

Appendix B – Remarks of Dr. Roberta White

Today I have the privilege of acknowledging the contributions of 7 outstanding individuals who have served on the RAC and who retired last year or are retiring today from the committee.

This is the largest group of members that we have lost in such a short time.

As Scientific Director, I feel the loss acutely as we will miss the substantial contributions that they have made to the committee and to the cause of Gulf War veterans over many years, many since this committee was formed in 2002.

(As a RAC member, I have always been low-key and reticent in the most intense political discussions. Part of this is my nature—if others are making the point, I don't need to take time repeating it. However, the decisions that VA has made at the highest level about Gulf war illness and the RAC have been very disturbing to me as the scientific director of RAC and personally. As director, I perceive an insidious background idea in VA that Gulf war illness should not be taken seriously. This is not true of everyone, just some people and it is disturbing in this day when we have advanced so far on etiology. Second, the changes in the charter and especially the committee structure have decimated a group that went very far over many years in reviewing the literature and related possible mechanisms with very elegant, cutting edge presentations. Finally, some committee members that are leaving have become very engaged in this research and contributed a great deal to it. Fortunately, that means that any well-functioning RAC in the future should be hearing about what they find in this work. However, we have no idea what this RAC will ultimately look like or who will set the scientific schedules.

Personally, VA has always meant a lot to me as an institution. Many of my family members received very good care, including end-of-life care, from their local VAs and for conditions related to war service. A couple of my uncles still do. I went to college as a war orphan and received partial support from VA because my father died as a direct result of trauma from the Korean War (he killed himself when I was 7, a year after he returned). I worked for the VA for 19 years as a psychologist and did the first comprehensive research on the topic of Gulf war illness through VA funding. Perhaps naively, I expect VA to do the best by our veterans—and in the case of Gulf war illness, I do not believe that this is happening. The changes in the RAC just contribute to this disappointment and sense of failure.)

With this in mind, I will go on to thank seven people who have contributed substantially to the RAC and retired last year or are being retired by VA decision as of today.

Anthony Hardie

Anthony Hardie is a Gulf War and Somalia veteran who has Gulf War illness. He graduated from University of Wisconsin and has worked at the Wisconsin Dept of Veterans Affairs

coordinating that agency's relationships with the state legislature, Congress, the media and the public. He is also a former officer with the National Gulf War Resource Center, a former Congressional staff member and a recipient of the Wisconsin Disabled American Veterans Department Distinguished Service Award. He has been a member of the DoD CDMRP Gulf War Illness Research Integration Panel for several years.

Mr Hardie has worked tirelessly on behalf of his fellow Gulf war veterans using his Congressional and political connections and savvy, devoting countless hours of time to reviewing research in the field, and vigilantly keeping an eye on the issues that arise in this arena despite his illness and its associated inconveniences.

I have worked on many review panels with many scientists and "stakeholders" over the course of my career. Anthony has amazed me with the breadth of his scientific knowledge, the sharpness of mind that he brings to reviews, and his capacity to see the main point and advocate for what we really need to advance the science and to inaugurate research that will lead to translatable clinical findings for the treatment of Gulf war illness and alleviation of the suffering of veterans.

Anthony, thank you for your many years of service on RAC. I regret that circumstances and decisions made by VA forced your resignation last year. But I am grateful that I will continue to be able to work with you on GWIRP.

COL Marguerite Knox

COL Marguerite Knox is a Gulf War veteran who served in the 251st Evacuation Hospital at King Khalid Military City, Saudi Arabia, during the war. She continues to serve in the South Carolina National guard, with which she has been affiliated since 1989.

These photos show her relaxing and also her promotion to COL. She is a nurse practitioner and former professor of nursing at South Carolina College of Nursing and served on the Presidential Advisory Committee on Gulf War Illnesses or PAC from 1995-1998, which is where I first met her when presenting at the PAC. Combined with her service on the RAC from 2002-2013, she has spent many years reviewing the clinical and scientific literature on Gulf War illness. Her clinical knowledge and grasp of the scientific and treatment issues facing veterans with Gulf War illness has been invaluable to the work of the RAC and her graceful presence on the committee has also always been a source of comfort to committee members and veterans.

Again, it is unfortunate that circumstances forced her to feel that she had to resign from the committee. We will miss her contributions to this work and hope that she is thriving in South Carolina.

Dr. William (Bill) Meggs

Dr Bill Meggs joined the RAC in 2001, retiring only last year and we are happy to have him rejoin us to share the results of his recent treatment trial for ill Gulf war veterans.

Dr. Meggs is both a physicist and occupational health clinician who is professor and chief of the Division of Toxicology and Senior Vice Chair for Academic Affairs at the Brody School of Medicine at East Carolina University in Geenville, NC. His research interests include effects of low level organophosphate exposure on health.

His Gulf war illness-related research has included studies on environmental medicine approaches to the disorder (funded by DoD), the randomized trial on naltrexone and dextromethorphan discussed earlier, and work on the effects of chronic pesticide exposure on the endocannabinoid system and antidotal therapy for chronic low dose organophosphate exposure.

He has brought the important perspectives of both the scientist and the clinician to the RAC during his tenure on the committee, providing key insights into the symptomatology, diagnosis and cause of Gulf war illness, with a special compassion for patients.

His knowledge of occupational health has been especially valuable to the committee and I have especially appreciated it as there are few of us who have clinical experience working with patients with many kinds of occupational exposure on the committee.

Bill, I will personally miss your input to our RAC discussions.

Reverend Joel Graves

Rev. Joel Graves is a Gulf War veteran with Gulf War illness who retired from the Army in 1997 as a captain after serving as enlisted for 9 years and as an armor officer for 9 years. During the Gulf War, he was a battalion adjutant, in which position he was responsible for medical and maintenance recovery assets for the 1st Battalion, 67th Armored Regiment of the 1st Tiger Brigade Independent Task Force. His unit served on the left bank of the 2nd Marine Division and took the northern part of Kuwait City.

Rev. Graves was a member of the RAC since its inception in 2002. Like his veteran colleagues on the committee, Joel showed impressive capacity to keep up on the science of Gulf War illness. He consistently reminded us both of the health issues faced by himself and his fellow Gulf war veterans and also provided data summaries and reminders of the environmental exposures that our troops faced on the ground during the war. Joel is an Anglican priest. He could not be with us today because his mother is gravely ill and in ICU. He asked me to read these comments for him:

“It has been my distinct pleasure and honor to serve on the Gulf War Research Advisory Committee since its inception. Over the last 12 years, we learned that the mysterious Gulf War Syndrome was actually Gulf War Illness - a condition related to exposures during Desert Storm. You all have heard my eye witness account of my unit's nerve agent exposure, which I believe was VX. But we know for a fact that tens of thousands of veterans were exposed to the nerve agent sarin in the Khamisiyah incident. And we learned that the battlefield toxic environment facilitated a synergistic effect between many exposures to harm veterans. We learned from scientists, like Dr Bob Haley, that even low-level exposures to toxins and chemicals have long-term debilitating neurological effects; we have listened to numerous veteran testimonies to support this. Over 20 years have passed. Yet, we are still here because the problems and the illness have not quietly gone away, and because the VA has consistently fought and ignored this committee's findings - overtly and covertly. In some cases, veterans are even more desperate now. So I hope and pray that the new VA leadership and this Committee continue to advocate for Desert Storm veterans - giving them hope and a future. Thank you.”

Dr. Jim O’Callaghan

Dr. Jim O’Callaghan is Head of the Molecular Neurotoxicology Laboratory of the Toxicology and Molecular Biology Branch of the Health Effects Laboratory Division of the Centers for Disease Control-NIOSH in Morgantown, WV. His title is CDC Distinguished Consultant. At the CDC-NIOSH and in his prior work at the Environmental Protection Agency Dr. O’Callaghan carried out research on the neurotoxic profiles of many chemicals. Especially relevant to RAC has been his work examining the neurotoxic effects of nerve agents and pesticides. He is a world renowned neurotoxicologist.

Jim has served on the RAC since 2005, contributing his knowledge on the neuroinflammatory and other neurotoxic effects of multiple chemicals to which Gulf War veterans were exposed during the war.

His research using animal models has focused on the neuroinflammatory pathobiology of Gulf war illness, brain-immune interactions in Gulf war illness, animal models of the disorder, and stress hormone effects on organophosphate-induced glial neuroinflammatory effects.

It is always fun for me to sit next to Jim at RAC meetings. As a neuroscientist working with people, it has been great for me to have his insights using animal and molecular methods. (Plus we both love New Orleans.)

Jim, I will miss your intellect and insight on the committee but look forward to hearing the results of the exciting research that you are now carrying out on Gulf war illness.

Dr. Lea Steele

Dr. Lea Steele also leaves our committee after serving since its inception in 2002, serving as Scientific Director from 2003-2008.

Dr. Steele is an epidemiologist and is Research Professor of Biomedical Studies and Director of the Veterans Health Research program in the Institute of Biomedical Studies at Baylor University.

Lea has been carrying out research in the area of Gulf war illness since 1997, when she was funded by the state of Kansas as PI of the Kansas Persian Gulf war Veterans Health Initiative. This work led to her groundbreaking development of the Kansas criteria for diagnosis of Gulf war illness, which was recently endorsed by the IOM for use in research on the disorder.

Dr. Steele is currently funded for work to improve characterization of the illness and provide resources for veterans and investigators wishing to study it and is PI on a grant to develop a Gulf war illness diagnostic panel. She has received funding in the past to examine biological indicators of Gulf War illness and participates extensively in two consortia to study the disorder at Wright State and Boston Universities.

Lea is truly a leading light in the field of Gulf war illness. She has somehow mastered many fields besides epidemiology—including immunology and neuroscience—and always asks probing, informed questions of the scientists who present their work at RAC meetings.

Especially impressive was the several-hundred page 2008 report on Gulf war illness research that was published by the RAC but was produced mostly through her enormous effort. This report had a huge public impact in the field and led to a change in public sympathy for and knowledge of the illness.

Lea, we will miss you very much on the committee. And we look forward to hearing the results of the work that you are currently pursuing.

Chairman Jim Binns

Mr. Jim Binns has led the RAC-GWI as Chairman since it was organized into a committee in 2002 and was appointed to this position by former president George Bush.

I am not sure of the whole story behind President Bush's choice of Mr. Binns for the RAC, but do know that they went to prep school together. In keeping with some of the youthful pictures that have accompanied my remarks so far, I share a shot of Jim enjoying a book at the school he and the president attended.

Seriously, Jim's credentials for running the RAC are impressive. He is a Vietnam veteran and graduate of Stanford University and Harvard Law School. He is also former Principal Deputy Assistant Secretary of Defense for International Security Policy and ran two very successful ultrasound businesses.

To the job of RAC chair, Jim has brought political astuteness, his skills as an attorney in presenting and defending his case, an impressive capacity to learn new science, a knowledge of administrative and organizational tactics that increase productivity and the probability of success, a dedication to veterans and to his cause, and a tenacity to pursue goals that is truly rare.

Jim is truly a force of nature. While I am sure he has been a thorn in the side of some bureaucrats, his dedication to veterans and their welfare has been unwavering and true.

I find his capacity to stick to issues and plans to be inspiring—though I will never come close to matching his energy and persistence.

I am going to cut short my remarks here so that that former Scientific Director Lea Steele can make a few remarks.

Jim will then have something to say, following wish others can comment on his tenure—or the tenures of other RAC members honored today.