

Approved: March 10, 1997
Date

MINUTES OF THE HOUSE COMMITTEE ON FEDERAL AND STATE AFFAIRS.

The meeting was called to order by Chairperson Garry Boston at 1:30 p.m. on February 17, 1997 in Room 519-S of the Capitol.

All members were present except: Representative John Ballou, Excused
Representative Candy Ruff, Excused

Committee staff present: Mary Galligan, Legislative Research Department
Mary Ann Torrence, Revisor of Statutes
June Evans, Committee Secretary

Conferees appearing before the committee: Representative Daniel Thimesch
Hue Grossman, Spring Hill
Wendy Henault
Linda Russell, Emporia
Jim Bunker
Francine Hines, State President for Kansas, Association of the
U.S. Army
Rosanna L. Morrow, President, Association of the U.S. Army
Professor Ron Trewyn, Associate Provo Professor for Biology,
Kansas State University
Don Myer, Executive Director, Kansas Commission of Veterans
Affairs
Dr. Steven Potsic, Director of Health
Chuck Yunker, Adjutant, The Kansas American Legion
Louis Andrew Paccapaniccia, III
Robert Arter

The Chairperson stated minutes for January 30, February 3, 4, 5, & 6 were distributed and would be approved later in the meeting.

Representative Findley requested two bill introductions: (1) Extend statute of limitation on arson crimes from 2 to 5 years (2) Allowing court trustee programs to bid on various programs and Representative Franklin asked for one bill introduction which deals with the licensing and regulation of private investigators and private detective agencies. The Chairperson moved and Representative Cox seconded the committee unanimously accept in bulk the three bill introductions. The motion carried.

The Chairperson opened the hearing on **HB 2108**.

HB 2108 - Persian Gulf War Syndrome

Representative Dan Thimesch, a proponent for **HB 2108**, stated there was a serious problem facing Kansas today, it is called Gulf War illness. Two videos were shown: one by Dan Rather that was done approximately 18 months ago when the government did not acknowledge any medical illness and one done by Dan Koepfel on ABC Nightline News that was more recent where the government has acknowledged a problem. There were 13,900 Kansans that went to the Persian Gulf. This is costing Kansas taxpayers a lot of money. There is \$100,000 in grants available to states. (Attachment 1)

Hugh J. Grossman, III, Spring Hill, Kansas, testified as a proponent for **HB 2108**, stating he was in the U.S. Army Reserves and called to active duty December 3, 1990 thru June 11, 1991 for Operation Desert Shield/Storm located at Al-Assara, Saudi Arabia

Mr. Grossman had been employed with the Spring Hill Police Department since 1981. Since serving in Desert Storm he has had medical problems and the symptoms have continued to get worse. Mr. Grossman believes this disease is contagious and his wife and step-sons are developing medical problems. (Attachment #2)

Wendy Henault, testified as a proponent to **HB 2108**, stating their first child was born August 15, 1995 with multiple birth defects and diagnosed with Goldenhar Syndrome. There has not been any birth defects in either

CONTINUATION SHEET

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family. Searching for answers, an article in People Magazine and a cover story in Life Magazine, November 1995 was located which spoke exclusively on babies with birth defects born to Gulf War veterans. The Presidential Advisory Committee reports no connection to the birth defects and parents serving in the Gulf War when they only have five Goldenhar cases listed. The ABDC has fifteen cases of Goldenhar Syndrome reported from families who served in the Gulf War. There are an additional five cases which have the symptoms of Goldenhar but have not been specifically diagnosed. **HB 2108** would allow for documentation of Brendan's birth defect with the government. It would also allow others to register any problems they may have. Until a registry is put in place, it is unknown how many cases would be documented. (Attachment 3)

Linda Russell, a proponent to **HB 2108** testified stating their daughter born March 16, 1994, has multiple birth defects. (Attachment #4)

Jim Bunker, a Gulf War veteran, serving with the Big Red One from Ft. Riley, Kansas, stated he became ill in the gulf and has been sick ever since. Untested and unproved drugs were given to servicemen and they were exposed to petro-chemical for a very long time and many were even exposed to nerve and mustard gas. These are only some of the things that the Department of Defense (DOD) has come forth on. Servicemen were told that exposure would not cause cancer or any birth defects. Mr. Bunker supports **HB 2108** that would set up a state registry and survey veterans and their family members. (Attachment #5)

Francine Hines, State President, The Association of United States Army, supporting **HB 2108**, testified it is our obligation to provide adequate medical and financial support to those veterans who have participated in the Persian Gulf War. The key to the proper execution of all provisions in **HB 2108** rests with the establishment of the Advisory Board. (Attachment #6)

Chief Warrant Officer Rosanna Morrow, President, Topeka Chapter of the Association of the U.S. Army, stated they are asking for support of **HB 2108** relating to the Persian Gulf War Syndrome and asking for programs to support those whose health was effected while serving in the Persian Gulf War. (Attachment #7)

R. W. Trewyn, Ph.D., Associate Vice Provost for Research Professor of Biology, Kansas State University, a proponent, stated **HB 2108** would begin to remedy that problem for Kansas veterans. Kansas cannot wait for the federal government to admit that more than stress is at work causing the physical ailments experienced by so many veterans of the Gulf War. Comprehensive studies on the impact of service in the Persian Gulf have already been undertaken in Iowa and Ohio and Kansas should do the same.

The Iowa Persian Gulf Study Group recently published their findings in the Journal of the American Medical Association and proposed that a variety of neurotoxin encountered by Gulf War soldiers may have led to the symptoms they now experience in civilian life.

The Ohio legislature authorized a study in 1996 to examine the health, family, economic, and employment outcomes affecting Ohio military veterans who served in Operation Desert Storm. Funding for the project was awarded to the Center for the Study of Veterans in Society, an Ohio-based nonprofit research organization.

Kansas State University researchers received a major subcontract for the Ohio study. The K-State researchers have developed the 40-page survey instrument for this project, and they are responsible for administering the survey as well as compiling and analyzing the results. Approximately 3,000 Ohio National Guard and Reservists are being surveyed and about one quarter of the results have been collected to date. (Attachment #8)

Don Myer, Executive Director, Kansas Commission on Veterans Affairs, testified as a proponent for **HB 2108**, stating the intent of this bill is to investigate the impact of "Gulf War Syndrome" on the health of veterans of the state of Kansas and their dependents, and assess the social, economic, and other impacts it has had on the state. If passed, the bill would have major implications for the Kansas Commission on Veterans Affairs as it adds the responsibility to develop a survey and other analytic tools to make these assessments, and requires the agency to develop and maintain a "Gulf War Registry." As presently staffed and funded, the KCVA would prove to be inadequate to the task. The resources specified in the bill are essential to its success. (Attachment #9)

Steven R. Potsic, M.D., MPH, Director of Health, Department of Health and Environment, stated that **HB 2108** proposed establishing a Persian Gulf War advisory board appointed by the Commission of Veterans Affairs, with the goal of collecting information on the health conditions and problems experienced by Kansas veterans and their families and any other persons residing in Kansas after returning from the Gulf War.

The Department of Health and Environment is sensitive to the problem of Gulf War veterans. One of the main purposes of the bill is to identify and survey Kansas Gulf War veterans and their families to determine their

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mental and physical conditions, problems and illnesses including birth defects, as well as social, emotional, employment and family problems. The Commission would make recommendations to the legislature based on survey findings. One scientific shortcoming of such surveys are that they rely on an individual's self-report. Self-reported information may be inaccurate for a variety of reasons, including the fact that some medical conditions are difficult to diagnose and should be validated by a health professional. Therefore, many of these same conditions, on a year-to-year basis, are likely to be found in the general population. The Commission, providing monies are available, would also conduct a fiscal impact study of Kansas in terms of increased cost of education, medical coverage, correction of birth defects and other expenses identified through the results of the surveys. Establishing and maintaining a state registry of all Kansans and their families who served in the Persian Gulf War would be complex.

The Department of Health and Environment supports the intent of **HB 2108**. The Department proposes some changes to make it compatible with current program activities and statutory requirements. The following amendments are suggested: Section 6. (a) The commission shall *request that KDHE* contact families of any children born after August 1, 1991, who are on any state birth defect list maintained by the department of health and environment, to ~~determine whether either of the two biological parents served in the Persian Gulf War. If~~ *inform the families of the availability of the survey and the registry if* either parent did serve in the Persian Gulf War. *If the families voluntarily participate in the survey, then the veteran's child's name shall be listed in the state Persian Gulf war registry.* (b) The commission shall ~~request that all~~ *determine the appropriate health programs of the state and the confidential mechanisms which shall be utilized to ask all* participants in such programs whether they are Persian Gulf War veterans, and if so ~~have the veterans complete a~~ *offer the veterans voluntary participation in the survey under section 4, and amendments thereto* and (e) *Any person who in good faith provides information to the commission under the provision of this section shall be immune from civil or criminal liability therefore.* (Attachment 10).

Charles M. Yunker, Adjutant, The Kansas American Legion, testified in support of **HB 2108** as the Legion feels it is needed to help Kansas establish an accurate means to identify effected veterans, track their medical history as it relates to illness from their service in the Persian Gulf, and the health of their children. (Attachment 11)

Louis Andrew Paccapaniccia, III, testified he has experienced several medical maladies since serving in the Persian Gulf War and supports **HB 2108**. (Attachment 12)

Robert Arter, testified in support of **HB 2108**, stating there was a need to collect data on the health of veterans, families, employment and do research that Ohio has approved.

Representative Thimesch offered a proposed amendment. (Attachment 13)

The following testimony was distributed in support of **HB 2108**: Arthur D. Solis, American GI Forum of Kansas (Attachment 14) and Richard A. Parry (Attachment 15).

Representative Cox moved and Representative Gilbert seconded to adopt amendments by Health and Environment and Representative Thimesch. The motion carried.

Representative Cox moved and Representative Mason seconded to amend Page 2 Lines 8 and 9 change "nine" to "seven". The motion carried.

Representative Lloyd moved to change the position from "classified" to "unclassified" position.

After discussion Representative Lloyd withdrew his motion stating he wanted the position to go away when the job was completed, but not before.

Representative Klein moved a conceptual motion and Representative Long seconded to change "have been affected" to "suffered from" on page 4, line 25. There was no vote taken and the motion died.

The Chairperson announced due to running out of time, and running into some turbulence the hearings on **HB 2108** were going to be closed at this point.

The Chairperson announced that Jim Brady would speak at the committee meeting on Wednesday, February 19 and the meeting would be held in Room 313-S.

Representative Gilbert moved and Representative Grant seconded to approve the minutes of January 30, February 3, 4, and 6. The motion carried.

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Representative Mays moved and Representative Cox seconded a substitute motion that **HB 2108** be recommend for passage as amended. The motion carried.

The meeting adjourned at 3:10 p.m.

The next meeting is scheduled for February 18, 1997.

FEDERAL & STATE AFFAIRS COMMITTEE

DATE: 2-17-97

NAME	REPRESENTING
Francine M. Hines	Association of the United States Army
Halsey Hines, CDR USN Ret	MO WW
Henry L. Miller	
Sarah Patrick	
George V. SHAW	KS V.F.W.
Arthur Solis	American GI Forum
CW2 ROSANNA Morrow	Assoc of the U.S. Army (AUSA)
SGM Randy Frederick	AUSA
R.W. TREWYN	KSU
HUGH J. GROSSMAN #4	GULF WAR VETERANS
Wendy Henavit	
Shelle Arnold	
DON A. MYR	KCUA
J.A. De la Torre	Gov's Office
Kate Hutchinson	Intern.
George Stover	
Earlene Stover	
Linda Russell	Gulf War Veteran
Charles M Yunker	KS AMERICAN LEGION
Louis A. Paccapaniccia	1332 Woodland EMPORIA KS 66801 GULF WAR VETERAN
LT COL DAVID H. McCREATH, USMC	USMC United States Marine Corps
COL ROBERT DALTON	KS ARMY NAT GUARD
LT (R) ROBERT ARTER	
Corinne Miller	KS - KDHE
GIANFRANCO PEZZINO	KS - KDHE
Steve Peterson	KDHE
Richard J. Chilton, Jr., M.D.	SUNFLOWER CHAPTER/HEAD-AMERICA PARALYZED VETERANS OF AMERICA
Jim Bunker	DAV
Pat Lipsey	AP

STATE OF KANSAS

DAN THIMESCH
REPRESENTATIVE, 93RD DISTRICT
30121 WEST 63RD STREET SOUTH
CHENEY, KANSAS 67025
(316) 531-2995

COMMITTEE ASSIGNMENTS

AGRICULTURE
EDUCATION
TRANSPORTATION



TOPEKA

HOUSE OF
REPRESENTATIVES

STATE CAPITOL
ROOM 278-W
TOPEKA, KANSAS 66612-1504
(913) 296-7680
1-800-432-3924
(DURING SESSION)

Thank you Chairman Boston and the House Fed and State Committee.

We have a serious problem facing Kansas today. It is called Gulf War illness. It is crippling some of our families in Kansas.

Our soldiers that went to the Gulf were in excellent health. They were in the best physical condition and had the best training they could receive. Many of them didn't come back the same. Symptoms and unexplained illnesses have plagued these young men and women. We are also seeing some spouses family members and offspring having problems.

What really happened over there? Did our soldiers and support personnel become exposed to something bad? Some have expressed concern about the thousands of chemical alarms going off after the air war started. We leveled chemical warehouse facilities.

How about the oil well fires, with the dense smoke and an assumption the Saddam Hussein ordered chemicals to be thrown onto the fires! Maybe it was the pills (PB) that many soldiers were forced to take, they were not approved by the FDA. Or could it have been the anthrax shots, depleted uranium, flea collars, pesticides, etc. Whatever caused these young soldiers and their families to become ill, is not going away.

The Pentagon and the Department of Defense have not acted in good faith. They have dragged their feet until there is very little confidence left in the Federal Government. Three United States Senators, Regal, Rockefeller, and Shay have expressed their shock, anger and disappointment as to how this issue has been handled and have strongly criticized the Department of Defense and the Pentagon.

I believe because of all the pressure, the Federal Government is now making "grant monies" available for states to do their own research. There are millions of dollars available for the states to accomplish this.

I strongly encourage you to support HB 2108 and help the more than 13,900 Kansans that went to the Gulf. They went to protect our freedoms and interests.

Let us not forget these brave Kansans. Let us be supportive of our soldiers and families now when they need our help.

Fed & State
2-17-97
Atch # 1

HOUSE BILL NO. 2108

The Commission shall:

- ° Develop comprehensive surveys to determine the physical and mental problems experienced by veterans, their spouses, and their family members, including birth defects, employment problems and social and family problems.
- ° Contact families of any children born after August 1, 1991 who are on any state birth defect list to determine whether either of the two biological parents served in the Gulf War. If so, the child's name shall be listed in a registry.
- ° Request that all health programs of the state, ask all participants in such programs, whether they are Gulf War veterans. If so, they shall complete a survey.
- ° Establish the registry listing the names of persons who have been affected.
- ° Request the different media to make public service announcements publicizing information on the surveys and inform Kansans of the health problems and places where help is available.
- ° Inform veterans of any programs to meet the veterans' needs.
- ° Establish a full time position dedicated to seeking grants and other moneys to fund activities under this act.
- ° All moneys received from any grants shall be deposited in the state treasury, and credited to the Persian Gulf War veterans health initiative fund.
- ° Conduct a fiscal impact study, aimed at identifying the annual budgetary impact of Gulf War syndrome on Kansas in terms of increased costs of education, medical coverage, correction of birth defects and other expenses identified ~~through the results of the surveys.~~
- ° Cooperate and share information with appropriate state and federal agencies as necessary for the purpose of this act to aid veterans and other persons in obtaining aid and relief from the effects of Gulf War syndrome

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Embargoed until Wednesday, April 17, 1996

CHEMICAL COMBINATION COULD BE CAUSE OF GULF WAR SYNDROME

MANHATTAN -- Researchers cooperating at three universities might have discovered the cause of the wide array of symptoms reported by an estimated 30,000 Gulf War veterans.

In the study done with chickens, researchers found that chemicals used simultaneously to protect soldiers from insect-borne diseases and nerve-gas poisoning are highly toxic to the central nervous system.

Fred Oehme, professor of toxicology at Kansas State University's College of Veterinary Medicine, teamed with Mohamed Abou-Donia, a pharmacologist from Duke University Medical Center, and Tom Kurt, a toxicologist from University of Texas Southwestern Medical Center at Dallas, in the study.

The research shows that two pesticides widely used by Desert Storm soldiers, DEET and permethrin, and the anti-nerve gas agent pyridostigmine bromide, when combined, produced many of the same neurological defects in chickens as those reported by stricken Desert Storm veterans. When used alone, the same chemical agents were harmless.

The findings were presented during a poster session at the annual meeting of the Federation of American Societies for Experimental Biology on Wednesday. The research will be published by Abou-Donia, Kenneth R. Wilmarth, Ali A. Abdel-Rahman, Karl F. Jensen, Oehme and Kurt in May in the *Journal of Toxicology and Environmental Health*.

Soldiers were given DEET and permethrin sprays to protect themselves from the various desert insects and the diseases they could carry, said Oehme. "Soldiers were spraying themselves several times a day. The insecticides would stick to their bodies and clothing. Some soldiers sprayed their blankets and clothes with permethrin."

This means some soldiers were constantly surrounded by the chemicals.

"Even if they weren't spraying themselves, which would have been unusual, these insecticides permeated the environment, like second-hand smoke," Oehme said.

The soldiers would administer the third chemical, pyridostigmine bromide, to themselves whenever a nerve-gas detector sounded a warning. In some areas these detectors could go off several times a day so soldiers were exposing themselves to the anti-nerve-gas agent often, Oehme said.

"Just like everyone, each individual soldier reacts to chemicals differently," Oehme said. "The biochemical processes of some soldiers can handle more chemicals than others."

In the study, researchers exposed healthy chickens to DEET, permethrin and pyridostigmine bromide alone and then in different combinations. Veterinary toxicologist Oehme advised the other researchers on the right doses of the three chemicals and the exposure methods for the chickens.

"Chickens are much smaller than people obviously, but their susceptibility to neurotoxic chemicals closely resembles humans," he said. "We wanted to find the right dosages that we could repeatedly administer and still observe the clinical effects over weeks."

Animals exposed to each chemical individually showed no signs of illness, Oehme said. But chickens exposed to any two chemical combinations showed similar symptoms to Gulf War veterans including diarrhea, weight loss.

shortness of breath, stumbling and tremors. Animals exposed to all three chemicals became paralyzed or in some cases died.

Laboratory analysis of tissue from the chickens showed enlarged axons and axonal degeneration in the central and peripheral nervous systems. Axons are part of the nerve cell and make up most of the spinal cord.

The animal tissue showed that the myelin, tightly rolled layers of fat that protect nerve cells, was swelling, dissolving and in more serious cases, disappearing in the animal exposed to all three chemicals.

"Once myelin starts to dissolve it cannot be reversed," Oehme said. "The chemicals were destroying the enzymes that held the myelin together. The unprotected nerves then began to short circuit and not work properly."

This can lead to symptoms shown by both the experimental animals and the Desert Storm veterans.

Oehme made several visits to Duke University where the tests were being conducted and was in constant contact with the team regarding the results and what the next steps would be.

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Oehme can be reached until Wednesday at the Red Deer Lodge at 1-800-661-1657. He can be reached Thursday at his office (913) 532-4334.

Additional information is available through Rebecca Levine at Duke University at (919) 684-4148 or by e-mail at Levin005@mc.duke.edu and Kris Mullen at Southwestern at (214) 648-3404.

Prepared by Leigh Anne Nicholson. She can be reached at (913) 532-6415.



Memorandum

TO: American Legion Department Service Officers

FROM: Matthew L. Puglisi, Assistant Director for Gulf War Veterans

DATE: July 19, 1996

RE: Gulf War Undiagnosed Illness Disability Compensation

As I am sure you are aware, The American Legion Gulf War Task Force, The United States General Accounting Office, and the Department of Veterans Affairs have concluded that serious problems exist with Gulf War undiagnosed illness disability claims. Investigations conducted by all three have determined that most of the veterans who filed for this form of compensation were poorly served by VA.

One of the most significant problems with these claims is that our Service Officers are usually excluded from the processing of these claims. This occurs because the claims are not adjudicated at the Regional Offices, but at four Area Processing Offices (APOs). The Task Force is aggressively pushing VA to correct this problem, and once it does, future Gulf War claims will have the benefit of a service officer developing his or her claim before it is adjudicated. This solution, however, does not address the undiagnosed illness claims that were, and will continue to be, denied before the system is fixed.

The American Legion has an obligation to Gulf War veterans with American Legion Power of Attorney whose claims were denied because of VA's failures. At the very least, we should contact these veterans and determine how they are managing since the denial of their claim. If their claim was wrongly denied, we should actively pursue the reopening of their claim.

Enclosed please find a list of all veterans in your state who have filed a Gulf War undiagnosed illness claim with American Legion Power of Attorney. These claims have already been adjudicated by VA. Many of these veterans filed directly with VA, leaving you with no opportunity to affect the development of these claims before they were adjudicated. As we noted in our Report to the National Commander, 95% of these claims were denied by VA.

Also enclosed is a checklist that we developed so we can keep track of how successful The American Legion's efforts were in following up with this population of veterans. As you contact a veteran, and subsequently make a determination concerning your course of action, please fill out a form for each veteran and mail or fax it to us. We will collect all of the forms and issue periodic reports to the Legion's leadership, and the Department Service Officers.

I understand that this would create an added burden to your already heavy workload, but the Legion cannot stand idly by after it discovered the problems with these claims. Although we have set no time limit on investigating these denied claims, the sooner we could collect this information, the better.

Thank you for your support of this effort. If you have questions or concerns regarding this project, please do not hesitate to call me at (202) 861-2772.



FACT SHEET - PERSIAN GULF WAR STUDY OF IOWA VETERANS

The University of Iowa College of Medicine, in cooperation with the Iowa Department of Public Health, and the Centers for Disease Control and Prevention (CDC) found that Persian Gulf War military personnel from Iowa reported significantly higher rates of certain medical and psychiatric conditions than their counterparts in the military who were not deployed to the Persian Gulf. The results of this CDC funded study appear in the January 15, 1997 issue of the Journal of the American Medical Association.

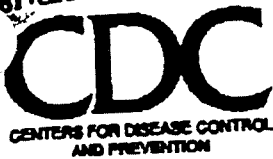
Researchers found that in comparison with those who did not serve in the Gulf War, Gulf War military personnel from Iowa were more likely to report symptoms suggestive of depression, post-traumatic stress disorder, chronic fatigue, cognitive dysfunction, bronchitis, asthma, fibromyalgia, alcohol abuse, anxiety disorder, and sexual discomfort. Investigators also found that service in the Persian Gulf War substantially affected the self-reported assessment of quality of life and functional health status. Among the Persian Gulf War veterans, researchers found relatively few differences between the frequency of medical and psychiatric conditions reported by National Guard or Reserve members and regular military personnel.

The purpose of the study was to compare the frequency of self-reported symptoms and illnesses between Gulf War military personnel and contemporary military personnel not deployed to the Persian Gulf. Since previous reports suggested that National Guard and Reserve troops might have more health problems than regular military personnel serving in the Persian Gulf, researchers also explored the relationship between self-reported medical and psychiatric conditions and type of military service. The health information gathered from this study was obtained from 3,700 randomly selected military personnel from Iowa who completed a telephone interview.

Because this study was a population-based epidemiological study, the types and frequency of self-reported health problems are probably similar in other populations of military personnel deployed to the Gulf. The researchers point out that the results of this study should not be over-interpreted. Findings from this study establish the need to further investigate the causes, clinical nature, and public health implications of the higher rates of self-reported health problems of the Persian Gulf War military personnel. More objective clinical measurement of these specific medical and psychiatric conditions should be addressed in future studies to determine what type of underlying illnesses, medical conditions, or other concerns might be related to these self-reported conditions.

CDC Office of Communication

January 3, 1997



SUMMARY OF KEY FINDINGS--PERSIAN GULF WAR STUDY OF IOWA VETERANS

- o The study is one of the first population-based epidemiologic studies to document that Persian Gulf War veterans are reporting more medical and psychiatric conditions than their military peers who were not deployed to the Persian Gulf.
- o The study has identified several specific medical and psychiatric conditions that need to be studied in more detail.
- o The medical and psychiatric conditions identified in the study appear to have had a measurable impact on the functional activity and daily lives of Persian Gulf War veterans.
- o The medical and psychiatric conditions identified in the study may not be unique to Persian Gulf War and may be similar to the experience of veterans in other wars.
- o Among the Persian Gulf War veterans, minimal differences were observed between the National Guard or Reserve troops and the regular military personnel, indicating that all military personnel, regardless of military service, were affected by deployment to the Persian Gulf.

CDC Office of Communication

January 3, 1997



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CIA Reports 120,000 Exposed to Nerve Gas

Facing the imminent release of a new book by a CIA whistle-blower, the Central Intelligence Agency made the following report on Friday, September 27, 1996. The following information is reproduced from New York Newsday.

Computer Projects Sarin's Scope

By Patrick J. Sloyan. WASHINGTON BUREAU

Washington - A preliminary Central Intelligence Agency computer model shows that a plume of sarin nerve gas drifted over elements of seven U.S. Army divisions after American engineers blew up Iraqi munitions containing 4.8 tons of poison at the end of the 1991 gulf war, according to administration officials.

More than 130,000 troops were in these frontline units in southern Iraq and Kuwait that routed Saddam Hussein's army from Kuwait during the weeklong ground war. But U.S. officials say poor record-keeping by the Pentagon has prevented CIA analysts from making an accurate estimate of how many troops were exposed to the cloud of sarin that drifted more than 62 miles south from an Iraqi bunker complex called Khamisiyah.

"Their unit locator system is all screwed up," said one expert contributing to the CIA analysis. The Army divisions with the units involved include the 1st Mechanized Infantry, the 82nd Airborne, the 24th Mechanized Infantry, the 1st Cavalry, the 1st Armored, 2nd Armored and 3rd Armored.

Other support units made up of reserves and state national guards may also be affected, administration officials said.

Depending on the final computer analysis, the plume of sarin may have also passed over parts of the British 1st Infantry. According to one official, the cloud of sarin may have reached the Saudi Arabian border.

One senior Pentagon official, who spoke on condition of anonymity, said a "very large" number of men and women were possibly exposed to low-levels of the nerve agent. The Pentagon is assembling a new task force to contact thousands of Desert Storm veterans about potential health problems.

Other defense officials expect the large number of troops possibly exposed to the March 10, 1991, plume of sarin will raise new questions about the possible link between the so-called gulf war syndrome and troop exposure to small amounts of chemical munitions. The Veterans Administration estimates more than 7,000 Desert Storm soldiers suffer from fatigue, sore joints, sleeplessness, stomach problems and rashes - symptoms of the syndrome, which still has not been medically identified.

Just last week, Defense Secretary William Perry's aides estimated that only 5,000 U.S. soldiers were potentially exposed after Army engineers destroyed munitions containing sarin on March 4 and March 10. But Kenneth Bacon, the Pentagon spokesman, warned reporters that the estimate was likely to grow.

Previously, CIA analysts showed that a cloud of sarin five miles wide drifted about 15 miles northeast, over a swamp, after engineers destroyed 1,060 Kaytusha rockets containing sarin on March 4.

Hugh J. Grossman III; 20865 Walker Road, Spring Hill, Kansas 66083 (913) 592-2868

EDUCATION

Park College Parkville, Missouri	Bachelor of Arts, May 1981 Business Administration Major
Johnson County Community College Overland Park, Kansas	Basic Police Academy, March 1982 House Bill 1137, Sec 8
Johnson County Community College Overland Park, Kansas	Associate of Arts, May 1983 Administration of Justice Major
Park College Parkville, Missouri	Master's of Public Affairs, May 1993 Public Administration Major

CURRENT COMMISSION'S AND CERTIFICATION'S

Spring Hill Police Department	August 1981	Sergeant
Kansas City Metro Squad	April 1985	Major Case Investigator
Dropller Traffic Radar (HR-8 & HR-12)	August 1981	Instructor
PR-24 Baton	May 1985	Instructor
Advanced Accident Investigations	March 1989	Completed
Intoxilyzer 5000	June 1990	Certified Operator
D.A.R.E. (17 week Core Training)	August 1990	Instructor
D.A.R.E. (Senior High Training)	July 1993	Instructor

WORK EXPERIENCE

Sergeant: Spring Hill Police Department: October 1991 to present

Started as a Patrolman in August 1981 and served in that position until promoted to Sergeant. As Sergeant I supervise the department in the absence of the Police Chief. The department currently has five full time officers, with an additional officer to be hired; and two part-time officers. In addition I am in charge of street operations and serve as backup for situations which might require assistance. I ascertain that proper policies and procedures are followed, check equipment, on-scene crime investigations and overall patrolman conduct. Maintain files and records of reports and traffic citation production. I also instructed the Drug Abuse Resistance Education (DARE) classes at two Elementary Schools, (K-4); the 17 week core training classes to five fifth grade classes at the Middle School for the past five years and the new Senior High DARE training to seven classes for the past two years. I perform other duties as directed by the Police Chief; which included writing a grant application to the State of Kansas for funding of a computer system for use by the Municipal Court/Police Department and a grant application for the hiring of a sixth full-time patrol officer, which was approved by the Bureau of Justice in 1995.

Staff Sergeant: (E-6) U.S. Army Reserves: May 1986 to May 1995

Honorable Discharge from the U.S. Army Reserves in May 1995. Called to active duty December 3rd, 1990 thru June 11th, 1991 for Operation Desert Shield/Storm. Served with the 403rd Military Police

Fed. State
2-17-96
Atch # 2

Prisoner of War Camp at Al-Assara, Saudi Arabia. Awarded the Southwest Asia Service Medal with 3 Campaign Stars, Liberation of Kuwait Medal and a 2nd Oakleaf Cluster to the National Defense Service Medal.

Branch Manager: AVCO Financial Services: August 1977 to March 1981

Responsible for all lending, both small loan and real estate loans, dealer contracts, and new account development. Credit investigations, analysis and approvals. Also all phases of collections, skip tracing, legal actions, repossessions and profit and loss. And in addition all branch accounting functions, trends, forecasting, expense budgeting, training and insurance. Supervised four people. Branch had over 800 accounts worth 1.6 million.

Sales Representative: Terminix Pest Control: February 1977 to August 1977

Traveled two State, 13 County area, selling termite and pest control contracts. Also maintained established accounts and made cold-calls on prospects.

Branch Manager: Pacific Finance: May 1973 to January 1977

Started as management trainee before being promoted to Branch Manager. Managed three different branches in Arizona and supervised a total of seven people. Branches had over 2000 accounts worth 2.6 million.

Staff Sergeant: (E-5) U.S. Air Force: January 1966 to May 1973

Inventory Management Specialist. Secret SPAR/PAR Security Clearance. Served three combat tours of duty in Southeast Asia. Two in Viet Nam and one in Thailand. Awarded fourteen medals and ribbons with 5 Oakleaf Clusters and 8 Combat Campaign Stars, including the AF Commendation Medal; 2 Viet-Nam Cross of Gallantry with Palms, and 2 A.F. Outstanding Unit Awards with V for Valor.

PROFESSIONAL AND CIVIC ORGANIZATIONS

Investigator of the Kansas City Metro Squad
Member of the Kansas Peace Officers Association (KPOA)
Member of the Kansas DARE Officers Association (KDOA)
Member Mo-Kan State Line Peace Officers Association

Life Member and Present Commander, Spring Hill American Legion Post #350
Current Member and Vice President of the Spring Hill Ruritan Club
Life Member of the Veterans of Foreign Wars Post #6240

January 17th, 1997

I want to thank Representative Thimesch, for inviting me to speak to you today. My name is Hugh John Grossman III, and I live at 20865 Walker Road, Spring Hill, Johnson County, Kansas. I have been a resident of Kansas since 1978. I was in the US Army Reserves and called up for active duty during the Gulf War and was assigned to the 403rd Military Police Prisoner of War Camp located at Al-Assara, Saudi Arabia.

I was employed as a Police Officer for the City of Spring Hill, Kansas since August 1981. I returned to the Department as soon as I was discharged from the Army, in June 1991. I had physical problems when I got out of the Army. I went to the VA Hospital in Leavenworth in 1991 and have continued to go since that time. Starting in the summer and fall of 1993 my symptoms got worse, and I knew that something was wrong with me. I took two Persian Gulf Exams, only to be told that nothing was wrong with me. In late 1996 at my wife's instance I went to my personal physician in Olathe. He had the guts to tell me he did not know a lot about this illness, however he would find someone who did know. A few days later he called me and told me he had found an Infectious Disease Specialist located in Kansas City, Missouri. I went to him in late November. In an hour and a half appointment he gave me more hope than the VA had in over 4 years. He sent me to another specialist for a Neuropsychological evaluation to determine what problems I was having. My physical problems were as follows: Migratory aching in joints and muscles; Severe fatigue; Short Term Memory Loss; Increased irritability and depression; Sleep disturbance; Night Sweats; Headaches; Muscle Spasms; Continual Diarrhea; Blurred Vision; Hair loss; Frequent coughing; Ringing in Ears; and Anxiety and Impotency.

What I found out from my Neuropsychological Exam was that I had even more severe problems. Some of the items mentioned in that Exam are as follows: Utilizing the same of norms it was found that the patient manifested 81% of the key indicators of neuropsychological dysfunction as being out of normal limits.

From a continued overall/global perspective and when utilizing an additional set of norms which takes into account and corrects for age, gender and level of education (so as to compare his scores to other 50 year old males who possess 18 years of education) it was found that the patient manifested 39% of the test within the impaired range of functioning.

Therefore, from this overall perspective the patient's neurocognitive level of functioning would be classified, when average, to be within the mild range of impairment.

When looking at memory functioning, as based upon his performance of the Memory Assessment Scale the patient's Global Memory Scale Score revealed his overall memory functioning to be at the 21st percentile. In other words, when comparing his performances to 100 individuals of the same age and level of education, 79 of those 100 individuals would have performed better on this test than this patient did. The patient's short-term Memory Scale Score revealed his short-term memory functioning to be at the 47th percentile. Verbal Memory Scale Score revealed his level of functioning to be at the 13th percentile. Visual Memory Scale Score is

at the 47th percentile. Conclusions: It is my opinion that a valid neuropsychological examination was obtained on this patient. As based upon this examination it is my opinion that the patient's overall level of cognitive dysfunction would be classified to be within the mild range of degree of impairment.

Specifically, this patient did indeed manifest very significant deficits in regards to memory functioning, speed of mentation, attention/concentration, motor functioning, motor speed, motor sequencing, complex sensory-perceptual functioning and higher level abstract reasoning abilities, problem solving, decision making and judgement.

This pattern of neuropsychological/ neurocognitive deficits is indeed consistent with others, I have had the opportunity to evaluate who also suffer from chronic fatigue syndrome. I have not had experience with those individuals suffering from suffering correlated with Operation Desert Storm. In reviewing the literature it would appear that this patient's illness is consistent with that reported in the literature.

It took three (3) different doctors from October 1996 to January 1997 a total of 12 hours to determine what was wrong with me. I have spent over 100 hours and five years at the VA Hospital and still cannot get any diagnosis. When we look at the history of what our Federal Government has done in the past ie: Agent Orange question from Viet Nam (20 Years; leaving over 900 POWS in Korea after the war; Atomic Experiments on our Vets during the 50's. That tells me that we as citizens of Kansas, need to do everything we can to take care of our Veterans and not depend of the Federal Government.

House Bill No. 2108 is an excellent start in that process. It will help the state to possibly identify those people like me, and families with children with severe disabilities. The survey and Commission that we want to establish will help the state to not only track veterans but to help the victims "network" within the state.

I believe that this disease is contagious. I say that from reading alot of literature and also seeing my wife and step-sons developing problems. I believe the numbers are going to grow and who knows what the end result will be. I believe this proposal for House Bill 2108 is a good start and I am happy to be here today and speak in support of it.

Sincerely;

Hugh J. Grossman III
P.O. Box 154
20865 Walker Road
Spring Hill, Kansas 66083-0154
(913) 592-2868

February 17, 1997

To: Chairman Gary Boston of Federal and State Affairs
Committee
From: Perry and Wendy Henault-Topeka, Kansas
Re: House Bill #2108

My husband Perry and I had our first child on August 15, 1995. Much to our surprise, Brendan was born with multiple birth defects and was diagnosed with Goldenhar Syndrome. Neither my husband or I, or our pediatrician had ever heard of this birth defect. We were sent to a number of specialists, including a Geneticist who diagnosed Brendan's birth defect. We discussed family background to try to determine a source. My husband and I have no history of any birth defects in our families. I mentioned to the Geneticist that Perry had served in the Gulf War and asked if there could be a connection. He immediately dismissed the subject saying there was no proof of a connection. As we searched for answers, we came across an article in People Magazine and a cover story in Life Magazine, November 1995 issue. The story spoke exclusively on babies with birth defects born to Gulf War Vets. The article specifically listed Goldenhar Syndrome as one of the prime birth defects. The story listed telephone numbers to Veterans Administration and the Pentagon as well as Association for Birth Defect Children. We contacted the VA and the Pentagon only to be given hours of run around. We were finally told that my husband could come in for a physical if he was feeling any symptoms, however, no data was being collected for spouses or children of the vets. We were able to register Brendan with ABDC who got us in touch with other Goldenhar families that served in the Gulf War. In a desperate attempt to find out if there were other local families experiencing the same frustrations, we contacted the local television station and they agreed to do a two part segment on our story. The response was overwhelming. We received a tremendous amount of information from a variety of people. We also received numerous calls from families who had seen the segment and had suffered miscarriages, children with birth defects, children who had died shortly after birth due to multiple serious birth defects as well as other veterans who were experiencing various symptoms.

It has been very frustrating to hear that the Presidential Advisory Committee reports no connection to the birth defects and parents serving in the Gulf War when they only have five Goldenhar cases listed. The ABDC has fifteen cases of Goldenhar Syndrome reported from families who served in the Gulf War. There are an additional five cases which have the symptoms of Goldenhar but have not been specifically diagnosed. It would be easy to say there is no connection based on collecting insufficient data. Specifically, Bill #2108 would finally allow us document Brendan's birth defect with the government. It would also allow others to registrar any problems they may have. Until a registry is put in place, who knows how many cases will not be documented.

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I'm Linda Russell I'm writing my letter of testimony in reference to Persian Gulf War Syndrome.

And I will refer to family names in testimony.

I start my testimony in reference to my 2 year and 11 month old daughter Bey

Bey was born MAR 16 1994 at time of birth we meaning myself Linda and my husband Todd knew Bey was cleft lip and cleft palate, Linda and Todd were referred by physician at that time to the Kansas University Medical Center cleft lip and cleft palate team. Linda Todd and Bey had a consultation on April 11 1994 with the plastic surgeon and at that time he evaluated Bey and had a discussion with Todd and Linda about the repair of Bey's first cleft lip surgery, surgeon informed Todd and Linda that Bey would have to be up to 10 lbs in weight and be healthy for surgery, and if Bey had more than 1 to 5 ear infections he would have to postpone lip repair surgery to do tube placement of the ears, Todd and Linda thought no problem get Bey up to 10 lbs in weight, pray for no ear infections, and surgeon can proceed with cleft lip repair.

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Later Linda was in contact with physician about eating problems Bey was having, On May 16 1994 Linda took Bey to physician for her 2 month well baby check up Bey's weight progress was very slow, Physician said lets check the ears, Bey might have ear infection, And ear infection will cause a infant to have a poor appetite and can cause vomiting, Physician diagnosed Bey of having a ear infection, Physician prescribed a antibiotic and sent Bey and Linda on there way.

Linda and Bey went home, Linda made a telephone call from home to the plastic surgeon's coordinator Linda reported to coordinator Bey had a ear infection and at that time coordinator ask Linda if she had any other concerns, Linda said yes I'm concerned about Bey's feedings Coordinator ask when can you come to Kansas City to get with feeding clinic, Linda said you name it will be there, Coordinator said let me hang up and make a phone call to the feeding clinic and I will call you back with a date and time, Coordinator called back, said Linda can you folks be up here on the 18th of May 1994 at 1 PM and bring with you all items you use to feed Bey with, Linda said we will be there

Linda, Todd and Bey went to Ku medical Center you will see a copie of feeding clinic report attached to my testimony.

Bey was admitted to Ku medical Center on may 18th 1994 for workup of failure to thrive besides investigating multiple congenital anomalies and identification of other anomalies which were not externally apparent.

Findings indention of Esophagus (food pipe), Narrow trachea (wind pipe), Eye defects, Heart Defects, Ear malformations, facial palsy, Epiglottis defect, Swallowing difficulties, cleft Lip and cleft palate, Retardation of growth and development, All to be referred to as charge syndrome

There are no known genetic abnormalities in either parents families, Bey has had seven surgery's and at this time still must be feed threew stomach feed tube.

I belive we are seeing a wide spread of health related problems in the gulf war veterans, And a wide spread of birth defects in the veterans children, And I belive there should be a great deal of concern in being in support of House Bill No. 2108

I conclude my testimony in saying in spite of it all I thank God every day

for blessing I Linda and my husband Todd
with a very special little girl Bey
And I would like to also conclude by
saying Thank You and God Bless to those
of you that have taking your time to read
my testimony.

Sincerely God Bless
Linda Russell

The University of Kansas Medical Center

FEEDING CLINIC REPORT

Name: Brie Russell
Birthdate: 3/16/94
KUMC#: 9406962
CDU#: 16580

Parents: Todd & Linda Russell
Address: 123 South Constitution
Emporia, KS 66801
Date of Visit: 5/18/94

Brie attends Feeding Clinic with her parents whose concerns center around her weight and feeding difficulties. Brie has a cleft of her lip and palate and has been evaluated once by John Hiebert, MD, in the Sutherland Institute at KUMC.

Today, Brie's parents are concerned over her extreme fussiness, irritability, difficulty being consoled and difficulty consoling herself. They report that she has taken, at most, 3 ounces of formula and usually takes one ounce at a time. She requires feeding every 1 to 2 to 3 hours, and generally takes around 8 ounces per day. Her birth weight was 7 lb. 3 oz. and today's weight is 8 lbs. 6 oz. (3.8 kg), and length is 21 inches. Brie's parents have tried multiple approaches to get her to take formula and to decrease her fussiness. Today they bring a Ross Cleft Palate (open-ended) nipple and an "orthopedic" nipple. They have found that this larger nipple attached to a squeeze bottle works best. Additional cuts in the nipple have been made to increase the flow. They report Brie vomits usually once a day, sometimes more often, and usually vomits about one ounce at a time. Mr. and Mrs. Russell have been working closely with Dr. John Bernard in Emporia, around feeding and weight issues. Both parents appear very tired and exhausted over their numerous attempts to feed and console Brie.

Observations:

Brie is held in her mother's lap and in an almost upright position (75°-80° elevation). Brie readily searches for the nipple once it touches her lips and makes sucking movements of her mouth and tongue. She is obviously unable to close her lips around the nipple, and makes what appears to be disorganized tongue movements around the nipple in apparent attempt to suck. She occasionally bites down on the nipple and eventually moves to a suck-swallow rhythm, with minimal intake. She loses some formula, and the more disorganized she becomes, the more formula she loses. No nasal reflux is observed during feeding.

Attempts, at feeding with various nipples (to include Haberman Feeder) and thickened formula were not successful. Given Brie's state of agitation, it is unclear whether her state "overrode" her ability to organize her suck-swallow or she does indeed have a somewhat disorganized feeding pattern.

Throughout feeding, Brie is fussy, difficult to console, and has "noisy" respirations within a few minutes after formula is taken in.



Child Development Unit
Kansas University Affiliated Program
3901 Rainbow Blvd.
Kansas City, Kansas 66160-7340.

(913) 588-5900 • Fax: (913) 588-5916

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PHYSICAL THERAPY • PSYCHOLOGY • SOCIAL WORK • SPECIAL EDUCATION • SPEECH

4-5


Circumoral cyanosis is observed shortly after feeding begins, and much fussiness, crying, and irritability is observed.

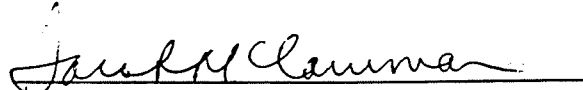
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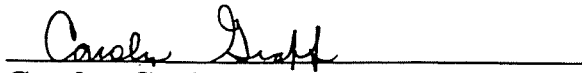
Brie is a two month old with cleft lip and palate, who has had difficulty with oral feeding and slow growth in weight and length. She does appear very eager to suck but has poor organization in her attempts to eat. She has obvious change in respirations after her feeding is in process for several minutes. Her breath sounds become very noisy and congested and breathing is effortful. Her parents have tried numerous strategies to feed her, none of them being successful over time.

Recommendations:

- 1) Consider further evaluation of feeding difficulties to rule out structural problems other than cleft of lip and palate that are impacting feeding abilities.
- 2) Consider alternative feeding method, such as tube feeding, to provide her with necessary nutrition.
- 3) Will be happy to re-evaluate in future after Brie is hydrated, nourished, and more relaxed.
- 4) Brie's parents are to be commended for their persistence and extraordinary efforts made to feed Brie.
- 5) Call (913) 588-5926 for followup appointment.


Trina L. Schulz, OTR
(913) 588-6943


Sarah McCamman, RD, MS
(913) 588-5904


Carolyn Graff, RNC, MN
(913) 588-5746

Hello

My name is Jim Bunker and I am a Gulf War veteran. I served with the Big Red One, from Ft. Riely Kansas. I became ill in the gulf and have been sick ever since. I do not know what made me or thousands of other gulf veterans sick. We were given untested and unproved drugs, exposed to petro-chemical for a very long time and many of us were even exposed to nerve and mustard gas. These are only some of things that the Department of Defense (DoD) has came forth on.

As it was said to the veterans of the atomic tests after W.W.II and the veterans from South East Asia with Agent Orange, we too are told that our exposure would not cause cancer or any birth defects. In this past year the Veterans Administration (VA) has listed at least four more health problem caused by agent orange. The VA also said the birth defect spina bifida is linked to services in the South East Asia. How many of these veterans and their family live in Kansas? I do not think any one knows, for the was never any registry on these veterans family members.

We can start now and prevent this from happening again. That is why I am asking for you to support and pass House Bill 2108. This bill will set up a state registry and survey of these veterans and their family members. It will look for and point out any increases in birth defects.

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Not if, but when the VA tells us that some birth defects are related to service in South West Asia, we as a state will be able to better inform our veterans and their families.

In this bill will work to inform the veterans of this latest war that there are some health problems that need to be looked at. As the Kansas Commission on Veterans Affairs (KCVA) and the board works to get veterans on the registry, they will also be working at getting the help through the many state and federal programs that are out there. During my work on this problem I found a great need to inform the veterans of what is out there to help them. Even in this past year we found veterans that had problems from their service who did not go to the VA for any help. They just did not know that they could.

As more and more federal programs are turned over to the state in the form of block grants, the state of Kansas will be one step ahead of other states in knowing what we will need. So please, lets do with this bill, as was done with the HR 5046 and HR 5047, and pass it as a sign to all of our veterans that we care.



ASSOCIATION OF THE UNITED STATES ARMY

STATE OF KANSAS

Re: HB 2108

TO : Representative Garry Boston, Chair,
Members of the Federal and State Affairs Committee.

Mr. Chairman,
Members of the Committee

I want to thank you for giving me the opportunity to appear before you today.

President:
Francine Hines

Board of Governors

Honorary Chair:
Merrill Werts

COL (Ret) James E. Fox
Dallas W. Freeborn
Gregory Gomez, III
Meredith E. Kidd
David H. McElreath
LTC Ronald F. Nicholl
LTC Dennis Parry
CSM Warren Smith
Joe de la Torre

As State President for The Association of The United States Army, and on behalf of its 500 members, I want to express our support of HB 2108, relating to the Persian Gulf War syndrome affecting veterans and their families.

We know we do not have all the answers to this existing problem. But, we believe it is our obligation to urge our distinguished legislators to take the necessary steps to implement the means for carrying out the intent of this bill: to provide adequate medical and financial support to those veterans who have participated in the Persian Gulf War.

The key to the proper execution of all provisions in HB 2108 rests with the establishment of the Advisory Board as its first step. Dedicated members will face tremendous responsibilities and tedious tasks.

It has been my privilege to appear before you several times in the past. I have a personal debt to repay to all veterans because I remember -too well- a Nazi-occupied Belgium during WWII.

We cannot afford to wait years to deal with the present situation. Our veterans did not have years to think about their obligation to our country.

I urge you, respectfully, Mr. Chairman and members of the Committee, to support HB 2108.

My gratitude to each of you for your consideration and for your commitment.

February 17, 1997

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ASSOCIATION OF THE UNITED STATES ARMY

STATE OF KANSAS

February 3, 1997

*Representative Dan Thimesch
30121 West 63rd Street South
Cheney, KS 67025*

Dear Representative Thimesch,

President:
Francine Hines

Board of Governors

Honorary Chair:
Merrill Werts

COL (Ret) James E. Fox
Dallas W. Freeborn
Gregory Gomez, III
Meredith E. Kidd
David H. McElreath
LTC Ronald F. Nicholl
LTC Dennis Parry
CSM Warren Smith
Joe de la Torre

As State President of Kansas for the Association of the United States Army, and on behalf of our 600 members, it has been my privilege in the past to testify on matters of concern to our military personnel.

I would like to appeal to you and to all the members of the Legislature to support in the strongest fashion House Bill 2108, relating to those affected by the Persian Gulf War Syndrome.

It took fifty years to recognize our WWII veteran's needs and sacrifices. I hope that it will not take too many weeks to convince our state representatives of their obligation to take positive action in this matter. The establishment of a Persian Gulf War Syndrome assistance fund will assure our veterans of receiving the needed assistance.

I will be happy to testify if necessary.

Sincerely,

FS
Francine M. Hines
State President for Kansas, AUSA
2740 SW Burlingame Road
Topeka, KS 66611-1314
913-234-9696

GOOD AFTERNOON. I AM CHIEF WARRANT OFFICER ROSANNA MORROW,
PRESIDENT, TOPEKA CHAPTER OF THE ASSOCIATION OF THE UNITED
STATES ARMY. ON BEHAVE OF OUR MILITARY SERVICE MEMBERS AND
THEIR FAMILIES, WE ARE ASKING YOU TO SUPPORT HOUSE BILL NO.
2108 RELATING TO PERSIAN GULF WAR SYNDROME.

OUR SOLDIERS HAD THE COURAGE TO SERVE OUR COUNTRY IN THE
PERSIAN GULF. WE ARE ASKING KANSAS TO HAVE THE COURAGE TO
PROVIDE INITIATIVES AND PROGRAMS TO SUPPORT THOSE WHOSE HEALTH
WAS EFFECTED WHILE SERVING IN THE PERSIAN GULF WAR.

THESE SOLDIERS WILL EVENTUALLY BE DISCHARGED FROM THE MILITARY.
WHEN THEY AND THEIR FAMILIES SUFFER FROM THE ILLNESSES THAT
WERE CAUSED BY EXPOSURE IN THE GULF WAR, WE CANNOT LEAVE THEM
WITH NO WHERE TO TURN.

THIS BILL WILL HELP PREVENT THE INTOLERABLE SITUATION OF THAT
VETERAN ONE DAY HEARING THE UNGRATEFUL WORDS, "YOU WERE
DISCHARGED YEARS AGO AND YOUR HEALTH ISSUES ARE NOT SERVICE
RELATED". PLEASE DON'T LET THIS ISSUE BE DISCOUNTED. PLEASE
SUPPORT HOUSE BILL NO. 2108.

THANK YOU.

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Testimony in Support of House Bill 2108

by
R.W. Trewyn

Military service during wartime is an experience fewer and fewer Americans can recount firsthand. A small minority of our population have borne that burden, so the majority have been spared the consequences and sacrifices such service demands. However, when large numbers of those who answered the call-to-arms must suffer the consequences of their service long after the conflict ends, something is desperately wrong, particularly, when their calls for help appear to go unanswered.

Many who served America in the Persian Gulf War believe their needs are not being addressed by the federal government. Many don't know where to turn. House Bill 2108 will begin to remedy that problem for Kansas veterans. Kansas cannot wait for the federal government to admit that more than stress is at work causing the physical ailments experienced by so many veterans of that war. The House, the Senate, and the Governor should unite in support of House Bill 2108 to demonstrate to those Kansans who served in the Gulf War that their sacrifices are still of concern. Kansas should be no less committed to Kansas veterans than Iowa or Ohio are to their veterans. Comprehensive studies on the impact of service in the Persian Gulf have already been undertaken in Iowa and Ohio.

The Iowa Persian Gulf Study Group recently published their findings in the Journal of the American Medical Association and proposed that a variety of neurotoxins encountered by Gulf War soldiers may have led to the symptoms they now experience in civilian life. This would square with a toxicology study on poultry where it was found that combinations of chemicals to which Gulf War soldiers may have been exposed are highly toxic to the central nervous system. Alone, these chemicals had no effect. Professor Fred Oehme in the College of Veterinary Medicine at Kansas State University was a member of the research team that analyzed the effects of the pesticides DEET and permethrin along with the anti-nerve gas agent pyridostigmine bromide. The synergistic effects of these agents are extremely deleterious.

The Ohio legislature authorized a study in 1996 to examine the health, family, economic, and employment outcomes affecting Ohio military veterans who served in operation Desert Storm. Funding for the project was awarded to the Center for the Study of Veterans in Society, an Ohio-based nonprofit research organization.

Kansas State University researchers received a major subcontract for the Ohio study. The K-State researchers have developed the 40-page survey instrument for this project, and they are responsible for administering the survey as well as compiling and analyzing the results. Approximately 3,000 Ohio National Guard and Reservists are being surveyed and about one quarter of the results have been collected to date.

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The K-State team is being led by Professor Walter Schumm from the School of Family Studies and Human Services. It includes Professors Anthony Jurich (family studies and human services), James Ragan, Jr. and Bernt Bratsberg (economics), and Earl Reppert, MD (Lafene Health Center).

Analyses of the preliminary Ohio data indicate significant effects of Gulf War service on veterans' general health, reproductive health, and divorce/separation rates. For males, 67% of those mobilized reported health problems, compared to 33% who were not mobilized. For females, the results to date are 80% for those mobilized versus 36% for the control group. In the area of reproductive health, 22% of those mobilized reported problems as opposed to 4% for those not mobilized; no gender differences are obvious at this point in the study. Lastly, Ohio Desert Storm veterans (male and female) who were mobilized reported an 18% divorce/separation rate as compared to a 9% rate among those National Guard and Reservists not mobilized. The rate is particularly high, 52%, for female veterans who were mobilized. The Ohio numbers are still preliminary, but they are clearly indicative of long-lasting effects of service in the Persian Gulf.

One unique aspect of the Ohio study compared to other national and state studies is the inclusion of survey parameters other than health that may have been influenced by service in the Persian Gulf, for example, family issues, subsequent earnings, and civilian employment. This is essential to gain a full understanding of the consequences of service in the Persian Gulf and needs that arise therefrom. Health problems can affect family relationships, income, employment, and a whole host of other areas and issues. Mobilization without subsequent health problems could negatively impact many of these as well. The economic, employment, and various sub-areas have yet to be analyzed with the preliminary Ohio data.

Ohio recognized the importance of taking a comprehensive approach to understand the overall consequences for the individuals involved. Health isn't the only issue. And it isn't possible to separate outcomes for individual veterans from subsequent repercussions on state services; one will likely be passed on to the other. House Bill 2108 proposes a similarly enlightened, comprehensive approach to evaluating the impact of service in the Persian Gulf.

The federal government seems intent on focusing on a single cause for Gulf War Syndrome. That should not be the primary issue. The issue should be the health of those who served and the overall consequences of their wartime service on their lives subsequently. First, one must define the nature and breadth of the problem or problems. Surveying the affected individuals, employing appropriate controls, is a good first step. Then, one can begin to propose potential solutions. Identifying a causal agent or agents along the way might help, but to blame every outcome on stress is an affront to those who served.

There is concern nationally that the federal government may not be doing everything possible for Desert Storm veterans. As a result, it is left to the states to ensure that those who sacrificed on our behalf do not continue to pay an undue price for their patriotism. Gathering comparative data and creating a registry of those who served from the State of Kansas is an important first step towards doing what is fair and right for Kansas veterans. House Bill 2108 will allow the state to determine the nature of the problems facing these veterans, and it should receive bipartisan support from the Kansas House and Senate.

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Testimony by Don Myer, Executive Director

Kansas Commission on Veterans Affairs

on House Bill 2108

before the

House Federal and State Affairs Committee

February 17, 1997

Mr. Chairman and members of the committee, my name is Don Myer, and I am the Executive Director of the Kansas Commission on Veterans Affairs. I am here today to testify on House Bill 2108. The intent of this bill is to investigate the impact of "Gulf War Syndrome" on the health of veterans of the state of Kansas and their dependants, and assess the social, economic, and other impacts it has had on the state. This bill, if passed, would have major implications for my agency. It adds the responsibility to develop a survey and other analytic tools to make these assessments, and requires my agency to develop and maintain a "Gulf War Registry." A special board of nine members would become a permanent part of the KCVA, and would help us steer a course that accomplishes these goals in an effective and efficient manner, without needlessly duplicating the efforts of the federal or other state governments, or private efforts. Rather, our efforts would be complementary to the many ongoing initiatives. Even with 24 ongoing studies listed by the Presidential Advisory Committee on Gulf War Veteran's Illness, there are voids enough to be filled in the investigation of this phenomenon. Neither the KCVA nor I shrink from the challenges in this bill. If so tasked, I believe that we can successfully fulfill this bill's intent. I have one qualification. As presently staffed and funded, the KCVA would prove to be inadequate to the task. The resources specified in the bill are essential to its success. The Kansas Commission on Veterans Affairs exists to care for veterans. We welcome any opportunity to enhance our present capability to do so. All we ask are the tools to get the job done correctly, and to the level of quality our veterans deserve. Thank you for this opportunity to speak before

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you, and I would be happy to answer any questions you might have at this time.

State of Kansas

Bill Graves



Governor

Department of Health and Environment

James J. O'Connell, Secretary

Testimony Presented to

House Federal and State Affairs Committee

by

Kansas Department of Health and Environment

House Bill 2108

HB 2108 proposes establishing a Persian Gulf War advisory board appointed by the Commission of Veterans Affairs, with the goal of collecting information on the health conditions and problems experienced by Kansas veterans and their families and any other persons residing in Kansas after returning from the Gulf War.

The Department of Health and Environment is sensitive to the problem of Gulf War veterans. While national studies are being conducted on health conditions of Gulf War veterans, little is known about the specific problems experienced by Kansas Gulf War veterans and their families. A further benefit is that Gulf War veterans and their families will also be notified, through mass media channels or other avenues, of services available to them in the state. This bill may also help to increase resources available in Kansas for Gulf War veterans through the acquisition of grants and other funds for activities to support Gulf War veterans and their families.

One of the main purposes of the bill is to identify and survey Kansas Gulf War veterans and their families to determine their mental and physical conditions, problems and illnesses including birth defects, as well as social, emotional, employment and family problems. The Commission will then make recommendations to the legislature based on survey findings. One scientific shortcoming of such surveys are that they rely on an individual's self-report. Self-reported information may be inaccurate for a variety of reasons, including the fact that some medical conditions are difficult to diagnose and should be validated by a health professional. Physical, mental, and social conditions may be complex and often related to multiple factors. Therefore, many of these same conditions, on a year-to-year basis, are likely to be found in the general population.

It appears that the purpose of the bill is to better understand the physical and mental health, as well as social conditions of Kansas Gulf War veterans and their families. The Commission, providing monies are available, would also conduct a fiscal impact study for Kansas in terms of increased cost of education, medical coverage, correction of birth defects and other expenses identified through the results of the surveys. Because some Kansans would be expected to have problems and illnesses as a natural course of the human experience, it would be important for the Commission to compare

findings from surveys to other population groups in Kansas. Without some sort of control group to compare to, it would be impossible based on the surveys alone to confirm the causal relationship if surveys indicated an excess amount of these problems and illnesses due to involvement in the Persian Gulf War.

Establishing and maintaining a state registry of all Kansans and their families who served in the Persian Gulf War will be complex. An assessment of their health and social conditions will rely heavily on personal judgment as to whether or not the individual is truly effected by a Persian Gulf War syndrome or by some other cause of illness or social problems unrelated to their Service experience. Thus, the registry is likely to contain individuals who would experience these illnesses and problems in the natural course of their lives.

The Department of Health and Environment supports the intent of this bill. The Department would like to propose some changes to the bill to make it compatible with current program activities and statutory requirements. Sec.6(a) should be modified to assure adequate protection of confidential data. While Section 8 assures protection of information acquired through surveys, the bill does not contain provisions assuring the confidentiality of information acquired through other sources, e.g., existing data in the Kansas Department of Health and Environment. The Department has many health programs that could potentially be used by the Commission. All are protected by confidentiality provisions, and one is covered by a specific statute that makes disclosure of information contained in the data set a class C misdemeanor (K.S.A. 65-1106, applied to the state program on sickle cell anemia). The Department asks that the bill be changed to assure that all information collected by the Commission will be strictly confidential. The Department also asks that immunity from civil or criminal liability be assured for individuals reporting confidential information under the requirements of this bill.

In addition, Sec. 6(a) states that the commission shall contact families who are on any state birth defect list maintained by the Department; and if either parent did serve in the Gulf War, then the veteran's child shall be listed in the state Gulf War registry. The Department believes that another third party, in this case, the commission should not be contacting these families directly and then have the child's name automatically listed on the Gulf War registry. Instead, the Department proposes that it would be more appropriate for the Department to contact the families and ask if they would be willing to participate in the survey; and if so, then their child would be included in the Gulf War registry.

In Sec. 6 (b), it appears that all health programs of the state would be mandated to ask participants and then require that Persian Gulf War veterans complete a survey. As part of scientific ethical practice, individuals are asked for voluntary consent rather than be required to participate in a survey or study; thus the language needs to be permissive and not mandatory.

The Department has highly sensitive and confidential programs such as AIDS reporting. Rather than having all health programs automatically be required to participate, we would strongly encourage that the bill be changed to state that the commission determine which health programs are

appropriate and which sensitive and confidential mechanisms would be required to participate in this broad, governmental process. The Department needs to assure that there is no public perception that such highly sensitive and confidential medical information is inappropriately shared.

The Department offers the following amendments to address these issues:

Sec. 6. (a) The commission shall *request that KDHE* contact families of any children born after August 1, 1991, who are on any state birth defect list maintained by the department of health and environment, to ~~determine whether either of the two biological parents served in the Persian Gulf War.~~ *Inform the families of the availability of the survey and the registry if either parent did serve in the Persian Gulf War.* *If the families voluntarily participate in the survey, then the veteran's child's name shall be listed in the state Persian Gulf War registry.*

(b) The commission shall ~~request that all~~ *determine the appropriate* health programs ~~of the state and the confidential mechanisms which shall be utilized to ask all~~ participants in such programs whether they are Persian Gulf War veterans, and if so ~~have the veterans complete a~~ *offer the veterans voluntary participation in the survey* under section 4, and amendments thereto.

(e) *Any person who in good faith provides information to the commission under the provision of this section shall be immune from civil or criminal liability therefore.*

Presented by: Steven R. Potsic, MD, MPH
Director of Health
Date: February 17, 1996

THE AMERICAN LEGION, DEPARTMENT OF KANSAS
TESTIMONY IN FAVOR OF HOUSE BILL 2108
PRESENTED TO
THE HOUSE FEDERAL AND STATE AFFAIRS COMMITTEE
FEBRUARY 17, 1997

Thank you for permitting me the opportunity to present testimony in support of House Bill 2108. Gulf War Syndrome or whatever the catch phrase is this week is real despite contentions by some in both the private and public sectors.

Veterans faced the same type of denial regarding radiation exposure due to the atomic tests conducted after World War II and into the 1950's. The Federal government dug its heels, covered up records and data for years until finally beginning to admit responsibility and begin compensation to exposed veterans.

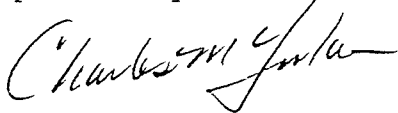
Veterans again faced the same battles regarding exposure to Agent Orange and other toxins used in Vietnam. That war ended with a cease fire in 1973 yet just last year the VA was delaying instructions to begin recognizing spino bifida in the children of exposed veterans as a residual effect of Agent Orange. Veterans groups are still wrestling with the Federal government over other illnesses we believe are directly related to Agent Orange.

Now our newest war veterans are facing the same type of battle. While we are hopeful the Federal Government will be forthcoming with previously hidden files and other records, past history would indicate we have a long wait ahead of us.

The American Legion feels HB 2108 is needed to help Kansas establish an accurate means to identify effected veterans, track their medical history as it relates to illness from their service in the Persian Gulf, and the health of their children. We do not think it is too much to ask in order to identify trends which effect the health of our younger veterans and their children.

Therefore we urge your support of HB 2108.

Respectfully submitted by



Charles M. Yunker, Adjutant
The Kansas American Legion

FedState
2-17-97
Atch # 11

DESERT STORM SYNDROME
WHEN IT STARTED WHEN WILL IT END

It was September 1990 at 0200 hrs. in Pittsburg Kansas just three days before my wedding when the phone rang in our little two bedroom rental. It's hard to believe that an unexpected phone call could cause a house to become so quiet and motionless. My fiance answered the phone and it was SGT. Freddy Piper from the 129th Transportation unit out of Emporia, Kansas. My fiance handed me the phone and I knew that old raspy voice that was on the other end of the line. SGT. Piper called and said Pacman I have some bad news for you. He said that my orders to Pittsburg Quatermaster unit had been froze and never sent. SGT. Piper then said that I have been activated with the 129th out of Emporia. He also said that I had to report to activation at 0800 hrs., which was three days before my wedding. I asked if I could wait and come after my wedding on Saturday? SGT. Piper said if it was up to him yes, but it isn't and I must report when scheduled. So for the next three hours I started calling family and telling them that the wedding was canceled. By the time that was over I had ran up a three hundred and fifty dollar phone bill. I then started packing all of my duty gear. I caught about two hours of sleep. The next morning I went to the campus and un enrolled from school, returned all my books, and got married all in about four hours. Sound crazy? Well it was but what the hell did I have to loose? Well I'll tell you. I brought my wife Jo back with me from Emporia to Pittsburg just three weeks prior to any of this happening. Once I got the phone call that I was activated I told her that she would probably have to move home. Jo then told me that she would stay because she was enrolled and it would cost us to much money to send her home and re enroll her at Emporia State University. Now any man in his right or wrong mind that runs across a woman that knows the value of money, and is tuff enough to stay somewhere that she knows no one, attend school and finish what she started is a fool to let her go. So we got married. Did I mention the fact that Jo is part

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Cherokee Indian. Well thats the part you only see once in awhile and it really can help you decide to say the right things to her like, "Why yes honey, we are still getting married, why wouldn't we?" It never crossed my mind that we wouldn't.

My wife stayed at Pittsburg which is three hours away from school. I was sent to Fort Riley which is about two hours from Emporia. While I was there the U.S. Army had this habit of notifying our family about the middle of the week and telling them that we were leaving for Saudi Arabia and it would be this week end. So every Friday my wife would drive to Emporia and then drive to Fort Riley to see me off. This went on for seven week ends. Unfortunately it finally caught up to my wife. On the sixth week of this happening she didn't show up on base on time. I knew something had happened. About an hour later her father called me and told me that she had hit loose gravel on the high way and rolled my car end over end twice and landed in the ditch up side down. The only injury my wife had was a small scratch on her hand. She had her seatbelt on and unhooked it thinking that she was right side up in the car. Yes the car was totaled but that was minor compared to the stress that we were starting to feel. After that week end came the real one when we were actually activated and sent to Saudi Arabia.

Just to give you a little background on my life, I graduated from Emporia High School in 1984. I then enlisted in the United States Navy March 3rd, 1995. I did almost all of my four year tour on the USS GUADALCANAL LPH-7. I was stationed in Norfolk Va. The funny thing about all this is that most of my tour on my ship was in the Persian Gulf. We were one of the ships that relieved the USS Stark after she had taken a missile to her port berthing side. Yes, I was only about twenty years old, but when I watched that ship float by, being towed by a support ship and run by a skeleton crew, I didn't hesitate to snap off a salute for my fellow sailors. I knew what duty, honor,

and Country meant long before being activated by a reserve unit.

I think I can speak for the rest of the 129th in the token that not one of them tried to get out of their obligation to their country. Everyone showed up for roll call at 0800 hrs. One of the benefits of that unit was the fact that almost all of the enlisted were prior service. It's upsetting that we were led by Officers who would not appreciate the prior experience that they had on hand. Instead they took it as a threat to their position and took every opportunity to prove these prior service members wrong when they were trying to use their experience to benefit the Unit under high pressure situations.

It seems that when people move up the ladder and are given these prestigious positions they forget where they have come from and who they are supposed to be serving. Your troops are always first. They are your meat and potatoes of a unit. This should also be true when the mission is over and it is time to support your troops wants and needs.

With this in mind I guess it would be fair to say that yes, we were called to duty. Yes, we showed up, took the mission at hand, and handled it to the best of our ability. I can proudly say that this was done with no remorse from anyone. Yes, we went to Saudi Arabia to give them our support and be an Ambassador for our Country.

Our 129th Transportation unit was doing such a fine job that several Captains from other Units were trying to get us to haul their tanks to the front line. I believe Each Soldier was going to receive awards for seven thousand miles of driving with out any injuries. The 129th was commandeered by the first calv., 17th airborne, and some other units that I wasn't familiar with. Yes, there were times when our Captain didn't even know

where some of her drivers were. What these tank units would do is commandeer us for two and three weeks at a time. They would take about four to five trucks and their crew. I don't know how this all legally happened but I do know that at times I was nine miles into IRAQ. There were a couple of times I actually saw some fire fight leftovers. There was a time when we were driving and just off of the horizon two scud missiles had been launched.

With all the area that our unit covered there is little doubt in my mind that other units didn't go deeper into Irag than us. I find it hard to believe that people who are an authority on this war can say that we were never exposed to chemicals, especially now when all the physical signs of exposure are coming to the surface. What you need to be asking yourselves is not, "Were these troops exposed to chemicals?" But instead, "What can we do to give support to our veterans so they can have someone to go to for answers." It seems very odd that so many people that were all at the same place at the same time have had so many medical problems and defects.

Food for thought. Would it be any different if YOU had received that phone call at 0215 hrs. a.m.? Would you have gone? If so, would you be asking for help now, such as your fellow men and women that are here today?

Since I've been back the only thing that I have noticed is that I have a very hard time keeping food of any kind down. When I first got back I couldn't eat anything fried. My stomach would almost explode. Sometimes I would throw up a half hour after eating. I then gained about thirty pounds of unexpected weight This to me seemed funny since I could hardly eat. I went to a dietitian and they put me on a lot of fruits and vegetables for about four to six weeks. I did loose almost all of the weight For awhile I was about 200 lbs. and this was very comfortable to me. Even though I got the excess weight

off I still had trouble eating. This started out as a mild case of heartburn. I could eat and then take a few tums and relieve the pain. But now it has gotten much worse. I am a Police Officer for the city of Emporia. Our schedule is based on shift work. After I would eat I would get so sick that I would have to go home from work. After this happened twice I decided to go to my family Doctor. I have now spent five hundred and fifty dollars on x-rays and one hundred dollars a month on medicine. I have been diagnosed with a hiatus hernia. This is when the muscular tissue around the hiatus weakens and the abdominal portion of the esophagus, often along with part of the upper stomach, which protrudes upward through the hiatus into your chest. This can cause such severe pain that one thinks they are having symptoms of a heart attack.

I have spoke with others in my unit and they have experienced similar problems such as heartburn, loose stools, cramping, and rapid weight gain.

If we had the time to get to know each other you would know that I am not the type to stand up and complain. I come from an Italian and Irish background. I know the value of hard work, responsibility, and respecting others. I am just a common man with an average income. I consider myself to be no one special. If you were to walk into a coffee shop or an old dinner I would blend in with the background like any common joe. I have my memories of my past accomplishments and I am proud of them just as any other successful adult would be. I think for being thirty one years old I have been fortunate to see many areas of the world. After viewing these many parts of the world there is no doubt in my mind that I would want to live anywhere else, but the USA. This is why I am having such a hard time understanding why the government doesn't want to come forward and recognize the problems at hand. I know my complaint is small. But I am here before you today for my fellow veterans that have severe problems that they cannot get answers for.

It is also true that the help that they need is way beyond their means. In my opinion This bill should pass so that our Veterans could have the means to battle their illnesses.

I would like to thank you for taking the time to listen. By doing this we have taken a step in the right direction.

In conclusion I've found it was hard for some of my fellow Veterans to get off of work to attend this meeting. If it were possible to have made it so the veterans could have wrote their testimony and mailed it to you there could have been a better response. A lot of my friends (veterans) do not have the privilege of getting off of work for such events.

Thank you.

A handwritten signature in cursive script that reads "Louis A. Paccapaniccia III". The signature is written in dark ink and includes a stylized flourish at the end.

Louis Andrew Paccapaniccia III

Fed's Stat
2-17-97
Atch #13

HOUSE BILL No. 2108

By Representatives Thimesch, Alldritt, Ballard, Ballou, Beggs, Burroughs, Compton, Correll, Crow, Dahl, Dean, Donovan, Farmer, Feuerborn, Flaharty, Flora, Flower, Freeborn, Garner, Gilbert, Glascock, Haley, Helgerson, Henderson, Henry, Howell, Humerickhouse, Johnston, Kirk, Klein, Krehbiel, Kuether, Larkin, J. Long, P. Long, Mays, McClure, McCreary, McKechnie, McKinney, Mollenkamp, Morrison, Myers, Nichols, O'Connor, Pauls, E. Peterson, J. Peterson, Phelps, Powell, Powers, Pugh, Reardon, Ruff, Sawyer, Shallenburger, Sharp, Shore, Showalter, Sloan, Spangler, Toelkes, Tomlinson, Toplikar, Vickrey, Weiland, Welshimer and Wilk

PROPOSED AMENDMENTS TO HB 2108
FOR CONSIDERATION BY
HOUSE COMMITTEE ON FEDERAL AND STATE AFFAIRS

FEBRUARY 11, 1997

18 AN ACT concerning the Kansas commission on veterans affairs; relating
19 to Persian Gulf War syndrome; establishing an advisory board; pre-
20 scribing powers, duties, functions and guidelines for the commission
21 and advisory board; providing for confidentiality of certain information
22 and exceptions thereto; establishing the Persian Gulf War veterans
23 health initiative fund ~~(providing for certain contributions)~~
24

25 *Be it enacted by the Legislature of the State of Kansas:*

26 Section 1. This act shall be known as the Persian Gulf War veterans
27 health initiative act.

28 Sec. 2. As used in sections 1 through 11, and amendments thereto,
29 unless the context clearly indicates otherwise:

30 (a) "Birth defect" means any physical or mental abnormality or con-
31 dition, including any susceptibility to any illness or condition other than
32 normal childhood illnesses or conditions.

33 (b) "Board" means the Persian Gulf War veterans health initiative
34 board established by section 3, and amendments thereto.

35 (c) "Commission" means the Kansas commission on veterans affairs.

36 (d) "Director" means the executive director of the Kansas commis-
37 sion on veterans affairs.

38 (e) "Gulf War syndrome" means the wide range of physical and men-
39 tal conditions, problems and illnesses that are connected with service in
40 the armed forces of the United States during and in the area of operations
41 of the Persian Gulf War.

42 (f) "Veteran" means a person who is a resident of Kansas who was a
43 member of the armed forces of the United States of America and who

1 served in such armed forces in the area of operations of the Persian Gulf
2 War during the Persian Gulf War or thereafter regardless of whether such
3 person is still actively serving in the armed forces or reserve.

4 Sec. 3. (a) There is hereby established with the commission an ad-
5 visory board known to be the Persian Gulf War veterans health initiative
6 board. The board shall be advisory to the commission in the implemen-
7 tation and administration of this act.

8 (b) (1) The board shall consist of nine members appointed by the
9 commission.

10 (2) At least three members shall be veterans. The director shall notify
11 the state level unit of the Disabled American Veterans, the Veterans of
12 Foreign Wars of the United States and the American Legion and request
13 a list of three nominations of veterans from each such veterans' organi-
14 zation. The commission shall appoint one veteran as a member from each
15 list.

16 (3) One member shall be qualified from each of the medical spe-
17 cializations of epidemiology, toxicology and genetics. One member shall
18 be qualified in one of the behavioral sciences in the speciality area of
19 family dynamics. The director shall notify one or more professional so-
20 cieties or associations which represent the medical or behavioral science
21 specialty area required and request a list of three nominations from that
22 specialty area. The commission shall appoint one member of the board
23 from each list.

24 (4) Two legislators, one from each house, shall be appointed to the
25 board with the speaker of the house of representatives and president of
26 the senate each appointing a member.

27 (c) Within 90 days of the effective date of this act, the commission,
28 the speaker of the house of representatives and the president of the senate
29 shall appoint the initial members of the board. Of the initial appointments
30 to the board by the commission, three shall be for a term of one year,
31 two shall be for a term of two years and two shall be for a term ending
32 three years after the date of the initial appointment. After the initial ap-
33 pointments, terms office of the members appointed by the commission
34 shall be for three years but no person shall be appointed for more than
35 two successive three-year terms. The term of office of each member ap-
36 pointed by the speaker of the house of representatives or the president
37 of the senate shall end on the first day of the regular session of the leg-
38 islature which commences in the first odd-numbered year occurring after
39 the year such member was appointed.

40 (d) Each member of the board shall serve until a successor is ap-
41 pointed and qualified. Whenever a vacancy occurs in the membership of
42 the board for any reason other than the expiration of a member's term
43 of office, the commission, speaker of the house of representatives or pres-

13-

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1 ident of the senate shall appoint a successor of like qualifications to fill
2 the unexpired term in accordance with this section. In the case of any
3 vacancy occurring in the position of a board member who was appointed
4 from a list of nominations submitted by a veterans' organization, the di-
5 rector shall notify that veterans' organization of the vacant position and
6 request a list of three nominations of veterans from which the commission
7 shall appoint a successor to the board. In the case of any vacancy occurring
8 in the position of a board member who is qualified in one of the speciality
9 areas listed in subsection (b)(3) after the initial appointments, the director
10 shall notify one or more professional societies or associations which rep-
11 resent the medical or behavioral science speciality required for the vacant
12 position and request a list of three nominations from that speciality area
13 from which the commission shall appoint a successor to the board.

14 (e) Annually, the board shall elect a chairperson, vice-chairperson and
15 secretary from among its members and shall meet at least four times each
16 year at the call of the chairperson.

17 (f) The members of the board attending meetings of the board or
18 attending a subcommittee meeting thereof authorized by the board shall
19 receive no compensation for their services but shall be paid subsistence
20 allowances, mileage and other expenses as provided in subsections (b),
21 (c) and (d) of K.S.A. 75-3223, and amendments thereto.

22 Sec. 4. (a) The commission shall develop comprehensive surveys, or
23 adopt one or more existing surveys, to be conducted to determine and
24 study the physical and mental conditions, problems and illnesses, includ-
25 ing birth defects, as well as the employment, social, emotional and family
26 problems experienced by veterans, their spouses and family members
27 since the veteran's return to Kansas and by any other persons residing in
28 Kansas who are suffering from Gulf War syndrome.

29 (b) The commission shall develop or adopt the surveys within the first
30 four months after the effective date of this act. The commission shall
31 administer the surveys and review the completed surveys with the board.
32 The commission shall compile the results of the surveys and develop
33 recommendations for the legislature based thereon. The director shall
34 report the results to appropriate federal agencies and shall request ad-
35 ditional assistance for veterans commensurate with the director's duties
36 under K.S.A. 73-1209, and amendments thereto.

37 (c) The aggregate amount expended for the development and ad-
38 ministration of surveys and studies set out under this section and for board
39 expenses, including the position established by section 5, and amend-
40 ments thereto, shall not exceed \$100,000 per fiscal year.

41 (d) The commission shall request the different media, including ra-
42 dio, television and newspaper, to make public service announcements
43 publicizing information on the Persian Gulf War surveys and inform Kan-

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1 sans of the health problems identified and where help is available. The
2 public service announcements should be published no less than four times
3 a year.

4 Sec. 5. There is hereby established with the commission a full-time
5 position dedicated to seeking and applying for grants and other moneys
6 to fund activities under this act, to assist in the preparation and admin-
7 istration of surveys under this act, to promote programs and activities
8 designed to assist persons affected by Gulf War syndrome to receive the
9 help they need and to perform such other duties as the chairperson of
10 the Commission may prescribe. Within 90 days of the effective date of
11 this act, the commission shall appoint a qualified individual to this posi-
12 tion.

13 Sec. 6. (a) The commission shall contact families of any children born
14 after August 1, 1991, who are on any state birth defect list maintained by
15 the department of health and environment, to determine whether either
16 of the two biological parents served in the Persian Gulf War. If either
17 parent did serve in the Persian Gulf War, the veteran's child's name shall
18 be listed in the state Persian Gulf War registry.

19 (b) The commission shall request that all health programs of the state
20 ask all participants in such programs whether they are Persian Gulf War
21 veterans, and if so, have the veterans complete a survey under section 4,
22 and amendments thereto.

23 (c) The commission shall establish and maintain a state Persian Gulf
24 War registry containing the names of veterans, their spouses, family mem-
25 bers and other persons in Kansas who have been affected by Gulf War
26 syndrome.

27 (d) The commission shall inform veterans of any state and federal
28 programs available to meet the veterans' needs.

29 Sec. 7. Subject to funds available, the commission shall conduct a
30 fiscal impact study, aimed at identifying the annual budgetary impact of
31 Gulf War syndrome on Kansas in terms of increased costs of education,
32 medical coverage, correction of birth defects and other expenses identi-
33 fied through the results of the surveys conducted under section 4, and
34 amendments thereto.

35 Sec. 8. The information obtained through any survey conducted un-
36 der section 4, and amendments thereto, shall be confidential and shall
37 not be disclosed or made public, upon subpoena or otherwise, beyond
38 the requirements of section 10, and amendments thereto, except such
39 information may be disclosed if:

40 (a) No person can be identified in the information to be disclosed
41 and the disclosure is for statistical purposes;

42 (b) all persons who are identifiable in the information to be disclosed
43 consent in writing to its disclosure;

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/3-5

1 (c) the disclosure is necessary, and only to the extent necessary, to
2 protect the public health;

3 (d) a medical emergency exists and the disclosure is to medical per-
4 sonnel qualified to treat infectious or contagious diseases, except that any
5 information disclosed pursuant to this paragraph shall be disclosed only
6 to the extent necessary to protect the health or life of a named party; or

7 (e) the information to be disclosed is required in a court proceeding
8 involving child abuse and the information is disclosed *in camera*.

9 Sec. 9. The commission shall adopt rules and regulations to imple-
10 ment and administer the provisions of sections 1 through 11, and amend-
11 ments thereto.

12 Sec. 10. The Kansas commission on veterans affairs shall cooperate
13 and share information with appropriate state and federal agencies as nec-
14 essary for the purposes of this act to aid veterans and other persons in
15 obtaining aid and relief from the effects of Gulf War syndrome. Such
16 cooperation shall include reporting the survey statistics to appropriate
17 federal agencies to bring issues to the notice of appropriate agencies.

18 Sec. 11. There is hereby established in the state treasury the Persian
19 Gulf War veterans health initiative fund which shall be administered by
20 the Kansas commission on veterans affairs. All moneys received from any
21 grants from federal or other nonstate sources, from contributions under
22 section 12, and amendments thereto, or from any other source for the
23 purpose of financing the activities of the board or the development or
24 administration of the surveys developed by the board under this act, shall
25 be deposited in the state treasury and credited to the Persian Gulf War
26 veterans health initiative fund. All expenditures from the Persian Gulf
27 War veterans health initiative fund shall be for the purposes of financing
28 the activities of the commission for the implementation and administra-
29 tion, including the activities of the board and the development and ad-
30 ministration of the surveys under this act and shall be made in accordance
31 with appropriation acts upon warrants of the director of accounts and
32 reports issued pursuant to vouchers approved by the Kansas commission
33 on veterans affairs or the commission's designee.

34 Sec. 12. (a) Each Kansas state individual income tax return form shall
35 contain a designation as follows:

36 "Persian Gulf War veterans health initiative fund. Check if you wish to donate, in addition
37 to your tax liability, or designate from your refund, the amount of _____"

38 (b) The director of taxation of the department of revenue shall de-
39 termine annually the total amount designated for use by the Kansas com-
40 mission on veterans affairs pursuant to subsection (a) and shall report
41 such amount to the state treasurer who shall transfer from the income
42 tax refund fund the entire amount thereof to the Persian Gulf War vet-
43 erans health initiative fund. In the case where donations are made pur-

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1 ~~suant to subsection (a), the director shall remit the entire amount thereof~~
 2 ~~to the state treasurer who shall deposit the same in the state treasury.~~
 3 ~~The state treasurer shall credit the amount certified by the director as~~
 4 ~~the cost of collecting the amount of donations remitted and administering~~
 5 ~~the provisions of this section, which cost shall not exceed 1% of the~~
 6 ~~amount of donations remitted, to the state general fund and shall credit~~
 7 ~~the balance of the donations remitted to the Persian Gulf War veterans~~
 8 ~~health initiative fund.~~

12] 9 ~~Sec. 13.~~ On July 1, 1997, the director of accounts and reports shall
 10 transfer \$100,000 from the state general fund to the Persian Gulf War
 11 veterans health initiative fund.

13] 12 ~~Sec. 14.~~ This act shall take effect and be in force from and after its
 13 publication in the statute book.

And by renumbering sections accordingly.



WRITTEN TESTIMONY SUBMITTED TO THE
HOUSE COMMITTEE OF FEDERAL AND STATE AFFAIRS

BY

ARTHUR W. SOLIS

MONDAY, FEBRUARY 17, 1997

HOUSE BILL NO. 2108

Mr. Chairperson and members of the House Committee:

Thank you for the opportunity to submit testimony in favor of House Bill No. 2108, the Persian Gulf War veterans health initiative act. I commend you on convening this hearing on the health problems of Persian Gulf War veterans of Kansas. As a Vietnam veteran and the Immediate Past State Commander of the **American GI Forum of Kansas**, I am proud that Kansas Hispanics served with distinction during the Persian Gulf War.

The December 31, 1996 *Final Report* of the **Presidential Advisory Committee on Gulf War Veterans' Illnesses** (PAC) provides an important first step in analyzing the full range of our government's outreach, medical care, research, and coordination of activities pertinent to Gulf War veterans' illnesses. The PAC also investigated the short- and long-term health effects of Gulf War risk factors. It is appropriate to note that Rolando Rios, a Hispanic veteran and attorney from San Antonio, is an advisory committee member.

Mr. Chairperson and committee members, my sole concern with HB 2108 is the proposed statutory provision (subsection (b)(2) of Section 3) which expressly **limit** the appointment of veterans organizations' representatives to the Advisory Board to nominees of the American Legion, VFW, and DAV. The leadership and dedication to veterans and their families of these veterans organizations is noteworthy. Indeed, I am personally indebted to John F. Sommer, Jr., Executive Director of the Washington, DC, office of The American Legion, for information on Gulf War veterans' illnesses and associated issues.

However, I respectfully urge the Committee to amend Section 3(b)(2) to reflect a more inclusive criteria for appointment of Gulf War veterans to the Advisory Committee. Illustrative examples for veterans nominees are the provisions for appointment of members of the Veterans Memorial Advisory Committee, K.S.A. 1996 Supp. 77-2253(a)(1), (3), and the Kansas Commission on Veterans Affairs, K.S.A. 73-1208a.

This concludes my testimony.

Subject: GULF WAR Bill

Date: Sun, 16 Feb 1997 16:42:36 -0600 (CST)

From: Richard Parry <parry@flintheills.com>

To: bunker@inlandnet.net

To Whom It May Concern;

I am writing this to support the Bill that Rep. Dan
Thimesch is bringing forward regarding KANSAS GULF WAR VETERANS! I would
like to say it is time to support the Veterans of Kansas with their struggle
in fighting their illnesses. We have fought for our country and defended it
when called upon with full support. It is now time the state and Federal
Gov't. Do the same for the Veterans. Many of us are sick and really have no
clue as to why! It would be a disservice to our veterans and to our STATE
Not to Support this Bill!

Thank You,

Richard A. Parry
310 Robin Hood Drive
Junction City, Kansas 66441
16 Feb. 1997

Fed + State
2-17-97
Atch # 15