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February 23, 2016

**STATEMENT FOR THE RECORD OF RONALD E. BROWN, GULF WAR VETERAN &  
PRESIDENT, NATIONAL GULF WAR RESOURCE CENTER**

**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. I thank you for holding this investigative hearing on Gulf

War health issues on the eve of the 25th anniversary of our successful ground invasion to liberate Kuwait.

My name is Ronald Brown; I'm President of the National Gulf War Resource Center (NGWRC). The NGWRC is a small 501 (c) (3) non-profit veteran service organization, which is comprised of sick Persian Gulf War veterans who volunteer our time to advocate for our fellow veterans suffering from the complexities of modern warfare. We specialize in Gulf War Illness claims, we work with veterans to educate and assist them in the claims process. We also work with policy makers inside the VA, in an attempt to accomplish two goals: first, to insure clinicians are better trained about conditions facing this group of veterans to insure the veterans receive the best health care possible. Secondly, we are working to address and correct issues affecting this group of veterans, such as the high denial rate of Gulf War illness related claims.

We also strive to inform veterans concerning ongoing research being conducted by both the Department of Veterans Affairs and the Congressionally Directed Medical Research Programs (CDMRP). We strive to get veterans involved in the research as participants.

In my view, the Congressionally Directed Medical Research Program (CDMRP) is by far leading the way on research for our sick Gulf War veterans. Many studies funded by the CDMRP have shown promise that may provide insight into Gulf War illness. These studies may eventually identify ways to diagnose and treat Gulf War Illness. Additional follow-up (replication on a larger scale) is needed on these promising pilot studies. Unfortunately, in our view, the VA Office of Research and Development (ORD) have been slow to replicate any of these promising pilot studies. Until this is done, these studies will not benefit veterans by providing effective treatments or new presumptive conditions for benefits.

Recently, I attended the public briefing for The Gulf War and Health, Volume 10: Update of Health Effects of Serving in the Gulf War. While I agree with the committee's recommendation to use the term Gulf War Illness (GWI), overall I was shocked and troubled by the conclusions and recommendations this committee reached.

This committee suggest that the "conditions associated with Gulf War deployment are primarily mental health disorders and functional medical disorders and that these associations emphasize the interconnectedness of the brain and body (page 11, IOM vol 10)." This committee also stated "Veterans who were deployed to the Gulf War do not appear to have an increased risk for many long term health conditions with the exceptions of Post-Traumatic Stress Disorder (PTSD), Gulf War Illness (GWI), Chronic Fatigue Syndrome (CFS), Functional Gastrointestinal conditions, generalized anxiety disorder, depression and substance abuse."

The committee added further insult to sick Desert Storm veterans when they recommended: "Further studies to assess the increased incidence and prevalence of circulatory, hematologic, musculoskeletal, gastrointestinal, genitourinary, reproductive, endocrine and metabolic, respiratory, chronic skin, and mental health conditions due to deployment in the Gulf War should not be undertaken. Rather, future research related to these conditions should focus on ensuring that Gulf War veterans receive timely and effective treatment (page 9, IOM vol 10)." This committee recommended that future research should focus on treating and managing Gulf War illness rather than its causes.

I agree treatments and managing Gulf War illness is important; however, I also believe that we should understand the causes of this illness in Desert Storm veterans if we are to prevent toxic illness and injury to future generations of our Armed forces. This committee recommended individual and environmental biomonitoring during future conflicts. I agree with this recommendation with skepticism based on

DOD's history of reluctance to release information concerning exposures during Desert Storm.

I strongly disagree with this committee's recommendation that "further studies to assess the increased incidence and prevalence of health conditions due to deployment in the Gulf War should not be undertaken." If this committee has their way, I'm afraid we never will learn what caused our illness, how to treat ill Persian Gulf Veterans, and we will never have the evidence to warrant adding new presumptive conditions.

Since 2002, sick Desert Storm veterans who have attended, or listen in by phone, to the Research Advisory Committee (RAC) meetings have listened to presentations that show VA epidemiological studies have shown that deployed Desert Storm veterans have higher prevalence of:

- Migraine headaches (20.3% deployed vs 16.1% non-deployed).
- Chronic obstructive pulmonary disease (8.4% deployed vs 6.3% non-deployed).
- Dermatitis (27.4% deployed vs 21.1% non-deployed).
- Functional dyspepsia (27.7% deployed vs 15.9% non-deployed).
- Tachycardia (8.1% deployed vs 5.9% non-deployed).
- Irritable bowel syndrome (24.4% deployed vs 14.3% non-deployed).

Yet, the IOM committee puts many of these issues listed above in its Inadequate/Insufficient Evidence to Determine Whether an Association Exist category.

There is most definitely a problem with this committee's report as the VA's own research shows one thing, and the IOM committee is saying something completely different. This report is an injustice to sick Desert Storm veterans. This report winds the clock backwards to the 1994 mindset. In 1994 the VA as well as the Department of Defense (DOD) said that GWI was nothing more than combat stress, PTSD, or psychological

illnesses. Desert Storm veterans thought we had escaped the “it’s all in your head” mindset with the ground breaking 2008 Research Advisory Committee report. Yet here we are twenty-five years after the war, and sick Desert Storm veterans are still waiting for treatments, many are still waiting on service connection for presumptive conditions per current law, and we still wait and hope new presumptive conditions will be added.

My reasoning for my belief that there is a problem with this committee’s report is during the briefing when I asked why studies that showed cancer at higher rates weren’t considered by this committee, URMC Professor Deborah Cory-Slechta referenced the 2004 GOA report that stated the Khamisiyah plume model was flawed that was used in VA’s research. This same GOA report also stated that the VA and DOD’s hospital rate study was also flawed, yet this committee still used this study to reach their conclusions (page 200, IOM vol 10).

This IOM committee retrieved over 280 studies of potential relevance to this report. 204 studies that “did not appear to have immediate relevance, based on an assessment of the title and abstract” were deleted without consideration leaving only 76 potential relevant studies considered and discussed by this committee (page 25, IOM vol 10). Nowhere in this report are these 204 deleted studies listed. My question is how many of these deleted studies were VA and CDMRP studies? An additional 100 papers dealing with animal models were reviewed and half were deleted for further consideration (page 26, IOM vol 10). Of the half that was not considered, how many were VA and CDMRP papers?

The NGWRC honestly feels this report is flawed. We are grateful that the House Veterans’ Affairs Subcommittee on Oversight and Investigation has decided to investigate this matter.

Recommendations:

(1). Ensure any future contract between the VA and IOM is made public for Desert Storm veterans. This would ensure transparency.

(2). To further ensure transparency Veterans Service Organizations (VSO) should be invited to the IOM's briefing to the Department of Veterans Affairs.

(3). Veterans Service Organizations should receive a copy of future IOM reports prior to the public briefing. This will allow the VSOs to form reasonable questions for the committee.

(4). Ensure the IOM committee list all studies they deem not relevant in its report. A reasonable explanation as to why the study was found irrelevant should be provided. This would ensure researchers knowledge of the IOM's definition of "immediate relevance".

(5). Desert Storm veterans and our researchers need help in regards to replication on a larger scale of studies that have shown promise. Unfortunately, the VA Office of Research and Development (ORD) have been slow to replicate any of these promising pilot studies. If the VA is unable to replicate this amazing and promising research, then perhaps increased funding should be provided to the CDMRP to replicate these promising studies on a larger scale. Until this is done, these small promising pilot studies will not benefit veterans by providing effective treatments or new presumptive conditions for benefits.

Respectfully,

Ronald E. Brown  
President  
National Gulf War Resource Center

