

Statement of

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And

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Mr. Chairman and Members of the Committee, I am pleased to be here today to discuss the lessons learned from our experience following the Persian Gulf War. From 1990 to 1993, I served as Chief Medical Director and Under Secretary for Health in the Department of Veterans Affairs. In doing so I was responsible for developing VA's policies concerning the healthcare of Persian Gulf veterans returning to the United States, leaving the military forces of the US, and becoming veterans.

By 1991 I had served for over 20 years in the Department of Veterans Affairs. During most of this time, the VA was under siege concerning our response to the Agent Orange issues stemming from the Viet Nam War. Within a matter of months following the cessation of hostilities in the Persian Gulf, the health care concerns of veterans of this conflict, which later became known as Persian Gulf Syndrome, became evident. My deeply felt concern at this time was that America's veterans of this conflict not be subjected to similar insensitivity. As a result I issued instructions to all VA Medical Centers that veterans who complained of healthcare problems which they believed stemmed from their service in the Gulf be treated for these conditions just as we were then treating veterans of the Viet Nam War who claimed exposure to Agent Orange.

At the time that I issued this directive, the Department of Veterans Affairs did not have Congressional Authorization for this action. Following discussion within the Department, rather than withdrawing the directive, the Department issued regulations supporting my action. We continued to develop the Persian Gulf registry for veterans of this conflict and developed three specialized centers at VA Medical Centers to diagnose and treat veteran patients who could not be adequately diagnosed in the VA Medical Center closest to their homes. Chairman Sonny Montgomery understood the dilemma at

an early date and introduced H.R. 5864 in the One Hundred and Second Congress. On September 16, 1992, he held hearings on the possible adverse health effects of service in the Persian Gulf and on VA's efforts to establish a Persian Gulf registry for tracking the healthcare status of these veterans. Then Deputy Secretary Anthony J. Principi and I appeared before the Committee representing the Department. The result of this hearing was enactment of Public Law 102-25, Title VII, the "Persian Gulf War Veterans' Health Status Act," of November 4, 1992.

As we testified on September 16, 1992, the Veterans Health Administration was poised to act immediately upon enactment of enabling legislation to issue a directive entitled the Environmental Medicine Persian Gulf Program. I signed this directive on December 7, 1992. Throughout this period following the end of the Persian Gulf War until this directive was issued, the Veterans Health Administration was engaged in the treatment of Persian Gulf War veterans with symptoms to be later defined as Persian Gulf Syndrome. As Mr. Principi testified on September 16, 1992, we acted "Immediately, using the authority we now have, because we see an immediate need. But we are also asking the congress for additional authority..." Mr. Montgomery commended the Department for "getting ahead of the curve on this issue."

I believe that it is important to recognize that the present Secretary of Veterans Affairs, Mr. Principi, served as Deputy Secretary during our last conflict and during the intervening period he chaired the "Principi Commission on Servicemembers and Veterans Transitional Assistance." Clearly the nation is fortunate to have in Secretary Principi a person who fully and completely understands the healthcare issues that could arise from the War on Terrorism. In addition, the President of the United States has

indicated his intent to nominate Dr. Robert H. Roswell for the position of Under Secretary for Health. Dr. Roswell served with me following the Persian Gulf War as the Associate Chief Medical Director for Clinical Programs. Dr. Roswell also clearly understands the potential issues resulting from armed combat.

What lesson did we learn from this experience? I believe that we were hampered in our efforts to provide health care for Persian Gulf War veterans by not having standby legislation available when we needed it. What do I mean? While waiting for the full support of the Congress we had to spend months waiting to get our expanded program initiated since enabling legislation was required. My one recommendation today is that this Committee should enact legislation that will establish standby authority for the Secretary of Veterans Affairs to develop and implement the examination of veterans of the current as well as future conflicts who may have unusual symptoms or complaints, establish specialized treatment programs for these veterans, as well as establish the appropriate registry for tracking purposes. Based on our experience from the Viet Nam War as well as the Persian Gulf War, it is clear that as a nation we should expect difficult healthcare issues to arise in relationship to future combat situations. I believe that the veterans of future wars deserve to have expeditious care from the Department of Veterans Affairs and that this can best be accomplished by providing to the Secretary of Veterans Affairs the authority to establish the appropriate program in a timely fashion as the need arises.

Mr. Chairman, I appreciate the opportunity of appearing before you today.

