

MINUTES OF THE HOUSE COMMITTEE ON FEDERAL AND STATE AFFAIRS.

The meeting was called to order by Chairperson Bill Mason at 1:30 p.m. on February 17, 2003 in Room 313-S of the Capitol.

All members were present except: Representative Tom Burroughs - E

Committee staff present: Russell Mills, Legislative Research Department  
Mary Torrence, Office of Revisor of Statutes  
Rose Marie Glatt, Committee Secretary

Conferees appearing before the committee: Representative Dan Thimesch  
Jim Bunker, Veterans Information Network  
Dr. Irving Cohen M.D., M.P.H.

Others attending: See Attached

Without objection a bill was introduced by Representative Gilbert regarding the Kansas Commemorative coin design act.

On the February 5<sup>th</sup> minutes, second page, **HB 2240** was changed to **HB 2040**. Representative Cox moved that the February 5<sup>th</sup> minutes, with the above revision, February 10<sup>th</sup> and 12<sup>th</sup> be approved. It was seconded by Representative Peterson. The motion carried.

**HB 2228** - Persian Gulf War Veterans Health Initiative Board renamed Kansas Veterans Health Commission, separate agency within Executive Branch. The Bill has no fiscal effect on FY 2003/4 budgets.

Representative Thimesch presented **HB 2228** (Attachment 1). The bill would establish a separate state agency to be known as the Kansas Veterans Health Commission. The advisory board had several studies that confirmed Persian Gulf War Veterans returned home and developed illnesses. There is need for more research in order to understand these illnesses and exposures to bring about better treatment.

Representative Thimesch referred to two letters that had been sent to President Bush expressing concern over the mistakes made during the Gulf War (Attachment 2). He questioned whether the President can give complete assurance that our troops will be safe if and when Iraq uses its chemical and biological weapons on them. Has the government corrected the mistakes made in the first Gulf War. At this date he had not received a reply. His testimony included a *Wichita Eagle* newspaper article, dated February 28, 2002, regarding medical preparedness in case of war (Attachment 3).

He called attention to page 8 of the bill, stating that they would support an amendment that would eliminate the language on lines 18-23, regarding public service announcements, as it was more than the intent or proposal of the advisory board.

In response to a question regarding the fiscal note, Representative Thimesch said the intent of the **HB 2228** was that funding would come from various funding sources, i.e., grants, fund-raisers, private donations, etc., so it is not dependent on SGF money. The Chairman reviewed the fiscal note that reflected an annual cost of \$140,000. It was agreed that further checking would be done to gain assurance that the fiscal impact reflects the intent of the bill. Discussions followed clarifying the bill.

James A. Bunker, Chairman, Kansas Persian Gulf War Health Initiative Advisory Board, spoke in support of **HB 2228** (Attachment 4). He spoke about the lack of help from the federal government for veterans that return home and become ill. The Kansas Commission on Veterans Affairs helps veterans however it does not conduct research to determine causes. It is through research projects like those done in Kansas that new information is being gained, making new treatments a possibility. Included in his testimony was correspondence related to requests for federal funding (Attachment 5).

Doctor Irv Cohen, appeared in support of **HB 2228** (Attachment 6). As a retired physician from the Topeka Veterans Hospital he had first hand knowledge of the neurologic and muscular disorders that many gulf war veterans experienced and determined that those veterans had all been exposed to two things: the anti-nerve gas pill and high levels of insecticides. This was confirmed by various studies in the industry. He explained four reasons to support the bill.

- Kansas Veterans need help. The initial research done by Dr. Lea Steele should continue in order to maintain a program that continues to monitor veterans.
- Kansans have the talent and the ability to help. Through her research, Dr. Steele worked with colleagues from both major universities and other talented Kansans.
- Kansas should not pass up the funding of research that will help Kansas. This bill asks for no money but opens the possibility of Kansas receiving significant Federal research dollars.
- Future veterans would face new problems. The best talent that Kansas can offer needs to be utilized to assist those veterans returning from war.

Representative Thimesch summarized by stating that the bill would maintain a war registry of veterans from the existing database. This would provide data for an impact study to determine how the children of veterans are affected. There would also be public service announcements to make veterans aware of the importance of being included in the VA war registry.

The hearing on **HB 2228** was closed. The meeting adjourned at 3:00 p.m. with the next meeting scheduled for February 18, at 1:30 p.m. in room 313-S.



DAN THIMESCH  
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 (DURING SESSION)



TOPEKA

HOUSE OF  
 REPRESENTATIVES

COMMITTEE ASSIGNMENTS  
 AGRICULTURE, RANKING MINORITY  
 ENVIRONMENT  
 LEGISLATIVE POST AUDIT  
 TAX, JUDICIAL & TRANSPORTATION BUDGET,  
 SUBCOMMITTEE  
 CAPITOL RESTORATION  
 SOUTH/CENTRAL/SEDGWICK COUNTY DELEGATION  
 GULF WAR ADVISORY BOARD

**Testimony  
 To  
 House Federal and State Committee on  
 HB-2228  
 February 17, 2003**

I am here today to ask for your favorable support of HB-2228. This bill will establish a separate state agency to be known as the Kansas Veterans Health Commission. This was formally known as the Persian Gulf War Veterans Health Initiative Board. Those of us asking for this change, did not come to this decision lightly. We have been able to accomplish much as an advisory board. Our studies confirm that our honored military veterans of the Persian Gulf War came back and developed illnesses. This research has been accepted and recognized worldwide. It is the consensus of the advisory board members and others that we need more research that will help us understand these illnesses and exposures better and bring about better treatment.

Congressman Jerry Moran had hearings in Washington last year about the Gulf War. He said that his hearings were driven by the work that the Kansas Legislature has done. He said we must look at the mistakes that were made in the Gulf War to help prevent them from happening again. He said he didn't believe enough was being done by the Department of Defense and the Veterans Administration to help our veterans.

The members of the board are concerned with our next conflicts. Are we better prepared? It is very important to continue our efforts supporting our honored veterans in the research that needs to be done. To continue and not leave anyone behind.

Thank you for your favorable consideration.

Rep. Daniel J. Thimesch

Hs Federal & State Affairs  
 Date: 2-17-03  
 Attachment # 1  
 Page 1

DAN THIMESCH  
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 GULF WAR ADVISORY BOARD

February 7, 2003

President George W. Bush  
 1600 Pennsylvania Avenue  
 Washington, D.C. 20500

Dear Mr. President:

In reference to my letter dated January 24, 2003, I was curious as to why I have not received a response. Your continued silence towards this very real, very pressing issue of Gulf War illness can only lead me to conclude that you see this issue as something less than important.

On February 5, 2003, Secretary of State Colin Powell delivered a ninety minute presentation to the United Nations stating, in great detail, just why the United States and her allies must go to war against Iraq. The presentation was extremely thorough and convincing. However, it was unnecessary.

There is undeniable proof of Iraq's chemical and biological weaponry and also of Saddam's willingness to use them on his enemies on the veterans who participated in the first Gulf War. Must we use the men and women of this current conflict as additional testimony?

You and your administration have made a convincing argument for going to war. The only thing missing is your complete assurance that our troops will be safe if and when Iraq uses its chemical and biological weapons on them again and have corrected the mistakes made in the first Gulf War. What is also missing is your commitment that they will be taken care of when they return home sick.

We should be a country who admits our mistakes and learns from them. Right now, we are a country who covers up our mistakes and denies they ever happened. How much longer can you allow this to continue?

Quoting President Theodore Roosevelt, "It's always helpful to learn from your mistakes because then your mistakes seem worthwhile."

I would appreciate a response to this letter.

Sincerely,

Daniel Thimesch  
 Representative District #93

DT:aj

Hs Federal & State Affairs

Date: 2-17-03

Attachment # 2

Page 1

DAN THIMESCH  
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 SOUTH/CENTRAL/SEDGWICK COUNTY DELEGATION  
 GULF WAR ADVISORY BOARD

January 24, 2003

President George W. Bush  
 1600 Pennsylvania Avenue  
 Washington, D. C. 20500

Dear Mr. President:

As Commander and Chief of our Armed Forces, you are responsible for the safety and well being of our troops. I respectfully ask you to respond to my concerns. The American people deserve to know.

During the first Gulf War, we learned that many of our troops became ill because of the mistakes that we made. From our Kansas study of actually deployed troops, we found on the average that 34% of our troops became chronically ill. It appears that most are not getting better, and some are progressively worse.

I hope you will respond to these mistakes assuring us that our honored veterans receive better treatment. In addition, I ask for the Veterans Administration to work harder in seeking out treatments for the chronically ill. These mistakes should not happen when we again go to war in the Gulf.

Some mistakes are:

- (1) giving our troops pyridostigmine bromide pills in the event of exposure, probably worked in reverse.
- (2) giving our troops multiple vaccinations for deployment - for example, 39 inoculations in less than 48 hours.
- (3) at Khamisiyah, the CIA admitted that 100,000 troops were exposed to low levels of chemical warfare. New studies suggested that even small amounts of Sarin cause irreversible brain damage.

President George W. Bush  
January 24, 2003  
Page 2

- (4) having 14,000 sensors go off at once and our troops being told to disregard them.
- (5) allowing our troops to be exposed to depleted uranium.
- (6) using outdated mission oriented protective posture gear.

Mr. President, there is more and I could go on. The first Gulf War was the most toxic ever fought. Will the second Gulf War be a repeat?

At the end of the 1991 Persian Gulf War, tens of thousands of our troops returned home with severe health problems. Among the symptoms were:

- Problems with thinking and concentration
- Severe fatigue
- Body pain
- Dizzy spells and balance problems
- Severe skin rash
- Children born with severe birth defects
- And many more

At last count, 16% of the 700,000 troops who served in Desert Storm have been awarded disability benefits by the VA. This is a war that lasted 100 hours. Compare that to 9.6% of Vietnam veterans who were awarded disability benefits, a war that was a long harsh conflict that lasted ten years. Korea, another long, bloody war, had only 5% awarded benefits. Veterans of World War II had only 6.6% awarded benefits.

Mr. President, you said in a speech to active duty military, that when you are called to account for a mistake, you are expected to give one simple answer, "No excuse, sir." What is your answer on safety and well being of our troops?

I know that you believe as I do when Abraham Lincoln said, "Any nation that does not honor its heroes will not long endure."

I would appreciate receiving a response to my letter.

Sincerely,

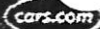
Daniel Thimesch  
Representative District #93

DT/aj

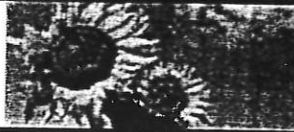




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Posted on Thu, Feb. 28, 2002

From The Wichita Eagle

### Moran doubts progress on Gulf illnesses

By Alan Bjerga  
Eagle Washington bureau

WASHINGTON -- Rep. Jerry Moran said Wednesday that he's "skeptical" that Defense Department and Veterans Administration officials have made great strides toward protecting today's soldiers from Gulf War-type illnesses.

But he also said that he's pleased his questions are finally getting answers.

The Hays Republican held his second hearing Wednesday on issues related to medical preparedness against illnesses similar to those experienced by Gulf War veterans. Defense and VA officials testified before the veterans' health subcommittee Moran chairs, answering questions about how their organizations have improved their medical procedures since the Gulf War.

Concerns focused largely on how military agencies track troop movements and collect health data, two deficiencies that make Gulf War illness causes hard to pin down. Ellen Embrey, a Defense Department health readiness official, said that "building comprehensive systems that serve these purposes is neither easy nor quick."

She also said the Defense Department was committed to improving the health monitoring of service members through the Department of Veterans Affairs. Frances Murphy, acting undersecretary for health at VA, agreed. In her testimony, she noted that the VA health surveys of Gulf War veterans and further inte

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Attachment # 3

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information system with the Defense Department's.

"A veteran separating from military service and seeking health care today will have the benefit of VA's decade-long experience with Gulf War health issues," she testified.

Embrey and Murphy acknowledged that more work needs to be done, a point made in a U.S. General Accounting Office study released in conjunction with the hearing. The study states that the Defense Department still hasn't linked its health databases or upgraded its deployment records despite numerous calls to do so.

"Although its recent policies and reorganization reflect a commitment by DOD to establish a comprehensive medical surveillance system, much needs to be done to implement the system," the report said.

Moran said he'd be continuing his hearings next month. He said that as the United States builds up its military presence in the Persian Gulf and surrounding countries, health readiness is essential.



"I always have skepticism when I hear answers like 'implementing policies,' " he said. "I'm trying to determine whether the Department of Defense and the VA are adequately prepared for the return of men and women to that region.

"I was satisfied with the answers from the witnesses today," he said.

"What we need now are answers from people on the ground, nearer the battle. Are these policies making a difference for the safety of the men and women serving?

"That's what we have to find out."

Reach Alan Bjerga at (202) 383-6055 or [abjerga@krwashington.com](mailto:abjerga@krwashington.com).

   
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Testimony of James A. Bunker in support of House Bill 2228

Dear Committee Chair and members of the committee, I stand before you today in support of House Bill 2888.

One of the changes that this bill will do is that it will not only look at veterans of the 1990-1991 Gulf War, but it will look at all veterans and any new health problems that they may have. With all the talk of NBC agents that may be used against not only our troops, but also those of us here in the states, we need to make sure we have the means in place to help our fellow Kansans. While in the service, we are trained that the mission comes first. Now that we are no longer in the service, the mission is the men, and making sure they are given the best treatment for any thing that happened to them while serving. This bill will do that.

Many, as do I, believe that it is the job of the federal government to do all of this type of work; but time and again we have seen that it is not the case. We have seen that with the veterans of WWII and the A-bomb tests. We have seen it with the Nam vets and Agent Orange. Only now are we learning about how our troops have been used as guinea pigs with things like Project Shad. In all of these, our federal government should have acted to help the veterans, but it did not. It takes projects like what we have done in this state to bring changes that will help our veterans. The biggest thing that this bill will do is move the board out from under the KCVA and set it up as its own agency. I have been reminded time and again over the years that the KCVA only helps veterans and they do not do research. Even the KCVA director could never understand why the program was there. When the board tried to get federal funding, he told me he could not see who we could spend it. Even after getting a write up, that is attached, he could not understand.

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By being our own agency, we could ask for the funding and at the same time work with the universities or some other Kansas research assets to look into any health problems.

I would like to close with this reminder once again. While in the service, we are trained that the mission comes first. We also need to take care of our men to make sure the mission was done. That is why even now the DoD will be giving troops pyridostigmine bromide, or PB to protect them from nerve gas. However, it has never been proven to help the veterans. There are some that will point to a 1999 study by the RAND Corporation and a 2000 report from a panel of experts convened by the Institute of Medicine, both of which concluded PB, could not be ruled out as causing Gulf War syndrome. This set of symptoms includes fatigue, cognitive problems, muscle pain and weakness, and sleep disturbances experienced by some Gulf War vets who served in Iraq in 1990-1991. So that we are no longer in the service, the mission is the men and making sure, they have the best treatment for anything that happened to them while answering the call of our country.

Thank you,

James A Bunker

**Chairman**

**Kansas Persian Gulf War Health Initiative Advisory Board**

# Kansas Persian Gulf War Health Initiative Advisory Board

James A. Bunker, Chairman  
1703 SW 66<sup>th</sup> Street, Topeka Kansas 66619  
785-862-9201, pgwvet@cox.net

Representative Jim Ryun  
1519 Longworth House Office Building  
Washington, DC 20515

Dear Congressman Jim Ryun,

I am writing about how you said you would help the Kansas Gulf War Health program. Congressman Jerry Moran has told me he is willing to work for the funding, and I am asking you to help him in this.

As you may know the Kansas Gulf War has shown a light onto the problems from that war, and many in the DOD and VA have said that we need to do more.

You will find attached to this cover letter a letter I sent to Congressman Moran and a copy of what we need to do as follow-up studies. From it you can see that we do have a well thought out plan, and like the first study, this will help many veterans get the help they need.

Time is of impotents to us, with 42% of the Army veterans sick now from gulf war I and Gulf War II being planned now, we do need the money from the federal government to do the follow on study. Who knows what will happen to the next veterans coming home?

Thank you for your help in this matter.

*James A. Bunker*

James A. Bunker  
Chairman

Kansas Persian Gulf War Veterans Health Initiative Advisory Board  
<http://www.kansasvets.org>

Hs Federal & State Affairs

Date: 2-17-03

Attachment # 5

Page 1

## **Kansas Persian Gulf War Health Initiative Advisory Board**

**James A. Bunker, Chairman**  
1703 SW 66<sup>th</sup> Street, Topeka Kansas 66619  
785-862-9201, pgwvet@cox.net

Representative Jerry Moran  
1519 Longworth House Office Building  
Washington, DC 20515

Dear Congressman Jerry Moran,

I am writing about your promise of helping the Kansas Gulf War Health program. The last we heard from you was when your office asked for our plan. I sent you a short list and a letter of support from the KCVA. These letters were sent to your office two months ago. At that time I had said I was having a more detailed letter of intent written by the scientists that are on the board. I have found that it is very hard to have scientist to do anything fast. When I asked them for the more detailed out line in October, I did not think it would that this long to get it.

You will find their letter attached to this cover letter. From it you can see that we do have a well thought out plan, and from what I have heard from the top brass in the VA and DOD, there is a need for the follow on studies.

Time is of impotents to us, with 42% of the Army veterans sick now from gulf war I and Gulf War II being planned now, we do need the money from the federal government to do the follow on study. Who knows what will happen to the next veterans coming home?

Thank you for your help in this matter.

James A. Bunker  
Chairman  
Kansas Persian Gulf War Veterans Health Initiative Advisory Board

# Kansas Persian Gulf War Health Initiative Advisory Board

James A. Bunker, Chairman  
1703 SW 66<sup>th</sup> Street, Topeka Kansas 66619  
785-862-9201, pgwvet@cox.net

Representative Jerry Moran  
1519 Longworth House Office Building  
Washington, DC 20515

Dear Congressman Moran;

Thank you on behalf of Kansas Veterans, as well as Veterans everywhere for your continued interest and support of efforts to find answers to the health problems suffered by those who served our country during the Persian Gulf War. It is our sincere belief that continuation of Kansas-based research, as well as certain research underway elsewhere, will unravel questions concerning this illness, lead to treatment for those who now suffer and suggest prevention for current and future servicemen and women who must go in harms way.

As you know, Kansas has managed to play a significant role on a shoestring and without Federal help. The \$2 million requested for future research would build on that starting point, utilizing a network of interested parties and resources that exist within our State. This letter explains what research would be carried out, what benefits can be expected and how the Kansas Persian Gulf War Health Advisory Board, research institutions and individuals have made themselves available accomplish these goals.

The three major research components are:

1. **Evaluating Practical and Objective Clinical Markers for Illness Detection and Classification.**
2. **Determining Veterans Progress Over Time**
3. **Identifying Treatments & Activities Associated with Improved Health**

These are summarized below;

1. **Evaluating Practical and Objective Clinical Markers for Illness Detection and Classification.**

**Background:** There are currently no well accepted, objective and practical tests are available to diagnose and classify Gulf War Illness. Since this illness appears to actually be a family of syndromes, evaluating the value of a particular test depends upon properly classifying individuals when evaluating specific tests. Based upon the current Kansas database, it is possible to identify individuals with different constellations of symptoms, who would be expected to react differently to different tests.



**Methodology:** This study will assess whether biological, biochemical, and physiologic measures previously suggested to be associated with Gulf War illnesses are useful in distinguishing between groupings ill veterans and ill from healthy veterans. It will involve small multiple trials which utilize sub-sets of the existing database, initially drawing upon those Veterans most clearly falling into specific categories. It will emphasize only those measures that either use existing technology or technology that could be made readily available in a non-research clinical setting.

**Potential Benefits:**

- Veterans who are suffering will stand an improved chance of being correctly diagnosed, receive assistance and potentially receive appropriate treatment when it is available.
- Identified markers will allow both clinicians and researcher to better understand the nature of Gulf War illnesses, and guide them in developing and providing effective treatments.
- Objective biological markers lift the burden from those suffering Veterans who are still fighting the battle with those skeptics who do not recognize their suffering.

## **2. Determining Veterans Progress Over Time**

**Background:** Building on the foundation laid in earlier and current research, the Kansas Gulf War Veterans Project is in a unique position to find answers to outstanding questions about Gulf War-related conditions. This is possible both because of the large number of Kansas Gulf veterans for whom baseline data already exist and because of the reputation of the Kansas program for conducting credible research in an even-handed manner. Data collected since 1998 by the Kansas Commission on Veterans Affairs on over 2,000 Kansas Veterans provided a unique snapshot of their health. It does not show progress over time. Since this data has already revealed that there are sub-sets of illness within this group, following these Veterans over time could provide valuable insight into the course of illness for these sub-groups. It may help identify whether specific findings are associated with Veterans health improving, declining or remaining stable. Additional data, not determined in the 1998 study could also be obtained.

**Methodology:** This study will utilize the entire database from the 1998 study. Data gathering will be similar to that utilized for the initial research, but further research questions will be added. Morality data on study participants will also be collected through appropriate means. It will continue to utilize sophisticated epidemiological analysis to identify associations and trends. If warranted by results from *Research Component # 1 (regarding markers and tests)*, it will attempt to correlate objective findings with prognosis. By identifying who gets better and who gets worse, it will serve as a basis for *Research Component #3 (Identifying treatment that works)*.

**Potential Benefits:**

- Determining for Veterans, their families and the Government what to expect over time.
- Discovering whether certain groups of Veterans are getting better or worse as a guide to treatment and further research. Providing a background rate for potential spontaneous recovery to help identify when treatment has actually aided recovery.
- Maintaining an invaluable research resource, the Kansas database that will be a foundation for future research benefiting Veterans.

### **3. Identifying Treatments & Activities Associated with Improved Health**

**Background:** Although both the Institute of Medicine and the Department of Veterans Affairs have attempted to issue treatment guidelines for Gulf War Syndrome, these have proved of minimum value clinically. Rather than being based upon treatments that have been demonstrated to work in this group of Veterans, these instead are a compendium of treatments for diseases that have some similarity of appearance but have not been subjected to testing in this group.

Anecdotally, there are sporadic reports of treatment attempts that are claimed to be effective in small groups of Veterans, but these have proven elusive to replicate in other groups of Veterans. Historically, it is worth noting that in other "mystery diseases" (such as Legionnaire's Disease) the important breakthrough occurred not in an expensive laboratory, but in the hands of a single clinician who tried something that turned out to work.

Currently, there is no established methodology or registry that could provide a clue as to whether a specific treatment, rendered outside the bounds of a clinical trial, might be of value. Furthermore, without a scheme for classifying the subset that a Veteran falls into, treatments that might work for one particular group would appear ineffective if tried on the entire population of sick Veterans.

**Methodology:** The first phase of this research would be a component of *Research Component #2 (Determining Progress Over Time)*, correlating any changes in Veterans health status with both subgroup and any form of treatment. Intensive analysis and follow-up information gathering will be required regarding any treatment purported to work. This will not constitute a clinical trial in any form, but may provide information regarding potential therapies that could later undergo clinical trials.

**Potential Benefits:**

- May identify potentially worthwhile treatment options that would otherwise have not been noticed.
- Provide a basis for future treatment trials.
- Make information about potential treatment efficacy available to Veterans, their physicians and researchers.

The Kansas Persian Gulf War Health Advisory Board is an unpaid advisory group, appointed by the State of Kansas to provide recommendations regarding research, services and outreach to the Kansas Commission on Veterans Affairs.

The nature of the research outlined here is complex, combining medical, epidemiological and laboratory research. It exceeds the capabilities of a single individual, department or institution to accomplish alone. Fortunately, within the State of Kansas there exist individuals who have cooperated and have made themselves available accomplish these goals. It is foreseen that, with the guidance of Kansas Persian Gulf War Health Advisory Board, this project can be accomplished as a joint venture involving multiple individuals and institutions.

This research project shall rely upon the full cooperation and coordination with the Kansas Commission on Veterans Affairs. However, no portion of the research funding shall be used to support any activities of that organization, except for the direct costs of participation in research.

The time frame for this overall project is estimated to be 3 years from the onset of funding availability and appropriate institutional agreements. Work products of some individual components may become available earlier. Because of the potential clinical value of the findings and the benefit to Veterans, findings should be widely disseminated through peer-review journals and other available means.

The following individuals have indicated their willingness to provide their support and cooperation in this project:

**Lea Steele, PhD** is an epidemiologist formerly employed by the Kansas Commission on Veterans Affairs. She is now a Senior Health Researcher with Kansas Health Institute in Topeka. Dr. Steele also serves as a member of the Veterans Administration Research Advisory Committee.

Beginning in 1997 Dr. Steele directed and conducted the research on Kansas Veterans, funded by the State without outside support, that conclusively demonstrated that;

- Many Kansas Persian Gulf Veterans are sick
- Their symptoms could be logically grouped into several syndromes
- These groupings could be associated with geographical location and time of service as well as exposure to suspected risk factors (such as military immunization programs).

This research was published November 15, 2000 in the American Journal of Epidemiology {152(10):992-1002}. This frequently cited research has spurred other research across the country. Dr. Steele is now a co-investigator in ongoing research at the Midwest Research Institute of Kansas City, Missouri looking at certain patterns and biologic markers in these Veterans. Other states are also interested in studying conducting similar studies of their own Veteran populations.

**Frederick W. Oehme DVM, PhD** is a research scientist at Kansas State University in Manhattan, where he Chairs the Department of Toxicology and the Comparative Toxicology Laboratories at the College of Veterinary Medicine. Dr. Oehme is a member of the Kansas Persian Gulf War Health Advisory Board.

Beginning in 1994 Dr. Oehme directed and conducted research into the toxic synergism between Pyridostigmine Bromide (the nerve gas pill) and common insect repellents or insecticides used by our troops. This research, in an animal model, clearly demonstrated those toxic effects. His findings were published in 1996 in both the Fundamentals of Applied Toxicology {1996 Dec;34(2):201-22} and the Journal of Toxicology and Environmental Health. {1996 May;48(1):35-56}.

**Irving A. Cohen, MD, MPH** is a physician formerly with the Veterans Administration Medical Center in Topeka. He is currently retired and is assisting this effort as a volunteer. Dr. Cohen is a member of the Kansas Persian Gulf War Health Advisory Board.

Beginning in 1993, Dr. Cohen noticed that Persian Gulf Veterans were suffering physical and psychiatric symptoms unlike those suffered by Veterans of earlier conflicts. He discovered that they had been exposed to pyridostigmine bromide as well as simultaneously exposed to myriad other factors, including pesticides, immunizations, and suspected low-level nerve gas, all of which could combine to disrupt the regulation of acetylcholine, an important neurotransmitter within the human nervous system. He noted that syndromes of acetylcholine disruption were previously documented in separate exposures to low-level nerve gas as well as chronic insecticides. Genetic differences in the regulation of acetylcholine among individuals also had been documented in the medical literature. His warning and call for further evaluation in 1994 at the National Institute of Health Technology Assessment Workshop on Persian Gulf, is documented in the May 25, 1994 Journal of the American Medical Association {271(20):1559-1561}.

**Charles T. Hinshaw, Jr., MD** is a physician formerly in practice as a pathologist and specialist in Environmental Medicine in Wichita. He is currently retired and is assisting this effort as a volunteer.

Because of his experience treating patients with Multiple Chemical Sensitivity, he was sought out in 1994 by Veterans who noticed similarities between that syndrome and the symptoms some of them suffered from. In 1995, he proposed research into environmental medicine factors effecting exposed Veterans.

**John S. Neuberger, DrPH** is an epidemiologist at the University of Kansas School of Medicine in Kansas City. He has a research interest in the epidemiology of neurotoxins and assisted Dr. Steele in the methods and questionnaire design of the original study. Dr. Neuberger is a member of the Kansas Persian Gulf War Health Advisory Board.

Testimony of Irv Cohen, M.D., M.P.H. regarding House Bill 2228

February 17, 2003

I am a member of the current Advisory Board and I am here today to testify in favor of this bill.

*By way of background, I am a retired physician and a resident of Shawnee County. I am licensed to practice Medicine by the State of Kansas and I am Board-Certified in the specialty of Public Health and Preventive Medicine. I received my Residency training in Public Health at Johns Hopkins University.*

*My interest in this matter began 10 years ago, when I was a staff physician treating patients within the psychiatry unit of the Topeka V.A. hospital. I might began to see Veterans, men and women who had led to normal lives before their service in the Persian Gulf conflict. Upon their return, they developed symptoms which included, among other things, weakness, fatigue, difficulty thinking, and memory problems. This combination of both muscular and mental problems pointed to an abnormality of acetylcholine, a neurotransmitter common to both the brain and the neuromuscular junction. When I questioned these patients, I determined that they had all been exposed to two things in common, Pyridostigmine Bromide (the anti-nerve gas pill) and to high levels of insecticides. They also all reported repeated nerve gas detection alarms, which although they had been told were false alarms, brought up the possibility of exposure to low sub-lethal levels of nerve gas.*

*This was alarming to me, since each of these chemicals worked by poisoning the acetylcholine system at the neuromuscular junction. Furthermore, under the right conditions (such as after receiving a immunization) they can cross the blood-brain area and cause similar damage in the central nervous system. There were well-documented medical studies of accidental insecticide overexposure and low-level nerve gas exposure which showed exactly the same symptoms as these Veterans were suffering from. There was also demonstrated evidence for genetic differences in the acetylcholine system that would result in some people become sicker than others. At that time, there were no published studies regarding exposure to a combination of these particular chemicals. My efforts to make of physicians aware of this possibility and obtain further information about this danger of were documented in 1994 coverage of a National Institutes of Health meeting by the Journal of the American Medical association. Subsequently, both animal and human research done by others has demonstrated the validity of this hypothesis. Since my retirement, I have been volunteering in many community areas. I have worked closely with the Advisory Board and the last year was appointed to the Board.*

I have four reasons to encourage your support for passage:

1. **Kansas Veterans need your help.** The initial effort brought in Dr. Lea Steele, an epidemiologist and native Kansan who clearly showed that many Kansas Veterans were genuinely suffering. Her work, done entirely in Kansas received national acclaim. It has helped shape national thinking about the validity of claims made by these suffering Veterans. This should not have been in a one-time effort. The database created during this study should not be allowed to disintegrate but should be maintained so that they suffering of many of our veterans can continue to be monitored.
2. **Kansans have the talent and the ability to help.** Dr. Steele worked with and received advice from both major universities and other talented Kansans. As long as Kansas sends our young men and women into harm's way, other Kansans should be watching out for them.
3. **Kansas should not pass up the funding of research that will help Kansans.** The current Advisory Board is helpless to act on its own. At least one major opportunity to bring in multi-million dollar research (which could have benefited either or both major universities) was forfeited because of an apparent lack of interest by the Kansas Commission on Veterans Affairs. This Bill asks for no money but opens the possibility of Kansas receiving significant Federal research dollars.
4. **Future Veterans will face new problems.** We cannot predict what problems or dangers Kansans serving today may face. We need to be able to utilize the best talent that Kansas can offer to assist those returning, not wait a decade before recognizing their ills.

*Thank You for hearing my testimony today.*

Irving A. Cohen, M.D., M.P.H.  
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Hs Federal & State Affairs

Date: 2-17

Attachment # 6

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