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Groups disagree about Gulf War illness research

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The Pentagon and Department of Veterans Affairs say an Institute of Medicine study shows there is no Gulf War "syndrome," and that there is nothing unique about the symptoms 1 in 4 Desert Storm veterans suffer.

But the congressionally mandated Research Advisory Committee on Gulf War Illness say that not only is there a series of symptoms that make up a definable illness, they know what caused that illness.

Those opposing views were on full display May 19 in the first of three congressional hearings about Gulf War Illness.

"We do believe that Gulf War illnesses are real — but there is no unique set of symptoms," said Craig Postlewaite, deputy director of force readiness and health assurance under the assistant secretary of defense for health affairs.

He based that view on the IOM study that concluded veterans' symptoms vary too much to be seen as unique and recommended no more epidemiological studies.

"We feel like their assessment is complete," Postlewaite told the House Committee on Veterans' Affairs' subcommittee on oversight and investigations.

The Gulf War advisory committee disagreed. "They have the same types and patterns of excess symptoms," Lea Steele, immediate past scientific director of the committee, told lawmakers. "Our review provides a clear conclusion."

She said the research shows that veterans who took the most pyridostigmine bromide — anti-nerve-agent pills — and used the most insect repellent, including flea collars, were most likely to suffer from the cluster of symptoms of known as Gulf War illness.

Victims of the sarin gas attacks in Tokyo as well as animal studies produced the same cluster of symptoms, she said. The pills, pesticides and nerve agent are similar chemicals, so it appears that troops essentially overdosed.

"Clearly, we need to get the research right," said Rep. Dennis Kucinich, D-Ohio. "And the need to get it right is urgent."

James Bunker, who served as an artillery officer in the war, provided an example of why.

Bunker had a history of rushing through high school in three years, a great love of chess and an aptitude for math. But during the hearing, he stumbled over words and a piece of paper in his hands shook as he read his testimony. He no longer plays chess because he lacks the cognitive ability to plan out his moves.

After deploying with the 5th Field Artillery Regiment, he said his unit's chemical alarms sounded. Soon after, he developed breathing problems, muscle twitches, leg cramps, vomiting and convulsing. He was given an antidote for nerve agent and sent home to a hospital.

Now, he has nerve problems in his right leg and has lost the use of his right arm. He suffers headaches, cognitive dysfunction, gastric reflux disease, fibromyalgia, mouth sores, skin rashes and sinusitis.

"It's hard to live a life where you can be talking to someone normally one minute and the next you can't make a sentence to save your life," Bunker said. "Often, VA tells me this is all in my head or it's depression."

Paul Sullivan, executive director of Veterans for Common Sense, said sick veterans want to know why they're sick, where they can get treatment, and that their healthcare and benefits will be paid for by the country that sent them to war.

"VA should publicly recognize our illnesses," he said.

Sullivan asked that VA be investigated to see if the IOM study was properly conducted. Congress mandated that study, but VA limited its scope to exclude animal studies and research where exposure dosage was unknown.

That defines much of the available research; no one kept track of how much anti-nerve agent troops took or measured the amount of sarin they were exposed to when the military blew up a massive Iraqi chemical depot just after the 1991 war, making it impossible to document exposure dosages.

In its work, the Gulf War illness advisory committee did include animal studies and research where the dosage was unknown.

Steele said about half of troops who deployed for the 1991 war took anti-nerve agent pills and used personal pesticides such as DEET, and were also exposed to sarin.

"We have no indication that any of them experienced any acute symptoms of exposure," Postlewaite said.

"What about Bunker?" asked Rep. Phil Roe, R-Tenn.

"As you know, there are many reasons for seizures," Postlewaite said, noting that current troops would again be given anti-nerve agent pills if battlefield commanders determined a need for them.

Sullivan also asked for training so VA doctors would be familiar with Gulf War illness — and that they be told it's not a mental health condition.

Richard Weidman, executive director for policy and government affairs for Vietnam Veterans of America, asked that the government keep track of where current service members are located in the combat zones, and that VA include in their medical records a query of where veterans were located when they were deployed.

As it stands, there's no way to look for patterns, he said. For example, if 30 veterans who all served in Baghdad develop brain cancer, VA would have no way to know whether this was a group that might have been exposed to a particular toxin.

“This is nuts,” Weidman said.

In one medical unit, he said, seven out of 150 people developed multiple sclerosis after serving in Desert Storm. “It's astronomical. It doesn't happen by chance.”

And it's almost impossible to spot if no one keeps track of who served where, he said.

“If you don't have the stats, you don't have a problem,” Weidman said, implying that VA doesn't want to know if there's a problem.

“We have been and continue to be very concerned about these veterans' health issues,” insisted Lawrence Deyton, chief public health and environmental hazards officer for VA's Veterans Health Administration.

Deyton said Gulf War veterans experience symptoms at a rate 25 percent higher than veterans of that era who did not deploy.

But he acknowledged that VA could do better and said new VA Secretary Eric Shinseki has begin efforts to develop a simpler procedure for veterans to quickly and easily get benefits for service-connected ailments.

Congress decided to hold the series of hearings because of the new reports from the IOM and the research advisory committee, as well as the change in VA leadership.

Rep. Harry Mitchell, D-Ariz., chairman of the House Veterans' Affairs oversight and investigations panel, said many questions still need to be answered.

In the end, Mitchell said, “We still don't know how to respond to Gulf War veterans who ask: ‘Why am I sick? Will I get well again?’ ”