

Testimony of James Binns
Chairman, Research Advisory Committee of Gulf War Veterans Illnesses
Before the Subcommittee on National Security, Veterans Affairs, and International Relations
U.S. House of Representatives Committee on Government Reform
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Mr. Chairman and Members of the Committee. As chairman of the Research Advisory Committee on Gulf War Veterans Illnesses, I am honored to appear before this body, which has kept this tragic and important subject on the national agenda for many years. It was your Committee's report which led Congress to create the Research Advisory Committee in 1998, although the executive branch at that time took no action, and the Committee was not appointed until the current administration took office.

True to the intention of Congress, Secretary of Veterans Affairs Anthony Principi appointed a committee of doctors, scientists, and veterans who truly believe in this problem. There are eleven members and one consultant, and a two-and-a-half person staff. The Committee meets three times a year for two days each. The members have been extraordinarily diligent, with only one day of absence over the entire seven meetings. Other scientists producing leading edge research in this area are invited to discuss their research at these meetings, and government officials responsible for medical research programs are also invited to participate.

The Committee produced an interim report presenting its initial findings and recommendations in June, 2002, after only one meeting. A comprehensive report, reflecting our work over the first two years is currently undergoing final revision and will be released in approximately six weeks.

In my time here today, I will not attempt to anticipate the full scope of that report, but let me offer an overview of the research we have reviewed.

First, I regret to advise you that Gulf War veterans are still ill in large numbers. Epidemiologic studies consistently show that 26-32% of Gulf veterans suffer from a pattern of symptoms including fatigue, muscle and joint pains, headache, cognitive, and gastrointestinal problems over and above their counterparts who did not deploy to the Gulf. Twenty-six to thirty-two percent is a casualty rate which rivals the darkest hours in American military history. It translates into between 180,000 and 220,000 of the 698,000 troops who served in the first Gulf War.

These ill veterans are not getting better. The most seriously ill include those with diagnosed neurodegenerative disease. Gulf War veterans are developing ALS, Lou Gehrig's disease, at a rate nearly double the population norm. There are anecdotal reports of ill Gulf Veterans developing other neurodegenerative diseases including multiple sclerosis and Parkinson's disease, and our report will call for formal studies into the prevalence of these diseases.

So this problem remains with us, and it is severe.

On the positive side, there has been a flood of new research in the last two years that has finally begun to shed light on the nature of this illness. By pursuing these new discoveries, medical science has the opportunity to explain the biological mechanisms at work in Gulf War illnesses and ultimately to identify treatments to address them.

To illustrate the kind of progress that is taking place, let me summarize three areas where recent research has changed previous scientific thinking.

First, earlier reports, including the findings of two presidential commissions appointed by President Clinton, have concluded that psychological stress is the likely cause of Gulf War illnesses. New studies, however, have shown that stress does not begin to explain the poor health of Gulf veterans. For example, a September, 2002, study of British veterans sponsored by the U.S. Department of Defense and conducted by a British team which had formerly supported the stress theory, concluded that 76% of ill Gulf veterans have no stress or other psychiatric disorder whatsoever. The study, by the Gulf War Research Unit at Guy's, King's, and St. Thomas's School of Medicine, London, further concluded that "[p]ost-traumatic stress disorder is not higher in Gulf veterans than in other veterans. ...[A]lternative explanations for persistent ill health in Gulf veterans are needed."

A second area where there has been a scientific breakthrough is in evidence emerging from neurological studies of ill veterans. For many years, epidemiologists have noted that the range of symptoms reported by ill Gulf veterans fit the pattern of an illness that is neurological in nature. Other researchers, however, have pointed out that these symptoms were reported by the veterans themselves and that when ill veterans were given standard neurological tests, they tested normal. In the past two years, however, new studies have emerged that show objective evidence of neurologic abnormalities in ill Gulf veterans. Research at the Department of Veterans Affairs Medical Center in Boston, as well as other studies, have shown that ill veterans perform worse on tests of attention, visuospatial skills, and visual memory. A Department of Defense-sponsored study at the Midwest Research Institute in Kansas City has demonstrated that ill veterans show abnormalities on a wide range of standard tests of autonomic nervous system function. Neurological abnormalities in ill veterans have also been demonstrated by brain imaging studies at the University of Texas, Southwestern in Dallas and at the Montgomery Veterans Affairs Medical Center in Jackson, MS.

Third, at the time of the Gulf War and until recently, it was believed by military commanders and scientists that exposure to very low levels of nerve gas, below the level that produces symptoms at the time of exposure, did not produce any long-term effects. Within the past two years, however, there have been at least nine animal studies demonstrating that this belief was wrong. Three of these studies have been conducted at the U.S. Army Chemical Defense Institute, three sponsored by the Department of Defense at Lovelace Respiratory Research Institute in Albuquerque, NM, and three at the Purkyne Military Medical Academy of the Czech Republic. These studies have shown that low level, sub-clinical exposures, have long-term effects on DNA, behavior, immune function, memory, biochemical alterations in brain areas associated with memory loss and cognitive function, and T-cell responses mediated through the autonomic nervous system.

This research, and more, will be discussed in detail in the Committee's upcoming report, but you can readily see that scientific progress is being made. The key question now is what research is being done to follow-up on these new discoveries.

Let me first address the research at the Department of Veterans Affairs. As you have heard, some of the breakthrough research was conducted by VA, and VA has many talented individual researchers. VA also has strong leadership in Secretary Anthony Principi, who has personally championed this issue. In October, 2002, at his direction, VA's Office of Research and Development announced a special initiative to invest up to \$20 million in FY 2004 in deployment health research, particularly Gulf War illnesses, more than double the amount invested by VA in any previous year. The Secretary underscored his commitment in a personal video appeal to all VA researchers.

The Research Advisory Committee and veterans were extremely heartened by this action. However, at the Committee's most recent meeting in February, the Office of Research and Development reported that with FY2004 nearly half over, only one study totaling \$450,000 had been funded under the special up-to-\$20 million initiative and that no others were pending. As you can imagine, the Committee was extremely disappointed. The Committee recommended actions to get the research program on track, and asked me to express our concerns to the Secretary.

The Secretary was equally, if not more, disappointed, and communicated forcefully to the Office of Research and Development that priority be given to this area. He directed VA research leadership and the Committee leadership to work together to develop an effective new Gulf War illness research program. For reasons unrelated to Gulf War illnesses, there is new management at VA Research and Development, and they have embraced this challenge. Since then, I have seen a dramatic turnaround in the outlook of the Office of Research and Development toward Gulf War illnesses.

This new program will be announced in the near future. It will include new research initiatives specifically dedicated to Gulf War illnesses. Equally important, it will reflect a purposeful, logical approach to direct Gulf War illnesses research toward the areas of greatest scientific opportunity and the development of treatments. Finally, it reflects a new level of cooperation between the VA Office of Research and Development and the Research Advisory Committee.

The challenge today is for VA research leadership and staff to sustain this commitment. I spoke to a group of ill Gulf veterans a month ago, and they reminded me that over the past thirteen years they have heard many promises of action, only to be disappointed, just as we were a few months ago.

What I can tell them and tell you, is that if we can keep building on this progress, we have the opportunity to produce results. Our Committee measures results in one way: not studies funded, not dollars spent, not reports published. As set forth in our Committee charter, the sole result that counts is improvement in the health of ill Gulf veterans.

Science has shown the way. Now we need the resources and good-faith cooperation from all concerned.

With respect to resources, the vast majority of the funding for Gulf War illnesses research has historically come from the Department of Defense. DoD funds committed several years ago produced most of these recent research breakthroughs. In the past two years, however, with isolated exceptions, the Department of Defense has gone out of the Gulf War illnesses research business. There are no funds at DoD to follow up on the promising studies that DoD has sponsored in the past.

Defense is focusing its resources on fighting the current conflict. That focus is certainly understandable. But the result is that, even with the encouraging changes in the works at VA, Gulf War illnesses research is dramatically down overall. And it particularly perplexes the members of the Committee that funding for programs like the US Army Institute of Chemical Defense is actually being reduced at this critical moment in our history.

The effect of these decisions extends far beyond ill Gulf War veterans. The new research emerging from the study of Gulf War veterans illnesses has important implications to the war on terrorism. Terrorist alerts at home and military actions abroad provide constant reminders of the risk of chemical attack. It is indeed tragic at this hour of need, just as the investment in past research is finally beginning to pay off and point the way toward success, there are not funds to pursue these discoveries.

Gulf War veterans are no longer the stragglers from a forgotten war. They are the advance guard for all of us.