

Appendix B

Public Submission 1 – Kirt Love

On May 15th and 16th I was pressed to confine my remarks to 5 minute presentations in the evening. To make a 28 slide presentation.

The bulk centered around the need for a restructuring of assets in the Gulf War community that would be more conducive to both veterans and medical circles. That current dogma was taking the words "Gulf War" out of the literature and replacing it with deployment health. That Gulf war medical research and treatment was in danger of being white washed from the vernacular.

In my presentation I covered the Gulf War registry decline, Public Laws that had lapsed, the barely functioning WRIISC, Adverse drug reactions, Glutamate receptors in conjunction with substance abuse, ALS Glutamate research, Crystal formation in muscle biopsies, Adjuvants in vaccines, the Anthrax vaccine, Nanobacteria related illness, Infectious disease, Genomic research with CFS, Cellular methylation, Chemical sensitivity, Sleep apnea, fibromyalgia, Gastroparesis, Dietary studies, EMP weapons in the Gulf War, Cerebral Perfusion, and Transcranial Color Coded Duplex Sonography.

Of which the PowerPoint can be found at:
<http://www.gulfink.org/rac/rac2006.ppt>

Thank you for your time and patients.

Sincerely
Kirt P. Love
Director, DSBR

Public Submission 2 – Denise Nichols

GULF WAR VETERANS CANCER DATA FROM 1991-1994 PRESENTED BY DENISE NICHOLS

A: THYROID CANCER MORTALITY DATA 1991-1994

- INCIDENCE: 26,000/YR OR 10 PER 100,000
- EXPECTED DEATH: 1500/YR OR 0.5/100,000

ACTUAL GULF WAR VETERAN DEATHS FROM THYROID CANCER BY YEAR

- 1991---0
- 1992 ---3 (2 <25 YEARS OLD)
- 1993 ---4 (1<25YRS; 1 25-34YRS; 2 35-44YRS)
- 1994---9 (4<25YRS; 3 25-34YRS; 3 35-44YRS)
- NOTE STATS EXPECTED IN 18-34 YR GROUP IS 0.1 PER 100,000 FOR 600,000 WOULD BE 0.6

RESULTS

- FOR THYROID CARCINOMA MORTALITY RATE FOR THE GULF WAR VETERANS LESS THAN 25 YR OLD IS 4.0. THIS IS 4 TIMES THE EXPECTED DEATH RATE FOR THIS CANCER IN THIS AGE GROUP.

DEATH RATE

- FOR <25 YR OLD : 25 OR LESS CASES/YR PER 300,000,000
- 4 ½ DEATHS WOULD BE EXPECTED IN POPULATION OF 30,000,000
- GULF WAR POPULATION 600,000
- ODDS RATIO 0.000011 STATISTICALLY SIGNIFICANT

B. TESTICULAR CARCINOMA FACTS

- RARE DISEASE 5,500 NEW CASES/YR
- OVERALL INCIDENCE 1.5-2.0/100,000
- RARE DISEASE < 2/100,000
- Highest Age Specific 20-34 yr
- DEATHS 0.2/100,000 or 1.2/600,000

MORTALITY TESTICULAR CANCER GULF WAR VETERANS

- 1991 2 (1 IN 18-24 YR; 1 IN 25-34 YR)
- 1992 16 (6 IN 18-24 YR; 5 IN 25-34 YR, 5 IN 35-44 YR)
- 1993 63 (18 IN 18-24 YR; 38 in 25-34 YR; 7 in 35-44 Yr)
- 1994 43 (11 in 18-24 YR; 32 in 25-34 Yr)
- Note: Expected Number of Deaths for yrs 1991-94 would be 30/600,000

Mortality Testicular Cancer Gulf War Veterans By Year

- 1993 shows 2.1 times the expected death rate
- 1994 shows 1.45 times the expected death rate.

Testicular Cancer Mortality By Age Gulf War Veterans

- 1991 1 in 25-34 age group expected 1.2
- 1992 5 in 25-34 age group 4 times expected
- 1993 total 16-- 5<25; 10 (25-34); 1 (35-49) 13 times expected
- 1994 total 11 still over 9 times expected

C. LEUKEMIA INFORMATION

- Over the last 30 years, research has shown that 95% of patients with leukemia have an acquired genetic defect. The defect is a translocation (one piece of genetic material moved to another piece of genetic material). The general divisions of leukemia are dependent upon the type of cells that are proliferating. The cell types are lymphocytes and myelocytes. Each type of leukemia, lymphocytic and myeloid is divided into acute and chronic. Acute lymphocytic leukemia is a disease of the young and old. 75% of cases of acute lymphocytic leukemia(ALL) occur in those younger than 15 years of age. Chronic lymphocytic leukemia (CLL) accounts for 10,000 new cases per year. The number of new cases of ALL are 4,000 per year. Thus 1,000 cases of ALL are among adults. A fascinating aspect of ALL disease is the age distribution in adults. It has been observed that of the adults, (1,000) per year, there is an age distribution. Of the occurrence of ALL.
 - In the Less than 25 age group, only 2% of 1,000 adults have ALL
 - In the 25 to 34 age group, 5% of 1000 adults.
 - In the 35 to 65 age group, 85% of 1,000 with ALL is seen
 - At 1,000 adult cases of ALL per year, ALL in adults becomes a RARE Disease 0.3 to 0.5 per 100,000 or 3.0 per 600,00.

Number of Cases of ALL for Persian Gulf Veterans

- 1992 1
- 1993 12
- 1994 13
- THUS FOR 1993 and 1994, THE NUMBER OF ALL IS FOUR (4) TIMES THAN EXPECTED.
NUMBER OF DEATHS
- From ALL and CML is more than expected. There are 15,000 deaths from ALL per year. For a population of 600,000, 3 deaths are expected.
- For ALL the years 1991 to 1994, the Persian gulf death rate is 3.0. For CML, the number of expected deaths is 850 per population or 2 per 600,000. In 1993, the number of deaths from CML was nine(9) and for 1994, the number of deaths was seven(7). Thus, in 1994 the number of deaths from CML is 3-4 times expected.
Myeloid Leukemia :Primarily a disease of the elderly. Myeloid leukemia is divided in acute and chronic. In chronic myeloid leukemia, 5,000 new cases are expected per year
 - Age distribution is
 - Less than 25 2% of 5,000 or 0.3/600,000
 - 25 to 34 age 10% of 5,000 or 1.0/600,000
 - 35 to 44 age 11% of 5,000 or 1.0/600,000
 - 45 and over 75% of 5,000
 - CML: One case per 600,000 is expected for adult CML in the less than 25 age group and one case per 600,000 is expected in adults with CML in the 25-34 age group.
Persian Gulf Group
 - 1992 11 cases (under 25), 6 cases (25 to 34), 2 cases (35 to 44)
 - 1993 7 cases (under 25), 10 cases (25-34), 3 cases (35-44)
 - 1994 2 cases (under 25). 0 cases(25-34), 0 cases(35 to 44)
- PERSIAN GULF INCIDENCE CML Results: The incidence of CML in the Persian Gulf Group is 6-10 TIMES THE EXPECTED RATE IN THE UNDER 44 AGE GROUP.