Time To Reconsider Immoral and Intellectually Bankrupt Gulf War Policy

James Binns Chairman, Research Advisory Committee on Gulf War Veterans Illnesses April 28, 2014

I live in Phoenix, Arizona.

Every morning for three weeks, the front page of our newspaper has featured a story on the problems at the Phoenix VA hospital. It almost made me feel that the problems we've faced here were less serious.

But then I read in Military Times last Tuesday that when the Institute of Medicine briefed VA on its recommendation to use the term "Gulf War illness," VA's Undersecretary for Benefits Allison Hickey was concerned. She "was concerned that the changing the name from CMI [chronic multiisymptom illness] to GWI [Gulf War illness] might imply a causal link between service in the Gulf and poor health which could necessitate legislation for disability compensation for veterans who served in the Gulf."

The disregard of veterans health needs and misrepresentations that appear to have taken place in Phoenix have given rise to calls for investigations and firing those responsible. And that's probably the answer there.

Gulf War veterans and this committee have also encountered misrepresentations and disregard of veterans' health needs. But the VA personnel doing it are not trying to scam their bosses and increase their bonuses. They're just doing their jobs. They're following policy.

I believe that Undersecretary Hickey has done us all a favor, so we can now talk about the elephant in the room.

The policy they're following is basically this: If a veteran is injured by a bullet or shell or service-related conventional illness, then the government's first, second, and third goal is caring for the veteran. But if that veteran is injured by a toxic exposure, the first, second, and third goal is minimizing the cost to the government.

The policy is not unique to Gulf War veterans. It applies to veterans of all eras. I would suggest -- respectfully -- because change would require the

involvement of VA and DOD leadership, Congress, and the White House -- that it is time to reconsider that policy.

The policy is obviously immoral. It betrays a sacred trust that should exist between this nation and those who have put their lives on the line to defend it. The health of veterans should never be seen as a cost-savings opportunity.

But the policy also makes no sense, on multiple grounds.

First, maintaining a strong U.S. military is vital to the future of this country and the world. The key to that force is the people in it. They are all volunteers. If word gets around that the government does not take care of them when they are injured – <u>all</u> of them – the wellspring of volunteers is going to dry up.

Second, the Gulf War is not the last time American soldiers and civilians will have to face toxic exposures. The Institute of Medicine has said that "treatments, cures, and hopefully preventions" can likely be found with the right research. Ill Gulf War veterans provide a pool of 250,000 human beings ready and willing to be research subjects. The government should be studying the hell out of these people to find those treatments, cures, and preventions, rather than denying the problem exists until it happens again.

Third, saving money on health care and benefits now is penny-wise and dollar-foolish. If nothing is done to improve the health of veterans with Gulf War illness, a major concern of the doctors and scientists on this committee is that these veterans will be more susceptible to neurological and other serious diseases as they age.

Instead of "unexplained" or "undiagnosed" illnesses, they will have serious diagnosed illnesses that present the VA system with vastly increased health care and disability costs. How much better to face the problem and solve it, for both the government's financial outlay and what it buys in quality of life for these veterans.

Whatever the origins of this policy – Atomic veterans, Agent Orange -- it is morally and intellectually bankrupt today. We cannot be one hundred percent certain that we will find the answers we seek. The Institute of Medicine has only said it is "likely". But it is likely that we will not find them if we don't change the policy. What is one hundred percent certain is that this policy can be changed. It would require the consensus of Congress, the Secretaries of Veterans Affairs and Defense, and the President. That sounds like a tall order. But you, the people in this room, are the subject matter experts – Gulf War veterans, VA and DoD staff members, VSO representatives, Members of Congress and Congressional staff. Your leaders listen to you on this issue.

I urge you to lead them to do the smart and honorable thing to turn this policy around. You will be doing your country a great service, which is why I expect most of you took these jobs in the first place.