

**STATEMENT OF
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AND
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THE AMERICAN LEGION
SUBMITTED TO THE
HOUSE VETERANS' AFFAIRS COMMITTEE
HEALTH SUBCOMMITTEE
ON
LESSONS LEARNED FROM THE PERSIAN GULF WAR**

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Mr. Chairman and Members of the Subcommittee:

The American Legion appreciates the opportunity to provide testimony on issues of operational and medical readiness in the active duty force and their relationship to the health status of the veterans' population. The American Legion was the first advocate of ill Persian Gulf veterans to approach Congress with documented concerns over their plight for health care and, more importantly, answers to the question: "Why am I sick?"

It did not take Congress or the American people long to learn of the multitude of honest mistakes made before, during, and after the deployment of service men and women to the Persian Gulf. The American Legion's first concern was care and treatment of the ill Persian Gulf veterans and their family members. The second concern was identifying the possible causes of the reported symptoms. The third concern was identifying the failures of improper activities that seriously complicated the process of addressing the health care issues. Finally, to make sure the same mistakes were not repeated in future deployments or conflicts.

William Feather said, "Mistakes occur when a man is over-worked or over-confident." Many of the mistakes discussed today probably fall into one of these two categories. However, Winston Churchill wisely advised, "If you simply take up the attitude of defending a mistake, there will be no hope of improvement." The days of finger pointing and placing blame are over. The focus must shift toward the men and women on active-duty today, as well as those future service members.

The most grievous error was improperly addressing the health care complaints of returning veterans. The fact that these veterans were complaining of symptoms developed overseas or immediately upon return should have been taken much more seriously by tending health care professionals, especially symptoms that would have made a service member undeployable. The establishment of a registry of health care symptoms of returning veterans should be a standard operating procedure.

Another major problem was the failure to properly document medical treatment before, during, and after the deployment of service members. Numerous examples were identified of lost or destroyed medical records of active-duty and reservists. Shot records were improperly documented omitting certain inoculations administered in the Persian Gulf. Likewise, medications prescribed were not properly documented to identify which service members received certain medications.

Improper administration of certain vaccines and medications further complicated the process. Service members were not provided information concerning vaccines and medications given them. Some medications were distributed with no written instructions concerning dosage or the conditions under which the medication should be taken. Little information was provided concerning expected side effects or instructions to immediately report unexpected side effects to medical personnel.

Clearly, The American Legion continues to question the ability of American service personnel to operate and survive in a nuclear, biological, or chemical environment. The ability to properly detect the presence of NBC agents in the area of operation remains a grave concern. Reports of thousands of alarms from NBC equipment were all identified as false alarms, yet the credible presence of chemical agents is now well documented.

Almost 11 years have passed since the start of the Persian Gulf War. During that time there have been many attempts to answer the multitude of unresolved questions surrounding the medically unexplained multiple symptom illnesses reported by thousands of Gulf War veterans following the 1991 war. Research and other progress has been impeded largely due to errors that occurred prior to, during and after the massive deployment that involved almost 700,000 personnel.

Since then, American service members have continued their efforts in the Persian Gulf and have deployed globally to other turbulent theaters. Fortunately, many of the lessons learned have improved the pre and post deployments for thousands of service men and women. This has greatly enhanced the morale and welfare of not only service members, but their families and loved ones as well.

Prior to the Gulf War deployment, troops were not systematically given comprehensive pre-deployment health screenings, nor were they properly briefed on the potential deployment hazards, such as fall out from depleted uranium munitions that they might encounter on the battlefield or in the theater. Additionally, record keeping was very poor, vaccines were not administered in a consistent manner and vaccination records were often unclear. Medications were distributed with little or no documentation or dosage instructions, to include possible side effects. Physical evaluations (pre and post deployment) were not comprehensive and information regarding troop movements/locations and possible exposures was severely lacking. The lack of such baseline data and other information is commonly recognized as a major limitation in the evaluation and understanding of potential causes of Gulf War veterans' illnesses.

The American Legion is very familiar with the plight of our nation's ill Gulf War veterans. The mistakes made during and after the Operation Desert Shield/Storm deployment have resulted in an undesirable legacy that has lasted much longer than the deployment itself. Initially, upon returning home, Gulf War veterans, complaining of unexplainable multi-symptom illnesses were met with indifference from Department of Veterans' Affairs (VA) and Department of Defense (DoD) officials. Doctors did not know how to treat these veterans, often labeling them as malingerers or categorizing their physical complaints as psychosomatic.

Additionally, the VA compensation system was not set up to deal with the unique situation these ill Gulf War veterans presented. Often times, the symptom clusters exhibited by Gulf War veterans did not fit known clinical diagnoses. Without a diagnosis, a veteran was precluded from receiving VA compensation for a service-related disability. The American Legion and other VSOs urged Congress to approve legislation (PL 103-446) allowing Gulf War veterans suffering from undiagnosed or ill defined conditions to receive VA disability compensation. When VA's regulations implementing the law were narrowly construed, effectively precluding the majority of ill Gulf War veterans from compensation under this law, The American Legion once again called on Congress to correct the problem.

The American Legion is extremely pleased with the provisions of PL 107-103, signed into law by the president on December 27, 2001, that clarify the definition of "undiagnosed illness" for VA purposes under the law, recognizing the original intent of Congress when it passed the law in 1994. We are also pleased that VA Secretary Anthony Principi has agreed to explore VA's options for compensating Gulf War veterans who subsequently develop amyotrophic lateral sclerosis (ALS). Preliminary findings of a joint VA-DoD study revealed that deployed Gulf War veterans are nearly twice as likely as their non-deployed counterparts to develop ALS.

The American Legion welcomes this Subcommittee's investigation as to whether the lessons learned during the Gulf War are being systematically applied by DoD and VA in the prosecution of the current war on terrorism. The subject of "lessons learned" from the Gulf War experience has been widely studied. There have been numerous reports and recommendations from the Institute of Medicine (IOM) as well as independent panels and committees outlining methods of improvement. PL 105-85, directed, DoD to take specific actions to improve medical tracking for personnel deployed overseas in contingency or combat operations, outlining a policy for pre and post deployment health assessments and blood samples. The conduct of a thorough examination (pre and post deployment), including the drawing of blood samples was specifically identified in the law. Such action is crucial for the accurate recording of a service member's health prior to deployment and in documenting any changes in their health during deployment.

Improved health surveillance is in no way a panacea for troop deployment health concerns. There must be open and honest communication regarding environmental hazards and other agents that ground personnel may be exposed to during deployment. History is ripe with examples of DoD's failure to be forthcoming with timely and

accurate information pertaining to toxic exposures, such as Agent Orange in Vietnam, radiation exposure from Cold War nuclear detonation testing as well as biological warfare defense testing (Operation Shipboard Hazard and Defense--SHAD) in the 1960s. Unfortunately, the Gulf War was no different. It took over five years for the Pentagon to admit that U.S. troops were exposed to low levels of nerve agent following the destruction of an Iraqi munitions depot in Southern Iraq in March 1991. Strict monitoring and congressional oversight will be needed to ensure that this type of pattern is not repeated in today's war on terrorism.

One positive aspect that can be drawn from the mistakes made before, during and after the Gulf War is the consistent application of the lessons learned from these errors. Ensuring that both measures recommended and those currently in place are properly and consistently implemented during the current war on terrorism will not be an easy task.

Mr. Chairman, that completes my testimony. Again, I thank you for allowing The American Legion to provide comments on this important issue. The American Legion looks forward to working with the members of this Subcommittee to improve the operational and medical readiness needed to ensure the health of America's veterans past, present and future.