

SUBCOMMITTEE ON NATIONAL SECURITY, EMERGING THREATS,
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Statement of Rep. Christopher Shays March 25, 2003

When the war in Iraq is over, we will mourn our dead and a grateful nation will welcome home legions of battle-tested men and women who fought for freedom in a far off place. Some will be well. Some will be wounded. We may not always be able to tell the difference.

Not all the casualties of modern warfare are apparent. Injuries and illnesses linked to exposures to chemicals, pathogens and toxins may not manifest symptoms until months or years after the victory parades.

But those wounds are as much our responsibility to prevent, or treat, as those caused by bullets and bombs on the battlefield. Today we ask if the health of deployed forces is being effectively monitored and adequately protected against the insidious, but often avoidable, perils of their very hazardous workplace.

Gulf War operations in 1991 could have taught us much about the dose/response relationship between wartime exposures and delayed health effects, but essential health data was never recorded. The Department of Defense (DOD) took years to acknowledge obvious deficiencies in Gulf War-era health protections for deployed forces.

Since 1997, the Pentagon has issued impressive volumes of directives and Joint Staff policies on improved medical record keeping, battlefield environmental monitoring, troop location data and health surveillance before, during and after deployments. External panels of experts have echoed recommendations to standardize and integrate service-specific protocols and systems. The 1998 Defense Authorization Act directed the Department to implement many of the recommended improvements to medical tracking and disease prevention.

Witnesses today will describe substantial progress in applying the lessons learned during Operation Desert Storm about force health protection. But questions remain whether the ambitious plans and proposals of peacetime will be able to pierce the fog of war and yield the detailed, real-time information needed to assess health effects after the battle. Do the pre- and post-deployment questionnaires now being administered meet the statutory mandate for “medical examinations?” Will the brief, hastily administered surveys capture the data required by DOD and the Department of Veterans Affairs (VA) to reach valid epidemiological conclusions about service-connected health effects?

VA Secretary Anthony Principi recently concluded, “Much of the controversy over the health problems of veterans who fought in the 1991 war could have been avoided had more extensive surveillance data been collected.” We agree. There should be no mysterious “Iraq War Syndrome” after this victory. Veterans of this era should not go empty handed into the battle to prove deployment exposures caused or contributed to their post-war illnesses.

In modern warfare, “smart” weapons dominate the battlefield and minimize collateral casualties. By far the smartest, most complex, most elegant system we send into battle is the human body. Accurate, timely health information is the life-cycle maintenance log of our most precious military asset – freedom’s sons and daughters, brothers and sisters, fathers and mothers. We look to those entrusted with their care to protect them.

We welcome our witnesses this afternoon and look forward to their testimony.