Research Advisory Committee on Gulf War Veterans' Illnesses

Public Comments Submitted

February 12, 2024

Virtual Meeting

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Comments are presented in alphabetical order by last name.

Edward J. Bryan

Subject: No Treatments with high denial rates for disabilities nationally and funding.

RE: Gulf War Illnesses, Returning Veterans, Non-Deployed and Families from 1990/1991 Desert Shield/Desert Storm war in the gulf. Public Comments for February 12th 2024 VA-RAC meeting.
February 12, 2024

Dear Cheryl Walker, M.D., PH.D., Chairman, Senior Leadership on Gulf War Illnesses and Committee Members, It has been a long 33 years with no treatments, the committee is at a grid lock and not delivering the treatments to the clinic. Gulf war Vets need pathology exams with Tissue resection, and chemical analysis then a full genomic sequencing to look for PB anomaly and with environmental insults in humans that upsets the enzyme functions. The RAC in 2009 was looking for specific Genetic Bio Markers, now they are looking at DNA for treatments, **where are the Treatments in 2024?**

The veterans are being pushed back and discriminated against from all aspects of the Government, Roberts rules of order should be followed so others can follow and engage, this isn't being done. IE: Old Business, New Business, etc.…. Your committee heard about the **TAP** testing from Nerve Gas exposures (**VA Pocket Card**) on September 7, 2023, at the meeting, there is testing, but all VA's and PCP do not know about the gulf war health issues or the wrissic program, only half of the committee knew of these treatments. Your committee heard some of them about the tap testing method but needs to be addressed along with the bombing campaign in 1990/1991.

The 1991 War was the world's most toxic battlefield to date since WW2, 44 years ago it started and it's still a conflict as of today. The **oil well exposures** still haven't been updated for health effects, February 5,1998 congressional hearing and the VA-HQ 2014, as of today no response as to the veterans' health conditions. The VA-RAC needs to start some of the treatments that are tabled and start the process. The veterans deserve the best treatments from the VA in 2024.

All gulf war health laws should be update in 2024. Assistant Secretary Guy T. Kiyokawa knows of the short comings for the desert storms veterans, lets fix the issue.

Dr. Clapp of Boston University stated 25 years after desert Storm, VA should be doing cancer screenings in 2015. What happened to the cancer screenings, its now 33 years later and we are being discriminated against from the VA Research.

Iraq / Afghanistan War Veterans 2001 to Present are being treated using gulf war research . with a cost of $40 Billion Dollars

(1990/1991 war was the most toxic Bowl of Soup say the VA). Too fix the gulf war health issues, just change the law in 2002, http://www.congress.gov/117/plaw-117pub1168.pdf

To post 1990. Gulf War Health Issues are solved. Let's move on with the treatments, 33 years later? same war same injuries. CDRMP, http://cdrmp.health.mil/gwirp/default.

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U.S. Army (Disabled) 1974-2000
Life Member Whitman, Mass DAV # 119, DAV # 45 Clarksville Tn.
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U.S. Firefighter (Medford, Mass) Retired 1986-2000
Health Care Liaison (VA / BU) 1994-2001
Researcher for Gulf War Illnesses 1992-Present
VA VISN-1 Mini-Mac member 1998-2018
Walter Reed Veteran Health Advisory Council (VHAC) Deployment Health, 2000-2002.
EJB/MBB

Olivia Frances

To the Research Advisory Committee on Gulf War Veterans' Illness,

I am speaking on behalf of my precision health data science company, Cogitativo. Our organization focuses on the development of machine learning models for disease prediction, resulting in early diagnosis, treatment, and preventive care. One of our top priorities is using these models to identify Veterans most vulnerable to exposure-related conditions, including Gulf War Illness.

First, I'd like to thank the Committee for fostering these discussions and research endeavors. While Gulf War Illness should be a top public health priority, especially given Veterans' high disease risk resulting from protecting our country, the prevalence and severity of GWI is often forgotten.

Additionally, I want to emphasize the value of applying the most sophisticated and advanced technology, namely machine learning and artificial intelligence, to pressing health issues such as GWI. Veteran healthcare received a major win with the PACT Act signed in August 2022. However, we must acknowledge that even this act focuses more on benefits than optimized testing and care for high-risk Veterans. This dilemma raises one main question for Veterans, service members, and the Cogitativo team: Why are we not addressing the issue of military exposures using the best technology available to us?

The number of Veterans reaching old age is expanding. The average Veteran age is 58, and almost half of the Veteran population is over 65. As risk of exposure-related conditions increases with age, improving our approach to monitoring and mitigating these illnesses becomes more pressing. These Veterans deserve up-to-date information on their disease risk, as well as timely diagnostic testing and comprehensive treatment for any exposure-related conditions. After completing their service, there is no greater health risk to these Veterans than lack of knowledge and care for their high-risk illnesses.

Thank you for your time and attention.

Sincerely,

Olivia Frances

Associate Product Manager, Cogitativo

George Garner

February 9, 2024
From: Chaplain George G. Garner (LTC) U.S. Army, retired
To: Research Advisory Committee on Gulf War Veterans' Illnesses
Subject: Concern Reference Sarin Gas Effects

I have for many years experienced fatigue and unexplainable shortness of breath which have severely limited my singing and public speaking as a minister. I was the first chaplain deployed from Ft. Hood, Texas as part of a seventy-man Assault CP. I served continuously in Saudi Arabia, Iraq, and Kuwait from September 1990-April 1991. Since I had completed several trips to the Ft. Irwin Desert Warfare training center, I served much of my time as a "Circuit-riding" Chaplain and was at areas of exposure to Sarin or Cyclosarin gas.

I have since then had health problems that I believe are most likely caused by my exposure to Sarin/Cyclosarin gas. Until age 50 and still on active duty, as an Officer and Chaplain, I tried to deal with them by myself; however, as time progressed, I had increased shortness of breath and fatigue, dramatically impacting my public speaking and singing. After retirement I was bounced back and forth between cardiology and pulmonology at the James A. Haley VA Hospital. The head of pulmonology eventually suggested that my symptoms must be due to my PTSD issues. Once I was referred by a VA cardiologist there to a cardiologist at Tampa General Hospital for a heart stint. He completed a heart catheterization and determined that I did not need a stint and that my heart was healthy.

The Tampa General Hospital cardiologist then stated that he had studied the case of Christopher Reeves "Super Man." He shared that it was his strong suspicion that my symptoms of shortness of breath, even when exercise tests indicated good blood oxygen levels, were neurologically induced. He further stated that he suspected they would one day verify a link between my symptoms and my exposure to Sarin/Cyclosarin gas.

A few months ago, after receiving a strongly convincing study by the University of Texas Medical School on the effects of Sarin gas, I volunteered to be part of a new VA-NIH study of Desert Storm people whom they identified as having been potentially exposed to Sarin gas. When they were doing an interview, I shared with them that I was 77 years old. I was immediately told that their study was to run five years to determine if more in-depth study was justified and that the cut-off age was 70 years. Interesting, since the Texas study indicated that older soldiers were more susceptible to the Sarin gas' long-term effects than younger soldiers.

I guess I am too old for my case to be seriously considered, but I sincerely request that you, as members of the Research Advisory Committee, show the moral courage to seriously consider the evidence of Sarin gas on those of us who have learned that we were where UT Med School and other institutional studies have scientifically confirmed a link between even low-level exposure to Sarin/Cyclosarin gas and long-term physical and neurological illnesses. If I can help in any way, please feel free to contact me at 863.604.0204 or garnergg@msn.com.

Sincerely,

GEORGE G. GARNER
Chaplain (Lieutenant Colonel) U.S. Army, retired

David Gray

I participated in the recent RACGWVI Veteran Engagement Session, along with several other sessions over the past few years. I also participated in several research studies, and try to be proactive by providing feedback to the VA based on real world experiences with VA Healthcare. At each of these sessions, you continue to highlight all of the past and ongoing GWI research studies, and the education program focused on informing VA healthcare providers of GWI and the potential treatments. However, my interaction with the Washington D.C. VA does not reflect your message.

For example, discovering and enrolling in research studies has been very difficult. There is no centralized location to find studies, and even though I have volunteered my name as someone who would like to participate, there does not seem to be a method for studies to actively reach out to Gulf War veterans willing to volunteer.

Also, efforts to educate VA care providers on GWI has been very ineffective. Every visit to the VA, I have to educate the doctors on GWI. In one instance, I met with a GI doctor at the VA in Washington D.C. who was very dismissive of my GI symptoms. When I brought up GWI, doctor stated, “I am from the Gulf and I have never heard of Gulf War Illness,” as if I was making up the illness. I proceeded to explain that it is an issue recognized by the VA that affects 1/3 of the troops who were deployed during Operations Desert Shield/Storm, and that DoD/VA resources have been dedicated toward understanding the symptoms and developing potential treatments. I asked whether the doctor knew about the training program or received any training, to which the doctor replied no.

There seems to be a real disconnect with what the RAC and VA management thinks is happening within the VA Healthcare system and what really is happening. It also seems the Washington D.C. VA is lagging far behind other VA Healthcare centers when it comes to GWI programs.

Sincerely,
David Gray

Jester Jersey

Research Advisory Committee on Gulf War Veterans' Illnesses Meeting Feb. 12
Public Comment Summary

Dear Research Advisory Committee on Gulf War Veterans' Illnesses(RACGWVI),

My name is Jester Jersey. I am the son of a veteran who served 20 years in the navy. After my father retired in 1987, he was called back as a reserve to serve in Operation Desert Storm 1991 to 1992. In 2017, my father suffered a stroke, so me and my mother have been working as my dad's caregiver since then. My father is highly dependent on every facet of care, from grooming to helping with meals as well as daily medications and making financial decisions on his behalf.

Recently, after taking a battery of health assessments recommended by the VA to assess disability status, it has been determined that many of my father's health issues post-service have stemmed from his period of service during Operation Desert Storm due to his nature . I have heard that many veterans who have since been retired from active duty and who were previously stationed in the Southwest Asia theater of operations during that period have also developed similar health issues, some of which are still being assessed today. Some of these veterans, especially the older veterans, sometimes need care or additional help as they deal with their health issues, and rely on their network of support for daily living.

I would like the opportunity to share my experiences as a caregiver of a Gulf War veteran with the Research Advisory Committee at the next meeting on Feb. 12 so that RACGWVI can determine the best course of action to better serve our veteran population and address their health issues and needs during their post-service years. Thank you.

Sincerely

Jester Jersey

Kirt Love

Dear Chairman, RAC committee, and hostile aliens watching us

The concept behind PL 105-368 was to create tools within VA to help answer question for Gulf war veterans of 1991. Problem was the language was cut down in 1998 while shuffling the hill with the omnibus bill. So it became piece meal. Research, outreach, and a clinical center where there top goals. Only, those of us new to this had allowed the National Academy too much control in later would become a serious obstacle to progress.

Up till then, veterans could get a reference to a Gulf War Referral Center in several VAMCs around the country. Only to find them pushing a 1995 agenda on behalf of the Pentagon to prove GWI was somatic. These were to be replaced by the WRIISC (War Related Illness and Injury centers) that would address primary care issues that local VAMCs could not provide. Instead, the letter of the law was changed to make these generic to all deployment issues and slowly phase out walk-in visits. This was not our intent with PL 105-368. Notice what I say here, this was not the VETERANS intent of the law WE fought for. Services we wanted and needed that are NOT being met to this day.

In 2008 we managed a VA Gulf War Advisory committee for healthcare and benefits with the RACs help at House Appropriations. VA was eager to dismantle it 18 months later and ignored the committee's findings. Got rid of publications like the Gulf War Veterans Information Services that gave us statistical reporting. Got rid of the Gulf War veterans spouse and children's registry.

Up to 2013 the VA Research Advisory Committee tried very hard to be a tool of the veterans and publish possible ideas VA was not comfortable with. So VA gutted them. Stop publishing. Then gave up on the pre and post 911 reporting of our issues. Few years later, got rid of the Gulf War review newsletter.

By 2024, VA has done all it can to silence and drive off GWI veterans and has done so. The WRIISC does not serve us and they no longer even take veterans in. Its done from the local VAMCs who cant find squat then forwarded to them. Gulf War Registry, Burn pit registry, Toxic exposure exam, WRIISC, PACT act, and such fail us at epic levels now. They do not do tissue collection (other than brain) or full genomic sequencing much less full panel lab draws. So even getting a standard baseline is not possible with no sequential draws in a 6 month period.

The goal of VA is to keep this all overly simplistic so it does not find advanced trends of possible disease and cancer clusters in time. Which exist that are not general population. These are not just geriatric aging issues, but complications from the 1991 deployment that plague these veterans and now others from 2001 to present. 33 years of this. To save tax payer dollars and demonize those that deployed.

I have been at the fore front of this since the deployment of PL 105-368. Been there at every step possible in all its implementations. Lived it. Then it failed me. to the point I served on a federal committee of my own hoping to fix or improve on this. Only to find VA deceptive and mean at every turn. Trick after trick to poison any progress from behind. To keep this dysfunctional, broken, and allow them to throw up there hands in frustration.

What is left for this? Rudimentary suggestions of the simplest nature. When all else fails hope that maybe super simplistic concepts get through?

Then here we go once more:

1. VA needs to do a complete before and after genomic sequencing of a small number of GWI vets from 1991 from pre and post blood samples. Take the HIV 1988-1989 cryo stored samples to amplify DNA to produce a pre 1990 picture of who they were before the war. Then take a current blood sample and show what changed since then. (Something I have proposed since 2000 to VA and DOD.)

2. Change the WRIISC to specialized care for GWI vets as intended or create a sub-clinic that can. Rather than rely on VAMC care that isnt up to the job. It should have a true tissue repository attached to it such as a Toxic Exposure Pathology Center that can collect invasive samples and show unique medical evidence such as you would find in a autopsy. Without it having to be post mortem.

3. Enforce full blood panel labs once to twice a year to look for anomalies. Most doctors do rudimentary labs that do not look for oddities they might miss. Thyroid, Amylase, Lipase, EGFR, Alkaline phosphatase, Anion gap, and so on. To build a possible medical baseline of greater value to medical research. Look for subtle changes rather than extreme ones. Stop waiting for conditions to be severe chronic before they notice them.

4. Implement dietary supplements, like Vitamin D3 and B12. Its a given by now that GWI veterans are both geriatric and not in the sun enough. Most are probably displaying bottom line Vitamin D levels that have effects on other organs. Look for the domino effect. Then expand on that.

5. Start printing the GWVIS once more for annual reports GWI veterans would find of value and interest. As well as a meaningful newsletter. Produce true annual reporting for veterans to follow current medical, healthcare, and benefit trends.

6. Implement UserVoice database tool for the RAC that veterans can log into and suggest things they would like to see VA deal with. Give them a voting platform for their suggestions to see if this is common ground or isolated. Allow veterans a united methodology to move ideas forward that have merit. A soap box of sorts that is public and not closed after a certain point. Don't limit this to RESEARCH, but pick RESEARCH out of it that you want.

7. VA does not take the RAC serious, and does not act on recommendations. These recommendations should be put on UserVoice and let the veterans vote on them. If there is a trend, its ones the veterans ask for - not forced on us by VA.

I have much more to offer and suggest. But, for now I have simplified this in such a way that the focus is not lost. But, I will say this. PL - 105-368 is vastly out dated and needs revision to make it current. It is a static law that does not serve the public. It should be amended to fix its loopholes, and better serve the veterans.

As to our hostile alien overlords about to invade earth, take pity on the veterans, and implement these requests when you take over. Our government ignored us, and we are not happy with the current administration. Maybe you can do better.

Sincerely
Kirt P. Love
Director, DSBR
former member VA ACGWV

James Moss

Nervr gas vs pyridostigmine

Some claim they have "proven" sarin caused GWI

This body of evidence combines weather data and an evaluation of PON1 genetic polymorphisms,

One attached paper destroys the weather fantasy, and the other shows that the same PON1 genetic polymorphisms effects pyridostigmine pharmacokinetics.

The third paper on G agents suggests sarin would not survive the trip even if we bought into the sarin speculations.

Take Care

James Iredell Moss
Gainesville
Florida

Manuscripts attached:

1. Comments on a recent article on meteorological and intelligence evidence of long-distance transit of chemical weapons fallout from bombing early in the 1991 Persian Gulf War - PubMed (nih.gov)

2. Gene-Toxicant Interactions in Gulf War Illness: Differential Effects of the PON1 Genotype - PubMed (nih.gov)

3. The prediction of hydrolysis and biodegradation of organophosphorus-based chemical warfare agents (G-series and V-series) using toxicology in silico methods - ScienceDirect

https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fplaza.ufl.edu%2Fdushka%2F&data=05%7C02%7C%7C9f522219244a4160563908dc2a702513%7Ce95f1b23abaf45ee821db7ab251ab3bf%7C0%7C0%7C638431909756277607%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=3rZ0aI2QP9rYeUjABtszOhwtcjBAt%2Fw2u7CSaa9ExYc%3D&reserved=0

Moss JI. Gulf War Illnesses are autoimmune conditions caused by the direct effect of the nerve gas prophylaxis drug (pyridostigmine bromide) on anergic immune system lymphocytes. Medical Hypotheses, 2019 Volume 132, 109373

Long Haul COVID 19 is the Result of B Lymphocyte Anergy Reversal.
https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcrimsonpublishers.com%2Fmapp%2Fpdf%2FMAPP.000554.pdf&data=05%7C02%7C%7C9f522219244a4160563908dc2a702513%7Ce95f1b23abaf45ee821db7ab251ab3bf%7C0%7C0%7C638431909756284223%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=6RcgyeB6G0RZYvlxo9kPZ8rQm7GN%2F4UfCOEHys1c%2FLc%3D&reserved=0

"The human mind treats a new idea the way the body treats a strange protein; it rejects it."
P. B. Medawar