreciate you having this hearing here in Mississippi today.

You know we talked about genetics without really talking about genetics. And if there was ever a subject that really confused me in college, it was genetics. You know, we talk about space being the

final frontier but the body is just incredible. You know, if we tell pregnant mothers do not smoke when you are pregnant, do not drink alcohol, do not take drugs, or we even look at some fathers out there that have taken drugs in the past and they end up having children with some birth defects. I mean there is some linkage out there in our own societies that we know about.

So I got some feelings from this hearing here today as I get ready to walk out that door, especially from your testimony, General Blanck, that perhaps when you look at the human body, and you have to take them one at a time, the combination of so many different factors and what that could have done to genetics is very real.

But my question is really, what are the marching orders that you have when you leave this hearing today? I mean, we have learned that here in a particular area, I guess we can use the word cluster again, that there are 37 birth defects out of 55 from a particular cluster area. That is pretty alarming to me. Are DOD and VA now going to go out and find out what are the birth rates, post-Gulf War birth rates and what are the birth defects out there from other units? Is it particular to here or are we reaching out much further? I do not know. What are your feelings?

General BLANCK. We have already done some tabulations on that, which you see in my testimony, and of course, rely on the VA to do, with the Mississippi Department of Health, the investigations here on the health problems, not necessarily birth defects per se, the health problems that we have heard about in the 37 of the births. We are following this in our active units as well, with the numbers of births that we have, and continue to look at that. And we will be very interested to see what the findings are here.

Part of the reason for the joint coordinating group is to be able to, at very high levels as well as working levels, share this kind of information, because we must do that. Not everybody can do everything.

Mr. BUYER. I know when we came home, you sent word out, "All right, all you veterans, for 2 years now you are not going to be able to give blood." For whatever reasons, there was the possibility of tainting the blood supplies. Should we now be saying words of caution out there to veterans across America that served in the Persian Gulf War, have babies at your own risk? I do not know.

General BLANCK. I think it is too early to say, and one has to be very cautious and do the best and most thorough and the quickest, most timely evaluation on this kind of thing that we can.

Mr. BUYER. Thank you. I have to leave, gentlemen. It was a pleasure to be here.

The CHAIRMAN. Thank you very much for being here.

Before recognizing the gentleman from Alabama, Mr. Bachus, let me follow up on a thought that the gentleman from Indiana mentioned.

Dr. Currier or anybody on the panel, do we have figures that tell us the rate and type of birth defects we have in Mississippi normally as compared to what is happening at Waynesboro, MS. Are these birth defects common? We need that for the record, if someone could help us out there. Dr. Currier.

Dr. CURRIER. Well before we say that the birth defects they have are common, we have to have the medical records to say exactly what the birth defects are. As far as the birth defect rate in Mississippi, we can get from birth certificates the number of birth defects or the rate of birth defects that are recorded on birth certificates. I do not have that at my fingertips, but I can get that and certainly we can compare what we find in Waynesboro, MS and the surrounding areas to that number.

The CHAIRMAN. I would think that would be very important.

Does anyone else on the panel—

Mr. BACHUS. I think my questions were going to deal with that and I have got some follow up questions that are really involving that subject.

The CHAIRMAN. Okay, let me go ahead. Dr. Currier, explain again how Dr. Thacker and the gentleman sitting behind him will work with you and how that will come about.

Dr. CURRIER. Well we are currently working together anyway because Dr. Penman is with the CDC and he is working on this with the Health Department. He is assigned to the Health Department in Mississippi, and he is in contact with the CDC daily. And so we are looking at it all together.

When we look at this enough to say yes, there is an increased number of birth defects or yes, there is an increased number of health problems after birth, or there is some sort of pattern evolving in this group, then we can ask the CDC to come in and with more work force, help us to look at this closer.

The CHAIRMAN. Before the chair recognizes the gentleman from Alabama, I am sure these witnesses will stay around for a few minutes if the press has any questions for them. They will be in these chambers. For the group going back to Washington, I would say we plan to be in this area until 3:15 p.m. and we will leave from here.

The chair recognizes the gentleman from Alabama, Mr. Bachus.

Mr. BACHUS. Thank you, Mr. Chairman.

First of all, I would like to say for the public, and I think especially for the press, that we really do not know that we have had 37 children born with birth defects or even with what we might categorize as health problems. I think in the legal profession we have hearsay and we might have some evidence. But we do not know that. Of course, I know this panel knows that.

But we do need to know about those children, and from the evidence I have heard, that is moving along very swiftly, but it has hit a bottleneck in that of 55 parents of these children, only 24, less than half, have returned a medical authorization. And then we actually have another problem here, and that is, of the 24, we only have nine doctors who have responded to our requests for this information. So you are talking about maybe 15 percent of the medical records that have even arrived on these children. And I would say that the press and the media could have a very positive effect here and the audience, because you know these parents, and that is to urge them about the critical need for them to return these medical authorizations.

And I do not know whether we have got eight parents that have refused to sign authorizations, but maybe that is not a statistically—

Dr. TARVER. Could I make a comment? The number of 37 children with health problems comes from the survey that we did, starting the day after the meeting in Waynesboro, MS. In an effort to be as comprehensive as possible, we threw the widest net possible, and that was in response to a question, "Has your child had health problems since birth." And by no stretch of the imagination does this mean that 37 of 55 children have had birth defects, and any statement to that effect would clearly be erroneous. And yes, there were several families that were just not interested in signing a release of information. Many families are sensitive about releasing any health information on their children and did not desire to do so. We did not feel that this is a circumstance that would warrant using any subpoena power to involuntarily seek the records.

Mr. BACHUS. Well I agree. I think that in the best interest of these children in determining what the extent of the problem is, I would say to any of these parents, please make this available, for the best interest of all veterans and all families of veterans. That I would say first of all. And I hope that they will do that because your hands are basically tied. You may find yourself with statistically so small a sample that you are not going to be able to determine a great deal here.

Second, I want to ask this question. This committee has heard, for over a year, about the spouses and older children also of sick veterans, who naturally come under a lot of stress themselves when they have a father or mother who is sick, and they actually develop health problems of their own that are stress-related. I am sure that is a documented fact of medicine or whatever, that there is a lot of stress in the children and spouses of sick veterans. Is there any real evidence of that? And also, could that impact on the health of babies born to say spouses when their spouse is sick? Do you understand what I am saying here? Has that ever been demonstrated in studies or could there be any evidence of that?

Dr. TARVER. That is far outside my field of internal medicine, I do not know of literature that has addressed that. But I would suspect that any emotional stress caused by disease or any other factor in the home could adversely affect the health of the child.

The CHAIRMAN. Maybe Dr. Thacker.

Mr. BACHUS. Doctor.

Dr. THACKER. I do not have more to add. Certainly when individuals are under stress, they are more likely to suffer a variety of illnesses. The question that I think Dr. Tarver is trying to answer is the following: is the woman who was pregnant more likely to have a child affected? I think the evidence for that is much less clear.

Mr. BACHUS. Is what?

Dr. THACKER. Is less clear.

Mr. BACHUS. All right, whether—she is affected, but whether the child is affected might be—

Dr. THACKER. That is right. It is certainly plausible, but I do not know that the data are there.

Mr. BACHUS. But I think that is something in looking at all this other, that I would be interested to know, in a general population where you have a sick spouse and you have a child born, what ef-

fect that has on the spouse and also on the child would have to be factored in.

Let us suppose that we get these medical authorizations in. When can we expect to get a preliminary report on your findings, Dr. Currier?

Dr. TARVER. We can collect this information over the next 3 months, get the releases, get the information from private physicians, have it analyzed by the CDC. If there is evidence that this is an unusual cluster of events and if we get authorization for research funds to have the children examined on a protocol that would be guided by a preliminary review of that data, I think we are probably looking at at least an eight month time frame, to have that initial data analyzed and then have the children examined. And that would be preliminary to coming up with a formal research protocol and formal hypothesis and investigation of that hypothesis with possibly a controlled group. So I think we are talking at least 8 months of preliminary information gathering. Would you all concur with that?

Dr. THACKER. The critical issues here I think are two-fold, for this preliminary analysis. First is getting the information. And as has been evidenced today by the panel, that has been slow going. The faster we get that, the better. And the more that we get, the better. The second issue is the quality of that information. If the records are incomplete or illegible—we physicians have this reputation for not writing very legibly, and I am afraid it is for good reason—that will compromise our ability to do this investigation. But putting those ducks in a row, looking at the first 57 or whatever number that becomes, can be done relatively rapidly, just for a first descriptive analysis of what is in the data set. But those are the two rate limiting steps to begin with, and could lead to the time frame that is suggested.

Mr. BACHUS. Thank you.

The CHAIRMAN. Of course, the veterans and their families, Dr. Tarver, are going to have to cooperate with you, correct?

Dr. TARVER. That is correct.

The CHAIRMAN. They will have to get this information in to you or we cannot continue to find out where the problems are.

Dr. TARVER. That is correct. Our hands are tied unless we can get release of information forms signed.

The CHAIRMAN. The doctors that are treating these individuals, are they cooperating with you?

Dr. TARVER. Yes, sir, we have gotten nine back of the 24 that we have mailed out. Some of those have only been mailed out fairly recently, and I am expecting we will get good cooperation from the physicians. I have no doubt we will need to do some telephone follow up work though.

The CHAIRMAN. Well let us see now, if there are no further questions, I want to thank our panelists for coming a long way, and I want to thank my colleagues in Congress. Do not forget we go in session on January 25.

I think it has been an excellent hearing, I hope we have come closer to finding the causes of these sicknesses and birth defects.

The committee stands adjourned in Meridian, MS.

[Whereupon, at 3:03 p.m., the committee was adjourned.]

# APPENDIX

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OPENING STATEMENT  
CONGRESSMAN G.V. "SONNY" MONTGOMERY  
Chairman, Committee on Veterans' Affairs

I would like to welcome my colleagues here on the panel and our visitors in the audience to Meridian for this hearing of the House Veterans' Affairs Committee.

Before I comment on the purpose of this hearing, I want to thank Judge Tom Lee who is allowing us to use his court room and the staff at this post office for their cooperation.

I also want to recognize some of the distinguished visitors with us today. Please stand or raise your hand as I introduce you:

- o H.C. Franklin, State Commander of the Disabled  
American Veterans
- o John Bell, DAV Adjutant
- o L.C. Blanchard, State Commander of the VFW
- o Cullie Merideth, State Sr. Vice Commander, VFW
- o Bobby Miller, State Jr. Vice Commander, VFW
- o Billy Ray White, VFW Adjutant-Quartermaster
- o Charles Langley, State Commander of The American Legion
- o James Herring, Department Adjutant, The American Legion
- o Mr. Jack Stephens, Director, State Veterans  
Affairs Board
- o and Brigadier General Jack Vance, Chairman of the Council  
of Veterans Organizations of Mississippi.

Thank you all for joining us today.

Our purpose here today is to further explore the health problems experienced by some Persian Gulf veterans and their families and to examine what is being done at both state and federal levels to respond to these concerns.

Questions have been raised that U.S. troops were exposed to environmental hazards and toxic materials during their service in the Persian Gulf. The possible relationship between such exposure and health problems experienced by numbers of our veterans needs to be investigated.

Our Committee has taken action to address these concerns. On September 16 and 21, 1992, our Subcommittee on Hospitals and Health Care held the first of a series of Committee hearings on the health effects and risks of exposure to chemical and environmental factors during the Persian Gulf War. Testimony at these hearings provided a foundation for enactment of a series of important provisions in Public Law 102-585. This legislation advanced research and analysis of these issues and provided Persian Gulf veterans the opportunity to receive health examinations and counseling and to participate in a health-related registry.

The registry maintained by the Department of Defense includes a listing of each individual who served in-theater during the Persian Gulf War and where he or she served. A VA registry contains relevant medical data resulting from the health examination of any such veteran by the VA. While not designed as a diagnostic tool, the registry will allow the VA to monitor and track Persian Gulf veterans. Approximately 13,000 veterans nationwide have already signed on to this registry.

In addition, Public Law 102-585 directed VA and the Defense Department to jointly enter into an agreement with the National Academy of Sciences. Under this agreement, the Academy is to review existing scientific, medical, and other information on the health consequences of military service in the Persian Gulf theater of operations during the war. It will then make recommendations to VA and DoD on future research. The contract for this review was awarded in early October.

Having taken these initial steps, the Committee was alerted, by both the VA and individual veterans, that VA health care eligibility criteria could be a problem for Persian Gulf veterans seeking needed treatment. In response, the Committee passed legislation which the President signed into law in December. This new law authorizes VA health care on a priority basis to veterans who may have been exposed to toxic materials or environmental hazards while on active duty in-theater during the Persian Gulf War. This authority has enabled these veterans to receive needed care, without regard to whether their health problems have been adjudicated as service-connected. These veterans are to be given the benefit of the doubt when it comes to their health care.

A critical component in the effort to identify and treat the varied illnesses now being seen among some Persian Gulf veterans is the establishment of an environmental medicine research unit to study multiple chemical sensitivity. I pressed for this initiative, and partial funding for this research unit was contained in the fiscal year 1994 Department of Defense Authorization bill. We have asked both DoD and VA to reprogram funds to cover the additional costs of establishing this research program. It is my belief that this unit will allow researchers to study firsthand the potential health effects of multiple chemical exposure and hopefully will provide insight into many of the conditions now being manifested in some Persian Gulf veterans.

On December 6, I met with the Centers for Disease Control and formally requested that they assist VA and state health officials here in Mississippi as we attempt to track, diagnose and treat the health problems being reported by veterans across the state. We are pleased to have with us today as a witness Dr. Stephen Thacker of the Centers for Disease Control. Dr. Thacker is a world-renowned epidemiologist.

I cite these actions to show that the concerns of our Persian Gulf veterans and their families have been heard. And we will do more.

Our sick Persian Gulf veterans and their families are anxious for scientific or medical explanations for the cause of these illnesses. I want to assure you that we will not give up nor ignore their pleas for help. We will continue to press for answers. That is the purpose of this hearing.

We will have two panels of witnesses today. The first is comprised of personnel and family members from the 624th Quartermaster Company, a National Guard unit based in Waynesboro. Members of this Guard unit have reported a high incidence of diseases and disorders in children born since the unit's return from the Gulf War.

Nearly 8,000 personnel from Mississippi active military installations reported to the Gulf and another 2,000 Mississippi National Guard and Reserve personnel were sent. By no means are the reports of these illnesses confined to a single unit, but we invited representatives of the 624th to appear here today because of the high concentration of reported sickness, particularly among their children. I want to note for the record that I have received over 50 letters from members of this Guard unit regarding a broad array of unexplained medical problems they have experienced including headaches, fatigue, memory loss, stomach disorders, joint pain, hair loss, skin rashes and sore or bleeding gums.

Our second panel includes: Major General Ron Blanck, Commanding General of Walter Reed Army Medical Center in Washington; Dr. Susan Mather, the VA's Assistant Chief Medical Director for Environmental Medicine and Public Health; Dr. Thacker; Dr. Mary Currier, State Epidemiologist with the

Mississippi Department of Health; Dr. Russel Tarver, Environmental Medicine Coordinator of the VA Medical Center in Jackson; and Mr. Larry Woodard, Director of the Veterans Benefits Administration Regional Office in Jackson.

Each witness is requested to summarize his or her written statement in seven minutes. Your prepared statements will be included in their entirety in the official record of this hearing.

I'd like to call on my colleagues for any brief opening statement they want to make. First, Congressman Bob Stump who has come all the way from Arizona. Bob is the Committee's Ranking Republican.

(additional opening comments)

I will now ask our first panel of witnesses to come forward and be seated at the witness table. Mrs. West, if you would, please introduce yourself and the other witnesses joining you today and then proceed with your statement.

# # #

STATEMENT OF HONORABLE BOB STUMP  
JANUARY 21, 1994  
MISSISSIPPI FIELD HEARING

MR. CHAIRMAN, IT IS A PLEASURE TO BE HERE TODAY TO HEAR THE CONCERNS OF LOCAL RESIDENTS OF YOUR DISTRICT REGARDING THE POTENTIAL HEALTH EFFECTS OF THE PERSIAN GULF WAR. THE HOUSE COMMITTEE ON VETERANS' AFFAIRS UNDER YOUR ABLE LEADERSHIP HAS TAKEN A VERY ACTIVE ROLE IN ADDRESSING THESE CONCERNS ON A NATIONAL LEVEL. IN FACT, TO DATE, THE COMMITTEE HAS HELD FIVE HEARINGS ON PERSIAN GULF VETERANS' CONCERNS WHICH HAS ENSURED KEEPING THIS ISSUE IN THE FOREFRONT AS A NATIONAL PRIORITY.

MR. CHAIRMAN, I AM VERY INTERESTED TO HEAR THE TESTIMONY OF YOUR CONSTITUENTS ON THE SPECIFIC EFFECTS OF THE PERSIAN GULF WAR ON SERVICE MEMBERS FROM MISSISSIPPI. I ALSO WANT TO COMPLIMENT YOU FOR YOUR STRONG ADVOCACY ON BEHALF OF ALL VETERANS AND FOR YOUR LEADERSHIP AND EXPERTISE ON THESE AND ALL ISSUES AFFECTING OUR NATION'S VETERANS.

I WANT TO JOIN YOU IN WELCOMING THE WITNESSES AND LOOK FORWARD TO HEARING THEIR TESTIMONY.

REMARKS  
Representative Terry Everett  
Member, House Committee on Veterans Affairs

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Committee Field Hearing on Gulf War Syndrome  
Meridian, Mississippi  
January 21, 1994

Mr. Chairman, I would like to take this opportunity to thank you for your leadership and that of the Ranking Member, my good friend, Mr. Stump, in holding this important hearing today. People all across this great Nation of ours have seen and heard in recent weeks and months the pain suffered by veterans of the Gulf War and their families as their stories were told by the national media. I recall the emotion and anguish of those who testified before this committee last year shortly before Congress adjourned. They testified about strange maladies and illnesses that they developed following their service in the Persian Gulf. For many veterans, their everyday lives have been dramatically changed in some way by these physical difficulties.

I feel very strongly that, as a committee, we must act and move as quickly as we can. We must move forward in a deliberate manner to ensure that these individuals who gave service to their country are given the best medical treatment we can provide. These veterans did not falter in their loyalty to the cause of freedom and those of us in Congress cannot falter in our duty to them. As many of you know, I also sit on the House Armed Services Committee and it has been a concern of mine, as well as for many of my colleagues on the committee, that all the pertinent facts be released by the Pentagon. While I am encouraged by General Blanck's recent commitment to spend \$1 million dollars for research on veterans' illnesses, there is still a great deal we do not know about possible exposures to biological, chemical, and radioactive elements and did U.S. forces execute proper precautionary measures to effectively deal with this threat?

Needless to say, I am quite concerned about this particular issue and I implore Pentagon officials to assist us in this regard by providing the information needed to proceed. While I appreciate the commitment made by the Army and the DoD to research these maladies more extensively, we still need to know more about the circumstances surrounding these unfortunate exposures so that we can hopefully prevent future occurrences as well as have a deeper understanding of the extent of these exposures.

Still, I am encouraged by the announcement today by Veterans' Secretary Jesse Brown that the Department for Health and Human Services (HHS), the Department of Veterans Affairs (VA), and the Department of Defense (DoD) have entered into a cooperative agreement to study these conditions more closely. I recognize this may be little immediate comfort for those in the 624th Quartermaster Unit who served the State of Mississippi faithfully in the Gulf and are suffering from strange illnesses. I know that these men and women, as well as others in similar situations, across the Nation who have been affected feel that the government has been too slow to act. However, I think these research efforts are a step in the right direction to a better understanding of the conditions themselves and will hopefully lead to effective treatments.

Let me just reiterate my appreciation for the action taken by the Chairman and Ranking Member to bring Congress to the people via this forum. As a Member of both this committee and the Committee on Armed Services, I want to pledge to continue to work alongside my colleagues to give our veterans the treatment they deserve.

Thank you, Mr. Chairman.

TESTIMONY OF  
SENATOR HOWELL HEFLIN  
BEFORE THE  
HOUSE COMMITTEE ON VETERANS' AFFAIRS

Mr. Chairman, thank you for the opportunity to appear before you today. It is clear that thousands of American veterans who returned from service in the Persian Gulf War theater have experienced a number of chronic, lingering, non-specific health problems. The list of symptoms includes fatigue, skin irritations, joint pains, hair loss, memory problems, shortness of breath, and insomnia. What is not clear to date is the cause of these symptoms, the proper treatment for these symptoms, and the role of the government in responding to the needs of these veterans.

There has been considerable public debate about whether these ailments could have been caused by exposure to biological or chemical weapons; whether such weapons were present, whether they were used, and whether that use was detected, reported, and confirmed by any of the allied armed forces. There are a number of studies being conducted to find answers to these questions. Members of Congress, other public officials, and interest groups are interviewing service members, allied military personnel, and Department of Defense officials in an effort to pull together all available information. The initial reticence of the Department of Defense in discussing the biochemical issue raised concerns of an "Agent Orange"-style obstructionist response. Thanks in large part to the efforts of my colleagues from Alabama, Senator Richard Shelby and Congressman Glen Browder, the evidence has received considerable public attention and the concerns will not be easily dismissed.

There is also widespread concern about the long-term health effects from the ecological hazards created by the intentional destruction of the Kuwaiti oil fields - the oil sprayed into the

air in a fine mist, spilling onto the ground in huge slicks, and air thick with smoke from burning wells. The biochemical and/or environmental causes might explain why some units report personnel with the illnesses while others do not; the illness might be linked to a particular location or military mission.

Yet another variable in the equation is the environmental factor; these mysterious symptoms are not being reported by allied personnel indigenous to the region. Perhaps the symptoms reflect an infection, parasite, or virus to which American personnel would be susceptible. This could explain outbreaks of the symptoms among the spouses and children of the affected veterans.

The problem is, of course, that we do not know. We cannot eliminate any of these potential causes, nor can we be sure that we have even considered all possibilities. Until we know for sure what is causing the illnesses, we can only treat the symptoms individually. Lacking a comprehensive diagnosis, the medical community is ill-equipped to provide a comprehensive treatment that will cure the illness or stipulate an appropriate level of disability for those who cannot be cured. I continue to receive reports daily of veterans who are denied urgently needed disability compensation and full access to the services and support of the VA due to a failure by some in government to accept the legitimacy of the disease. The United States government has a moral obligation to treat these health problems as a recognized, service-connected illness and give these veterans, and their families, the attention they deserve.

I am pleased to note the formation of an interagency board composed of the Secretaries of the Departments of Defense, Veterans Affairs, and Health and Human Services. The Persian Gulf Veterans Coordinating Board will provide an exchange of information, expertise, and capabilities among all three Departments and will ensure that all available resources are

brought to bear on finding the cause and the treatment for these health problems, and the recommendation for an appropriate level of compensation. The three working groups will focus on research, clinical issues, and disabilities and benefits. This work will be critical to the long-term health of these veterans and their families and must be continued.

The work being done at the Birmingham Veterans Affairs Medical Center Persian Gulf Health Advisory Clinic convinces me that the scope of the problem bears considerable study. Nearly 1,000 veterans have been identified to date as possibly exposed and awaiting a definitive diagnosis. Some 700 have been examined and over 450 have been referred to the National Registry for follow-up and evaluation. This number represents only those in Alabama and Georgia who believe they exhibit the symptoms and have requested help. Identification of a definitive cause for the illnesses may help to identify others who may be at risk and who may require treatment in the future.

These veterans and their families deserve our unqualified support in their quest for answers, treatment, and adequate compensation in return for their demonstrated willingness to put their lives at risk for their country. I commend the committee for taking an active role in investigating the causes of this ailment and the number of soldiers effected. I pledge my support for your efforts.

Thank you Mr. Chairman.

**Testimony of Congressman Tom Bevill**

I would first like to thank my esteemed colleague, Congressman Sonny Montgomery, for inviting me to participate in this hearing. Sonny is a man who has done a tremendous amount for this country both in the military and in Congress. We are truly fortunate that he serves as the Chairman of the House Veterans' Affairs Committee.

I wanted to share my thoughts with you on the issue of Persian Gulf veterans for a number of reasons. There is no doubt that the Gulf War was a success and that we came out of it with well deserved respect. We entered it in the cause of freedom and we were successful. We demonstrated once again that we have the finest military in the world and that we are willing and able to intervene if necessary.

I know that the citizens of the United States have gone out of their way to thank the brave men and women of our military who served in Desert Storm for their service to our nation. My concern is that our government should also put their health and best interests at the forefront. The enthusiasm and sacrifice of the thousands who served in the Persian Gulf should be rewarded by careful monitoring of their well-being now that they have returned home. It is the duty of this nation to take care of those who served so selflessly when they were needed.

I know that the Veterans Administration is working hard to find out just what happened when our soldiers were in the Persian Gulf. In fact, in Birmingham, Alabama, they have started a pilot program to test the various symptoms that Persian Gulf veterans are beginning to report. Programs like these are badly needed, not only to answer the questions of those who served, but also as a first step in curing the illnesses that are cropping up as a result of their service.

There are cases being reported from all over the United States by men and women who served in the conflict. I would like to bring to your attention the case of one family in Hanceville, Alabama, which is in the center of my district.

Darrall A. Trimble was a retired Master Sergeant in the U.S. Air Force. He served for 13 years as a radar technician from 1979 to December of 1992. From September 1990 to March 1991, he was in the Persian Gulf serving as an aircrewman on the Airborne Warning and Control Wing.

During this service, Darrall assisted on many flights over the conflict area. At times the crews in those planes could barely breathe for all of the airborne debris coming from fires on oil wells and other sources. Yet they continued to do their duty, flying radar surveillance missions.

Not long after returning home, Darrall was diagnosed with cancer. Doctors have told Mrs. Trimble that the hazards Darrall encountered in his military service could have induced his illness. After fighting this disease for many months, he succumbed on November 4, 1993. The week of his death, his widow was informed of the denial of his case for compensation and benefits due to non-service connection. That leaves Mrs. Janice Trimble and her two young sons without a husband and father for their love and protection. The worst part of their situation is knowing that more research into his illness could have helped determine its cause and could help others in the future. Having heard his account of serving in the Gulf, they know that he was subjected to many dangers, some of which could have been a direct cause of his illness. But for now, they must continue to wait.

It is stories such as this which motivate us to take action. We must make sure that all avenues are explored in order that each Veteran be given the best treatment possible. The research efforts underway are a step in the right direction. However, we need to continue our efforts until everything has come out on this issue. We cannot waste valuable time while veterans and their families continue to suffer the worst pain; the pain of not knowing.

Thank you again for allowing me to testify.

TESTIMONY BY CONGRESSMAN BUD CRAMER (5th-ALABAMA) BEFORE  
THE HOUSE COMMITTEE ON VETERANS AFFAIRS.

GULF WAR SYNDROME ILLNESSES BEING EXPERIENCED BY VETERANS WHO SERVED  
IN OPERATIONS DESERT SHIELD AND DESERT STORM.

JANUARY 29, 1994  
MERIDIAN, MISSISSIPPI

Mr. Chairman, Members of the Committee, and colleagues, I would like to thank you for allowing me to participate in this hearing today to address many health issues and health concerns surrounding the mysterious Gulf War Syndrome ailments being experienced by many of our Nation's veterans who returned from serving in Operation Desert Shield and Operation Desert Storm. As well, I have attached a letter that I received from one of my constituents Mr. Donald L. Drake, who is suffering from this disease.

Many encouraging steps have been taken over the last several months to address what may become the proverbial "tip-of-the-iceberg" surrounding Gulf War Syndrome illnesses. However, I feel that the full resources of the Federal government and full disclosure of information have not yet come to pass. I am hoping to see the full weight and resources of the Department of Defense (DoD), the Department of Veterans Affairs, the National Institutes of Health (NIH), the Centers for Disease Control (CDC) and other entities to ensure that the Federal government does not engage in a repeat performance of the following debacles: the mustard gas and nuclear tests of the 1940's and 1950's, nuclear sickness cases resulting from the Allied occupation of Japan, agent orange cases resulting from tours of duty in the Vietnam conflict, tests in the 1950's on DoD personnel using lysergic acid diethylamide (LSD), and the recently divulged radiation tests of the 1950's and 1960's on unknowing civilians, many of which were orphans or mentally ill.

The DVA has taken positive steps in implementing the Persian Gulf Registry where approximately 7,427 veterans have medical examination data on record. However, this is the basis for the "tip-of-the-iceberg" analogy previously mentioned; to my knowledge, Desert Shield/Desert Storm personnel who are still serving on active duty and are being treated in DoD medical facilities but not eligible for DVA treatment, may skew the numbers contained in the Persian Gulf Registry. I fear that the figure of 7,427 may actually rise if some of the estimated 696,562 deployed personnel who are still serving in active-duty that suffer from Gulf War Syndrome are included.

I am distressed at the method by which the DoD finally acknowledged to the Persian Gulf veterans that they and their physicians may be dealing with the results of chemical and/or biological agents. For months rumors and accusations swirled regarding whether or not any chemical or biological agents were used against Coalition forces in the Gulf War. The DoD finally admitted that these agents may have been present only after Czech and French

military reports were released stating emphatically that there was in fact one or more chemical alerts in their sector, which was shared with American forces.

I feel that the Gulf War Syndrome symptoms need to be examined both separately and in concert as a possible combination of oil-well fire carcinogens and chemical and/or biological agents. Information is needed regarding whether a chemical and/or biological attack actually occurred, or whether or not chemical and/or biological agents were left behind by retreating Iraqi military forces to ensnare unsuspecting advancing coalition forces. Information regarding how cases of the parasite viscerotropic leishmaniasis figure into the overall equation must be examined. As I am sure you know, the viscerotropic leishmaniasis parasite is a result of bites from female sand flies. The parasite can lie dormant for years before it fully develops into a dangerous and infectuous virus. As well, how do the results of lack of common sense and/or of command and control affect the overall problem? There are reports of diesel fuel being used to suppress blowing sand and dust. There are reports of improper fuel being used in the heating units and stoves of improperly ventilated quarters. In short, all of these problems must be examined individually as components of the larger problem. Recently, birth defects and abnormalities which may be affecting children and spouses of Gulf War veterans have become public. At what point will the available resources and information, whether classified or not, be used to protect our servicemen and their families? If biological warfare agents were in fact used, are these agents mutating themselves and inadvertently being passed from one generation to another? These are the type of tough in-depth questions that must be asked and more importantly...answered.

Mr. Chairman, in closing, I feel that the brave men and women who selflessly served in the Persian Gulf when called upon by their government, should be dealt with fairly and with dignity, that all possible resources, both foreign and domestic, should be utilized in the hope of providing a solution for the Gulf War Syndrome.

Mr. Chairman, Members of the Committee, colleagues, this concludes my statement. Thank you for your time and this opportunity.

Dear Chairman Montgomery:

This statement is being presented to be included for the record in the Congressional hearings of Feb. 1, 1994. Sir, my name is Staff Sergeant Donald L. Drake, USMCR. As a member of HMA-775, MAG-46 Det. C, I served in Desert Shield/Storm. Our primary mission was to fly medivac escort, and close air support for the 1st Marine Corps Division. As a result of my service in the Gulf, I was awarded the National Defense Medal, the Southwest Asia Campaign Medal with three stars, the Meritorious Unit Citation, the Naval Unit Citation, and the Liberation of Kuwait Medal. I arrived in Saudi Arabia at the end of December of 1990, and returned home at the beginning of June, 1991, Serving in Operation Desert Shield, Desert Storm, and Operation Cease Fire. While participating in these campaigns I served at Al-Jubayl Naval Air Station, EAF Lonesome Dove, aboard the TVSB SS Wright (Port of Juybal), Tanigeb, and Mishab, Saudi Arabia, and Kuwait City.

Sir, as you can see I served our nation honorably and well. The real story here is what has happened to me since my return from the Gulf. I am a sick Veteran who has been diagnosed with the Persian Gulf Syndrome. I am one of many who suffer with this affliction. While we sick veterans appreciate all that you and other congressman and senators are doing for us I believe there is much more work to be done. Like many veterans since I have become ill, I have not only lost my health, but I have lost my family, my life savings, my career in the Marine Corps, and the United States Postal service is actively pursuing my removal from service after 11 years. In the face of this, I have been able to keep my dignity and self respect.

At this time I would like to detail my own personal experiences in dealing with the Gulf War Syndrome. Though they are my own experiences I think you will see that they closely match those of other ill Desert Storm Veteran. Upon returning from the Gulf in June of 1991, I resumed my duties as a letter carrier for the U.S. Post Office. Even then I felt that there was something wrong with me physically, and was unable to perform my duties as well as I had before my reserve unit was activated and sent to the Gulf. No matter how well I ate, or slept my energy level was not in line with a healthy 31 year old man. In April of 1993, my symptoms became full blown. I found myself so ill that I was unable to continue to work on a regular basis. I was at that time and still am afflicted with a myriad of symptoms associated with my service in the Gulf. These symptoms include: night sweats, rash, bleeding and receding gums, bleeding intestines, and stomach, loss of hair all over my body, blurry vision, mouth sores, shortness of breath, joint and muscle pain, chronic fatigue, prostatitis, tumors in my hands, feet and stomach, enlarged lymphoids, PTSD, Thickened saliva, Memory loss, Disorientation, Confusion, Inability in transfer thought to speech, Leishmaniasis, Sand Flea Bites, Allergic Rhinitis, Allergies, Chronic Diarrhea, Increased Anger, Nightmares, Trembling and Twitching Muscles, Heart Palpitations, Chronic Sinus Problems, Headaches, Muscle Cramps, Sweaty Palms, Chronic Depression, Bruising, Fevers of Unknown Origin, Abnormal Growth of Toe

**Nails, Acne, Hearing Problems, Cysts in Eariobes, Tingling and, Swelling in Joints and Extremities.** As you can see, my problems physically are many, but so are my personal problems as a result.

Sir, I believe my problems stem from my service during the Gulf War and may be caused by one or more factors. To include, exposure to toxic substances, chemical and biological warfare, environmental hazards, petro chemicals, pharmaceuticals, or other chemical agents administered by the Department of Defense, indigenous disease, pesticides, and the inhalation of or ingestion of Depleted Uranium. As you are well aware, the Gulf War was a very dirty and toxic war. I would at this time like to share with you some of my experiences there. On the night of January 19th, 1991, at approximately 2:00 a.m. at Camp 13, Al-Juybal, Saudi Arabia my unit was subjected to a direct chemical and/or biological attack. There was an incredibly loud explosion in the lower atmosphere above our camp, with in minutes the chemical alarms sounded, and the mobile security Marines began running through the camp giving the gas, alert. At this time we went to MOPP level-4, and after ensuring that my troops were properly suited up I returned to my hooch, and with the other staff NCO's waited for the all clear. As we were waiting a white mist blew threw our bivouac area. This mist was approximately waist high down to the ground. After a few minutes the mist disappeared, and shortly afterward we were given the all clear. After taking my mask off, my face started to sting, and burn. At this point my troops were alarmed and felt as we all did that something out of the ordinary had occurred.

After talking with my executive officer I was told the official word was " That we had heard a sonic boom." "That this was not a chemical attack and as a Staff NCO I was responsible to quell the rumors of a chemical attack, and to ensure that my troops concentrated on the mission at hand." This was the first of many such incidents. On many occasions the chemical alarms would sound and we would be required to suit up. If my illness is a result of a chemical/biological attack, I believe that I should be awarded the purple heart, because believe me sir, it has impacted my life as much as a bullet wound. I also believe that I should be awarded compensation from the Veterans Administration and I would like to be treated with dignity and respect as should all Disabled Veterans be treated. I can not say beyond a shadow of a doubt that I was subjected to exposure from chemical/biological weapons. Unlike our Army counterparts we did not carry individual detection kits. But it is my firm belief that many of my ailments maybe the result of exposure.

In addition to the danger posed by chemical/biological weapons, we also were exposed to many other toxic materials. Exposure to fertilizers, Petro Chemicals, and the smoke from the burning oil wells might also be responsible for some of the symptoms that I now experience. In addition to these toxic substances, I am most concerned about exposure to Depleted Uranium. While in itself Depleted Uranium is not particularly hazardous to your

health, but what concerns me is the oxide dust produced when this heavy radioactive material incinerates. Once inhaled, fine uranium particles can lodge in your lungs and stay there for the rest of your life. Once ingested the uranium concentrates within the bones, it seems probable if not likely that I may develop lung cancer, bone cancer, or leukemia. Uranium also resides in soft tissue, including the testicles, which would increase the probability of genetic health defects including birth defects and for women spontaneous abortions. Immediately after the cease fire was effective, I flew north to Kuwait International Airport to perform Battle Damage Assessments on destroyed Iraqi armored vehicles. The majority of the vehicles were destroyed by penetrator rounds largely composed of depleted uranium. According to a study conducted by the Department of Defense, conducted after the war, at no time should a person enter a vehicle that has been destroyed by depleted uranium without self-contained breathing apparatus, and proper clothing to minimize contamination, and then only to save lives if possible. Sir, I crawled through countless Iraqi tanks and various other armored vehicles that had been destroyed by depleted uranium. Some were literally still hot from burning. I did all of this without the knowledge of how dangerous doing so without proper protection was.

Saudi Arabia as you know has many diseases that are indigenous to that region of Southwest Asia. Diseases that Americans normally are not at risk of contracting. I also believe that we may have contracted possibly one or more of these diseases including Leishmaniasis. To combat these diseases and those that might have been possibly released in a biological attack we were subjected to many inoculations of various vaccines including one that was an experimental anthrax vaccine. We were also required to take a nerve agent tablet designed to thin the blood allowing atropine to work quicker in the event of a nerve gas attack. These vaccines, tablets, and indigenous diseases may also be responsible for the ailments of the sick gulf veteran.

As a result of my illness, my life has become a nightmare. Since I am no longer physically capable of meeting the standards of the Marine Corps, I have been taken transferred from an active reserve status, to a inactive status. After 15 years my career, in my beloved Corps is over, as well as my dream of a retirement from military service. My career in federal service also is in get jeopardy. I am currently facing removal after 11 years of faithful service, because they can not or will not accept the fact that I am a sick gulf war veteran. I am unable to provide them with a diagnosis/prognosis of my condition, as a result I have been unallowed to return to work in any capacity. Naturally this creates a burden upon myself and my family. The inability of the Veterans Administration to provide a diagnosis and their inability to state this in writing( see enclosed statement from the V.A.) has placed my career in Federal Service in great jeopardy. The inability and unwillingness of the Postal Service to accept these facts is a great indicator of the problems the sick gulf war vet. faces. Because I still have a job even though I am not receiving pay I have fallen through every conceivable crack in the social welfare system. I do not qualify for disability because the VA will not provide a statement of disability. I can not qualify for food stamps, because they to want a statement of disability.

Congressman I am a father and a husband with seven mouths to feed and shelter. What am I to do? I urge you and your fellow representatives to introduce legislation to coincide with HR 2535 that would grant immediate financial assistance to the ill gulf war veteran, making it possible for these brave men and women capable of supporting themselves and their families. I find it ironic that if I were a homeless vet that many of the programs that are in place would be accessible to me. But there are no programs in place to prevent a veteran from becoming homeless. Thank you in advance for your consideration and God speed.

Sincerely,

Donald Lee Drake  
SSGT/ USMCR  
418-96-4599  
1225 Halsey Ave.  
Huntsville, Al. 35801  
205-535-0960

## Prepared statement of Ammie West

I would like to introduce myself, my name is Ammie West. I am the wife of Sgt. Richard Dennis West of the 624th Quarter Master Unit located in Waynesboro, MS. My husband was a member of this unit for approximately 10 years before he was called into active duty November, 1990. On January 2, 1991 the 624th left the United States and were transported by plane to Saudi Arabia where they would soon play an important role in Operation Desert Storm.

The unit specialized in petroleum and after being moved to several locations in the desert were finally ordered to cross the breach and move into Iraq. Once there they set up a refueling station and serviced many of the Army's heavy equipment used in defending and maintaining positions. My husband and his unit never saw any combat, but provided the ways and means for the ones who did. Nor did they see the "silent enemy" that seemed to infiltrate the 624th and many, many, more of the Gulf War Soldiers. This "enemy" was so silent that its war cry was not heard until it screamed its attack on our innocent children.

My husband and I were forced to face this deadly "enemy" on the morning of February 21, 1992. Our daughter, Reed Dannon West, born about two weeks earlier than expected, was born with severally underdeveloped lungs. The day that we had waited for with such anticipation, suddenly, turned into a nightmare. Immediately after birth she was placed in the nursery's Intensive Care Unit and was given oxygen to help her breathe. The doctors told us that they believed she was suffering from Hyaline Membrane Disease, a condition where the lungs are not fully developed at birth. We stood helplessly by and watched our little girl fight for her life.

By the fourth day her strength to fight was almost gone, her condition had deteriorated rapidly and the doctors felt that the only other alternative was to transfer her. Within hours she was transferred by ambulance to the Neonatal Intensive Care unit located in the University Medical Center, Jackson, MS. Her condition seemed to improve immediately and the doctors started weaning her off of the oxygen that she had become totally dependant upon. After spending seven days in the intensive care unit, she was released to go home.

My husband and I had hoped that maybe our daughter had seen the worst and her condition would continue to get better with time. Unfortunately, her problems were far from being over. In the year that followed her birth she was hospitalized on three separate occasions resulting from her respiratory condition. Frequent doctor visits and late night trips to the emergency room soon became the norm in our household. I have just given you a brief glimpse into my daughter's life. She is a fighter, and I thank God for that. She had to face this "enemy" alone and against all odds; she won. Others are still fighting and probably will for the rest of their lives.

In our unit alone I found that out of sixteen babies born to Gulf Vets and their families, thirteen had problems at birth. Our story was printed in the news media and my phone began to ring immediately. We were definitely not a "small cluster" of "isolated incidence" as one V.A. representative informed us. No, this "enemy" is not only attacking the children born to veterans in Waynesboro, MS, but it is also attacking children born to veterans all over the United States.

I have personally received calls from Alabama, Tennessee, Texas, North Carolina, South Carolina, Nevada, California, Arkansas, Florida, Oregon, Illinois, Georgia and the list goes on and on. All of these people report the same thing. Their children like ours born since the Gulf War have experienced some

type of disorder, disease, or deformity. Sadly, some of these families have also had to face the harsh reality of death. The infant's condition is fatal for survival. I personally feel we owe these families immediate answers. They have lost something that will forever leave an emptiness in their lives.

In conclusion I feel that our government owes every family effected by this matter answers. We do not want any more lies, secrets, or cover-ups, just the truth. Our government owes that to the men and women who fought for the freedom of this country and for the freedom of others. We might have won the war in the Persian Gulf, but we are losing the battle for a bright and healthy future for those veterans and their families. The time for questioning is past, however, the time for answers is now.

CONGRESSMAN MONTGOMERY

DEAR COMMITTEE MEMBERS

OTHER DIGNITARIES

MY NAME IS HOWARD H. TURNER. I'M FROM THE 624TH QUARTER MASTER COMPANY IN WAYNESBORO MISSISSIPPI.

THE SUBJECT ON WHICH I'M SPEAKING ARE THE HEALTH PROBLEMS MY UNIT HAS EXPERIENCED SINCE RETURNING FROM SAUDI ARABIA AND DESERT STORM.

THESE PROBLEMS, AT FIRST, WERE SLIGHT. NO ONE REALLY SEEMED TO NOTICE THEM, BUT SOON IT SEEMED EVERYONE STARTED TALKING ABOUT THE SAME SYMPTOMS. I KNOW THESE PROBLEMS WEREN'T WITH US BEFORE WE WENT TO SAUDI ARABIA. NOW IT SEEMS ALMOST EVERYONE IN MY UNIT HAS DEVELOPED THE SAME SYMPTOMS AND NEITHER I NOR MY FELLOW GUARDSMEN ARE GETTING ANY BETTER.

THE CONDITIONS WHICH I FEEL COULD HAVE BROUGHT FORTH THESE PROBLEMS ARE:

1. EXTREMELY AUSTERE LIVING CONDITIONS.
2. LACK OF SANITARY SHOWERS.
3. UNSANITARY LATRINE FACILITIES. WHICH BROUGHT FLIES TO THE AREA. WE WERE CONTINUALLY BITTEN BY THEM.
4. FOOD CONTAINING SAND.
5. MISSILE/MUNITIONS CONTAINING CHEMICAL WARFARE MATERIAL

I WOULD LIKE TO TELL YOU ABOUT OUR DEPLOYMENT. WE DEPARTED THE UNITED STATES AND ARRIVED AT A PORT IN SAUDI, WHERE WE STAYED FOR APPROXIMATELY TWO WEEKS BEFORE MOVING TO OUR FIRST STOP IN THE FIELD.

OUR FIRST STOP IN THE FIELD WAS LOG BASE CHARLIE. WE REMAINED THERE UNTIL THE AIR WAR STARTED.

THE NIGHT THE AIR WAR STARTED, THE UNIT WENT TO MOP LEVEL 3, WHICH MEANS WE PUT OUR CHEMICAL SUITS ON BUT NO MASK. WE REMAINED IN MOP LEVEL 3 FOR A LONG PERIOD OF TIME BEFORE TAKING THESE SUITS OFF. I REMAINED AT LOG BASE CHARLIE FOR APPROXIMATELY ONE WEEK.

MY UNIT THEN SENT MYSELF AND AN ADVANCED PARTY ON UP CLOSER TO IRAQ, TO LOG BASE ECHO, ABOUT 80 MILES FROM THE IRAQ BORDER. THE DAY WE LEFT ON THE ADVANCED PARTY, WE WENT INTO MOP LEVEL 3. WHEN WE WERE ON THE ROAD TO LOG BASE ECHO EVERYONE WE MET ON THE ROAD HAD ON THEIR CHEMICAL SUITS AND GAS MASKS BUT WE WERE NEVER

ORDERED TO PUT ON OUR MASKS.

AFTER ARRIVING AT LOG BASE ECHO, WE HAD OTHER THINGS TO HAPPEN. WHILE ON GUARD DUTY TWO MEN, ON THEIR POST, WERE NEAR AN M-8 ALARM (CHEMICAL DETECTION SYSTEM) WHEN IT WENT OFF. NOTHING WAS SAID OR DONE WHEN THIS SYSTEM WENT OFF. ANOTHER NIGHT, WHILE WE WERE IN OUR TENTS, TWO PATRIOT MISSILES WERE FIRED TO INTERCEPT AND SHOOT DOWN A SCUD MISSILE. THE SCUD WAS SHOT DOWN, IT LANDED A SHORT DISTANCE FROM OUR CAMP.

SOON WE MOVED TO THE BORDER OF IRAQ, AN AREA WHERE MANY SCUD'S HAD LANDED. THE AREA WAS CLEARED, THOUGH NOBODY COULD SAY THAT IT WAS ALL CLEARED.

A VERY SHORT TIME LATER WE WERE SENT ON INTO IRAQ. MYSELF AND A FEW OTHER MEMBERS MADE RUNS TO THE PORT TO PICK UP ITEMS THAT HADN'T MADE IT OVER ON THE SHIPS. SEVERAL TIMES, WHILE AT THE PORT, SCUD MISSILES WERE FIRED AT US. THESE MISSILES WERE ALL DESTROYED BY PATRIOT MISSILES BUT DEBRIS FELL BACK ON THE BUILDING THAT WE WERE IN. ON ONE OF THE TRIPS I MADE BACK TO THE PORT, WE REMAINED AT MOP LEVEL 3 FOR MOST OF THE NIGHT. THIS WAS BECAUSE OF THE SCUD MISSILES WHICH WERE FIRED AT AND AROUND US.

FROM THESE EXPERIENCES OR SOME OTHER UNKNOWN REASON, I HAVE RETURNED HOME WITH PROBLEMS. SOME OF THE PROBLEMS WERE NOT MAJOR TO ME UNTIL OTHER PEOPLE IN MY UNIT STARTED TALKING ABOUT THEM. MOST EVERYONE'S PROBLEMS ARE THE SAME.

MY PROBLEMS ARE SORES ON MY HANDS WHICH TAKE A MONTH OR MORE TO HEAL, MEMORY LOSS, STIFFNESS OF JOINTS AND SORE MUSCLES, POOR CIRCULATION WHEN SLEEPING, AND A PROBLEM WITH MY BLOOD. RECENTLY I HAD TO HAVE A PHYSICAL FOR A JOB. DURING A ROUTING BLOOD TEST THE DOCTOR FOUND SOME ABNORMAL MATERIAL IN MY BLOOD SUPPLY.

I WOULD LIKE TO THANK YOU FOR YOUR TIME. THOUGH, MY UNIT AND MYSELF NEED YOUR UTMOST INTEREST IN OUR CASE, SOME ANSWERS WOULD BE GREATLY APPRECIATED AND HELPFUL. MOST OF US ARE NOW DEALING WITH THE PROBLEM OF HAVING CHILDREN. MOST OF THE CHILDREN BORN AFTER WE RETURNED FROM IRAQ HAVE SEVERE PROBLEMS. THIS SITUATION MAKES EVERYONE WHO WANTS TO HAVE CHILDREN VERY FRIGHTENED.

ON BEHALF OF MYSELF AND MY UNIT, WE WOULD LIKE TO THANK YOU VERY MUCH FOR YOUR TIME AND PATIENCE.

HOWARD H. TURNER

## PROBLEMS EXPERIENCED BY MY UNIT

SINCE OUR RETURN

SHORTNESS OF BREATH

FATIGUE

PAINFUL, SLOW HEALING SORES

SKIN DISORDERS

BLOOD DISORDERS

MEMORY LOSS

MUSCLE SORENESS

ACHING JOINTS

BLEEDING GUMS

POOR CIRCULATION

INTESTINAL VIRUS

GASTRIC DISORDERS

HAIR LOSS

SORE GUMS

SINUS PROBLEMS

TIGHTNESS OF CHEST

INTENSE ITCHING

VERY SLOW HEALING SORES

21 January 94

U.S. House of Representatives  
Committee On Veterans' Affairs  
335 Canon House Office Building  
Washington, DC 20515

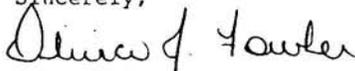
Dear Sirs:

I feel compelled to explain in great detail the ordeal my husband and I have had to endure since the birth of our second child Frederick II. First I would like to discuss my pregnancy. At 12 weeks gestation I was diagnosed with preterm labor. I was hospitalized and placed on both oral medications and intramuscular injections. Once I was released to go home I was placed on bedrest and home monitoring. On April 15, 1992 my second son was born. My son was taken from the delivery room to ICU. He experienced respiratory problems at that time. He later was diagnosed with posterior urethral valves. He was transferred to the University Medical Center at Jackson, MS. He there underwent surgery and had a vesicostomy in place until the age of 18 months. On October 22, 1993 my son again underwent surgery to remove the vesicostomy and to reimplant his ureters. On November 16, 1993 my son underwent surgery for the third time to shave the valves that blocked the flow of urine from exiting his urethra.

I am very upset at the possibility of my son's condition being linked to both my husband's and my participation in Operation Desert Shield / Desert Storm. I feel it is the obligation of the United States Government to investigate the claims and release all pertinent information to the veterans/parents.

Both my husband and I are experiencing problems at this time. They include headaches, tremors, joint pain nose bleeds, darkened areas of bottom of feet, and chronic fatigue. My husband used to be an active person. He participated in various sporting events. Basketball, volleyball, and softball just to name a few. Now he comes home from work and falls asleep on the couch before dinner. I feel as though we are young people trapped in the body of elderly people.

Sincerely,



Olivia J. Fowler

January 11, 1994

Dear Sirs:

My name is Michael Seawright. I am a staff sergeant in the Mississippi Army National Guard. I am a member of the former 624th Quarter Master Company that was deployed during Operation Desert Storm.

The 624th arrived in Saudi Arabia on the fourth of January, nineteen ninety-one. We stayed in Saudi until the twenty-sixth of February. During this time we lived in tents north of Haffer Al Batun.

In the early morning hours of February twenty-sixth, we arrived at the breach. We stopped at the breach waiting on the road to be cleared and waiting for the republican guard to be defeated. I heard reports of a low grade chemical agent being detected. It was not strong enough to take action and go to MOPP 4. There was also a report on the radio of the troops ahead of us encountering mustard gas. When we moved through the breach, we went through a mine field and several **blowed up** artillery positions.

We set up Log Base Nelligan that evening close to where the republican guard made their last stand. We pumped fuel non stop for almost 36 hours. Some of us were wet with diesel during this time. The sky was hazy with fumes and light smog-like smoke. We stayed in Iraq pumping fuel north through the fourteenth of April.

On the fifteenth of April, all of our unit was back in Saudi Arabia. As we were preparing to come home, we had a soldier die of a so called heart attack. We started home at the end of April.

After the unit returned home, I started having problems. I woke up one night about midnight with a fever of 104°. I was having cold chills that had me doubled over and severe diarrhea. My wife got me to the hospital. I had the symptoms of Malaria and TB. The doctors diagnosed me as having Acute Viral Gastroenteritis with dehydration, chills, and fever.

About a month later, I started having respiratory problems. I couldn't get a deep breath of air without it hurting. My lungs were wheezing with every breath I took. I went back to the doctor several times with this. Each time he would treat me for asthma symptoms. For about six months I had trouble breathing. The hurting just finally went away. I still hurt in my chest from time to time and have a thick phlegm.

Another problem I am having is nervousness or trembling. This problem varies from day to day. Some mornings I wake up and can't hold a cup of coffee without spilling it. This problem is also a hindrance to my job. I work with industrial sewing equipment. Most of these parts are very small. Tuning and timing this equipment is getting more difficult everyday. All of these problems started the first year I was home.

Page 2

I have made a list of some of the problems that other veterans are having. Some of these veterans are from other areas. I hope that this hearing will benefit all veterans, their families, and myself.

Thanks for taking time to have this hearing and listening to our story.

Michael D. Seawright

\*\*List of symptoms and problems of veterans of Desert Storm:

1. Fatigue
2. Shortness of breath
3. Aching of joints
4. Muscle aches
5. Itching
6. Rash
7. Sores, rashes or boils
8. Nervousness or trembles
9. Memory loss
10. Stomach problems or diarrhea
11. Sinus problems
12. Thick phlegm
13. Skin disorders on hands (peeling of skin)
14. Parasites in intestines
15. Blood disorder
16. Dizziness
17. Headaches

RECORD VERSION

STATEMENT BY  
MAJOR GENERAL RONALD R. BLANCK  
COMMANDING GENERAL  
WALTER REED ARMY MEDICAL CENTER

BEFORE THE  
COMMITTEE ON VETERANS' AFFAIRS  
HOUSE OF REPRESENTATIVES

HEALTH CONCERNS OF PERSIAN GULF WAR VETERANS  
21 JANUARY 1994

(NOT FOR PUBLICATION UNTIL RELEASED BY  
THE HOUSE VETERANS' AFFAIRS COMMITTEE)

RECORD VERSION

Mr. Chairman and Members of the committee:

I appreciate once again appearing before this Committee to learn about any new concerns the members may have and to provide a status report of DoD initiatives addressing post-Persian Gulf War health issues. As I have said on previous occasions, the health of our Persian Gulf War veterans is of vital importance and concern to the Department of Defense and we are continuing to mobilize our intellect, our energies, and our resources in our medical response to their needs.

Our most pressing effort has been focused on unlocking the reason or reasons for the lingering illness that is still plaguing some Gulf War veterans, many of whom are still on active duty. To date the cause has defied explanation despite careful, comprehensive, and intensive medical evaluation. We have consulted experts both inside and outside the Defense Department and they are participating with us in our search for clues and answers.

Our keen interest in the health of our military fighting forces was very well demonstrated before the Persian Gulf War started. Prior to Desert Storm, preventive measures were taken to protect U.S. servicemen and servicewomen from diseases and environmental threats known to exist in the Persian Gulf area. Immunizations, insect repellent, and pills to protect against natural as well as man-made health threats were distributed to our

forces. As a result of these actions, the disease rate experienced by U.S. forces was the lowest ever recorded in our military history. The fact that our troops were protected against biological and chemical warfare threats may have actually deterred the Iraqis from using them against our forces. Ironically, we have been asked whether these immunizations and pills might be an explanation for the persistent health problems seen among Gulf War veterans. We don't believe that they are the sole cause because of the extensive safety testing conducted on these items prior to their fielding to our forces. Moreover, several individuals with unresolved symptoms did not receive these immunizations or pills.

We also explored the issue of exposure to oil well fire smoke. During the war, the Iraqis blew up more than 700 oil wells, 600 of which remained on fire for several months. We had great concern initially that exposure to this acrid black smoke might lead to future health problems for military personnel who were exposed. For that reason several dozen doctors, scientists, and engineers were sent to the Persian Gulf to monitor the level of pollutants coming from these oil well fires and to estimate potential health effects. They stayed until long after all the fires were extinguished. Fortunately their assessment showed that the actual exposure experienced by our forces was much lower than expected. We will continue to evaluate long term effects.

Shortly after the war there was some concern that an unknown number of service personnel were infected with a parasitic

organism, called leishmania, transmitted by a sandfly. Although most of these infections were confined to the skin, causing a persistent skin ulcer, some infections were deeper and led to generalized symptoms. Several individuals suspected of having such infections were sent to Walter Reed Army Medical Center for extensive medical evaluations. To date only 31 military personnel have been diagnosed with this parasite and only 12 of them have the generalized form. The last one was diagnosed in mid-1993.

Following the Persian Gulf War, there were media reports and allegations of an unusually large number of miscarriages in female soldiers and wives of soldiers who served in SWA. The AMEDD looked at miscarriage rates at six Army posts before and after Desert Storm. The rate in 1990 was 380 miscarriages out of 4762 pregnancies (7.98%) and in 1991 was 511 miscarriages out of 6392 pregnancies (7.99%). These rates compare favorably to a published rate of about 15% in the United States general population.

There have been allegations of increased numbers of infants with birth defects born to Persian Gulf War veterans. Birth records at Army hospitals from 1989 to 1993 were electronically searched for all "congenital anomalies." The percentage of infants born with birth defects shows no unusual peak related to service in SWA. More detailed information on birth defects is being obtained.

Another concern expressed by some soldiers was their exposure

to depleted uranium. The Persian Gulf War was the first time that depleted uranium was employed during combat. It was used as armor plating to protect our tank crews from enemy fire. We also had depleted uranium tank ammunition that allowed us to disable Iraqi tanks more efficiently. In both cases the depleted uranium was extremely successful and prevented injury or deaths to American soldiers. The amount of radioactivity emitted from depleted uranium is exceptionally small, far lower than would be expected to cause a health hazard. One possible exception relates to 22 soldiers who were wounded with depleted uranium fragments during friendly fire incidents. This has received special attention and a study is currently underway, in collaboration with the Department of Veteran Affairs, to determine whether these fragments could lead to any ill effects in those soldiers having the retained fragments. Additional research efforts continue into long-term effects of low level exposure to depleted uranium.

The most recent question that DoD has been pursuing relates to allegations that our forces were exposed to chemical and/or biological warfare agents during the Gulf War and that this might explain the post-war illness seen among veterans. This issue has been widely reported by the media and several Congressional hearings have been held on the subject. The Defense Department has taken this issue very seriously and an extensive, systematic analysis was conducted. The concern was based on the announcement by the Czechoslovakian chemical teams operating in theater that they had detected low levels of chemical warfare agents. Although

there were no visits to our field hospitals in the theater by individuals or units with medical symptoms suggesting exposure to chemical or biological warfare agents, we continue to pursue this a possible health issue.

A great deal has already been done to review possible explanations, and other initiatives are being put in place. For example, the Department of Defense, the Department of Veterans Affairs (VA), the Department of Health and Human Services, and the Environmental Protection Agency, have established the Persian Gulf Research Coordinating Council. This council, established by the Persian Gulf War Veterans' Health Status Act, will coordinate all federal research activities related to Persian Gulf veterans' health. President Clinton has designated the VA as the lead agency.

Internally within the Defense Department we are creating an organization which will deal with matters involving long-term health effects from Operations Desert Shield/Desert Storm. The organization consists of a Gulf War Veterans' Health Steering Group and three working groups: Health and Compensation; Operations and Intelligence; and Technical Chemical and Biological Agent Matters. This organization will work closely with the VA.

We will also be working closely with the Medical Follow-Up Agency, within the Institute of Medicine, National Academy of Sciences. The Medical Follow-Up Agency has been retained by

Congress to review DoD and VA efforts to address the health consequences of service during the Persian Gulf War. The first meeting is scheduled for January 20-21 1994.

Further, a Defense Science Board task force was established to review possible exposure of personnel to chemical and biological warfare agents during and after the Gulf War and the possible link to post-war health effects. This task force is chaired by Dr. Joshua Lederberg, a Nobel Prize laureate. The first of a series of meetings was held December 21-22, 1993. Several more meetings will be held prior to an interim report in March 1994.

In addition, a special panel of renowned civilian medical experts is reviewing the medical records of symptomatic veterans with unexplained illnesses to develop a case-definition of post-Gulf War unexplained illnesses. This will greatly facilitate epidemiologic, therapeutic, and research investigations. They will be reporting their progress at a January 31, 1994 meeting at Walter Reed Army Medical Center.

Research on the health effects of depleted uranium (DU) continue. The two potentially significant routes of exposure to DU which the U.S. Army Medical Department (AMEDD) is actively evaluating are (1) the inhalation of DU dusts and (2) the retention of DU fragments within body tissues. The AMEDD has identified a group of twenty-seven soldiers who had the greatest

potential for inhaling DU dusts. Beginning in March 1992, the Veterans Administration began medically evaluating these soldiers. To date, none of the tests conducted on the soldiers has indicated an unusually high level of uranium and none of the soldiers has exhibited any symptoms which are typical of uranium poisoning. The medical evaluation of the soldiers suspected of retaining DU fragments is being done at the Baltimore VA Medical Center and the EPA's Environmental Monitoring Systems Laboratory in Las Vegas, through a joint DA/VA program which involves the voluntary participation of each soldier who was inside a battlefield vehicle at the moment it was struck by a DU munition. The soldiers will return to the Baltimore VA Medical Center annually for at least five years to reevaluate their medical status.

The Walter Reed Army Institute of Research is actively involved in investigations related to post-Gulf war medical issues including the parasitic infection, leishmaniasis, and psychological stresses during deployment and upon return home. Other U.S. Army Research and Development Command activities include research in medical defense against chemical and biological warfare agents.

The U.S. Army Environmental Hygiene Agency will soon be reporting the results of its two large scientific studies related to the Kuwaiti oil well fires. The Quantitative Health Risk Assessment Study is scheduled for release early this year.

The possible role of multiple chemical sensitivity (MCS) in producing some of the unexplained symptoms is also being pursued. Congress is providing funds for a research project to be established at a civilian university.

The above actions of the Department of Defense before, during, and after the Persian Gulf War illustrate our concern for the safety, health, and well-being of our military personnel and the military community. We will continue our efforts, in collaboration with other governmental and civilian agencies and institutions, to investigate and resolve the wide range of health problems reported by veterans who deployed to Southwest Asia in defense of the United States.

Thank you for the opportunity to appear before the Committee and I will be happy to answer any of your questions.

STATEMENT OF  
SUSAN H. MATHER, M.D., M.P.H.  
ACMD FOR ENVIRONMENTAL MEDICINE AND PUBLIC HEALTH  
BEFORE THE  
HOUSE COMMITTEE ON VETERANS' AFFAIRS  
MERIDIAN, MISSISSIPPI  
JANUARY 21, 1993

Mr. Chairman and Members of the Committee:

I appreciate the opportunity to appear before this Committee for the purpose of providing the status of Department of Veterans Affairs (VA) Persian Gulf-related activities.

Even before the fighting in the Gulf stopped, we at VA watched the oil fires burning and anticipated that they might well lead to health problems for Americans serving there. We began then what was to be the first of a significant number of actions to address health issues related to service in the Persian Gulf. We began to develop a registry examination program modeled on existing Agent Orange and Ionizing radiation registries. This was designed to provide veterans who have health concerns access to a comprehensive physical examination, baseline laboratory tests, and other tests when indicated. The information derived from these examinations is entered into a computerized data base with the results closely monitored to discern patterns of illnesses or complaints among Gulf War veterans. While we are seeing a wide variety of symptoms, we are unable to identify any trend or pattern. As of November 30, 1993, approximately 13,000 veterans had reported for an initial ("first-time) registry examination.

We have looked at the results of the first 7,427 veterans (6,600 males and 827 females) who have received special examinations as a part of the Persian Gulf Registry. The most

frequent complaints are skin rashes (15 percent), fatigue (14 percent), muscle and joint pain (13 percent) and headache and memory loss (each 11 percent). These figures are not cumulative, nor do they in all cases indicate an unexplained illness.

#### Office of Technology Assessment Report

In September 1993, the Office of Technology Assessment (OTA) released a mandated report which provided an assessment of the utility of the VA Persian Gulf Registry examination program. The report concluded that a "good start has been made on all facets of the registry complex." OTA made a number of recommendations and VA is taking action to respond to their suggestions. The report suggested that VA should immediately revise the examination protocol. On November 18, Persian Gulf Referral Center staff met with the Assistant Chief Medical Director for Environmental Medicine and Public Health to work on the revisions. The OTA report also cited some areas in which VA and DoD may be better able to work together and share information. We are currently working with DoD to implement the recommendations.

#### Treatment

On December 20, 1993, health care legislation authorizing priority health care for Persian Gulf veterans, on both an inpatient and outpatient basis, was signed into law by the President. Persian Gulf veterans under this new authority -- Public Law 103-210 -- are provided priority health care similar to that authorized for Vietnam veterans concerned about the health effects of Agent Orange and veterans exposed to ionizing radiation as a result of the atmospheric detonation of nuclear devices. If a Persian Gulf veteran presents unusual symptoms which cannot be diagnosed or otherwise managed at the local medical center, a referral is made to one of three special referral centers located at VA medical centers in West Los

Angales, Houston, and Washington, D.C. These centers were selected on the basis of availability of clinical and academic expertise in such areas as pulmonary and infectious diseases, immunology, neuropsychology, and access to toxicology expertise. As of November 30, 1993, there have been 55 admissions of such referrals. There are 25 scheduled to be seen at these referral centers, and they are currently working out mutually agreeable schedules with these veterans.

### Research

While considerable effort is made to learn the cause of a veteran's medical problems, in some cases a definitive diagnosis has proven to be elusive. This is frustrating for both the patients and their doctors. To address this problem, we have sought expert medical advice and are beginning a special research initiative. Last year, the Secretary of Veterans Affairs established a "Persian Gulf Expert Scientific Panel." This sixteen member panel comprised of experts in environmental and occupational medicine and related fields from both government and the private sector and representatives from veterans service organizations met in May 1993 and considered issues related to the diagnosis, treatment, and research of Persian Gulf-related health conditions. Among other recommendations, this panel concluded that further scientific review of this complex issue is essential. In light of this, the Panel recommended establishment of a permanent advisory committee. Subsequently, on October 16, 1993, an advisory committee was approved. The first meeting of this committee will take place in February 1994.

In June 1993, the Secretary also established a specialized Persian Gulf veterans working group within VA to address the need for research including research on multiple chemical sensitivity. In September, the Secretary approved the

recommendations resulting from that group, and a special solicitation has been issued to establish up to three VA research centers. These centers will provide a nucleus of research activity in toxic environmental hazards and serve as a focal point for coordination of research extending beyond VA to take full advantage of governmental and university resources. Activation of the centers is planned for the fourth quarter of FY 1994 following appropriate peer review.

Another activity planned by VA to address the issue of the perplexing symptoms associated with the Persian Gulf War is a workshop on the Persian Gulf experience and health. We will bring together experts in the medical community who will endeavor to define this problem. Because differences of opinion exist as to the definition and scope of this problem, such a workshop will permit public discussion of these differences and lead to a better understanding of the issues involved. It may also result in a case definition for what has been called the Persian Gulf "syndrome" or "mystery illness." The workshop which is being coordinated with HHS is planned for May 2 and 3, 1994.

You may be aware that on August 31, 1993, President Clinton designated VA as lead agency for all federally funded research into health effects of the Gulf War. This was in response to Public Law 102-585, section 707, on "Coordination of Government Activities or Health-Related Research on the Persian Gulf War." In November, VA called together representatives of VA, HHS, DoD, and EPA for the first meeting of the Persian Gulf Research Coordinating Council. They met again in December. This Council will foster improved coordination between VA and these other agencies and Departments.

Complementing this effort will be the results of a review due in October 1995, of the existing scientific, medical, and

other information on the possible health consequences of Persian Gulf service to be performed by the medical follow-up agency of the National Academy of Sciences.

In response to concerns raised by some members of reserve units that served in the Persian Gulf theater that they are now suffering the effects of exposure to chemical agents and because they have neurobehavioral symptoms suggestive of such exposure, we have selected the Birmingham VA Medical Center as the site for a pilot test program to explore the matter further. A review of the literature on the effects of a group of chemicals known as cholinesterase inhibiting agents, has shown that human beings may experience long-term neurologic sequelae after certain types of heavy exposures. A specialized neurological examination protocol has been developed at Birmingham, to determine what, if any, neurologic effects Persian Gulf veterans are experiencing. Initial examinations are focusing on members of reserve units in Alabama and Georgia, individuals who have participated in the Persian Gulf Registry at the Birmingham facility, and local veterans reporting to that facility with symptoms of concern. I must emphasize that such testing will not confirm whether the individuals were exposed to any particular agent because there is no screening test for any specific cholinesterase inhibiting agents. The examinations will detect the types of disabilities which could result from exposure and perhaps provide clues for future diagnosis and treatment.

It is important to stress that, in the absence of biological or clinical markers, VA physicians cannot confirm exposure to chemical agents which may have occurred years ago. We can only confirm the presence of pathological changes which may be a result of exposure. The continuing uncertainties about exposures to chemical agents reinforce the need for

research to try to answer veterans' questions about whether their symptoms could be due to such exposures.

In all our clinical and research efforts, we will continue to seek reasons why veterans are sick and provide proper treatment with a goal of restoring these veterans to good health. These veterans deserve medical explanations for their illnesses. In proceeding with the development of focused research into other health issues that may have resulted from Persian Gulf service, it is clearly too early to rule out any cause of illness.

We are extremely concerned about the Persian Gulf veterans family members of who have developed symptoms since their loved ones returned from the Gulf and especially the children born following the veterans deployment. You will hear more about efforts on their behalf from those directly involved here in Mississippi. However, we salute the brave mothers and fathers who first brought these problems to our attention and pledge that we will work hard to try and solve the problem.

In conclusion, I want to emphasize that we are totally committed to working together to care for those who are sick and to seek causes for any unexplained illnesses.

That concludes my formal statement. I will be pleased to respond to any question you may have.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

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Centers for Disease Control  
and Prevention (CDC)  
Atlanta, GA 30333

TESTIMONY OF  
STEPHEN B. THACKER, M.D.  
ACTING DIRECTOR  
NATIONAL CENTER FOR ENVIRONMENTAL HEALTH  
CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)  
PUBLIC HEALTH SERVICE

BEFORE THE  
COMMITTEE ON VETERANS' AFFAIRS  
U.S. HOUSE OF REPRESENTATIVES

MERIDIAN, MISSISSIPPI  
JANUARY 21, 1994

My name is Dr. Stephen Thacker, and I am the Acting Director of the National Center for Environmental Health of the Centers for Disease Control and Prevention (CDC). I am delighted to be here with my colleagues in the Mississippi Department of Health at your invitation. As you know, Mr. Chairman, CDC has been involved in several activities related to studies of adverse health effects associated with military service in the Persian Gulf War.

As you know, more than 600 oil wells were set on fire throughout Kuwait in February 1991. In response to a request from the State Department regarding concerns about the health impacts of burning oil fields, the Public Health Service (PHS) issued a preliminary health assessment advising that the emissions from oil fires are a varied mixture of unburned materials and combustion products, many of which are toxic. Beginning in April and throughout 1991, CDC and Agency for Toxic Substances and Disease Registry scientists were sent to Kuwait to evaluate environmental exposures from the Kuwait oil fires and to investigate respiratory hazards associated with the oil well fire smoke.

Also, during this time, CDC laboratories analyzed blood samples from soldiers and firefighters to measure exposures to volatile organic compounds (VOCs). While we were able to document high levels of exposure to some specific VOCs among firefighters, only one substance, tetrachloroethylene (PCE) was found to be elevated in blood samples taken from soldiers serving in Kuwait. This compound is not associated with emissions from oil fires, but rather, is a substance found in degreasing agents. A revised Health Advisory was subsequently issued by PHS, in October 1991, that recommended precautions for populations at risk, including asthmatics, individuals with chronic respiratory conditions, children, the elderly, and pregnant women. These recommendations were similar to those given in U.S. cities on days when air pollution levels are high.

Another area in which CDC has been involved in evaluating the health of Persian Gulf War veterans is in regard to testing for leishmania. Leishmaniasis is a disease caused by intracellular parasites that are transmitted by sand flies. The disease occurs primarily in rural areas of developing countries. In the United States, leishmaniasis occurs primarily in immigrants or U.S. citizens who have traveled to endemic areas.

After military personnel returned from Operation Desert Storm, CDC published an article in February 1992 in Morbidity and Mortality Weekly Report (MMWR 1992;41:131-4) which described cases of leishmaniasis identified in persons who had served in the Persian Gulf region. The article provided information regarding which federal organizations to contact for information regarding leishmaniasis. CDC worked with staff of Walter Reed Army Medical Center and others to distribute information to medical, public health, and lay communities about the risk of leishmaniasis in persons who had been in the Middle East and the implications of using blood donors who had been in the Middle East.

From December 1991 through November 1993, 690 serum specimens from persons who served in the Persian Gulf region were referred to CDC from state health departments and other sources for testing for evidence of antibody to the parasite that causes leishmaniasis. Of the 690 serum specimens tested, none had clearly positive test results. Sixty-five specimens (9%) demonstrated low levels of reactivity. Specimens from 15 Gulf war veterans with skin lesions suggestive of cutaneous leishmaniasis have also been cultured at CDC. Two of the 15 grew *Leishmania* parasites, thus confirming the diagnosis of cutaneous leishmaniasis in these two veterans.

Finally, on December 3, 1993, I was invited to meet with you, Chairman Montgomery, regarding reports of a cluster of infant

health problems among children born to Persian Gulf War veterans from Mississippi. Since our meeting, I have been in contact with Dr. Alan Penman, the Epidemic Intelligence Service officer assigned from CDC to the Mississippi State Department of Health. Dr. Penman made immediate contact with the Department of Veterans Affairs (VA) Medical Center in Jackson as indicated by Dr. Currier in her testimony. At the same time, I contacted the Director of CDC's Division of Birth Defects and Developmental Disabilities in Atlanta to be prepared for consultation with the Mississippi Department of Health, including possible active participation in the investigation.

These activities are consistent with the traditional public health response to health concerns. Working through State and local health departments, we first assess the nature of the problem by rapidly identifying and collecting readily available evidence. Subsequent investigation would begin with an assessment of the problem which may involve direct contact with patients and their families, as well as obtaining the relevant medical records. Then, if warranted, an analytic investigation would be undertaken to determine the nature and extent of the problem.

In Mississippi, this process was begun with the VA survey that has been described by Dr. Tarver and will be followed by a careful review of the available medical records. The CDC epidemiologist assigned to the Mississippi State Department of Health was invited to participate in an ongoing survey being conducted by the VA and to lend his epidemiologic expertise to that effort. Subsequently, an analytic investigation may be undertaken, in this case, involving participation of the Department of Veterans Affairs Medical Center in Jackson, Mississippi; the Mississippi State Department of Health; and CDC.

Other CDC specialty staff stand ready to provide consultation and, if requested by Dr. Currier, on-site participation.

An example of such an analytic investigation would be a case-control study in which we undertake a study of persons with a specific condition, such as a neural tube defect or prematurity in an infant (cases) and compare them to persons who are similar but without the condition (controls). This helps to determine what may be causing the condition or putting people at risk. Such an investigation may include interviews, record reviews, clinical examination, laboratory tests, etc. From such an investigation, we would draw conclusions and, when appropriate, make specific recommendations to prevent further cases.

At the National level, we will of course be responsive to any requests from State and local health departments related to the health of Gulf War veterans. When individuals contact us directly, we will work with the State to respond appropriately to such requests. CDC and the rest of the Department of Health and Human Services will continue to collaborate with the Department of Veterans Affairs and Department of Defense to investigate any health problems as they might arise. These Departments are currently participating in interagency activities to anticipate any problems and provide the appropriate response.

I welcome any questions you might have.

Statement of

Mary M. Currier, M.D., M.P.H.

State Epidemiologist  
Mississippi State Department of Health

Before The

COMMITTEE ON VETERANS' AFFAIRS

OF THE

U.S. HOUSE OF REPRESENTATIVES

JANUARY 21, 1994

Representing the Mississippi State Department of Health

Thank you for the opportunity to discuss the Department of Health's part in the investigation into health problems reported in some of the children born since the Persian Gulf War to veterans of that war.

We have been asked by the Veterans Administration to evaluate information which they are in the process of collecting regarding infants born to Gulf War Veterans in the 624th Quartermaster Unit in Waynesborough and the 1st Detachment in Laurel, the 786th Transportation Unit in Lucedale and the 1st Detachment in Quitman, since the war. Dr. Russell Tarver, the Associate Chief of Staff for Ambulatory Care at the V.A. in Jackson, Mississippi has described to you the steps they are taking to gather the necessary information, including a telephone survey of the members of the units, the requesting of medical records of all the children born since the Gulf War to these veterans, and the physical examination of veterans. Once we obtain this information, we will be able to determine how many children have been born to the veterans from these units since the Gulf War. The medical records of the children will allow us to determine how many of the children do have health problems. We will then look at the health problems to determine if there are more than would be expected for that number of births, and to see if there is any characteristic pattern of congenital anomalies or postnatal problems. If there is a pattern, indicating the possibility of some common cause, it could be due to some event in common among the families affected (including but not limited to the Persian Gulf War). If we discover an unusual occurrence or pattern of congenital or postnatal problems, we will ask the Centers for Disease Control and Prevention (CDC) to assist us in investigating whether there is a common cause, and if so what it is.

Statement Of

Russell S. Tarver, M.D.  
Associate Chief Of Staff for Ambulatory Care  
Veterans Affairs Medical Center  
Jackson, Mississippi

Before The  
House Committee On Veterans' Affairs

January 21, 1994  
Meridian, Mississippi

Mr. Chairman and Members of the Committee:

I appreciate the opportunity to appear before your Committee today to share our experiences to date on the health effects of service in the Persian Gulf.

On November 22, last year, I attended a meeting that the VA Regional Office in Jackson had arranged with the 624th Quartermaster Unit in Waynesboro, Mississippi. This unit had served in the Persian Gulf along with three other Mississippi National Guard units from Laurel, Lucedale, and Quitman.

At that meeting, two major health concerns were expressed by guardsmen and their families. First, a survey done by a guardsman's wife indicated that 13 of 15 offspring born subsequent to the Persian Gulf War had significant health problems at, or shortly after, the time of birth. To my knowledge this is the first report of such an occurrence among the offspring of Gulf War veterans. Second, a number of veterans had symptoms such as fatigue, shortness of breath, muscle and joint aches, decreased memory, rashes, headaches and abdominal discomfort. Similar symptoms were previously reported by Persian Gulf veterans in other areas.

On November 23, our medical center requested rosters of guardsmen who had served in the Persian Gulf War in these four units. This information was promptly provided by the Mississippi National Guard and we began the process of calling members of these units. We asked about the health status of offspring born since the Persian Gulf War and requested that families complete release of information forms, which is the first step in obtaining from their physicians the children's medical records in

order to review and evaluate their health problems. We also urged these veteran to have a Persian Gulf War Registry health examination.

The process of contacting veterans has been complicated by the fact that some members have moved away from the area or separated from the units since the time of the Persian Gulf War.

As of early this month our findings from our contacts were as follows: There are 285 veterans who served in the Persian Gulf from these units. We were able to contact 254 of them. Fifty-five children have been born to these veterans since the war. Of those 55, 37 reportedly have health problems. We have asked all of the parents of the 55 children to provide release of information forms. 47 agreed to do so and 24 returned the signed forms, which the VA medical center then sent to the children's private physicians, requesting that they forward copies of the medical records to us. We had received the health records of only four children as of early this month, but we expect more.

Several members of the Jackson VA medical center staff and I met with officials from the Mississippi State Department of Health and the Centers for Disease Control and Prevention (CDC) in December. Both the State Health Department and the CDC liaison expressed their willingness to evaluate any data that we could provide, to determine if an abnormal cluster of events had occurred in the children and to provide guidance and assistance in any further investigation. We agreed that any health information about the veterans or their children should only be collected voluntarily from the veterans with full informed consent. Both health agencies expressed willingness to assist once we can provide clinical data about the children.

We continue to collect information from private physicians about the children's health problems. Once this process is complete we will have it analyzed in conjunction with the State Health Department and CDC. From this data, we would hope to be able to determine whether further research is indicated and, if so, formulate a hypothesis and appropriate methodology. A

steering committee has been formed with members from the Jackson VA medical center, the State Department of Health and the University of Mississippi School of Medicine Departments of Pediatrics and Preventive Medicine, to provide assistance in an advisory capacity.

At the Jackson VA medical center, we continue to provide Persian Gulf Registry examinations to the guardsmen in the four units and to other veterans within our primary service area. As of early this month: 220 Veterans from the four units have requested exams; 60 of these will be done at other area VA medical centers and Jackson will do 160. We have completed 13 exams at Jackson and others have been initiated or scheduled.

The symptoms reported by some members of this unit are similar to those of some Gulf War veterans in other parts of the country. No explanation has been found for this symptom complex since the problems first arose over two years ago.

The Department of Veterans Affairs initiated the Persian Gulf Registry program to investigate individual veterans' health status and to provide epidemiologic data concerning this group of veterans. Three VA referral centers for Persian War veterans have also been established for the investigation of complex clinical situations and for research purposes.

Significant concerns have been raised by the members of these National Guard units. We are pursuing a course of action that should lead to the most valid conclusions possible with respect to these concerns.

Mr. Chairman, that concludes my prepared statement. I'll be pleased to answer any questions you or other members of the Committee may have.

Thank you.

STATEMENT OF  
MR. LARRY WOODARD  
DEPARTMENT OF VETERANS AFFAIRS  
BEFORE THE  
COMMITTEE ON VETERANS' AFFAIRS  
U. S. HOUSE OF REPRESENTATIVES  
JANUARY 21, 1994  
MERIDIAN, MISSISSIPPI

MR. CHAIRMAN AND MEMBERS OF THE COMMITTEE:

I AM PLEASED TO BE HERE TODAY TO DISCUSS THE EFFORTS THE VETERANS BENEFITS ADMINISTRATION IS TAKING TO RESPOND TO THE NEEDS AND CONCERNS OF ALL VETERANS AND IN PARTICULAR, VETERANS OF THE PERSIAN GULF WAR.

I WOULD LIKE TO BEGIN BY DISCUSSING THE DECISION TO CENTRALIZE CLAIMS PROCESSING FOR CONDITIONS CLAIMED AS A RESULT OF EXPOSURE TO ANY ENVIRONMENTAL HAZARDS IN THE PERSIAN GULF. NOT LONG AFTER THE IMMEDIATE DANGER OF DESERT STORM ENDED, VETERANS BEGAN FILING CLAIMS FOR HEALTH PROBLEMS WHICH THEY BELIEVED RESULTED FROM EXPOSURE TO ENVIRONMENTAL HAZARDS IN THE GULF. PROCESSING OF DISABILITY CLAIMS BASED ON EXPOSURE TO AN ENVIRONMENTAL HAZARD WAS CENTRALIZED IN OUR LOUISVILLE, KENTUCKY REGIONAL OFFICE. THIS WAS DONE TO BETTER COLLECT INFORMATION TO IDENTIFY PATTERNS OF CLAIMS SHARING COMMON ENVIRONMENTAL FACTORS AND TO DEVELOP A

CORPS OF CLAIMS EXAMINERS WITH EXPERTISE IN RATING THESE SPECIAL ISSUES. CENTRALIZATION OF PROCESSING HAS NOT ADVERSELY IMPACTED TIMELY COMPLETION OF VA PHYSICAL EXAMINATIONS SINCE EXAMS ARE CONDUCTED AT THE APPROPRIATE MEDICAL CENTER IN THE VETERAN'S STATE OF RESIDENCE.

MR. CHAIRMAN, AS OF THE JANUARY 11, 1994, THE VA REGIONAL OFFICE IN LOUISVILLE HAS RECEIVED 2,808 CLAIMS FROM VETERANS WHO BELIEVE THEIR DISABILITY RESULTED FROM EXPOSURE TO ENVIRONMENTAL HAZARDS. 1,031 CASES HAVE BEEN DECIDED AND SERVICE CONNECTION FOR DISABILITY ASSOCIATED TO EXPOSURE WAS GRANTED IN 163 CASES. AS OF JANUARY 11, 1994, THE LOUISVILLE OFFICE REPORTS THAT THEY HAVE RECEIVED 29 CLAIMS FROM MISSISSIPPI VETERANS CLAIMING DISABILITIES BELIEVED TO BE THE RESULT OF EXPOSURE TO AN ENVIRONMENTAL HAZARD WHILE IN THE PERSIAN GULF. THREE OF THESE VETERANS HAVE ALREADY BEEN NOTIFIED OF THE OUTCOME OF THEIR CLAIMS. MR. CHAIRMAN, I CAN REPORT THAT TWO OF THE THREE INDIVIDUALS ARE SERVICE CONNECTED FOR DISABILITIES RELATED TO THEIR MILITARY SERVICE. THE REMAINING CLAIMS ARE IN VARIOUS STAGES OF DEVELOPMENT, SUCH AS, AWAITING COMPLETION OF VA EXAMINATIONS OR RECEIPT OF SERVICE MEDICAL RECORDS BEFORE DECISIONS CAN BE MADE. THE VA IS HERE TO SERVE. THE EASIEST WAY TO GET SERVICE IS TO CALL THE VA AT 1-800-827-1000. A VETERAN DIALING THIS NUMBER FROM MISSISSIPPI WILL BE CONNECTED WITH THE JACKSON REGIONAL OFFICE. A CALL TO THAT NUMBER ORIGINATING IN ANOTHER STATE WILL BE CONNECTED TO THE REGIONAL OFFICE SERVING THAT STATE.

IN MISSISSIPPI OUR REGIONAL OFFICE HAS BEEN COMMITTED FOR A LONG TIME TO GO ANY WHERE, ANY TIME TO TALK TO ANYONE CONCERNING VETERANS AND VETERAN BENEFITS WITHIN THE STATE. WE PROMOTE THIS REGULARLY WITH ALL GROUPS THAT WE COME IN CONTACT WITH. AS PART OF THE COMMITMENT, WE CONDUCT PERSONAL INTERVIEWS AFTER THE BENEFIT BRIEFING AND PLEDGE TO REMAIN UNTIL ALL QUESTIONS HAVE BEEN ANSWERED. IF ANYONE IS HERE TODAY THAT HAS QUESTIONS OR WISHES TO FILE A CLAIM, WE WILL BE AVAILABLE AFTER THE HEARING. DURING FISCAL YEAR 1993, OUR OFFICE CONDUCTED A TOTAL OF 29 SUCH BENEFIT BRIEFINGS IN 18 COMMUNITIES THROUGHOUT THE STATE. OUR MILITARY SERVICES COORDINATOR ALSO CONDUCTS VA BENEFIT BRIEFINGS WITH SOON TO BE SEPARATED ACTIVE DUTY MILITARY PERSONNEL AT THE MERIDIAN NAVAL AIR STATION, COLUMBUS AIR FORCE BASE, KEESLER AIR FORCE BASE, GULFPORT NAVAL CONSTRUCTION BASE, AND THE PASCAGOULA NAVAL STATION.

IN CLOSING, THERE ARE THREE POINTS I WOULD LIKE TO EMPHASIZE: (1.) A PERSIAN GULF VETERAN WHO BELIEVES HE/SHE HAS A DISABILITY RESULTING FROM ACTIVE DUTY NEEDS TO FILE A DISABILITY COMPENSATION CLAIM AT THE NEAREST VA REGIONAL OFFICE IN HIS/HER STATE OF RESIDENCE. THE SOONER THE BETTER. (2.) ANY PERSIAN GULF VETERAN WONDERING ABOUT HIS/HER MEDICAL CONDITION SHOULD REQUEST A PERSIAN GULF REGISTRY EXAMINATION FROM THE VA MEDICAL FACILITY SERVING HIS/HER AREA. AND (3.) ANY RESERVE OR NATIONAL GUARD UNIT IN MISSISSIPPI WANTING TO KNOW MORE ABOUT VA BENEFITS SHOULD CONTACT OUR OFFICE AND WE WILL BE THERE TO PROVIDE INFORMATION AND ASSISTANCE TO THE GROUP.

MR. CHAIRMAN, THAT CONCLUDES MY PREPARED STATEMENT. I THANK YOU FOR THE OPPORTUNITY TO BE HERE AND LOOK FORWARD TO WORKING WITH YOU AND THE VETERANS IN MISSISSIPPI TO FIND SOLUTIONS TO EVERYONE'S CONCERNS. AT THIS TIME, I WILL BE HAPPY TO ANSWER ANY QUESTIONS.

My name is Samuel Dixon, I am a SGT E-5 in the 1165th Military Police Co. of the Alabama Army National Guard.

I was married on November 19th of 1990. On November 21st of 1990 I was called to Active Duty in support of Operation Desert Shield and two days later I would leave for a month of pre-deployment training at Fort Rucker, Alabama. On January 1st of 1991, my unit and I departed the U.S. and landed in Saudi Arabia on January 2, 1991. One January the 16th, after two weeks of preparation in Alkhobar, Saudi Arabia, the 1165th Convoyed to North Central Saudi Arabia, near the town of Hafar Al Battin.

In the early hours of January 17th of 1991, the night the air war began, we were awoken by the sound of chemical alarms on our perimeter, we automatically went to full mopp gear. We spent approximately three hours in the full mopp gear, then given the all clear. Since that time we have come to discover that our Co. NBC NCO, Staff Sergeant Dale Glover detected the presence of nerve agent on that occasion, as well as later on in the war.

After this incident the 1165th Military Police Co. went on to be attached to the 1st Infantry Division (Mech) in Iraq.

Our duties included the handling and transporting of Iraqi POWs, searching Iraqi bunkers, patrolling areas of thousands of square miles, any of which could have led to chemical exposure.

The 1165th returned to the United States in May of 1991. Since this date, I as well as other members of the 1165th have suffered problems such as rashes, soreness of the joints, headaches, sleeplessness and other serious problems.

One April 29th of 1993 I Samuel Dixon and my wife Leigh was blessed with the birth of our daughter, Amber Elizabeth. Amber was born with an intestinal deformity, a duplication of the large intestines which required surgery at the age of seven weeks. In addition, Amber has also experienced nerve problems which caused her to lose use of her right arm. While my daughter has regained use of her arm, she is still under the care of Neurologists at the University Hospital in Jackson, MS.

In closing, I would like to say that I am proud to be an American Soldier, and shall remain that way until I die. However, any knowledge or assistance that could be granted to me and my family would be greatly appreciated.

Sincerely,

SGT Samuel Dixon  
1165th Military Police Co.  
Butler, AL 36904

Dear Chairman Montgomery:

This statement is being presented to be included for the record in the Congressional hearings of Feb. 1, 1994. Sir, my name is Staff Sergeant Donald L. Drake, USMCR. As a member of HMA-775, MAG-46 Det. C, I served in Desert Shield/Storm. Our primary mission was to fly medivac escort, and close air support for the 1st Marine Corps Division. As a result of my service in the Gulf, I was awarded the National Defense Medal, the Southwest Asia Campaign Medal with three stars, the Meritorious Unit Citation, the Naval Unit Citation, and the Liberation of Kuwait Medal. I arrived in Saudi Arabia at the end of December of 1990, and returned home at the beginning of June, 1991, Serving in Operation Desert Shield, Desert Storm, and Operation Cease Fire. While participating in these campaigns I served at Al-Jubayl Naval Air Station, EAF Lonesome Dove, aboard the TVSB SS Wright (Port of Juybal), Tanigeb, and Mishab, Saudi Arabia, and Kuwait City.

Sir, as you can see I served our nation honorably and well. The real story here is what has happened to me since my return from the Gulf. I am a sick Veteran who has been diagnosed with the Persian Gulf Syndrome. I am one of many who suffer with this affliction. While we sick veterans appreciate all that you and other congressmen and senators are doing for us I believe there is much more work to be done. Like many veterans since I have become ill, I have not only lost my health, but I have lost my family, my life savings, my career in the Marine Corps, and the United States Postal service is actively pursuing my removal from service after 11 years. In the face of this, I have been able to keep my dignity and self respect.

At this time I would like to detail my own personal experiences in dealing with the Gulf War Syndrome. Though they are my own experiences I think you will see that they closely match those of other ill Desert Storm Veteran. Upon returning from the Gulf in June of 1991, I resumed my duties as a letter carrier for the U.S. Post Office. Even then I felt that there was something wrong with me physically, and was unable to perform my duties as well as I had before my reserve unit was activated and sent to the Gulf. No matter how well I ate, or slept my energy level was not in line with a healthy 31 year old man. In April of 1993, my symptoms became full blown. I found myself so ill that I was unable to continue to work on a regular basis. I was at that time and still am afflicted with a myriad of symptoms associated with my service in the Gulf. These symptoms include: night sweats, rash, bleeding and receding gums, bleeding intestines, and stomach, loss of hair all over my body, blurry vision, mouth sores, shortness of breath, joint and muscle pain, chronic fatigue, prostatitis, tumors in my hands, feet and stomach, enlarged lymphnodes, PTSD, Thickened saliva, Memory loss, Disorientation, Confusion, Inability in transfer thought to speech, Leishmaniasis, Sand Flea Bites, Allergic Rhinitis, Allergies, Chronic Diarrhea, Increased Anger, Nightmares, Trembling and Twitching Muscles, Heart Palpitations, Chronic Sinus Problems, Headaches, Muscle Cramps, Sweaty Palms, Chronic Depression, Bruising, Fevers of Unknown Origin, Abnormal Growth of Toe

Nails, Acne, Hearing Problems, Cysts in Earlobes, Tingling and, Swelling in Joints and Extremities. As you can see, my problems physically are many, but so are my personal problems as a result.

Sir, I believe my problems stem from my service during the Gulf War and may be caused by one or more factors. To include, exposure to toxic substances, chemical and biological warfare, environmental hazards, petro chemicals, pharmaceuticals, or other chemical agents administered by the Department of Defense, indigenous disease, pesticides, and the inhalation of or ingestion of Depleted Uranium. As you are well aware, the Gulf War was a very dirty and toxic war. I would at this time like to share with you some of my experiences there. On the night of January 19th, 1991, at approximately 2:00 a.m. at Camp 13, Al-Juybal, Saudi Arabia my unit was subjected to a direct chemical and/or biological attack. There was an incredibly loud explosion in the lower atmosphere above our camp, with in minutes the chemical alarms sounded, and the mobile security Marines began running through the camp giving the gas, alert. At this time we went to MOPP level-4, and after ensuring that my troops were properly suited up I returned to my hooch, and with the other staff NCO's waited for the all clear. As we were waiting a white mist blew threw our bivouac area. This mist was approximately waist high down to the ground. After a few minutes the mist disappeared, and shortly afterward we were given the all clear. After taking my mask off, my face started to sting, and burn. At this point my troops were alarmed and felt as we all did that something out of the ordinary had occurred.

After talking with my executive officer I was told the official word was " That we had heard a sonic boom." "That this was not a chemical attack and as a Staff NCO I was responsible to quell the rumors of a chemical attack, and to ensure that my troops concentrated on the mission at hand." This was the first of many such incidents. On many occasions the chemical alarms would sound and we would be required to suit up. If my illness is a result of a chemical/biological attack, I believe that I should be awarded the purple heart, because believe me sir, it has impacted my life as much as a bullet wound. I also believe that I should be awarded compensation from the Veterans Administration and I would like to be treated with dignity and respect as should all Disabled Veterans be treated. I can not say beyond a shadow of a doubt that I was subjected to exposure from chemical/biological weapons. Unlike our Army counterparts we did not carry individual detection kits. But it is my firm belief that many of my ailments maybe the result of exposure.

In addition to the danger posed by chemical/biological weapons, we also were exposed to many other toxic materials. Exposure to fertilizers, Petro Chemicals, and the smoke from the burning oil wells might also be responsible for some of the symptoms that I now experience. In addition to these toxic substances, I am most concerned about exposure to Depleted Uranium. While in itself Depleted Uranium is not particularly hazardous to your

health, but what concerns me is the oxide dust produced when this heavy radioactive material incinerates. Once inhaled, fine uranium particles can lodge in your lungs and stay there for the rest of your life. Once ingested the uranium concentrates within the bones, it seems probable if not likely that I may develop lung cancer, bone cancer, or leukemia. Uranium also resides in soft tissue, including the testicles, which would increase the probability of genetic health defects including birth defects and for women spontaneous abortions. Immediately after the cease fire was effective, I flew north to Kuwait International Airport to perform Battle Damage Assessments on destroyed Iraqi armored vehicles. The majority of the vehicles were destroyed by penetrator rounds largely composed of depleted uranium. According to a study conducted by the Department of Defense, conducted after the war, at no time should a person enter a vehicle that has been destroyed by depleted uranium without self-contained breathing apparatus, and proper clothing to minimize contamination, and then only to save lives if possible. Sir, I crawled through countless Iraqi tanks and various other armored vehicles that had been destroyed by depleted uranium. Some were literally still hot from burning. I did all of this without the knowledge of how dangerous doing so without proper protection was.

Saudi Arabia as you know has many diseases that are indigenous to that region of Southwest Asia. Diseases that Americans normally are not at risk of contracting. I also believe that we may have contracted possibly one or more of these diseases including Leishmaniasis. To combat these diseases and those that might have been possibly released in a biological attack we were subjected to many inoculations of various vaccines including one that was an experimental anthrax vaccine. We were also required to take a nerve agent tablet designed to thin the blood allowing atropine to work quicker in the event of a nerve gas attack. These vaccines, tablets, and indigenous diseases may also be responsible for the ailments of the sick gulf veteran.

As a result of my illness, my life has become a nightmare. Since I am no longer physically capable of meeting the standards of the Marine Corps, I have been taken transferred from an active reserve status, to a inactive status. After 15 years my career, in my beloved Corps is over, as well as my dream of a retirement from military service. My career in federal service also is in get jeopardy. I am currently facing removal after 11 years of faithful service, because they can not or will not accept the fact that I am a sick gulf war veteran. I am unable to provide them with a diagnosis/prognosis of my condition, as a result I have been unallowed to return to work in any capacity. Naturally this creates a burden upon myself and my family. The inability of the Veterans Administration to provide a diagnosis and their inability to state this in writing( see enclosed statement from the V.A.) has placed my career in Federal Service in great jeopardy. The inability and unwillingness of the Postal Service to accept these facts is a great indicator of the problems the sick gulf war vet. faces. Because I still have a job even though I am not receiving pay I have fallen through every conceivable crack in the social welfare system. I do not qualify for disability because the VA will not provide a statement of disability. I can not qualify for food stamps, because they to want a statement of disability.

Congressman I am a father and a husband with seven mouths to feed and shelter. What am I to do? I urge you and your fellow representatives to introduce legislation to coincide with HR 2535 that would grant immediate financial assistance to the ill gulf war veteran, making it possible for these brave men and women capable of supporting themselves and their families. I find it ironic that if I were a homeless vet that many of the programs that are in place would be accessible to me. But there are no programs in place to prevent a veteran from becoming homeless. Thank you in advance for your consideration and God speed.

Sincerely,

Donald Lee Drake  
SSGT/ USMCR  
418-96-4599  
1225 Halsey Ave.  
Huntsville, Al. 35801  
205-535-0960

Submitted to:  
U. S. House of Representatives  
Committee on Veterans Affairs  
Meridian, Mississippi

January 14, 1994

My name is Lowell Wayne Clark. I was stationed in Dhahran Saudi Arabia from November 30, 1990 to February 14, 1991. I was a Civil Engineer with the United States Army Corps of Engineers working as a project manager. We made sure that projects were put together and completed while getting ready for the war. I went on a site investigation trip to Hafer Al Batin about 190 kilometers (120 miles) northwest of Dhahran from December 8th to December 11th of 1990. Hafer Al Batin is 40 kilometers (25 miles) from the Kuwait border. I was 60 kilometers (40 miles) from Al Jabar on January 20th 1991, the day that the scud missile exploded there and distributed mustard gas over the 1624th division of the Georgia Alabama unit. The civilians in Saudi Arabia worked 12 to 14 hour days and right before the war started we worked sometimes 36 hour days with no sleep. Most of the time we were on computer terminals causing eye problems that continue today. After the war started on Jan. 17, 1991 there was no rest because at night we could hear the soud missiles coming in and the patriot missiles taking off to attack the scuds. This usually happened twice a night with sirens going off, floors and walls shaking and dynamite sounds of patriot missiles. You could look up and see the explosions in the sky above

as the patriot missiles destroyed the scud missiles. We were required to get up and put on our gas masks and go below the compound and sit in front of the Television for instructions. Usually after about an hour and 1/2 we would get the all clear to return to our rooms and take off our gas masks. We were required at all times to carry the gas masks. My apartment complex or compound that housed the civilians was 1/4 mile from the barracks that was attacked by the scud that killed 28 military soldiers. On January 12, 1991 I was given an injection that the medical personnel did not want to put on our shot records. When I inquired as to what the shot was for the medical personnel would not tell me until I insisted that it be recorded. They treated us as soldiers telling us to line up that everyone was going to get the shot. A captain told us he thought it was an anthrax injection and to keep it quiet. The injection is recorded as vaccine A on my shot record. While there the sand fleas would bite your ankles even though your pant legs were tucked into your boots to keep out the sand.

Since being back from Saudi Arabia I have suffered some of the same symptoms as those being reported by the soldiers. They are stabbing pains in the groin area and joints. My eye sight has deteriorated. I had to have gum surgery because of receding gums. Almost a year after coughing and heavy breathing I was diagnosed with Asthma November 30, 1992. I currently have short term memory loss and I can no longer process information. I was hospitalized on January 5, 1993 and have not worked regularly since then. I am currently on medical leave from the U. S. Corps of Engineers indefinitely.

I graduated from Mobile College with a Bachelor of Science degree in Math in May 1970. I received my Bachelor of Science degree in Civil Engineering in June 1984. I have worked for the U. S. Corps of Engineers since 1971 and as project manager I sometimes handled 40 jobs at a time. Now I cannot process information well enough to handle a job. I believe something happened to me in Saudi Arabia that has contributed to my illness. I have been trying to get more information from the Veterans Administration about the conditions of the veterans of the Gulf war. I am a veteran of the Vietnam War era but I was over in Saudi Arabia as a civilian and therefore I cannot be included in the testing procedures or on any of the mailing lists for Gulf Vets. While in Saudi Arabia my wife received an inquiry from the U.S. Air Force requesting information about my reserve status as Captain in the Air Force for possible duty in Saudi Arabia. She with my power of attorney replied on my behalf that I was already serving my country as a Civil Engineer in Saudi Arabia. I probably would have been called to active duty in the United States Air Force during the Gulf War had I not already been there. We as Civilians and as Soldiers were all over there fighting the same war for the United States of America. I am writing this statement to inform our government that there are civilians who fought the Gulf War and that they are suffering also. They too deserve your attention.

Sincerely,

Lowell Wayne Clark

*Lowell Wayne Clark*