

**STATEMENT FOR THE RECORD OF DAVID K. WINNETT, JR.  
GULF WAR VETERAN**

**BEFORE THE U.S. HOUSE OF REPRESENTATIVES,  
COMMITTEE ON VETERANS' AFFAIRS,  
SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS**

**FOR A FEBRUARY 23, 2016 HEARING ENTITLED:**

**"PERSIAN GULF WAR: AN ASSESSMENT OF HEALTH OUTCOMES ON THE  
25TH ANNIVERSARY"**

Thank you, Chairman Coffman, Ranking Member Kuster, and Members of the House Veterans' Affairs Subcommittee on Oversight and Investigations for today's hearing.

I also wish to thank my fellow brothers- and sisters-in-arms who have joined this hearing in person, and to those of my fellow Persian Gulf War veterans who are watching these proceedings from afar. The testimony I provide to this distinguished Committee is done in honor of the extraordinary sacrifices that my fellow Gulf War veterans have made over the course of the past 25 years, first by the historic and heroic victory achieved during the 1991 Persian Gulf War, and then by the super human sacrifices made in the years since, both individually and collectively, in fighting what has turned out to be a much more formidable foe than the enemy soldiers we once routed on the toxic battlefields of the Middle East.

**BACKGROUND**

I am a 20-year veteran of the United States Marine Corps, having enlisted as a Private in January 1975 and retiring as Captain in 1995. In total, I wore 11 different ranks as a Marine, from Private (E1) through Staff Sergeant (E6), Warrant Officer (W1) through Chief Warrant Officer (W3), then First Lieutenant (earned while deployed to the Gulf) to Captain.

My service as a Marine was, without exception, the most rewarding experience of my life. I appear before this honorable body today, exactly 25 years to the day that I led a Platoon of the most courageous and capable United States Marines I ever had the honor of serving with across the line of departure into Kuwait, along with combat elements of the 1st Marine Division, to liberate that beleaguered country and its people from the occupying grip of a vicious dictator. As history now demonstrates, our mission succeeded well beyond what even the most educated military scholars had predicted earlier.

But sadly, I appear here before this Committee in many respects, a physically broken man. Not as a result of the normal aging process, not from the effects of enemy bullets or shrapnel, and certainly not from the stress of combat operations that occurred 25 years ago, but because of a *physiological* demon that managed to find a way to penetrate not only the substantial layers of protective clothing and equipment that I wore throughout the ground assault through Kuwait, but into my flesh, my internal organs, and through the blood-brain

barrier that normally serves to protect the neurological mechanisms that control our cognitive abilities, our autonomic nervous system, and just about everything in the brain that regulates normal functioning of the human body.

In short, I am, and have been a very physically sick man for the past 20-plus years. But the fact remains, I am here, I am still a United States Marine, and as far as I'm concerned I remain actively engaged in combat, as do hundreds of thousands of my fellow Gulf War veterans. The only thing that has changed over the 25 years that have passed since our rapid and resounding defeat of the Iraqi Army is that now we face a different foe, a foe much more resourceful and stubborn than even the toughest Iraqis that we faced during Operation Desert Storm. It pains me to admit that the battle we fight today is against some within the U.S. government – the same government that sent us to war in the first place.

Over the past few weeks I have read numerous media accounts and engaged in a number of discussions with my fellow veteran advocates regarding the recent report issued by the Institute of Medicine (IOM) entitled, "Gulf War and Health, Volume 10: Update of Health Effects of Service in the Gulf War." I cannot find words that are of sufficient power to express the disappointment I feel in the conclusions and recommendations contained in that report. Given the substantial body of scientific evidence that over the past decade has proven time and time again, beyond any doubt whatsoever, that Gulf War Illness is indeed a genuine *physiological* illness and that effective *physiological* treatments can likely be found, I simply cannot believe that the IOM made a 180-degree turn away from that science to a position that Gulf War Illness should now be treated primarily as "mind-body interconnectedness" – as if it were a mental disorder.

In the interests of providing context to my testimony, I would hope that my military record would serve to support my assertion that when I say that I am physically sick, that I know my own body, and that my health conditions are primarily physical and not psychological, that your Committee would take me at my word. As many of you know, within the ranks of our military, an officer's word is his or her solemn bond. And when I say that I am convinced beyond any doubt whatsoever that, as countless research studies have shown, more than 200,000 of my fellow Gulf War veterans are as sick or sicker than myself, that your honorable body will trust me on that count as well.

My military career was, by any measure, a quite successful one. Few United States Marines are able to wear 11 different ranks over a period of only 20 years. A four-star General has been promoted nine times, usually over a span of 30 or more years; I was promoted ten times in 20 years. Three of the five promotions I received as a young enlisted Marine were earned "meritoriously". This is not an easy accomplishment in the Marine Corps, I assure you. During my assignment to the Non-Commissioned Officers (NCO) school at Camp Hansen, Okinawa, I finished second out of a class of 39. As a Sergeant (E5) at the Staff NCO Academy at El Toro, I finished second out of a class of 59, most of whom were very seasoned Staff Sergeants (E6) and Gunnery Sergeants (E7), many of them current or former drill instructors. Three years following that I was among just 250 of 2,500 applicants Marine Corps-wide to receive an appointment to the rank of Warrant Officer (W1), and I completed the Warrant Officer Basic Course in Quantico in the top 10% of my class. Later,

while under orders to the Marine Corps Degree Completion Program, I completed a Bachelor of Business Degree (BBA) *Magna cum Laude*. I worked hard for every single promotion or personal decoration that I received as a Marine. Not once in 20 years did I ever fail to achieve a score of First Class on my quarterly Physical Fitness Tests (PFT). I was a competitive shooter as a young Lance Corporal, competing in the 1976 Far East Division Matches. I was good at whatever I set my mind to do.

I've listed these career milestones, not as a means of pounding my chest, but to convey to your honorable body that in 20 years of service as a United States Marine, I was never considered a "quitter" or a "sick bay commando". I was a competitive person then, and that competitive spirit still lives in me this very day. In fact, were it not for the fighting spirit I learned as a United States Marine, I doubt very much that I would be sitting here today. The point I'm making is this: I am appealing to the honorable members of this distinguished committee to take this Marine at his word. I am not a malingerer. I am not a liar. I am not mentally disturbed. My physical pain is real, and it is severe. The profound fatigue that I live with day in and day out is not a psychosomatic disorder. More importantly, the more than 200,000 of my brothers- and sisters-in-arms who live with the same physical pain and fatigue and other symptoms that I live with are not imagining their illnesses. This preposterous idea that Gulf War Illness should be treated primarily with cognitive behavioral therapy, exercise, and psychiatric drugs as suggested in this new DOD/VA Clinical Practice Guideline as if it were a psychosomatic condition is not only ridiculous, it is highly offensive to the warriors whose lives have been literally destroyed as a result of serving on what was undoubtedly the most toxic battlefield American forces have served on in the history of this great country.

Four years ago my worsening physical condition forced me to walk away from a prestigious position as the Fleet Services Manager for the City of Torrance, California, where I managed a \$12 million dollar budget, 36 employees, and a fleet of over 700 vehicles, and had a salary of over \$120,000 per year, not counting benefits. Does anyone believe that a rational individual would walk away from such a lucrative career in order to obtain an annual veteran's disability payment of \$36,000 per year?

I have been a very vocal advocate for veterans suffering from Gulf War Illness since 2008. I've written a number of op-eds for various news publications around the country, participated in radio and television interviews about Gulf War Illness, and shared quite a few poems written to honor the sacrifices of my fellow veterans. I have been actively involved with the Congressionally Directed Medical Research Program (CDMRP) for Gulf War Illness treatment research for the past six years as a consumer reviewer at both tiers of the review process, first as a member of the Scientific Merit Review panels, and currently as a member of the Programmatic Panel. I believe very strongly in the unparalleled work of this treatment development program.

### **ONLINE GULF WAR ILLNESSES DISCUSSION GROUP**

In 2009, I created one of the first Facebook pages focused on Gulf War Illness. It is a "closed" group that goes by the name of "*Gulf War Illnesses*". Today this discussion group

has an active membership of nearly 10,000 veterans, family members, and a few others interested in helping with our cause. As the sole administrator for the group, I personally screen each applicant who wishes to join to ensure it remains focused on our core mission – providing a private forum where ill Gulf War veterans feel free to share sensitive information about their battles with Gulf War Illness and other life challenges that often go hand in hand with chronic illness.

Members of the *Gulf War Illnesses* group also post frequent updates regarding ongoing Gulf War Illness research and news articles that are relevant to our cause. We have a number of very experienced individuals who offer free VA claims advice to other members. But most importantly, we provide a forum where veterans suffering from the debilitating symptoms of Gulf War Illness can find a sense of empathy, camaraderie, and mutual support any time of the day or night.

**SUICIDES.** Sadly, and more frequently than I would have expected, we sometimes lose members to suicide. Our group is fiercely loyal and protective of one another. Anytime a veteran posts comments that are indicative of possible suicidal ideations, you can rest assured that there will be an instant and incredible outpouring of support aimed at that veteran, including, if necessary, calls to local public safety officials asking that they conduct a welfare check on our veteran. Unfortunately, as hard as we try, we've not always been successful. We've lost far too many of our members to suicide. The vast majority of them were directly triggered by the sense of hopelessness that often follows a veteran's notification from the VA that his or her claim has been denied. These tragedies must stop. Each and every veteran suicide is completely preventable. Only the Department of Veterans Affairs has the power to end this epidemic by improving the relevance of the healthcare they provide, reforming their claims processing, and by ensuring that every VA facility across this country is operating under the exact same protocols as every other VA facility, including healthcare facilities and VA Regional Offices where individual claims decisions are adjudicated.

**SURVEY SHOWING VA AND IOM HAVE MISSED THE MARK.** Very recently, I conducted an informal survey of sorts on the *Gulf War Illnesses* group about Gulf War veterans' physical health concerns being dismissed by VA in favor of mental health referrals. The response to that question was rapid and voluminous. Within the first 24 hours, I had nearly 300 responses, the majority of which verified my suspicions that indeed, this problem – that Gulf War veterans with physical health issues are sent to VA mental health instead of addressing their physical health issues – is widespread and extremely common in just about every region within VA's jurisdiction. In my opinion there is little doubt that this unethical practice is not just a Clinical Practice Guideline document written by DOD and VA officials, it has become standard operating procedure throughout the VA. Below is my question and a few of the responses:

*“If you are a Veteran of the 1991 Persian Gulf War and are living with life-altering medical problems such as severe muscle or joint pain, profound fatigue, gastrointestinal dysfunction, chronic skin rash, cognitive difficulties, etc.....AND your complaints to VA Physicians have not been taken seriously, I have a question to ask you. Who among you, instead of being treated for*

*your physical complaints at the VA have instead been referred for psychiatric or psychological treatment?"*

- ***Veteran from Dallas, Texas*** – “Even though I am diagnosed with chronic fatigue (CF), Fibromyalgia, and IBS, just to name a few; The VA still only treats me for mental health. And if they do that to me, I can only imagine what they are doing to others. My doctors used to think I was just a complainer because I knew too much about GWI, now I am lucky if I ever see a doctor. All they ever give me is nurse practitioners, and I don't know about you guys, but every time an NP checks me out, they spend all of their time trying to un-diagnose everything, and trying to tell me GWI is all in my head.”
- ***Veteran from Taylorsville, Kentucky*** – “I was actually told by VA that there were no validated reports of illnesses related to the Gulf War.”
- ***Veteran from Muskogee, Oklahoma*** - “During my last visit to the Muskogee VA ER I had a doctor inform me since they could not find anything in the X rays or blood test he was submitting a recommendation for mental evaluation and that Gulf War Illness was not real. .... If they have physical health conditions the doctors will minimize health issues because of the documented psychological problems and not do as many tests that may help them on down the road. I had many problems at Loma Linda VA. Most consults were denied. Eventually had to go outside VA for tests to prove conditions existed. I had to go through director to get MRI. The MRI showed severe deterioration condition. Need 2 surgeries. I believe most veterans will have real physical issues on down the road and will be managed by the less costly meds.”
- ***Veteran from Sturgis, Michigan*** – “All my diagnosis [sic] were done [by] my private pcp ... VA did nothing for me. I have also been on Zoloft since 93 for my depression tried suicide twice so been a long hard road.”
- ***Veteran from Tallahassee, Alabama*** – “My late husband was referred for mental health testing six months or so before he passed in '99...dismissed all his complaints.”
- ***Veteran from Springfield, Missouri*** - “My primary care provider says that my IBS, fatigue, sleep problems, etc. are all just PTSD. My deployment to [the Persian Gulf] was actually easier and more fun than stateside never had any traumatic experiences. Also I have never been diagnosed with PTSD, and the psychologist says I am not depressed, just frustrated with lack of help for my health problems.”
- ***Veteran from Korb, California*** – “I finally went into the VA 3 years ago because I could no longer afford an outside physician to treat symptoms of GWI and was immediately referred to psych and diagnosed PTSD and given a slew of placating meds. Fortunately I had already failed off of most of them and was persistent and finally I am getting them to treat my IBS neuropathy and fibromyalgia.”
- ***Veteran from Duncan, Oklahoma*** – “Insomnia, chronic fatigue, skin rash, sleep apnea. And yes sent to the shrink and tried about 4 different medications each one [expletive] me up more than the previous. They said I was depressed within 5 minutes of appointment. The 2nd doc said I wasn't depressed just had insomnia, prescribed trazadone, which was the very 1st med my primary Dr. Tried. Right back to square one. I quit going. And as far as sleep goes, I find listening to an audio book is better than any of the meds I was on.”
- ***Veteran from Conyers, Georgia*** – “My pcp told me she was [not] interested in my

*conspiracy theories, only my current health. X-rays put me in Phys therapy for my back. And she referred me to psych, where I was diagnosed with PTSD."*

▪ ***Veteran from Pine Island, Minnesota*** - *"I was referred to mental health after having pulmonary and cardio work-up. When I started this time around (in 2013) I called to see what I needed to do to be seen for the fatigue and the nurse, this was when I actually was able to call the clinic and not triage, was honest enough to tell me that I would have to see MH to rule out those possibilities. The psychiatrist is the one who actually made the call on CFS. She is also the one who told me a year later that she wasn't sure how I should be treated or what I wanted out of continuing seeing her. .... I think many in the VA have no idea what to do with undiagnosed, maybe [THEY] should be referred to MH to help them find out what is wrong with them that they cannot accept that the medical establishment has not been able to definitively establish a diagnosis."*

▪ ***Veteran from Hawthorne, Florida*** - *"Gainesville VA, mental hygiene is all they offer. Make ya think you're crazy. .... I'll never walk [through] a VA again willingly."*

▪ ***Veteran from Geneva, Ohio*** - *"I have but I can say that they put me on anxiety medication ... that I have now been on for about 5 years and it has made some good changes for sleep for me but ... my body still hurts all the time and have joint and back pain, ... But still living with headaches almost daily as well and skin rashes with severe psoriasis and memory loss. Believe it or not as I'm writing this I have to stop for a bit to remember names of things that I have known for years, ... this sucks especially when I have to ask my wife and she looks at me like "what the [expletive] is wrong with you" and I'm only 49."*

▪ ***Veteran from Louisville, Kentucky*** - *"My pcp told me it was because I am depressed and had PTSD."*

▪ ***Veteran from Parkersburg, West Virginia*** - *"When I first went to the local CBOC complaining of these issues I was referred to Psych. Later I was told all my problems were from PTSD."*

▪ ***Veteran from Topeka, Kansas*** - *"I was already seeing psych for PTSD. Every visit I would tell her about my CFS, joint pain and migraines. She was the one that actually got me the physical appointments I needed."*

▪ ***Veteran from Northampton, Pennsylvania*** - *"Have all the conditions mentioned, plus additionally shoulder pain from an injury in the service; tinnitus; lack of sleep .... Saw the same [VA] PCP for 10 years, who didn't really take my complaints seriously .... Now seeing new PCP; rheumatology; psychologist; & psychiatrist - and NOW they are seeing things that were ignored for years. Never told to 'see pysch' for pain, it was just patently ignored for years. ...."*

▪ ***Veteran from Zanesville, Ohio*** - *"My issue has always been bad headaches that started in country in '91, right around the time the war started. I [go] to the Columbus Oh VA hospital and local CBOC. They always circle around and end up putting me on mental health meds that do nothing for the headaches and only cause negative side effects that are much worse than the headaches alone. After a year of being on them I took myself off for this very reason only to be put right back on them for the very same reason. They just think they gave me the wrong type! I feel like I gotta go thru the motion to prove they are not the solution. I keep telling them that it is my sinuses causing them right now and finally got an allergy Doctor to listen enough to put me on a round of antibiotics and within a week it helped enough that my headaches are so much*

*better now that I do not have to take my pain meds. After dealing w/headaches for 25 years I feel the doctors need to listen to what we feel is causing it and what the solution may be because I feel I know my body better than a doctor who is seeing me for the first time."*

- **Veteran from Oak Grove, Kentucky** – *"I have been treated, well seen at the Nashville VA, since 1995 and have always been told "It's all in my head" and Somatoform disorder. I have all the classic problems, PTSD, Joint pain, back pain, pain in all joints except hips. CFS, anxiety, major depression, fibromyalgia, Migraines though the migraines have gotten a lot better in the past few years. .... Have also been seen at [several DOD and VA programs], All of which resulted in [VA] trying to validate that it was all psychological / Somatoform disorder."*
- **Veteran from Cincinnati, Ohio** – *"I was treated condescendingly at the Vet Center, got referred for psych help, and prescribed various drugs that only made things worse. Finally just quit trying, sucked it up, and just deal with it myself as best I can."*
- **Veteran from Neola, Pennsylvania** – *"I was almost immediately referred to Pysch. It has taken years, and a major decrease in my physical ability, to get anything more than the minimum health care. Fill me up with pills and move on. Pysch only set me up with pain management. So on one hand they admit pain but on the other they won't help."*
- **Veteran from Hendersonville, Tennessee** – *"Nashville V.A. Primary care doc prescribed me gabapentin for my joint pain, especially in my shoulders neck and knees. I still have extreme cramps in my legs and calves and some serious muscle spasms, not to mention how bad my hands shake. The fatigue, insomnia depression and anxiety my doc couldn't figure out so I was referred to the Shrinks."*
- **Veteran from Cincinnati, Ohio** – *"Since I already have a [psych] doc my physical problems are ignored."*
- **Veteran from Fort Worth, Texas** – *"I had a visit at the Fort Worth Clinic where they tried referring me to psych to "deal" with my pain but I basically cussed them out and shamed them then left for the Dallas VA only to be questioned as to whether I felt safe at home or not. It was a bad ordeal and they even put it in my records"*
- **Veteran from Hampton, Virginia** – *"....My husband asked my PCP if he knew anything about the Gulf War Illnesses and he bluntly said NO. Where did they find these doctors?"*
- **Veteran from Parker, Colorado** - *"My pcp is vaguely familiar with it; don't believe any [specialty doctors], GI, [for] example have any clue about GWI or that there was even a war fought. Let alone we are sick from it, Honestly I have a hard time bringing it up to any of them because of the look most of them give me when I have mentioned it to them, can't help to ask why can't there be some sort of flag like notice in med record that says something like "Vet is GWI Era possible or Confirmed GWI patient" then followed with instructions on how to proceed"*
- **Veteran from Havelock, North Carolina** – *"My VA pcp is truly a lost cause. None of the VA providers here in the VISN-6 region have [any] clue. Since moving here to NC from KY I have had 3 VA providers. None of which knew anything about the GWS."*
- **Veteran from Dunnsville, Virginia** - *"I have the same thing and they thought it was all in my mind at first but I kept complaining. As the time goes by the pain gets worse. I hurt and have a heart problem that they continuously ignore"*
- **Veteran from London, England** – *"this is happening in the UK as well."*

- **Veteran from Denver, Colorado** – *“I’m happy with my Denver VA provider. Treats the symptoms as best as he can and makes credible suggestions. Knowledgeable on GWI and doesn’t sum it up as mental.”* -**Veteran from southern Arizona** – *“You got lucky!”*

**CLAIMS ALSO AFFECTED.** Not only are VA clinicians summarily dismissing the complaints of veterans suffering from extremely debilitating muscle pain, profound fatigue, chronic unexplained skin rashes, etc., VA seems to be following that exact same model for claims. For the veterans in this discussion group, it appears that if the veteran agrees to be seen by mental health professionals at the VA, it then seems like his or her chances of getting a disability claim approved are almost assured, whereas those who reject treatment by VA psychiatrists or psychologists seem more likely to have their claim denied. The following is a sampling of comments related to claims that various members of the Gulf War Illnesses Facebook page posted after I had asked the aforementioned question:

- **Veteran from Muskogee, Oklahoma** - *“.... VA claims are easier for those claiming psychological (PTSD) issues but think it is bad for the veteran. If they have physical health conditions the doctors will minimize health issues because of the documented psychological problems and not do as many tests that may help them on down the road. ....”*
- **Veteran from Muscle Shoals, Alabama** – *“When I received my letter denying my claim for stomach cancer the nurse that did the evaluation said my cancer was caused by SAD. Severe Anxiety Disorder. I have never been diagnosed by any Psychiatrist or psychologist???”*
- **Veteran from Neosho, Missouri** – *“I’m rated 90 percent with IU, but all my complaints and gulf war illnesses were denied individually and all was put under PTSD, filed claim at mount Vernon, Missouri and regional office St Louis, so yeah they did it wrong, but not going to rock the boat when I got total and permanent.”*
- **Veteran from Coatesville, Pennsylvania** – *“Been seen for all and VA comes back and says not service related.”*
- **Veteran from Las Vegas, Nevada** – *“Tomah VA treated both mental health and primary care until the OIG Investigation had them on Administrative Leave. Then nobody treated me until I filed a Congressional Complaint and spoke to Carolyn Clancy...Nothing got done still with referrals after their negligence. A few months later the PCP agreed to PTSD inpatient, but again stone-walled by their staff so it would look like my denial was my fault. I have all of the diagnosis and claim is still pending while now being referred in Las Vegas for numerous medical treatments. They don’t acknowledge GWI here...then again they don’t anywhere.”*
- **Veteran from Allegan, Michigan** - *“In 1993 went to Los Angeles VA they pushed me through said nothing was wrong. In 2003 went to Phoenix VA same thing. In 2008 went to Sacramento VA was told I wasn’t eligible for benefits. 2011 I was diagnosed by civilian Dr. with ulcerative colitis. 2013 had BCIR surgery by civilian Dr. 2014 registered at the Chicago VA never made an appointment because people are just plain mean there. In 2015 went to Wyoming Michigan VA. They have yet to do anything about my headaches, fatigue and joint pain, went through the shrink thing made them stop. 9 months later and I received 100% disability just for ulcerative colitis, 50% PTSD.”*
- **Veteran from Topeka, Kansas** - *“I filed for undiagnosed illnesses of chronic fatigue and joint pain in 95. Denied for both but my VSO had added PTSD. (I was diagnosed with*

*chronic fatigue and PTSD only at that time. ) I have now managed to get a listing dx of CFS.”*

▪ **Veteran from Oak Grove, Kentucky** – *“Only reason I kept going was because my claim was pending and if I didn't, they would say, I "refused treatment". Don't think any of my ratings are considered service connected or not. Afraid to mess with it as I'm getting .... [100% Individual Unemployability] so I'm leaving it alone for now.”*

▪ **Veteran from Eads, Tennessee** - *“As soon as the VA read the words "stress" in my application for C& P for numerous ailments with unknown etiology from Desert Shield/Desert Storm I was sent to a psychologist at Memphis VA hospital for evaluation....you don't need to hear what he wrote....I felt betrayed and haven't been back since.”*

## **CONCLUSIONS**

*Gulf War Illness is a physiological illness, period.* That's not just the opinion of this very ill veterans' advocate and multi-year CDMRP participant, it is the opinion of hundreds of Ph.D's and M.D.s who have studied Gulf War Illness over the past decade. These are highly skilled experts in the fields of science and medicine.

It's long past the time when the self-serving interests of political operatives and defense contractors trump the medical and financial needs of the more than 200,000 of America's 1991 Persian Gulf War veterans whose good health and ability to support their families is nothing more than a distant memory. This American tragedy must be brought to end, once and for all. History is watching, and everyone involved will be judged according to his or her actions, or inaction. Which side of history will you be on?

Very Respectfully Submitted,

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