

Dear Subcommittee Members

My name is Kirt P. Love, and I'm a disabled Gulf War Veteran, 19 year advocate, and former member of the Veteran Affairs Advisory Committee on Gulf War Veterans back in 2008.

The nature of this hearing is an important one in what it can do, provided it's given the right content to move forward with. So I hope to elude to points that I've also covered with the committee the last 3 years.

Much of the 1990's there were various committees that set in motion a flawed methodology that really never got corrected. From 1995 on even with the GAO's involvement – recommendations mostly fell flat on ways to steer VA. By 1998 the veteran community ( and myself ) rallied around PL 105-368 and PL 105-277 hoping to steer things in a more positive direction. The laws got passed into sudden over time and with much of the content lost to the omnibus bill edits.

VA promptly took advantage by dragging out implementation 2 years after it was signed. Only to take the clinical aspect and pervert it into the War Related Illness and Injury Study Center rather than the Gulf War Illness clinic we had set out for. Over the years it was made into a one time throw away visit you could not get a referral for. Once in, unless you knew what you wanted and demanded it – you got very basic exams coupled with a psyche evaluation. No follow-up exam or long term programs.

Then VA taunted the very nature of the Research Advisory Committee and made it clear to them they could not operate on anything but research. So they were not vetted for healthcare or benefits. This later would become a ploy to eradicate vocal members and finally rig the committee for silent running in 2015.

As the years passed, nothing was done about healthcare or benefits. VA played down the Gulf War Registry, and the independent efforts of the GWVIS to keep any kind of records of any trends not research related. After the passing of Helen Malaskiewicz as the senior coordinator of the program, it fell into silence and disrepair. The Austin Automation center would no longer share any information with outside sources.

VA was so glib that it altered the GWVIS reports outright to play down the numbers, and my committee set up a task force to get answers. Yes, VA was white washing the numbers to under report them by 11% or more. VA's answer, get rid of the report. Then back the one time printing of the pre and port 911 reports that show nothing of value. Years would pass with no annual public data tracking.

Other borderline programs fell into disarray. The Spouse and Children Registry of GW vets never got support, and it died quietly in 2003. Vaccine tracking, exotic diseases, and such fell upon the Armed Force Institute of Pathology. The AFIP refused to catalog the samples in such a way researcher could request them at the time brain tumors

surfaced in there vaults. It took the thousands of Gulf War tissue samples it collected them and buried them at its new location once the staff was disbanded.

The National Academy of Science was tasked to provide reports sanctioned by VA. The very nature of that was perverted, and the committee never allowed anything but peer reviewed materials for review. What was peer reviewed at that time wasn't helpful to the vets, and volumes were left out on a technicality. By the time it came to the ALS in Gulf war vets, the very name of the report was changed to "ALS in the military" to diffuse the situation as Gulf War vets became part of the "Deployment Health" picture rather than helped make the number seem smaller.

So by 2007 I pushed to get a federal advisory committee through congress to address the items others could not. Even managed to get on the committee. What I didn't allow for was this wasn't congressional mandate, so VA put a very short tenure on the committee of 18 months and then set it with ringers that would not oppose VA openly. The chairman waited till enough time had passed, and then mocked many of my issues – mostly the issue of 3.317. The very term UDX / MCI which VA showed was easily dismissible due to its title. When I pushed, I was shut down for "telling VA how to suck eggs".

In 2008 the final report was not what I wanted, and it had taken a unpleasant turn groveling to the PDICI that Dr. Stephen Hunt headed up. The Post Deployment Initiative Care program was a scam, it was a psychiatric clinic looking for somatic issues which made me a instant critic. Enough so to I dissented on the committees final report, and make me a pariah in the VSO circles. Only to find out later the Gulf War Illness Task force had secret meetings at VA endorsing Dr. Hunt, and making none of this public for others to keep track of. The committee, and its report was all but hidden from the public. My letter of dissent never published by them on the page, and VA did its very best the last 9 years to pretend it never existed.

The end result to all this is at the anniversary of the Gulf War 25 years later, you cant even get a claim processed if you file under 3.317 and you certainly have no where to go that isn't disposable or secretive. The WRIISC serves no value, and is nothing like what it was intended yet its massive and secretly funded between its locations. The funding diverted to "Deployment Health" projects and a less than savory person who stays with that behind the scenes to keep it going for her DOD comrades. All the while supporting a program in Seattle Washington that the vets have grown to despise.

Everything about this is vile, to include the fact that 6 million records held by OSAGWI that should have been released last year are not going to made public any time soon. That 25 years after the war, NARA is going to keep these records beyond allotted storage time because of exclusion clauses towards "Weapons of Mass Destruction" and such. Of which 1.7 million are medically relevant to Gulf War veteran claims.

What we need is a revision of Gulf War Public Laws, and a consolidation of the intent without having to recreate all this from scratch. That we need a 20 year review of how and what failed, and what can be repurposed. We also need to change CFR 3.317 and get

rid to the bottleneck terminology that keeps it a obstacle. Get rid of terms like MCI and UDX that have no unique ICD 9, and link this to service, time, region just like VA spells out on its VA Gulf War web page.

PL 105-368 is now a very flawed law that VA abuses in many ways. Its given them funding, leverage, and the ability to wait vets out on time. Its in desperate need of revision to not only make it more current, but get rid of the bastardization such as the WRIISC that insult its very purpose. To scale back, bring it all under one roof, and make it veteran friendly, and always visible. Getting away from the white washing terms of “deployment health” and start addressing the specifics VA wants to ignore. Make this very specific and ongoing for GW vets that need specialized long term follow-up such as myself.

I apologize for the condensed format and seemingly vague points in this letter. What I really want to write is hundred of pages of extreme details since 1998 that would show a pattern. So if I dont keep this short, I loose the crowd to nap time. It is my wish that this be followed up, and that my committee also be reinstated in some other format with no termination date to deal with healthcare and benefits. Leave the defunct current RAC to not have to violate its charter. That 3.317 is a dysfunctional code starting with its very terminology. That after 25 years we need to get this back on track to serve what little time I and my fellow vets have. As my own time is running out soon.

Thank you for your time and consideration. Have good day.

Sincerely  
Kirt P. love  
Director, DSBR  
Former member VA ACGWV