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**SPECIAL FULL COMMITTEE HEARING ON HEALTH
PROBLEMS OF PERSIAN GULF VETERANS**

Y 4. V 64/3: 103-32

Special Full Committee Hearing on H...

HEARING
BEFORE THE
COMMITTEE ON VETERANS' AFFAIRS
HOUSE OF REPRESENTATIVES
ONE HUNDRED THIRD CONGRESS
FIRST SESSION

NOVEMBER 9, 1993

Printed for the use of the Committee on Veterans' Affairs

Serial No. 103-32



SEP 8 1993

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CONTENTS

Page

OPENING STATEMENTS

Hon. Joseph P. Kennedy II, Acting Chairman	1
Prepared statement of Congressman Kennedy	71
Prepared statement of Congressman Evans	78
Prepared statement of Congressman Quinn	88
Prepared statement of Congressman Smith of New Jersey	80
Prepared statement of Hon. Luis V. Gutierrez, with attachments	81
Hon. Thomas J. Ridge	25
Hon. Sanford Bishop	28
Hon. Frank Tejada	28
Hon. Spencer Bachus	29
Hon. Cliff Stearns	31

WITNESSES

Adcock, Hester	9
Anderson, Mary	60
Browder, Hon. Glen, a Representative in Congress from the State of Alabama	4
Collins, Hon. Michael "Mac", a Representative in Congress from the State	
of Georgia	5
Harbison, 1st Sgt. Cameron	54
Johnston, Paul	69
Prepared statement of Mr. Johnston	102
Johnston, Tracie	70
Land, Mike	15
Prepared statement of Mr. Land, with attachments	94
Larrisey, Penny, President Operation Desert Shield/Desert Storm Philadel-	
phia Center	40
Lee, Sargeant David	59
MacNeil, Douglas	67
May, Carl	42
Perrone, Paul	67
Picou, Carol	37
Prepared statement of Ms. Picou	105
Pinet, Gunnery Sergeant Thomas	56
Richmond, Todd	17
Prepared statement of Mr. Richmond	99
Roberts, Nick	12
Prepared statement of Mr. Roberts	89
Rosalius, Lori	68
Rosario, George	43
Silvester, Victor, National President Operation Desert Shield/Desert Storm ...	39
Smith, Col. Herb	8
Striley, Tim	69

IV

Thiesen, Bruce, National Commander, The American Legion	6
Vaughn, Sergeant George	61

MATERIAL SUBMITTED FOR THE RECORD

Statement:

Vickie Hallman	113
Written committee questions and their responses:	
Congressman Everett to Col. Herb Smith	116
Congressman Everett to Mike Land	120
Congressman Everett to Nick Roberts	122

SPECIAL FULL COMMITTEE HEARING ON HEALTH PROBLEMS OF PERSIAN GULF VET- ERANS

TUESDAY, NOVEMBER 9, 1993

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

The committee met, pursuant to call of the chair, at 12 p.m., in room 334, Cannon House Office Building, Hon. Joseph P. Kennedy II, presiding.

Present: Montgomery, Smith of New Jersey, Evans, Ridge, Rowland, Hutchinson, Kennedy, Buyer, Long, Quinn, Bachus, Linder, Clement, Stearns, Tejeda, Gutierrez, Bishop, Kreidler.

OPENING STATEMENT OF HON. JOSEPH P. KENNEDY II, ACTING CHAIRMAN

Mr. KENNEDY. Good afternoon. The special hearing of the Veterans Affairs' Committee will now come to order. First of all, I would like to welcome each and every one of you and thank you all for coming.

In addition, I'd like to thank Chairman Montgomery for agreeing to call this special committee hearing to receive testimony of Persian Gulf veterans. I would also like to recognize the leadership of many of the members of the committee who are here with us today, particularly Representatives Lane Evans and Glen Browder who have both spoken out on this issue for a long, long period of time. I should also recognize Steve Buyer who has the distinction of not only having served in the Persian Gulf, but also shares many of the symptoms that other soldiers have complained of to members of our committee as a result of their service in the Gulf.

Today, the committee is joined by two distinguished members, as I mentioned, Glen Browder and Mac Collins, who I saw in the back. I welcome them here today. We've invited them to participate both because of their leadership and because of the special concerns of their constituency, from whom we will hear shortly.

This Thursday, our nation will celebrate a holiday recognizing the tremendous national service and sacrifices made by the men and women who defend our country. Yet, this Veterans Day celebration is shrouded with a sad irony. Since returning from the Persian Gulf War, thousands of our troops have been experiencing an array of serious illnesses, which often allude diagnosis and treatment. The very Government departments established to tend to the needs of these brave men and women seemed to have turned a deaf

ear to their pleas for help. They deserve more, and we intend to give it to them.

Over the last 2 years, we have had ample opportunity to hear from the Department of Defense and Department of Veterans Affairs about the medical status of Persian Gulf War servicemen and women. Most recently, we have repeatedly asked the Department of Defense for full disclosure and accountability on possible chemical and biological agent detection and exposures, including the Czechoslovakian Defense Ministry report.

Now, it's time to hear from our veterans—whose lives have been left hanging in the balance while the Government continues its pattern of moving at a turtle's pace.

Of the hundreds of Persian Gulf veterans who have contacted my office, many have said that the war they now wage in seeking recognition and medical treatment from the VA and DOD medical systems is far worse than the battle that they faced in the desert. We are now calling upon these veterans to be courageous once again by coming forward—not an easy step given the demands on their health, bankrupted personal resources, and often fears about jeopardizing an active duty military status.

Today, witnesses represent a cross-section of afflicted Persian Gulf veterans and their family members from all corners of the United States. While they represent only a sample—albeit a powerful sample—these men and women send a clear message that Persian Gulf Syndrome is an urgent national problem. These veterans are not alone.

To Persian Gulf veterans around the country, I want to assure you that your voices are being heard and that Congress will continue to fight to get to the bottom of this tragic situation. This committee has undertaken an aggressive agenda to address the concerns of the brave men and women who served in the Persian Gulf. Next Tuesday, November 16, the Veterans Affairs' Subcommittee on Oversight and Investigation under the leadership of Chairman Evans will take our investigation one step further.

Today's testimony will stress the urgency of the situation, and veterans themselves will shed light on how other Persian Gulf veterans can be better served.

I will now recognize my colleagues for opening remarks and ask that they be brief in order to reserve time for our distinguished witnesses—our Persian Gulf veterans.

I ask unanimous consent that the record be held open for additional statements for the record. Without objection, it's so ordered.

Our first member will be Chairman Lane Evans.

Mr. EVANS. Thank you, Mr. Chairman.

Listening to the experiences of the Persian Gulf veterans and our Government response reminds me of Yogi Berra's statement, "It seems like it's *de novo* all over again."

For a quarter of a century Vietnam veterans had to fight their own Government over willful foot dragging and denial of diseases caused by Agent Orange. Only recently was a real study conducted of these medical problems to prove veterans were right all along concerning those kinds of illnesses that they suffered from.

We cannot let the struggle Vietnam veterans waged become the shared legacy of Persian Gulf veterans. We need answers, we need

them now and we need to listen to these veterans and their families tell us about the real problems and the real experiences. That's why I'm very pleased, Mr. Chairman, that you're holding this hearing today and I look forward to the testimony.

Mr. KENNEDY. Thank you very much, Mr. Evans.

Mr. Hutchinson.

Mr. HUTCHINSON. Thank you, Mr. Chairman, and I want to join my colleagues in expressing our gratitude for you calling this special hearing of the Veterans Affairs' Committee. I think the testimony that these veterans are about to offer will be very helpful in allowing us to see and hear firsthand whether the VA is providing the most complete care available. And, of course, I think all of us are concerned about recent reports that the Department of Defense may have information on the possible use of chemical weapons by Iraq in the Gulf War. And if so, that information is critically important and any delay in the total disclosure of that information will hinder diagnoses and treatment.

So, Mr. Chairman, I look forward to hearing this testimony and, again, I thank you for calling this hearing.

Mr. KENNEDY. Thank you very much.

Chairman Montgomery, do you have an opening statement you would like to make?

Mr. MONTGOMERY. I kind of hate to run in and take any time, but thank you, Chairman Kennedy. I think what you're trying to do has a lot of merit to it. You totally have my support in getting to the bottom of this serious situation.

Thank you.

Mr. KENNEDY. All right. We very much appreciate your participation here, Mr. Chairman. We recognize you held a hearing on this issue over a year and a half ago and have committed yourself both publicly and privately to continuing to make sure that our committee stays actively involved in trying to get to the bottom of this situation. So we thank you very much.

Mr. MONTGOMERY. Would the chairman yield? We have to do that. When we find out the damage that's been done to these veterans, then it shifts totally to our court taking care of the medical problems these veterans have. And so we don't want to have another Vietnam era situation, as Mr. Lane Evans knows, and that's a good step forward as we move ahead and try to get to the bottom of this situation.

Thank you.

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

Mr. Buyer.

Mr. BUYER. Thank you, Mr. Chairman.

I applaud Sonny Montgomery, Mr. Chairman, for allowing this hearing to be held today. I also thank Mr. Kennedy and Lane Evans for their leadership on the issue, and continue to press ahead.

There are many of us that have continuous concern, not only veterans, my comrades, but also those who serve here in the Congress to ensure that we do not have a repeat of the Agent Orange situation. I think a tremendous compliment to the Vietnam veterans in their struggle for recognition of their strife and struggle with Agent Orange really has helped pave the way for clearing the road to

break the barriers of the bureaucracies of the medical community, not only in the private but also the military medical community along with the VA.

Your testimony to my comrades that you're going to give here today is very helpful in this process. I know many of you come from across America, giving up your time and your expense to be here. This is your participation in your Government. It's an opportunity for your voice to be heard and it's extremely important as those of us that tried to tear down some of those institutional barriers will continue to fight the good fight, but you have to help us in that process. And that's the purpose of this hearing. I look forward to your testimony.

Mr. KENNEDY. Thank you, Mr. Buyer.

Glen Browder has agreed to join with us this afternoon. He serves on the Armed Services Committee and has really been the individual in the Congress that is responsible for bringing to light the Czechoslovakian Study. We thank you for your effort, Mr. Browder. Do you have any opening statement?

Mr. BROWDER. Thank you, Mr. Chairman, not only for allowing me to participate in this hearing, but for your leadership and this committee's leadership on this very important problem, and your diligence and early work on this. You've been vital to this process, and I just want to thank you.

I have no remarks. I'm looking forward to sharing the concerns and experiences of our constituents. So I have no remarks other than to say that this is beginning to look like a classic case of stonewalling, and this stonewalling is a disservice to our country, and we need to get beyond it.

Thank you very much.

Mr. KENNEDY. Thank you very much, Mr. Browder.

Mr. Quinn.

Mr. QUINN. Thank you, Mr. Chairman.

I appreciate the work that you and others have done on this matter, and we in this very chamber have already heard absolute horror stories from veterans around this country, both men and women veterans. And we're going to hear more of that today. It's important for us to hear that. I think back in our own districts across the country we've heard the same kind of report. The registry is a wonderful beginning, but it's only that, a beginning. I think that we need to hear with a very clear listening power today what these people have to say to us. The ball is in our court, as Mr. Montgomery has said.

I have a full statement that without objection, I'd like to submit to the record.

[The prepared statement of Congressman Quinn appears on p. 88.]

Mr. KENNEDY. Hearing no objections, so ordered.

Jill Long from the State of Indiana.

Ms. LONG. Thank you, Mr. Chairman. I do want to commend you and Mr. Evans for taking the lead on this issue, and also Mr. Buyer from our State of Indiana who has pushed hard not just since coming to Congress, but in running for Congress on this issue.

As a country we seem to be pretty good at setting aside a couple of days a year to honor our veterans, but we don't do nearly as well in meeting the long term needs of our veterans. And I look forward to the testimony today and to working with our veterans groups and individuals to make sure that we address those needs of the Persian Gulf, those who served so well in the Persian Gulf.

Thank you.

Mr. KENNEDY. Thank you.

Now, it gives me pleasure to introduce Bob Clement who was also one of the earliest members to speak out on this issue. He actually sponsored the initial health care legislation to look out for the veterans who were being denied health care access at the VA. So, thank you, Bob, for your work.

Mr. CLEMENT. Well, thank you, Mr. Kennedy, because it was a pleasure working with you and Mr. Evans, and Mr. Buyer and the committee and with our support from Chairman Montgomery and all of us working together concerning our Persian Gulf veterans. Because I served during the Vietnam War; I didn't go to Vietnam, but I remember how we overlooked a lot of problems that existed. And we surely don't want to do that with our Persian Gulf veterans.

And I'm looking forward to hearing the testimony that will come forward to express your feelings about what has happened, and how you feel. And I'll submit my statement for the record.

Mr. KENNEDY. Thank you very much. Hearing no objection, so ordered.

I see another member has just entered the chamber. Dr. Roy Rowland from the State of Georgia. Dr. Rowland, do you have an opening statement?

Mr. ROWLAND. Just to commend you on having this hearing, Joe. I think that it's so really important that attention be focused on this issue. There's a lot of questions out there that we don't have the answers to, and I hope we're going to be able to find some answers here today. I do commend you for doing this.

Mr. KENNEDY. Thank you very much, Dr. Rowland.

Mac, I forgot you were sitting down there. You're more than welcome to come up here and join everybody else. If not, you're a little closer to the veterans over there. So, if you have an opening statement, please feel free.

OPENING STATEMENT OF HON. MICHAEL "MAC" COLLINS, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF GEORGIA

Mr. COLLINS. Thank you, Mr. Chairman.

I appreciate you holding this hearing and also for allowing me to participate and sit in and listen to the testimony.

You mentioned that things have moved at a snail's pace. I'm reminded of a saying that perseverance is evident by the fact the snail reached the ark or we wouldn't have little snails.

It's most unfortunate that this thing has been at a snail's pace. For the past couple of years there's been a lot of squabbling over what has happened or what did happen, and that has postponed a lot of health care for many veterans.

I got involved in early August with the 24th Construction Battalion in Columbus. I listened to those veterans and listened to their stories of what had happened. The fact is that they're convinced of what happened to them and they have proceeded with that.

After that, I met with members of the Department of Defense, had a roomful of them. A very interesting meeting. I later met with the Department of Veterans Affairs. And then with Major General Blanck over at Walter Reed. And I must say that Major General Blanck was very, very helpful in helping us go through our office; help and work with the SeaBees of the 24th Battalion.

Health care now seems to be forthcoming. That should have been the priority to begin with instead of all the squawk of what happened, what went on and now it's evolved into other parts of Saudi Arabia or the Persian Gulf. Health care should have been the first priority. That appears to be forthcoming immediately. Birmingham has agreed to help the SeaBees in the Columbus, GA area.

I appreciate the fact that Nick Roberts from that battalion is here. Through Nick's persistence along with many other veterans across the country in developing a network, a network that has, I believe, better moles than we have. They gather information and they provide that information for those of us, like you, sir, who are interested in seeing that they get health care and get help and we get to the bottom of what actually happened in the Persian Gulf.

Thanks again. I appreciate the opportunity of being with you.

Mr. KENNEDY. Thank you very much, Mac.

We're now going to turn to our first panel. However, I would like to just take a brief minute to introduce the National Commander of The American Legion, Bruce Thiesen. He's the only national commander present today. The commander and his organization have been leaders in making sure that this issue continues to stay in the forefront.

Commander, we ask you to come if you have a brief opening statement.

I'd also like to acknowledge Steve Robertson, the Legion's Staff Director here in Washington. He suffers from Persian Gulf Syndrome and was outspoken when he first returned from the Persian Gulf.

In addition, I'd just like to acknowledge the fact that the Legion flew in two veterans for today's hearing. For that we are most grateful, Mr. Commander.

Please proceed.

STATEMENT OF BRUCE THIESEN, NATIONAL COMMANDER, THE AMERICAN LEGION

Mr. THIESEN. Mr. Chairman, other members of this committee, I want to thank you for giving me this chance for just a few words about the problems facing the Gulf War veteran.

The people you will be hearing from today will be just a small sample of the people who have been calling The American Legion and the Government for help with health problems that have changed their lives.

When The American Legion representatives appeared before you and your colleagues on the other side of the Hill during the Persian Gulf War, we had no idea that we would be here years later asking

the Government to own up to its responsibility to the young men and women who served during Desert Storm. As an organization we have been through this before with veterans of not only World War I, World War II, Korea and Vietnam, but must we continue to put veterans through the uncertainty that came with exposure with radiation, asbestos, mustard gas and Agent Orange? We don't think so.

I'm not a scientist or a doctor, I'm just a veteran who has the unique opportunity of being able to listen to the concerns of the other veterans, and I want these young men and women to receive the health they deserve.

We want the American people to get the truth they deserve. If there is proof that troops were exposed to chemical or biological agents, let us know. It won't kill us. What we fear is that this Government is, for some reason, holding back valuable information that can help these people get well. Refusing to help them cripples them further, and there is absolutely no national security issue that rates that kind of abuse to the people who gave us so much of their youth.

Mr. Chairman, The American Legion will continue to fight for these veterans and we will continue to press for the truth. I want to commend you and this committee for its dedication and insistence that we get to the bottom of what is wrong. I feel that because of what this committee has put together we are ahead of the power curve of the Agent Orange issue which we faced in the past.

I want to thank you and this committee for that.

And I won't take up any more of your time, because everyone needs to hear the stories from the veterans who are here to testify. We look forward to working with you and the committee as you address this serious and real health issue.

Thank you, Mr. Chairman.

Mr. KENNEDY. Thank you very much, Commander. We appreciate your testimony.

Now, I'd like to invite the first panel to come and join us at the front table. I know it can be a little bit overwhelming to be here for the first time, but we, as members of the committee, are all very much looking forward to your testimony.

That's Colonel Smith. Thank you for joining us, Colonel. Yes, anywhere you're comfortable.

Members of the first panel will be Col. Herb Smith of Frederick, MD; Mrs. Hester Adcock of Ocala, FL; Mr. Nick Roberts of Columbus, GA; Mr. Mike Land of Huntington Beach, CA; and, Mr. Todd Richmond of Iowa City, IA.

Col. Herb Smith will be our first witness. Colonel Smith was willing to check himself out of the VA hospital here in Washington to join us today. As soon as he is finished providing his testimony, he will be going back to the hospital to be treated for illnesses that are a result of his service in the Persian Gulf.

Colonel, we very much appreciate you joining with us. We are going to ask each of the witnesses to speak for only 5 minutes. If you have a longer statement, we will be happy to include it into the record.

I also want to point out Lane Evans' suggestion that we make this an open forum where anybody can come and testify. Because

there was such an overwhelming response from the veterans' community, we couldn't include everybody in the series of panels. So, we will keep the record open. We will allow anybody that wants to submit a formal statement to include it in the record. And I will keep this panel open for a period of at least a half an hour after the ending of the third panel of witnesses in order for anyone who feels that they were denied an opportunity to come and make oral testimony.

So, we will try to accommodate anybody who is here today.

The way the lights work is the green one gives you about 4 plus minutes, the yellow one gives you about half a minute and red means you're out of time. All right. Thank you very much, Colonel. Please proceed.

STATEMENT OF COL. HERB SMITH

Colonel SMITH. I was a member of the Kuwaiti Task Force, and was fortunate enough to have had a physical exam in November, about 2 weeks before I went to serve in Operation Desert Storm. The summary physician made the comment that I was surprisingly free of any problems in that most men that are over 50 have got some kind of a problem; hyperglycemia or hyperlipemia, or high blood pressure or prostatitis or diabetes or something. And I went over there (Southwest Asia) absolutely problem free.

When I came back in June, 1991, I didn't really know that I had a problem when I got off the plane, because I was never really sick while in the Persian Gulf other than the respiratory problems that I had from all the smoke. I was in Kuwait City. The first 6 weeks we couldn't differentiate night from day. It was so smokey we couldn't tell the sun from the moon. And it was 16 days before we had enough water to take our first shower and then put on our dirty uniforms. There was not enough water for laundry for another 2 weeks.

But anyway, when I got back in June, I apparently didn't look real good, and they pulled me aside and drew blood and they found that I had some elevated liver enzymes and other problems. So they put me on medical hold. So I wasn't immediately discharged, like most of the soldiers.

And then I was monitored by Walter Reed. And then the mandate came down that everyone who was a reservist that had been called to active duty was to be released from active duty. The person who wrote up my DD-214 sent me back to Walter Reed three times because he didn't want to write up my DD-214 because I was being discharged with a medical problem. And the company commander of the holding company at Walter Reed was upset, too. As a matter of fact, so was the Walter Reed medical staff. In fact, Walter Reed continued to treat and monitor me even though I was not technically eligible for treatment anymore because I wasn't an active duty soldier.

I continued going to Walter Reed until I met one doctor who told me that my problems were a result of my old age, which was suddenly accelerating. So that kind of discouraged me. But anyway, as time progressed I became progressively worse with cerebellar ataxia and nausea from dizziness. And it was hard to keep food down. So the VA now has me on a drug called Anivert, (meclizine) and

compazine which does control the nausea and I am able to walk like I'm on wet ice. And I'm doing well except on some days. Acute attacks have an episodic occurrence. In fact, like last Saturday and Sunday, for example, the only position I could be in was flat on my back in my bed.

To let you know about the kind of care that we have, because the VA is so understaffed it has taken sometimes as long as 3 hours for me to get a pain shot. Yesterday I gave a one page document to my attending physician from my insurance company. I have a small disability insurance policy which becomes effective on the 91st day of total disability, which is coming up soon. And the physician said he wouldn't sign the paper or fill it out because he didn't know enough about my case. I found that as my major VA health care complaint. In fact, if that incident had not happened yesterday, I would have come here and told you that I don't have any complaints with the VA because what complaints I did have are a result of them being short staffed. So once I was sent over to the VA by my civilian physician, they took me right into admissions. They saw that I had a problem. They immediately put me in the hospital on August the 24th and I've been there ever since.

Thank you.

Mr. KENNEDY. Are you done, Colonel?

Colonel SMITH. Unless you have some questions, I am.

Mr. KENNEDY. We will have some questions, but we'd like to wait for the other witnesses to provide their testimony.

Colonel SMITH. Okay. Fine.

Mr. KENNEDY. Our next witness will be Mrs. Hester Adcock of Ocala, FL. Mrs. Adcock.

STATEMENT OF HESTER ADCOCK

Mrs. ADCOCK. Mr. Chairman, members of the committee, ladies and gentlemen, thank you for allowing me the opportunity to speak my personal views in regards to Persian Gulf War veterans illnesses, health care and the death of my son.

I am the mother of Army Specialist Michael C. Adcock, a 22-year-old Gulf War veteran. Michael served in Desert Storm from January 18, 1991 until May 19, 1991, arriving home May 23, 1991. He was attached to 9002 Transportation Battalion, Dhahran, Saudi Arabia. Exactly 11 months to the day after returning from the Gulf Michael died of multiple cancers—T-cell lymphoblastic high-grade non-Hodgkin's lymphoma with pleural effusion and leukemia. His death certificate states from approximate time of onset until time of death, 1 year. This puts Michael in the middle of the war zone.

Final condition resulting in death respiratory failure, multiple intracranial bleeds, lymphoblastic lymphoma.

Prior to the Gulf War Michael was physically fit, very healthy, a four year letterman in high school football, broke a weightlifting championship, worked out daily, and while serving in Germany, he was a boxer and wrestler.

Michael became ill as early as January 21, 1991, after being near Al-Jubail on the night of January 20, 1991 where three Scud attacks had occurred and chemical alarms sounded. Michael reported to the 8th Evac hospital on January 25, 1991 presenting with rectal bleeding, only to be told he probably had hemorrhoids. He was

given Motrin, which appears to be the drug of choice for the military although the examining physician wrote in Michael's military records requesting surgery consult. My son was never referred to a surgeon.

Michael should have been sent to either Germany for further diagnostic testing or back State side, especially since he had repeated rectal bleeding, rash, severe headaches, raspy voice, hoarseness, achy joints, just to name a few. Instead, he was given more Motrin.

Upon his return to the States he, along with many in his unit, were given very limited physical with no chest x rays, no blood work and sent on their way and was told "If you need further medical attention, go to your local VA."

The military should be held responsible for my son's death. On August 6, 1993 the VA sent me a letter stating "service-connected death" although the VA does not state what or how they based their findings. Had Michael been given proper diagnostic testing while serving in the Gulf, my son would possibly be alive today.

My son was a very patriotic young man. He loved his country, family and God. I ask you today how much did my country appreciate my son? He wore his Army uniform proudly. He was a brave and courageous soldier. Had Michael died on the battlefield, I would not be sitting here asking any questions. War is war, but now I must admit I am angry and I need and want answers now. I feel that my son died a senseless, needless and very painful death. Why? will I ever get an answer?

Our family's loss cannot be measured by mere words. My jewel is gone forever.

I thank God for the thousands of beautiful memories that I have of my son. However, the way my son died still haunts me. Michael's deathbed wish was for me to fight for him and fight for all of his comrades. After this request, a few short hours later, Michael slipped into a coma. He died 7 days later. Fight I must: one young life is too many to lose.

When I tried to get Michael treated at the VA hospital, he was denied entrance, although he was still an active reservists. He was also denied entrance into Walter Reed Army Medical Center, Gainesville. This is unexcusable and absolutely deplorable.

Our military must stop discharging all sick soldiers, Army, Marines, sailors, Coast Guardsmen without proper diagnoses and proper disability ratings of a sick, injured and unfortunately Gulf War veterans dying.

The administrative practice of Physical Evaluation Boards giving low ratings no matter the degree of sicknesses or level of impairment must not be allowed or tolerated. It is a much larger problem than just that of my son. I have heartfelt concern for all veterans. I want a study done with the PEB of all veterans discharged with the same and similar sicknesses and ailments of my son to be conducted on our Gulf War veterans. The military is not giving proper or quality medical treatment prior to discharge from active duty. The veterans are sick and too sick to perform their duties in the military, but are expected to process out of the military and get a job to support themselves and their families. The military bureaucracy must stop.

Our sons and daughters are being treated unfairly. They are being turned away from VA hospitals and left to just fend for one's self. This is America, we should not be treating our veterans like they are just a number. We must stand up, speak up, and be heard. That's why we're here today.

I am one mother who intends to make a difference. I am sorry to say that I cannot, with a good conscience, recommend any young person to enter the military. I love my country. I fly my flag every day. Unfortunately, our own military and Government failed my son and his comrades.

Time is of the essence. Our Gulf War veterans need immediate medical attention. We do not have trained physicians in our VA hospitals to properly diagnose and treat these multiple debilitating, often fatal illnesses now plaguing our Gulf War veterans.

I receive phone calls daily from sick Gulf War veterans describing their symptoms that are all too familiar to me. And as if their illnesses are not enough to deal with, they have to beg for treatment at the majority of the VA hospitals. This is yet another war. It is totally inexcusable.

The protocol physicals are not being done on our veterans. One local veteran from Gainesville, FL, Sergeant Terry Dillard, whose wife had to fight to obtain treatment for her sick husband, although he is suffering with Gulf War Syndrome, he was told "it's all in your head." He is presently in Houston, TX seeking hopeful treatment and a true diagnoses.

On Sunday, I met with a local military police unit in Ocala, FL. Forty-two of the 60 reservists are now experiencing the same and similar symptoms as hundreds of other sick Persian Gulf veterans. The horror stories go on and on.

The Department of Defense needs to come clean with all of us and tell us the truth. There is no doubt in my mind that my son died as a result of chemical and biological warfare while serving in the Gulf. We must not allow the military or our Government to cover up, as was the case with our Vietnam veterans. Many of these soldiers are sons and daughters of Vietnam-era veterans and resent their children being treated with disparent disregard. When the shooting stops we must not walk away and turn our backs on our veterans.

The American Legion has assisted many of our Gulf War veterans and families. We thank them for taking the lead in expressing their concerns for us.

I would also like to thank the Congressmen and Senators who have taken an interest in helping Desert Storm veterans and families. However, for over the past 2 years there have been VA personnel on both the medical and benefits side who have tried to help us and are being harassed. This, too, must stop. I am not going to elaborate who these people are.

We want the Army, Navy, Air Force and Coast Guard Surgeon General to explain how they have been able to discharge servicemembers with no diagnoses, treatment or rating. We don't want representatives who have little or no credibility.

Mr. Chairman and members of the committee, we don't want empathy, we want immediate action.

Thank you for this opportunity to state my views on this matter.

Mr. KENNEDY. Thank you very much for a very moving testimony, Mrs. Adcock. You can feel both the love and the strength that you have for your son. We very much appreciate your willingness to come forward and share your story with us.

As you can tell, there are a lot of bells and whistles going on. That means we've got to vote. I would suggest that we take the testimony of one more of our witnesses before we head over to vote.

Mr. Nick Roberts served in the 24th Naval Construction Battalion of the SeaBees in Columbus, GA.

Mr. Roberts, please proceed for 5 minutes.

STATEMENT OF NICK ROBERTS

Mr. ROBERTS. My name is Nick Roberts and I am a Desert Storm veteran. I served with the Naval Mobile Construction Battalion 24.

I was in perfect health until the night of January 20, 1991, when we were hit by two Scuds or possibly two Frog missiles. I can only tell what my experience was, and what I saw. After coming out of the bunker I was exposed to something. I honestly don't know what it was. My skin began to burn and sting; my lips were numb; there was a very strange taste in my mouth; my nose ran uncontrollably and my eyes watered quite a bit. I knew then, as now, that I had been exposed to some type of a chemical. Chemical detectors were sounding; radio transmissions were coming in; confirmed gas attack; go to full MOPP level 4. Marines stationed around us were also sounding their warning signals and screaming, "Confirmed gas attack. Go to full chemical gear." As I was feeling my own symptoms, I saw my buddies and I realized that they were experiencing the same thing I was, some even worse.

The Marines and some from our group were called out to decon men and equipment. They were sent to an area just north of our camp where British soldiers and equipment and some Marines were deconed. Our camp was not deconed.

After a long day of questions and wondering what had happened, we were informed that we had simply experienced a sonic boom. I didn't buy that then and I still don't buy that. To my knowledge, sonic booms do not cause fireballs in the sky, nor do they cause reactions to the skin, eyes, etcetera. Our conversations and determination to find out what had happened got so bad that we were ordered not to discuss it anymore. However, when I spoke with the decon leader from our camp later on that evening, he advised me that his test kit did in fact detect mustard gas and Lewisite, which meant that we were indeed hit and exposed. I don't believe that I have to go into any more detail on that.

Although I'm not a rocket scientist, my suspicions that we were exposed to something were reinforced when on the very next day we were issued new chemical suits and gas mask filters. As time passed, many of us became sick with symptoms that closely resembled the flu. I also developed rashes, fatigue, occasional numbness in my lips and lymph glands in my groin area also started flaring up. I reported to the sick bay a few times and it was entered into my medical records. Each time I was given aspirin and told that we were all just tired and stressed out. As time passed, we all just plodded on and did our work the best we could.

By the close of Desert Storm, many of us were assigned to clean and wash vehicles that had come in from the north out of Iraq. I can remember I was so fatigued that I could just barely do my work. Between the excitement of going home, building our hopes and the pace required at work slowing somewhat, we all seemed to get that "good feeling" again. Honestly, although tired, it was just great to be going home.

When we went back to drilling at our Reserve Center, we reported to our sick bay to discuss our medical problems. Month after month we stated our problems, so much that a medical team finally came down from Washington, Navy medical doctors from Bethesda Naval Hospital. They were accompanied by a specialist. We were diagnosed as having Post Traumatic Stress Disorder, and I was informed that I needed psychiatric counseling. However, we were also told that the Navy was not set up to handle our medical problems. So we were turned over to the VA. I spent the next 4 or 5 months going back and forth to the VA Medical Center at Tuskegee, AL. After all the time and effort spent, by that time I was just about ready to give up. The last doctor I saw told me he had completed his examination, this is important—the last surgeon that I saw told me that he did not understand why they wasted their time sending me up there to see him. At that point I decided I'd best seek private medical care.

After 6 weeks to 8 weeks of testing, I was diagnosed as having lymphoma cancer, and was started on chemotherapy immediately. And matter of fact, was in stage four when I caught it. I decided then not to die! All of my medical care was then, and still is, at my own expense. If I hadn't sought private medical care when I did, I could very well be dead now. but according to the Navy and the VA, I only had Post Traumatic Stress.

While undergoing the chemotherapy treatments, I found out from my Naval Reserve Center that there were seven others from Battalion 24 with the same type cancer that I have. There was no doubt left in my mind that there was a definite connection to what we'd been exposed to in Saudi and we were going through now.

I began making phone calls, writing letters, faxing data to newspapers and local TV stations, and to Washington, DC. And I had already learned from my military experience that things don't often get resolved from the bottom up, so I started at the top in each case.

I was told by the VA that I was not service-connected. Well, if the right people are told and sufficient pressure is applied, results can be obtained. We will keep knocking at your doors in Washington.

Through all of the newspaper stories, I have built quite a network of Persian Gulf veterans. I have found 173 cancer cases, mostly lymphomas and leukemias. Several cases of brain cancers, brain damage and bone cancers. Since the VA will not give up the numbers on Persian Gulf veterans with cancer and medical problems, we'll track them ourselves, and we will. I also have a list of Persian Gulf veterans who have died of cancer. There are other names that I can't reveal at present, honoring the request of those servicemembers still on active duty. And for now, I will honor those

requests because they are scared and some say that they are even being threatened. I know that something is terribly wrong.

From my old unit 1624 of Columbus, GA, for example, there were 33 people; 28 that are now on a sick sheet that was formed in November of 1991 at our Reserve Center. From that list: 11 with lymphoma, 10 early stages and one advanced, which is myself; one thyroid case or one thyroid has shutdown; one has enlarged heart accompanied with rectal bleeding; four having parts of the virus HTLV-I and II, and I stress parts of the virus; one with an unknown bacteria growth in his stomach, and the rest show positive for thyroid and hepatitis. There are five spouses experience fatigue, light headedness and severe pains in their joints. There are three children starting to display similar medical symptoms as their veteran parents. It seems clear that a transmittable bacteria or virus is being dealt with.

Persian Gulf veterans need help now. We don't want your sympathy. We can't afford more wasted time.

The medical team that came to our Reserve Center in November of 1992 has a surprise coming. Several of us made copies of our medical records prior to their visit. After their research was completed, we found that our medical records had been purged. We have this and can prove it. Why was this done and who ordered it? We have spoken to others in the battalion and some of their medical records have also come up missing.

After trying seven times with my own written requests, I finally had to get an attorney to get my test results from the VA in Tuskegee, AL. It only took me 1 year to at least get the results of all the tests that I've done at the VA center.

Sooner or later the right person with the evidence to support our claims will come forward with the information concerning our exposure to biological or biochemical agents. I certainly hope that it is sooner, for all our sakes. The longer it takes, the worse matters will become and too many of us don't have the time left to wait it out.

I wish I had more time to speak in more detail and cover other topics. All I can say is that the Persian Gulf veterans have a real problem and we demand better treatment and some straight answers.

Thank you for allowing me to speak.

[The prepared statement of Mr. Roberts appears on p. 89.]

Mr. KENNEDY. Thank you very much, Mr. Roberts. We appreciate your testimony.

As you can tell, the ranks are thinning here because people have to run over to vote. I'd just like to interrupt the testimony for a brief minute. Chris Smith is only going to be able to be with us for a few more minutes and he wanted to make a brief statement.

Mr. SMITH of New Jersey. Thank you, sir.

I will ask that the full statement be a part of the record.

Thank our witnesses for coming out—Health Care Subcommittee and Dr. Rowland, who is Chairman, we've already been able with the full support of this committee, to get legislation passed on the House floor, it's pending over in the Senate, to provide for Persian Gulf veterans priority treatment within the health care network of the VA, the 350 outpatient clinics and the 171 hospitals. So we are

concerned, but your testimony today I think helps us get further motivated so that this—you know, the lessons learned from Agent Orange when the ball was dropped in that fight will not be replicated in this fight. So I thank you for your testimony.

Mr. KENNEDY. I think given the fact that we've probably got about 2 minutes to vote, I've got to scoot. I'll be back in 5 or 10 minutes. The committee is in recess.

(Recess.)

Mr. CLEMENT (presiding). Mr. Roberts.

Mr. ROBERTS. Sir.

Mr. CLEMENT. We need you to provide a list of the sick veterans for the record. Can you do that, that you mentioned?

Mr. ROBERTS. I'll give you some of them, because like I said, I can't give you all of them because these men are being threatened that are still on active duty.

Mr. CLEMENT. How many can you give?

Mr. ROBERTS. I'll have to go back and go through here and get you a count of that.

Mr. CLEMENT. All right. As many as possible.

Mr. ROBERTS. Now, one thing, too, I'd like to state I don't have any diagnoses, you know, paperwork or anything like that that can prove. I've only been contacted. So those numbers, I've got their names and phone numbers. I have no medical documents or anything to back this up. I'm just letting you know that this is something that's taken place just over phone lines and general concerned vets.

Mr. CLEMENT. All right, sir. Whatever evidence we can receive would be helpful.

Mr. Mike Land, Huntington Beach, CA.

STATEMENT OF MIKE LAND

Mr. LAND. Thank you.

Mr. CLEMENT. Your statement will be accepted into the record as if read, and I know you'll want to make some statements as well.

Mr. LAND. First of all, I would like to thank everyone here for allowing me to speak and taking the time to listen. I'd also like to thank The American Legion. Without them I would not be here.

During Operation Desert Storm I was a warrant officer and a Blackhawk helicopter pilot for the 101st Airborne Division out of Fort Campbell, KY.

Since the war, I have had continuing severe health problems, to include non-Hodgkin's lymphoma cancer. I have not been able to get any financial or medical help either from the Army while on active duty or from the VA since I've been out.

In June of 1992 the Army did a biopsy on one of my lymph nodes and they told me they had no idea of what caused it to swell up. They gave me no cause for concern and never mentioned that it might be cancer or anything serious. I got out of the Army in October of 1992. My lymph nodes began to swell again in November of 1992. After just having been told I was completely healthy, I did seek any medical attention until nearly 6 months later when I could no longer stand the pain. In May of 1993 I was diagnosed by a private physician as having non-Hodgkin's lymphoma cancer and have been undergoing chemotherapy ever since.

The VA told me that I cannot receive medical treatment until my condition is determined to be service-connected. That decision is still pending and I'm told they typically take about 9 months. If it were up to the VA, I would be holding up a cardboard sign that says, "I will work for chemotherapy."

I am unable to work full time at this point. I'm paying my bills on credit cards. Soon I will not be able to afford my credit card bills and will be forced to file bankruptcy.

At this time what worries me even more than my physical or financial condition is the health of my family. My wife, who I met a year and a half after returning from the Gulf, has symptoms of what has been labeled "Gulf War illness." She has chronic fatigue and joint pain so bad that sometimes she can hardly walk. She also has strange bumps on her skin that appear for no apparent reason. My 3-month-old baby daughter, Heather, was born with deformed feet. My family's health is not going to get any better.

Private physicians do not have the resources or training necessary to diagnose and treat patients for chemical and biological weapons exposure. I firmly believe that this is cause of my family's illness. The Government needs to get a hold of the people who design and build these types of weapons and have them work directly with the VA doctors to find a cure for what is ailing Desert Storm veterans.

Until a few weeks ago, I was in the dark thinking that I was the only Desert Storm veteran with serious health problems. When I saw others on the news with the exact same cancer I have, I knew that wasn't the case. Since then I have found other veterans with health problems that are getting no help and have no idea of what's going on. The word needs to be put out immediately.

All veterans who served during the Gulf War need to be notified. They need to be told what is happening and who to call if they have any medical problems.

Personally, I was a professional pilot with a bright future. Now, unless I'm hired by the Government, I will never work again in my profession. No civilian agency would dare hire a pilot who had cancer.

For my family to ever recover financially or medically from this tragedy we need to be extended more benefits than those typically given to a disabled veteran. Medical benefits need to be extended to me and my family immediately before our health deteriorates any further. Financial benefits to include career placement are needed to assist my family in becoming self-sufficient again.

The Government needs to act now.

For some Gulf War veterans, it is already too late. I can only pray that for me, my wife, and Heather it is not. I am only one of many. Please help us. That is all I have. Thank you.

[The prepared statement of Mr. Land appears at p. 94.]

Mr. CLEMENT. Thank you, Mr. Land, very much for your testimony.

Now, Mr. Todd Richmond, Iowa City, IA. Your statement will be incorporated into the record as if read, and I'm sure you have a further statement as well.

STATEMENT OF TODD RICHMOND

Mr. RICHMOND. Thank you. I'd like to thank everybody for letting me come here to speak, especially The American Legion for bringing me down here.

My biggest reason for coming down here is to fight for veterans. Of course, my health, too. I've been through surgeries, you know, in the neck, that didn't show nothing, but resulted from over there. CTs of head that were abnormal by one doctor, normal from other. Doctors said that I had AIDS or showed signs of AIDS, then I was tested, and everything come back normal.

I was told by a specialist doctor that there was nothing wrong with me, it was all in my head. Go back to work. I have been referred to psychologists, psychiatrists stating that it's Post Traumatic Stress Disorder, which I know it's not.

My family members have been right along with me all along this. They're suffering just as bad as I am.

I have a 1-year-old son that is suffering with some of the signs that I have.

With all these veterans that are dying, it's really hard, you know, really tough, to see if I'm going to make it, if other veterans are going to make it, if kids are going to, if wives are going to. It's really tough.

VA is just not putting out the support they need to help these veterans. My doctor that I have at the VA, my infectious disease doctor, has been real helpful. The only thing is, he's just—he's run out of tests to run. He doesn't know what else to do.

I was referred to Houston VA Medical Center for testing, which is one of the referral centers for Persian Gulf veterans. I was down there for about 2 weeks. They ran all the tests that the Iowa City VA did plus more. You know, nothing came up showing any signs of anything. The only thing that was abnormal or showed signs of something different was a CT of my head. They did two or three of those, two of them would come back abnormal, one's normal. You know, each time something is different.

I've had EEGs done on my head. One doctor tells you it's normal or abnormal the first time. The physician that ordered it will come back and say it's normal.

Another thing is like, Mike Roberts had said, our records. Before we came up here, or before I came up here, we stopped at the VA hospital there in Iowa City. I was going to pick up my records and bring them down here. Nobody knew—seemed to know where they were. They were lost. It seems like every time you go in you have problems finding your records.

Another problem is treatments. When you go for appointments, for example, you have an appointment at 8:30 a.m., you sit around there for 3 or 4 hours, waiting to get checked out. Somebody will come in that has an 8 o'clock appointment. They come in an hour and a half, two hours after you, and they get in before you do, which isn't right.

The biggest thing I'd like to say is I hope this thing comes to an end real soon. I've told my family members and people that have helped me through this, I appreciate what they're doing. I appreciate what you guys are doing and hope you can help us.

Thank you.

[The prepared statement of Mr. Richmond appears on p. 99.]

Mr. KENNEDY (presiding). Thank you, Mr. Richmond.

I think everybody's intention here is to try and provide some help and support to each and every one of you. We want to let you know that there are people who are receptive to the worries and concerns that you have, and that we recognize the contributions that you've made. We also want to let you know that we, too, are determined to get to the bottom of it.

I wish that there were some way that we could wave a magic wand and take away your illnesses or bring your son back. Mrs. Adcock. I wish there were a way to make it so that you had not gone through the pain and heartache that you've all undergone. But what we can do is try to not only help you, but help hundreds of thousands of other veterans who, like you, have contacted our offices. Many of these veterans are being told, as Mr. Roberts was told, as Colonel Smith was told, that these are all illnesses that are in your heads. Not only are you feeling ill, but you're told that you don't really measure up compared to other soldiers. And that's got to be a very difficult accusation to withstand.

And so we want you to know that you do have friends, and that we are going to link together and make certain that our Government comes clean with what actually occurred out in the Persian Gulf. Nobody, to my knowledge, not one veteran that has ever come forward, has said that what they really want is some money. Nobody has said that they're looking to go public with information that is somehow going to violate the national security of our country. What people are asking for is that there is some acknowledgement given to the illnesses that they have contracted as being linked to their service to their country. It is not a big request, and it is something that I think will not effect the overall prosperity of America. In fact, I don't think if somebody came forward this afternoon at the Pentagon in a briefing and said, "We have gone back and checked and there were nerve gas agents utilized by Saddam Hussein," or, "there were biological agents used in the Persian Gulf conflict," first of all, I don't know how many Americans would be completely surprised by it. Secondly, I certainly don't think that it's going to affect our relationships in any tangible way with Saddam Hussein. It is beyond me what the necessity is for any kind of secrecy.

I have sat through classified briefings. I have no idea what information was provided me in those classified briefings that was classified. I mean, it is beyond any reasonable degree of security to think that what we've got here is a security issue. I don't know exactly what's going on, and I think that if we don't know as a Nation exactly what went on, even that acknowledgement would give at least some sense that people are being dealt with straight. But what happens is that there becomes a sense that people are not being dealt with in a straight forward manner, and there is something being hidden. You are told that you're a head case, that you are a malingerer, that somehow you are not measuring up. And that just isn't the case, and it's not right, and we're here to let you know that we're going to fight for you.

In terms of questions, I notice that three of the witnesses in this panel all seemed to indicate that you were suspicious of a specific

Scud attack. I don't know the geography of the region all that well. But, from your knowledge of the geography, and it all seems that it was on or about January 20, were you serving close to one another? And if you were close to one another, about how far away were you? And could you just tell me a little bit about the kinds of machines that went off that indicated that there were perhaps biological or nerve gas agents present when the attack took place?

Mr. LAND. Sir, as far as my understanding goes, I was in very close proximity to Mrs. Adcock's son on or about that date. The roving guards on duty that night did inform me that they saw a mid-air explosion that they believed to be a Scud either blown up by a Patriot or whatever.

We were never woken up or put in the chemical protective gear. To my knowledge, I don't know if the alarms went off. I was asleep. But her son has already died of the exact same type of cancer I have. And also to my knowledge the Czechoslovakian Report that has got a lot of press is of that same incidence and area.

Mr. KENNEDY. Mr. Roberts.

Mr. ROBERTS. Well, I awoke with the two explosions, probably about this high off the bunk. I mean, I didn't sleep through it. But the chemical detectors that went off, you know, in the surrounding area, I don't know how to explain them and it's military issue. I mean, now, we are told they all don't work, or malfunctioned. Back during the war they worked. That's what we relied on. We were trained. That's pretty neat, too. I mean, we've gone through years of training, now they want to tell us that well it's the fumes from the sand that's setting them off.

Mr. KENNEDY. Did you ever actually see one of these units? What's it called, do you know?

Mr. ROBERTS. I don't know. I can describe it: It was a little black box; it has a handle, also a read light on top.

Mr. LAND. M-8 alarm, sir.

Mr. KENNEDY. M-8 alarm. Did any of you see an M-8 alarm go off when you were there? I'm sure people in the audience did, and we'll get to you in a few minutes. But did any of you at the—

Mr. ROBERTS. I could hear them. I mean, I didn't walk up and look at it. I mean, you could hear them sounding.

Mr. KENNEDY. What, does it make a ringing sound when it goes off?

Mr. ROBERTS. It's a loud—real loud screeching noise.

Mr. KENNEDY. And what do you do when you hear that noise?

Mr. ROBERTS. Best put on your protective mask.

Mr. KENNEDY. And did everybody around you do that, Mr. Roberts?

Mr. ROBERTS. Yes, sir. Yes, sir. And we didn't play around.

Mr. KENNEDY. How many of you were absolutely convinced that you were exposed to some kind, and you, too, Mrs. Adcock, of nerve or biological or chemical agent?

Mr. ROBERTS. Just in our little camp or the overall?

Mr. KENNEDY. Yes, yourself? Do you think you were?

Mr. ROBERTS. Yes, sir, 110 percent.

Mr. KENNEDY. Colonel Smith.

COLONEL SMITH. Yes, sir, I think I was exposed to something.

Mr. RICHMOND. Yes, sir.

Ms. LONG. Mrs. Adcock, your son?

Mrs. ADCOCK. Absolutely, no question in my mind whatsoever, sir, that my son was definitely exposed to some type of chemical and/or biological warfare. He stated that to me on March 5, 1992, the day he entered the hospital in York, PA. The first words he said to me is, "Mama, this is from that senseless political war, all for the price of a gallon of oil. We had to have been subjected to chemical and biological warfare." That was his very statement.

Mr. ROBERTS. I mean, what else would—excuse me. That was me over here talking.

Colonel SMITH. There are no diseases that are like this. It's a pattern which can't be explained, and that's why they like to throw it out and call it a psychological problem because the symptoms are bizarre.

Now my first military assignment was at the Medical Research Laboratories at Edgewood Arsenal in January of 1965. That was back in the days when we did work with biological and chemical warfare agents. And I worked with them then. And I can tell you that like on SARIN, for example, we never could find a dose that was small enough that wouldn't kill a soldier. So we knew that one drop would kill a soldier, but what we didn't know is if a Scud, for example, was hit at 13,000 feet up in the air with a Patriot and it's blown up and the chemicals are now dispersed at 1/100th of a drop per soldier, okay, it doesn't kill them but what does it do to them? We could never actually duplicate this in the laboratory where we could get the dose down low enough, and besides we weren't going to do that on humans anyway. We had—but on the non-human animal that we exposed them to, we never could find a non-lethal dose.

Mr. LAND. Sir, at this point there are too many family members with the exact same symptoms to dismiss as non-transmittable. These families were never over there. In my statement I met my wife a year and a half after returning from the Gulf. She has the same symptoms as Desert Storm veterans and their wives.

Mr. KENNEDY. Mr. Land, I understand that you've stated to Donna Fox of my staff that you have signed documents from the NBC, the Nuclear Biological and Chemical Warfare specialty officers, that in writing, that you definitively detected chemical agents. Is that true?

Mr. LAND. Yes, sir. I have signed and certified true documents. This is from a—not even from my unit, sir. This is from a Marine who I just stumbled across this last weekend who is undergoing the typical medical problems with no help and has no idea what's going on. He got this from Chief Warrant Officer Cottrell who was, from what I'm told, the task force ripper NBC officer. And these reports are based on findings from a Fox Chemical Detection Vehicle, the vehicle that's specifically designed and built to detect chemical weapons.

It has grid coordinates and places and types of chemicals detected. It talks about a tape that, I guess, this prints out evidence on tape. He's forwarded the tape up the chain of command. The tape has been lost. Imagine that.

The Fox vehicle that this report talks about still has its computer memory intact and this information can be pulled up on the com-

puter screen. I requested that this Marine take pictures or videotape of that computer screen as early as possible date before the memory accidentally gets erased. You're welcome to these documents, and I have another statement also.

Mr. KENNEDY. Thank you. I would request that those documents be deemed a part of the record. Hearing no objection, so ordered. (See p. 97.)

Mr. KENNEDY. Mr. Buyer.

Mr. BUYER. Thank you, Mr. Kennedy.

Let me say, first of all, to my comrades. I think right now we are beginning to narrow in on whether or not there was any use of biological or chemical agents in the Al-Jubail area or any other areas in Saudi Arabia, and whether that is the cause of all the ailments of many of the soldiers. I, for one, believe that the Persian Gulf War illness is truly multi-faceted in that you have many different veterans who have come down with a bacteriological problem or a viral problem, or some respiratory problems from having been with Task Force Freedom. That was in Kuwait City, Colonel. It might have been the task force you were a part of.

Colonel SMITH. That's where you met me before.

Mr. BUYER. Pardon?

Colonel SMITH. That's where you met me before.

Mr. BUYER. Well, yes, I thought you looked familiar. Thank you.

Or the puzzlement when you've got those who are on ships from Riyadh to Kuwait City, to KKMC to the Euphrates River to Dhahran. You've got soldiers throughout and then Marine and airmen and members of the Navy through the entire region who are having health related problems.

So what we want to be careful about is that we're getting a snapshot here of perhaps what occurred to you in the Al-Jubail area, which is going to be a lot different from what occurred in other areas. For instance, when you talked about whether there was a Patriot intercept on January 20, that is around the same time that Dhahran took in the first Scuds that a lot of America got to see. And I agree, I recall that first one. It was a Patriot intercept above our head and the Scud of ours landed in a John Deere Implement plant across the street. But we all also went to MOPP-4. But, you know, even for all the Scuds that came in there before I ever went up to the front, none of them were ever detected at that time and we never got any information on whether they contained any chemical biological agents. In order for the Scuds to go that far to Dhahran they had to downsize and go to HE, to high explosive. But Al-Jubail was much closer. And whether or not any of those warheads were changed or not, of course, that is unknown.

And I applaud the leadership of Mr. Kennedy, along with Mr. Browder, Lane Evans, and Dave McCurdy who've also called for hearings on the Armed Services Committee for the DOD to come forward and testify.

To my comrades I'll let you know that there are four of us here that serve in the Congress, two of us served in the Gulf, myself and Paul McHale, who is a Marine, served two tours. There is also Mike Kreidler who was called to duty as an optometrist here State side, and Greg Laughlin who also went over to the Gulf just after the war.

The four of us have joined our colleagues in asking the DOD for hearings. We've done that formally today and after discussions with Mr. Kennedy yesterday, it looks as though there is a strong possibility that it will happen. But we also want to take it one step further. A lot of our comrades are still on active duty. And, you know, we have this hearing today for the jurisdiction of the veterans who are no longer on active duty, but there are many of our comrades who are still on active duty who are struggling with the very same things you're having to do now, for instance, struggling with a military that's downsizing, struggling with having to keep up with their PT and all their demands and the stresses. And some of them are having to leave the military. Some fear to come forward worried about being stigmatized.

So, I want you to know that there are some of us here that are fighting the good fight.

Mrs. Adcock, I had a very dear friend that was killed in the Gulf War. I don't share the sting in your testimony that you have for our country, but I didn't lose a son either.

I have a question for Colonel Smith. When you were in Task Force Freedom do you recall any battlefield rumors on chemical attacks. I mean, it's incredible how quickly the word spreads, and when I was there, I don't recall any conversations even mentioning any chemical attacks.

Colonel SMITH. Well, if we were exposed, I wasn't ever consciously aware of an exposure. When I was over there I had the flu like symptoms, swollen lymph nodes and all that kind of stuff, but I just attributed to that to the smoke and dust and all the stuff blowing around. And I thought that when I got back to the U.S. I'd be well.

I don't think the issue really is whether we were exposed to chemical or biological or warfare agents or not. The issue is, is that when a veteran goes to war healthy and he comes back unhealthy, our country has an obligation to take care of that veteran. And that's where my concern is focused. So, I mean, it's academic whether or not as Congressman Kennedy said, "Who in America would be surprised if Saddam Hussein used chemical or biological warfare agents." Who cares?

Mr. BUYER. But it is important. It's important because we're trying to tear down institutional barriers.

Colonel SMITH. Well, that's true. I'm with you.

Mr. BUYER. And when you do that—

Colonel SMITH. I cannot understand why anybody would resist saying that they did or they didn't use them.

Mr. BUYER. Well, I mean, I agree with you.

Mr. Roberts, when you had testified you said that there was a decon leader that came forward and said that there was, in fact, mustard gas and some other gas you mentioned. I didn't get the name.

Mr. ROBERTS. Lewisite.

Mr. BUYER. Lewisite.

Mr. ROBERTS. Yes, sir.

Mr. BUYER. What was the name of that decon leader?

Mr. ROBERTS. Do I have to tell you that, or can I tell you privately. I mean these are folks that are scared to death and have been threatened.

Mr. BUYER. Would you be willing to let me know who the decon leader is so I could speak with him?

Mr. ROBERTS. I think he's—

Mr. BUYER. Not right now, but—

Mr. KENNEDY. He think's the guy's at risk.

Mr. ROBERTS. I do have the name and phone numbers, that's what I'm saying. I mean, I was not there during their threats, but this is the way I'm understanding it.

That's just like the people with the cancer cases and the deaths. I mean, here they are here, you want a copy of them. Well, unless I'm on trial or something like that, I mean, or maybe I've missed something, these are my classified files. I've had to fight to get these.

Mr. BUYER. Mr. Roberts, please understand, you are not under any obligation.

Mr. ROBERTS. Well, I'm just saying, I mean I got to respect these people. I've spoken with the man that saw the crater up in Jubail, and where they deconned the area where one of the Scuds came in. I can put you contact with that man. Now, whether he's telling the truth or not, I can't—I don't know. I believe him, because he has the grid coordinates and can take you right back to that area.

Mr. BUYER. Mr. Roberts, it's very powerful testimony. Let me say the decon leader came to you and said there was mustard gas—

Mr. ROBERTS. Not just me. Not just me now. He's told the whole Air Det this. I mean, I'll get you plenty of people to back that up.

Mr. BUYER. If you're unwilling to state it here at the public hearing, would you be able to tell me so I can speak with the gentleman?

Mr. ROBERTS. Yes, sir.

Mr. BUYER. Thank you.

Mr. ROWLAND. Yes, I was just going to suggest, obviously, the gentleman has a personal relationship and confidence with these other people that he for the time being doesn't want to share, and I think we ought to extend whatever courtesy we can to these an other witnesses. And if there are names of people that we ought to contact, then I would ask, and I'm sure that Congressman Kennedy and you could—and all of us would be happy to follow up privately.

Mr. KENNEDY. Absolutely.

Mr. ROBERTS. I mean, I assure you that it is for real and I'm not just—

Mr. KENNEDY. Nobody questions the veracity, Mr. Roberts.

Mr. ROBERTS. I mean, I can assure you of that, but I'm trying to look at his—

Mr. KENNEDY. The question is at the moment that you're out of time, it's a problem. So, we're going to keep this very close.

Mr. Clement.

Mr. CLEMENT. Mr. Roberts, you stated a while ago about your medical records had been purged.

Mr. ROBERTS. Yes, sir.

Mr. CLEMENT. That you can prove that. Could you expand on that, what you mean by that?

Mr. ROBERTS. Well, we had complained so much at our Naval Reserve Center of our medical problems. I mean, so much that they sent a team of medical doctors down from Bethesda. They also—was it BUMEDs, I don't know all of the names—I just know the—I believe it's BUPERS or BUMEDs. They sent a team down with some specialists and, you know, psychiatrists. Of course, we got together and kind of listened to the snow job they were given us for about an hour and then we got to ask questions. And, of course, we never got any straight answers.

But anyway, several of us out of the 28, not all of the 28, but several of us got together and got to thinking well let's get a good copy of our medical records. A lot of our records had already come up missing prior to this medical team now. A lot of my records that were issued to my medical record in the Gulf had come up missing. Several of us made copies of our medical records at the Center just before this team and the specialists and all came in. So when we checked back and let them do their studies, which they were there only, I think, a week. Now, we only drilled once a month. So when we came back the following weekend, lickety split, we went in there and made copies of our medical records. Put the two up match to match, a lot of information is missing out of the medical records.

I mean, I could go into more detail and start naming names, but then again, I'd rather not.

Mr. CLEMENT. And this is for the entire panel. How many of you had symptoms while you were over there? I know some of you have already commented to some degree or did you have most of your symptoms have occurred from an examination after you left Saudi Arabia and Kuwait?

Colonel SMITH. I had symptoms while I was there. I'm sorry. But, like most work alcoholics, I just ignored them. I did go on—I was on a med-Evac flight and while waiting for another person to be treated, I happened to grab a physician and ask them to feel my lymph nodes. I said, "They feel swollen to me." He said, "Yes, they are, they're swollen." But he said the same thing, he said, "Once we get out of this environment, you'll probably be okay." And like I said earlier, being the world's biggest optimist, I said, "Oh, yes, fine, I've never been sick before so why wouldn't I be better?"

Mr. LAND. Most of my symptoms came up after returning. However, while over there in my unit just after the war, we had a case of the flu unlike anything I've ever seen run through my unit. Guys were completely delirious, did not know their names or where they were. I vividly remember one officer passing out on the floor and having to be carried back to his bunk. If this was something that would have effected the unit during combat, it would have easily reduced us to 20 percent or less combat effectiveness. Whether or not that was related to any type of biological agents, it's hard to tell at this time.

Mrs. ADCOCK. My son Michael did experience problems in the Gulf as early as January 21, 1991 with rectal bleeding. He went on with rectal bleeding throughout his duration of the Gulf War. He also had a rash on his upper body, back. When he reported to

the 8th Evac hospital KKMC he was told that he was allergic to orange juice. By the way, this is not in my son's medical records. I wonder why?

He continued throughout his duration of the Gulf having other problems such as severe headaches, more rash, more rectal bleeding, nausea, raspy voice, hoarseness, flu like symptoms, and this continued until his death.

Mr. RICHMOND. Yes, sir, I experienced about a month or two months after we was in country I got, you know, kind of the flu like symptoms, lymph nodes swelled up. And then from December of last year I just—I've gone down hill a 100 percent ever since then. And I've had surgery in March for a lymph node taken out. That was probably the size of my thumb in length and roundness. I just had surgery about 3 weeks ago, another one taken out, the same area, that was like twice the size as big as that. There's another one in there that's pea sized that's probably, you know—I mean, in 6 months it's just grown drastically, you know, and this one that's in there now, it's only pea sized. Who knows if that's going to—you know, what's going to happen on that one.

Mr. CLEMENT. So what all of you are saying, you're sharing your experiences, you want help assistance for our veterans, our loved ones, but you also want the Department of Defense to come forward and tell us once and for all were we or were we not exposed to biological and chemical warfare?

Mr. LAND. The point being, sir, I don't think we can get proper medical treatment until the Department of Defense acknowledges that and brings the people in the loop who design those type of weapons and helps the VA diagnose our case.

Mr. CLEMENT. Thank you.

Mr. KENNEDY. Mr. Ridge is next.

OPENING STATEMENT OF HON. THOMAS J. RIDGE

Mr. RIDGE. Thank you.

Mr. Land, I couldn't agree with you more. I think you've summed it up appropriately and very distinctly. Until and unless the Department of Defense is willing to come forward to corroborate the specific information that you've gleaned from your fellow veterans who had that information available to them during combat, to corroborate it publicly and to set in motion within the VA the health care mechanism that you need to take care of the elements that afflict you, your spouses and your children and all other Persian Gulf veterans, we will go down that same slippery slope that we're sliding down with regard to Agent Orange from Vietnam.

It's very interesting to me that one of the reasons that the VA was so reluctant to deal with Agent Orange was that it took quite some time, and here I may give them the benefit of a doubt and I think it's appropriate, for the symptoms to manifest themselves. So it took some time for that concern to become evident and to be publicly discussed and for the VA to respond to some of those problems. Here we have a manifestation of symptoms, as Mr. Roberts said, from momentarily after an explosion and some others of you have corroborated that, and I presume other witnesses will do the same thing—corroborate the manifestation of the same kind of symptoms you're told and trained as a soldier to detect for your-

selves when you go through that training in basic or advanced infantry, or wherever you are. So you have a health care system that is basically denying what you were trained as a veteran, and you've got further confusion because the Department of Defense has not come forward to corroborate, at least at this juncture, the findings of you and your veterans under combat.

Secondly, it's interesting to me as a Vietnam veteran that after 10, 12, 15 years of getting the VA to recognize there is such an ailment called PTSD, that they're so quick to use it now to explain away not just psychological problems, but physical problems. And while I applaud their effort in recognizing in varying degrees around the country the existence and treatment of PTSD, I guess I'm somewhat concerned that it's the easy way out given the medical uncertainty of your condition.

But you've got a lot of friends here on the committee, and you've got a lot of friends in the Congress of the United States. I applaud my colleague from Massachusetts for his leadership on this because it's pretty clear that with the manifestation of these symptoms, the training that you brought to the battlefield with you and what you're able to determine for yourselves as warriors that we must give you the benefit of the doubt. There shouldn't be any question of that within the VA. And it'll be our responsibility to breakdown those institutional barriers, not you. They are created by acts of Congress and it's our responsibility to break them down.

I'm sorry, I didn't mean to get off on that tangent.

Mr. Roberts, what medical records do you have in your possession that you had previously replicated and when you went back to take a look at your medical file were no longer there? Can you identify those for us?

Mr. ROBERTS. No, sir, not today I can't.

Mr. RIDGE. Okay. We'd appreciate that.

Have you all had trouble maintaining and getting copies of your medical file?

Mr. LAND. A point of interest. When I was discharged from the Army I kept my entire original medical records and since then have found out that the biopsy and the biopsy report and all that they did on me just before I got out was not in my medical records. So that's more to corroborate what Mr. Roberts said.

Mr. RIDGE. From time to time when we do—my colleagues experience this when we do case work with all the veterans, we're told that a fire that occurred in Saint Louis umpteen years ago is the reason that these records aren't around. I don't think they'll be able to rely on that excuse to explain these problems.

Could you identify to the best of your recollection based on the benefit of your communication with your fellow servicemen in your unit, how many in your unit are experiencing the same or similar problems? Just so we know that your story is reflective of similar stories of people that may have been exposed to whatever that agent was at the same time you were?

Mr. Roberts, you mentioned 20 plus?

Mr. ROBERTS. How many? Well, I mean, we've had 33.

Mr. RIDGE. Thirty-three in the unit?

Mr. ROBERTS. In our unit. We've got 28 that's got problems.

Mr. RIDGE. And would you identify your unit?

Mr. ROBERTS. 1,624 out of Columbus, GA.

Colonel SMITH. I was in a 52 man team. One has already died with cancer, one also with cancer is not expected to live much longer. And I might mention that she was not taken care of by the military, so she had to seek assistance through her medical resources—civilian resources and is now receiving chemotherapy. And her outlook is not good. And there are at least 3 others of the 52 that I'm aware of that have signs similar to what I have, and they have also because of difficulty in getting into the VA system have been forced to use their civilian medical capabilities.

My particular company that insures me through my wife's occupation recognizes that it's service-connected and therefore refuses to cover me, which was fortunate for me that I was able to manifest some laboratory and testing abnormalities, to support my claim of service connectability.

One of the things that I haven't been able to have done yet on me is the lymph node biopsy that these other soldiers have been able to have, because one of the other things that's occurred to me is a bleeding disorder which they are calling an autoimmune bleeding disorder. And so because I don't clot, I'm a high risk surgery patient. And I have an unusual blood type, which has been now collected and is being processed, and I'll have the surgery next week following a plasma transfusion. (Coagulopathy from factors V and VII deficiencies.)

Mr. RIDGE. Best wishes with you.

Mr. Land.

Mr. LAND. I've been out of contact with my unit for quite some time, but I do know of one of my best friends I used to fly with quite a bit had a tumor on his auditory nerve. He was told by doctors it's a very rare thing. Went to Walter Reed Army Hospital to get it operated on, there were seven other soldiers from Fort Campbell with the exact same thing at the exact same time to be operated on. And his wife is also undergoing the same symptoms and problem that my wife is. And from my unit, that's all I know about at this time.

Mr. RIDGE. Thank you.

Mrs. ADCOCK. In my son's unit 9002 Transportation Company Battalion Dhahran, Saudi Arabia, exactly 120 days after returning from the Gulf one of his comrades died of non-Hodgkin's lymphoma cancer. His name is Douglas Farmer from Boone, NC. He was perfectly healthy, a 26-year-old young man. Ten days after he was diagnosed, he had respiratory failure and died.

At this time I am trying to get in contact with the rest of Michael's unit. His First Sergeant, Sergeant Glen McKane from Milwaukee, WI, is suffering with same and similar symptoms as what my son Michael and his comrade Doug Farmer died of. Yes, there are many in his unit that are now experiencing the same similar symptoms, and I do have a list at my home in Florida of everyone that served in my son's unit, and I'll be glad to give that to whoever needs it for the record.

Mr. RIDGE. Mr. Richmond.

Mr. RICHMOND. I was attached to a tank battalion that was with Task Force Ripper. I called my old unit back like 2 months after I got out, which was May of 1992. They were going to do some re-

search and checking on me. As far as they knew, there wasn't anybody yet. I just called like 2 weeks before I come up here and nobody in my old unit was there anymore. I mean, everybody transferred out and nobody knew where they were at. So I don't know.

Mr. RIDGE. All right. I thank you for your testimony.

Mr. KENNEDY. Thank you very much, Mr. Ridge.

Mr. Bishop.

OPENING STATEMENT OF HON. SANFORD BISHOP

Mr. BISHOP. Thank you, Mr. Chairman. I'd just like to ask unanimous consent if I could be recognized. I'll turn for just a few moments?

Mr. KENNEDY. Any objection?

Mr. BISHOP. I do have another meeting.

Mr. KENNEDY. So ordered.

Mr. BISHOP. Thank you very kindly.

I just wanted to take a moment to thank all of you for coming; for testifying and for bringing to us this information. We've heard rumors, but it's excellent for us to be able to hear it firsthand, particularly Mr. Roberts, my fellow Columbusite. I want to welcome you to Washington.

I'm extremely concerned about the issues of biological warfare and to the extent that our troops were exposed so that veterans will have the opportunity to get the proper treatment and the proper benefits as a result thereof. But I'm also concerned about what I hear about the institutional barriers that have been erected to prevent this information from coming forward. And I would just like very much to enlist your help and the help of your comrades in allowing us or helping us to craft a way to maintain the integrity of your medical records while you're in service and once you're out as veterans. Apparently I know in most cases medical records are treated as matters of privacy and they're kept in the strictest of confidence, but I notice in my experience with the military and with veterans they seem to be handled fast and loose without very much security and without very much integrity. And they're frequently lost.

So as we pursue this matter if you would help us as a committee to think in terms of how we can work to maintain the integrity of records to make sure that they are not tampered with or sanitized in any way, I think that would be a great service to us and to the veterans that you represent.

Mr. KENNEDY. Thank you.

Mr. Tejada.

OPENING STATEMENT OF HON. FRANK TEJEDA

Mr. TEJEDA. Thank you, Mr. Chairman. I certainly want to commend the chairman, Mr. Kennedy, for his leadership and for his initiative in making this possible. And I also want to thank the veterans for coming forward. I think you've displayed courage not only on the battlefield but in coming forward and I certainly thank you for that.

I find it unconscionable and near criminal for the VA to deny any treatment to any veteran that has gone to war healthy and came back sick, or wounded. And I certainly find it very unconscionable

for our veterans having to use their own resources to seek and receive treatment.

You know, if I come upon a body that is wounded, that is bleeding, that is in pain and I do not seek treatment to stop the pain and the bleeding and instead say, "I want to find out who the culprit is or do it or what is responsible for this," and go on and leave the body there, that is criminal for me. I think that we should first treat everyone then find out who is responsible.

I certainly follow the argument that it is important to find out who is responsible and for the DOD or whoever to come forward to see if we can incorporate and include those who may have been responsible for the manufacture of such chemical weapons or the use of so that we can seek treatment. But at the same time, not stop or not deny that anything happened. We should go forward and treat the wounded, treat those that are hurting, that are ill. And simultaneously conduct whatever investigation we need to do to bring the Department of Defense or the Pentagon forward and find out what happened. But I find it very unconscionable and near criminal not to provide every resource and every treatment that we can for our veterans.

So I certainly commend you for coming forward, and I believe I do have some questions, but of the next panel, Mr. Chairman.

Again, thank you very much.

Mr. KENNEDY. Thank you very much.

I think Mr. Bachus is next.

OPENING STATEMENT OF HON. SPENCER BACHUS

Mr. BACHUS. I commend you on these hearings. And I will say to the panel that I think we have seen a change in the attitude of the Department of Veterans Affairs over the past few months. I don't know if they have conveyed it to you all, and maybe that's going to be my question, but we had hearings June 8 and June 9 and there has been a lot of publicity about your conditions.

I just received a letter from a lady in Remlap, AL, whose husband, James Hallman apparently has some of the same health conditions that you have. And I want to convey to you how I see this through her words. She says this about her husband who has come back from the Gulf War, and he's sick, with real health problems. She says, "These veterans were sent to do a job in the Persian Gulf and did perform their assignment proficiently and willingly. As a result of their patriotism illness has overcome many of them and the Government will not accept its responsibility."

She goes on to say "These veterans do not want monetary support. They want their health and lives returned to them. Many Americans receive assistance every day, much of which is not deserved and certainly was not earned. These veterans have earned support gallantly and painfully."

"These men and woman have earned their care. Give them what they deserve, a chance at life again. We fought the war, but did we win the battle? I think not."

She goes on to say that "The enemy against whom the Desert Storm vet is now fighting is the U.S. Government, who has spent several million dollars to relocate Iraqi soldiers and their families into the United States, while our soldiers, U.S. citizens, are fight-

ing for care and a cure for their conditions. This is a total embarrassment to the concept of patriotism.”

She also attached to that letter a poem that her 13-year-old son, the son of this veteran, wrote about his father. And I'm going to introduce it into the record, if I can.

Mr. KENNEDY. Hearing no objection, so ordered.

(See p. 115.)

Mr. BACHUS. This is an amazing poem, and it's one I'd like every member of this committee to read at some time.

He talks about the fact that while his father was over there he feared that he wouldn't come back and that while his father was fighting for him, he was back home praying. And then he says, "But in the back of your mind you see the pain and the sorrow which makes you think what if there's no tomorrow.

But when he comes back you think it's so great, but something is wrong and it makes you irate.

When you find out what it is you get scared and thoughts run through your mind that he might be impaired."

And he closes by saying, and this is about the Government, "So many men are dying, so many men are crying but the Government did it wrong, so all they do is lying.

Maybe some day they'll wise up instead of being slick, but until then I'll always be sick.

People think I'm an outcast, they think I'm a disease. I wish they'd understand it's not my fault. Please understand me, please."

And he's talking about his father. Now, that's a 13-year-old boy that talks about his father coming home and how full of joy he was and then all of a sudden he realizes his father's sick and that the Government won't help.

I see Mr. Browder from Alabama, my colleague from that State, and I want to tell you that there are people in Congress that are working very hard that realize that your patriotism led you to the Gulf War and that's why you're sick because you were over there because you loved your country. We really have a sense of obligation and responsibility to you, and we're going to continue to hold these hearings and continue to work to see that your lives are given back to you and that your health is restored or that everything humanly possible that can be done will be done.

We want you to know that and we want you to know that you coming here today is not without effect.

Thank you.

And now I do want to ask two questions. One is, have you seen any changes in the Department of Veterans Affairs or the hospitals or the Department of Defense, any attitude changes?

Mr. LAND. Sir, I went through the Desert Storm Registry, which was a complete joke. They had no concern whatsoever about my cancer, no concern about what I had been exposed to over there. I have not heard one word from any Government agency relating to me. Other people have cancer and this might be something going on. If it wasn't for the news and me seeing Nick Roberts a couple of weeks ago, I would still be sitting in the dark in my living room thinking that I'm the only Desert Storm veteran with any serious health problems.

No, I have not seen any change to their attitudes. And they have offered me nothing whatsoever in the way of help.

Mr. BACHUS. Mr. Richmond.

Mr. RICHMOND. The one in Iowa City hasn't been too bad. I mean, they have been willing—I mean people over there have been, you know, bending over backwards, doctors, American Legion, VFW. You know, people over there have just been—I mean, they've been great. But you still have those certain individuals, you know, in the hospital that just, they don't care. I mean, they don't—nobody wants to do anything for you. You know, with the records being lost, nobody knowing where they're at, you know, stuff like that. I mean, it's minor stuff, but I mean it adds up and adds up and after a while, you know, you get so frustrated you just don't want anything to do with it any more.

Mr. BACHUS. I'm going to yield to Mr. Stearns at this time. Mrs. Adcock, Mr. Stearns is from your hometown, he tells me, and I want to yield to him.

OPENING STATEMENT OF HON. CLIFF STEARNS

Mr. STEARNS. Thanks, to my colleague from Alabama. Of course, I want to welcome Hester Adcock and just to praise her for her crusade here for her son and also for all veterans.

You know, there's three questions here. Of course, we've got to get the DOD, the Pentagon, to indicate or confirm one way or the other immediately what has happened over there.

I wrote a letter to the Armed Services Committee on the 18th of October asking for a hearing on this issue, and I was one of the first to do it. I also sent a letter to the DOD shortly thereafter. So, this isn't something that just occurred, that is something that some of us have been looking at for a while with the help of Hester.

But there's another larger problem, and that is the detection of this problem early on. Right now the Veterans hospitals don't even have the money, and they don't take the time to do the tests. So in addition to finding out the information, we've got to take those veterans and also those men and women on active duty and perform the tests if indeed this occurs. So it's very time sensitive that we get this information together and find out if the Pentagon will admit this, and then we've got to institute the test. And Congress has to appropriate the money once and for all so that these tests can be performed.

And then there's a third point. The dependency indemnity compensation that's provided if in fact there is nerve gas, low levels of chemical warfare, we've got to look at how this applies to people like Hester Adcock and how does it apply to you individually. And I don't think you know and I don't know.

So, I want to thank my colleague from Massachusetts for what he's doing here and to bring the level of concern that we all have here to a much higher level. And most importantly, see if we can move this to get the Pentagon to come forward and tell us everything they know.

And I want to thank my colleague from Alabama.

Mr. KENNEDY. Thank you very much, Mr. Stearns. We talked last night about the level of courage of Mrs. Adcock and her son, and Cliff was very, very complimentary of your efforts on behalf of

your son and other people in his district. Again, you're welcome here, Mrs. Adcock.

Mr. Browder. Thank you for being so patient.

Mr. BROWDER. Mr. Chairman, since I'm a guest on this committee, and in the interest of time, I'll not take up time with my questions. But I will ask this panel, particularly Mr. Roberts since he's from my area of the country, and the other members and the other panelists if you will get to us a suggestion, one suggestion, the Birmingham Pilot study—Mr. Roberts, have you been to Birmingham? Have you been to Birmingham yet?

Mr. ROBERTS. No, sir.

Mr. BROWDER. If you will get to us a suggestion, we're going to have responsibility to making sure that in the future we make the Government agencies respond to you, what suggestion would you give to us as Members of Congress in carrying out our responsibility to make sure that this study does what it's supposed to do and that it's just not a continuation of what you've experienced in the past? So I would ask you don't take time right now in the hearing, because we've got to get to the other panels and I'll defer to my colleagues here, but get to us if you will, your suggestion for how we make sure that they carry out their responsibility in a manner different from what you've experienced so far.

Thank you. And thank you, Mr. Chairman.

Mr. KENNEDY. Thank you very much, Mr. Browder.

Mr. Collins.

Mr. COLLINS. Two quick questions, Mr. Chairman, for Mr. Roberts.

One, Mr. Roberts, have you seen a letter or documentation from anyone from VA that may indicate or will indicate or has indicated that there were chemical weapons used on members of your unit in the Persian Gulf?

Mr. ROBERTS. Yes, sir. You're talking about the one from the doctor recently? Yes, sir.

Mr. COLLINS. Also you said it took you 12 months and outside help to get copies of your medical records from the VA?

Mr. KENNEDY. Excuse me.

Mr. COLLINS. Did you find any particular document—

Mr. KENNEDY. Mr. Collins, I have just been informed that we have about a minute 30 seconds until the vote. We're going to have to ask you to wait—unless we want to miss this vote, we're going to have to scoot.

Mr. COLLINS. Let's go vote, Mr. Chairman.

Mr. KENNEDY. The committee's in recess.

(Recess.)

Mr. KENNEDY. This meeting will come to order.

I believe Mr. Collins was in the middle of his questions. Mr. Collins, please proceed.

Mr. COLLINS. Thank you, Mr. Chairman.

Mr. Roberts, I'll begin with rephrasing the question. You said in your opening comments that it took you a year and outside help to obtain your records from the VA. I assume that was at Tuskegee?

Mr. ROBERTS. Yes, sir.

Mr. COLLINS. And when you finally got those records in your possession, did you find anything in those records that was surprising to you?

Mr. ROBERTS. Yes, sir. It showed or it described my symptoms in detail. Showed the swollen lymph glands in the groin area, armpit, side of each neck. And it stated in there, and it's a little blurry, but the word lymphomopathy, if that's the right pronunciation. But that's along with my blood count record, you know, white blood cell count's high. I mean, that was in there. That surprised me. In other words, I could have caught my cancer instead of stage 4, maybe stage 1 or stage 2. Kind of—

Mr. COLLINS. I take it by that then the VA at Tuskegee did not inform you of their discovery?

Mr. ROBERTS. No, sir. I mean, I had tried several times in writing to request at least if nothing else, if I'm not going to find out what's wrong with me, at least give me my test results. And after time, after time even trying to get them to my private physicians, you know, maybe this will answer some questions for them, you know, maybe keep from running any unnecessary test.

Mr. COLLINS. When did you first go to a private physician? Do you remember the date?

Mr. ROBERTS. It was right around the first—I started the VA September, 1992. I went to the VA probably, I don't know how many trips. I mean, see, that's where we're going to get all messed up, too. A lot of those records or my results never did come back. They give me a package, but if you're on the Persian Gulf Registry you don't have a right to those test results.

Mr. COLLINS. Do you remember when you first went to the private physician?

Mr. ROBERTS. I'd have to look back into those records and tell you. But it was—

Mr. COLLINS. Do you remember the date on the document that you found that indicated that you had lymph node problems?

Mr. ROBERTS. I say I forgot that, to be honest with you. But I think it was November, 1992, somewhere in that neighborhood.

Mr. COLLINS. November 2nd of 1992, I believe, was—

Mr. ROBERTS. Well, okay.

Mr. COLLINS. Mr. Chairman, in reference to Mr. Browder a while ago when he mentioned the Pilot program at Birmingham, it had in the office here at the Longworth Building last week five representatives from the Department of Veterans Affairs, one was the chief of staff or the administrator there at Birmingham. We talked in depth about the Pilot program and the fact that these veterans had not received any type of counseling, they'd not received any type of update on individual visits, had not received any type of information pertaining to contagious or how contagious their problems might be, how it might effect their family. And we have been assured by Dr. Roswell that such will be in short order. In fact, I believe one of the SeaBees from Columbus has been notified to come to Birmingham to begin testing for diagnoses and also to see if it's going to be carried out, the counseling and the update and information on each visit as has been described and suggested by Dr. Roswell. We'll be monitoring that along with Mr. Browder and I'm sure Mr. Shelby and others to see that those promises are kept.

We'll, of course, depend on our SeaBees from the 24th Battalion to keep us informed, and we will also keep you informed, Mr. Chairman.

Thank you.

Mr. KENNEDY. As I'm sure you're aware, Mr. Collins, Mr. Evans is making a site visit with his subcommittee to that site very, very shortly. So we'll be making certain that the committee follows up. And we appreciate your participation and your suggestion.

Mr. COLLINS. Thank you.

Mr. KENNEDY. Do you have any further questions?

Mr. COLLINS. That's all. Thank you, Mr. Chairman.

Mr. KENNEDY. I want to thank the witnesses from this first panel. You have given just excellent testimony this afternoon.

I wanted to just have one last question. I wanted to make sure that all of you felt that you were getting appropriate medical care at this time, and if you are not, I want to make sure that while you're here in Washington today that at least my staff, and I'm sure the committee's staff, would make themselves available to you to make certain. I have spoken, and I know Mack Fleming from the committee staff, has spoken directly with Jesse Brown in the past about getting proper medical care to Persian Gulf veterans no matter what their symptoms might be. He has given that assurance both in writing as well as in person.

And so I just want to make sure that you feel as Colonel Smith testified that you are currently receiving what you feel is proper medical care. Is that correct?

Mr. RICHMOND. For me myself I haven't been to the hospital for probably since August, or actually about 3 months. The doctors just have ran out of stuff to do. So I feel I haven't, you know, as of now or up to date I don't feel I've been, you know, receiving fair treatment just because they don't know what else to do.

Mr. KENNEDY. Well, would you like us to look into your specific case, Mr. Richmond, and see if we could—

Mr. RICHMOND. Yes, sir.

Mr. KENNEDY. All right. Mack, maybe you can help us. We'll make sure that—Donna Fox is this young lady from my staff and she'd be happy to meet with you afterwards and we'll take your case and bring it up directly to the Secretary's office. And if you'll just let us know the nearest VA medical center that would be appropriate to your living situation.

Mike.

Mr. LAND. In my case, I do have private care for my family, but any information available to them regarding chemical and biological weapons would be most appreciated to help them diagnose my family properly.

Mr. KENNEDY. Appreciate—well, we'll be doing that in any event, but I just wanted to make sure you personally were feeling that your situation is being taken care of as best as it can be.

Mr. LAND. Yes, sir, at this time.

Mr. KENNEDY. Thank you.

Colonel Smith.

Colonel SMITH. Yes, sir. I am receiving care, but until yesterday when I asked the attending physician to fill out an insurance form, then that's when I found out that this Persian Gulf issue is so po-

lity sensitive that the doctors just won't make a commitment. So I'm sitting here hanging, you know, and I'm sitting here wondering why they won't make a commitment, why can't they say why they won't make a commitment? Because if they don't know what the prognosis is because they don't know what caused our problems, there's nothing wrong with the doctor saying that they do not know the prognosis—and then saying “Check back with me later.” But they won't do that. They won't make the commitment. It's not “medically correct.”

This lady that I told you that's been given a 50/50 chance of surviving that was with me over there that has cancer and has had the surgery and is now going through chemotherapy, I told her about the Registry that she was unaware of it. Just yesterday I told her about it. Well, I got a call 5 minutes before I came over here from another one of the members of my unit and he told me that he made appointments the best that he could for himself and for her, and that was the last week of January, 1994. She probably won't be alive in January, 1994. Registering 12 soldiers a week is a priority?

Mr. KENNEDY. Mr. Roberts.

Mr. ROBERTS. I'm still under private physician care.

Mr. KENNEDY. So you feel that—

Mr. ROBERTS. I've had my experience with the VA, yes. I will keep seeing my private doctors.

Mr. KENNEDY. And you feel like you're being taking care of properly, Mr. Roberts?

Mr. ROBERTS. Well, yes. I mean, they saved my life, you know, through the treatments and all.

Mr. KENNEDY. Okay.

Colonel, I think you're putting your finger on the nub of the issue in that if there's no admission that there were chemical or biological agents and you were, in fact, exposed to those agents, then they're put in the bind of not being able to acknowledge it, number one.

Under the second set of circumstances, let's assume that Mr. Browder was proper in his assumption that perhaps other kinds of chemicals that you were exposed to could have created these same symptoms.

We have heard testimony from the VA saying, listen, because the medical community does not acknowledge the—what the heck is it called? The multiple chemical sensitivity, we therefore cannot write this down as a cause of your illness. So therefore, you are, once again, sentenced to this sort of purgatory of uncategorized medical illness. And a result, you fall into these difficulties with insurance and other kinds of issues.

Now, I have had a direct discussion with Secretary Brown about such circumstances and he has given me his personal assurance as well as his staff assurances that all medical care will be provided by the VA and disability payments will be provided by the VA regardless of whether or not the illness that is being suffered can be directly linked to a chemical exposure.

So, all we can do is take your case again, Colonel, and look into it and see whether or not we can advocate and try to help you. But,

again, would you just check with Donna at the close of the hearing and we'll try to give you a hand.

Colonel SMITH. Thank you.

Mr. KENNEDY. Okay.

Mrs. ADCOCK. Excuse me.

Mr. KENNEDY. Mrs. Adcock. And then I just have to say we got to—we got two more panels to get to and they've been waiting a long time, so we have to get to them.

Mrs. ADCOCK. I just want to speak on behalf of the Gainesville VA for the veterans there. No, they are not getting proper treatment.

Mr. KENNEDY. Who are you talking about?

Mrs. ADCOCK. Gainesville VA, the veterans, the Gulf War veterans.

Mr. KENNEDY. Gainesville VA.

Mrs. ADCOCK. When you ask about a Persian Gulf protocol physical, the doctors, the staff, and even the administrator of the hospital goes blank. They don't know what you're talking about. And I said, "Well, I don't have a problem that. I can bring you the protocol physical." "Well, we'll find one."

Some of the veterans today, Dillard, in fact, has been told that he is getting an upgraded Agent Orange physical. I don't call this proper treatment of our Persian Gulf veterans.

Mr. KENNEDY. Well, I think if you find those specific cases, and if you're not getting help at the local VA level, I'm sure you can contact the Veterans' Committee directly here or contact my office or Lane Evans' office or Cliff Stearns, who was here testifying on your behalf. I think you could contact Cliff's office and find that people are going to try to stir it up a little bit and try to look out for you.

Anyway, again, I want to thank all of the witnesses very, very much for your important testimony. I know it's difficult to testify under such personal and difficult situations, but your testimony does mean a lot. And I hope that you'll have helped out many others in your same circumstances as a result of your courage today.

Thank you all very much for your testimony. We appreciate it.

The next panel will come to the table, please. Panel number two, that's Carol Picou, the U.S. Army nurse from San Antonio, TX; Victor Silvester, the National President of the Operation Desert Shield/Desert Storm Association; Penny Larrisey, the President of ODSA's Philadelphia chapter; and is there somebody else here—no.

Please have a seat.

In addition, we're hoping that George Rosario of Philadelphia, PA is here.

And is Carl May here? Okay.

Thank you all very much for providing us with your testimony this afternoon.

Our first witness of panel two will be Carol Picou, who is a U.S. Army nurse in San Antonio, TX.

Ms. Picou, please proceed.

STATEMENT OF CAROL PICOU

Ms. PICOU. Thank you, sir.

First of all, I'd like to thank all the congressmen who have taken the interest to help us. Without your support I really feel we wouldn't be as far along as we are.

I'll introduce myself. Yes, I was an Army nurse for over—just about 15 years. And I don't know if any of you remember me, but I got to testify here on June 9. Since then the Army has medically boarded me out. I was released from active duty on August 4 with a 70 percent temporary retirement disability. That disability only entails my bowel and my bladder disabilities.

I'll go ahead and proceed as far as what has happened to me and my exposure in the Persian Gulf War.

I was deployed to the Persian Gulf War as a forward nurse in a combat support hospital out of San Antonio. During that tour I was intensive care nurse. I also was a 5 ton truck driver that drove over 7,000 miles accident free. I also was a dolly, NCOIC of the Dollies.

During my time in service I have four Good Conduct medals. I have an MSM. I have the Meritorious Service of Valor. I also have different tours in Korea, Africa, Germany and Southwest. I have been of excellent health up—prior to going to the war I did have a slight back injury but it never prevented me from being deployed to the other countries.

During my tour in Saudi Arabia I went to the front lines. We were stationed in Iraq near Basra. During our movement into Saudi Arabia into Iraq I was exposed to chemicals from—excuse me—we were exposed to different types of environmental areas, such as the sand flies, we were exposed to weather conditions. And as we were moving in the front lines we were exposed to combat vehicles that were exploding that were still burning, charred bodies were still around us.

Prior to that in January, I noticed the Scud missiles were flying over high, sometimes we weren't even alerted of them because we were a foremost hospital and we had no support around us. We were never told to chemically suit.

By 20th of January, I started noticing I had urinary frequency and I had black tarry stools. I went to the doctors and asked them what this could possibly be. They said it was a change in my diet, I was drinking too much water, and it was a change in the food.

After the war was over talking to other soldiers, they too had the same black tarry stools and urinary frequency.

When we deployed into Iraq we set up our hospital in that combat area. We were exposed to burning vehicles, we were exposed to the burning oil wells. We had particles of black oil on our skin and we were told that this was just part of the environment, don't worry about it.

I was never told of the use of depleted uranium used in our missiles or in our air strikes until after the war was over.

It's very hard to say what has caused our illnesses, whether it's from the environment, the chemicals, the depleted uranium or now the possibility of the chemical warfare.

Mr. Kennedy, you had asked how would you detect for chemical biological warfare, and they said it was the M-8. That's correct, just like when you have radiation you use a Geiger counter, like they did in Chernobal, but how do you test for biological warfare?

The only way that we are taught you have blood, nerve and blister agents and through our military careers we were taught that the only way you can actually test for these is through the soldiers and the symptoms that they develop. Blood and nerve agent soldiers will develop blisters all over their bodies or ashes. Nerve agent you have muscular twitching and nerve damage.

Today as you talk to a lot of these soldiers you will find that they have different various illnesses. Like myself, I also have these illness. My symptoms include being diagnosed with short term/long term memory problems, speech impairment, neurological damage to the left thalamus of my brain, neurological damage to the left side of my body. I have completely lost control of my bladder. I cannot urinate on my own. I have no more nerve sensations. I catheterize myself still this day five times a day to urinate. I have no control over my rectal bowel movements either. I wear sanitary products to prevent myself from soiling myself.

I also have other damages. The problem is where do we go for help? I was an active duty nurse and I tried my hardest to seek help through the military. They decided that when they couldn't find anything wrong with me, that they would go ahead and send me to a psychiatrist for a possibility of malingering. I went through 2 weeks of psychiatric evaluation. They found out I have a very high IQ, but my short term/long term memory is impaired. The psychiatrist recommended that this is not any case of psychosomatic or neurological. This is a severe case—possibly of short term/long term memory problems that should be investigated through environmental officer or a pharmacist for the effects of the drugs we were administered. This fell on deaf ears, so I sought the help of a civilian doctor. He's the one that diagnosed all my physical impairments. The same doctor funded my trip for me to come here today so I could hear what's going on and what's happening and maybe share hope with other soldiers.

The Army has put me out and sent me to the VA hospital, and this is what's happening. The Department of Defense and the Pentagon are chaptering soldiers out and sending them to the VA hospital so the burden falls on the VA. We have soldiers that are taking a 20 percent disability and taking lump sum money and running. Now they have no medical coverage because they took the lump sum money. Until they can pay that back, they can't get medical treatment.

I have recently gone to the VA hospital in September. All their evaluations, preliminary evaluations show I have neurological damage. My next test is for a pelvic ultrasound because I have no feelings from my waist to my pelvic area. I will have a brain scan and MRI done of my brain and my spine in December to rule out the possibility of multiple sclerosis.

The VA has run tests on me and have taken blood work. I have no problems with what I am going through right now with the VA, but I have other soldiers' testimonies here from the local San Antonio area that all their blood work comes back extremely high white blood cells, low red blood cells, low hematocrit, low hemoglobin. They're running all these tests but we still have no treatment and no diagnoses.

So I came here today with the hopes that sharing with all of you and thanking all of you that we do need help, and I know your efforts need to be commended. And all I ask is for my fellow soldiers that have given me their testimony that we don't delay in the process of finding what's wrong with these soldiers because some are deteriorating rapidly. Recently my health has gone. Out of the last 6 weeks I've only been healthy the last 4 weeks. I have now developed upper respiratory problems.

We see ourselves deteriorating rapidly. We've been put out of active duty because we can't perform our jobs, nor can we get unemployment through the civilian world. So what happens to us? We're not asking for more money, we're just asking for a cure and in a speedy manner to try and find out what's wrong with us.

So I continue to thank you all for bringing me here and allowing me to share this, and I commend your great efforts of trying to help us.

Thank you.

[The prepared statement of Ms. Picou appears on p. 105.]

Mr. KENNEDY. Carol, thank you very much for your moving testimony. The last thing in the world you ought to be doing is thanking people for the difficulties that you're going through. But we do appreciate, once again, your willingness to come forward.

Thank you very much.

The next witness is Victor Silvester, who is the National President of Operation Desert Shield/Desert Storm Association.

Mr. Silvester, thank you very much for joining with us. Please try to keep your testimony within 5 minutes and we very much appreciate your willingness to come forward.

Thank you.

STATEMENT OF VICTOR SILVESTER, NATIONAL PRESIDENT OPERATION DESERT SHIELD/DESERT STORM

Mr. SILVESTER. Mr. Chairman, thank you for allowing me to speak. And since we didn't get in here until after midnight, I didn't know we were supposed to have testimony. It will be very short.

Mr. KENNEDY. Okay. Thank you.

Mr. SILVESTER. I'd like to read two things, okay, if I may.

Marines and their dependents receive free or inexpensive health/dental care at military hospital. Care and treatment are available 24 hours a day. Unexpected illnesses or injury will not cause financial burdens. Marine Corps Family Service Centers ensure timely assistance in coping with problems and emergencies.

The worth of your medical coverage depends on how well you use it. Your major medical needs are provided for, therefore, there is no need for you to carry medical insurance available to civilians ranging at no cost to all costs for employees.

What I've just read to you is the guidelines that the U.S. Armed Forces uses to recruit young men and women into the armed forces. These are the promises that representatives of yourself and the American people promise our young men and women when they join the service to serve this Nation. This is a promise that we made as members of the United States community; we made to the men and women of the armed services.

I'm just going to say a simple thing, Mr. Chairman. We need to live up to our promises.

Thank you.

Mr. KENNEDY. You get right to the point there, Victor. We appreciate it very much. There definitely seems to be a broken promise here, Victor. And that's the reason why we're having this hearing and we appreciate your willingness to come forward and to keep fighting for all those veterans that you're representing.

Mr. SILVESTER. We intend to.

Mr. KENNEDY. Thank you very much.

Our next witness is Penny Larrisey, who is the President of ODSA's Philadelphia Center.

Penny, have a seat.

STATEMENT OF PENNY LARRISEY, PRESIDENT, OPERATION DESERT SHIELD/DESERT STORM PHILADELPHIA CENTER

Ms. LARRISEY. Good afternoon, and thank you.

The Pennsylvania Coalition of Operation Desert Shield/Desert Storm Association started as a place for Desert Shield/Desert Storm soldiers to get together and obtain information. We are in contact with 36 soldiers who are attached to Army, Navy, Marine, National Guard, Air Force and Coast Guard. I remember someone said at the June hearings if you have one symptom, you are exposed. Today I present 36 soldiers' statements out of a total source of 34,273 who have had similar experiences and may have similar symptoms. These soldiers suffer from fatigue, headache, joint pains, mood swings, bleeding gums, diarrhea, sleep disturbances, aggressive patterns, visual problems and more.

Spouses are experiencing the same symptoms. Babies and young children are having the same symptoms as their parent. We have soldiers who have no problems and have expressed a willingness to come forward and help those who do. Some of our soldiers are employed, some are barely employed, some are disabled, some are unemployable, some are missing from the roles, they live on the street.

What these soldiers said we believe. These soldiers know what they saw, they felt and were ordered to do. We've heard stories like I had to take the white pill in front of my commanding officer. He checked my mouth to see it was gone. Soldiers reported they had to take the white pill so they would not eat or get—from home. Soldiers reported having to wait—sign waivers the Government wasn't responsible for the shots. They were not tested. We ran out of pink malaria pills, take the white ones.

These soldiers were healthy 2 years before they left to go to the Gulf. Two years later it's a different story; we're sick, getting sicker, we're losing our jobs, insurance. We're losing our self respect. Our family doctors are baffled; they test, they treat, they find nothing. When we have no jobs, no insurance, no money we go to the VA and we run into horror stories. One soldier reported the VA said I don't care what the paper says, "I'm not in charge, I'm not doing my job and I'm not doing any extra work." An appointment was scheduled for a Persian Gulf soldier in pain from a prostate infection as documented on his Persian Gulf physical 993. This is

a service-connected disability. The appointment to see urology was December 8, 1993. The soldier said, "Do I have to die?"

Soldiers have waited 5 hours for prescriptions to be filled when the prescriptions are marked priority. Staffers say, "It's not my job to take it to the pharmacist." In Philadelphia it takes 3 weeks to have priority prescriptions mailed out.

I have two bills. We are being billed by the VA. Four such bills exist in our group. We have been told by the staff at VA not to pay this bill and now VA threatens to attach our income tax check.

VA set up a registry. We tell the soldiers to go for the appointments. Philadelphia VA is scheduling late 1994. Wilmington VA schedules late 1995. Jessie Brown sends a directive and says, "Put the veterans first." We've seen no changes since July.

I have a medical card from the chief medical administrator of Philadelphia, passed this card to me on television, the number had not been in service in area code 215 for 3 years.

One soldier attended our support network and picked up a pile of papers, went to the Wilmington VA. His Persian Gulf physical was scheduled for late 1994. It was advanced next week in Wilmington. The doctor copied the papers and said, "We never saw or heard any of this information. Please get us more."

We will continue to help the doctors who help our soldiers. One soldier in Chicago took Senator Reagle's report to the VA and has been given priority care.

Philadelphia VA has refused to treat a Desert Storm soldier because the bill has not been paid. The soldier has herniated disks in his neck from an accident in the desert. It is service-connected, no treatment.

Philadelphia VA regional offices put claims in lock boxes for 2 years. These soldiers are disabled and being rated at ten percent. Could you live on \$85 a month?

In October the Philadelphia VA RO was at the first meeting of the Pennsylvania Coalition. They have assured us that Persian Gulf claims will be taken seriously, and they will be more thorough.

We've heard in the midwest VA is not scheduling appointments because these symptoms are so well published. Come up with some new symptoms, we'll schedule the appointments.

We are being sent a questionnaire by the Department of Veterans Affairs. Intake Questionnaire Impact of Desert Storm, a collaboration with the Office of Army DCS PER and the Walter Reed Institute of Research. Pittsburgh VA PTSD Department says Congress has authorized this study. The Association/Coalition says the Army is still trying to make Persian Gulf Syndrome out to be stress.

We've listened to these soldiers, we've cried with these soldiers, we believe these soldiers. They're out there, they're sick, they're scared, alone and homeless. This Association is making sure these soldiers know that they're not alone to suffer anymore.

Our soldiers are running out of time. We want the answers now. Chemical and biological was used, admit it, treat it. Parasites and bacteria released, the Cairo study, 1969, released the information on the environmental factors, released the information on the in-

vestigational drugs. Tell us why the Food and Drug Administration hangs up on us when we call them.

Release the information on the depleted uranium. Pennsylvania Coalition has contact with the 144th Supply Unit from New Jersey as reported in September, 1992, on a report from Martinsburg VA.

You were baffled in June why the soldiers were not coming forward. We're getting the soldiers for you and their stories. We produced for you, believe us, help us, produce for us. Help the soldiers who proudly defended the orders to go and serve. 2,200 soldiers have suffered alone and died, and don't let us die without knowing why.

Mr. KENNEDY. Penny, thank you for your testimony.

Ms. LARRISEY. You're welcome.

Mr. KENNEDY. I know it's difficult. And just listening to your testimony you can feel how much you've given to so many veterans, and probably with nobody ever giving you much acknowledgment for all that you've done. So, we want to let you know we appreciate it.

Ms. LARRISEY. We thank you for the bus.

Mr. KENNEDY. We'll do the best we can with it, Penny.

Ms. LARRISEY. We thank you for the bus.

Mr. KENNEDY. Thank you, Penny. Thank you very much, Penny. Carl May from Philadelphia, PA.

STATEMENT OF CARL MAY

Mr. MAY. Sorry about it, Senators. I'm so drug up on the medications that the VA's given me. I have a Desert Storm companion here to help me out.

I am experiencing memory loss, speech loss, back problems, kidney problems.

Two years ago I got home, my unit left and kept me on medical hold. They kept telling me all there was was just stress, depression. After I got home I started losing the sensations on the left side of my body. I have nervous spells. I have—I'm constantly having joint pains. I became a VA hospital over-the-counter drudge. I depend on these. They're the only thing keeping me alive right now. Majority of time the pills put me to sleep. Every time I go to the VA I tell them my problem, they give me medication, pat me on my back and send me off.

I try to get away from these medications. Spend 8 days and I'm going through what you call withdrawal, because now my body cannot function without them.

I'll let my Desert Storm companion talk for me because I'm having a hard time.

Mr. WARREN. Okay. I'm just going to read from the paper that he had typed up earlier. My name is John Warren.

I served with Detachment 1, 121st Trans Company out of Philadelphia, PA with about 300 other soldiers. I was at the MGM Grand, COBAR Towers, Log Base Echo on January 17. I was in Al-Jubail. The Scud hit the COBAR Towers above. I was driving a truck and I did not get my windows closed. There was a loud boom and a mushroom like cloud. Then we put on our gas masks.

On January 20, I was in Iraq and on February 15, I was in Kuwait.

I was treated in country and had my stomach pumped. I remember seeing black and yellow smoke pumped out of me. I was taken to the hospital because I passed out. I was in Khafaghee through Logno Nulligan. I messed up my back in a Scud explosion.

In country I suffered from mental problems, shortness of breath, memory loss, muscle pain and spasms, skin rash, stomach problems and short of temper. Most of these problems continue today. On rainy days my back swells up and I can't walk. I need a cane.

I was treated at Walter Reed for breathing problems and back spasm and deafness in my left ear. I was treated at the Carlisle Barracks for PTSD. I have been treated at the Philadelphia VA for common problems.

I feel the care was bad and the staff had poor attitudes. I was on 13 prescription drugs at one time.

That's all he has written on this paper here, sir.

Mr. KENNEDY. Well, Mr. May, we want to thank you. And what was your name?

Mr. WARREN. John Warren, sir.

Mr. KENNEDY. John Warren?

Mr. WARREN. Yes, sir.

Mr. KENNEDY. Well, we want to thank you for your assistance to Mr. May.

I know it's difficult to provide this testimony, Mr. May, but it's important that we get this into the record. We will, again, follow up specifically on your case.

Our last witness is Mr. Rosario, again from Philadelphia, PA.

Mr. Rosario, please proceed for 5 minutes.

STATEMENT OF GEORGE ROSARIO

Mr. ROSARIO. Thank you, Congressman.

I'd like to take first the opportunity to thank the panel for allowing us to come out here and testify to what happened. I don't know what happened. All I know is that from my understanding before you do give an organ to one of your closest relatives, you go through a procedure of testing whether you're in good health for that organ to be compatible for your brother.

I donated a kidney to my brother back in 1989, and I went through extreme tests, which tests confirmed that I was perfectly healthy with no problems at all. Today I am having joint pains, bleeding of my gums, and several other symptoms.

During the time I was in Operation Desert Storm, our whole unit was stationed at COBAR Tower, at which time our vehicle has not arrived in country. Therefore, we had plenty of time to set up every other equipment that we needed to set up in the area, such as the chemical alarms, getting our chemical suit and all our chemical equipment prepared. At which time a unit out of Pennsylvania medical unit, which I don't recall the number of the unit, was giving vaccination shots to their members. We were also given that vaccination shot along with the white pills that we were also told to take.

I asked what was the vaccination, and it wasn't given a name to me. It wasn't made aware to me until I came back home and found out that Anthrax is a virus from an animal.

At the same time we were given specific mission to transport several troops from the Dhahran King Fahd's port. Word was out that long range missiles and short range missiles were being targeted at Dhahran and also as well at King Fahd's port, which was the shipyard. We proceeded with going to a bus depot where we emptied completely the whole entire depot to get as many troops as quick as possible out of that area.

We were questioned before we entered the shipyard did anybody have any cameras? What specific reason I don't know. We proceeded with going in to picking up the troops and getting them out of there as quick as possible. Most of our missions were conducted at night. Some were conducted during the day coming back. It took us some time to get one way, 3½ days. Sometimes it took us longer. We were so exhausted and so tired, and some of our guys, our vehicles, our buses were breaking down so we had to pick up guys. Some of them we had to leave and keep going and the other guys will pick up the rear.

When our vehicles arrived in 915, which our vehicles, they're not prepared for a war situation and a situation in the environment that we were, these vehicles were having a lot of mechanical problems such as filters being clogged up. So we had to have them repaired as often as possible during missions.

I remember going to King Fahd's port and seeing several containers with hazardous material markers on them. Whether they were loaded or not, I don't know.

There were times when we pulled up with our tractors, these containers were already loaded and all we had to do was hook up and take them out of there and drop them at a specific location. I was in the middle of nowhere; I don't know where I was.

I became much more aware during most of our trip coming back on Pipeline Row seeing dead animals; camels and other animals on the row. It wasn't until we came back to King Fahd's port to pick up our next load to rest that one day and get back and continue our mission the next day. It was made aware to me by a so-called foreign soldier who was an Iraqi—correction, who was a Kuwaiti, along with our forces, that we decontaminate our vehicle coming back from where we dropped off our load. And we said no. There was no time to decontaminate and I don't know why that he mentioned anything about decontaminating our vehicle. We were given special containers that we have to spray in the vehicle. My vehicle was sprayed and I took full precaution. However, in the process of going back I mentioned to one of my friends the glitter on the sand looks funny, during the day and the during the night. And popping a joke that is not a joke anymore, because now that my brother lives and continues to live healthy, my health is beginning to be shortened.

When I make the statement to my friend maybe we will glow in the dark, it's not a glow in the dark anymore, it's glowing in the darkness.

While in COBAR Towers we had two Scuds fired towards COBAR Towers; one intercept; the other one we do not know what happened. Sirens went off. Our concern was with our unit, to our unit commander, and it was brought to the commander's attention

that we were sitting targets, we had over 40,000 troops in this particular area.

Full attention was not taken into consideration because the word didn't come out that we weren't supposed to be at the field of operation until we got the okay from higher up. At which time we all went at MOPP level 4. We completely blacked out. We lost power, electricity of the compounds. The only way that we knew the area was all clear was through a loudspeaker, and you could barely hear the person. Even if radio communication in the compounds was in operation, too many people were giving orders. That was clear. We proceeded with taking our gear off. The following day there was a terrible smell and an odor in the area, which is one odor that I cannot explain. I cracked a joke with several of my friends and said somebody passed gas. I didn't put any mind to it and continued to go on my mission with the rest of my friends.

I was hurt during a mission in which we were supposed to be transporting Bradleys to 50 gunners that were coming off the ships from King Fahd's port. Because we were short one man in our unit, and because there were so many vehicles breaking down, they had to use the other support of mechanics to send them out with 20 trucks, 30 trucks and five mechanics. So everybody became a mechanic. You became everything out there. During that time we were instructed to change tires because the tires—the tires were not equipped for that kind of terrain. I was hurt during that mission. I was sent to Swissbach, Germany. Before Swissbach, Germany, I was sent to KKMC. Then from there I was air medivaced to Germany.

In Germany I was medivaced to Fort Dix, and I was treated by Dr. Hussein. That was his name, by the way, gentlemen, which I was stunned myself. I was very highly upset at the fact that this doctor's name was Hussein. I went on treatment there for my left side, a crushed hand injury and a dislocated shoulder. I continued to suffer from the same injuries.

Later on I started suffering from other illnesses. I don't know what they are. I was discharged November of 1991 when I found out a friend of mine died, Elizabeth Jones, who served with us during Operation Desert Storm. I contacted the unit and I was told that she died of cancer. Nothing else had been followed. I'm here to ask you to launch an investigation as to what happened to this friend of mine.

Thank you for giving me the opportunity and for taking time.

Mr. KENNEDY. Thank you all very much for this moving and excellent testimony. I feel that the stories that you have told have again confirmed the sense that we have got to ask, at a bare minimum, the Secretary to look into each one of your circumstances. We have to make certain that your cases, and that of your friend's too, will be fully investigated, to take care of your immediate concerns.

Carol, you know we've been trying to help for well over a year now, and we'll just have to continue to stay after it. But I do want you to know that the important testimony that you've provided shows great courage on your part. It really is important that you've been willing to come and step forward.

I don't have any questions. I do want to make certain that if you do feel that your cases, or Mr. Silvester, if you know of cases that you would like us to follow up on, and you again Mrs. Larrisey, if you would like us to follow up on a case, the committee staff as well as my own personal staff would be more than willing to try to help out.

Mr. SILVESTER. I would like to make a point if I can?

Mr. KENNEDY. Yes, Mr. Silvester.

Mr. SILVESTER. Mr. Kennedy. I would like to relay just for a moment a situation with a young man and a young lady by the name of Rocky and Laurie Gallagas up in Colorado. They are suffering from problems. Their private physician called the Tuscaloosa VA for assistance. Now, they're thousands of miles apart. You've got a civilian doctor dealing with a dependent, he's got all sorts of problems. And the recurrent report back from that situation was that that doctor felt like he was dealing with the national security issue of the world.

Mr. KENNEDY. Why did he call Tuscaloosa?

Mr. SILVESTER. To try to get information from—Tuskegee.

Mr. KENNEDY. Oh, from the doctor in Tuskegee?

Mr. SILVESTER. Yes, the Tuskegee Dr. Jackson. Tried to get in contact with them to maybe help with their situation, because a civilian doctor and them being miles away from a VA was at a loss what to try to treat these people for. And his comment was of the fact that this was treating to like breech national security here.

We've got veterans who live hundreds of miles. Of course, it takes us 60 odd miles for us to go to the VA. We have civilian doctors who are trying their best, just as we count on, to treat Desert Stormers. We have to open the door for the VA and the civilian medical community to work together. The only way that we're going to lick this war, we won a war against Saddam because the United States banded together and fought together as a team. Each one of these veterans is fighting a war for their lives. The only way we're going to win that war is for us to fight it as a team like we did in Desert Storm. And that is my request.

Mr. KENNEDY. Thank you very much, Mr. Silvester. I've already talked with the committee staff about trying to follow up. Not only with the Central Office, which tells us that everything is going great, of course, but with the individual medical directors to take up the specific cases that have been brought to our attention. So we'll either definitely get them in here before the committee to provide testimony and let us know that they understand what is going on within their own hospitals, and we'll bring your specific cases to their attention.

Mr. SILVESTER. We have to develop a team program between the civilian medical community who are out there in the boondocks and the veterans.

Mr. KENNEDY. Yes. Well, I think you were here at an earlier hearing where we had heard from a number of doctors that, in fact, indicate that there is a great body of medical knowledge that exists. It has not been considered mainstream, which is why we then faxed legislation, Mr. Evans. A number of others and I want to try and have the Veterans Affairs' Committee work with the medical community to determine what the validity of multiple chemical

sensitivities are so that this can be provided as a medical diagnoses by the VA. This will then make people like Carol's and others illnesses readily available for health care, and also provide, I think, much more importantly, a rational to an individual veteran as to why he's feeling sick or she's feeling sick.

Mr. SILVESTER. Mr. Kennedy, it is the Operation Desert Shield/Desert Storm Association's belief that something out there knocked the heck out of our troops.

Mr. KENNEDY. Well, obviously it's something.

Mr. SILVESTER. They need assistance. That in turn left our troops open to anything that came along, which is why we concentrate on the five areas instead of an individual multiple chemical sensitivity "that's it." We don't believe that when we have some people who have got parasitosis, we've got some people who've got investigational drugs, depleted uranium and those types of situations. There's the five that we discussed when I was in the situation.

Mr. KENNEDY. Yes, and I agree with you. The fact is that whether it's leishmanioses or anyone of a number of different illnesses we need to look into it. And that's why we're also looking into the possibility of chemical and biological warfare as well. I think we've got to look at all of it and say, you know, what in fact did go on out there. And we're going to try to do it together as a team, as you suggest.

Mr. SILVESTER. It is our belief if the Pentagon and the Department of Veterans Affairs can come to us with the same documentation that each of these veterans has to provide and prove to us that it was not chemical and was not biological, sir, that's wonderful because that's two things that we don't have to worry about, and that's two steps closer to finding the cause of their problems.

Mr. KENNEDY. Mr. Silvester, you're a 100 percent right. It is exactly what Mr. Ridge referred to a little while ago when he was just saying that in every other conflict you always decide in favor of the soldier. You leave it up to the medical community to disprove the fact that what the soldier said has happened. This is one of those bizarre circumstances where instead of siding with the soldier, the VA, the DOD, the Pentagon, and the U.S. Government seem to be hell bent on denying that there's anything even wrong with the soldier and making them feel like they're the problem. Well, we're going to get to the root cause of it.

Thank you, again, very much.

Mr. Buyer.

Mr. BUYER. Thank you, Mr. Chairman.

Ms. Picou.

Ms. PICOU. Yes.

Mr. BUYER. I recalled when you testified on June 9, you began having symptoms when you went into southern Iraq and you took a nerve agent pill, is that right?

Ms. PICOU. Yes, sir. Yes, I did.

Mr. BUYER. Okay.

Ms. PICOU. When 1 hour after I took the pyricostigmine tablets I developed twitching, they started to run. My nose started to run. I had excessive drool and frothing at the mouth. I had severe muscle, neck and joint pain.

Mr. BUYER. Was there a reason that your commander had told you to take the nerve agent pills?

Ms. PICOU. After I told him my symptoms?

Mr. BUYER. Pardon?

Ms. PICOU. Before or after I told him my symptoms?

Mr. BUYER. Now wait a minute. Let's back up a second. Where were you located in southern Iraq?

Ms. PICOU. I was in Basra.

Mr. BUYER. You were in Basra when they told you to take the nerve agent pill?

Ms. PICOU. Yes. We took them—

Mr. BUYER. Why did they tell you take the nerve agent pills?

Ms. PICOU. We were told to take these nerve agent pills prior to going into Iraq, so we started the day that the ground forces were called. As we moved into Iraq, it took us 3 days to get into our position, and we took those drugs for 3 days and then we finally stopped. And I reported my symptoms as soon as we were able to stop.

Mr. BUYER. Okay. I'd like to ask you a few questions about your medical discharge proceedings.

Ms. PICOU. Yes, sir.

Mr. BUYER. What did they put on your record when you were medically discharged, what did they call it?

Ms. PICOU. I was discharged with bowel and bladder incontinence. Sixty percent disability, etiology unknown, 20 percent coverage on my back, which totals 70 percent temporary retirement.

Mr. BUYER. Etiology unknown?

Ms. PICOU. Yes.

Mr. BUYER. Even though that you've told them that this came after having taken the nerve agent pills?

Ms. PICOU. Yes, sir. That testimony was even provided by a doctor who witnessed my symptoms. We submitted that document to the board and they overlooked it. We submitted the neurological assessment—

Mr. BUYER. Are you going to appeal?

Ms. PICOU. I have appealed, sir, and when I was up here testifying, they cut my orders while I was here testifying. I tried to appeal that through our Congress, I had help. Through Congress we tried to stop it, and it went through anyway. The last report I got by this Colonel was, yes, you had additional testing but we don't think any of that's pertinent to your case. And it's the same Colonel who gave me a 20 percent disability at first. He reviewed it again, gave me 70 percent. I still fought it because I felt like I needed to be treated before being discharged or a diagnoses made. And he refused to accept any of that and it was the same Colonel who made that decision.

So our board appeals from the PEB to the MEB needs to be evaluated because we see the same doctor. When he makes a decision, it stays.

Mr. BUYER. See, that's part of the human factor. Earlier on I mentioned the institutional barriers. Institution isn't necessarily the Government itself, it's the human factor out there that we all deal with. You know this yourself having been a licensed nurse.

Ms. PICOU. Yes, sir.

Mr. BUYER. Doctors are very well trained at coming up with specific diagnoses based upon deductive reasoning.

Ms. PICOU. Yes, sir.

Mr. BUYER. And so when they look at all the symptoms, they try to find out which diagnoses it is by deductive reasoning and then they try to find that pigeon hole. If they can't find it, they're going to shove it into one of them, right?

Ms. PICOU. Yes, sir.

Mr. BUYER. That's what I earlier classified as practicing medical stupidity as opposed to practicing medical ignorance—to stop and then seek the greater understanding.

Those institutional barriers are also with doctors and how they get trained at times. I don't question their sincerity of service to their patients, but there's a tremendous mindset in the medical community whether it's in the private medical communities or whether it's those who serve in the military medical community, or in the VA.

Ms. PICOU. You're right.

Mr. BUYER. So do you agree with that analysis?

Ms. PICOU. Yes, sir.

Mr. BUYER. Okay.

Ms. PICOU. I do, because we submitted documents of the neurological damage, the memory damage, the bowels, the bladder and they wouldn't accept any of it.

Mr. BUYER. Now, is your appeal process of your medical discharge from the Army now complete?

Ms. PICOU. Yes, sir. As a matter of fact, it originally was decided on 20 January. I appealed it and asked for extensions for further tests, and then I asked please send me to internal medicine, please send me for more workups and it all fell on deaf ears. And I was put out on 4 August. I have a return date of temporary retirement to be re-evaluated as of April of 1994. I have gone when my bones breakdown so bad where I can't even walk, I went to the emergency room and I sat there for 4 hours. They put chronic arthritic pain, viral rash, high temperature etiology unknown. And I get no treatment.

Mr. BUYER. Do you know of other Gulf War veterans who have had similar experiences in their discharge proceedings?

Ms. PICOU. Yes, sir. I have cases, sir, that just in San Antonio alone they went through the same doctors on that board.

Mr. BUYER. Yes.

Ms. PICOU. They were given 20 percent disability, they were told to take it. That's all they would get. A pilot of 15 years was given 20 percent disability, a lump sum of \$40,000. Right now he's fighting for his health, the same condition I'm in. He can't get medical treatment because he hasn't paid back that \$40,000 that he has received.

Mr. BUYER. Well, I take it that based on your testimony it's very appropriate for those of us that called for the hearings with DOD witnesses, not only to check on whether or not there were biological or chemical agents, but for the Military Forces Personnel Subcommittee that has jurisdiction over the military health care delivery system to, in fact, bring in the surgeon generals of each branch

of the service to tell us what they're doing right now, as well as, testimony from some of the veterans. Would you agree with that?

Ms. PICOU. Yes, sir. And as a matter of fact, I went to General Zychek who was the commander of our health reform at Fort Sam. My husband started our support group in San Antonio. We went and talked to him. And this was in September. They decided that they were going to have one doctor start screening the Desert Storm soldiers to find out what's wrong before their cases go through MED. The soldiers are coming up against loopholes. The man is tired, he doesn't want this position and the medical boards since I've learned of this, went to General Zychek, I have been able through Congress, through Congressman Tejeda's, through Congressman Kennedy's office send him these reports. And we have been able now to stop three soldiers from being medically boarded at 10 or 20 percent disability until further testing can be done.

Mr. BUYER. Well, that's a real compliment to you and Congressman Tejeda.

Mr. EVANS. Congressman from Alabama.

Mr. BROWDER. Mr. Chairman, I have no questions at this time. Thank you.

Mr. EVANS. Gentleman from Pennsylvania.

Mr. RIDGE. Thank you, Mr. Chairman.

I applauded earlier the leadership of our colleague from Massachusetts on this issue, but I wanted these witnesses to know, and those that are listening, that you as the Subcommittee Chair of Oversight and Investigations have spent a great deal of time dealing with this issue. And I think we've got another hearing scheduled next week. So I think that your individual stories and the plight of the men and women who served with you have certainly caught the attention of this full committee and, hopefully, with your continued support those of us working with you can get the attention of the entire Congress of the United States. That is the purpose of your testimony. And then I applaud and congratulate your dogged determination in spite of enormous physical problems that many of you are confronting just to be here today. And I thank you for that.

All of us here believe that caring for our veterans is a continuing cost of defense. They spare no expense to train and deliver you to the combat site. We do find that they look a little differently at soldiers and sailors and airmen and etcetera when they returned from the field of battle. But I think you've certainly caught the attention of our Chairman here, Congressman Kennedy, and everybody else so that it will be our responsibility to capture the attention of the entire House and the Senate. You've gone a long way today in helping that effort.

Ms. Larrisey, in your testimony you mentioned that when you try to get Persian Gulf veterans to schedule appointments with the Philadelphia VA that the VA is now in October or November of 1993 is scheduling people for their initial appointments in late 1994, and if I read your testimony correctly, in Wilmington, DE the VA today in November of 1993, scheduling those initial appointments in late 1995. And from your discussions with similar support groups around the country, and all of you can answer this question if you have some information, are we finding those incredible—

somebody earlier today used the word unconscionable—delays confronting Persian Gulf veterans in every VA medical center with which you're familiar?

We can start from right to left.

Ms. LARRISEY. We've heard in the midwest, because the symptoms are so well publicized, they come up with new symptoms and will schedule appointments for you.

We encourage the soldiers, you've given us the Registry, we encourage the soldiers to go. And late 1994 I did hear that East Orange, New Jersey is scheduling them within 30 days. But Philadelphia VA's late 1994. Wilmington is late 1995. Soldiers have called, the first time they call me, are you on the Registry. No. Call and get on there.

Mr. RIDGE. And as I understand, this first visit wouldn't necessarily be the complete physical. This is just an introductory visit to take a medical profile and the follow up could take months if not years thereafter. This is the way things are?

Ms. LARRISEY. Now, we're pretty fortunate at Philadelphia. They're doing it at one time.

Mr. RIDGE. They're doing it all at one time?

Ms. LARRISEY. Yes. You got to fill out the questionnaire and then you get to see the doctor, you get the routine blood test, routine urine analysis, routine chest x ray. And they're fortunate that it's being done in one appointment.

Mr. RIDGE. Okay. But you still have to wait a year to get the appointment?

Mr. Rosario.

Mr. ROSARIO. Yes. In fact, I have an appointment scheduled for the 10th of 1994. Three months in a row, or rather 3 months already I was scheduled for a Persian Gulf physical examination at the VA hospital, Sergeant Hall who is here also was scheduled on those days. We were notified by mail of the appointment being changed. I reported to the VA hospital for my appointment on the 30th of this month past. The doctor would not see me because he claimed that I was late. And I spoke to Mrs. Mary Combs, who is the patient representative, and they set up an appointment for 1994 of January.

This is the kind of services that we're getting with some of these physicians in the hospital. I mean, it was like a I don't care attitude, you were late when I was on time. And I see what goes on in the hospital. There is delay of services. You are not seeing in there with give or take 2 or 3 hours. It is ridiculous. It's totally ridiculous. And if you complain to someone, they'll pass the buck. "Well, she didn't do it." "Well, who did it?"

Mr. RIDGE. Anyone else care to respond?

Ms. PICOU. Yes, sir. Desert Storm soldiers that I see on a weekly basis that call me for help, when I was here in June Linda Hughes, she is severely ill right now. She just got her gastroenteritis test. I went with her last Monday to support her for that, which was scheduled in October, I mean November. Her next test is scheduled in December. My tests are scheduled for November 23 and December 20. Other soldiers are backed into January and February already, and I just feel it's an overwhelming response of the number

of soldiers that are being put out of active duty, that are told to go to the VA hospital.

Mr. SILVESTER. Sir, this is on a generalized basis. I'm seeing this all over the country, and I talk to people all over the country. We have 27 chapters around the country, and I talk to each of those besides the people. Since December, 1992 we have received over 9,000 telephone calls, and this is happening all over the country that these folks, and particularly if they seem to make a complaint. If they file a complaint, the more complaints they file, the longer their appointment seems to get, you know. If you buck the system, then you're going to go. But is in a generalized basis.

Now, don't get me wrong. We do have some excellent VAs out there that are working, you know. Some of them are really working fine and some, I just—as Ms. Larrisey said, it appears to be on a personal basis or the person within the system. As Mr. Buyer said, within the bureaucracy situation, you know. It's not the institution, it's on a personal level. You run up on somebody who's handling your paperwork and they don't believe that you're in the system situation, they throw it over there. As Penny said, it was in the lock box for 2 years and nobody knew where it was.

Ms. LARRISEY. In Philadelphia I think you have the letter I sent out in August. We were told VA does not treat—Philadelphia VA does not treat reservists, guardsmen or active duty. Would you ask them who they treat? They've cut a deal with me to shut me up if I bring Bob down there with the insurance card, they'll treat him. My primary physician won't refer him back there.

So we would like to know who they treat. They're jammed, but who do they treat?

Mr. RIDGE. Well, the magnitude of the problems seems absolutely enormous. We've got delays up to a year, sometimes 2 years getting that initial physical. You've got doubt and uncertainty within the VA system as to whether or not they'll either recognize the symptoms and then thereafter relate them at all to your experience as veterans. And yet you as veterans see that before you went in for that 6-month, 3-month, 9-month or 1-year period into that particular unique environment, you had the same environment before or after. Most of the veterans started experiencing these problems and these symptoms while they were in that different environment, and some subsequent to it. And yet the system is not giving you the benefit of the doubt. I think that's the point that everybody's trying to make; we should get to the medical causation as soon as possible, as soon as medically possible. We'd like the DOD to be a little bit more forthcoming, corroborating some of these on-site veterans' witness to the use of chemical agents. But first things are first. The first responsibility should be for us to treat the veterans who were exposed in a very unique, strange, different environment with all these corroborated instances throughout the theater at the time of their exposure to some kind of agent, though, we still don't know what it was. At least give you the benefit of the doubt until we can corroborate that and then move on. I appreciate the chairman's leadership in this and look forward to working with you on it.

Mr. EVANS. I think that's why the hearing on Tuesday will be so important.

The gentleman from Texas.

Mr. TEJEDA. Thank you, Mr. Chairman.

Carol, what is the status of the San Antonio chapter of the Operation Desert Storm/Desert Shield Association, how is that coming along? Have other veterans come forward or joined the organization there?

Ms. PICOU. Yes, sir. My husband, as you know, formed it. I couldn't do it because of being on active duty. My husband and I have gone out and since testimony, we try to keep the public informed. But we handed business cards trying to raise money for our chapter. And since that we got 17 new soldiers. Last month 12 new soldiers came.

This week, because we put the word out I was coming here to Washington, people wrote new testimonies of what they're going through; babies with birth defects, soldiers that are being put out right now at 10 and 20 percent disability. These young soldiers see this 10 and 20 percent, \$17,000, \$20,000 and they see themselves buying a car, maybe paying bills, taking care of their family but they have no medical support until that money is paid back.

Our support group has gone from 20 members, 60 members and now approaching 100. So we have seen over 100 soldiers that we have tried to help them, tell them what to do, what guidance to look for. We have gone to the local DAV, what can we do to help them with their medical boards, what's the proper information we give them. And we were able to get the boards recalled because it was the word. They just stopped mine. But it's recall, these medical boards have to be recalled. And once we ask the doctors to recall them, now they're in the process of being medically evaluated.

Mr. TEJEDA. Well, I certainly commend you for the outstanding job you and your husband and others are doing there.

Let me ask you, and I know you've talked about active duty young soldiers who are being let out. But in the San Antonio area, you know, it's military town USA, and I believe there are approximately 5,000 reservists from San Antonio who were called up and served in the Persian Gulf. Do you have contact with them or do you know what the status is there? Are they being tested?

Ms. PICOU. Yes, sir.

Mr. TEJEDA. Many of them having the same problems?

Ms. PICOU. We're seeing more reserved than we actually see active duty. With the reserves now we have a link between giving them the phone numbers to the VA of who they can contact to get help in San Antonio. We have a support group through the VA hospital. We support them, they support us. We get the soldiers in in a speedy matter, they get their VA tests and then they can go on the Persian Gulf Registry, get their examinations.

Our VA hospital is set up Tuesday through Friday they can walk in between the hours of 8:00 and 2:00 for this Persian Gulf physical. So I give them the phone number to call to go over, what necessary documents they need to bring in.

So we have over 370 soldiers as of last June that are seeking medical assistance, and the numbers are rising.

Mr. TEJEDA. Let me ask you, when you heard the testimony of a couple of the other witnesses concerning the treatment or the delays in treatment from the VA hospitals, can you comment on the VA hospital in San Antonio, which is the Audie Murphy?

Ms. PICOU. Only through working with the soldiers. Like I said, I didn't have the opportunity to go through the VA prior to this time, and I have a whole list of documents. They come to me with their lab slips. But they have elevated white blood cells, which shows infection. Decreased red blood cells, decreased hemoglobin that show that they're iron deficient. I have one cancer patient that is going through the same symptoms right now as when she was exposed. She had her spleen removed. They put her out of active duty 100 percent temporary retirement. When she refused to come back on active duty, took that disability away from her. Recently she's been reinstated to get VA disability now. She also is starting to have iron problems and low hemoglobin counts.

They come to me and they say "What can I do?" And I say well we document, and we get as many soldiers as we can, we call over there. The thing is they're not getting treatment. They all come back with these abnormal findings. The abdominal extension we're all suffering from, the neurological damage. But we have no treatment. And we're all in the same boat. They tell us that, "Oh, you have abnormal lab slips, you have this, this and that." But nothing is being done to correct it.

Mr. TEJEDA. Thank you, Carol.

And thank all the other members of the panel.

Thank you, Mr. Chairman.

Mr. EVANS. Thank you. We thank this panel.

Carol, good to see you again. Appreciate your continuing efforts. And thank you all very much for your testimony.

Ms. PICOU. Thank you, sir.

Mr. SILVESTER. Thank you.

Mr. EVANS. Our third panel is comprised of: Mr. Cameron Harbison of New Hampshire; Mr. Thomas Pinet, Massachusetts; Mr. David Lee of Massachusetts; Mary Anderson also of Massachusetts; and, Sergeant George Vaughn of Fort Meade, MD. If they'd come forward at this time.

We appreciate you all being with us waiting, and we look forward to your testimony once you get situated.

All right. I think we'll start with Mr. Harbison and just maybe move directly across. If you want to start, Sergeant?

STATEMENT OF 1ST SGT. CAMERON HARBISON

Sergeant HARBISON. Yes, sir. At 2:30 this afternoon I received a call from my higher headquarters, and I've been instructed to make a statement before I'm allowed to speak, and that statement is—

Mr. EVANS. Could you maybe pull the microphone directly in front of you.

Sergeant HARBISON. I've been instructed to make a statement before I speak, and that statement is that my testimony here today is no reflection of the U.S. Army and no opinion from my higher headquarters. It is strictly my own opinion and the testimony is that of my own personal experiences in Saudi Arabia. I've been asked to make that part of the record today.

Mr. EVANS. Well, we will note that in the record.

Sergeant HARBISON. Thank you.

Mr. EVANS. It's been your personal opinion that you're offering at this point.

Sergeant HARBISON. Thank you.

At present I'm First Sergeant for the 94th Military Police Company out of Manchester, New Hampshire. And I was a platoon sergeant with this company in Saudi Arabia.

The mission for our company was a law and order mission in the eastern province of Saudi Arabia, and we covered the areas from Jubial all the way to Bahrain and half way to Riyadh to an area called The YAC site.

During our tour in Saudi Arabia we were stationed near the coast directly between Dammam and Dhahran in a base called FAF1. We received a lot of incoming Scud missiles because of the location of our base, and each one of those missiles was met with an outgoing number of Patriots, which caused the missiles to break up in the air. Many of them broke up in the air over our compounds.

While we were outside we were misted as a result of these strikes with an oily agent, which did set off our M-8 alarms in our compound at each time. We were instructed that this misting was the atomization, I guess, of the fuel from the rockets, the combined two rockets exploding in the air. And we were given no other reasons for this oily substance that was covering us.

When we were out on our patrols the radio communications were so poor with the equipment that we had that most of the MPs working the area carried Walkman radios and we tuned the Walkman radios into the Saudi Arabia frequency, the English channel that they had in the eastern province. And the way that we knew that the missiles were coming in was by the warnings that were given by the radio stations. And we listened to those warnings and then we would have to find a compound to see if there was an alarm, a chemical alarm going off in those compounds in order to don protective equipment. We were operating off of VRC 46s and 47 radio systems, which didn't have the ranges for the patrol areas that we were required to cover.

Many times we would lose vehicles and have to set up rally points in order to get together during a patrol shift to ensure that all 12 vehicles were operating and that the soldiers who are in a patrol zone knew that there had been an incoming Scud missile and where the missile had struck.

Our alarms, as I said, went off constantly. I was approximately—I was several 100 yards away when the Scud missile hit the barracks as Kilo 17, which was the final day of the war. And during that attack we were covered completely with black soot and smoke. We were covered with an oily liquid substance. We didn't have time to don. I was parked at the gateway to Kilo 18 with another vehicle. The chemical alarms in the four compounds surrounding that compound also went off as the Scud missile struck the compound. Again, the explanation to us was that this was fuel which was atomized which set off these chemical alarms.

These alarms are not designed to detect biological agents, and the only way to determine if there's a biological agent is, again, through the health and welfare of the individual soldier.

Prior to Saudi Arabia I did not have a personal physician and had no need for a personal physician. When I returned from Saudi Arabia around November I went and sought a personal physician.

I was treated for high blood pressure, for elevated heart rate. I've been put on steroids for weight loss and muscle control. And I've been put on Emprimine and several other medications in order to control massive weight loss and the other conditions which I suffered from upon returning.

My personal doctor got in touch with the VA system, Dr. Gordon, in Manchester, New Hampshire and I went and got an appointment with Dr. Gordon. I was instructed when I received my appointment that he was only authorized to give me 1 hour by the VA. So I was given a 1-hour interview by Dr. Gordon. I have Dr. Gordon's letter here in regards to his meeting with me. And at that meeting I was required to turn over my own Blue Cross/Blue Shield card to the VA hospital and they billed my Blue Cross/Blue Shield for the services that I was rendered there. I was given a blood test, I was given EKG and several other tests while I was there. Urine tests. And they were billed to my personal Blue Cross/Blue Shield. And I didn't expect that. I expected the VA to take care of me. I went over and I did the job I was asked to do and I didn't expect that my own personal insurance was going to have to pay for this.

My financial loss has been great, and I don't wish to recoup that. What I wish to find out is, and I wish this committee to find out from DOD is, what were we covered with, what was used over there and treat us. That's all I want. I want it for my family, and for me.

Thank you.

Mr. KENNEDY. Thank you very much, Mr. Harbison. I just learned that you gave very strong testimony. I'm sorry I wasn't able to hear all of it.

I'd like to just let you know I was out in the other room. We had a telephone hookup with veterans from all over the country who also were assembled. They couldn't afford to make it here to Washington to provide testimony today, but we were able to link up with them in several different cities throughout the country. And I at least had a chance to chat with them for a few minutes by phone.

Again, you feel so inadequate to deal with so many of the individual problems that are being faced. And so many of them that I just talked to aren't getting proper medical care. Some of them are actually active duty personnel that are very, very worried about coming forward and sharing their stories as well. Given your uniform, I take it some of you guys are in that same circumstance. So I am looking forward to hearing.

Now, how many of you are from Massachusetts, just so I get this straight? All right. I was looking forward to this panel.

I understand we have Bobby Dunn and Peter Zabo, who were also very helpful in trying to get everybody to come down. So I wanted to make sure to thank them for their efforts as well.

Our next witness is Tom Pinet.

STATEMENT OF GUNNERY SERGEANT THOMAS PINET

Gunnery Sergeant PINET. Yes, sir.

Mr. KENNEDY. From Athol, who I met just a few minutes ago. Tom, thank you. Thank you very much, Sarge, for coming down and sharing your story with us. Please proceed for 5 minutes.

Gunnery Sergeant PINET. Thank you, sir.

Mr. Chairman, members of the committee and fellow Desert Warrior, my name is Gunnery Sergeant Thomas Pinet, and I'm a Gunnery Sergeant with over 16 years in the United States Marine Corps currently serving in the full time support program as an active reservist with the 25th Marine Regiment.

In February of this year, I began experiencing reoccurrence of medical complaints which I have endured to a lesser degree than some and a greater degree than others since my return from the Gulf. I was relieved of my duties in May of this year due to degradation of my performance, which I believe is directly related to my service in Southwest Asia.

Prior to my service in Southwest Asia with over 14 years of straight active duty time I've never had psychological problems or the medical complaints that I've been experiencing since my return.

Since that time I've been undergoing a complete medical workup, which even my doctor has said is the most complete workup he's ever seen, which has reached no concrete findings. I have since been diagnosed at various times as an alcoholic, a malingerer, as having a mixed personality disorder, as having Gulf War Syndrome, multiple chemical sensitivity syndrome, chronic fatigue syndrome or an undifferentiated sematiform disorder. I am currently undergoing a medical discharge process with the diagnoses of undifferentiated sematiform disorder. If I understand in layman's terms what that means is I have physical and psychological problems which can't be explained physically or mentally.

Since my relief I feel I've been publicly humiliated in front of the Marines that I'm expected to instruct and lead. I have had my integrity questioned as to my alleged motives. It has been implied that I'm attempting to defraud the Government of disability compensation and benefits. I have gone on record in writing that I will refuse disability compensation resulting from any medical discharge until such time that I am truly disabled. At this time I do not feel that I am.

I have too much respect for those who have served and those who you have spoken to today who truly deserve such programs.

I have had original documents from my medical records withheld from me by my immediate supervisor without my knowledge or consent. My entire medical record withheld from me to prevent me from making personal copies. I thought making personal copies was a prudent way to protect my best interests.

I personally know and respect and understand the fear and the silence of fellow Gulf War veterans who are still on active duty for not stepping forward to voice their medical problems for fear of retribution that they see me enduring as regards to their own future military careers. I would be doing my fellow active duty and reserve Gulf War veterans a disservice by not mentioning their dilemma between loyalty to our Corps or whatever service and loyalty to themselves.

I entered the Corps when the term Semper Fi meant something more than just a greeting in the morning. I must state at this time that I agree that I should stand down from the ranks of my Corps because my particular military specialty is a weapons specialist and I have to inspect weapons prior to Marines firing them in

training or firing them in combat. My present memory loss, my present fatigue, I can't look my Marines in the eye anymore and ensure them that that weapon is safe to fire and safe to train with.

To give our Marines anything less would be ethically and morally wrong. I just won't have a part of it.

I'd also like to mention a couple of things directly that members of the committee brought up.

The gentleman said—the veteran said that he didn't hear rumors of chemical attacks and rumor control having moved quickly across the desert. I personally handled message traffic concerning chemicals in the air in the Gulf. I don't know if I'm at liberty to speak on that message traffic, because I don't know if it's still classified or not. If the committee wants me in closed session or any other way that I can be absolved of any problems with those classifications, I'll be more than happy to testify on it.

Mr. KENNEDY. Mr. Pinet, you might just clarify in general terms. Would that information and those communications indicate in any way information that you think would be pertinent to this committee's investigations today?

Gunnery Sergeant PINET. Yes, sir, I do.

Mr. KENNEDY. Would it lead us to believe in any way that there might have been certain exposures that you encountered in your service to the country?

Gunnery Sergeant PINET. I wouldn't go as far as to say as it would convince one way or the other anyway, but I know that it would be helpful in regards to the other testimony that you've heard.

Mr. KENNEDY. Well, I know, Mr. Browder, that your committee is going to be conducting an investigation. I just ran into Norm Sisisky on the Floor a little while ago. He said that tomorrow he's going to be conducting some hearings on this same issue. Maybe you could just check with Mr. Sisisky and find out what the appropriate way of handling information such as that Mr. Pinet was willing to offer might be. We'd appreciate it if you could check that.

Mr. BROWDER. I'll do that and we will also talk with Mr. Pinet to make sure that it's possible to get that information from him.

Mr. KENNEDY. Terrific.

Thank you very much.

Gunnery Sergeant PINET. Yes, sir.

In regards to that message traffic, sir, the tac nets, the tactical nets for communications, I'm not a communications expert, though, were different between Army and Marines. That's the traffic that I received which may not have been received by your unit. That might be the explanation.

Also I just want also to mention one more thing. Concerning the experimental or investigational, whichever term you choose to label the inoculation and pills that we were required to take, and I use the word "required." My unit, anyway, we were ordered to take them. I called down to Camp Lejeune, NC, in I believe June of this year to try to find out if there were any unit rosters or personnel rosters of who received these inoculations and who were required to take these pills. And I was told by a petty officer first class, and I regret that I did not write his name down, that those records were burnt. He did not use the word "destroyed," he did not use

the word "lost," he used the word "burnt." I only throw that on the table to draw your own implications from it.

Thank you very much, gentlemen.

Mr. KENNEDY. Thank you very much.

Our next witness is Mr. David Lee of North Abingdon, MA.

Mr. Lee.

STATEMENT OF SERGEANT DAVID LEE

Sergeant LEE. Thank you, Congressman. Gentlemen, ladies. I appreciate the chance of being here so I speak for myself and my unit.

Mr. KENNEDY. Thank you, Sergeant

Sergeant LEE. My name is David C. Lee, Staff Sergeant from Abingdon, MA, served with the 181 National Guard, Whitman, MA, activate 6 December, 1990 Desert Storm. While deployed at Fort Devens the regular Army gave soldiers of the 181 unnecessary shots, removed unnecessary teeth, deployed soldiers with heart problems. Also serving in Southwest Asia we were stationed at COBAR Towers, Log Base Alpha, Moon base Persursky and KKMC. While stationed at these areas we were faced with terror starts, supposedly false alarms, gas attack alarms. In the middle of the night told to take bromine tablets and get in a MOPP-4. Meanwhile Scuds were blowing over our tents.

We were also faced daily with severe dust storms and some heavy rain showers without any warning, along with very high temperatures, always sunny over 100 degrees. With this we also faced flies always in our food at all times. We also breathed oil fumes from a large oil spill. Also with the smoke fumes from oil fires. Our tents had smokey oil stoves in them. We were also given two Anthrax shots and were told they were confidential, not to mention to anyone about these shots, even to our families, or we would be served an Article 15. They also told us to take these bromine pills every 6 hours, which most of us did.

I myself was in good health before being activated to Desert Storm. My friends and myself are looking for answers now. We do not want a repeat of Vietnam before it's too late.

When I came home and out from Fort Devens, I told the regular Army at the hospital I had problems and they told me you'd be okay, but if you still have problems you can go to the VA for further treatment. But the problem is the VA, they do not pay our bills.

I have been going to five VA hospitals since returning home. I never had to take any medication before going to Southwest Asia. I am now taking multiple pills for the rest of my life.

I have experienced weight loss, bleeding gums, night sweats, headaches, respiratory problems such as asthma, bronchitis and also I'm diagnosed with MCSS, also have skin rashes, problems sleeping at night.

My friends in the 181 also experiencing similar problems along with achy joints, TB and cancer. Again, I hope the experts would stop guessing and solve the problems before it's too late.

Mr. KENNEDY. Thank you very much, Sergeant Lee.

Sergeant LEE. You're welcome, sir.

Mr. KENNEDY. Cheryl's not here. But Mary Anderson of Dorchester, MA. Mary, please proceed.

STATEMENT OF MARY ANDERSON

Ms. ANDERSON. Thank you, Congressman Kennedy, and your committee for having me here.

Before I went to Saudi Arabia I had no problems medically. Two months prior to my unit being activated, which I'm in 1173rd TTU Unit, I had a complete physical for my primary health. I was in 100 percent good health.

Mr. KENNEDY. What rank are you, Mary?

Ms. ANDERSON. Staff Sergeant.

Mr. KENNEDY. You're a sergeant as well?

Ms. ANDERSON. Yes, sir.

We arrived in Saudi Arabia, we had to stay at COBAR Towers for reception from 3 to 4 weeks. While I was there I started having the headaches and back problem, but I just let it ride for then because I figured it was a fast immobilization going over there, the stress of being over there and the way we were sleeping, not on beds and on cots, so I didn't, you know, go to the doctor or anything.

After we left COBAR they put us at the——

Mr. KENNEDY. Which country is this now?

Ms. ANDERSON. Saudi Arabia.

Mr. KENNEDY. Saudi Arabia.

Ms. ANDERSON. Right. After leaving COBAR our unit was sent to the port of Dammam, which is the king port where all the vehicles, equipment and everything was transported from the United States, and we were there to transport it back. One day while I was on the pier working I started getting dizzy, I could feel my temperature rising. So I went to the First Sergeant and he says, "Well, you go down to the infirmary and get checked out." At first they thought that I hadn't had enough fluids, so they gave me the fluid test and they said no. I had severe infected ears. This went on for a month, all types of high—low grams of antibiotics that didn't heal it at all, it just went on, you know, on its own.

Since I've been home since October, 1991, I went to Manchester, I've been diagnosed with asthma. I am a Persian Gulf registered up there. And I went to the Boston VA with Dr. Gordon, he told me to go down. I have multiple burning, body aches, burning, headaches. I have lost my hair. I am assigned to the PTSD at VA in Jamaica Plain. I've been on multiple antidepressant pills, anti-inflammatory pills, pills to keep pills from making me have ulcers and just 2 weeks ago I had an inflamed side. I went to the VA, they gave me three injections of Lanacaine. I asked the doctor what was his diagnosis since the rheumatology doctors that I've been going to for over a year kept telling me about an arthritis called fibromyalgia. And this is what they're diagnosing me with. And for the last 2 years I've been constantly on pills and now it's progressing to be worse. And every time you go, they make you wait and as me being a female going into the Veterans, it's like they look at me as like she can wait. Or if you tell them what's really wrong with you, they tell you right point blank, just like everyone has testified here today, "It's all in your mind." But when I lay in the bed

and can't get out, when my body tells me no, that's not in my mind. When I'm trying now to walk up and down stairs it's getting worse, that's not in my mind.

And I'm tired of hearing people, the VA, the doctors, saying there's nothing wrong when it's physical to your eye when someone can't walk or when you go to emergency room and the doctor has to give you something to relieve your pain, that we was either under chemical or biological warfare in Saudi Arabia, and it's not in the veteran's mind.

And thank you for having me to testify.

Mr. KENNEDY. Thank you very much for your excellent testimony, Ms. Anderson.

Sergeant Vaughn.

STATEMENT OF SERGEANT GEORGE VAUGHN

Sergeant VAUGHN. Chairman, before I give my testimony, I would like to make a disclaimer statement to protect myself from UCMJ action or any legal litigation that could take place, since I am an active duty member.

My name is George Vaughn. I am currently a Sergeant in the U.S. Army serving at Fort Meade, MD under HOC 743rd Military intelligence Battalion. What I'm about to say throughout this hearing is my opinion and not necessarily that of the U.S. Army, my current unit or chain of command that I am now serving under, nor is it necessarily the opinion of the Walter Reed doctors unless otherwise stated by my testimony given to you here today, 09 November, 1993.

I'd like to start off by saying first, Mr. Chairman, that I brought numerous copies, one complete copy of my medical record. I am pending in a medical board that has been frozen due to the fact that after the board was submitted my bone marrow for the third time has shown up with tuberculosis in it. Since then it has been determined that I have not the disease of tuberculosis, but I have been in contact with someone that has. As so many of the people have said before you, I have been diagnosed with numerous ailments. I've been followed for 2 years by Walter Reed. I've been diagnosed as having chronic fatigue syndrome, possibly fibermalgia, or however they pronounce that. I've gone through nine surgeries or procedures. I've had seven tumors removed from my left arm. I'm presently scheduled for surgery next week to have polyps removed from my colon, which over a year ago I was told not to worry about. But when they admitted me into Walter Reed 2 weeks ago and put me under quarantine because of the tuberculosis, the GI doctors came in and said, "Didn't anybody inform you over a year ago that those tumors should have been removed?" Though they were benign at the biopsy at that time, they are the type of tumor that can grow into cancer.

I was also informed a week later after going through a liver and spleen biopsy that my spleen is enlarged and is pockmarked. They do not know the cause. I have numerous times been diagnosed as having enlarged lymph nodes.

The answer from the medical board, and I would like to give you all these copies so that you can use them to show what the people have told you before, the answer back from the medical board—

first I should probably tell you what the doctors put my medical board through for.

It's rather lengthy. Gulf War Syndrome with moderately severe industrial impairment. I am also now on a permanent profile only allowed to work an average of 1 to 2 hours a day. I work for the security agency.

Mr. KENNEDY. Who wrote that?

Sergeant VAUGHN. This is Colonel Chung of Walter Reed, my primary physician. And I will be more than happy to give you four copies of everything that's sitting in front of me.

Left ulnaris neuritis of the elbow without evidence of muscular wasting. As you can tell, I've got a scar that runs the length of my arm that's been opened four times because of nerve damage from the tumors. Major depressive disorder, single episode. The psychiatrist's addendum in this medical board states that my major depressive disorder is not because of my illness per se. It is not the cause of my illness, it is because of my illness.

My whole family is being followed by psychiatry at Walter Reed at this time. It has been very rough.

Irritable bowel syndrome. Our brigade after the air war started was diagnosed—or, excuse me, the ground war was started, was diagnosed as having dysentery. Since then I've had the symptoms of dysentery. I've had numerous tests and work up; no dysentery in my system. I still today suffer from massive diarrhea.

The answer back from the board at Walter Reed, like I said, was frozen. And this is their answer back. "The board considers the member's condition described in the record, each disability is listed below in descending order of significance. Number 1, and the only one rated, major depressive disorder. Single episode. Thirty percent temporary retirement. All the others not unfitting and not rateable." That goes against what the doctors are saying at Walter Reed, and they do agree with me, I should not accept this board along with my chain of command.

Also, there is a block on this at the end that I do not understand. When the medical board was sent forward with Gulf War Syndrome by the physicians, this is a statement they sent back. "If retired because of disability, the board makes the recommended finding that the member's retirement is not based on a disability from injury or disease received in the line of duty as a direct result of armed conflict or caused by an instrumentality of war and occurring in the line of duty during a period of war defined by law." I cannot and will not accept this disability.

My concerns and the main reason I'm here today is because I see Gulf vets with the same symptoms I've had. Nick Roberts is one. I'm concerned that there's a possibility that I have cancer. I want to catch it early enough.

Yes, do I have reasonable doubt that we were attacked with chemical or biological warfare? Yes, I can give you a personal experience. At one point in time when we were stationed at Al Kasuma, which is the northern sector of Saudi Arabia, north of King Khalid, Military City, we were told to don MOPP level 4 gear. At that time my mask would not seal properly. I have to admit, I panicked. I was taken into a tent by two sergeants, Sergeant Upchurch and Sergeant Waddell. They attempted to tell me to reseal my mask.

In the confusion I thought they asked me to take my mask off. I did take my mask off. At that time, I choked and smelled something very bitter and tasted something similar to what you would taste if you were to taste an almond extract. Shortly thereafter is when I became sick.

Again, I'll be more than happy to give you all my records. I've got a copy of my medical records sitting here in front of me.

What has been said and what has been done has been a denial for 2 years to answer questions that I've tried to bring forward. I've gone through congressional hearings, IG complaints. I have a letter from the commander of Walter Reed Hospital a month after my IG and congressional complaints were answered saying almost literally the exact opposite, that my complaints were well substantiated and well-founded.

Mr. KENNEDY. Well, Sergeant, the stories that we've heard today are just incredible. Everyone of you are, again, to be commended. I think you in particular because of the fact that every one of you are still in the active military, as I understand it.

Mr. LEE. No.

Mr. KENNEDY. No, you're not, Mr. Lee.

Ms. Anderson, are you.

Mr. LEE. I'm from the reserve unit.

Mr. KENNEDY. You're in the reserve unit. But still you could be hurt. Your career could be hurt as a result of your coming forward today.

Mr. LEE. Yes, because—being out of work.

Mr. KENNEDY. You're obviously aware that this committee is a veteran's committee and in that light we are used to trying to protect veterans. There's a whole range of issues that are delineated, involving veterans and active duty, and even reservists that are falling into the same problems as a result of their service. In your case, it is service in the Persian Gulf. I believe Mr. Pinet, Mr. Lee indicated, the potential for the kinds of chemical exposures that we have heard for the last 2 years exists.

We had a hearing on this issue going back 1½ years, 2 years ago up in Massachusetts, where Doctor—what was your doctor's name up in Manchester?

Ms. ANDERSON. Dr. Gordon in Manchester.

Mr. KENNEDY. Yes, Dr. Gordon was willing to come forward and indicate that he felt that there were many kinds of exposures that our soldiers found themselves at risk of being exposed to, whether it be oil fires, whether it be gasoline fire or diesel fired heater, cooking utensils. The fact is that many of the tanks that were used for showers and drinking water were also used for diesel fuel and gasoline and other petroleum products. The fact is that you were living for such a long period of time, sometimes in tents with this kind of enclosed heat. These were all contributory in nature to some of the illnesses that people were facing. In addition, somewhat familiar to people from our state, we had expert testimony from people at MIT that were responsible for looking at a whole range of chemical exposures that people in this type of industry face.

There's a fellow over at MIT who is a professor over there. His name is escaping me right at the moment, but his whole life's work

at MIT is to look at oil workers, to look at a whole range of people involved in heavy industry and to look at all the different chemicals that they work with on a day-to-day basis, and then to predict the kinds of illnesses that they potentially could encounter as a result of their chemical exposures. And it so happens that it's the exact same set of illnesses that people that have so-called Persian Gulf Syndrome are facing.

Now, we've had this interesting sort of slant on this in the recent days. You should know that a lot of this is a result of Glen Browder's willingness to go over when he heard about the Czechoslovakian study. That indicated yes in fact, despite the fact that this committee has heard testimony directly from the military saying point blank there were no exposures to chemical or biological or nerve agents to U.S. troops in their service in the Gulf. We heard that on a number of different occasions in this committee. And then Glen Browder heard about a Czech report that indicated that there were in fact nerve agents or chemical/biological agents utilized in the Persian Gulf. And Glen got on a plane and flew over to Czechoslovakia and met with the Czech military. He was given at that time information that indicated we ought to further study it.

We have since then asked the military to study it. We have been given the run around, left, right and center. And meetings have been canceled. There have been a whole series of inexplicable denials on behalf of the military as to exactly what took place.

So, we can just say that we are just conducting a full court press right now to try and force the military to come clean on what exactly took place. They canceled a meeting last Friday or Thursday. Well, first a meeting on Thursday, and then a meeting on Friday with Glen, myself and Lane Evans, the other gentleman who was listening to testimony. They have indicated to Glen and myself and to Lane that they are going to now provide us with this information or some kind of secret briefing, or whatever the hell they're going to end up doing, tomorrow. So we'll at least learn something, I suppose, tomorrow.

I should, again, just say for your benefit that Glen and I have both participated in these secret briefings. There has been nothing that would shock my mother or your mother, or anybody else in the briefings that we have been provided. As has been said, the notion that the American people can't handle it or that servicemen and women can't handle the fact that Saddam Hussein might have used chemical or biological or nerve agents is amazing to me. Most of the servicemen and women are the ones that come forward and say that they were the ones who think that that, in fact, might have taken place.

And so to me, there is a potential for some kind—you know, Glen called it stonewalling. I would say that there is a potential for some kind of coverup here, although I can't for the life of me understand why anybody would want to cover this up. It just doesn't make any sense to me. I don't know what is behind anyone just not coming clean.

Now, even Dr. Gordon, who is a very good fellow from up in New Hampshire, had the willingness to come, literally a week after we had testimony in this committee saying that there was no cause,

that there was no relationship, and these fellows that were complaining were nothing more than malingerers. This is when, 240 at the time, I think, was the total number of people that had come forward with complaints. He said, look, there are only 240 people and out of 600,000 people that served in the Persian Gulf you're going to find 240 malingerers. That's what these folks are. You know, they're head cases, they've got problems. That's what this whole thing was categorized as.

Now, you know, since then, literally thousands of people have come forward and it would appear that there are situations that the military and our country have not come clean on. And all I want you to know is I don't really have any questions, because I think you've answered them. If you've got a further comment you want to make based on my comments, I'm happy to listen to it.

Yes, Ms. Anderson, I'll come to you. But I just want to let you know that what we can do right now is we can fight to try to make darn well sure that the truth comes out, and that's what we will do. We're going to just fight and whatever the consequences are, whatever they tell us, you're going to know what happened over there. Maybe they're going to come back and say we don't know, but we're going to find out the truth about what our country does know took place in your service. And I just want to thank you for your testimony.

Ms. Anderson.

Ms. ANDERSON. That's part of my short and long term memory. The basis of one thing, our unit was activated to go into a war environment. Our unit was sent to Saudi Arabia with no MOPP gear. None was issued at all. We went to Fort Jackson for in processing to be mobilized and we was not issued no MOPP gear, so we worked the port the whole time—

Mr. KENNEDY. And what does MOPP gear stand for?

Ms. ANDERSON. Mission oriented protective posture.

Mr. KENNEDY. Mission oriented protective posture.

Ms. ANDERSON. And that's the—

Mr. KENNEDY. And what is that, is that a gas mask?

Ms. ANDERSON. It's a chemical suit. The whole suit, the mask, everything.

Sergeant VAUGHN. Chairman, if I could, I'd like to add to that. The 207th MI Brigade that I served under over there never once did I see any M-8 alarm systems. The only detection equipment that I know of that we had was we went out onto the economy and bought a rooster and put it in the middle of our skiff. One day it came up missing and I've checked with everybody I know, and nobody knows what happened to it.

Gunnery Sergeant PINET. I'd just like to add, my unit had two chickens that we brought throughout the entire desert with us. Leverne and Shirley. And they were there merely to detect the biological agent.

I'd also like to add, sir, that January 20 a Jubail a Scud attack that's been brought up quite a bit, that particular Scud attack I got out of work that night and I went to call my wife on the phone. Spoke to her a couple of minutes and told me how my son was doing. And then she asked me if we were being hit with a Scud and I said, "No, why do you ask?" She said, "Well, I'm watching CNN

and they're saying that a Scud was just intercepted at Jubail." I said, "Well, don't you think I'd know I'm being rocketed?" So we talked a couple of more minutes, said I love you and hung up, and I walked out of the phone center and everybody else was coming out of the bunkers, taking MOPP gear.

So alarm systems over there were catch as catch can, inaccurate. We were co-located at that time next to a British unit and, you know, their alarms were different from our's and their MOPP levels were different than ours. So there is several variables considering this chemical question.

Mr. KENNEDY. Well, I appreciate it.

Mary, just for the record, could you just tell us what unit you're with please?

Ms. ANDERSON. The 1173rd U.S. Army Transportation Terminal Unit.

Mr. KENNEDY. Thank you very much.

Ms. ANDERSON. You're welcome.

Mr. KENNEDY. Glen, do you have any questions?

Mr. BROWDER. Mr. Chairman, I think I would be remiss if I did not, in addition to acknowledging your leadership on this issue, acknowledge the good job you've done in chairing this hearing today. You've done a tremendous job and we've moved I think a giant step forward. This is looking too much like stonewalling by our Government, and this stonewalling in my opinion is obstructing justice for the American veterans who have mystery ailments from that war. And I believe that we have moved a giant step forward in getting our Government to address those problems.

And I think you are absolutely right, it's time for us to stop holding secret briefings and one-sided meetings. We need to have the Veterans Affairs Department, the Defense Department and Members of Congress facing each other in the same room with the media there and with the public in that room.

Mr. KENNEDY. Absolutely. Absolutely.

Mr. BROWDER. So I think that's the next step that we ought to be pushing for.

Mr. KENNEDY. Terrific.

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

Mr. KENNEDY. Thank you very much, Mr. Browder.

Thank you all very much. I appreciate very much your willingness to come down.

I again want to thank both Bobby Dunn and Peter Savo, two good friends of mine and Vinny DeStefano for making the visit possible. I don't even see him in the room, but anyway, I know they worked hard on getting everybody down here. So thank you all very much for coming.

Now, I said at the beginning of the hearing that if there were others that wanted to come testify—Can I see a little show of hands if there's anybody else? Okay.

Why don't I ask you to come forward. We just had another vote. I'll stay here until after I have to scoot for that vote, and we'll get through as many people as we possibly can.

Thank you all very much for coming forward.

Need the committee room to come to order, please.

What I'd like to do, because I'm only going to have about 8 or 9 minutes here before I'm going to have split, so why don't we try to give you 2 minutes each. If you give your name—what else do we need? Just spell your name for our stenographers, please.

Thank you both very much, incidentally, for helping out. And if you served in the military, let us know where and with who.

STATEMENT OF DOUGLAS MACNEIL

Mr. MACNEIL. My name is Douglas MacNeil. I served in the U.S. Army from 1989 until 1991. I served 6 months in the Persian Gulf area. I was in all phases of it; Saudi Arabia, Iraq, Kuwait. I was in a field artillery unit.

I was exposed to several chemicals, oil, fire, pesticides, inoculations. I'm unsure of what caused medical problems.

Upon my return, 3 days after my return, I returned to Germany from Saudi Arabia on May 6, 1991. Three days after my return I contracted bronchitis and I went and sought medical treatment and was told I had bronchitis and they gave me medicine for it. The medicine didn't work. I frequently got headaches, nasal congestion, sore joints and going to sick call, as it's referred to, to seek medical treatment was discouraged because of the reduction forces and because of the lack of ability to find any ailments it was again discouraged, seeing that you were riding the policy. So I kind of bite my tongue and figured it would go away in time.

I got out of the service in December of 1991, and by June of 1992, I was so sick that I had to seek medical care through the VA. I went to Manchester, New Hampshire VA and seen—I eventually seen a Dr. Victor Gordon. He referred me to the Persian Gulf Referral Centers. The first one was in Washington, DC. They did a complete medical workup and their findings were negative. They've done spinal taps, MRIs, CAT scans. They're unable to pinpoint anything. Then returned to New Hampshire, still having problems with no relief. Dr. Gordon sent me down to Houston, TX where I was seen by an environmental specialist there, Dr. Claudia Miller. She diagnosed me with multiple chemical sensitivities. I've returned since that, and that was in July.

I'm currently on four medications. There is no improvement in my condition and no hope of any treatment as of yet. And I filed for disability claim. It was denied. It took them a year to deny it and they said because there was lack of evidence in my service records because I was not given a discharge physical when I left the service. I've since appealed that and I'm waiting a decision on that.

And I thank you for your time.

Mr. KENNEDY. Thank you very much for your testimony. I'm sorry for the heartaches that you've encountered.

I think, if I'm going to do this fairly, I've got to limit you to a minute and a half.

STATEMENT OF PAUL PERRONE

Mr. PERRONE. That's fine, Mr. Kennedy.

Mr. KENNEDY. Thank you very much.

Mr. PERRONE. My name is Paul Perrone. I'm going to keep this short because I did get to testify in the Boston hearings back in September of 1991—1992 rather.

Alls I'd like to say is basically that my experiences are similar to these other veterans. I do believe that it's a very strong possibility that chemical and/or biological warfare was used during the Persian Gulf War and it is also my opinion that the military's use of vaccines not licensed by the FDA was at least a contributing factor in the Gulf War Syndrome. I base this fact that after conversations with many veterans, all who were sick, received this vaccine.

It would also seem that the more shots, the more shots a veteran received, the worse the symptoms were. If I am wrong, the only other logical cause for this illness is exposure to chemicals and/or exposure to chemical and/or biological warfare.

Thank you very much for your time.

Mr. KENNEDY. Thank you very much. Appreciate your testimony. Young lady.

STATEMENT OF LORI ROSALIUS

Ms. ROSALIUS. Yes, my name is Lori Rosalius. I was with the 209th Supply Company out of Lafayette, Indiana. I've got similar problems as the other veterans. I've been one of the fortunate ones. When I first got back I was really sick; the hair loss, the fatigue, the normal problems that everybody else has had. Fortunately, I go through a remission and then I have a relapse. At the present time, I'm having a relapse.

One thing that has not been brought up today that I feel is very important is there needs to be a ban on us Desert Storm veterans giving blood. If we don't know what this is, then we need to put a stop to it right now. We don't need to subject innocent people—I mean I wouldn't give my mother my blood if she needed it today. I would not want her to go through what I have gone through in the past.

Also, I think it's important that we get the VA to send out letters to veterans letting them know about the VA Registry. We have several veterans that call up that are not aware of it. That's a problem that needs to be addressed.

And thank you very much for the time.

Mr. KENNEDY. Thank you. On your issue of giving blood, you know, we spoke out clearly when the Army made what I thought was an arbitrary decision to start providing blood donations or allowing blood donations from veterans that had leishmaniasis despite the fact that we don't know what the transferability of leishmaniasis is or how long it takes or anything else.

Ms. ROSALIUS. Exactly.

Mr. KENNEDY. So, we tried to be a little bit vigilant in terms of what's going on. But you're right. It seems to me we ought to take a whole look at other potential transfers of anybody that has these inexplicable illnesses. So, I appreciate your thoughts on that issue.

Ms. ROSALIUS. Thank you, sir.

Mr. KENNEDY. Yes, sir.

STATEMENT OF TIM STRILEY

Mr. STRILEY. Yes, sir. My name is Tim Striley. I was with the 101st Airborne Division. I left Saudi Arabia the day prior to the war starting. I cannot say I was ever under any missile attack, I don't know exactly what happened. There was one mysterious explosion on the 21st of November of 1990 that has still been unconfirmed to me exactly what has happened.

I do know there's one other member in the room here that's been through the same thing as myself, we are going through the same exact symptoms as everybody else. He too left before the war. I am about to have my right kidney removed. I have an infection in the lining of my heart. My doctors are now checking me for lymphoma cancer and thyroid cancer. So perhaps it isn't a biological agent, who knows. All I know is that something has to be done. There's a lot of veterans dying here. And we appreciate your helping us out in this effort.

Mr. KENNEDY. Thank you very much for your testimony.
Thank you, sir.

STATEMENT OF PAUL JOHNSTON

Mr. JOHNSTON. My name is Paul Johnston. I served with the 144th Supply Company out of Hammonton, New Jersey. I'm not going to read from the statement because of the time, but—

Mr. KENNEDY. You can submit it into the record.

Mr. JOHNSTON. Yes. The main thing is, I've been getting rashes, hives, severe headaches, joint pains and all kinds of problems. I came back with problems with asthma and muscle spasms.

My unit is on the list for contaminations with depleted uranium, plus we were in the area KKMC and Cobar Towers that from hearing the testimony today from most people it is possible for chemical and biological attack.

I've been having all kinds of problems with breathing around smoke, and any type of chemicals. I'm currently being treated by the VA, which I'm one of the few lucky ones, but they have no idea what I have. They keep changing it every week. Every time I show up. And I'd just like to try to get some kind of answers. If my family—my wife is currently pregnant. My daughter that I had after the war had similar problems with a rash.

I just want to make sure that—

[The prepared statement of Mr. Johnston appears on p. 102.]

Mr. KENNEDY. You're going to get in, but I got to go because I am going to miss this vote. So I'm going to ask unanimous consent, considering there's nobody else here. I'm going to have the counsel continue to take the rest of the testimony, if that's okay.

Thank you very much for sharing your stories with us, and I pledge to you we'll do our best to get to the root causes. Thank you very much.

Mr. JOHNSTON. Like I said, my main concern is it contagious, can I spread it? A lot of the people I work with are worried about the same thing because in a matter of a couple of months it went from being just a couple little red dots to now it's over 90 percent of my body. So it is a major concern. I work for a school system, and they're a little leery about having me around the students. It's defi-

nite—I need to know can other people get it from me or is it just me.

Mr. RYAN. Okay. Thank you very much.

Ma'am.

STATEMENT OF TRACIE JOHNSTON

Ms. JOHNSTON. My name's Tracie Johnston. My husband Paul just testified.

I'm here to say that Paul, before he went over to Saudi Arabia only had an allergy to grass. He came back, he was seen by an allergist, he's now allergic to beef, pork, milk, orange juice or oranges, trees, weeds, everything you can imagine he's allergic to. He's also been seen because of his rash, they don't even know what his rash is.

My daughter, a month after she was born, had a rash similar to my husband's that her doctors couldn't even diagnose. She also had a heart murmur until she was 18 months old. I'm in a high risk pregnancy category. I'm due next month. I just want to know if the dependents of the veterans can get help also. I have problems. I have severe headaches since my husband's been back. I have headaches—I don't have the rash, but I do have the abdominal pains, joint pains and things like that. I just want to know if the dependents will be treated also.

Mr. RYAN. So you're looking for more information then. The chairman is trying to get that for you.

After the hearing is adjourned, if you would each give your name and address to the clerk, that way we can contact you when the transcript is prepared and you can review your transcript. And if you have anything that you would like to submit for the record, the chairman left it open for that. So if you have a written statement, it will be accepted for the record. Mr. Smith.

Mr. SMITH of New Jersey. Thank you. I have nothing.

Mr. RYAN. Thank you all very much. The meeting is recessed subject to call of the chair.

[Whereupon, at 4:47 p.m., the committee adjourned subject to the call of the chair.]

APPENDIX

JOSEPH P. KENNEDY II
8TH DISTRICT, MASSACHUSETTS

COMMITTEE ON BANKING,
FINANCE AND URBAN AFFAIRS

SUBCOMMITTEES

HOUSING AND COMMUNITY DEVELOPMENT
FINANCIAL INSTITUTIONS SUPERVISION
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INSTITUTIONS AND FINANCE

COMMITTEE ON VETERANS AFFAIRS

SUBCOMMITTEES

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SUBCOMMITTEE ON HEALTH AND LONG TERM CARE



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Congress of the United States House of Representatives Washington, DC 20515-2108

STATEMENT OF JOSEPH P. KENNEDY II
SPECIAL HEARING OF THE HOUSE VETERANS AFFAIRS' COMMITTEE
TO RECEIVE THE TESTIMONY OF PERSIAN GULF VETERANS
NOVEMBER 9, 1993

Good afternoon. The Special Hearing of the Veterans Affairs' Committee will come to order. First of all, I would like to welcome each of you and thank you for coming. In addition, I would like to thank Chairman Montgomery for agreeing to call this special committee hearing to receive the testimony of Persian Gulf veterans and to recognize the leadership efforts of many of the members of the committee here today. Today, the Committee is joined by two distinguished members, Reps. Glen Browder (D-AL) and Mac Collins (D-GA), who I have invited to participate both because of their leadership and the special concerns of their constituency.

This Thursday, our nation will celebrate a holiday that recognizing the tremendous service and sacrifices made by the men and women who defend our country. Yet, this Veterans Day celebration is shrouded with a sad irony. Since returning from the Persian Gulf War, thousands of our troops have been experiencing an array of serious illnesses, which often allude diagnosis and treatment. The very government departments established to tend to the needs of these brave men and women seemed to have turned a deaf ear to their pleas for help. They deserve more, and we intend to give it to them.

Over the last two years, we have had ample opportunity to hear from the Department of Defense and Department of Veterans Affairs about the medical status of Persian Gulf War servicemen and women. Most recently, we have repeatedly asked the Department of Defense for full disclosure and accountability on possible chemical and biological warfare agent detection and exposures, including the Czechoslovakian Defense Ministry report.

Now, it is time we hear from veterans -- whose lives have been left hanging in the balance while the government continues its pattern of moving at a turtle's pace.

Of the hundreds of Persian Gulf veterans who contacted my office, many have said that the war they now wage in seeking recognition and medical treatment from the VA and DOD medical systems is far worse than the battle in the desert. We are now calling upon these veterans to be courageous once again by coming forward -- not an easy step given demands on their health, bankrupted personal resources, and often fears of jeopardizing active duty military status.

Today's witnesses represent a cross-section of afflicted Persian Gulf veterans and their family members from all corners of the United States. While they represent only a sample -- albeit a powerful sample -- these men and women send a clear message that the Persian Gulf Syndrome is an urgent national problem. These veterans are not alone.

To Persian Gulf veterans around the country, I want to assure you that your voices are being heard and that Congress will continue to fight to get to the bottom of this tragic situation. This Committee has undertaken an aggressive agenda to address the concerns of the brave men and women who served in the Persian Gulf. Next Tuesday, November 16th, the Subcommittee on Oversight and Investigation chaired by Rep. Lane Evans will take our investigation one step further.

Today's testimony will stress the urgency of the situation, and veterans themselves will shed light on how other Persian Gulf veterans can be better served.

I will now recognize my colleagues for opening remarks and ask that they be brief in order to reserve time for our distinguished witnesses -- our Persian Gulf veterans.

Committee on Veterans' Affairs
Special Hearing to Receive the Testimony
of Persian Gulf Veterans
November 9, 1993

PANEL 1

Col. Herb Smith

Col. Herb Smith of Frederick, Maryland, served in the 352nd Civil Service Command, Special Forces, U.S. Army, during the Persian Gulf conflict. As a member of the Kuwaiti Task Force, he was stationed in Kuwait City and followed combat ground troop operations. He is currently hospitalized at the Washington, D.C. VAMC and is being released to present testimony at today's hearing. His ailments include reduced auto-immune function, blood clotting disorder, joint degeneration, dizziness, headaches and motor dysfunction.

Hester Adcock

Mrs. Adcock's son, Michael Adcock, died April 23, 1992, at the age of 22 of multiple cancers. While serving in the 9002nd Transport Company Battalion, Michael was stationed at Al-Jubail, Saudi Arabia, where on January 20, 1991 his unit came under a Scud missile attack. He had immediate symptoms of rectal bleeding, a rash and stiffness in the neck -- which were not addressed through diagnostic procedures in the field. Upon returning from the Gulf, he sought care at the Gainesville, Florida, VAMC and the Philadelphia VAMC but was told nothing was wrong with him. VA doctors prescribed ulcer medication and Maalox. On March 5, 1992, he was admitted to the oncology unit of a private hospital in York, Pennsylvania, with cancer of the heart, lungs, spleen, kidney and brain. Before her son died, Mrs. Adcock promised Michael that she would fight to prevent similar tragedies from happening to other Persian Gulf veterans at the hands of VA/DOD medical systems. She has since aided veterans throughout the state of Florida.

Nick Roberts

Nick Roberts of Columbus, Georgia, served in the 24th Naval Construction Battalion, which was stationed in the Al-Jubail area of Saudi Arabia during the January 20, 1991 Scud missile attack. He recalls the sounding of gas alarms during the attack and an immediate burning sensation on his mouth, lips and neck. The next morning, decontamination teams revealed positive tests for mustard gas, at which time members of his unit destroyed their MOP suits and were provided with new suits and new filters for their gas masks. Their commanding officer ordered them not to discuss the incident. Upon returning home, he went in for the VA registry exam and was given a clean bill of health. He has since sought private care and has been diagnosed with lymphoma, which is now in remission as a result of chemotherapy.

Veterans Hearing Witness Profiles / Page 2

Mike Land

Mike Land, of Huntington Beach, California, was a Blackhawk helicopter pilot in the 101st Airborne Division. He flew forays throughout the Persian Gulf warzone, including Iraq, Saudi Arabia, and Kuwait. On January 20, 1991, he was stationed at King Khalid Military City where he believes he was exposed to chemical agents as the result of a Scud missile attack. In June 1992, the military hospital in Ft. Campbell, Kentucky, removed tumors from his throat and diagnosed him with no further medical problems. In March 1993, private physicians diagnosed Non-Hodgkins lymphoma when they detected a tumor in his lymph node larger than a golf ball. He is now undergoing chemotherapy. Prior to his service in the Gulf, he was stationed in Eastern Europe building weapons made of depleted uranium. He was never instructed to take precautions and, in fact, was told his assignment was perfectly safe.

Todd Richmond

Todd Richmond, of Iowa City, Iowa, served in the Headquarters and Service Company of the 3rd Tank Battalion, U.S. Marine Corps. He was stationed at Kuwait City and traveled throughout the region, supplying water to the battalion. He claims the water was improperly stored. His symptoms include recurring inflammation of the lymph nodes, headaches, joint pain, memory loss, dizziness and nightsweats. In March 1993, VA doctors removed one lymph node. Two weeks later a private physician removed a three-inch lymph node.

PANEL 2**Carol Picou**

Carol Picou, of San Antonio, Texas, is a nurse and Sergeant First Class in the U.S. Army who was assigned to the 41st Combat Support Hospital during the Persian Gulf War. During testimony before the House Veterans Affairs Committee in June 1993, she described her duties close to combat operations. During mop-up operations in Iraq, she traveled by vehicles still smoldering from direct hits. At no time was she warned of coming into contact with depleted uranium despite being in the midst of the battlefield where such weapons were being used. Her symptoms include urinary and bowel incontinence, rashes, hair loss, nausea, dizziness and fatigue. Since the June hearing, she has been medically discharged from the Army. Her condition has markedly deteriorated.

Veterans Hearing Witness Profiles / Page 3**Victor Silvester**

Victor Silvester, National President of the Operation Desert Shield/Desert Storm Association (ODSA), lives in Midland, Texas, and testified at the June 9, 1993 Veterans Affairs' Committee hearing. His son, James Silvester, is an afflicted Persian Gulf veteran who served in the 155th Transportation Battalion, U.S. Army, stationed in Al-Jubail, and was present at the January 20, 1991, Scud missile attack. Victor Silvester heads up the international support network for Persian Gulf veterans and has received 9,267 individual calls from December 1992 to the present.

Penny Larrisey

Penny Larrisey, of Philadelphia, Pennsylvania, is the wife of Bob Larrisey, a Persian Gulf veteran. She heads up the Philadelphia chapter of ODSA. She will present the testimony of 36 Gulf veterans in her region who have displayed a wide range of ailments since their return from the conflict. Bob Larrisey served in the 913th Air Force Reserves unit and is suffering from skin rash, memory loss, swellings of the joints and respiratory problems.

George Rosario / Carl May

George Rosario and Carl May, both of Philadelphia, Pennsylvania, served together in the 121st Army Reserve unit in the Persian Gulf. George Rosario's assignment as a cargo driver based in King Fahd Port required him to travel throughout the theater of operations. Since returning from the Gulf, both have exhibited a number of symptoms consistent with Persian Gulf syndrome.

PANEL 3**Cameron Harbison**

Cameron Harbison, the Chief of Police in Epsom, New Hampshire, is a First Sergeant U.S. Army Reservist who served in the 94th Military Police unit in the Persian Gulf. His unit was responsible for tracking and cleaning up after Scud missile attacks in Saudi Arabia and inspecting confiscated Iraqi tanks and trucks. He was stationed near the site of numerous Scud landings that set off gas alarms and was told not to be concerned, that the alarms were probably "erroneous readings." Since returning from the Gulf, he has lost 40 pounds and suffers from dizziness, numbness, diarrhea, insomnia, fatigue and mood swings.

Thomas Pinet

Thomas Pinet is an active duty U.S. Marine Corps Gunnery Sergeant stationed with the 25th Marines Reserve unit in Worcester, Massachusetts. Sgt. Pinet, who lives in Athol, Massachusetts, served in the Persian Gulf as a watch chief for a combat service support operations center that followed combat ground troops. During his service as a communications specialist, Sgt. Pinet handled radio traffic concerning reports of exposure to gas attacks that frequently occurred near the operations center. Since returning from the Gulf, he has experienced chronic fatigue, memory loss, chest pains and sinus problems.

David Lee

David Lee, currently unemployed due to health problems, lives in North Abington, Massachusetts. He is an E6 Staff Sergeant assigned to the 181st National Guard Engineers based in Whitman, Massachusetts. During the Gulf War, he was stationed at Kobar Towers, near the site of burning oil fires and frequent gas alarms. Lee will testify that his superiors told members of the unit "not to worry" about the alarms and then would order them to don MOP 4 gear. Since coming home, he has suffered from bleeding gums, joint pains, back pains, asthma, rashes, thyroid problems, insomnia and fatigue.

Cheryl Godding

Cheryl Godding, an active-duty E6 Staff Sergeant with the 1173rd National Guard, lives in Dorchester, Massachusetts. During the war, she served in a transport unit charged with tracking and loading military equipment for return to the U.S. after being used in combat operations throughout the Persian Gulf theater. She was stationed at Kobar Towers, near the site of oil fires. Since returning, she has experienced joint pain, muscle pain, fatigue, insomnia and rashes.

George Vaughn

George Vaughn, of Ft. Meade, Maryland, is an active-duty Sergeant in the U.S. Army. He served in the 307th Military Intelligence Battalion, 207th Brigade, in the Persian Gulf. He describes showering with diesel-tainted water, inhaling kerosene fumes from the heater in his tent and exposure to battlefield toxins through leaky or inoperative MOP gear. His symptoms include chronic fatigue, swollen spleen and joint aches. He has had seven tumors removed from his arm. He is currently in the process of being medically discharged from the Army. He is scheduled for surgery November 17 to remove polyps from his colon.

**CONGRESSMAN
JOE
KENNEDY**

Press Release



FOR IMMEDIATE RELEASE
NOVEMBER 9, 1993

PLEASE CONTACT: NANCY MATIHS, ANDREA RETZKY
(202) 225-5111

**REP. KENNEDY CHAIRS HEARING OF GULF WAR VETS
POSSIBLY EXPOSED TO CHEMICAL AND BIOLOGICAL WARFARE**

U.S. Representative Joseph P. Kennedy II (D-Massachusetts) today chaired a special hearing of the House Veterans' Affairs Committee to air the concerns of Persian Gulf Veterans who may have been exposed to chemical and biological warfare agents.

"All over America, our veterans have been suffering from unexplained illnesses since they returned from active duty in the Gulf. We need to make sure their stories are heard and their concerns addressed," said Rep. Kennedy, who was joined at the hearing by fellow Members of Congress.

Three panels of veterans from the Persian Gulf War and members of their families testified before a gathering of over fifty veterans from across the country. Several are suffering from lymphoma, memory loss, psychological problems, and other unexplained ailments which began after their return from the Gulf.

"Since coming home I've experienced chronic fatigue, memory loss, joint pains, chest pains, and skin rashes -- nothing that a healthy 34-year-old should be experiencing," said U.S. Marine Gunnery Sergeant Thomas Pinet of Athol, Massachusetts. Sgt. Pinet, during testimony before the Committee, told Members of Congress he served in combat support units during ground combat operations when there were frequent gas-attack alerts.

"Military doctors have diagnosed me with personality disorders and physical problems that have no known organic origin," said Sgt. Pinet. "I have my suspicions about what happened in the Gulf. Whatever did happen there, I was a good Marine for 15 years without giving the Marine Corps any reason to believe I had psychological problems."

Rep. Kennedy has called for the full disclosure of Department of Defense findings, including a recent Czechoslovakian Defense Ministry report that American troops may have been exposed to chemical and biological warfare agents.

Rep. Kennedy also requested a hearing on these matters, which has been tentatively scheduled for the House Veterans' Affairs Subcommittee on Oversight and Investigations on Tuesday, November 16.

"Of the hundreds of Persian Gulf veterans who have contacted my office, many have said that the war they now age in seeking recognition and medical treatment from the VA and DOD medical systems is far worse than the battle in the desert," said Rep. Kennedy. "We are now calling upon these veterans to be courageous once again by coming forward -- not an easy step given demands on their health, bankrupted personal resources and often fears of jeopardizing active duty military status."

OPENING STATEMENT OF CONGRESSMAN LANE EVANS
VETERANS AFFAIRS COMMITTEE HEARING ON
HEALTH CONCERNS OF PERSIAN GULF WAR VETERANS
NOVEMBER 9, 1993

Thousands of Persian Gulf veterans came home too sick to work and received too much skepticism and waited too long for information about their problems.

Listening to their experiences and the government's response, it seems like *deja vu* all over again. For over a quarter of a century, Vietnam veterans had to fight their government over woeful footdragging and denial of diseases caused by Agent Orange. Only recently was a real study conducted of these medical problems. It proved veterans were right all along about their problems.

We cannot let the struggle Vietnam vets waged become the shared legacy of Persian Gulf veterans. We need answers and we need them now. And we need to listen to these vets and their families tell about their problems and experiences.

At a hearing I chaired in this room a few months ago, Persian Gulf vets and medical officials about the health problems of our troops and nurses. It explored the hazards soldiers were exposed to -- burning oil well fires, pesticides, inoculations of untested drugs, and radiation caused by exploded munitions made of depleted uranium -- and the diseases those exposures can cause.

Our veterans' medical symptoms were given a name -- Persian Gulf syndrome -- but not a cause by the government. And it still eludes them. But at that same hearing government officials finally admitted that these problems can't be dismissed as stress or fatigue.

Now the government has made another admission. Contrary to previous statements, it says chemical warfare agents were detected in the Gulf. The Pentagon says these levels were too low to cause medical problems. But how do we know for sure. I applaud VA Secretary Jesse Brown for moving quickly and establishing a testing program to assess whether the health problems of Gulf vets are related to exposure to chemical agents.

But the Pentagon has not yet come clean with what it knows. After Rep. Kennedy, Rep. Browder and I asked for full disclosure and investigative hearings into the issue, the Pentagon scheduled and then abruptly cancelled a briefing.

Well, tomorrow we will finally hear from the Pentagon. We need some straight answers. But before we hear from officials with their official story, we need to hear from the veterans who are living with these problems.

We need to hear from the Gulf veterans who are ill, the wife whose husband suddenly died from cancer at the age of 23, the soldiers who now suffer from strange diseases that are attacking their bodies. We need to hear what about their problems and their experiences and what happened while they were in the Gulf.

Next week, I will hold a hearing to investigate the medical problems of vets. This week, Congress will clear legislation I and fellow members have worked on to direct the Defense Department to search out answers. We need to move on these issues. We cannot not afford to go through another decade of debate over cause and effect.

This coming Veterans Day, the soldiers and nurses of Desert Storm will receive well-deserved salutes for all they gave our country. But the tributes and memorials are meaningless unless we respond immediately to the battles they are fighting every day and find out what's wrong with them.

REMARKS OF CONGRESSMAN CHRIS SMITH
SPECIAL HEARING OF THE COMMITTEE ON VETERANS' AFFAIRS
NOVEMBER 9, 1993

Mr. Chairman, I am pleased to see the great attention which continues to be focused on the medical condition of veterans of the Persian Gulf War. These mysterious ailments need further examination and merit this Committee's action.

The Subcommittee on Hospitals and Health Care has already acted on a bill, H.R. 2535, to authorize the Department of Veterans Affairs to provide priority health care to veterans who may have been exposed to toxic substances or environmental hazards while on active duty during the Persian Gulf War.

In what was clearly a "lesson learned" from the Agent Orange issue, I was pleased to see that legislation to assist our Gulf War veterans moved so quickly to the House floor for approval.

As we already know, during Operation Desert Storm, our servicemen and women were subjected to a myriad of toxic substances and environmental threats which may prove hazardous to their health. Among the many concerns were the Kuwaiti oil well fires and burning landfills, the chemical agents and immunizations and prophylactic drugs dispensed by the Department of Defense to protect our soldiers from Iraqi poison gas or biological weapons, and the indigenous diseases or infections.

Mr. Chairman, reports have recently surfaced that a Czech military unit claims to have found some evidence that chemical weapons may have been employed against allied forces during the Gulf war. This truly chilling development could offer some explanation to the symptoms which are described by the veterans who are testifying at today's hearing. I certainly hope that more light will be shed on this issue when the Defense Intelligence Agency briefs the Committee on Wednesday, November 10.

Mr. Chairman, I look forward to hearing the testimony of today's witnesses; not only to learn more about the unusual and distressing conditions they endure, but also to hear about their search for treatment.

Statement by
REP. LUIS V. GUTIERREZ
House Veterans Affairs Committee
November 9, 1993

MR. CHAIRMAN, ON BEHALF OF THE PEOPLE OF THE FOURTH DISTRICT OF ILLINOIS, THANK YOU FOR CALLING FOR THIS HEARING TODAY.

YOUR ATTENTION TO THIS ISSUE IS TO BE GREATLY COMMENDED.

THE COMMITMENT AND ENERGY OF OUR COLLEAGUE JOE KENNEDY HAS MADE THIS HEARING POSSIBLE.

MR. CHAIRMAN, THE PATH TOWARDS FULL RECOGNITION AND TREATMENT OF THIS MAJOR HEALTH PROBLEM IS A LONG AND DIFFICULT ONE. ALREADY, WE HAVE SEEN DIFFERENT PARTIES PUT UP ROADBLOCKS ALONG THE WAY, TO TRY AND KEEP US FROM GETTING TO THE TRUTH ABOUT PERSIAN GULF VETERANS. THESE ROADBLOCKS TAKE THE FORM OF IGNORANCE, ARROGANCE, AND A GENERAL LACK OF CONCERN.

BUT EVENTS LIKE THESE SERVE AS A MAJOR STEP IN THE RIGHT DIRECTION. IT REMINDS US THAT THESE VETERANS ARE NOT SIMPLY STATISTICS, NOR SIMPLY THE SUBJECTS OF NEWSPAPER CLIPPINGS THAT WE CAN READ AND THEN FILE AWAY.

THESE ARE PEOPLE. REAL PEOPLE WHO HAVE REAL PROBLEMS.

THESE ARE BRAVE INDIVIDUALS-- AND THEIR LOVED ONES-- WHO FOUGHT FOR THEIR COUNTRY, AND NOW HAVE TO FIGHT TO GET FULL ACCESS TO THE SYSTEM THAT IS SUPPOSED TO HELP THEM.

IF MORE PEOPLE COULD SEE THEIR FACES, AND HEAR THEIR OWN VOICES TELL THEIR STORIES, PERHAPS A COMPLETE RESOLUTION OF THIS PROBLEM WOULD BE CLOSER AT HAND.

OF COURSE, WE HAVE SEEN SOME OF THESE FACES BEFORE.

JUST THIS PAST SATURDAY IN CHICAGO, MY FRIEND LANE EVANS AND I MET MORE PERSIAN GULF VETERANS DURING A FIELD HEARING OF THE OVERSIGHT SUBCOMMITTEE.

WE ALSO MET THEIR SPOUSES AND CHILDREN-- FAMILY MEMBERS WHO NOT ONLY SHARE THEIR PAIN BECAUSE OF SYMPATHY AND LOVE, BUT BECAUSE THEY ALSO EXPERIENCE HEALTH PROBLEMS WHICH BEAR A STRIKING SIMILARITY TO THOSE OF THE VETERAN.

THAT, MR. CHAIRMAN, IS A FRIGHTENING PROSPECT. BUT, LET'S NOT IGNORE FACTS JUST BECAUSE THEY BOTHER US.

AND EARLIER THIS YEAR, MR. EVANS' SUBCOMMITTEE GAVE US THE UNIQUE AND MOVING OPPORTUNITY TO SPEND AN ENTIRE DAY HEARING FROM SUCH PEOPLE. AS A RESULT, WE WERE ABLE TO TAKE SOME INITIAL LEGISLATIVE STEPS TOWARDS SERVING THESE VETERANS.

AND WHILE NO TWO STORIES ARE EXACTLY ALIKE-- AFTER ALL, NO TWO VETERANS ARE EXACTLY ALIKE-- A COMMON THREAD RUNS THROUGH ALL OF THEM: EACH IS THE STORY OF A BRAVE PERSON, WHO SERVED HIS OR HER COUNTRY, AND WHO DESERVES PROPER SERVICE FROM THEIR COUNTRY IN RETURN.

MR. CHAIRMAN, I WILL BE BRIEF BECAUSE I AM HEAR TO LISTEN. BUT, LET ME URGE MY COLLEAGUES, THAT ONCE WE HAVE HEARD THESE STORIES, LET US SPEAK OUT AS WELL.

WE SHOULD USE OUR COMMON SENSE AND OUR CONSCIENCES. WE SHOULD USE OUR VOTES AND OUR INFLUENCE. AND, WE SHOULD ALSO USE OUR VOICES TO LET THE U.S. CONGRESS AND THE PEOPLE OF THE UNITED STATES KNOW THAT THIS COUNTRY HAS A COMMITMENT TO FULFILL.

November 4, 1993

220 SE 74th Street
Gainesville, FL 32606

The Honorable Bob Graham
United States Senate
241 Dirksen
Senate Office Building
Washington, D C. 20510

Dear Senator Graham:

I am writing to you as a former U.S. Army Captain, and veteran of Desert Storm. No doubt you are familiar with the stories circulating about unexplained illnesses among veterans of the Gulf War. I feel it my duty as an officer, and my moral obligation as a human being to add my story to those of the many others now desperately seeking answers and help.

Prior to the conflict in the Gulf, I was stationed at Ft. Hood, Texas, as a first lieutenant and aerial fire support officer assigned to Delta Company, 227th Aviation Brigade, First Cavalry Division. When the conflict in the Gulf broke out in August of 1990, my unit was activated and preparations were made for transport. Part of this effort entailed receiving inoculations that were supposedly designed to protect troops against the effects of neurological/biological/chemical (NBC) warfare agents. Hundreds of us in my division received these treatments but were given no details as to their composition other than that they were designed to provide personal protection.

In September of 1990 my unit was deployed to Dhahran, Saudi Arabia. I flew in the OH-58D ("Delta" model,) a highly modified version of the Army's primary scout helicopter. My job was to fly ahead of advancing armor units to provide real-time reconnaissance information back to those in charge of command and control. As our mission entailed flying in unescorted, unarmed helicopters, we trained primarily at night, at high speed and at very low level. The OH-58D's effectiveness, especially when combined with other Army weapons such as the AH-64 Apache helicopter gunship, was unparalleled in Army history. The OH-58D's ability to locate, fix and destroy enemy targets as well as to provide real-time combat information to commanders made it a key asset. Our unit represented the leading edge of any advancement of U.S. ground forces, and as a result was given an extremely high priority on the battlefield. We began operations immediately, flying almost exclusively at night. Within a few months, we were deployed further west near the tri-border area of Saudi Arabia, Iraq, and Kuwait in a small town called Hafar Al Batin. Our primary mission was to scout the Wadi Al Batin, a wide, dry-river basin, in search of infiltrators and targets of opportunity as well as possible lanes of movement in

the event of Allied invasion into Kuwait/Iraq. We typically flew our missions below 100 feet to avoid radar detection and to minimize the effectiveness of enemy fire. We were aware of the possibility that Iraq might use NBC agents against us, and it was anticipated that these would be delivered by SCUD missile attack or perhaps by enemy aircraft or long-range artillery. As air crews we had to wear night-vision equipment to accomplish our missions and it was common practice to remove the doors on the helicopter during combat conditions. In my unit of 6 helicopters and 12 flight-crew members, we were given a total of six pressurized face masks designed to protect against an NBC attack. The masks were of varying sizes and designed to work in conjunction with night-vision equipment, but due to their limited number and the fact that crews rotated their flight duties, the masks were felt by most to be an impractical piece of equipment. They were seldom if ever worn during flight operations.

Over the course of my tour in the Gulf War, from September 1990 through May 1991, I saw and experienced firsthand the lethality of modern weapons. The world learned an entire glossary of new terms as it related to war: laser-guided munitions, terrain following radar, infrared night-vision equipment, cruise missiles and so on. In a very brief period of time the modern battlefield had changed forever, and to many on the Allied side, myself included, for the better. Losses were negligible compared to those suffered by the Iraqis. Much of the destruction was done at a distance, and gave the viewing public the illusion of being precise and clean. Any member of the armed forces, particularly anyone involved in combat, understands implicitly that killing is neither precise nor clean, and that no matter how it's done it never will be. Due to the unique nature of the media coverage during the Gulf War, I believe many people were left with the impression that America had emerged from the 1980's and trillion-dollar defense budgets as a technologically omnipotent superpower, now able to win wars at the touch of a button. In this view lies a false sense of security, obtained at enormous cost. That may explain why there is a certain reluctance to admit that there may now be many more Allied casualties than originally thought. For all our advanced technology, a smaller, inferior force may have been able to inflict injury on thousands of Allied troops. If this is a possibility, we need to see past our pride in victory and be willing to admit that we may not be as prepared or effective as we should be in the event of future conflict. And we need to carefully scrutinize the claims of severe illness now being made by so many that returned from this war.

I finished the remainder of my tour in the Gulf in the Hafar Al Batin and King Khalid Military City areas and in May, 1991, returned stateside to Ft. Hood, Texas. Almost immediately I began to experience symptoms of stomach distress and lower back pain. I saw military physicians and was told it was probably a mild case of influenza or some nondescript infection that would pass with rest. Days before my discharge from the Army, I was promoted to Captain. I then returned to my native state of Florida where over a period of several months my symptoms intensified. I began to have physical difficulty in getting up from bed, my lower back was a source of constant pain, and my legs became weak. I suffered from rashes that would not heal, was chronically fatigued and often spent days recovering from periods of cold sweats and the shakes. During this time I began to see specialists in the fields of internal medicine, infectious diseases, neurology, and so on.

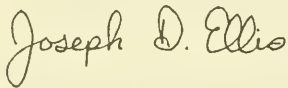
They ran batteries of tests, only to tell me they could find nothing wrong. Prior to my experience in the Gulf, I had never been sick beyond the common cold. Upon entering the Army, I was 5'11, 210 lbs, had played football in high school and college, graduated at the top of my ROTC class as the Distinguished Military Graduate and considered myself in the peak of physical condition. As a motivated young lieutenant I received exemplary Officer evaluations and felt confident and capable to take on any assignment. After returning home, however, I began to realize that physically, something was very wrong. Physician after physician, over 30 in all, speculated on the possible causes of my ailment but nothing conclusive was found. I am still undergoing tests and incurring ever increasing medical bills with no end in sight. I have been to some of the foremost civilian medical centers in this country to no avail. Unfortunately, the Veteran's Administration does not seem capable of assisting in the dilemma. I sense they are aware that something is wrong, but given limited resources, both in manpower and equipment, there is little they can do about it.

I have related the details of my war-time activities in an effort to provide insight into why I and many others now suffer from a debilitating ailment. There are many theories as to what is causing this disease and deaths among Gulf War vets. I have my own theories, based on discussions I've had with others as well as information I have reviewed. (See the report issued September 1993 by Senator Don Riegle's office on the subject) I believe there are several primary possibilities:

1. Allied forces suffered exposure to NBC warfare agents as a result of intensive bombardment of these production facilities in Iraq. The ensuing fall-out drifted into the Allied zones of operation and affected many in its path.
2. The pre-war inoculations and pills given to service personnel against NBC agents have caused side-effects among some recipients, and adequate testing of these drugs was not done prior to administering them.
3. Iraq was successful in delivery of some forms of NBC agents against Allied forces. This was not detected at the time, nor were many in the military adequately prepared for it.
4. However remote, there exists the possibility that my ailment is not war related. This is the easiest explanation and requires no effort on the part of those who give it. However, I have spoken with too many veterans afflicted with the same symptoms to believe it is not war related. My belief is that something, somewhere in my journey to the Gulf is causing this illness. It could be some form of an indigenous infection such as leishmaniasis, or a reaction to either environmental or man-made toxins. Even in the event my illness is proven to stem from other causes, I still believe that many people are suffering from a mysterious ailment brought on by their exposure to an unknown agent in the Middle East.

Regardless of the reason(s) for this ailment, I have deliberated long and hard over the necessity of taking action in this cause. As the son of a military family and a former Army officer, I have a strong sense of duty and obligation to my country. I am a person of some resources, but these are not infinite, and they are being depleted with each passing day. More importantly, I know there are many more like me, perhaps hundreds, maybe thousands, of men and women who served their country without question, who were willing to make the greatest sacrifice if called upon to do so and whose circumstances, both fiscally and physically, are now dire. It is these people who deserve unfailing support. Legacies like that of Agent Orange, and of all it stood for, cannot be allowed to happen again. During the Gulf War we as a nation seemed to have overcome our anger and suspicion against the uniform and matured into recognizing that the military doesn't make policy, it simply carries it out. It does so through people who are our sons and daughters, mothers and fathers. My actions are not motivated by who is right, but rather what is right. There are too many people suffering needlessly, people who are desperate for support in overcoming this disorder; and they are not getting it. I believe the American people are as supportive as ever, but I do not believe they are aware of what is happening. The bureaucracy involved in getting help makes receiving adequate medical assistance an insurmountable task. America needs to know. They need to be told so that those who do have the power to help, both in the military and in Washington, will understand that they must help. And they must do so now.

Very truly yours,

A handwritten signature in cursive script that reads "Joseph D. Ellis". The signature is written in dark ink on a light-colored background.

Joseph Darcy Ellis, Captain (USAR)
(904)-376-8668

November 6, 1993

11162 Tattersall Trail
Oakton, VA 22124

Mr. Phillippe Houdard
Office of Congressman Joseph Kennedy
1210 Longworth Building
Washington, DC 20515

Dear Mr. Houdard:

This is a followup note to our conversation about my son, Joseph D. Ellis, a 29 year-old Army Captain aviation officer who has had debilitating problems of severe fatigue, muscle and joint aches, headaches, mental fogginess, abdominal complaints with diarrhea and bizarre rashes that seem to stem directly from his service time in the Persian Gulf.

My son was assigned to the 227 Aviation Brigade, 1st CAV Division, Ft. Hood, Texas. He flew on a OH-58 Delta reconnaissance helicopter, almost always at very low levels, at 100-feet or so altitude. His night vision goggles totally precluded wearing gas masks.

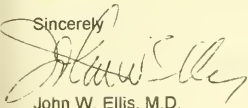
I My son tells me he was primarily in and around the small town of Hafir Al Batin originally, flew extensive missions along a 40 mile stretch of a dry river called the Wadi Al Batin, and was later in King Khalid Military City. His symptoms began before he left and have continued, even worsened since his return here to the point he cannot climb even a single flight of stairs without resting. He says he was in the same area as Czech soldiers also similarly afflicted, and in which traces of SARIN, a nerve gas, was found. He is probably one of the best studied cases of the entire cohort of individuals, having had evaluations for tropical diseases, toxins such as heavy metals, insecticides, gastrointestinal and neurologic workups, and more. And all at his own expense since the VA hospital in Gainesville, Florida to date has been virtually unresponsive. Absolutely no concrete diagnosis has been possible to date, and all his doctors tell me they are simply stumped. Of course, they have looked for all the familiar things. A neurologist in the D.C. area saw him recently, found nothing in EMG and nerve conduction studies, and proclaimed a bizarre malady to be present, "likely to be found in an infectious or toxic exposure realm." He has incurred literally thousands of dollars in medical costs for only his 20% of deductibles alone, and I have helped him pay these for lack of money.

As I told you, what is even worse is that he cannot even claim a disability for his company-sponsored disability insurance to be able to help him, since none of his doctors can cite a specific illness, with its proper ICD nomenclature required. This, along with virtual stonewalling from DOD, a lack of interest by the Gainesville, Florida VA, (one cursory physical, a denial of benefits and another appointment in November) and his inability to continue working, has created a virtual nightmare undoubtedly shared by thousands of others.

Such treatment of dedicated and patriotic Americans is simply a travesty considering we offer limitless medical care to migrant farm workers, illegal aliens, and millions on entitlement programs. It will only cause future morale problems for the military. It also portends serious readiness problems we did not anticipate in this limited conflict that could have disastrous consequences for the future. Undoubtedly, the cause will eventually be found, but if only after continued denial by our government, the fallout will be especially severe, given the debacle of the so-called "Agent Orange" victims of Vietnam.

We certainly appreciate your interest in this cause. As a physician, I will be glad to offer any help I can in getting to the bottom of this mystery.

Sincerely,



John W. Ellis, M.D.

Statement Of The Honorable Jack Quinn
Full Committee On Veterans Affairs
November 9, 1993

Mr. Chairman, I am very pleased to hear the testimony of the panel members assembled here this afternoon.

However, it also disturbs me that we have to be here at all.

Since becoming a Member of Congress and a member of this distinguished Committee, I have heard from veterans both before this Committee and back in my home district of Buffalo.

These are moving and often startling testimonies about an "unknown illness" common to many veterans of the Persian Gulf.

Too many veterans who served in the Persian Gulf are suffering from the same symptoms - fatigue, muscle and joint pain among them - for us to dismiss their complaints.

I commend Secretary Brown's efforts to address the health problems of our nation's veterans. The Persian Gulf Registry and the recent announcement that VA will begin testing Persian Gulf vets for health problems that may be related to their exposure to chemical agents - are certainly steps in the right direction.

I have become increasingly disturbed, Mr. Chairman, by reports that the allegations of chemical warfare by the Iraqis.

I urge Secretary Aspin to join forces with Secretary Brown to bring to light the possible use of chemical weapons by Iraq so that we can begin to treat the disturbing illnesses of these courageous Americans.

Statement of
Nick Roberts
3 Pine Ridge Est.
Phenix City, AL 36869

My name is Nick Roberts and I am a Desert Storm Veteran. I served with the Naval Mobile Construction Battalion = 24 in Ja-Bail Saudi, Arabia.

I was in perfect health until the night of January 29, 1991, when we were hit by two skudds or possible a frog missiles. I can only tell what my experience was, and what I saw. After coming out of the bunker I was exposed to something -- I honestly don't know what it was! My skin began to burn and sting, my lips were numb, there was a very strange taste in my mouth, my nose ran uncontrollably and my eyes watered quite a bit. I knew then, as now, that I had been exposed to something. Chemical detectors were sounding, radio transmissions were coming in -- confirmed gas attack - go to full Mopp level-4. Marines stationed around us were also sounding their warning signals and screaming, "Confirmed gas attack! Go to full chemical gear!" As I was feeling ^{my} own symptoms, I saw my buddies and realized that they were experiencing the same thing that I was, some even worse.

The Marines and some from our group were called out to de-con-men and equipment! They were sent to an area just north of our camp where British soldiers, equipment and some Marines were de-coned, but not our camp was not!

After a long day of questions and wondering what had happened we were informed that we had simply experienced a sonic boom. I didn't buy that

then and I still don't. To my knowledge, sonic booms don't cause flashes. Nor do they cause reactions ~~from~~^{to} skin, eyes, etc. Our conversations and determination got so bad that we were ordered not to discuss it any more. However, when I spoke with the de-con leader from our camp later on, he advised me that his test kit detected Mustard gas and Lewisite which meant that we were indeed hit and exposed. I don't believe that I have to go into any more detail.

Although I'm no rocket scientist, my suspicions that we were exposed to something were reinforced when on the very next day we were issued new chemical suits and gas mask filters. As time passed, many of us became sick with symptoms that closely resembled the flu. I also developed rashes, fatigue, occasional numbness in my lips and the lymph glands in my groin area started flaring up. I reported to Sick Bay a few times and it was entered into my medical records. Each time I was given aspirin and told that we were all just tired and stressed out. As time passed, we all just plodded on and did our work as best we could. By the close of Desert Storm, many of us were assigned to clean vehicles that had come in from the north out of Iraq. I can remember, I was so fatigued that I could just barely do my work. Between the excitement of going home building our hopes and the pace required at work slowing somewhat, we all seemed to get that "good feeling" again. Honestly, although tired, it was just great to be going home.

When we went back to drilling at our Reserve Center, we reported to our Sick Bay to discuss our medical problems.

Month after month we stated our problems, so much so that a medical team finally came from Washington -- Navy medical doctors from Bethesda Naval Hospital. They were accompanied by a "specialist". We were diagnosed as having PTSD (Post Traumatic Stress Disorder) and I was informed that I needed psychiatric counseling. However, we were also told that the Navy was not set up to handle our medical problems, so we were turned over to the VA. I spent the next four months going back and forth to the VA Medical Center at Tuskegee, Alabama. After all the time and effort I'd spent, by that time I was ready to give up. The last doctor that I saw told me after he had completed my examination, that he did not see why they wasted their time sending me up to see him.

At that point, I decided to seek private medical care. After six to eight weeks of testing, I was diagnosed as having lymphoma cancer and was started on chemotherapy immediately. I decided not to die, so all of this medical care was then, and still is, at my own expense. If I hadn't sought private medical care when I did, I could very likely be dead by now. But according to the Navy and the VA, I only had PTSD. While undergoing the chemotherapy treatments I found out from my Naval Reserve Center that there were seven others from Battalion 24 with the same cancer that I have. There was no doubt left in my mind that there was a definite connection to what we'd been exposed to in Saudi and what we were going through now.

I began making calls, writing letters, faxing data to news papers and local TV stations. And I had already learned from my military experience, that things don't often get resolved from the bottom up, so I started at the top in each case. I was told by VA that I was not service connected. Well, if the

right people are told and sufficient pressure is applied, results can be obtained. We will keep knocking at your doors here in Washington!

Through all of the newspaper stories, I have built quite a network of Persian Gulf veterans. I have found 173 cancer cases, mostly Lymphomas and Leukinias, several cases of brain cancers, brain damage and bone cancers, also. Since the VA will not give us the numbers of Persian Gulf veterans with cancer, we must track them ourselves. And we will. I also have a list of Persian Gulf veterans who have died of cancer. There are other names that I can't reveal at present, honoring the request of those service members still on active duty. And for now, I will honor their requests because they are scared and some say that they are being threatened. I ~~know~~^{know} that something is terribly wrong.

From my old Unit 1624, for example, there were 33 people -- 28 that are now on a sick sheet that was formed in November 1991 at our Reserve Center. From that list: eleven with Lymphoma (ten early stages and one advanced); one thyroid shutdown; one enlarged heart accompanied with rectal bleeding; four having the HTLV - I and II; one with an unknown bacteria growth in the stomach and the rest show positive for typhoid and hepatitis. There are five spouses experiencing fatigue, light headedness and severe pains in their joints. There are three children starting to display similar medical symptoms as their veteran parents. It seems clear that a transmittable bacteria or virus is being dealt with.

Persian Gulf veterans need help now! We don't want your sympathy! We cant' afford more wasted time!

The medical team that came to our Reserve Center in November 1992 has a surprise coming! Several of us made copies of our medical records prior to their visit. After their research was complete we found that our medical records had been purged. We have this and can prove it. Why was this done and who ordered it? We have spoken to others and some of them have their records missing also.

After trying seven times with my own written requests, I finally had to get an attorney to get my test results from the VA in Tuskegee. It only took me one year.

Sooner or later the right person with the evidence to support it will come forward with the information concerning our exposure to biochemical agents. I certainly hope that it is sooner for all our sakes. The longer it takes the worse matters will become, and too many of us don't have the time left to wait it out.

I wish I had time to speak in more detail and cover other topics. All I can say is that Persian Gulf veterans have a real problem and we demand better treatment and some straight answers!

Thank you for allowing me to speak.

Nick Roberts

MIKE LAND

FIRST OF ALL, I WOULD LIKE TO THANK EVERYONE HERE FOR ALLOWING ME TO SPEAK AND TAKING THE TIME TO LISTEN.

MY NAME IS MIKE LAND. DURING OPERATION DESERT STORM I WAS A WARRANT OFFICER AND BLACKHAWK HELICOPTER PILOT FOR THE 101ST AIRBORNE DIVISION OUT OF FORT CAMPBELL, KENTUCKY.

SINCE THE WAR, I HAVE HAD CONTINUING SEVERE HEALTH PROBLEMS, TO INCLUDE NON-HODGKIN'S LYMPHOMA CANCER. I HAVE NOT BEEN ABLE TO GET ANY FINANCIAL OR MEDICAL HELP FROM ^{THE VA} ~~THE VA~~ SINCE I'VE BEEN OUT. IN JUNE OF 1992, THE ARMY DID A BIOPSY ON ONE OF MY LYMPH NODES AND TOLD ME THEY HAD NO IDEA OF WHAT CAUSED IT TO SWELL UP. THEY GAVE ME NO CAUSE FOR CONCERN AND NEVER MENTIONED THAT IT MIGHT BE CANCER OR ANYTHING SERIOUS. I GOT OUT OF THE ARMY IN OCTOBER OF 1992. MY LYMPH NODES BEGAN TO SWELL AGAIN IN NOVEMBER OF 1992. AFTER HAVING JUST BEEN TOLD I WAS COMPLETELY HEALTHY, I DID NOT SEEK MEDICAL ATTENTION UNTIL NEARLY 6 MONTHS LATER WHEN I COULD NOT STAND THE PAIN ANYMORE. IN MAY OF 1993 I WAS DIAGNOSED BY A PRIVATE PHYSICIAN AS HAVING NON-HODGKIN'S LYMPHOMA CANCER AND HAVE BEEN UNDERGOING CHEMOTHERAPY EVER SINCE. THE VA HAS TOLD ME THAT I CANNOT RECEIVE MEDICAL TREATMENT UNTIL MY CONDITION IS DETERMINED TO BE SERVICE CONNECTED. THAT DECISION IS STILL PENDING AND I'M TOLD THEY TYPICALLY TAKE ABOUT NINE MONTHS. IF IT WERE UP TO THE VA I WOULD BE HOLDING UP A CARDBOARD SIGN THAT SAYS, "WILL WORK FOR CHEMOTHERAPY." I AM UNABLE TO WORK FULL TIME AND AT THIS POINT I'M PAYING MY BILLS WITH CREDIT CARDS. SOON I WILL NOT BE ABLE TO AFFORD MY

CREDIT CARD BILLS AND WILL BE FORCED TO FILE BANKRUPTCY. AT THIS TIME WHAT WORRIES ME EVEN MORE THAN MY PHYSICAL OR FINANCIAL CONDITION IS THE HEALTH OF MY FAMILY. MY WIFE, WHO I MET A YEAR AND A HALF AFTER RETURNING FROM THE GULF, HAS SYMPTOMS OF WHAT HAS BEEN LABELED "GULF WAR ILLNESS." SHE HAS CHRONIC FATIGUE AND JOINT PAIN SO BAD THAT SOMETIMES SHE CAN HARDLY WALK. SHE ALSO HAS STRANGE BUMPS ON HER SKIN THAT APPEAR FOR NO APPARENT REASON.. MY THREE MONTH OLD BABY DAUGHTER, HEATHER, WAS BORN WITH DEFORMED FEET. MY FAMILY'S HEALTH IS NOT GOING TO GET BETTER.

PRIVATE PHYSICIANS DO NOT HAVE THE RESOURCES OR TRAINING NECESSARY TO DIAGNOSE AND TREAT PATIENTS FOR CHEMICAL AND BIOLOGICAL WEAPONS EXPOSURE. I FIRMLY BELIEVE THAT IS THE CAUSE OF MY FAMILY'S ILLNESS. THE GOVERNMENT NEEDS TO GET AHOLD OF THE PEOPLE WHO DESIGN AND BUILD THESE TYPES OF WEAPONS AND HAVE THEM WORK DIRECTLY WITH THE VA DOCTORS TO FIND A CURE FOR WHAT IS AILING DESERT STORM VETERANS AND THEIR FAMILIES.

UNTIL A FEW WEEKS AGO I WAS IN THE DARK, THINKING THAT I WAS THE ONLY DESERT STORM VETERAN WITH SERIOUS HEALTH PROBLEMS. WHEN I SAW OTHERS ON THE NEWS WITH THE EXACT SAME CANCER I HAVE, I KNEW THAT WASN'T THE CASE. SINCE THEN I HAVE FOUND OTHER VETERANS WITH HEALTH PROBLEMS THAT ARE GETTING NO HELP AND HAVE NO IDEA OF WHAT IS GOING ON. THE WORD NEEDS TO BE PUT OUT IMMEDIATELY TO ALL VETERANS WHO SERVED DURING THE GULF WAR. THEY NEED TO BE TOLD WHAT IS HAPPENING AND WHO TO CALL IF THEY HAVE MEDICAL PROBLEMS.

PERSONALLY, I WAS A PROFESSIONAL PILOT WITH A BRIGHT FUTURE. NOW UNLESS I'M HIRED BY THE GOVERNMENT, I WILL NEVER WORK AGAIN IN MY PROFESSION. NO CIVILIAN AGENCY WOULD DARE HIRE A PILOT WHO HAD CANCER. FOR MY FAMILY TO EVER RECOVER FINANCIALLY OR MEDICALLY FROM THIS TRAGEDY, WE NEED TO BE EXTENDED MORE BENEFITS THAN THOSE TYPICALLY GIVEN TO A DISABLED VETERAN. MEDICAL BENEFITS NEED TO BE EXTENDED TO ME AND MY FAMILY IMMEDIATELY BEFORE OUR HEALTH DETERIORATES ANY FURTHER. FINANCIAL BENEFITS, TO INCLUDE CAREER PLACEMENT, ARE NEEDED TO ASSIST MY FAMILY IN BECOMING SELF-SUFFICIENT.

THE GOVERNMENT NEEDS TO ACT NOW.

FOR SOME GULF WAR VETERANS, IT IS ALREADY TOO LATE. I CAN ONLY PRAY THAT FOR ME, MY WIFE, AND HEATHER IT IS NOT. I AM ONLY ONE OF MANY. PLEASE HELP US. THAT IS ALL I HAVE. THANK YOU FOR YOUR TIME.

CWO3 J. P. Cottrell
 HQ, MAG-31
 MCAS, Beaufort, SC 29904

Sgt. Wheeler,

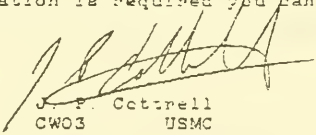
It is known to me that during the ground offensive of Operation Desert Storm that chemical agent vapors were found by personnel assigned to Task Force Ripper (TFR).

The first occurrence happened at both breach sites, vic. N26.32', E47.32'. The 'FOX' vehicle attached to TFR detected blister agent at levels below IMMEDIATE threat to personnel (levels below ICT50). It was determined at that time that the rapid movement through the breach sites would not pose a threat to continued combat operations or require decontamination. Exposure time for individuals was not tracked or limited.

The next occurrence happened the evening of the first day of the ground attack. As TFR held positions around the AHMED AL JABER Airbase (N28.86', E47.50') the 'FOX' vehicle detected Lewisite blister vapors. This report was produced and given to myself. I reported the findings to the Division HQs and requested directions in regards to the chemical agent print out. I was told to forward the tape up the chain of command, which I did. A report came back that the FOX had alerted on the oil smoke. That was checked against the FOX, the computer had separated the petroleum compound from the chemical agent. The computer tape has been lost.

The only other case known to me happened around the 'bunker complex' vic. N29.14', E47.54'. The Fox crew was directed to check the area for chemical munitions. A report that some chemical vapors were found and reported. TFR was ordered back to the division support area and further detection operations were not carried out by TFR.

Other reports of chemical agent findings would only be hear say by myself. If further information is required you can contact me at DSN 832-7598.



J. P. Cottrell
 CWO3 USMC

UNITED STATES MARINE CORPS
Headquarters Company, Headquarter Battalion
1st Marine Division, (REIN), FMF
Camp Pendleton, California 92055-5502

3400
RSM/rsm
22 Sept 93

From: Sergeant Maison Robert S. 152601307/5711
To: Sergeant Wheeler Randy G. 595162599

SUBJ: REQUEST OF INFORMATION CONCERNING POSSIBILITY OF CHEMICAL
ATTACK DURING OPERATION DESERT STORM

1. Per your request, I am informing you that on the second night of the ground war, while I was attached to Task Force Ripper as a Nuclear, Biological, and Chemical Recon Team Member, our team observed an artillery attack to our northwest, at a distance of approximately four kilometers. About five to six minutes later an alarm was sounded by our detection equipment (a Mass Spectrometer) which is use specifically for that purpose. Taking into account the wind speeds that we were encountering (approx. 40 to 50 knots steady) the reading would not be expected to last a long duration, as it did not (approx three minutes). The specific agent detected was Lewisite in a concentration considered to produce casualties but not death.

2. A second finding of an agent use occurred while performing an Area Recon of an orchard. The second agent type was BenzlyBromide. No liquid contamination was located but the vapor concentration was of casualty strength and documented by the specific Ion concentrations and identity being printed out by molecular weight on the spectrum analysis print-out.

3. Due to Operational Security reasons I am not authorized to release the locations of the survey readings. But occurrence of these two instances has never been told to me are non-releasable information.

R. S. MAISON

TODD RICHMOND

O DECEMBER 1992: PERSIAN GULF REGISTRY

O MARCH 13, 1993: LYMPH NODE REMOVED FROM RIGHT SIDE NECK

O APRIL 15, 1993: CT OF HEAD, WAS TOLD IT CAME BACK ABNORMAL. WAS TESTED AGAIN MARCH 13, 1993, WAS TOLD IT WAS NORMAL.

O JANUARY, 1993: WAS TESTED AND BONE MARROW DRAINED. TESTED NEGATIVE.

O MARCH 13, 1993: WAS TOLD BY SURGEON THAT I SHOWED SIGNS OF AIDS. TESTED AND CAME BACK NORMAL, BUT HAD SIGNS OF AIDS.

O MARCH 22, 1993: BONE MARROW TAKEN AGAIN. TESTED AND CAME BACK NORMAL.

O JUNE 28, 1993: WAS SEEN BY ENVIRONMENTALIST DOCTOR. DOCTOR SAID NOTHING WAS WRONG AND TO RETURN BACK TO WORK, AND GO ON WITH MY NORMAL LIFE.

O ALMOST 4 WEEKS BEFORE I SET FOOT BACK IN THE VA.

O JULY 26, 1993: LAST TIME SEEN BY INFECTIOUS DISEASE DOCTOR. DIDN'T KNOW WHAT ELSE TO DO FOR TESTING.

- O AUGUST 2 TO 13, 1993: WAS SENT TO HOUSTON, TEXAS VA FOR TESTING.
- O WIFE WAS TOLD CT CAME BACK ABNORMAL BY HOUSTON CHIEF OF STAFF.
- O SPENT ALMOST 2 WEEKS AT HOUSTON AND WASN'T TOLD A THING ABOUT WHAT WAS GOING ON UNTIL THE DAY BEFORE I LEFT.
- O ORTHO WANTED TO DO A SCOPE OF LEFT KNEE, DIDN'T HAVE TIME. I.C. VA DOESN'T WANT TO EVEN LOOK AT DOING ONE.
- O SEPTEMBER 15, 1993: EEG WAS DONE. WAS TOLD IT WAS ABNORMAL BY ONE DOCTOR, AND NORMAL BY THE DOCTOR WHO ORDERED IT.
- O RECEIVED 30 PERCENT DISABILITY FOR LYMPH NODE, WHICH WAS PERSIAN GULF RELATED. FILED CLAIM FOR OTHER SYMPTOMS, AND WAS DENIED FOR NO DIAGNOSIS.
- O TOOK 3 MONTHS FOR HOUSTON VA TO SENT REST OF MEDICAL RECORDS TO I.C. VA.
- O MIGHT BE GOING BACK TO HOUSTON VA FOR MORE TEST, (CHEMICAL BOOTH)
- O WILL HAVE AN APPOINTMENT AT 8:30 WILL SIT AROUND FOR 2 HOUSE OR MORE. IF SOMEONE HAS AN 8:00 APPOINTMENT AND

THERE AN HOUR OR MORE LATE. THEY STILL GET IN BEFORE PEOPLE WHO BEEN WAITING FOR 2 HOURS.

- O REWARDS DON'T GET CHECKED OUT PROPERLY OR RETURNED

- O WHO IS GOING TO PAY FOR TREATMENT BY PRIVATE DOCTORS.

- O IF FEEL MORE LIKE A GUINEA PIG THEN A PATIENT AT THE VA.

- O POSSIBLE FAMILY MEMBERS MIGHT HAVE DISEASE. WIFE HAS THYROID PROBLEMS, STEP-SON POSSIBLE THYROID PROBLEMS. ONE YEAR OLD SON HAS HAD ABOUT 8 TO 10 YEAST INFECTIONS, ABOUT 9 EAR INFECTIONS. NIGHTSWEATS, VIRUS INFECTIONS, RASHES.

- O MY MARRIAGE ALMOST WENT OUT THE DOOR BECAUSE OF MY MOOD SWINGS, MEMORY LOSS, REFUSING TO GET HELP (DENIAL).

- O 1 YR OLD BABY WAS BORN WITH DEFORMITIES, FEET WERE NOT NORMAL.

- O HAVE SMALL BUMPS ON BOTTOM OF FEET, LIKE WARTS BUT AREN'T.

My name is Paul Johnston. I Served with the 144th Supply Company in Saudi Arabia. I was stationed there from January 7, 1991 until April 29, 1991. I left Saudi Arabia by medivac on the 24th because I had trouble breathing several times. I was taken to Germany for a week. I was brought back to the United States in a " hush, hush " manner. While the plane was desending for landing I heard a cracking sound on the right side of my face and then I was in extreme pain.

At Walter Reed Army Hospital I complained about my jaw hurting and trouble breathing. The doctors in turn gave me five different prescription drugs. My transfer papers from Walter Reed, however, state that I received no medication at all.

At Walson Army Hospital at Fort Dix, New Jersey my wife and I were treated as if we did not matter to them. The doctors ignored my complaints and sent me to a holding company. I stayed in the holding company for six months. During that time I was only seen twice a month for a routine check up. I did get diagnosed for a shattered wisdom tooth, after complaining continuously for several months. They removed the shattered tooth and another one at a dental clinic.

When I was processing out I was told I was healthy and to, "Go back to the Guards where you belong and let them take care of you." I was also told to go to the VA Medical Center in Philadelphia to get help with any medical problems I might have once I get off active duty. I was given only thirty days supply of medicine.

I was discharged from active duty on October 7, 1991. I was denied care at the VA Hospital in Philadelphia for about one year until I went to Senator Lautenberg's office to help me get seen by the VA. During that year I was treated by my civilian doctors. Even though I am being seen by the VA only for scheduled appointments I still have to see my civilian doctors. In all I have spent about \$2,000 dollars in doctors visits and perscriptions since my discharge. I have medical coverage at my civilian job which helps keep the cost down. I am currently seeing my primary doctor, an allergenist for my

weekly allergy shots and a dermatologist to care for my unknown rash.

I would like to state at this time that prior to my time in Saudi Arabia I only had a slight allergy to grass. Since my return, however, I am allergic to beef, pork, milk, wheat, orange, weeds, grasses, oak and birch trees and extremely allergic to cigarette smoke.

I was also told by several VA doctors, whose names I can not recall, "People are born with asthma you can not just get it." It is my understanding that if I had asthma when I was born then I would not have been allowed to join the Army. The rash I have on 99% of my body I did not have before going to the Gulf. It has yet to be diagnosed correctly.

My major complaints about the VA and the VA Medical Center in Philadelphia is that for one, on several occasions I had to wait sometimes four hours to get seen by doctors even though I had an appointment. Secondly, sometime in the spring I saw Dr. Gollup for the Persian Gulf Registry. My wife was with me to help add to the complaints I had if I forgot. My memory is not what it used to be. He told my wife to sit down and that I was his patient and not her. All he did to me was listen to my lungs, they were clear. He took my blood pressure, it was good. He checked my reflexes, they were good. Then he said "You are fine that is all." He never took my complaints or looked at my medical records. He also said that if I was breathing then I must be okay and then laughed.

I received an operation for removal of what was first thought to be mucus pockets in my sinuses but turned out to be sand pockets. I told the nurse in charge that they had to use the small needles instead of the large ones because I have problems. They ignored me and in turn proceeded to stick me fifteen to twenty times before they got it in. While they were operating on me they also removed a wisdom tooth. They cut a nerve in my mouth and since then I am numb on the lower left side and the upper right side of my mouth. This operation was done as an out patient. I was sent home only three

hours later so incoherent I could not even walk to my car. Two days later the swelling and pain had not subsided and was even worse. They told me to return and they would see what was wrong. They took out an almost two foot long tube from my sinuses. My wife was asked by a four year medical student there, " How can they say this is not service connected. You just don't get sand in your sinuses from standing around."

I was also seen by a civilian oral surgen. He was going to put me in a dental brace for two years because of TMJ. He told me to have the VA give me the brace because my insurance would not cover it. The VA dental clinic states I have no signs of TMJ.

I am receiving threatning letters from my job stating that I have missed 53 days in @ 18 months since my return in October 1991. If I continue to be out sick I will loose my job. I work at Gloucester County College as a custodian. I use cleaning chemicals and as careful as I am I still breathe in fumes and come into contact with them. I came into contact with ammonia and the rash that I had changed and spread over 99% of my body.

Statement of Carol Picou

DEAR MEMBERS:

I AM A 37 YEAR OLD FEMALE WHO HAS SERVED ON ACTIVE DUTY FOR 14 YEARS. MY TOUR OF DUTIES INCLUDE SOUTH KOREA, WEST GERMANY, SOUTH AFRICA AND SOUTHWEST ASIA. AS A CIVILIAN TRAINED LPN I HAVE HELD THE POSITION OF A NON COMMISSIONED OFFICER IN CHARGE OF NUMEROUS CLINICS TO INCLUDE MY TOUR IN SOUTHWEST ASIA. AWARDS INCLUDE 3 ARCOMS 3 ARMY ACHIEVEMENT, 4 GOOD CONDUCT MEDALS 2 OVERSEAS RIBBONS, NATIONAL DEFENSE RIBBON SOUTHWEST ASIA RIBBON, KUWAIT LIBERATION MEDAL AND A MERITORIOUS SERVICE MEDAL. I AM MARRIED OF 10 YEARS AND I HAVE 1 SON. PRIOR TO MY TOUR IN SOUTHWEST ASIA. I WAS IN GOOD HEALTH BOTH PHYSICALLY AND MENTALLY.

WHILE IN SOUTHWEST ASIA FROM 23NOV90 TO 23APRIL91, I WAS ASSIGNED TO THE 41ST COMBAT SUPPORT HOSPITAL. MY MAIN RESPONSIBILITY WAS CHIEF WARDMASTER OF THE INTENSIVE CARE WARD, BUT ALSO DROVE A 5 TON TRUCK OF 7,200 ACCIDENT FREE MILES, STOOD IN FOR REAR SECURITY GUARD DUTY, WORDED ON SAND BODY DETAILS. NCOIC OF DOLLY TEAM FOR MOVEMENT AND WHATEVER ELSE WAS NECESSARY TO ACCOMPLISH THE MISSION.

DURING THESE 5 MONTHS I RECEIVED NUMEROUS COMBINATIONS OF DRUGS. I REACTIVATED MY LOWER BACK DURING A 4 DAY SANDBAG DETAIL. WHICH I ALSO SUFFERED WITH ON AND OFF PRIOR TO DEPLOYMENT. I WAS PRESCRIBED MOTRIN, VALUIM, NAPROSYN, FLEXRIL FOR PAIN. I ALSO EXPERIENCE TO ASTHMA ATTACHÉS DURING THIS TIME

FRAME. EARLY JANUARY I SUFFERED AN EAR INFECTION I WAS HOSPITALIZED AND GIVEN MOTRIN CAPROFLEXIN, T3.

IN LATE JANUARY I DEVELOPED URINAY FREQUENCY AND BLOOD TARRY STOOLS. I REPORTED THIS AND WAS TOLD I WAS DRINKING TO MUCH WATER, AND IT WAS DUE TO THE CHANGE IN OUR DIET. I ALSO RECEIVED THE ANTHROX AND BOBILISM VACCINES IN JAN OF 91. WE WERE TOLD THAT THE TREAT OF BIOLOGICAL WARFARE BY IRAQ WAS EVIDENT AND THESE DRUGS WERE TO HELP PROTECT US AGAINST ANY SUCH ATTACKS.

DURING THE MONTH OF JANUARY I EXPERIENCED AND WITNESS SCUD MISSILES FLYING OVER HEAD AND ONE EXPLODING. HALF THE TIME WE WEREN'T EVEN ALERTED TO TAKE COVER OF TO MOPP. NBC ALARMS WOULD GO OFF AND WE WERE TOLD IT WAS JUST THE WIND. ONE NIGHT ON GUARD DUTY AN ALARM WENT OFF. I REPORTED IT AND WAS TOLD JUST TO RESET IT.

IN FEBRUARY OF 91 PART OF HOSPITAL MOVED INTO IRAQ TO SUPPORT THE 24TH INFANTRY DIVISION. IT WAS AT THIS TIME WE WERE ORDERED TO TAKE THE DRUG PYRICLOSTIGMINE BROMIDE TO PROTECT US AGAINST CHEMICAL ATTACK. WITHIN 1 HOUR OF TAKING THIS DRUG I STARTED TO EXPERIENCE SEVERE SIDE AFFECTS SUCH AS, UNCONTROLLABLE TWITCHING, RUNNY NOSE, EXCESSIVE FROTHING FROM THE MOUTH, NECK AND SHOULDER PAIN, CHRONIC COUGHING AND SNEEZING. WHEN I REPORTED THESE SYMPTOMS TO THE ENVIRONMENTAL DOCTOR HE TOLD ME

TO KEEP TAKING THEM I JUST PROVED THAT EFFECTS OF THE DRUG, BUT TO CUT IS IN HALF. THE SYMPTOMS STILL PERSISTED.

DURING OUR CONVOY INTO IRAQ. EVIDENCE OF INTENSE BOMBING WAS EVERYWHERE. DEAD ANIMALS WERE IN THE VICINITY, DOGS, AND CAMELS AND STILL WATER LAID DORMANT. AS THE CONVOY CONTINUED DESTROYED ARMOR, VEHICLES, AND CIVILIAN VEHICLES WERE STILL BURNING, CHAIRED IRAQI BODIES WERE EVERYWHERE. DUE TO HEAVY DELRIS AND SIZE OF THE CONVOYS WEREN'T DELAYED IN THIS AREA FOR OVER 2 HOURS. WE THEN PROCEEDED TOWARD BONSAI ABOUT 2 MORE MILES AND SET UP OUR HOSPITAL. WE TREATED OVER 150 CAUSALITIES INCLUDING AMERICAN SOLDIERS, EPOW'S IRAQI CIVILIANS. AT THIS TIME WE WERE NOT IN MOPP GEAR. WE ALSO SUPPORTED THE EXPLOSIVE ORDINANCE DIVISION (EOD) AS THE BLEW-UPS MINDS AND BUNKERS. WE RECEIVED A CAUSALITY THAT SUFFERED FROM MUSTA GAS FROM BLOWING UP A BUNKER. I REPORTED A MIST OF "BLACK RAIN" ON MY SKIN AND WAS TOLD NOT TO WORRY ABOUT IT. AFTER 15 DAYS IN IRAQ WE RETURNED TO SAUDI ARABIA. IN APRIL I EXPERIENCE URINARY AND BOWEL INCONTINENCE. I WENT ON SICK CALL I WAS TOLD IT MUST BE SOMETHING MECHANICAL HAVE IT CHECKED ONCE I RETURN TO THE U.S.

ONCE RETURNING TO THE U.S. I COMPLAINED OF BOWEL AND BLADDER INCONTINENCE ALONG WITH MY LOWER BACK PAINS. I WAS SENT TO NUMEROUS CLINICS, I.E. -- PAIN CLINICS FOR STEROID INJECTIONS, PHYSICAL THERAPY FOR TEN ULTARSOUNDS AND ICE TREATMENTS. NOTHING HELPED. THIS WENT ON FOR MONTHS, AND WAS TOLD TO START CATHINZARY MYSELF TO URINATE.

I LOST COMPLETE CONTROL OF MY BLADDER AND RECTAL MUSCLES. IT WAS AT THIS TIME THAT IT WAS SUGGESTED THAT I BE MEDICALLY BOARDED OUT BECAUSE I WAS UNFIT FOR DEPLOYMENT AND ACTIVE DUTY.

AT THIS TIME I WAS PUT ON A SIMPLE DESK JOB, A MONTH LATER I WAS PUT ON HOME DUTY STATUS, BECAUSE MY BOWELS WERE UNCONTROLLABLE. AUGUST I WAS SENT TO PSYCHIATRY FOR THE POSSIBILITY OF MALINGERING. THE PSYCHIATRIST RULED OUT. NEUROTIC, PSYCHOTIC, PSYCHOSOMATIC DISORDER. THEY FELT I HAVE A SIGNIFICANT LOG TERM AND SHORT TERM MEMORY LOST. BUT FELL INTO THE SUPERIOR IQ RANGE. IT WAS THE PSYCHIATRIST RECOMMENDATION THAT I BE FOLLOWED UP BY AN ENVIRONMENTAL HEALTH OFFICER, INTERNAL MEDICINE, OR A PHARMACIST DUE TO NUMBER OF DRUGS I WAS GIVEN. THIS FELL ON DEAF EARS THE DOCTOR HANDLING MY BOARD DID NOTING MY BOARD WAS SENT FORWARD IN NOV 92. BY NOW MY SYMPTOMS HAD GROWN TO UNEXPLAINED RASHES, FEVERS, HAIR LOSS, FOLIQUE HEAD PRESSURE, DIZZINESS, NAUSEA AND SLOW HEALING OF MINOR CUTS.

I TRIED TO GET ANSWERS FOR THESE PROBLEMS. I CALLED WALTER REED WHO SET UP AND INVESTIGATION FOR LEISNHNANIASIS. I WAS TOLD OVER THE PHONE I DIDN'T HAVE THE SYMPTOMS. I CALLED THE HOUSTON VA HOSPITAL IA WAS TOLD IT WAS FOR VETERANS ONLY. IN NOV I WAS DETERIORATING MY HUSBAND CONTACTED A CIVILIAN DOCTOR. DR THOMAS CALLENDER, HE AGREED TO SEE ME AFTER I FILLED OUT A LENGTHY SURVEY.

IN DEC MY HUSBAND FILED AN IG COMPLAINT ON THE LACK OF CARE AND CONCERN I HAVE RECEIVED THROUGH THE MILITARY WAS ASKED IF WE COULD USE OUR PRIVATE INSURANCE TO GO SEE A CIVILIAN DOCTOR WE WERE TOLD YES.

6

THE DECISION BY THE MEDICAL BOARD PEB CAME BACK AT 20%.

ON DEC 23 I WENT TO DR. CALLENDER FOR HELP. AFTER TALKING TO HIM FOR 2 HOURS HE SENT ME RIGHT AWAY TO HAVE A SPECT SCAN OF THE BRAIN DONE AT THE LOCAL HOSPITAL. THE PRELIMINARY RESULTS SHOWED LIMITED BLOOD SUPPLY TO THE L THALAMUS OF THE BRAIN. HE ALSO TESTED ME FOR MY BALANCE AND EEG'S WERE DONE. HE ALSO CONDUCTED TESTS ON THE 24TH OF DEC. HE SHOWED MORE CONCERN FOR ME IN 2 DAYS THEN THE MILITARY DID IN 6 MONTHS.

I APPEALED MY MEDICAL BOARD. THE FORMAL BOARD WAS CONVENED ON 20JAN93. THE DISABLED AMERICAN VETERANS (DAV) REPRESENTED ME. I SAW HIM THE DAY BEFORE MY BOARD FOR AN HOUR I QUESTIONED THIS PROCESS. I WAS TOLD HIS IS THE RULE. I WAS THE FIFTH CASE. AND WITHIN 10 MINUTES OF THE CLOSING AGREEMENTS I WAS GIVEN 70% TEMPORARY DISABILITY RETIREMENT LIST BY THE BOARD PRESIDENT. NONE OF THE CIVILIAN FINDINGS OR THE PSYCHIATRIST FINDINGS WERE INCLUDED. I FELT A GRAVE INJUSTICE WAS DONE. ON 1FEB I APPEALED THE FORMAL BOARD.

I ASKED THAT THE MILITARY REPEAT THE TEST THAT DR. CALLENDER PERFORMED ON ME TO BE INCLUDED IN MY BOARD. ON 6MAY MORE BLOOD

WORK WAS DONE BY THE MILITARY I WAS SENT TO RHEUMATOLOGY CLINIC AND TO SUPHROLOGING CLINIC. THE TEST CAME BACK OF A LESSER DEGREE AND I WAS TOLD NOT TO WORRY ABOUT THIS. I TRIED TO STOP MY BOARD AGAIN THROUGH CONGRESS. I HAD A POST PONMENT UNTIL MAY. AT WHICH TIME A DOCTOR WAS ASSIGNED TO INVESTIGATE THE DESERT STORM SOLDIERS COMPLAINTS. HE DID THE MINIMAL.

ON 4 AUGUST CAME TO WASHINGTON TO TESTIFY BEFORE CONGRESS ON HOW THE DESERT STORM SOLDIERS ARE BEING TREATED. GENERAL BLANCH STATED THAT NO SOLDIER WOULD BE DISCHARGED WITHOUT A DIAGNOSIS OR FORM OF TREATMENT. PRESENTLY THESE SOLDIERS WERE BEING PUT OUT AS POST TRAUMATIC STRESS DISORDER.

I HAVE A \$15,000 MEDICAL EXPENSE THAT I INCURRED DURING MY TESTING FROM A CIVILIAN DOCTOR. IN JUNE I WAS TOLD BY GENERAL BLANCH THAT THESE BILLS WOULD BE PAID BY THE MILITARY BECAUSE OF LACK OF CARE I RECEIVED, I WENT TO THE CIVILIAN DOCTOR WITH GOOD INTENTIONS THAT OUR INSURANCE WOULD PAY. IN APRIL OF 92. I RECEIVED NOTICE THEY WOULD NOT PAY FOR ANY MORE BECAUSE IT IS COMBAT RELATED AND THEY HAVE A WAR CLAUSE.

TO THIS DAY I HAVE NOT HAD ANY BILLS PAID FOR BY THE MILITARY. I NOW HAVE THREE COLLECTIONS AGENCY REQUESTING PAYMENT. NOT DR. CALLENDER THOUGH HE HAS BEEN VERY UNDERSTANDING HE WANT TO TRY TREATMENT BUT I FEEL GUILTY BECAUSE HE HASN'T BEEN PAID YET.

MAY SOLDIERS ARE CAUGHT IN THIS SITUATION THE ARMY OR SERVICE WON'T ADMIT THIS IS COMBAT RELATED, THE CIVILIAN INSURANCE COMPANIES STATE IT IS AND THEY WON'T PAY. SO WHERE DO WE GO FOR MEDICAL CARE??? SOLDIERS ARE BEING PUT OUT OF THE SERVICE BECAUSE THEY CAN'T FUNCTION, OR PERFORM THEIR DUTIES, BUT ARE RECEIVING NO MEDICAL CARE. AND ARE HAVING A DIFFICULT TIME GOING THROUGH THE VA CENTERS.

WHAT DOES THIS ALL MEAN. WE ARE BEING DISCHARGED AFTER NUMEROUS YEARS SERVED AND WE HAVE NO MEDICAL BENEFITS FOR OUR ILLNESSES. IS THIS JUSTICE. NO NOT WHEN WE WERE ALL FIT FOR DEPLOYMENT.

WHAT DOES IT MEAN TO ME. I LOST A CAREER OF 15 YEARS THAT I LOVED. I WENT FROM MAKING OVER \$2,000 A MONTH TO \$800 A MONTH. I'M NOT EMPLOYABLE, I CAN'T HOLD DOWN A JOB, SO I CAN'T GET UNEMPLOYMENT. I WAS TOLD TO APPLY FOR SS. I CAN'T GET SS INSURANCE BECAUSE MY HUSBAND MAKES TOO MUCH MONEY. SOLDIERS CAN'T GET FOOD STAMPS BECAUSE THEY OWN NICE CARS, WHERE IS THE JUSTICE.

SURE 70% DISABILITY SOUNDS GOOD BUT NOT IF YOU'RE STILL SICK AND CAN'T GET ANY MEDICAL CARE. I'VE HAD TO REFINANCE MY HOME TO HELP OUT. SOME SOLDIERS ARE LOSING THEIR HOMES BECAUSE THEY'VE BEEN PUT OUT WITHOUT COMPENSATION. WE NEED HELP. WE NEED TREATMENT NOW.

MY SYMPTOMS HAVE GOTTEN WORSE I NOW SUFFER FROM MEMORY LOSS, SPEECH DIFFICULT, CENTRAL AND PERIPHERAL VISION DISORDER. NAUSEA DIARRHEA, CONSTIPATION ABDOMINAL DISTENTION, LOSS OF BLADDER CONTROL. ABNORMAL PERIODS. LOSS OF FEELINGS IN MY WAIST TO PELVIC ARE. L SIDED WEAKNESS IN MY ARMS AND LEGS, JOINT AND MUSCLE WEAKNESS, FEVERS 104, RASHES, AND NOW A CHRONIC COUGH AND CHEST PAINS. MY CONDITION IS DETERIORATING RAPIDLY. OUT OF THE PAST 6 WEEKS I'VE BEEN HEALTHY FOR 2 WEEKS. I NEED HELP I'M ASKING YOU ALL TO SERIOUS FIND SOME PHYSICIANS THAT CARE.

I AM PRESENTLY GOING THROUGH THE VA CENTER. THE GENERAL CONSENSUS IS THAT I HAVE A NEUROLOGICAL DISORDER. I AM SCHEDULED FOR A PELVIC ULTARSOUNDS IN NOV AND DEC FOR AN MRI OF THE BRAIN AND SPINE TO RULE OUT MULTIPLE SCLEROSIS.

THE SOLDIERS THAT COME TO ME FOR ASSISTANCE BRING ME THE LABS SLIPS WE ALL HAVE THIS IN COMMON THEY ARE ALL ABNORMAL BUT NOTHING IS BEING DONE. WHY WON'T THEY PRESCRIBE MEDICATION FOR US OR TREAT US. WHAT IS GOING ON HERE. PLEASE I BEG YOU PLEASE DON'T LET ANYMORE SOLDIERS SUFFER AND POSSIBLY DIE HELP US. PLEASE WE ARE TRIED OF BEING SICK. WE WANT TO LEAD A NORMAL LIFE.

Thank You
C. J. Henderson

631 Rocking H Road
 Remlap, AL 35133
 September 23, 1993

WA

Dear Sirs:

My husband, EOL James L. Hallman, served with NM Sea Bee 24 Unit during the Persian Gulf conflict. Being in a construction unit, he moved across the region vastly and at times spent 5 to 6 weeks in the desert area. Upon returning home, after a 5 month tour of duty, James' health began to deteriorate with many of the complications which have been reported by several other veterans in his unit; his complications being chronic diarrhea, fatigue, aching joints, fluctuating body temperature, etc. When told to register with the VA for conflicts fought in, he did so, not only as a Gulf War vet, but also as a Viet Nam vet. Serving in two different conflicts has enlightened us to the red tape and lack of support which exists within the system

James' employer, Drummond Coal Company, upon recognizing the physical condition in which he now found himself provided a means for their employee to have the medical care which would hopefully provide relief of and possibly a cure for his physical condition which is a direct result of Desert Storm. It is through the dedicated and compassionate expertise of Dr. Edward Hyman that James is not totally disabled and dependent on the government for support today. The government is responsible for James' illness but will not recognize Dr. Hyman's work as a tool of assistance for the crime which has been committed against the innocent.

These veterans were sent to do a job in the Persian Gulf and did perform their assignment proficiently and willingly. As a result of their patriotism, illness has overcome many of them and the government will not accept its responsibility by responding to a means of medication which has proven to be effective. These veterans do not want monetary support--they want their health and lives returned to them. Many Americans receive assistance every day, much of which is not deserved and certainly was not earned. These veterans have earned support gallantly and painfully.

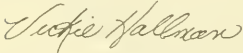
I ask that you consider who the government is dealing with in this situation. These men and women have earned their care. Give them what they deserve--a chance at life again. We fought the war, but did we win the battle? I think not. The war is still going on. The enemy against whom the Desert Storm vet is now fighting is the U. S. Government, who has spent several million dollars to relocate Iraqi soldiers and their families into the United States, while our soldiers, U. S. citizens, are fighting for care and a cure for their conditions. This is a total embarrassment to the concept of patriotism.

The illness which is in our bodies can be treated. Yes, I, too, have the bacteria and have been treated by Dr. Hyman. Our two young sons are also currently undergoing treatment with Dr. Hyman and are functioning much better. In fact, it was because of our youngest son that I have taken pen in hand to express my thoughts. When instructed by his teacher to write a poem this 13 year old child expressed his thoughts in a dramatic manner. I am including a copy of his work for your reading. His thoughts express a real fear that he lives with daily. They also include a cry for help and understanding.

We are living with an illness--not of our own doing, but because we were patriotic and loved our country. These qualities are very difficult to teach to our children today because along with these beliefs, emphasis is placed on responsibility. The government is not showing any responsibility in return for services rendered and the sacrifices made by these citizens.

Please assist us by funding Dr. Edward Hyman's grant and provide care for veteran families who have made great sacrifices and have earned this care and respect.

Sincerely,



Vickie Hallman

You're at the edge of loving
 And someone takes it away
 They send him off
 And there's nothing you can say

You're at a loss of leadership
 And have new responsibility
 You learn many new things
 That he's not there to see

Lots of things go through your mind
 Like death;
 But they don't care
 Ther're just happy it's not them

He fights and protects
 While you are at home crying
 You get the feeling
 That he may very well be dying

There's nothing you can do
 But pray
 That he might come back
 And it'll be a happy day

But in the back of your mind
 You see the pain and sorrow
 Which makes you think
 What if there's no tomorrow

But when he comes back
 You think it's so great
 But something is wrong
 And it makes you irate

When you find out what it is
 You get scared
 The thought runs through your mind
 That you might be impaired

It's their fault
 But they don't care
 To find peace and understand
 Is really hard to bear

Thank God for medicine
 Which healed my dad
 But the Government doesn't
 support it
 Which is really quite sad

So many men are dying
 So many men are crying
 But the Government did it wrong
 So all they do is lying

Maybe someday they'll wise up
 Instead of being slick
 But until then
 I'll always be sick

People think I'm an outcast
 They think I'm a disease
 I wish they'd understand
 It's not my fault
 Please understand me, Please

--Sam Hallman

WRITTEN COMMITTEE QUESTIONS AND THEIR RESPONSES

RESPONSE TO QUESTIONS FOR COL HERBERT J. (HERB) SMITH BY THE HONORABLE TERRY EVERETT FOR AUGMENTATION TO THE SPECIAL FULL COMMITTEE HEARING FOR VETERANS AFFAIR'S 9 NOV 1993

- 1) How soon after your return from the [Persian] gulf did your symptoms begin? As you talked with other veterans that were assigned to your area, did they seem to share your symptoms?

While being examined for demobilization at Fort Meade, I was found to have abnormal blood values and was exhibiting flu like symptoms with a skin rash, swollen legs, etc. and was placed in a "Medical Hold" status. I had not talked to other veteran's or read anything about their symptoms until I was hospitalized at the Baltimore VAMC (Veteran's Affairs Medical Center) 24 AUG 93. While in the hospital, most of the veterans I talked to had symptoms similar to mine, but without the Labrynthitis (dizziness with nausea and vertigo attacks followed by severe headaches) and the coagulopathy (Factor V and VII deficiencies). They also did not share my degree of pitting edema of my legs. However, they did share my complaint of arthralgia with migratory crescendo's of joint pain and chronic fatigue resulting in a sensation of weakness and shortness of breath. They also shared with me a lymphadenopathy and a diarrhea that augmented and diminished with no identifiable periodicity.

- 2) Were these symptoms diagnosed by a physician to be derived from exposure to a chemical or biological agent or radiation? If not, what diagnosis were you given?

Several physicians told me they believed my symptomatology could only come from a chemical or a combination of chemicals, but they would not make such a public declaration as it was more medically correct to state that the etiology for the syndrome was unknown. Even though there is presently no known disease that produces such a signature, it is still safer to admit to the [Persian Gulf] syndrome as a disease with no known etiology. I was given the diagnosis of Labrynthitis, Chronic Fatigue, Arthralgia (with fibrositis and arthritis from degenerative joint disease), Coagulopathy (Factor V and VII deficiencies) and Lymphadenopathy.

- 3) If you visited a VA or DOD facility for treatment of these symptoms, could you detail your experience(s)? Were you ever told that your condition was only psychological and had no real medical component?

While being cared for a WRAMC, despite abnormal blood values with a monoclonal gamopathy, increased levels of angiotensin (factor II), etc. as well as pitting edema of my legs, etc. I was put on trial doses of Anti-anxiety and Antidepressant drugs. I refused to return to WRAMC after 2 OCT 92 when their neurologist (Dr. Polo) told me I was "simply getting old" and had to learn to deal with ever increasing degrees of cerebellar ataxia and its resultant nausea and my inability to walk a straight line or drive a car. From that point on, I discontinued my search for medical assistance until I had progressed to the point that I could no longer work. My civilian neurologist (Dr. Paul Fishman) and my military medical records from WRAMC gave Dr. Fishman sufficient justification to have me admitted to the Baltimore VAMC on 24 AUG 93 for what he believed was a clearly obvious disease process related to service in the Persian Gulf during operation DESERT STORM.

- 4) On a number of occasions, it was reported that chemical alarms were sounded; did you witness these alarms or were you in an area where these alarms were sounded? If so, what was the operating procedure that was followed by your unit? Did your unit commander confirm that you were exposed to any biological or chemical agent? If not, how did he account for the activation of the alarm system?

My unit was not equipped with chemical sensor alarms. I did not witness the sounding of any alarms. It is only now that I am aware of the fact that chemical sensor alarms were being activated in our area of operation. It would be my guess that my commander was also not informed of area chemical sensor alarms being activated within our area of responsibility.

TO: DEBBIE SMITH at 202-225-3527 and 2629
FAX 202-225-2629

FROM: COL Herbert J. Smith, 264-56-5136

SUBJECT: REPEAT TRANSMISSION OF LOST RESPONSE TO FOLLOW UP
QUESTIONS REGARDING 9 NOV 93 TESTIMONY TO THE HOUSE COMMITTEE FOR
VETERANS AFFAIRS BY COL HERB SMITH.

1) HOW SOON AFTER YOUR RETURN FROM THE GULF DID YOUR SYMPTOMS BEGIN? My symptoms began almost immediately after returning to the United States. The symptoms were noticeable to medical personnel and I was placed in "Medical Hold" for evaluation for about 5 months. My condition was significant enough to motivate the evaluating physician (Dr. Roger Strickland, Walter Reed Army Medical Center {WRAMC}) to recommend I be brought before a Medical Evaluation Board (MEB) and be considered for medical retirement. However, MAJ Strickland was transferred to Fort Benning, Georgia in the fall of 1991. As a result, there was a loss of continuity regarding the submission of my records before the MEB and they were lost. As a result, I was relieved from Active Duty without ever going before the MEB. AS YOU TALKED WITH OTHER VETERANS THAT WERE ASSIGNED TO YOUR AREA, DID THEY SEEM TO SHARE YOUR SYMPTOMS? As a typical "super trooper" that would never admit to becoming ill and as a Dale Carnegie graduate taught to never complain, I never discussed my symptoms with anyone. It was not until my condition became so severe that I was hospitalized and exposed to other Persian Gulf War veterans that I discovered many of my symptoms were identical to theirs.

2) WERE THESE SYMPTOMS DIAGNOSED BY A PHYSICIAN TO BE DERIVED FROM EXPOSURE TO A CHEMICAL OR BIOLOGICAL AGENT OR RADIATION? Yes. Multiple Chemical Sensitivity Syndrome. IF NOT, WHAT DIAGNOSIS WERE YOU GIVEN? I gave up on Walter Reed Army Medical Center (WRAMC) as a medical resource due to a comment by the neurologist, Dr. Polo, whom suggested that my symptoms could be explained by the fact that I was (suddenly) "suffering from old age" and was therefore, really not having a problem. Because of that insulting comment, I avoided medical assistance as long as possible; especially from a military hospital. However, my condition progressed to the point that I had no choice and I was forced to seek relief. Wanting an opinion from a non-government employed physician, I located two private physicians that I thought had the adequate credentials to make a state of the art diagnosis within the limits of current medical knowledge. One

physician specialized in neurology and the other specialized in environmental health. The neurologist (Dr. Paul Fishman of Baltimore) was certain my problem was the result of service in the Persian Gulf and recommended I seek a specific diagnosis via the VETERANS AFFAIRS MEDICAL CENTER (VAMC) of Baltimore. Once the VAMC of Baltimore determined that my condition was most likely caused as a result of participation in Operation Desert Storm, I was transferred to the regional VAMC in Washington D.C. as they were one of 3 VAMC regional hospitals within the United

States assigned the responsibility to definitively explore the "GULF MYSTERY ILLNESS". The second physician (Dr. Grace Zeim, also of Baltimore) was more specific in her findings and diagnosed me as having MULTIPLE CHEMICAL SENSITIVITY SYNDROME (MCSS).

3) IF YOU VISITED A VA OR DOD FACILITY FOR TREATMENT OF THESE SYMPTOMS, COULD YOU DETAIL YOUR EXPERIENCE(S)? WERE YOU EVER TOLD THAT YOUR CONDITION WAS ONLY PSYCHOLOGICAL AND HAD NO REAL MEDICAL COMPONENT? Yes, the Demobilization Medical Officer (Dr. M. Carolyn Moore) at Fort Meade, MD was definitely not sympathetic with my complaints and insisted that I would get better over time with no treatment. The only other physician in the group of at least two dozen physicians that have examined me over the last 2 1/2 years that agreed with Dr. Moore was the WRAMC neurologist Dr. Polo who attributed my symptoms to "old age". Drs. Moore and Polo came to this inaccurate conclusion without the benefit of a BRAINSPEC or any of the other special neurological protocols that are performed by physicians seeking an accurate diagnosis. The physicians at the VAMC in Baltimore and Washington D.C. as well as all the physicians at WRAMC (with the exception of Dr. Polo who performed no laboratory tests on me) and Dr. Moore at Fort Meade (who also performed no tests on me) all gave me the impression that my medical problems were real and worthy of further investigation.

Because of the positions of Dr. Moore as the Demobilization Medical Officer at the Demobilization Center (at Fort Meade, MD) and Dr. Polo as the WRAMC neurologist, no soldier had a chance of his/her condition being recognized initially in the early stages of this syndrome. Such doctors were in positions to curtail any efforts to pursue the question of whether or not the "Gulf Mystery Illness" was real or a figment of the imagination of someone. This attitude by physicians in key positions significantly delayed the recognition that there really was a

problem in some of our returning Persian Gulf veterans and that this "problem" deserved further investigation.

3) ON A NUMBER OF OCCASIONS, IT WAS REPORTED THAT CHEMICAL ALARMS WERE SOUNDED, DID YOU WITNESS THESE ALARMS OR WERE YOU IN AN AREA WHERE THESE ALARMS WERE SOUNDED? IF SO, WHAT WAS THE OPERATING PROCEDURE THAT WAS FOLLOWED BY YOUR UNIT? DID YOUR UNIT COMMANDER CONFIRM THAT YOU WERE EXPOSED TO ANY BIOLOGICAL OR CHEMICAL AGENT? IF NOT, HOW DID HE OR SHE ACCOUNT FOR THE ACTIVATION OF THE ALARM SYSTEM? Yes, I was in areas where the alarms sounded on a recurring basis. My unit did not control the alarms and therefore had no standard operating procedure to follow regarding actions to take following their activation. My unit commander never hinted that we might have been exposed to biological or chemical agents. The activation of the alarm systems were explained as malfunctions. Because the alarm systems were reported to be defective and incapable of operating correctly in a desert environment we were informed to ignore any reports of activated alarm systems.

Herbert J. Smith

Answers by Mr. Mike Land

How soon after your return from the gulf did your symptoms begin? As you talked with other veterans that were assigned to your area, did they seem to share your symptoms?

I returned from the gulf in April of 91. My Lymphnodes began to swell in April of 92. this is a typical time frame for onset of Lymphoma cancer. Since then I have experienced chronic fatigue, skin bumps, and my wife has these same symptoms along with the joint pain that many Desert Storm Veterans have. My baby Daughter was also born with Deformities.

Since my name has appeared in the ARMY TIMES news paper I have received calls from others in my unit with similar symptoms. They seem to all have the chronic fatigue and skin bumps but had no idea that they might be sick or that their illness might be related to Desert Storm until they saw the paper. They have also had an alarming number of miscarriages. Wife's and Children are being affected! The word must be put out to all who served in the gulf of what symptoms to watch for.

Were these symptoms diagnosed by a physician to be derived from exposure to a chemical or biological agent or radiation? If not, what diagnosis were you given?

There is no way to confirm the cause of my cancer. As far as the other symptoms go, my private health care HMO will not investigate any symptoms related to Gulf War Syndrome.

If you visited a VA or DOD facility for treatment of these symptoms, could you detail your experiences? Were you ever told that your condition was only psychological and had no real medical component?

At the first sign of my lymphnodes swelling I was still on active duty in the Army. I went through all the sick call procedures a couple of times because the lumps were persistent and painful. Eventually I was sent for a biopsy of one Lymphnode. I was never told by any doctor that I might have cancer nor was I ever given any cause for concern that my condition might be anything serious. After the biopsy I was told that they had no idea of what was wrong with me. The only diagnosis I given is when the surgeon told me that when he cut open the lymphnode, a cheese like matter burst out of it. This was the only medical explanation I was ever given of my condition by the DOD doctors. After I got out of the Army my condition persisted and a private doctor told me I had Non-Hodgkins lymphoma after another biopsy.

As far as the VA goes I have been through both the Desert Storm Registry and one of the so called specialty centers on Gulf War Syndrome. both were a complete joke!

After stumbling on to the fact that there was a Desert Storm

Registry I went through it at the VA hospital in Long Beach, California. At no time did anyone ask me about my exposures to Nuclear, Chemical or Biological hazards. When I brought up the subject myself the doctor seemed less than interested, even though some of my exposures were extreme. I was never told what symptoms I should report or what to watch for in the future. Because of this there were symptoms that both myself and my wife were experiencing that I never reported. Most of the common symptoms of Gulf War Syndrome are not something that would be cause for concern or even suspect to be attributed to the Gulf War. The entire Desert Storm Registry in my opinion is a waste and the information gained cannot be considered reliable due to lax attitude of the VA. After I went through the Registry I was sent a nice little letter from the VA that basically said "Besides your known condition of cancer you are perfectly healthy".

After learning that the VA had one of its three so called specialty centers set up in Los Angeles I tried to find out how to be seen there. The VA had not referred me even though I am one of the people with a life threatening illness. It took diligent efforts by myself, my Congressman, and my private health care to even try to find out who I needed to speak with to be seen. After I found out I set up an appointment and wasted yet another day of work to find out that I had more knowledge of Gulf War Syndrome than these so called specialist. Upon arrival I found they had no special procedures or protocol set up. I was sent to see one of the regular Doctors, he just happened to be the Chief of Staff. He had no knowledge of any other Veteran with Cancer, even though there has been at least three widely publicized cases of Non-Hodgkins Lymphoma. He did no testing on me whatsoever nor was he interested in any of my exposures. As I told him of my symptoms that are common among Desert Storm Veterans he tried to rationalize each as a normal condition. Then I was referred to see a Psychiatrist for PTSD and from there a social worker. Is Cancer a known condition caused by PTSD? That seems to be the attitude the VA is taking.

On a number of occasions, it was reported that chemical alarms were sounded, did you witness these alarms or were you in an area where these alarms were sounded? If so, what was the operating procedure that was followed by your unit? Did your unit commander confirm that you were exposed to any biological or chemical agent? If not, how did he or she account for the activation of the alarm system?

I do not remember ever having these alarms go off. However as a Blackhawk pilot I could of flown through a chemical cloud at any time with no warning or indication. The Blackhawk has no capability to detect any type of agents whatsoever. Additionally I was located in close proximity to the Scud attack that was reported by the Czechoslovakians as a chemical weapon. The roving guards on duty that night saw the aerial explosion but we were never woke up or put into protective gear.

HONORABLE TERRY EVERETT
 QUESTIONS SUBMITTED FOR THE RECORD
 MR. NICK ROBERTS

Dec. 7, 1993

- #1. How soon after your return from the gulf did your symptoms begin ?
 My symptoms began in the gulf after the scud attack of Jan. 20, 91
- #1. as you talked with other veterans that were assigned to your area, did they seem to share your symptoms ? Yes!
- #2. were these symptoms diagnosed by a physician to be derived from exposure to a chemical or biological agent or radiation ?
 NO ! If not , what diagnosis were you given? Lymphoma Cancer by an private doctor.
- #3. If you visited a v. a. or dod facility for treatment of these symptoms could you detail your experience (s)? The Navy Told me they were not set up to handle my medical needs, and adviced me to the nearest V.A. I went to the V.A. in Sept. 92. I registered on the persain gulf rosster. I was told i was the sixth gulf vet to do so in my area. Appointments were set up at that time. I made several trips , and many test , pictures were taken of rashes. questionairs filled out. many blood samples were taken, 7 tubes each time. I asked for medical test results , also signed release forms, i could not get them. My last visit with an surgeon told me he could not understand why they wasted there time sending me up to see him , told me i was fine and walked out of the room. I went to a private doctor and was found with lymphoma cancer. I had an attorney file for my test results from the V.A. on two occations. I finally got most of my results after 1- year. I found That the V.A. knew i had lymponapathy, and swollen glands, And shows in writting of lumps on each side of the neck, arm pits, and groin areas. low grade fevers.
 No one ever told me , or wrote to me or even sent my test results as for maybe letting me figure out my medical problem . I even signed release forms at my private doctors , as to try and get test results to them . none were ever sent.
- #3 were you ever told that your condition was only psychological and had no real medical component ? Yes the navy medical team that came to our drill site in columbus Ga. nov. of 92.
- #3 on a number of occasions , it was reported that chemical alarms were sounded, did you witness these alarms or were you in an area where these alarms were sounded? I heard the alarms, and was in the area. I did not stand and look at it. butt heard the alarms sounding.

If so, what was the operating procedure that was followed by your unit?

On the night of Jan. 20, 91, after explosions we knew what to do. gas mask were put on fast, and went to the bunkers. waiting on word over radios. once the confirmed gas was given several times we went into full mopp level - 4. full chemical suit-up. this confirmed gas attack came over our camp net. and word of mouth from marines in our area. also over there alarm systems. next we heard our radio ask for mr. edwards as he was our decon leader. he was sent out with marines to decon vehicals, brittish and marines up around the port of ja-bail. the next day our chemical smits and gas mask filters were taken up and issued new ones.

Did your unit commander confirm that you were exposed to any biological or chemical agent? NO - only mr. edwards explained that he found muster gas and lewisite up at the entrance of the port of ja- bail.

If not, How did he or she account for the activation of the alarm system? We were told fumes from deisel fuel in our area had set off alarms. The alarms never went off prior jan. 20, 91. or anytime after that night. we were also told many of the alarms were faulty.

NAVAL HOSPITAL
CAMP PENDLETON, CA 92055

MEDICAL BOARD REPORT

Y. Hicks file

HISTORY: This 25-year-old male, SGT USMC AD, with approximately seven years and two months of active military service, was evaluated as an outpatient at the Naval Hospital, Camp Pendleton, CA On 22 September 93 for the diagnosis of asthma. Attention of the reader is invited to the report of a Medical Board convened at Naval Hospital, Camp Pendleton, on 02 March 93, whose findings were hyperreactive airways syndrome, allergic rhinitis, and whose recommendation was six months limited duty. Review of Health Record, Systems and Social and Family Histories, reveal that the patient had not noticed symptoms of lung disease prior to service in Operation Desert Storm. He was exposed to the oil fires in Kuwait and at least two biochemical agents. Subsequently to this, he noted the onset of dyspnea on exertion in December 1992. He denied antecedent upper respiratory infection. Since that time, he has noted dyspnea initially with exertion; subsequent to that, the dyspnea became almost continuous. He has had nocturnal attacks, and multiple visits to the Emergency Room and to the Internal Medicine Clinic for treatment of acute severe asthma are documented. He was treated with multiple courses of oral Prednisone and injectable Depo-Medrol. Of note, prior to the development of the dyspnea, he had been on intramuscular Triamcinolone for treatment of chronic dermatitis and this had been stopped in the fall of 1992, possibly explaining the latent period between the time of symptoms. He is a nonsmoker. He has a history of nasal stuffiness, has severe allergy to poison oak and to Hymenoptera stings. He had an ulcer in the past. He is a nondrinker. Subsequent to the development of dyspnea, he suffered a parachuting accident. Since then, he has had a fractured nose with a deviated nasal septum to the left. He also has scoliosis, secondary to spasm, which he is currently undergoing physical therapy treatments.

PHYSICAL EXAMINATION: Physical examination reveals a well-nourished, well-developed, 25-year-old male, appearing his stated age in no distress. Examination of the nose reveals deviation of the bridge and nasal septum to the left. There is mild rhinitis and postsurgical changes. Examination of the chest reveals wheezes with quiet respirations. Examination of the spine reveals scoliosis. There is no physical sign of contact dermatitis at present. The rest of the physical examination is within normal limits.

LABORATORY: A chest x-ray was normal. Pulmonary function testing was performed on 25 January 93 and 15 September 93, both of which revealed no evidence of restriction. There was no evidence of expiratory obstruction.

SSN: ~~██████████~~
NAME: WHEELER, RANDY G.
STATUS: SGT USMC AD
REG NO: * WARD: *

D: 22 SEP 93 T: 23 SEP 93
DR: FARRELL OPER ID: msm
HLTH RCD LOC: *
NAVHOSP CAMPEN CA 92055

STATEMENT OF SERGEANT RANDY G. WHEELER 595 16 2599/0861 USMC
REGARDING POSSIBLE EXPOSURE TO BIOLOGICAL/CHEMICAL WARFARE AND
PETRO/CHEMICALS

Upon initial deployment during Operation DESERT SHIELD I was attached to E Btry 2/12 from 16 Aug 1990 to approximately Nov 1990 in Saudi Arabia. From Nov 1990 until the attack on Kafji, I was attached to Regiment at Task Force Ripper. After the attack on Kafji I was then reassigned to 1stPlt/3d Tanks until the end of the war. On or about 15 Sep 1990, I got sick and saw a corpsman, who sent me to see a medical officer near Clover Leaf (close to Devil Dog Range). I suffered from fever, diarrhea and stomach problems. I spent the night at the medical aid station and returned to E Btry 2/12 the next afternoon. On or about 15 Jan 1991 I was sent to the medical hospital at the Port of Al Jubail, again suffering from stomach problems. I spent four nights and returned to Regiment at Task Force Ripper.

When the ground war began on the morning of 24 Feb 1991, I had an unexplained rash from my neck to my knee's and it itched constantly. The rash lasted approximately 24-36 hours. I could not go to sick bay since there was no corpsman in the area, I told my Plt Commander, Lt Marshaltin. While waiting for the 1st mine field to be breached, we sat in our vehicles for almost an hour approximately 100 meters south of the mine field and 200 meters east of the FOX Vehicle. Nearly four hours later, and while my unit was between the 2nd and 3rd mine belt, the Iraqis began adjusting artillery on us in a fire for effect. After about four adjustments, one of the rounds landed between Sgt Mike Friedman's TOW vehicle and our vehicle approximately 40 meters away. These rounds did detonate. But they did not explode like HE, billow like WP, or plume like smoke. Later that evening our TOW Plt set up a defensive posture on the NW perimeter of the Al Jaber Airfield. The TOW vehicle I was riding in went back to the command track on the SW side of the Al Jaber Airfield for a brief. We then heard gas, gas, gas, MOPP 4 Lewisite detected over the radio. Everyone immediately donned gas masks and there protective gloves. Lt Marshaltin returned to the vehicle. Upon our return to the TOW Plt, the "all clear" was given over the radio after being in our protective gear for approximately 20-30 minutes. The afternoon of 25 Feb 1991, between the Al Jaber Airfield and the Kuwait International Airport, we went to MOPP 3 for about 15-20 minutes. One of the other TOW vehicles had a M258 detection kit, but to my knowledge no reading was confirmed. Later that evening, we went through an orchard with booby-trapped bunkers, and were about 50-70 meters away while they were exploding. Many vehicles were in a traffic jam and we were directing them in where to go. We finally moved on to the west side of the Kuwait International Airport after being in the area for about one to one and a half hours. On 26 Feb 1991, while we were at the west side of the Kuwait International Airport, we again went to MOPP 3 for

approximately 20 minutes until we were given the "all clear" from the command net and removed our masks. The next morning we were told we could take off the rest of our protective gear. Then we were told we might still be in danger of chemicals in the area and to redon our suits. We had our protective suits off for approximately 40-60 minutes that morning. Later in the afternoon we were told we could finally remove the gear for good.

On about 15 Sep 1993, I contacted CW03 Cottrel, who was the NBC Officer for Task Force Ripper, for any information on any type of chemical agents used/detected in Kuwait. He said there were chemicals detected by the FOX vehicle in various locations along Task Force Rippers avenue of approach. I asked for a letter and he sent one to me. Sgt Maison, who was in the FOX vehicle during Operation DESERT STORM, said that these findings were correct and he stated that both CL1-Benzene and BenzylBromide were detected. He also surmised that these agents' presence was most likely a result of the oil fires.

R. G. Wheeler
Sgt USMC

6300
SSEC
9 Nov 1993

From: Sergeant Randy G. Wheeler 595 16 2599/0861 USMC
To: The President of the Physical Evaluation Board

Subj: ASTHMA REBUTTAL FOR POSSIBLE BIOLOGICAL/CHEMICAL EXPOSURE

Encl: (1) Certified True Copy (CTC) of CW03 J. P. Cottrell's undated ltr
(2) CTC of Sgt R. S. Raison's ltr dtd 25 Sep 93
(3) CTC of ltr from Dr. J. W. Bartlett dtd 7 Sep 93
(4) CTC of ltr from Dr. J. W. Bartlett dtd 9 Sep 93

1. I have been diagnosed with unexplained asthma that did not exist prior to entry. During the Gulf War, I was exposed to "Lewisite" blister vapors [see enclosure (1)]. Also the FOX vehicle attached to Task Force Ripper detected Lewisite, Benzyl bromide, and CL1-Benzene in vapor concentrations [see enclosure (2)]. While in Kuwait during the Gulf War, I was with a Tow Platoon screening the front tanks for Task Force Ripper. We went to MOPP-4 on two occasions and MOPP-3 on three occasions. While on the highway on the southwest side of the Kuwait International Airport we went to MOPP-3 for about 20 minutes. The next day we were told that we could take off our protective gear. We had the MOPP gear off for approximately 40-60 minutes. Then we were told we could still be in danger and to put the gear back on. Approximately 12 hours later we were told we could finally remove the MOPP gear. Since returning from Southwest Asia, I have been sick often. Before my duty in South West Asia, I was in very good shape and always got first class on physical fitness tests, scoring 275-285. I was also a Marine Combat Instructor Water Survival. I began going to the doctor, but only when very ill. The first occasion was on 19 Feb 1992. The doctor said I had stiffness/tenderness of the neck and coughing, and prescribed Tylenol. I went again on 27 Apr 1992 having fever, chills, coughing and a nasal infection, and was given an antibiotic. I still get sick very often and have night sweats. I have never had any signs or symptoms of asthma prior to enlisting in the Marine Corp or going to Kuwait [see enclosure (3)]. I've also been informed that asthma is a hereditary ailment, yet there is no history of asthma in my family prior to my entry in the service nor now [see enclosure (4)]. In the past, I enjoyed sports but I can no longer do these activities. I now have a child and cannot ever play any activities with him or my wife. Even my sex life has changed. I cannot tolerate any pressure on my chest, it makes it hard for me to breath. I was going to be a career Marine, but now that dream is gone. Now I must learn a new trade, but my condition limits my options. I enjoy working outdoors but having

Subj: ASTHMA REBUTTAL FOR POSSIBLE BIOLOGICAL/CHEMICAL EXPOSURE

asthma creates limitations there too. To me, asthma is worse than loosing an arm, leg, or foot, because I could otherwise live to be 70+ years old. I will be lucky to live to the age of 50 with my present health condition.

2. I have also been told I have dermititis. This started after the Gulf War with a rash that affected my arms, neck, and legs. My first visit to the doctor was on 12 Aug 1992 and the doctor said I had a fungal rash. No skin biopsy was performed. I was given an ointment and released. I went to the doctor again on 14 Oct 1992 with the same rash and the doctor said I had poison oak. I was given Prednisone. I returned again on 3 Nov 1992 with the same rash and was once again told I had poison oak. I was given Triamcinolone Acetonide Cream and Tylenol. I returned 18 Dec 1992 with poison oak and was given the same treatment. I was finally referred to the Dermatology Clinic and was diagnosed with poison oak and dermatitis. Again, no skin biopsy was taken. I was given a Kenolog injection and Cyclocort Cream. I returned again 14 Jan 1993 for the same rash and was once more given Triamcinolone Acetonide Cream. I returned to Dermatology on 15 Jan 1993 and was given a Kenolog injection and Cyclocort Cream once again. These injections and creams cleared the rash up for a short period of time, but they quickly reappeared. I returned to the Dermatology Clinic on 13 Oct 1993 and was told to use a different soap. No skin biopsy has yet been performed. I have tried the various medications prescribed by the doctors above and the suggestions to change my brand of soap; all to no avail. This condition still exists on my arms, neck, and legs.

R. G. WHEELER
Sgt USMC

CWO3 J. P. Cottrell
 HQ, MAG-31
 MCAS, Beaufort, SC 29904

Sgt. Wheeler,

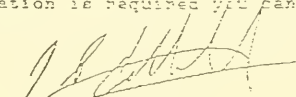
It is known to me that during the ground offensive of Operation Desert Storm that chemical agent vapors were found by personnel assigned to Task Force Ripper (TFR).

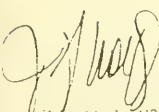
The first occurrence happened at both breach sites, vic. N28.32', E47.52'. The 'FOX' vehicle attached to TFR detected blister agent at levels below IMMEDIATE threat to personnel (levels below ICt50). It was determined at that time that the rapid movement through the breach sites would not pose a threat to continued combat operations or require decontamination. Exposure time for individuals was not tracked or limited.

The next occurrence happened the evening of the first day of the ground attack. As TFR held positions around the AHMED AL JABER Airbase (N28.56', E47.50') the 'FOX' vehicle detected Lewisite blister vapors. This report was produced and given to myself. I reported the findings to the Division HQs and requested directions in regards to the chemical agent print out. I was told to forward the tape up the chain of command, which I did. A report came back that the FOX had alerted on the oil smoke. That was checked against the FOX, the computer had separated the petroleum compound from the chemical agent. The computer tape has been lost.

The only other case known to me happened around the 'bunker complex' vic. N28.14', E47.54'. The Fox crew was directed to check the area for chemical munitions. A report that some chemical vapors were found and reported. TFR was ordered back to the division support area and further detection operations were not carried out by TFR.

Other reports of chemical agent findings would only be hear say by myself. If further information is required you can contact me at DSN 832-7596.


 J. P. Cottrell
 CWO3 USMC


 J. P. COTTRELL
 MAG-31

UNITED STATES MARINE CORPS
 Headquarters Company, Headquarter Battalion
 1st Marine Division, (REIN), FMF
 Camp Pendleton, California 92055-5502

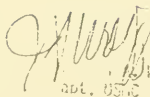
1400
 RSM/rsm
 22 Sept 90

From: Sergeant Maison Robert S. 152601307/5711
 To: Sergeant Wheeler Randy G. 595162599 .

SUBJ: REQUEST OF INFORMATION CONCERNING POSSIBILITY OF CHEMICAL
 ATTACK DURING OPERATION DESERT STORM

1. Per your request, I am informing you that on the second night of the ground war, while I was attached to Task Force Ripper as a Nuclear, Biological, and Chemical Recon Team Member, our team observed an artillery attack to our northwest, at a distance of approximately four kilometers. About five to six minutes later an alarm was sounded by our detection equipment (a Mass Spectrometer) which is use specifically for that purpose. Taking into account the wind speeds that we were encountering (approx. 40 to 50 knots steady) the reading would not be expected to last a long duration, as it did not (approx three minutes). The specific agent detected was Lewisite in a concentration considered to produce casualties but not death.
2. A second finding of an agent use occurred while performing an Area Recon of an orchard. The second agent type was BenzlyBromide. No liquid contamination was located but the vapor concentration was of casualty strength and documented by the specific Ion concentrations and identity being printed out by molecular weight on the spectrum analysis print-out.
3. Due to Operational Security reasons I am not authorized to release the locations of the survey readings. But occurrence of these two instances has never been told to me are non-releasable information.

R. S. MAISON


 R. S. MAISON
 Capt. USMC



Infants, Children
and Adolescents

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John Ritrosky, Jr., M.D., F.A.A.P.
John W. Bartlett, M.D., F.A.A.P.
E. G. Guttery, III, M.D., F.A.A.P.
Manuel J. Mon, M.D., Ph.D., F.A.A.P.
Hunter C. Leake, III, M.D., F.A.A.P.
Thomas L. Seitz, M.D., F.A.A.P.

Carly Quen, R.N.
Office Manager

Ann Duffala, M.Ed.
Licensed School Psychologist
Licensed Mental Health Counselor
Ann Coleman, M.S., CCC-SLP
Speech-Language Pathologist
Ruth Davies, R.D., M.S.
Nutritionist
Carole M. Shano, M.S.
Education Consultant

September 7, 1993

To Whom It May Concern

RE: Randy Wheeler
DOB: 3-27-68

This is to document that in January of 1981 this youngster, who at the time was 12½ years of age, was seen in my office. The date was January 23, 1981. At that time he presented as a 12½ year old young man with no history of allergies, no recurring problems, on no medications, no previous hospitalizations, no history of operations, and his growth and development were normal. On physical exam at that time he had bilateral otitis media, his lungs were clear, no evidence of wheezing, rales, or rhonchi. There was no evidence of chronic obstructive lung disease. He was treated with antibiotics and was not seen in the office after that time.

In summary, this young man was seen in my office in January of 1981 with no previous history compatible with asthma and no signs of asthma on that date. If you need any additional information regarding this matter, please do not hesitate to contact me.

Sincerely,

J. W. Bartlett, M.D.

JWB/tp



Infants, Children
and Adolescents

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John Ritrosky, Jr., M.D., F.A.A.P.
John W. Bartlett, M.D., F.A.A.P.
E. G. Guttery, III, M.D., F.A.A.P.
Manuel J. Mon, M.D., Ph.D., F.A.A.P.
Hunter C. Leake, III, M.D., F.A.A.P.
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Licensed School Psychologist
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Speech-Language Pathologist
Ruth Davies, R.D., M.S.
Nutritionist
Carole M. Shara, M.S.
Education Consultant

September 9, 1993

To Whom It May Concern:

RE: Kari Wheeler, DOB: 1-21-71
Deborah M. Wheeler, DOB: 11-23-65

This is to document that Kari Wheeler was followed at the Children's Clinic, a pediatric practice in Fort Myers, Florida from April 5, 1974 to January 23, 1981. During that time the child was seen for routine well child care and acute illnesses. Acute illnesses included cervical adenitis, otitis media, pneumonia, tonsillitis, viral exanthem. fracture of the left forearm including both radius and ulna. X-rays included documentation of forearm fracture, October 20, 1978; chest X-ray February 9, 1977 revealing a right lower lobe infiltrate.

Deborah Marie Wheeler was followed in our office from January 23, 1981 to April 19, 1982. When she was first seen in January of 1981 she was on INH because of a positive tuberculin test. She was being followed by the Lee County Health Department for the positive tuberculin test. A chest X-ray had been done which was negative for tuberculosis.

When first seen in our office she was having cough and congestion suggesting bronchitis. A chest X-ray revealed a right lower lobe infiltrate and she was treated with antibiotics. A follow up one week later revealed that resolution of the symptoms and a follow up chest X-ray was within normal limits. She was also seen in our office for pharyngitis and hemoptysis. She had a chest X-ray in November of 1981 for the hemoptysis which was within normal limits. She was treated with antibiotics and a follow up in April of 1982 revealed a resolution of her bronchitis with hemoptysis.

Neither of these young women had evidence of asthma while being followed in our office. If you need any additional information, please do not hesitate to contact me.

Sincerely,

J. W. Bartlett, M.D.

JWB/tp

From: Sergeant Randy G. Wheeler 595 16 2599/0861 USMC
To: President of the Physical Evaluation Board

Subj: SCOLIOSIS DIAGNOSIS REBUTTAL

Encl: (1) Certified True Copy of ltr from Dr. J. W. Bartlett
dtd 3Nov93

1. As my medical record shows, I went to the 3/11 Battalion Aid Station at Marine Corp Air Ground Combat Center on 3 March 1992 for back pain (which I guessed was from riding in an AMTRAC) after a field operation in 29 Palms, CA. X-rays were then taken but no scoliosis was found, despite the back spasms. I again went to the aid station on 28 Oct 1992 for back pain incurred during a parachute jump several days earlier, and was diagnosed as having back tightness but no scoliosis. I went to the aid station once again on 23 Dec 1992 following a parachute accident in which I was injured. As I was jumping off the ramp of a helicopter, the static line from the Marine in front of me wrapped around my waist, legs, and shoulders and then sharply twisted me behind the aircraft before I became untangled and subsequently released. X-rays were taken and I had a stiff neck and back. I had back and neck pain for a few months before I again returned to the doctor on 13 Jul 1993. The doctor said I was having back spasms and that I had scoliosis. To my knowledge, no check of my medical record was made to see if I had ever previously been diagnosed with scoliosis, and that it did not exist prior to enlistment. I have attended four weeks of back therapy but still suffer from back pain today. To my knowledge, I was never evaluated for a "lateral shift." I graduated from jump school on 7 June 1991 and currently have completed eleven jumps. I have also enclosed a letter from my family doctor [enclosure (1)] which states that no one in my family has been diagnosed with scoliosis.

R. G. WHEELER
SGT USMC



CHILDREN'S
CENTRE

Infants, Children
and Adolescents

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Nutritionist

Carole M. Shatz, M.S.
Education Consultant

November 3, 1993

To Whom It May Concern:

Re: Deborah M. Wheeler, DOB: 11-23-65
Kari Wheeler, DOB: 1-21-71
Randy Wheeler, DOB: 3-27-68

This is to document that Kari Wheeler was followed at the Children's Clinic from April 5, 1974 through January 23, 1981. Deborah Wheeler was followed in our office from January 23, 1981 to April 19, 1982. Randy Wheeler was seen in our office on January 23, 1981. At no time during the care that was received from our office were Kari, Deborah, or Randy Wheeler diagnosed as having scoliosis.

If you have any questions regarding this matter, please do not hesitate to contact our office.

Sincerely,

J. W. Bartlett, M.D.

/tp

JEFFREY A. WOLFF
Capt, USMC

TOTAL P.C.

TO. Whom it may concern.

from Nick Roberts

BIOLOGICAL AGENTS *****

Its really simple! Lets look at all the symptoms of gulf vets.

Rashes -- and skin lesions -- bleeding gums.
 Dizzy spells- off balance
 swollen glands
 rectal bleeding and or discharge
 head-aches
 chest pain - tightness in chest
 flu like symptoms - low grade fevers- night sweats
 diarrher
 lung disorders- infections-ect.
 nervous system damage - brain dis orders
 marked weakness- fatigue
 fungal infections - intestinal - colon- throt- ect.
Memory Loss

CONTAGIOUS ASPECT - TRANSMITTABLE.

spouses- many having same symptoms!
 children also having many symptoms!
 children being born with many disorders - infections - blood infections
 (dis-orders ect.)

VETERANS HAVE TOLD THE TRUTH AND THERE STORYS SPEAKS FOR ITSELF !

we have told of the attacks on certain dates!
 you have heard about many dead animals - heards of them.
 we have told about all the green blow flies- ect.
 we even told how our skin burned, mouths went numm,
 we have told about medical records missing, some purged !
 we have told of the cancers and the dying!
 also how the v.a. has played with our lives, and acts like they know
 nothing. I,am smarter than that!

I can,t believe we have to fight even another war and some of us
 even fighting for our lives!

I honestly believe the government at some level , along with the
 V.A. knows exactly whats causing gulf war vets and familys problems!

Read this paper in full and you will see why we fight on!

We know what happened to us!

Why won,t someone have the gutts to stand up for us ? we did!
 and still trying to do so!

Don,t act so surprised, Think about who trained us !

We were the best,right !

signed a Gulf war veteran !

Nick Roberts

FM 3-3

Nicks Copy

Chapter 4

Biological Agents

ATT: [REDACTED]

TO SENATOR
6-page / Ruskafelco
Hope This helps!
H

The avoidance of biological agents requires an understanding of what biological agents are, how they may be used, and what happens to them once they are released. Units can then anticipate when and where biological agents will be used. They can estimate where the hazard is located so avoidance procedures can be initiated.

Biological agents are divided into two broad categories — pathogens and toxins.

Pathogens

Pathogens are infectious agents that cause disease in man, animals, or plants. Agents that constitute antipersonnel biological warfare (BW) threats include bacteria, viruses, and rickettsias (see Appendix B). These are commonly referred to as germs. While the vast majority of microorganisms are harmless or even helpful, there are about 100 naturally occurring pathogens that could be used as biological warfare (BW) agents. Pathogens cause disease (infection) by entering the body through the lungs, digestive tract, through the and mucous membranes of body openings.

Once they enter the body, pathogens multiply, overcoming the body's natural defenses, and produce disease. All bacteria do not require living cells for growth. Symptoms most commonly associated with pathogen infection include upper respiratory flu or cold like symptoms, vomiting, diarrhea, pneumonia or skin lesions (spots or rashes). Some pathogens cause nervous systems damage (headache, paralysis, convulsions, or coma).

Bacteria

Bacteria are living microorganisms. Unlike viruses and rickettsias, they are capable of reproduction outside living cells. If they enter the body and if the victim is not properly treated, the microorganism will multiply and incapacitate the host. Bacteria can be found in almost any environment. Those few that are potential BW agents have the ability to rapidly cause illness after entering the body through the lungs or digestive tract. A typical bacterial cell is 1-2 microns in diameter and 2-10 microns in length (1,000,000 microns = 1 meter).

Viruses

Viruses constitute a large group of infectious organisms. Unlike bacteria, they must be inside a cell in order to multiply. Viruses multiply by taking over the cell, causing it to produce viruses instead of normal cell components. After producing hundreds or even

thousands of virus particles, the cell is often destroyed as these particles are released. Viruses are much smaller than bacteria, ranging from 0.02 - 0.2 microns in size. Their small size means that a relatively small amount of agent can infect a large number of personnel across a wide area.

Rickettsiae

Rickettsiae are bacteria that are unable to multiply unless they are within a living cell. Most are spread from one person to another by means of an insect or tick that serves as a vector. The rickettsia will be picked up by the vector from one infected person or animal, which then transmits the rickettsia when it bites its next victim. Rickettsiae are smaller than most bacteria, but larger than viruses.

Toxins

Toxins are poisonous substances produced as by-products of microorganisms (the pathogens), plants, and animals. Some toxins can be chemically synthesized, and some can be artificially produced with genetic engineering techniques. Toxins exert their lethal or incapacitating effects by interfering with certain cell and tissue functions. Basically, there are toxins that disrupt nerve impulses (neurotoxins) and toxins that destroy cells by disrupting cell respiration and metabolism (cytotoxins). There is a vast range of signs and symptoms with both toxin types. These signs and symptoms can be confused with both chemical and pathogen poisoning.

The neurotoxins tend to be quick acting and produce nerve agent-like symptoms in seconds to hours. Symptoms of neurotoxin poisoning range from mental confusion, loss of balance, and vision problems to a limp paralysis or convulsive-type seizures leading to coma and death.

An example of a neurotoxin is palytoxin, produced by a bacterium in palythoa soft corals. This is a fast acting toxin causing muscle paralysis then death within 5 minutes.

Cytotoxins tend to be slower acting and produce choking, blistering, or even radiation-like symptoms in a period of hours to days. Symptoms range from skin lesions such as blisters, to vomiting, diarrhea, coughing, and choking (the latter three signs may be accompanied by bloody discharges) to marked weakness, coma, and death.

An example of a cytotoxin is trichothecenes (T-2

toxin) which is a group of about 40 delayed acting, fungal toxins (mycotoxins). These are produced from molds of infected grain and were reportedly used in Southeast Asia and Afghanistan in the 1970's and 1980's. T-2 toxin is often referred to as "yellow rain".

Characteristics of BW Agents Delayed Effects

Both pathogens and some toxins - especially cytotoxins - can cause delayed effects. These effects may take hours to days before the onset of disease.

The effects of pathogens are delayed due to the required incubation period. This incubation period is the growth process of pathogens inside the body prior to disease production and differs among agents.

Toxins, unlike pathogens, are not living organisms. The delayed effects are not caused by an incubation period. The delay is caused by the time required to kill or inactivate cells. Repeated exposures to small amounts (less than incapacitating or lethal effective doses) can add up to an incapacitating or lethal effective dose.

Large Area Coverage

Biological agents can be disseminated over large areas. They can sail with the wind and travel extensive distances downwind. Pathogens can infect the target with as little as 1 to 20 microorganisms. Billions of pathogenic cells can be packed in 1 gram of agent. The light weight and small size allow these pathogens to spread easily to all areas that are not airtight. Similarly, toxins are very potent and are more toxic than nerve agents. They require very low doses to exert their effects. Toxins, like pathogens can cover large areas when disseminated.

Control

Somewhat more control can be achieved in employing toxins as compared to pathogens and they can cover larger areas than those covered by chemical aerosols. Compared to the pathogens, they are extremely toxic and lightweight, particularly if employed as an aerosol. However, being chemical by-products rather than living organisms, toxins are not infectious, contagious, nor capable of self-reproduction. Thus, area coverage and the results of the attack are much more predictable and reliable.

Pathogens, however, are difficult to control; especially if they are artificially disseminated. Because some pathogens cause contagious diseases, the victim himself becomes the source of agent. Both sick and dead soldiers, and their wastes, can become a hazard to

those around them. The extent of this hazard will vary from agent to agent, but it is an important part of controlling and avoiding further casualties. Also, the coverage patterns of pathogen agent clouds are very sensitive to wind direction and speed. The enemy may decide to use pathogens in an attack located close to their own positions. In this case the enemy will be forced to use a pathogen for which their troops have immunization, or the enemy must be willing to accept some casualties.

In general, healthy skin provides an adequate barrier against most agents of biological origin. Skin (usually in a tropical environment) that has rashes, scratches, fungal infections, etc ... is more susceptible to skin penetrants.

Skin Penetration

Some toxins, due to their small molecular weight, size, and solubility, may also penetrate the skin. MOFP gear protects the skin from the effects of such toxins and therefore must be used. For maximum protection and the lowest risk of incurring casualties, soldiers should wear the protective gear for 4 hours after the unit has been attacked or the agent cloud is predicted/known to have passed through the unit area. During this time every effort is made to identify the exact agent including its characteristics.

Weather Effects on Biological Agents

Sunlight

Most biological pathogens and some toxins are affected by ultraviolet rays in sunlight. Most attacks will likely occur at night, during extended twilight, or during overcast conditions. To overcome this problem, encapsulation (a natural or man made protective covering around the pathogen), or possibly genetic engineered pathogens, may produce agents that are resistant to direct sunlight. Thus, any agent delivered during conditions of direct sunlight, or after beginning morning nautical twilight (BMNT), should be considered as a sunlight resistant agent.

Humidity

The relative humidity that is the most favorable for the employment of a biological aerosol attack depends upon whether the agent is disseminated as a wet or dry aerosol. For a wet aerosol, a high relative humidity slows the evaporation of the tiny droplets of agent. This lowers the rate of decay of the wet agent because drying may result in the death of pathogens. On the other hand, a low relative humidity favors the employment of dry agents. The extra moisture present in the air when

FM 3-3

humidity is high may increase the decay rate of pathogens in a dry aerosol. High humidity may also promote a clumping of particles causing them to fall out of the air more rapidly.

Wind

High wind speeds increase the area covered by biological agents, but lower the casualty percentages within an area due to dilution of the agent. Most BW attacks will occur under conditions of moderate windspeed, the most effective windspeeds for target coverage being 12-30 kmph. As the agent cloud travels downwind, it gradually loses its effectiveness due to dilution caused by agent fallout, dispersal, and death of the pathogen agent or neutralization of the toxin. However, because most biological agents are lighter and more potent (weight to effect basis) than chemical agents, the downwind hazard areas of biological weapons will be much larger than those of chemical weapons. If delivered directly on target, as with a bomblet attack, the wind direction and speed will have a more limited effect on coverage, however, downwind effects must still be considered. If dissemination occurs far upwind from the target area in a more elevated manner, downwind effects can be even more dramatic.

Temperature Gradient

Temperature gradients may exert some effects upon the behavior of a biological aerosol cloud. However, prediction of these effects require specific knowledge of the agent and its potential carriers. The effects of temperature gradient upon biological agents are similar to those upon chemical agents. However, because biological agents are effective in lower concentrations than chemical agents, the effects of temperature gradient are less upon a biological cloud than a chemical agent cloud. A stable atmosphere (inversion) results in the greatest effects. Under unstable (lapse) and neutral conditions, more atmospheric mixing occurs leading to a cloud of lower concentration, but still sufficient to inflict casualties. Temperature gradients for biological agents normally are listed in Pasquill Stability Classes. These classes are listed in Table 4-1. As stated previously, stable atmospheric conditions produce the best effects for biological agents. This means Stability Class E or F. The Simplified Biological Downwind Hazard Prediction (SBDWHP) procedures will be used for all temperature gradients.

Precipitation and Temperature

Precipitation will tend to wash biological agents out of the air more rapidly. This will slightly reduce the downwind hazard. Most pathogens are stable at normal temperatures, thus, the effects of temperature are

Class	Definition				
A	Extremely unstable				
B	Moderately Unstable				
C	Slightly Unstable				
D	Neutral				
E	Slightly Stable				
F	Moderately Stable				

Conditions:					
Surface Wind Speed, M/Sec	Daytime			Nighttime	
	Strong	Moderate	Slight	Cloudy	Clear
<2	A	A-B	B		
2-3	A-B	B	C	E	F
3-4	B	B-C	C	D	E
4-6	C	C-D	D	D	D
>6	C	D	D	C	D

expected to have little or no effect on hazard predictions. With the advent of toxins, bioengineering of pathogens and encapsulation, even arctic or desert conditions are much less restrictive to the user of BW. Most toxins are more stable than pathogens and are less susceptible to the influence of temperature, relative humidity, and radiation. As a general rule cool temperatures favor the employment of wet agents and warm temperatures favor the employment of dry agents.

Windows of Vulnerability

Coordinate with higher headquarters, intelligence sources, and medical personnel to determine what biological agent is most likely to be employed by the enemy. Determine, based on agent, the optimum weather conditions and method of dissemination for greatest effect for each agent considered.

Coordinate with the Divisional Staff Weather Officer (SWO) to determine when these optimal weather conditions are projected to exist in the Area of Operation (AO). These projected times that the optimal weather conditions exist is called "the window of vulnerability". This "window" represents the best time, based on weather, for the enemy to employ biological agents. During this "window of vulnerability" if the unit is attacked with something that appears to be a chemical agent; yet no chemical alarm or detector kit responds to the agent, submit a Suspected Biological Report and obtain samples.

Persistence of Biological Agents/hazard

The persistency of a biological agent refers to the

duration of effectiveness of the agent and varies greatly between agents.

The persistency of a biological agent will depend on many factors: Weather, terrain, ultra violet rays, method of dissemination, and type of agent are just a few of the factors that contribute to the persistency of a biological hazard. These factors must be considered when determining or initiating unmasking procedures. The persistence of microbes can be enhanced by encapsulating them with a microscopic protective coat. In addition, some microbes will produce a very resistant form called a spore. This is an essentially dormant state which can reactivate when the proper conditions exist. Spores will survive heat, drying and even some radiation for years. The spore can remain on the ground until conditions become appropriate for the organism to survive. In a process called re-aerosolization, the organism will be returned to its aerosol form by some outside means. The most probable scenario is that heavy vehicle traffic or winds will cause many of the organisms to be suspended in the air. This particle suspension will cause a hazard area of military significance. The threat of casualties due to re-aerosolization of the biological agent is agent specific, but in most cases it will be below 5 percent.

Due to the sheer magnitude of potential agents, persistency data, or decay rates for biological agents is beyond the scope of this manual. Two biological agents with desirable weaponizing characteristics are Bacillus, Anthracis, and Botulinum Toxin. Decay rate or persistency rate graphs for these two agents are depicted in Appendix B, Figures B-1 through B-4.

Use of Biological Agents Against US Forces

It is possible that pathogens and toxins will be used against U.S. forces. The employment of pathogens and toxins throughout the entire battle area cannot be discounted. Possible targets of pathogens include:

- Rear area command centers and key facilities.
- Troop assembly areas.
- Ports of embarkation or supply points, airfields and industrial centers prior to the outbreak of hostilities.

Possible targets of toxins include -

- Forward combat areas and logistical areas.
- Any area that presents a likely target for a terrorist or insurgent group.

The use of biological agents will complement the effects of other weapon systems. For example, threat forces could use pathogens with incubation periods that cause the outbreak of disease, days or weeks after a rear attack. This would maximize the effects

radiation has on reducing the body's immune system. They could also use pathogens before a planned offensive maneuver. The maneuver would be timed to coincide with the incubation period of the pathogen. Troops in a weakened state due to the onset of illness will be more susceptible to fatigue, have slower reaction time, and will have their ability to make decisions hampered. This further reduces our capability to wage war. Biological agents can be used singularly or in combination with other biological or chemical agents. This causes confusion in diagnosis, delays and compounds treatment, and magnifies incapacitating or lethal effects.

U.S. forces may also be exposed to immediate and residual biological hazards as a result of direct attack or by crossing biologically contaminated areas. Contamination avoidance is essential to reduce the impact of biological hazards. Our ability to survive, fight, and win on a biologically contaminated battlefield, requires the capability for warning and detecting an attack and identifying the agent. Detecting biological agent attacks are not easy. A detection/warning device for pathogens is under development. An improved version of the M256 Detector Kit will be able to detect T2 mycotoxin. Future developmental items may include the ability to detect biological agents with the on-board mass-spectrometer for the NBC Recon System (FOX). For those agents that cannot be identified, detection is accomplished by -

- Recognizing a pattern of employment to predict an attack.
- Using the IPB process with specific PIRs for advance warning.
- Recognizing the signatory symptoms, signs, and effects of biological agents.
- Sampling with air samplers may provide indication of an attack in progress.

The first two methods of detection are the only methods we have of warning troops of an attack before it occurs. The last method will alert the unit that an attack has occurred, and therefore allow the unit to take necessary protection and decon procedures to minimize the effects. Additionally, this method will help to establish a pattern of employment and, during future attacks, it will give notice (or at least high suspicion) that the enemy is employing biological agents. At this point, it should be added that when a unit is attacked, the unit can only suspect a biological attack. This suspicion is based on dissemination techniques, patterns of employment and the "window of vulnerability". Confirmation of a biological attack occurs only when a sample of the unknown agent is obtained and laboratory analysis confirms that the unknown substance is

FM 3-3

biological in origin.

Prior to this laboratory confirmation, the unit will not know if the attack was biological or chemical from an unknown source. Mission Oriented Protective Posture (MOPP) will protect the wearer against all known chemical or biological agents. Therefore, the unit must assume MOPP Level 4 (full protection) and apply those tactics, techniques and procedures (TTP) depicted in Appendix A for chemical or biological contamination avoidance.

Using Intelligence Sources

Intelligence can yield useful information for predicting biological attacks. Intelligence also can yield information that drives the scope and intensity of the biological defense program. Combat, technical, medical, and strategic intelligence sources must be used. Strategic intelligence gives the commander an estimate of the threat force's overall capabilities, limitations, and probable intentions for the employment of biological agents. Combat intelligence gives the commander an estimate of the threat force's battlefield readiness to employ biological agents. Technical intelligence enables evaluation of the effectiveness of enemy biological agents, possible dissemination systems and of protective equipment. Medical intelligence provides information about enemy preventive medicine, medical treatment, types of potential pathogens employed and preparations in medically related areas that could indicate a possible biological attack. See FM 8-10-8 for additional information on medical intelligence.

Recognizing a Pattern of Employment

Using the IPB process, windows of vulnerability based on weather, enemy activity, and movement of likely dissemination systems, help characterize the patterns of employment. The time of attack, method of dissemination, type of munition used, or the stage of the operation in which the agent is employed may be similar. Similar situations or patterns will not be definite proof that a biological agent attack is imminent but early warning should be given to all units in the potential hazard area.

Recognizing Distinguishing Symptoms, Signs, and Effects

Detecting a biological attack by this method is the least desirable way. But, due to the lack of detection devices, covert dissemination, and delayed effects of biological agents, this may be the first indication of a biological agent attack. With common diseases the number of personnel affected gradually increases.

Natural food poisoning can be caused by a bacterial toxin. But in such a case, the casualties would be limited to those personnel that consumed the infected food. This can be verified by a medical analysis. When a biological agent has been used, large numbers of soldiers are exposed at or about the same time. This causes "explosive" epidemic numbers of casualties. Criteria (signs, symptoms, and effects) for suspecting a biological attack include:

- Epidemic number of casualties occurring within hours to three days of each other (most within 24 hours of each other).

- Higher death or infection rates than normally encountered with the disease.

- Diseases or increased outbreaks of a particular disease not normally encountered in a particular region or country (for example, yellow fever in Europe).

- An aerosol dissemination technique is indicated by high numbers of respiratory signs—particularly when in nature the disease affects the body through a different portal of entry (such as pulmonary or lung-infecting anthrax versus the much more common form of skin-infecting anthrax).

- * Multiple outbreaks of zoonotic disease(s) (diseases that are communicable from small animals to man).

- * Personnel working in a protected environment do not contract the disease (or vice versa could indicate a covert dissemination of a biological agent).

- Casualties occurring downwind, downstream, or within a supply line pattern.

- Large numbers of sick or dead animals are observed, especially if suffering the same symptoms of the disease which is affecting the human population.

- The sudden appearance of large numbers of strange insects or ticks that have not been encountered previously in an area of operations. This information may be obtained through preventive medicine sections.

Once suspected and reported, medical staff personnel can conduct epidemiological studies and determine if there could be other causes for the outbreak and thus prevent the perpetuation of false NBC reports.

Dissemination Techniques and Avoidance Procedures

To avoid a biological agent hazard, first; prevent the attack and second, combat (limit) the effects on personnel and supplies in the event of an attack.

The method of dissemination determines the extent and severity of contamination. However, some agent specific defenses can be administered before the agent is disseminated. These defenses may take the form of immunizations or prophylaxis, (taking medicine orally).

There are three general methods of disseminating biological agents. Each helps the agent to get into the body.

- Aerosol dissemination is used when the respiratory system is targeted.
- Vectors (such as fleas, lice, ticks, and mosquitoes) and some toxins are used to attack through the skin.
- Covert (hidden) methods are employed to attack both the respiratory and digestive systems.

Aerosol Dissemination Procedures

Biological agents may be disseminated by ground or airbursting munitions, aircraft spray tanks, boat or truck mounted aerosol generators. The attack most likely will occur in a covert (or hidden) manner. Tactical level are those directed at specific units or elements on the battlefield. They are likely to occur at altitudes of 1,000 feet or less (100-foot optimum). Estimation of the hazard areas resulting from dissemination at altitudes greater than 1,000 feet above ground level requires extensive meteorological analysis. Toxins can be disseminated as a liquid (such as with "yellow rain"). This makes the toxin highly visible; but the hazard will generally be limited to the immediate area of the attack.

In a tactical aerosol attack, the aerosol cloud (after

initial formation) will travel downwind at a rate determined by wind speed. The cloud will lengthen and widen as it travels downwind. The length of the agent cloud will equal about one-third of the distance traveled. Units near the release point will encounter a more concentrated agent cloud. However, units located farther downwind (even though exposed to a less concentrated agent cloud) will be exposed for a longer time, so unprotected personnel will inhale a higher total dose. Figure 4-1 shows the typical downwind movement and characteristics of a biological agent cloud. The peak danger area will be located in the area where the cloud stays in tact while at the same time is at its maximum width and length. This distance is approximately the maximum downwind hazard prediction for a chemical agent; therefore, it is vital to determine whether or not the attack is biological or chemical. The biological agent cloud can cause both immediate or delayed casualties. This is due to the fact that each individual will receive a different dose and the time until the onset of symptoms will be dependent on the amount of agent and each soldier's physiological makeup. The onset of illness will also be affected by the soldiers reaction time and any other forms of protection (i.e. inoculation, masking time) that were available against the agent. Biological agent

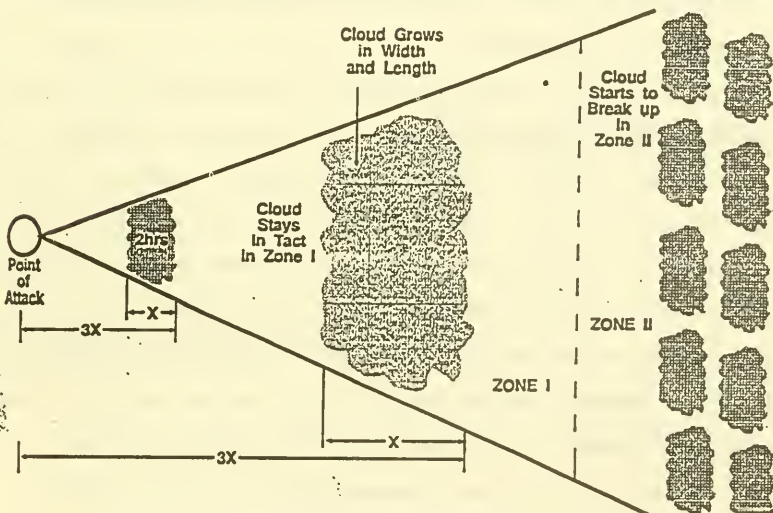


Figure 4-1. Downwind Movement and Characteristics of a Biological Agent Cloud.

STATE OF GEORGIA

COUNTY OF MERIWETHER

AFFIDAVIT

Personally appeared before the undersigned officer, duly authorized to administer oaths, THOMAS L. HARPER, COMMUNICATIONS CHIEF FOR MMCB 24'S AIR DET., who says under oath the following:

"At approximately 3:30 AM January or February, 1990, two ground shaking blast occurred in our area.

I had left the Command Post Bunker earlier to get a few hours sleep. BU2 Linder was manning the radios at the time of the blast.

It wasn't but just a few minutes after I got back to the CP that the "All Clear" was sounded.

Linder and I called the bunkers and the "holes" relaying the "All Clear" message we had received.

Shortly after this, a message came down to the stations on our covered net, "ALPHA 6 BRAVO, ALPHA 6 BRAVO, We have a confirmed chemical agent."

Our camp net, broadcast a message to all stations, "Mop Level 4, Mop Level 4, All Stations, This is not a drill"

At that time I relayed the messages to our people.

Some more of our people fell into the CP at this point saying a fine mist had fallen over the camp and others were complaining of numbness in their lips and fingers. One man even pulled off his mask complaining about not being able to breath. Everything was really hectic at this point.

One of the radios sent down a message asking for the Decon Teams. Another individual radioed asking "What to do."

RAOC was sending "Down Wind Messages"

I was trying to put on my mop gear, take messages and try to keep from panicking.

My memory is not real clear on everything, but I do remember later that morning a marine and our CBR man came to the bunker and said to me, "Not a fucking thing happened last night is that clear, no Mig bombed us and its not laying belly up in the Gulf - No Decon Teams, Not a fucking thing happened."

I have been telling doctors for two years this is what happened to us over there. They do not want to hear it. One said I have Post Traumatic Stress Syndrome. The doctor at the VA said "I don't know what's wrong with you guys."

All I know is what happened to us."

FURTHER affiant sayeth not.

Thomas L. Harper
THOMAS L. HARPER - AFFIANT

SWORN TO AND SUBSCRIBED BEFORE ME

THIS 7th DAY OF JUNE, 1993.

Cindy B. Armstrong
NOTARY PUBLIC (SEAL)

ANS: THE POTENTIAL THREAT OF CW BY IRAQI FORCES, SPECIFICALLY THE USE OF BIOLOGICS LIKE ANTHRAX AND BOTULISM REQUIRED INNOCULATION IN ORDER TO LESSEN THE SEVERITY OF THE DISEASE IF EXPOSED. ANNOUNCEMENTS OF THESE INNOCULATIONS WAS NOT MADE PUBLIC IN ORDER TO PREVENT THE IRAQI'S FROM DISCOVERING WHAT PREVENTIVE MEASURES WERE BEING USED. ADDITIONALLY, MEDICAL RECORDS WERE CODED SO AS TO PREVENT FURTHER INTELLIGENCE GAIN. ALL MEDICAL RECORDS HAVE SUBSEQUENTLY BEEN CORRECTED TO REFLECT THE ACTUAL INNOCULATIONS RECEIVED.

C. SPOUSE AWARENESS OF WHAT NMCB-24 DET 1624 EXPERIENCED VIS-A-VIS CONDITIONS OF LIVING, PESTS, THREATS OF VIOLENCE, FOOD ETC WAS AN ABSOLUTE SHOCK.

ANS: DURING THE BRIEFING IT BECAME READILY APPARENT THAT SELRES SPOUSES WERE NEVER INFORMED OF THE CONDITIONS IN WHICH THEIR HUSBANDS WERE PLACED, NOR WERE THEY AWARE OF THE IMMINENT DANGER THEIR HUSBANDS FACED EACH DAY. THE ANNOUNCEMENT THAT INFECTIOUS DISEASES AND NATURALLY RESIDENT PESTS WERE A DAILY OCCUPATIONAL HAZARD WAS EXTREMELY NERVE RACKING. THE FACT THAT NMCB PERSONNEL FOR THE FIRST TIME EXPRESSED CONCERN OVER SAND FLIES, SANITATION, FOOD, SCUD MISSILES, CW ENVIRONMENT WAS EXTREMELY UPSETTING. BUMED PROVIDED, WITH ASSISTANCE FROM THE VA, SPOUSAL AWARENESS SENSITIVITY SESSIONS AND COUNSELLING OVER THE INFORMATION SHARED BY NMCB PERS. IT WAS EVIDENT THAT NO ONE VERBALIZED ANY OF THESE CONCERNS TO THEIR SPOUSE AND THE BUMED VISIT WAS THE FIRST TIME THEY HEARD IT. VA ADVISED THAT ATLANTA HAD A FULL TIME SPOUSE/DEPENDENT COUNSELLING CLINIC AVAILABLE FOR ALL GULF WAR DEPENDENTS. INFORMATION AND A BRIEFING ON THE SERVICES PROVIDED WAS CONDUCTED BY MR. BRUCE ROONEY, DIRECTOR OF PERSIAN GULF FAMILY SUPPORT PROGRAM.

D. NMCB²⁴ PERSONNEL REPORTED 'GAS ATTACK' IN VICINITY OF CAMP 13.

ANS: NO EVIDENCE OF CW USE EXISTS. AN AMMONIA TANK WAS INADVERTENTLY DISCHARGED WHICH DID EXPOSE SOME 1624 PERSONNEL TO 100 PER CENT AMMONIA VAPOR. THIS DISCHARGE WAS REPORTED TO THE CHAIN OF COMMAND, HOWEVER THE DETACHMENT LEVEL DID NOT RECEIVE WORD IN TIME BEFORE EXPOSURE. NMCB HQ LOGS WILL SUPPORT THIS FACT.

E. DEPENDENT SPOUSES REPORT RECURRENT/CONSISTENT PROBLEMS WITH SPOUSES SUCH AS LISTLESSNESS, FATIGUE, INSOMNIA, DIARRHEA AND LESIONS OF AN UNDETERMINED SOURCE. SPOUSES REPORT THAT HUSBANDS ARE RELUCTANT TO REPORT THESE PROBLEMS.

ANS: BUMED STATED THAT NON-SPECIFIC AILMENTS WHICH ARE NOT MANIFESTED AT THE TIME OF EXAMINATION PRESENTS A PROBLEM IN DIAGNOSIS AND TREATMENT. ONE PURPOSE OF THE VISIT WAS TO ESTABLISH THE REGISTRY TO OBTAIN A BASELINE OF INFORMATION ON NON-SPECIFIC IRREGULAR SYMPTOMS. EMOTIONAL STRESS AS RELATED TO CHRONIC OR ACUTE MEDICALLY SPECIFIC SYMPTOMS WAS DISCUSSED WITH THE GROUP, AND ON AN INDIVIDUAL BASIS.

F. NMCB PERSONNEL FIRMLY BELIEVE THAT THEY WERE DIRECTLY EXPOSED TO CW AGENTS AND THAT THE 'GOVERNMENT' IS ATTEMPTING A COVER UP IN ORDER TO PRECLUDE MASSIVE LEGAL AND MEDICAL OBLIGATIONS TO THE VETTRANS. NMCB PERSONNEL DREW A PARALLEL BETWEEN AGENT ORANGE AND CURRENT NON-SPECIFIC GULF WAR SICKNESS.

Wicks file

FROM Sen. Reigle's office

2. The Relationship Between These Attacks and Gulf War Syndrome (Group I Disorders)

As mentioned above, the Center for Disease Control (CDC), Nerve Gas Division, has advised that Soviet Chemical Warfare Doctrine recommends the use of mixed agents in chemical warfare attacks (using several canisters of agents). Iraq, in this and other areas, followed Soviet doctrine. Based on this doctrine, a chemical warfare agent attack might carry a variety of nerve agents, vesicant and blood agents, blister agents, and biotoxins.

The stinging, burning and smell of ammonia (which is regulated by pain fibers rather than smell) could be explained by a chemical agent such as lewisite. Other symptoms, such as blood in the urine and bleeding from the rectum, could be explained by exposure to a biotoxin.⁴⁰ The failure of a gas mask to protect a soldier could be explained by the use of cyanogen.

REMO!
Ammonia was also recommended in the former Soviet Union as a civil defense measure to neutralize mustard gas and nerve gas.⁴¹ The CDC agreed that ammonia would be a readily available non-toxic alkali which could be used to neutralize exposure to nerve gas.⁴²

According to the CDC, if these U.S. servicemen and women were exposed to these types of substances, advanced neurological studies using computer-enhanced EEG analysis and biological agent searches would be required in order to perform a proper diagnosis. A physician probably would not detect the disorders visually, and even a biological agent search would require a suspicion of what to test for.⁴³ Many of these biological agent searches could only be performed using electron microscopy.⁴⁴

Incidence of Gulf War Illnesses in 644th Ordinance Company

Approximately 85 of 110 = 77.3% affected

Incidence of Gulf War Illnesses-Naval Reserve Construction Bn. 24

Approximately 100 of 725 = 13.8% affected

Y. Rick Perle file

The following points illustrate why the chemical attack explanation of the events of January 17, 1991 and January 20, 1991 is consistent with the evidence for exposure in Group I:

ATTN.

ACTIVE COMPENSATION, PENSION AND RETIREMENT CASES
BY PERIOD OF SERVICE

DAVE PARKS.

A-201

MARCH 1993

205-325-2283.

2-2.

Entitlement	Disability Total Cases	Death Total Cases	Death Beneficiaries			
			Total	Spouses	Children	Parents
PERSIAN GULF WAR	54,182	1,335	2,919	1,098	1,674	147
Service-Connected	54,167	1,332	2,912	1,095	1,670	147
Compensation	54,167	-	-	-	-	-
Dependency & Indem. Comp.	-	1,332	2,912	1,095	1,670	147
Non-service-Connected	15	3	7	3	4	-
P.L. 95-588	13	3	7	3	4	-
WORLD WAR I	7,872	27,046	129,047	119,548	9,492	7
Service-Connected	1,629	8,862	10,100	9,438	657	7
Compensation	1,629	5	5	5	-	-
Dependency & Indem. Comp.	-	9,957	10,095	9,431	657	7
Non-service-Connected	9,023	17,084	118,947	110,112	8,835	-
P.L. 95-588	4,482	52,584	53,253	50,784	2,469	-
Sec. 306	1,275	59,661	60,804	54,519	6,285	-
Old Law	276	4,839	4,890	4,809	81	-
Retired Emergency Officers	10	-	-	-	-	-
SPANISH-AMERICAN WAR	-	2,252	2,287	1,782	505	-
Service-Connected	-	34	36	25	11	-
Dependency & Indem. Comp.	-	34	36	25	11	-
Non-service-Connected	-	2,218	2,251	1,757	494	-
P.L. 95-588	-	526	534	524	10	-
Sec. 306	-	104	105	98	7	-
Old Law	-	1,588	1,612	1,135	477	-
MEXICAN BORDER SERVICE	42	624	630	603	27	-
Service-Connected	10	2	2	1	1	-
Compensation	10	-	-	-	-	-
Dependency & Indem. Comp.	-	2	2	1	1	-
Non-service-Connected	32	622	628	602	26	-
P.L. 95-588	30	549	553	535	18	-
Sec. 306	2	73	75	67	8	-
INDIAN WARS	-	8	8	6	2	-
Service-Connected	-	-	-	-	-	-
Dependency & Indem. Comp.	-	-	-	-	-	-
Non-service-Connected	-	8	8	6	2	-
Old Law	-	8	8	6	2	-
CIVIL WARS	-	32	32	3	30	-
Service-Connected	-	1	1	-	1	-
Dependency & Indem. Comp.	-	1	1	-	1	-
Non-service-Connected	-	32	32	3	29	-
Old Law	-	32	32	3	29	-

DEPARTMENT OF VETERANS AFFAIRS, WASHINGTON, D. C.
DEMOGRAPHICS DIVISION (008C11)

SOURCE: RCS 20-0221 (FORMERLY RCS 21-14)

Nickie file

Gulf vets complain VA too slow with benefits

By Dave Parks
News staff writer

The number of claims for disabilities arising out of the Persian Gulf War has skyrocketed, but some Alabama veterans say the federal Department of Veterans Affairs has been much too slow in providing benefits.

Frank Bray, a spokesman for the VA regional office in Montgomery, said that before the war, claims applications were coming in to his office at a rate of 2,214 a year. Now, it's almost double that — 4,068.

"That's pretty significant," Bray said Thursday. "It kind of surprised me."

The VA checked into the increase after *The Birmingham News* requested the information because several Persian Gulf War veterans had complained about delays in getting benefits.



Willie Hicks
"I'm slowly dying"

printing."

It takes a long time to establish disability guidelines, but once they are established, benefits are retroactive, he said.

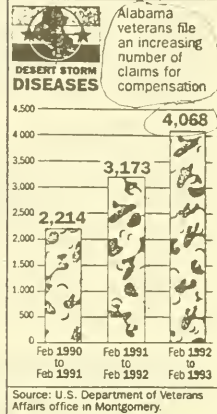
Willie Hicks of Fairfield knows about the delays — and he also knows about the

See Veterans, Page 10A

Bray said the VA was inexperienced in dealing with many of the mysterious illnesses that have been linked to oil-well fires, blood parasites, exposure to low levels of radiation and other environmental factors.

"On the environmental issues, we probably don't have any guidelines or are in the process of writing the guidelines, and these cases probably all are on hold pending some definitive regulations," he said. "On some of these Persian Gulf veterans, I'm sure we're awaiting some final instructions that are in the

Persian Gulf War BACKLASH



*In order to be sent at
V.A. They make you file a claim (Sick ACH. Vets only)*

Veterans

From Page 1A

mysterious illnesses arising from the Persian Gulf War.

"I'm slowly dying," said Hicks, a wiry, 48-year-old veteran. "I know it. I accept it."

Hicks served with the 644th Ordnance Company of Bessemer, an Alabama National Guard unit that spent eight months in the Persian Gulf handling ammunition. Like Desert Storm veterans nationwide, Hicks is suffering from a myriad of mysterious ailments — including headaches, sores and mental problems.

Hicks said he's also suffering from a sense of betrayal by a country that sent him to fight and then left him ailing and financially ruined.

He's been waiting almost a year for disability benefits from the VA, and he has had to turn to food stamps and other forms of welfare. He's months behind with his bills.

"I'm living like a dog," he said. "I've got no income. I can't get a job because I can't work."

He applied for VA benefits last May, and he has been ill since 1991.

"I call once a month, and every month that I call, they give me the same message — it's before the review board," he said. "Seems like to me they're trying to wait until I die."

Meanwhile, he's applied for Social Security and has just been approved for Medicaid, which will finally allow him to seek health care for his children, he said.

"I've got a boy sitting in there right now with pneumonia," he said, pointing into a bedroom of his modest frame home. He walked into the bedroom and pointed to a 7-year-old boy in bed and obviously ill.

"I told you it was a horror story," Hicks said. "I fought for this country. They can't treat me like this."

Hicks said he had a good work record before the war.

"I ain't no slouch," he said, pointing to a wall filled with framed degrees and certificates, including ones for volunteer work at local schools.

Hicks is being treated by the VA Medical Center in Birmingham for psychiatric problems linked to the war, but he said that so far doctors

have been unable to diagnose his physical problems.

"I'm getting slowly ate up. I'm a big sore. It's slowly eating me away. I'm slowing going away. I don't know what I can do about it," he said. "The doctors don't even know. They tell you . . . you have an anxiety problem or something."

He said much of his anxiety would be cured if the VA would provide some financial assistance.

"They should bypass all this red tape and just give us an income," Hicks said. "I don't want them to give us nothing we haven't earned."

Another veteran of the 644th told a similar story. Alton Cox, 59, of Bessemer, has been diagnosed with lung cancer and has been awaiting word on benefits that he filed for last summer. He said his cancer is in remission, but he needs financial help.

"The doctor won't let me work," he said. "I'm on Social Security now. You can't live off that much."

Cox said his wife also is unable to work.

So what does he do?

"I've been picking up aluminum cans to sell them," he said.

2-pgs.

Health Statistics. Approximately 657,000 active duty military personnel and activated National Guard and reserve unit members served in the Persian Gulf War. While on active duty, their medical care generally is provided by the military. As of October 1993, 258,733 service members with Gulf service were discharged, deactivated or retired, becoming veterans. Approximately a third (88,237) have received outpatient care. Some 6,043 who received care as inpatients may already be counted in the outpatient number.

Symptoms/Diagnoses. VA is continuing its efforts to examine the health consequences of Persian Gulf service, but the department to date has been unable to detect any unifying diagnosis or any unifying exposure. Complaints of Persian Gulf veterans are often described as "flu-like symptoms" (including muscle aches, joint pain, and fatigue), which are commonly seen in doctors' offices everywhere as the hallmark of a variety of infections or other conditions. VA is aggressively seeking an explanation for these symptoms. Rough comparisons of physicians' diagnoses between VA's Gulf veteran inpatients with veterans who served stateside (or other non-Gulf locations) during the period show no unexpected health patterns.

Personal Health Assessment. Among the first third of Persian Gulf Registry exam findings whose abstracts are fully automated, 16 percent of veterans had no health complaints. Among those with health complaints, three-fourths rated their own health as good, very good or alright.

Deaths. VA is aware of 725 deaths among Persian Gulf deployed veterans, but would not necessarily know of all deaths occurring after a military member is separated if no survivor claims benefits. When the demographics of the Gulf veteran population — whose median age is 30 — are analyzed with a comparable group of 657,000 Americans, the number of deaths among Gulf veterans actually appears lower than expected.

They won't give numbers on Sick or Death of Active Duty!

COUNSELING AND FAMILY SUPPORT CENTERS

Vet Centers. Some 39,326 Gulf theater veterans have been seen at VA's network of Vet Centers to ease their transition to civilian life and gain assistance in such areas as benefit questions, substance abuse, marriage counseling, employment, and post-traumatic stress disorder (PTSD).

Family Support Centers. Persian Gulf Family Support Centers operating at 32 locations, which provide marriage or family counseling for Gulf War veterans, their spouses and children, have reached 63,380 through outreach activities, with 12,608 receiving individual, group, or marriage and family counseling.

DISABILITY COMPENSATION

Policy. As with a veteran of any period of service, a Gulf veteran with a disabling medical problem found to have arisen during service or aggravated by service may be eligible for monthly disability compensation. For an individual patient, medical science often does not provide the means to separate out causes that may range from toxic exposures or genetic predisposition to lifestyle factors, but identifying a causative agent is less relevant to allowing claims than a finding that a disease or disability was incurred or aggravated during military service. The veteran's service medical record may provide the necessary documentation that a condition was evident in service.

Our medical records were purged = can't show service connection!

2.

Nov 14, 93

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November 12, 1993

Mr. Nicholas E. Roberts
#3 Pine Ridge Estates
Phenix City, Alabama 36869

Dear Nick:

Last week, I met with Dr. Robert H. Roswell the Chief of Staff at the VA hospital in Birmingham, Alabama, Mr. Jimmie Clay the Director at the VA hospital in Tuskegee, Alabama, Dr. Susan Mather head of environmental medicine at the VA in Washington and Doug Dembling with the VA congressional affairs office to find out more about VA's plans to provide you with testing and health care at Birmingham Veterans Medical Center.

I started the meeting by asking Dr. Roswell to explain his plans to test you. He said his first consideration is getting health care to you. He explained that this testing would begin at the Birmingham Veterans Center within a week or so. They have set up criteria to determine who will be tested and assured us you meet those criteria. Since our meeting, I sent VA a list with the names of those from your unit who have gotten word to us on illnesses. You should be hearing from them to set up testing dates in the near future. Birmingham will coordinate with Tuskegee and your Navy unit to obtain all of your records. They will be testing you for possible exposure to nerve agents, pesticides and other chemical exposure possibilities.

The Birmingham VA will follow up on any and all possible manifestations of illnesses. We encouraged them to include all lymph node problems including lymphodempathy and lymphoma and they agreed to do so. They will also focus on skin rashes, headaches, memory loss and other problems. When any medical problem is diagnosed you will be sent to specialists to provide medical care for your illnesses. They will attempt to have these treatments take place within the VA system.

I related your concerns and questions about Tuskegee to Mr. Clay. He admitted that there had been mistakes in the way some had been treated. He said that despite reports to the contrary, Dr. Jackson was still working with you and he had never been told not to speak with the media. I told all of the VA officials that the VA should maintain Dr. Jackson as an integral part of any tests, treatments or diagnosis. They agreed to do so. We asked Mr. Clay about access to your records and he said that after signing a release form you, and your private physicians, could have

Mr. Nicholas E. Roberts
 November 12, 1993
 Page 2

full access to your medical records. He said access had always been provided after filling out such a release form. He showed us a list of medical record requests by members of your unit and the day that they had been filled. We pressed him again on whether any portion of your records were being withheld. He said "no, there was no reason they would be withheld."

We showed each of these VA representatives a copy the Tuskegee VA diagnosis sheet for Nick Roberts. We asked them to read the date on the diagnosis, November 2, 1992, and to tell us why Nick was never informed of that diagnosis. Dr. Roswell said he was familiar with this and VA had conducted an investigation into this matter. They had discovered that there had been a terrible lack of communications and because of that VA had not let Nick know about his positive diagnosis for lymphoma. Dr. Roswell said that mistakes like this are inexcusable. The VA officials indicated that they believed VA owed Nick his private physician fees. I can not understand how a system can be so inept as to not alert a patient to his diagnosis, but will keep the pressure on try to ensure that such does not occur in the future.

The VA officials said they did not know of other positive cases of lymphoma from the unit. I told them of the thirteen or so who had been tested for HTLV I&II, and they assured me that follow up tests would be done. If you do have lymphoma or lymphodemopathy they will do all necessary follow up with biopsies, etc. Dr. Roswell, and Dr. Mather said that the VA would like to coordinate with both the private physicians and with the Navy epidemiological team that is scheduled to work with your unit December 4 and 5.

Both Dr. Mather and Dr. Roswell explained HTLV I&II, A.B. Western Blot. RGP-21. Additional testing is necessary to actually determine whether someone is positive for the illness. They both agreed with us that anyone who was tested earlier needs and deserves follow up tests and counseling. Dr. Mather said that Dr. Jackson had seen sign markers for this illness in his early tests but too many elements were missing for an accurate diagnosis of HTLV I&II. I explained that some of you believe you were exposed to this and encouraged VA to determine once and for all whether such exposure is accurate. Mather and Roswell said they had a "medical obligation" to retest those who received the earlier testing for HTLV I & II.

We told them that some family members have also begun experiencing the same symptoms. We asked that they study the possibility of communicability, and Dr. Roswell assured us that this would be a focus of the testing. He said if nerve agents are in fact causing your problems it is difficult to conceive how your illnesses would be communicable. But they will examine such

we have already been told its transmittable!

Mr. Nicholas E. Roberts
November 12, 1993
Page 3

possibilities and speak with family members who have shown symptoms. Dr. Roswell said that at Birmingham, family and children will be counseled on the status of their family members, and any other questions you might have. We were assured that you will be given full access to your medical records at Birmingham. You will be consulted each step of the way during the testing.

I asked about your problems with getting disability claims and VA said they would work to ensure that all records they possess are provided quickly. We pressed them on our earlier request for a joint DOD -- VA task force to look into your illnesses. I suggested that coordination was needed between the DOD and VA because from the start it seemed as if you were caught in a "passing of the buck" between DOD and VA. VA said they were willing to work jointly with Defense and DOD is pulling together an office of health affairs to work on Persian Gulf illnesses and that office will probably begin coordinating with VA.

We gave the VA a clear understanding of your questions, your sentiments and the high level of distrust VA and DOD has garnered by their actions to this date. We made it clear that they would have to go the extra mile to win back your confidence. They agreed and understood. The VA told us that they would give us the details of how you should go about getting tested at Birmingham.

Since the meeting we have had Veterans Affairs Committee hearing here on Persian Gulf illnesses. Nick Roberts did a great job in presenting your situation to the entire committee. Also, we have had briefings by the Pentagon on the Czechoslovakian report. As you know, the Department of Defense's preliminary review "found no linkage between small amounts of chemical agents reported in Operation Desert Storm and continuing health problems suffered by some Gulf War Veterans." I believe that more needs to be done to consider all possibilities, specifically a review of what happened in Al Jubayl.

Major General Blanck tells me that the Navy epidemiological team that is coming to do additional testing in Columbus on December 4 and 5, also plans to go to Al Jubayl to do studies in that area. During our briefing by the Pentagon, I asked the Undersecretary of Defense if DOD would respond to my earlier request for a joint DOD-VA task force to provide testing, diagnosis and medical care for you. He said DOD would be willing to work with VA on this. Now we just need to get them to do it. I believe it is important that they coordinate, and will continue to follow up on that proposal.

Never did
test!

Please know that I share your frustration with the VA bureaucracy. However, I believe that there are good doctors at work on your case, and I will continue to press for first rate care

Mr. Nicholas E. Roberts
November 12, 1993
Page 4

for you and your family. I believe that the VA is going in the right direction with the Birmingham program. You should be contacted in the near future about testing. I have included a privacy release with this letter, which we need for you to sign so we can provide information to the VA on your behalf. As always, I remain committed to seeing that you get the high quality testing and care that you deserve. Feel free to contact me or Scott Brown in Washington at (202) 225-5901 or Shirley Gillespie in Columbus at (706) 327-7228.

Sincerely,



MAC COLLINS

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