

Approved: 5-3-97
Date

MINUTES OF THE SENATE COMMITTEE ON FEDERAL AND STATE AFFAIRS.

The meeting was called to order by Senator Lana Oleen at 11:00 a.m. on March 10, 1997 in Room 254-E of the Capitol.

All members were present.

Committee staff present: Mary Galligan, Legislative Research Department
Theresa Kiernan, Revisor of Statutes
Midge Donohue, Committee Secretary

Conferees appearing before the committee:
Steven R. Potsic, MD, MPH, Director of Health, Department of Health
and Environment, Topeka
Representative Dan Thimesch
Senator Tim Emert
Mr. Alfred Link, Iola
Mr. Jim Bunker, Disabled American Veterans, Topeka
Mrs. Francine Hines, President, Association of the United States Army,
Topeka

Others attending: See attached list

SB 297 & HB 2108: Veterans affairs; relating to Persian Gulf War Syndrome

The hearings reconvened on **SB 297** and **HB 2108** with Dr. Steven R. Potsic, Director of Health, Department of Health and Environment, appearing before the committee to provide additional information on the issue (Attachment #1). Dr. Potsic advised that something new is learned; that every day more medical information is developed on a host of things. He said his department is sensitive to the problems of Gulf War veterans and, although national studies are being conducted on their health conditions, little is known about the specific problems they and their families experience. He discussed the advantages of the bills, specifically, that they would provide a means of notifying Kansas Gulf War veterans and their families of services available to them in the state. He noted that a repository of information would serve as an avenue for expanding knowledge on the Gulf War syndrome but cautioned committee members to be aware that it would have its limitations; that self-reported information may be inaccurate and some medical conditions are difficult to diagnose and should be validated by a health professional. He listed some of the limitations KDHE thought would be important to share with the committee.

Dr. Potsic told the committee the Department of Health and Environment supports the intent of either bill but would like to propose some changes to make it compatible with current program activities and statutory requirements. One of the suggested changes addressed confidentiality of information acquired, and the Department asked that the bill be amended to assure that all information collected would be strictly confidential. He said the Department also asked that immunity from civil and criminal liability be assured for individuals reporting confidential information under the requirements of the bills. Further, he advised that the Department recommended it be the source to contact families, rather than the Commission, in regard to survey participation for Gulf War Registry purposes. It was suggested also by the Department that the language in Sec. 6 (b) be permissive, rather than mandatory.

Discussion followed on the composition of the advisory board, funding and the proposed amendments that were offered.

Representative Dan Thimesch offered additional information about the bills, telling the committee the intent of **HB 2108** is for identification purposes only and it was fashioned after Ohio legislation which appropriated \$100,000 for a comprehensive research study to determine the medical effects, as well as employment, social, emotional and family problems of Gulf War veterans (Attachment #2)

CONTINUATION SHEET

MINUTES OF THE SENATE FEDERAL & STATE AFFAIRS COMMITTEE, Room 254-E- of the Capitol, at 11:00 a.m. on March 10, 1997.

The hearings were closed on SB 297 and IIB 2108 and opened on:

SR 1811: A resolution memorializing Congress to revise certain laws which prohibit a disabled military veteran from receiving both full retirement pay and disability compensation benefits

Senator Tim Emert advised he had introduced the resolution after he was made aware of the prohibition on retired military veterans receiving both full retirement pay and disability compensation benefits. He said that Mr. Alfred Link, the constituent who brought the matter to his attention, would be testifying before the committee today. Senator Emert stated he felt the resolution was something the Senate should consider, and he asked the committee to support the measure.

Mr. Alfred Link, Iola, a retired member of the Kansas National Guard and legislative chairman of the Enlisted Association of the National Guard of Kansas, appeared in support of the resolution (Attachment #3). Mr. Link told the committee that veterans who served their country for twenty or more years and incurred a disability while fulfilling their patriotic duty are being discriminated against and penalized by being denied concurrent dual receipt of full retirement pay and disability compensation benefits. He explained that, under current law, a veteran is allowed to receive retirement pay or disability compensation or must waive an amount of retirement pay equal to the amount of disability compensation benefits. In contrast, he said a disabled veteran who has held a non-military federal job for the period required for retirement receives full retirement pay undiminished by the subtraction of disability compensation benefits. Mr. Link stated this was not a fair and equitable practice and urged the committee to support this resolution.

Mr. Jim Bunker, Disabled American Veterans, Topeka, addressed the committee in support of the resolution (Attachment #4). He told the committee there was a need to take care of the injustices going on with retired military veterans. Mr. Bunker pointed out that after they retire from the service, many veterans must get a job to make ends meet. He said, if for some reason, a veteran must be in a VA hospital for more than twenty-one days with a services-connected disability, he/she stands to lose time and pay from any job he may have. Mr. Bunker asked for the committee's support of the resolution.

Additional written testimony submitted in support of the resolution:

Mrs. Francine Hines, Topeka, President, Association of the United States Army
(Attachment #5)

Mr. Don Myer, Executive Director of the Kansas Commission on Veterans Affairs, Topeka
(Attachment #6)

Senator Harrington moved that the resolution be favorably recommended to the full Senate. Senator Schraad seconded the motion. The motion carried.

Senator Becker moved for approval of the minutes for the February 10 and February 11 meetings. Senator Jones seconded the motion. The minutes were approved.

The meeting adjourned at 12:00 noon. The next meeting is scheduled for March 11, 1997.

State of Kansas

Bill Graves



Governor

Department of Health and Environment

James J. O'Connell, Secretary

Testimony Presented to

Senate Federal and State Affairs Committee

by

Kansas Department of Health and Environment

Senate Bill 297

SB 297 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.

Sen. Federal & State Affairs Comm

Date: 3-10-97

Attachment: #1

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 affected 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 irrespective of their presence in the Persian Gulf. For example, three out of four of us will develop cancer in our lifetimes.

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. 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.

(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: March 5, 1997

STATE BILLS AND RESOLUTIONS

Massachusetts Senate Bill 1993 - (in committee- may move any day)

Would set up a commission to study the effect of the "Gulf War Syndrome" and the impact in the State.

Ohio HB 117 - (Signed 6/30/95)

--- Appropriate \$100,000 in fiscal year 1996, a comprehensive research study to determine the medical effects as well as employment, social, emotional and family problems that have been incurred.

Pennsylvania House Resolution No. 241 - (adopted)

Memorializing Congress to investigate mysterious medical symptoms of Veterans of Operation Desert Storm.

California Senate Joint Resolution 19 - (adopted)

A petition to expedite research and dollars to solve the problem.

Colorado Senate Joint Resolution 95-27 - (adopted 5/4/95)

Urging additional Federal action to diagnose and treat any serious illnesses of Veterans of the Persian Gulf Hostilities. Asking to declassify information that could possibly have any bearing on illness. Investigate the communicability, access government documents regarding environmental exposure to chemical and biological warfare agents, place a moratorium on donation of blood, blood products, and organs by veterans.

Illinois HB 1760 - (in committee)

Changing their Department of Veterans Affairs by amending Section 2 - duties and powers. Obtaining any advantage, benefit, assistance, services and resources for veterans and their dependents. Create a program that State veteran facilities could treat veterans.

The Department could accept and hold on behalf of the State, a grant, gift, devise, or bequest of money or property for the general benefit of Illinois veterans. To be kept as a distinct fund.

Town resolution Santa Cruz New Mexico (Passed 10/27/94)

Urging a ban on blood and tissue donated by Persian Gulf War Veterans until doctors investigate the veterans' theories about virus or bacteria.

Fenn - fl davis

Sen. Federal & State Affairs Comm.

Date: 3-10-97

Attachment: # 2

Physical Health Symptomatology

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MILITARY MEDICINE, 160, 3:131, 1995

Physical Health Symptomatology of Gulf War-Era Service Personnel from the States of Pennsylvania and Hawaii

Robert H. Stretch, PhD
CPT Paul D. Bliese, MSC USA
David H. Marlowe, PhD

Kathleen M. Wright, PhD
LTC Kathryn H. Knudson, MSC USA
Charles H. Hoover, BA

We present data on physical health and possible "Gulf War syndrome" from a Congressionally mandated study of over 4,000 active duty and reserve service members from the states of Hawaii and Pennsylvania who served during Operation Desert Storm. We found that deployed veterans report significantly more physical health symptoms than non-deployed veterans that cannot be explained by reasons other than deployment alone. We also identified a subgroup of 178 deployed veterans at risk for possible Gulf War syndrome. We recommend that services collect baseline information from units likely to deploy in the future and update that information regularly.

Introduction

Acting upon the direction of Congress as outlined in the 1992 Defense Appropriations Act, the Assistant Secretary of Defense for Health Affairs tasked the Department of Military Psychiatry, Walter Reed Army Institute of Research (WRAIR), to study the effects of the Persian Gulf War on active duty, National Guard, and reserve units in the States of Hawaii and Pennsylvania.

Specifically, the Congress requested that the health and adjustment of veterans in these two states be assessed to determine the necessity (if any) for providing services to facilitate the resolution of any potential problems they may have experienced upon return from the Gulf War.

In response to this tasking, the Department of Military Psy-

Department of Military Psychiatry, Walter Reed Army Institute of Research, Washington, DC 20307-5100.

This manuscript was received for review in December 1994. The revised manuscript was accepted for publication in February 1996.

chiatry, WRAIR, developed and implemented a research protocol with the following objectives:

(1) To define the general psychological and psychosocial status of the military populations under study in the states of Hawaii and Pennsylvania.

(2) To determine those subpopulations demonstrating higher than usual levels of psychological and psychosocial symptomatology, and to analyze probable causative and relational factors, e.g., demographic, experiential (exposure to combat or other trauma), organizational stresses, family stresses, illnesses, predispositional factors, etc.

(3) To determine those subpopulations demonstrating potentially high risk for diagnosis of post-traumatic stress systems or post-traumatic stress disorder (PTSD) as a result of experiences in Southwest Asia (SWA) during Operation Desert Shield/Storm (ODS) deployment.

Although the primary concern of this study is on psychological and psychosocial adjustment, we felt that, given the large body of literature that links acute and chronic life stresses and mental health status to risk for future morbidities, it was also important to assess physical health symptomatology in this protocol. For example, recent research¹ has linked mental health state to future functional gastrointestinal and hyperimmune diseases. Additional recent evidence suggests that upper respiratory complaints were common among troops who served in Operation Desert Shield/Storm and were related to both the troops' housing and to their exposure to the outside environment.²

Since the end of the Gulf War, concern over the physical health of ODS veterans has also surfaced in the form of what has been termed "Gulf War syndrome." This refers to as-yet



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Doctor to test bacteria theory for Gulf War Syndrome



Hyman (CNN)

Believes lack of immunity, not chemical warfare, caused vets' illnesses

February 19, 1997
Web posted at: 3:21 p.m. EST (2021 GMT)

From Correspondent Brian Cabell

NEW ORLEANS (CNN) -- After a four-year battle, Congress has allocated \$3 million to a New Orleans doctor who believes he can help solve the mystery of Gulf War Syndrome.

Dr. Edward Hyman testified before Congress and wrote and phoned the Pentagon urging funding to test his theory that veterans with the syndrome are actually suffering from a severe bacterial infection.

But the Pentagon blocked his requests, despite evidence that he'd had some success treating 10 Gulf War vets and their wives with large infusions of antibiotics.

"There were matters of oversight and patient safety," a defense official said, "that have now been resolved to everyone's satisfaction."

Both Congress and the Pentagon have signed off on the funding request.



Hyman testified before Congress (CNN)

"Now they are going to have to fund his research and he has the opportunity to show his stuff," said Louisiana Congressman Bob Livingston. ◀ (111K/9 sec. AIFF or WAV sound)

Although the Department of Defense has recently conceded that thousands of soldiers may have been exposed to chemical



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Study Says Gulf War Studies Need Coordination, Data Systems Should Be Improved

*News release from the Institute of Medicine
January 5, 1995*

WASHINGTON – Heightened public pressure on government agencies to change the way they address the health problems of Persian Gulf War veterans has resulted in fragmented efforts thus far, says a new report by an Institute of Medicine (IOM) committee. Steps must be taken now to redirect and coordinate research efforts, and to stop activities that won't yield new information.

Without better studies and data collection, productive scientific research into the health effects of the Gulf War is unlikely, the committee said.

"We feel that the Departments of Defense and Veterans Affairs deserve credit for addressing the potential health issues given time pressures and public concerns," said committee chair John C. Bailar III, professor of epidemiology and biostatistics, McGill University, Montreal. "But now it's time to take stock of the many activities under way. The government must determine which research efforts should be dropped because their usefulness has ebbed and which study gaps persist. Based on what we know now from these efforts, all of us -- veterans, the public, Congress, and the scientific community -- must adjust our expectations of what we will, and will not, find."

Saddam Hussein's invasion of Kuwait in August 1990 was repelled six months later by a multinational force that included deployment of 700,000 U.S. reserve and active-duty troops. During the war, soldiers and civilian personnel faced a range of health hazards including those posed by the threat of chemical and biological weapons and raging oil-well fires.

Four years later, the government is still grappling with reports from some veterans and their families that they are inexplicably ill and that their illnesses stem from service in the Persian Gulf. Reported but undiagnosed health problems include headaches and memory loss, fatigue, sleep disorders, and musculoskeletal complaints. Some veterans have reported that their offspring have birth defects or their spouses have health problems which they attribute to the veteran's Persian Gulf service.

Coordination Needed

Congress asked the IOM to review the government's means of collecting and maintaining information for assessing the health consequences of military service and to recommend improvements and epidemiological studies, if warranted. An epidemiological study involves research to find the cause or causes of a disease and any relationships between risk and personal characteristics.

Now in its second year of a three-year effort, the committee has issued this report recommending immediate actions that the Departments of Defense (DOD) and Veterans Affairs (VA) should take in three areas: data and databases, coordination and process and study design needs. DOD is responsible for the medical care of active duty and retired military personnel; VA is responsible for those who have served in but left the military.

After reviewing about 50 public and private activities through September 1994, the committee made an

EDITORIALS

GULF WAR SYNDROME

Hot air won't get job done

How many "Oops!" are we going to hear from the vicinity of the Pentagon before the defense establishment comes to the defense of Gulf War veterans?

Sick veterans, their families and others have been suspicious over the last few years toward repeated government denials of Gulf War syndrome. Even the United Nations has been more forthright about possible chemical or biological weapon exposure of U.S. troops.

Now the suspicion may grow into a mushroom cloud, as the Pentagon claims it has lost all its complete chemical warfare logs from the 1991 war.

Oops! The dog ate our top-secret homework!
How many dogs have access to classified defense logs kept in safes?

This is total, perhaps criminal, incompetence by our defense establishment — or a blatant cover-up.

Logs were kept in several locations and on both computer disks and paper — and yet virtually all of it has disappeared, the Pentagon claims.

Ridiculous. Alarming. Suspicious. Incomprehensible. Unconscionable. You name it; this apparent scandal is it.

We're talking about the possible poisoning of our troops — and a government incapable of giving us any coherent answers in any reasonable amount of time.

The Pentagon's credibility is close to zero.

"Obviously, it's not been well han-

■ Leave it to that nutty Pentagon to deny existence of the illness — then lose the records that might shed light on it.

dled," acknowledged Defense Secretary William Cohen.

That's an understatement. The fact is, in scope and depth of possible injury and outrage, the Pentagon's handling of the Gulf War syndrome question could amount to the biggest scandal since Watergate.

How long will those defense officials involved in all the delay and obfuscation in this matter escape responsibility? How long before the Pentagon honors the soldiers who honored their country by serving in wartime? How long before we get to the bottom of this?

Perhaps we would get answers sooner if Washington paid at least as much attention to Gulf War syndrome as it does to:

- banning federal funding of human cloning;
- soliciting campaign funds;
- investigating the other party for everything under the sun.

It seems every few months — for the past few years — someone in Washington stands up boldly and says, "Gee, we really need to get to the bottom of this."

Our politicians should thank their lucky stars that our people in uniform do a better job than that of carrying out a mission.

Call again

The NRA put trace other ex- back to specific sales areas. The possibly cost them sales. They want to gun dealers. restrict the sale of

trate law enforcement are attempting to objecting to limitations between companies of more sales and

This week information the U.S. death loss and younger, is 1. nation. These deaths don't result in death. A Topeka radio used all of the words) maintains their about these children numerically accepted interest of gun freedom to accept these losses

Gun sellers want gun who gets hurt. NRA/Cials want gun sellers apparently they don't lawmakers who benefit Coalition support may seem to be willing to wishes to make the law regardless of who gets the voters who voted for ing to pass the laws in sellers rich, regardless Now surely, there are believe all voters who

"ADVANCE" VOTING

was in school. Folks who broke the rules were suspended from school, and their parents raised Cain — not with the school, as is often the case these days, but with the kid. We didn't race off campus. We were choked. We

TESTIMONY OF ALFRED LINK FOR SR 1811

I am Alfred Link, a retired member of the Kansas National Guard and the Legislative Chairman of EANGK, the Enlisted Association of the National Guard of Kansas.

A person who has honorably and faithfully devoted most of his/her adult life to the defense of this nation may continue to sacrifice and relinquish their benefits even after he/she has fulfilled the requirements for retirement.

Those veterans who served their county for twenty or more years and incurred a disabling injury while fulfilling their patriotic duty are being discriminated against and penalized because of that injury. Such a veteran is denied concurrent dual receipt of full retirement pay and disability compensation benefits.

He/she is allowed only to receive retirement pay or disability compensation or must wave an amount of retirement pay equal to the amount of disability compensation benefits. That in effect is he/she paying for incurring the disabling condition while fulfilling hs/her patriotic duty.

A disabled veteran who has held a non-military Federal job for the required period for retirement receives full retirement pay undiminished by the subtraction of disability compensation benefits.

This is not a fair and equitable practice. I request you to pass this resolution requesting Congress to change those laws which prohibit a disabled military veteran from receiving both full retirement pay and disability compensation benefits.

So far eighteen states, including Missouri and Oklahoma have passed resolutions on concurrent receipt to remedy this inequity.

I want to thank my Senator, Tim Emert for introducing this resolution and I urge your support of this resolution.

Sen. Federal & State Affairs Comm
Date: 3-10-90
Attachment: # 3

Testimony by Jim Bunker. Kansas Veteran

ON SENATE RESOLUTION No. 1811 By Senator Emert

Thank you Senator Oleen and members of the Senate Federal and State Committee for allowing me this time to talk in support of SR1811.

I feel that there is a great need to take care of the injustices that is going on with the veterans that service our country and retire. They will put in 20 plus years of their lives working some time weeks on end with as little as 3 hours of sleep a day. During this time they are exposed to many hazards and at time they do get injured.

After they retire from the service, many of these veterans must get a job to make ends meet. As they file and receive VA disability compensation, they start to lose part of their retirement pay in the same amount. If for some reason they must be put in the VA hospital for more than 21 days for any service connected they will get a temp. rating of 100% and this will be offset by his retirement pay being taken away. At the same time he will lose his time and pay from any job that he may have.

I feel that what ever is done should be fair for all. This is, if one type of retiree can receive VA comp and retirement from some other source than every one should be allowed to do so. Just the same, if one type of retiree can not receive his retirement pay and VA comp than no one should get it.

This is making if fair for all. Not about what veterans do and do not have. Many of us gave with both our time and our blood for this country. We did so for we believe what this country stands for. I stand here now to ask that you help in this matter.

Caller-Times Interactive: NEWS
Sunday, Feb. 2, 1997

Military retirees join suit over medical care

Plaintiffs allege government has reneged on its promises

By VIVIENNE HEINES
Staff Writer

Several local military retirees have joined a national lawsuit against the federal government over what they see as an erosion of military medical care.

The lawsuit, filed in Charleston, S.C., says the government reneged on its agreement to provide free medical and dental care to retired service members and their families. That promise was made at enlistment, re-enlistment and commissioning, according to the lawsuit dated Dec. 23, 1996.

The lead plaintiff is the Coalition of Retired Military Veterans of Sumter, S.C., a group of retired officers and noncommissioned officers in the Army, Navy, Air Force and Marine Corps. The group was formed solely for the purpose of combating the erosion of military medical benefits.

"It's the only way we have of fighting back," said Corpus Christi resident Bill Pettis, a retired Navy master chief and member of the local Fleet Reserve Association. Pettis is regional director for the Coalition of Retired Military Veterans.

"It's not the direct result of the (proposed) closure of the Naval Hospital, but it's a statement about the state of military medicine in general," he said.

Recently, Navy officials announced the possible closure of Naval Hospital Corpus Christi, which would be replaced with an outpatient clinic managed by Naval Hospital Pensacola, Fla. After protests from community leaders and retirees, Navy officials have delayed a decision on the closure until October.

The lawsuit doesn't specifically address the status of the hospital, located at Naval Air Station Corpus Christi, but local retirees say the closure proposal is just one of many ways the federal government has reneged on its promise to provide free medical care.

About 1,000 individual plaintiffs from 40 states have joined the lawsuit, Pettis said. "The aim of the lawsuit is to return our availability of military medical care. Period," he said.

During the past 10 years, military retirees say, they have increasingly have been forced to rely on health care programs designed to supplement military medical care, instead of being treated by military doctors.

Corpus Christi resident Bill Gregory, a retired Navy chief electronics technician, said he's joining the lawsuit to support its intent - although he doubts he'll ever see any money from it.

"I think it's worthwhile to join the lawsuit just to support it. Anything we can do to support them, and possibly bring a positive end to this whole military medical problem we've had," Gregory said. "One of the things that made me stay on (in the Navy) was the promise that I would be guaranteed free medical care for the rest of my life," said Gregory, a 21-year veteran of the Navy. "And that promise has gone by the wayside."

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STATEMENT BY FRANCINE HINES

President

ASSOCIATION OF THE UNITED STATES ARMY

STATE OF KANSAS



Madam Chairperson,
Members of the Committee,

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

I am here today not only as the representative of the Association of the United States Army, but also as a private citizen, the wife of a WWII disabled veteran.

I am asking you to support Senate Resolution 1811, memorializing Congress to revise the federal law denying military veterans dual receipt of full retirement pay and disability compensation benefits.

To offer the men and women of our Armed Forces, whose disability is the result of a conflict, such a choice as payment for their sacrifice is unacceptable.

Please re-establish the balance of justice and take action today.

Thank you.

FEDERAL and STATE AFFAIRS COMMITTEE

March 10, 1997

RE: Senate Resolution 1811

Sen. Federal & State Affairs Comm.
Date: 3-10-97
Attachment: #5

Testimony by Don Myer, Executive Director

Kansas Commission on Veterans Affairs

on Senate Resolution 1811

before the

Senate Committee on Federal and State Affairs

March 10th, 1997

Mr. Chairman and members of the committee, my name is Don Myer, the Executive Director of the Kansas Commission on Veterans Affairs, and I would like to present testimony on Senate Resolution 1811. Any time I use the pronouns "he" or "him", or at any time make masculine reference to veterans, I am referring to both the men and women who served our country. I support this resolution, which would simply require that the sacrifice of disabled veterans be recognized in their treatment as retirees in the federal system.

Theodore Roosevelt said in 1903 "A man who is good enough to shed his blood for his country is good enough to be given a square deal afterwards. More than that no man is entitled to, and less than that no man shall have." I believe that disabled military retirees are not now receiving a square deal, and I believe that this resolution will go a long way in giving them one. Under the convoluted logic of present federal retirement systems, a military retiree who accepts disability compensation as part of his retirement from military service will see a concurrent reduction in his regular military retirement. Common sense and decency would seem to indicate that retired, disabled veterans should be on at least an equal footing with other retirees in this regard.

I thank you for your interest in the welfare of not just the Kansas veterans affected by this resolution, but for the veterans of the United States as well.

Sen. Federal & State Affairs Comm.
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