

Approved: April 9, 1999
Date

MINUTES OF THE SENATE COMMITTEE ON FEDERAL AND STATE AFFAIRS.

The meeting was called to order by Chairperson Senator Lana Oleen at 11:10 a.m. on March 22, 1999 in Room 254-E of the Capitol.

All members were present except: Senator Bleeker, Excused
Senator Gooch, Excused

Committee staff present: Mary Galligan, Legislative Research Department
Russell Mills, Legislative Research Department
Theresa Kiernan, Revisors of Statutes
Judy Glasgow, Committee Secretary
Will Votypka, Legal Assistant for Senator Oleen

Conferees appearing before the committee: Natalie Haag, Office of the Governor
Jim Keating, Kansas State Fire Marshal
Gene Cross, Office of the Adjutant General
Representative Dan Thimesch
Dr. Lee Steel, Dr. of Persian Gulf War Health Initiative,
Ks. Veterans Comm
Robert Hayes, Persian Gulf Advisory Board Member
Ralph Snyder, American Legion
Lt. Col. Deborah Rose, Kansas State Nurses Association
Wendy Henault, Individual
Walter Schumm, Professor Family Studies, Kansas State

Others attending: See Attached sheet

Chairman Oleen opened the hearing on **HB 2012- state fire marshal; relating to the powers and duties**

Natalie Haag was recognized by Chairman Oleen. Ms. Haag appeared as a proponent of **HB 2012** and stated that the bill was drafted at the request of the Special Committee on Federal and State Affairs in response to testimony presented last fall (Attachment 1) The proposal provides that each state agency currently involved in providing training response for hazardous material spills will continue to provide those services and will coordinate those services with the haz-mat program administrator. The bill provides for a program administrator, a training coordinator and one support staff be added to the Kansas State Fire Marshal's Office. The Fire Marshal's Fee Fund will be used to fund the positions and the grants for haz-mat responders so no state general funds will be used. **HB 2012** will allow the fire marshal to hire additional staff and expend money from the fee fund. Authority will also be needed to pursue the materials spiller for the costs of the response. This comprehensive system will assist in community development efforts for all of Kansas.

In response to questions from the committee concerning the omission of community colleges from fire drills, Jim Keating stated that the bill was drafted using old language and there would be no reason why this could not be updated through rules and regulations.

Chairman Oleen called Jim Keating, Office of the Kansas State Fire Marshal, a proponent to **HB 2012**. Mr. Keating stated that this program will allow for a response team that will be made up of current members of fire departments that will be trained and equipped per Federal standards and will be able to respond to any area of Kansas. (Attachment 2). He stated that the people effected most by this bill would be the rural areas of Kansas who do not have an immediate way to deal with the haz-mat incident. **HB 2012** will allow current members of fire departments to be trained per Federal standards and will be able to respond to any area of Kansas. The program will provide a means to develop, deliver and assure quality of all haz-mat training programs.

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON FEDERAL AND STATE AFFAIRS, Room 254-E, Statehouse, at 11:10 a.m. on March 22, 1999.

Chairman Oleen inquired about the cost of a toll free number to be used. Mr. Keating stated that they are looking at the new program that the Highway Patrol has in Salina. They would receive the initial call and direct it to the appropriate area.

Chairman Oleen recognized Gene Cross, Office of the Adjutant General. Mr. Cross stated that he had talked with the new superintendent of the Highway Patrol and the new Adjutant General and will have meetings on the 1-800 number. He stated that problems encountered with the 911 system are that volunteers were not able to respond because of lack of proper equipment or training.

Natalie Haag stated that the first two items are taken care of in the budget process, the third item could be taken care by regulation change.

Chairman Oleen closed the hearing on **HB 2012**.

The hearing on HCR 5012- memorializing the President and the United States Congress to take action to provide funds for independent research into illnesses suffered by Gulf War Veterans

Chairman Oleen called on Representative Thimesch, a sponsor and proponent to **HCR 5021**. Representative Thimesch stated that two years ago **HB 2108** was passed by the legislature to develop a comprehensive survey regarding Gulf War illnesses. (Attachment 3) He stated the **HRC 5021** provides the results of that survey; preliminary findings indicate that the Department of Defense, the Pentagon and the Veterans Administration have turned their back on our veterans and their families. Representative Thimesch stated that the federal government should be taking care of the problems caused by the Gulf War and they aren't. He stated that the men and women that served in our military during the Gulf War deserve the help and support from the state of Kansas. He requested that **HCR 5021** be passed out favorably. Representative Thimesch stated that the State legislation in the last two years has provided \$100,000 each year to fund the basic research.

Chairman Oleen recognized Dr. Lee Steel, Director of Persian Gulf War Veterans Health Initiative Project, Kansas Commission on Veterans Affairs. Dr. Steel stated that after analyzing data collected from over 2000 veterans that Kansan veterans are suffering from very real health problems that appear to be the result of their military service. (Attachment 4) Dr. Steel stated these problems are complex and they are widespread. She noted that important pieces of the Gulf War illness puzzle have been put together and it is important that Kansas continue to support this effort. Dr. Steel ask for the committee support of **HCR 5021**. Dr. Steel presented written testimony from Mr. Kenneth Rogers, Sr. a veteran who is 100% disabled due to serving in the Persian Gulf. (Attachment 5)

Chairman Oleen called on Robert W. Hayes a member of the Kansas Persian Gulf Veterans Health Initiative Advisory Board. Mr. Hayes stated that he has treated combat zone veterans for the Veterans Administration since 1982. In 1989 he began private practice and set up the program for combat zone veterans at the Kansas City V.A. Medical Center. (Attachment 6) He stated that as a veteran himself, he is most concerned with what has not been happening for veterans from the Gulf war. He encouraged the committee to support **HCR 5021**.

Mr. Ralph Snyder was recognized by Chairman Oleen. Mr. Snyder represented Kansas American Legion as a proponent for **HCR 5021**. Mr. Snyder stated that the pattern of ignoring veterans' concerns for their health should not continue. If American troops were exposed to something or things in the Persian Gulf which adversely effected their health in the long or short term they and their families have a right to know and should be treated. (Attachment 7). Mr. Snyder urged the committee to support HCR 5021.

Chairman Oleen called on Lieutenant Colonel Deborah Rose, Kansas State Nurses Association. Lt. Col Rose noted that 7500 Kansas were deployed to the Persian Gulf region during Desert Shield and Desert Storm. (Attachment 8) She stated that thirty percent (30%) of those 2,031 surveyed display some form of illness collectively identified as Gulf War Illness. She noted that eight years has passed and the Gulf War Illness must not linger without recognition any longer. Lt. Col Rose urged the committee's support of **HCR 5021**.

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON FEDERAL AND STATE AFFAIRS, Room 254-E, Statehouse, at 11:10 a.m. on March 22, 1999.

Senator Oleen recognized Wendy Henault, a proponent for **HCR 5021**. Ms. Hanault stated that her husband served in the Gulf War in 1991. In 1995 their first child was born with severe abnormalities diagnosed as Goldenhar Syndrome. (Attachment 9). She stated that *People Magazine* and *Life* have run articles regarding the high rate of children with birth defects being born to Gulf War Veterans. Ms. Henault stated that the Veteran's Administration was not collecting information on family members of veterans, only the veterans themselves who had complaints of any illness. Wendy Henault asked the committee to favorably support **HCR 5021**.

Chairman Oleen recognized Walter R. Schumm, Ph.D, Kansas State University. Dr. Schumm presented the preliminary results found in the Ohio Desert Storm Research project. (Attachment 10). He noted that the anthrax vaccinations appear to be implicated in Gulf War illness. He stated that it may never be possible to implicate anthrax fully because many veterans' shot records were never annotated with proper entries. Dr. Schumm provided a copy of the Ohio Desert Storm/Desert Storm Era Veterans Survey (Attachment 11).

Discussion by the committee followed on **HCR 5021** and it was the decision of the committee to strengthen the wording of the resolution. Senator Becker moved that the wording of HCR 5021 be strengthened. Senator Harrington seconded the motion. The motion passed.

Chairman Oleen asked for action on committee minutes for March 10 rail and March 11 regular meeting. Senator Becker moved that the minutes be approved. Senator Biggs seconded the motion. Motion carried.

The meeting adjourned at 12:05 p.m. The next meeting of this committee will be March 23, 1999.

SENATE FEDERAL AND STATE AFFAIRS COMMITTEE GUEST LIST

DATE: MARCH 22, 1999

NAME	REPRESENTING
Gale Haag	S.F.M.O.
DON MUR	KCUA
LEA STELL	KCUA
Ron Trewyn	KSY
Bill Cagg	Kansas State Law re/HB2040
Donna Deck	KCUA
Rebecca Smith	KEVA
Wendy Henavit	Family
Gary Miller	KDHE
Ralph Snyder	Ks. American Legion
COL (Ret) Bob DALTON	Assoc of U.S. Army
Francine M. Hines	State President - Assoc of US Army
Glen Thompson	SUFK
Lt Col Deborah Rose	Kansas State Nurses Association

Senate Federal & State Affairs Committee
HB 2012- Testimony of Natalie G. Haag
Office of the Governor
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HB 2012 was drafted at the request of the Special Committee on Federal and State Affairs in response to testimony presented last fall. This testimony focused on the difficulties surrounding the issues of providing adequate hazardous material spill response. As you know, responding to hazardous material (hazmat) spills takes special equipment and training. Some local communities in Kansas lack the resources necessary for hazmat training and response equipment. These communities want to provide this protection to their citizens and are searching for an economically feasible way to do so.

Governor Graves' concern about the hazmat issues resulted in a request for certain state agencies to meet and discuss possible solutions. Representatives from the Kansas Highway Patrol, Kansas Department of Emergency Management, Kansas State Fire Marshall's Office, Kansas Department of Transportation, Kansas Department of Human Resources, and the Kansas Department of Health and Environment began meeting in May of 1998 to develop a coordinated plan for hazmat response.

A summary of the Governor's recommendations for addressing the shortage of trained hazmat spill response personnel and equipment have been set forth in the Reports of the Special Committee on Federal and State Affairs, which is attached to my testimony.

Providing assistance without expanding the costs of government is often a challenge. In this case, the focus is on coordinating existing resources. Although all highway patrol troopers, and certain KDOT employees, are trained to at least the awareness level, the largest number of trained hazmat response personnel are currently available in the fire service field. In Kansas, 1,200 fire fighters are trained to the awareness level and 301 are trained to the technician level. Awareness training gives responders adequate knowledge of chemicals to perform defensive actions against most spills. Technician level training gives the responder enough tools to actively plug a leak, stop a spill, or put out a fire.

Thus, the Governor's proposal provides that each state agency currently involved in providing training or response for hazardous material spills will continue to provide those services and will coordinate those services with the hazmat program administrator where appropriate. The program administrator, a training coordinator and one support staff would be added to the Kansas State Fire Marshall's office.

These new employees would be responsible for the following tasks: locating and managing the distribution of existing trained hazmat emergency responders; establishing a statewide plan for hazmat response coverage through the use of mutual aid agreements between fire departments adequately trained for hazmat response and jurisdictions needing assistance with hazmat responses; and managing fee fund grants to facilitate the training and equipment needs of responders who have been awarded grants for the

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execution of mutual aid agreements. In return for grant monies, the responders will agree to execute mutual aid agreements with counties or cities as required by the administrator to facilitate statewide coverage.

KSFM will ensure all parties fulfill the obligations of the grants. KSFM will establish appropriate protocols/procedures for requesting assistance of the emergency hazmat response team on contract. KSFM will also establish consistent hazardous materials training standards and training programs. These protocols and training standards will be established with the input and assistance of the firefighters, other state agencies as outlined in the attachment and any other appropriate entity. The KSFM will work with other agencies to coordinate appropriate training programs for all responders, including the hazmat teams. KSFM will establish a procedure for the reimbursement of expenses by the contractor and a collection procedure for seeking repayment of these reimbursements from the spiller.

No state general funds will be used for this program. The Fire Marshall's Fee Fund will be used to fund the positions and the grants for hazmat responders. The money in this fund comes from fire insurance policies.

Minimal legislation is necessary to carry out this proposal. A modification in the mutual aid authority for fire departments will be necessary. The fire marshal will need authority to hire additional staff and expend money from the fee fund. The fire marshal will also need authority to pursue the materials spiller for the costs of the response. HB 2012 was drafted to address these needs.

The administrator of this program will work to bring agencies together on the issues and work with industry to encourage public and private cooperation on these issues. A comprehensive system will assist in community development effort for all of Kansas.



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Bill Graves
Governor

Testimony of Jim Keating, Administrator
Fire Prevention Division
Kansas State Fire Marshal's Office

March 22, 1999

House Bill #2012

This agency has worked the past two years in conjunction with other State Agencies, the Kansas Fire Service and private industry in the development of a program that, when fully implemented, will provide an on-call timely response of trained and equipped personnel to all areas of this State to assist local response agencies in the stabilization and control of haz-mat incidents.

WHY THE NEED FOR SUCH A PROGRAM

- ◆ Numerous haz-mat incidents occur each day in Kansas, many in areas where no haz-mat response capabilities exist. The lack of containment action can endanger the responders, general public and environment.
- ◆ The current haz-mat training program in the State is inconsistent as to the quality and delivery.
- ◆ It is not practical that every response agency be equipped and trained to provide offensive action at a haz-mat incident.
- ◆ Larger response agencies that currently are willing to render aid to adjoining jurisdictions have a difficult time doing so because of a lack of a mutual aid agreement. This is due to the inability of a small area to provide for the necessary cost reimbursement.

THE PROPOSED SOLUTION PER HOUSE BILL #2012

- ◆ A program that will allow for a response team that will be made up of current members of fire departments that will be trained and equipped per Federal standards and will be able to respond to any area of Kansas. Once on the scene, the team will work as a resource to the local responding agency in the containment of the incident.
- ◆ The program will provide a means to develop, deliver and assure quality of all haz-mat training programs from the basic awareness level through technician.

"Where fire safety is a way of life."

Sen. Federal & State Affairs Comm
Date: 3-22-99
Attachment: # 2-1

THE POSITIVES OF THE PROGRAM

For Cities, Rural areas with limited or no response capabilities

- ◆ Provides for a timely and effective response as a resource to local responding agencies
- ◆ Provides an auto mutual aid agreement between local authorities and responding agency when call is placed by local authorities for assistance. Agreement assures continuance of insurance coverage for responding agency
- ◆ Provides at no cost basic hazardous-material awareness training that will be standardized thru the state

For Metro Areas with capabilities and Host Agencies

- ◆ Training assistance for personnel at operations and technical levels and re-training for the same.
- ◆ Provides guaranteed reimbursement for labor and consumables used when traveling outside the agencies service area.
- ◆ Provides more opportunities for established hazardous-materials teams to work additional incidents thus keeping personnel better trained and prepared.

For All

- ◆ Program is funded using other than tax revenues
- ◆ Program will help avoid duplication of services
- ◆ Contracting with local governments to provide services that for the most part currently exist.
- ◆ Provides a cooperating working program between state, city and county governments and private industries
- ◆ Provides for a means of collection of expenses from the spiller for payment of the costs of the response and containment actions.
- ◆ The program is voluntary on the part of the host agency as well as the requesting agency.
- ◆ The program does not add any new compliance standards for public or private entities.

EXPLANATION OF ATTACHMENTS

- A) A draft outline of the programs operation
- B) An outline of the proposed implementation of the program
- C) Data per county of haz-mat incidents reported to fire departments in 1996
- D) Data per county of haz-mat incidents reported to fire departments in 1997
- E) Copy of survey sent to fire departments of first and second class cities and re-cap of that survey
- F) A State map indicating fire departments that have shown interest in being a regional host site
- G) A breakdown of the types of fire departments currently in Kansas



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Bill Graves
Governor

The following is a draft outline of the proposed Haz-Mat Regional Response System that would be administered through the Kansas State Fire Marshal's Office with the approval of HB #2012.

This program will be designed to deliver the following services statewide:

- A) Provide for fully trained and equipped Haz-Mat Response Team System that is capable of assisting local Jurisdictions in containing and stabilizing hazardous materials incidents.
- B) Provide evaluation of all hazardous materials training programs and assure the delivery of quality standardized programs statewide.

The following is a draft outline of the operation of the proposed response system:

1) Program Structure

Response teams will be organized, trained, equipped and contracted on a regional basis to be able to respond within acceptable time parameters to any area within the State. Regional team sites would be developed and maintained at no less than six (6) locations throughout the State.

2) Program Administration

The system would be administered through a program manager that will be a permanently assigned position within the State Fire Marshal's Office. The Program Manager will have a full time training facilitator and office assistants assigned as part of the program team.

3) Program Response Personnel

- A) Personnel will be obtained by contract for services from fire departments, private contractors, industry, law enforcement agencies and government entities.
- B) All response personnel will be trained to a standardized level per state and federal guidelines.
- C) A system will be established that will provide compensation of expenses to the providers of response personnel.
- D) Required insurance coverages will be assured to response personnel working outside their respective jurisdictions.

"Where fire safety is a way of life."

- E) A response team shall be defined as no less than six (6) responders trained to the Technician Level per 29 CFR 1910.120P., available to respond when called up through the program.
- 4) Program Equipment
- A) Necessary equipment and supplies will be provided by contract for reimbursement for the use of and payment for products consumed. Equipment and supplies will be purchased, stored and maintained throughout the program at regional sites where such is not available by contract at that site. Equipment would be housed at the regional host sites.
 - B) A response unit shall be defined as a vehicle, trailer, etc. that is stocked and ready to respond with the necessary equipment and supplies to properly sustain the response team in any activity they are trained to provide.
- 5) Program Operation
- The program administrator and staff:
- A) Will provide manpower and equipment for program operation through acquisition or by contract.
 - B) Evaluate training of program participants to assure standardized training and continuing education of all participants.
 - C) Maintain training and medical records of program participants.
 - D) Provide for reimbursement and contract fees to program participant agencies.
 - E) Assure proper insurance coverage for program operation and its participants.
 - F) Provide mechanism of communication for call up of regional teams.
 - G) Assure continued timely responding capabilities of regional teams.
 - H) Establish a Statewide Mutual Aid Agreement through the program to be used in Haz-Mat incidents.
 - I) Be responsible for billing the spiller for costs involved. Spiller fees collected will be used to supplement the program operational costs.
 - J) Be responsible for establishing a continuous stable means for program funding.

The foregoing is again a draft outline of the proposed operation of a Statewide Regional Haz-Mat Response System that would be available by call to immediately respond to assist local jurisdictions to contain or assist with haz-mat spills, releases and accidents. The response team would become a resource to the agency in charge of the incident and would work within the Incident Command System established by that agency.

Should additional information be required on this agency's proposal, please contact Jim Keating at the Kansas State Fire Marshal's Office, 785-296-4239.



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STATEWIDE REGIONAL RESPONSE PROGRAM FOR HAZARDOUS MATERIALS

PROPOSED OUTLINE FOR IMPLEMENTATION

BY JIM KEATING

KANSAS STATE FIRE MARSHAL'S OFFICE

A)

- 1) Formulate criteria to include plans, procedures and goals of program
- 2) Conduct survey to establish response regions
- 3) Obtain program administrator and support person
- 4) Formally design program to include written procedures, contracts, mutual aid agreements and regulatory requirements
- 5) Complete an intensive review of all resources currently available (trained personnel, equipment, private agencies, etc.) that are available to contract the delivery of services to the program
- 6) Obtain training coordinator for program
- 7) Complete a thorough review of current training programs and establish a statewide consistent training program for the basic awareness and operational levels of hazardous training; Provide for methods of delivery and funding for training programs

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- 8) Begin implementation of program by region; First region to be in western portion of the state; Even though this area has fewer incidents, they also have very limited resources and are distant from any assistance

B) RESPONSIBILITY OF POSITIONS

PROGRAM ADMINISTRATOR -

- 1) Will design program to criteria established
- 2) Survey existing resources
- 3) Establish minimum equipment requirements for host regions
- 4) Establish training requirements for personnel for program participation
- 5) Will design contracts, mutual aid agreements, and reporting forms
- 6) Will assure program is consistent with other state agencies responsibilities in the area of haz-mat and that all existing state and Federal requirements are being met
- 7) Will provide for a method of collection and accounting of fees collected from the spiller for containment activities
- 8) Will provide for a clear and concise procedure for cost accounting of the program
- 9) Will serve as the public information officer of the program to educate the fire service, city/county governments and citizens on the program
- 10) Will establish criteria for the continual quality assurance of the program

TRAINING ADMINISTRATOR -

- 1) Will work with program administrator to design training criteria for all levels of personnel involved in any way in haz-mat incidents
- 2) Will design or evaluate and approve course(s) of instruction
- 3) Will provide for method of instruction and certification of instructors
- 4) Will provide for a method of statewide delivery of training to include necessary instructional materials for the basic and operation levels of instruction
- 5) Shall establish a record keeping system to assure all responders are trained and retrained per Federal requirements
- 6) Shall maintain current and constant record keeping on all technician level trained personnel that participate in the response and assure the required yearly retraining of such personnel
- 7) Shall assure the training program is consistent with all other state, city and county government agencies that might be called in a haz-mat situation
- 8) Will work in cooperation with all other agencies that has involvement in hazardous materials education programs

CHEYENNE	RAWLINS	DECATUR	NORTON	PHILLIPS	SMITH	JEWELL	REPUBLIC	WASHINGTON	MARSHALL	NEMAHA	BROWN	DONIPHAN
		8		3	2			1	4	3	4	6
SHERMAN	THOMAS	SHERIDAN	GRAHAM	ROOKS	OSBORNE	MITCHELL	CLOUD	CLAY	RILEY	POTTAWATOMIE	JACKSON	ATCHISON
12	14	1	1	1	2	5	9	8		30	4	29
WALLACE	LOGAN	GOVE	TREGO	ELLIS	RUSSELL	LINCOLN	OTTAWA	DICKINSON	GEARY	WABAUNSEE	SHAWNEE	JEFFERSON
	3			28	56		1	9	32	3	241	18
GREELEY	WICHITA	SCOTT	LANE	NESS	RUSH	BARTON	ELLSWORTH	MCG PHERSON	MORRIS	LYON	OSAGE	DOUGLAS
4					6	58	9	76		70	12	216
HAMILTON	KEARNY	FINNEY	HODGEMAN		PAWNEE		RIGE	MARION	CHASE	COFFEY	ANDERSON	JOHNSON
2	1	60	1	8		3		14		22	3	539
STANTON	GRANT	HASKELL	GRAY	FORD	EDWARDS	STAFFORD	RENO	HARVEY	BUTLER	GREENWOOD	WOODSON	ALLEN
	10	1	8	57			85	10	126	3		35
MORTON	STEVENS	SEWARD	MEADE	CLARK	KIOWA	PRATT	KINGMAN	SEDGWICK	ELK	WILSON	NEOSHO	BOURBON
2		61				5	1	464		6	28	21
					COMANCHE	BARBER	HARPER	SUMNER	COWLEY	CHAUTAUQUA	MONTGOMERY	LABETTE
					1		7	54	79	3	65	33
												CHEROKEE
												221

**Hazard Materials Spills / Leaks, Chemical Emergencies
Total Number of Incidents Responded to by Kansas Fire Departments during 1996**

CHEYENNE	RAWLINS	DECATUR	NORTON	PHILLIPS	SMITH	JEWELL	REPUBLIC	WASHINGTON	MARSHALL	NEMAHA	BROWN	DONIPHAN	
		5	4	1	1		1		8	3	5	5	
SHERMAN	THOMAS	SHERIDAN	GRAHAM	ROOKS	OSBORNE	MITCHELL	CLOUD	CLAY	RILEY	POTTAWATOMIE	JACKSON	ATGHISSON	
17	13	1	1	1	3	3	3	14		30	2	35	
WALLACE	LOGAN	GOVE	TREGO	ELLIS	RUSSELL	LINCOLN	OTTAWA	DICKINSON	GEARY	WABAUNSEE	SHAWNEE	JEFFERSON	
	3		2	35	60	4		14	31	5	269	20	
GREELEY	WICHITA	SCOTT	LANE	NESS	RUSH	EARTON	ELLSWORTH	SALINE	MORRIS	LYON	OSAGE	DOUGLAS	JOHNSON
	1	3			2	60	7	87	1	65	11	200	531
HAMILTON	KEARNY	FINNEY	HODGEMAN		PAWNEE		RICE	MC PHERSON	MARION	CHASE	COFFEY	FRANKLIN	MIAMI
3	1	70		4	2		2	52	8		17	28	44
STANTON	GRANT	HASKELL	GRAY	FORD	EDWARDS	STAFFORD	RENO	HARVEY	BUTLER	GREENWOOD	WOODSON	ALLEN	BOURBON
3	23		4	81	3	2	87	34	129	1	3	38	38
MORTON	STEVENS	SEWARD	MEADE	CLARK	KIOWA	PRATT	KINGMAN	SEDGWICK	ELK	WILSON	NEOSHO	CRAWFORD	
		37	3		2	2	441		7	7	24	51	
					BARBER	HARPER	SUMNER	COWLEY	CHAUTAUQUA	MONTGOMERY	LABETTE	CHEROKEE	
					1	3	81	57	1	67	52	24	

Hazard Materials Spills / Leaks, Chemical Emergencies
 Total Number of Incidents Responded to by Kansas Fire Departments during 1997

Hazardous Materials Response Survey

In developing the fire service plan for hazardous materials response please complete the following survey. This information needs to be faxed to the State Fire Marshal's Office at 913-296-0151 no later than July 23, 1997. The intent of this survey is to give us a broad idea of who/what is already available in our state. We do not have a detailed plan completed at this time so we cannot answer questions about what we expect or what we will or will not be providing. By completing this survey you are not committing your department to anything. Our timeline is short so your cooperation is necessary. If you do have questions feel free to contact Elena Nuss or Jim Keating at 913-296-3401. Your support is greatly appreciated!

1. How many personnel in your department are trained to the following levels:

Awareness Level _____	Technician Level _____
Operations Level _____	Other _____

2. Does your department maintain any hazardous material response equipment? YES NO
(Circle One)

If so, please give us a general ideal of what you have available.

3. Does your department have containment capability at haz mat incidents? YES NO
(Circle One)

4. Would your department be interested in being a regional host for a state sponsored Regional Hazardous Materials Response Team that would be administered by the Kansas State Fire Marshal's Office.

YES NO
(Circle One)

If interested what capabilities would your department offer?

5. Please feel free to include any additional comments or concerns.



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Hazardous Materials Response Survey

The Kansas State Fire Marshal's office in cooperation with the Kansas Fire Service Council produced and distributed a survey to the fire departments covering the 24 first class cities and 90 second class cities of this state. The following is a representation of the questions asked and a re-cap of the responses. Seventy percent of the surveys were completed and returned as of August 4th, 1997.

1. **How many personnel in your department are trained to the following levels:**

Awareness Level	1575	Technical Level	367 ~ 92% are cities of the first class
Operations Level	1897	Other	20

2. **Does your department maintain any hazardous material response equipment? 49 responded Yes**
If so, please give us a general idea of what you have available.

- 16 reported having full containment equipment, Class A suits, air monitor equipment, portable computer equipment, etc.
- 18 reported having Class B suits and limited monitor and containment materials and equipment
- 15 reported having some absorbents, pillows, pad and portable dikes.

3. **Does your department have containment capability at haz-mat incidents? 34 responded Yes**

4. **Would your department be interested in being a regional host for a state sponsored Regional Hazardous Materials Response Team that would be administered by the Kansas State Fire Marshal's Office? 39 responded Yes**

If interested what capabilities would your department offer?

# of Depts	Capabilities offered
10	Equipment and vehicle furnished
52	Classroom/training aids
18	Personnel - 24 hour staffing
7	Certified instructors
50	Personnel
2	Training facility

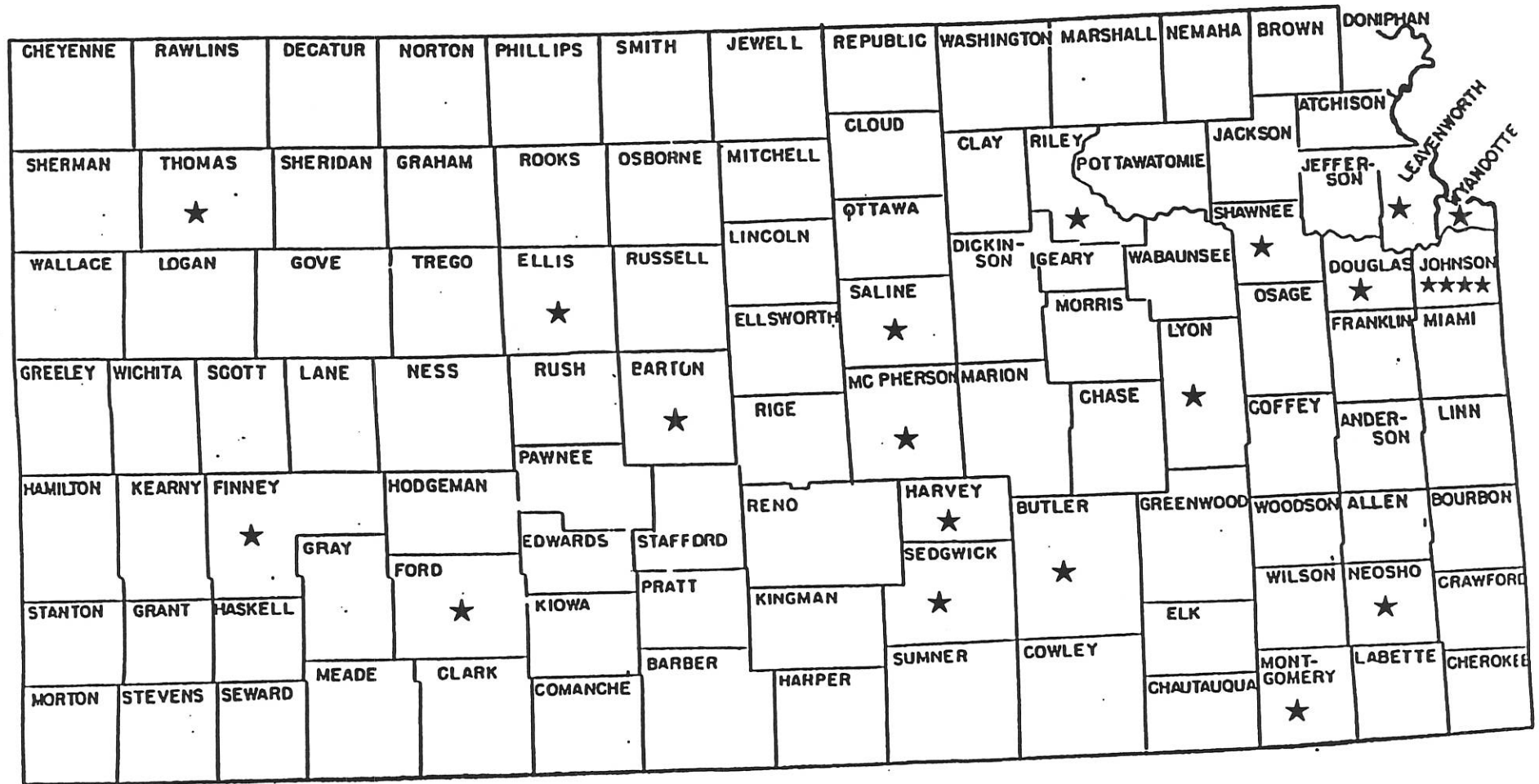
Please feel free to include any additional comments or concerns. (Sampling of comments)

- Need to involve private industry in program.
- Plan would need to include statewide mutual aid agreement
- Host departments must be compensated for all costs
- Regional response team is a excellent concept
- Response team would need to be a resource, not a lead incident command function
- This would provide our current Haz-Mat team an opportunity to provide training, respond to more incidents thus keeping up the interest and making a more efficient operation.

NOTE: Although this survey was sent as an anonymous response to obtain the best possible return rate, 92% of the responding departments did identify themselves.

This survey was produced, distributed and re-capped by Jim Keating and Elena Nuss, representing the State Fire Marshal's office. 2-11

**Geographic Location of Departments indicating interest in a Regional Haz-Mat Response System.
Currently have personnel trained thru Technician Level and have some response equipment**



- | | | | |
|-------------------------|---|--------------------------|-----------------------------|
| Thomas Co. - COLBY | Neosho Co. -CHANUTE | Finney Co. - GARDEN CITY | Ford Co. - DODGE CITY |
| Barton Co. - GREAT BEND | Saline Co. - SALINA | McPherson Co. -MCPHERSON | Harvey Co. -NEWTON |
| Sedgwick Co. - WICHITA | Butler Co. - EL DORADO | Lyon Co. -EMPORIA | Riley Co. -MANHATTAN |
| Shawnee Co. - TOPEKA | Montgomery Co. - INDEPENDENCE | | Douglas Co. - LAWRENCE |
| Ellis Co. -HAYS | Leavenworth Co. - LEAVENWORTH | | Wyandotte Co. - KANSAS CITY |
| | Johnson Co. - MERRIAM, OLATHE, OVERLAND PARK, SHAWNEE | | |

- 24 Full Paid Fire Department
 - ARKANSAS CITY FIRE / EMS DEPT
 - ATCHISON FIRE DEPT
 - COFFEYVILLE FIRE DEPT
 - DODGE CITY FIRE DEPT
 - FORBES FIELD MTAA FIRE DEPT
 - HUTCHINSON FIRE DEPT
 - INDEPENDENCE FIRE DEPT
 - JUNCTION CITY FIRE DEPT
 - KANSAS CITY KS FIRE DEPT
 - LARNED STATE HOSPITAL FIRE DEPT
 - LAWRENCE / DG CO FIRE & MEDICAL
 - LEAVENWORTH FIRE DEPT
 - LENEXA FIRE DEPT
 - LEONARDVILLE FIRE DEPT
 - MANHATTAN FIRE DEPT
 - OLATHE FIRE DEPT
 - OSAWATOMIE STATE HOSPITAL FIRE DEPT
 - PARSONS FIRE DEPT
 - PITTSBURG FIRE DEPT
 - SALINA FIRE DEPT
 - SEDGWICK CO FIRE DEPT
 - TOPEKA FIRE DEPT
 - WICHITA FIRE DEPT
 - WINFIELD FIRE DEPT

33 Partial Paid Departments - supplemented by volunteers

- ABILENE FIRE DEPT
- ANDOVER-BU CO FIRE DIST #1
- COLBY FIRE DEPT
- CONCORDIA FIRE / EMS DEPT
- EDWARDSVILLE FIRE DEPT
- FORD CO FIRE DEPT
- GARDEN CITY FIRE DEPT
- GARDNER DEPT OF PUBLIC SAFETY
- HAYS FIRE AND INSPECTION SVCS
- HERINGTON FIRE DEPT
- MCPHERSON FIRE DEPT
- MERRIAM FIRE DEPT
- MISSION TWP FIRE DEPT
- NORTON CORRECTIONAL FACIL FIRE DEPT
- RUSSELL FIRE DEPT
- SOUTH JO CO FIRE & RESCUE
- TOPEKA-TECUMSEH FIRE DEPT
- WELLINGTON FIRE DEPT
- CHANUTE FIRE DEPT
- CONSOLIDATED FIRE DIST #2 JO CO
- EL DORADO FIRE DEPT
- EMPORIA FIRE DEPT
- FORT SCOTT FIRE DEPT
- GREAT BEND FIRE DEPT
- IOLA FIRE DEPT
- JOHNSON CO RURAL FIRE DIST #3
- JOHNSON CO FIRE DIST #1
- LEAWOOD FIRE DEPT
- NEWTON FIRE DEPT
- OTTAWA FIRE DEPT
- OVERLAND PARK FIRE DEPT
- SHAWNEE FIRE DEPT
- SOLDIER TWP FIRE DEPT

615 Volunteer Departments - some may receive compensation per call

672 Total Number of Departments

STATE OF KANSAS

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

STATE CAPITOL
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(785) 296-7680
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(DURING SESSION)



TOPEKA

HOUSE OF
REPRESENTATIVES

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EDUCATION
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ECONOMIC DEVELOPMENT
CHAIRMAN: SOUTH/CENTRAL/SEDGWICK COUNTY DELEGATION
GULF WAR ADVISORY BOARD

TESTIMONY BEFORE THE SENATE FEDERAL AND STATE AFFAIRS COMMITTEE

March 1999

HCR 5021 Memorializing federal government and the state of Kansas to continue to research Gulf War illness and to provide benefits.

Thank you Chairman Oleen and committee members for allowing me the opportunity to come and testify before you today.

It is after much work implementing the bill we all passed two years ago HB 2108, that I am here asking for your support of HCR 5021. The purpose of HB 2108 was to develop a comprehensive survey. (To identify how big a problem we have in Kansas with Gulf War illness.) HCR 5021 gives the results of that survey.

I testified two years ago before this committee on HB 2108. I wasn't sure that this survey would show anything wrong with our veterans. I promised legislators that I would be the first to apologize if our study did not show a problem. I do not have to apologize to anyone. We do have a serious problem in Kansas with Gulf War illness. Preliminary findings indicate that the Department of Defense, the Pentagon, and the Veterans Administration have turned their back on our veterans and their families. Our veterans are frustrated with the process. Our federal government should be taking care of this problem and they aren't. If we don't help, no one else will either. Our Kansas men and women served honorably, and did what was asked of them.

I appreciate your support in the past and I urge your help in the future. Our Kansas men and women that served in our military during the Gulf War now deserve our help and support.

Please pass out favorable HCR 5021.

Thank you,

Rep. Daniel J. Thimesch

Dr Lea Steele, an epidemiologist, from the Kansas Commission on Veterans Affairs, will explain her findings to you.

Sen. Federal & State Affairs Comm
Date: 3-22-99
Attachment: # 3-1

4

Testimony of Lea Steele, Ph.D.
Regarding HCR 5021
Before The Senate Committee on Federal and State Affairs
March 22, 1999

Good afternoon, Madame Chairman and members of the committee. My name is Dr. Lea Steele. I am an epidemiologist, and for the past year and a half I have directed the Kansas Persian Gulf War Veterans Health Initiative Project for the Kansas Commission on Veterans Affairs. We are currently wrapping up the first phase of data analysis for the study conducted over the past year, The Kansas Gulf War Veterans Health Study. After analyzing data collected from over 2000 veterans, I am in a position to tell you that Kansas veterans are suffering from very real health problems that appear to be the result of their military service. These problems range from the moderately problematic to the very serious. They are complex and they are widespread.

I have two basic points I'd like to make: 1) A high proportion of Kansans who served in the Gulf War now experience unexplained health problems; and 2) After eight years, the federal government has made little progress in understanding these illnesses or in assisting veterans who are affected.

The Persian Gulf War was fought in 1991. Among the 700,000 Americans who served were about 7,500 Kansans. Our troops were exposed not only to the hazards of war, but to a smorgasbord of known and unknown chemical and biologic hazards. The illnesses reported by Gulf War veterans since that time have been difficult to understand and diagnose.

The Kansas study identifies a symptom complex in Gulf War veterans which I will refer to as "Gulf War Illness." This includes chronic and serious problems in multiple areas at the same time, including fatigue, joint pain, memory loss, respiratory problems, gastrointestinal problems, neurological symptoms, and skin rashes. All these in a group of predominantly young men who were in excellent health prior to their deployment.

30% of Kansas Gulf War veterans currently experience this symptom complex, over seven times the level expected, judging by the rate in a comparison group of veterans who did not deploy to the Gulf War. We found that Gulf War Illness occurs in clear and identifiable patterns. For example, Army veterans are most affected, Air Force veterans are least affected. Officers are much less likely to be sick than enlisted personnel. Those who served at the front, either in Kuwait or Iraq, have a higher rate of illness than those who served in support areas.

We also looked at Kansans who were on active duty during the war but did not deploy to the Persian Gulf area. Veterans who did not actually serve in the war, but received vaccines during that period, have a higher rate of illness than those who did not receive vaccines.

As basic and important as this information is, you may be surprised to learn that the Kansas project is the first to report it. We do not yet know -- on a national level -- how many veterans are ill, much less how to diagnose or treat these conditions. We all recognize that it is the federal government's responsibility to take care of veterans whose health problems result from their military service. But federal programs continue to skirt the problem -- in terms of medical care, research, and benefits. One of our study's most troubling findings was that Kansas Gulf War veterans who applied for disability compensation from the VA were actually less likely to receive benefits than era veterans who did not deploy to the Gulf War. In Kansas, over 90% of those applying for compensation under the special Gulf War category of "undiagnosed illnesses" have been denied.

Kansas has lead the nation, in that we are the only state to have funded a research and service program in support of our Gulf War veterans. We have begun to put together some important pieces of the Gulf War Illness puzzle, and it is important that Kansas continue to support this effort. We must also continue to insist that the federal government meet its responsibility to those who served. Veterans are asking for answers to questions they are entitled to ask. Why am I sick? Is my family at risk? How can I get better? For those veterans who are most seriously ill, the war is not yet over.

Sen. Federal & State Affairs Comm
Date: 3-22-99
Attachment: # 4-1



THE KANSAS PERSIAN GULF WAR VETERANS HEALTH INITIATIVE
A Project of the Kansas Commission on Veterans Affairs

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Information Network: 1-888-474-9838

**PRELIMINARY FINDINGS:
NOT FOR MEDIA RELEASE
PLEASE DO NOT QUOTE**

Major Findings of the Kansas Gulf War Veterans Health Initiative Program

The Federal Response to Gulf War Veterans' Health Problems Has Been Inadequate. The U.S. Departments of Defense and Veterans Affairs have made little progress in answering basic questions about the prevalence, causes, or treatments for Gulf War-related health problems. Few veterans have been compensated for undiagnosed illnesses associated with Gulf War service. A U.S. congressional report characterizes the government response as "irreparably flawed."

The Kansas Gulf War Veterans Health Study Provides Important Information Not Yet Identified in Federal Studies. Preliminary results of a survey of over 2000 Gulf War-era veterans indicate that:

- ▶ **30% of Kansas Gulf War veterans are affected by "Gulf War Illness (GWI),"** a symptom complex characterized by fatigue, joint and muscle pain, and cognitive problems, and a variable array of respiratory, gastrointestinal, neurological, skin, and auditory problems.
- ▶ **Gulf War Illness occurs in identifiable patterns.** GWI affects Army veterans more than those in other branches, and enlisted personnel more than officers. Veterans who served on board ship are least affected, with intermediate rates among those deployed to Saudi Arabia, and highest rates among those who were in Iraq or Kuwait.
- ▶ **Gulf War Illness occurs at an increased rate among veterans who did not deploy to the Gulf War, but received vaccines during that period.**
- ▶ **Children of Gulf War veterans may also be affected.** Gulf War veterans were significantly more likely to report that children born since the war have health problems, including birth defects, than veterans who did not deploy to the war.
- ▶ **Kansas Gulf War veterans receive VA disability compensation at a significantly lower rate than veterans of the same period who did not deploy to the war.**

NOTE: Dr. Lea Steele, an epidemiologist, directs the Kansas Persian Gulf War Veterans Health Initiative for the Kansas Commission on Veterans Affairs. State Representative Dan Thimesch chairs the project advisory board.
For more information contact Dr. Lea Steele at (785) 296-3976.

**Comments to the
Senate Federal and State Affairs Committee Hearing
On
House Concurrent Resolution No. 5021**

March 19, 1999

Good Morning,

Ladies and gentlemen, my name is Kenneth L. Rogers, Sr. I am a veteran, with over 25 years of service to this country and I am 100% disabled due to serving in the Persian Gulf. I served in Saudi Arabia, Iraq, and Kuwait from December, 1990 through the end of April, 1991, and I was assigned to 1st Bde, 3d Armor Div, VII Corps, S2, Command Section (Intelligence), for the 1st Bde. Headquarters Command, as a "Flank Guard" for the TOC (Tactical Operations Center), during all movements of the 1st Bde. Command Headquarters. I was there for the complete movement phase of Operation Desert Shield and participated in the preparation and execution of Operation Desert Storm.

During the Operation Desert Shield phases, we were subjected to SCUD attacks in our staging areas east of KKMC (King Khalid Military City), from late January into February, 1991. Our chemical alarms did go off on numerous occasions, not only in our area, but at KKMC and outer area commands.

When we crossed the line of embarkation into Iraq on February 24, 1991, at the beginning of the Ground War, my crew and I spent the next 100 plus hours in and out of our vehicle, digging temporary fighting positions, and scouting our flank positions for enemy ground forces.

All of this was as normal as any field exercise I had ever been involved with: you moved forward, found the enemy, fired on their positions, destroyed the enemy and their equipment, and then moved forward again - sounds simple, it was, no fuss no muss.

There was something that happened out in the desert during those (6) six months that I served in the Gulf, and I am still waiting for the true answers from our federal government as to what really did happen to us.

The tens of thousands of us veterans who became sick after leaving the desert, are still sick today, and are still left with no answers from our government as to why.

It will be (8) eight years this next Wednesday, the 24th of February since the start of the Ground War. I have been suffering with a multitude of medical and physical problems that just won't go away, and things that are wrong with me I would not wish on my worst enemy.

I would like to share with you a few of these afflictions:

Memory Loss

Chronic Fatigue

Weight Gain

Lower Extremity Dysfunction

Chemical Burns to both feet and ankles (from unknown agents)

Cervical and Lumbar Spondylosis

Bilateral Carpal Tunnel (Both wrists)

Peripheral Neuropathy of Lower extremities

Pityrosporon Folliculitis

Cervical Spine and Degenerative Joint Disease

Gastrointestinal Disorders

Sweating (Day and Night)

Bleeding Gums and Sinuses

These medically defined problems that I have mentioned are some of the major problems that I suffer from daily. These infirmities, coupled with irritability and lethargy, constantly affect my everyday well being. I find it hard to perform menial household chores without effort. What would take the average person a reasonable amount of time to complete, it takes me almost (3) three times as long. My patience toward my family, especially my younger son, is very limited.

Although I take medications (3) times a day to control these symptoms, my overall physical afflictions continually affect my normal routine as they have for the past (7) seven plus years. I hate living like this, ladies and gentlemen, and I am still waiting for the truth!

I want something done to help all veterans who are suffering like myself. A lot of the veterans are in worse shape, in fact quite a few are dying or have died from this mystery that plagues us. I believe we all deserve to know the truth about what has affected our lives for so long!

I have come here today, ladies and gentlemen in support of the House Concurrent Resolution # 5021. It's a start, but I have some reservations as to what will transpire if or when this Resolution is in place.

We in the Gulf War Veterans groups have found through our research groups that we need some special testing done, for all veterans who were in the Gulf during the war and afterwards. For undetermined reasons, the government and the VA seem to be stalling this testing, which I feel is important to our general health.

These are some of the important ones that come to mind:

- o Depleted Uranium (DU) poisoning testing
- o Adjuvants contained in the shots we were given for duty in Southwest Asia
- o Brain Scans for irregular brain patterns, i.e., SPECT Scans; CAT Scans, and MRIs
- o DNA Testing of normal and contaminated T-Cells

Plus we have serious health concerns in alterations involving the immune system, respiratory tract, gastrointestinal, and severe problems of the renal and geneto-urinary system.

We were infected with a combination of chemical and Bio-chemical agents, to include the military shots and PB Tablets (pyridostigmine bromide) that we were given and ordered to take, and other things like the oil well fires, vehicle fuels, pesticides, et al.

Numerous problems that have affected most all Gulf veterans are too similar to be called a coincidence !

Ladies and gentlemen, I am in an age group of veterans in which some of these medical problems can occur with age, however I have seen and talked to a lot of young veterans who are in their 20s and 30s that shouldn't be going through any of these things so early in their lives, Many young veterans are dead or are dying due to improper/untimely medical care given by the military and VA. Of course some have died by their own hands, and others by accidents, but this does not detract from the fact that a large group of young men and women have died, who were all at one time or another in the same place - The Persian Gulf.

Ladies and gentlemen, I respect what you are doing here today for the veterans. I hope that HCR-5021 gets passed by the Senate and is endorsed by Governor Graves and that something positive does come of it, however if special testing is not done, you are going to see a lot more young veterans die before their time.

I would like to thank you for the time you have given me here today. If anyone has any questions I will do my best to answer them. Again, I want to thank you, on behalf of all Kansas veterans, for your concerns about our continuous health problems, and their effects it has had on our families and in our lives.

God Bless you all, and Thank You.....

Persian Gulf War Veterans Information & Referral Center

"Fighting For The Truth"

URL: <http://www.idir.net/~krogers/>

E-mail: krogers@idir.net



Kenneth L. Rogers, Sr.

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6

**Testimony To The Kansas Federal and State Affairs Committee
Hearing On House Concurrent Resolution No. 5021**

March 22,1999

Good Morning,

My name is Robert W. Hayes. I have been a member of the Kansas Persian Gulf Veterans Health Initiative Advisory Board since its official inception.

I have treated combat zone veterans for the Veterans Administration since 1982 when I was asked to set up the inpatient program here at the Topeka V.A. In 1989, I simultaneously began private practice and set up the program for combat zone veterans at the Kansas City V.A. Medical Center. My professional experience is full and extensive in dealing with all veterans of our wars. As a Vietnam veteran myself, I am most concerned with what has not been happening for our brothers and sisters from the Gulf war. I do not like the echoes I am hearing.

The Survey data reveals shocking conclusions. In my experience, both personal and professional, the most difficult problems veterans encounter are those which stem from struggling with serious to life threatening medical problems- to which the study speaks most unabashedly. Severe depression is the typical- but not singular-outcome that clouds like a miasma any joy in life. The impingement of family and social relationships is- at times for these veterans- as life threatening as the diagnosed,or undiagnosed illness itself.

This impingement itself strains and tears at the fabric of bonds within the family –and within the self. It destroys hope because there is no promise of a better tomorrow. As many of you may know, when hope is unseeable, faith dies and the soul withers away.

This study is the beginning to providing hope for the Gulf survivor. Knowledge is power and power gives a sense of control. However, this Survey is only that. The knowledge that someone is listening and choses to try to help is a medicine of its own. We must continue on the path and begin to provide real resources for our veterans.

Your grandfathers, sons, daughters, and some of your peers here today have served when their country called. Let us then, here in the state and home towns of our Kansas Persian Gulf War veterans, continue to seek understanding and provide appropriate services for these men, women and their children in the aftermath of their service.

Thank you for your attention to this matter. I would be happy to field any questions you may have at the appropriate time.

Sen. Federal & State Affairs Commr
Date: 3-22-99
Attachment: # 6-1

7

TESTIMONY IN SUPPORT OF HCR5021
PRESENTED TO
SENATE FEDERAL AND STATE AFFAIRS
BY CHARLES M. YUNKER, DEPT. ADJUTANT
KANSAS AMERICAN LEGION

Thank you for allowing me this opportunity to testify in favor of House Concurrent Resolution 5021. My name is Charles Yunker and I serve as Adjutant for the Kansas American Legion.

Shortly after World War II and throughout the fifties, sixties, seventies and into the eighties The American Legion urged our Federal government to investigate and treat those members of the Armed Forces adversely effected by their exposure to radiation during atomic bomb testing. At almost every juncture the Federal Government, to include the Armed Forces, Congress and the Veterans Administration, delayed and denied any ill effects as the result of such exposure. That is, until after thousands of veterans died of various cancers without compensation or treatment from the government thus having to rely upon their private funds and insurance.

During and after the Vietnam War the Department of Defense choose to ignore health warnings regarding its use of chemical defoliants. In fact the U.S. Army claimed it could not track our troop movements and areas where Agent Orange had been sprayed prior to those movements. The American Legion then funded a private study by Columbia University to prove or disprove any ill effects of such spraying. One of the first and easiest discoveries made by that study was a 'hand-in-glove' pattern directly correlating spraying followed by

troop movements into the same areas within days. The Columbia study also found direct evidence of several cancers and nerve damage suffered by Vietnam veterans as a result of their exposure to defoliants. Yet the Center for Disease Control and various federal agencies continued their denial of any connection. On three separate occasions the Center for Disease Control received Congressional funding for specific cancer research related to exposed Vietnam Veterans however CDC used those funds to research other cancers of more interest to CDC.

The American Legion then filed suit in Federal Court over this misappropriation of funds and various other factors regarding the government's denial of treatment for many veterans because the VA had not yet recognized their symptoms as Agent Orange related.

Although the Legion's suit was eventually dismissed, the message was received and the VA began treatment and compensation for more ill effects including children of veterans born with spina bifida whose fathers were exposed to Agent Orange.

My reason for providing you with a brief history of the Federal Government's refusal to acknowledge, identify and treat veterans exposed to radiation and defoliants is to ask you to send Congress and the President a message. The pattern of ignoring veteran's concerns for their health should not continue. If our troops were exposed to something, or things, in the Persian Gulf which adversely

effected their health in the long or short term they and their families have a right to know and should be treated--not studied. I personally know two such veterans, one in Kansas and one in Washington, D.C., both of whom endured the same symptoms after serving in the Gulf War. One appears to have recovered, the other still has occasional bouts of his problems. Both wonder about their future health and one is afraid to father any children.

I hope you will agree that those who served this nation so well in the Gulf War deserve answers through your support of HCR 5021.



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the Voice of Nursing in Kansas

#8
Debbie Folkerts, A.R.N.P.--C.
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Executive Director

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March 22, 1999

**HCR 5021 Memorializing the
Federal Government and the State of Kansas to Continue to
Research Gulf War Illness and to Provide Benefits**

Madame Chair and members of the Senate Federal and State Affairs Committee, thank you for the opportunity to appear before you today. I am Lieutenant Colonel Deborah Rose, a member of the 190th Air Refueling Wing. I am a registered nurse and served in the Persian Gulf during Desert Shield. I also serve as an advisor to the Kansas Persian Gulf War Veterans Health Advisory Board.

I come before you today, representing the KANSAS STATE NURSES ASSOCIATION, in support of House Concurrent Resolution No. 5021, which memorializes the federal government and the state of Kansas to continue to research Gulf War Illness and to provide benefits. 7500 Kansans were deployed to the Persian Gulf region during Desert Shield and Desert Storm. A significant number of these Kansans were members of the 190th Air Refueling Wing, serving in Jeddah, Saudi Arabia during Desert Shield and Desert Storm. They may be suffering long term, chronic illness, but presently no illnesses have been directly attributed to their duty in the Persian Gulf. To date 2,031 of these Kansans have been surveyed by the Gulf War Initiative and thirty percent (30%) of those surveyed display some form of illness collectively identified as Gulf War Illness. The potential long term effects of these illnesses has yet to be determined, but I believe it has a potential negative effect on those who so honorably served their country during a time of conflict. Eight years has passed since the beginning of Desert Shield and the Gulf War Illness must not linger without recognition any longer. On behalf of the KANSAS STATE NURSES ASSOCIATION and in the interest of the Persian Gulf veterans of Kansas I urge your Support of HB 5021.

THANK YOU.

Senate Federal and State Affairs Committee Chairperson, Senator Lana Oleen:

My name is Wendy Henault. My husband Perry served in the Gulf War from January-March 1991. In August of 1995, we had our first child, Brendan. Brendan was born with severely deformed ears which have no canals, an under developed lower jaw, tumors on his eyes and spinal abnormalities. When Brendan was three days old he was diagnosed as having Goldenhar Syndrome , a rare birth defect which affects 1 in 26,400 births. Shortly after Brendan's birth we started to notice articles in *People Magazine* and *Life*, regarding the high rate of children with birth defects being born to Gulf War Vets. Both articles specifically named Goldenhar Syndrome as a prevalent birth defect among Gulf War Vets. At that point we contacted the local Veteran's Administration to see if other cases had been reported in our area. We were told that the VA was not collecting information on family members of the veterans, only the veterans themselves who had complaints of any illness. At the same time, numerous reports were coming out stating that there was no evidence to support an increase in children with birth defects being born to Gulf War Vets. Since we the Veteran's Administration would not take any information on Brendan's birth defect, I found it interesting that they could still claim there was no evidence to support an increase in birth defects among Gulf War Vets. In an attempt to find other families who may be encountering the same dilemma, we contacted a local television station. Channel 49 did a two-night segment on Brendan. The segment had more responses than any other segment done by this station. Several Veterans families who called in to the station had miscarriages or children who died shortly after birth from a variety of complications.

Brendan has a mild case of Goldenhar Syndrome compared to children who were born within a few years of the Gulf War. We feel very fortunate for this, however Brendan will have to undergo major re-constructive and plastic surgeries in an attempt to build ear canals and form ears.

Thanks to the help of Representative Dan Thimesch, a registry has finally been formed and Brendan case has been recorded.

Sen. Federal & State Affairs Comm
Date: 3-22-99
Attachment: # 9-1

#18

Preliminary Results
Ohio Desert Storm Research Project
for
Kansas Senate
March 22, 1999
by
Walter R. Schumm, Ph.D.
Kansas State University

Summary: Both male and female veterans report decreases in overall health condition, but declines are much greater for Desert Storm veterans. Female Desert Storm veterans who remember having had anthrax vaccinations are more likely to report adverse reactions to their overall vaccination program. Those with adverse reactions also report worse health several years later. While the anthrax vaccinations appear, in this analysis, to be implicated in Gulf War illness, their apparent effect is not direct and may be limited to those female veterans who had initially adverse reactions to their vaccinations. It may never be possible to implicate anthrax fully because many veterans' shot records were never annotated with proper entries for their vaccinations, apparently as ordered by higher medical authorities before/during the Gulf War (at least as reported by our respondents).

Key Points:

Overall Health of Veterans Appears Related to Desert Storm Service, among Ohio Veterans

1. Among those in “excellent” health prior to August 1990, percent remaining in excellent health as of 1996/1997:

Male Veterans

Gulf	26%
Non-Gulf	74%

Female Veterans

Gulf	15%
Non-Gulf	64%

2. Likewise, among those in “excellent” health before August 1990, percent reporting only “poor” or “fair” health as of 1996/1997:

Male Veterans

Gulf	28%
Non-Gulf	7%

Female Veterans

Gulf	37%
Non-Gulf	8%

Note: These percentages correspond roughly to those Dr. Steele has presented on those with Desert Storm syndrome in Kansas.

Among Female Gulf Veterans, a preliminary analysis of perceived effects of Anthrax vaccinations

3. Those female Gulf veterans who reported having received Anthrax vaccinations, also reported higher incidences of adverse reactions to their overall regimen of vaccinations.

NO Anthrax vaccination

59%	No reactions
33%	Mild reactions
7%	Severe reactions
0%	Hospitalized

NOT SURE about Anthrax vaccination

38%	No reactions
50%	Mild reactions
13%	Severe reactions
0%	Hospitalized

RECEIVED Anthrax vaccination (self-report)

34%	No reactions
53%	Mild reaction
12%	Severe reaction
1%	Hospitalized

4. Overall, 41% of those not reporting the Anthrax vaccination reported some type of reaction to their regimen of shots.

Overall, 65% of those reporting probable (yes, not sure about it) Anthrax vaccination reported some type of reaction to their regimen of shots.

Difference is significant, chi-square (df = 1) = 5.20, $p < .05$.

5. Anthrax vaccination was significantly correlated $r = .19$ ($p < .05$) with level of reaction to overall shot regimen among female Gulf War veterans in this study.

6. Having a reaction to the shot regimen was correlated with subsequent health, but not with health prior to shots.

Correlations of shot reactions with:

Health before August 1990	-.05 n.s.
Health during ODS/S	-.19*
Health, 1991-1995	-.21*
Health, past year, 1996/1997	-.26**
Health, past month, 1996/1997	-.27**

*** p < .05**

**** p < .01**

When I ran a multivariate analysis, it appeared (this requires further work) that the long term impact of anthrax vaccination was limited to those veterans who had initially bad reactions to their vaccinations.

7. Comments by Ohio female Gulf War veterans (N = 123, among 330 initial population):

“We all got numerous shots before and in Saudi Arabia not entered in our medical records.”

“Received vaccinations in Saudi that we were told not to record in our shot record.” [this nurse went on to say she knew the vaccinations included anthrax vaccine because she was a nurse and that she gave many such vaccinations to others, under orders to not record the shots in the servicemembers’ shot records].

“I don’t know what they shot us up with! They said it was to protect us from enemy contaminants and they didn’t keep any records of who did or did not actually get the shots (no medical record entries!). Besides, they can always say they’re giving you THIS

when you're really getting shot up with THAT. All we know is what they tell us. I think Vietnam is proof it's often not the truth."

"Our problems are the result of the shots we were given. I believe whatever they gave us hadn't been properly tested and we're all suffering."

Two veterans specifically felt their severe reaction was due to the anthrax vaccination, another veteran blamed it on their typhoid vaccination.

As one said, "I had a severe systemic reaction to Anthrax vaccination with both injections - did not stay in hospital, but stayed in "quarters" for two days each time."

Limitations of study:

1. Population response rate was only about 30%, even though up to 70% of those for whom we started with a good address did respond. We started with 330 names and received responses from only 123, among female Desert Storm veterans.

2. Anthrax was only one of a dozen vaccinations that we asked about. Many servicemembers were not sure what they had received because they were never told and the information was never entered into their shot records. After six years, when we asked them about this, their memories may be less accurate than their now non-existent shot records would have been.

3. Veterans could be retroactively blaming their vaccinations for their ill health. This study was conducted before anthrax became quite as controversial an issue as it is today. The question is whether veterans could fake the health/vaccination issue for just one of the 12 vaccinations listed (the health/vaccination relationship should disappear if the less healthy veterans were blaming all vaccinations equally).

4. The safety of anthrax vaccines in 1990 or 1991 may bear no resemblance to the safety of such vaccines today. In particular, combining anthrax vaccinations with up to 11 other shots may have been a problem, an interaction effect, rather than the anthrax vaccine itself. Furthermore, the lots used in 1990 may have been outdated or problematic whereas the current lots may be just fine. It is also possible that the anthrax was not the problem, but rather the carrier materials also contained in the shots used during the

Gulf War.

5. The internet posted the following comments, alleged to be from Ronald Blanck, Surgeon General, U.S. Army, to a U.S. Senate subcommittee last week, on March 17th:

“Perhaps the biggest challenge to the implementation of this program is overcoming misinformation that has linked the anthrax vaccine to well-publicized illnesses affecting some veterans of Operation Desert Storm... This Food and Drug Administration-licensed vaccine has been used safely and effectively for 27 years, primarily with veterinarians. Additionally, various scientific bodies... have also found it to be safe. Educating service members, their families, and the general public is essential and is an ongoing challenge.”

Such comments may lead many to discredit our research as it appears to differ from that reported by many other, perhaps more well-known scientific sources.

Remember, that Dr. Steele, found a three fold increase (11% versus 4%) in Desert Storm illness among those who received vaccinations (among those who didn't deploy to the Gulf).

Dr. Walter Schumm is Professor of Family Studies, School of Family Studies and Human Services, at Kansas State University since 1979, after earning his Ph.D. in family studies at Purdue University. He has edited one major text on family theory and research methodology, along with approximately 150 scholarly journal articles and book chapters. He has served in command and staff positions in the U.S. Army Reserve and/or the Army National Guard since 1974 and was mobilized for twelve months during Desert

Storm. He currently holds the rank of colonel and serves (part-time) as the State Emergency Preparedness Liaison Officer for Kansas.

The research presented here was funded by the State of Ohio through the Center for the Study of Veterans in Society, of Cincinnati.

OHIO DESERT STORM/DESERT STORM ERA VETERANS SURVEY

As mentioned in the letter we mailed to you recently, the enclosed survey was commissioned by the Ohio legislature through the Center for the Study of Veterans in Society, Cincinnati, Ohio with support from Kansas State University. The goals of the study include comparing Ohio military veterans who either were mobilized for Desert Storm (about 2,000) or who were not mobilized for Desert Storm (about 1,500), in terms of health, family, and employment experiences. Your cooperation in completing the survey accurately and completely will be of benefit in helping us identify probable effects of Desert Storm service. However, feel free to disregard any questions that you find objectionable. If you would like more details about the study please call Dr. Walter Schumm of Kansas State University at (913) 532-1494 or (913) 539-3641.

If there have been other health problems that you have experienced, not listed in the survey, that you think may be connected with your military service, particularly with Desert Storm, please feel free to discuss them in the space below or to call us at (913) 539-3641 or (913) 532-1494. We are especially interested in any birth defects your children may have experienced since 1991 or in any problems that seem to baffle your doctor(s).

- 1) HAD A SEVERE SYSTEMIC REACTION TO ANTHRAX VACC. WITH BOTH INJECTIONS - DID NOT STAY IN HOSPITAL, BUT STAYED IN "QUARTERS" FOR 2 DAYS EACH TIME.
- 2) ALSO AM A VIETNAM VETERAN APPARENTLY EXPOSED TO AGENT ORANGE WAS IN CENTRAL HIGHLANDS, VIETNAM. 1967-1968.

Thank you for your assistance and careful responses throughout the survey. If you would like a copy of the results of the survey or would like to register with the Ohio Desert Storm/Persian Gulf Veterans Registry (and didn't request so on the postcard sent with the introductory letter), please return the enclosed return postcard with the required information. Again, on behalf of all Ohio veterans, thanks so much for your time and help!

Vacc done
Med 1 done
Med 2 done

↑
(33)

1

Sen. Federal & State Affairs Comm
 Date: 3-22-99
 Attachment: # 11-1

2. Have you taken or received any of the following while in the military within the past six years (including Desert Storm)? (Please CIRCLE the appropriate number for each item)

	NO	NOT SURE	YES
Anti-Malaria pills	1	2	3
Anthrax vaccine (injection)	1	2	3
Typhoid vaccine (injection)	1	2	3
Botulism Toxoid vaccine (BoxTox or BT) (injection)	1	2	3
Immune globulin (gamma globulin)	1	2	3
Plague vaccine	1	2	3
Meningococcus vaccine	1	2	3
Ciprofloxacin (cipro or anti-anthrax pill)	1	2	3
Tetanus (injection)	1	2	3
Diphtheria vaccine	1	2	3
Hepatitis B vaccine	1	2	3
Yellow Fever vaccine	1	2	3
Pyridostigimine bromide pills (PB) (NAPP) used to protect against nerve gas; small white pills in a foil package.	1	2	3

3. For any of the above vaccinations or injections, did you have an adverse reaction (unusual inflammation, swelling, redness, tenderness, etc.)? (Please CIRCLE your answer)

- 1 NO
- 2 YES, but only a mild reaction
- 3 YES, a severe reaction but was not hospitalized
- 4 YES, you had to be hospitalized for your reaction