

Chemical Sensitivity Alert Committee Statement  
June 1, 1993

Veterans Affairs Committee  
Attn: Desert storm Illness Hearings  
U. S. House of Representatives  
Washington, D.C.

Dear Representatives,

STATEMENT BY THE CHEMICAL SENSITIVITY ALERT COMMITTEE:

The Chemical Sensitivity Alert Committee wishes to thank the Veterans Affairs Committee for the opportunity to present testimony, in addition to this statement, to the committee on behalf of the disabled Desert Storm veterans. Although we would prefer to testify in person, we are submitting testimony in writing at the request of the committee staff.

The Chemical: Sensitivity Alert Committee includes as co-chairpersons: Natalie Golos: teacher, author, and long-time educator on environmental health issues; and Lawrence Plumlee, M.D.: Johns Hopkins' Medical School graduate and former faculty member, former EPA medical science advisor, and currently active on environmental health issues. Corresponding secretary is Stephen A. McFadden, M.S. computer Science, Westinghouse Science Talent Search Finalist, and activist on toxicology-related issues

I. DESERT STORM VETERANS FACE SERIOUS CHEMICALLY INDUCED MEDICAL PROBLEMS:

A. DISABILITIES OF THE DESERT STORM VETERANS HAVE BEEN MISLABELED:

Over the past year, we have heard numerous complaints of persistent illness from several groups of Desert Storm veterans.

Hundreds of thousands of Desert Storm veterans have had persistent medical conditions as a result of their service in the Gulf War. These medical conditions are being given labels which merely describe the individuals' symptoms, while the military services systematically avoid acknowledging the major cause: environmental chemical exposure:

## B. DESERT STORM VETERANS HAVE HAD NUMEROUS SERVICE RELATED CHEMICAL EXPOSURES:

These veterans have had numerous chemical exposures. Diesel in the shower water, on the roads, and on tent floors. Diesel cut with Saudi leaded gasoline burned in stoves inside tents closed tight at night due to "light security". Crude oil in the desalination units, with the volatiles distilling out with the water. Isocyanates in the paint being sprayed on the tanks by the troops. Carbon monoxide in the shipholds, produced by the engines while unloading the vehicles. Smoke and fumes from oil well fires. Pesticides used to kill insects. Pyridostigmine in the prophylactic "nerve pill", and newly developed vaccines. Further, due to the primitive conditions experienced and constraints of war (e.g. lack of water for showers), there was limited opportunity for bathing following such exposure.

## C. PRIVATE SECTOR HAS HAD PRIOR EXPERIENCE WITH CHEMICALLY INDUCED ILLNESSES:

We in the private sector, have had some experience with such illnesses induced by environmental chemical exposures. Natalie Golos has been writing on this subject for 2 decades. In addition, we hear increasingly of industrial toxicological disasters, for which the linkage of illness to an environmental chemical exposure and is obvious. We have read the testimony of hearings held by Senator Harry Reid on hundreds of disabilities in the aerospace industry, due to the composite materials used on the Stealth Fighter and on commercial aircraft production lines. We know many individuals involved in the "EPA headquarters Carpet Case" who have permanently sensitized to carpet, but with accommodations, have been able to remain employed and productive due to the shortcomings of current US toxicology policy, about one such major incident develops each year in the private sector.

We are familiar with the sorts of chemical exposures that are capable of producing such illnesses, and understand the need for prompt treatment. "Treatment within months to years can have very positive results. ' Failure to provide for treatment in a timely manner, particularly if coupled, with ongoing low-level exposure, may result in a worsening condition, and chronic, if not lifelong illness .

## II. SOCIETAL AND INSTITUTIONAL RISKS OF FAILURE TO ADDRESS MEDICAL NEEDS OF DESERT STORMERS:

### A. SOCIAL INJUSTICE AND SOCIETAL RISKS OF FAILURE TO PROPERLY DIAGNOSE AND TREAT 'DESERT -'STORM VETERANS WITH' CHEMICAL EXPOSURE INDUCED ILLNESS:

The U. S. government may face another "Agent orange" type situation. If treatment is provided within a few years, the consequent long term health effects may be limited, as will the secondary impact upon families, careers, private health insurance, and social services. These latter effects may result in "secondary victimization": In American society today, an individual with a chronic medical condition often faces uninsurability in the private sector, and the uninsurable chronically ill often face consequent unhirability, if not unemployability, resulting in "medical indigency" and the creation of a "medical underclass".

Some of the Desert storm veterans with chemically induced medical conditions have been able to afford to obtain medical treatment from private physicians, notwithstanding a lack of government support, and despite the financial limitations consequent to their military employment. Many of the physicians treating these veterans have reduced their customary fees in order to assist them, despite the fact that these veterans are legally entitled to receive free medical of care for such service-related conditions from the armed services and the VA.

Of those veterans who have been able to obtain diagnosis and treatment for chemically induced conditions, many have reported positive results

#### B. INSTITUTIONAL RISKS OF FAILURE TO PROPERLY DIAGNOSE AND TREAT DESERT STORM VETERANS WITH CHEMICALLY INDUCED ILLNESS:

We feel compelled to point out the institutional risks to the U. S. military of the failure to adequately address the needs of veterans with chemically induced illnesses.

We have heard the story of how General Norman Schwarzkopf repeatedly told the architects of Operation Desert storm not to build him a meat grinder. This went far to convey to the public a sense of responsibility that the top brass held for the troops, in contrast to the public perception held over from the Viet Nam conflict. Yet we see a failure. by the military to address the needs of the chemically poisoned veterans.

We all know the story of "Agent Orange", which demonstrates how inadequate the present scientific tools are for retrospective epidemiologic investigation of chemically induced illness, and the limitations of treatment offered decades after the exposure. Some of us have also heard of the 160+ disabled civilian Stealth Fighter plant workers. We know 'the U.S. Air Force "line", that the Air Force has never seen a case of Multiple Chemical Sensitivities that could not be otherwise explained. We also know that this position is invalid, having seen numerous other such industrial toxicological disasters in the civilian sector in the past. Now we see the problems of the Desert Storm veterans, and are watching to see the response of the U. S. government. About .If the U.S.

military and VA walk away from their institutional responsibility to its servicemen, how, then, can anyone possibly advocate support for: future military service? If the U.S. military does not take care of its own, then who will? Must these veterans be cast out upon society as indigents -- medical indigents, uninsurable, unhirable, unemployable and destitute, to seek care and treatment wherever they may find it, or to simply wonder what happened to destroy their health coincident with their military service, with the effect that these medical costs are externalized upon society as a whole? Will this not result in instant "redlining" in insurance underwriting, and other discriminations and secondary victimizations held against these veterans, legitimately raised against them by those in the private sector unwilling to disproportionately bear this social cost? Can not the image of the institution only suffer, as another generation of individuals grow up learning firsthand of chemically damaged veterans denied benefits?' will this not have a direct impact upon and on future recruitment? We ask the committee to consider the risks of these consequences to the institution of U. S. military service.

### III. COMMENDATION FOR ACCESS TO COMMITTEE FORUM:

We wish to commend this veterans Affairs committee for its timely attention to this important subject, and the holding of public hearings on it. The longer the delay that these veterans face in the proper diagnosis and treatment of their chemical exposure induced illness, the greater the resulting harm, the worse the prognosis for recovery, and the greater the consequent social problems that result.

Respectfully yours,

Natalie Golos            Lawrence A. Plumlee, M.D.  
Co-chairpersons, Chemical Sensitivity Alert Committee

Steven A McFadden, M.S.  
Corresponding Secretary Chemical Sensitivity Alert Committee