

**Testimony of
Veterans of Modern Warfare**



Presented by

**Donald D. Overton, Jr.
Executive Director
Veterans of Modern Warfare**

Before the

**Subcommittee on Oversight & Investigations
Committee on Veterans' Affairs
United States House of Representatives**

Regarding

Gulf War Illness: The Future for Dissatisfied Veterans

July 27, 2010

Chairman Mitchell, Ranking Member Roe, and Distinguished Members of the Subcommittee on Oversight and Investigations, on behalf of Veterans of Modern Warfare (VMW) National President Joseph Morgan we thank you for the opportunity to present our views on "Gulf War Illness: The Future for Dissatisfied Veterans." My name is Donald Overton and I currently serve as Executive Director for VMW.

I testify today from a dual perspective. First, as Executive Director for Veterans of Modern Warfare (VMW) a 501(c)19 National Veterans Service Organization founded in 2006 by Gulf War veterans. VMW represents Active-Duty, National Guardsman, Reservists' and Veterans who have served honorably within our nation's armed forces from August 2, 1990 through a date to be prescribed by Presidential proclamation or law.

I also testify as a 100% service-connected combat disabled veteran of Operations Desert Shield / Desert Storm. I served with the 3rd Battalion 505th Parachute Infantry Regiment 82nd Airborne Division. While some may view my injuries as devastating, particularly my blindness, I consistently contend I am one of the fortunate warriors that served during this conflict. My conditions, unlike those of so many of my battle buddies, could not be refuted by the Veterans Benefits Administration (VBA), thus affording me access to VA health care and benefits programs.

Although I was wounded in the line of duty during combat operations my claims for post traumatic stress disorder (PTSD), undiagnosed multi-symptom illness (UDX) and various other combat related conditions remain denied by the VBA. I have dedicated the past 16 years to veteran advocacy and representation within multiple veteran service organizations. We have come a long way over the past 16 years, yet the scope of health care and disability challenges facing our Gulf War veterans remains very

real and ever increasing. We must act now, with urgency, if we are ever to assist this generation of veterans to get all the way back home after military service. Together we can right the wrongs of the past twenty years and finally stop allowing antiquated systems to steal the lives of our Gulf War veterans.

Cultural Perception of Gulf War Illness

Nearly twenty years have passed since the start of the deployment and combat operations known as Operations Desert Shield and Desert Storm. Since then, many Veterans of that conflict have endured adverse health consequences from the war. Of the 696,842 service members who served in the conflict an estimated 250,000 veterans suffer from the potentially debilitating consequences of undiagnosed multi-symptom illness. We contend these are distinct illnesses and the large numbers of veterans affected have been disenfranchised and underserved by the VA.

The excess of unexplained medical symptoms reported by deployed 1990-1991 Gulf War veterans cannot be reliably ascribed to any known psychological disorder. This was recently substantiated by the Institute of Medicine (IOM) April 9, 2010 report "Gulf War and Health: Volume 8 Health Effects of Serving in the Gulf War." Unfortunately, to date, VA has historically failed to recognize this and has consistently emphasized in its research funding, clinician training materials and public statements, that these illnesses were related to stress or other psychiatric disorders, when scientific research indicates otherwise.

This apathetic cultural perception of Gulf War illness (GWI) by VA can and must be changed via fully implemented policy initiatives. The recently convened Gulf War Veterans Illness Task Force (GWVI-TF) within VA is a step in the right direction. The GWVI-TF has the ability to improve coordination within VA

overseeing policy, training, research, benefits, and outreach for Gulf War-related issues. The data limitations experienced by the GWVI-TF should serve to establish a mandate to fully fund and resume the Gulf War Veterans Information System (GWVIS) as required by Public Law 102-585. The system was suspended by VA in 2008 due to internal data collection issues, which undermines any notion of transparency in regards to Gulf War veterans and their utilization of VA services.

Overcoming the VA's established culture of the past twenty years will not be an easy task, but under Secretary Shinseki's bold leadership and cultural transformation it can be accomplished. Acknowledging the relevance of Gulf War veterans within VA, which has been partially accomplished by convening the GWVI-TF, will also serve to reinvigorate research and medical care for this cohort. Enhanced education of benefit counselors, medical staff and various stakeholders will serve to increase the effectiveness of this cultural transformation.

Research

VMW urges Congress and the VA to embark upon a multi-faceted approach that recognizes the urgency of understanding GWI causation, as well as, finding new treatments for ill Veterans of the 1990 -1991 Gulf War. We recommend maintaining funding levels for Gulf War research to at least the \$15M per year recommended in the report language of the appropriation bill for VA Medical and Prosthetics Research. We also recommend funding the Congressionally Directed Medical Research Program (CDMRP) to at least the \$25M recommended in the report language of the pending FY 2011 NDAA.

While research funding is a major concern for Gulf War veterans, oversight and transparency in funding allocations are paramount.

VA proclaims participation in federal research efforts on behalf of GWI totaling more than \$152.1 million from VA and \$400.5 million in total Federal commitment to date. We contend that these figures are an example of VA R&D spending money on studies only partially or even tangentially related to GWI, then classifying it as GWI spending to beef up annual research and research spending reports to Congress, the Research Advisory Committee on Gulf War Veterans Illness (RACGWVI), and the public. The following is but one example of our concern.

Last year, the VA impeded and then canceled a congressionally mandated contract for unparalleled GWI research at the University of Texas Southwestern (UTSW). This year, the VA has used the Gulf War research funds designated for UTSW to buy an \$11 million piece of lab equipment of dubious value to Gulf War veterans. While VA eventually reclassified the Weiner/Tesla equipment buy to "only" \$5+ million (of the fiscal year's total spending of \$8 million) this appears to be crass disregard of moral and ethical principles by those charged to prevent such conduct.

To further elaborate, Dr. Michael Weiner of the San Francisco VA Medical Center recently gave a public presentation to the RACGWVI on June 28 entitled, "Effects of Military Service on the Brain," in which he suggested that his research findings show PTSD is the culprit for Gulf War veterans' illnesses, much to the disagreement of many other scientists on the RAC reviewing his results, who noted that he could not even reproduce his own study results.

VMW urges Congress and the VA to guarantee the funding allocated to conclude the UTSW study will retrieve any and all data/specimens collected to date and avail said to ongoing GWI research programs. The absolute loss of these materials would be unacceptable and an abuse of taxpayer monies. Continued efforts

to resurrect this program would be highly regarded by all Gulf War veterans. If VA continues to refuse, perhaps the CDMRP with VA endorsement will fund.

VMW commends the VA for their recently approved \$2.8 million to fund three new research projects that focus on testing or developing new treatments for illnesses affecting Veterans who served in the 1990-1991 Gulf War. We hope this shift in funding to treatments will serve to enhance the quality of the lives of those who served during this conflict. We also encourage the VA to consider issuing Requests for Applications (RFA) to regularly request submission of new proposals and revisions of previously reviewed, but not funded, applications.

Benefits and Health Care

The area of greatest controversy for Gulf War veterans remains the enormous difficulty we face obtaining disability compensation benefits from the Veterans Benefits Administration (VBA). Currently, there are three “ill-defined” illnesses that are presumptive for Gulf War veterans. They are: Chronic Fatigue Syndrome (CFS), Fibromyalgia (FM), and Irritable Bowel Syndrome (IBS). We believe that these presumptions are appropriate, and are consistent with countless peer-reviewed scientific studies that have concluded that these conditions and/or their symptom sets have high, unusual prevalence among veterans of the 1990 - 1991 Gulf War.

The first of three presumptive conditions for Gulf War veterans, Chronic Fatigue Syndrome (CFS), can currently be rated as high as 100-percent depending upon the level of debilitation. We believe this is appropriate and should remain as it is. However, the second of the three conditions, Fibromyalgia (FM), can only be rated at a maximum of 40-percent under the current rating schedule, even

though chronic fatigue and other debilitating symptoms can be totally and permanently disabling. And, because CFS is a diagnosis of last resort, a diagnosis of FM excludes a diagnosis of CFS, even if the veteran is clearly suffering from both debilitating chronic widespread pain and debilitating chronic fatigue. In other words, veterans who may be the worst off can only receive a maximum 40-percent rating if they have the diagnosis of FM, even with all the symptoms of CFS.

VA should review these contorted rules so that veterans with FM can be rated as high as 100-percent, depending upon the level of debilitation. For the third of the three current presumptive conditions, Irritable Bowel Syndrome (IBS) can be rated to a maximum rating of 30-percent. This rating can be made in conjunction with a rating for CFS or FM (but not both, as previously stated). VA should also review the rules governing the maximum rating for this condition to allow for higher ratings relative to the actual level of debilitation.

Individual "undiagnosed" symptoms are still the basis of Gulf War veterans chronic multi-symptom illness claims, making it incredibly difficult for these Veterans to be found substantially or totally disabled for their multi-symptom illness. Addressing this issue, so that these veterans could be rated for their entire multi-symptom illness rather than reviewing and approving individual undiagnosed symptoms and the defined illnesses (CFS, FM, IBS) one by one would save VA hours of time on each Gulf War veterans claim and help countless Veterans get better, more logical, and more appropriate claims results.

VMW urges Congress to consider expanding VA regulations which authorize a rating of total disability based on individual unemployment if a Veteran is unable to obtain, or maintain, substantially gainful employment because of service-connected

disabilities. This is an extra-schedular benefit resulting in compensation paid at the 100-percent schedular rate for Veterans who have been awarded a single 60-percent or a combined 70-percent disability rating and are unable to work as a result of their service-connected disability. The benefit is also available based on a VA administrative review, if the schedular requirements are not met. For those Gulf War veterans presenting with two or more presumptive, or multi-symptom undiagnosed illnesses, VBA should automatically trigger an administrative review and apply the extra-schedular benefit when warranted.

VMW believes Congress should enact legislation granting a presumption of service connection for our Gulf War veterans who deployed to the war zone and who are diagnosed with autoimmune diseases, such as Multiple Sclerosis (MS), and Parkinson's disease. Additionally, VBA must identify the estimated 15,000 Gulf War veterans previously denied disability compensation for Fibromyalgia, Chronic Fatigue, and Irritable Bowel Syndrome from 1991 through 2010 that should have otherwise been granted benefits by Public Law 107-103. When approved, VBA benefits should be retroactive to 2001.

Additionally, VMW urges Congress to enact legislation granting indefinite presumptive eligibility for undiagnosed illness for our Gulf War veterans. Please remove all sunset provisions in 38 U.S.C. § 1117 and 38 U.S.C. § 1118, so health care and benefits are for the life of every Gulf War veteran and every surviving beneficiary. 38 C.F.R. § 3.317 requires a change to clarify the law's intent with respect to compensating Veterans with Gulf War-related disabilities. Current claims processing procedures for VBA Regional Office personnel and C&P examiners do not specify the unique circumstances surrounding the handling of claims related to multiple environmental exposures.

While accessing benefits has proven to be a daunting challenge for Gulf War veterans, gaining access to the Veterans Health Administration (VHA) is equally challenging. Often, this access is contingent on VBA granting disability benefits. Extending health care to Gulf War veterans at the VHA by automatically enrolling all service members who deployed since August 2, 1990 into Priority Group Six at the time of their discharge would ensure our Veterans can obtain care as treatments and research evolve.

Additionally, the outdated clinician training programs still posted to VA's Gulf War website have the capacity to do more harm than having nothing at all. VMW strongly recommends VA immediately remove these training materials until new ones can be developed and put in place. The new training materials should be reviewed and approved by the RACGWVI, ensuring Gulf War examinations follow a uniform best practices protocol.

VMW strongly urges VHA to develop and implement a full military history feature within the new electronic medical records. The current Gulf War registry is nothing more than a mailing list and lacks the ability to function as an epidemiological medical tool. The new military history feature can be utilized by primary care providers to track potential environmental exposure trends enhancing treatment options, as well as, validating potential exposures for the VBA, thus expediting claims processing time and accuracy. Longitudinal studies can then be initiated to further understand exposure patterns across time.

Education and Outreach

The Veterans Health Administration (VHA) utilizes a series of clinician training programs, titled Veterans Health Initiative (VHI), to prepare clinical staff to treat Veterans. The understanding of Gulf War illnesses has grown over time, but there is much yet to be

learned. The wide range of illnesses and multisystem manifestations pose significant challenges to VA's capacity to maintain clinician's proficiency and familiarity. VA health care is not always responsive to the needs of Gulf War veterans because health care providers are not fully educated on managing the Gulf War veterans' health-related needs or their potential hazardous exposures. Major revision of training materials for all VA providers is warranted.

Although each VA Medical Center (VAMC) provides access to environmental health clinicians and coordinators, there is variability in knowledge and practice among VAMCs as to when and how to conduct exposure assessments. There are few subject matter experts in exposure-related disease within the VA system. Many providers may not be trained to recognize or diagnose exposure-related disease, nor are they aware of the types of exposures typically encountered in the combat theater especially in South West Asia. Expansion of the VA War Related Illness and Injury Study Center's (WRIISC) referral processes, enabling more veterans to be evaluated and eventually treated for their environmental exposures should be considered as a viable solution to the limited subject matter experts within VAMC's.

Additional training is needed for VA Regional Office (VARO) personnel on proper application of law governing disability benefits for Gulf War veterans. The training should focus on issues related to adjudicating disability claims based on Gulf War undiagnosed illnesses and medically unexplained chronic multi-symptom illnesses, as defined by law. The laws directing benefits for disabilities resulting from Gulf War service are found at 38 U.S.C. § 1117 and 38 C.F.R. § 3.317. Additionally, the requirement for Gulf War veterans to provide new and material evidence to substantiate their undiagnosed illnesses and medically

unexplained chronic multi-symptom illnesses should be eliminated.

The absence of open lines of communication can quickly lead to misinformation, mistrust, and confusion. There is a general lack of knowledge within the Veteran community about the recent modifications to the rating schedule and presumptions related to Gulf War veterans' illnesses. This lack of knowledge includes those that serve the Veteran population, VA employees. The current VA system for informing Veterans of such changes does not reach the entire affected community. New methods of communication are needed immediately.

Traditionally, VA relied upon the Gulf War Review to inform Gulf War veterans of all things relevant to this cohort. Unfortunately, VA has failed to publish this resource consistently, if at all. The current VA Gulf War website should be more interactive for 1990 – 1991 Gulf War veterans, to both educate and inform potentially eligible beneficiaries and stakeholders about Gulf War veterans' illnesses, benefits and services. This interactive site should be equipped with a human element (a Gulf War veteran, or veterans capable of responding to inquiries), not just a dumping ground of data. Websites with no human capacity are not outreach mechanisms and should not be confused as such.

Resources designed specifically for Gulf War veterans should be updated and made available at all VA facilities to include; VA Medical Centers, Community Based Outpatient Clinics, Vet Centers, Regional Offices and service delivery points for homeless veterans and veterans re-entering society after incarceration. Consideration should be given to digitizing these resources and making them available on an external keychain-sized flash memory device with a USB interface. Attention should be given to historic dates relevant to Gulf War veterans with coinciding public

service announcements and outreach campaigns aimed at welcoming Gulf War veterans to VA facilities for “stand down” like events.

VA’s Gulf War Task Force Report

In March 2010, a final draft of the Gulf War Veterans Illness Task Force (GWVI-TF) report was released for public comment to ensure the needs of Gulf War veterans were being met and improve their level of satisfaction with VA services. The report outlined seven areas where VA can improve upon their current level of services to this cohort. These areas include; partnerships, benefits, clinician education and training, ongoing scientific reviews and population based surveillance, enhanced medical surveillance of potential hazardous exposures, research and development and outreach. We addressed these areas in our testimony, but would like to elaborate on some potential general shortcomings of the report.

First, there appears to be an over dependence on the ability of VA and DoD to work effectively in regard to mitigating environmental exposures for past, present and future generations of veterans. DoD’s ongoing denial of Gulf War veteran exposures, coupled with the inability of each agency to effectively communicate data via electronic medical records and various other data sharing initiatives, bodes badly for the effectiveness of this strategy. Should DoD fail to fulfill their obligation will VA subsequently be allowed to shun their responsibilities?

Second, the Gulf War Veterans Illness Task Force, which was convened by Secretary Shinseki, appears to dissolve with the appointment of a new Secretary. What faith, if any, should Gulf War veterans have in the ability of the Department of Veterans Affairs to carry on this initiative across time? Will we ever see any

of the reports outcome measures, or are we once again being led astray? There must be some level of permanence in order to have any confidence in the report. Many of the findings will require significant time commitments and follow through.

Third, due to significant limitations in the VA's Gulf War Veterans Information System (GWVIS) and the reports generated from the various data sources used by GWVIS, it is extremely difficult to accurately portray the experiences of this 1990 – 1991 Gulf War cohort/group and their respective disability claims or health care issues. It would appear that the report is based solely on the perceptions of Task Force members, which obviously limits the credibility of the report's findings.

Conclusion

Mr. Chairman, VMW again thanks you for this opportunity to express our views here today, and will be pleased to answer any questions you or your distinguished colleagues may have.

Donald D. Overton, Jr.

Donald D. Overton, Jr. was born 22 February 1968 in Norwalk, Connecticut. He entered active duty in the U.S. Army on 2 February 1988 and upon completion of both Basic Training at Ft. Jackson, South Carolina and Advanced Individual Training at Ft. Gordon, Georgia, he was awarded the MOS of 31K, Combat Signaler. Next he attended Airborne School which ultimately resulted in an assignment to HHC 3rd BN 505th Parachute Infantry Regiment 82nd Airborne Division.

In August of 1990 he deployed with the Advance Party of the 82nd Airborne Division to Saudi Arabia in preparation of Operations Desert Shield/Desert Storm. He was wounded in combat in March of 1991 and subsequently medically retired from the military in June of 1992. He went on to graduate Magna Cum Laude from East Carolina University with a Bachelor's degree in Social Work. His Advanced Studies toward a Master's degree in Public Administration are ongoing.

Donald possesses a diverse occupational background to include positions held at the federal, state and local levels of government, not-for-profit leadership and extensive volunteer experience. He has over 16 years of active service and leadership within multiple Veterans Service Organizations and looks forward to continuing his leadership and service as the Executive Director for Veterans of Modern Warfare.

Donald has two children, Jamie, age 21, and Dustin, age 19.

**Veterans of Modern Warfare
Funding Statement
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Veterans of Modern Warfare a 501(c)19 is the nation's newest national Veterans service organization, focused on mutual assistance to Veterans with military service from 1990 - the time of the Persian Gulf War that ushered in a new era of modern warfare - through the present, including the Wars in Iraq and Afghanistan. VMW is not currently in receipt of any federal grant or contract

For Further Information Contact:

Executive Director
Veterans of Modern Warfare
(301) 585-4000, extension 162