

Chemical Sensitivity Alert Committee

June 1, 1993

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

R.E.: Testimony of the Chemical sensitivity Alert Committee for the Desert storm Illness Hearings.

Dear Representatives:

Enclosed you will find the following:

#1 Testimony of the Chemical Sensitivity Alert Committee (8 pgs)

#2 Attachment 1: Letter from Natalie Golos to General Norman Schwartzkopf , April 4, 1991 (2 pgs).

#3 Attachment 2: Response letter from Col. James D. Bales, Jr, MD to Natalie Golos, April 16, 1991 (1 pg).

#4 Attachment 3: Letter from Natalie Golos to LTC Robert F. DeFraitcs, et al, Walter Reed Army Institute of Research, August 15, 1992 (2 pgs).

#5 Attachments 4-11: Letters individuals written on behalf of the page each. from chemically sensitive Desert Storm veterans (8)

#6 Statement of the Chemical Sensitivity Alert committee (4 pgs).

Once again, the Chemical sensitivity Alert Committee wishes to commend the veterans Affairs committee for holding this hearing.

Respectfully yours,

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

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

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TESTIMONY OF THE CHEMICAL SENSITIVITY ALERT COMMITTEE:

I HISTORY OF THE CHEMICAL SENSITIVITY ALERT COMMITTEE:

A. FOUNDER TAKES EARLY LEAD REGARDING RISKS OF DESERT STORM EXPOSURES:

Author of 6 books, Natalie Golos has been writing for 25 years on environmental health issues. She knows personally many researchers and physicians who have developed tests and treatments for environmentally induced illness. Ms Golos has over 2,000 hours of continuing medical education credits, and has been on the faculty of seminars of eight different medical societies.

On April 4, 1991, Natalie Golos wrote General Norman Schwartzkopf warning of the impending danger of an Epidemic of Chemical Sensitivities. She gave suggestions for preventive steps to protect the service personnel, and volunteered to provide further information to government physicians and scientists (See Attachment 1). She received a reply from an American doctor stationed in Saudi Arabia stating that air during the oil field fires met U.S. ambient air quality standards (See Attachment 2).

After the news broke of the so called mystery illness, Ms. Golos wrote to Walter Reed Hospital, explained the situation, and referred them to knowledgeable physicians who could clear up the mystery and help the vets. (Attachment 3).

She received a phone call from Dr. Andre at the Pentagon and referred him to Dr. William Rea, a leading environmental health physician. After the two of them spoke, Dr. Rea sent the materials Dr. St. Andre had requested, but received no further response.

B. CHEMICAL SENSITIVITY ALERT COMMITTEE FORMED, ADVOCACY BEGUN ON BEHALF OF THE DESERT STORM VETERANS:

Ms. Golos then set about to form the Chemical Sensitivity Alert Committee to get grassroots support for assistance for these disabled veterans. The committee has worked closely with two of the groups supporting the Desert Storm Veterans.

After unsuccessfully seeking assistance for the veterans from the Bush administration, the committee requested that the American Academy of Environmental Medicine and other environmental health groups distribute petitionary letters on behalf of the veterans.

II. BROAD SPECTRUM OF GRASSROOTS PUBLIC SUPPORT FOR DESERT STORM VETERANS SEEN AMONG THOSE WITH CHEMICAL EXPOSURE INDUCED ILLNESS:

To date the committee has received hundreds of letters from individuals with chemical sensitivities telling of their illnesses, with symptoms similar those of the veterans. The letters tell of the successful diagnosis and treatment of these patients. Some of these letters are included as part of this testimony (Attachments 4-11).

The letters received in response to the committee's call for support for the Desert storm veterans were from a broad spectrum of chemically sensitive individuals, ranging from laborers to university professors.

Notable were responses from physicians, nurses, and other health professionals who had no relief from their chemically induced illness until their research led them to environmental medicine specialists.

III. NEED FOR THE VETERANS AFFAIRS COMMITTEE TO HEAR TESTIMONY OF SCIENTISTS AND CLINICIANS REGARDING THE DIAGNOSIS AND TREATMENT OF CHEMICALLY INDUCED DISEASE, AND FROM THE DESERT STORM VETERANS, AND THEIR ADVOCATES, REGARDING ITS SUCCESS:

It is important for the committee to hear the testimony from an and in a and some of the scientists who have developed diagnostic tests in the field of environmental medicine that are capable of diagnosing chemically induced diseases the Desert Storm veterans may have. It is important for the committee to hear the testimony of the Environmental Medicine Specialists who have been treating Desert Storm veterans successfully in their clinical practices. Some of these physicians have reduced their customary fees significantly, and are essentially helping the Desert Storm veterans at cost. It is also important to hear from the Desert Storm veterans themselves and/or their spouses regarding the efficacy and success of such treatment.

But what about the tens of thousands of Desert Storm veterans who may be at risk and don't know it? They are just as important. Who is speaking for them? That is why the Chemical Sensitivity Alert Committee needs to be heard.

IV. THE NEED FOR EDUCATION ON THE RISKS AND TREATMENT OF CHEMICALLY INDUCED DISEASE AS PART OF ADDRESSING THE DESERT STORM ILLNESSES:

A. SYMPTOMS OF CHEMICALLY INDUCED DISEASE MAY BE SUBTLE, AND EFFECTS LATENT FOR YEARS LATER:

Over the past twenty-five years, we have learned vital lessons from people who have been exposed to conditions similar to those encountered in Desert Storm. When the problem is caught before disabling symptoms develop, or at least in the early stages, the harrowing experience of the Desert Storm victims can be avoided or at least minimized. Unfortunately, in many cases, minor symptoms begin to occur long after the exposure, so that no connection to the cause is recognized. As a result of either a single, large exposure, or of an ongoing accumulation of small toxic exposures (often regarded as safe), multiple symptoms may begin to occur.

B. EDUCATION OF THE PUBLIC, AND PRIVATE PHYSICIANS, IS A NECESSARY PART OF RECOGNIZING AND DIAGNOSING THIS ILLNESS:

Due to the lack of general public understanding of the effects of chemically induced illness, a large fraction of individuals who develop such illness are not be able to identify the cause of their condition. They are simply sick, and don't know why. This may include discharged veterans

The complaints of these individuals do not fit into the usual classifications of "disease". Consequently, most physicians are unable to identify and treat these conditions. As a result, many of these individuals travel from doctor to doctor seeking diagnosis for their condition, with the result that many of them are labeled as hypochondriacal "cranks". Worse, often these individuals receive incorrect diagnoses, and inappropriate treatment, which may even be harmful. Thus, the first step in ameliorating this problem is public recognition and education that there exists a problem, and that treatment may be available.

C. INJURED ACTIVE DUTY SERVICEMEN MUST BE IDENTIFIED AND TREATED WITHOUT RISK TO THEIR MILITARY CAREERS:

Those servicemen who suffer from less severe effects of chemically induced illnesses may feel

compelled, in a downsizing military, to "cover" that fact, and to "pass" as "normal", so as not to adversely affect their careers during force reduction. This implies that they cannot seek treatment within the services, yet they cannot afford financially to seek treatment outside the services. Thus, by being forced to "pass", it is guaranteed that these servicemen will not receive treatment. Further, these servicemen may be in personal denial that their health has suffered, whether or not this decline is attributed to chemical exposures associated with their military service. Untreated, the secondary effects of chemically induced illness may worsen over time, particularly with ongoing (e.g. occupational) chemical exposure. Some of these effects, such as immune damage, are subtle. Ultimately, such symptoms may become disabling. In short, to resolve this situation, there must be an institutional decision that servicemen with chemically induced illness will be identified and treated, without adverse reflection upon the careers of the individuals involved.

D. EDUCATION OF PHYSICIANS REQUIRED REGARDING THE DIAGNOSIS AND TREATMENT OF THESE CONDITIONS:

There must be education within the military services, the VA, and the private physicians who see these individuals, not only that there exists a problem, but also of the methods that can be used to diagnose this problem, and the treatments that exist. This would include understanding and interpreting those medical tests useful in the diagnosis of such conditions. It would include knowledge of the treatments that are available to reduce the body burden of absorbed chemicals, for instance, sauna therapy to reduce hydrocarbons absorbed from direct petroleum (e.g. diesel) overexposure, or chelation therapy to reduce lead exposure from leaded gasoline burned inside tents.

E. EDUCATION OF SERIOUSLY DISABLED VETERANS REQUIRED AS PART OF TREATMENT:

Education is an integral part of the treatment for the seriously ill patient with chemically induced illness. This includes education regarding the changes that may be necessary in more extreme cases, for instance, avoidance of isocyanates for those who have developed antibodies to these compounds, or have sensitized to them (e.g. after overexposure during painting), and avoidance of gasoline fumes and other petroleum distillates, for those who have had overexposure to petroleum compounds (e.g. diesel). This may also include, in some cases, career counseling, in order to advise these seriously disabled veterans on what future careers may be most appropriate within the constraints of their health, so as to avoid further injury. Thus, the isocyanate sensitive individual should not be employed anywhere near paint fumes, the petroleum distillate sensitive individual should not be employed around solvents, such as in a machine or auto shop, and the lead exposed individual evidencing neurological damage should not work around neurotoxins.

F. EDUCATION FOR PREVENTION OF CHEMICALLY INDUCED DISEASE:

Everyone who has served in Desert Storm should be provided with education regarding the potential for chemically induced disease resulting from their tour of duty otherwise, veterans with mild or no symptoms may eventually develop a disabling condition.

V. CONCLUSION:

In conclusion, the Chemical Sensitivity Alert Committee has taken an early lead regarding the health problems of the Desert Storm veterans, and has sought public support on their behalf. The committee emphasizes the need for the veterans Affairs committee to hear from scientists studying, and clinicians offering diagnosis and treatment, of chemically induced disease, and from Desert storm veterans who have had successful response to such treatment, and their advocates. The committee emphasizes that the effects of chemically induced illness can be subtle and latent. The committee offers insight into the need for the education of both physicians and patients, in order to ameliorate the chemically induced health problems of the Desert storm veterans. The Chemical sensitivity Alert Committee wishes to commend the veterans Affairs committee for holding this hearing. The longer the delay in the proper diagnosis of chemically induced disease, the greater the chance that much more serious health problems will result.

Respectfully yours,

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

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