

James Binns Chairman, Research Advisory Committee on Gulf War Veterans Illnesses

Testimony of James Binns

Chairman, Research Advisory Committee on Gulf War Veterans Illnesses

United States Senate Committee on Veterans Affairs

September 25, 2007

Mr. Chairman, Ranking Member Burr, Members of the Committee, for the past five years, it has been my privilege to chair the Research Advisory Committee on Gulf War Veterans Illnesses. I am honored to address your Committee, which includes so many who have championed the cause of ill Gulf War veterans for so long.

Let me begin with the conclusion of the extensive 1998 report on Gulf War illnesses of the Committee on Veterans Affairs, on which many of you served: "[T]he most important thing that VA and DOD can now do is to provide timely, accessible and appropriate treatment to Gulf War veterans with these illnesses ... and attempt to prevent such illnesses in future deployments."

It is now nine years later, sixteen years after the war. According to the Department of Veterans Affairs most recent study, 25% of Gulf War veterans suffer from chronic multisymptom illness above the rate in other veterans of the same era. Thus, sixteen years after the war, 175,000 veterans -- one in four of those who served - remain seriously ill. There are still no effective treatments. Those who are most ill have developed neurodegenerative diseases and brain cancer. And American military personnel and civilians remain at risk of similar exposures. Reuters reported last week on the test of a sarin warhead by Syrian and Iranian engineers, and I remember the Tokyo sarin subway attack each time I board the Washington Metro.

The federal government has spent over \$300 million on Gulf War illnesses research. Some of that research was productive, as you have heard from Dr. Steele and Dr. White. But much of the money was misspent on the false theory that these illnesses were caused by psychological stress, part of a deliberate effort to downplay these illnesses as the sort of thing that happens after every war, rather than the result of toxic exposures. Only two treatment studies have ever been conducted, neither with significant results.

This is a tragic record of failure, and the time lost can never be regained. I am pleased to report, however, that new programs are finally underway to address the needs you identified in 1998. At VA, former Secretary Principi determined that VA would no longer fund studies based on stress, and Secretary Nicholson appointed new leadership at the Office of Research and Development. At the initiative of Senator Hutchison of this Committee, Congress added \$15 million to the VA research budget for Gulf War illnesses research, and VA has contracted with the University of Texas, Southwestern Medical Center, a leading site of Gulf War illnesses research, to launch a Manhattan-style project to discover diagnostic markers and treatments. I am extremely pleased to see VA Gulf War illnesses research at last in the hands of scientists committed to solving the problem.

The Department of Defense, however, has historically funded over two-thirds of Gulf War illnesses research, in excess of \$30 million annually. Since the start of the current war, this program has been eliminated.

In 2006, led by Senator Sanders while a member of the House, Congress initiated a new pilot program for Gulf War illnesses research at DoD. This innovative program gives priority to studies of existing treatments already approved for other illnesses, and so offers the possibility of identifying treatments that could be put to immediate use. It is open to all researchers, inside or

outside of government, through peer-reviewed competition, and is administered by the Congressionally Directed Medical Research Program.

The success of this pilot program, which attracted eighty proposals, demonstrates the interest of the scientific community in solving this problem. DoD, however, has again excluded the program from its proposed 2008 budget. I urge you all to support the effort of Senator Sanders and several other members of this Committee to restore this proven program at the \$30 million level consistent with the recommendations of the Research Advisory Committee.

Thus, while promising research programs are at last in place, they only exist because of the leadership and support of Congress. Indeed, at the same time as dedicated scientists at VA and DoD are working on these programs, VA and DoD public statements continue to follow the timeworn script and minimize these illnesses at every opportunity, misleading Congress and the scientific community. For example, a so-called "fact sheet" provided by VA in May to Senators Rockefeller, Murray, and Bond asserted that "Gulf War veterans suffer from a wide range of common illnesses, which might be expected in any group of veterans their age." That, as you have heard, is garbage.

This fact sheet is the work of the VA Office of Public Health and Environmental Hazards, the same office which refuses to update the stress-oriented clinical guidelines on Gulf War illness provided to VA doctors. It is also the office charged with implementing the law requiring VA to contract with the National Academy of Sciences' Institute of Medicine for reports on the health effects of toxic exposures, for use in benefits determinations. For seven years these reports have been structured to restrict scientific information considered in their conclusions, in express violation of the statute. This government manipulation of science and violation of law to devalue the health problems of ill veterans is something I would not have believed possible in this country until I took this job. Until this practice is stopped, the products of Gulf War illnesses research will be distorted, misleading the Secretary, Congress, veterans' doctors, and the scientific community.

In view of these obstacles, I enthusiastically welcome this hearing and beseech the Committee's close attention to Gulf War illness research as these promising but fragile new research programs begin to grow and bear fruit. They depend upon your support and oversight. Otherwise you will find them dead on the weed pile, and the critical needs you identified in 1998 -- treatments for ill veterans and victims of future attacks ... ever more urgent today but no closer to reality - will remain empty words.