

Mr. Chairman and members of the Advisory Committee

The American Legion appreciates this opportunity to address our legislative actions that relates to Gulf War I. We commend this Committee for convening a panel on this very important issue. The American Legion has been actively engaged in actions that support Gulf War veterans and their families since August 1990 and we are extremely concerned about the various illnesses affecting this group of brave men and women.

The American Legion was the first national veterans' service organizations to bring this issue to the attention of Congress. Shortly after the conclusion of Operation Desert Storm, The American Legion began hearing from Gulf War veterans complaining of a wide variety of medical conditions, they believed were associated with their service in the Persian Gulf Theater of Operation. The most common complaint was the treatment they were receiving from the Department of Veterans Affairs (VA) and the Department of Defense (DoD) health care systems. Most were told that their medical problems were due to the stress of deployment, especially those members of the Reserve components. However, there were also active-duty service members who were also experiencing a wide range of medical conditions that had manifested during their deployment or shortly after their re-deployment to the Persian Gulf.

The American Legion had a long history of dealing with veterans of previous conflicts who had suffered with environmental exposures such as mustard gas (World War I), radiation (World War II), frost bite (Korean War), and Agent Orange (Vietnam). In each of these incidents, the burden of proof was shifted from the Federal government to the veteran to prove service-connection. Each pitted honorably discharged veterans against the Federal bureaucracy – the very Federal government that placed them in harm's way.

The vast majority of these veterans had their initial claims denied and, unfortunately, most of them died before their VA disability claims were awarded. In those cases, their survivors did received earned benefits, but these veterans were often denied timely access to the health care they had earned as veterans of the United States Armed Forces.

The American Legion recognized that the medical conditions reported by the Persian Gulf War veterans were significant enough that if they had existed before deployment, these veterans would have probably been determined to be non-deployable. Unlike most VA disability claims that listed 1-4 medical conditions, Persian Gulf War veterans listed a number of medical conditions (12-25). Ill active-duty and Reserve component Gulf War veterans were being discharged for failing their physical fitness tests. Some received physical examination boards, but most were simply not allowed to re-enlist. The American Legion quickly saw a situation that was not being properly addressed by either the Department of Veterans Affairs or the Department of Defense. Regrettably, the media reacted much faster to the plight of these veterans and their families than the Federal agencies tasked with the care and treatment of those

who serve this nation. Congress also began to hold hearings concerning the health care concerns of Persian Gulf War veterans and their families.

To help identify the possible cause of these medical conditions, The American Legion worked with ill service members to recount a possible cause: oil well smoke, inoculations, medications, burn pits; insects; chemical agents; and other possibilities. Clearly, the wartime environment in the Persian Gulf for many of these ill service members was best classified as a “toxic cocktail” – a possible synergistic reaction to multiple factors or causes. Soon, The American Legion urged Congress to direct the VA and DoD to treat the symptoms as best possible and award VA disability compensation due to the severity of the medical condition when no diagnosis existed.

Public Law 103-210, which authorized the Secretary of Veterans Affairs to provide priority health care to the veterans of the Persian Gulf War who have been exposed to toxic substances and environmental hazards, allowed Gulf War veterans to enroll in Priority Group 6. The expiration of this authority is slated for December 13, 2011. However, due to the uncertainties surrounding Gulf War Illness, The American Legion strongly recommends that the presumptive period should be extended indefinitely.

Public Law 107-103 was enacted to clarify and expand the definition of undiagnosed illness; however the denial rate for this claim remains high. According to the August 2008 version of VA’s Gulf War Veterans Information System (GWVIS), there were 7,478 claims processed for undiagnosed illnesses. Of those undiagnosed illness claims, 6,208 were denied. Once a veteran’s claim has been denied they cannot enroll in the VA healthcare system. The complicated nature of Gulf War illness has proven quite difficult for veterans to be granted service connection. As a result, veterans have no other choice but to seek care in the private sector. Majority of these private physicians have little or no experience with Gulf War Illness so consequently, veterans are not given the appropriate care. The American Legion has continuously expressed its belief that priority health care should be extended to Gulf War veterans seeking treatment for ailments related to environmental exposures in theater.

The Research Advisory Committee on Gulf War Veterans’ Illnesses (RACGWI) released their most recent report November 2008. In the report, the committee concluded that Gulf War Illness is a physical condition. The report indicates that Gulf War illness is a serious condition that affects at least one fourth of the 697,000 U.S. veterans who served in the 1990-1991 Gulf War. The panel also determined that Gulf War illness fundamentally differs from trauma and stress-related syndromes described after other wars. Studies have indicated that Gulf War veterans have a lower rate of Post-Traumatic Stress Disorder than veterans of other war. Upon review of extensive scientific evidence, the committee determined that two neurotoxic exposures are causally associated with Gulf War Illness. A drug given to service members to protect them from nerve gas known as pyridostigmine bromide (PB) pills and pesticides used during deployment. The American Legion strongly supports this report and urges the Secretary to act quickly on the committee’s recommendations. In addition, VA must continue to fund research

projects consistent with the recommendations of the RACGWI. It is important that VA continue to focus its research on finding medical treatments that will alleviate veterans' suffering as well as on discovering the causes of that suffering.

The following are some specific actions taken by The American Legion to serve Gulf War veterans and families:

- In 1990, The American Legion created its Family Support Network to assist service members and their family members in need of assistance due to the deployment of the service member. The range of requests included assisting with putting up storm windows, child care assistance, yard work, vehicle repair, as well as financial assistance.
- The American Legion's Temporary Financial Assistance (TFA) program provided almost \$104,000 in grants to Gulf War era veterans and families in need. The grants are typically used to provide a temporary financial boost during a financial or medical crisis.
- The American Legion created a Gulf War Task Force in 1995 to focus on the special needs and concerns of Gulf War veterans. Since Congress has not officially ended the Gulf War era, and numerous peacekeeping missions and operations, including the War on Terrorism and the current war in Iraq, have taken place since the 1991 Gulf War, the Task Force has been expanded to serve the needs and interests of veterans who served in these operations as well. The Task Force has undergone a staff change.
- The American Legion Veterans' Service Officers have helped many disabled Gulf War veterans file a disability claim with VA. They provide this service free of charge to any veteran. One need not be a member of The American Legion to receive assistance from an American Legion Veterans' Service Officer.
- The American Legion produced and distributed Radio Public Service Announcements informing Gulf War veterans about our Gulf War programs and VA benefits.

Mr. Chairman and members of the Advisory Committee, The American Legion believes that both VA and DoD failed to properly address the health care needs the ill veterans from the initial Persian Gulf War. These brave men and women stepped forward when called to duty and served this nation. Regrettably, when these same heroes returned home and sought treatment of their medical conditions, both VA and DoD retreated into "it's not my problem mode." For many of these ill Gulf War veterans – VA wouldn't treat them because their medical conditions were not service-connected, DoD wouldn't treat them because their medical conditions because they were no longer on active-duty, and the ones who had private health insurance were told that their medical conditions were wartime medical problems and they needed to go to the VA or DoD for treatment.

This Advisory Committee cannot turn back the clock, but you can make a difference. These ill Persian Gulf War veterans who were initially turned away by VA and DoD, need to be welcomed back into the world's best health care delivery system – the Department of Veterans Affairs – to receive treatment and compensation for their service-connected medical conditions.

The culture of VA and DoD must change to recognize that any veterans returning from an armed conflict must be treated for any and all medical conditions reported. More importantly, VA needs to make sure every combat veteran knows he or she is always welcomed at a VA medical facility if they feel they have a service-connected medical condition – whether physical or mental.

Finally, VA research is critical to resolving this issue. Over the past 20 years in the Persian Gulf region, very few of the service members after Operation Desert Storm have reported undiagnosed medical conditions. The list of differences between Operation Desert Storm and Operation Southern Watch are the most likely targets of research.

This concludes my statement. Again, thank you for allowing The American Legion to participate in the panel discussion.